



British Heart Foundation Health Promotion Research Group

Improving Health Through Participation in Sport: a review of research and practice

EXECUTIVE SUMMARY

Dr Nick Cavill (Research Associate)
Debra Richardson (Associate)
Dr Charlie Foster (Senior Researcher)

BHF Health Promotion Research Group
Department of Public Health University of Oxford
Old Road Campus
Headington
Oxford
OX3 7LJ

Tel: +44 (0)1865 227156 Email: charlie.foster@dphpc.ox.ac.uk

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Introduction

This report presents a summary of the findings from research commissioned by Sport England to review existing research and practice on improving health through sport. The research is intended to help Sport England align their sporting programmes with health priorities.

The research comprised:

- a rapid purposive review of relevant literature on the promotion of sport targeting inactive people (i.e. people currently not doing any sport or physical activity)
- a survey and series of key informant interviews to identify case studies of sports promotion practice in targeting, recruiting and engaging inactive participants in sports programmes

Results: published literature

There is a strong literature on the health benefits of sport and physical activity. This has been summarised in a number of review documents, most notably the report of the Chief Medical Officers³. This shows that participation in physical activity (including sport) is associated with reduced risk of over 20 health conditions including cardiovascular disease and some cancers. This evidence shows that the greatest potential health benefit derives from increasing the activity levels of the most inactive people (rather than getting those already active to do a little more).

The evidence base for the effectiveness of interventions for the specific promotion of sport is far less developed than for the promotion of physical activity. It appears that most sport programmes are researched within quite a different paradigm to physical activity and health programmes, with a general lack of controlled research designs. A systematic review of interventions implemented through sporting organisations for increasing participation in sport found no studies (using a controlled research design).

However, there is some evidence from the published literature that sport can engage inactive people at an individual or group level, with increased success when targeting those willing and ready to change their behaviour. Two controlled studies measured increases in physical activity participation as a result of structured sports/exercise training sessions delivered in an exercise setting. Both studies showed strong evidence of effectiveness, with sustained vigorous physical activity changes compared to control groups. Three studies measured the effectiveness of counselling sessions for individuals to participate in a sports or physical activity programme. Two of these were effective in increasing physical activity or fitness compared to the control group. Other review-level evidence emphasised the importance of targeting adults and children who are most ready or willing to change; and the importance of taking into account the factors that are known to be correlated with sport participation, such as social interaction and enjoyment.

Results: case studies

Nine UK cases studies were identified (from over 200 initial contacts). These provided evidence that sport can reach inactive people especially if the programmes include the targeting of inactive people and are properly marketed, planned and delivered appropriate to the needs of the target group(s) by empathic motivating leaders. Although it is not possible to say with any precision what makes a project successful in increasing activity among the inactive, there were a number of factors that seemed to be common among many of the successful projects:

Targeting/Marketing:

- effective identification of, and marketing to, inactive people, using data from a variety of sources including: SE market segmentation; Active People survey; joint strategic needs assessment;
- effective identification of, and marketing to, vulnerable inactive people, through the combined efforts of existing statutory and voluntary organisations including community groups and primary care;
- measuring participation in total physical activity using a short questionnaire, before the programme begins to ensure the programme captures those it is targeting;
- working with NHS primary care to target inactive patients through a range of routes, with initial consultation at a range of venues with the use of appropriate images and a variety of indoor and outdoor sports;
- marketing sport in a non-threatening, fun and non-traditional manner utilising a range of marketing channels appropriate to the target groups, including advertising in local community facilities.

Programme Development and Implementation:

- offering formal referral through health and social care professionals and self referral options;
- offering a range of sport and physical activity opportunities appropriate to the needs of the target group and inactive audience, and offered at flexible times, for example, during the day, at evenings and weekends;
- providing a qualified and motivational programme lead with skills in planning, marketing, delivery, communication and partnership working;
- ensuring that coaches/session leaders are aware of the importance of engaging inactive people and the approach required to motivate them;
- ensuring that the programme is designed based on the needs of the local community allowing for flexibility and adaptability;
- allowing a greater amount of time for participants to progress, managing expectations of participants and coach/session leader;
- combining sports with broader physical activity programmes (e.g. walking) to attract inactive people initially;
- producing beginners' guides for the sessions;
- providing incentives to take part, and ensuring participation is low cost;
- making activities easily accessible, (near to home or work) especially in the local community, including providing family focused sessions;
- in workplaces, secure senior staff support for programmes;

Planning for sustainability:

- training community members to lead sessions to enable the continuation of programmes;
- planning support and exit routes for people once they have finished their programme, to increase sustainability.

Monitoring and evaluating:

- including monitoring and evaluation requirements in initial project plans which support the achievement of the main outcomes of the programme;
- ensuring that measures of total physical activity are taken at baseline, at the end of the programme and ideally, six and twelve months later, as recommended in the National Obesity Observatory's standard evaluation framework for physical activity.

While the case study review showed that there are some approaches to monitoring that are effective, it also revealed that the majority of activity in this area is relatively unfocussed. In particular, data management has been shown to be poor in the vast majority of cases. Many projects started collecting data and then stopped, or collected baseline data and did not plan a follow-up. Some projects collected data but did not analyse it. Overall, it seems that the quality and quantity of monitoring and evaluation activity needs to be increased.

Recommendations:

Sports agencies (including governing bodies) should:

- establish more robust systems for the evaluation of sports promotion projects, that enable an assessment of the effectiveness of the project in increasing participation in sport, ideally using a controlled research design;
- plan programmes to target inactive people, including measurement of physical activity levels before and after the programme;
- support project managers with training and guidance on targeting, marketing and monitoring.

Sport England should:

- develop a strategy for improving health through sport;
- develop an evaluation framework for sport projects that encourages the use of controlled research designs;
- agree a standardised measure of physical activity for use by sport promotion projects;
- support project managers with training and guidance on targeting, marketing and monitoring;
- develop, fund and evaluate pilot projects that specifically set out to reach inactive people, and use a controlled research design;
- ensure that pilot projects are sustainable and can be scaled up once the initial pilot funding ceases.