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Abstract ID	008414
Abstract Title	Investigating Key Implementation Factors for Engaging Men in Health Interventions in English Premier League Football Clubs using Delphi Poll/Card Sort Techniques
Author List	<p><b>Dr. Andy Pringle</b><sup>1</sup> (<a href="mailto:a.pringle@leedsbeckett.ac.uk">a.pringle@leedsbeckett.ac.uk</a>)  Mr. Stephen Zwolinsky<sup>1</sup> (<a href="mailto:s.zwolinsky@leedsbeckett.ac.uk">s.zwolinsky@leedsbeckett.ac.uk</a>)</p> <p><i>1) Institute of Sport, Physical Activity and Leisure, Centre for Active Lifestyles, Leeds Beckett University, LEEDS, Yorkshire, Great Britain.</i></p>
Abstract	<p><b>Objective:</b> This research developed a card sort kit (CSK) to investigate the key implementation factors for how men are Reached, Adopt, Change and Maintain physical activity and health behaviours within a bespoke men's health improvement service delivered in English Premier League Football Clubs, (EPLFC).</p> <p><b>Methods:</b> A sequential and iterative three step process with 16 Health Trainers (HTs) delivering men's health interventions in EPLFC led to the generation of a CSK to investigate the key implementation factors across four behavioural phases. A Delphi poll (DP) involved three steps, (Gilson et al., 2009). Step 1, used data collected through semi-structured interviews with n=13 HTs. Thematic analysis by two researchers generated a list of key implementation factors. Step 2, involved n=15 HTs, each delivering a 20 minute presentations regarding how men are Reached, Adopt, Change and Maintain health interventions in EPLFC. 'The list' of implementation factors was subsequently refreshed. Using the revised 'list', a CSK was professionally produced showing: (I) Images and words representing the key implementation factors and (II) a map showing the four behavioural phases, (<i>Reach, Adopt, Change and Maintain</i>). Step 3, following piloting and fine-tuning, further semi-structured interviews were undertaken with n=14 HTs responsible for delivering the interventions (Pringle et al., 2014). Using the CSK, HTs identified and ranked the top five key implementation factors in four behavioural phases (1 = Most Important-5 = Least Important). Scores from HTs on the key implementation factors in each phase were aggregated and ranked.</p> <p><b>Results:</b> The 'top five' key implementation factors in each behavioural phase were: Reach: 1.The Club, 2.male friendly, 3.comfortable for men, 4.partner with men's health agencies, 5.use existing channels to reach men. Adoption: 1.Flexibility, 2.delivery staff, 3.weekly programme, 4.the Club, 5.male friendly. Change: 1.Delivery staff, 2.meeting men's needs, 3.goal setting/self-monitoring, 4.weekly programmes, 5.building self-confidence. Maintenance: 1.Delivery staff, 2.keeping men involved, 3.goal setting/self-monitoring, 4.partnerships, 5.social support.</p> <p><b>Conclusions:</b> Identifying the active ingredients of health interventions is crucial for implementation. This study provides insights into the methods to achieve this, that is engaging for its participants, and informative for health systems looking to provide health improvement outcomes.</p>
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Presentation	Poster
Most Appropriate Track	B. Interventions
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ISBNPA Special Interest Groups	No, this does not fit in any of the above mentioned special interest groups
Age Category	middle aged adults 45-64 yrs
Disclosure of Conflict of Interest (COI)	The first author has completed the disclosure form and declares: the presented work had financial support from the Premier League, through the evaluation of the Premier League Men's Health programme. The authors had no financial relationships with any organisations that might have an interest in the presented work in the previous three years; no other relationships or activities that could appear to have influenced the presented work."