

The 5th FUSE Physical Activity Pop-up Workshop

From science to the real world: how can we improve physical activity practices locally and nationally


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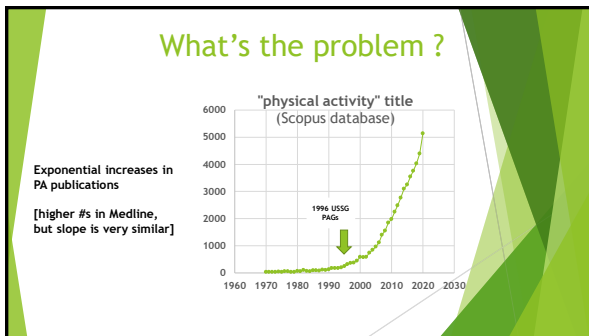
Many of the things I will discuss already occur in England in integrated approaches to physical activity [rather than embedding PA in obesity plans, or omitting it completely from public health]

You are well advanced in the area of national PA guidelines, intervention guidance and local translation

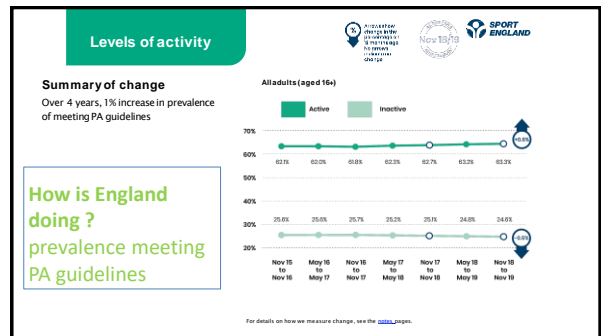
I will give a few perspectives on this challenge mostly from my experience [of too many decades] on programs, partnerships and evaluation methods



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FOUR POLICY ACTION AREAS

- ACTIVE ENVIRONMENTS**
Promote safe, well-maintained infrastructure, facilities and public open spaces that provide available routes to places for walking, cycling and other physical activity.
- ACTIVE SYSTEMS**
Strengthen leadership, governance, multistakeholder partnerships, workforce, financial, educational and information systems to support effective coordinated policy implementation.
- ACTIVE SOCIETIES**
Implement behaviour change communication campaigns and build workforce capacity to change social norms.
- ACTIVE PEOPLE**
Ensure access to opportunities, programmes and services across multiple settings to engage people of all ages and abilities in regular physical activity.

Global frameworks
WHO GAPPA 2018/19 and SDGs



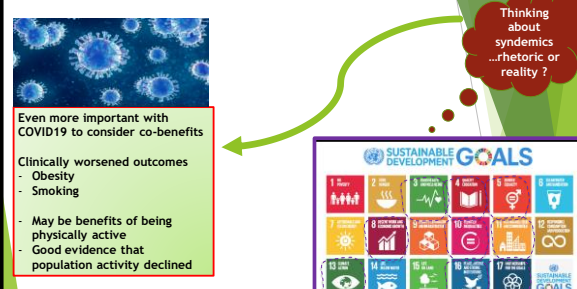
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Thinking about syndemics...rhetoric or reality ?

Even more important with COVID19 to consider co-benefits

Clinically worsened outcomes

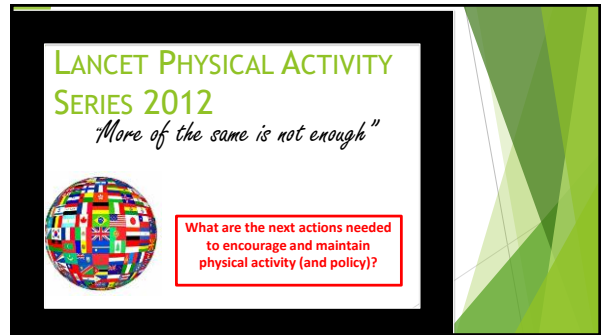
- Obesity
- Smoking
- May be benefits of being physically active
- Good evidence that population activity declined



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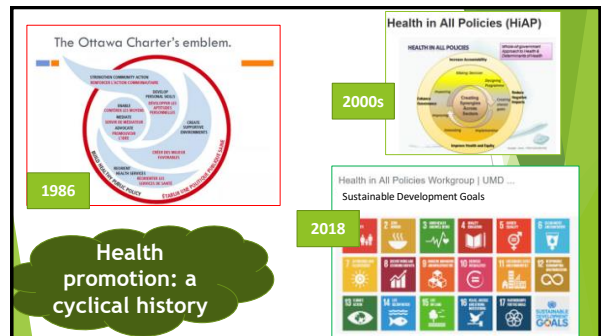
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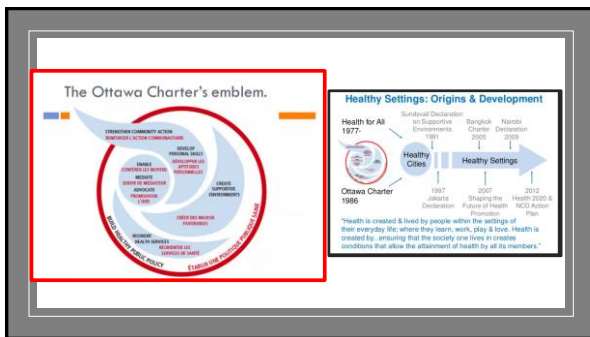
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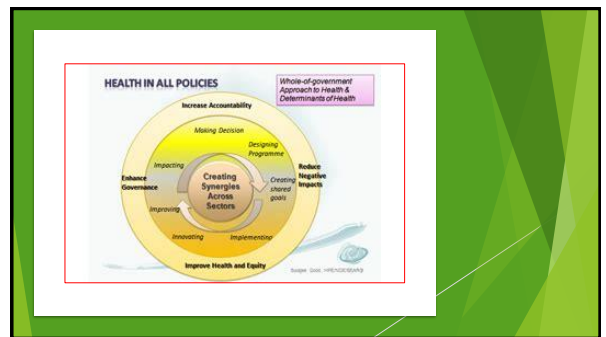
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SUSTAINABLE DEVELOPMENT GOALS

3 PILLARS OF HEALTH PROMOTION

- 1. GOOD GOVERNANCE
- 2. HEALTHY CITIES
- 3. HEALTH LITERACY

PROMOTING HEALTH, PROMOTING SUSTAINABLE DEVELOPMENT

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REINVENT YOURSELF

Local Physical activity programs are no exception

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From science....

- ▶ **PA guidelines** based on distillations of epidemiological evidence
- ▶ Repeated every 5-10 years
- ▶ By themselves, do NOT increase physical activity
- ▶ Need national and local implementation of programs and strategies across lifecourse, settings and sectors

How much physical activity should you do?

Adults should undertake moderate-intensity aerobic activity, such as:

- Walking
- Swimming
- Light gardening
- Housework
- Light house cleaning
- Light house painting
- Light house repairs
- Light house maintenance
- Light house decorating
- Light house renovation
- Light house improvement
- Light house refurbishment
- Light house redecoration
- Light house redecoration
- Light house redecoration

150 minutes of moderate-intensity aerobic activity per week, equivalent to 75 minutes of vigorous-intensity aerobic activity per week, or a combination of moderate and vigorous activity.

This can also be achieved by 75 minutes of vigorous-intensity aerobic activity per week or a combination of moderate and vigorous activity.

At least 2 days in week

Maximize the amount of time spent undertaking walking for recreational purposes

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What do we need to do

Evidence-informed action

National level

Regional / city level

ISPAH EIGHT INVESTMENTS THAT WORK FOR PHYSICAL ACTIVITY

World-class programs (100%)

Active travel (100%)

Active urban design (100%)

Community-based programs (100%)

Healthcare (100%)

Workplaces (100%)

Public education including social media (100%)

Special and medication for all (100%)

A call to action to embed physical activity in national and subnational policies.

How can you help? 1. Share 2. Endorse 3. Feedback

Read the full document available from: www.ispah.org/resources

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Where is your program in the "evidence cycle" ?

Identifying the need for a program

Efficacy - can an intervention work under good conditions

Effectiveness - does intervention work in real world across diverse settings?

Scale up (dissemination) - can the program be scaled up (and delivered) to the whole population

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What science funds ... (peer reviewed funded research schemes)

Understanding the problem: Descriptive studies (Describe the nature and scope of the problem)

Can the program work?: Efficacy studies (causal effects: exposure -> and outcome)

Testing for replication: Effectiveness Studies (Assess practicality of implementing efficacious interventions in new populations or settings under real world conditions)

Testing for dissemination: Dissemination Studies (Assess widespread implementation roll-out in communities and across systems)

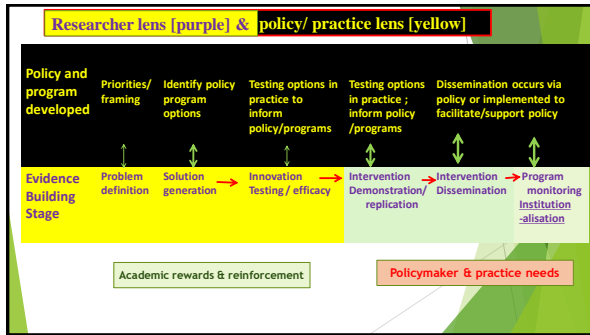
Academic rewards & reinforcement

Scaling up interventions

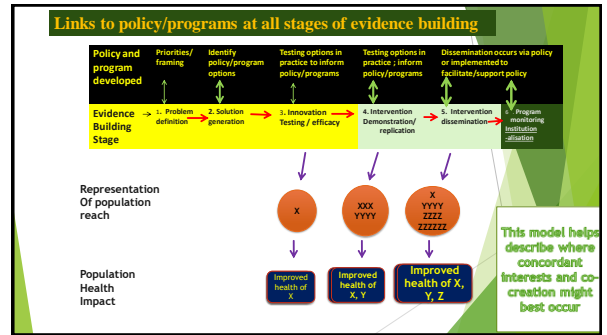
Policy maker & practice needs

Ref: Bauman A and Nutbeam, Evaluation in a Nutshell, McGraw-Hill 2013, 2022
Millet AJ, Bauman A, BMC Public Health, 2011 11:934.

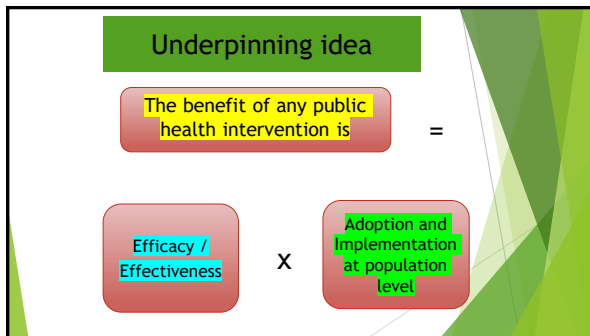
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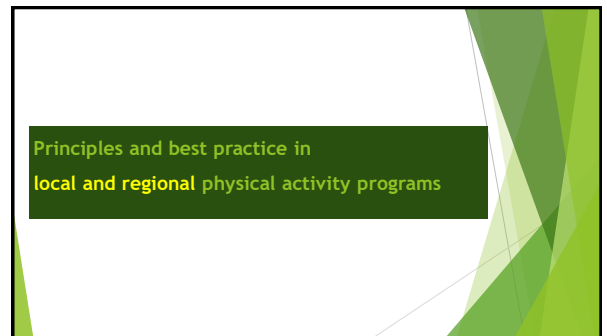
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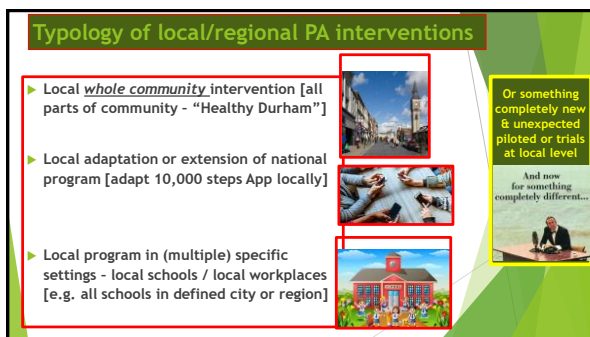
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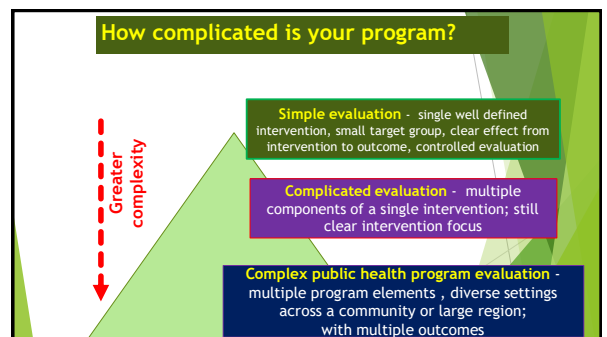
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Adapting systems approaches in PA planning

A 'WHOLE SYSTEMS' APPROACH TO PHYSICAL ACTIVITY

SYSTEMS PLANNING WORKSHOP
 Cross sectoral stakeholders
 Broad including non-PA agenda considered
 Local differences; context; capacity

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Everybody Active, Every Day policy, England

Public Health England
 Promoting and improving the nation's health

Everybody active, every day
 An evidence-based approach to physical activity

- ▶ active society, social change
- ▶ Capacity for professionals
- ▶ scaling up interventions
- ▶ active built environments

- ▶ Life stage settings: sport, schools, health care settings
- ▶ Cross sectoral engagement
- ▶ Community partnerships
- ▶ Special groups: older, disabilities, gender, culture

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- ▶ Public education, sustained campaigns
- ▶ Professional capacity building, primary care
- ▶ Scale up the evidence to fit diverse contexts
- ▶ Consider what the evidence says

- Local strategic decisions
- Local priorities
- Capacity, resources, timeframes

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Support promised by PHE for local action

- ▶ topic summaries, evidence, NICE, ROI evidence
- ▶ on line tools for investing in PA, advocacy
- ▶ best practice suggestions
- ▶ building academic / practice partnerships
- ▶ exercise and PA in clinical pathways
- ▶ professional education

Coming Soon!

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Evidence for action - what to do locally?

- ▶ What is published? Peer reviewed literature? Grey literature?
- ▶ What worked elsewhere? It has usually been tried [de-mythologise difference]
- ▶ What level of evidence needed for population health programs?
- ▶ How can the program be delivered in this community?
- ▶ What adaptations needed? What costs incurred/ saved?
- ▶ Is the program delivering outcomes similar to initial evidence-generating trial? [in scale-up research we call this "voltage drop" when delivered at scale]
- ▶ How will you evaluate your program(s) in your communities?

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Local PA programs: local Government, NGOs, Charities, health professionals, other community groups, Private sector

ATTRIBUTES OF LOCAL PROGRAM PLANNING, IMPLEMENTATION

- ▶ Evidence based, evidence informed - sometimes applied
- ▶ National or overarching strategy, priorities, recommended programs
- ▶ Networks, communities of practice, sharing good examples
- ▶ Are evidence informed programs adapted, local context, scaled up?
- ▶ Duration, maintenance of program, sustained staff, resources
- ▶ EVALUATION: Reach, #participants; effect on those engaged

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Private sector caveats

- ▶ Intent of private sector engagement and partnership [e.g with Big food, Big soda, alcohol]
- ▶ Independence of program from the funding source
- ▶ Examples include community events, funding local sports clubs, youth sports, new facilities

COCA-COLA ZERO PARK LIVES
 This is a series of free, family friendly outdoor activities in the heart of local communities – the parks. For the first summer, this year, this scheme will run in Birmingham, Newcastle and Newtown with 1702 activities on offer.

Setting
 Outdoor settings
 Region
 North East
Running length
 0 to infinity
Funding
 Local authority, private
Participants/year
 10,000 to 20,000
Activities
 Walking, dancing, cycling, group games, tennis, aerobics, yoga, pilates etc.

Qualitative measurements
 Questionnaires

Quantitative measurements
 Psychological outcomes.


Impact
 At present this is to be determined, the overarching impacts of the programme will only be known in 2020 and a process is in place to help evaluate these impacts. The Research Institute of Ukeactive will help guide

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Local implementation of global community-based programs




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Wheeling Walks
 Community based long-term complex **WHOLE COMMUNITY PA** program



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Wheeling Walks (West Virginia)

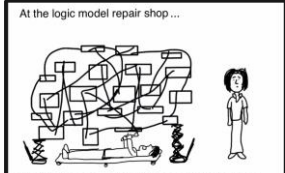
- ▶ local agencies coalition 2002-present
- ▶ No national strategy or guidance
- ▶ Hospital, Planning, Sport, schools
- ▶ Focus on long term planning
- ▶ Informed by CBPR



- ▶ Lead off social marketing campaign
- ▶ Built infrastructure
- ▶ Measured partnerships
- ▶ Maintained coalition, local leadership
- ▶ Partner but not led by WV University for this COMPLEX PROGRAM EVALUATION

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Complex program evaluation



At the logic model repair shop ...


So, I'm guessing this is for a comprehensive program-level intervention

healthspecrum.com

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Predominance of "evaluator values"

In the type of evaluation developed



Evaluation for whom ?

Both quant and qual ?

Excellence in methods ?

Be strategic in which components to evaluate

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Hybrid methodology
promotes better results

The graphic features various icons representing different aspects of research and data analysis: a globe, a magnifying glass over a document, a clock, a bar chart, a smartphone, a pencil, and a pair of glasses.

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PRAGMATIC EVALUATION

dealing with programs realistically in a way that is based on practical rather than only theoretical considerations

Ogilvie D, Bauman A, Foley L, Guell C, Humphreys D, Panter J.
Making sense of the evidence in population health intervention research: building a dry stone wall
BMJ Global Health. 2020 1;5(12):e004017

Co-planning Logic models & evaluation metrics

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How can we improve physical activity practices locally and nationally ?

1. Use evidenced good practices
2. Is adaptation, in local contexts, feasible ? Will it produce useful effects ?
3. Long enough timeframe to produce anticipated changes
4. Having a clear idea from logic model of what you want to change, have sufficient resources, and measure change well
5. Using reflective evaluation to understand mechanisms
6. Ancillary use of quality population level evidence to persuade others
7. Using comparable methods and indicators across projects where possible

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BE CREATIVE ? [If allowed]

NICE guidance

- Clinical guidelines
- Medicines practice guidelines
- Public health guidelines
- Social care guidelines
- Safe staffing guidelines
- Interventional procedures guidance
- Technology appraisals (medicines)
- Medical technologies guidance
- Diagnostic guidance
- In addition, Quality Standards are produced for Clinical/Medicines/Public Health/Social Care

Diagram showing overlapping circles for Social care, NHS, and Public health.

THINK OUTSIDE THE BOX

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Overarching monitoring as part of evaluation

1. Quantitative routine surveys
2. Logic model guides evaluation
3. Specify policy measures
4. Monitoring process evaluation indicators and methods; implementation indicators in specific settings
5. Monitoring built environment indicators if relevant

Local data for your region(s) available from Active Lives surveys™

Craig, C.L. et al *Journal of Physical Activity & Health*, 2017; 14(3), pp.229-239

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Good luck. Keep innovating

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