THE EFFECT OF A COMMUNITY SPORT PROGRAM ON SPORT PARTICIPATION, HEALTH AND SOCIAL CAPITAL

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Various evolutions in the public health, social and sport sector have brought the policy of these sectors closer together. In public health, many developed nations are investing resources in the sport and recreation sector as a new strategy to improve people’s health (Casey, Payne, Eime, & Brown, 2009). Social policy spends resources in sport to include minority groups in the society and to augment social capital in the communities (Frisby & Millar, 2002). Also the sport sector’s policy focuses more on ‘sports for all’ to engage a larger part of the population in sports activities (Vail, 2007). These evolutions call for a collaboration between the sport sector, the social sector and the health sector. Policy makers realize that inter-sector collaborations are needed to solve these problems, but find little research to base their decisions on (Klesges, Dzewaltowski, & Glasgow, 2008). This study wants to provide empirical evidence to policy makers and practitioners by investigating the effectiveness of a community sport program in Flanders (i.e., the Dutch-speaking part of Belgium). This program uses inter-sector collaborations as core element of the program and is directed to people who experience higher thresholds to engage in sports.

Four communities implementing the community sport program were selected through stratified random sampling. Four control communities similar to the sport program communities were chosen to compare the results. Two hundred adults (aged 18-56 years) of each community were randomly selected. Potential respondents were visited at home and asked to respond to a questionnaire constituted of six parts: socio-demographics, physical activity, sport participation, community sport, health and social capital. At least 40 respondents per community needed to fill in the questionnaire.

At the EASS 2013 we intend to present the effects of this community sport program to sport participation and its effects on health and social capital.

Oral presentation preferred
References


