

The challenge and impact of engaging hard-to-reach men in regular physical activity and health behaviours

Men from hard-to-reach populations frequently report poor health statistics and have therefore been highlighted as a particular area of concern for men's health practitioners and professionals. It has been argued that participation in regular physical activity and engagement with health services can improve the overall health and wellbeing of hard-to-reach populations. However, research has shown that people from hard-to-reach groups often experience difficulty engaging in physical activity for a sustained period of time and are reluctant to engage with traditional health services. At present, there remains a lack of contextual evidence which provides insight into the difficulties experienced by men from hard-to-reach groups when attempting to engage in PA and health behaviours. In order to extend our understanding of *why* men from hard-to-reach groups experience difficulty engaging in physical activity and health behaviours, it is critical to understand the contextual barriers and challenges that such populations encounter.

The aim of this research was to investigate the challenges that men from hard-to-reach populations encounter when attempting to commit to regular participation in physical activity and health behaviours and to explore the psychological and social effects of participation in a twelve week football-led health improvement intervention.

A twelve week football specific physical activity intervention targeting men from hard-to-reach populations was delivered by Everton Football Clubs' Football in the Community scheme as part of a national programme of men's health delivered in/by English Premier League football clubs. Men living in homeless shelters and/or recovering from substance misuse were recruited over a period of three months. The programme consisted of a two hour football session, twice weekly, alongside the dissemination of healthy living messages. Football sessions were conducted by a qualified Football in the Community coach.

This research was conducted during a twelve week period of immersed practitioner-research. The researcher (Dr Kathryn Curran) attended all the physical activity sessions and discussed psychosocial issues with the participants through informal conversations. These conversations were logged in a field note diary. Records of attendance were also logged. Participants who failed to attend a session were contacted and their reason(s) for non-attendance were recorded.

Despite the apparent ambition and enthusiasm of the participants to regularly participate in the football programme, many participants did not attend regularly. Economic, environmental and social barriers to engagement in the programme were apparent. Whilst these findings resonate with themes described in previous studies with generic populations, the specific findings that have emerged in this study under these three universal themes allude to somewhat more 'severe' challenges that are on a more pronounced level to those faced by generic populations. It is likely that these differences are due to the often complex, chaotic and unstructured lives and extenuating

circumstances of the hard-to-reach participants. For example, hard-to-reach participants in this study experienced severe economic difficulties. Unlike more generic populations who perhaps cannot afford to pay for a monthly gym membership, many of the participants in this study simply could not afford the bus fare to attend the (free of charge) programme.

This study identified specific psychosocial effects of engaging in a Football in the Community programme, most notably, the development of structure, social interaction and social capital amongst the participants. These findings highlight the benefits of engaging in physical activity and Football in the Community programmes for improvements in mental health and social wellbeing.

It is evident that community based football-led health improvement programmes endorsed by professional football clubs are well positioned to connect with, and attract, men from hard-to-reach populations. The evidence suggests that such programmes can improve psychosocial health amongst these populations. However, it would appear that in order to achieve regular and sustained engagement, practitioners engaging hard-to-reach participants should immerse themselves in a period of direct contact and focused interaction with their participants prior to the programme design in order to gain a greater understanding of the day-to-day existence of their participants and recognise the economic, environmental and social challenges associated with the population with whom they are engaging. During this period of reconnaissance or due diligence, health practitioners/professionals should also seek to understand pragmatic yet critical, logistical organisational factors such as location, cost and timing of the events, activities or programme.

Therefore, in order to reach the 'hard-to-reach', practitioners need to fully understand their situational context and then design a programme that is more feasible, accessible and attainable. This bottom-up programme design and management strategy is therefore likely to reduce the challenges facing hard-to-reach participants when attempting to engage in physical activity and health programmes and result in greater participation in the programme and thus, positive outcomes.

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[The challenge and impact of engaging hard-to-reach populations in regular physical activity and health behaviours: an examination of an English Premier League 'Football in the Community' men's health programme.](#)

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