



BHF National Centre physical activity+health

What are the most effective ways of engaging sedentary and/or obese populations in physical activity?

Answer: This depends on the population group targeted, but interventions that easily fit into everyday life, are sustainable and can be tailored to the participants preferences are often recommended.

The current obesity epidemic shows the huge need for health professionals to work with and engage physically inactive people. This requires us to identify which initiatives and interventions are effective in engaging sedentary and obese individuals in physical activity and then replicating successful schemes across the country.

The Health Development Agency (2004) outlines evidence that shows effective interventions in the management of obesity, gathered from a review of reviews. It was found that in the healthcare setting, review-level evidence suggested that single factor interventions (physical activity only) which focus on moderate intensity physical activity were likely to be effective in the short term among the sedentary population. In community settings, the evidence suggested that interventions based on the theories of behaviour change and which teach behavioural skills are associated with longer term changes in behaviour. It was also suggested that interventions should not be facility dependent and should consider incorporating regular contact with an exercise specialist. With regards to older adults, flexibility exercises were associated with long term changes in behaviour, as were those that used follow-up and telephone support.¹ In a separate review of the effectiveness of physical activity interventions for older adults, it was found that group-based interventions achieved higher participation rates in the long term than home-based interventions.²

The recent NICE obesity guidance³ recommends interventions that focus on activities that fit easily into everyday life, such as walking. It is also important that these activities are tailored to people's individual preferences and circumstances and aim to improve people's belief in their ability to change (for example, by verbal persuasion, modelling exercise behaviour and discussing positive effects). Ongoing support (including appropriate written materials) should be given in person or by phone, mail or internet. When planning interventions to target the sedentary and inactive segment of the population, NICE recommends that in order for the initiative to be successful, it should address the concerns of local people. Concerns might include the availability of services and the cost of changing behaviour, dangers associated with walking and cycling and confusion over mixed messages in the media about weight, diet and activity. The NICE obesity guidance also discusses

interventions that target children and adolescents. Interventions in schools are recommended to be sustained, multi-component and address the whole school. This should include the provision of after school clubs and other activities. Evidence suggests that short-term interventions and one-off events are insufficient and should be part of a long-term integrated programme. NICE recommends that where possible, parents should be involved in school-based interventions through, for example, special events, newsletters and information about after school activities.³

A recent systematic review identified the features of a community that is 'Active-Friendly' and can encourage those who are not currently active to participate in physical activity. These features were: land use environment, access to exercise facilities, transportation environment, aesthetics, travel patterns, social environment, land use economics, transportation economics, institutional and organisational policies and promotion. For example, institutional and worksite policies may refer to the workplace subsidising health club membership or providing incentives for travel by non motorised transportation modes.⁴

References

¹ Health Development Agency (2004). *The effectiveness of public health interventions for increasing physical activity among adults: a review of reviews.*

² Van der Bij, A.K. Laurant, M.G.H. & Wensing, M. (2002). Effectiveness of physical activity interventions for older adults: a review. *American Journal of Preventive Medicine* 22 (2): 120-133

³ National Institute for Health and Clinical Excellence (2006). *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.*

⁴ Ramirez, L.K, Hoehner, C.M. & Brownson, R.C. et al. (2006). Indicators of Active-Friendly Communities: An Evidence-Based Consensus Process. *American Journal of Preventive Medicine* 31(6): 515-524

Free of charge BHF resources that might be of interest:

Get Active (G12)

Couch Kids (G243)

Get Kids on the Go (G80)

BHF resources that may be of interest and come with a suggested donation:

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To order single copies of these resources, please call Kirsty Snedden and Natalie Wiggins on 01509 223259. To order in bulk, please call BHF dataforce on 0870 600 6566, quoting the reference numbers above.

