Article

Education-Oriented Reform for Organizing and Managing Sport and Health-Promotion Activities

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Abstract: Sport and health-promotion activities in educational settings have evolved from discrete events toward sustained programs that pursue physical literacy, wellbeing, inclusion, and measurable health outcomes. This shift coincides with competency-based education, project-based learning, and the rapid digitalization of teaching and assessment. Yet many training pathways for activity organizers and managers remain fragmented: curriculum modules are weakly connected to authentic scenarios, practicums emphasize observation rather than responsibility, risk-management competence is underdeveloped, and evaluation often rewards paperwork instead of evidence of learning and impact. Taking education as the primary lens and sport-and-health promotion activity organization and management as the contextual background, this paper proposes an integrated Competency-Scenario-Evidence (CSE) framework. The framework aligns a competency matrix (planning, stakeholder coordination, inclusion, safety governance, resource and budget management, and program evaluation) with authentic learning environments (end-to-end project lines, service learning, simulated emergency response, and school-community partnerships) and evidence-based assessment (rubrics, portfolios, and multi-stakeholder review). The paper further offers implementation pathways and governance recommendations to support universities and vocational institutions in cultivating professionals capable of organizing safe, inclusive, and data-informed health-promotion initiatives.

Keywords: physical education; health promotion; activity organization; program management; competency-based education; project-based learning; risk management

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1. Introduction

Schools and universities have long incorporated physical education (PE) and extracurricular sport into their educational systems as essential components of student development. Traditionally, these activities were primarily valued for their role in enhancing physical fitness, offering recreation, and enriching campus life. In recent years, however, sport- and health-promotion initiatives have undergone a notable conceptual shift. Rather than being treated as supplementary or entertainment-oriented programs, they are increasingly framed as strategic instruments for improving population health, fostering social interaction, and supporting mental wellbeing across diverse student groups [1].

Within campus contexts, this shift is reflected in the growing prevalence of initiatives such as running campaigns open to broad participation, inclusive sport festivals designed to reduce barriers to engagement, intramural leagues emphasizing sustained involvement, active commuting programs encouraging daily movement, and wellbeing-oriented movement sessions targeting stress management and emotional regulation [2]. These initiatives share a common orientation toward influencing long-term behavioral patterns and life-

style choices, rather than delivering short-term activities with limited follow-up. As a result, the design and management of sport-and-health programs now carry expectations that extend well beyond traditional notions of activity organization.

This evolution substantially alters what it means to be competent in organizing and managing sport and health-promotion activities [3]. A capable organizer is no longer defined solely by their ability to schedule events or coordinate basic logistics. Instead, they are required to interpret educational and health-related objectives, analyze the needs and characteristics of diverse participant groups, and design programs that are safe, inclusive, and aligned with institutional missions. In practice, this involves coordinating multiple stakeholders, managing budgets and facilities responsibly, anticipating issues related to risk and liability, and implementing mechanisms to monitor participation and evaluate outcomes. Increasingly, such responsibilities resemble those found in public-health program management and educational intervention design, rather than conventional sport administration alone.

At the same time, broader transformations in educational philosophy and instructional practice are reshaping how such competencies are expected to be developed. Educational environments are moving toward learning-outcome orientation, authentic learning experiences, and digitally supported instruction. Competency-based education emphasizes demonstrable performance and applied capability rather than knowledge acquisition alone. Project-based learning treats real or simulated tasks as integrative vehicles through which learners connect theory, practice, and reflection. Meanwhile, digital tools enable blended learning models, support learning analytics, and provide opportunities for simulation-based training and scenario rehearsal. Together, these developments offer new possibilities for preparing future sport-and-health promotion professionals in more systematic and practice-relevant ways [4].

However, these opportunities also expose persistent weaknesses in existing educational programs. Discontinuities often appear between curriculum structures and the actual demands of field practice, between fragmented course content and the integrated nature of real-world decision-making, and between assessment methods and the complex competencies required in professional contexts. Practicum experiences may lack continuity or authenticity, and evaluation approaches may fail to generate credible evidence of learners' applied abilities. As a result, graduates may possess theoretical knowledge yet struggle to transfer it effectively into practical program planning, implementation, and evaluation.

Against this background, this paper addresses three interrelated questions. First, which contemporary educational changes are most consequential for the training of sport-and-health activity organizers and managers? Second, where do typical misalignments and gaps emerge between educational provision and field-based requirements? Third, how can educational institutions implement an integrated framework that systematically links competency targets, authentic learning scenarios, and evidence-based assessment methods? By responding to these questions, the paper aims to offer a coherent set of practical recommendations for higher education and vocational institutions seeking to strengthen preparation pathways in the domain of sport and health promotion.

2. Contemporary Educational Context and the Changing Nature of Health-Promotion Activities

Current educational policy and practice increasingly emphasize holistic student development, extending beyond academic achievement to include physical literacy, social-emotional competencies, and health-related awareness. Within this context, health-promotion activities are no longer positioned as optional or peripheral additions to campus life. Instead, they are progressively incorporated as structured programs that align with institutional missions, curricular objectives, and the needs of surrounding communities. This repositioning reflects a broader recognition that sustained engagement in physical

activity and wellbeing-oriented practices contributes to long-term educational and developmental outcomes.

As a result, the objectives of health-promotion programs have become more explicit and multidimensional. Typical goals include increasing levels of moderate-to-vigorous physical activity among students, supporting effective stress management in academically demanding environments, strengthening a sense of belonging within the campus community, and reducing participation disparities among students with disabilities or limited prior sport experience. These goals require organizers to move beyond generic activity provision and toward deliberate program design that accounts for participant diversity, contextual constraints, and measurable outcomes [5].

This transformation places substantially higher demands on governance and accountability mechanisms. Health-promotion programs are increasingly expected to demonstrate that resources-including funding allocations, facility usage, and staff time-are employed in an efficient, transparent, and safe manner. Organizers must often prepare structured implementation plans, conduct systematic risk assessments, and generate evaluation reports that document both processes and outcomes. In addition, they are required to communicate effectively with multiple stakeholders, such as institutional administrators, teaching staff, families, health-related units, and community partners. These expectations elevate the managerial and evaluative dimensions of the organizer's role and require competencies that extend beyond operational coordination.

Digitalization further amplifies both opportunities and expectations in this domain. The use of wearable devices, QR-code-based attendance systems, and mobile survey tools enables more precise tracking of participation patterns and self-reported wellbeing indicators. Such technologies can support timely feedback, facilitate continuous program adjustment, and strengthen evidence-based decision-making. However, their effective use presupposes a level of data literacy that allows organizers to interpret metrics accurately and translate them into meaningful program improvements. At the same time, attention to data protection, privacy, and responsible information management becomes an integral part of ethical governance.

Consequently, education and training programs for health-promotion activity organizers must respond to these evolving conditions. Beyond traditional content knowledge, they need to integrate digital competencies with an understanding of ethical responsibility and institutional governance. Preparing learners to navigate this contemporary context requires coherent curricular design that connects educational objectives, practical tools, and accountability requirements in a systematic manner.

3. Typical Gaps in Current Training

Despite growing recognition of the expanded role of health-promotion activity organizers, many existing training programs remain misaligned with contemporary field demands. These misalignments are not limited to isolated course deficiencies but reflect structural gaps across curriculum design, practice arrangements, safety education, and assessment approaches. Together, they constrain learners' ability to transfer knowledge into effective, context-sensitive action.

3.1. Fragmented curriculum logic

In many training programs, sport science, pedagogy, and management are delivered as parallel modules with limited conceptual or practical integration. While such disciplinary separation can support foundational knowledge acquisition, it often fails to reflect the integrated nature of real-world decision-making. Students may understand training principles, instructional strategies, or administrative procedures in isolation, yet struggle to synthesize them when facing realistic constraints.

In practice settings, organizers must frequently balance competing considerations, such as limited venue availability, uneven participant attendance, diverse physical abilities, and safety risks related to weather or facility conditions. Fragmented curricula provide few opportunities for learners to practice such integrative reasoning. As a result, students may possess technical knowledge but lack the capacity to apply it coherently when multiple constraints interact, leading to oversimplified or impractical program designs.

3.2. Limited authenticity and continuity in practice

Practicum components in many programs are characterized by limited authenticity and weak continuity. Learners are often assigned observational roles or short-term support tasks, such as assisting with session delivery or administrative paperwork, without assuming meaningful responsibility for program outcomes. These experiences, while valuable for exposure, rarely allow students to engage with the full complexity of health-promotion activities.

Without repeated and structured opportunities to conduct needs assessments, plan participant recruitment, deliver sessions, monitor safety conditions, and evaluate program effectiveness, learners cannot internalize the complete lifecycle of an activity program. The absence of continuity across these stages also prevents reflection on how early design decisions influence later implementation and outcomes. Consequently, practical experience remains fragmented and insufficiently connected to competency development.

3.3. Underdeveloped safety governance and risk competence

Safety education in many training programs is frequently treated as a matter of procedural compliance, relying on standardized checklists or generic guidelines. While such tools are necessary, they are insufficient for preparing organizers to manage the dynamic and uncertain conditions encountered in real activity settings. Effective activity leadership requires situational judgment, timely decision-making, and proactive hazard identification.

Real-world health-promotion activities involve a range of potential risks, including heat-related illness, injury management, facility hazards, crowd control challenges, and emergency coordination. Developing competence in these areas demands scenario-based learning and repeated practice in risk assessment and incident response. When safety governance is reduced to formal documentation alone, learners may lack the confidence and competence to respond appropriately under pressure.

3.4. Assessment without impact evidence

Assessment practices represent another critical gap in current training systems. Traditional evaluation methods often prioritize the completion of required documents, such as plans, budgets, or schedules, rather than examining the quality of underlying reasoning or the effectiveness of proposed strategies. In such contexts, students may focus on producing formally correct materials without critically considering inclusivity, feasibility, or outcome measurement.

Moreover, assessments rarely require learners to demonstrate that their program designs can generate measurable and meaningful outcomes. The absence of impact-oriented evaluation limits opportunities for students to develop skills in evidence-based decision-making and program improvement. As a result, assessment becomes an administrative exercise rather than a mechanism for cultivating professional judgment and accountability.

4. A Competency-Scenario-Evidence (CSE) Framework

To address the above gaps, this paper proposes a Competency-Scenario-Evidence framework. The CSE framework treats learning as the generation of reliable evidence that

learners can perform key tasks in realistic contexts. It aligns three components: (1) a competency matrix that specifies what graduates should be able to do; (2) authentic scenarios that structure learning activities; and (3) evidence-based assessment that captures process and outcomes.

First, competencies must reflect the full lifecycle of sport and health-promotion programs: needs assessment, program design, delivery and facilitation, safety governance, stakeholder coordination, resource management, inclusion, and evaluation. Second, scenarios should approximate field realities through end-to-end projects, service learning, and simulations. Third, assessment should use rubrics, portfolios, and stakeholder review to evaluate reasoning quality, professionalism, and demonstrable impact.

Table 1. Example Competency Matrix for Activity Organization and Management.

Competency Domain	Observable Performance	Typical Evidence	Assessment Focus
Program Planning & Design	Conducts needs assessment; defines objectives; builds session plans and timelines	Needs assessment brief; logic model; program plan	Goal alignment; feasibility; clarity
Stakeholder Coordination	Communicates with teachers, administrators, parents, and community partners	Meeting notes; communication plan; stakeholder map	Collaboration quality; professionalism
Inclusion & Equity	Designs accessible activities; adapts rules; supports diverse learners	Inclusion strategy; adaptation log; participant feedback	Accessibility; participation equity
Safety Governance & Risk	Identifies hazards; prepares emergency protocols; manages incidents	Risk register; safety checklist with rationale; incident drill report	Hazard reasoning; response readiness
Resource & Budget Management	Allocates venues, equipment, staff time; controls costs	Budget sheet; procurement plan; resource schedule	Efficiency; transparency; constraint handling
Program Evaluation & Improvement	Collects data; analyzes participation/outcomes; iterates program	Dashboard; survey results; evaluation report; improvement plan	Data credibility; learning from evidence

5. Curriculum Redesign Pathways

Addressing the gaps identified in current training requires systematic curriculum redesign rather than incremental course additions. Effective reform should focus on aligning learning experiences with clearly articulated competencies, ensuring continuity between theory and practice, and creating structures that reflect the full complexity of health-promotion activity management. The following pathways illustrate practical directions for institutions seeking to strengthen curriculum coherence and professional relevance.

5.1. Modular curriculum aligned to competencies

Instead of introducing isolated new courses, institutions can reorganize existing content into modular units explicitly aligned with targeted competencies. Each module is designed to support a cluster of related abilities and to integrate knowledge from multiple domains. For example, a "Program Design" module can combine foundational concepts of behavior change, session planning methods, and logic-model development, enabling students to connect theoretical rationales with concrete implementation strategies.

Similarly, a "Safety and Risk" module can integrate first-aid knowledge, facility inspection procedures, and principles of emergency coordination into a coherent learning unit. This structure helps learners understand safety not as a set of separate rules, but as an ongoing managerial responsibility embedded in program planning and delivery. An "Evaluation and Data" module can bring together outcome measurement, survey design, and basic data analysis, allowing students to develop a systematic approach to assessing program effectiveness. Modular alignment supports progressive competency development while reducing fragmentation across courses.

5.2. End-to-end project lines (semester-spanning)

A core strategy for enhancing integration is the introduction of end-to-end project lines that span an entire semester or academic year. Under this approach, students work on a single real or realistic health-promotion program throughout the term, treating it as a continuous project rather than a series of disconnected assignments. The project typically begins with a structured needs assessment, such as examining baseline activity levels, identifying participation barriers, and analyzing participant preferences.

Based on these findings, students develop a comprehensive program plan, followed by recruitment and communication strategies, activity delivery, and ongoing safety monitoring. The project concludes with evaluation reporting and proposals for program improvement. This extended structure requires learners to apply knowledge iteratively and to experience how early design decisions influence later stages of implementation and outcomes. By mirroring the lifecycle of field practice, semester-spanning projects foster integrative thinking and professional accountability.

5.3. Service learning and school-community partnerships

Service learning and partnerships with schools or community organizations further enhance the authenticity of curriculum reform. Collaborations with local educational institutions, community centers, or health-related organizations allow students to design and manage programs for real participants under supervised conditions. Such arrangements provide meaningful learning experiences while ensuring that educational objectives remain central.

Effective partnerships require clear definition of roles and responsibilities, including supervision arrangements, data management protocols, participant safeguarding measures, and feedback mechanisms. When carefully structured, service learning enables students to confront real-world constraints, engage with diverse populations, and reflect on the social impact of their work. At the same time, it strengthens institutional connections with the community and supports the development of practice-ready graduates.

6. Teaching and Learning Methods for Authentic Competence

6.1. Project-based learning with explicit roles.

Teams can adopt operational roles-program director, safety officer, inclusion coordinator, data analyst, and communications lead-rotating roles across projects so every learner develops a complete competence profile. Role rotation also supports fairness and reduces social loafing.

6.2. Simulation for safety and incident response.

Simulated scenarios (heat illness, fainting, collision injury, facility evacuation, crowd control) allow repeated practice without endangering participants. Simulation should include decision points, communication scripts, and debriefing to translate experience into procedural knowledge and judgment.

6.3. Digital support and learning analytics.

Learning management systems can host templates for risk registers, communication plans, and evaluation dashboards. Simple analytics (attendance trends, satisfaction scores, perceived exertion, and wellbeing indicators) can be used to guide weekly program adjustments. Instruction must also address privacy, consent, and data minimization.

7. Evidence-Based Assessment and Quality Assurance

Assessment should prioritize evidence of competence rather than completion of formalities. A multi-component approach is recommended: (a) formative feedback on weekly deliverables; (b) rubric-based scoring of final portfolios; (c) stakeholder review by partner schools or community mentors; and (d) individual reflection to capture learning about ethics, inclusion, and leadership.

A portfolio can include: program charter, needs assessment report, risk register with rationale, inclusive design adaptations, budget and resource plan, communication artifacts, session logs, incident drills, evaluation dataset and analysis, and a final improvement proposal. Portfolios make learning visible and enable external reviewers to validate performance.

Quality assurance should also operate at program level. Institutions can establish a cycle of annual review that examines curriculum mapping to competencies, stakeholder satisfaction, incident reports, and graduate employment outcomes. This governance perspective ensures reforms are sustained rather than dependent on individual instructors.

8. Implementation Challenges and Mitigation Strategies

8.1. Resource constraints.

Authentic programs require access to venues, equipment, and supervision. Institutions can start with a pilot course, reuse standardized templates, and scale partnerships gradually. Shared digital repositories and simulation kits reduce marginal costs over time.

8.2. Data governance and participant protection.

Health-promotion data may involve sensitive information. Programs must adopt consent procedures, clear data-use agreements, privacy-by-design practices, and safeguarding rules-especially when minors are involved. Evaluation can prioritize aggregated indicators and minimize personal identifiers.

8.3. Faculty development.

Effective implementation requires instructors who can design projects, manage partnerships, and assess portfolios. Faculty development should combine pedagogical training (PBL, rubrics, portfolio assessment) with field immersion (shadowing program managers, participating in community initiatives, and updating safety certifications).

8.4. Alignment with institutional incentives.

If institutional evaluation focuses mainly on exams or publication counts, educators may lack support to run intensive project courses. Policy-level solutions include recognizing partnership work, teaching innovation, and student impact as valued outputs in workload and promotion systems.

9. Conclusion

Sport and health-promotion activities in educational settings are becoming programmatic, data-informed, and accountability-driven. This evolution requires that education programs prepare organizers and managers with integrated competencies in planning, inclusion, safety governance, stakeholder coordination, and evaluation. The proposed Competency-Scenario-Evidence framework offers a practical blueprint: define clear competencies, embed learning in authentic scenarios through end-to-end projects and partnerships, and assess learning via evidence-rich portfolios and multi-stakeholder review. Institutions that adopt this approach can better cultivate professionals capable of organizing safe, inclusive, and measurable health-promotion initiatives that advance both educational goals and public health.

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