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A systematic review of participatory engagement in men's health promotion programs.T. Key^a, P. Sharp^{a,b}, C. Grandou^a, L. Wallace^a, C. Caperchione^a^aUniversity of Technology Sydney, Australia^bUniversity of British Columbia, Canada

Introduction: Health promotion interventions have struggled to engage men, with men being on average only 1/3 of intervention participants. Gender-sensitised programs aim to tailor interventions to the needs of men, however, to be effective men need to be involved in the design and delivery of these programs. Participatory engagement provides an opportunity for men and relevant stakeholders to be involved in the design and delivery of health programs. Increasing the use of participatory engagement aligns with recommendations from knowledge translation and implementation science to improve uptake of research in practice. How participatory methods are being used to tailor health programs for men has yet to be explored. The aim of this study was to understand how participatory methods are being used to tailor health programs to men.

Methods: A systematic literature search with no date restrictions was conducted across four databases. Included studies targeted adult (≥ 18 years) men's health-related behavioural change including physical activity, nutritional behaviour, smoking cessation, and/or alcohol reduction. Studies utilised both randomised and non-randomised designs. Risk of bias was assessed for randomised (ROB2 tool) and non-randomised (ROBINS-I tool) control trials. A qualitative analysis of study outcomes and the use of participatory methods was conducted with study variables being collected under 5 categories: study design, intervention, retention, engagement, results. Participatory engagement was mapped using the IAP2 Spectrum of Public Participation. This review adheres to the PRISMA guidelines, the AMSTAR-2 tool, and has been prospectively registered in PROSPERO (CRD42021257719).

Results: Database searches yielded 5025 articles, with 60 studies of 55 discrete interventions meeting the inclusion criteria. Most of the included interventions were theoretically grounded (65%) and the majority targeted a combination of physical activity and nutrition behaviours (67%) followed by physical activity interventions (11%), smoking interventions (9%), alcohol interventions (7%), nutrition interventions (4%) and smoking and alcohol interventions (2%). Of the included studies 65% utilised a randomised control design, 50% indicated that the intervention was tailored to men, and 53% studies indicated some type of participatory engagement with either men (end-users) or stakeholders. Based on the IAP2, participatory engagement methods utilized within studies included consultation (18%; e.g. interviews), involvement (2%; e.g. co-design), collaboration (27%; e.g. community-based facilitators) and empowerment (5%; e.g. community champions).

Discussion: While 50% of included studies reported that they were tailored to men, only 1 in 3 studies reported going beyond consultation to develop and deliver their health program with the men or relevant stakeholders. Further research is needed to understand how health researchers are engaging with end-users and stakeholders. This will help to develop an understanding of participatory engagement's contribution to successful implementation and sustainability of interventions.

Impact and application to the field: Findings from this research may be used to inform the use of participatory engagement methods in men's health promotion to improve engagement, implementation, and scalability of behaviour change interventions.

Conflict of interest statement: My co-authors and I acknowledge

that we have no conflict of interest of relevance in submitting this abstract.

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Injury and illness profiles in short-course triathletes – A systematic reviewM. Crunkhorn^{a,c,e}, S. Guevara^{a,d}, M. Drew^a, G. Waddington^{a,b}, J. Périard^a, N. Etxebarria^a, L. Toohey^{a,b}, P. Charlton^{a,e}^aUniversity of Canberra Research Institute for Sport and Exercise (UCRISE), Australia^bThe Australian Institute of Sport, Australia^cQueensland Academy of Sport, Australia^dNew South Wales Institute of Sport, Australia^eTriathlon Australia, Australia

Introduction: A clear understanding of injury and illness aetiology and mechanisms in short-course triathletes (standard distance and below) provides a better opportunity to identify high risk subgroups of athletes within the sport and assist in the development and implementation of targeted prevention strategies.

The objective of this systematic review is to synthesise the existing evidence relating to the incidence and/or prevalence of injury and illness within short course triathletes, and to summarise reported injury or illness aetiology and risk factors in this population.

Methods: Studies reporting health problems (injury and illness) in able-bodied and para-triathletes, inclusive of all sexes, ages and experience levels, training or competing in short-course distances were included in this review. Studies were excluded if they reported health problems in non-triathlete populations, in unspecified or longer than short-course distances, did not include epidemiological data, were intervention studies, systematic reviews or non-scientific articles and were not published in English. Six electronic databases (Cochrane, MEDLINE, EMBASE, PsychINFO, Web of Science and SPORTDiscus) were searched using different key-terms. Risk of bias was independently assessed by two reviewers using the Newcastle-Ottawa Quality Assessment Scale. Data extraction was independently completed by two of the authors. Results were reported narratively following qualitative synthesis.

Results: The search yielded 7998 studies, with 42 studies eligible for inclusion. Twenty-three (55%) of the included studies investigated injury, twenty-four (57%) studies investigated illnesses, inclusive of five (12%) studies which investigated both injuries and illnesses.

Injury incidence rates ranged from 15.7-24.3 per 1000 athlete exposures, and illness incidence rates ranged from 1.8-13.1/1000 athlete days. Injury and illness prevalence ranged between 2-15% and 6-84% respectively, with these figures referring to the proportion of triathletes affected by a health problem across differing time periods. The most frequently reported health problems reported in short-course triathletes were: overuse, lower limb injuries that mainly occurred due to running; gastrointestinal and cardiovascular illnesses, mainly attributable to environmental factors (contaminated water); and respiratory illness, mainly caused by infection.

Discussion: The lack of high-quality prospective studies exploring the incidence, aetiology and risk factors for health problems in short-course triathletes has precluded the development of preventative strategies. Effective injury and illness prevention requires identification of accurate injury and illness incidence rates over entire seasons. Future research should focus on optimising performance through targeted