



Cork
Sports Partnership
**Comhpháirtíocht
Spóirt Chorcaí**

— SPORT IRELAND —



WellComm Active

CORK LOCAL SPORTS PARTNERSHIP EVALUATION REPORT 2020/21

**ACTIVE COMMUNITIES
ARE WELL COMMUNITIES**



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Section 1



Rialtas na hÉireann
Government of Ireland



pobal
government supporting communities

Sláintecare.



Fidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Cork
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— SPORT IRELAND —



CORAM SLÁINTE POBAIL
CORCAIGH CIARRAÍ
CORK KERRY
COMMUNITY HEALTHCARE

Active Communities are **Well** Communities

Wellcomm Active Initiative at a Glance

Introduction and background

There is a compelling and extensive body of epidemiologic evidence supporting the role of physical activity in disease prevention and enhancing mental health.^{1,2} Despite such convincing evidence, a large number of Irish populations are not meeting the recommended National Physical Activity Guidelines. According to Sport Ireland, Irish Sports Monitor (ISM)³ annual report 2019, the percentage of highly active people is just 34%, and there is a need to increase and maintain physical activity to reduce chronic diseases and promote a healthy lifestyle. There is also a social and economic cost associated with physical inactivity. It is a modifiable risk factor for various non-communicable diseases, lifestyle-related health risks have critical implications for the future planning and provision of health services in Ireland. And the Irish healthcare system would benefit if a greater number of people achieved the recommended level of physical activity.

The National Guidelines on Physical Activity for Ireland are “Adults (aged 18 - 64) should be active for at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week). Older people (aged 65+) should be active for at least 30 minutes a day of moderate-intensity activity on 5 days a week, or 150 minutes a week with a focus on aerobic activity, muscle strengthening and balance. Adults with disabilities should be as active as their ability allows. Aim to meet adult guidelines of at least 30 minutes of moderate-intensity activity on 5 days a week.”⁴ Cork Local Sports Partnership (CLSP) delivers multiple programmes to increase physical activity levels and to assist individuals in reaching recommended levels.

Also, according to the demographic data presented in the ‘Health in Ireland: Key Trends in 2019’, life expectancy is rising, and presently it is 84 years for women and 80.4 years for men. This trend is projected to continue in the coming decades. An ageing population requires rethinking health services delivery, placing a greater emphasis on healthy living, illness prevention and population health initiatives to support people to live independently in their community for as long as possible.

In response to an ageing population, growing waiting lists, and the need for rethinking the delivery of health services, Cork Local Sports Partnership (CLSP), supported by Cork Kerry Community Healthcare (CKCH), announced the launch of a new initiative: **WellComm Active – Active Communities are Well Communities**. The initiative, which places a greater emphasis on increased physical activity, self-care and illness prevention, is funded by the Department of Health under the Sláintecare Integration Fund. This project will enable a fundamental shift from Community Health Organisations and acute hospitals delivering healthcare towards a population health approach, encouraging people to start living a healthy and active life through non-clinical interventions delivered in a systematic, integrated, geographically distributed model to provide preventative care in the right place at the right time. WellComm Active aims to empower citizens to manage their health and wellbeing and help prevent chronic disease through peer-delivered physical activity and healthy eating programme interventions.

About Cork Local Sports Partnership

Cork Local Sports Partnership (CLSP) is one of the leading sport development and physical activity agencies in Ireland. The CLSP team has grown over the past number of years and currently employs 12 staff. The team is supported by a network of local tutors and coaches operating at a local community level throughout Cork. CLSP is a Company Limited by Guarantee with 18 board members. Each board member represents an organisation or group that has a vested interest in achieving the aims and objectives of Cork Local Sports Partnership CLG.

Cork Local Sports Partnership has a focus to empower, inspire and influence communities to be physically active. The Active Communities team works with a wide and diverse range of groups across Cork to increase and promote physical activity in Cork. CLSP are influenced and work in collaboration with a number of agencies locally and nationally to ensure those most in need of support around positive health and physical activity opportunities are prioritised.

The current strategy of Cork Local Sports Partnership is focused on working collaboratively with partners to actively provide more opportunities for people of all ages and abilities to get involved in sport and physical activity. This will be achieved through two main priorities, increasing participation in sport, and inspiring more people to be physically active in Cork.



About Cork Kerry Community Healthcare

The mission of Cork Kerry Community Healthcare (CKCH) is to provide quality services to enable everyone to optimise their health and wellbeing. The vision is for a healthier Cork Kerry with an accessible, responsive, connected, high quality service valued by all.

To deliver on the mission and values above, staff and management in CKCH work to plan and deliver a range of responsive high quality community healthcare services to meet the assessed needs of the population of Cork and Kerry in line with national policies and frameworks.

The Sláintecare Report (2017) and Sláintecare Implementation Strategy (2018) signal a new direction for the delivery of health and social care services in Ireland. The strategy focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of non-acute services at every stage of their lives. This will enable our healthcare system to provide care closer to home for patients and service users, to be more responsive to needs and deliver better outcomes, with a strong focus on prevention and population health improvement.

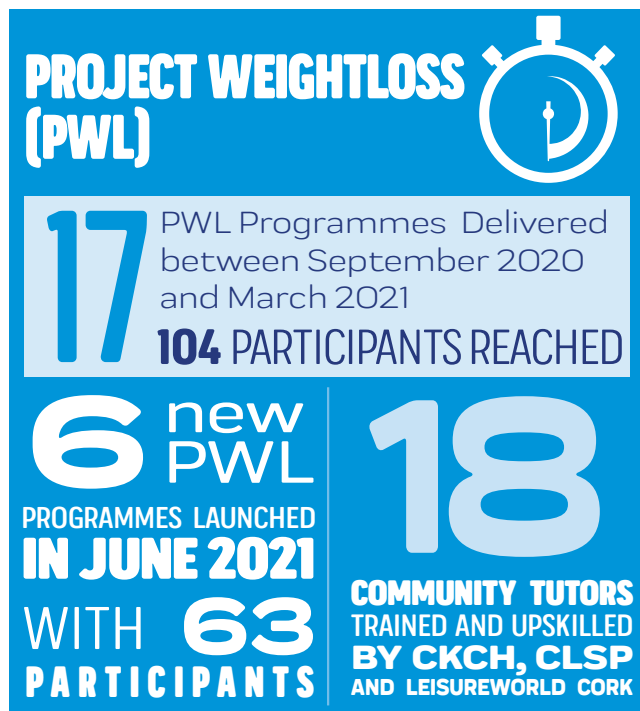
About Sláintecare

Sláintecare is a ten-year programme aimed at transforming Irish health and social care services. The Sláintecare Integration Fund sought submissions focusing on community care and integration of care across all health and social care settings. Cork Local Sports Partnership (CLSP) has an established partnership with health services in developing, delivering, and coordinating programmes at the local level to empower and engage communities in maintaining their own health and wellbeing through physical activity. We had designed and included both existing and new programmes for inclusion in the WCA initiative that would promote the health and wellbeing of the people using locally available resources.



Cork Local Sports Partnership – WellComm Active Initiative

In response to an ageing population, growing waiting lists, and the need for rethinking the delivery of health services, Cork Local Sports Partnership (CLSP), supported by Cork Kerry Community Healthcare (CKCH), announced the launch of a new initiative: WellComm Active - Active Communities are Well Communities. The initiative, which places a greater emphasis on increased physical activity, self-care and illness prevention, is funded by the Department of Health under the Slaintecare Integration Fund.



150 Participants reached through Get Active Keep Well Series in Jan/Feb 2021

68 Adults supported during lockdown via WellComm Active telephone support

175 older adults supported with WCA resources in 2020 via older adult packs



Stakeholders in Wellcomm Active Initiative

KEY STAKEHOLDERS IN WELLCOMM ACTIVE INITIATIVE	
Project Lead	To lead, coordinate and oversee the delivery of multiple projects within the timeframe.
Participants	The people who participated in various programmes such as Project WeightLoss, Healthy Food Made Easy, Staying Fit For the Future, Made to Move and the Get Active Keep Well series.
Tutors	The group of qualified individuals attended various training programmes supported by Cork Local Sports Partnership, Cork Kerry Community Healthcare & LeisureWorld Cork and delivered multiple interventions under the WellComm Active initiative.
Steering Group	An inter-institutional committee with the charge to oversee project implementation, provide guidance, and ensure the programmes' delivery.
Allied Health Professionals	<p>Community-based dietitians played a significant role in developing practical and evidence-based food and nutrition information for adults to promote healthy eating and build simple cookery skills. Dietitians were also involved in tutor training and upskilling.</p> <p>Community Physiotherapists played a crucial role in creating an evidence-based physical activity programme to improve independent movement – strength, flexibility & balance. HSE Physios upskilled exercise tutors to deliver this programme.</p> <p>The Health Promotion & Improvement Team developed valuable content and provided training for the Project WeightLoss programme.</p>

STEERING COMMITTEE	
Eoin Kaar	Project Lead, WellComm Active, CLSP
Kristine Meenaghan	Coordinator, CLSP
Claire Hurley	Programmes Manager, CLSP
Liz O'Sullivan	Physiotherapy Manager, Cork South, CKCH
Sheelagh Broderick	Executive Manager, Health & Wellbeing CKCH
Mary Murnane	Community Dietitian Manager, Cork South, CKCH
Ger Canning	Adult Education Officer, Cork ETB

Program Description

WellComm Active is a community health and wellbeing initiative developed by Cork Local Sports Partnership (CLSP) supported by Cork Kerry Community Healthcare (CKCH) and funded by the Department of Health under the Sláintecare Integration Fund.

WellComm Active works in the community to get more people thinking about their own health and wellbeing and to support individuals to make positive changes in their lives. The initiative's core idea is to encourage the people in our communities to lead a happier and healthier life with the locally available resources. The programmes focus on personal changes that can dramatically affect the overall wellbeing of an individual over time. Different programmes were included and developed under the WellComm Initiative to help individuals with exercise, coordination, weight management and healthy eating.

Logic Model

Problem statement: In Ireland, we have an ageing and growing population. It is projected that over the next 20 years, the number of people who are aged 85 and over will increase by an average of 6000 each year. According to statistics, three in four people over fifty are either overweight or obese. The major chronic diseases: diabetes, cardiovascular and respiratory disease, are also likely to increase by 20% to 30% in the next five years.

The WellComm Active Initiative Launch



PROGRAM OBJECTIVE

Empower citizens to manage their health and wellbeing and help prevent chronic disease through peer-delivered physical activity and healthy eating programme interventions.

PROBLEM STATEMENT



- An **AGEING** and **GROWING** population in Ireland
- **INCREASE** in the prevalence of **CHRONIC DISEASES**
- Evidence of **LOW LEVELS** of physical activity and **UNHEALTHY** diet
- Significant **CHALLENGES** faced by the **HEALTH CARE SYSTEM**, e.g., growing waiting lists, substantial spend to tackle chronic diseases etc.

INPUTS / RESOURCES



- **SLÁINTECARE FUNDING**
- **STEERING COMMITTEE**
- **PROJECT LEAD RECRUITMENT**
- **COMMUNITY GROUPS**
- **ALLIED HEALTH PROFESSIONALS** (dietitians, physiotherapists, HP&I)
- **MARKETING** and **RESOURCES**

PROGRAM ACTIVITIES



- Individual and organisational **DEVELOPMENT** (Capacity building strategies: organisational development, partnership, workforce development)
- **COMMUNICATION** (health information) and social marketing
- Establish **PERFORMANCE** monitoring and reporting arrangements
- Tutor **TRAINING** and **UPSKILLING**
- Previously developed & **NEW PROGRAMME** materials and **RESOURCES**

IMPACTS



- **IMPROVED** nutritional **KNOWLEDGE** and healthy eating habits
- **INCREASED** physical activity **LEVELS** in inactive adults
- Reduced Body Mass Index (**BMI**) in overweight adults

OUTCOMES



- Improved **QUALITY** of life
- **ENGAGEMENT** and **EMPOWERMENT** of citizens in their own self-care
- **IMPROVED** health status and **WELLBEING**
- Reduced **HEALTH** and **SOCIAL** costs

ASSUMPTIONS

Local community is interested in improving physical activity levels and improving their nutritional knowledge

Local agencies and partners will assist CLSP in developing and implementing programmes

Non-clinical interventions delivered in a coordinated and integrated partnership with key agencies will reduce chronic diseases

Project WeightLoss

**Healthy Food
Made Easy**

Made 2 Move

**Staying Fit for
The Future**

EXTERNAL FACTORS

Onset of Covid-19

Government restrictions

Change in mode of programme delivery
(face-to-face to online)

Availability and accessibility of participants

Purpose of the Evaluation

This report aims to comprehensively and effectively document the evaluation of multiple interventions under the WellComm Active initiative. It is an outcome evaluation whose objectives are to help determine if the plans were working well and why, and to make modifications and corrections if the project is to be scaled up at other LSP's or at a national level.

Examined should be the project outcome: the engagement and empowerment of citizens in their own self-care, quantified by employing questionnaires and focus groups. This evaluation report aims to provide pertinent information, statistics, and lessons learned that assist CLSP and its implementing partners in understanding what is being accomplished in terms of empowering citizens to manage their own health in the community.

The evaluation program objectives include:

1. Evaluate the impacts and outcomes of programmes under WellComm Active initiative (outcome evaluation) in 11 CHN's across Cork and provide recommendations.
2. To generate practice-based evidence of community-level intervention for increased physical activity and healthy eating in 11 CHN's across Cork

Evaluation Methodology

The evaluation was a mixed-method design incorporating both quantitative and qualitative components. It is primarily an outcome evaluation report. However, this report is not a scientific research piece; while careful attempts were made to be organised and precise in data collection, there were issues with this. The dichotomy between rigorous scientific research and real-life intervention evaluation is that evaluation needs to be pragmatic and is used to determine the effectiveness of a programme or model in a real-life setting. In contrast, research is more theoretical, controlled by the researcher and produces generalisable knowledge.

This evaluation report has adopted a flexible and adaptable approach to the need of various interventions being appraised. A renowned evaluator D.L. Stufflebeam highlighted the importance of evaluation with the following sentence:

"Research seeks to prove, evaluation seeks to improve (Stufflebeam, D.L. (2007))"

Study design

The study design used in this evaluation is a pre-and post-intervention with no control. It is a non-experimental design in which data was collected before and after training to see whether changes occurred.

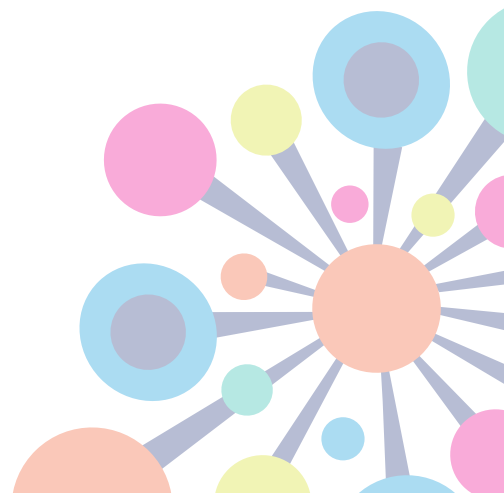
Data collection measures

All outcome measures were collected at baseline and at the end of the programme period. The healthy eating and active living programmes were implemented at various times and duration, so the data collection was staggered. As a result, pre/post measures were available at multiple points in time throughout the initiative. Only participants with baseline data and follow-up were included in statistical analyses.

Method of recruitment and referral

The participants were referred through multiple pathways; participants were referred by health professionals, GPs, and primary health care centres. The 'WellComm Active Initiative' was advertised and promoted through the CLSP network, across the HSE & CKCH network, and through a Health Promotion and Improvement website – www.thewellbeingnetwork.ie. It was also promoted on several social media platforms where participants were able to self-refer and sign up themselves.

The primary reason for participants to withdraw from the various programmes were issues with timing and the change in the mode of delivery from face-to-face to online, which is unsurprising as the programmes were running at the time of strict Covid-19 restrictions. Several other factors, including home-schooling children, working remotely, unstable internet connection and lack of technical skills, negatively impacted the reach of the programmes.



Section 2



Rialtas na hÉireann
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Sláintecare.



Fidhmeannacht na Seirbhíse Sláinte
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Active Communities are **Well** Communities

Individual Programme Evaluation

Staying Fit for The Future With Better Balance Better Bones

The Staying Fit for the Future (SFFF) with Better Balance Better Bones programme is a weekly exercise class held in a community setting that both challenges and trains the components needed for maintaining good independent movement (strength, flexibility, range of movement, static and dynamic balance). This allows participants to challenge and train the cardiovascular system through other forms of exercise and the environmental factors such as steps, paths, darkness, hills etc will not become an obstacle to continued confident participation in society.

From a participation point of view Staying Fit For the Future is designed for people whose current mobility allows them to be active in their communities. Suitable participants are those that walk unaided and want to stay strong on their feet. Staying Fit For the Future is an enjoyable 50 minute on your feet exercise class. It generally takes place in community halls and exercise content includes warm up, range of movement, aerobic and strength exercises, static and dynamic balance, as well as flexibility components. Exercises are kept simple yet challenging to empower participants to continue to practise them at home and to share with friends. Education of the reason why participants are doing these exercises is given so that it's meaningful to the person, again increasing compliance. There is a weekly relevant brief on education and exercise advice is given by tutors.

The programme is delivered by exercise instructors or physiotherapists who have attended the 'Staying Fit for the Future - Better Balance Better Bones training day. The class concept, content and education were established by physiotherapists after much research and clinical reasoning to allow for a quality product to be delivered. Terms of reference for the concept were initially formulated by Cork Falls Prevention group in December 2015. After an initial pilot programme and review in 2016, the programme was rolled out in communities across Cork. It is currently delivered in Cork through administrative, screening, promotion and recruitment work by Cork Local Sports Partnership, HSE primary care Physio and HSE health promotion.

65 SFFF programmes were delivered between September 2020 & June 2021 with 631 participants reached.

Methodology for Staying Fit for the Future Programme

We aimed to identify if the SFFF with better balance better bones programme has increased the quality of life of older adults who participated in the programme. It is comprised of two research components: 1) A online survey 2) Focus group discussion. These two components will collect relevant information about improvement in the quality of life of the participants. This section provides an overview of the results from the focus group discussion.

Focus group discussion provides the opportunity to gather in-depth feedback from the participants. Even though a valuable tool, surveys commonly ask for close-ended questions that may limit the amount of information gained from participants. This will allow a group interaction between participants, encouraging them to discuss new concepts and ideas that may not occur otherwise.

Data Collection

Convenience sampling was used to recruit participants for the focus group discussion. The participants were recruited by tutors locally. The recruitment of each group took into consideration people who participated in all three modes of delivery of the SFFF programme, a minimum of 2 participants from each class were recruited for better spread across all programmes and locations, both urban and rural. A total of 6-7 people were recruited for each focus group discussion. Each session lasted for 2 hours, and it was conducted online using Zoom.

A script was developed for the moderator to conduct the group discussion. It explained the intent of the group, defined the focus group rules and highlighted the confidentiality of the discussion.

Results of focus group discussion

'World Health Organization (WHO) guidelines suggest that people aged 65 and over should engage in at least 30 minutes per day of moderate-intensity activity on five days a week or 150 minutes a week', however, according to the Centre for Ageing Research and Development in Ireland (CARDI), very few older adults meet these guidelines in Ireland.

Falls in older adults are a major cause of injuries. They induce psychological and social consequences of falling, for example, fear of falling, decreased quality of life and even death. It is estimated that 1 in 3 people aged 65 and older fall in Ireland. Exercise plays an important role in improving strength and balance and thereby reduces falls and associated consequences. Further studies show that older adults who engage in regular physical activity can prevent injuries and remain self-reliant.



The first impression of the programme

After the introduction, the focus group members started a conversation about their first impression of Staying Fit For the Future with Better Balance Better Bones programme. The participants talked about how the programme was structured and the friendliness and accommodating nature of the tutors. They spoke about the wide variety of exercises included in the programme, which helped improve their fitness level which convinced them to stay in the programme. Finally, the group noted the importance of the printed booklet made available to each of them and the fun and entertaining aspect of the programme, e.g., music, tutors chatting with each participant, etc.

When I went for the first time, I didn't know anybody and when you go to a place like that you can quickly turn and go back out and forget about it. But the welcome that my tutor gave made me stay and continue the programme. I have to say that the exercises are great.

I thought it was quite fun. I really enjoyed the programme. I met people that I knew that I hadn't met for years. And all of a sudden, we are all friends, it's great.

The first night we went, my tutor gave us the booklet and our homework. And it was very structured and organised. I was very impressed from the first day.

I couldn't believe that the hour flew so much when I attended the programme for the first time. It was very engaging and entertaining. And I also enjoyed the fact that we didn't have to lie on the floor to do any of the exercises.

I remember the first time I went to the hall. I thought I knew everything. And I was saying should we be able to learn anything new here? But actually, I did. The exercises were fun and quite difficult, and it was good. It was very specific to balance rather than just walking or cycling or any other exercise.

Defining ageing well

The participants were asked to explain what it means to age well and how they think it could be achieved. The group noted that physical activity and emotional and mental wellbeing are vital to ageing well. Participants also commented about healthy eating. The participants feel that it is crucial to be involved in their communities, not to feel isolated. Along this line, the participants indicated how the programme enabled them to take care of their health and wellbeing during the lockdown when they could not meet friends and family or take part in other social events, voluntary work or church activities. They also spoke about how the programme has motivated them to be physically active and gave a sense of purpose to those who live alone. Most importantly, they mentioned the importance of camaraderie, especially during this difficult time.

"I suppose physical exercise kind of releases good feelings in us, which helps our emotional and mental welfare. And even if you only go for a walk, you would feel better when you come back."

"You know, after doing your exercises, it leaves off these endorphins. And you can just do anything for the day, you can walk, and you can do everything."

"By exercising, we have control of our body, and we will be more aware of what we eat."

“I think the exercises for me this year have been the most important thing for mental wellbeing and mood-enhancing because, you know, being able to do the exercise and feel a sense of achievement when you’ve sort of stuck to a regime. And these exercises make your body stronger, but I think psychologically, it’s been a huge boost. It must be like a drug in the brain because it’s helped me very much this winter when I’ve suffered a recent bereavement.”

Improvement in quality of life

The participants were asked to describe how the programme has enhanced their quality of life. People talked about how the programme has motivated them to be physically active. Interestingly, all of them agreed that participating in the programme has enhanced their quality of life. They spoke about improvement in strength and balance. Being aware of posture, falls prevention, pain management, increase in energy levels and being more active were among commonly agreed factors that have increased the participants quality of life. Another remarkable topic that emerged during the discussion was an increase in confidence to do day-to-day activities. Addressing physical, mental, social, and emotional aspects of health and wellbeing were essential to people. Again, indicating the WellComm Active Initiative’s core principle. Finally, the participants discussed the increase in competence and self-efficacy due to continued participation in the programme.

I think exercise and healthy eating go hand in hand. Like if you are exercising, you feel so good from it, and you do not want to damage it by eating bad, so you make sure your diet is good. It has enhanced me in every way because you want to do everything right, which makes you feel good.

I was not an exercise person before, but now the programme has motivated me to go walking, as well as other exercises. I went from zero exercise to four days a week, which is brilliant, and I am really enjoying them.

I had two knee replacements a couple of years ago. So, balance is very important. Actually, they’ve improved drastically after attending the programme. I must say so.

I feel more flexible and looser, and more energetic. Posture is good. I suppose, mental health in particular, with this lockdown. Some people are on their own, and at least they can look forward to the chat with the tutor and others, just before the exercises, and as well as after the exercise. I am sure they’ll all agree there that you feel a million dollars after that.

I find since I started the exercises, I can bend down way easier than before, you know, and they are just excellent!

I have two very small grandchildren, and I find that I am well able to engage with them after participating in the programme. And that means getting down on the floor and getting up quickly.

I had a nasty fall last year, and I am still recovering from that pain in my back, but I find with the exercises I’m doing now, I could manage it. And, it improves my balance, so I don’t have another silly fall.



Participants of the focus group also spoke about how the programme helped them to indulge in self-care practises. Interestingly, almost everyone identified exercise or physical activity above any other kind of training as essential in taking care of themselves. All the participants agreed that joining the programme has motivated them to be more physically active.

It is a nice feeling throughout your body when you do the exercise. I suppose, a relaxed feeling because you kind of stretch your muscles and you need that to take care of yourself and to maintain a good level of fitness going into the future.

If you are doing exercise, you feel that you are improving muscles and things. And for that reason, you are more aware of looking after yourself.

Attending the programme has made a huge difference in my life. I did not like exercise. I did not like walking, and I am doing all those things now.

With the first lockdown, I was quite good to go out within my few kilometers to do my walking, even around the house, because we weren't allowed out of the house. The second time it was not just as easy to get motivated to get up and do exercise. But when we started the zoom classes, it definitely motivated me to move more and do exercise and to take care of myself.

The participants also noted that two things restrict their ability to continue the programme: accessibility and finances. All the participants concur that the programme isn't expensive and is financially accessible, enabling them to stay involved in the programme. In terms of finances, few participants identified that even though the programme isn't expensive, a minority of the population were not interested because they had to pay. Accessibility to the programme has a significant effect on the quality of life. A theme that emerged across focus groups were people dropping out of the programme due to the inability to access the programme online. It was recognised as a significant challenge for older adults with little or no knowledge of technology. Older adults were encouraged to use and contact the WellComm Active telephone support line for assistance in transitioning to online classes and were also assisted by their local tutor.

Feedback about tutors

The participants also relayed stories about their experience with tutors. All participants recounted their tutors as incredibly supportive and helpful through all three modes of programme delivery. Many of the older adults were new to online platforms such as Zoom, but the tutors were able to facilitate the programme online during the lockdown and explain the technology to those interested, enabling them to stay in the programme. It is noteworthy that none of the participants had a negative encounter with their tutor. The general conclusion from the discussion about how tutors acknowledged the challenge of attending the programme online was overwhelmingly positive.

“My instructor is absolutely excellent. She is so considerate to every person. And she’s just one in a million, I must say. Any equipment you needed, she would take it around to you. And she will speak to you in private if you have a problem.”

“My tutor, like all the others, was excellent and very approachable. And, you know, very pleasant to deal with.”

“My tutor was absolutely excellent. You know she has made every effort to deal with people challenged by coming online and doing the programme.”

“I guess my tutor was very good, and she asked us all if we had any equipment such as an iPad or laptop to attend online classes. And she was able to tell us how to configure Zoom in the beginning as it was big this year. With zoom, she was able to chat with me, and she explained it very well.”

“My tutor was so refreshing. There was a great sense of fun about the programme with the music as well. And she made everyone feel so special.”

“My tutor was absolutely excellent, and if we were having problems with the internet, she would move around with the camera on to explain every little different thing to you, so, as I said now, my tutor was excellent. Absolutely 100%.”

Feedback about the programme

Participant feedback about the programme was tremendously positive. There was much discussion about the programme and how it meets the needs of older adults. There were stories about being provided with the informative booklet and how it has facilitated an increase in exercise. They spoke about how the programme has made them more agile and active. All the participants believe that they have to advocate for themselves to join the programme. The participants saw the programme as community engagement and were eager to enlist more people from their neighbourhood. Along similar lines, they mentioned the advertising side of the programme, many of the participants find advertising through social media and other websites a good source, but not everyone feels the same way. To reach more people, especially in rural areas, they think word of mouth, flyers and notices in shops would be more suitable.

One of the participants mentioned that the programme could reach more people if referred to by GP's, Physiotherapists, Occupational Therapists, or other health care providers. Additionally, access to information about the programmes happening in the community at the right time was also important. Again, it is one of the aims of the WellComm Active initiative to link Cork Local Sports Partnership programmes with health services and provide real-time information about the programmes happening in the community with the geo-mapping exercise and referral pathways.

“Is there any way, things like being referred by the Physiotherapist, GP's or public health nurses or something like that? It might encourage people more than a notice or something they heard from somebody else, especially the people who really need to do the falls prevention programme and things like that.”

“We decided to go in for this programme for other people's benefit, to increase the numbers because our population is so remote down here with only 5000 people in the whole Peninsula. It is great to think that we are a community together. We cannot meet anyone; we cannot go to church and do all the voluntary work we used to do. We can no longer do something you can do together with other people, you know, and it is what I describe. It is kind of a community thing. It isn't just about me and my health and my fitness. It is about us altogether.”

The zoom now is brilliant. When you cannot go out and do all the exercise, that is an extra factor in this pandemic time, but we all will be looking forward to the course when we can exercise at the roadside and meet all the crowd again.

I am very grateful to Cork Sports Partnership for conducting the classes over Zoom, especially during these difficult circumstances.



“Conducting the programme online, particularly during the lockdown when people could not go out to the hall or couldn’t go out outdoors or anything, is a big plus to Cork Sports Partnership. What you did on zoom is great. Big thanks to Cork Sports Partnership.”

“The zoom classes have worked out great, enjoying them very much, and my tutor has done a lot to do all the exercises that we usually do on the hall through Zoom. It has improved my energy levels. I will say I have been laid back for years, and it brought back my interest again, and I feel good that I am able to partake in these exercises. And you know I am flexible now and thanks to Cork Sports Partnership for organising it.”

Summary

Both groups had excellent participation in the focus group discussions. People actively participated and had contributed a lot to the meeting. All the participants expressed their sincere appreciation for being invited to the discussion and thanked Cork Local Sports Partnership for conducting the Staying Fit For the Future with Better Balance and Better Bones programme. The participants expressed the sentiment that they have a great relationship with their tutors. All the participants believe that the programme has enhanced their quality of life. Many participants indicated they would like to see the programme reaching out to many more people, particularly in rural areas. All participants were incredibly positive, hopeful, and confident about their current quality of life.

Results of online survey

This section presents an overview of the online survey results among the participants of the SFFF programme conducted online (n=67).

Data collection measures

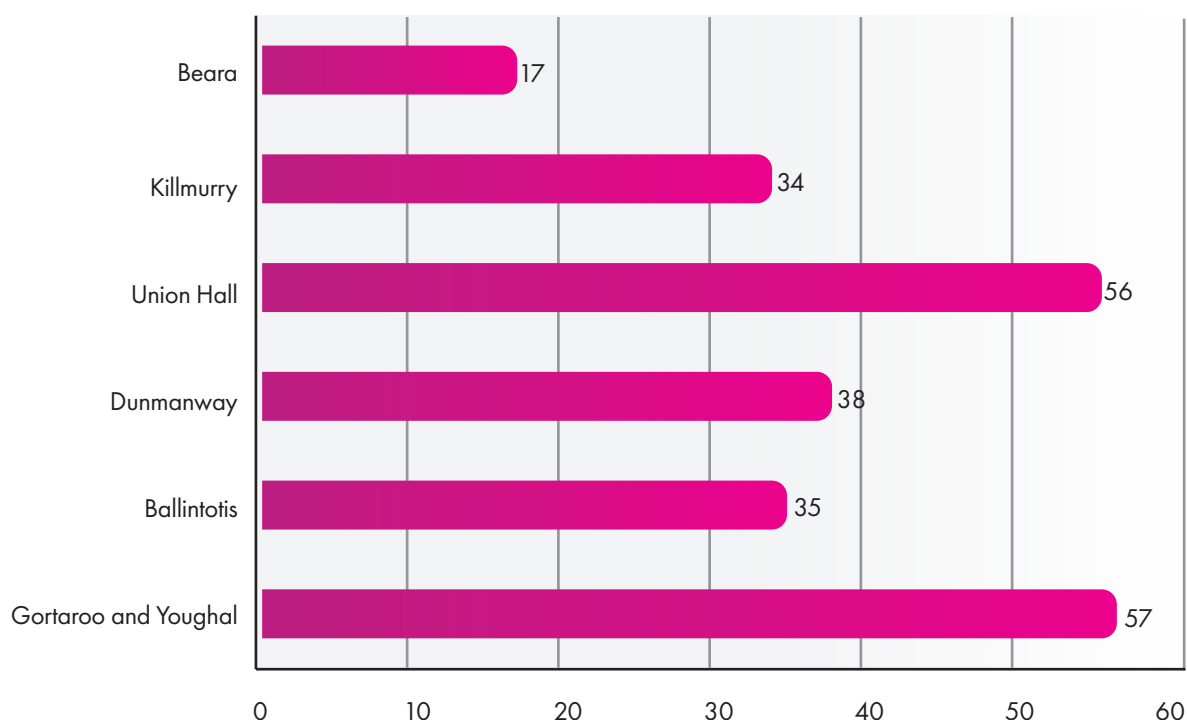
All participants were asked to complete a registration form at baseline, and an evaluation form with 12 open and close-ended questions was completed by 67 participant’s post-programme.

SFFF Venues

The data for the nearest town or village were available for 67 participants. 40.2% of the participants were from West Cork.

Table 1: SFFF participants from various CHN’s.

Health Networks	Number of Participants
Ballincollig / Bishopstown / Macroom: West Cork Central	3
Ballyphehane / Togher: South Cork City	1
Bandon / Kinsale	1
Blarney / Farranree / Churchfield: North Cork City & Blarney	1
Cobh / Glanmire: East Cork City	4
Douglas / Blackrock / Mahon: Southeast Cork City	3
Fermoy / Mitchelstown: Northeast Cork	1
Mallow / Charleville: Northwest Cork	1
Mayfield / Blackpool: Central Cork	1
Midleton / Youghal: East Central Cork	22
West Cork	27
Waterford	2
Total	67

Figure 1: Number of participants from each SFFF venue

Characteristics of the sample

A total of 175 people have completed the SFFF programme at the time of evaluation in 16 venues across Cork. Of that, 67 people have completed the survey so far, representing 38% of the total sample. The majority of participants were females (n=62, 96%). The mean age of participants is 70. The table below provides demographic information on the sample by age and gender.

Table 2: SFFF participants by age and gender

Age Group	Female	Male
50-59	2	–
60-69	31	3
70-79	27	2
80-89	2	–
Total	62	5

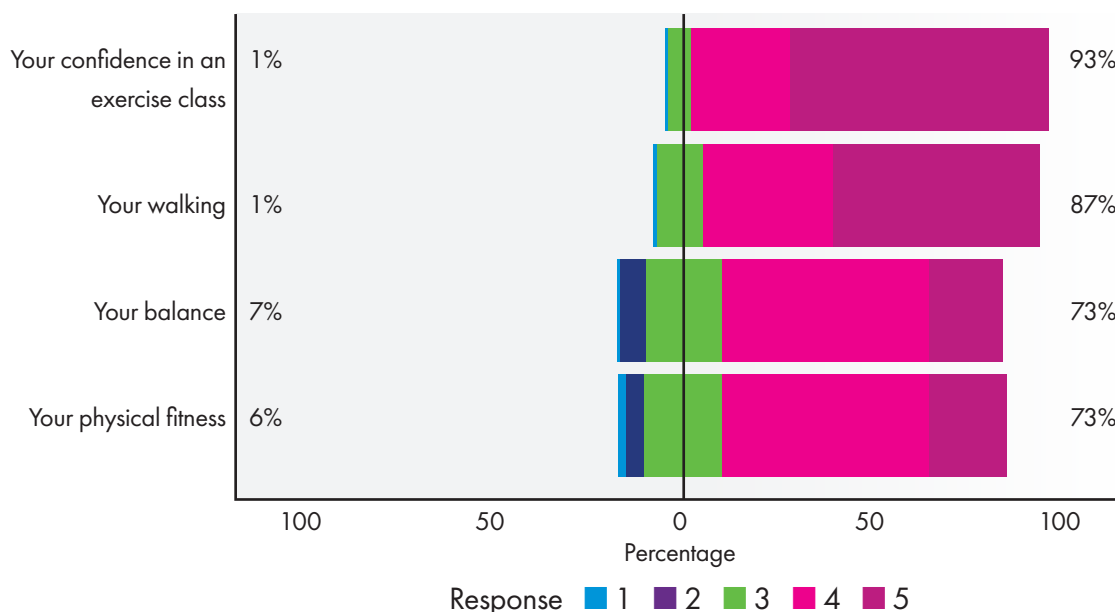
Self-reported changes in participants post-programme

At the end of the programme, participants were asked to rate their self-perceptions on a scale of 1 to 5, with 1 being poor and 5 being very good about their confidence to participate in an exercise class, balance, physical fitness, and walking.

73% of the participants rated their balance and physical fitness as either good or very good, and **87%** of the participants rated their walking as good or very good post programme. The figure below shows the change in participants' attitude.



Figure 2: Change in participants attitude after SFFF programme

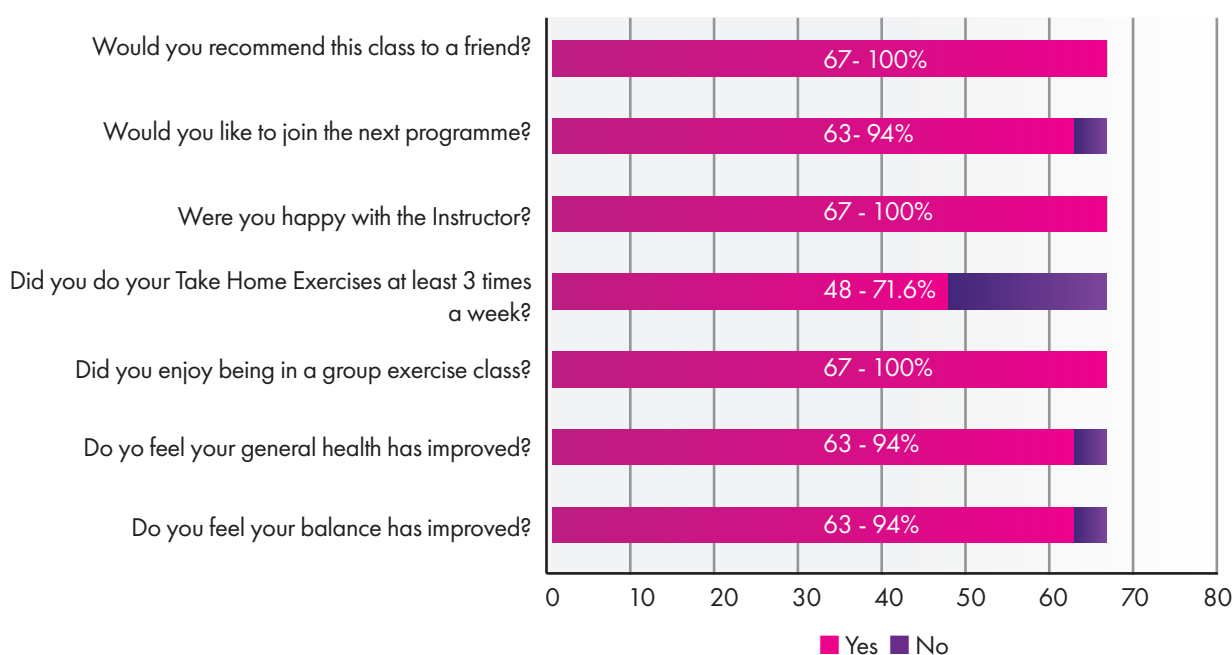


Participant evaluation of SFFF programme

Participants were asked to give feedback at the end of the programme. 67 participants have completed the post-programme assessment, and the responses are overwhelmingly positive. Few questions on the evaluation form were about different aspects of the programme.

94% of the people agreed to an improvement in balance and general fitness post-programme. **100%** of the participants answered they were happy with the instructor and would recommend the programme to a friend and **72%** of the participants state they are doing the take-home exercises at least 3 times a week. The figure below shows the participants response to various questions.

Figure 3: Participants response to various questions regarding SFFF programme



Staying Fit For the Future programme



Section 3



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Healthy Food Made Easy

Healthy Food Made Easy (HFME) is six-week peer-led nutrition and cookery course developed by community dietitians for use with adult groups to promote healthy eating and to build simple cookery skills.

The aim is to improve participants' nutritional knowledge and eating habits, which in turn can ultimately help reduce diet-related chronic conditions such as cardiovascular disease, obesity, diabetes and cancer. The sessions were held once a week for 2 hours.

The tutor training was conducted in March 2020 for face-to-face delivery; however, due to COVID-19 restrictions, we could not administer the HFME programme as planned. One of the challenges we faced were the issues with transitioning a peer led programme entirely online. Despite this, with continued support from CKCH's community dietitians, management and from the enthusiastic tutors with their willingness to upskill, another training course was organised in November 2020 in a new online delivery format for the programme, using both Zoom and WhatsApp. Educational aspects of the programme were covered through Zoom, and WhatsApp was mainly used for peer learning, e.g., sharing ideas, tips and resources among participants and for encouraging and supporting one another.

HFME Participant Evaluation

Healthy Food Made Easy venues

This section presents the results of an evaluation of HFME in 11 Community Health Networks across Cork City and County.

The first programme was rolled out on Nov 2nd, 2020. **19 HFME programmes were launched to date across 11 CHN's with 171 participants reached.** HFME programmes were implemented at various times, and some of the programmes are still currently running.

The baseline data was available for 57 participants, but the evaluation data was available for 50 (88%) of them. The data collection was staggered because programmes were implemented at various times.

Characteristics of the participants

Most of the sample were female (n=47, 94%). Table 1 below provides demographic information of the sample by gender.

Table 6: HFME participants by gender

Gender	Count
Female	47
Male	3
Total	50



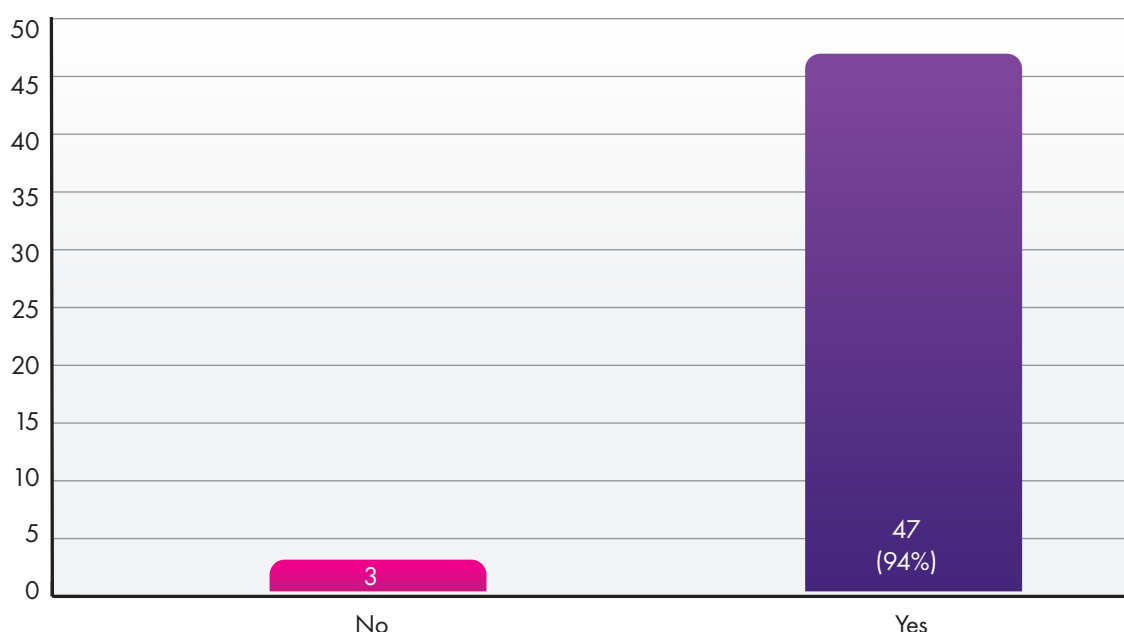
Table 7: Healthy Food Made Easy participants from various CHN's.

CHN'S	Number of people from each place
Ballincollig / Bishopstown / Macroom: West Cork Central	13
Mallow / Charleville: North West Cork	3
Mayfield / Blackpool: Central Cork	4
Ballyphehane / Togher: South Cork City	1
Bandon / Kinsale/ Carrigaline	13
Blarney / Farranree / Churchfield: North Cork City & Blarney	3
Cobh / Glanmire: East Cork City	6
Cork City	27
Douglas / Blackrock / Mahon: South East Cork City	9
Fermoy / Mitchelstown: North East Cork	3
Midleton / Youghal: East Central Cork	4
West Cork	19
Total	105

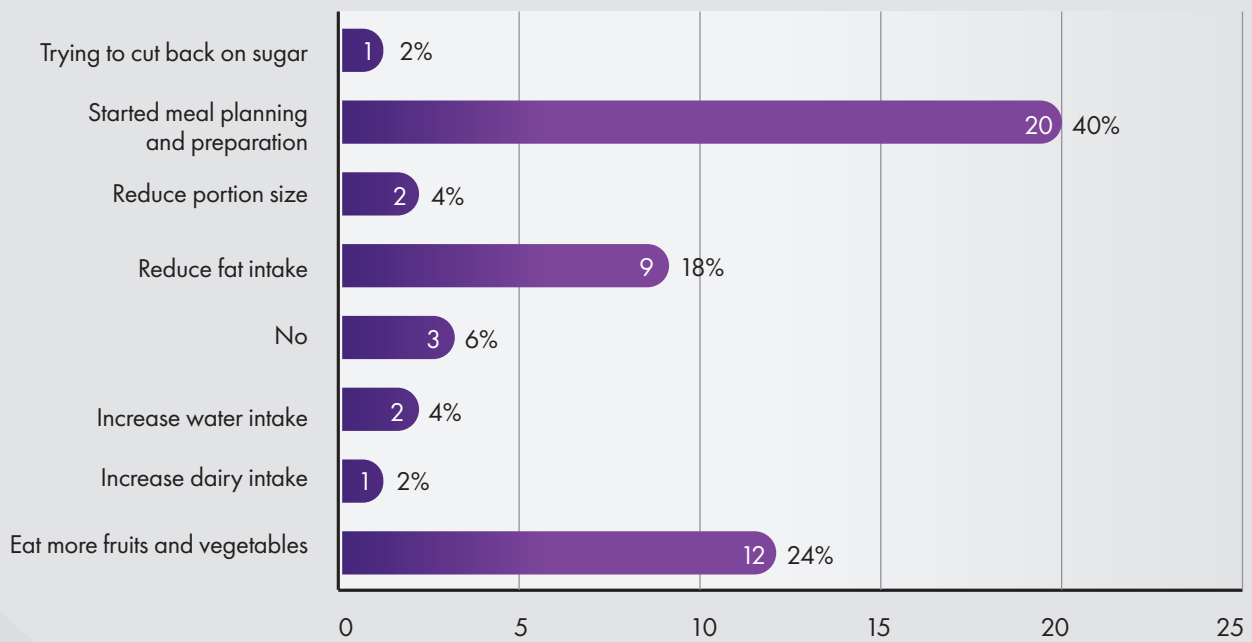
Participant's evaluation of the HFME programme

Participants were asked if there was a change in their eating habits after attending the HFME programme. **94% (n=47) of the participants who completed the evaluation form responded 'YES,'** indicating a change in eating habits. The most popular response was 'Started meal planning and preparation' (40%) 'Eat more fruit and vegetables' (24%) and 'Reduce fat intake' (18%). Figure 11 illustrates the most popular responses.

Figure 11: Change in eating habits after HFME programme

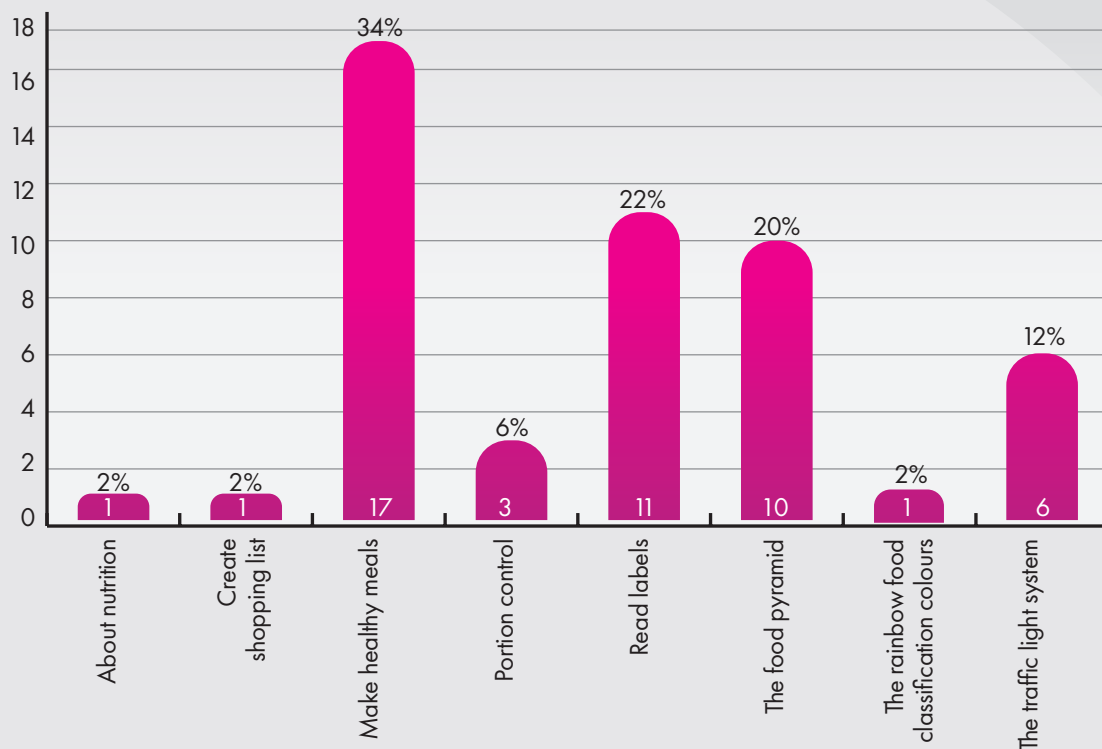


Change in eating habits after HFME programme



Participants were also asked to list what they have learned from the HFME programme. 50 participants have answered this question. **34%** of the participants responded, 'Make healthy meals' and **22%** responded, 'Read labels'. It is noteworthy that all the participants (**100%, n=50**) could learn new pieces of information about nutrition and cooking healthy meals. Figure 12 demonstrates the responses.

Figure 11





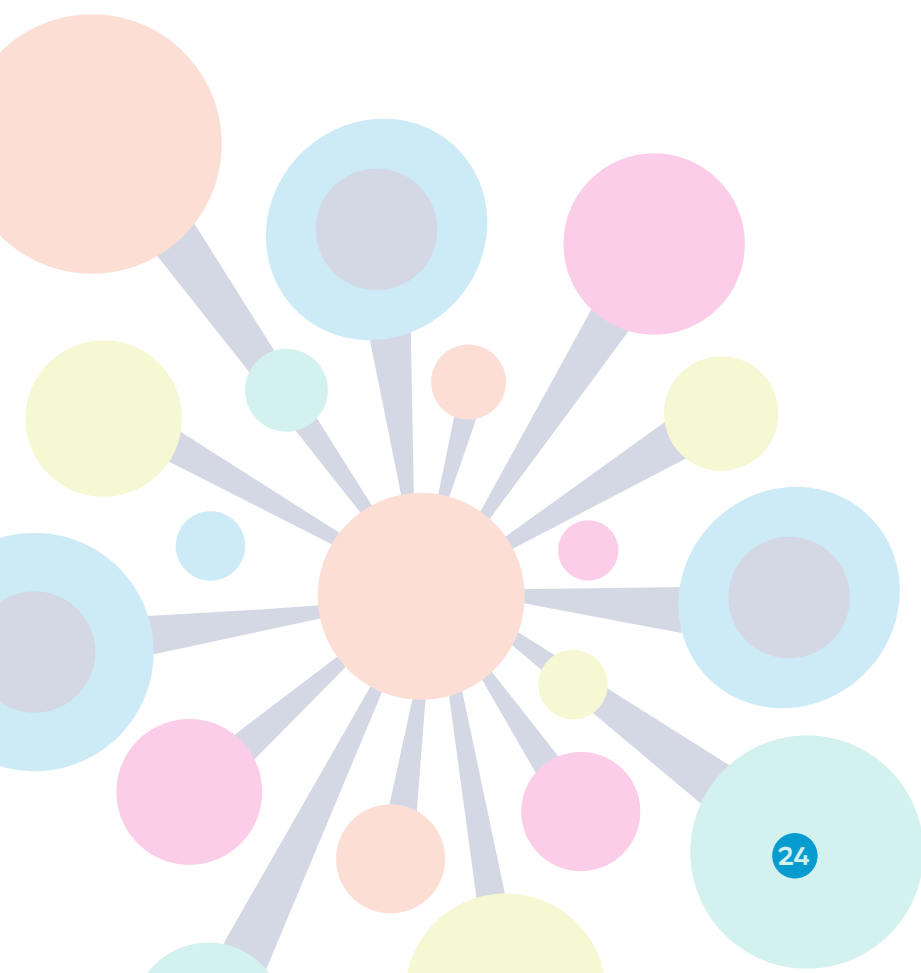
When asked for suggestions, **54%** of the participants responded that they have **no** recommendations about the programme. Typical responses included 'No, I think the course was very well put together, and the book was a great help in conjunction with the class', 'Everything was fine for me, I wouldn't change it' and 'Not a thing, it was fantastic from start to finish'. 9 participants (18%) suggested having more flexibility with programme duration and timing.

Finally, the participants were asked about their experience in taking classes online. The responses were overwhelmingly positive, and all of the participants acknowledged the current situation in which the programme was conducted online. A few of the individual responses were:

It offered flexibility. I was under pressure to get home from work on time to log on, but what you've never had, you don't miss. It was well managed with the sharing and the breakout groups

Fabulous. New to me in lockdown and loving it. A great lifeline and free service. Very grateful and hungry for more learning online!

It worked well. I have done other online courses during lockdown, which haven't been so well presented. In person is always better, but given the circumstances, it was great.



Healthy Food Made Easy



Section 4



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Project WeightLoss

Project WeightLoss is a 12-week exercise intervention programme targeted at individuals who are currently inactive and overweight. Sessions were run twice per week. Individuals with a BMI (Body Mass Index) of over 25 were eligible for the programme.

The weekly sessions comprise of a wide range of exercise activities, equipping participants with the tools to be able to manage their weight in a healthy and safe manner. A substantial logbook is used alongside the practical sessions as a motivational tool, reference and record of activity and progress.

The primary aim of the programme is to provide an opportunity for inactive and sedentary people to experience exercise, appropriate to their ability and needs in a supervised and structured setting using exercise professionals. The programme is designed to empower the participant to focus on the areas of their everyday activities which can be changed to bring about improved health and fitness, and as a result, reduce excess weight and other associated risks. By the end of the programme, participants will be fitter, healthier and reduced their BMI. Project Weightloss is about a lifelong change to be more active.

The programme was delivered face to face in an indoor setting prior to level 5 restrictions; however, the classes were moved online due to lockdown restrictions.



Project WeightLoss Participant Evaluation

The programme was rolled out in September 2020 across six Community Health Networks. **17 PWL programmes were delivered between Sep 2020 & March 2021 with 104 participants reached and 6 new PWL programmes were launched in June 2021 with 63 participants.**

Figure 4: Participants response summary between Sep 2020 & March 2021

Of the 104 participants, baseline data were available for 99 of them, and 77 people have completed the programme at the time of evaluation. The PWL programmes were implemented at various times and duration, so the data collection was staggered. As a result, pre/post measures were available at multiple points in time throughout the initiative. The post measurements were accessible for only 29 participants.

All PWL participants were required to complete a detailed application form at the beginning of the programme.

Table 3: Project WeightLoss Venues

Health Networks	Number of participants
Bantry/Castletownbere/Ballineen - West Cork	41
Ballintotis - Middleton/Youghal: East Central Cork	10
Farranree-Blarney/Farranree/Churchfield: North Cork city and Blarney	16
The Glen: Mayfield/Blackrock: Central Cork	11
Mallow: Mallow/Charleville: Northwest Cork	13
Carrigaline: Bandon/Carrigaline/Kinsale	13
Total	104



Characteristics of the sample

Most of the sample were females ($n=29$, 82.7%). 72% of the participants were over 40 years of age. Table 1 below provides demographic information on the sample by age and gender.

Table 4: PWL participants by age and gender

Age Group	Female	Male
30-39	8	
40-49	9	4
50-59	4	
60-69	3	1
Total	24	5

An essential criterion for PWL was a body mass index (BMI) of greater than $25\text{kg}/\text{m}^2$, excluding women who are pregnant. BMI was calculated by dividing the individual weight by the square of their height in meters. BMI at the start of the programme was available for 27 participants out of 29. Table 2 shows the BMI of the participants at the beginning.

Table 5: PWL participants by gender and pre-programme BMI

BMI	25-29.9	30-34.9	35-35.9	40-44.9	45-49.9	50+
Female	8	7	3	4	0	1
Male	1	2	1	0	0	0

In Ireland, overweight and obesity are classified using the following BMI categories:

- Overweight: $25 - 29.9\text{ kg}/\text{m}^2$
- Obesity I: $30 - 34.9\text{ kg}/\text{m}^2$
- Obesity II: $35 - 39.9\text{ kg}/\text{m}^2$
- Obesity III: $40\text{kg}/\text{m}^2$ or more

Of the 29 people involved in the evaluation, 3 (10%) were unable to complete the 12-week programme. The primary reason given for dropping out was the online transition of the programme due to Covid-19 restrictions.

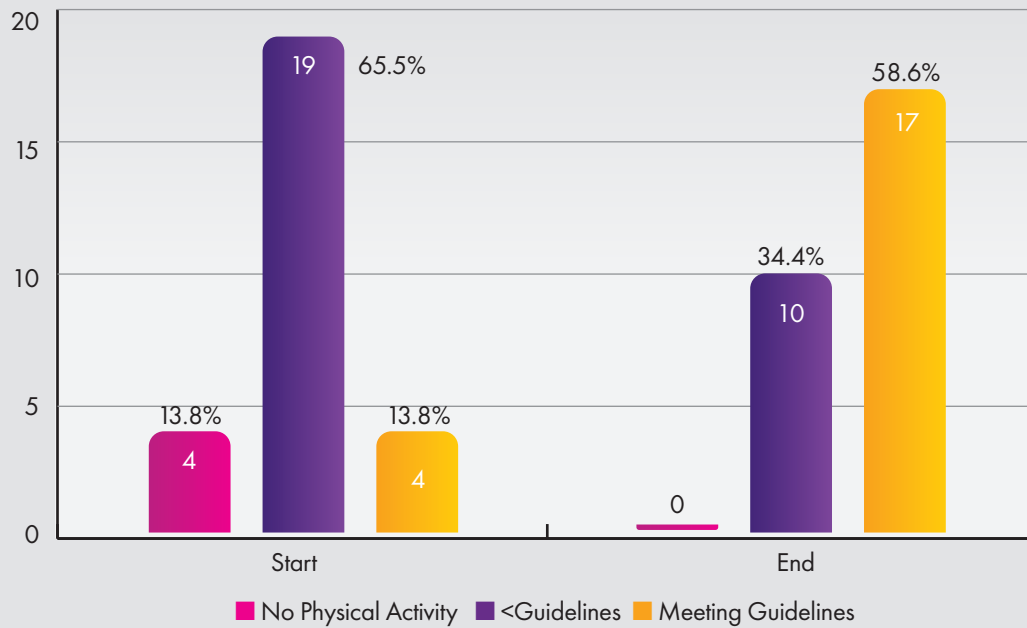
Results

The primary goal of PWL was an increase in physical activity level; the overarching aim and the cardinal principles of the programme were to assist inactive and sedentary people to make sustainable changes in their lifestyle and improve their health and wellbeing, and as a result, reduce excess weight and other associated risks. The current understanding of lifestyle change indicates that short term approaches are not successful. Project WeightLoss is designed to be a 'rolling' 12-week programme, where participants are encouraged to remain part of the programme until they feel confident to exercise alone. The philosophy of PWL is to provide an encouraging, supportive and challenging experience for all participants.

Earlier research suggests the importance of nutrition and lifestyle in obesity intervention. This multicomponent strategy informed Project WeightLoss. As a result, while evaluating the programme, it was deemed essential to analyse dietary practices change. The following section outlines the results achieved by PWL participants.

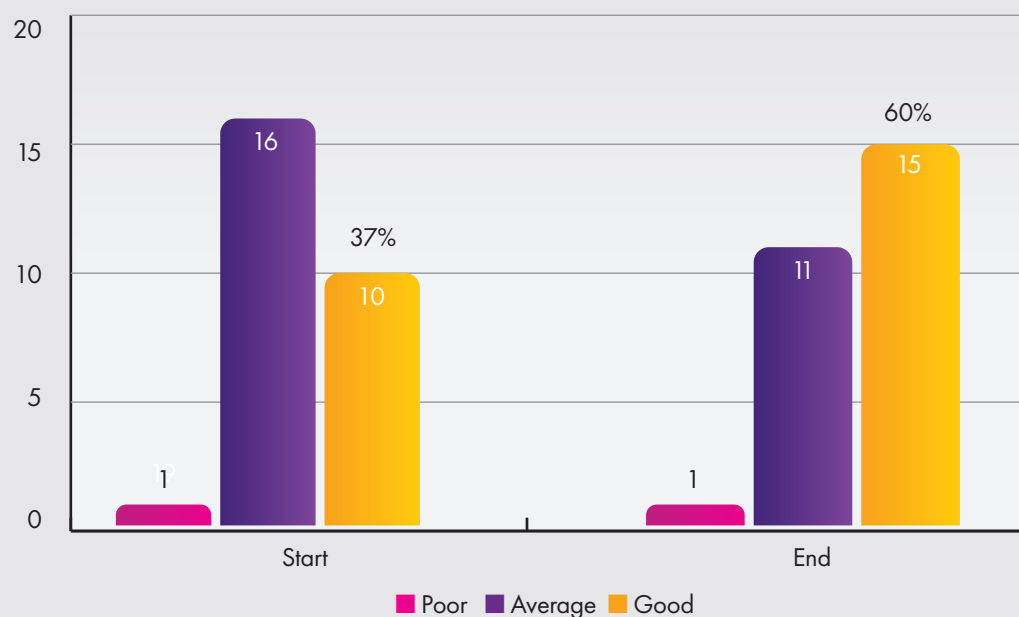
Change in physical activity levels

There is longstanding evidence that documents the importance of physical activity for health promotion and disease prevention. The National guideline for physical activity recommendations for public health is that "adults should be active for at least 30 minutes a day of moderate activity on five days a week (or 150 minutes a week)". Participants were asked to describe their physical activity levels at the start and end of the 12-week programme. The figure 5 shows the number of people who described themselves as sedentary (doing no physical activity), meeting less than the recommended guidelines and those who meet the guidelines.

Figure 5: Physical activity level of participants before & after PWL programme


Change in eating habits

The participants were asked to rate their eating habits on a scale of 1 to 10, with one being poor and ten being excellent at the programme's start and end. At the end of the 12-week delivery (60%, n=15), the participants graded their eating habits as good compared to (37%, n=10) pre-programme. Figure 6 indicates the change in the eating habits of the PWL participants.

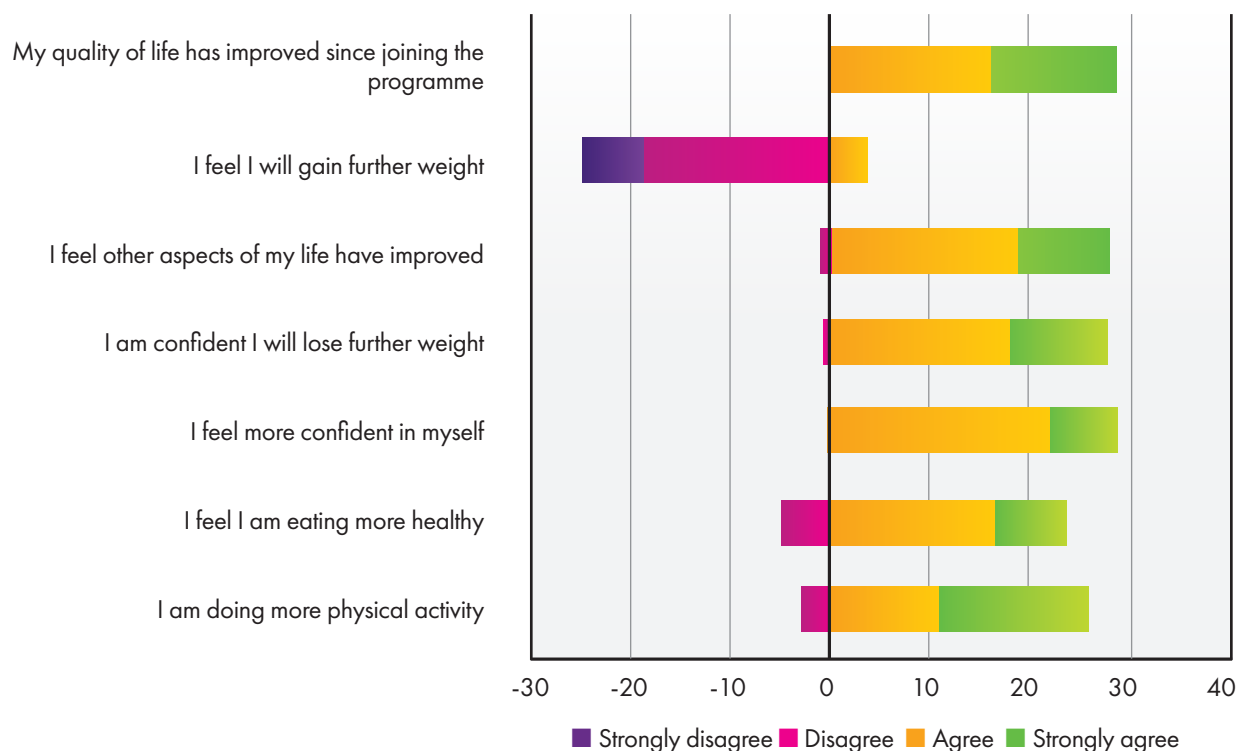
Figure 6: Change in eating habits of PWL participants pre and post programme




Change in participants attitude

At the end of the 12-week programme, participants were asked to rate their self-perceptions in terms of weightloss, physical activity, eating habits and overall wellbeing (n=29). **100%** of the participants agreed that their quality of life has improved, and 86%(n=25) stated they disagree on the possibility of future weight gain. Figure 7. shows the change in participant's attitude.

Figure 7: Change in participants attitude



Change in BMI

At the end of the programme, statistically significant changes were recorded in participants weight and BMI. Data were collected for 29 participants at baseline and end; there was a mean reduction of 1.81 kg/m² in BMI for this group (p<0.05) in the 12 weeks from programme start to end.

A limitation of this data is that the weight at the start and end of the programme were self-reported. At the beginning of the programme, the participants received a PVL booklet to record their own measurements. When the programmes were conducted face to face, the tutors were able to complete a full assessment and measurement for each of the participants. However, it wasn't feasible when the programme was moved online due to Covid-19 restriction. Despite the above limitation, the trend with weight loss was remarkably positive.

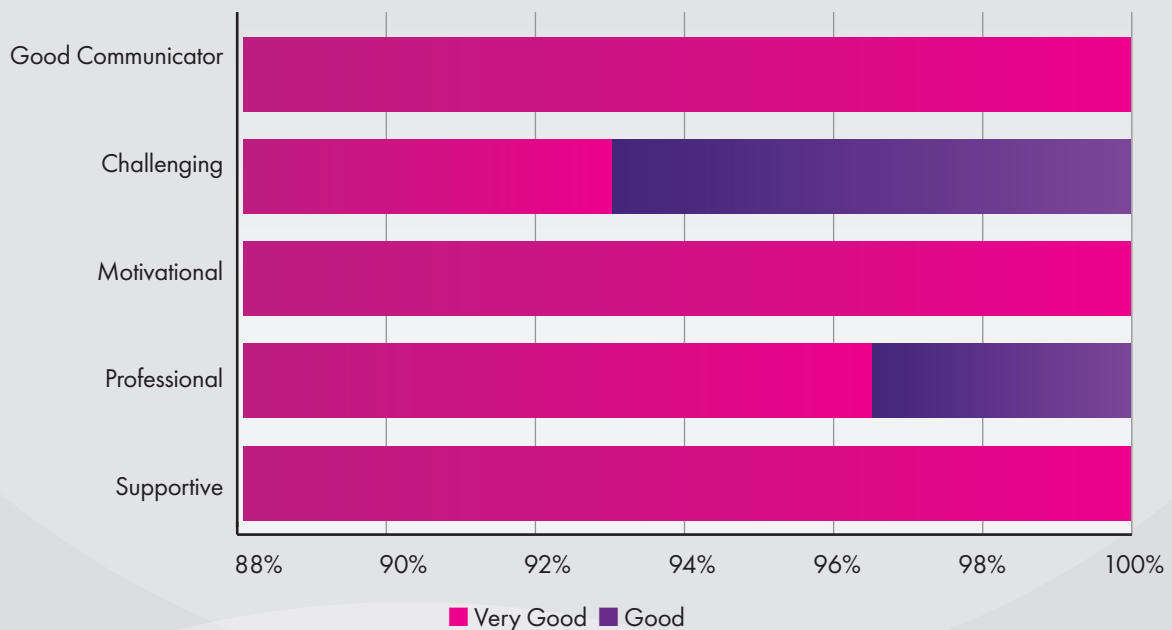
Participant's evaluation of Project WeightLoss

Participants were asked to give feedback on the programme at the end of the 12-weeks. 29 participants completed the post-programme assessment, and most of the response was overwhelmingly positive.

Few questions on the evaluation form asked perspicuous questions about different aspects of the programme. Open-ended questions were used to list the programme's overall strength and weakness, and finally, in the end, participants were invited to add further comments.

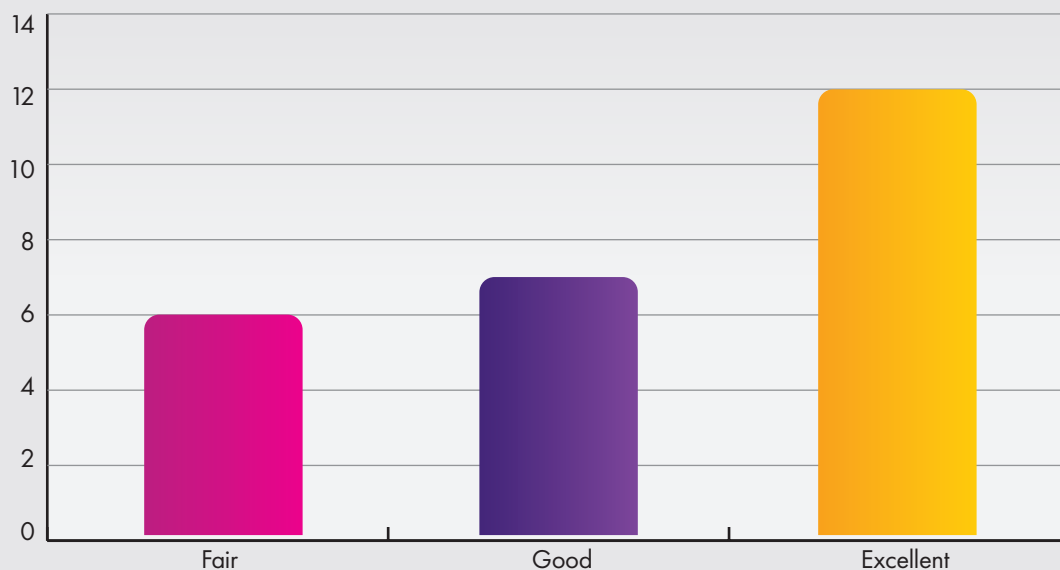
The respondents were asked to rate their PWL instructors on skills and traits on a Likert 5-point scale from 'very poor' to 'very good'. The figure below shows that the participants responded to this question; **it is noteworthy that all participants rated their leaders as either 'good' or 'very good.'**

Figure 8: Participant rating of PWL leader



Due to Covid-19 and Government restrictions on indoor and group activities, the PWL classes were moved online. The participants were asked to rate their online courses' experience on a Likert 3-point scale from 'fair' to 'excellent'. **(76%; n=12) of those who completed the post-programme evaluation rates the online experience as either excellent or good.**

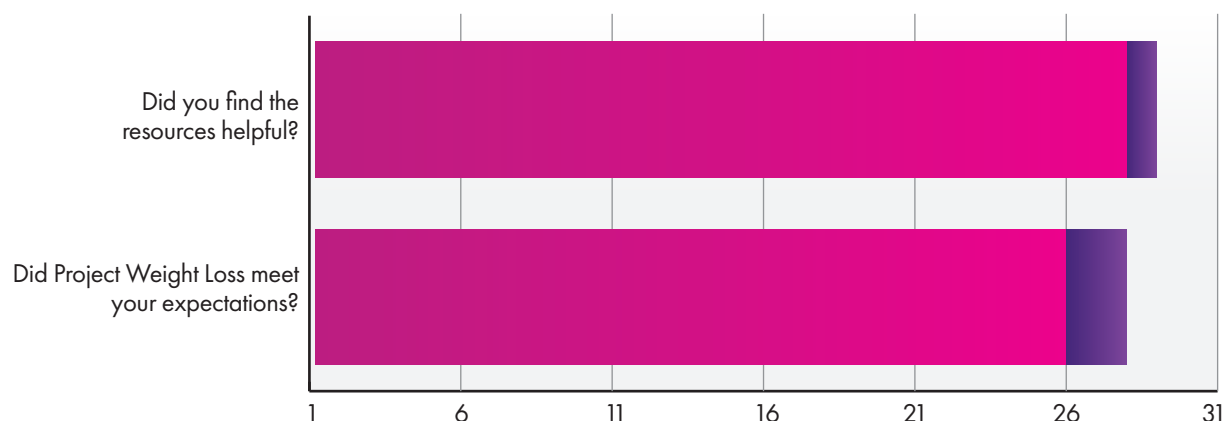
Figure 9: Experience in online PWL classes





Participants were asked if they find the PWL resources helpful in terms of reducing obesity, increasing physical activity, and improving healthy eating, to which **97%**; (**n=19**) responded positively. For the question 'Did project WeightLoss meet your expectation', **90%** of the respondents chose 'Yes' as the response.

Figure 10



Project WeightLoss Testimonials

I have had a very positive experience in the PWL programme. The classes steered me to regularize my exercise regime again. I had missed this structure since I retired, three years ago. My fitness level has improved greatly. I am thinking more about healthy food and portion sizes. I have not weighed myself, but my clothes are looser. Our class leader Sandra is very well qualified and is an excellent motivator. She is positive and encourages everybody to progress.

I was lacking in motivation to do any exercise and just sit and put on weight especially in this lockdown, I joined PWL early October - PWL is not just a weight loss programme though - it changes our way of looking at exercise and food intake together with changes to our life style. Under the capable eyes of our amazing instructor we have become way fitter and in tune with our bodies. Despite conducting most of the program with zoom our tutor has encouraged and guided us through the plan with very satisfying results. I can easily say it has been one of the more interesting, beneficial and motivating classes on weight loss I have ever done and we had a few laughs along the way too. Thank you, Cork Sports Partnership, but especially to Brigid

I absolutely love Cathys PWL classes. The motivation of having an exercise class twice a week has helped me so much with my body toning and head being in a better place. This has also gotten me to take on another challenge of 300,000 steps to complete in November for Barnardos. Which I have just completed ahead of time.

I loved the 12 weeks with Sandra! Especially with all the restrictions and lockdowns Sandra made the classes a fun and positive little bubble. Everything was made seem so achievable. I really looked forward to the classes and the little messages sent were very motivating. Unlike the first lockdown I lost weight on this one rather than gaining weight. More importantly I feel fitter and more confident.

Project WeightLoss



Section 5



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Made to Move

The Made2Move programme was designed by the PE & Sports Science Department in University College Cork (UCC). After a successful pilot programme among university students, the programme is now being rolled out by Cork Local Sports Partnership under the WellComm Active Initiative. **51 Made2Move programmes were delivered between July 2020 & June 2021 with 51 participants (one-to-one programmes).**

There is evidence that suggests meeting physical activity guidelines foster physical and mental wellbeing. Further studies show that reaching 150 minutes of moderate to vigorous physical activity can considerably reduce mortality rates. Inactivity is often associated with ill-health and increased all-cause mortality. Made2Move is an evidence based physical activity intervention programme that aims to increase physical activity among adults. And it can reduce the economic and social costs associated with physical inactivity. The Made2Move programme involves a MoveMentor and a MoveMentee.

Who is a MoveMentee?

The MoveMentee is a person who is currently physically inactive and is looking for support on their journey to becoming more physically active.

Who is a MoveMentor?

The **MoveMentor** is a physically active person, and their role is to support:

- A physically inactive person, the MoveMentee to become more active over an 8-week period.
- The MoveMentee to reach the recommended 150 minutes of physical activity per week, 30 minutes per day over a 5-day period as outlined in the National Physical Activity guidelines.
- Encourage and motivate their MoveMentee to make behavioural changes to become more active.

MoveMentor Training

At first, MoveMentor training was given to Cork Local Sports Partnerships community tutors. The details of mentor training were shared with other service providers within the CLSP network, such as Enable Ireland, COPE, HSE, Headway and the Crann Centre. Interested participants volunteered for training to become a MoveMentor. The training was delivered by Olympian and Silver World Record holder Gillian O Sullivan from UCC, who is also a coordinator within the college for Made2Move.

The main criteria for recruiting a MoveMentor are that the person should be physically active, be willing to volunteer at least 30 minutes per week for 8 weeks to support MoveMentees and have some knowledge of health and fitness, which wasn't an essential criterion as they receive further training. All the MoveMentors were to undergo a vetting procedure before they were assigned with a MoveMentee.

The project output for the Made2Move programme was to train and upskill a group of community tutors in the Made2Move programme. A total of 28 tutors volunteered to become MoveMentors in May 2020. All MoveMentors completed a 3-hour training session, which included learning about physical activity, national physical activity guidelines, behavioural change and motivational techniques to support a MoveMentee through an 8-week structured programme.

Cork Local Sports Partnership piloted an eight-week Made2Move programme in May 2020. Nine CLSP community tutors who underwent training were requested to recruit an inactive individual from their social circle for an 8-week period. 10 MoveMentees were successfully taken through the pilot programme. The Project Lead with the support of CLSP's Sports Inclusion Disability Officer (SIDO), collaborated with a disability service provider to adapt the programme and programme resources to facilitate a group of disability service users to successfully pilot the programme in August 2020.

The aim is to increase physical activity among the general population and, particularly among underprivileged, marginalised and remote groups with the Made2Move programme. In March 2021, a second group of community tutors were trained and upskilled in the Made2Move programme. 20 additional community tutors were in attendance. Subsequently, 37 MoveMentees from the community setting are participating in the programme.

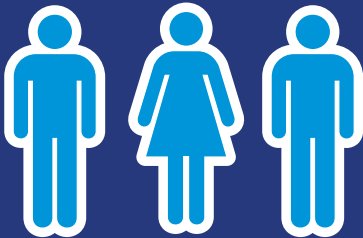
In May 2021, an additional workshop on the Made2Move programme was delivered to community volunteers as a part of National Volunteer Week with Cork Volunteer Centre.



TRAINER



MOVEMENTOR



MoveMentee



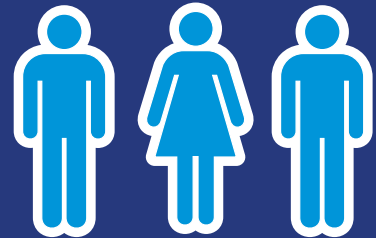
MOVEMENTOR



MoveMentee



MOVEMENTOR



MoveMentee



Testimonials from Made2Move Mentors

I got great satisfaction from helping my friend to change her current lifestyle and take on better habits, it's been a great programme for both of us and has brought us even closer together.

I had lots of health & fitness knowledge, but I was never comfortable sharing it with anyone, the programme has given me the confidence to share what I know with someone that needs support.

It was so nice and rewarding to see the effect you can have on someone's life, just by providing a little bit of weekly support and guidance

Testimonials from Made2Move Mentees

It was lovely to have someone to get out and exercise with, on my own I wouldn't have done it, but having the company, the support and the encouragement to exercise helped enormously over the 8 weeks.

Before starting the programme, I was doing zero exercise and my mood was always low, I'm now exercising 4 times a week and feel much better, I'm eating well and can see I'm starting to lose weight which has motivated me to keep going.

I found the programme amazing, the booklet and activity tracker really motivated me to increase my daily steps and my Mentor was fantastic, she took the time to explain the benefits of regular exercise and I'm now walking 5 days a week.

Section 6



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Get Active Keep Well Series

The National Keep Well campaign was launched on Oct 29th, 2020, to help individuals and families take care of their physical and mental health. Covid-19 has put a strain on everyone's health and wellbeing; to tie in with this National campaign, the Get Active Keep Well series was designed by CLSP to provide people with a platform where they can hear from local community experts and professionals about how they can get active and healthy, look after their mental health and wellbeing and find resources that are available locally.

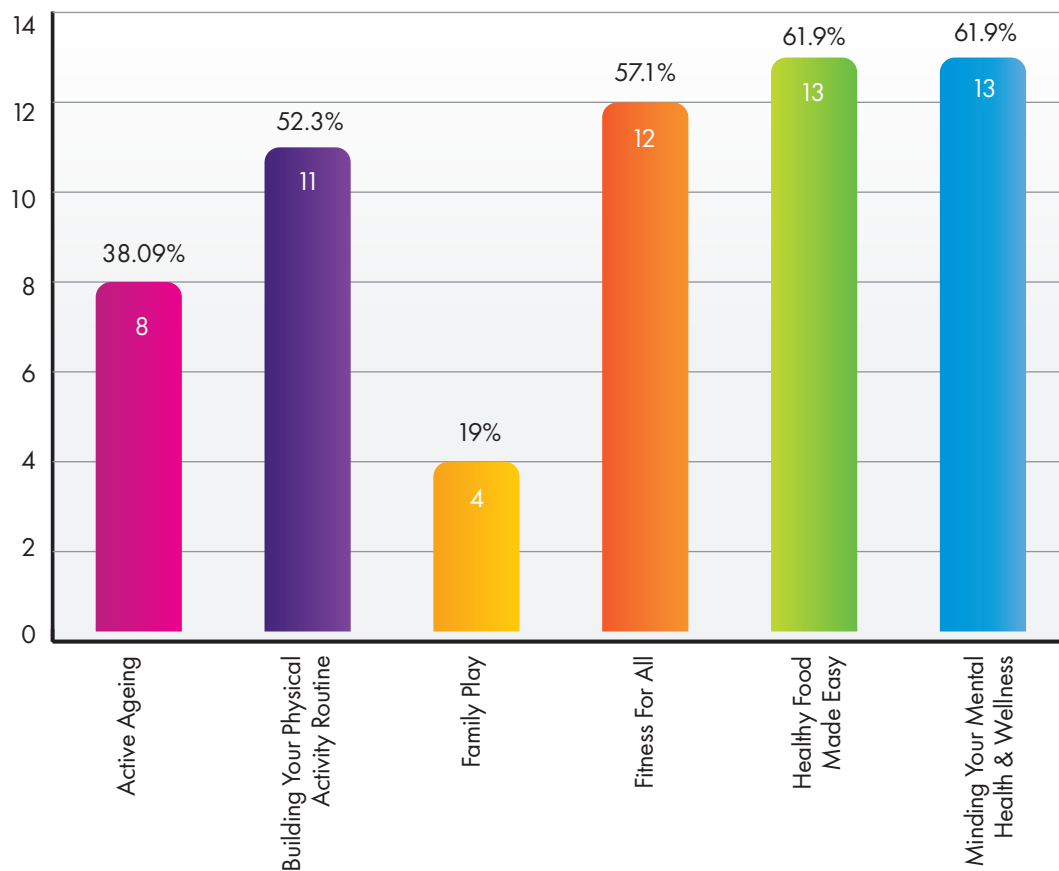
The online series was aimed at people who are not currently routinely active and looking for information, tips, and advice on getting started with a healthier and active lifestyle. The programme was advertised through multiple channels, e.g., on social media platforms, through broadcast emails by CLSP & partners and on the HSE network. The series was helpful to those looking to access information and advice for family members or those they are caring for and supporting.

There were a total of 6 online sessions run twice per week for 3 weeks. A total of 150 people had registered for all six sessions.

Participant Evaluation of Get Active Keep Well Series

The participants were asked which of the six sessions they had attended. 21 people have responded to this question. Of the six online sessions, Minding your Mental Health and Wellbeing and Healthy Food Made Easy had the most attendees (n=13, 62%). The graph below demonstrates the responses.

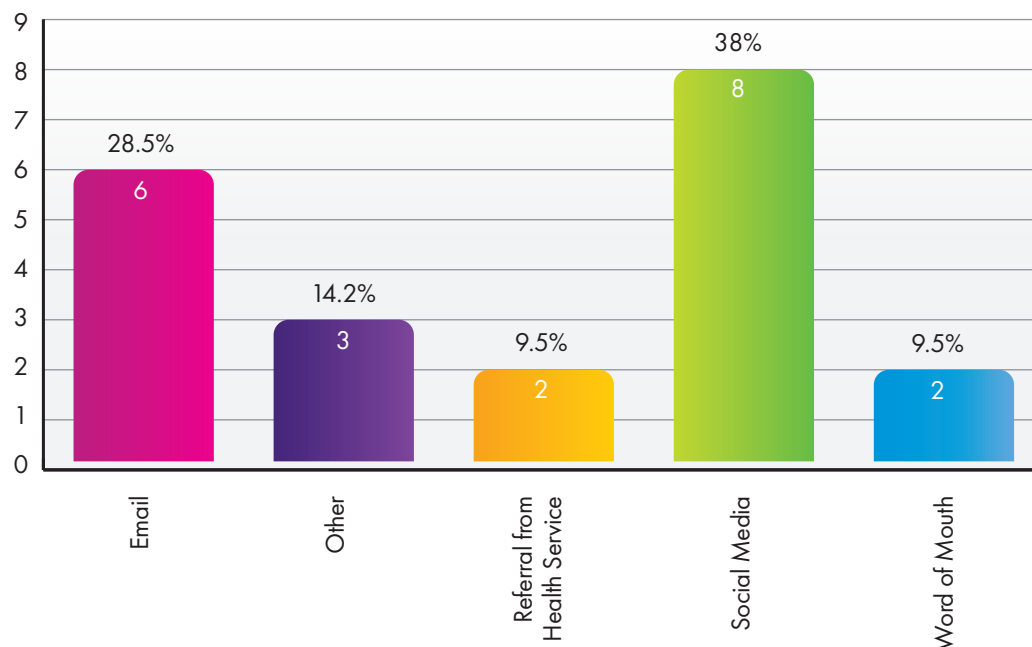
Figure 13: GAKW session attendance statistics





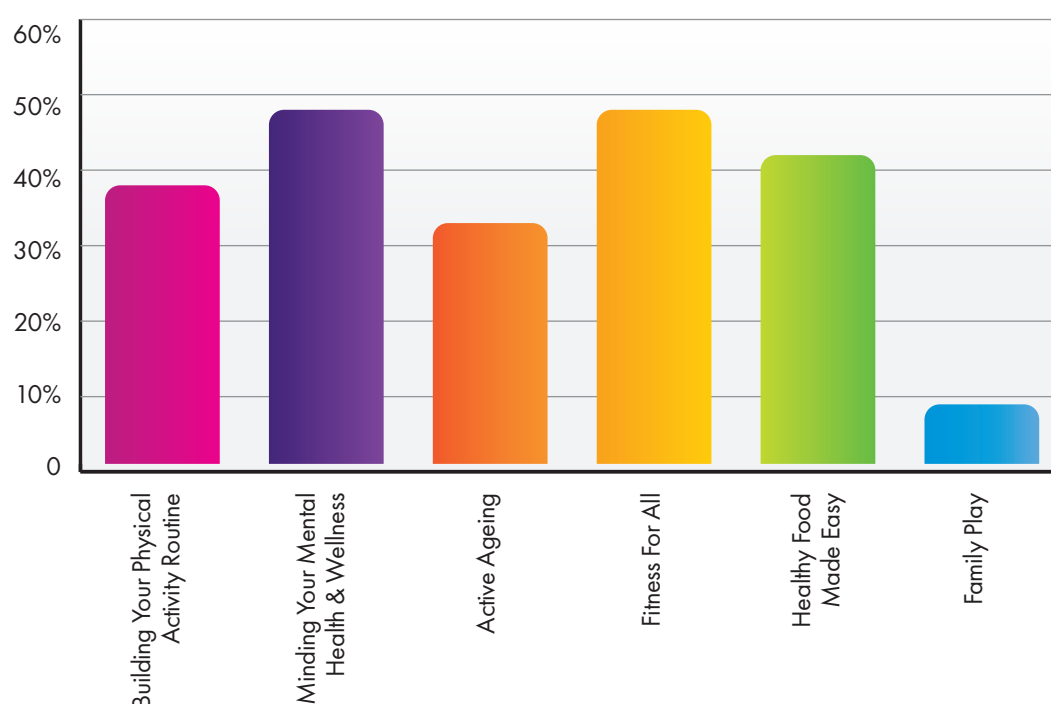
When asked about how the participants have learned about the Get Active Keep Well series, the majority answered that they heard about it through social media (n=8, 38%) and emails (n=6, 29%). It is noteworthy that 10% of the participants were referred from health services. Figure 14 illustrates the responses.

Figure 14: How did you hear about the programme?




The participants were also asked which of the six-sessions they enjoyed the most, to which 48% of the participants responded 'Minding your Mental Health and Wellbeing' and 'Fitness for All', followed by 'HFME' (43%) and 'Building Your Physical Activity Routine' (38%).

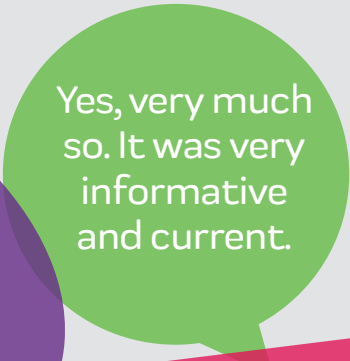
Figure 15: Topics enjoyed by the participants.




For the question 'Were your expectations met?' **100%** of the respondents replied 'Yes'. Typical responses included:



My expectations were surpassed! A great free service. I am a part-time hairdresser usually. I miss work and the company. The course gave me a focus, when all my family were busy themselves. I needed help with zoom, and it opened a whole new world.



Yes, very much so. It was very informative and current.



Yes my expectations were met, thank you. The talks were very informative and encouraging

The participants were also asked for feedback and their opinion about including new topics, to which **67%** of the respondents replied 'No'. However, there were a few suggestions for new topics which include, living with chronic conditions, disability inclusion in the workplace, sibling rivalry, screen limits, routine, and more fun ideas for kids and free volleyball for adults.

Section 7



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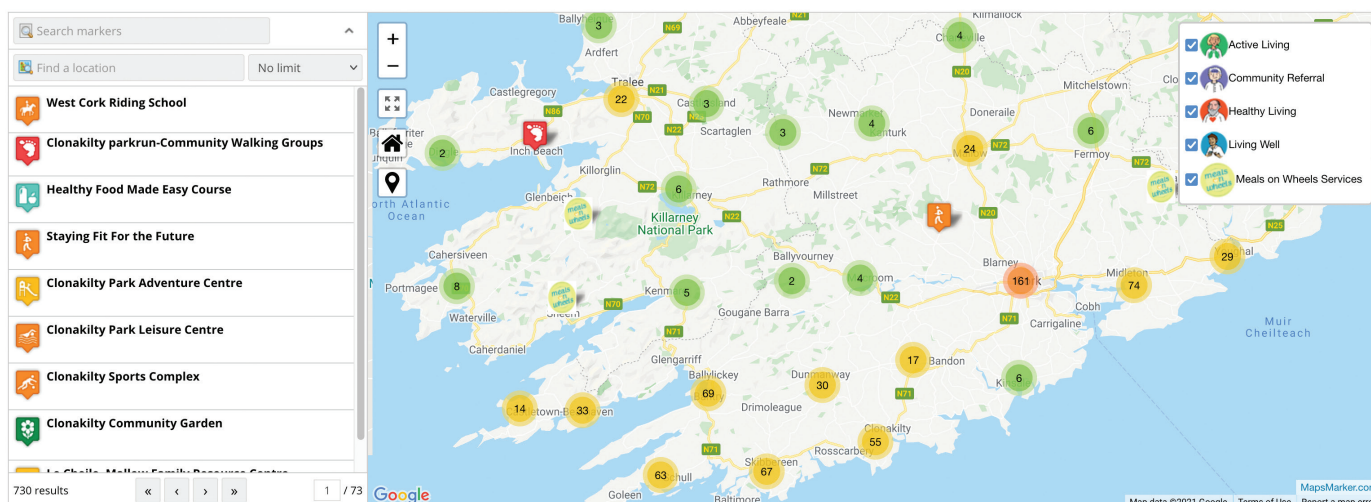
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Geomapping

The idea of community engagement in improving health outcomes is not new. The origin of which lies in society's action to protect and support its members. Community-based activities can leverage local situational awareness to target interventions to the population at risk. There are several community-based activities and interventions implemented across the Cork Kerry Community Health Network. This information must be readily available to members of the community. One such format, maps, can support and advertise real-time details of the programmes and services delivered locally, by geographic coverage of community-based programmes and by building and maintaining linkages between various Community Health Networks.

Further studies have shown that physical activity behaviour can be influenced by the level of provision or proximity to recreational facilities within the community (Persson and While, 2012). Collaboration and coordination of resources can help improve the citizens' overall health and wellbeing by discovering public amenities and programmes close to where they live. Informed by the importance of coordinating facilities accessible locally, WellComm Active initiative launched a 'Geo Mapping' exercise. The mapping service will support advocacy efforts and assist in analysing existing services and future resource allocation.

So far, we were able to gather the data on all public facilities, amenities and parks, green spaces and beaches along with a comprehensive list of activities conducted in three Community Health Networks across Cork. It provides current updates about the events happening in the communities and a list of sporting venues and other recreational facilities. Even though the mapping exercise was carried out for 3 CHN's across Cork, we are looking forward to expanding the service to include a complete list of data about entire public facilities and advertise real-time information about various public health programmes implemented across the other 8 CHN's. The current model could be adapted for future development.



<https://thewellbeingnetwork.ie/>

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Research Outcome 1:

Engagement and empowerment of citizens in their own self-care, quantified by Health Empowerment Scale – Short Form (HES-SF)

Health Empowerment Survey

Introduction

According to the WHO, Health empowerment is defined as “a process through which people gain greater control over decisions and actions affecting their health”.⁵ Empowerment has gained prominence in healthcare delivery since the 1990s as it creates a more equitable and collaborative health care delivery.⁶ Lately, several initiatives are aimed at creating a person-centric healthcare model; WHO’s Framework on Integrated People-Centred Health Services highlights the need for placing people and communities at the centre of the healthcare system rather than just the disease to empower and engage people and communities and to establish a supportive environment.⁷

Over the past few years, the Irish population aged 65 or over had increased by approximately 20,000 per year, and 85-years or older are rising by 4% each year, and life expectancy is increasing. The elderly population poses challenges, including living with chronic conditions, loneliness, cognitive loss and financial hardship.⁸ Also, active and healthy living is a societal challenge. A population centred healthcare approach is crucial to combat these issues, where a strong partnership with local organisations and an integrated healthcare service system let communities participate in improving quality of life.⁹ The empowerment approach is one such model that promotes the active involvement of people in health-related decision-making.¹⁰ And it enables individuals to oversee their lives and make effective healthcare decisions. In healthcare literature, the core attributes of empowerment are described as the ability to “control, problem-solving, decision making, self-motivation, psychosocial coping, resource-utilisation and self-efficacy”.^{11,12,13}

The WellComm Active initiative placed a greater emphasis on creating community-based health interventions to improve the quality of life of people and to help individuals thrive on locally available resources and thus, empowering and encouraging people and communities. One of the aims of the WellComm Active initiative is to empower citizens to manage their health and wellbeing and help prevent chronic disease through peer-delivered physical activity and healthy eating interventions. The purpose of this study was to measure the health-related empowerment of citizens who took part in various programmes under the WCA initiative.

Methods

Data Collection

Health Empowerment Scale- Short Form (HES-SF) was used to quantify health empowerment of participants who completed various programmes under the WCA initiative. The HES-SF was adapted from Diabetes Empowerment Scale-Short Form (DES-SF),¹³ the term “diabetes” was replaced with “health”, and the respondents were asked to describe their self-perceived ability to manage health problems and manage self-care practice.

This study was conducted with 140 participants who had completed various programmes under the WCA initiative such as ‘Project WeightLoss’, ‘Staying Fit For the Future with Better Balance Better Bones’, ‘Made to Move’, ‘Healthy Food Made Easy’ and ‘Get Active Keep Well series.’ The number of respondents from each programme are outlined in Table 1. The HES-SF were sent to the participants online using SurveyMonkey software. All the participants completed a consent form prior to completing the survey.

Setting and samples

The HES-SF was sent to all the participants, n=563. The inclusion criteria were as follows: having completed any one of the five programmes under the WCA initiative, have a valid email address or mobile number to which the survey could be sent and willingness to participate in the survey.

The required sample size was calculated using the G-power program. Based on this calculation, to achieve a power of 0.80, an effect size of 0.30 and a significance level of 0.05 at correlation analysis, 84 participants were needed for this study.¹⁴ A total of 140 questionnaires were completed and submitted for analysis. The response rate was 24.87%.



Measurements

Demographic characteristics of the participants

The questionnaire asked for demographic information's of the participants such as age, gender, location/ nearest health network, highest level of education, dependents, and employment status.

Health empowerment

HES-SF was used to assess health empowerment; in addition to HES-SF, the M1 question (Sport Ireland's physical activity question, "In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? Note - this may include sport, exercise, brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job") was used to measure the physical activity level of the participants. The HES-SF is composed of eight Likert-scale questions (5 = strongly agree; 4 = agree; 3 = neither agree nor disagree; 2 = disagree; 1 = strongly disagree). All eight questions have been scored. The mean health empowerment score was calculated by adding the score of every single question and dividing them by the number of questions. "Higher scores for the empowering subscale indicated that participants perceived a higher level of health-related empowerment." The contents of HES-SF are presented in Table 8.

Self-reported physical activity levels of the participants

Physical activity is an important indicator of self-management and self-efficacy and is considered a core attribute of empowerment. Exercise self-efficacy is one's perceived ability to participate in regular physical activity.¹¹ It is an essential health behaviour and has a protective role against non-communicable diseases such as cardiovascular disease, stroke, diabetes, and hypertension. And it improves mental and physical wellbeing.^{15,16} Thus, it is reasonable to assume that the participants who engage in the recommended level of physical activity have a high level of health empowerment. Of the participants who completed the survey, 48% of the participants engage in 30 minutes of physical activity at least 5 days a week. Figure 16 demonstrates the physical activity level of the participants.

Table 8. Properties of health empowerment and contents of Health Empowerment Scale

Subscales of HES	Questions of HES
	I believe that, after attending the programme,
1. Satisfaction and dissatisfaction related to health.	I know what part(s) of taking care of my health that I am dissatisfied with.
2. Identification and achievement of meaningful goals	I can set up a plan to achieve health care goals.
3. Application of a systematic problem-solving process	I can try out different ways to overcome barriers to my health care goals.
4. Coping with emotional aspects of living with health-related problems	I have some health problems but can find ways to be positive.
5. Stress management	I know a positive method to cope with stress related to my health care.
6. Appropriate social support	I can ask for support in taking care of my health when I need it.
7. Self-motivation	I know what helps me stay motivated in caring for my health.
8. Making cost/benefit decision about making behaviour changes	I know enough about myself as a person to make health care choices that are right for me.

Data Analysis

Analysis was conducted using descriptive statistics and Likert scale analysis using RStudio-1.4.1106. Descriptive statistics were used to determine the frequency, range, mean, and standard deviation of demographic characteristics of the participants. The Socioeconomic status (SES) was measured using variables such as education, dependents and employment status.

Results

Demographic characteristics of participants

A summary of the descriptive sample characteristics is presented in Table 9. The mean age of participants was 57.40 years and ranged from 20 to 83 years. Most of the participants were women (92.1%), while only 11 (7.9%) were males. 25.7% of the participants had lower education, while 47.1% had a degree. 45 (32.1%) of the participants were from West Cork (Figure 17). 57% of the participants were from low socioeconomic status.

Table 9. Demographic characteristics of participants (N=140)

Characteristics	n% M SD	Min	Max
Age (yr)	57.40±13.89	20	83
20-29	4(2.9%)		
30-39	12(8.6%)		
40-49	27(19.3%)		
50-59	32(22.9%)		
60-69	34(24.3%)		
70-79	27(19.3%)		
80-89	4(2.9%)		
Gender			
Male	11(7.9%)		
Female	121(92.1%)		
Number of respondents from each programme *			
Project WeightLoss	27(19.2%)		
Healthy Food Made Easy	55(39.2%)		
Get Active Keep Well Series	12(8.6%)		
Staying Fit For the Future	64(45.7%)		
Made to Move	2(1.4%)		
Education			
Less than high school graduate	36(25.7%)		
High school or equivalent	38(27.1%)		
Bachelor's degree	45(32.1%)		
Master's degree	21(15%)		
Socioeconomic status (SES)			
High	9(6.4%)		
Middle	51(36.4%)		
Low	80(57.1%)		

* Some of the participants have attended more than one programme.



Table 10: Participants physical activity levels by gender and SES

Female

SES		Physical activity levels						
0 Day		1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
High	0	0	1	3	0	1	1	2
Middle	5	1	6	7	10	6	6	6
Low	4	2	6	9	14	12	5	22

Male

SES		Physical activity levels						
0 Day		1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
High	0	0	0	0	0	0	0	1
Middle	0	1	0	1	1	0	0	1
Low	1	0	0	0	0	1	1	3

Figure 16: The physical activity level of participants

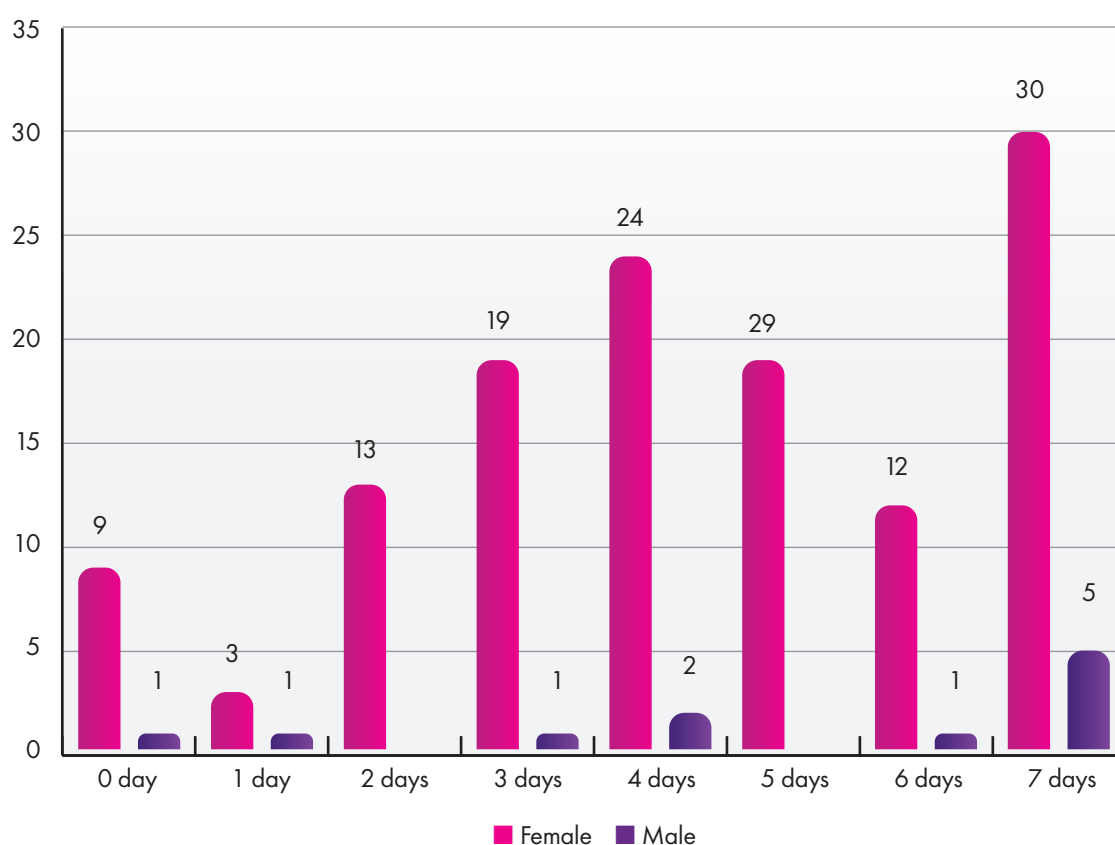


Figure 17: Map of Cork-Kerry community health network

Image credit: HSE website



Health Networks	Number of participants
1. North Kerry	-
2. West Kerry	-
3. South Kerry	-
4. Northwest Cork	6(4.3%)
5. Northeast Cork	3(2.1%)
6. East Central Cork	28(20.1%)
7. East Cork City	5(3.6%)
8. Central Cork	2(1.4%)
9. North Cork City & Blarney	11(7.9%)
10. West Cork	45(32.1%)
11. Southeast Cork City	15(10.8%)
12. West Central Cork	11(7.9%)
13. Bandon / Carrigaline / Kinsale	9(6.4%)
14. South Cork City	5(3.6%)



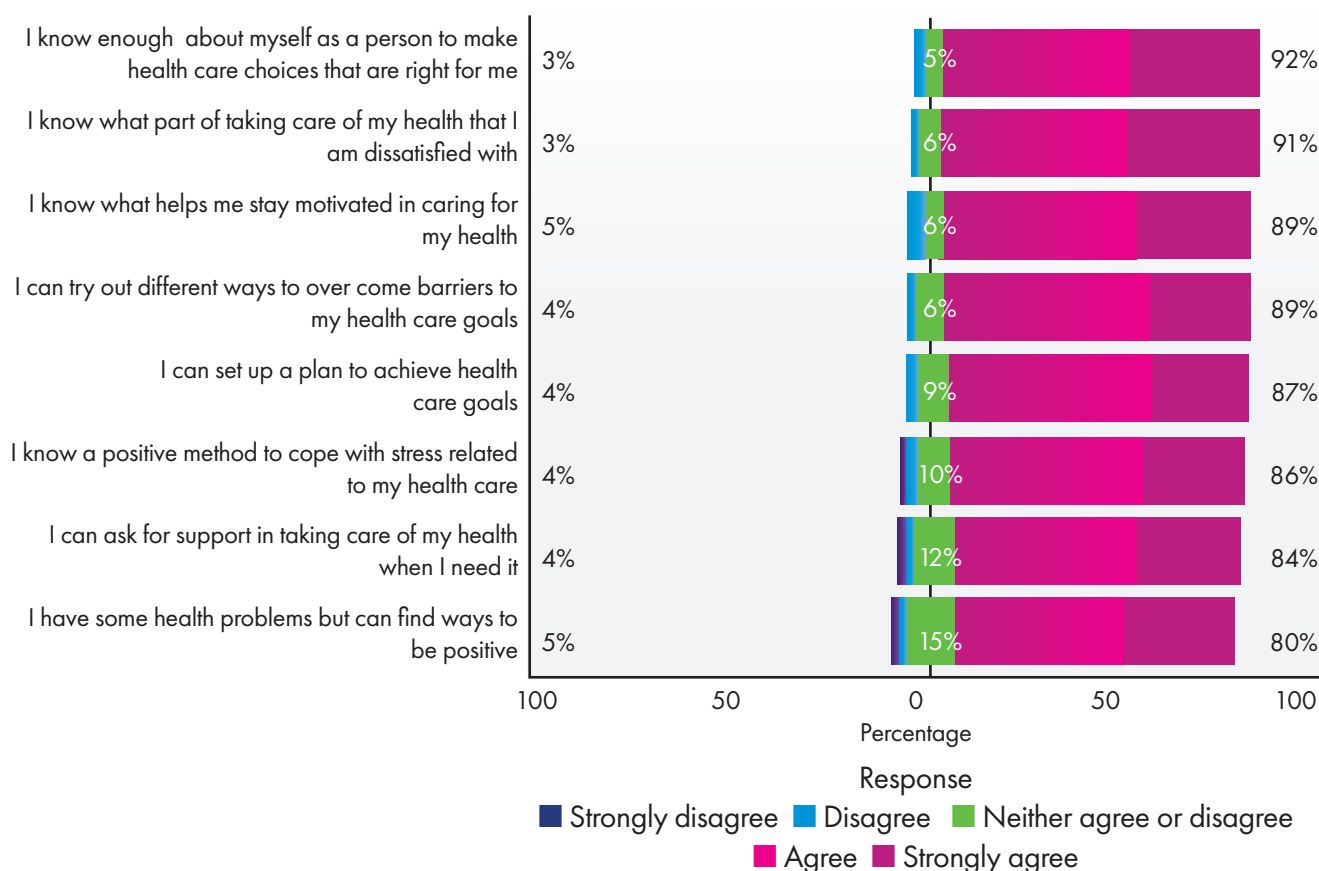
Descriptive analysis for HES-SF

The mean HES score for the sample was 4.15, which means the health empowerment score of the participants who completed the programme was above average. Every question was in the range of 4.06 to 4.26 (SD 0.74 to 0.91). Each individual response mean and standard deviation were calculated and is given in Table 11.

Table 11: Descriptive statistics for HES-SF

Item content	M±SD
1. I know what part of taking care of my health that I am dissatisfied with.	4.23±0.78
2. I can set up a plan to achieve health care goals.	4.12±0.74
3. I can try out different ways to overcome barriers to my health care goals.	4.15±0.74
4. I have some health problems but can find ways to be positive.	4.06±0.91
5. I know a positive method to cope with stress related to my health care.	4.12±0.78
6. I can ask for support in taking care of my health when I need it.	4.1±0.8
7. I know what helps me stay motivated in caring for my health.	4.17±0.87
8. I know enough about myself as a person to make health care choices that are right for me.	4.26±0.77

The graph below represents the response of participants for each individual question (5 = strongly agree; 4 = agree; 3 = neither agree nor disagree; 2 = disagree; 1 = strongly disagree). It is evident from the diagram that more than 80% of the participants agree or strongly agree with all the questions. It means the participants of various WCA programmes have higher health empowerment.

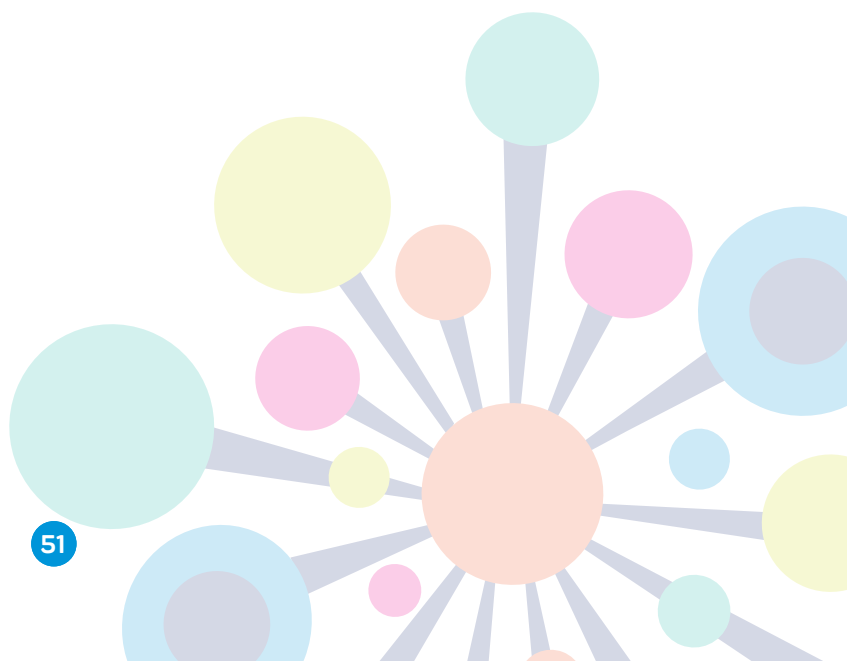


Limitation

The main limitation of this study is, the HES-SF questionnaire was administered post-programme; we were unable to observe the health empowerment score of the participants at baseline. Thus, we cannot be entirely confident to report the health empowerment score that was calculated is definitive of attending WCA programmes. However, the individual programme evaluation demonstrates overwhelmingly positive results, so it is logical to assume that the health empowerment score of 4.15 was attained because the respondent's participated in various WCA programmes.

Conclusion

The health empowerment score of 4.15 and with most of the participants agreeing with subscales of HES, shows the participants ability to control their health, solve health-related problems, make cost-effective health decisions, self-motivation, psychosocial coping, resource-utilisation and self-efficacy. And the results from the individual programme evaluation of various WellComm Active programmes are highly suggestive of the empowerment of citizens. We conclude that the WCA programmes were successful in empowering citizens to manage their health and wellbeing.



Section 9



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Research Outcome 3:

Development of a model to guide practice in the provision of healthy eating active living, demonstrated via a 2x2 matrix categorised by Urban/ Rural divide and Social Economic Status.

Introduction

A sedentary lifestyle and an unhealthy diet are related to chronic diseases and all-cause mortality and reduce the quality of life of the population; additionally, there is a rising economic cost associated with these modifiable risk factors placing a huge burden on society. Also, the demographic data presented in the 'Health in Ireland: Key Trends in 2019' suggests an increase in life expectancy higher than the EU average and this trend is projected to continue in the coming decades, placing a greater emphasis on creating an environment for healthy eating and active living within the communities.

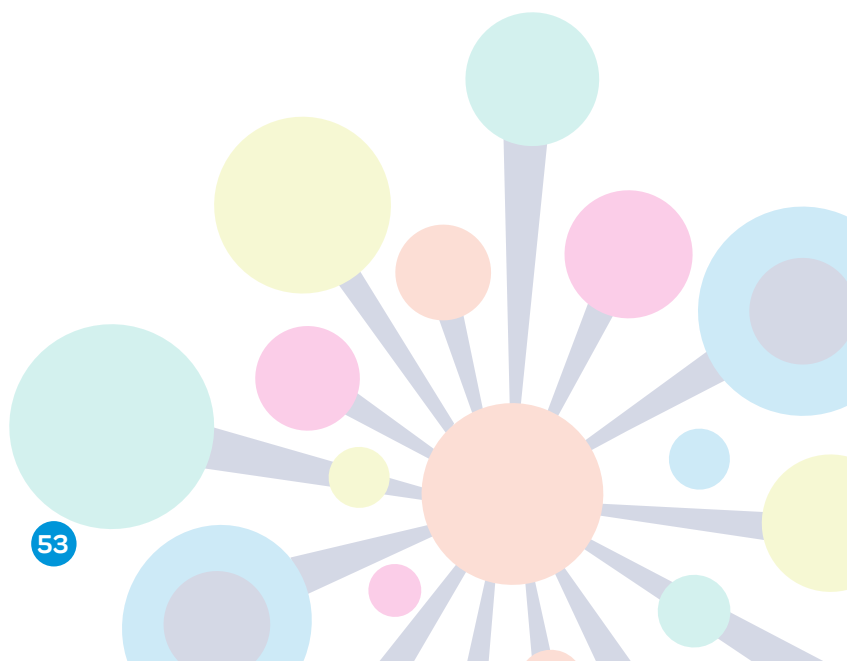
Healthcare systems worldwide are trying to address these issues with collaborative or integrated health care services; however, the concept of population health systems give importance to the community. From a health care perspective, communities have great insight and knowledge of what is required from healthcare and what is working. Several studies have highlighted that health and wellbeing are linked to the communities where we live, work and socialise. The population health system shifts the focus to prevention, reduces health inequalities, improves multisectoral actions and partnerships, and comprehends the problems and solutions through community outreach. Even though integrated healthcare or population health system is not a new concept, operationalisation of these strategies is missing in terms of including social determinants of health.

As part of the WCA project and this research we aim to develop a model with strategic actions to incorporate healthy active living programme interventions as a part of the culture and daily living across communities, prioritising marginalised populations, combining the integration of care with elements of population health systems. And also, to discuss and provide recommendations based on the spread of people across various WellComm Active (WCA) programmes.

Framework for work in communities

The core principles of CLSP's WellComm Active Initiative are:

- Targeting community health networks in CKCH and give importance to health networks with the higher number of marginally below average/disadvantaged populations (focus areas within the model).
- Collaboration with multiple sectors to increase the spread of programmes.
- Community assessment, engagement, and leadership.
- Leveraging CLSP's assets and strengths to emphasise healthy eating and active living.
- Evidence-based public health interventions.
- A commitment to monitor and evaluate the performance and impact of multiple programmes under the WCA initiative.
- To focus on reducing health inequalities and help citizens manage their own health and wellbeing.



How Wellcomm Active Initiative Supports Healthy Eating & Active Living

INPUTS



Developed programmes that support active healthy living

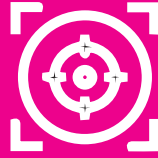
Existing community assets.

- Individuals and organisations
- Programmes
- Partnerships
- Funding
- Research
- Volunteers

Developed marketing strategies to increase public demand and value for active communities

Directory created across CHN's to map facilities and amenities available within the neighbourhoods to promote healthy activities

PROCESS WHAT WE DO



EFFECTIVE INTERVENTION STRATEGIES

- Evidence based interventions
- Multiple interventions targeting physical activity and nutrition/healthy eating
- Easily accessible information on health and wellbeing through CLSP's website & thewellbeingnetwork. ie (Availability and awareness)

ACTIVE COMMUNITY BUILDING STRATEGIES

- Collaboration with local partners
- Comprehensive engagement within the community to voice their opinion on healthy active living
- Monitoring and evaluation

IMPACTS



CHANGE IN INDIVIDUALS

- Increased awareness about healthy and active living
- Increased physical activity
- Self-efficacy in participants
- Improvement in quality of life

CHANGE IN ORGANISATIONAL LEVEL

- Strong partnership with local organisations
- Increased trust and connections with communities and partners
- Effective management and promotion of healthy living activities.
- Communication and awareness

OUTCOMES



HEALTH

- Reduction in chronic diseases
- Increase in healthy eating and active living



HEALTHY EMPOWERED COMMUNITIES



It is evident from the above report that the CLSP's WCA initiative was fairly spread across 11 health networks. The highest number of participants were from West Cork in all the programmes conducted by the WCA initiative. It is noteworthy that, in the deprivation index West Cork has the highest number of marginally below-average population and has the second-highest number of disadvantaged people of the 11-health networks. However, we lack evidence to suggest the participants in our programmes mainly included marginalised population from these areas. And, the highest number of disadvantaged populations were found in Northwest Cork (Charleville | Buttevant | Kanturk | Mallow | Millstreet | Newmarket), but WCA programmes had the lowest number of participants from these areas. Moving forward, CLSP plan to collaborate with organisations that target disadvantaged communities to implement healthy eating active living habits across communities in particularly marginalised groups and those with lower socioeconomic status.

Learnings from the past year: Interview with project lead

1. How was your experience delivering/implementing the programmes?

Overall, it was a fantastic experience coordinating and implementing the programmes. I think the biggest reward for me is hearing and seeing the impact the programmes had and are having on participants. Hearing those success stories in terms of physical health, mental health and lifestyle improvements makes the work and effort all worthwhile.

The tutor trainings were delivered in the initial months of the project, this allowed an opportunity to link in with tutors and staff from Cork Kerry Community Healthcare and build those links early on, but also allowed me to learn the course content which I could then use to promote and sell the programmes to potential patients and participants as well as health care staff and other service providers.

Initial implementation of the programmes was delayed due to the pandemic, so we set up a telephone support line where we could support our target audiences with Healthy Active Living resources to help keep people active from home while we planned adaption of the programmes to suit this new online environment.

There were a number of challenges to overcome due to the pandemic, which definitely made implementation more difficult and added further layers to what was already required, but getting the programmes launched in that first instance was the biggest hurdle to overcome, after that, further tweaks and adaption could be made to delivery and delivery formats.

In terms of the additional layers, noteworthy were; amendments to participant screening forms, waivers, new health & safety protocols for facilities and venues with the additional administration around that, PPE, as well as the retraining and upskilling of tutors in online delivery and the safe return to activity.

Programmes were implemented and coordinated across the 11 CHN's in Cork, this was a priority for me, and I worked with any willing tutors to achieve this task. As a result of tutor availability/location of tutors, there were some gaps in geographical areas across the CHN's, but this is an area of future work for the project in targeting and recruiting tutors in those remaining CHN's and areas in Cork.

Overall, it was a fantastic experience coordinating and implementing the programmes. I think the biggest reward for me is hearing and seeing the impact the programmes had and are having on participants...

2. What were the challenges and learnings from implementing the WCA initiative- Phase 1?

I was fortunate that there was great support from my colleagues, both the Programmes Manager & the Community Sports Development Officer, but coordinating the project as a whole was definitely challenging in terms of time and time constraints.

With the Project Lead as the only dedicated staff member assigned to the project, prioritising actions and managing time was essential.

I was fortunate that there was great support from my colleagues, both the programmes manager & the community sports development officer...

The reporting to Pobal, CKCH, the Project Steering Group as well as to CLSP was time consuming, in particular the requirements from Pobal for monthly reports, interim operations and financial reports & final reports for same, as well as the communications around this.

As highlighted previously, the administration around each individual programme was also time consuming, particularly with the Project WeightLoss programme, where contact with individual participants with underlying health conditions and health issues and screening took additional time, as well as liaising with tutors on



same prior to the commencement of programmes. Having an admin assistant on the project would have allowed me more time to focus on the higher-level actions and tasks.

Other areas that were time consuming were; supporting and liaising with tutors across the various programmes, responding to individual participant queries, the financial reporting and invoicing, marketing and promotion of programmes, additional work required outside of the scope of this project, programme evaluation and contact with participants and tutors on same.

In terms of other shortages in resources, we were limited in certain CHN's for delivery of the programme due to the availability and location of tutors. Having additional tutors across all CHN's is a focus for future delivery.

Having an increased budget would have allowed us more marketing scope to advertise & promote the programmes more widely across Cork City & County as well as allowed further spend on programme operations and delivery. As the proposed electronic referral system from the health services was delayed and not deployed due to the pandemic, sourcing and attracting patients and referrals from the health services was challenging. We used our own networks and platforms to promote the programmes, as well as contacting health professionals across Cork, but again this was time consuming and took away from other areas of work. Ideally, there would be a steady stream of patient referrals coming through to the programmes, so we're reaching those that need the support most.

3. In your opinion, how well you think the programmes were implemented given the current situation?

I think the programmes were implemented very well given the circumstances.

I think the programmes were implemented very well given the circumstances. Once our tutor trainings were completed across the various programmes, we worked with any willing tutors to deliver programmes in their locality and worked with them through difficult restrictions to deliver programmes in a format that was in line with Government guidelines at each particular stage and these guidelines and restrictions changed regularly so we had to be responsive to those changes throughout.

A number of the programmes were initially developed to be delivered in a face-to-face peer learning capacity and we quickly realised that this model needed to be adapted quickly as the pandemic wasn't abating. We were awaiting direction and content from a National working group for one individual programmes before we could plan to deliver it in an online capacity. This delayed delivery somewhat, but once the online programme was piloted, the success and demand for the programme was clearly demonstrated, and the programme thereafter was hugely successful.

Ideally, we would have preferred to run the programmes face-to-face, but being able to provide vulnerable and at-risk groups with an online offering during the pandemic when mental and physical health issues came to the fore was a success in itself.

It was evident from the programme evaluations and focus groups that even having an online offering through the pandemic was a lifeline to some of the participants, particularly the older adult cohort who were cocooning and had little social contact and physical activity week to week. It was also evident from the evaluations that the programmes were successful in increasing participants physical activity levels and empowering participants to manage their own health.

4. In the next phase, what changes will be made for better reach of the programmes and to include marginalised population?

The first thing we'll do is build on the fantastic research and evaluation that's been done by our research assistant for the project in highlighting the CHN's and areas across Cork reached by our programmes in year 1. We'll then look at the gaps in geography and reach across Cork and focus on the specific areas and CHN's with the lowest health scores and the socially disadvantaged areas in particular. We then need to recruit and upskill additional health & fitness professionals in those areas to deliver programmes locally. We plan to work in conjunction with the Social Inclusion Activation Programme (SIAP), strengthening links to align our programmes to it. We plan to work closely with health professionals, chronic disease hubs and the health promotion teams across CKCH in these targeted areas to ensure were reaching those that need the help most and build on the links we have forged in the first year. We will continue to work with the social prescribing teams and community link referral workers, community groups & services, as well as those within the Health Action Zones in Cork in sourcing and targeting groups and individuals that can benefit from the programmes. We will also integrate the WellComm Active programmes and offerings into more areas across the work of CLSP, in particular the Cork Active Cities plans.

The first thing we'll do is build on the fantastic research and evaluation that's been done by our research assistant for the project...

5. How was the experience collaborating with local partners, and what are the learnings from these collaborations? And moving forward, do you think such collaborations aid in promoting healthy active living activities?

Through WellComm Active, collaboration with local partners was essential for the success of the project. Working with local partners was beneficial and necessary for building those referral links between organisations, services and groups and reaching participant and patient cohorts. Aligning WellComm Active to the work that local partners were already engaged in meant that we were able to provide increased support offerings to their target audiences.

Through our project steering committee which consisted of management from CKCH, we were linked with various departments across the HSE & CKCH, for example the community physio teams, community dietitians, health promotion and improvement teams, community link referral workers to name but a few. Some of these teams were involved in training and upskilling the community tutors in programme delivery, which would assist them in the long run through patient support, so there was a desire and motivation to work with us to get the programmes launched and then refer participants and patients to the programmes and promote them internally. More work needs to be done on raising awareness of the community programmes with health professionals and to increase referral numbers, but considering the focus on health staff over the past year it's understandable that referral pathways were slow to develop.

Through wellcomm active, collaboration with local partners was essential for the success of the project...

Having a representative from the Education and Training Board (ETB) on our steering group meant we were linked with resource workers and coordinators from ETB services right across Cork City & County, who could signpost their users towards the WellComm Active programmes and vice versa.

Local partners are engaged in similar areas of work to our own and have a similar vision and objectives, as well as similar programme offerings, so I think it's about being smart with that and working to collaborate with partners on improving and supplementing what participants can avail of and working together to best support individual, group and community needs. It doesn't make sense for organisations to work individually or in silos if the end result is for the participants and community's benefit, when there is an opportunity for collaboration and learning, the goal can't be reached by any one individual or group working alone. I think cross promotion is hugely important as well in signposting participants to local partners offerings to engage communities.

6. How was your experience working with tutors?

The experience working with the tutors was excellent. I definitely learned a lot from them and from working with them. The knowledge, experience and passion that they have is infectious, so they were always a pleasure to work and communicate with. They are the ones who are working with the individuals on the ground and they know their participants so well, which really helped me in hearing back what the best communication methods are for particular groups, what will work in terms of programme content, times, numbers etc. what won't work well, tutors were also fantastic in highlighting any concerns they had in terms of facilities, equipment or procedures which meant there were no major issues when it came time for programme delivery.

The tutors were helpful in communicating programme information and dates to past and current participants and were proactive in recruiting participants from their own locality into the programmes. Some tutors had already existing links with local community groups and contacts eg. Family Resource Centres that were shared with me and provided that initial introduction for future collaboration.

Despite all the challenges around Covid, the restrictions and the ever-changing environment, the tutors worked with us, adapted the delivery methods and delivery styles and were positive throughout. The tutors also assisted with programme evaluations, collecting data, recruiting participants for focus group questionnaires and really helped in that regard to ensure they spoke to their own individual participants, encouraging as many as they could to complete the items that we needed and requested.

The experience working with the tutors was excellent. I definitely learned a lot from them and from working with them...

Tutors worked closely with participants to transition them online and supported the older adult cohort particularly with this to get them Zoom ready for the online offerings and registrations.

I can't speak highly enough of the tutors, they were amazing throughout and deserve huge thanks and recognition for all they do.



7. What is your thought on creating a cost-effective evaluation strategy? Do you think it is essential?

I think the project evaluation was essential for year 1 as we had a requirement to demonstrate the effectiveness of the programmes in empowering people to manage their own health and demonstrate the effect the programmes had in increasing physical activity levels of participants.

As it was the first year of the project, it was useful in knowing what worked and what didn't work across the programmes, gathering that pre and post data and learning if participants are benefiting from the services, are the recruiting strategies working, do tutors have the necessary skills and training to deliver, are participants satisfied and have their expectations been met. Knowing these bits allows us to improve and strengthen the programmes for upcoming programme terms and saves time in the long run as by not knowing we could be wasting valuable time in certain areas.

Having our research and evaluation findings demonstrated the effectiveness of the project and programmes to the community and funders, as well as to partners. The findings demonstrate that the project was worthwhile and may help us in attracting partners to collaborate with for future delivery as well as future funding.

By being able to demonstrate the effectiveness of the programmes will also help in recruiting participants, tutors and volunteers to the WellComm Active Initiative.

Evaluation was also useful in assessing our community tutors to see what areas they are excelling in and other areas of programme delivery that might need further work and this can be helpful for future upskilling and retraining and can be passed on to those delivering the training.

I think overall project & programme evaluation is important as it's done to assess where we're at now and how we can improve further. It can highlight where to streamline things and where to target our resources and funds in the most impactful and cost-effective ways to try and improve services and benefit our participants. I think this is important for monitoring the long term health outcomes of participants across our programmes.

I would like to express my appreciation and thanks to our research assistant, Asha Richard for her invaluable input on the project and thanks to UCC for the continued research support and advice.

I think the project evaluation was essential for year 1 as we had a requirement to demonstrate the effectiveness of the programmes in empowering people to manage their own health..."

Future Directions

- **Collaboration:** CLSP will act as a catalyst to promote partnership with local organisation's that target disadvantaged communities such as Social Inclusion and Community Activation Programme (SICAP) to implement healthy active living habits across communities in particularly marginalised groups and those with lower socioeconomic status. CLSP will also work jointly to identify best practices to promote healthy living. In the next phase of the WCA initiative, CLSP looks forward to including more programmes within CHN's that have the highest number of marginally disadvantaged or disadvantaged populations.
- **Monitoring and Evaluation:** The first year's evaluation findings, feedbacks and other information will help to further enhance and increase the impact of the programmes next year.
- **Collaborating with the community:** The WCA initiative will work to voice the community's opinion through focus group interviews and other platforms such as community visioning forums. Community engagement will be one of the core principles of the WCA initiative. A change in the stakeholder committee to foster community leadership is sought to support and drive community activities in the future.
- **Integrated Referral Pathways for evidence-based, community-based, peer-led, non-clinical programme interventions:** In the next phase of the WCA initiative, further work is needed on the referral piece of the project and to link the CKCH Sláintecare projects together, improving links between the Sláintecare projects and health practitioners/health services. It will also help to increase programme reach to a broader population.
- **Tutor Mapping:** For easier identification of qualified individuals who could promote healthy active living activities, tutor mapping is necessary in the next phase of the project. It helps reduce cost and time associated with finding tutors in all of the targeted sectors in small geographic communities. And further work is required to develop community tutors and community champions in each of the 11 CHN's across Cork, integrating services and tutors with population clusters and communities.

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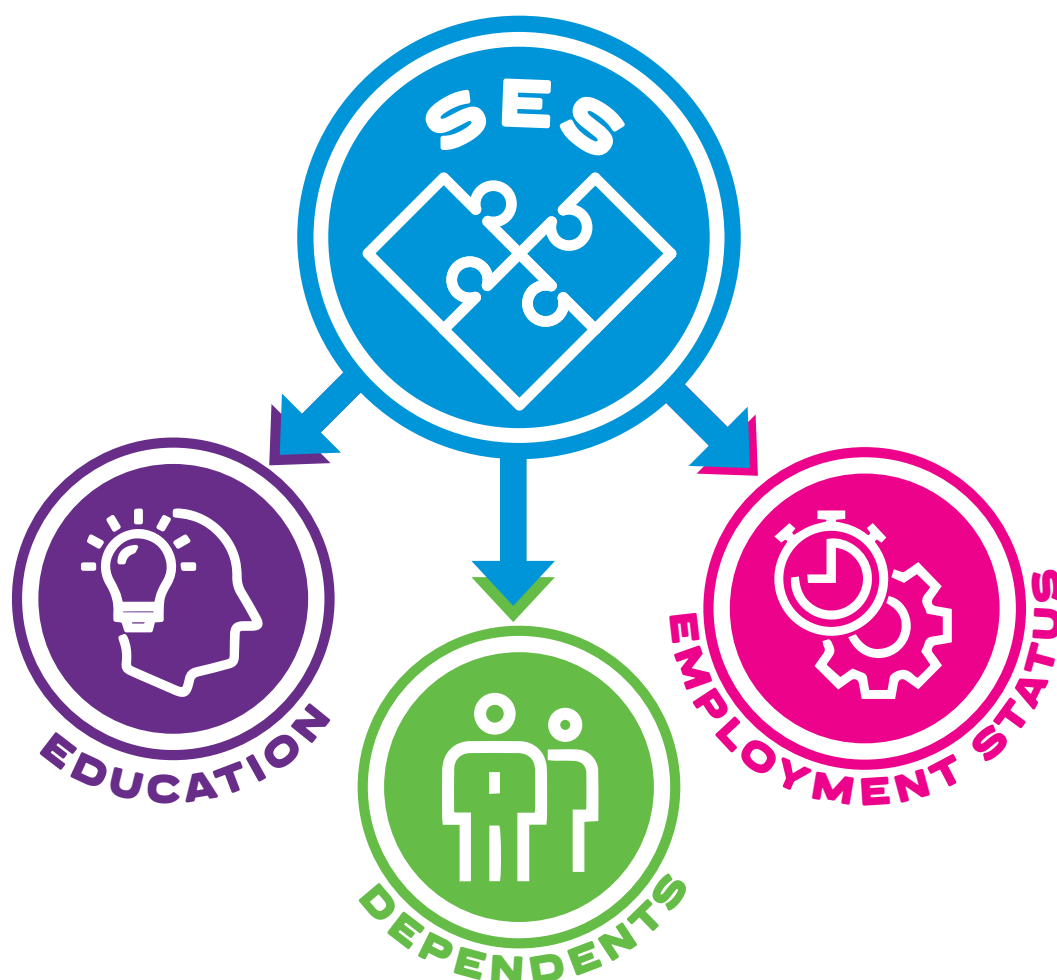


Appendix I

How was socioeconomic status (SES) measured?

Due to challenges associated with capturing sensitive information such as income, the current study does not measure it while collecting data to calculate SES. This study used education as a proxy for income, and the data was easily obtained. Many studies suggest collecting information on education and income while measuring SES. However, it is evident that no one size fits all in calculating socioeconomic status in health research.¹⁷

In the present study calculating the health empowerment score of the participants, the measure of SES was selected meticulously considering the plausible explanatory pathways through which socioeconomic status may influence health empowerment score. For the population of interest and to assess the particular health outcomes, socioeconomic factors such as education, employment status, and dependents were considered relevant. Research suggests that people with the highest attained education general have human capital, psychosocial resources, better living conditions, better healthcare choices, and a healthy lifestyle. Thus, socioeconomic status was adequately measured using potentially relevant factors such as education, employment status and dependents using available data.





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