Delivering Effective Sport for Health Programs among Refugee Populations: A Comparison of Germany and the Netherlands

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Sport for Development - Other (Immigrant Sport)  
20-minute oral presentation (including questions)  
Abstract 2018-126

Friday, June 8, 2018  
8:30 AM  
Room: Acadia C

Nearly 65.6 million people worldwide have been involuntarily forced to leave their homes (UNHCR, 2017). Among this population are approximately 22.5 million refugees seeking asylum for a variety of reasons (UNHCR, 2017). Upon arrival in a new country, these refugees may face several problems and personal needs, such as boredom and lack of purpose. Moreover, at the forefront are associated health related needs.

Although not a complete remedy for the problem at hand, one way to address these needs is through participation in sport and physical activity as it has been shown to make positive contributions to physical and mental health along with associated social benefits among refugees (Guerin, Diiriye, Corrigan, & Guerin, 2003; Olliff, 2008; Spaaij, 2012). By providing refugees with some form of activity or structure, sport participation may fill a void and assist refugees with integrating into a new culture and community. Yet, it is imperative to focus on the design and delivery of sport programs in order to achieve these desired outcomes (Northcote & Casimiro, 2010).

This study was theoretically grounded in a social-ecological model (Bronfenbrenner, 1979; Eime, Young, Harvey, Charity, & Payne, 2013), recognizing that the design, delivery, and outcomes of sport are set within constraints at the intrapersonal, interpersonal, organizational, and societal levels. In order to understand the operations and challenges of these programs, we must recognize the contextual elements that shape and constrain the design, delivery, and outcomes thereof. In turn, we can aid sport managers in understanding how to effectively design and deliver sport for health among refugees.

Since the successes and challenges of these programs depend in part, on the context, we focused our examination on two countries: Germany and the Netherlands. Over the last century, Germany has received a large number of immigrants sheltering approximately 1.5 million refugees mostly of European descent (German Parliament, 2017), while the Netherlands has been more apt to receive non-European migrants. In 2016, nearly 21,000 refugees applied for asylum in the Netherlands (Asylum Information Database, 2017). Thus, these two countries represent ideal research settings due to their markedly different, yet poignant, historical experiences with international migration.

Consequently, the purpose of the present study was to improve our understanding of how sport managers can effectively design and deliver sport to refugee populations in order to maximize beneficial health outcomes. The present study was guided by two research questions: (1) how do sport programs have to be designed and delivered in order to generate the desired health and social outcomes; and (2) how are the design, delivery, and outcomes of sport programs impacted by the social-ecological factors in which these programs are embedded?

A Delphi study was utilized to understand what constitutes effective design and delivery of sport programs. This technique is useful for gathering rich data on a particular issue (Costa, 2005). This method consists of a structured process that solicits experts’ opinions on a specific topic through a series of iterative rounds of survey questions accompanied by controlled feedback from the research team (Boulkedid et al., 2011). In the present study, two rounds were conducted. The study included refugee and sport experts (i.e., scholars, practitioners, volunteers, etc.) from Germany (n = 9; 5 females, 4 males) and The Netherlands (n = 8; 2 females, 6 males) for a total sample size of 17 participants.
In both rounds, the experts identified benefits, detriments, challenges, and tactics concerning sport programs for refugees. They attributed a number of health benefits to sport programs, including stress reduction, relaxation, and building community; however, the experts argued that the only direct benefits that we can attribute to sport itself are physical activity and diversion. In other words, mental and social health benefits are highly dependent on the elements intentionally and thoughtfully added to sport. According to Casey and Eime (2015), sport for health can be delivered through two primary approaches: (1) by increasing lifelong participation in sport and (2) by developing (culturally and structurally) healthy sport settings in local communities, via sport clubs, schools, and sport organizations. Interestingly, benefits were more likely to occur when the sport delivery approach moved from merely increasing participation to impacting the sport for health settings.

The experts also identified detriments, including interpersonal conflict, trauma, discrimination, and feelings of being overwhelmed. In comparison to the benefits, there was less agreement concerning the detriments; although experts stated a number of potential detriments in the first round of data collection, they did not agree or strongly agree with any of the possibilities.

Within the challenges and tactics, the experts identified a number of intrapersonal (e.g., transportation, gender inclusiveness), interpersonal (e.g., conflict, language), organizational (e.g., access for refugees to program, organizational capacity), and societal (e.g., inclusive social mindset, understanding of cultures) level factors impacting effective design, delivery, and outcomes of sport for health programs. The authors will discuss the resulting Conceptual Model of Sport for Health Programs for Refugees as well as both the consistencies across countries and unique responses and interpretations of the data within each country.

This study makes advances to both theory and practice by (1) adopting a managerial perspective rather than taking an individual or policy perspective, (2) focusing the investigation on a different and unique research context (i.e., Germany and the Netherlands), (3) utilizing a social-ecological perspective as the theoretical foundation, and (4) developing a model of refugee sport for health programming based on existing models and the data derived from this study. Therefore, the strong contextual and theoretical basis of this study in concert with an expert approach provides rich implications for sport managers and policy makers concerning the design and delivery of sport programs to promote health among refugees.

Based upon the present global issue of forced migration and the associated health needs of refugees, it is timely and important to continue to find creative and effective means for improving the health of refugees. The findings of this study indicate the many physical, mental, and social health concerns presented by refugees can be addressed through sport for health programs. Yet, sport managers must move beyond increasing participation and instead, move toward a settings approach by creating programs and partnerships with the necessary staff and resources to achieve sport for health outcomes. Moreover, the findings present theoretical implications for both the sport for health delivery approach as well as the social-ecological model.