



What about sport? A public health perspective on leisure-time physical activity



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ABSTRACT

In an effort to determine how sport could be better positioned on the public health agenda, three community physical activity programs aimed at combating obesity were examined to determine the benefits residents seek through their participation. Using a case study approach and critical framework, assumptions and presumed knowledge of these public health programs were drawn out through site visits and interviews. A total of 42 interviews with community leaders, program organizers, and residents in each community were conducted. The results reveal that new approaches need to be considered for promoting greater levels of participation in U.S. community sport and other leisure-time physical activity programs. Instead of the commonly emphasized benefits of physical health or appearance, the results demonstrate that *hedonic rewards* and opportunities for *social interaction* are two overlooked, yet primary benefits sought by participants. This research suggests that concerted efforts to focus on the hedonic feelings and social aspects can potentially lead to increased sport participation and holistic health. Such an approach may help better address vital public health policy issues while demonstrating the distinctiveness and utility of sport.

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1. The absence of sport

Public health issues often require the involvement and commitment of stakeholders from various industries and disciplines. Addressing modern health issues also requires new ideas to be brought into public health (Fineberg, 2012). Sport is one avenue that deserves more consideration on the public health agenda, especially in the United States. As Chalip (2006) highlighted, sport is but one form of physical activity. Along with sport, exercise (e.g., aerobics, strength training), physical recreation (e.g., dance, rock climbing), and purposive physical activity (e.g., climbing stairs, walking or biking for transportation) are among many options that can provide health benefits. Yet, sport has been an afterthought in U.S. public health campaigns, as evidenced by the almost complete absence of the word *sport* from public health discourse and promotions designed to get people more physically active (e.g., The Surgeon General's Vision for a Healthy and Fit Nation)

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(U.S. Department of Health and Human Services, 2010). There is also no mention of *sport* in the physical activity section of Healthy People 2020, a set of nationwide health promotion and disease prevention goals developed by the U.S. Department of Health and Human Services (2013a). Additionally, many sport organizations have contributed to this absence on the health agenda by predominantly focusing on developing elite athletes rather than encouraging mass sport participation. Such a focus fails to take into account that mass sport participation is not only useful for meeting public health goals, but also creates a wider talent pool for achieving competitive excellence (Chalip, 2011). The higher priority given to developing elite athletes in the United States has contributed to many viewing sport as a form of entertainment to be passively viewed, rather than an activity in which to participate (Lim et al., 2011).

Along with this elite athlete focus, sport can be detrimental to one's health. Many youth sport programs do not provide the necessary amount of moderate to vigorous intensity physical activity due to participants standing around waiting for their turn to play (Bergeron, 2007; Leek et al., 2011). In these contexts, there often is an inappropriate coach-to-player ratio that results in too many structured drills, an overemphasis on winning, and/or excessive amounts of time spent discussing game strategies. Furthermore, previous research indicated that 1.4 million injuries occurred among 4.2 million high school athletes in nine sports (Comstock, Knox, Yard, & Gilchrist, 2006). Some injuries are to be expected, but many are preventable. A hypercompetitive culture has come to stress that longer and more rigorous activity results in higher sport achievement, despite a body of research showing otherwise (Chambliss, 1989; Green, 2005; Vaeyens, Güllich, Warr, & Philippaerts, 2009; Waddington, 2000).

The 2008 Physical Activity Guidelines for Americans recommends at least 150 min of moderate intensity physical activity per week for adults (U.S. Department of Health and Human Services, 2013b). Sport participation provides an opportunity for adults to meet both parts of the recommendation by simultaneously focusing on the quality of the activities (i.e., intensity) and the quantity of time (i.e., duration) spent participating. Sport *can* promote health, but as Chalip (2006) pointed out "We are not designing, managing, or marketing our sport organizations in ways that enable them to contribute to the promotion of public health" (p. 5). Thus, many continue to categorize sport as an arena that promotes deviance, violence, aggression, and risk-taking behaviors. In such cases, it is not sport per se that results in these antithetical outcomes, but rather how sport is haphazardly implemented and then left unevaluated. Given the attention and popularity of sport worldwide, it is clearly worth further exploring how sport could positively contribute to public health.

While sport may be absent, physical activity is by no means a new idea for public health. Physical activity has long been promoted across the United States as essential for a healthy life (Pate et al., 1995). Yet, the fact remains that daily physical activity rates have not improved (Centers for Disease Control and Prevention, 2012). This is despite the increased recognition of the negative health consequences derived from physical *inactivity* and individuals having more leisure time than ever before (Chalip, Schwab, & Dustin, 2010). Sport can serve as a means by which people become more physically active. While our focus and purpose is on how *sport* can be better positioned on the health agenda, it is vital to recognize and consider all avenues by which people are active.

1.1. The domains of physical activity

Overall leisure-time physical activity levels, which include sport, have remained fairly steady in recent years (Moore, Harris, Carlson, Kruger, & Fulton, 2012). It should be noted, however, that these activities comprise only a small portion of daily physical activity (Brownson, Boehmer, & Luke, 2005). Declining rates of physical activity have been attributed to changes in technology, the economy, society, and the built environment. The decrease in physical activity lends itself to an increase in sedentary activities, particularly those related to "screen time", such as video games, tablets, hand-held consoles, computers, and televisions (Katzmarzyk, 2010; Katzmarzyk & Lee, 2012).

Daily physical activity is undertaken in a variety of contexts, or domains: occupational (e.g., manual labor), domestic (e.g., household tasks), transport (e.g., bicycling), and leisure-time (e.g., sports) (Armstrong & Bull, 2006; World Health Organization, 2002). Leisure-time physical activity is done only for recreation and includes sport and planned exercise. Americans fail to meet daily physical activity levels not because of significant decreases in leisure-time physical activity, but rather due to declining physical activity in the other three domains (i.e., occupational, domestic, transport). In 2000, only 22% of the U.S. population worked in high-activity jobs, compared to 30% in 1950, while individuals working in low-activity jobs rose from 23% in 1950 to 41% in 2000 (Brownson et al., 2005). Activity in the home is also declining due to the increased use of technology to complete household tasks (e.g., riding lawnmowers, snow blowers). Finally, Americans are driving more often than before, with 88% of trips to work being made in a car versus 67% in 1960 (Brownson et al., 2005). Declines in these three domains of physical activity have resulted in an increase in sedentary activity and a decrease in total physical activity, creating a critical public health issue of physical inactivity. Because leisure-time physical activity rates have not declined, it is important to identify strategies to continue to improve these rates to compensate for declines in other physical activity domains. Consequently, understanding all the elements that engage individuals in leisure-time physical activity, whether it be in sport or any other leisure-time physical activity option, will be explored with the goal of better promoting sport in the public health discourse. Ultimately this would result in improved strategies for achieving physical activity and public health recommendations.

1.2. Sport on the public agenda

Since sport can often be viewed as a trivial activity that most people have experienced at some point, and presumably know much about, meaningful and responsible discussions regarding its role on the public agenda seldom take place outside

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