

# Provision of Physical Activity Survey and Data

## Executive Summary

An Executive Summary by pmpgenesis  
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## Study scope and methodology

In June 2009, pmogenesis, in association with the Centre for Sport and Exercise Science (CSES) at Sheffield Hallam University, was commissioned to undertake a physical activity survey and data study for the North East region on behalf of County Durham Sport, Northumberland Sport, Tees Valley Sport, Tyne and Wear Sport and NHS North East.

The overall objective of the study was to provide a baseline position of physical activity interventions and projects in the North East region, which could be used by key organisations such as the Department of Health (DH), County Sport Partnerships (CSPs) and Primary Care Trusts (PCTs) to inform future strategies and programmes in the sport, exercise, physical activity and health related environment.

The study comprised three key elements:

- a strategic policy review;
- an in-depth literature review on physical activity interventions; and
- a survey to identify physical activity interventions currently taking place across the four sub-regions in the North East.

## Background

It is well known that physical activity performed on a regular basis is associated with significant positive physical and mental health benefits. Physical activity plays an important role in the prevention of various chronic diseases such as cardiovascular disease, ischemic stroke, hypertension, obesity, diabetes mellitus, osteoporosis, colon cancers and fall-related injuries.

The Chief Medical Officer (CMO) advises that adults should undertake at least 30 minutes of 'moderate intensity' (5.0 – 7.5 kcal/min) physical activity on at least five days of the week to benefit their health. However, in England the prevalence of physical activity at recommended levels is low. Data captured in 2005 shows that only 37% of men and 25% of women met the CMO's physical activity recommendation.

Health profile data produced by the Association of Public Health Observatories has highlighted that life expectancy and health profiles in the North East are generally worse than England as a whole and when compared with other regions; particularly in areas such as binge drinking, healthy eating, obesity, deaths from smoking, early deaths from heart disease/stroke and early deaths from cancer.

## Strategic policy review

A strategic review of key national, regional and local documents relating to physical activity was undertaken as part of this study. The review highlighted that improving health and increasing physical activity is deemed highly important and as such, is referenced as a key priority within a wide range of national, regional and local strategic policy – most notably, in terms of:

- the national physical activity strategy 'Be Active, Be Healthy' published by the Department of Health (DH) in February 2009, which highlights how the DH will work with partners to increase physical activity levels across the country in the lead up to the London 2012 Games and beyond, through campaigns and initiatives;
- the regional health and wellbeing strategy 'Better Health, Fairer Health' produced by the Department of Health North East which has ten key themes, including diet and physical activity and sets out a vision that the region will be the most physically active in the country;
- PCT annual operating plans in the region, which all have a direct link to the regional strategy 'Better Health, Fairer Health' and reference the need to increase physical activity; and
- Local Area Agreements (LAA) in the region, which all prioritise health and wellbeing, healthy living or improved health as key themes and include a number of health related indicators, such as:
  - adult participation in sport and active recreation (NI 008);
  - obesity in primary school age children (NI 055 and NI 056);
  - children and young people's participation in high quality PE and sport (NI 057)
  - self reported measure of people's overall health and wellbeing (NI 119)
  - all age, all cause mortality rate - ie life expectancy (NI 120);
  - mortality rates from all circulatory diseases (NI 121); and
  - smoking cessation (NI 123).

As such, the policy review clearly highlights the strategic importance of improving health and wellbeing and the important role that increased levels of physical activity will play in helping to achieve key objectives and targets.

However, it should be noted, that although the need to increase physical activity was identified as a key priority in key documents, such as the PCT Annual Operating Plans, specific information relating to the budget available for physical activity programmes was not explicitly expressed. As such, there is often frustration amongst those tasked with increasing physical activity levels that without 'ring fenced' funding for physical activity, resources are often channelled into other areas.

In addition, the strategic review highlighted that the existence of local physical activity strategies is 'patchy'. Only a small number of authorities across the region have a strategy in place and where they do exist, most are at least four years old and as such, were developed before the regional strategy 'Better Health, Fairer Health' was in place and are not linked to LAA targets. Consequently, there is a need to encourage the development of more local strategies which should be guided by the overarching objectives set out within 'Be Active Be Healthy' and 'Better Health, Fairer Health' and should be coordinated at a sub-regional level.

### **Literature review**

A comprehensive literature review, focusing on physical activity interventions within the UK and abroad was conducted by the CSES at Sheffield Hallam University. The purpose of the review was to provide a summary of the effectiveness of physical activity interventions for adults and to provide an evidence base to help make informed decisions about the future provision and promotion of physical activity interventions and projects.

The literature review highlighted that physical activity interventions can usually be categorised into three main areas:

- **informational approaches** - which are designed to increase physical activity by providing information necessary to motivate and enable people to change their behaviour, as well as to maintain that change over time. A typical example might include a 'point of decision prompt', such as signs placed by lifts and escalators to motivate people to use nearby stairs;
- **behavioural and social approaches** – which focus on increasing physical activity by teaching widely applicable behavioural management skills and by structuring the social environment to provide support for people trying to initiate or maintain behaviour change. These types of interventions often involve individual or group behavioural counselling and typically include friends and family members that constitute an individual's social environment. A typical example includes the 'lets get moving' Physical Activity Care Pathway programme developed by the DH in 2007; and
- **environmental and policy approaches** – which are designed to provide environmental opportunities, support and cues to help people develop healthier behaviours. This approach aims to create healthful physical and organisational environments through the development of policy that lends itself to creating supportive environments and strengthening community action, for example active transport programmes.

The literature review highlighted that interventions in the UK usually take the form of either:

- physical activity referral programmes (PARS) and community based exercise programmes for walking and cycling;
- brief interventions (eg opportunistic advice or discussion); and
- the use of pedometers to promote physical activity.

The literature review summarised the evidence of effectiveness of these three main forms of interventions. Although, it should be noted that despite the large number of interventions in the UK and literature growing exponentially, there is still limited evidence on 'what works' and given that most interventions tend to be short term, there is limited evidence of long-term impact.

However, the literature review was able to identify a number of key components related to successful interventions, which include interventions based on:

- behaviour change, teaching participants skills and tailoring content to meet individual needs;
- the promotion of moderate physical activity (not solely facility based);
- combined multiple strategies;
- the involvement of a wide range of key stakeholders;
- capacity building;
- having a genuine commitment of time and resources; and
- the establishment of comprehensive long-term strategies that focus on the social, physical, economic and policy environment.

## Survey of interventions

In order to identify/map physical activity interventions currently taking place across the North East region, a survey of relevant organisations was carried out.

In consultation with the Steering Group, it was agreed that the survey would focus on capturing information on interventions which have a physical activity outcome, have a rationale for improving health and have a lead person or group. It was also agreed that the main focus of the study should be on interventions aimed at adults (aged 16+) – although it should be noted that some organisations also provided information on interventions that are predominantly aimed at children/young people.

An email and web link to an electronic survey was sent to approximately 300 relevant organisations across the region including representatives from PCTs, local authorities, charities and professional sports clubs, all of whom were thought to be involved in delivery of physical activity.

A total of 182 responses (interventions) were received during the survey period from 120 respondents - representing a response rate of 40%. However, it is important to note that in a number of cases, contacts included on the original database passed the email and questionnaire onto other colleagues to reply on their behalf and as such, the actual response rate is higher than the 40% implies.

Of this final total, the number of interventions was reduced to 146. This was based on the removal of duplicate projects and projects which did not meet the required criteria set out above.

The survey highlighted that of the interventions currently taking place across the North East region:

- most take the form of either community based exercise/sport programmes (44%) and physical activity referral schemes (31%);
- only a small number involve community based programmes for walking/ cycling (7%) or workplace health initiatives (3%);
- interventions utilise a wide range of different activities and methods to increase participation and improve the health of those involved such as walking, swimming, aerobics/exercise classes, gym sessions, yoga, dance, cycling, chair-based exercise classes, outdoor activities and the use of dance mats and Wii sports consoles;
- just over one-third (36%) include advice, support and counselling;
- most interventions target a range of target groups including those with pre-existing conditions (eg type 2 diabetes, coronary heart disease, obesity/weight management), low income groups, people with disabilities, older people and people from BME communities;
- the majority of programmes aim to either increase participation in physical activity amongst key target groups and improve health amongst those who are either 'at risk' or with pre-existing conditions. Although a small number are aimed at increasing skills/capacity and social inclusion;
- the majority of interventions are facility based, taking place either at leisure centres (26%), community venues such as village halls (18%), education sites (16%) and health based facilities (11%). Very few take place using the outdoor environment;
- the majority of the interventions involve a range of partners, with most involving the PCT (61%) and/or local authority (55%);

- a wide range of other partners were also identified, including Natural England, Sport England, Age Concern, Diabetes UK, Ground Works, Sure Start, Help the Aged, leisure providers/trusts and private sector sponsorship;
- given the diverse nature and length of the interventions, costs vary enormously from circa £3,000 to circa £1.7 million;
- funding is provided by a wide range of partners and sources – however, the majority of funding is provided by either the local authority and/or PCT; and
- responses indicate that most interventions (91%) undertake some form of monitoring to evaluate effectiveness. However, in most cases, only brief information was provided regarding the nature of the monitoring and evaluation systems in place. In many cases, it would appear that monitoring takes the form of self evaluation, via participant questionnaires/evaluation forms (37%) and attendance records (34%). There was little evidence of interventions measuring changes in knowledge, attitudes and skills.

Analysis of the current interventions has identified a wide range of good practice examples with many including some/all of the successful components identified via the literature review. However, there are also a number of areas where there is less evidence of good practice. A summary of the key strengths and weaknesses of the current interventions is summarised below.

### Summary of key strengths and weakness of current physical activity interventions

Interventions in the North East	
Strengths	Weaknesses
<p>Interventions utilise a wide range of methods/strategies to promote increased physical activity. A number of interventions tailor their content to individual needs and focus not only on physical activities, but also on the provision of advice and support/teaching skills which can be important in promoting behaviour change.</p> <p>There is a variety of interventions targeting a broad cross-section of the community.</p> <p>Interventions targeting those most 'at risk' are mainly geared towards addressing key local health issues (eg obesity/weight management, CHD, type 2 diabetes)</p> <p>Most interventions have clearly defined aims.</p> <p>A number of interventions focus upon capacity building.</p> <p>The majority of interventions involve a range of key stakeholders.</p> <p>91% of interventions have monitoring and evaluation systems in place.</p>	<p>Survey responses suggest that there are only a limited number of workplace initiatives taking place. Due to the amount of time spent in the workplace, these types of interventions provide significant opportunities.</p> <p>Interventions are primarily reactive rather than preventative. Most are aimed at individuals, key target groups or those with pre existing conditions. There is limited evidence of interventions that are preventative. As such there is a real opportunity to look at providing programmes which are aimed at improving the general health and wellbeing of communities.</p> <p>Interventions mainly take place in 'formal' settings rather than promoting moderate physical activity in daily life or making changes to the overall environment/policy.</p> <p>Most interventions take place for a fixed time period (varying in length from just 8 weeks to 4 years) – thus long-term sustainability is an issue.</p> <p>There appears to be minimal involvement from 'wider' stakeholders beyond the health/leisure sector, such as urban planners, local</p>

## Interventions in the North East

Project Coordinators appear to have genuine commitment and enthusiasm for the interventions.

government, the transport sector, environmental protection agencies, criminal justice organisations, community organisations and special interest groups. These need to be developed, particularly with those organisations that can influence the change/ adaptation of environments.

Limited information was provided regarding the monitoring and evaluation methods utilised. Interventions focus mainly on attendance records and/or participant questionnaires. More varied and in-depth measures are required to effectively monitor the impact.

## Focus for future interventions in the North East

Given the strengths and weaknesses identified above, it is recommended that future interventions take into consideration the following key factors to help promote successful interventions:

- **Multiple approaches** – interventions should combine a number of different approaches, which should ideally include educational, behavioural and cognitive behavioural strategies and offer individual advice and counselling. Interventions should provide options to participate in both supervised and unsupervised programmes of physical activity and aim to teach participants skills on how to perform physical activities within their own social environment;
- **Environmental approaches** – seek to provide more interventions that establish long term environmental strategies to create healthy physical environments that are aimed at improving the general health and wellbeing of communities as opposed to 'reactive' programmes aimed purely at key target groups or those with pre-existing conditions (for example via active transport and workplace health initiatives);
- **Informal settings** – provide interventions that are set in both formal and informal settings such as parks and open spaces and encourage participants to select moderate physical activity that can be taken from the home;
- **Wider partnerships** – partnerships should be developed to include a wider range of organisations and stakeholders beyond the health/leisure sector, particularly with those organisations that have the power to influence a change in policy and the environment - such as urban planners, local government, the transport sector, environmental protection agencies, criminal justice organisations, community organisations and special interest groups;
- **Workforce development** – the provision of adequate resources to ensure that appropriately trained and qualified staff are in place to deliver the interventions effectively. To ensure that relevant staff not only hold recognised fitness/exercise qualifications, but are also trained in behaviour change/motivational interviewing; and
- **Robust monitoring and evaluation** – interventions need to have robust systems in place to monitor and evaluate effectiveness. This requires evaluation methods and protocols to match the scheme's desired outcomes, baseline assessments to be established and the use of a variety of methods to capture both outcome measures such as levels of participation and health checks plus intermediate outcomes, such as knowledge, attitudes and skills. Ideally, long-term follow up of participants should be carried out to determine long-term impact and interventions may wish to make use of national monitoring and evaluation tools, such as the Active People Survey data, the

National Obesity Framework, the British Heart Foundation Exercise on Referral Toolkit and the General Practice Physical Activity Questionnaire (GPPAQ).

### **The way forward**

The study has clearly highlighted the strategic importance of improving health and increasing physical activity at both a national, regional and local level. Given that health profiles in the North East are generally worse than England as a whole, particularly in key areas such as binge drinking, healthy eating, obesity, deaths from smoking, early deaths from heart disease/stroke and early deaths from cancer, it is essential that physical activity interventions continue to be resourced and developed.

If key objectives and targets set out within strategic policy documents are to be met, there is a need:

- for key organisations to 'ring-fence' adequate funding and resources specifically for physical activity interventions; and
- to utilise multiple approaches that includes interventions that are:
  - aimed at those who are 'most at risk' in order to help address key local health issues; and
  - aimed at developing more long-term environmental strategies in order to create an active environment to help improve the general health and well being of whole communities (ie preventative).

The study has identified a wide range of physical activity interventions and has provided a snapshot of the current situation with regards to physical activity in the region and four sub-regions. The academic review has established the attributes of successful interventions, provided evidence on what works and what doesn't work and identified good practice case studies from within the North East region and further afield. However, it should be viewed as a 'starting point' and it is important that:

- the database of physical activity interventions is uploaded onto relevant websites within the region for use by key stakeholders, organisations and individuals;
- the database is updated on a regular basis;
- key stakeholders with an interest/role in promoting physical activity be made aware of the location of the database;
- ensure that the findings of the study are used to address identified gaps in provision and areas for improvement;
- ensure that the findings of the study be as a baseline to assist in the development of physical activity plans/strategies; and
- ensure that the findings of the study be used to share best practice ideas and guidance on physical activity amongst physical activity and health professionals.