



Physical Activity & Health Update March 2009

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Over 60 physical activity, sport and health professionals attended the recent Active Clubs Tutor training days in Northern Ireland.

In association with the Health Promotion Agency NI, the BHF National Centre for Physical Activity and Health delivered the two days training at leisure centre venues in Lisburn and Dungannon.

The training was very well received and one participant commented that it was

"Excellent training with superb practical resources, thank you so much. A great learning experience which is transferable in my community."

For information on Active Clubs and associated training, please contact Kate Buchan or Anna Chalkley on 01509 228263 or visit www.activeclubs.org.uk



Young people Project Officer, Kate Buchan and Active Clubs Manager, Anna Chalkley show off the Active Club Pack during the training day

EXERCISE REFERRAL SCHEME TOOLKIT

The BHFNC has recently developed a toolkit for the design, implementation and evaluation of exercise referral schemes. The toolkit contains guidance for:

- Referring health professionals,
 - Exercise referral professionals,
 - Exercise referral scheme commissioners
- and it also includes a guide to evaluating ERS

A draft version is now available for consultation. You can download the toolkit [here](#):

The consultation closes on Friday 27th March, 2009. A consultation response form can also be downloaded from: <http://www.bhfactive.org.uk>

Brief Interventions: Improving Patient Interactions



Due to high demand, the BHF National Centre for Physical Activity and Health continues to provide training for health and exercise professionals working one-to-one with patients.

The next course is being held at Loughborough University on **Monday 11th & Tuesday 12th May 2009**. Further information is provided at:

http://www.bhfactive.org.uk/downloads/Latest_SFPFlyer.pdf

Book early to avoid disappointment, places are limited to 20 participants per course.

The course equips professionals with the abilities:

- To help patient's identify aspects of life they wish to change
- To support patient's in constructing a vision of their 'preferred future'
- To identify what patient's are already doing that is working
- To encourage and measure progress.

Alternatively, if you have 20+ staff who you know will benefit from **Brief Interventions** training; we can send you information about holding an in-house course for your organisation. Contact: S.A.Wortley@lboro.ac.uk or telephone 01509 223264 if you require further information.

We are here to help!

If you have any project news you would like us to include in the next BHFNC update please email us at: bhnc@lboro.ac.uk

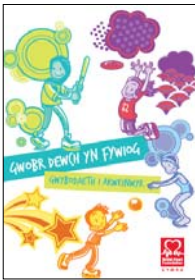
If you have any questions relating to physical activity and health or need to find the latest research contact us directly on 01509 223259 or visit our website at: www.bhfactive.org.uk

To subscribe to our monthly update visit:
<http://www.bhfactive.org.uk/register-interest.php>

LET'S GET ACTIVE RESOURCES NOW AVAILABLE IN WELSH

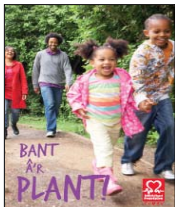
The new 'Let's Get Active Participation Award' materials are now available to order in Welsh. The award is a simple and fun way to encourage children and young people to become more physically active and has been designed to be used in conjunction with the Active Club pack to help children work towards the 60 minutes a day target. To order any of the materials featured below, email bhf@prolog.org.uk or telephone 0870 600 6566.

The award has 3 parts:



Let's Get Active Award Leader Information Booklet (G418W): This booklet is designed for anyone wanting to introduce the award to children and young people within their setting. It summarises the award and its elements as well as providing a step-by-step guide to implementing it.

Let's Get Active Pocket Planner (G 417W): This popular resource for young people has now been re-developed by the BHFNC to encourage children to record how much activity they do each day in working towards the 60 minutes activity target. After 6 weeks, participants can send off for a free certificate of achievement in order to recognise and reward those regularly taking part in physical activity.



Get Kids on the Go (G80W): This information booklet for parents has useful hints, tips and activity ideas to educate parents on the importance of physical activity and to encourage parents to support their children in pursuing an active lifestyle.

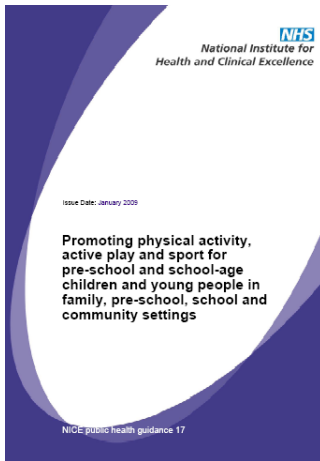
PHYSICAL ACTIVITY CARE PATHWAY

The Physical Activity Care Pathway, developed by the Department of Health is a systematic approach to health promotion in primary care, designed to enable health professionals to help sedentary adults and those at risk of adverse health outcomes associated with low activity levels to become more physically active. The physical activity care pathway involves health professionals delivering brief interventions in primary care and signposting patients to local physical activity opportunities.

In May 2007 the BHFNC were commissioned to evaluate the feasibility of implementing the care pathway in primary care. The trial was undertaken with 14 general practices across London, and involved both quantitative and qualitative data collection methods. The results of the evaluation will be used to inform and refine the pathway based upon the key attributes for successful delivery.

Data collection is now complete and the BHFNC are in the process of finalising the report. It is anticipated that the full evaluation report will be published on the [BHFNC website](http://www.bhfnc.org.uk) late Spring 2009.

NEW NICE GUIDANCE FOR PROMOTING PHYSICAL ACTIVITY FOR CHILDREN AND YOUNG PEOPLE



The National Institute for Health and Clinical Excellence (NICE) has published new guidance on promoting physical activity for children and young people:

‘Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings’.

The guidance is aimed at everyone who has a direct or indirect responsibility for promoting physical activity for children and young people, including those working in the NHS, education, local authorities and the wider public, private, voluntary and community sectors. The guidance may also be of interest to parents and carers.

The recommendations relate to children and young people up to the age of 18, including those with a medical condition or disability (except where clinical assessment or monitoring is required prior to and/or during physical activity). The guidance does not cover specialised services for children and young people with a disability. There is a specific focus on children aged 11 and under and girls aged 11 to 18 years.

Recommendations cover:

- National Campaigns
- Raising awareness of the importance of physical activity
- Developing physical activity plans
- Planning the provision of spaces and facilities
- Local transport plans
- Responding to children and young people
- Leadership and instruction
- Training and continuing professional development
- Multi-component school and community programmes
- Facilities and equipment
- Supporting girls and young women
- Active and sustainable school travel plans
- Helping children to be active
- Helping girls and young women to be active
- Helping families to be active

To read the full NICE guidance, visit: <http://www.nice.org.uk/Guidance/PH17/Guidance/pdf/English>

Or download the quick reference guide at:
<http://www.nice.org.uk/Guidance/PH17/QuickRefGuide/pdf/English>

ACTIVE PEOPLE SURVEY 2

Sport England is committed to delivering one million people doing more sport by 2012/13. Sport England's progress against the one million sport participation target is measured by the Active People Survey.

The survey measures the percentage of the adult population participating in at least 30 minutes of sport, of at least moderate intensity at least 3 times a week. It does not include recreational walking, but does include more intense/strenuous walking activities such as hill trekking and gorge walking.

Active People Survey 2 provides the 2007/08 baseline data for Sport England's 'one million sport participation' indicator. A detailed breakdown of regional and national participation figures can be downloaded from the links below, briefly headline results show that:

- 21.3% of adults living in England are participating in sport and active recreation on three days a week at moderate intensity (an increase of 0.3% since Active People Survey 1: 2005/06)
- Participation among ethnic minority communities has decreased by 1.01% since Active People Survey 1
- At a regional level, Yorkshire, East Midlands, the East and North West have significantly increased their participation between 2005/06 and 2007/08 whereas participation in London declined significantly.

Download the regional results [here](#), download the national results [here](#)

TIRED OF HANGING AROUND: USING SPORT AND LEISURE TO PREVENT ANTI-SOCIAL BEHAVIOUR BY YOUNG PEOPLE

This Audit Commission report focuses on the role of sport and leisure activities in preventing anti-social behaviour in young people aged 8-19 years. There are 6 key findings from the report:

- Sport and leisure activities have an important role to play in preventing anti-social behaviour
- Most local authorities and many other local agencies provide or commission some good targeted activities, but there is little evidence of comprehensive area-based approaches.
- Lack of data on costs and performance is a constraint on commissioning decisions
- Young people are rarely consulted when planning new activities, the report indicates that young people want activities that are accessible, reliable and relevant.
- National funding arrangements are inefficient. Projects have to cope with unreliable short-term funding that is expensive to administer
- Effective solutions engage the appropriate young people; they are delivered through local joint working, and national and local funding is co-ordinated.

The report concludes with a series of recommendations for action for local and central government:

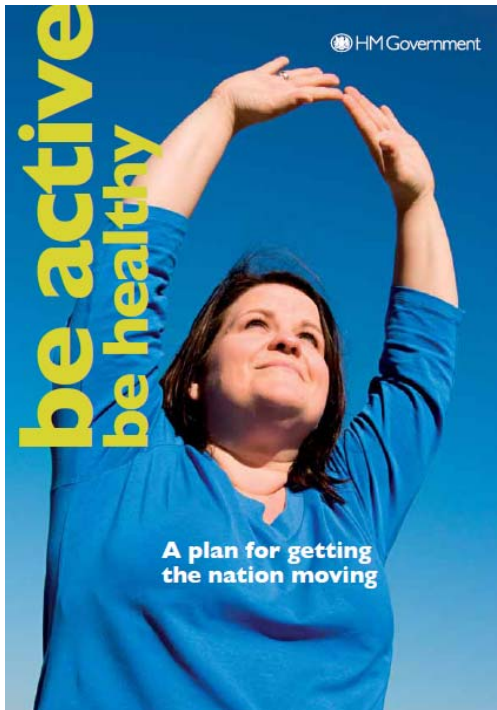
Central government should:

- *support longer-term programmes in preference to short-term projects*
- *provide a simple template for project and programme evaluation to reduce reporting burdens and increase knowledge about successful interventions*

Local government should:

- *Listen to young people when designing new activities and give older teenagers opportunities to design their own solutions*
- *Ensure all activities are free or at a low cost to young people*

BE ACTIVE, BE HEALTHY: A PLAN FOR GETTING THE NATION MOVING



'Be Active, Be Healthy: A Plan for Getting the Nation Moving' was published by the Department of Health (DH) in February. The plan is aimed at PCT Chief Executives, Directors of Public Health, Local Authority Chief Executives, Directors of Adult Social Services and Directors of Finance. 'Be Active, Be Healthy' 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. Key projects will include:

- Working in partnership with Natural England to significantly expand the Walking the Way to Health scheme
- Piloting a campaign that enables employers to incentivise active commuting and other forms of active travel for business purpose
- Funding a national network of County Swimming Co-ordinators to promote swimming in every local area
- Continuing to develop the Physical Activity Care Pathway model

The strategy also sets out how the Department of Health intend to 'energise delivery', through:

- Commissioning an evidence-based tool allowing PCTs to stratify the cost burden of disease arising from physical inactivity for sub-groups of their population
- A new Physical Activity Alliance which constitutes physical activity professionals from major organisations across the country. The Alliance will campaign for physical activity, will develop its own physical activity campaigns and initiatives, will help to boost local and regional delivery and act as a national partner to Government. Professionals working in the physical activity sector have the opportunity to input into how the Physical Activity Alliance should operate. The consultation will be carried out primarily through a series of interviews and workshops and will help to define governance options, legal structures, funding models and organisational structure for the new organisation.

'Be Active, Be Healthy' may be of use to professionals making the case for physical activity. A breakdown of the estimated costs of physical inactivity is included to illustrate the potential gains to be made by investing in the promotion of active lifestyles, it is estimated that physical inactivity costs the NHS between £1 billion and £1.8 billion annually. Detailed local area costs of physical inactivity are provided in annex 1 of the plan - costs are given by PCT and are broken down into whole PCT cost and total cost per 100,000 population.

Download 'Be Active, Be Healthy' [here](#)

Tackling Obesity 2009
26th March 2009
QEII Conference Centre, London
Call 0800 5429585 for conference fees

The second annual Tackling Obesity conference will look at the main challenges faced today in the fight to reduce levels of obesity in our society and will provide delegates with the chance to discuss practical solutions to reduce obesity. The conference provides the first update on the progress of the Healthy Weight, Healthy Lives strategy, 12 months after its launch, and where and how real progress is being made. Delegates will hear from, and have a prime opportunity to question respected figures in the NHS, Department of Health and the wider industry. Visit <http://www.govnet.co.uk/obesity/index.php> for further details.

Developing a positive approach to falls prevention in older people: Minimising risk and focussing on active healthy lifestyles



Wednesday 1st April
London

Conference fees

- £355 + VAT (£408.25) for NHS, social care and private healthcare organisations.
- £300 + VAT (£345.00) for voluntary sector/charities.
- £495 + VAT (£569.25) for commercial organisations.
- £300 + VAT (£345.00) for IHM members.

The sixth national falls conference provides an important update on maximising the contribution of frontline staff to preventing falls in older people, with a focus on a positive and preventative approach.

Topics to be covered at the conference include:

- Developing a positive approach to falls prevention in older people
- Managing the medical conditions contributing to falls
- Developing innovative projects to raise awareness of falls prevention
- Improving the falls services within your organisation

Download the booking form and programme [here](#)

Managing Long Term Conditions

7th April 2009

Harrogate International Centre

Charities and voluntary sector £278 + VAT

NHS, Local Government & Private Healthcare Companies £328+VAT

Commercial Organisations £398 +VAT

This **conference** will be of interest to all involved in the management of long-term conditions. It is recommended that professionals in the following positions may find the conference of particular interest: Clinicians, directors, managers, co-ordinators, leaders, advisors from primary and secondary care, social care, the independent and third sectors and all those involved in supporting people living with long-term conditions.

The Managing Long Term Conditions conference will offer delegates the opportunity to:

- Hear from the leading international, national and regional speakers about managing long-term conditions
- Engage in high-level debate, stimulating panel discussions and learn about inspirational case studies
- Network with colleagues from health, social care, the third and independent sectors
- Visit the largest exhibition of companies and organisations involved in supporting people with long-term conditions

Fifth National Conference on Obesity and Health

'Controversies in the prevention and management of obesity: Managing the balance'.

27th – 28th April 2009

Lakeside Conference Centre, Aston University, Birmingham

Registration up to and including 15th March 2009 £260

Registration after 15th March 2009 £290

Day delegate Monday 27th April £185

Day Delegate Tuesday 27th April £185

The Conference's objectives are to:

- Review current and completed trials and programmes to identify short and long term outcomes
- Present examples of effective inter-disciplinary management social programmes for individuals or communities for the prevention or management of weight gain
- Offer opportunities to develop personal skills needed to be more effective in managing the weight of a patient
- To allow delegates to reflect on current practice and network

To find out more, visit: <http://www.obesityandhealth.co.uk/>

Dobbins, M., De Corby, K., Robeson, P., Husson, H. & Tirilis, D. (2009). School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 – 18 (Review). *Cochrane Database of Systematic Reviews, Issue 1, 2009.*

The purpose of this systematic review was to assess the effectiveness of school-based interventions in promoting physical activity and increasing fitness among school children and adolescents aged 6 – 18 years. Of 13,841 titles related to physical activity interventions with children and adolescents, 26 were deemed of sufficient quality to be included in this review. These 26 studies (prospective, randomised controlled trial or clinical controlled trial) evaluated the impact of combinations of school-based interventions focused on increasing physical activity among children and adolescents. Participants were between the ages of 6 to 18 years living in Australia, South America, Europe and North America. The duration of the interventions varied greatly from five weeks to six years; 6 studies reported intervention periods of three years or longer. This systematic review analysed the interventions in terms of the degree they impacted upon: leisure time physical activity rates, physical activity duration, television viewing time, mean systolic and diastolic blood pressure, mean blood cholesterol, body mass index, maximal oxygen consumption and heart rate.

Physical activity rates

The evidence suggested that while school-based interventions are effective in increasing the time children and adolescents engage in physical activity during the school hours, these interventions do not result in children and adolescents engaging in more activity during leisure time. The authors suggest the possibility that school-based interventions are too focused on the school setting and that children do not understand how to translate the health messages at home or in the community.

Physical activity duration

The review concluded that there is convincing evidence that school-based interventions are effective in increasing the amount of time children spend engaged in physical activity, particularly during school hours. Two studies using accelerometers reported significant positive effects, giving credibility to the findings. The review found that effective school-based interventions include a combination of strategies including school curricula, printed educational materials, and possibly educational sessions, physical activity specific sessions, and community based initiatives. The data also suggests that school-based physical activity interventions that are of longer duration may be needed to effect change in duration of physical activity among primary school children. There is limited evidence that these interventions are effective among adolescents in secondary school.

Television viewing

The authors found evidence that school-based interventions are effective in reducing the duration of television viewing in the short term among primary school children. Of the four studies that reported data on this outcome, three found a statistically significant effect and the fourth had a trend towards a positive effect. Successful interventions included changes to the school curricula, printed educational materials, educational sessions, and community-based strategies. However, data on adolescents and long-term impacts are unclear.

Mean systolic and diastolic blood pressure

The systematic review found that school-based interventions do not have a significant impact on systolic blood pressure but may have a positive effect on diastolic blood pressure in children and adolescents. Although some projects reported positive results, the authors reported that the evidence at this time would not support the use of school-based physical activity interventions as a way to reduce systolic or diastolic blood pressure.

Continued on next page

Mean blood cholesterol

There is good evidence suggesting that school-based interventions are effective at reducing blood cholesterol levels among primary school children and adolescents. At a minimum, studies that reported a positive effect included printed educational materials and changes to the school curriculum, but generally additional strategies were also included, such as audio-visual materials and parental involvement.

Body mass index (BMI)

Overall it was found that school-based interventions are not effective in either reducing BMI, or limiting the extent to which it increases with age. Of the 14 studies reporting data on this outcome, 10 reported no effect. All studies, whether reporting positive or negative effect, included printed educational materials and changes to the school curriculum. Other strategies such as changes to cafeteria menus and parental involvement were also used in some of the interventions and produced no effect.

Maximal oxygen consumption

The authors found good evidence that school-based interventions are effective in improving maximal oxygen consumption among adolescents in secondary school, and perhaps among teenage girls more than teenage boys. Less evidence was found for an effect in primary school children. At a minimum, the evidence suggests that school-based interventions aiming to increase maximal oxygen consumption should include printed educational materials, changes to the school curriculum, physical activity specific sessions, and educational sessions. The authors recommend that school-based interventions to increase maximal oxygen consumption are implemented.

Heart rate

The review concluded that school-based interventions are not effective in reducing heart rate among children and adolescents. One hypothesis for this outcome is that heart rate in children and adolescents is not directly associated with physical activity levels or fitness levels and therefore reduction in pulse rate is not appropriate.

The authors summarised that ongoing physical activity promotion in schools is recommended as they can have a significant impact upon lifestyle behaviours. At a minimum, the use of printed educational materials and changes to the school's curriculum that promote active lifestyles are encouraged. Projects should be implemented for a minimum of 18 weeks and it may be necessary to widen the scope of the strategy to include the community so as to support multiple environments that support active living. With regards to physical health status, printed educational materials and changes to school curriculum are considered a minimum requirement to impact upon child and adolescent health. The systematic review did not find enough evidence to recommend other strategies such as educational sessions, parental involvement, school-based activities, community-based strategies and audio-visual materials. There was some evidence to suggest that studies of shorter duration demonstrated more positive effects than studies of longer duration for blood cholesterol and maximal oxygen consumption.

The authors noted that some of the studies included in the review had methodological weaknesses. For example, for outcomes such as physical activity rates, time spent in physical activity and time spent watching television, almost all data were collected using self-report measures which can lead to over reporting and bias. Methods used to collect data also differed across the studies, for example, blood pressure measures were obtained in some studies using a mercury sphygmomanometer, and in others using a Dinamap machine. For cholesterol, about half the studies used non-fasting blood samples and the remaining half used fasting blood samples. These differences in data collection may have resulted in significant impact to the results reported by each study, and it is difficult to estimate the magnitude of the impact. Therefore, the results must be interpreted cautiously.

COMMUNITY CYCLING FUND FOR LONDON (CCFfL)

The Community Cycling Fund for London is offering community groups and organisations the opportunity to apply for a grant allocation of up to £5000 to set up and deliver a community based cycle project or initiative for 2009.

The first round of funding for London cycling community projects is now closed. The second round opens on the 16th March and continues until the 27th March.

Cycling projects can take many forms and work best when developed with or tailored to the needs of a specific group or community.

Depending on your needs and interests, projects could involve:

- **Cycle recycling through bike maintenance workshops**
- **Cycle riding skills to build confidence**
- **Learning how to ride a bike**
- **Fun leisure rides to improve health and fitness**
- **Creating cycling facilities to gain access to local shops and facilities**
- **Establishing a pool of bikes for use in your community**
- **Training local community members in cycle-related skills**
- **Promoting cycling as a mode of transport**

This year CCFfL particularly encourages applications from groups in the following London boroughs:

Barnet, Bexley, Brent, Bromley, Enfield, Harrow, Havering, Hounslow, Kingston and Richmond.

There will be a downloadable application form at:

<http://www.lcc.org.uk/index.asp?PageID=183> from March 1st 2009

If further information on how to apply is required, contact the community cycling team on 020 7234 9310, and select option 4.

CHANGE4LIFE

'How Are the Kids?', a 'Change4Life' survey investigating children's health was launched at the beginning of February..

Around 11 million surveys will be distributed from the beginning of February, including:

- 7.5 million will be door dropped to families with young children across England or through inserts in national press and magazines
- At least 2 million will be distributed via the School Fruit and Vegetable Scheme
- 350,000 through the Healthy Start mailings - parents will receive them with their monthly vouchers
- Doctors' surgeries will receive around 120,000
- Around 20,000 will be mailed to people who have already registered via the Change4Life website.

Families will also be able to complete the survey online.

Health professionals keen to encourage families to complete the Change4Life questionnaire and apply for a free action plan should signpost their clients to: <https://www.howarethekids.com/>

Millions of families in England will receive a specially tailored plan to help them improve their eating habits and increase their physical activity levels after answering a series of health and lifestyle related questions.



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Cheung, N.W., Cinnadaio, N., Russo, M. & Marek, S. (2009). A pilot randomised controlled trial of resistance exercise bands in the management of sedentary subjects with type 2 diabetes. *Diabetes Research and Clinical Practice*, 83(3):e68-e71

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