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O9-2  Participants' and leaders' experiences of a family-based health promotion programme: A Healthy Generation

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Background
Family-based interventions may be a promising solution to increase children’s physical activity, but there is a lack of knowledge on how to facilitate such interventions, specifically in socioeconomically disadvantaged areas. The aim of this study was to explore participants' and leader's experiences of the content and delivery of the family-based programme A Healthy Generation.

Method
A Healthy Generation is a health-promoting programme, for families with children in grade 2 (8-9 years) including siblings. Intervention components are: activity sessions, parental support groups, healthy meals and health information. The programme is delivered twice a week for one school year in collaboration with local municipalities, health coordinators and a variation of invited sport organisations in socio-economically disadvantaged areas. Data was collected through participant observations during activity sessions, interviews with leaders (n=11), and four focus groups with parents (n=27) who had participated in the programme. Data was transcribed verbatim and analysed using content analysis.

Results
Leaders‘ and participants‘ experienced the programme to have an appealing ‘Family-concept for joy, activity and integration’. The variation of activities provided opportunities and
challenges to new interests, and the family approach were perceived as valuable for parental engagement and integration. To be “A suitable programme for all participants?”, activities directed to whole families needed to be simple and fun to keep all participants engaged, but also provide a progression for learning. Free and locally situated activities, meals and equipment for whole families facilitated participation, whereas lack of time and socio-cultural differences were barriers. The programme delivery consisted of “A fruitful leadership collaboration” where health coordinators played an important role as coordinators of a heterogeneous group, so the invited leaders could focus on the content of their sport. They also provided participants with continuity and important reminders for participation during and in-between activity sessions.

Conclusions
Participants’ and leaders’ experiences of a family-based health promoting programme give insight to the importance of local involvement, collaborative leadership and a well-adjusted family programme for health promotion. The study also draws attention to opportunities and barriers for increased integration through health promotion aimed at families in socioeconomically disadvantaged areas.

Keywords: Physical activity, Qualitative, Leaders, Families, Experiences

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O9-3 Reducing workplace sedentary behaviour: An exploration of the facilitators and barriers to professional men reducing prolonged sedentary behaviour
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Introduction
There is a growing interest in workplace interventions to reduce sedentary behaviour. Professional males are most at risk of prolonged sedentary behaviour, are considered difficult to reach in terms of recruitment to studies, and may require targeted health promotion interventions. Research on the views of senior managers and executives as well as employees in a professional setting in relatively underdeveloped. Studies have shown that a “one size fits all” approach is not suitable in behaviour change interventions. The aim of this study was to qualitatively explore professional male workers’ facilitators and barriers to reducing workplace sedentary behaviour and their views on suggested intervention strategies to ensure relevance and practicality of the intervention in each specific context.

Methods
Three semi-structured focus groups and one interview were conducted with a purposive sample of 25 professional men (15 employees and 10 senior managers). The men were recruited using convenience sampling from two professional worksites in Dublin, Ireland. Transcripts were analysed using thematic analysis.

Results
The men identified a range of intrapersonal, interpersonal and organisational barriers and facilitators to reducing workplace sedentary behaviour. Perceived facilitators included individual motivation, the formation of new habits likely through small changes, management buy-in and support and organisational culture. Perceived barriers included the primacy of work, job requirements of being desk-bound, and management expectations. Views of suggested strategies for a novel multicomponent intervention to target the determinants of sedentary behaviour as informed by the socio-ecological model were positive overall.

Conclusions
The needs, preferences and opinions of professional men to participate in a workplace intervention to reduce sedentary behaviour should be taken into consideration prior to implementation in a workplace setting. This is important to