

Donegal Sports Partnership Ltd.
Men on the Move - Pilot Programme



Monitoring & Evaluation Report

December 2013



Foreword

Myles Sweeney, Coordinator, Donegal Sports Partnership Ltd.,

The Donegal Sports Partnership is delighted to promote a physical activity programme specifically designed for men aged 35 and over. It is very encouraging that the participants of the Men on the Move Pilot Programme have reported benefits such as improved general health, fitness levels, mental health, self confidence and diet and nutrition. It is hoped that having deliberately located the programme in a local community setting, both the target group and local community centres will see the benefit of repeating or extending the programme. The Men on the Move Programme will be an important vehicle for reaching the target group of men aged 35.

The partnership approach has been very successful and it is fully in line with Donegal Sports Partnerships strategy. Future Programmes should seek to include the Health Service Executive as a partner from initial baseline health screening right through to strategic policy level.

I would like to congratulate and thank all the participants, coordinators and community centres for their commitment to the Programme. Finally, I would also like to thank Karen Guthrie for her dedication and commitment to the Men on the Move Programme.



Karen Guthrie, Coordinator, Men on the Move Programme.

Firstly, I would like to express my delight at being involved in such a unique, innovative programme such as Men on the Move. I'd like to extend my congratulations to all the Men on the Move participants, and acknowledge their courage in taking that first step into something new and unknown. For many, the introduction to physical activity was a first-time experience, and that alone is a major achievement. Their hard work & dedication has contributed to an extremely successful programme.

Sincere thanks to our five Physical Activity Coordinators, whose drive, motivation & leadership provided the participants with a pathway to better physical health and a platform to achieve their own personal goals. Their role

within the programme was imperative to its delivery and success locally. Thanks also must go to the community centres who provided the facilities and support locally to host the programme. Their continued commitment to the delivery and sustainability of specialised programmes for the members of their community is essential to their success.

I thoroughly enjoyed working with each group and their respective coordinators, and hearing the individual stories of how the programme has impacted so positively on theirs and their families' lives, reiterated the importance of a localised community-based activity programme exclusively for men. I look forward to the prospect of bringing Men on the Move to new areas in 2014, and would like to wish the current MOTM participants all the very best with their continued exercise endeavours – keep up the great work!

Table of Contents

Foreword

1 Introduction

- 1.1 Context
- 1.2 Background
- 1.3 Aims, Structure and Expected Outcomes of the Programme
- 1.4 Terms Of Reference

2 Methodology

3 Men on the Move Programme

- 3.1 Aims and Description of the Men on the Move Programme
- 3.2 Expected Outcomes of the Programme
- 3.3 Ethos of the Programme
- 3.4 Recruitment Process & Programme Structure

4 Participant Profile

- 4.1 Age Profile
- 4.2 Baseline Health Screening
 - 4.2.1 Weight
 - 4.2.2 Waist Circumference
 - 4.2.3 Body Mass Index
- 4.3 Lifestyle Behaviours
 - 4.3.1 Smoking
 - 4.3.2 Alcohol Consumption
 - 4.3.3 Diet & Nutrition
- 4.4 Subjective Health Status
 - 4.4.1 General Health Status
 - 4.4.2 Satisfaction with Physical Activity

5 Results and findings

- 5.1 Introduction
- 5.2 Data Collection
- 5.3 Baseline Findings Week 1 & Week 6
- 5.4 Subjective Health Status
- 5.5 Qualitative Findings
 - 5.5.1 Motivation to Join and Complete the Programme
 - 5.5.2 Impacts of the Programme
 - 5.5.3 Highlights of the Programme
 - 5.5.4 Changes recommended for Future Programmes
 - 5.5.5 2013 Programme Extension

6. Conclusions and Recommendations

- 6.1 Conclusions
- 6.2 Recommendations

1.1 Introduction

The Men on the Move Pilot Programme was developed in four locations throughout Co Donegal between August and November 2013 by Donegal Sports Partnership Ltd and hosted by local community centres. Funding was made available to develop and implement the Programme by Donegal Local Development Company Ltd.

The aim of this report is both to capture and record the information, processes and structures of the Men on the Move Pilot Programme and to make constructive conclusions and recommendations in order to inform any future Programmes.

1.2 Background

Donegal Sports Partnership has coordinated and supported the development of sport and physical activity in Co Donegal since 2001 and has a particularly important role in the development of initiatives which seek to increase participation in physical activity amongst the many low participation target groups. One such target group is men aged 35 years and over.

National and International research has proven the link between the incidence of chronic illness and disease and physical inactivity. The National Guidelines on Physical Activity for Ireland (2009) recommend thirty minutes of moderate exercise five days per week to maintain a healthy lifestyle. The percentage of the population who are overweight is considered to be near 40% and that of obesity to be 20%.

Whilst the Donegal Sports Partnership has implemented various physical activity Programmes for women, including Girls Active, the Men on the Move Programme has been designed specifically for men aged over thirty five. The current Donegal Sports Partnership Strategic Plan 2011-2014 has noted the intention to target low participation levels in order to motivate and encourage greater levels of physical activity. As such, the Men on the Move Programme is an important project in the implementation of this goal.

1.3 Aims, Structure and Expected Outcomes of the Programme

The Men on the Move Programme is an 8 week gentle physical education Programme. Its main aim is to improve the health and well-being of the participants by increasing their levels of physical activity. The Programme was designed to emphasise the importance of regular exercise, especially in reaching the weekly recommended targets advised by the Department of Health. In addition, the Programme also provided advice and information on the importance of diet and nutrition as well as highlighting the link between regular exercise and positive mental health. Basing the Programmes in local areas and having structured group sessions were also regarded as very important in building valuable social networks.

1.4 Terms of Reference

The purpose of this report is to record the information captured throughout the Programme (baseline health screenings, Pre Programme and Post Programme questionnaires), the processes and structures developed (recruitment of participants, appointment of coordinators, developing the physical activities), as well as making recommendations for future work in the area.

This report will outline a profile of the participants, however, consistent quantitative data is not available across all four locations (baselines etc.) and as such, conclusions will be drawn also from feedback and commentary captured in both participant questionnaires, as well as from the Physical Activity Coordinators and the Community Centres.



Picture 1 - St Johnston men before climbing Mount Errigal



Picture 2 – Killybegs participants after a session

2 Methodology

This report has utilised both quantitative and qualitative research, based on the data collected throughout the Programme. The following data was examined: Expressions of Interest Forms collected at each of public information sessions; Health Screening Baselines taken on Week 1 and again on Week 6 as well several self reported questionnaires on nutritional, health and lifestyle behaviour. In addition, a Post-Programme feedback form was taken from each Coordinator and each Community Centre.

The data collected across the four areas was not consistent and where available may not have been completed fully. For instance in St Johnston the baseline data in Week 1 detailed height, weight, waist measurement, Body Mass Index (BMI) and Blood Pressure (BP) and completed in full by all 11 participants. However, at the screening on Week 6, only weight and waist measurement was recorded and by only 7 participants. This was similar across all areas as detailed in Table 1.2 which presents the number of respondents and the health data recorded at each stage of the Programme.

Table 2.1 Number of Respondents for Baseline Data Week 1 & Week 6

		Weight kg	Waist Cir cm	BMI	BP
Letterkenny	WK 1	16	16	16	16
	Wk 6	8	-	-	-
St Johnston	Wk 1	11	11	11	11
	Wk 6	7	7	-	-
Killybegs	Wk 1	24	24	24	24
	Wk 6	14	-	-	-
Falcarragh	Wk 1	16	-	-	-
	Wk 6	6	-	-	-

It should be noted that the reason the quality and availability of the data is inconsistent is that as there was only one healthcare professional available in one of the areas to record the data. In the other areas the physical activity coordinators were relied upon to conduct the physical assessments and in some cases without adequate equipment. The collection of this data would need to be much better resourced for future programmes.

Although a total of 66 Expressions of Interest Forms were gathered across the four centres, 63 men completed the Pre-Programme Questionnaire. It is this total that has been taken as the total number of participants on the Programme.

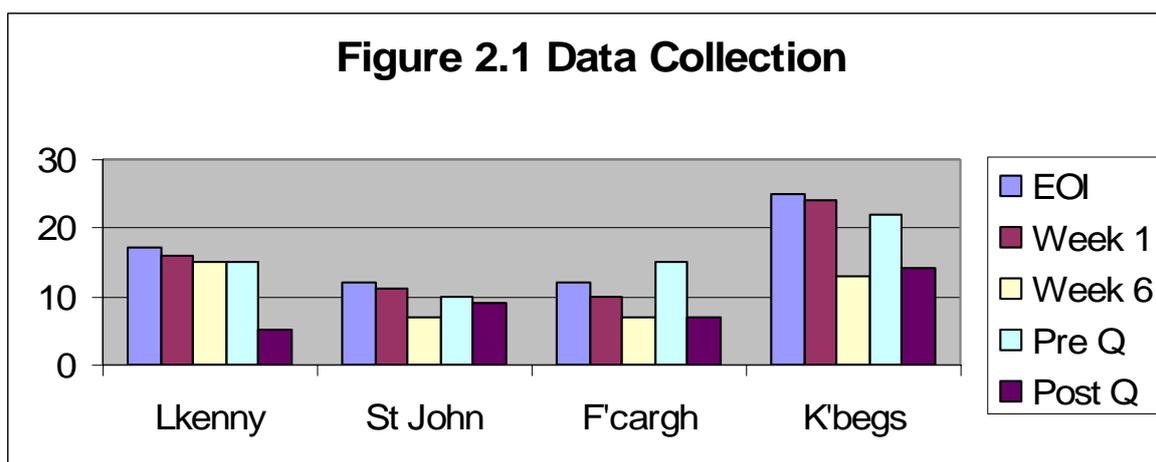
As Table 2.2 illustrates, the low return of information has made it difficult to draw extensive quantitative findings. As such, the majority of findings are drawn from the qualitative data gathered through self reported questionnaires on Nutrition and both Pre and Post Programme Questionnaires.

Table 2.2 Data Collection Prior and Post Programme

	Expression of Interest	Baseline Wk1	Baseline Wk6	Pre Programmes Questionnaire	Post-Programme Questionnaire
Letterkenny	17	16	7	15	5
St Johnston	12	11	7	10	9
Killybegs	12	10	7	15	7
Falcarragh	25	24	13	22	14
Total	66	61	42	62	35

Table 2.2 illustrates 92.5% (N=61) of those who completed the expression of interest forms (N=66) went onto to join the Programme and completed the Week 1 Baseline Health Form and 94% (N=62) completed the Pre-Programme questionnaire. However, only 68% of those who completed the Week 1 Baseline Health Form completed the Week 6 Baseline Health Form. Similarly only 56% of those who completed the Pre-Programme Questionnaire completed the Post-Programme Questionnaire.

Figure 2.1



3. Men on the Move Programme

3.1 Aims and Description of the Programme

The Men on the Move Programme is an 8-week gentle physical activity Programme aimed at men aged over 35 which ran from August to November 2013. The Programme aim was to improve the health and well being of the participants by increasing their levels of physical activity. As well as designing specific exercise programmes in each area, the Programme also introduced expertise and advice on diet and nutrition and the importance of physical activity in maintaining positive Mental Health. The Pilot Programme took place in four centres: Letterkenny; St Johnston; Killybegs and Falcarragh. A total of 63 men completed the Programme.

3.2 Expected Outcomes

The overall aim of the Programme is to encourage and assist the participants to reach the recommended weekly physical activity levels. Expected outcomes for participants included improved participation rates, improved fitness and general health. It was hoped that the group setting and the community location would help to motivate participants both to join initially and also remain on the Programme to completion. In order to improve the participant's knowledge of factors influencing health, information workshops were held on diet and nutrition and mental health. The Donegal Sports Partnership also hoped that by hosting the Programme locally the community centres would begin to take ownership and plan to extend or repeat the Programme.

3.3 Ethos of the Programme

When initially developing this Programme the Donegal Sports Partnership felt the key to its success would be ensuring that it would be embedded within the community where the Programme was being rolled out. Essentially this required the Donegal Sports Partnership to identify community organisations, which were willing to become a partner in the implementation of the Programme. The intention is that once the Community Centre has run the Programme it will be considered a focal point for physical activity and fitness for the whole community. In addition, the skills to recruit, design and manage the Programme stay within the community, increasing the likelihood of repeating the Programme in the future.

3.4 Recruitment Process & Programme Structure

In line with the community based ethos of the Programme, the Donegal Sports Partnership invited expressions of interest from all Community Development Projects (CDP's), Family Resource Centres (FRC's) and several Community Centres¹. These are listed in Appendix 1. From the 23 invitations sent out, eight applications were received. These were assessed by an internal Donegal Sports Partnership sub-committee against a set of criteria deemed necessary to run the programmes locally. The availability of these supports was

1 List provided by Donegal Local Development Company Ltd.

considered critical to the success of the pilot. These supports were: ability to recruit participants; ability to promote the Programme locally; ability to identify a local leader/coordinator; availability of suitable venues and availability or ability to source transport. Four locations were chosen, one of which was located in the Gaeltacht region as specified by Donegal Local Development Company.

The Donegal Sports Partnership invited those interested in increasing their levels of physical activity to an information evening in each of the areas and introduced the concept of the Programme. Those who signed up volunteered baseline health data including height, weight, waist measurement, Body Mass Index (BMI) and Blood Pressure (BP). Physical Activity Coordinators were appointed in each area and basic Programmes for the participants were planned for each location. Generally, it consisted of two sessions weekly consisting of various activities including boxercise, spinning, circuits, walking and jogging. Prior to commencement the participants also completed a Pre Programme questionnaire to capture general health and fitness information, as well as expected outcomes. The Programme ran for eight weeks from August to November, during which time information workshops were held on Diet and Nutrition and Mental Health. The participants then completed a Post Programme questionnaire to assess the levels of improvement and to capture their experiences. This feedback will also be useful in the planning for future Programmes.



Picture 3 - Liam Curran, St Johnston climbing Mount Errigal, for the first time

4. Participant Profile

This section outlines a profile of the participants before the Programme started including demography, baseline health data, lifestyle behaviour and self reported health status.

4.1 Age Profile of Participants

A total of 66 men across the four areas completed the initial Expression of Interest form, however 62 men went on to join the Programme, completing the baseline Week 1 form (61) and the Pre-Programme questionnaire (62). As such this is the total number of participants on the Programme for the purposes of this research.

The men were aged 35 years and over and the age profile was as follows; 17.5% were aged between 35-44, 38.5% were aged 45-54, 33.5% were aged 55-64, 9.6% were aged 64-74 and finally 1.5% were aged 75 years or over. Men aged between 45-64 accounted for nearly 75% of all participants.

Table 4.1 Age Profile of Participants by Area

	35-44	45-54	55-64	65-74	75+	Total
Letterkenny	2	6	8			16
St Johnston		7	3			10
Killybegs	6	3	8	4	1	22
Falcarragh	3	8	2	2		15
	11	24	21	6	1	63

4.2 Baseline Health Screening

On the first night of the Programme, participants completed a Week 1 Baseline Health Screening form. This form recorded height, weight, waist circumference, BMI and BP.

4.2.1 Body Mass Index (BMI)

Body Mass index is an important indicator of health and is defined as the individual's body mass divided by the square of their height given in units of kg/m^2 .

Table 4.2 BMI Categories

Category	BMI Range – Kg/m^2
Very severely underweight	
Severely Underweight	Less than 15
Underweight	15 to 16
Normal	16 to 18.4
Overweight	18.5 to 24.9

Obese Class I (Moderately Obese)	25 to 34.9
Obese Class II (Severely Obese)	35 to 39.9
Obese Class III (very severely Obese)	Over 40

According to Morgan et al 2008 24% of men in Ireland are obese². Ireland has the fourth highest prevalence of overweight and obesity in men in the EU³ and its prevalence is increasing. The Irish Universities Nutrition Alliance (2001) North/South Ireland Food Consumption Survey noted that the trend towards obesity in Ireland is increasing. Between 1990 and 2000 the prevalence of obesity increased by 67% overall, up 1.25 fold in women (from 13%) and up 2.5 fold in men (from 8%)”.

BMI was recorded in the Week 1 baseline health screening in three of the four areas; Letterkenny, St Johnston and Killybegs. The average BMI recorded for a total of 51 participants was 31.06. However, BMI was not recorded for Week 6 in any of the four areas.

Table 4.3 Breakdown of BMI Category by Area

Category	Letterkenny	St Johnston	Killybegs	Total
>18.4	-	-	-	-
18.5 – 24.99	1	-	4	5
25 -29.99	6	6	9	21
30 -34.99	8	2	7	18
35-39.99	-	3	3	6
40 <	1	-	1	2
Total	17	11	24	52

As such, 40% of participants were overweight, 35% were moderately obese, 11.5% were severely obese and 4% were very severely obese. Only 9.5% participants recorded a normal, healthy BMI.

4.2.2 Waist Measurement.

Waist circumference measurement is another indicator of health risk as indicated on Table 4.4

2 Morgan K, McGee H, Watson D, Perry I, Barry M, Shelley E, Harrington J, Mollusc M, Layte R, Tully N, van Lente E, Ward M, Lutomski J, Conroy R, Brugha R (2008). SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland. Main Report. Dublin: Department of Health and Children

3 International Obesity Taskforce and European Association for the Study of Obesity (2002) Obesity in Europe – The Case for Action.

Table 4.4 Waist Circumference Categories

	Circumference
Healthy	> 94cms
Increased Risk	95 -109cms
High Risk	102cms <

In the three locations where the baseline health screening recorded waist circumference, the average of the 51 respondents was 107.6cm which is categorised as 'High Risk'.

4.3 Lifestyle Behaviour

The data collected in both the Nutritional Questionnaire and the Pre-Programme Questionnaire provide a profile of lifestyle behaviour for the 63 participants prior to completion of the Programme.

4.3.1 Smoking

Participants were questioned about smoking in the Pre-Programme questionnaire but not in the Post Programme questionnaire so this research is unable to develop a link between incidence of smoking before and after the completion the Programmes. Prior to the start of the Programme, 58 participants answered the question regarding smoking 88% of whom reported that they were not smokers and 12% reported they did smoke as indicated in Table 4.5.

Table 4.5 Frequency of Smoking

Frequency	Number	%
Never	51	88
1-5 per day		
6-10 per day	1	1.7
11-15 per day	2	3.4
16-20 per day	2	3.4
20+	2	3.4
Total	58	100

4.3.2. Alcohol Consumption

Participants were questioned about the frequency of alcohol consumption weekly and monthly. Over a quarter or 27% of participants reported never consuming alcohol, whilst 23% reported having alcohol more than four times per week, 17% reported having alcohol only once per week with 11% of participants reported 2-3 times per week, a further 11% reported monthly or less and a final 11% reported 2-4 times monthly.

Table 4.6 Alcohol Consumption

Frequency	Number	%
Never	16	27
1 per week	10	17
2-3 per week	7	11
4 + per week	14	23
Monthly or less	6	11
2-4 per month	5	11
Total	59	100

It is recommended that men consume a maximum of 17 units per week. According to the responses on the Pre-Programme questionnaire, those who reported having alcohol weekly (N=31 or 51%) stated that they had an average of 9.3 "drinks". However, the questionnaire did not clearly ask how many units of alcohol, so it is unclear if each drink is equivalent to one unit. For instance, two units is equal to one pint or one large glass of wine. Since the question was ambiguous it cannot be assumed that the 9.3 drinks is equal to 9.3 units of alcohol. As such, no clear finding can be drawn on the number of units consumed weekly by the participants.

4.3.3 Diet and Nutrition

A total of 59 participants completed a nutritional questionnaire at the beginning of the Programme. The purpose was to capture their dietary and nutritional habits and choices.

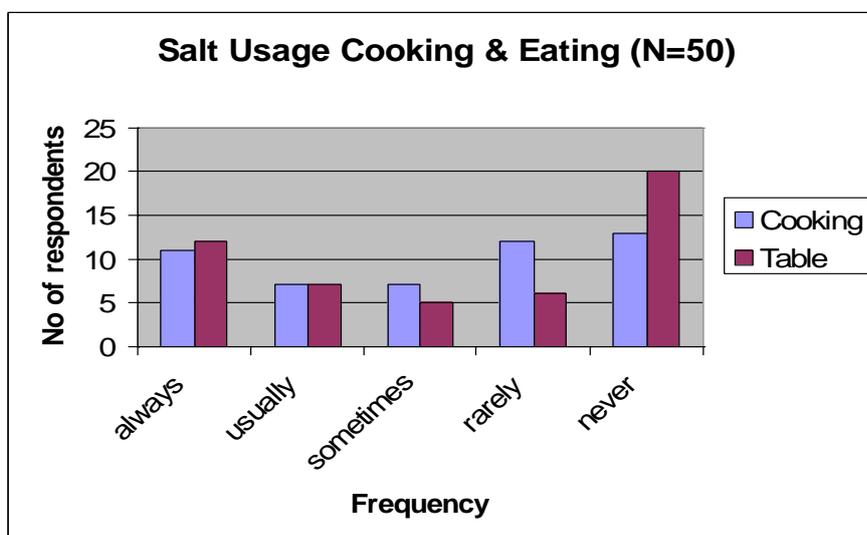
They rated their knowledge of nutrition on a scale of 1-10 (1 being poor and ten being very good) as 5.6 which is categorised as 'fair'. In relation to daily breakfast, 71% reported having Tea and Toast, 43% reported having cereal and 27% reported having porridge. Fruit and vegetable consumption is recorded in Table 4.7.

Table 4.7 Number of Daily portions of Fruit & Vegetables

Portions Daily	Number (58 Responses)	Percentage
None	8	14
1 portion daily	22	38
2-3 portions daily	16	27
3-4 portions daily	5	8.5
5 + portions daily	7	12.5
Total	58	100

Participants also recorded salt intake both while cooking food and eating at the table as illustrated in Figure 4.1.

Figure 4.1



4.4 Subjective Health

4.4.1 General Health

The participants were asked to rate their health on a scale from Excellent to Poor and as indicated below only 3% reported having excellent health, whilst 15% reported their health as very good, 51% reported their health as good, 29.5% reported their health as 'fair' and finally 1.5% reported their health as 'poor'

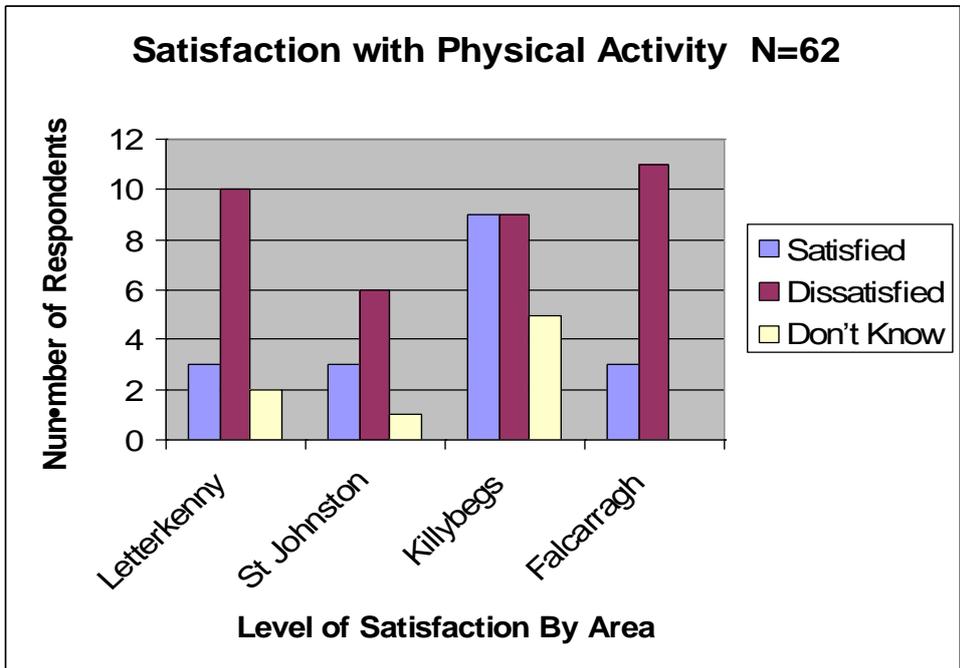
Table 4.8 Health Prior to Programme

Location	Excellent	Very Good	Good	Fair	poor	Total
Letterkenny	-	3	8	5	-	16
St Johnston	1	-	6	2	-	9
Killybegs	1	3	11	6	-	21
Falcarragh	-	3	6	5	1	15
Total	2	9	31	18	1	61

4.4.2 Satisfaction with Physical Activity Levels

The participants reported satisfaction or dissatisfaction with their level of physical activity at the start of the Programme as illustrated by Figure 3.2; 58% reported being dissatisfied with their levels of physical activity 29% reported being satisfied, and 13% did not know if they were satisfied or dissatisfied.

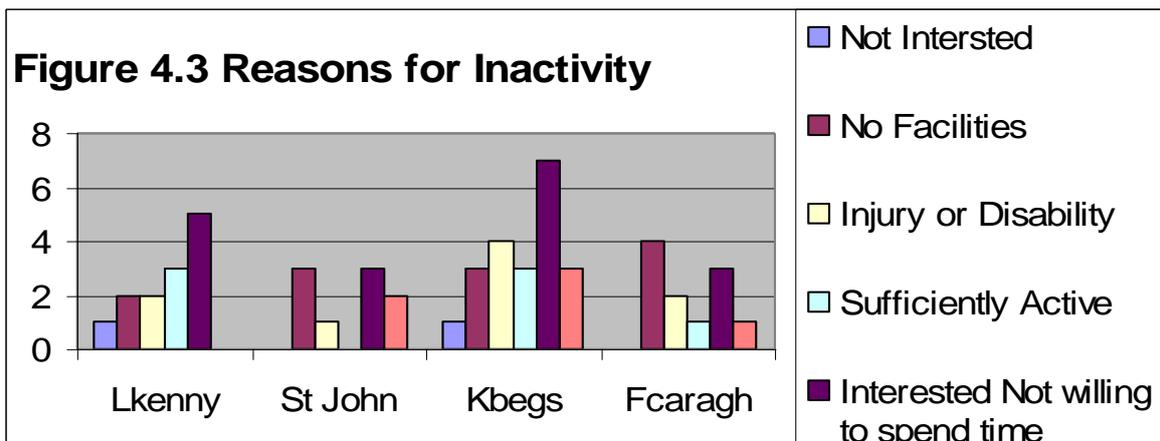
Figure 4.2 Satisfaction with Level Physical Activity



4.4.3 Reasons for Physical Inactivity

Participants reported the main reasons for inactivity as illustrated by the Figure 4.3. Over 32% were interested but not willing to spend the time, 21.5% cited lack of facilities and 16% reported having an injury or a disability.

Figure 4.3





Picture 4 – Men on the Move – Celebration event. Participants John Byrne, Nick North & Val Mc Callig (Killybegs) at the finish line, with some support from fellow runners Declan Mc Farland & Danny Gillespie (St Johnston).



Picture 5 – Men on the Move participants John Conwell & Gerry Mc Hugh from the Killybegs group.



Picture 6 - Letterkenny group after a session with their coordinator Michael Black, at Optimal Fitness Gym.



Picture 7 – Men on the Move – Celebration Event

5. Results & Findings

5.1 Introduction

A number of assumptions were made in order to make findings and collate results of the study. As stated previously the number of participants who joined the Programme was taken as the total number of participants.

5.2 Data Collection

As noted earlier much of the data was incomplete, and where data was collected (for instance baseline Week 6) the number of responses was less than half. As such, to a large extent findings on the impact and the effectiveness of the Programme can be only be drawn from the qualitative data captured in the questionnaires.

5.3 Baseline Findings Week One and Week Six

The only comparisons which can be made from Week One to Week Six are those of weight in all four centres and waist measurement in St Johnston only.

5.4 Self-Reported Health Status

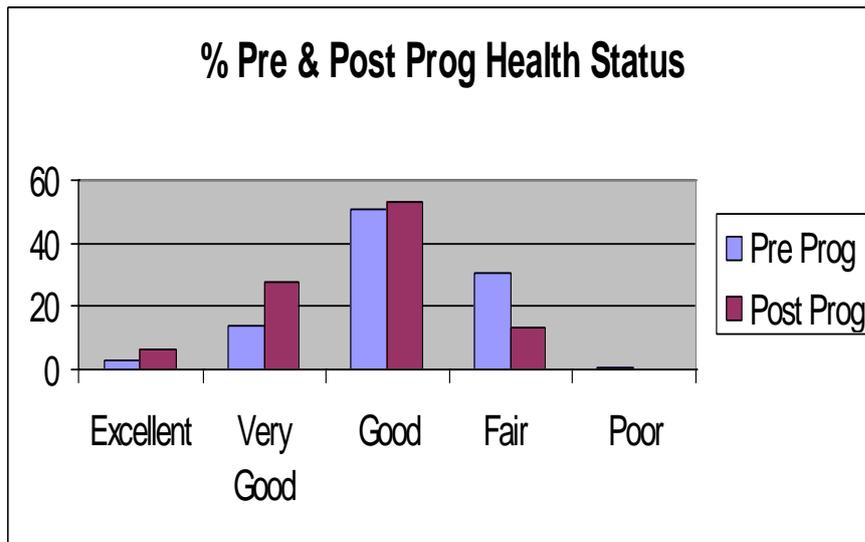
The participants were asked to rate their own health status both prior to and after the programme in the Pre Programme and Post Programme questionnaires. The responses prior to the Programme are detailed in Table 4.8 and those post programme are detailed below in Table 5.1.

Table 5.1 Self Reported Health Status Post Programme

	Excellent	Very Good	Good	Fair	Poor	Total
Letterkenny	1	2	2			5
St Johnston	-	1	3	1	-	5
Killybegs	1	2	9	2	-	14
Falcarragh	-	5	4	2	-	11
	2	10	18	5	-	35

When the responses are compared below in Figure 5.1, it is evident that the participants who had experienced 'excellent', 'very good' and 'good' health had all experienced an improvement in their health status. Similarly, those who had previously reported having 'fair' health experienced a substantial improvement.

Figure 5.1



5.5 Qualitative Data

Before the Programme started 40% of the participants reported taking some level of exercise and 60% were doing no exercise at all. Of 29 participants who responded to the question on knowledge of the benefits of physical activity post Programme, 100% reported having learned about the benefits of being active. In addition 77% are now meeting the recommendations of 30 minutes of exercise five days per week.

Twenty eight participants also reported that on a scale of 1 to 10, one being not important and 10 being essential) that a dedicated Coordinator was essential at 9.5. In relation to the factors which motivated the participants to remain on the Programme of 26 respondents, 50% cited the Coordinator, 31% cited the Group, 16.5% cited self-motivation and finally 2.5% cited family and friends.

Since it was not possible to use the empirical data collected in the baseline health screenings, the open ended questions in the Post-Programmes questionnaire provide a rich source of information on the impact and effectiveness of the Programme for the participants. They relate to positive mental health, improved physical health, improved diet and nutrition, awareness of healthier choices, improved sleep, energy and confidence. In terms of qualitative findings, this study aims to assess the impact of the Programme on participants as recorded in the Post Programme Questionnaire by looking at the following areas:

5.5.1 Motivation to Join and Complete the Programme

In the Pre Programme questionnaire 43 participants answered question 12 which asked what prompted them to join the Programme initially. A variety of reasons were cited in the 73 responses offered and in order of the most frequent were; in order to get fit (25 responses); to lose weight (15r); because the Programme was offered locally (12r); to improve health (8r); encouraged by family and friends (6r).

Similarly 26 participants who completed the Post-Programme questionnaire were asked what motivated them to stay on the Programme, In 42 responses they reported the coordinator (21r); the Group (13r) Self motivation (7r) and finally encouragement of family members and friends (1r).

Comments made in relation to motivation include:

- 'a good leader (coordinator) is a great motivator'
- 'Respect for others regardless of physical appearance'
- 'great leader really helps'
- 'its more fun exercising with the guys'

5.5.2 Impacts of the Programme

The participants recorded 61 responses on the impacts on lifestyle in order of frequency they were; improved fitness (15r); healthier diet (12r) improved health (6r); now motivated to exercise (10r); social aspect (5r); positive mental health (2r); improved confidence (2r); more relaxed (1r) more informed on health education (1r); more energy (1r) improved lifestyle (1r) and finally improved weight loss (1r).

In addition, the participants made some very positive comments in relation to the impact of the Programme on their lives;

- 'taking regular exercise for the first time in my life'
- 'agile and not as tired'
- 'seeing results weekly'
- 'thinking more positively'
- 'conscious of good and bad diet'
- 'feel stronger and stronger'
- 'able to walk further, less breathless and stomach is shrinking'
- 'more willing to walk and cycle'
- 'the dog is getting walked much faster now'
- 'doing something for myself'

5.5.3. Highlights of the Programmes

The participants recorded 34 responses outlining the highlights of the Programme; social aspects and friendship (9r); 5K Walk and walking in general (6r); becoming fitter (3r); Climbing Mount Errigal (2r); the availability and structure of the Programme itself (2r); getting out of the house (2r); seeing results (2r); the Coordinator (2r); Confidence (1r); Weight Loss (1r) and finally the educational workshops (1r).

Similarly, the post Programme questionnaire captured some very positive comments in relation the highlights of the Programme:

- 'can sleep better and I have more energy'
- 'more aware of my health'
- 'eating more fruit and veg'
- 'walking the bridges in Derry and climbing Errigal were major highlights'
- 'Attending the Finn Valley event'
- 'making great friends'

5.5.4 Changes or Improvements to be made

Many of the participants reported wishing to have the Programme extended or rolled out to a second phase. Some specific comments were:

- 'excellent Programme'
- 'make it full time even if we have to pay for it'
- 'please extend the Programme'
- 'Would love the option of some weekend activities'

5.5.5 2013 Programme Extension

Immediately following the completion of the pilot programme, an extension was planned; such was the positive feedback and demand from the participants. The second Programme began the week of the 11th of November and ran for six weeks. As with the pilot, the extension ran in the same areas with the same coordinators and participants. However, it was interesting to note that the funding structure was different. The funding is comprised of a weekly contribution of €20 each from the Donegal Sports Partnership and the local Centre and topped up by a contribution of €3 per week per participant. The fact that participants are willing to pay towards the running of the programme post pilot phase is a tremendous endorsement of the merits of the Programme.

6. Conclusions & Recommendations

6.1 Conclusions

The intended outcomes of the Programme were met. All participants responded positively when asked if they felt their health had improved. Responses ranged from feelings of improved physical health (diet, weight loss, fitness, strength, energy, sleep) to improved self esteem (confidence, looking better) to improved health education (dietary awareness, nutrition) to mental health (meeting people, social network, relaxation)

Many of the participants noted that family members, friends and wider community had encouraged them to both sign up for the program and then complete it. In addition some reported that their interest in fitness did have positive effects on others and motivated them to improve their own levels of physical activity.

The local Community Centres reported very positive experiences for both the participants and the wider community. They very much welcomed the centre being the local focal point for the Programme. In fact, a number of the participants cited the close location of the Programme as a major motivational factor for engaging initially.

The Donegal Sports Partnership has found the Programme to be very well received in the local areas. In addition, the Programme fits very well within its Strategic Pillar of Active communities specifically to support "specific low participation groups especially those in disadvantaged areas".

6.2. Recommendations

A number of useful recommendations can be drawn from the findings of the report.

- 1.** In order to properly evaluate the impact and effectiveness of future programmes, all forms of data collection must be more streamlined, consistent and carried out by relevant personnel. As such, Donegal Sports Partnership must decide on the data to be collected at both health screening stages, both pre and post programme questionnaires etc.
- 2.** The baseline health screenings carried out at the beginning of the Programme must be consistent across all areas and it is essential that they be conducted by a health care professional. This service could be provided by the local Primary Care, should agreement be reached with the Health Service Executive.
- 3.** These baselines should be screened again at the post Programmes completion session (Week eight) in order to feedback improvements to the participants and to capture the effectiveness of the Programme.

- 4.** In order to improve the impact of the educational workshops (Nutrition/Dietary management and Positive Mental Health), it is recommended that these are spread throughout the duration of the programme. This will ensure the information is threaded throughout every session for every participant, but also should someone miss one session, they will still access the information at the other sessions.
- 5.** One of the Coordinators recommended introducing a basic fitness test at the start of the programme in order to accurately assess fitness levels. This would also make it possible to set personal targets for the individual participants.
- 6.** Any future Programme should be dependent on buy-in from the local community organisations to give the initiative a focal point as well as a local driver.
- 7.** The local coordinator should have some qualifications in relation to exercise, and relevant experience in order to assess and design appropriate Programmes for the participants.
- 8.** As the role of Physical Activity Coordinator is considered critical to the success of the programme, a basic expression of interest or application form should be introduced.
- 9.** Physical Activity Coordinators should be provided with at least a half day pre-Programme training workshop.
- 10.** A manual or set of guidelines should be developed to assist the community, and the coordinators delivery of the Programme. It should outline best practice from recruitment and management through to administration and completion.
- 11.** It is advised that Donegal Sports Partnership should maintain 'Men on the Move' and examine possible sources of funding for future Programmes. It is possible that it could be considered an initial, local and inexpensive tool kit for beginning to tackle obesity and diabetes.
- 12.** It is recommended that Donegal Sports Partnership liaise with Donegal County Council to link future locations with existing and planned walking routes.
- 13.** It is recommended that the Men on the Move Programme should be added to the next Donegal Sports Partnership Strategy as a specific Programme for men aged 35 and over.
- 14.** Learning's from this Pilot Programme should be forwarded to the Irish Sports Council and the Department of Health/HSE in conjunction with Mayo Sports Partnership.

Appendix 1

List of Community Centres invited to complete Expressions of Interest

- 1.** Pobail Le Chéile CDP, Gort a Choirce,
- 2.** The Rosses CDP,
- 3.** Donegal Travellers CDP,
- 4.** Letterkenny CDP
- 5.** Atlantic View CDP, Ballyshannon
- 6.** Lifford/Clonleigh CDP
- 7.** South West Donegal Communities Partnership
- 8.** Finn Valley Athletics Club, Stranorlar,
- 9.** Rathmullan And District Resource Centre Limited
- 10.** Cara House Family Resource Centre, Letterkenny
- 11.** Donegal Family Resource Centre, Donegal Town,
- 12.** The Dolmen Centre, Kilclooney, Portnoo, Co. Donegal
- 13.** Downstrands FRC, Dunfanaghy
- 14.** Dunfanaghy Community Resource Association
- 15.** Merville and District Family Resource Centre Ltd
- 16.** Mevagh Family Resource Centre, Downings
- 17.** Raphoe Youth and Community Resource Centre, Raphoe
- 18.** St. Johnston & Carrigans Family Resource Centre
- 19.** The Forge Family Resource Centre, Pettigo
- 20.** Letterkenny Community Centre
- 21.** Raphoe Community in Action
- 22.** Cresslough Community Enterprise
- 23.** Dunfanaghy Community Resource Centre

Contact details:

*Donegal Sports Partnership
River Front House, Pearse Road
Letterkenny, Co. Donegal
Tel: 074 9116078/9
Email: info@activedonegal.com
Web: www.activedonegal.com*