Fit Fans: perspectives of a practitioner and understanding participant health needs within a health promotion programme for older men delivered within an English Premier League Football Club.

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Fit Fans was a men's health promotion intervention delivered within an English Premier League Football Club (2010-11), which aimed to support the local community dwelling older men in lifestyle promotion (physical activity [PA], diet and wellbeing). The purpose of this study was to provide a reflexive account of a practitioner and the needs of participants. Seven men (mean age 58 years) attended weekly PA and lifestyle sessions over an 8 month period. Baseline physiological measurements included Body Mass Index (BMI), Resting Blood Pressure and Abdominal Girth. Principles of ethnography and observational research (i.e., field notes, reflective diary) were adopted by the practitioner. Unexpectedly the cohort exhibited a range of serious diagnosed illnesses that challenged the practitioner's skill base and experience in the delivery of the intervention. Reflections of the practitioner and the stories of the progression that participants made add insight to future football in the community programmes.

Key words: Older men, football, community, health promotion, wellbeing, practitioner

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Introduction

Older men (50years and over) in the UK are living longer compared to half a century ago.[1] However, this increase in life expectancy has occurred alongside the increase in the prevalence of lifestyle related illness and/or disorders such as non-insulin dependent diabetes and obesity.[2] The United Kingdom (UK) government highlighted that these poor public health occurrences are underpinned by decreasing levels of physical activity and the greater consumption and availability of processed foods.[3] These public health issues have led the UK government to support and finance health promotion schemes.[4]

Sport and specifically (the brand of) football (or soccer) has been championed by the UK Government as a vehicle to address health issues such as physical activity and exercise participation as well as wider social issues such as social inclusion and regeneration in order to spread health messages.[5] In 1986 the national Football in the Community (FitC) programme was launched in order to address an array of social issues and help build a greater connection between football clubs and their community.[6] Whilst football interventions have proved to be both popular and enjoyable, they have tended to lack sufficient empirical evidence to confirm their status as a significant facilitator of positive behaviour change.[7] Historically there has been a lack of research to suggest that sport based policy interventions can have a positive impact upon health behaviour(s).[8] However, recent published studies strongly suggest this to be untrue.[9] Research within older (50+) and at risk populations is still scarce, however preliminary findings from an older men's health intervention based in Scottish football clubs, have shown promising findings in terms of feasibility and outcomes.[10] Such a position has been echoed by studies which have called for a more rigorous evaluation of FitC schemes.[11] Health behaviours including physical activity are complex behaviours and

are influenced by a number of different determinants that include social, political, economic and environmental factors.[12] Health promotion schemes such as exercise referral programmes and FitC schemes are typically multi-disciplinary. In the context of FitC schemes, past studies have been unable to capture the true nature, complexity and subsequent outcomes of the (apparently) numerous interventions.[13] For these reasons it has been suggested that evidence from health interventions are required from a range of disciplines including psycho-social and socio-cultural sciences in order to fully understand the complex nature of health promotion, and especially, in populations such as older men.[14]

Qualitative based research methodologies have been suggested to be more suitable in order to fully understand the person (in this case older men) and the nature of their existence, (i.e., thoughts, feelings, historical and situational context) and also better understand the difficulties and challenges that occur within interventions from a practitioners perspective.[15]

The Fit Fans intervention (referred to as Fit Fans throughout this article) was a novel older men's health promotion project targeted at men over the age of 55 years with a view to elevating the importance of engaging in health behaviours. Fit Fans was delivered within an English Premier League Football Club within the City of Liverpool. Fit Fans is part of Age UK's nationwide Fit as a Fiddle (FaaF) programme which aims to support people over the age of 50 years with services to promote physical activity, healthy eating and mental well-being. Fit as a Fiddle hosts innovative projects promoting healthy ageing based around the needs of local people. Programmes are run in partnership with local, regional and national organisations with FaaF working

alongside partner organisations in all 9 for older men to access activities tailored to their needs. The projects are not just designed *for* older men but also designed *with* and *by* older men with additional support from the programme's practitioners.[16]

The aims of this study are two-fold. Firstly, we aim to explore the participants' needs and how those needs developed throughout the intervention; and secondly we aim to provide a reflexive account of a practitioner leading the intervention. These two aims offer a critical insight and future guidance for practitioners, coaches and allied health professionals into the realities of delivering health promotion programmes for older men.

Methods

Participants and Setting

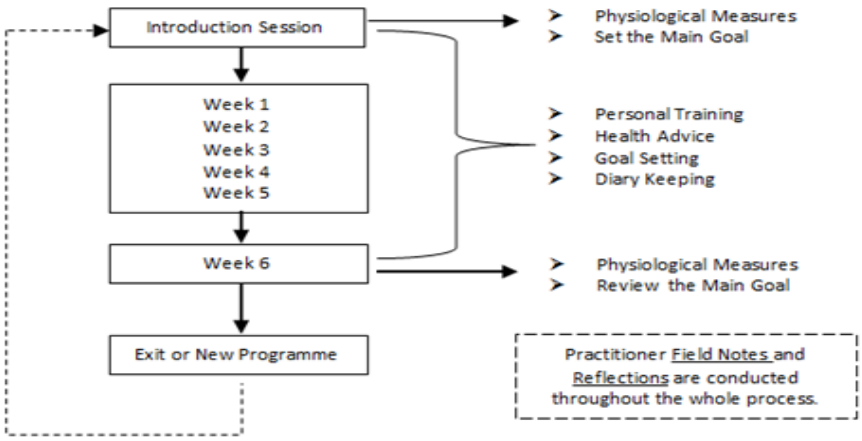
The Fit Fans programme took place at Everton Football Club and was delivered within the Everton Active Family Centre (EAFC). EAFC was a community fitness centre located in the grounds of Goodison Park (English Premier League Football stadium). EAFC was part of a longitudinal collaborative research venture between the School of Sport and Exercise Sciences at Liverpool John Moores University and the community arm of Everton Football Club, Everton in the Community (EitC – a registered charity), and Everton Football Club. More information on the different projects and history of the EAFC, along with the issues of brand power of a football club reaching out to the local community are explored elsewhere in this special edition journal.[17] Everton Football Club and the EAFC are situated in the North West of England. The surrounding catchment area is classified as an area of multiple high deprivation.[18]

Fit Fans took place one day a week and was one of a range of health interventions that were delivered within EAFC. A total of 7 participants were recruited. All participants were men (mean age 58 years(y); 1n = 63y; 3n = 62y; 2n = 58y; 1n = 47y), white British and were all from the local surrounding community (low socio-economic status). Three of the men were retired, one was unemployed and a further three were out of work due to health issues/disability. Three of the men lived at home with a partner and four of the men lived alone. All of the men volunteered to join the programme through the recommendation of different community health workers from different National Health Service (NHS) services (nurse, general practitioners and community wellbeing advisors). The inclusion criteria originally stated that any male over the age of 55 years who showed an interest in the project and who had medical clearance could be included. All but one participant met these criteria, the individual (47 years) that did not, still took part. Ethical approval was obtained from Liverpool John Moores University ethics committee.

The Programme and Measurements

Fit Fans took place every Tuesday for an 8 month period (October 2010 – May 2011). The programme was structured as 6 week continuous cycles with participants taking part in a range of one-to-one activities devised in conjunction with the practitioner (1st author). A typical six week cycle is depicted in Figure 1.

Figure 1: Outline of 6 week cycles within Fit Fans



Each of the men took part in at least one 6 week cycle. The programme commenced with an introductory session and the completion of baseline physiological measurements including body mass index (BMI),[19] resting blood pressure (RBP)[20] and abdominal girth (AG).[21] Following the initial session the practitioner designed a personalised behaviour change programme using different behaviour change techniques (e.g., information on consequences, intention formation, setting grading tasks, modelling of behaviours, self-monitoring of behaviour, instruction of time management and aspects of motivational interviewing) derived from the theory of planned behaviour, social cognitive theory and control theory.[22] During the following 6 weeks the individual attended their allocated 1 hour weekly time slot. Weekly sessions consisted of individualised lifestyle support (including nutritional advice, physical activity/exercise provision and health advice) alongside participant-practitioner goal setting and other behaviour change techniques previously stated. Weekly diaries were issued to participants to allow them to record physical activity levels and daily dietary intake. Dairies were not used within any data analyses but were used as a practical method of self-awareness and goal setting for the participants and practitioners alike.

Following the initial six week cycle the practitioner repeated baseline measurements with each participant to highlight positive changes and areas for improvement with a view to guiding future programme development. The flexibility of the programme allowed the practitioner and the participants to consult and agree any extensions to the following 6 week cycle.

Physiological Measurements

In order to measure any physiological adaptations, a number of measurements were collated. Height and weight measures were recorded to calculate Body Mass Index (BMI) (kg/m^2) (Overweight = BMI $\geq$ $25kg/m^2$) (Obese = BMI $\geq$ $30kg/m^2$).[23] BMI, Resting Blood Pressure (RBP) and Abdominal Girth (AG) measures are widely accepted as valid and reliable mechanisms for assessing levels of cardiac risk associated with older men.[24] It is critical that such measures were recorded due to the increased cardiac risk associated with men aged 50 years and over.[25] Moreover, such measures enabled a more bespoke, appropriate and safe exercise/health intervention to be designed.[26] BMI, RBP and AG were also recorded as measures of physiological progression.

Immersion and Observation

The first author, here by referred to as the practitioner, utilised the principles of ethnography and observational research in adopting a practitioner-cum-researcher approach to data collection.[27] Principally, the practitioner became immersed in the weekly working environment of EAFC and Fit Fans.[28] The practitioner led all weekly sessions of the intervention over the 8 month period. During this prolonged period of engagement (developing rapport and acceptance with each of the participants), the

practitioner adopted a range of informal and open approaches to data collection (e.g., informal practitioner-participant conversations). Such approaches enabled the practitioner to explore issues as they evolved between themselves and with the participants. Throughout data collection the practitioner recognised the importance of not being perceived to be collecting data and that ultimately personal exchanges should be as near to 'normal' in order to achieve acceptance with all individual participants.[29] The practitioner's personal reflections and observations were recorded through informal field notes and a reflective diary.[30] The reflective diary and informal field notes were continually developed in an attempt to capture the context, culture and practice of the intervention and the viewed opinions and perceptions of all those involved.[31]

Data Analysis and representation

The 1st author prepared his respective field notes and reflections, before engaging in a period of close reading in order to become immersed in the data.[32] Content analysis procedures were adopted to identify and code themes arising from the data.[33] Key themes emerging from the data are presented and discussed. Verbatim citations (identified in *italics*) are applied to illustrate the contextual features of the participants to illuminate the rich detail of the collected data. The practitioner's field note extracts, and personal reflections are evidenced as indentations, single spaced lines and a smaller (font 10) within the text. A first person writing style was adopted in elements of the results and discussion in order to help contextualise the data and the on-going story for the reader. Pseudonyms are used for all participants and select 'others' throughout. No statistical models or analyses were conducted within the objective data (i.e., physiological measurements). Physiological data were taken predominately to track the progress of each of the participants. The reporting of the participants' physical states

within the data analysis alongside the qualitative data helps the reader understand the journey of each of the participants.

Results

Participant's needs – physiological results and health needs.

The physiological results of all 7 men can be found in Table 1. The results in Table 1 show that the physiological markers did not change in terms of reducing the risk of health consequences. For instance, all the participants that were classified as obese at the beginning of the programme were still obese at the end (see Table 1).

Table 2 outlines the health conditions of each of the participants when they first registered on the Fit Fans programme. Table 2 shows that some of the participants' health conditions were quite serious, and knowledge of these conditions helped to contextualise the journey that each of the participants went through and provides an insight into the personalised and relative goal setting outlined within Table 3.

Insert Table 3 (separate page)

Participant's needs – goals and perspective

Table 3 provides an insight to the breadth and range of strategies that the practitioner developed with each of the participants during their time with Fit Fans. Robert's first week goal to "*Aim for 30 minutes on the exercise bike (at home) per day,"* was far too ambitious when considering his health status (see Table 2). Such over ambitious goals are not uncommon and can be typically explained by the limited participant knowledge gleaned in the early stages of engagement alongside the practitioner's willingness not to

Table 1: Physiological measures (Body Mass Index (BMI), Resting Blood Pressure (RBP), Resting Heart Rate (RHR) & Abdominal Girth Changes) across the duration of the intervention.

	Week 1				**Week 6**				**Week 12**				**Week 18**			
Name	***BMI***	***RBP***	***RHR***	***AG***	***BMI***	***RBP***	***RHR***	***AG***	***BMI***	***RBP***	***RHR***	***AG***	***BMI***	***RBP***	***RHR***	***AG***
Robert	38.1	150 / 88	70	143	39.1	152 / 89	69	150.11	39.1	152 / 89	68	151.89	38.4	117 / 73	75	142.75
Ant	39.9	137 / 75	70	141.73	40.6	139 / 78	68	145.54	39.6	136 / 85	70	141.73	37.4	137 / 79	67	126.63
Nigel	38.5	144 / 82	61	129.8	38.5	162 / 78	66	131.06	38.9	143 / 77	68	135.38	38.9	148 / 69	57	130.56
Mick	36.1	129 / 89	71	132.84	35	126 / 85	75	128.51	34.7	128 / 80	72	125.48	33.6	119 / 81	78	113.03
Lee	29.3	123 / 88	95	109.73					31.4	128 / 92	101	123.95	29.4	127 / 86	89	119.13
Ryan	24.8	132 / 85	75	98	24.5	129 / 83	72	94.49	21.4	131 / 81	76	91.69	21.7	132 / 81	74	93.73
Ben	32	168 / 95	73	107.7	31.3	165 / 90	76	121.16								

Table 2: Participant health demographics

Name	***Age***	Health Demographics
Robert	63	Physical Disability/chronic pain (spinal injury); Obesity; Hypertension (M); High Cholesterol (M); Osteoarthritis
Ant	62	Obesity; Gout; Hypertension (M); High Cholesterol (M); Osteoarthritis
Nigel	64	Diabetes Mellitus (Type II) ; Obesity; Hypertension (M); Osteoarthritis
Mick	56	Depression (M); Anxiety (M); Obesity
Lee	47	Depression (M); Anxiety (M); Addiction (Alcohol and Substance)
Ryan	62	Bowl Cancer (within 12 month remission)
Ben	59	Post-polio syndrome (M)

damage the early stage eagerness of the men. During the following weeks it became clear that, as the practitioner and Robert became better acquainted; they were able to modify the goal to something more suitable and palatable for Robert.

> Being new to working with older men, especially those with a range of serious illnesses I (the practitioner) had to forget some of the behaviour change skills and messages that I'd learnt at University and more importantly how to apply them in the 'real' world. I knew I had to forget a lot of the health messages (including government guidance) and begin to understand Robert's day-to-day existence, in order to help adjust his goal setting to reflect his expectations and ability on a week to week basis.

Table 3 provides an insight into the individual goal setting for each of the men. Robert's weekly goals were based mainly upon increasing physical activity. Other men had goals that were aimed more at becoming familiar with an alien (fitness) environment (see Mick's goals on week 5 and 6) or more habit changing (and forming), such as walking into town rather than taking the bus (Nigel, Week 2). Such low level 'entry' points (to physical activity) are worthy of consideration especially when working with such populations. It is evident that more bespoke, subtle, meaningful and achievable goal setting was required in order to 'hook' the participants into (small) positive exercise and health behaviours before introducing them to potential longer term achievements.

Participant's needs – understanding perceived impact(s) of the intervention.

A major observation of Fit Fans was that whilst some of the men did not always reach their original goal, which was primarily of a physical orientation, they reported to have achieved something 'much more', as they alluded to the both social and psychological benefits of the programme:

> I haven't lost weight Dan (practitioner) but I tell you what, I feel on top of the world! After sweating it out on that treadmill. I mean...I get down (sad) a fair bit especially living by myself, not working no more and our kid (brother) being ill and living in that care home. And just coming here talking to you about all this health and fitness stuff. You just feel fitter and better just talking about it. (Nigel)

> I have been out of work for a long time and felt rubbish about myself. I knew that my depression is not going to be helped by meself staying at home eating rubbish and doing nothing. It's a struggle sometimes you know, to leave the house. But coming here and talking to nice people (i.e., other men) who have similar issues and who care and understand. Well it's just good. My confidence is growing and I find it easier each week to leave the house, and hopefully I will get myself back into work soon (i.e., employment). (Mick)

It was found that through applying health messages such as healthy eating ideas (see table 3) and increasing physical activity participation in an informal non-intimidating manor (i.e., small, subtle, manageable changes set by a caring practitioner) the men appeared to engage and apply what they had been taught and the results appeared to lead to small changes within their everyday life.

> I did not know that salt could affect my blood pressure. I am on tablets to sort me out (high blood pressure) but never heard anything about salt. Makes sense really I have a good lot of salt on everything really, especially on boiled eggs which I have for breakfast every day, but I have changed that to some high fibre stuff and to be fair feel I feel a bit better and happier. (Ant)

> You always hear that runners get a high or something, but I just always felt knackered. But what I will say is, having a bit of banter with Dan (practitioner), and having him keep banging on about getting out there and doing a little bit extra...well really he is right. I look back and I felt knackered walking around, but now no problem, easy! (Nigel)

> Coming here once a week and me starting to go the gym in my own time, has really improved my confidence, I was putting weight on, but the advice I've been given has really made me believe I can get rid of this weight and get back into work. (Mick)

Table 3: Participants' weekly goal setting participants.

1st 6W Cycle							
Goal Setting	***Main Goal***	***W1***	***W2***	***W3***	***W4***	***W5***	***W6***
Robert	"Increase exercise levels"	Aim for 30 minutes on the exercise bike (home) a day	Try again with the exercise bike but aim for 5 days a week	Try again with the exercise but aim for 3 days	Aim to just go on the exercise bike once a week any time	Aim for 1x 10minutes of the exercise bike a day	Aim for 2x5minutes of the exercise bike a day
Ant	"Weight loss and to get fitter and more active"	Walk more often	Walk three times a week, 40minutes each time	Walk twice a week 30minutes at a time	Drink less beer and record all.	Now walk three times a week 40minutes at a time and drink 2 pints of beer less than usual	Same as last week
Nigel	"Lose weight get more active"	Go on the exercise bike at home for once a week	Aim to do 3 walks and record it, walk to town get bus home	30 minutes over the whole week on the exercise bike at home and continue walks	Same as last week	Go on the bike three times a week, drink 3 glasses of water	Illness
Mick	"Lose Weight and get fitter and I want to join a gym"	Walk more and attempt to attend a local gym	Same as the week before	Continue to increase walking, try and just go to the gym door.	Walk 2 days a week, take the dog and record	Have a cup of coffee at the gym's cafe and walk to town instead of bus/car	Inquire about the prices of the gym
Lee	"To gain structure, programme, lose weight".	Get in the habit of recording everything that is done in a week (food and activity diary).	20 minutes of cardio each gym session	Cut the amount of coffee from around 10cups to 5 cups	Cut the amount of coffee from around 10cups to 7 cups, and also look into stopping smoking.	Increase the amount of water drank in a week, (buy 1litre bottle and drink daily),	Arrange meeting with GP to start a quit smoking programme.
Ryan	"Become stronger and fitter"	Investigate how to use unused lower body equipment at the gym, and use them	Change to "salt light" rather than cut all salt out.	Aim to do 25 minutes of CV x 2 weekly (walking/running)	Go for one 1 jog	Drink 1.5 litres of water a day and eat 3 pieces of fruit a day	Had some bad news, so week off.
Ben	"Get healthier, get back into healthier stuff again"	Record everything I do and look into local swimming	Joined swimming pool and gym	Absent	Go swimming twice a week and eat less packets of crisps and try and get out if bed and do something	Only eat fruit as snacks, and aim to go gym, not just swimming	Begin to eat regular breakfast.
2nd 6W Cycle							
Goal Setting	***Main Goal***	***W7***	***W8***	***W9***	***W10***	***W11***	***W12***
Robert	"Be more active"	Use food and exercise diary, 2 x 5 minutes on exercise bike in week	3 x 5 minutes on exercise bike	Aim for 1 continuous bout of 10minutes one day a week	Aim for 1 continuous about of 12minutes one day a week	Same again	Missed week
Ant	"Lose weight and improve general fitness."	Do two walks (2-3miles)	Do three walks (2-3 miles)	Bring in complete food diary and drink more water (litre a day)	Drink 500ml of water a day, 3 walks this week (2-3miles)	To prepare and make a "healthy" meal for family	Absent
Nigel	"Lose the weight I put on over Xmas"	Find a gym, aim for 6,000 steps a day (pedometer)	Use the gym once a week, try new machines and aim for 8-10,000 steps a day	Try out new designed programme in gym, maintain walking steps	Reduce salt in diet, continue with gym and walking when possible	Absent	Aim to do 90 minutes this week at the gym
Mick	"Lose weight, have better eating habits and improve my lifestyle."	Walk an hour a day with the dog and aim to drink 1litre of water a day.	Buy a 1litre bottle and drink that a day. Replace Breakfast "Burger" for more healthier option	Join the local gym and have introduction and only 2 burgers this week	Consume only 1 burger in the week and attend one gym session a week (Sunday)	No burgers this week, have porridge for breakfast, keep to gym session	Go to the gym and use the hand out practitioner has designed. And enjoy holiday
Lee	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Ryan	"Stay as active as possible"	Continue to come to the centre (illness)	Continue to come to the centre (illness)	Continue to come to the centre (illness)	Continue to come to the centre (illness)	Continue to come to the centre (illness)	Continue to come to the centre (illness)
3rd 6W Cycle							
Goal Setting	***Main Goal***	***W13***	***W14***	***W15***	***W16***	***W17***	***W18***
Robert	"Lose weight and get healthier"	10 minutes on exercise bike 1 day a week and 5 minutes another day	12 minutes on exercise bike 1 day a week and 5 minutes another day	15minutes on 2 days a weeks on exercise bike, drink more water (record)	Week off	Week off	Same as week 15 get back into things
Ant	"Lose more weight"	Eat a piece of fruit with every meal	Get back into the garden	Take the grandkids to the park and join in and encourage playing football	Go for one big of walk 5 miles	Absent	Try and choose more healthier options when on holiday
Nigel	"Lose weight"	When at gym aim for 30minutes of continuous cadio exercise	Include resistance activities in the gym, get back into the garden.	Same as last week	Drink less alcohol when out, 9 pints instead of 10	Aim to go the gym twice a week	Continue with the gym twice a week
Mick	"Continue to lose weight, and exercises and try my best to swim"	Walk to the gym, attend the gym for 1 hour and use pedometer	Aim to go to the gym twice a week. Aim for 12,000 (pedometer) for the whole week	Look to eat a healthy lunch with a healthy breakfast, keep up the gym (2x week)	Inquire about going to swimming and aim for 13,00 steps a week	Go gym at leisure centre, have lunch and if comfortable go swimming at the leisure centre.	Go swimming again along with going the gym twice a week
Lee	"Loose body fat percentage, stop smoking and coffee"	Drink the same amount of water after every coffee, to reduce dehydration, continue with smoking programme.	Buy a 1litre water bottle	Absent	Getting very stressed so aim to start going yoga every Thursday	Absent	Carry on with Yoga and aim to go gym every Tuesday.
Ryan	"Stay as active as possible."	Continue to come to the centre (illness)	Absent (Holiday)	Absent (holiday)	Get back into fitness routine	Gym 2 hours a week and drink more water	Eat less when going on holiday

> For me coming here (EAFC) one hour a week and then going to my community gym once a week, is enough for me. I feel better in myself and our kid (his brother) has noticed that I ain't down the dumps no-more. (Nigel)

Although positive physical changes (i.e., changes in BMI, weight, resting blood pressure) were not present across all of the men, they agreed and believed that they felt they had improved their physical health and felt better about themselves after their last week in comparison to their first week. These small positive lifestyle changes may not create initial physiological changes. However, the immediate positive psychological changes help in their habit formation through commitment to the whole process of behaviour change (and long term physical activity and exercise).

Practitioner's Perspectives – Reality Check

The first author was responsible for the delivery of the Fit Fans intervention, whilst near the completion of his undergraduate degree within Sport and Exercise Science. During this time, he had accrued a number of practitioner based qualifications, including his Fitness Instructor Level 3 award. However, he had little experience of working with older populations, nor any experience of the subsequent challenges that emerged. Table 3 complimented with the results within Table 1 and the men's views offer some empirical and contextual findings of the programme. However, at this juncture, it appears appropriate to explore the practitioner's personal insights concerning the challenges and successes that may be helpful for the future of similar interventions:

> One of the initial aims of the intervention was for the men to increase their physical activity levels. My (practitioner) initial perception was to get the men aiming towards and reaching the then UK health guidelines (i.e., 150 min split by 30 x 5 a week, 5 a day). As a health and exercise practitioner (with a degree in Sport and Exercise Science), I was aiming to get these fellas, off the couch and out there; walking more, going to the gym, cycling, swimming, all those types of activities. I believe that age is only a number and when you are retired you should have plenty of time to keep healthy and active. There is no reason why you can't reach 30 minutes of moderate exercise per day, or even an hour! However, it soon became apparent that the men on the programme would not be able to reach, or in some cases even imagine reaching, some of current health guidelines, and/or

> my expectations of them. After I finished my first session, I realised that my blinded enthusiasm was very much ill informed. The majority of the men looked at me in shock when I suggested that they jogged on the treadmill, or even asked them to aim for walking 30 minutes every day *"...what walk 30minutes! It ain't happening lad, simple."* I asked Robert if he could try and do an extra two reps on the chest press (he had only done 4). He replied clearly without the slightest hesitation, *"I will do what I can do lad, have you forgot I am not 21 like yourself."* I replied, *"Well how about aiming higher. It's my job to try and increase your intensity so that you can achieve your health goals, and it's only two reps."* Robert replied, *"Well two reps fucking hurts lad!"*

It was clear that following set guidelines was not going to be realistic or positive. The practitioner re-engaged with the men, learnt from experiences, built up a rapport and then began to set more suitable goals (see Table 3).

> I realised each individual participant had their own needs. These men all came from a poor (low socio-economic) background from the areas surrounding the football club. Some men had disorders and disabilities, some psychological and some physical. All the men knew they were overweight and most were told from their fabled General Practitioners (GP) (aka community medical practitioner/doctor) that they needed to lose weight and get more active. This information was evidently not enough for any of the guys to actually 'get out there' and change their behaviour, as they all lacked a basic understanding of what constituted a 'healthy' lifestyle.
>
> When engaging the men in the goal setting aspect of the programme, it became clear that this meeting was all about 'compromise'. It would be very easy for me to set goals (and I did at first) the way my degree had prepared me – what everyone (with a few exceptions) tended to bang on about in the classroom and textbooks! But these were not fit for purpose, ideal or realistic to these men. Overtime I adopted the personal philosophy that 'doing anything was better than doing nothing'.
>
> I realised that by week 3 and 4 I had begun to develop a rapport and level of trust (and understanding) with the men. This was critical in even creating modest changes. In all, there may have been no drastic weight loss; you know the classic picture with someone grinning like a Cheshire cat while wearing their old trousers, holding and lifting them out to show how much weight they'd lost. But in all I think, so what! These men were beginning to get control of their lives again, doing more activity and thinking more about what they eat, with some even contemplating getting back into employment. I mean thinking of the health conditions these men have, how dumb struck and amazed I was of how something like a mild form of gout could have a real and detrimental impact on someone's wellbeing. These men during their time started to take control, and a few did lose (some) weight. But in my opinion what is important is that by taking control and making these small changes these men were increasing their quality health and ultimately dignity; to them (and me) surely this makes Fit Fans a success!

The increase of rapport led to more suitable and palatable goals for the men, but the role of the practitioner working within community populations was at times much more than a professional exercise or lifestyle specialist, solely concentrating on the goals of each

of the men. Trials and tribulations of the men's lives were brought to the attention of the practitioner:

> Ryan was down today, I asked a few times whether he was ok. He said "yeah just tired lad." I knew something was wrong. Half way through the session I just decided to ask Ryan what was up. He looked to the floor and I knew that it was not going to be good news. "The cancer (bowel) is back and no cure. I might have chemo (therapy) to increase the time I have but I am unsure whether I want to feel that sick again and know I am not getting better." I was overwhelmingly shocked. No words could explain the sheer shock of hearing this. I had no idea, professionally, what should be done in this situation, but I just spoke to Ryan the way I would a friend and/family. What was clear though was that whether he decided to go for treatment or not the centre (EAFC) and I would be here for him, even if we just changed his goals to 'coming here for a cup of coffee for a few weeks' (see Table 3-Ryan week 7).
>
> It was two weeks after Ryan told me about the cancer coming back. I was so happy that he still made the time to come along to his session. I was even happier that he seemed himself, seemed in good spirits and had decided to undergo chemotherapy. I also knew and told Ryan that I knew colleagues and researchers at the University who were specialist in exercise and cancer. Although exercise is not a cure, it could be used a treatment against the side effects of chemotherapy and also positive self-determining nature that someone is being proactive. He was happy with this and so was I.

The empathy and respect the practitioner had for the participant and vice versa was clear to see, and the fact that the participant continued to attend sessions was a success and the support and resources the practitioner had available allowed Ryan to continue to come along and most importantly be safe.

Discussion

The Fit Fans intervention was primarily designed for older men. However, the ages of the participants (47-63) would suggest that the term 'older men' was applied liberally. In essence, the average age of the men (i.e., 58 years), seven years under the UK legal retirement age of 65 years, suggest that these men were 'young-older men'. All of the men involved had pre-existing health conditions that are common within older men (e.g., diabetes, gout, hypertension, high cholesterol, cancer, depression, obesity). All of these conditions have been reported to have increased in prevalence over the last few

decades within older men.[34] What is clear from the high level of health conditions along with the 'young-old age' is the men were prime candidates for a lifestyle intervention, and if they had not taken part in the intervention it could be assumed the continuing of their hazardous lifestyles would have increased the risk of more sinister health conditions which would decrease quality or even longevity of life.

Participant needs

It was clear from the beginning of the intervention that the health conditions of the men were seen by the practitioner as factors affecting the men's ability to being active and meeting personal set goals. The practitioner in this study initially attempted to apply physical activity guidelines,[35] as a target and overall goal for each of the men to reach. Opinions and views expressed by the men made it clear and apparent that this method was not suitable for this group of men. Results, stemming from the practitioner's reflections, suggested that aiming for recommended guidelines had damaging effects upon the men's perspectives on what they were able to do. It appeared that current guidelines were inappropriate, unachievable and 'out of reach' for populations most 'at risk'. Learning this lesson and having a personalised approach the practitioner allowed the participants to discuss, adapt and agree achievable goals that were individualised to each of the men which lead to greater success in meeting goals set. Current guidelines do not account for, nor reflect the landscape, nor connect with those that are most risk and most unlikely to get involved in such health interventions, particularly men and men from low socio-economic backgrounds.

The health conditions reported by the men in this study were not the only barriers perceived by the practitioner to impact engagement of positive health

behaviours. It appeared that the construct of self-efficacy was also seen by the practitioner to be a barrier. Whilst self-efficacy was not measured within this study it has been previously shown to be a significant psychological correlate to older men's health behaviour.[36] Although not measured, self-efficacy appeared to be evident in the practitioner's reflections. The participants clearly struggled with the ability to succeed in certain tasks that they perceived to be well beyond their reach (i.e., a lack belief in one's own competence and/or ability to achieve 'what others would perceive to be 'ordinary and/or achievable' tasks). Future interventions involving similar participants should take these issues into consideration when designing interventions. It was evident from this intervention that greater consideration is needed to explore individual contexts to increase the likelihood of achieving successful behaviour change. Practitioners must develop activities that are appropriate to the individual and be mindful that whilst recommended guidelines (e.g., physical activity) are laudable, they are not achievable for many, especially at a low level entry point. More bespoke, subtle, meaningful and achievable goal setting(s) are required in order to 'hook' the participants into (small) positive exercise and health behaviours before introducing them to potential longer term achievements.

The Practitioners Role

It was found that the positive and evolutionary relationship between the practitioner and participant was critical to facilitating 'any' behavioural change.[37] Building a rapport and adopting a familiar, caring and empathic approach as a practitioner appeared to facilitate the level of the men's engagement has been shown to be an effective and recommended aspiration in both this study and previous research.[38] However, much of the past research advocating such an evolutionary practitioner-participant (client or patient)

relationship has been doctor-patient focused[39] with very little research within community health settings.

The Fit Fans intervention was delivered within the community arm of a football club; however, what made Fit Fans unique was that the football in the community programme worked closely with a University based School of Sport and Exercise Sciences. Having such a relationship allowed the programme to recruit a degree educated practitioner (including expert supervisory support). Although he did not have the experience of the extreme health conditions found within the Fit Fans participants, the practitioner did have the knowledge of health promotion strategies and behaviour changing techniques. This type of relationship is not "usual" within football in the community programmes and others may not be able to recruit or have the training capabilities to employ practitioners or coaches that are capable of running and maintaining an intervention in such high needs older men. Similar findings were found by Parnell and colleagues,[40] who although reporting on a football in the community coach leading a children's session, the reported issues around the inability to be effective in promoting health are relevant to the current study. Fit Fans could not have been possible without the practitioner but also vitally the support and sport and health expertise the practitioner received from the University.

The relationship between the University and this particular football in the community programme allowed the Fit Fans programme to be led by a team of multi-skilled practitioners, whose skills were mainly within health promotion rather than a sports performance focus of which football community coaches/ practitioners have been reported to be commonly trained to focus upon.[41] The serious nature of some of the

situation's the practitioner encountered shows the importance of football in the community programmes having the capabilities to cater for the needs of high risk individuals. The cost of such training could well be high, the practitioner was undergoing a £9,000 a year degree, which is not a possibility for every individual. However, building links with universities with expertise and the students, who could well undertake teaching/coaching roles educating existing and future football in the community coaches/practitioners in areas of health promotion, behaviour change techniques and understanding social needs and considerations of different populations (e.g. older men, children, disabilities), should be considered.

Whilst this study has reported a number of positive health behaviours resulting from the men's involvement within the Fit Fans project, we acknowledge some limitations to the study. Fit Fans was aiming to promote health (i.e., positive changes to diet, physical activity and wellbeing). The practitioner was predominantly qualified within sport and exercise science. Although each participant had individual tailored programmes, the practitioner could well have focused much of the intervention and attention upon physical activity where perhaps a greater focus could have been placed on the nutritional goals of the participants.[42] Although a qualitative based study and physical activity was subjectively measured via informal conversations and during the process of goal setting, the inclusion of an objective measure of physical activity would of added strength to the current study, and has been found to be feasible and be an effective instrument within recent research.[43] Finally, by not having a follow up period (i.e., beyond the protracted nature of the study) any claims or suggestions of long term (e.g., over a 12month period) behaviour change have no merits of assumption.

Conclusions

Fit Fans (a community setting intervention) engaged (young) older men with multiple-health complications that although not uncommon in this population, were found to be problematic. Future engagement with similar groups of participants in similar settings requires practitioners to understand the negative effect health complications can have. Practitioners must have the skills and ability to complement subtle progressive goal setting based around building a positive and evolutionary relationship of trust between themselves and participants. This study provides evidence that practitioners in health promotion interventions have just as an important role in the engagement of community populations, as coaches have with sports performers and health professionals with clinical populations. However, there is currently limited research within community based health promotion interventions which requires addressing.

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Notes

1. Leon, 'Trends in European life expectancy.'
2. World Health Organisation, *Global recommendations on physical activity.*
3. Department of Health, *Healthy Weight, Healthy Lives.*

4. Idem
5. Department for Culture, Media and Sport, *Social Exclusion Unit*.
6. Football Association, *Football Development Strategy* 2001-2006.
7. Idem
8. Priest, 'Promoting Healthy Behaviour Change (Review)'; Priest, 'Interventions Implemented Through Sporting Organisations'.
9. White, 'Men's under use of health'; Pringle, 'pre-adoption demographic and health profiles'; Pringle, 'Effect of a national programme of men's health'; White, *Premier League Health.*
10. Hunt, 'It's given me a good kick up the backside ... the first thing I do is put my pedometer on.'; Gray, 'Football fans in training: the development and optimization of an intervention delivered through professional sports clubs to help men lose weight, become more active and adopt healthier eating habbits.'
11. Parnell, 'Monitoring and Evaluation'.
12. Biddle, 'Psychology of physical activity'
13. Parnell, 'Monitoring and Evaluation'; Tacon, 'Football and social inclusion'; Lisbeth 'Strengthening Families and Neighbourhoods'.
14. Gidlow, 'Physical activity promotion'
15. Parnell, 'Monitoring and Evaluation'.
16. Fit as a fiddle, 'Age UK'
17. Curran, 'What works? ethnographic engagement'.
18. Liverpool City Council. 'The Indices of Multiple Deprivation 2007'.
19. Expert Panel, 'Executive Summary of the Clinical guidelines'.
20. National High Blood Pressure Education Programme, 'prevention, detection, evaluation and treatment'.
21. Agarwal, 'Waist Circumference measurement'.
22. Abraham 'A taxonomy of behaviour change tecnhniques used in interventions.'
23. American College of Sports Medicine. 'guidelines for exercise testing and prescription'.
24. American College of Sports Medicine. 'guidelines for exercise testing and prescription'
25. American College of Sports Medicine. 'guidelines for exercise testing and prescription'.
26. American College of Sports Medicine. 'guidelines for exercise testing and prescription'.
27. Bray, 'Don't throw the baby out'.
28. Hammersley, *Ethnography: Principles in Practice*; Tedlock, *Ethnography and Ethnogrphic Representation*.
29. Hammersley, Ethnography: Principles in Practice.
30. Hammersley, 'Whats Wrong with Ethnography?'; Richardson 'Developing Support Mechanisms'; Sciarra, 'The role of the qualitative researcher'; Morrow, 'Qualitative research in counseling psychology'
31.Hammersley, 'Whats Wrong with Ethnography?'; Richardson 'Developing Support'.
32. Elo, 'The qualitative content analysis process'.
33. Elo, 'The qualitative content analysis process'.
34. World Health Organization. 'The Heidelberg Guidelines'.
35. World Health Organisation, *Global recommendations on physical activity.*
36. Booth, 'Social and cognitive and perceived'; Mcauley, 'Self-efficacy and maintenance of exercise'; Hall, 'Change in goal ratings'.
37. Hammersley, 'Whats Wrong with Ethnography?'; Richardson 'Developing Support Mechanisms'. Baker, 'The relationship between coaching behaviours'
38. Long, Andrew F. 'complementary and alternative medicine'.
39. Stewart, 'Effective physician-patient communication'.
40. Parnell, 'Monitoring and Evaluation'.
41. Parnell, 'Monitoring and Evaluation'.
42. Department of Health, *Healthy Weight, Healthy Lives*.
43. Hunt, 'It's given me a good kick up the backside ... the first thing I do is put my pedometer on.'; Gray, 'Football fans in training: the development and optimization of an intervention delivered through professional sports clubs to help men lose weight, become more active and adopt healthier eating habbits.'

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