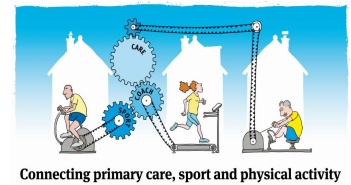


Workshop: The broker role in connecting the primary care and the physical activity sector



Annemarie Wagemakers, Gerard Molleman,
Karlijn Leenaars & Eva Smit

A Broker role: Care Sport Connector



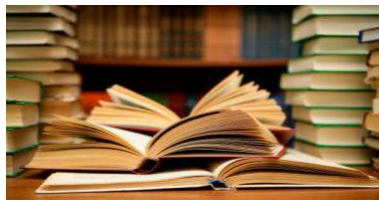
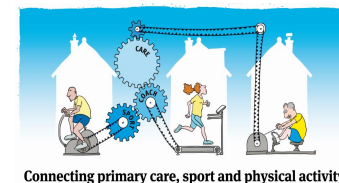
- The Dutch Ministry of Health, Welfare and Sport introduced Neighbourhood Sport Coaches
- 40% funded by the state; 60% is funded by the municipality or other local organisations
- Care Sport Connectors are a special form
- Defined outcome: residents participating in local sports facilities and being physically active in their own neighbourhood

**Primary
health care**



PA sector

Why this research?



Intersectoral collaboration
is challenging

The Care Sport Connector
is a new role

What is the role of the Care
Sport Connector?

A broker role is promising

There is no blueprint for
the Care Sport Connector

What factors hinder and
facilitate the Care Sport
Connector?

Research to the broker role
is limited

Not clear what role the
CareSport Connector
fulfills

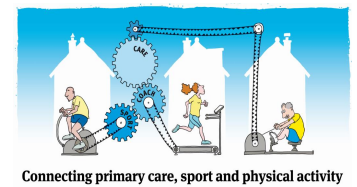
How do Care Sport
Connectors establish a
connection?

Research on collaboration
and impact is limited

Impact of broker role on
PA promotion not known

What is the impact of Care
Sport Connectors on PA
promotion of participants

Research methods

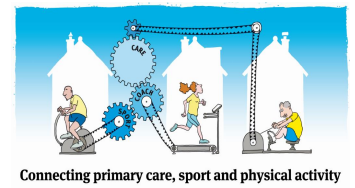


Multiple case study (2014 – 2016)

- 13 Care Sport Connectors
- 9 Municipalities



The role of Care Sport Connectors



1. The referrer



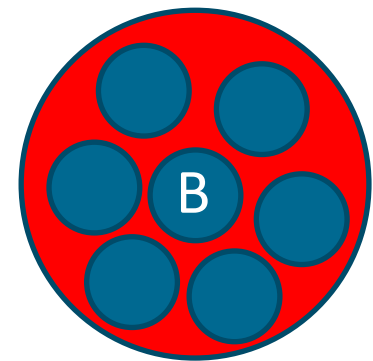
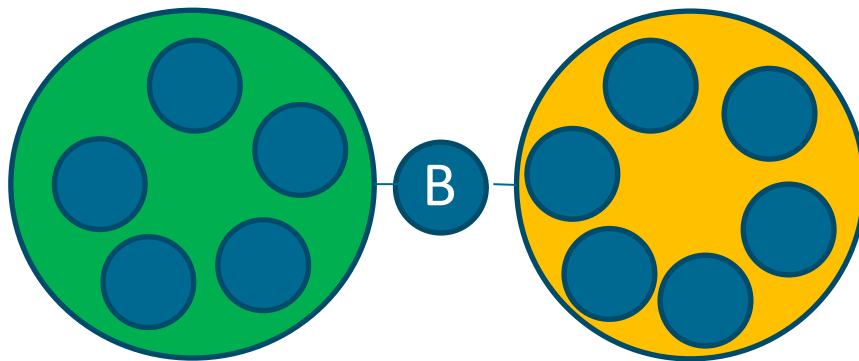
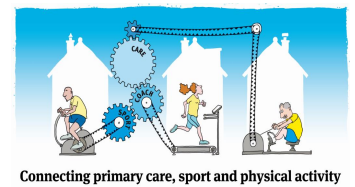
2. The organiser



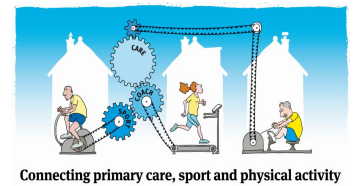
3. The broker



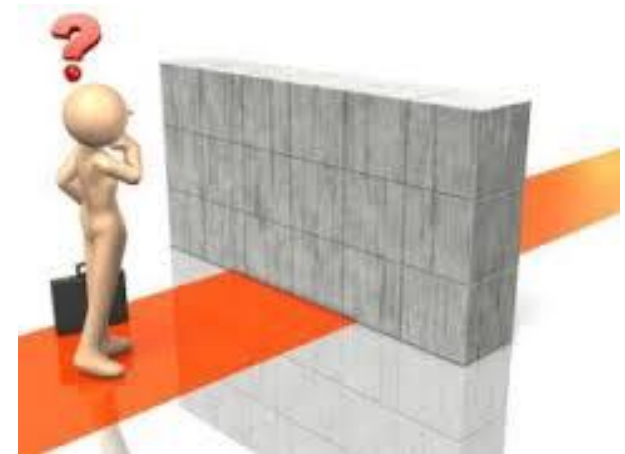
Different types of brokers



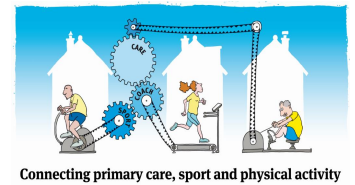
Factors that hinder and facilitate



- The broker role to establish the connection between the primary care and the sport and PA sector is promising
- Factors related to the own sector hinder the connection between both sectors



Factors related to sectors



Lack of time and money

Lack of knowledge about the PA offer

Own interest

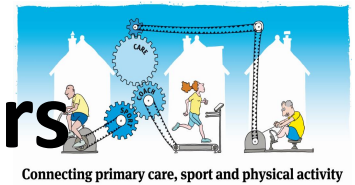


Lack of suitable PA activities

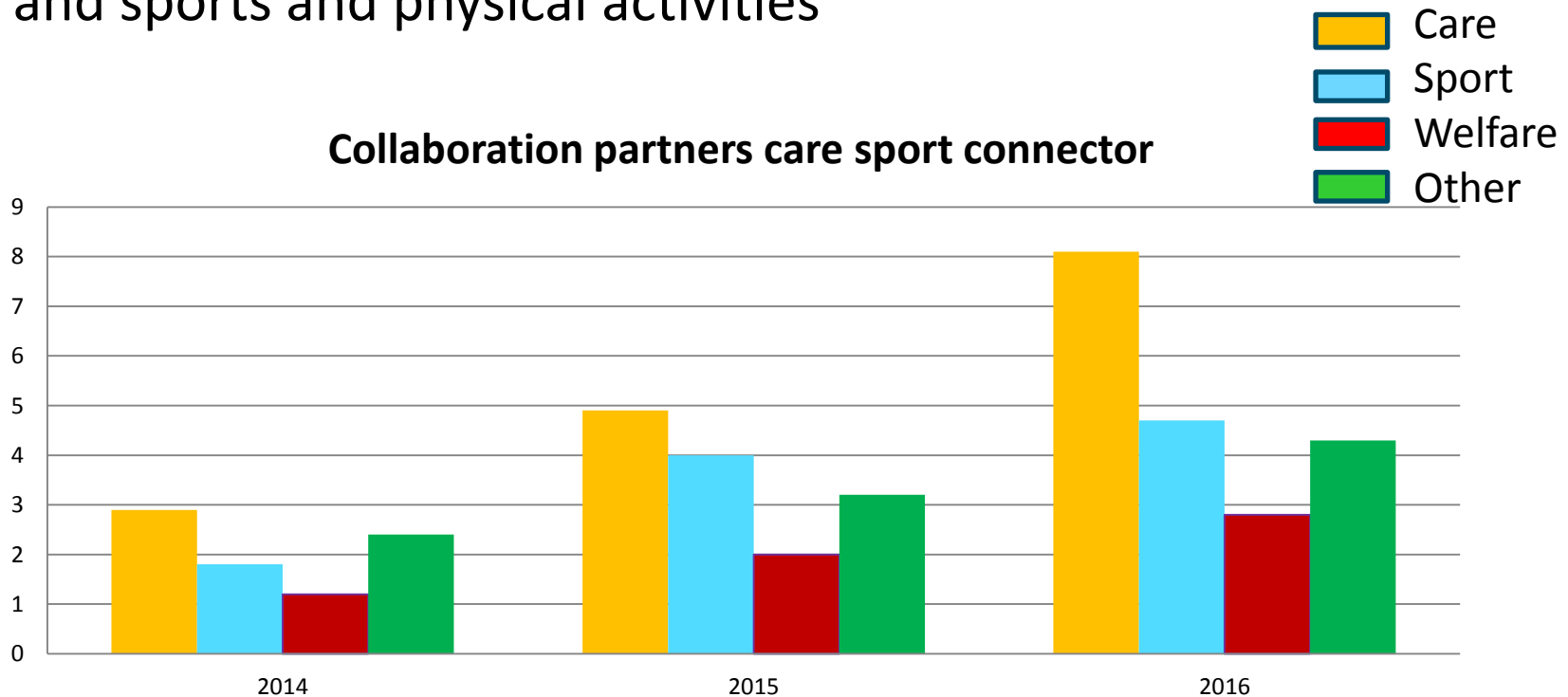
Lack of awareness of PA activities

Lack of adequate PA instructors

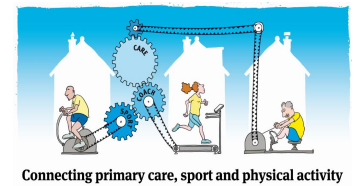
Connections by Care Sport Connectors



All CSCs have established a connection between primary care and sports and physical activities



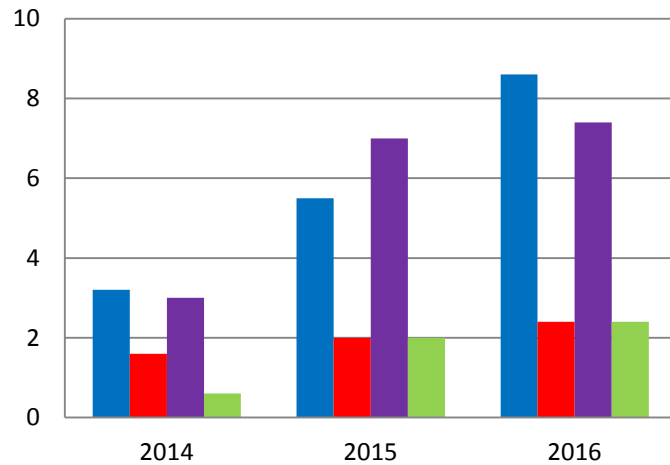
Integral approach is promising



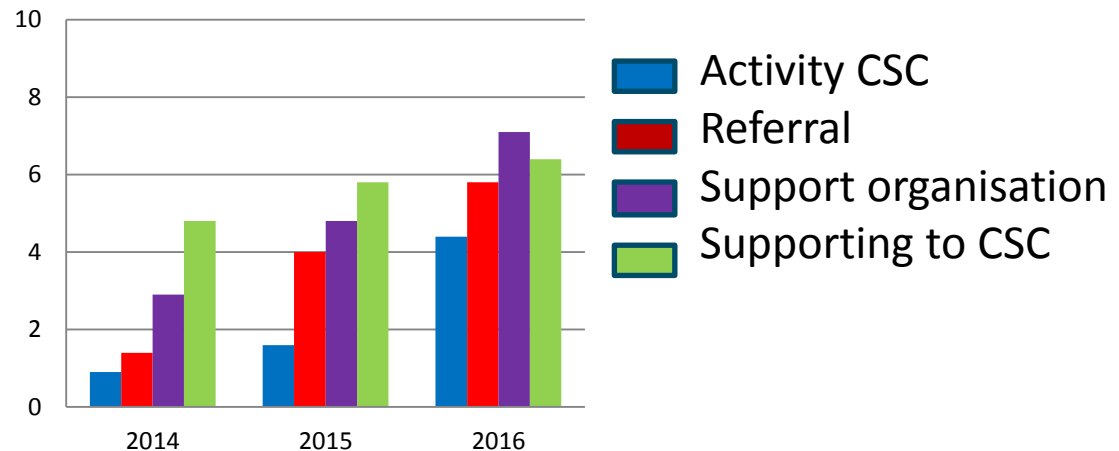
Differences in:

- Implementation of the Care Sport Connector policy
- Achieved connection between primary care and PA sector

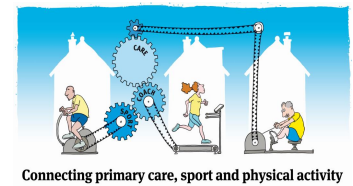
Sport



Integral



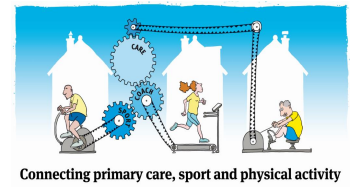
Delphi-study: Tasks & collaboration



	General practioner	Nurse practitioner	Fysio	Dietican	Social work	MHS	Sport
Stimulating lifestyle	7/13	6/12	13/13	9/11	4/7	4/8	6/10
Collaboration	0/9	0/9	10/10	4/10	9/9	4/11	6/10

- All professionals have a role to play in stimulating physical activity
- Primary care hardly refers to physical activity programs
- Primary care is not willing to collaborate regarding PA promotion
- Some Dieticians are willing to collaborate

Which citizens participate in activities ?



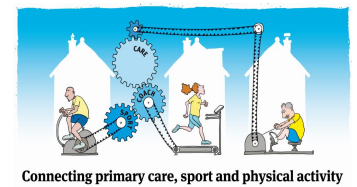
Three recruitment strategies:

1. Newspapers, leaflets
2. General letter from city-council
3. Referred by professional (GP, fysiotherapist, welfare)

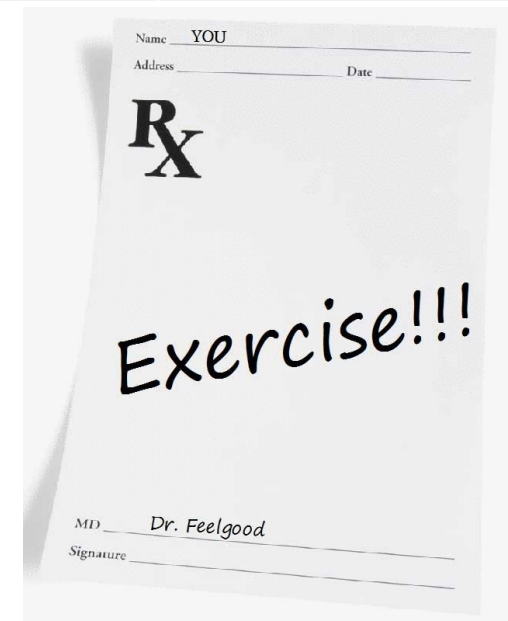
Diversity of activities:

From fit tests to all kind of courses and PA-activities

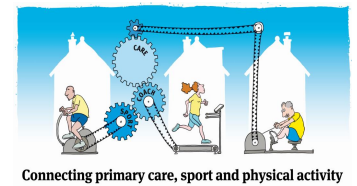
Participants and recruitment



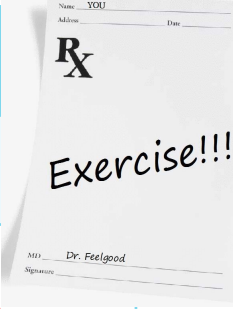


	T0	T1	T2
Fittest	402	270	245
Questionnaire	330	259	241



Characteristics of participants and recruitment strategy

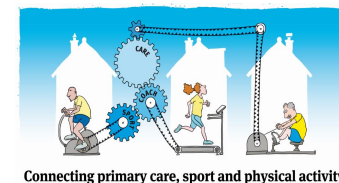


	PR 	Letter 	Referral 
Age (year)	59.8	67.9	53.5*
BMI (kg/m ²)	29.68*	27.73*	32.5*
Middle circumference (cm)	97.1	96.7	107.3*
Physical function	71.3*	79.0*	62.1*
Endurance (m)	431.6	474.4	395.8^
Motivation	9.03	8.86	6.54*
Physical activity norm	51.7%	68.3%	39.5%*
Morbidity	1.49	1.55	2.35*

* Significantly different from the other groups,

^ significantly different from letter

Effect of participation

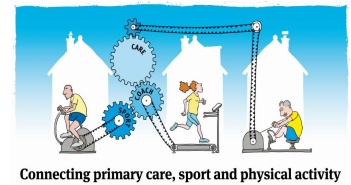


	T=0	T=1 (1/2 year)	T=2 (year)
BMI (kg/m ²)	30.034#	29.896	29.802
Middle circumference(cm)	98.614!	97.423	96.938
Experienced health	61.5	62.9	61.9
Morbidity	1.8	1.6	1.2
Squeeze force (kg)	58.4	59.6	59.1
Endurance (m)	424!	453	461

Significantly different from T2;

! Significantly different from other measures

Self-management support

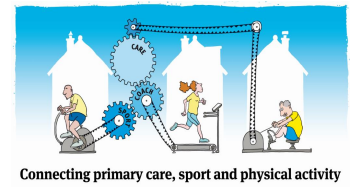


Factors which should be addressed:

- Motivation
- Behavioral change
- Self-efficacy
- Social contacts
- Experienced interest
- Information/education
- Knowledge of financial resource
- Physical environment
- Empowerment
- Improving experience
- Problem solving ability
- Perseverance
- Physical condition
- Goals and action plans
- Stress
- Self-monitoring
- Willingness

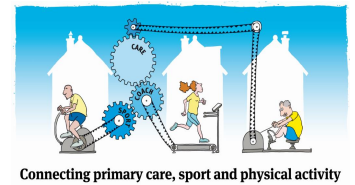
The connection between primary care and PA sector is too narrow, widening to well-being would be appropriate.

Conclusions



- The Care Sport Connector is able to establish a connection between primary care and sports and physical activity
- Primary care is important, but hard to involve in lifestyle activities
- Recruitment strategy is essential for reaching intended target group
- An integral approach to the implementation of the Care Sport Connector seems promising

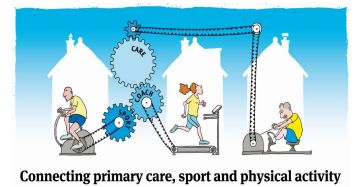
Recommendations



- Continue the Care Sport Connector funding
- Advocate and support an integral approach for the structural embedding of the Care Sport Connector funding
- Reimburse primary care professionals for preventive work
- Stimulate a health promotion mindset among primary care professionals
- Focus on existing low-threshold physical activities
- Tune recruitment methods to the intended target group and existing PA activities



Questions?



Thank you for your attention!

Annemarie.Wagemakers@wur.nl

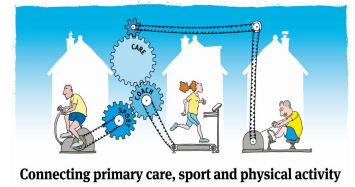
GMolleman@ggdgelderlandzuid.nl



The Care Sport Connector
in the Netherlands

Karlijn Leenaars

Discussion



- Recruitment of the right target group
- The best way to connect different sectors
- Added value of a broker role
- Prerequisites for appointing a broker
- Prerequisites for embedding a broker
- Brokers in different countries and health systems