The Non-Governmental Organization as a Health promoting Setting
Ju mer man tänker, ju mer inser man att det inte finns något enkelt svar.
Nalle Pub
The Non-Governmental Organization as a Health promoting Setting
Examples from Alcohol Prevention Projects conducted in the Context of National Support to NGOs
Abstract


This thesis presents examples of alcohol prevention interventions designed, implemented, and run by non-governmental organizations (NGOs) with Swedish government support. Studying these NGOs, with their variety of activities and areas of focus, will contribute to achieving the overall aim to explore the potential for NGOs to be a health promoting setting, especially regarding alcohol prevention.

Study I presents the topic of national support to NGOs through a case study in Sweden. It shows the great variety of organizations that receive national support for alcohol and drug preventive work. It also shows how a trustful partnership between practitioners in NGOs, researchers, and national agencies can enable research activities to be integrated into NGO-driven prevention projects. Studies II and III present a youth temperance organization’s alcohol prevention initiative regarding the availability of beer in grocery stores. The intervention compares two different strategies that use purchase attempts. Study IV compiles and identifies key issues in international research about youth sports clubs as a health promoting setting then discusses the results in terms of a framework for the youth sports club as a health promoting setting. Study V explores the implementation process of alcohol policies in eight different football clubs in Sweden.

This thesis shows that NGOs have the potential to be a health promoting setting, though to achieve this some requirements need to be met. Taking into account input from the NGOs, the government sector must create a support system that meets the needs of the whole range of NGOs, while the NGOs must be open to building partnerships both with other NGOs and with the public, private, and research sectors.

Keywords: Non-governmental organizations, health promoting setting, alcohol prevention, purchase attempts, local alcohol policy, sports clubs.

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Förord

En avhandling kan ses som en sista examinationsuppgift på en utbildning, sa en arbetskamrat idag och alla vet att för att en utbildning ska bli bra behöver vissa villkor vara uppfyllda. Det behövs bland annat bra utbildare, en stimulerande studiemiljö, goda samtalar samt inte minst en fungerande, stimulerande och kärlcksfull vardag vid sidan av utbildningen.


Jag vill också tacka alla fantastiska projektledare i det stora antalet frivilligorganisationer som vi har fått följa under dessa år. Er kunskap och vilja att förändra samhället är fantastisk. Ett särskilt tack till UNF och projektledarna Emmy Gustafsson, Kajsa Elveberg, ordförande Robert Damberg samt andra styrelsemänmar och provköpare. Att presentera och diskutera resultat med så engagerade och entusiastiska unga människor var otroligt givande. Tack även till projektansvariga på SvFF, Gunilla Axén och Magnus Andersson för trevligt samarbete samt till de deltagande fotbollsförbundena som välkomnade mig och engagerat delade med er av era erfarenheter.

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Ett jättestort tack till alla nuvarande och tidigare kollegor inom FUFAD, Camilla, Madeleene, Carolina, Ingela och Josefine. Även ett stort tack till alla inom NCFF, Camilla B, Camilla U, Irina, Sofia och Peter. Thank you, Sevgi for interesting discussions on many subjects. Ni gör alla vardagen trevlig i vårt lilla röda hus i universitetets utkanter (närmare Markaspåret än rektorn).


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Slutligen vill jag tacka familj och vänner för att ni gör min vardag fungerande, stimulerande, rolig och kärleksfull!

Mamma och pappa, tack för att ni genom er nyfikenhet att alltid ta reda på saker ni inte vet genom att slå upp det, räkna på det eller leta upp vart det ligger i världen gjort mig precis lika nyfiken.

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Jonny, du är bäst!...förutom i badminton förstås ;). Du är inte bara en fantastisk pappa till våra barn och min man, du är också en doktorandkollega, och den dagen du får sätta punkt i din avhandling kommer få mig att må minst lika bra som nu när jag får sätta punkt i min, det är du verkligen värd.

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Örebro, juli 2012

Susanna Geidne
List of studies

In the thesis the studies are referred to by their Roman numerals.


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V. Geidne, S; Quennerstedt, M and Eriksson, C: The implementation process of alcohol policies in eight different football clubs in Sweden. Manuscript accepted for publication in Health Education.

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Definitions

When searching for publications about health promoting settings a number of very similar expressions show up, among which are healthy settings, settings for health, the settings approach, the settings-based approach, and settings-based health promotion. A few more examples can be found when using a dash in some of the above examples. Because of the need to refer to different research about the concept, it has been impossible to consistently use the same terminology throughout the thesis. It also seems that the different authors are referring to the same research area despite sometimes using different names for it; therefore I find it reasonable to use the various names alongside each other, although in this thesis the expression health promoting setting is preferred.

With regard to the next term, Non-Governmental Organizations, there is a totally different concern: there are a number of different terms that sometimes can be synonyms and sometimes not. In this thesis I have chosen to use Non-Governmental Organization (NGO) because it fits both international and Swedish contexts, and is suitable for organizations in the social sector as well as the recreational sector. Sweden has a history of popular mass movements, including both the temperance movement and the sports movement. Swedish NGOs in the social sector, however, prefer to call themselves faith-based organizations, but that expression does not suit sports clubs, for example. There is also the concept of civil society and the expression civil society organizations (CSO) which according to some researchers cover a wider area than NGOs. In the literature, one can also find the expressions voluntary organization, non-profit organization, non-state organization, and the third sector.

The third definition is more of a translation issue, namely what to call different types of beer in Sweden. In this thesis, and in studies II and III, the medium-strength beer project is described. Medium-strength beer (2.8–3.5 percent alcohol by volume) is popularly called Folköl (people’s beer) in Swedish. We have chosen to translate Folköl as medium-strength beer to better suit a non-Swedish text. This type of beer is, however, distinct from the type of beer that was called Mellanöl (medium beer) in Sweden during the years 1965–1977, and that had a strength of 3.5–4.5 percent alcohol by volume.
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Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANDT</td>
<td>Alcohol, narcotic drugs, doping, and tobacco</td>
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<td>DF</td>
<td>District sports federations</td>
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<td>HPSC</td>
<td>Health promoting sports club</td>
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<tr>
<td>IUHPE</td>
<td>International Union for Health Promotion and Education</td>
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<td>IOGT-NTO</td>
<td>The Swedish Temperance organization</td>
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<td>MMR</td>
<td>Mixed Methods Research</td>
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<td>NBHW</td>
<td>The Swedish National Board of Health and Welfare</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>RF</td>
<td>The Swedish Sports Confederation</td>
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<td>SCforH</td>
<td>Sports clubs for health</td>
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<tr>
<td>SvFF</td>
<td>The Swedish Football Association</td>
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<tr>
<td>SEK</td>
<td>Swedish Crowns (unit of currency)</td>
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<td>SF</td>
<td>Specialized sports federations</td>
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<td>SDF</td>
<td>Specialized district sports federation</td>
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<td>SISU</td>
<td>The Swedish Sports Education Organization</td>
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<td>UNF</td>
<td>The Swedish Youth Temperance Organization</td>
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Introduction

Many people all over the world are involved with a plethora of different non-governmental organizations (NGOs) every day. They participate to different extents and for many different reasons, with some people having it as a paid job, but most working as volunteers. This thesis will explore the potential of NGOs as a health promoting setting. My personal experience of NGOs is two-fold: first as an active member in a number of sports clubs, holding almost every position except chairman; secondly, as a member of the research team tasked with evaluating NGOs’ alcohol and drug prevention work, since its start in 2003, which involved working closely with NGOs. Both these experiences have contributed to my interest in exploring the potential for NGOs as a health promoting setting.

General approach

Health promotion can be seen as an umbrella concept including both promotion and prevention, or as a definition. The World Health Organization (WHO) argues both, according to Medin and Alexandersson (2000). Breslow (1999) argues that health promotion can be a step in moving health beyond disease prevention. A combination of health promotion and prevention is advocated by the International Union for Health Promotion and Education (IUHPE) (International Union for Health Promotion and Education, 2000). Thorlindsson (2011) suggests an integrated approach to health promotion and prevention to improve public health. Some also equate health promotion with “new public health”, while others see it as comprising a part of “new public health”. One of the two approaches that signify the modernization of public health is the settings approach, according to Kickbusch (2003). “Settings for health” is defined in the Health Promotion Glossary (World Health Organization, 1998) as:

The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing. (World Health Organization, 1998, p. 19)

A setting can, for example, be seen as a social context where people can be reached by health promotion interventions. One such area of intervention is questions related to alcohol. Problems caused by alcohol have been known to be an important health issue since the beginning of recorded history (Room et al., 2005). Dealing with the risk of alcohol problems in different target groups and settings is alcohol prevention. Alcohol prevention has a wide definition that covers many types of methods and interventions. Many actors and settings are involved with alcohol prevention, two
examples being civil society and non-governmental organizations, which according to WHO (World Health Organization, 2001) have been contributing to public health for centuries. The Swedish Government recognizes the importance of NGOs’ knowledge, experience, and commitment, and considers them a vital part of its efforts to reach the goals of its strategy for alcohol, narcotics, doping, and tobacco (Swedish Government, 2010/11:47).

Until now, research on NGO-driven alcohol and drug prevention has been almost completely lacking (Eriksson et al., 2011). There is also a lack of research about NGOs as a health promoting setting, although there is some research about the settings-based approach in a sports context, which emphasizes sports organizations’ potential to promote health and create health promoting environments (Kokko et al., 2006; Eime et al., 2008; Priest et al., 2008; Kokko, 2010; Kokko et al., 2011).

NGOs can be seen as comprising a quite large setting that contains smaller and larger units within it. NGOs can contribute to a range of different functions such as providing health services, distributing material such as condoms, disseminating information, implementing health research, representing public interests in policymaking, raising money for different issues, and giving a voice to marginalized groups (World Health Organization, 2001). NGOs can also have local policies expressing values and attitudes that create a supportive environment for their members and can thereby have the ability to change the everyday lives of their members.

Emphasis has been placed on finding new settings alongside the traditional ones (Whitelaw et al., 2001; Mittelmark, 2008; Kokko et al., 2009), because children, youth, and parents sometimes cannot be reached in common settings such as schools (cf. Pettersson et al., 2009), workplaces, hospitals, or other such settings when it comes to alcohol prevention initiatives. NGOs are informal settings that can and do reach many people, especially children and youth. Youth is a time when individuals outside the family become more important to the young, and leisure time can therefore have a greater impact on the beliefs and behaviour of adolescents (Wiium and Wold, 2009). Alcohol is a public health risk for the entire population, but it is an even greater risk for young people, both directly and indirectly. An early alcohol debut, for example, is connected both to subsequent abuse of alcohol as well as problem behaviours in later adolescence (Gruber et al., 1996; Grant and Dawson, 1997; Pedersen and Skrondal, 1998). It is also associated with problems such as arguments, fighting, and unwanted or unprotected sex (Fender and Hvitfeldt, 2007).

The studies in this thesis have been conducted within the context of national support to NGOs in Sweden. In Sweden, most of the NGOs in the
social sector are dependent on government grants. Most of the funding for the sports sector, however, comes from member fees, but even here the share of government support has grown larger in recent years, especially for peripheral activities such as prevention (Peterson, 2008). This will be further described and discussed later. This thesis will present examples of alcohol prevention interventions designed, implemented, and run by NGOs with national support from the Swedish National Institute of Public Health (previously the National Board of Health and Welfare) and from the Ministry of Health and Social Affairs (via the former Swedish Alcohol committee), that is, instances of governmental support to NGOs. Some of these organizations are primarily concerned with alcohol and drug issues, while others have some other activity as their main focus. Both are important when considering NGOs as a health promoting setting.

The background section of this thesis begins by describing the health promoting settings approach and the implementation of health promotion. It also describes alcohol prevention, and in particular issues related to availability and local alcohol policies. The final part concerns non-governmental organizations, their national support, two popular mass movements in Sweden, and the specific organizations studied in this thesis. The background section ends with a discussion about the challenges in researching NGOs.

The five studies in this thesis will together provide knowledge about the interesting and important field of research that suggests NGOs have an important role to play as a health promoting setting, especially with regard to alcohol prevention. The five studies have different purposes in the thesis. Study I presents the situation of national support to NGOs through a case study in Sweden. It shows the great variety of organizations that receive national support for alcohol and drug prevention work. It also shows how a trustful partnership between NGOs, researchers, and national agencies has the possibility to integrate research into alcohol and drug prevention programs run by NGOs. Studies II and III present a temperance organization’s alcohol prevention initiative regarding the availability of beer in grocery stores and including purchase attempts. Study II examines compliance with the law against selling beer to under aged persons and then analyses determinants of compliance and the importance of checking IDs. Study III describes and analyses the implementation of the intervention, which combined two different strategies with purchase attempts. This temperance organization for youth is an example of an organization that focuses mainly on alcohol, and in which youth engage in activities to influence their society and reduce the availability of alcohol. Study IV focuses on youth sports clubs, that is, organizations with sports and training as
their main activity, and how these can be seen as a health promoting setting. It compiles and identifies key issues in international research about youth sports clubs as a health promoting setting, and then discusses the results of the review in terms of a framework for the youth sports club as a health promoting setting. Study V further develops the knowledge about youth sports clubs as a health promoting setting by exploring the process of implementing alcohol policies in eight different football clubs in Sweden. It also discusses the results of the study in relation to recommendations for successful alcohol policy implementation in sports clubs. Studies IV and V both give practical examples of how a sports club, one type of NGO, can strive to become a health promoting setting.

Together these five studies aim to explore the potential for non-governmental organizations to be a health promoting setting, especially with regard to alcohol prevention.
Health promoting settings
At the first international conference on health promotion, in Ottawa, 1986, with the subtitle “the move towards a new public health”, it was stated that:

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. (World Health Organization, 1986, p.3)

The Ottawa Charter also identified five health-promotion action areas, which are to:

- Build healthy public policy
- Create supportive environments
- Strengthen community actions
- Develop personal skills
- Reorient health services

According to Nutbeam (2008), the Ottawa Charter is now routinely used as a framework for consideration of any major public health challenge. Also Dooris (2009) emphasizes that it continues to guide international health-promotion policy and practice. From the Ottawa charter, the concept of healthy settings emerged, which has developed during the last 20 years and is now a key element of public health strategy (Dooris, 2004). The settings approach, according to Kickbusch (2003), is one of two approaches that have signified the modernization of public health with the aim of moving health promotion away from focusing on individual behaviours and risks to developing a strategy that covers an entire population in a specified setting.

The settings approach has been illustrated and described in different ways by different authors including Dooris (Dooris, 2004; Dooris, 2006a; Dooris, 2009), Green and colleagues (2000), Kickbusch (2003), and White-law and colleagues (2001). One model for understanding the healthy settings approach is described in Dooris (2004) and further developed in Dooris (2009). This model is underpinned by values from public health and health promotion which are to be translated into a language and meaning appropriate for the particular setting. Poland and colleagues (2000) also conclude that local knowledge about the setting is a prerequisite for effective health promotion. The model also highlights the combination of high-visibility projects and long-term organizational development and change, as well as seeking to balance top-down with bottom-up thinking. It is also emphasized that it is driven both by public health as well as
organizational agendas; that is, action for health must help deliver the core business of the setting. The whole-system approach (Dooris, 2009), or the socio-ecological approach (which it is called in (Dooris, 2004)), frames the model; this is an approach that takes into account the complex interaction between environmental, organizational, and personal factors. The model shows that the setting is complex and open, and that it needs to integrate health within the routines and core business of the setting. The active role of citizens and the community is central to the settings approach (Kickbusch, 2003).

An important factor that needs to be considered further is the need for cooperation between settings. Dooris (2004) emphasizes that people do not only operate in one setting. Whitehead (2011) reflects on how most settings can be linked together as a whole across a person’s entire lifespan.

During the years 1988 to 2009, six further global conferences on health promotion have been held (World Health Organization, 2009), all of which included further discussion and development of health promotion and the settings approach. In Sundsvall, 1991, it was stated that everyone has a role in creating supportive environments for health. For example, civil society was emphasized as an active participant in the implementation of health promoting activities in Mexico, 2000, and one of the four key commitments decided in Bangkok, 2005, was to make the promotion of health a key focus of communities and civil society. Nutbeam (2008) reflects over what the Ottawa Charter would look like if it were written today. One example of a difference is that the concept of the supportive environment has now been expanded from referring to the physical environment to also reflecting the social environment. A major change in the world today is globalization, and this must influence the thinking. One of the greatest successes of the settings approach, according to Nutbeam (2008), has come from thinking globally and acting locally.

The settings-based approach has over the years initiated such healthy settings as healthy cities, hospitals, prisons, and universities, and health promoting schools (cf. St Leger, 1999; Dooris, 2004; de Leeuw, 2009; Dooris and Doherty, 2010). The network Healthy Cities, for example, was launched in 1987, and the WHO Healthy Cities project is now a global movement. About 90 cities are members of the WHO European Healthy Cities Network, and 30 national Healthy Cities networks across the WHO European Region include more than 1,400 cities and towns as members. The Alliance for Healthy Cities is the corresponding international network.

Health promoting schools comprise another example of a network that has grown larger over the years. The European Network of Health Pro-
moting Schools (ENHPS) was started 1992 and WHO’s Global School Health Initiative was launched in 1995.

Two newer examples of a settings approach are the health promoting sports club setting and the setting of European Healthy Stadia. The health promoting sports club setting was introduced by Corti and colleagues (1997), Casey and colleagues (Casey et al., 2009a; Casey et al., 2009b), and Eime and colleagues (2008) in Australia, and by Kokko and colleagues (Kokko et al., 2006; Kokko et al., 2009; Kokko, 2010; Kokko et al., 2011) in Finland. More about this setting will be presented later in the thesis. The other example is the setting of European Healthy Stadia which was launched in 2007 (cf. Ireland and Watkins, 2009; Drygas et al., 2011).

**Results of the settings approach**

That the settings approach remains highly relevant to 21st century public health is concluded by Dooris (2009), but what are the results of the work with different health promoting settings that has gone on for several decades? How are the effects of a health promoting setting evaluated, and what evaluations have been made?

St Leger (1997) concluded that the settings approach had been legitimated more through an act of faith than through studies. Some criticism of the settings approach has been voiced over the years. Whitelaw and colleagues (2001) argued, for example, that the settings-based approach needed to move on from its early optimism to a period with more pragmatism and critical orientation. They also emphasized the need for partnerships across settings and the dangers of working with overly mainstream settings which actually could make health inequalities worse.

The complex nature of settings approaches is also revealed in the evaluation of them. Kickbush (2003) argues that the achievements of a settings project do not easily fit into an epidemiological framework of “evidence”. Green and colleagues (2000) argue that evaluating settings-based practice has been seen as problematic because of its complexity, its difficulties with control groups, and its comprising open systems with people coming and going. Green and Kreuter (2005) agree that ecological approaches are difficult to evaluate because the units of analysis are not compatible with classic scientific approaches. Dooris (Dooris, 2006a) concludes that there is a relatively poorly developed evidence base for the effectiveness of the settings approach, and that this has resulted in a tendency to evaluate discrete projects in settings, and a failure to capture the added value of the settings approach itself, as well as in most systematic reviews being focused on specific diseases and single risk factor interventions rather than on settings approach initiatives.
Among those who have evaluated the settings approach, St Leger (1999) points out that the health promoting schools approach is a very promising framework for addressing school health. Also, Mükoma and Flisher (2004) conclude that studies indicate positive developments in the evaluations of health promoting schools. Plümer and colleagues (2010) suggest in an evaluation of the implementation of the Healthy Cities programme in Germany that these kinds of networks are a powerful resource for public health and sustainable development in Europe. Dooris and Doherty (2010) point out in their study on healthy universities that this setting has enormous potential to positively impact the health of students, as well as staff and the wider community. In a network evaluation of the German Health Promoting Universities, Stock and colleagues (2010) reveal that although a number of activities within the network have been reported, the evaluation is unable to directly link them to network activities. The authors refer to Dooris’s (Dooris, 2006a) conclusion regarding the difficulty of evaluating ecological whole system approaches.

The question that arises in all the above studies is how to evaluate settings approaches with suitable methods. Some suggestions that have been made about suitable methods are theory-based evaluation (TBE) (Dooris, 2006b) and (de Leeuw, 2009); fourth generation evaluation (4GE) (de Leeuw, 2009); realist evaluation (Kazi, 2003); realistic evaluation (Pawson and Tilley, 1997); participatory evaluation (Rice and Franceschini Maria, 2007); and critical realist evaluation, suggested in (Dooris et al., 2007). Also Eriksson (2000) and Tones and Green (2004) and Sanson-Fisher and colleagues (2007) advocate using a wide variety of methods and consider it inappropriate to use one “gold standard”, that is RCT, for all research. The Swedish National Institute of Public Health (Swedish National Institute of Public Health, 2011) recommend using the GRADE-system because, among other reasons, evidence alone is not a sufficient foundation for a recommendation within public health. Mixed-methods research (MMR) (e.g. Tashakkori and Teddlie, 2010) could also be a candidate for evaluating settings approaches. Eriksson and Wall (2011) point out that public health research needs to be transdisciplinary as well as use both qualitative and quantitative methods, that is, mixed methods. This thesis has employed a mixed-methods research (MMR) approach. It has not been used in every study, but has been the underlying way of thinking. The differing characters of research questions demand a combination of methods and an MMR way of thinking.
The NGO as a health promoting setting
The NGOs as a health promoting setting is a not well-studied area; or at least the attempts that have been made to study them are not scientifically documented. Perspectives on NGOs as a health promoting setting could, however, be sought for in many different disciplines. Below will follow some examples of perspectives on NGOs as a health promoting setting and some examples of a specific form of NGO, the sports club.

The Marmot review (Marmot, 2010) highlights the third sector's major role in developing local engagement and partnerships. Linde (2011) implies that there are two ways of looking at civil society: the social impact of the voluntary effort, and the fact that those involved in voluntary work feel better about themselves. The importance of NGOs for health in terms of raising people's awareness, advocating change, and creating dialogue is well documented (e.g. Anderson et al., 2009). NGOs have played an important role in implementing human rights within public health according to WHO; they have also helped WHO and governments build up local public health capabilities (World Health Organization, 2002a). NGOs have also been identified as key stakeholders in attempts to achieve health equity (Nathan et al., 2002). Lencucha and colleagues (2011) point out five key activities or roles of NGOs in negotiating the Framework Convention on Tobacco Control; they are monitoring, lobbying, brokering knowledge, offering technical expertise, and fostering inclusion.

It is in fact impossible to discuss NGOs as a uniform concept; NGOs all over the world are extremely diverse, although there are similarities. For example, according to Carothers and colleagues (1999) it is misleading to think that that civil society only consists of organizations with noble causes and well-intentioned actors. He concludes that civil society is a:

bewildering array of the good, the bad, and the outright bizarre.

The commission on social determinants of health actually concluded that it is in the heterogeneity of civil society that some of its potential lies (Commission on Social Determinants of Health, 2008). Swedish society, for example, places great confidence in civil society. The activities of NGOs are expected to generate positive effects for democracy and society as a whole, although the connection between NGOs and effects on society is insufficiently researched (Danielsson et al., 2009). Carothers and colleagues (1999) implies that NGOs foster citizen participation and civic education, as well as providing leadership training for young people.

The question then becomes whether people who already are healthy join NGOs or if people become healthier because they are active in an NGO? According to Svedberg and colleagues (2010) there is widespread participa-
tion in voluntary work in Sweden. Nevertheless some characteristics can be found, for example access to social arenas, which explain the common opinion that some people are active in several contexts and some in none. Svedberg and colleagues (2010) also conclude that there is a correlation between a person’s voluntary work and that of his or her parents. Lundåsen (2005) points out a connection between health and voluntary work that remains significant even when controlling for socio-economic differences. Here, the concept of “social capital” must also be mentioned briefly. In very simplified terms, social capital could be explained as social networks having value. However, Hawe and Shiell (2000) emphasize that social capital is not “one thing” but has several aspects and effects, and takes different forms. Moore and colleagues (2006) reveal that social capital has been visible in public health literature since 1996 and that the mechanisms or various forms of the concept only recently have begun to be examined by public health researchers. Linden-Boström and colleagues (2010) conclude that the concept has been used to enhance the understanding of health and to explain differences in health. The connection between social capital and sports clubs has been studied, for example, by Seippel (2006), who concludes that volunteering in a sports organization involves social capital, although the effect of being a member of another voluntary organization had a stronger effect.

The settings-based approach related to sports clubs – one of the kinds of NGOs of interest for this thesis – is also not a well-studied area (Priest et al., 2008), but some studies have been conducted within this setting in recent years. Sports clubs are mentioned as being an appropriate setting for health promotion and have the potential to create and develop health promoting environments (Corti et al., 1997; Kokko et al., 2006; Eime et al., 2008; Priest et al., 2008) and to move beyond physical activity into other areas of public health (Kelly et al., 2010).

Work on sports clubs as a health promoting setting has mostly been done in Scandinavia and Australia (Donaldson and Finch, 2012). According to Kokko (2010) the concept of the sports club as a health promoting setting was launched in 2004 and has been implemented only in Australia and Finland.

As early as Corti and colleagues (1997) sports were mentioned as an ideal target for health promotion interventions in Australia due to the participants’ and spectators’ risk-factor profiles, which include unsafe alcohol consumption and poor sun protection. Later studies from Australia also focus their efforts on serving alcohol responsibly (e.g. Crisp and Swerissen, 2003; Casey et al., 2009a). In Finland, the situation is somewhat different. Kokko and colleagues (2006) conclude that youth sports clubs are ama-
teurs when it comes to health promotion, and that they view health promotion as external to sporting activities, though they do promote health to some extent (Kokko et al., 2009).

An initial attempt to create standards for the health promoting sports club was made in Finland in 2006 (Kokko et al., 2006). The standards were created through a Delphi method, that is, a group consensus approach, conducted with experts on health promotion and sports clubs in Finland, and in conformance with the Ottawa Charter action guidelines. In total, 22 standards for the health promoting sports club were created. Tests of these standards in youth sports clubs in Finland found that a minority of the clubs had comprehensively incorporated health promotion into their activities, though they did, according to the standards, promote health fairly well (Kokko et al., 2009). The study also concluded that there is a need for improvement in the area of health promotion policies and practices (Kokko et al., 2009). Kokko and colleagues (2011) have two suggestions for working more with health promoting policies and practices. These are for the sports clubs to pay more attention to non-performance club activities such as eating together or excursions, and to involve the coaches in developing and implementing the policies of the club. Özdemir and Stattin (2012) also point out that the quality of the setting, such as atmosphere, coaching styles, and so on, is related to how much benefit adolescents derive from their involvement. More results of studies conducted in sports club settings will be described in the section on local alcohol policies in sports clubs.

Research about sports clubs that touches on the present research area can be found in other scientific fields than health promotion, for instance pedagogy, sociology, and sports science. For example Skille (2010) points out that sports clubs can be seen as a vehicle for the promotion of health. Skille (2010), Stenling and Fahlén (2009), and Peterson (2008) discuss the conflict between the results-oriented, competitive fostering versus healthy, sports-for-all, democratic fostering.

In 2009 the Sports Club for Health program was financed by the EU. The idea behind this program is that many sports clubs already include health promoting activities within their everyday activities, but they are not visible or recognized as such (Kokko et al., 2011).
Implementation in health promotion

Implementation is important, but difficult. It has several stages and there are many factors that can affect the process. To implement an intervention or an idea in a community or a school, as well as in a sports club or another type of NGO, and make it a part of the ordinary activities and something that will be sustained over time is one of the most important aspects of health promotion. This is because however perfect the intervention may be, if no one participates, you get no effect (Green and Glasgow, 2006). Fixsen and colleagues (2005) go so far as to say that the challenges of implementation outweigh the efforts of developing the practices themselves. There is also strong support that the implementation of an intervention influences outcomes (Durlak and DuPre, 2008). Fixsen and colleagues (2005) conclude that systematic implementation practices are essential to any attempt at the national level to use scientific results to improve people’s lives. It is necessary to translate what is known about alcohol prevention, for example, into actions that will actually yield beneficial outcomes in that setting or to the group of people who need it. The tools that exist are not being used effectively because they are not being implemented in an effective way; there is a gap between what is known and what is actually done (Fixsen et al., 2005). The science of implementation is quite a new field of research (Sundell and Soydan, 2008). There are different definitions of implementation, but the two examples used in Fixsen and colleagues (2005) and Greenhalgh and colleagues (2004) will serve to illustrate it here.

Implementation is defined as a specified set of activities designed to put into practice an activity or program of known dimensions (Fixsen et al., 2005, p.5)

Active and planned efforts to mainstream an innovation within an organization (Greenhalgh et al., 2004, p. 582)

Implementation must be thought of as a process, a process that will take at least a couple of years, depending on several different factors (Fixsen et al., 2005; Olsson and Sundell, 2008). Implementing a health promotion program within new settings will take several cycles of problem solving before capacity can be built within organizations (Casey et al., 2009aa). The stages of the implementation process can be described as chronological but not linear (Olsson and Sundell, 2008), and according to Fixsen and colleagues (2005), these stages are:

- Exploration and Adoption
- Program installation
- Initial implementation
- Full operation
One aim of the implementation process is for the intervention or program or local policy to become a part of the organization’s everyday work. This successful routinization, according to Greenhalgh and colleagues (2004), depends on the motivation, capacity, and competence of individual practitioners, and also on there being funding for the implementation. Durlak and DuPre (2008) have arranged 23 other contextual factors affecting the implementation process into five different categories. The categories are:

- Community level factors
- Provider characteristics
- Innovation characteristics
- Organizational capacity
- Training and technical assistance factors.

Fixsen and colleagues (2005) describe four areas that make implementation most likely to be successful; these involve:

- Carefully selected practitioners, with adequate training and support
- Organizations with requisite infrastructure
- Involvement in the selection and evaluation of practices
- Hospitable environment concerning funding, policies, and the like

These two different sets of factors that, according to Durlak and DuPre (2008) and Fixsen and colleagues (2005), affect implementation outcomes are similar in many ways. They include a well-functioning organization with practitioners who receive training and support. They also include a supportive community environment and the practice that is employed being selected by or adapted to fit the ones who are going to use it.

Implementation of health promotion in sports organizations, according to Casey and colleagues (2009b), is a matter of changing from a narrow focus on sports to encompassing health promotion, a change which must involve organizational change and collaboration with change agents and staff. Casey and colleagues (2012) add that organizational readiness to implement health promotion, and especially to sustain change over time, was related to the capacity and size of the sporting organization, with greater size and capacity resulting in more sophisticated strategies to implement and sustain change.
Alcohol prevention

This section will provide an introduction to the field of alcohol prevention and especially the two components most relevant to this thesis, *availability* and *local alcohol policies*.

The problems caused by alcohol have been well known since the beginning of recorded history (Room *et al.*, 2005). Since its establishment in 1948, WHO has seen alcohol policy as an important means to control public health (Babor *et al.*, 2003). A number of reviews on the subject, such as (Bruun *et al.*, 1975; Edwards *et al.*, 1994; Babor *et al.*, 2003; Babor *et al.*, 2010), have received financial support from WHO. These reports have contributed to it being common knowledge that alcohol consumption plays an important role in morbidity and mortality. Alcohol consumption is detrimental to health, and accounts for 3–8 percent of all global deaths and 4–6 percent of global disability-adjusted life-years. The costs associated with alcohol amount to more than 1 percent of the GNP (gross national product) of high- and middle-income countries (Rehm *et al.*, 2009).

Alcohol prevention is a field of study and practice that concerns methods for dealing with the risks of alcohol problems in different target groups and settings. It has a wide definition that covers many types of interventions. Prevention is an interdisciplinary branch of research and can be divided into sub-branches in different ways. Prevention is sometimes divided into promotion and prevention, two definitions that have the same goals but somewhat different ways of thinking. Promotion comprises efforts to promote positive development and strengthen the protective factors, while prevention is more about reducing or eliminating risk factors. According to Ferrer-Wreder and colleagues (2004), there seems to be a thin conceptual boundary between prevention and promotion. Prevention has historically been divided into primary, secondary, and tertiary prevention, with primary prevention defined as seeking to reduce the number of new cases, secondary prevention seeking to lower the rate of established cases, and tertiary prevention seeking to reduce the associated amount of disability. A newer way to classify different preventive efforts is to divide them into universal, selective, and indicated prevention. Universal interventions are directed towards all groups, selective interventions towards subgroups with known risk factors, and indicated prevention towards at-risk individuals. Also mentioned in connection with prevention are risk and protective factors. One classification of these distinguishes between individual factors, social network factors, and societal factors. Individual factors can be biological or psychological, for example. Social network factors are things like family structure, parental support, peers, school situation, and leisure time. Societal factors are local and national regulations and laws such as mini-
a protective factor if it increases the individual's sense of belonging and creates clear rules for behaviour. Prevention has also been divided into two main orientations: supply and demand. Supply is concerned with the societal factors, such as availability, and demand with individual and social network factors (Andréasson, 2002; Ferrer-Wreder et al., 2004). There are also different settings for alcohol prevention such as family, school, traffic, communities, and policy (Wallin, 2005).

In its broadest form, alcohol policy comprises everything that influences the alcohol market, levels of alcohol consumption and their trends, or the origin of alcohol-related problems. One way to picture this broad definition is to view it as a community system which describes interacting parts or subsystems (Figure 1). Problematic alcohol consumption is the outcome of processes driven and sustained by the community, according to Holder (1999). The distribution of consumption across different age and gender groups is affected by factors such as financial status, alcohol prices, availability of alcohol, social acceptability or norms about alcohol consumption, and alcohol regulations. Changes in these different factors can produce corresponding changes in consumption.

**Figure 1. A model of alcohol use and alcohol problems following Holder (1999) p. 22.**

Changing the alcohol consumption in a community requires focusing on several of the subsystems. The most effective methods, according to Howat and colleagues (2006), for changing drinking behaviour involve a combination of different actions such as educational, organizational, economic, and
political measures. The IUHPE (International Union for Health Promotion and Education, 2000) has indicated that the greatest advances in health have been accomplished through a combination of structural changes and actions of individuals.

Drinking is not only a personal choice; it is a result of a number of different factors, both biological and social, as well as society’s trends and regulations, as can be seen in Figure 1. A society is also a dynamic system which changes over time. Therefore interventions sometimes produce undesired and unexpected outcomes. The prevention strategies that are most effective are those that seek to alter the system that produces alcohol problems (Holder, 1999). Prevention regulations aimed at sellers of alcohol are more effective than prevention programs aimed at individual drinkers (Howat et al., 2006). A health-promotion approach to the prevention of alcohol-related problems is about striking a balance between strategies to promote individual behavioural change and strategies to produce environments that support healthy behaviours (Howat et al., 2006).

NGOs can be located in various parts of this figure depending on their aims and activities. An organization that mainly focuses on alcohol and drugs can, for example, work to change social norms or lobby for legal sanctions. With regard to the NGOs in this thesis, UNF, for example, works with limiting availability (studies II and III) but also with lobbying and social issues. The youth sports clubs (studies IV and V) can, for example, work with social norms as well as changing drinking and driving patterns related to the club’s activities.

Alcohol is a public health risk for the entire population, but it is an even greater risk for young people, both directly and indirectly. For example, previous research considered the brain to be fully developed when a person leaves early childhood. Current research holds that the brain continues developing long after that, throughout a person’s entire adolescence. It is also a known fact that because of drinking, young people get into various kinds of trouble, such as arguments with friends or parents, fighting, or unwanted or unprotected sex (Fender and Hvitfeldt, 2007). Early drinking onset is connected to subsequent abuse of alcohol as well as problem behaviours in later adolescence (Gruber et al., 1996). Pedersen and Skrondal (1998) studied the association between the age of alcohol debut and later alcohol consumption and related problems and came to the conclusion that a 10 percent delay in debut age will lead to a 35 percent decrease in subsequent expected alcohol consumption. Age of first use of alcohol is also a strong predictor of lifetime alcohol abuse and dependence (Grant and Dawson, 1997). Whether youth who participate in structured activities, such as sports, use more or less alcohol is a topic of debate in research.
Some argue that the relationship between alcohol use and sports activities is positive; that is, those who participate in sports report higher levels of drinking than those who do not participate (Lisha and Sussman, 2010); some studies show negative relationships (Hellandsjö Bu et al., 2002; Thorlindsson and Bernburg, 2006; Özdemir and Stattin, 2012) and some mixed relationships (Peretti-Watel et al., 2002; Peck et al., 2008; Wichström and Wichström, 2009). The studies with mixed findings often come to the conclusion that the relationship depends on the type of sport, team, or individual; with those involved in team sports having increased risk. Structured activities other than sports, such as community service and religious activities, predicted lower rates of drinking (Eccles et al., 2003).

The Swedish Context

Alcohol control traditions in Finland, Norway, and Sweden are quite unique in a European context. Sweden has long been characterized by a restrictive alcohol policy with high taxes, a retail monopoly, strict regulation of sales hours, and limited quotas for private import (Norström and Ramstedt, 2006).

In 1995 Sweden joined the EU, which resulted in one of the most radical changes in Sweden’s alcohol policy history. In 2004, the restrictions on importing alcohol for private purposes were practically eliminated. Some of the country’s closest neighbours lowered their alcohol taxes, and a number of others that already had much lower alcohol prices joined the EU. The proportion of alcohol bought abroad increased. Sweden’s traditional instruments for limiting availability became weaker (Swedish Government Bill, 2005/06:30; Norström and Ramstedt, 2006). Cisneros Örnberg (2009) concludes that the concept of alcohol policy was not even included in the official terminology of most EU member states ten years ago.

In Sweden, the state-owned company Systembolaget has a monopoly on off-premise (no consumption on the premises) sales of alcoholic beverages containing over 2.25 percent alcohol by volume with the exception of medium-strength beer (2.8–3.5 percent alcohol by volume) which can also be sold in grocery stores. The current minimum age for purchasing alcohol in Systembolaget stores is 20 years; and for purchasing medium-strength beer in grocery stores, 18 years. The age limit for on-premise (consuming on the premises) sales is also 18 years.

The Swedish alcohol law (SFS, 2010:1622) states that anyone selling alcohol to a young person is required to make sure the purchaser is of legal age. An adult, who intentionally or out of carelessness sells, provides, delivers, or offers alcohol to an under-age person can be sentenced to fines or prison. It is not a crime for an under-age person to buy, possess, or use alcohol. An exception to the law allows parents to offer a small amount of
alcohol to an underage child provided that the alcohol is consumed on the spot and under orderly conditions.

There is strong evidence that monopolies limit alcohol consumption and alcohol-related problems, and that the removal of monopolies can cause alcohol consumption to rise (Babor et al., 2003; Norström and Skog, 2003; Holder, 2007; Norström et al., 2010). At Systembolaget, alcohol is sold without any private profit motive, which can be seen as helping to limit the alcohol-related harm. The retail alcohol monopoly in Sweden has strong support among the majority of the Swedish people, the majority of the political parties, and in media (Holder, 2007). The proportion of the Swedish population who think it is a good or very good idea to allow the selling of strong beer, wine, and spirits in grocery stores has decreased from 50 percent in 2001 to 32 percent in 2010 (Holmberg and Weibull, 2011). Cisneros Örnberg (2009) argues that the Swedish retail monopoly is in the hands of Swedish public opinion rather than the EU rules. Ramstedt (2010) also concludes that support for a restrictive alcohol policy has increased in Sweden. Cisneros Örnberg (2009) even claims that since joining the EU, the Swedish authorities have influenced EU policy by putting alcohol on the agenda as a public health issue.

An attempt to examine future effects of possible changes in the Swedish alcohol retail system if a private licensing system for alcohol sales is established has been made by Holder (2007). This is the second attempt to do this, the first having been in 1995 (Holder et al., 1995), and which Andréasson and colleagues (2006) concluded that the result of the report concludes that if grocery stores are allowed to sell alcohol, there will be a 29 percent rise in alcohol consumption (by a conservative estimate), which would be detrimental to Swedish public health and safety. Andréasson and colleagues (2006) conclude that even modest increases in alcohol consumption produce considerable negative effects, such as alcohol-related traffic deaths. Some reasons for this expected large increase are that the number of sales outlets would increase from today’s 400 Systembolaget stores to about 10,000 grocery stores and the like. These stores will have longer opening hours than the Systembolaget stores have today, and there will most likely be worse enforcement of the minimum age. According to Holder (2007) the Swedish monopoly system is quite effective at enforcing the minimum legal age for purchase compared to other retail sales outlets. A privatization of the alcohol retail system would also result in increased availability of alcohol to young people. Young people are also more sensitive to marketing of alcohol and to price changes, which could also be an effect of privatizing the alcohol retail system in Sweden.
The present Swedish national strategy *A Cohesive strategy for alcohol, narcotic drugs, doping, and tobacco (ANDT) policy* (Swedish Government, 2010/11:47) has the overall and long-term aim of a society free from illegal drugs and doping, with reduced alcohol-related medical and social harm, and reduced tobacco use. The Ministry of Health and Social Affairs and the coordinating body – the ANDT Secretariat – are responsible for ANDT policy coordination. Another important component of the national coordinating body is the ANDT Committee, the Government’s advisory body on issues related to alcohol, narcotic drugs, doping, and tobacco. The committee plays a key role in spreading awareness of the goals and direction of government policy in the ANDT domain. The committee includes participants from the official sector, the research community, as well as the civil sector (Swedish Government, 2010/11:47). The strategy establishes the goals, priorities, and directions for public measures for the period 2011–2015. The government also intends to compile annual action plans in order to follow up and concretize activities to reach the goals of the ANDT-strategy (Swedish Government, 2010/11:47).

Sweden is seen as a low-consumption or “dry” country, according to another classification (Leifman, 2002). The country has a low per capita consumption and a strong temperance movement, but a high frequency of heavy drinking episodes. This can be seen as a reaction to the previous high level of alcohol consumption, mainly of hard liquor, at the beginning of the 19th century in Sweden (Österberg and Karlsson, 2002). Overall there has been a homogenization of beverage preferences during the studied period (Ramstedt, 2001; Leifman, 2002). Globally, alcohol consumption has decreased in the industrialized countries, while in the developing countries an opposite trend has been observed (Babor et al., 2003).

Current alcohol consumption in modern Sweden is at a historically high level, due to an exceptionally large rise in consumption between the mid-1990s and 2004, and the consumption level was still 15–20 percent higher in 2009 than in 1995 (Ramstedt, 2010). Despite this, the proportion of youth alcohol consumers, both 15/16 years and 17/18 years has steadily decreased since the early 1970s. Nevertheless, 55 percent of 15/16 year-old boys and 59 percent of 15/16 year-old girls are alcohol consumers, despite being under-age.

In tracing the history of beer in Sweden, the era of medium-beer must be described. This began in 1965, when grocery stores in Sweden were permitted to sell medium beer, with a strength of 3.5–4.5 percent alcohol by volume. The aim of the introduction of medium beer in grocery stores was to promote a transition to lighter alcoholic beverages. When medium beer was introduced, the age limit for purchase was 16 years. In 1970 a voluntary age limit of 18 was introduced, which in 1972 was formalized in law.
Alcohol consumption rose significant, especially for young people, because medium beer was so easily accessible. For this reason, the era of medium beer in grocery stores was ended in 1977 (Nilsson, 1984).

Since 1977, only the weaker medium-strength beer (2.8–3.5 percent alcohol by volume) has been sold in grocery stores; this type of beer is popularly called people’s beer (folköl) in Sweden. From 1977 to 1984 there were restrictions on the selling of medium-strength beer in grocery stores. It was not sold on weekends or at night, for example.

When Sweden entered the EU there were two different tax rates for beer, one for beer over 3.5 percent alcohol by volume and one for beer up to 3.5 percent alcohol by volume. This was in conflict with EU regulations and was changed in 1997. Since 1997, there are no taxes on beer up to 2.8 percent alcohol by volume, and uniform taxes for stronger beer. This is the reason why there are two types of medium-strength beer in the stores in Sweden today, one without taxes, and one that is as strong as may be sold in grocery stores.

Since 2001, the municipalities have the authority to decide about licensing and supervision of the retail trade in beer. During 2006, just under half of the stores were inspected by supervisors from the municipalities. There is no need for a permit to start selling beer, but the stores must report it by the day they start selling at the latest. Some fundamental conditions need to be fulfilled, for example that the premises are approved as a food-selling establishment, and that the check-out clerks are over 20 years of age. The store also needs to have a written self-supervision policy, which will include procedures for sales of beer together with consequences and measures in case the store has unlawfully sold beer. If a store violates the rules, it can receive a warning or a sales ban for a period of 6 or 12 months. The sales ban can also be limited to a specific time of day, or be related to specific events, like concerts or sports events, for example. There is also a general recommendation to stores that if a buyer’s age is unknown and could be assumed to be under 25 years of age, the buyer must present valid ID (Swedish National Institute of Public Health, 2008; Swedish Government, 2010/11:47).

**Alcohol availability**
The principal aim of availability restrictions past and present has been to reduce the harmful effects of alcohol (Babor *et al.*, 2003; Babor *et al.*, 2010). The theoretical assumption underlying the regulation of physical availability is that by increasing the effort required to obtain alcohol the total volume consumed will be reduced (Babor *et al.*, 2010). There are a number of different methods to influence availability, such as taxes, bans,
age limits, monopolies, and so on. Studies of restrictions on availability can contribute to the reduction of alcohol problems. Of all the policy options, alcohol taxes are rated as one of the strongest (Babor et al., 2010). In addition to taxes, there is also strong evidence to support the regulation of physical availability.

Physical availability can be reduced by a number of different means including regulating the number of premises serving alcohol, and their location, proximity, and opening hours; but most common measure is to set a minimum age for the purchase of alcohol. The minimum age varies in different countries in the world and ranges from 16 to 21 years in countries with a minimum age. Changes in minimum age can have significant effects on minors’ alcohol consumption (Holder, 1999). O’Malley and Wagenaar (1991) found that higher minimum drinking ages were associated with lower levels of alcohol use and that the lower levels of use persisted into their early 20s, even after all respondents were of legal age. Requirements like a minimum age will only be effective if they are properly implemented and supervised (Babor et al., 2003). The existence of rules and the intensity of the supervision reflect the community’s social values (Holder, 1999). The alcohol beverage industry and retailers can also play an important role in ensuring that alcohol is consumed responsibly (European Union, 2006).

Purchase attempt studies
Purchase attempts, a method to see if off-premise and on-premise venues comply with the law, have been used several times in research (Table 2), mostly in the USA (e.g. Forster and McGovern, 1994; Wagenaar and Murray, 2000), but also in the Nordic countries (e.g. Holmila and Raitasalo, 2005; Rehnman et al., 2005), and in other countries such as New Zealand (Huckle et al., 2005) and Switzerland (Vaucher and Rehm, 1995). In some studies, the method is called mystery shopping (Gosselt et al., 2007; Gosselt et al., 2011). The method of mystery shopping is more often used to investigate such things as quality of service or quality of medical care (Gosselt et al., 2007). According to Wagenaar and colleagues (2005), compliance checks in the form of purchase attempts are the most effective intervention strategy for preventing illegal alcohol sales. Most purchase attempt studies are conducted with the help of young people who are of legal age, but look younger. This is because it is illegal in some countries for minors to buy alcohol, unlike Sweden and the Netherlands where it is illegal for stores to sell, but not for minors to buy. The latter could, in some countries, be seen as a form of entrapment. This makes it impossible for official agencies in most countries to conduct purchase attempt studies with minors. However, there are studies that have been conducted by mi-
nors, such as Vaucher and Rehm (1995) in Switzerland, Willner and colleagues (2000) and MacGregor (2007) in the UK, and Gosselt and colleagues (Gosselt et al., 2007; Gosselt et al., 2011) in the Netherlands. Arguments for this include that test purchase operations have a legitimate role (Willner et al., 2000) and that it would weaken the persuasiveness of the results not to use minors because the stores would otherwise not actually break any laws by selling (Gosselt et al., 2007). There is also a study (Toomey et al., 2008) that describes purchase attempts made in a slightly different setting, professional sports stadiums. This study concludes that there is a need for interventions specifically focused on professional sporting events. Van Hoof and colleagues (2010) describe a method called the remote age verification system developed to reduce the reliance on individual cashiers for age verification in tobacco sales. A live video connection is established to let trained judges authorize purchases. The results of a test of this system showed a drastic improvement in compliance with age restrictions. Gosselt and colleagues (2012) conclude that there are three general determinants of compliance with age limits for alcohol sales: knowing and understanding the rules, not having practical barriers that make it difficult, and finally motivation to comply with the rules.

The expression successful purchase attempt in Table 1 is defined as a purchase attempt that resulted in a completed purchase of alcohol. The resulting numbers of successful purchase attempts differ from country to country, however it is difficult to make a fair comparison between them due to differences in the ages of the purchasers or how old they appeared. One conclusion, however, that can be drawn is that a high percentage of all the documented purchase attempts resulted in successful purchases regardless of country. Some of the studies in Table 1 are intervention studies with pre- and post-tests and therefore have different results for positive purchase attempts.

In studies II and III, the purchase attempts are made by members of the NGO UNF, who are minors (14–17 years of age). Their participation is entirely voluntary, and they do not break any laws, though their actions are sometimes seen as controversial – more about this later. The results of Study II revealed that 43 percent of the 681 purchase attempts resulted in a completed purchase of alcohol. In Study III, 40 percent of all registered purchase attempts were successful.
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Table 1: An overview of documented purchase attempts of alcohol. Age of persons who conducted the purchase attempts (age of appearance or y=looking younger than country’s age limit).

<table>
<thead>
<tr>
<th>Paper</th>
<th>Location</th>
<th>Age limit</th>
<th>Age (age of app.)</th>
<th>Purchase attempts (n)</th>
<th>Successful purchase attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forster and McGovern (1994)</td>
<td>Minnesota, USA</td>
<td>21</td>
<td>21 (19)</td>
<td>336</td>
<td>47%</td>
</tr>
<tr>
<td>Forster et al. (1995)</td>
<td>Minnesota and Wisconsin, USA</td>
<td>21</td>
<td>21 (19)</td>
<td>790</td>
<td>52%</td>
</tr>
<tr>
<td>Gosselt et al. (2007)</td>
<td>Netherlands</td>
<td>16 18</td>
<td>15 17</td>
<td>300</td>
<td>86%</td>
</tr>
<tr>
<td>Gosselt et al. (2011)</td>
<td>Netherlands</td>
<td>16</td>
<td>15</td>
<td>105</td>
<td>75%</td>
</tr>
<tr>
<td>Gosselt et al. (2012)</td>
<td>Netherlands</td>
<td>16 15</td>
<td>146</td>
<td>81.5%</td>
<td></td>
</tr>
<tr>
<td>Grube (1997)</td>
<td>California and South Carolina, USA</td>
<td>21</td>
<td>21 (18,5)</td>
<td>949</td>
<td>Pre-test 45–53% Post-test 16–35%</td>
</tr>
<tr>
<td>Holmila and Raitasalo (2005)</td>
<td>Tavastehus, Finland</td>
<td>18</td>
<td>18 (y)</td>
<td>147</td>
<td>48%</td>
</tr>
<tr>
<td>Huckle et al. (2005)</td>
<td>Auckland, New Zealand</td>
<td>18</td>
<td>18</td>
<td>1680</td>
<td>Pre-test 60% Post-test 46%</td>
</tr>
<tr>
<td>Lönnqvist et al. (1998)</td>
<td>Stockholm, Sweden</td>
<td>18</td>
<td>18 (y)</td>
<td>188</td>
<td>63%</td>
</tr>
<tr>
<td>MacGregor (2007)</td>
<td>Scotland, UK</td>
<td>18</td>
<td>16–17</td>
<td>858</td>
<td>18%</td>
</tr>
<tr>
<td>Rehnman et al. (2005)</td>
<td>Stockholm, Sweden</td>
<td>18</td>
<td>18 (16,9)</td>
<td>490</td>
<td>Pre-test 60–73% Post-test 44%</td>
</tr>
<tr>
<td>Schofield et al. (1994)</td>
<td>NSW, Australia</td>
<td>18</td>
<td>18–19 (y)</td>
<td>168</td>
<td>68%</td>
</tr>
<tr>
<td>Toomey et al. (2008)</td>
<td>5 states, USA</td>
<td>21</td>
<td>21 (19,5)</td>
<td>159</td>
<td>18%</td>
</tr>
<tr>
<td>van Hoof et al. (2009)</td>
<td>Romania</td>
<td>18</td>
<td>17</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>Study</td>
<td>Location</td>
<td>Pre-intervention (%)</td>
<td>Post-intervention (%)</td>
<td>Change (%)</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Vaucher et al. (1995)</td>
<td>Lausanne, Switzerland</td>
<td>16</td>
<td>13</td>
<td>160</td>
<td>81%</td>
</tr>
<tr>
<td>Wagenaar et al. (2005)</td>
<td>Midwest, USA</td>
<td>21</td>
<td>21 (y)</td>
<td>1853</td>
<td>17% decrease</td>
</tr>
<tr>
<td>Wagenaar et al. (2000)</td>
<td>Minnesota and Wisconsin, USA</td>
<td>21</td>
<td>21 (19)</td>
<td>578</td>
<td>Pre-test 48–56%; Post-test 41–44%</td>
</tr>
<tr>
<td>Willner et al. (2000)</td>
<td>Two cities in UK</td>
<td>18</td>
<td>13</td>
<td>818</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Local alcohol policies**

In modern times, alcohol policies have mostly been set at the national level, though in recent decades local communities and arenas such as schools, public institutions, and companies, have begun making their own alcohol policies. Holder and Reynolds (1997) conclude that policies established at the local level can reduce alcohol problems. Alcohol policies can be more broadly defined at local levels than at the national level (Holder and Reynolds, 1997). In Sweden and Finland, where EU membership has changed the national monopolies, for example, more local approaches are required (Holder and Reynolds, 1997). In the Swedish national action plan, increased emphasis is placed on local preventive work (Andréasson, 2008). Studying the Finnish situation, Holmila and Warpenius (2007) conclude that alcohol policy and prevention are expected to be carried out on a local level to a greater extent. Mahmud and colleagues (2010) conclude that current Swedish public health policy emphasizes stronger local health-promotion initiatives in different settings.

One advantage that is mentioned is that the local citizens (or students, or employees) are closer to the policy (Holder and Reynolds, 1997). To achieve this effect it is important to involve key persons in the policy-making process. People who are concerned about a problem often have ideas for how to solve it (Andréasson et al., 2006). In reality, a policy in itself is no guarantee for the start of preventive work, but the chances are better if the policy process takes place in the context of regular activities (Andréasson et al., 2006). Policies can be an intervention with a longer life-span than other prevention programs, which must be maintained and funded on a yearly basis (Holder, 2000).

One example of local alcohol and drug policies are school policies, although Evans-Whipp and colleagues (2004) conclude in a review that very little is known about school alcohol and drug policies and that there so far
have been no studies documenting the effects of these policies on alcohol and drug use. However the review reveals that most of the schools in developed countries have some substance use policies. There are also findings suggesting that tobacco policies may result in students smoking fewer cigarettes, but not necessarily prevent them from smoking at all. Desousa and colleagues (2008) have, however, performed an analysis of the association between school policies and alcohol misuse. The study yields evidence suggesting that written school policies are associated with a lower likelihood of frequent binge drinking. There are also studies that suggest that the implementation rather than the presence of a policy is associated with reduced consumption (Desousa et al., 2008). Toomey and colleagues (2008) conclude in a study on professional sports stadiums that stadium policies had no effect on the likelihood of illegal alcohol sales.

Local alcohol policies in sports clubs
Priest and colleagues (2008) found no controlled studies of policy interventions organized through sports organizations; nevertheless they emphasize the setting’s importance for health promotion. In peer-reviewed, though not controlled, studies, local policies in sports clubs are discussed, primarily in Australia (cf. Corti et al., 1997; Crisp and Swerissen, 2003; Dobbins et al., 2006; Eime et al., 2008; Rowland et al., 2012), Belgium and the Netherlands (cf. De Knop and De Martelaer, 2001; De Knop et al., 2004), and Finland (cf. Kokko et al., 2006; Kokko et al., 2009). However these studies are not just about local alcohol policies; they also concern policies about other health-related issues such as sports safety (cf. Donaldson et al., 2003), tobacco, sun protection, and healthy eating (cf. Dobbins et al., 2006) or about the quality of youth sports (De Knop and De Martelaer, 2001; De Knop et al., 2004). Table 2 provides an overview of documented alcohol policies in sports.
### Table 2: An overview of documented alcohol policies in sports.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Location</th>
<th>Summary of content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bailey and Hauraki (2011)</td>
<td>New Zealand</td>
<td>Tool for alcohol policies</td>
</tr>
<tr>
<td>Corti <em>et al.</em> (1997)</td>
<td>Australia</td>
<td>Safe alcohol practices</td>
</tr>
<tr>
<td>Crisp and Swerissen (2003)</td>
<td>Australia</td>
<td>Responsible serving of alcohol</td>
</tr>
<tr>
<td>Dobbinson <em>et al.</em> (2006)</td>
<td>Australia</td>
<td>Responsible serving of alcohol</td>
</tr>
<tr>
<td>Eime <em>et al.</em> (2008)</td>
<td>Australia</td>
<td>Responsible serving of alcohol</td>
</tr>
<tr>
<td>Jonsson <em>et al.</em> (2007)</td>
<td>Sweden</td>
<td>Developing and disseminating policies</td>
</tr>
<tr>
<td>Kelly <em>et al.</em> (2010)</td>
<td>Australia</td>
<td>Building partnerships between national sports organization and sports clubs to help develop health-related policies.</td>
</tr>
<tr>
<td>Kokko <em>et al.</em> (2006)</td>
<td>Finland</td>
<td>Written section on substance abuse as one of the standards for health promoting sports clubs.</td>
</tr>
<tr>
<td>Rowland <em>et al.</em> (2012)</td>
<td>Australia</td>
<td>Reducing alcohol-impaired driving</td>
</tr>
</tbody>
</table>

Turning to the “grey-literature”, for example national reports, one example in Sweden was the special investment called *Handslaget* (The Handshake program) which was started in 2004. This program aimed to promote broad sporting activities for children and young people, to make sports available to more people, and to maintain their level of commitment. *Handslaget*, which lasted 2004–2007, had a budget of one billion SEK (0.1 billion EURO). One of the prioritized areas during this period was “The fight against drugs”. The evaluation of this special area (Jonsson *et al.*, 2007) included over 200 projects that have worked with different drug preventive initiatives, and among which the most common activity was local drug policy work. The alcohol policy project *Mål utan alkohol* (Goal without Alcohol) in Study V was inspired by and linked to this extensive venture, but was funded by the Swedish Alcohol Committee. Also, two projects run by Swedish district sports federations, as part of the investment described in Study I, have worked with local alcohol policies.

The Swedish examples above are primarily preventive in character, as opposed to the Australian examples, which have a more secondary preventive character, such as the *Good Sports Program* which among other things aims to reduce alcohol-impaired driving (Rowland *et al.*, 2012), or Crisp
and Swerissen (2003) and Dobbinson and colleagues (2006) with regard to responsible serving of alcohol. This is due to the different character of alcohol consumption in sports in Australia and Sweden. In Sweden, no sports clubs have bar facilities (although they are common in the arenas for larger spectator sports). Dobbinson and colleagues (2006), for example, found that nearly 60 percent of the sports clubs in the sample have bar facilities. There is also the question of how these types of projects, not exactly the core activities of a sports club, are funded. In Sweden, this is mainly through government support, though one later initiative is sponsored by Systembolaget (the Swedish alcohol monopoly). Australia has tried health sponsorship (e.g. Corti et al., 1997; Crisp and Swerissen, 2003), but also provides state funding, such as for the Good Sports Program (Rowland et al., 2012). Kelly and colleagues (2010) argue that developing health-related policies demands knowledge and personnel resources, as well as partnerships between national organizations and local organizations for effective communication and to assist in overcoming barriers related to knowledge and resources.

Non-governmental organizations

This section will introduce non-governmental organizations both in general and in a Swedish context. It will provide information about the Swedish national support to non-governmental organizations as well as describe two Swedish popular mass movements: the temperance movement and the sports movement. The section ends by introducing the two non-governmental organizations which will be the focus of this thesis.

According to WHO (2001), civil society and non-state organizations have been contributing to public health for centuries. In recent years, they have become even more important as they have grown in both scale and influence, and also have become more visible and diverse globally (World Health Organization, 2001). However, WHO also states that:

The world of civil society is not uniform. (World Health Organization, 2002b, p.5)

There is no universally accepted definition of civil society or CSOs; many use the term NGO synonymously with Civil Society Organization (CSO) (World Health Organization, 2002b). Carothers and colleagues (1999) argues that civil society is a broader concept than that of NGOs, including all the organizations and associations outside of the state. However, the boundaries between the market, civil society, and the state are not always clear (World Health Organization, 2002b). WHO states that:
In the absence of common understanding or definition, civil society is usually understood as the social arena that exists between the state and the individual or household. Civil society lacks the coercive or regulatory power of the state and the economic power of the market but provides the social power or influence of ordinary people. (World Health Organization, 2001, p.3)

The growing presence of civil society has motivated national governments to establish more formal mechanisms for their contact with CSOs. WHO launched the Civil Society Initiative (CSI) to foster relations between WHO and non-governmental and civil society organizations in 2001 (World Health Organization, 2002b). Carothers and colleagues (1999) concludes that in the best of worlds the state and civil society need each other and develop in tandem, not at each other’s expense. The Marmot review (Marmot, 2010) argues that the funding of many third sector organizations is unstable and is increasingly dependent on governmental grants.

The Swedish context

NGOs in Sweden have been working with alcohol prevention for many years (Andréasson et al., 2007). An agreement was arrived at between the government, the Swedish Association of Local Authorities and Regions, and NGOs within the social sector in dialogue with all parties in 2008 (Swedish Government White Paper, 2008/09:207). One of many reasons for this agreement was to strengthen the NGOs’ status as independent moulders of public opinion and to support the growth of a variety of actors in the social sector. The Swedish Government also recognizes the importance of NGOs’ knowledge, experience, and commitment, and considers them a vital part of its efforts to reach the goals of its strategy for alcohol, narcotics, doping, and tobacco (Swedish Government, 2010/11:47). The newly established Swedish National Council for Alcohol, Narcotics, Doping, and Tobacco includes representatives of public authorities and researchers as well as members of civil society.

Sweden has a long tradition of non-governmental organizations; they have also come to be of great importance for Swedish society. The Swedish voluntary sector has its origin in two different phenomena, the significance of the state and the tradition of popular mass movements. The importance of the state began during the 17th century when the responsibility for health care was organized under the state instead of in the regime of the church. This could explain some of the differences between the Swedish voluntary sector and other countries in Europe, for example, where the church is still an active provider of health care (Wijkström, 1998; Wijkström and Lundström, 2002). Another perspective is that the origins of some organizations, for example charity organizations, could be ex-
plained through economic necessity; something that did not exist was de-
manded (Johansson, 2001). Also, popular mass movements have played an
important role in the development of Swedish society (Wijkström, 1998;
Gouguoulakis, 2001). Gouguoulakis (2001) even states that the history of the
popular mass movements to a large extent is also the history of modern
Sweden, and that they played an important role in the establishment of
democracy. The Swedish democracy investigation (Swedish Government
Official report, 2000:1) concludes that a democratic form of government
takes for granted the presence of a civic spirit of mutual respect in such
domains as families, schools, NGOs, and politics.

The Swedish voluntary sector is as large as that of other industrialized
countries, although quite different in character. This is something that
before the 1990s the international research community doubted, for the
reason that Sweden had such a strong welfare sector. In the 1990s, a num-
ber of researchers showed that it was in fact the case (Lundström and
Wijkström, 1997; Wijkström, 1997; Wijkström, 1998; Lundström and
Svedberg, 2003). It is partly a question of how you measure and which
measurements are used, for instance: the sector’s economic importance,
popular participation, membership figures, or the total wages of employ-
ees. In turnover, as a share of the countries’ GNP, Sweden’s value was 4.1
percent. This puts Sweden well in the forefront among comparable Europe
countries. For the level of volunteerism, 52 percent of Swedes had volun-
teeed during the past year, which is higher than in many comparable
countries. In the third perspective, membership figures, Swedes are mem-
ers of voluntary organizations to a high degree; almost everyone is a
member of some organization. The Swedish voluntary sector is member-
based rather than service- or volunteer-based (Lundström and Svedberg,
2003). If on the other hand one measures the total wages of employees
Sweden has an extremely small voluntary sector (Wijkström, 1998). Why
do the results appear so different depending on the measures chosen? The
Swedish voluntary sector is structured in a different way than those of
others; it is dominated by organizations in the cultural and recreational
field, mainly sports organizations.

Due to the lack of international comparisons on all variables, all the above
figures are from the early 1990s. Since then, the Swedish voluntary sector has
expanded. Exactly how much (in terms of the above-mentioned measures) is
not known yet, but the two areas of culture and recreation in particular, as
well as social care, have expanded (Wijkström and Einarsson, 2006).

Previous research has shown that the Swedish voluntary sector was high-
ly dependent on public financing, which is partly correct. When you look
at the entire sector together, about 30 percent of its financing comes from
government funding. However in the health care and social service sector, public financing stands for more than 70 percent. That is quite high in comparison with other European countries, but not the highest (Wijkström, 1997).

Because of these differences in the structure and history of the voluntary sectors in different societies, they also play different roles. The Swedish voluntary sector can be seen as more of a complement to the state welfare system than a substitute for it (Johansson, 2001). Non-governmental organizations play an important role as forerunners and innovators (Lundström and Svedberg, 2003). The new government bill for public health A renewed public health (Swedish Government Bill, 2007/08:110) states that cooperation between the state and the voluntary sector should be expanded, and that the conditions for the voluntary sector’s work should improve.

Swedish national support to non-governmental organizations
National support for civil society organizations in Sweden comes from the government, the municipalities, and the county councils. The government support totalled close to 8 billion SEK (0.85 billion EURO) in 2009, and including the rest of the government sector support it was close to 10 billion SEK (1 billion EURO). The largest amount of support goes to adult education, sports, and development aid. Despite this substantial government support, only about 29 percent of the various organizations’ incomes comes from government support; about 62 percent comes from member fees, and about 9 percent from donations (Swedish Government bill, 2009/10:55). In addition to the Swedish Government office there are 25 different public authorities in Sweden who distribute government grants (Swedish Government, 2012). Among these are the Swedish National Board of Health and Welfare (NBHW), the Swedish National Institute of Public Health (NPHI), the Swedish State Inheritance Fund, the Swedish National Board for Youth Affairs, and the Swedish Sports Confederation. NBHW has the task of distributing grants (in 2009, 76 million SEK [8 million EURO]) to organizations in the social sector, namely to programs dealing with alcohol and narcotics, vulnerable children and their families, and violence against women. Support for specific development projects in the areas of alcohol, narcotics, doping, and tobacco (cf. Study I) has been distributed by the Swedish NPHI since 2011.

Somewhat simplified, organizations in civil society can receive two types of grants: organizational or project-specific. Organizational grants are based on the recognition of an intrinsic value in the organization’s existence, and for this reason the support can be used rather freely. The project-
specific support, however, is distributed for specific activities with clear aims and timeframes. Danielsson and colleagues (2009) conclude that these different types of support often interact, and they argue that organizational support can improve the project-specific work.

In the late 20th century, grants were awarded through the Swedish National Institute of Public Health with money from the Swedish State Inheritance Fund to a number of alcohol and drug prevention projects. This investment required that applicants submit a final report and an internal evaluation, and an external evaluator was also linked to the investment (Nygren, 2000). Nygren (2000) concluded that the work should be characterized by frequent contact and dialogue between the funding agency and the project, as well as support for the project leaders, which should be reviewed with regard to the possibility of different types of need-based support. Other important discoveries were the short-term thinking that underlied the funding of these kinds of projects, and the fact that the character of the projects was not connected to the time frames they needed. The findings of this study were taken into account when the special investment described in the next section and in Study I was launched in the early 21st century.

Support for NGOs in a special investment
From 2003 to 2010 non-governmental organizations have received grants from the Swedish NBHW to conduct alcohol and drug prevention work in a special venture. Since 2011 the initiative is being run by the Swedish National Institute of Public Health. The initiative is part of the national plan of action to prevent alcohol-related harm and the national plan of action against narcotics, and the financial support comes from the Ministry of Health and Social Affairs. The initiative has from the start, in addition to financial support, also included supervision for the project leaders, competence support through regular meetings for project leaders, and an integrated Research and Development (R&D) investment (Figure 2). A research team at Örebro University was assembled for this purpose in 2003.
One early goal was to create a project portfolio with a broad combination of organizations to mobilize many forces in the alcohol and drug prevention work. The investment’s working committee, which decided who would receive funding in this investment, consisted from 2003 to 2010 of representatives of the NBHW, the Swedish National Institute of Public Health, and the Swedish National Board for Youth Affairs (in the first years there were also committee members from the Alcohol committee and the Swedish National Drug Policy Coordinator). The working committee evaluated the project applications and decided which projects that would receive funding and how much, and which projects were interesting for further evaluation. Our input in this discussion, as the research team, was to say whether we thought a project provided good evaluation opportunities, for instance if it was well-structured, and if knowledge about the particular type of intervention is important. We adapted the research questions to suit what we believed to be theoretically relevant and possible for
us to evaluate in the project in question. NBHW’s initiative represented a new way of thinking.

Since 2003, the research team has also been involved in additional studies funded by other sources, one of these studies focused on policy development in the Swedish Football Association and led to Study V in this thesis. This funding was received from the Swedish Ministry of Health and Social Affairs through the Swedish Alcohol Committee.

The Swedish temperance movement
During the first half of the 19th century temperance associations were started in Sweden. Most of these associations were influenced by temperance societies in the USA, where for example the Independent Order of Good Templars (IOGT), was founded in 1851. The name was later changed to the International Order of Good Templars, with the same acronym. IOGT was a fellowship that demanded total abstinence from its members. Everyone was welcome as a member irrespective of class, race, gender, and political or religious opinion, something that was radical at that time. The association was first organized as a fellowship, with rituals and a grading system, which was a common way of organizing in those days. The Swedish Temperance Organization (since 1970 called IOGT-NTO) founded in 1879 is part of the International Organization of Good Templars, but is nowadays not a fellowship (Svensson, 1979; IOGT-NTO, 2012). The temperance movement was in part an outgrowth of the Free Church movement. In the early 20th century it was an important voice in Swedish society, and greatly influenced the opinions of both people in general and politicians (Sandell, 2001). The movement’s membership peaked in 1909, with 307,000 members, 10 percent of the adult population of the country at that time and larger than the Free Church and trade union movements combined (Sandell, 2001). In Sweden today there are other temperance associations besides IOGT-NTO, some of which have retained their connection to religion and some, like the IOGT-NTO, that have become religiously independent.

The non-governmental organization UNF (The Swedish Youth Temperance Organization) is a politically and religiously independent organization. It is a sister organization to IOGT-NTO. UNF was founded in 1970 as a fusion between IOGT’s youth organization and NTO’s youth sections. It has approximately 7,000 members organized into about 125 local chapters all over Sweden. All members are between 13 and 25 years of age. To be a member you have to be a teetotaller (abstain completely from alcohol). UNF runs various kinds of activities, for example theatres, discos, cafés, study circles, and a great number of courses. Apart from alcohol
regulations and politics, they also work with international exchange and democracy issues. Their vision is a world characterized by democracy, solidarity, and freedom from drugs. Although they are politically independent, their task is to act politically by letting the politicians know which issues are important to them.

**Folkölsprojektet (The medium-strength beer project)**

UNF has a 40-year history of making purchase attempts. In 1970–1971 UNF tested if the age limit of 18 for buying medium beer was being followed. This purchase attempt study showed that 12–15 year olds could buy medium beer without problems (Lindén, 1979). Further purchase attempts in 1987 showed that four out of five grocery stores sold beer to minors. After this, the method of conducting purchase attempts spread throughout the UNF-chapters in Sweden and was soon a regular activity in UNF (UNF, 2005). Purchase attempts are still one of the activities that UNF works with. UNF’s central viewpoint is that beer should not be sold in grocery stores at all, as it is more accessible to the under-aged.

The procedure for purchase attempts arranged by UNF is the same in all local chapters:

- The buyer must be a member of UNF.
- A witness over 18 years of age must be present at each purchase attempt.
- The buyer must agree with why UNF is performing the purchase attempts.
- The buyer must be between 13 and 17 years old (before 2005, 14–17 years old).
- The buyer must behave in a realistic manner, for example by saying that their ID is in the car, when they are denied. The purchase attempts shall be equivalent to reality (The Swedish Youth Temperance Organization, 2006).

In addition to these instructions, UNF instructs buyers to choose one or two buyers per store, to always buy a six-pack of 3.5 percent beer, preferably selecting the cheapest beer and something else as well, and to always use their own IDs. The buyers are instructed to act in a way that they feel comfortable with, for example regarding whether or not to be insistent. The ultimate aim of all the instructions is to make the purchase attempts as realistic as possible. A report form must be filled in directly after the purchase attempts. When all the chosen stores have been tested, the forms, the
results, and the beer must be sent to the national project leader. After the purchase attempts, each store was contacted by letter with the results.

In 2003 UNF applied for funding for a new idea. They wanted to compare two different strategies that included purchase attempts. The first was an elaboration of their earlier method, which meant confronting the media about the results of the purchase attempts, reporting the check-out clerks who sold beer to the police, and informing the municipalities about which stores sold beer to them. The second method was quite the contrary; here the idea was to actively seek cooperation with the retail grocery sector, the municipality’s alcohol administrator or drug coordinator (the municipalities are organized differently), the police, and the labour unions. They wanted to build a network that together could develop a solution to the problem. They also wanted to report about this in a positive tone to the press and to highlight the stores who did well. This method is further described in Study III.

UNF’s aims with the project were to work in a structured fashion with the project in seven different locations in Sweden, to complete 1,200 purchase attempts, to conduct four training programs for UNF-members about medium-strength beer, and finally to implement training for employees at grocery stores. UNF received 1,140,000 SEK (120,000 EURO) for the first two years 2003–2004 and 600,000 SEK (63,000 EURO) for the final year 2005.

The Swedish sports movement
Organizations in the recreational field, mainly sports organizations, are organized differently in different parts of the world. In some countries, the schools offer sports as an after-school activity. In others, the local communities are mostly responsible for organizing voluntary sports for children and youth. In Sweden, it is mostly NGOs who provide voluntary organized sports outside school.

Historically, the Swedish sports movement is one of the popular mass movements in Sweden (Peterson, 2008; Swedish Sports Confederation, 2012). Typical organizational characteristics of the Swedish sports movement, according to Peterson (2008), are that it is organized in the form of clubs or the like, that it is of a voluntary (that is non-profit) nature, and that it is run outside of the governmental sector.

In the program statement Idrotten vill (What Sports Want) (Swedish Sports Confederation, 2009), the core values of the Swedish sports movement are set out as follows: enjoyment and community; democracy and participation; everyone having the right to take part; and finally, fair play.
The Swedish sports movement also has various policy documents including an alcohol and tobacco policy.

The Swedish sports movement is entirely dependent on the voluntary support of local leaders and public financial support, especially from local governments. The government support to Swedish sports in 2008 amounted to 1.8 billion SEK (0.19 billion EURO), which represents a gradual increase of over a billion SEK over ten years (Peterson, 2008). This is described by Peterson (2008) as a potential democratic dilemma: a movement that is safeguards its autonomy, on the one hand, but relies on substantial government support, on the other. However, Peterson (2008) concludes that this contradiction is accepted by both the government and the Swedish sports movement as an “implicit contract” which can be summed up by the phrase “freedom with responsibility”.

There are 3.4 million members (age 7–70) spread over 22,000 sport clubs in Sweden with more than 600,000 coaches (Swedish Sports Confederation, 2012). In a recent study on Swedish voluntary engagement (Svedberg et al., 2010) about 150,000 persons active within sports, not least parents, describe making direct social contributions through their voluntary leadership. In Sweden the sports organizations are subsumed under the Swedish Sports Confederation which is an umbrella organization for the entire sports movement in Sweden. The Swedish Sports Confederation is organized into specialized sports federations (SF), district sports federations (DF), and specialized sports district federations (SDF). The Swedish sports movement also includes an educational body, the Swedish Sports Education Organization (SISU).

The Swedish Football Association (SvFF), which is the focus of this thesis, was founded in 1904 and is today the largest specialized sports federation in Sweden with 3,375 clubs and over a million members. About 2,800 of these clubs have activities for adolescents. Of their almost 271,000 licensed players, almost 70,000 are women (2008). SvFF’s aim is to promote and administrate football within Sweden and to represent it outside of Sweden. SvFF is connected to the Swedish Sports Confederation and to Fédération Internationale de Football Association (FIFA) and Union des Européennes de Foot (UEFA).

SvFF’s overall aim is for football to remain Sweden’s largest sport. There are also aims regarding the national teams’ performance and results, as well as aims for the football clubs, such as to make football available to everyone who wants to play irrespective of nationality, age, gender, sexual orientation, or physical or psychological condition. Football clubs are to be a place for positive, health promoting leisure activity and self-
improvement. The current motto of the Swedish Football association is “A football club in every village, football for all”.

In their alcohol policy statement of 2002, the Swedish Football Association concludes that SvFF stands behind Sweden’s official aim to reduce alcohol consumption and, most of all, delay the age of onset of youth drinking. They conclude that as the largest sport in Sweden they have a share of responsibility when it comes to their young members’ alcohol habits. They also state that through their regular activities they should teach adolescents to care about their bodies. They also contribute to a positive feeling of solidarity which in itself has a preventive effect. A further preventive factor is the presence of positive role models, like coaches and older members. In addition to these day-to-day activities, the Swedish Football association also states that its starting point must be to offer a football environment that is safe, from an alcohol perspective, and where parents can confidently leave their children, and that coaches must take their position as positive role models seriously. There are also some more specific guiding principles in the alcohol policy.

Mål utan alkohol (The project Goal without Alcohol)
The aim of the alcohol policy project initiated by the Swedish Football Association (SvFF) was to build knowledge and awareness about the preventive effects of football within every football club, as well as a sense of responsibility regarding issues of alcohol. The project started in 2005 and was run by SvFF in cooperation with the Swedish Alcohol Committee (which existed from 2001 to 2007) and the Swedish Temperance Organization (IOGT-NTO) for a period of three years. During the policy project, a total of 15 football clubs participated, six elite clubs that also had youth activities (three male and three female), and nine youth clubs. Five clubs were recruited during each year of the project with a geographical spread over Sweden. They were to work actively with alcohol issues within their club, for example, by developing a club alcohol policy and action plan that would reach all members of the club, and thereby get everyone to work towards common goals. The club alcohol policy would also contribute to a quality label, which could be regarded as a guarantee for parents that they can safely let their children participate in the club activities. Specifically, the aim of the policy projects was to develop and implement an alcohol policy document. The participating clubs agreed to work with the project for one year and afterwards to act as model clubs for the project. The project had a budget of over two million SEK (210,000 EURO), with one million SEK in direct economic support to the participating clubs.
Our research team was commissioned to evaluate the project starting from the end of 2006. The results of the evaluation are presented in a report to the Swedish Football Association (Geidne, 2009). The aim of the project evaluation was to analyse the development, implementation, and maintenance of an alcohol policy. The method used was interviews with persons with different perspectives concerning the sports clubs’ policy project. Study V in this thesis is a further development of this project evaluation.

In the first year of the project, five clubs were chosen even though they previously had worked with alcohol-related questions. They were recruited through their applications to one of the five special areas of the Swedish Handslaget program; “taking part in the fight against drugs”. The five second-year clubs applied to be a part of the policy project and were chosen on the basis of their geographical spread throughout the country. SvFF signed contracts with the participating clubs, although according to the project staff the demands were not especially heavy. The clubs would participate in internal meetings during the project, they were to be visited by the project staff, and they received offers to participate in training courses, for example the Prime for Life course (cf. Hallgren et al., 2011).

**Challenges in researching non-governmental organizations**

An important question closely connected to this thesis is how to conduct research on NGOs. What approaches can be used and what are the challenges in researching NGOs.

Some aspects need to be clarified about this way of working. The NGOs included in this thesis received funding for their ideas, they are the owners of their interventions, and they are responsible for designing, implementing, and running them. They get funding from different actors, such as for example NBHW or the Swedish National Institute of Public Health. It is their choice what to do, in what setting, or with what target group. This makes researching NGOs complex. Andréasson (2008) observes that few effectiveness studies have been conducted in which interventions have been shown to work under normal conditions, that is with regular funding in ordinary communities. Also Green (2006) concludes that too much of our evidence comes from artificially controlled research that does not fit the realities of practice. Research about NGOs’ interventions in alcohol and drug prevention, for example, can make a contribution to this.

One challenge is to establish a good collaboration between research and practice. Holder and Reynolds (1998) conclude that a respectful partnership between science and practice requires that both sides recognize the unique skills of the other. A respectful partnership between research and
practice (Holder and Reynolds, 1998), or linkage at the development stage (Greenhalgh et al., 2004), or open and mutually beneficial partnerships (Fixsen et al., 2005) and are all important when working with a settings-approach according to several studies. However, according to Fixsen and colleagues (2005), communication between science and practice is often unidirectional. Collaboration like this can promote the adaption of an intervention to the needs of a specific setting as well as promote ownership of the intervention by the organizations (Dusenbury et al., 2003).

Nutbeam (1996) argues that the greater the distance between basic research and practical implementation, the less the knowledge. Knowledge about how interventions can be applied in normal circumstances is important for research in alcohol and drug prevention.

“If we want more evidence-based practice, we need more practice-based evidence” (Green and Glasgow, 2006, p.126).

This demands that research be conducted close to, or in full integration with the practice. This kind of research is needed for learning and knowledge-production and is a challenge facing public health (Eriksson, 2000). The evaluation design needs to fit the circumstances of the program; no single method or design can be right for all programs (Nutbeam and Bauman, 2006). Different target groups emphasize different aspects when it comes to health promotion efforts and evaluation, and they also demand diverse things. This means that as a researcher you need to communicate with different target groups in different ways (Nutbeam, 1996). When doing research, control over influencing factors is crucial. This can sometimes be difficult when working with a large number of different target groups such as policy and budget makers, health-promotion practitioners, the general public, and the academic community. One point of departure can be Nutbeam’s model of stages of research and evaluation (Figure 3) (Nutbeam, 1998). This model is divided into stages of planning, evaluation, and dissemination.
Two fundamental tasks in evaluating research are assessing outcomes and understanding processes. These tasks will vary during different stages of the evaluation. Assessing outcomes before understanding processes may for example not be the best scenario when working in close collaboration with NGOs or other actors, because it is important to know the setting. Also, experimental studies tend to primarily be of interest to academic researchers and do not always invite active participation. Combining different research methods to answer different research questions can blur the distinction between outcome and process evaluation. Partnerships between, for example, researchers and practitioners improve the quality of evaluation because they produce better understanding of the program and are more likely to meet the needs of communities (Nutbeam, 1996; Nutbeam, 1998; Nutbeam and Bauman, 2006). The studies in this thesis can be placed at different stages of this model with studies I, II, and IV in the planning stage, getting to know the settings; Study III in the evaluation stage, testing an intervention; and Study V in the evaluation and dissemination stages.
Another approach in researching NGOs is Holmila and colleagues’ (2008) three alternative roles for a researcher: researcher-as-unobtrusive observer; researcher-as-technical advisor; and researcher-as-designer. Acting as an unobtrusive observer, the researcher can be an external observer, not taking part in the preventive activities and having no responsibility for the design or implementation of the projects. In the role of researcher-as-technical advisor, the researcher has responsibility for evaluation, but also is responsible for providing scientific advice on effective preventive strategies, if needed. In this thesis, an example of this can be Study I, in which training and technical assistance were provided to the projects as well as progress reports on findings and results from different on-going studies. The practitioners could use this information as they desired. Holmila and colleagues’ (2008) third type is the researcher-as-designer. Here, the project is designed by the research team in partnership with the practitioner. The researcher is an active participant in project planning as well as in the process of carrying it out and evaluating the effects.

Another approach in researching NGOs is action research or a participatory approach. Participatory research is defined as, at minimum, collaborative efforts in formulating research questions and interpreting and applying findings. Benefits of participatory research are that the results are relevant to those who would apply them, and that the results are more credible and immediately applicable for practitioners in local situations (Green Lawrence, 2001; Green and Mercer, 2001). Cornwall and Jewkes (1995, p. 1668) ask “If all research involves participation, what makes research participatory?” The answer is that those concerned contribute to the creative process; they decide what is to be studied and how, and also how it should be analysed and presented. They take active part all the way from the planning stage to presenting and interpreting the results. Participatory research is not an absolute model; it is not the methods that count, but the methodological contexts of their application. It must be conducted within the context and the circumstances of the problem being researched (Lundberg and Starrin, 2001). Conventional research can be seen as “knowledge for understanding” and participatory research as “knowledge for action” (Cornwall and Jewkes, 1995). Participatory research is sometimes criticized for its lack of systematization in the collection and analysis of data, but it can protect against many mistakes, hasty conclusions, and simplified interpretations (Lundberg and Starrin, 2001). In addition, realist evaluation, which investigates “what works best, for whom, and under what circumstances”, can be applicable in researching NGOs. It seeks to evaluate practice in the context of the realities of society (Kazi, 2003). Realist evaluations could be used together with participatory research because
when working with realist evaluation one of the main purposes of partnerships is to develop strategies that can be incorporated into practice and thereby contribute to the development of models. The academic evaluator and the practitioner are seen as both learners and teachers at the same time (Kazi, 2003).

In conducting studies II and III of this thesis, a participatory approach to research has been used through a close collaboration between us as a research team and UNF as the conceivers, implementers, and data collectors. In the overall research program (Study I) all included projects are required to document their work through annual reports. The projects are documented in standardized reports including sections about the period’s activities, personnel resources, the economic situation, and the project leader’s working situation. This was, of course, also required of the projects selected for further evaluation by the working committee. These projects were also followed more closely. At a preliminary meeting, with at least both the project leaders, but also often the organization’s chairperson and members of the research team, the project plan was discussed and the research questions were formulated. There then followed a number of meetings during the project period at which we (the research team) presented our findings and had discussions about validity, applications, and possible refinements together with, in this case, UNF. On three occasions we also met to present the joint efforts of the project and the evaluation in seminars at national conferences.

A final important part of researching interventions performed by NGOs and other practice-based interventions is how to feed the results of the research back to the organizations – how to go from research to practice. How can one provide NGOs, for instance, with results that mean something to them in a manner that they desire? This has been an open question to the participating NGOs in all our studies: how do they want us to present the results to them. Over the years we have presented results at board-meetings, at workgroup-meetings, in popular brochures, in pdf-documents, on web pages, in power-point-presentations for use in schools, and so on, all according to the wishes of the evaluated organizations.

One thing we noticed during the later years is that there has been a greater demand from NGOs to have their methods evaluated due to the increasing demands from society to use evidence-based methods. This fact has also led to more inquiries about evaluation coming to the research team.
Aims
The general aim is to explore the potential for non-governmental organizations to be a health promoting setting, particularly with regard to alcohol prevention.

The specific aims are:

- to describe and analyse alcohol and drug prevention supported by the Swedish National Board of Health and Welfare and implemented by NGOs in Sweden during 2003–2009 with a special emphasis on research and development for an evidence-based practice. The study also analyses the integrated research strategy and its main components. (Study I)

Three research questions will be addressed:

(1) Which types of organizations and projects have received grants from the NBHW for alcohol and drug prevention?
(2) What types of research and development activities for an evidence-based practice have been included?
(3) How can a trustful partnership develop between practitioners, national agencies and researchers?

- to analyse the compliance with the Swedish alcohol law. (Study II)

The study has four research questions:

(1) Is it possible for 14 to 17-year-olds to buy medium-strength beer in grocery stores or similar, and are there any differences in gender or age with regard to their success rates at purchasing?
(2) Is it of importance for the degree of compliance where, when, and from whom the young person tries to buy the beer?
(3) Are there any differences in who gets asked for ID, and who asks for ID?
(4) Why is it that minors can sometimes buy beer even if they are asked to show ID?

- to analyse the process and outcome of a purchase attempt intervention designed and implemented by a NGO. (Study III)
The study has two specific aims:

(1) The first aim of the study is to describe the implementation of an intervention for reducing the rate of successful purchase attempts of medium-strength beer in grocery stores.
(2) The second aim is to determine whether employing a strategy gives better results than working without one and also to compare the outcomes of the two different strategies.

• to contribute to a framework concerning sport clubs as a health promoting setting. (Study IV)

The aim of this integrative review is twofold:

(1) to compile and identify key issues in international research about youth sports clubs as a health promoting setting.
(2) to discuss the results of the integrative review in terms of a framework for the youth sports club as a health promoting setting.

• to explore the implementation process of alcohol policies in eight different football clubs in Sweden. In the study, Durlak and DuPre’s model of factors affecting implementation processes is used to construct an analytical tool (Study V)

The study has two research questions:

(1) How is the implementation process conveyed in the clubs alcohol policy projects?
(2) What are the similarities and differences between this case study and Durlak’s and DuPre’s implementation model?
Method

This section includes a description of the general design of the thesis as well as the specific designs of the included studies. A brief table presenting the included studies’ design, data collection, material, and analysis is followed by a more thorough description of each respective study’s data collection, material, and analysis.

General design

The research question decides the choice of methods, not the other way around, which is why there is a need for different methods (cf. Nutbeam, 1998; Thorlindsson, 2011). When conducting research in a complex setting like the present or in an interdisciplinary branch of science such as alcohol prevention, a mixed-methods approach can be preferable. According to Creswell and Plano Clark (2007), mixed methods can be thought of as a research design where the central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone. Johnson and colleagues (2007) even argue that the antagonism between paradigms is unproductive. According to Johnson and colleagues (2007), Teddlie and Tashakkori (2009), Tashakkori and Teddlie (2010), and Denscombe (2008), among others, mixed-methods research can be recognized as the third major research paradigm, methodological movement, or community alongside qualitative and quantitative research. Mixed-methods studies can be understood as collecting and analysing qualitative and quantitative data either in a single study or in multiple studies within, for instance, a research program, or in this case, in a thesis (Creswell and Plano Clark, 2007). Not all of the individual studies in this thesis have adopted mixed-methods research as their design. However the research questions have decided the choice of methods for the various studies included. But to answer such a wide and multidisciplinary question as the overall aim of this thesis seeks to do, a mixed-method design is needed.

Denscombe (2008) also examines the many different reasons researchers have for using mixed-methods research. In synthesizing these reasons he comes up with five categories.

- Improving the accuracy of data
- Combining information to get a more complete picture
- Avoiding biases and compensating the strengths and weaknesses of a particular method
- Developing the analysis and building on initial findings
- As an aid to sampling
One way to systematically describe mixed-methods research is provided by Creswell and Plano Clark (2007). In their classification model, mixed-methods can be said to be of four major design types: triangulation, embedded, explanatory, and exploratory (Table 3).

Triangulation is the most common and well-known approach, and its purpose is to obtain different but complementary data on the same topic in order to better understand the research problem. It comes in a number of varieties; the type used in Study II is the validating quantitative data model building on initial findings. Here the qualitative items are collected within the quantitative, which provides the researcher with interesting quotations to validate and embellish the quantitative data. There is also an embedded model, which is used to include qualitative data, for example to examine the process of an intervention. The embedded model also has several variants, the most common being the embedded experimental variant. In this version, the qualitative methods are embedded during the intervention to examine the process, as is done in Study III combining methods to get a more complete picture. The other two types are the explanatory, where the qualitative data helps explain or build upon quantitative data after collection, and the exploratory, which so to speak is the opposite, with the qualitative data able to help develop or inform the quantitative data before it is collected. This classification has similarities with that of Denscombe (2008).


<table>
<thead>
<tr>
<th>Design</th>
<th>Variants</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triangulation</td>
<td>- Convergence</td>
<td>Used to obtain different but complementary data on the same topic to better understand the research problem.</td>
<td>Study II</td>
</tr>
<tr>
<td></td>
<td>- Data transformation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Validating quantitative data</td>
<td></td>
<td></td>
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<td></td>
<td>- Multilevel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embedded</td>
<td>- Experimental</td>
<td>Combines different data sets at the design level with one type of data embedded in the other type.</td>
<td>Study III</td>
</tr>
<tr>
<td></td>
<td>- Correlational</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Many others</td>
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<td><strong>Triangulation</strong></td>
<td>- Convergence - Data transformation - Validating quantitative data - Multilevel</td>
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</tr>
<tr>
<td><strong>Embedded</strong></td>
<td>- Experimental - Correlational - Many others</td>
<td>Combines different data sets at the design level with one type of data embedded in the other type.</td>
</tr>
<tr>
<td><strong>Explanatory</strong></td>
<td>- Follow-up - Participant selection</td>
<td>Qualitative data helps explain or build upon initial quantitative results.</td>
</tr>
<tr>
<td><strong>Exploratory</strong></td>
<td>- Instrument development - Taxonomy development</td>
<td>Initial qualitative data can help develop or inform the quantitative data.</td>
</tr>
<tr>
<td><strong>Specific designs</strong></td>
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</tr>
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</table>

**Embedded single-case design**
The design used in Study I is an embedded single-case design. According to Yin (2009) this kind of study is preferable when the focus is on a contemporary phenomenon within a real-life context. Study I is a research strategy case study on an organizational level. It studies a social process in a situation in which there is little knowledge of the phenomenon, namely the integration of research into alcohol and drug prevention projects run by NGOs. All these projects are seen as embedded units of analysis in the study, with special emphasis on the fourteen in-depth studies. The case-study approach deals with more variables of interests than data. The case-study design is preferred because this is a unique case in Sweden. In this case study, the focus is on the implementation of the research and evaluation efforts and not on the outcome of the alcohol and drug prevention programs conducted by the NGOs. The case study question is how a trustful partnership for practice-based research can be developed.

**Cross-sectional and longitudinal design**
In cross-sectional studies, individuals are observed only once, while longitudinal studies investigate changes over time, sometimes in relation to an intervention and sometimes not. Observations are performed on more than one occasion even though the observations may not all be used in the analysis (Altman, 1991). In Study II, the purchase attempts in UNF’s database were used as a cross-sectional sample. In Study III, the purchase attempts were used as a longitudinal comparative sample. Here, a comparison be-
tween the two intervention strategies is made because the first purchase attempt per store is made before the intervention and the last after the intervention. When comparing the first and the last purchase attempts in each store, the question of whether the store has improved, impaired or have an unchanged result (successful purchase on both or neither of the occasions) can be answered. Also, Study I can be considered a longitudinal study with observations conducted over many years.

**Systematic literature review**
An integrated review, as in Study IV, is the broadest of the review methods; it allows both quantitative and qualitative studies and both theoretical and empirical literature. Its purpose is to review methods, theories, and/or empirical studies concerning a particular topic (Whittemore, 2005). It can also be defined as a method that summarizes past research and draws conclusions from it (Broome, 2000). Results of research reviews can be presented as summaries, analysis, or synthesis. To sum up, one can say that a summary describes findings by identifying categories, an analysis adds critique of methods or outcomes, and a synthesis also involves creating a new model or organizing a framework for the topic of interest (Whittemore, 2005). Compared to the quantitative meta-analysis, a synthesis does not aim to aggregate data to produce statistical cause-and-effect relationships. Instead, the synthesis employs new ways of conceptualizing the research field (Campbell et al., 2003).

**Qualitative content analysis**
The method used in Study V is qualitative content analysis of interviews with a deductive approach (Elo and Kyngäs, 2008) using Durlak and DuPre’s (2008) factors affecting the implementation process. Content analysis can be used in two different ways according to Graneheim and Lundman (2004); one is the quantitative approach and the other is the qualitative approach. Content analysis is a research method that is a systematic and objective means of describing a phenomenon and also a method that provides knowledge, new insights, a representation of facts, and a practical guide to action (Elo and Kyngäs, 2008). A deductive approach is suitable when, for example, the aim of the study is to test a previous theory in a different situation which is the case in study V.
TABLE 4. Overview of the thesis.

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Data collection</th>
<th>Data material</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Embedded single-case</td>
<td>Annual reports, e-mail questionnaires, interviews, etc.</td>
<td>69 non-governmental organizations with 135 projects</td>
<td>Parallel and integrated mixed data analysis</td>
</tr>
<tr>
<td>II</td>
<td>Mixed method design with cross-sectional data</td>
<td>Registered purchase attempts from UNF’s database with data as well as open-ended questions.</td>
<td>681 purchase attempts conducted in seven municipalities.</td>
<td>Chi-square tests, Mann-Whitney U-test, and logistic regression.</td>
</tr>
<tr>
<td>IV</td>
<td>Systematic literature review</td>
<td>Database search</td>
<td>47 publications</td>
<td>Integrative review</td>
</tr>
<tr>
<td>V</td>
<td>Qualitative analyses of an implementation process</td>
<td>Interviews</td>
<td>15 interviews with project leaders and board members of eight Swedish football clubs.</td>
<td>Deductive content analysis</td>
</tr>
</tbody>
</table>
Data collection, material, and analyses of studies I–V

Study I
The case study includes 135 projects in 69 organizations and 14 in-depth process or effect studies. The participants in this research strategy case study are the NGOs that applied for funding to the NBHW and especially those NGOs that received funding during 2003–2009. The project leaders and managers in the NGOs as well as the members of the different target groups are also participants in this study. Moreover, staff at the NBHW as well as other stakeholders is included. The question focused on in this case study is how can a trustful partnership for practice-based research be developed? A broad range of methods was used in the data collection. This includes six types of data:

1. Administrative data such as applications and funding decisions
2. Interviews with and questionnaires sent to project leaders four times during the period
3. Focus group discussions and seminars in connection with meetings with the project leaders
4. Direct observations, participatory observations, interviews, and documentation of implementation of the in-depth studies
5. Consultation with the NBHW and the NGOs
6. A systematic review of the research strategies for alcohol and drug prevention

The analysis starts with a quantitative description of the investment in NGOs by agencies awarding grants and an analysis of which organizations and projects that were supported. The types of organizations are analyzed with regard to their main focus or mission. Then the investment in research is described, including an overview of the participants in different empirical studies using a range of data collection methods. This includes a description of how the embedded units, the project in the NBHW portfolio, have been documented and presented in annual reports using a format for the written reports based on questions and answers in the case-study database (Yin, 2009). The two types of in-depth studies are briefly presented: effect studies and studies of process and implementation. In this case study, the focus is on the implementation of the research and evaluation efforts and not on the outcome of the alcohol and drug prevention program. The different types of data and perspectives included in the case study database
are used for triangulation and to find key elements and mechanisms in the research strategy. An analysis of the experiences of cross-project comparisons as well as the use of multiple sources of evidence in the case-study database follows. The various measures developed in the research program to foster a trustful partnership are then presented. These measures were assessed by all project leaders in the annual reporting to the research team, which reviewed the content of the research strategy each year in the annual report to the NBHW. The implementation of the research strategy with regard to evaluation initiatives together with the NGOs as well as in-depth studies was carefully documented over the years and used as indicator for developing a research partnership with the NGOs.

**Study II**

In the autumn of 2002 UNF received a grant from the NBHW for the project *Folkölsprojektet* (The medium-strength beer project). One of UNF’s aims with the project was to build a database registering all purchase attempts. UNF allowed us to use their database for research purposes. The purchase attempts were documented with a standardized report form including information on several variables. The variables included in the database were whether the purchase attempt was successful; the age and the sex of the buyer; the estimated age and the sex of the check-out clerk; the day and time of the purchase attempt; and whether or not the buyer was asked to show ID. Also recorded were the municipalities where the purchase attempts took place and whether they were performed in grocery stores belonging to a national chain, petrol stations, or other stores, including kiosks and after-hours markets. There was also an additional briefly written description on the course of action.

The database was updated continually from the spring of 2003 and contains all purchase attempts from that date forward. In this study, data from March 2003 to November 2004 is used. During this period, 681 purchase attempts, conducted by more than 60 buyers (14–17 years old) in seven municipalities in Sweden were registered. The seven municipalities are of different sizes, the smallest having around 25,000 inhabitants and the largest close to two million. The tested stores were selected by the central project leader and the local chapters together. The local chapters were requested to follow this list of stores for the entire project period.

For the analyses, data were converted from Microsoft Access to SPSS (version 13.0) and then analysed. The outcome measure of interest for the first three research questions is the proportion of successful purchase attempts. In the analysis, chi-square tests with 95 percent confidence intervals, a Mann-Whitney U-test, and logistic regression have been used. The
Mann-Whitney U-test was selected as an alternative to a t-test when comparing two independent groups due to the non-parametric data (Altman, 1991). In the logistic regression, successful purchase attempts were used as a dependent variable and all the other variables except for the ID variable and the course of action variable were independent variables. A multivariate logistic regression was used to analyse more than one variable at a time.

To examine young people's strategies for buying beer, the written narratives of the courses of action were used. In this study, the qualitative narratives from the minors served as illustrative quotations to validate and embellish the quantitative data in accordance with the triangulation validating quantitative data model. The cases of special interest were the purchase attempts where the minors were asked to show their IDs but still could buy beer. How could that happen? The variations in verbal strategies are presented.

**Study III**

In Study III, different data sources were used to answer the different research questions. Qualitative data from annual reports and interviews was used to describe the implementation process and to explain the quantitative data, while quantitative data from the database was used to compare the strategies used. This divides the study into two parts, one describing the implementation process and one analysing the outcomes of the intervention; the methods used for analysing are quite different from each other.

The first part analyses the process based on the annual reports, the phone interviews, and the collaboration with the project leaders of UNF. In analysing the implementation process, Nutbeam’s (1998) model of stages of research and evaluation has been used. This model looks at the intervention and its evaluation from the point of view of different kinds of questions. The annual reports that served as documentation in the research program were submitted five times during the project period: summer 2003, winter 2004, summer 2004, winter 2005, and winter 2006.

In January 2005, 27 additional interviews were conducted. These were brief telephone interviews intended to examine how shop owners perceived the purchase attempts and the two different strategies. Two municipalities were selected for the interviews, one where the confrontation method had been used, and one where the cooperation method had been used. The municipalities were chosen by the central project leader on the basis of their having worked with the specific method in a way that accorded with the “game-boards” (described in figures 4 and 5) and having carried them out in their entirety. The interviews were preceded by a letter informing the
recipient of the coming telephone call. The interviews were conducted with
the shop owner or with the employee responsible for beer sales in the par-
ticular store. The interviews were held with all the tested stores in the two
different municipalities. In the first city, 16 of 19 stores participated; one
had shut down, and two would not answer the call. In the second city, 11
out of 13 stores participated; two stores could not be reached.

The intervention, which was designed and implemented by UNF, con-
ists of two different strategies for working with purchase attempts: one
using a confrontational, and one a cooperative strategy. The confronta-
tional strategy is a further development of the strategy previously used by
UNF when doing purchase attempts. In this strategy, stores that fail to
comply with the law are reported to media, check-out clerks who sell to
minors are reported to the police, and the municipality (which is responsi-
ble for monitoring compliance) is informed (Figure 4). The strategy some-
times uses attention-seeking methods, like pouring out all the purchased
beer in a public place, like a town square, or bringing all the purchased
beer to the Minister of Public Health.

[Diagram]

Figure 4. Activity plan (game-boards) for the confrontation strategy (simplified
from the original version).

The cooperation strategy actively seeks to cooperate with the municipali-
ity’s alcohol administrator or drug coordinator (the municipalities are or-
ganized differently), the retail grocery sector, the police, and the labour
unions, in order to build a local network and develop a solution to the
problem (Figure 5). All merchants present at the cooperation meeting are
invited to sign an agreement with UNF. The agreement stipulates that if
UNF succeeds with its purchase attempt, they will not tell the media and
the store will buy back the beer. The component of informing media about
the cooperation method has the purpose of spreading a positive image of
the stores participating in the project.
This study contains data from the same database described in Study II. However the proportion of missing cases was smaller due to the active effort of the project leader in close cooperation with our research team to make the forms easier to fill in. Data from March 2003 to March 2006 was used. During this period, 1,475 purchase attempts conducted by more than 175 different buyers (13–17 years old), in 25 municipalities in Sweden were registered. The 25 municipalities included are of different sizes, the smallest having less than 10,000 inhabitants and the largest close to two million. The entire sample of stores consisted of more than 600 stores in 25 different municipalities all over in Sweden. This is almost 10 percent of the total number of stores selling medium-strength beer (Statistics Sweden, 2004). The stores in the sample are also divided appropriately between grocery stores (belonging to a national chain), petrol stations, and other stores, such as kiosks and after-hours markets.

In the analysis of the database material, different types of statistical tests have been used. When comparing proportions of successful purchase attempts between different groups, chi-square tests, 95 percent confidence intervals, and logistic regression have been used. When comparing the outcome of the first and last purchase attempts for each store, sign tests for testing the difference between paired proportions with continuity correction have been used. In addition to these methods a logistic regression has been used. In the logistic regression the dependent variable is not-selling/improving (between first and last purchase attempt) versus selling-both-times/imPAIRment. The independent variables are model, buyer’s sex
and age, check-out clerk’s sex and age, type of store, size of city, and whether the same person conducted the purchase attempts both times.

**Study IV**

Study IV is a review of both quantitative and qualitative studies as well as both empirical and theoretical literature. The aim of the review is not to detect a statistical relationship between, for example, participation in sports clubs and health. Instead the aim is to achieve a better understanding of the sports club as a health promoting setting and to contribute to a framework for sports clubs as a health promoting setting. The ambitions of Study IV are first to do a summary by identifying categories and then to do a synthesis in two parts.

A search of English-language publications was made in October 2010 in the full-text databases ABI/inform, ACS – American Chemical Society, Blackwell Synergy, Cambridge Journals Online, DOAJ, EBSCO/Academic Search Elite, Emerald, JSTOR, MUSE, Oxford University Press, Journals Online, Sage, ScienceDirect (incl. backfiles psychology), Springer, and Wiley, for the years 2000 to 2010. This period was chosen to obtain a reasonable number of recent studies.

The primary keywords used were *youth sport* and *youth sports*, yielding 131 and 243 studies respectively, and both were combined with *health*, yielding 10 and 23 studies respectively. This quite wide concept was used because of the differences in how youth sports are organized throughout the world, including sports for both children and adolescents. The inclusion criteria for the review were, first, that the studies concerned sports clubs for young people (under 18 years), not sports clubs for professional athletes; second, that it should be a question of voluntary participation in some sort (both recreational and competitive, single- or/and multi-gender) of ongoing organized athletics outside of the regular school curriculum (this also excludes research on short-term youth sports programs, which can be seen more as temporary interventions); and third, that the studies consider issues about youth sports clubs in terms of being health promoting settings as described by WHO. Hence, studies with an exclusively individual perspective, or studies solely concerning physical activity were excluded, because they were of no relevance for settings as described above. Search hits from non-scientific publications and brief conference contributions were also excluded. This initial search resulted in a total of 30 studies.

Furthermore, the list of included studies was examined and a search in Google Scholar was tested to identify additional articles not included in the initial search. This so-called snowballing method added 22 studies to the
review, making 52 studies altogether. The snowballing method together with the database search of articles from 2000 to 2010 makes it reasonable to assume that we have included recent articles as well as important well-cited publications from earlier periods in the review. Eight studies were subsequently excluded in a further reading because they did not fulfil the inclusion criteria of relating to health promoting settings. The final sample for the review consists of 44 publications, one from a book, two from Swedish reports, and the rest from peer-reviewed journals. All included publications are presented under the strategic headings of the Ottawa charter with a brief description of their content, country of origin, and relevance for health promoting youth sports clubs.

The analytical steps taken in the study were as follows: (i) abstracts from non-scientific publications and brief conference contributions were excluded; (ii) each abstract using the primary keywords was read; (iii) the ones that clearly did not meet the inclusion criteria were excluded, and the remaining studies were read through in their entirety; (iv) a snowballing method was used to find additional studies, which led to older studies cited in the newer ones being included – these could be important contributions that were outside the review’s initial search period; (v) the studies meeting the first two inclusion criteria were read through, and the ones that also met the third inclusion criteria were included in the study; (vi) the components identified as significant for the youth sports club as a health promoting setting were categorized under the strategic headings of the Ottawa charter; (vii) the items under each category were further compared and some were rearranged. In order to secure the trustworthiness of the study, the authors have continually discussed its various components and categorizations, as well as the results as a whole.

**Study V**

In Study V, Durlak and DuPre’s (2008) framework for effective implementation is used to construct an analytical tool adapted to a sports club setting (Table 5). We used the five original categories developed by Durlak and DuPre (2008): community level factors, provider characteristics, innovation characteristics, organizational capacity, and training and technical assistance. Starting from these five categories we constructed setting-specific examples. This was done in close connection to Durlak and DuPre’s (2008) five original categories and 23 factors affecting the implementation process. To adapt the factors that could affect organizations to the sports club setting, experiences from the results of a systematic review of and framework for youth sports clubs as a health promoting setting (Geidne et al., Manuscript), study IV in this thesis, were used. This frame-
work uses a multi-stakeholder approach influenced by Dooris (2004), and along with conducting and reading the interviews with the project leaders and board members, these experiences were used in an iterative process to develop the analytical tool.

The analytical steps used were as follows: (i) each interview was read in its entirety by all authors; (ii) the analytical tool (Table 5) was adjusted; (iii) each interview, in its entirety, was used as a unit of analysis, and the interviews were coded club-by-club into the categories of the categorization matrix; (iv) subcategories were identified within our analytical tool, and the meaning units were then organized by subcategories instead of clubs; (v) the meaning units in the content analysis within the subcategories were further compared and the subcategories were modified, while other meaning units were rearranged. Furthermore, some subcategories were merged to better fit the categorization matrix. In order to secure the trustworthiness of the study, the authors have continually discussed the meaning units, the categorizations, and the results as a whole. By way of conclusion, we constructed five tables in order to better illuminate our analysis and the subcategories identified in the study.
Table 5. Analytical tool for analysing implementation

<table>
<thead>
<tr>
<th>Original category</th>
<th>Factors</th>
<th>Setting-specific examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community level factors</td>
<td>The community context, which is research, politics, funding, and policy.</td>
<td>The government and the Swedish Sports Confederation, or others responsible for decisions concerning funding and norms, but also sharing research, attitudes, or the provision of support.</td>
</tr>
<tr>
<td>Provider characteristics</td>
<td>Providers’ perceived needs, perceived benefits, self-efficacy, and skill proficiency.</td>
<td>The sports club’s motivation and need for the intervention. Its history, vision, and knowledge base.</td>
</tr>
<tr>
<td>Innovation characteristics</td>
<td>Adaptability, compatibility.</td>
<td>How well the intervention fits the particular sports club’s everyday activities, and if the intervention is adaptable.</td>
</tr>
<tr>
<td>Organizational capacity</td>
<td>Climate, willingness to change, integration, shared vision and decision-making, collaboration, communication, internal organization, leadership, program champion, and administrative support.</td>
<td>Internal organization, working processes inside the sports club, role of parents and volunteers. Collaboration and communication with other clubs and sports federations. Willingness to change.</td>
</tr>
<tr>
<td>Training and technical assistance factors</td>
<td>Training of skills necessary for the intervention, assistance during implementation.</td>
<td>Training and support from external actors.</td>
</tr>
</tbody>
</table>
In the analytical tool there are five original categories. The first, community-level factors, that is, factors which are found in the community. Here, sports clubs have different types of funding than other organizations and are also members of an umbrella organization with shared attitudes and able to provide support. The second, provider characteristics have to do with the sports club itself and its traditions, history, motivation, and needs. These two categories comprise the relevant context in which the sports club acts. The third category of innovation characteristics has to do with the intervention’s adaptability, whether it suits the club and can be adapted to the club context. The categories organizational capacity and training and technical assistance can be seen as possible processes for change or working processes for the sports club. Organizational capacity can further be seen as the club’s adaptability, and training and technical assistance as the support the club can receive in order to adapt.

**Ethical considerations**

This section will start with some general thoughts about research ethics, something that is taken into consideration in all the included studies. The ethical considerations in studies I, IV, and V will be briefly discussed, though they do not involve any complicated ethical questions. The ethical considerations in studies II and III will be more thoroughly discussed due to their more controversial content.

Research ethics is not static, neither as a discipline nor as a practice. When the scientific landscape changes, sometimes the debate about research ethics shifts as well. New principles may be added, and old ones may need to be reinterpreted or applied differently. (Swedish Research Council, 2011, p.8)

The main aim of research is to gain new knowledge to better understand the world we live in and, if possible, change it for the better (Swedish Government Official Report, 1999:4). However there will always be a trade-off between risk (privacy interests or protection) and benefit (quest for knowledge) (Swedish Research Council, 2011). A researcher must behave in accordance with both the national laws, in Sweden the Ethical Review Act of 2004 (SFS, 2003:460) revised in 2008 (Swedish Government bill, 2007/08:44), and with various ethical codes. The aim of the Ethical Review Act is to safeguard the individual and respect for human dignity in research (SFS, 2003:460). The changes in 2008 (Swedish Government bill, 2007/08:44) resulted in a tightening of the law, and required that all research with sensitive personal data must be ethically reviewed, regardless of how the data is collected and regardless of the consent of the concerned. How these laws have been followed in this thesis will be described here.
In Study I, the two longitudinal effect studies were assessed by the regional research ethics boards (Dnr 2006/078 and Dnr 2007/318). In Study IV, which is a systematic literature review, no ethical considerations need to be taken. In Study V, all the interviews have been conducted with the permission of the respondents, all of whom are over 15 years old. The identities of the sports clubs and respondents are not recognizable. All of the participating sports clubs have been given the chance to comment on the sections written about their involvement in the project, in accordance with research practice.

UNF’s work (studies II and III) with purchase attempts and the medium-strength beer project can be seen as controversial, and it is actually one of UNF’s aim to work with different questions in somehow controversial ways. How we have gone about studying UNF’s work in our research is a separate question. Both will be further discussed here.

NBHW’s decision to provide funding to UNF in 2003 was questioned from the start, since purchase attempts made by minors could be seen as crime-provoking or entrapment. Lawyers at NBHW investigated the issue and decided that it was legitimate to provide funding (Swedish National Board of Health and Welfare, 2003). However, UNF would finance the purchases of beer themselves. Provoking crime or provocative measures are an investigative method used by the police. This means to incite someone to commit a crime they otherwise would not commit. Provocation may take place if the crime would be committed anyway. According to Swedish law, it is allowed to provoke the committing of the crime, but not to awaken the will to commit the crime. Provocation is not mentioned in connection with other individuals or organizations than the police in Swedish law (Swedish Prosecution Authority, 2007). The youth in UNF, as members of an NGO, are doing the purchase attempts completely voluntarily and a witness over 18 years of age is always present. They are not breaking any laws by buying beer, according to the Swedish alcohol law (earlier presented).

The Swedish National Institute of Public Health recommended purchase attempts for regional and local monitoring of compliance until the publication of a report from the Swedish parliamentary ombudsman (Swedish Parliamentary Ombudsman, 2010/11) which recommended against it. A working group established in 2011 by the Minister for Children and the Elderly has investigated the issue of purchase attempts, and its findings were presented in spring 2012 (Swedish Government official letter, 2012:11). The investigation concluded that purchase attempts should be regarded as a permissible method as long as they are carried out in a scientific way and are anonymous. The working group’s assignment was limited
to government use of the method; hence purchase attempts organized by 
NGOs or the private sector fall outside the mandate of the investigation. 
The primary aim of purchase attempts, according to the investigation, is to 
obtain a basis for further dialogue. This can take the form of discussions 
with the individual merchant or, (with the data as a statistical foundation) 
general discussions about supervision (Swedish Government official letter, 
2012:11).

In 2003, when UNF received its grant and was chosen to participate in 
an in-depth study by the research team at Örebro University, there was 
according to present laws at the time not required to ethically review the 
project. However it can be asked whether it would fall under the Ethical 
Review Act even today. The in-depth study’s main focus is to analyse data 
in the database that was built up by UNF as a part of the project. The da-
tabase would have been compiled even if we had not used it for research. 
The database does not contain the identities of the check-out clerks, just 
their estimated age, their gender, and a brief description for the purpose of 
identifying the clerks directly after the purchase attempt, but not later.

To do this kind of practice-based research you have to let the practition-
ers be the owners of the project. We have confidence in how they have 
conducted themselves, and have been a part of their process during the 
project. These procedures challenge us to also consider ethical principles 
basic to research. Issues of maintaining confidentiality, weighing the risks 
and benefits of a study, and paying attention to promoting justice and 
equality are important. In analysing the database, the researchers in this 
study have paid heed to these basic principles.

However, considering the importance of this research for the develop-
ment of individuals and society, there are arguments. UNF has, for exam-
ple been conducting purchase attempts for almost 40 years, and during this 
project they were keen to know if they were doing the right thing. Purchase 
attempt studies have been regularly used all over Sweden for a long time by UNF; 
therefore it is important and relevant to evaluate their method. Purchase 
attempt studies from Sweden and other countries shows that youth (who 
look younger than the required age) are able to buy alcohol. This study has 
had the opportunity to show whether minors as young as 13–14 years of 
age could buy alcohol in Sweden. This makes the study realistic.
Main results of studies I–V

Study I

Types of organizations and projects
(1) Which types of organizations and projects have received grants from the NBHW for alcohol and drug prevention?

Over the years 2003–2009 the NBHW has in total apportioned about 80,000,000 SEK (8.4 million EURO) to 135 projects in 69 organizations. The largest number of projects were run by the nine alcohol and drug organizations. More than half of these projects were run by the Swedish temperance organization IOGT-NTO (24 of 38 projects) whose funding amounted to 15 million SEK (1.6 million EURO). But projects were also run by organizations focusing on social work, support, ethnic groups, sports, adult education, and religion. The projects have different primary target groups for their activities. A majority of the projects have children or adolescents as target groups.

Types of research and development activities
(2) What types of research and development activities for an evidence-based practice have been included?

All projects in the project portfolio had to submit semi-annual and annual reports. These reports were analysed and synthesized into an annual report to the NBHW. This was based on a reporting format using questions for different important elements in the projects as well as key aspects of project management. The steering committee at the NBHW also decided, after consulting the research team, on a number of in-depth studies. Fourteen such studies were included in the funding from the NBHW. After the decision on potential projects for in-depth studies, planning meetings were convened with the project leaders and managers in the NGOs. Based on the project proposals and joint planning between the project leaders and the researchers, a plan for the in-depth studies was developed. Based on the evaluation and research questions and the available resources, the focus, design, process, and outcome measures were set. Seven projects were considered for evaluation with effect studies, among them UNF (studies II and III), and seven of the in-depth studies focused on the working process in the projects. The overall results were positive; ten of the fourteen in-depth studies were completed. During this period, the research team was also...
involved in three additional studies funded by other sources including one on policy development in the Swedish Football Confederation (Study V).

**A trustful partnership**

(3) How can a trustful partnership develop between practitioners, national agencies, and researchers?

In order to promote the development of a partnership, a series of measures such as meetings with project leaders, project dialogues and consultations, competence building, support for documentation, in depth-studies, and national conferences were implemented. All project leaders were invited to regular meetings where thematic lectures and discussions were held on issues such as the art of project management, measures to reach target groups, media advocacy, Internet as a tool for prevention, and planned communication. The main objective of these meetings was to promote exchange of experiences and learning in order to strengthen the quality of the implementation of the projects and networking among the participants. Special project dialogues and consultations were held with individual projects, or small groups of similar projects, and the research teams. The results of these meetings ranged from the refinement of project ideas to long-term collaborations. All in-depth studies started with such meetings. Competence development and annual reports also contributed to promoting partnerships. The in-depth studies were also an important means to foster the partnership between the NGOs and the research team. Due to resource limitations, more extensive process and effect evaluation activities could only be implemented in a limited number of projects. Many more projects requested to be the focus of in-depth studies than the fourteen studies that were initiated.

**Study II**

**Determinants of compliance with the minimum age law**

(1) Is it possible for 14 to 17 year-olds to buy medium-strength beer in grocery stores (or similar), and are there any differences in gender or age with regard to their success rates at purchasing?

In 43 percent of the 681 purchase attempts the 14–17 year-olds succeeded in buying beer. The proportion of sales was significantly higher among girls than boys (49 percent versus 37 percent, p=0.04). The results also indicate that it was over three times more likely (OR=3.1; CI 1.7–5.7) that buyers 16 years and older would be able to buy beer than younger ones.
The size of the city seems to matter; the smallest city had the lowest rate of successful purchase attempts. It was also almost three times more likely (OR=2.9; CI 1.2–6.8) that a purchase attempt would result in buying beer in 2003 than 2004.

(2) Is it of importance for the degree of compliance where, when, and from whom the young person tries to buy the beer?

At grocery stores and other stores, about 45 percent of the young people were able to buy beer. At petrol stations 34 percent were able to buy beer. The difference between petrol stations and other stores was significant (34 percent versus 46 percent, p=0.03). Most of the purchase attempts were conducted on Fridays and Saturdays, and those were also the days with the highest proportion of successful purchase attempts. There was a tendency that those estimated to be under 25 years old sold beer to a greater extent than those estimated to be over 25 years old (57 percent versus 47 percent p=0.054).

**Checking of ID and youth strategies for purchasing beer**

(3) Are there any differences in who gets asked for ID, and who asks for ID?

Boys and girls, both younger and older, were asked for ID to the same extent. Male and female check-out clerks asked to the same extent. One difference, however, is that older check-out clerks asked for ID to a greater extent than younger ones (68 percent versus 49 percent, p<0.001). Despite being asked for ID, as many as 15 percent of the youth could still buy beer. An interesting result was that girls more often could get away with buying beer despite being asked to show their ID (19 percent versus 7 percent, p=0.002). Female check-out clerks were more likely to sell despite asking for ID (24 percent versus 13 percent, p=0.014). Check-out clerks in petrol stations asked for ID to a greater extent than the others (76 percent versus 67 percent and 60 percent for grocery stores and other stores respectively, p=0.012).

(4) Why is it that minors can sometimes buy beer even if they are asked to show ID?

The study provides a picture of how teens in Sweden manage to purchase beer and the tricks they use. This is based on the written descriptions of the courses of action that the youth have documented after the majority (76 percent) of the purchase attempts. In the study, the focus was on those
cases (n=63) where the minors, despite being asked to show their ID, still could buy beer. The descriptions validate and illustrate the fact that as many as 15 percent could buy beer despite being asked to show ID. These comments can be divided into two groups which both could buy beer; those who showed their ID and those who did not. Some examples from the ones who were asked to show ID but did not do so are connected to driving a car and driver’s licence, because the age limit for driving cars is the same as for buying beer. Some of the check-out clerks believe the explanations right away, while others are more hesitant, but often it is not a long discussion.

Went in, took the beer, was going to pay when the check-out clerk asked for ID. I showed her the car keys and said that my driver’s license was at home.

The buyer went into the store, got a six-pack of beer, went to the check-out where the check-out clerk asks for ID. The buyer answers that she forgot it, but that she usually buys beer in this store. The check-out clerk said OK and sold the beer.

In the other group of quotes the youth who were asked to show ID actually showed their own IDs, but could still buy beer. These cases are more related to negligence:

Went in and took the beer, picked out some sweets, went to the check-out. The check-out clerk asked for ID. She looked at the ID, but much too fast, hadn’t a chance to see what year it said.

Brought the beer, she asked for ID, but she didn’t know how old you are if you were born in 87. I told her that you are 18.

These tricks and others are probably used by ordinary teenagers as well. It seems that many of the check-out clerks did not look at the IDs thoroughly enough. Some of them even appeared to sell to minors deliberately.

Study III

The implementation process

(1) The first aim of the study is to describe the implementation of an intervention for reducing the rate of successful purchase attempts of medium-strength beer in grocery stores.

Of the eight municipalities that have worked with a specific strategy during at least an entire year of the project period, five chose the confrontation strategy and three the cooperation strategy. The involved youth found it easier to understand the confrontation method than the cooperation meth-
od because of its similarity to UNF’s previous method. Many participants were uncomfortable with reporting check-out clerks to the police; on some occasions threats have even been made against the witness who informed the store of the successful purchase attempt. The contact with media, on the other hand, was quite smooth in the confrontation strategy. The cooperation strategy’s toughest job was to get merchants to come to the cooperation meetings. This was easier if it was the municipality that invited them to the meeting and UNF played the role of a guest-speaker. Contact with the media was also more difficult in this strategy; the conclusion seemed to be that it is easier to get media to cover bad news than good news.

In interviews conducted with the shop owner or the employee responsible for beer sales, most of the interviewed were positive to the purchase attempts. In the city where the confrontation method had been used, Karlstad, some of the respondents felt tricked by UNF. In Motala, where the cooperation method had been used, they were glad to have learned some of the trick minors use to buy beer.

So so, really good, but not that way they performed it in Karlstad. They sent in a girl who was 2 metres tall and looked like she was 20–25 years of age on a normal weeknight, not a weekend. It did not feel honest.

Good, they are not supposed to buy anything, so it doesn’t bother me.

Can be positive sometimes, so the check-out clerks have to think twice.

It has been useful to get information about the tricks that kids use.

In the participating municipalities, UNF members have conducted between 47 and 207 purchase attempts at 12 to 60 stores per city. Purchase attempts per store and buyer varied between the municipalities, but not extremely.

The outcomes of the intervention

(2) The second aim is to determine whether employing a strategy gives better results than working without one and also to compare the outcomes of the two different strategies.

Working with or without a strategy?

Of all registered purchase attempts with enough data, (n=1,445) during the studied period, 40.2 percent resulted in successfully buying beer. In the eight participating municipalities that had worked with a particular strategy for more than an entire year, the success rate was significantly lower than for the other municipalities (33.4 percent compared to 49.8 percent;
The results of a multivariate logistic regression also indicate that it is more than twice as likely that a purchase attempt will succeed in a no-strategy city. However size does seem to matter; the smaller the city, the lower the proportion of successful purchase attempts.

The purchase attempts have been spread over three years. Looking at all purchase attempts, there has been a decrease from year to year, starting in 2003 with 48.3 percent, and ending in 2005 with 35.9 percent. It was also more than three times more likely that an attempt would succeed in 2003 than later. Among the municipalities working with a strategy, a significant decrease from 43.7 percent to 27.0 percent (p<0.001) can be seen. Among the no-strategy municipalities, no significant decrease is seen.

Working with or against the stores?
When comparing the first and the last purchase attempt at each store, the question of whether the store has improved, impaired or have an unchanged result (successful purchase on both or neither of the occasions) can be answered. At 287 of the stores, more than one purchase attempt has taken place. About half of the stores are situated in one of the eight included municipalities; 93 in a confrontation city and 39 in a cooperation city.

When the positive result of no-selling/improvement is compared to the negative results of selling-both-times/impairment the result of the logistic regression indicates that the confrontation method is slightly less than four times more likely (OR=3.8; CI 2.0–7.0) to lead to a positive result than having no method. When controlling for buyer’s sex and age, clerk’s sex and age, type of store, size of the city, and if it was the same person conducting the purchase attempt, the confrontation method was almost five times more likely (OR=4.9; CI 2.2–10.6) to lead to a positive result. Moreover, the smallest municipalities were almost four times more likely (OR=3.9; CI 1.2–12.9) to display a positive result than the largest municipalities.

Excluding the no-strategy stores from the binary logistic analyses shows that it was 4.7 times more likely (OR=4.7; CI 2.1–10.7) that the confrontation stores would achieve a positive result than the cooperation stores. A multivariate analysis showed that in spite of controlling for other variables, the confrontation method was four times more likely (OR=4.1; CI 1.6–10.6) to lead to a positive result than the cooperation method.
Study IV

Key issues about youth sports clubs
(1) The first aim is to compile and identify key issues in international research about youth sports clubs as a health promoting setting.

The different key issues about youth sports clubs as a health promoting setting that were found in international research are presented under the five strategic headings of the Ottawa charter: (i) Building healthy public policy, (ii) Creating supportive environments, (iii) Strengthening community actions, (iv) Developing personal skills, and (v) Reorienting health services.

To become a health promoting setting, a club needs to include an emphasis on certain important elements into its strategies and daily practices. The youth sports club needs to be a supportive and healthy environment with activities designed for and adapted to the specific age-group or development phase. The adults, both coaches and parents, must support the youth in a sound way, help them make good decisions, but not push them too hard. To help with these issues the club needs ongoing deliberation on policies concerning visions and aims, as well as the rights and duties of all its members. Furthermore, the contents of the policies need to be closely related to the daily activities of the club. Finally, the review finds that in order to become a health promoting setting the youth sports club should not solely operate within its own setting. It needs to reach out to the surrounding community, including schools as well as local and national sports federations.

A framework for youth sports clubs as a health promoting setting
(2) The second aim is to discuss the results of the integrative review in terms of a framework for the youth sports club as a health promoting setting.

In discussing a framework for youth sports clubs as a health promoting setting, we have also been influenced by the work of Kokko and colleagues (2006) and Dooris (2004). Taken together, they reveal that a health promoting setting is a complex network of internal and external actors. Figure 6 illustrates the result of our synthesis: a health promoting youth sports club’s different internal and external actors as well as the settings with which the club could collaborate.
The Non-Governmental Organization as a Health promoting setting

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(2) The second aim is to discuss the results of the integrative review in terms of a framework for the youth sports club as a health promoting setting.

In discussing a framework for youth sports clubs as a health promoting setting, we have also been influenced by the work of Kokko and colleagues (2006) and Dooris (2004). Taken together, they reveal that a health promoting setting is a complex network of internal and external actors. Figure 6 illustrates the result of our synthesis: a health promoting youth sports club's different internal and external actors as well as the settings with which the club could collaborate.

Figure 6. A multi-stakeholder approach illustrating the different actors of a health promoting youth sports clubs including cooperation with other settings (influenced by Dooris, 2004). (Inner circle=Internal, Outer circle=External, and Outside=Other settings)

Figure 7 further illustrates the examples of the key issues from the review illustrating what the different actors could work with to build a health promoting sports club.

Figure 7. Examples of key issues from the review illustrating what the different actors could work with to build a health promoting sports club.
Study V

Original categories for successful implementation

(1) How is the implementation process conveyed in the clubs’ alcohol policy projects?

The first part of the results section describes the analysis of how the implementation process is manifested in the clubs’ alcohol policy projects, arranged according to the five original categories of Durlak and DuPre’s (2008) framework for successful implementation:

Under the category of community level factors, which concerns the community context in which an implementation program is conducted, four different subcategories are found: social responsibility, funding issues, ambiguity in relation to the central organization, and the use of knowledge-based methods. The four subcategories cover, for example: that clubs draw the line differently when it comes to how far they think their social responsibility should extend; that funding for activities alongside the core activities of the sport club can be provided by Handslaget; that clubs think the Swedish Football Association needs to be clearer about how they handle the ambiguous alcohol question on a central level; and finally, that the use of knowledge-based methods in the clubs is conspicuous by its absence.

Under the category of provider characteristics, which primarily concerns the need for, as well as the potential benefits of a particular implementation, there are five subcategories: tradition, previous preventive work, motive, need, and knowledge about policy work. The subcategories cover, for example, that many of the clubs have a long tradition of social engagement, although their experience of preventive work is uneven. The motives are quite different for elite clubs than for youth clubs.

Under the category of innovation characteristics, which has to do with the adaptability and compatibility of the policy intervention, there are three subcategories: how well the intervention fits the club, usability, and ease of adaption. Here the results reveal that a policy intervention is quite easy to adapt to the specific club, and that it is important to adapt it to the local needs of the specific club.

Organizational capacity, which refers to organizational features, practices, and staffing considerations, includes six subcategories: club organization, policy process, actors and organizational anchorage, internal policy dissemination, internal climate, and external policy dissemination. These subcategories indicate that there is variation in how clubs are organized as well as in how they have worked with the policy and which actors that
have been involved. One of the most important, but most difficult aspects of the policy implementation in the clubs has been internal policy dissemination. The internal climate of the clubs is important, but hard to put one’s finger on.

Training and technical assistance, which involves the training of staff and members as well as technical support for the project, includes four subcategories: training, as well as support before, during, and after the project. The internal meetings of the clubs included in the project were a valuable source of support during the project, but local actors, such as the district football association and local SISU were also important.

**Similarities and differences**

(2) What are the similarities and differences between this case study and Durlak and DuPre’s implementation model?

Almost all the factors in Durlak and DuPre’s (2008) model are present in the study, although with slightly different significance and emphasis. Importantly, prevention science is not as central in this policy project as it probably would be in another setting, such as a community. Funding, and the clubs’ traditions of preventive work, seem to be equally important. Organizational capacity is the broadest category in this study, and within it, internal policy dissemination is one of the most discussed parts of the clubs’ policy projects; having solid channels for dissemination is the be-all and end-all of managing a policy project in a sports club. The category of training and technical assistance is less emphasized in this study, not because the participating clubs did not need it, but because it was not a well-planned part of the project.
Discussion
The results related to the specific aims of the studies included here will be presented in the section on main findings. A methodological discussion then follows. The general aim to ascertain whether NGOs have the potential to be a health promoting setting will then be discussed. The section ends with practical implications and suggestions for further research.

Main findings of the studies
The main findings of the five studies are as diverse as their contributions to the thesis. The purpose of Study I was to present the field of national support to NGOs through a case study in Sweden. Studies II and III presented an alcohol and drug organization’s alcohol prevention initiative regarding availability of beer in grocery stores that included purchase attempts. Study IV focuses on youth sports clubs, that is, organizations that have sport and training as their main activity, and how they can be seen as a health promoting setting. Study V further develops our understanding of youth sports clubs as a health promoting setting by exploring the implementation process of alcohol policies in eight different football clubs in Sweden.

- Study I shows that it is possible to integrate research activities into alcohol and drug prevention programs run by NGOs, and thereby contribute to a more evidence-based practice. A core element is developing a trustful partnership between the researchers and the organizations.

- Study II shows that it is quite easy for minors to buy medium-strength beer in Sweden. It also shows that even when asked for ID, in 15 percent of the cases minors can still buy beer. The tricks they use to succeed with this are probably commonplace among minors who try to buy beer. An important point to take note of is how the check-out clerks respond to these tricks.

- Study III shows that working with a structured strategy gives significantly better results than working without one. An important point is that it takes time to develop and implement a preventive strategy, and in this case it seems that the cooperation strategy needed even more time than the confrontation strategy. An important lesson is to build local networks in the municipalities. However, the confrontation strategy yielded better results than the cooperation strategy.
• Study IV shows that youth sports clubs have plentiful opportunities to be or become a health promoting setting; however this is not something that happens automatically. To become a health promoting setting, a youth sports club needs to take a comprehensive and active approach toward its activities, aims, and purposes.

• Study V shows that the implementation process is thoroughly manifested in the studied football clubs’ alcohol policy projects. Almost all the factors in the framework for effective implementation (Durlak and DuPre, 2008) used in the study are present, although with slightly different significance and emphasis. Recommendations for successful policy implementation in sports clubs are presented concerning six areas that can be summed up by the importance of good planning.

Methodological discussion

In the methodological discussion, the five studies will be discussed in terms of their different limitations and strengths. Studies II and III receive a bit more attention here than the others. This is due to the somewhat controversial character of these studies. Studies I and IV aim to present two different fields, or belong to the problem-definition or solution-generation phases of Nutbeam’s (1998) model of stages of research and evaluation. Studies II, III, and V deal more with the evaluation and dissemination phases of this model.

The general design of this study is mixed-methods research, a quite young research approach and one that, according to Teddlie and Tashakkori (2012), has always been characterized by diverse opinions. Earlier in this thesis, mixed-methods research is described in accordance with Creswell and Plano Clark (2007). According to Teddlie and Tashakkori (2012), one criticism of MMR is that it lacks terminological consistency. They conclude that there is general agreement concerning the processes, but disagreement about terminology and definitions. This means that other sources have described MMR with different definitions. Teddlie and Tashakkori (2012) sum up by saying that MMR needs a core set of conceptual and methodological ideas, but must at the same time remain open to new ideas, because they do not envision MMR becoming a monolithic unified approach that stifles diverse viewpoints. They point out that a mixed-methods researcher needs to be competent in the full spectrum of research methods, or at least have a minimum level of competence in both
qualitative and quantitative methods plus expertise in one of them, which suggests the advantage of working in research teams, preferably including different areas of competences. One of the specific designs used, the case-study design, has been criticized for being unclear about the generality of its findings. Flyvbjerg (2006) argues that the advantage of case studies is depth, just as the advantage of large sample studies is breadth, but that both approaches are necessary. He also concludes that research should be problem driven and not methodology driven. This way of thinking is consistent with Nutbeam (1998) and Thorlindsson (2011), who claim that the research question decides the choice of methods, not the other way around, as mentioned earlier.

All research has limitations and strengths, this thesis included. Some of the challenges in researching NGOs have already been highlighted. The conclusion reached in this section is that it is important to build a respectful partnership between research and practice, which could be seen as a prerequisite for gaining access to expert knowledge about the setting from participants in it. Also, participatory research, and particularly the role of researcher-as-technical-advisor, were pointed out as being important elements. Although the above features have been given close attention, several challenges remain when researching NGOs. As mentioned earlier, the NGOs included in this thesis received funding for their ideas; they are the owners of their interventions and are responsible for designing, implementing, and running them. In this arrangement, there are always factors that we as researchers could not control, such as the replacement of a project leader, or a school or municipality ceasing its collaboration with the NGO. An example from studies II and III, for example, is that fewer local chapters chose to work with the cooperation strategy than the confrontation strategy. The optimal design for an intervention study would have been to have equally large groups for the purpose of comparison, but the local chapters felt that the cooperation strategy was more difficult to understand and work with, and not nearly as much fun. This aspect, whether a method or an intervention is easy or fun to work with, is not, however, only important in NGOs or when working with youth. The desire to participate that an intervention awakens is at least as important as its being effective. An intervention could have a perfect design, but if no one participates, you get no effect (Green and Glasgow, 2006). Evaluating an intervention developed and implemented by an outside actor, like an NGO, requires that we as researchers determine as thorough as possible how things have been done in order to get in control. This is, however, the most difficult part of this kind of participatory, practice-based research, and it demands systematic work.
The necessity to work systematically in all parts of the research process, as well as in all parts of the NGO’s work, is perhaps one of the most important conclusions of this thesis. Because this thesis is a result of practice-based research, the systematic work is as important among the NGOs as among the research team. If we had known in 2003, when we first received the assignment from the NBHW, that the program would be still running nine years later, and what a unique program it would turn out to be, we would have made a more systematic documentation of all phases of the research process. It is easy to believe that you will remember all the parts when you are right in the middle of it, but you never do. Such systematic documentation would have been very useful, and would have further strengthened Study I. A strength of studies II and III is that UNF was an excellent collaborative partner, due to its members’ ability to work systematically. From the very start, their application was very well-structured and contained an excellent idea for doing good research: the development of a database. The building of this database of all registered purchase attempts was UNF’s own idea. The form used for reporting the purchase attempts was improved during the project after collaboration between our research team and the central project leader in UNF. One such change was to provide alternatives for the check-out clerk’s age, instead of an open-ended item to fill in, in order to reduce the proportion of missing data. This change led to an improvement. Another example of systematic work in UNF was that during the first year of the project it became apparent to the central project leader at UNF that the intervention strategies were not as clearly understood by the local chapters and their members, as they were by her and the others at the central level. This led her to form the “gameboards” described in Study III. This was an instrument that made it easy to understand what to do and in what order, and it helped both the local chapters in working with the intervention and us in understanding the intervention. Study IV would have been strengthened by a more systematic application of the inclusion criteria, especially concerning the third criterion for inclusion in the study. The requirement that the studies consider issues about youth sports clubs in terms of being a health promoting setting as described by WHO was the hardest to define in a suitable way. Perhaps clarifying questions or criteria would have been useful in order to systematically include or exclude studies for the review in Study IV.

Financial support is always an issue, whether in research teams or in NGOs. One fact that has affected the research team’s work during the years is that our financial support, as well as that of the NGOs, has been awarded on an annual basis. Although the intention always has been to plan for studies longer than one year, it would have been even better to
have a more stable foundation. It has always been the wish of the research team to be able to put more time into analysing some of our interesting data, but the tasks have always outnumbered the members of the team. An example from Study III is that due to insecure funding, there was a gap in funding in early 2005 when the organizations did not know if they were going to get more money or not. This meant that the project felt forced to end the cooperation agreements with the included stores at the end of 2004 and then begin again when the financing issue was resolved. This meant an interruption for some stores, but also that some stores were lost from the study, and in some cases a significant number of new stores entered it. This probably affected the results of the cooperation strategy in an unfavourable way.

An important question in all research is whether the participants or sample can be said to be representative of the population. Starting with the special investment in Study I, the initiative taken by the Swedish NBHW to build a broad project portfolio and assign a research team for research and documentation is a strength. Over the years a large number of different organizations have received funding through this investment, and quite a large number have been selected for in-depth studies. In studies II and III, two different samples could be questioned: the test persons and the sample of stores. The sample of minors to conduct the purchase attempts was not based on any other criteria than that they were members of UNF, were 13–17 years of age (14–17 in the first years), and wanted to participate. However we have every reason to believe that this large number of minors (more than 175 persons) who participated during the years can be regarded as a group of ordinary-looking and ordinary-acting 13–17 year-olds. Three issues could, however, be addressed: the objectivity of the persons making the purchase attempts, whether they learned how to behave to make a successful purchase, and whether they were recognized during the second purchase attempt.

A group of enthusiastic members of a youth temperance organization working with purchase attempts can probably not be regarded as the most objective group of youth with regard to the issue. This makes it extra important that the purchase attempt situation is systematic planned, with rules and monitoring. Among other things, the buyers are instructed to act in a way that they feel comfortable with, for example when it comes to whether or not to be insistent. In the end, all the instructions aimed to make the purchase attempts as realistic as possible. There also had to be a witness over 18 years of age present at each purchase attempt. Another question was whether the person actually learned how to behave to succeed with a purchase attempt, and the other was whether the person was
recognized at the second attempt. The results showed that stores where the same person conducted the purchase attempts were less likely to improve their result (or not sell at all); this could be due to the person learned how to behave, but also to a lot of other reasons. In the smallest municipalities, there may have been some recognition. The question also came up of whether some youth succeeded to a greater extent than others because of their different ways of behaving. The answer to that must be that of course they did. Ordinary minors are probably unequally good at buying beer too. So if one of two friends always succeeds and the other one always fails, guess who will buy their beer in the future. The issue here is that they are still minors, and stores are advised to request ID from anyone who appears to be under 25 years of age, as the majority of 13–17 year olds are likely to do. The stores to be tested were selected by the central project leader and the local chapters together. A widespread intervention like this, performed all over Sweden, could not of course be separated from the surrounding world, which means that the tested stores were undoubtedly influenced by other factors during the period. The different included municipalities should not have influenced each other to any significant extent because the media coverage was mostly local. The entire sample of stores consisted of more than 600 stores in 25 different municipalities all over Sweden. This is almost 10 percent of the total number of stores selling medium-strength beer (Statistics Sweden, 2004).

In Study V, the question arises whether the sample of football clubs included in the study could be regarded as a representative sample of sports clubs. As medium-size football clubs in Sweden, they are quite large compared to other sports, due to the fact that football is the most popular sport in Sweden. This difference in size means that these clubs had employees, which not all sports clubs in Sweden have. However, though most of the activities in the club were performed by un-paid volunteers it could still be comparable, although these clubs could have some advantages in organizational capacity compared to smaller sports clubs. The football clubs in this study had a tradition of social responsibility and were motivated to work with alcohol prevention, though they were probably not more competent than other sports clubs in this regard. The recommendations in Study V could be useful for any sports club that plan to do some sort of policy work in their club, however it is of great importance for the club to decide how far its social responsibility should extend before starting their work.

A difficulty in this thesis has been to work with other branches of science that employ concepts such as the health promoting setting, NGOs, and youth sport. Research about health promoting settings and alcohol
prevention is mostly found in the literature on public health, to which field this thesis belongs, while research about NGOs and youth sports can mostly be found in other fields. Combining these areas requires you to sometimes use different key words to search for relevant literature, key words that you may not be familiar with because it is not your particular field of knowledge. One example is Study IV, where it was difficult to search for literature on a topic, the youth sports clubs as a health promoting setting, because it is quite multidisciplinary. There is substantial literature on youth sports where researchers employ many different concepts, common in their field, but maybe not in public health. This limitation of the study has led to me and other persons finding new angles on the topic after the studies were written. Another interesting feature that arose in searching for literature on youth sports is that the key words *youth sport* and *youth sports* resulted in completely different samples of studies.

Another issue worth noting about NGOs is that the general aim of the NGO can be substantially different from the project for which they are applying for support; this can compromise the credibility of their projects. In the case of studies II and III, UNF has been suspected of just wanting to nail the check-out clerks in order to be able to move all beer sales to Systembolaget. However, UNF does not think that it is the check-out clerks who should be responsible or the ones who should be reported to the police. It should be the store owner or the person responsible for informing the personnel about the rules, but since according to the law the check-out clerks are responsible, they are the ones who must be reported to put the question on the agenda. This opinion is shared by the Swedish Parliamentary Ombudsman who concludes that it is unsatisfactory that measures are taken against the check-out clerks instead of the store owners (Swedish Parliamentary Ombudsman, 2009). Another example of a conflict between the aim of the organization and the project is UNF’s fundamental viewpoint that beer should not be sold in grocery stores at all, as this makes it more accessible to the under-aged. This viewpoint conflicts to some extent with their purchase attempts. If their purchase attempts contribute to better compliance with the law and fewer minors being able to buy beer, this could eventually result in stronger forms of alcohol being made available in grocery stores – because the stores will have shown they can enforce the age limit sufficiently well.

One limitation is that the settings approach is not visible in all the studies in the thesis if they are looked at separately. Dooris (2006a) also concludes that there is a tendency to evaluate discrete projects in settings, and lose the added value of the settings approach. The idea to study the potential for NGOs to be a health promoting setting came up after reading
about the sports club as a health promoting setting when working with Study IV. If the settings perspective had been included from the beginning, the thesis would have looked quite different. Therefore, the intention to explore the potential of NGOs to be a health promoting setting is here reflected in all the studies taken together.

The NGO as a health promoting setting

The context of national support to NGOs for conducting alcohol prevention projects takes two different forms in this thesis. The NGOs whose core activity is alcohol prevention, described in studies I, II, and III, perform preventive work with a target group outside their own organization. On the other hand, sports clubs, like those highlighted in studies IV and V, primarily perform alcohol prevention in their own setting for their own members. Examples of both these types of NGOs will here be discussed in relation to questions about NGOs’ support and autonomy, their actors, and their possible partnerships, as well as about the core element of the settings approach: that the activity, in this case alcohol prevention, should be a part of the everyday work in the NGO. This will be summed up in a conclusion as to if and in what way NGOs have the potential to be a health promoting setting.

First, what are the arguments for the settings approach being a reasonable way to work? Research indicates that the health promoting settings approach is a fruitful way of working (cf. St. Leger, 1997; Dooris and Doherty, 2010); but sometimes it seems more important than the direct outcomes of the work. Dooris and colleagues (2007) discuss how the concept of health promoting settings tends to be confused with health promotion in settings. The setting approach related to alcohol prevention is a reasonable approach. The whole-system approach (Dooris, 2009), also called the socio-ecological approach (Dooris 2004), frames the setting approach within a complex interaction between environmental, organizational, and personal factors. Holder (1999) argues that changing the alcohol consumption habits of a community requires focusing on several of the subsystems (see Figure 1), and according to Howat and colleagues (2006), the most effective methods for changing drinking behaviour involve a combination of different actions. Dooris (2004) also emphasizes that people do not just operate in one setting. My input in this discussion is that perhaps one can think of health promotion in settings as an early stage of working as a health promoting setting, because a setting does not become a health promoting setting overnight.
Linde (2011) suggests that there are two ways of looking at civil society: in terms of the social impact of the voluntary effort and the personal satisfaction felt by volunteers. International research often refers to NGOs as lobbying organizations, as organizations helping to implement public health initiatives, or as being important in keeping different public health issues on the agenda, e.g. health equity (cf. Nathan et al., 2002; Andersson et al., 2009). Gougolakis (2001) also states that Swedish popular mass movements played an important role in the establishment of democracy in Sweden. Additionally, Andréasson et al. (2007) conclude that NGOs in Sweden have been working with alcohol prevention for many years.

Is it necessary to find a new setting for health promotion? According to Kokko et al. (2009), Mittelmark (2007), Whitelaw et al. (2001), and Green et al. (2000) there is a need to find settings outside the traditional ones, such as the schools, workplaces, or hospitals, in order to reach people who are not in those setting. Whitelaw et al. (2001) argue the danger that working with too mainstream, that is large-scale, popular, or easily accessible settings, could actually make health inequalities worse. Can NGOs be regarded as a mainstream setting? For example, the investment described in Study I includes NGOs with many different kinds of people as members, for example single parents, immigrants, teetotallers, ex-convicts, parents, athletes, and more. This suggests that NGOs could be a mainstream setting yet nevertheless have the possibility to reach diverse groups of people.

I argue that in addition to the above-mentioned values of NGOs, one also can see NGOs as a health promoting setting. They are a setting that can reach many people, people involved in other settings as well as people who are not very active in other settings. They are a setting where people, by their own choice, engage in daily or at least regular activities, and where not only the most active members can be affected by such things as values, local policies, and a supportive environment, but more passive members can feel the effects as well.

Support and autonomy
The financial support to NGOs worldwide is organized in diverse ways, but one similarity is that the issue of financial support often takes up a huge amount of NGOs’ time. Are NGOs autonomous, should they be, and should they be allowed to do just anything with government support? Should the support to NGOs only consist of financial support, or should they be supported in some other way?

In Sweden there is substantial government support to NGOs, however they are seen as autonomous. It has been emphasized by the Swedish Government that the government should not interfere with the running of the
organizations, though it does have the duty to monitor the use of the
movement also has a special arrangement according to Peterson (2008). He
concludes that this contradiction, which can be traced back to early 20th
century, is today (so far) accepted by both the government and the Swedish
sports movement as an “implicit contract” which can be expressed as free-
dom with responsibility. Related to this is the question of NGOs’ autono-
my. 70 percent of the funding for NGOs in the social sector comes from
the government; organizations can be too dependent. Non-governmental
organizations’ important role as forerunners and innovators (Lundström
and Svedberg, 2003) could be interfered with by more controlled grants.
Here different types of grants must be included in the discussion. The trend
for NGOs to receive more project-specific support can be a danger;
knowledge can disappear from the organization when the project is over,
and projects very often take more time to establish and implement than
they receive funding for. If the organization receives some basic level of
support, the projects can go on anyway. That these two types of support
often interact is argued by Danielsson and colleagues (2009); they argue
that the organizational support can make the project-specific work better.
This also makes sense considering that, according to Durlak and DuPre
(2008), organizational capacity is one of the important categories affecting
the implementation process. The Marmot review (Marmot, 2010) also
concludes that issues of sustainable funding need to be addressed and the
diversity of the third sector needs to be supported.

The NGOs in Study I and the sports clubs in Study V both report put-
ting a great deal of effort into writing applications for support, especially
when most of the support is provided on an annual basis. Small organiza-
tions lacking employed staff, or only having staff for the core business, can
have difficulty finding time to write applications for support, even though
they may have good ideas about what to do. This can result in more sup-
port going to the large NGOs with established organizations and less going
to the smaller, newer NGOs. Marmot (2010) emphasizes, for example,
that short-term funding threatens the survival of smaller voluntary organi-
sations or volunteer-led organizations. A more long-time way of thinking
when it comes to support to NGOs (that is longer project-periods) could
also reduce the workload. Long-term thinking also has other advantages,
such as enabling an NGO to design a good intervention, implement it,
disseminate it, and come up with a good idea about how to sustain it even
after the project-support is withdrawn. Long-term thinking is also crucial
when evaluating an intervention. Most of the interventions, at least in al-
cohol prevention, do not show results immediately; it often takes several years.

Many sports clubs, for example in Study V, tell about the difficulty to get support for their work with projects not directed at their core activity, for which governmental support is paid per active youth (until 20 years of age) in Sweden. Since 2004, one source of support for activities not directly related to the core activities of the sports clubs in Sweden has been the government program *Handslaget* (Handshake with Sports), 2004-2007 or *Idrottslyftet* (Lift for Sports), 2007-. Among other things, the evaluation of *Idrottslyftet* 2007–2008 (Åkesson and Norberg, 2012) shows that more funding has gone to the large popular sports, which means more to sports clubs in areas of society that already are well functioning. The question is how to reach the smaller sports or get new people to the sports clubs in all parts of society. This is an important question for the Swedish Sports Confederation, because their slogan *A sport for everyone* fits badly with the above results. Another result shows that many sports clubs did not have the personnel resources to work with *Idrottslyftet* development project, because all their available energy was spent on core activities. Åkesson and Norberg (2012) conclude that *Idrottslyftet* funding is best suited for clubs that have already started working with this kind of activity, and they call for reflection on how to make this kind of investment reach more of the people whom sports do not attract today.

A criticism that has been levelled against sports clubs applying for grants for alcohol prevention activities is that it is a way for them to secure their ordinary activities with other funding (von Greiff, 2004). How can the government be sure that good things are done with project grants? How well, for example, does the Swedish Sports Confederation ensure that Swedish sports clubs work according to the guidelines of the document *Idrotten vill*? Einarsson (2012) also highlights this difficulty. Stenling and Fahlén (2009) argue that there is no concrete way of measuring the achievement of the sports-for-all ideal, while the rewards given for result-orientation, commercialization, and professionalization are easier to understand. The motives underlying the Swedish government support to sports have changed over time as society has changed, according to the Swedish National Centre for Research in Sports (2012). Peterson (2008) concludes that the Swedish sports movement’s autonomy from the Swedish government is still functioning, despite the substantial support. According to Fahlström (2012), the Swedish sports movement is composed of organizations that arrange activities in diverse areas along the continuum of elite to popular and amateur to professional; that is, professional sports are combined with the popular mass movement tradition in the same organiza-
tions. Einarsson (2012) studied how members of Swedish sports clubs viewed success and concluded that the most important finding was that there are diverse ways of viewing success and that it seems to be important to keep a balance between the different ways. Stenling and Fahlén (2009) also conclude that the values of the Swedish Sports Confederation, such as their sports-for-all ideal, could be in conflict with results-orientation, commercialization, and professionalization. If more and more clubs give up the sports-for-all idea, or more and more people begin to question whether the sports movement is a healthy, supportive environment, will it still be natural for the government to support it, and could it then be regarded as a health promoting setting? If or when that happens (or hopefully before) the Swedish sports movement must develop some way for sports clubs to work with those ideals or show that they work with them, and for the Swedish Sports Confederation to know that they are working according to them.

The support to NGOs for conducting activities such as alcohol prevention should not only consist of financial support. Durlak and DuPre’s (2008) factors affecting the implementation process could also be used to suggest what forms of support an organization would need. One example is community-level factors, which include the funding but also prevention research, policy, and politics. The organizational capacity of an organization could be supported in many ways, and training and technical assistance are a natural area for support. In the special investment described in Study I, the measures implemented to promote partnerships between NGOs and researchers could also exemplify various components of support to NGOs in addition to their financial support. Meetings were held with project leaders to promote the exchange of experiences and learning (this was also included in Study V’s policy intervention), project dialogues and consultations, competence building, support for documentation, and national conferences. In Study V, it is concluded that the category of training and technical assistance (Durlak and DuPre, 2008) is of less magnitude in the study, not because the participating clubs did not need it, but because it was not a well-planned part of the project. Also, Nordin and colleagues (2010) emphasize the importance of developing the knowledge base concerning prevention in the sports movement, and as a means to do so they advocate a close cooperation between practice and research. An example on how to work is the European Social Fund, which gives free process support already in the application phase (European Social Fund, 2012).
Actors and partnerships

One part of an effective system for governmental support to NGOs could be to build partnerships between research and practice, as was done in Study I. There, the role of researcher-as-technical-advisor (Holmila et al., 2008) worked well, but sometimes the researcher-as-designer could have been even better, though always in a partnership with the NGO, who are experts in their setting. Partnerships could be formed between different NGOs, as well as between communities and NGOs (for example between schools and sports clubs, or municipalities and temperance organizations) and between research and practice.

Dooris and colleagues (2007) and Whitelaw and colleagues (2001) point out the need for partnerships across settings. Anderson and colleagues (2009) emphasize the importance of partnerships with NGOs for all elements of alcohol policy. The Swedish ANDT-policy underlines cooperation and the responsibility of all actors, from different sectors as well as different scientific disciplines. In the framework section of Study IV it is shown that sports clubs can build partnerships both with external actors, such as other clubs, national sports governing bodies, or sponsors, as well as with other settings such as schools, communities, research institutions, and health services. Both historically and recently there has been cooperation between the temperance movement and the sports movement (Johansson, 2010). A respectful partnership between science and practice, according to Holder and Reynolds (1998), requires that both sides recognize the unique skills of the other. Study I concludes that a trustful partnership between research and practitioners is a core element in contributing to a more evidence-based practice. Both Fixsen and colleagues (2005) and Dooris (2006) discuss this issue in terms of translating values and knowledge into a language appropriate for a particular setting, one which will make sense in that setting or to the group of people where it is needed. This kind of partnership could be useful in designing, implementing, and evaluating an intervention. Mittelmark (2007) also points out the importance that communications with different actors should be accessible to all and understood by all. NGOs include a variety of different actors with different backgrounds and areas of competence. In the in-depth studies in Study I and on-going in-depth studies conducted by our research team, we have always tried to live up to this requirement by asking the NGOs whose projects we studied how they want the results to be presented and disseminated in their organization. This has resulted in research results being disseminated in a variety of ways, such as presentations at board meetings, popular written brochures, and joint presentations together with the NGO at national conferences.
As actors in alcohol prevention, NGOs are sometimes viewed with prejudice, at least in Sweden, especially the ones with a strong ideology, such as the temperance movement. One common belief about NGOs is that they are ideology-driven, despite the fact that many have staffs that are well-educated and experienced in alcohol prevention, for example. Prejudices towards the sports movement is of a totally different kind, but also exists. According to Peterson (2008), sports for children, have regularly been criticized by media, parents, and public debaters, as well as by researchers, for phenomena like favoritizing more athletic children, excluding less athletic children, parental pressure to perform, and so on. The results of the evaluation report (Geidne, 2009), of which Study V is a further development, showed that parents put high demands on their children’s sports clubs, some reasonable, for example that the sports club is a safe and healthy place, and some unreasonable, considering the many voluntary coaches who put a lot of un-paid effort into the clubs activities. So if sports clubs want to show they are doing a good job, they need to document it, and policy documents can be one way to do so. The results of Study IV show that youth sports clubs needs to take a critical look at their own aims, visions, and activities. A sports club can be a health promoting setting, but it does not automatically become one just by virtue of being a sports club.

It is also important for NGOs to use knowledge-based methods or evaluate their methods to fight the belief (or in some cases fact) that NGOs just do what they believe is right. To use knowledge-based methods or to design and implement one’s own knowledge-based methods, requires a partnership between research and practice. Durlak and DuPre (2008) point out that knowledge from prevention science should provide an important foundation. Both Nordin and colleagues (2010) and Study V conclude that this is not always the case in sports clubs in Sweden, but can be a way to improve their prevention activities.

The above-mentioned beliefs about NGOs make it important that the NGO performing an intervention can clearly distinguish between the main aim of the organization and the project-specific aim. One example is UNF, whose main aim is to stop all sales of alcoholic beverages outside of Systembolaget, but in the project in studies II and III are testing stores, not to report individual stores to achieve their main aim, but to test an intervention and to put the question on the agenda. Clarifying these aims is very important when building partnerships, because the main aims of different organizations do not need to be the same for them to work together on a project. What matters is that they can agree on the project-specific aims.
Which actors are best suited to work with preventive work in NGOs? Fixsen and colleagues (2005) point out that they will have to be carefully selected practitioners. Durlak and DuPre (2008) add that program champions who are trusted and respected, who may be highly placed in the organization, and who are solution-focused are important contributors. In sports clubs with ordinary people who are there because they or their children are interested in the sport, who would be most suited? Is it the most enthusiastic member, the one with the most knowledge about prevention, someone who is highly-respected because of his or her sports skills, or the person closest to the every-day work? According to the above research, it could be any of these, or perhaps better, a group of people with the above qualifications, as was advocated in Study V. Sports clubs, like all NGOs, are very heterogeneous groups, among other things in terms of size and history. Kokko (2010) concludes that although there are large variations between different sports clubs, investments in health promotion do not seem to be limited by personnel capacity, but are a question of the will and the choice of the clubs. Kokko (2010) also emphasizes the importance of involving the coaches in developing and implementing the policies of the club. That coaches are important actors for policy development is highlighted in Study V as well as in Kokko and colleagues (2011), though it is argued that they need special training (King et al., 2010).

One kind of actor found in many NGOs is the real enthusiast. This is a person who has been there many years, knows a lot about the organization, has many tasks, and would leave an empty space behind if he or she were to quit. A real enthusiast can be a great asset for an NGO, but can also be a weakness. It is important for an NGO to let its knowledge reside within the organization not among particular members. This will reduce the risk of losing the organization’s accumulated knowledge about certain issues when one practitioner replaces another (Fixsen et al., 2005). Fixsen and colleagues (2005) recommend that an organization should be program-centred and practice-centred instead of practitioner-centred. Systematic documentation can be a way to get the knowledge to reside in the organization instead of among individual members. Svensk Idrott (2012) point out that a real enthusiast who is a balanced person and not driven by egoistic motives, can be of great use to the sports club. In smaller sports clubs in particular, a real enthusiast can mean a lot for the club’s stability and vitality. They also suggest, in line with this thesis and other results, that two ways to deal with the risk of being too dependent on one person can be to build working groups around the enthusiast (preferably including persons from different generations) and to perform systematic documentation and dissemination of the sports club’s knowledge.
Incorporating health promotion into everyday activities

Core elements of both the settings approach and the implementation process are that the health promotion activities must be a part of the organization’s everyday activities. It is thus important that the approach fits into the culture, routine life, and mainstream business of a setting (Dooris et al., 2007) and that the initiatives are driven by both public health and core business agendas (Dooris, 2005).

It is impossible to change an NGO or another organization’s way of thinking overnight. To bring a new way of thinking into the everyday work of an organization demands systematic planning; this also is essential for achieving effective health promotion outcomes (Tones and Green, 2004) and must be thought of as a process that will take time, at least a couple of years, depending on several different factors (Fixsen et al., 2005; Olsson and Sundell, 2008). One example of working in a more health promoting way can be to pay more attention to non-performance sports-club activities such as eating together or excursions when working with health promotion policies and practices in sports clubs, according to Kokko and colleagues (2011). It is also important that the intervention or program builds on local traditions (Mittelmark, 2007).

In studies II and III, one of UNF’s aims, which influence everyday activities, is to have an impact on legislation. This project and UNF’s work with the medium-strength beer issue have resulted in their being one of the bodies to which the proposed measures were referred for consideration when the Swedish government appointed a committee to review the Swedish alcohol law. They were also invited to meet the working group that investigated the controversy surrounding purchase attempts (Swedish Government official letter, 2012:11). UNF agrees with the result of the investigation that municipalities must be permitted to perform purchase attempts; it cannot be up to youth organizations like UNF to check the compliance with the law, and as Babor and colleagues (2003) conclude, requirements like a minimum age will only be effective if they are properly implemented and supervised. According to UNF, another positive factor about the medium-strength beer issue is its clarity. It is a simple activity to perform, it engages youth, it attracts media attention, and it is quite easy to interest politicians in. It is still often the first political question with which a UNF-member comes into contact. The medium-strength beer project officially ended at the end of 2005, but purchase attempts are still being performed by UNF-members, and they also now make purchase attempts in bars. UNF still has the aim to move all sales of alcoholic beverages, including medium-strength beer, to Systembolaget, to reduce the availability for minors (Engström, 2012, Personal communication).
According to the sports clubs in Study V, one of the ways of bringing the questions into everyday work is to put them on the agenda in the board room, at the coaches’ meetings, and among parents when planning an activity or if an incident has occurred. However one of the most important decisions for the sports club or another NGO to take is to agree on an explicit message, for example where to draw the line for the social responsibility of the club. Kokko (2010) also highlights the will and choice of the sports clubs, and Einarsson (2012) concludes that agreement on the sports club’s directions and aims are essential, as is communicating this to potential and existing members. Having an explicit message that is systematically documented and disseminated is essential to making the questions a part of the everyday work.

The potential of NGOs to be a health promoting setting

This section addresses the general aim of the thesis: namely to answer the question of whether NGOs can be seen as a health promoting setting.

NGOs worldwide can be seen as a very large setting with a diversity of members. It is difficult to estimate how many people are affiliated with NGOs worldwide, due to different ways of organizing civil society in different countries. For example, according to Lundström and Svedberg (2003), the Swedish voluntary sector is dominated by member-based organizations, while other countries’ voluntary sectors are more service-based or volunteer-based. Nevertheless, the Swedish population are members of voluntary organizations to a high degree; almost everyone is a member of some organization (Lundström and Svedberg, 2003). Sports in Sweden (which often are organized through NGOs) are important for many young people, for example 86 percent of 13–20 year-olds have at least once in their lifetime been members of a sports club (Swedish National Board for Youth Affairs, 2005). The Swedish sports confederation estimates its number of members to be around 3.4 million (7–70 years), that is, more than a third of the Swedish population (Swedish Sports Confederation, 2012). The Swedish temperance movement, which consists of many different organizations, is considerably smaller than in its golden days (with more than 300,000 members in the early 20th century), but it still has more than 100,000 members (author’s own estimation from different organizations’ websites).

Does the character of NGOs suit the requirements of a health promoting setting? Dooris and colleagues (2007) conclude that the place and context are themselves important. WHO (1998) defines “settings for health” as “having physical boundaries, a range of people with defined roles and an organizational structure”. As I have shown in this thesis, the studied NGOs
are contexts that have a range of people (members or otherwise affiliated) with defined roles, an organizational structure with diverse activities, and shared values and rules. NGOs could be seen as a health promoting setting with health promoting activities directed towards both their own members and another target group.

The conclusion of this thesis is that NGOs definitely do have the potential to be a health promoting setting, although some conditions need to be met to reach that point, both by the government sector and by the NGOs themselves. The government sector, with input from the NGOs, must have a support system that promotes the NGOs’ differing roles. The roles of being autonomous forerunners and innovators, but also to be able to design or conduct knowledge-based interventions, finish their work, and have it evaluated. The NGOs must be open to building partnerships, both with other NGOs and with the government, private, and research sectors. NGOs must become better at retaining the knowledge acquired through, for example, an intervention in their organization, and also at deciding whether to cancel or continue an activity depending on the results of an evaluation. A way to change an existing environment is to bring the new way of thinking into every-day activities, and members of the setting must be involved in developing their own setting. One of the challenges in starting to work towards making NGOs a health promoting setting is to reach the NGOs with relevant ideas and support; though some NGOs are easier to reach than others. The Swedish sports movement has the most potential due to its size and structure, with a central organization (the Swedish Sports Confederation) and specialized and district federations. It also has an established educational organization (SISU) that can contribute various kinds of support. It is also possible to reach other types of NGOs, for example through their central organizations or through an improved national support system.

Some issues to consider in developing a system for support to NGOs conducting, for example, alcohol prevention projects will now be proposed. Apart from the financial support, the system should include training, partnerships, and government support. The financial support should be more long-term than the annual funding that is common today; two or three years at a time would be more functional. The project-specific support could be better employed if organizational support was also contributed to the organization running the project. This could be especially important for smaller NGOs. However this organizational support does not necessarily need to come in the form of funding. Training could be offered in all parts of the process from designing to sustaining the intervention. Organizations could be offered assistance with writing applications and
training in how to run a project, or help with systematic planning and documentation. They could also receive knowledge support, in this case, for example, regarding health promotion, alcohol prevention, and implementation research. However it is important that this support is adapted to fit the target group in terms of such things as duration, need, level, and language. Building partnerships between different actors is important, but not always easy and wanted. Help in building partnerships could include offering meetings with different project leaders. These could be project leaders from NGOs, but could also be project leaders doing similar work in municipalities with government support. The support could be provided in groups, but could also be organized on an individual basis. It could be a single individual consultation or regular supervision from researchers or other expertise. It is also important that the support is followed up in an adequate way, for many reasons. One reason is to make sure that the support is being used for the intended purpose and that the methods used are appropriate. Support could also be provided with disseminating effective interventions, methods, or products. Because NGOs are a diverse group with many different actors, they probably do not want or need the same kind of support. This means that the system must be able to offer different kinds of support to different NGOs in order to achieve the best results.
Practical implications
The practical implications of the thesis will be presented as implications for three different actors, all important for NGOs as a health promoting setting: practitioners in NGOs, researchers, and officials and politicians in the government sector.

Practitioners in NGOs
The practical implications of the thesis for practitioners in the NGOs are:

- Have explicit aims and agree on such things as the target group and the activities before the project starts. Planning is essential.

- Gaining broad support for an idea in an organization always takes time, but it is one of the most important factors in succeeding with a project. Let it take the time it needs.

- Preserve and spread the real enthusiast’s efforts and knowledge with better documentation and dissemination. For example, build heterogeneous working groups around the real enthusiast. Make the most of your real enthusiasts; do not wear them out.

- Be open to building partnerships or networks with other NGOs, the government sector, and the research community. The actors in a partnership do not all need to have the exact same organizational aims as long as they can agree on the aims of the specific project.

- If you want to bring about change, the new way of thinking must be embedded in the everyday work of the NGO.

Researchers
The practical implications of the thesis for researchers are:

- Put more time into planning and find ways to systematically document all parts of the study. You can never be too well-prepared.

- Visit the current setting and get to know it in order to be able to ask the right questions. It is essential to view the practitioners as experts on their settings.

- Be open to building partnerships, not just with practitioners but with other types of researchers whose expertise differs from your
own. The more the scientific fields and methods, the more interesting the perspectives.

- Making agreements with all the actors in a study and clarifying who is responsible for the various parts of the study are essential in this type of practice-based research with many actors. Make agreements not with persons, but on the organizational level; this makes the agreements more robust.

**Government sector**
The practical implications of the thesis for officials and politicians in the government sector are:

- Develop a support system that works for different types of NGOs. Different NGOs need different types of support. A heterogeneous group of NGOs is valuable in the society.

- Encourage partnerships.

- Make the most of NGOs’ efforts, evaluate their work, and help disseminate their “best practices” so they can contribute to more practice-based knowledge.

- Get the central organizations on board, for example the Swedish Sports Confederation or the specialized sports federations; or the national offices, for example the temperance organizations. This will provide the support system with authoritative backing and help disseminate it more widely.

**Closing words**
I end this thesis with a quote from one of UNF’s reports on the medium-strength beer-project, one which typifies their work. But you could also say that it is true for all actors working with health promoting activities in all kinds of settings.

När vi arbetar strukturerat och tillsammans kan vi komma långt! (UNF 2006, förord)

When we work together in a structured way, we can go far! (The Swedish Youth Temperance Organization, 2006, preface)
Further research

In putting together this thesis I became more aware than ever of just how many questions remain to be answered in this under-researched field of NGOs as a health promoting setting. The studies presented here only scratch the surface when it comes to researching the potential for NGOs to be a health promoting setting. Looking at the question from a multi- and/or transdisciplinary perspective can yield new knowledge about a setting that is of great importance. In fact, there are so many relevant and interesting perspectives from different branches of study, that it is impossible to cover them all. It feels as if persons from different fields can always come up with a new perspective or value that makes a setting health promoting. This makes this area of research very exciting, and it will only be strengthened by the contributions of many theories and methods.

This thesis has been written in the context of national support to NGOs for conducting ANDT-prevention. In this unique national investment, we have had the opportunity to follow many different NGOs, projects, and project leaders for almost 10 years, and many interesting questions remain to be studied further. One of the main research questions that have followed our research team during the years from 2003 until now, and that we occasionally ask all the project leaders to consider, is what are the added values and obstacles of NGOs running ANDT-prevention. This research question could be analysed further and could also reveal if the answers have changed over the years.

Some of the NGOs in this investment are primarily about providing activities for youth in their leisure time. Leisure time is important for young people’s development and many interesting questions arise for further research such as: How can youth’s leisure time influence them? What kinds of knowledge do different leisure time activities offer? Who are members of different organizations, like UNF or sports clubs? Does being a member of a temperance organization like UNF cause you to be a teetotaller as an adult, or at least a more moderate alcohol consumer?

Research about youth’s leisure time could also specifically concern youth sports clubs, and the quite new research area of the health promoting sports club. For instance, it could be interesting to compare Kokko and colleageus (2006, 2009, 2011) and Kokko (2010) with the Swedish context of sports clubs, as the Finnish situation could be seen as comparable to the Swedish context. Could their theories also be applied to examining health promoting NGOs?

Among the findings of this thesis are that sports clubs cannot be seen as a health promoting setting just because they are sports club, and that sports clubs are a diverse group of organizations. But, what different quali-
ties do different sports clubs have, what kinds of knowledge and attitudes do they pass on to their members, and are there differences between types of sports clubs when it comes to be a health promoting setting, for example concerning characteristics like all-age sports versus same-age sports, team sports versus individual sports, smaller sports versus larger sports (in terms of numbers of participants), girl-dominated sports versus boy-dominated sports, and the size or aims of sports clubs.

There is also an ongoing discussion concerning how to follow up the Swedish Sports Confederation’s guidelines *Idrotten vill*. This discussion is closely related to the research area about health promoting sports clubs and would be an interesting topic of further study.

That coaches are important persons in sports clubs is obvious, but how do different sports incorporate health promoting issues into their coach training? How could the coach training be improved to be more health promoting?

In working with specific alcohol prevention initiatives in sports clubs, such as local alcohol policies, it would be interesting to contact the football clubs included in Study V again to see how well their policy work is being sustained over time.
Frivilligorganisationer som hälsofrämjande arena
Exempel från alkoholförebyggande projekt utförda av frivilligorganisationer med nationellt stöd


Studie I i avhandlingen syftar till att beskriva och analysera Socialstyrelsens stöd till frivilligorganisationer med betoning på det FoU-stöd som ingått i satsningen. Inom satsningen har 69 frivilligorganisationer fått stöd till 135 projekt under åren 2003-2009. Satsningen innebär också medel till ett forskarteam vid Örebro universitet med uppdrag att dokumentera samt genomföra några fördjupade studier inom ramen för satsningen. Resultaten visar att ett respektfullt partnerskap har uppstått mellan myndigheter, forskare och praktiker. Detta har utvecklats genom en unik satsning som förutom ekonomiska medel till frivilligorganisationerna också inneburit stöd till projektledarna. Viktiga delar i detta stöd har varit regelbundna...
projektledarträffar, erbjuden handledning, en mall för dokumentation samt de fördjupningsstudier som genomförts av vissa projekt.

Både studie II och III i avhandlingen studerar Ungdomens Nykerhetsförbunds (UNF) folkölprojekt som drevs under åren 2003 till och med 2005 med stöd från Socialstyrelsen inom satsningen som beskrivs i studie I. Folkölfrågan är en viktig fråga för UNF som i mer än 40 års tid använt sig av provköp för att kontrollera att butiker följer 18-årsgränsen. UNFs uppfattning är att folköl inte bör säljas i livsmedelsbutiker eftersom den där är mer tillgänglig för minderåriga. I folkölsprojektet testades två olika strategier i anslutning till provköpen; en strategi som konfronterade livsmedelsbutikerna och en som samarbetade med livsmedelsbutikerna.

Studie II undersöker efterlevnaden av lagen mot att sälja folköl till minderåriga. I studien analyseras utifrån en databas med dokumenterade provköpp vilka faktorer som påverkar efterlevnaden och betydelsen av att kontrollera ålder med legitimation. Studien visar att det är relativt lätt för minderåriga att köpa folköl i Sverige. Den visar även att minderåriga, trots att de tillfrågas om legitimation, i 15 procent av fallen fortfarande får köpa folköl. Ungdomarna som ingick i studien använde sig av knep för att lyckas med detta, vilket troligen är vanligt även bland andra minderåriga som försöker köpa folköl. En intressant iakttagelse är hur kassapersonalen reagerar på dessa knep.

Studie III beskriver och analyserar implementeringen av folkölsprojektets två olika strategier samt jämför utfallen av att dels arbeta med eller utan strategi samt av att arbeta med de två olika strategierna. Studien visar att det ger signifikant bättre resultat att arbeta med en strategi än att göra enskilda provköp som UNF tidigare gjort. En viktig erfarenhet är att det tar lång tid att implementera en strategi och i detta fall verkar samarbetsstrategin behövt mer tid än konfrontationsstrategin för att fungera väl. En annan viktig lärdom är viken av att bilda lokala nätverk i kommunerna runt denna fråga. Konfrontationsstrategin visade bättre resultat än samarbetsstrategin i form av minskad andel lyckade provköp.

miljö med verksamhet anpassad för sina ungdomars ålder. Den behöver också ha en övergripande strategi för sin verksamhet, mål och syften, exempelvis i form av policy.


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