

Altering the Emphases in Sport Programs: The Oversight of Hedonic Rewards and Sense of Community

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Sport is one avenue that deserves more consideration on the public health agenda. 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, biking for transportation) can all provide health benefits. Yet, sport has been an afterthought for 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, 2010). The higher priority given to developing elite athletes has contributed to many people viewing sport as a form of entertainment to be passively viewed, rather than actively participated in (Lim et al., 2011); consequently, sport continues to be left out of public health policies.

While sport may be absent, exercise is not a new idea on the U.S. public health agenda. It has long been promoted across the U.S. as essential for a healthy life. Yet, the fact that physical activity rates continue to decline while the obesity epidemic escalates provides evidence that previous efforts to promote exercise have been ineffective (Flegal et al., 2010; Sherry et al., 2010). Sport should not replace exercise, physical recreation, or purposive physical activity, but serve as another means to increase physical activity. Since obesity has become a medicalized issue, the medical professions have held principle ownership of this public health concern while researchers in sport have had little influence (Chalip et al., 2010). One critical reason that sport should be more widely considered in public health policies is due to its potential for holistic health enhancement (Wankel, 1997). The purpose of this study was to examine the perceived benefits individuals seek in a public health program to help determine how sport could be better positioned so that it is included on the public health agenda. Uncovering and understanding these factors could help increase the value of sport and improve public health programs.

In 2008, the Texas Governor's Advisory Council on Physical Fitness (GACPF) began offering grants to community-based physical activity programs to combat obesity. The authors examined three of these community program grant recipients to understand how sport and other physical activities are perceived in public health settings. This investigation utilized a case study approach and critical framework. Case studies are especially effective in new topic areas, such as the role sport can play in public health, because they can result in novel and empirically valid findings (Eisenhardt, 1989). Using a critical framework to draw out the assumptions and taken-for-granted knowledge of these public health programs, a mixture of qualitative methods (i.e., interviews, observation, document analysis, journaling) were employed to determine what values and benefits individuals associated with participation in sport and physical activity. Thus, critical theory seeks to challenge dominant ways of thinking and give voice to ideas that have been dormant (Chalip, 1996; Frisby, 2005).

The authors made site visits to each community and interviewed 42 residents for this study. After the data were transcribed, the researchers independently coded the data with the aid of NVIVO 9. While the data revealed that citizens cited numerous benefits for participating in sport and other physical activities, intercoder agreement was clearly met on the two primary overarching themes that emerged: hedonic rewards and sense of community. Hedonic rewards comprised the personal satisfaction and pleasure the participants described. That is, the participants readily cited how much better they felt after their activity. The hedonic rewards experienced during sport participation, and not always found in exercise, make sport's absence from the public health agenda even more curious. Sport is particularly apt for producing hedonic rewards because of the play that sport requires and is often absent in pure exercise. The hedonic rewards play provides and sport has been shown to be particularly effective at producing serve as an intrinsic incentive for people to sustain their physical activity (Kilpatrick et al., 2005).

The opportunity for social interaction was the other most salient reason the residents wanted to participate in sport and other physical activities. As Skinner and colleagues (2008) explained, "A sense of community arises out of the

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fundamental human need to create and maintain social bonds, to develop a sense of belonging and develop a sense of self-identity” (p. 255). Experiencing a sense of community often fosters greater levels of individual well-being and program satisfaction within a sport context (Warner & Dixon, 2011). While social isolation and disengagement increasingly characterizes modern societies, sport represents one of the few traditional contexts that can still foster a sense of community (Lyons & Dionigi, 2007; Warner, 2012). Thus, the data revealed that social interaction or connectedness is highly important.

While the saliency of hedonic reward and opportunities to build community were surprising and telling in and of itself, often times what is not in the data is just as important as what is in the data (Munhall, 2008). Interestingly, when asked what they enjoyed or valued about their participation, our participants did not cite two of the most commonly emphasized factors in contemporary sport and physical activity marketing: “it’s good for your health” and physical appearance (Chalip et al., 2010). It is evident based on the results that promotional efforts emphasizing that participation in sport is good for one’s health will not offer anything new or useful to the contemporary health discourse, and will see minimal increases in participation. The data also did not reveal that improved body image was something valued or sought by the participants. Instead of physical health or appearance, it is clear from the results that public health programs should better emphasize the hedonic feelings and the opportunity of social interaction that results from sport participation.

From a practical standpoint, the results indicate that showing someone that has attained elite physical shape will not resonate with most of the population and get more people physically active. However, promotions emphasizing feeling better (i.e., hedonic rewards) after sport participation will resonate more with people of all backgrounds and health statuses. This lesson should not just pertain to public health program leaders, but also to sport managers. The results also point to the need to better emphasize the social relationships that can be formed in the program, which will serve as a strong source of encouragement for many people to sustain their involvement (Sherwood & Jeffrey, 2000). Finding ways to increase the sense of community experienced was clearly linked to the enjoyment of the activity for those interviewed and is another avenue to reach additional segments of a community who have not yet been reached.

It is apparent from sport participation rates and obesity trends that sport managers and public health policymakers need to better manage and market sport based on the values and the benefits that individuals seek from their sport experience (Lim et al., 2011). The results demonstrate that the hedonic rewards and a sense of community are key to the participants’ experience. With this understanding, programs can enhance awareness of opportunities and serve to help align sport participation with prevalent social and cultural values in a community (Green, 2005). Such an approach would help better address vital public health policy issues while demonstrating the distinctiveness and utility of sport.