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| **Active Fans Project Report** |
| **University of Gloucestershire** |
|  |
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Prepared by: Drs Elizabeth Loughren, Colin Baker and Orla Flannery, and Joe Spry (Research Assistant)

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Executive Summary

**Background**

In the UK, the proportion who are categorised as obese[[1]](#footnote-1) increased from 13% of men in 1993 to 25% in 2011 and from 16% of women in 1993 to 26% in 2011, and it is predicted that 60% of adult men and 50% of adult women will be classified as obese by 2050 (The Information Centre for Health and Social Care, 2013). While the health risks associated with obesity and physical inactivity are borne by the individual, it is society that shares the costs, whether direct i.e. treatment, or indirect i.e. premature mortality and disability (Lee et al., 2012; Trogdon et al., 2008). Settings-based health promotion approaches have the potential to recognise the wider social, environmental, cultural and economic factors affecting health behaviour (Marks et al., 2005). The utility of using sports club settings for promoting health in other population groups including women and smaller ethnic groups is yet to be investigated and there is both an opportunity and a need to further investigate the use of sports club setting for, and in, health promotion programmes.

## Aim and objectives

The aim of this project was to understand physical activity, health and well-being preferences of sports fans. To achieve the aims this project focused on two objectives; to investigate sports fans’ perceptions, attitudes and opinions of sports clubs as settings for health promotion programmes, and To identify aspects of health promotion programmes that are important for sports fans and how these should be delivered. A mixed methods research design that included a qualitative (brief interviews) and quantitative (nationwide survey) was deployed to address the aim and objectives.

**Findings**

Overall 246 respondents completed the survey (n= 76 females; n= 177 males) ranging in age from 18-74 years old (*M=* 37.85; *SD*= 15.15). Of these respondents 172 (70%) (n= 55 females; n=117 males) ranging in age from 18-69 years old (*M=*34.43; *SD=*13.48) with a median age of 31 indicated interest in participating in a healthy lifestyle programme. Most respondents were from the Southwest region(67.4%), were not season ticket holders (63%), attended on average 2 (26.5%) or 4 (24.1%) matches a month and were Rugby Union (40.7%) or Football (30.2%) fans. Most respondents rated their health as average (35.7%) or good (35.7%). However, 18.2% of females responded to currently having a health concern versus 13.9% of males. Respondents felt their health knowledge was better than good (39.8%) and good (46.8%). Overall most respondents indicated being active for 30 minutes in the past week with 39% up to 3 days and 32% up to five days. Fans felt friends (89.5%), family (84.9%) and facilities (e.g., parks, leisure centres) (80.6%) are important in helping to lead a healthy lifestyle. Most fans felt support from players/sport professionals would attract them to the programme (92.4%), would like the programme offered on weekday evenings (87%), and perceived barriers to participating was too little time (77.1%), work commitments (73.7%), and cost (71.6%). Physical activity was the highest rated subject fans wanted included in programmes (98.6%) followed by health check (87.0%), and dietary advice (81.7%). Overall 84% of fans owned a smart phone or smart technology (e.g, ipad), with 79.1% using apps daily, and 82.7% indicated apps could help them be healthy. More than half (57.6%) would use apps as a record of achievement and for dietary advice (55.2%).

**Conclusion**

# This project’s findings show that fans’ were broadly positive about participating in a healthy living programme at their favourite club or venue. Public health deliverers, sports teams, local authorities and sport leagues would be prudent to explore these intervention opportunities as a means to delivering health, physical activity, and well-being programmes to a wide range of people.

# Recommendations

1. Flexibility of schedule and content including bespoke components where appropriate.

2. Health subject programming focusing on physical activity, health check, and dietary advice. (links to other professional services)

3. Incorporation of health apps to support programme delivery focused on dietary advice and record achievement.

4. Awareness of different gender emphasises for health programming and programme development.

5. Programme offering on weekday evenings, with alternative of weekday lunchtime.

6. Development of a team league against other clubs/teams, support from players/sport professionals, and concessions on entry would attract fans to participate in the programme.

# Introduction and context

* In the UK, the proportion who are categorised as obese[[2]](#footnote-2) increased from 13% of men in 1993 to 25% in 2011 and from 16% of women in 1993 to 26% in 2011, and it is predicted that 60% of adult men and 50% of adult women will be classified as obese by 2050 (The Information Centre for Health and Social Care, 2013).
* Obesity is not just costly to personal health, being associated with increased risk of developing type 2 diabetes, cardiovascular disease and cancer, but also places a significant and costly burden on Britain’s health services.
* Costs attributable to overweight and obesity are projected to reach £9.7 billion per year by 2050 (Department of Health, 2011a)
* It is recommended that all adults should aim to be active daily, engaging in moderate to moderate intensity physical activity for at least 150 minutes per week including activities that improve muscle strength on at least two days a week (Department of Health, 2011b).
* As a nation we are failing to do enough regular physical activity[[3]](#footnote-3), a principal weapon in the fight against obesity. Only 36% of adults participate in 30 minutes of moderate intensity sport once a week (The Information Centre for Health and Social Care, 2013) and those who are overweight or obese are less likely to meet physical activity than men and women who are not overweight or obese.

## 1.1 The challenge of improving population health

* While the health risks associated with obesity and physical inactivity are borne by the individual, it is society that shares the costs, whether direct i.e. treatment, or indirect i.e. premature mortality and disability (Lee et al., 2012; Trogdon et al., 2008).
* There is pressing need to develop health promotion interventions that are effective in supporting individuals to improve their lifestyles and health behaviours in order to reduce the burden of non-communicable diseases, including Cardio Vascular Disease (CVD) and diabetes.
* The new Health and Social Care Act 2012 places emphasis on preventing disease and improving population health and wellbeing (Department of Health, 2012), and is reflected in contemporary health policy which emphasises the importance of collaboration between local authorities, NHS, industry and the voluntary and community sector (Department of Health , 2009; Public Health England, 2013). This paves the way for diverse local organisations to collaborate on health promoting interventions.
* Understanding what works in improving health behaviour is challenging and there is limited evidence concerning the effectiveness of health behaviour interventions (George et al., 2012; Hunt et al., 2013; Pennington et al., 2013).
* Research into weight management services suggests that one size does not fit all and it is important to take into account the motivators and barriers experienced by different population groups (McCarthy & Richardson, 2011; Rowe and Basi, 2010) and the challenge of identifying evidence of interventions that work is compounded by a public health discourse that is characterised by political pressures and debates over what constitutes evidence (Blackman et al., 2012).

## 1.2 Health promoting sports clubs

* Settings-based health promotion approaches have the potential to recognise the wider social, environmental, cultural and economic factors affecting health behaviour (Marks et al., 2005). Here, complementary and multidisciplinary approaches are deployed that help to understand factors influencing people’s health status beyond the conventional focus on morbidity and mortality (Tones and Green, 2004).
* While sport-based community health programmes delivered through football clubs can provide an effective means of engaging participants who might not normally engage in health services there is dearth of evidence concerning the theoretical underpinnings of sport programmes and methods of evaluation (Donaldson and Finch, 2012).
* Focusing specifically within the context of 16 English Premier League clubs, Robertson et al. (2013) investigated the role of sports clubs in a £1.63m 3 year Premier League Health (PLH) health promotion programme which recognised that; (a) young men, particularly those from socio-economically deprived backgrounds have a high clustering of lifestyle related health risk factors; (b) football stadia are often located in close to socially-deprived areas and have community development programmes; and (c) previous health promotion work has suggested sport/football interventions may help engage men in health promotion activity. Trust was perceived as the biggest factor by both staff (n = 16) and participants (n = 58) for engagement with the programme.
* Within the same programme Pringle et al. (2013) found that men with poor health behaviours as well as those with no reported health problems were successfully engaged and significant increases in weekly physical activity and daily consumption of fruit and vegetables.
* The research on the PHL programme by Pringle et al. (2011; 2013) and Robertson et al. (2013) demonstrate that sports club settings provide a promising means of engaging male sports fans via multidisciplinary community based health promotion strategies.
* The utility of using sports club settings for promoting health in other population groups including women and smaller ethnic groups is yet to be investigated and there is both an opportunity and a need to further investigate the use of sports club setting for, and in, health promotion programmes.

# 2.0 Project aims and objectives

This section provides a brief overview of the project aims and objectives and outlines the research questions.

## 2.1 Aim

The aim of this project was to understand physical activity, health and well-being preferences of sports fans.

## 2.2 Objectives

1. To investigate sports fans’ perceptions, attitudes and opinions of sports clubs as settings for health promotion programmes.
2. To identify aspects of health promotion programmes that are important for sports fans and how these should be delivered.

## Research questions

To support the research aim the following research questions were addressed:

1. What health topics would make a healthy lifestyle course appealing?

2. Would offering the course at a sport venue support engagement?

3. What is the best delivery model for such a course?

4. Would the use of technology, such as a smart phone app, be useful, motivating and engaging?

5. What role does programme cost have on participation in the course?

6. Would beginning a male only exercise programme with other like-minded sporting fans impact their decision to participate?

# 3.0 Methodology and methods

This section provides an overview of the underpinning research methodology and the methods deployed in the Active Fans project.

## 3.1 Methodology

The methodology was informed by a constructivist philosophical orientation which understands that people are ‘intelligent, reflective and wilful, and that these characteristics matter for how we understand the world’ (Moses and Knutsen, 2007: p10). From this perspective a real world may exist independently of human consciousness but its meaning is contingent on the viewer who may view it from multiple standpoints which contrast those of other people (Crotty, 1998; Morse and Niehaus, 2009). This is turn informed a pragmatic approach to the research in which it sought to harness the relative and complementary strengths inherent within quantitative and qualitative approaches (Bryman, 2008; McEvoy and Richards, 2006), particularly the use of a standardised survey to maximise the number of potential respondents across England.

## 3.2 Methods

A two-step sequential mixed methods design (qualitative followed by quantitative) was deployed in order to address the research questions (Figure 1). Mixed methods approaches are distinguished from other research by the integration of quantitative and qualitative components (O’Cathain et al., 2008) and have been promoted as useful research responses to complex issues (Greene and Caracelli, 1997). Following Bryman (2006), the principal reason for the research approach was that of completeness i.e. the use of more than one method (i.e. interview data and survey data) within a single piece of research to provide a more sophisticated response to the research problem. The formulation of the research problem was influenced initially by ideas discussed within the research team and other academics and was further developed after identifying a range of literature relating to sports clubs as settings for health promotion. An Expert Panel was convened in order to provide topic knowledge, specifically to assist with the development of the survey and more generally to assist with the overall development of the research, including members of the project team and staff from Bristol Rovers Football Community Trust.

Figure 1: Mixed methods research design

### 3.2.1 Participant selection, recruitment and informed consent

The aim was to recruit a sample of 250 sports fans from across England. Purposive sampling (i.e. selecting participants based on their perceived relevance to the needs of the research) and opportunistic sampling (i.e. recruiting participants as and when opportunities arise) was used in order to establish a broad sample which included adult sports fans from range of locations and sport types (including football, rugby union, rugby league, cricket and horse racing). The criterion for inclusion was adult sports fans (18 years and older).

The original proposed target population was adjusted to include males *and* females following expert feedback from NHS funding managers who questioned the rationale of focusing only on male participants. Indeed, research suggests that gender specific services may not necessarily help to address men’s apparent reluctance to seek help from health services (Douglas et al. 2013) and so deploying interventions that promote gender specific activities might not necessarily be effective at improving participant engagement or the health of specific population groups. Including male *and* female sport fans also allowed us to maximise response rates and to filter respondents by type i.e. sedentary, male or female, at the point of data analysis.

### 3.2.2 Data collection

Qualitative and quantitative research components allowed exploratory and confirmatory questions to be posed simultaneously during the research.

*Qualitative component*

The qualitative component involved brief one-to-one semi-structured interviews conducted with fans (n = 6) in order to acquire feedback on a pilot questionnaire (Appendix A) and contextual data concerning participant opinions of sport club-based health programmes. Data were recorded via researcher notes. Following the initial piloting the researchers realized this was not feasible in the brief time frame of pre match contact. To address this, open ended questions were embedded within the survey allowing opportunity to elaborate on other options or opinions for programming and feedback.

*Quantitative component*

The quantitative component was implemented following the analysis of data gathered in the qualitative component. This allowed the research team to assess feedback provided by participants on the pilot questionnaire in order to develop a survey for use in the quantitative component. The quantitative component involved a nationwide questionnaire (Appendix B) targeting sedentary sports fans (n = 250). This was administered via the Bristol Online Surveys (BOS) tool (open from 2nd May 2013 to 30th December 2013) advertised through sports team websites, forums, online newsletters and social media. The utility of the BOS system was that it provided a means for respondents to complete the survey regardless of their location while at the same time providing a data repository whereby the project team could enter paper responses gathered via visits to sport venues in a safe and convenient location. Social media tools including Facebook and twitter were set up as a means of promoting the project which was linked to an Active Fans website through which participants could respond to the survey (Figure 2).

Figure 2: Active Fans website



### 3.3.3 Data analysis

Qualitative data were explored using an inductive approach to identify themes within the researcher notes (Corbin & Strauss, 2008). This information was used to amend the survey ready for use in the quantitative component.

Quantitative data was downloaded from the BOS tool into excel for collation and preparation before being entered into the statistical software package SPSS (v.20) for descriptive and comparative analyses. Data were analysed for patterns and key differences within, and between, the data via simple means analyses and chi square analyses.

### 3.3.4 Ethical considerations

The project was approved by the University of Gloucestershire Ethics Committee. Particular input was provided in respect of the participant surveys in order to ensure that the format, content and appropriate language was used to ensure that participants understood what was being asked of them. Voluntary informed consent forms (Appendix C) were created to ensure that both those completing the survey face to face with project staff and those using the website were able to fully understand their engagement with the project. Further, a release from each club/venue that provided explicit support and approval for the project team to approach fans on their grounds or websites/forums was obtained prior to any visits. This was obtained following visits to the facilities to discuss the project or via telephone and email communication between venues and project staff (see Appendix D for an example).

Measures were taken to ensure the confidentiality of all participant responses via the use of anonymous responses and anonymity in data coding (i.e. the removal of place names). All data was secured in a locked file accessible only by the research staff within a private office.

# 4.0 Findings

This section presents the findings from the survey and additional feedback.

# Respondents

Overall 246 respondents completed the survey (n= 76 females; n= 177 males) ranging in age from 18-74 years old (*M=* 37.85; *SD*= 15.15). Of these respondents 172 (70%) indicated interest in participating in a healthy lifestyle programme. All findings below are based on those who responded affirmably to programme participation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **n** | **Age Range** | **Mean** | **SD** | **Median Age** |
| Females | 55 | 18-63 | 30.60 | 12.91 | 26 |
| Males | 117 | 18-69 | 36.23 | 13.41 | 35 |
| Overall | 172 | 18-69 | 34.43 | 13.48 | 31 |

**Demographics**

*Regional Location*

The majority of the fans were based in the Southwest (67.4%) followed by the Northwest (15.7%). See Appendix E for gender locations.

*Fan Sport Supporter*

Overall most fans indicated they were Rugby Union (40.7%) or Football supporters (30.2%). Male respondents were Football (38.5%) and Rugby Union (37.6%) fans, with the majority of female respondents were Rugby Union fans (47.3%).

**Match Attendance**

Most respondents were not season ticket holders (63%), and on average attended 2 (26.5%) or 4 (24.1%) matches in a month with responses ranging from 0-10. The majority of fans arrived at their last match/event via a car (61.9%) and travelled with others (57.7%).

**Health and Physical Activity**

*Health*

Most respondents rated their health as average (35.7%) or good (35.7%) and majority indicated that they had no health concerns (85.6%), although 18.2% of females responded to currently having a health concern versus 13.9% of males. It was evident that a lower percentage of football fans (1.8%) rated their health as excellent compared to ≈ 10% of rugby union and rugby league fans. Respondents felt their health knowledge was better than good (39.8%) and good (46.8%).

*Physical Activity*

Overall most respondents indicated being active for 30 minutes in the past week with 39% up to 3 days and 32% up to five days.

*Help to lead a healthy lifestyle*

Fans were asked to indicate if others and facilities assistance may help lead a healthy lifestyle. Overall respondents felt friends (89.5%), family (84.9%) and facilities (e.g., parks, leisure centres) (80.6%) are important. Female fans placed more emphasis on the workplace (79.1%) in comparison to 56.6% of males.

**Healthy Lifestyle Programme Development**

*Programme Attraction*

Overall most fans felt support from players/sport professionals would attract them to the programme (92.4%). Female and male fans reported distinct differences in support, sports kit, own gender classes, and recognition as what would attract them to participate.

An open ended question allowed fans to provide additional options that would attract them to the programme. These included:

* Club/venue close to where I live, locally based
* Flexibility in attendance
* Facilities for people with disabilities
* Acknowledgement in match day programme; go on the pitch
* Realistic advice
* Social events
* Individual targets
* Healthy living food bar
* Qualified 1st aiders/instructors

*Programme Offering Timing*

Weekday evening sessions was suggested at the preferable time for the programme (87.0%). Half of males would attend before a match or on Sunday afternoons, although only 30.8% of females would attend prior to a match. Other suggestions for programme timings included 7.30-8 pm, early Saturday mornings, lunchtimes, and weekday mornings.

*Barriers to Attendance*

Fans responded their main perceived barriers to participating in a club-based programme was too little time (77.1%), work commitments (73.7%), and cost (71.6%). Females felt cost would be their main barrier (87.2%) in comparison to of males citing too little time (76.1%).

Fans were also given the opportunity to add any other barriers they felt would inhibit them from participating. These included:

* Distance from the club (too far to travel to the club on a regular basis)
* Lack of motivation
* Mixed sex classes-embarrassment, low social skills, no background in team or sport activities
* Wife’s go ahead/approval to participate
* Not very sporty

*Programme Subjects*

Physical activity was the highest rated subject that respondents wanted included in programmes (98.6%) followed by health check (87.0%), and dietary advice (81.7%). A clear contrast was evident for smoking cessation support between sports, football fans (34.6%) and Rugby League fans (35.3%) being much more inclined to suggest the inclusion of this service than Rugby Union fans (12.5%). Similarly, nearly half (48%) of football fans indicated that alcohol advice would be useful, more than double that of Rugby Union fans (20%). Respondents also suggested coping with kids, cooking/recipe advice and maybe shopping list, and movement literacy and exercises to increase flexibility as useful programme components.

**Health Technology/Apps**

Overall 84% of respondents owned a smart phone or smart technology (e.g., ipad), with 79.1% using apps daily, and 82.7% indicated apps could help them be healthy. More than half (57.6%) would use apps as a record of achievement and for dietary advice (55.2%). Performance feedback, access and guidance, expert advice, adherence, exercise advice, gym exercise logs, alcohol monitoring and information, and food consumption were cited as potential benefits of apps.

**Comments and Feedback**

Open ended responses included:

* Anything that can make you think about your health would be great.
* Provide dietary plans, fun and competitive training
* They just closed two exercise/support centres in my neighbourhood. Would be a good idea to have programme for/available for younger people.
* Education on how to help lead a healthier lifestyle
* Offering a transport scheme would help people afford to go
* Run a children’s class at the same time
* Offering ‘talks’ at the club would be a good idea-advice and diet especially if from players themselves
* If professional sports organisations are going to deliver these kinds of programmes, and NHS partnerships are not uncommon, then they will need a financial, branding and/or participation motivation to do so. You will need to cultivate your research to reflect the benefit to the sports clubs you are approaching, delivering programmes 'for the greater good' is not, typically, a general concern - brand awareness and ticket sales are.

# 5.0 Discussion, conclusion and recommendations

* Sports fans tend to be informed and aware of their own health and wellbeing. They are also well-connected in terms of social media. With this in mind there is a need to use health information and supporting messages that are targeted in the right way in terms of content and medium. Fan’s preferences for additional subjects e.g. PA and Health Checks suggests there is broad scope to introduce a wide range of activities that appeal to a broad range of participants and to raise awareness of these through social media.
* The small percentage of inactive fans within the findings might suggest that singling out participants who do no physical activity might practically prove to be difficult. A more general inclusion criterion into a programme with classes involving varying levels of physical intensity would allow a higher number of participants with ranging PA habits to attend.
* Our data support the findings by Robertson et al. (2013) and Pringle et al. (2013) concerning the importance of social connectivity and support. This has to be a core element of any programme. Our findings also point to the need to sensitively link expert support and advice so as to ensure that the programme links with established national/local health programmes without over-emphasising the medical side of health, and to provide ‘real world’ advice. Engaging workplaces in schemes for example, via a works team approach might provide a novel and distinct approach that encourages long term participation whereby colleagues compete against colleagues as well as other fans within the programme.
* Buy-in from the host team in terms of providing access to professional sports players and facilities is essential in order to maintain a link between the health programme and the team that fans support. This would to demonstrate support and enthusiasm from the club, provide a unique selling point for the programme and a ‘wow factor’ for the fans.
* Differences between genders should be understood to maximise participation. Specifically, it is evident that sport kit and player support are more important for men while there is some potential for women only classes. As expected, concessions on match entry were popular but it is clear that inter team competition is widely supported as an attractive feature for men and women and may provide a unique approach to delivering the programme and maintaining long term engagement.
* Females were receptive to the idea and concept of a healthy living programme whereas males were put off. Males responded better to the wording of an active lifestyle programme. This suggests that ensuring the programme title/wording correct is challenging and is likely to need market testing before any programme materials are produced.
* It is important to adopt flexible programmes that support users with disabilities and provide schedules that support attendance. It is clear that evenings are the preferred times but this automatically places attendance at the programme in competition with other commitments. Providing a rolling approach where the same sessions are run on multiple days to allow ‘drop in’ rather than scheduled approaches might help to minimise the impact of barriers to participation.
* Further research is needed to investigate differences between fans of different sports particularly in relation to types of services that would provide the greatest added value (e.g. alcohol advice), and the general health profiles of fans so as to identify key differences between sports and subsequent interventions required.
* Incorporating active travel as a component of the programme might encourage fans, particularly those who are used to travelling together to matches, to walk or cycle together to the programme sessions.

**Conclusion**

# This project’s findings show that fans’ were broadly positive about participating in a healthy living programme at their favourite club or venue. Public health deliverers, sports teams, local authorities and sport leagues would be prudent to explore these intervention opportunities as a means to delivering health, physical activity, and well-being programmes to a wide range of people.

# Recommendations

1. Flexibility of schedule and content including bespoke components where appropriate.

2. Health subject programming focusing on physical activity, health check, and dietary advice. (links to other professional services)

3. Incorporation of health apps to support programme delivery focused on dietary advice and record achievement.

4. Awareness of different gender emphasises for health programming and programme development.

5. Programme offering on weekday evenings, with alternative of weekday lunchtime.

6. Development of a team league against other clubs/teams, support from players/sport professionals, and concessions on entry would attract fans to participate in the programme.

# References

Bryman, A. (2008). *Social research methods* (3rd). Oxford: Oxford University Press.

Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done? *Qualitative Research*, 6, 97-113.

Caspersen, C.J., Powell, K.E. & Christenson, G.M. (1985). Physical activity, exercise, and physical fitness: Definitions and distinctions for health-related research. *Public Health Reports*, 100(2), 126-131.

Corbin, J. & Strauss, A. (2008). *Basics of qualitative research* (3rd). Thousand Oaks, CA: Sage.

Crotty, M. (1998). *The foundations of social research: meaning and perspective in the*

*research process*. London: Sage.

Department of Health (2012). *Health and Social Care Act 2012 Factsheet A1: Overview of the Act*. London: Department of Health. Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Department of Health. (2011a). *Healthy Lives, Healthy People: A call to action on obesity in England,* London: HMSO.

Department of Health. (2011b). *UK physical activity guidelines*. London: HMSO.

Department of Health. (2009). *Be Active, Be Healthy: A plan for getting the nation moving*. London: HMSO.

Donaldson, A. & Finch, C.F. (2012). Sport as a setting for promoting health. *British Journal of Sports Medicine*, 46, 4–5.

Douglas, F.C.G., Greener, J., van Teijlingen, E. & Ludrook, A. (2013). Services just for men? Insights from a national study of the well men services pilots. *BMC Public Health*, 13, 425. Doi 10.1186/1471-2458-13-425.

George, E.S., Kolt, G.S., Duncan, M.J., Caperchione, C.M., Mummery, W.M., Vandelanotte, C…Noakes, M. (2012). A review of the effectiveness of physical activity interventions for adult males. *Sports Medicine*, 42(2), 281-300.

Greene, J.C. & Caracelli, V.J. (1997). Defining and describing the paradigm issue in mixed-method evaluation. *New Directions in Evaluation*, 74, 5-18.

Hunt, K., McCann, C., Gray, C.M., Mutrie, N., & Wyke, S. (2013). “You’ve got to walk before you can run”: positive evaluations of a walking programme as part of a gendersensitized, weight-management program delivered to men through professional football clubs. *Health Psychology*, 32 (1), 57–65.

Information Centre for Health and Social Care (2013). *Statistics on Obesity, Physical Activity and Diet - England, 2013*. Leeds: Information Centre for Health and Social Care. Available at: http://www.hscic.gov.uk/catalogue/PUB10364

Lee, I.M., Shiroma, E.J., Lobelo, F. *et al.* (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet,* 380, 219-29.

Marks, D.F., Murray, M., Evans, B., Willig, C., Woodall, C. & Sykes, C. (2005). *Health psychology theory research and practice* (2nd). London: Sage.

McCarthy, M. & Richardson, N. (2011). *Report on best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting*. Centre for Men’s Health, Institute of Technology: Carlow.

Mcevoy, P. & Richards, D. (2006). A critical realist rationale for using a combination of

quantitative and qualitative methods. *Journal of Research in Nursing*, 11, 66-78.

Morse, J.M. & Niehaus, L. (2009). *Mixed method design: principles and procedures*.

Walnut Creek (CA): Left Coast Press Inc.

Moses, J.M. & Knutsen, T.L. (2007). *Ways of knowing: competing methodologies in social*

*and political research*. Basingstoke: Palgrave Macmillan.

O'Cathain, A., Murphy, E. & Nicholl, J. (2008). The quality of mixed methods research studies in health services. *Journal of Health Services Research and Policy*, 13(2), 92-98.

Pringle, A., Zwolinsky, S., Daly-Smith, A., Robertson, S., McKenna, J. & White, A. (2011). The pre-adoption demographic and health profiles of men participating in a programme of men’s health delivered in English Premier League football clubs. *Public Health*, 125(7), 411-416.

Pringle, A., Zwolinsky, S., McKenna, J., Daly-Smith, A., Robertson, S. & White, A. (2011). Effect of a national programme of men’s health delivered in English Premier League football clubs. *Public Health*, 127(1), 18-26.

Robertson, S., Zwolinsky, S., Pringle, A., McKenna, J., Daly-Smith, A. & White, A. (2013). It is fun, fitness and football really’: A process evaluation of a football-based health intervention for men. *Qualitative Research in Sport, Exercise and Health*, 5(3). doi /abs/10.1080/2159676X.2013.831372#.UqhGctJdVEI

Rowe, B. & Basi, T. (March 2010). *Maximising the appeal of weight management services*, London: ESRO.

Tones, K. and Green, J. (2004). *Health promotion planning and strategies*. London: Sage.

Trogdon, J.G., Finkelstein, E.A., Hylands, T., Dellea, P.S. & Kamal-Bahl, S.J. (2008). Indirect costs of obesity: a review of the current literature. *Obesity Reviews*, 9(5), 489-500.

# Appendix A:

**Men’s Healthy Lifestyle Survey-Qualitative Interview Questions**

We are trying to gain more insight into men’s health. Do you have a few minutes to answer some questions?

1. We are looking to develop a men’s healthy lifestyle programme. What topics do you think would be important to include?
2. What would attract you to the programme?
3. Would hosting the programme at your favourite sport club/venue influence your decision to participate?
4. When would be convenient times for you to attend?
5. Would free access make a difference in your decision to participate?
6. Is a healthy lifestyle important to you?
7. What healthy lifestyle information would you include on an app?
8. How old are you? (years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Where do you live? (3 digit postcode) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Which region do you live in?

North East / North West / East Midlands / West Midlands / South East South West / London

1. Which team do you support?
2. Are you a season ticket holder Y N
3. How often go to home games/matches/events?

Rarely Once in a while Most times I never miss

Researcher notes (WRITE INITIALS HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):

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# Appendix B: Active Fans Survey

**Welcome**

Active Fans - Losing is the New Winning!

Thanks for taking the time to complete this survey. It won't take any more than five minutes.

The survey is designed to find out what sports fans would do if they were given the chance to join men or women-only healthy lifestyle sessions at their favourite local sports venue. We think we can make a difference by getting fans together so your support is really important.

**Consent**

All responses are anonymous and you are free to discontinue the survey at any time.

By clicking continue below you agree that you are at least 18 years of age. Responses will be stored on a secure database for five years, after which they will be deleted. If you have any further questions or concerns about participating please contact Dr Elizabeth Loughren, Project Researcher, (phone: 01242 715197; email: eloughren@glos.ac.uk), Faculty of Applied Sciences, University of Gloucestershire.

**What interests you?**

*Tell us what you'd like to see as part of a free healthy living programme.*

1. Would you consider joining a free healthy living programme at your favourite club / venue?

* Yes
* No

If no, what do you think are the main things stopping you?

2. Would any of the following attract you to a free healthy living programme at your favourite club / venue?

|  |  |  |
| --- | --- | --- |
| **Item** | **Agree?** | |
| **Yes** | **No** |
| a. Competing as a team in a league against other clubs / teams |  |  |
| b. Support from players / sport professionals |  |  |
| c. Sports kit |  |  |
| d. Concessions on entry |  |  |
| e. Men/women only classes |  |  |
| f. Public recognition / special events |  |  |

3. Please add any other things that would attract you below:

4. When would you prefer to attend a free healthy living programme?

|  |  |  |
| --- | --- | --- |
| **Item** | **Agree?** | |
| **Yes** | **No** |
| a. An hour or two before a match / event |  |  |
| b. Weekday evenings |  |  |
| c. Sunday mornings |  |  |
| d. Sunday afternoons |  |  |

5. If the times above don't suit you please state what you would prefer:

6. Which of the following subjects would you be interested in?

|  |  |  |
| --- | --- | --- |
| **Item** | **Agree?** | |
| **Yes** | **No** |
| a. Physical activity |  |  |
| b. Weight management |  |  |
| c. Smoking cessation |  |  |
| d. Heart health |  |  |
| e. Dietary advice |  |  |
| f. Alcohol advice |  |  |
| g. Mental health and stress |  |  |
| h. Health check |  |  |
| i. All of the above |  |  |

7. Please add any other subjects you think you would find useful below:

**Lifestyle**

*Tell us about you*.

8. How would you rate your health overall at the moment?

* Poor
* Average
* Better than average
* Good
* Excellent

9. Do you currently have any health concerns?

* Yes
* No

10. How would you rate your knowledge of health?

* Poor
* Fair
* Average
* Good
* Excellent

11. In the past week, how many days have you been active for about half an hour at any one time?

* Never
* Up to 3 days
* Up to 5 days
* More than 5

12. How did you get to the last match / fixture you attended?

* Walked
* Cycled
* Bus
* Car
* Train
* Other (please specify):

13. Did you travel on your own or with others?

* Own
* Others
* Technology

**Tell us what technology can do for you**

14. Do you own a smartphone or smart technology? (e.g. Ipad or similar)

* Yes
* No

If yes, how frequently do you use apps? (choose only one):

* Never
* Monthly
* Weekly
* Daily

15. Do you think apps could help you be more healthy?

* Yes
* No

If yes, what would an app help you with? (select all that apply)

* Dietary advice
* Help with motivation
* Stopping smoking
* Mental health and stress
* Being more active
* Comparing myself with others
* Keeping a record of achievement
* Alcohol intake
* Looking after my weight
* Other (please specify):

**Being healthy**

*What would support you?*

16. Are any of the following important in helping you lead a healthy lifestyle?

|  |  |  |
| --- | --- | --- |
| **Item** | **Agree?** | |
| **Yes** | **No** |
| a. GP |  |  |
| b. Family |  |  |
| c. Community support (e.g. other fans, neighbours, social club) |  |  |
| d. Friends |  |  |
| e. Workplace |  |  |
| f. Local facilities (e.g. parks, leisure centres) |  |  |

17. Do any of the following act as barriers to joining a free healthy living programme?

|  |  |  |
| --- | --- | --- |
| **Item** | **Agree?** | |
| **Yes** | **No** |
| a. Cost |  |  |
| b. Too little time |  |  |
| c. Family commitments |  |  |
| d. Transport to the course |  |  |
| e. Work commitments |  |  |
| f. My health |  |  |
| g. Not having someone to go with |  |  |

18. If you can think of any other barriers, please write these in the text box below:

**About you**

*Tell us about yourself.*

19. How old are you? (in years i.e. 50)

20. I am:

* Male
* Female

21. Please write the first 3 or 4 digits of your postcode (so we can see roughly where you live - remember, we can't ever identify you).

22. Which region do you live in? (choose the one that applies best):

* North East
* North West
* East Midlands
* West Midlands
* South East
* South West
* London

23. Which of the following sports would you say you are the biggest fan of? (choose only one):

* Football
* Rugby Union
* Rugby League
* Cricket
* Horse Racing
* Other

24. On average, how many sports matches / fixtures do you go to each month (i.e. 2)?

25. Are you a season ticket holder / club member?

* Yes
* No

26. Your opinion matters. Please use the space below to tell us anything you think might help us to help sport fans lead a healthier life.

**Thank you**

Thanks for taking the time to give us your thoughts. The results will help us develop healthy lifestyle programmes aimed at sports fans.

The i4h team.

# Appendix C: Voluntary Informed Consent

**Active Fans- A healthy lifestyle survey**

Voluntary Informed Consent

**Background**

Research has shown starting and sticking to a lifestyle change is often a difficult undertaking. A challenge for those developing the health programmes is how to attract and retain sedentary men and women to lifestyle change interventions. The purpose of this survey is to investigate and understand men’s and women’s health programme preferences.

**What is the purpose of the survey?**

This survey will be used to develop insight to men’s and women’s health and aide in the structure of a healthy lifestyle programme. The survey will take roughly five minutes to complete.

**What do I need to do?**

Please complete the questions in the survey. All responses are anonymous and you are free to discontinue the survey at any time. Your responses may also be audio recorded. To complete the survey you must be at least 18 years of age.

All information received will be only accessed by the research team, stored in locked data files, and destroyed after five years of the survey completion. The findings will be presented at local health conferences and used for developing a healthy lifestyle programme.

**Who is running the survey?**

The survey is being led by the University of Gloucestershire and can also be accessed via our website at: <http://activefans.moonfruit.com/>.

**Additional information:**

If you have any further questions or concerns about participating you may contact Dr Elizabeth Loughren, Project Researcher, (phone: 01242715197; email: [eloughren@glos.ac.uk](mailto:eloughren@glos.ac.uk)), Faculty of Applied Sciences, University of Gloucestershire.

# Appendix D: Example communication

**What is Active Fans?**

Active Fans is a healthy lifestyle survey targeted towards sedentary football, rugby, cricket and horseracing fans. We are looking to develop a health course addressing physical activity behaviour, health, and well-being with sedentary sport fans. We are surveying fans to gain insight as how to best shape and develop the programme.

**Why is this research needed?**

Establishing a healthy lifestyle has beneficial effects including improved mental, physical, social, and emotional well-being. Impacts include a decreased rate for heart disease, depression, alcoholism, smoking, and risk for preventable diseases including diabetes, high blood pressure, and some forms of cancer. Positive increases in social connectedness and overall quality of life have also been documented.

Additionally starting and sticking with a behaviour change can be a challenge. Whether this is becoming more physically active, losing weight, or just cutting back on smoking and drinking habits. Further evaluation is needed to determine how best to attract people to a healthy lifestyle programme and assisting in making positive changes in fans health and well-being.

**How can you assist?**

As your venue is a key link to sport fans, we are asking for your support in this venture. We would like to conduct a short onsite survey with fans prior to, or post, events. This would be a single occurrence, led by members of our research team. We are keen to consult with you in advance as to which day the surveying could occur. Additionally, we would also ask you to allow us to post an online survey link (<http://activefans.moonfruit.com/>) within your affiliated fan forums affiliated and website. The link would be open for approximately four months.

**What are the benefits?**

* You will be supporting a unique contribution to fan health knowledge
* You will help advance understanding of health preferences
* You will contribute to long term health improvements for sports fans

**Contact us**

Email: **i4h@glos.ac.uk** Telephone: **01242 715197**

**Appendix E: Gender responses by regional location**

1. BMI 30kg/m2 or over. [↑](#footnote-ref-1)
2. BMI 30kg/m2 or over. [↑](#footnote-ref-2)
3. Defined as any bodily movement produced by skeletal muscles that results in energy expenditure (Caspersen et al., 1985). [↑](#footnote-ref-3)