

Sport sector as a part of public policy for elderly people in selected EU countries

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ABSTRACT

Background: Physical activity (PA) has proven role in good health maintaining: level of physical activity, sedentary behaviors and cardiorespiratory fitness are all associated with mortality rates and related to cancer, type 2 diabetes, hypertension, obesity rates, cardiovascular disease. It is increasingly important for successful dealing with ageing societies to incorporate sport sector to public policies focusing on PA. The main aim of the paper is to show the situation and role of sport sector in creating Health Promotion for Elderly People (HP4OP) in several European countries.

Method: A literature review of policy papers, European documents and WHO reports, evaluation reports from existing policies and programs was conducted. The analysis combined strategic documents, grey literature, questionnaire research (conducted in European Pro-Health 65+ project's countries) and in-depth interviews with national experts from sport sector.

Results: Rising role of sport can be observed in European policies for last 10 years. It is visible in the official documents, strategies, guidelines and recommendations. European Council and European Commission have published over ninety policy documents related to sport and physical activity from 2005. Existing data on physical activity level shows however that rationality and logic of policy papers does not transform into behavioral change among societies. Especially elderly citizens situation in terms of sedentary behavior seems to be dramatic.

Conclusions: Visible discrepancy between guidelines, policy documents, reality and actual human behavior requires governments, policymakers and other institutions to undertake more effective actions towards enabling elderly people being active on a daily basis. Sport sector resources can be used in these efforts but under several conditions: further development of HEPA (Health-Enhancing Physical Activity) approach within sport federations and sport clubs, more funds dedicated to development of sector organisations, creation of precise policy assessment tools dedicated to sport interventions and adjusted to each country context, incentives systems for sport organizations to be focused in sport for all programs.

Key words: health promotion, physical activity, older people, healthy aging, HEPA, sport sector, sport-for-all

INTRODUCTION

Although ageing societies are demographical reality [1] and benefits of physical activity are proven [2], there

is still the need for proper effort in in-depth research on PA among elderly people [3] to extend the knowledge on effective public policies directed to prevent the major causes of disabilities and lower life quality in older age [4].

According to social ecological approach [5] individual health behavior is situated in interrelated centric systems from intrapersonal to policy levels. All levels influence each other. Our health behaviors are shaped not only by personality and individual dispositions, but also by family condition, community resources, each culture characteristic, public resources and economy [6] [7]. Physical activity is especially sensitive to all ecological circumstances: sport offer available in a closest neighborhood, sport clubs and others NGOs development stage, significant others habits, dominant means of transport, leisure and recreation culture in each society or community (which often differs in each age group) [8, 9].

Although it raises problems, for the benefit of this report it is worth to draw very open and broad definition of sport and leisure. It enables to analyze all aspects connected or linked with physical activity [10]. It is justified because from HP and HP4OP perspective all types of bodily movement have meaning and influence on health – that is why it would be insufficient to analyzed sport issues only. From institutional perspective it is rational to start from sport sector but take into consideration both governmental and non-governmental sectors. As a matter of fact, other sectoral analyses conducted within the prohealth65+ project have shown the importance of sport and physical activity in the field of HP4OP [11]: for example, several evidences suggested that different programs aimed at maintaining the health and general well-being of older workers promoting their physical activity (ie. aerobic exercises, walking programs, etc.) are promising, and sometimes could be more effective than those focused on changing workplace conditions or improving work ability and productivity [12].

In this report it will be shown that sport sector has developed in last 20 years and gradually transform from sport-centered to physical-activity-centered.

Active people not only live longer but also have higher chances to live in health and independence [13]. A great amount of evidences suggested the potential health related benefits of physical activity, such as the reduction of mortality, of functional limitations, of cognitive impairment as well as of a long list of non-communicable disease [4]. All documented benefits of physical are gaining importance in case of elderly people. But being physically active is not only associated with health-related benefits, but it also influences the human social existence and the psychological condition [14–20]. Decline in health is regarded as one of the crucial cause of decreasing participation in social activities. Older people with more extended social network are more often engaged in different social and leisure activities, they are also more willing to exchange one activity to another (more adjusted). Another factors increasing social and, as a consequence, leisure and physical activities: personal self-esteem, higher level of self-efficacy, depressive symptoms, living with partner, higher social-economical status and transportation possibilities [21].

In this document sport sector perspective and actions in Health Promotion for older people (HP4OP) field are being analyzed and narratively described.

METHODS

The first step of this sectoral analysis was a literature review on sport and physical activity in health promotion generally and HP4OP especially. The main data resources for the paper come from: official documents at European level from 2005 to 2015 (to observe direction of change in role of sport in EU public policy), WHO reports, evaluations from sport projects directed to elderly people - realized after 2010, reports from international projects dedicated to elderly people with physical activity as implementation tool and sport projects directed to elderly people (not necessarily exclusively).

The second step of this research was based on the Pro-Health 65+ questionnaire, which has been elaborated and used in order to collect the overall country-specific information about health promotion with special stress on HP4OP [11]. The country experts, identified by project's collaborating partners, filled in a custom designed questionnaire on the institutional aspects of HP4OP. The questionnaire was composed of ten main questions divided into two parts: health promotion and HP4OP. Finally in-depth interviews regarding the role of sport sector in HP4OP with national experts were conducted in three project countries: Germany, The Netherlands and Poland.

For clarity of further argument is important to stress the main differences between sport and physical activity (sometimes we use these terms interchangeable though sport is included in physical activity and has more specific features, physical activity PA is far more capacious term) [22]:

Physical activity. Any bodily movement produced by skeletal muscles that results in energy expenditure above resting level.

Sport. All forms of physical activity which, through casual or organized participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels

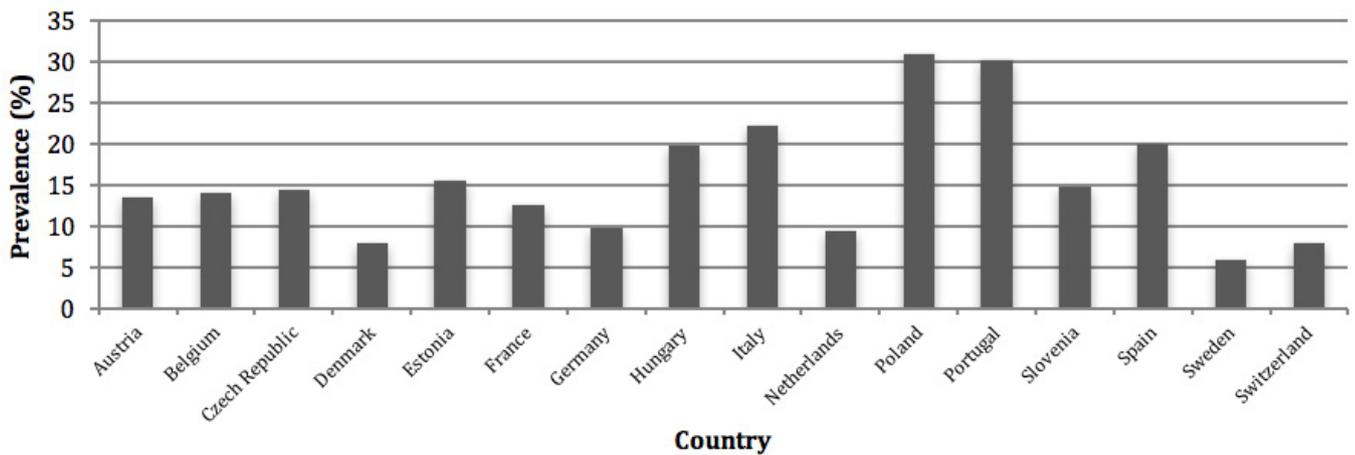
Sport for All. Refers to the systematic provision of physical activities that are accessible for everybody. In some EU countries the Grassroots Sport term is also used.

RESULTS

The prevalence of physical activity in older people shows a wide range across the European Countries. Most active elderly people live in Denmark, Netherlands, Germany and Sweden and visibly less active are elderly Poles and Portuguese (Figure 1).

Questionnaires, interviews and grey literature analyzed

FIGURE 1. Age-adjusted prevalence of physical inactivity in people aged 60 years and older, by country



Source: *World Report on Ageing and Health, WHO 2015* [23]

allowed an in-depth understanding of sport sector and policy creation in some of those countries. Physical activity field is very extended [24] – consist of health, education, transport, social affairs and tourism (or rather is part of those fields as a smaller or bigger element). But according to interviewed experts there are no institutions and bodies responsible directly for rising level of physical activities operationally. We can assume from undertaken questionnaires that PA is more often part of strategies from different fields. What makes this situation even more unmanageable is that existing institutions responsible for public policies and services focus on separated social groups. Is it really hard to integrate actions, policies and programs from different sectors and fields. Especially when physical activity is never the priority for them[25][26].

Experts agree that sport sector [27][28]– in definition is part of PA but in reality is a separate, well-organized and well-managed field with autotelic goals not related to health issues. There is a very complex system of sport institutions, organizations and associations in tens of disciplines, from local, regional, and international levels.[29] Some of them – thanks to their popularity (football, tennis, basketball) become powerfully cross-sector institutions with global outreach, great profits and impact [30][31]. Although we can treat them as a great asset for PA sector they are poorly connected with public health sector and goals. Professional sport is not interested in bringing more old people to sport because it won't create more records opportunities or more profits.

Major shifts in physical activity/sport sector revealed in questionnaires and experts' statements is that relation between two main areas has reversed[32]. From the end of twenty century when focus on health meaning of sport started to be undertaken in more systemic way, sport domination has declined to make place for physical activity as a more useful and adequate element of public health developing.

This documented and confirmed in experts opinion transition from youth sport with professional goals to universal physical activity with goals in many policies (not only health) is due to gradual losing physical activity as existing and highly popular social phenomenon[25]. Process of PA disappearing from every day lives (as a consequence of modern immobilization) forced policy makers and institutions to re-create this field as a policy intervention[33][34].

For institutional analyze is important to notice that detailed information on physical activity meaning in HP4OP needs more health educators both in healthcare and sport/recreation side[35]. Right now even with growing numbers of scientific evidence for physical activity influence on different diseases serious promotion of PA is missing both in sport/leisure and healthcare system.

Case Studies from Germany, The Netherlands and Poland

In-depth analyze of German, Dutch and Polish HP4OP programs within sport sector leads to conclusions that necessary base for HP4OP activities is to invest in sport-for-all (grassroots) domain. To invest means make it integral part of sport system, managed by sport federations with local government support (examples from the Netherlands and Germany). Polish example proves that "top down" incentives – like governmental programs and strategies are necessary when sport-for-all domain is not developed enough to undertake more complex HEPA alike tasks (e.g. HP4OP). The Netherlands example shows that more complex and long term HP4OP program in sport domain needs public authority support as well. Bottom-up engagement and resources are nor sufficient. Sport sector– what was highlighted several times in questionnaires– has natural tendency to bias in high performance direction.

Professional sport brings much higher and quicker profits to organizations.

The best sport system models are based on volunteering engagement what is coherent with Healthy Aging approach. It situates older people in various roles in programs not only as passive recipient of public services. But the very first condition to build sport system supportive for HP4OP goals is to recognize elderly people right to have access to sport. In those countries where physical activity for seniors is still considered as something additional whole public interventions in sport-for-all are very youth oriented.

In all these countries where grassroots sport is well developed we have strong organizations (e.g. NOC*NSF, DOSB) – on national level – additionally merged with professional sport domain what gives more resources and assets. In countries with weak sport-for-all domain exist some institutions and organizations with goals in that domain, but they are often regional, financially unstable, with small amount of employees. Undertaking another complex and demanding area like HP4OP is for those organizations challenging so, as we observed in less active countries, projects in this domain appear but more event alike.

The example from Netherlands where successful "GALM" project was developing for almost 20 years and our analysis of several national sport systems revealed that several conditions must be fulfilled to make HP4OP projects a sustainable part for sport for all field:

- National body responsible for both professional and grassroots sport. It enables financially weaker domain to be supported by professional sport resources. Division those two sport fields should appear on local level but nationally it should be integrated.
- Sport federations alongside local government should create HP4OP programs and integrated them into training curriculum provided to their coaches.
- Building civic engagement of sport organizations seems to have crucial meaning in building HP4OP success. Local communication and integration with all social groups is the most effective and sustainable model of bringing seniors to sport and HP4OP interventions.

DISCUSSION AND CONCLUSIONS

Great differences in sport system models and physical level between EU countries make general recommendations inadequate. In all EU strategies and HEPA recommendations these differences are not sufficiently highlighted and sport is described as simple and obvious tool to implement.

The main challenge is to convince professional sport bodies (e.g. federations) to express more solidarity with sport-for-all domain. It is easier to observe HEPA domain directed to younger age group but difficult when older

people PA are a policy goal. Their physical activity brings no sport benefits.

Experts admit that existing professional sport expertise is not sufficient to develop HEPA and especially HP4OP solutions in sport sector. Further investment in innovative HEPA and HP4OP experts in wide Sport for Change domain should be international goal in EU.

HP4OP is also great chance for Life Long Learning goal. We observe in some HP4OP sport programs that properly educated seniors can be excellent trainers and coaches for each other. What we need is very precise and well described training models for different types of health issues using different types of sports. Educational system in HP4OP from physical activity perspective should be now a task for proper schools and universities.

This paper highlights that ensuring an optimal context to develop HP4OP within the sport sector depends on many conditions and that physical activity can exist in full form only as a part of this quite complex settings[36]. This is why creating sport offer and public policy for older citizens requires unique, holistic approach and so often could not be implemented by sport organizations only[37]. International programs and cross-sector cooperation have clear aim: not only to prove significant meaning of physical activity impact on health, but based on checked and evaluated best practices, to create social innovation in PA usage for older people life quality.



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References

1. Sowa A, Tobiasz-Adamczyk B, Topor-Madry R, Poscia A, la Milia DI: Predictors of healthy ageing: public health policy targets. *BMC Health Serv Res* 2016, 16 Suppl 5:289.

2. Warburton DE, Nicol CW, Bredin SS: Health benefits of physical activity: the evidence. *Cmaj* 2006, 174:801–809.
3. Sun F, Norman IJ, While AE: Physical activity in older people: a systematic review. *BMC Public Health* 2013, 13:449.
4. Poscia A, Landi F, Collamati A: Public Health Gerontology and Active Aging. In *A Systematic Review of Key Issues in Public Health*. Cham: Springer International Publishing; 2015:129–151.
5. McLeroy KR, Bibeau D, Steckler A, Glanz K: An ecological perspective on health promotion programs. *Heal Educ Q* 1988, 15:351–377.
6. Bronfenbrenner U: *The Ecology of Human Development*. Volume 13; 1979.
7. Moos RH: Social-ecological perspectives on health. In *Health psychology—A handbook: Theories, applications, and challenges of a psychological approach to the health care system*. Edited by Stone, George C. Cohen F and AN. San Francisco: Jossey-Bass; 1979:523–547.
8. Khan KM, Thompson AM, Blair SN, Sallis JF, Powell KE, Bull FC, Bauman AE: Sport and exercise as contributors to the health of nations. *Lancet* 2012, 380:59–64.
9. Teleman AA, de Waure C, Soffiani V, Poscia A, Di Pietro ML: Physical activity and health promotion in Italian university students. *Ann Ist Super Sanita* 2015, 51:106–110.
10. Martin BW, Kahlmeier S, Racioppi F, Berggren F, Miettinen M, Oppert JM, Rutter H, Šlachta R, Van Poppel M, Zakotnik JM, Meusel D, Oja P, Sjöström M: Evidence-based physical activity promotion - HEPA Europe, the European Network for the Promotion of Health-Enhancing Physical Activity. *Journal of Public Health* 2006:53–57.
11. Sitko SJ, Kowalska I, Mokrzycka A, Zabdry-Jamróz M, Domagała A, Magnavita N, Poscia A, Rogala M, Szetela A, Głoinowska S: Institutional analysis of health promotion for the elderly in Europe: Concept redefinition and a new research tool. *BMC Heal Serv Res* 2016, 16(Suppl 5):389:403.
12. Poscia A, Moscato U, La Milia DI, Milovanovic S, Stojanovic J, Borghini A, Collamati A, Ricciardi W, Magnavita N: Workplace health promotion for older workers: a systematic literature review. *BMC Health Serv Res* 2016, 16 Suppl 5:329.
13. King a, King D: Physical activity for an aging population. *Public Heal Rev* 2010, 32:1–19.
14. Skinner J, Zakus DH, Cowell J: Development through Sport: Building Social Capital in Disadvantaged Communities. *Sport Manag Rev* 2008, 11:253–275.
15. Sherry E, Schultenkorf N, Chalip L: Managing sport for social change: The state of play. *Sport Management Review* 2015, 18:1–5.
16. Cristina G: The outdoor mobility and leisure activities of older people in five European countries. *Ageing Soc* 2007, 27:687–700.
17. Garatachea N, Molinero O, Martínez-García R, Jiménez-Jiménez R, González-Gallego J, Márquez S: Feelings of well being in elderly people: Relationship to physical activity and physical function. *Arch Gerontol Geriatr* 2009, 48:306–312.
18. Potter R, Ellard D, Rees K, Thorogood M: A systematic review of the effects of physical activity on physical functioning, quality of life and depression in older people with dementia. *International Journal of Geriatric Psychiatry* 2011:1000–1011.
19. Kim YS, Park YS, Allegante JP, Marks R, Ok H, Ok Cho K, Garber CE: Relationship between physical activity and general mental health. *Prev Med (Baltim)* 2012, 55:458–463.
20. Penedo FJ, Dahn JR: Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Curr Opin Psychiatry* 2005, 18:189–193.
21. Stojanovic J, Collamati A, Duplaga M, Onder G, La Milia D.I, Ricciardi W, Moscato U, Magnavita N PA: Decreasing loneliness and social isolation among the older people: systematic search and narrative review. *Epidemiol Biostat Public Heal* 2017, in press.
22. WHO: Promoting Sport and Enhancing Health in European Countries. A Policy Content Analysis to Support Action. 2011.
23. WHO: World Report On Ageing and Health. 2015.
24. Blair S: The evolution of physical activity field, *Journal of Physical Education, Recreation and Dance*. *J Phys Educ Recreat Danc* 2014, 85.
25. Marshall SJ, Biddle SJH: The transtheoretical model of behavior change: a meta-analysis of applications to physical activity and exercise. *Ann Behav Med* 2001, 23:229–46.
26. Houlihan B: Public Sector Sport Policy. *Int Rev Social Sport* 2005, 40:163–185.
27. Koning RH: Sport and measurement of competition. *Economist* 2009, 157:229–249.
28. Hoye R, Cuskelly G: Sport governance. *Sport Manag Ser* 2007:1 online resource [xx, 225].
29. Stewart B: Sport funding and finance. *Sport Manag Ser* 2007:1 online resource [xix, 221].
30. Horne J: Assessing the sociology of sport: On sports mega-events and capitalist modernity. *Int Rev Social Sport* 2015, 50:466–471.
31. Wloch R: UEFA as a New Agent of Global Governance: A Case Study of Relations Between UEFA and the Polish Government Against the Background of the UEFA EURO 2012. *J Sport Soc Issues* 2012, 37:297–311.
32. Bauman W: The global Sport for All movement: from vision to reality. In *Promoting Sport for All – benefits and strategies for the 21st century*. Proceedings, plenary sessions of the XIII World Sport for All Congress. Jyväskylä; 2010.
33. Artigos: Promoting sport for all to age-specific target groups: the impact of sport infrastructure. *Eur Sport Manag Q* 2009, 9:103–118.
34. Dishman RK, Heath GW, Lee IM: *Physical Activity Epidemiology* (2nd Ed.). 2013.
35. Casey MM, Payne WR, Eime RM, Brown SJ: Sustaining health promotion programs within sport and recreation organisations. *J Sci Med Sport* 2009, 12:113–118.
36. Zimmer Z, Hickey T, Searle MS: The pattern of change in leisure activity behavior among older adults with arthritis. *Gerontologist* 1997, 37:384–392.
37. Moulart T [Ed], Garon S [Ed]: Age-friendly cities and communities in international comparison: Political lessons, scientific avenues, and democratic issues. *Age-friendly cities and communities in international comparison: Political lessons, scientific avenues, and democratic issues*. 2016.

