The Role of Sport Management in Public Health: A Critical Review

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The potential contribution of sport to the public health agenda has gained increasing attention during the past decade. For example, the United Nations (2003) discussed the utility of sport to enhance physical and mental well-being, prevent communicable diseases, and reduce healthcare costs. Despite such potential health benefits, the health costs of sport are also evident. Participation in sport activity can lead to injuries and mental distress (Waddington, 2009), and sport spectation can cause unhealthy habits (Cornil & Chandon, 2013). Recognizing both health benefits and costs of sport, Chalip (2006) argued that the contribution of sport to public health depends on the ways sport is managed. Although his argument highlighted the active involvement the sport management field could have in public health, subsequent work has not comprehensively discussed the linkage between sport management and public health.

Building on Chalip’s (2006) discussion, this paper critically analyzes the potential contribution that sport management can make to the public health agenda. The theoretical basis of the paper is critical theory, which has been used to challenge the status quo in sport and its prevailing meanings (Berg & Chalip, 2013; Chalip, 1995, 1996; Frisby, 2005; Sam, 2003). Using this approach, we seek to challenge dominate ways of thinking and allow for sport to help craft healthier social practices. The significance of this critical review is evidenced by the increased roles of related disciplines, such as physical education and recreation, in public health after the publication of review works (e.g., Bedimo-Rung, Mowen, & Cohen, 2005; Sallis et al., 2012).

Scope of Public Health. According to the World Health Organization (2003), health refers to “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (2003, para. 1). Public health adopts this broad definition of health and focuses on achieving disease prevention and health promotion by designing and implementing organized community efforts (Levinton et al., 2011). Based on this scope of public health, the following sections summarize the body of literature that examined the benefits and costs of participant and spectator sport services, two primary products involved in sport management (Chelladurai, 2009), for physical, mental, and social well-being and the prevention of diseases.

Health Benefits of Sport. Extant work identified various health benefits of participant sport. The Sport for Development and Peace International Working Group (2008) discussed that participation in sport activity allows individuals, especially children and youth, to increase physical and mental well-being. Fraser-Thomas, Cote, and Deakin (2005) suggested that experience in youth sport can lead to the development of citizenship, positive peer relationships, and social success, implying the linkage between participant sport and social well-being. Through a review of empirical studies, Zakus, Njelesani, and Darnell (2007) identified evidence for the effect of sport and physical activity participation on the treatment and prevention of select communicable and chronic diseases, including HIV/AIDS, obesity-related illness, and mental health problems.

Recent studies further demonstrated that spectator sport can make a positive health impact. For example, mental well-being was found to be positively correlated with sport event attendance (Hallmann, Breuer, & Kuhnreich, 2013) and identification with a local sport team (Wann, Waddill, Polk, & Weaver, 2011). Berthier and Boulay (2003) suggested the potential physical health benefit of sport spectation by finding that a victory in an international sport event was related to a decrease in cardiovascular mortality. Additionally, spectator sport organizations and elite athletes have been demonstrated to contribute to public health by serving as an effective advocate of physical activity and other health-related behaviors (e.g., Brown et al., 2010; United Nations, 2003; Wong et al., 2004).

Health Costs of Sport. Often overlooked in many sport contexts are the health costs that are possible through sport participation and spectation. Some injuries are to be expected from participation, but many are preventable; overuse and recurrent injuries and mental distresses are also a growing problem (Waddington, 2000). Sport programs can serve as grounds for violence and abuse, whether it is from instructors towards participants (Kelly & Waddington, 2000).
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2006; Kerr & Stirling, 2008) or participants against one another (Fields, Collins, & Comstock, 2007). Some youth sport programs have been shown not to provide the necessary amount of moderate to vigorous intensity physical activity due to participants standing around waiting for their turn to play (Leek et al., 2011). Such issues are often the result of coaches leading the participation with an inadequate training and knowledge base (Bergeron, 2007).

Spectator sport can lead to a variety of costs. In all parts of the world for many years, sport sponsorships have served as a marketing platform for alcohol, tobacco, and unhealthy food consumption (Dixon et al., 2011; Waddington, 2000). Highly publicized athletes can influence unhealthy behaviors among spectators, such as performance enhancing drug use (Brown et al., 2003). In a variety of contexts, violent and criminal behaviors have been related to the spectation of sport (Rees & Schnepel, 2009; Wood et al., 2011). Additionally, spectator sport has led to a myriad of unhealthy behaviors and consequences, particularly after a vicarious loss (Conil & Chandon, 2013; Wilbert Lampen et al., 2008).

Management of Sport for the Public Health Agenda

In all the abovementioned cases, it was not sport per se that resulted in these constructive or detrimental outcomes, but rather how sport was managed. This suggests a number of opportunities for sport managers to improve sport as a tool for public health. Opportunities include capitalizing on the intrinsic attraction to sport that has been shown to be particularly effective when compared to other physical activity options (Kilpatrick, Hebert, & Bartholomew, 2005). Other possible steps include increasing the public health knowledge of coaches and sport administrators, creating positive social places at sport events, and educating athletes and coaches on role model behaviors.

Promoting socially responsible practices among spectator sport organizations (Smith and Westerbeek, 2007) and facilitating partnerships between spectator sport and participant sport (Chalip, Schwab, & Dustin, 2010) are additional options for leveraging the potential health benefits of sport.

Future Directions. In order for these health objectives to be realized in the practice of sport, public health discourse must first become the norm in sport management research and education. Sport management researchers must be willing to collaborate with colleagues in health-related fields and publish in outlets outside sport management (Frisby, 2005). By addressing issues relevant to public health, sport management scholars will also have more opportunities to apply for grant funding from a variety of sources, which can often be substantial research support. For education, public health must become a more common topic of class discussion and course offering in sport management programs; incorporating public health issues would help ensure that students have a broader view of sport beyond simple entertainment (Chalip et al., 2010). If these steps are taken, the practice of sport, whether for participation or spectation, will likely demonstrate that sport management is a vital field worthy of having a voice in enhancing public health.