UK physical activity guidelines: Developing options for future communication and surveillance

Bob Laventure

Professor Nanette Mutrie (WG chair)
Martyn Standage, Andy Pringle, Laura Smith, Tessa Strain, Paul Kelly, Philippa Dall, Karen Milton, Anna Chalkley, Nick Colledge
What was our remit?

• Methods of **communicating** the new UK PA guidelines in a way that is comprehensible to:
  – health care professionals (HCPs)
  – the public
• Methods of **raising awareness** and improving the knowledge of the PA guidelines to:
  – HCPs
  – the public
• Identifying **delivery routes** of new CMO guidelines to target audiences
• **Surveillance**
  – what we do currently
  – recommendations for future approaches

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Past Communication of CMO Guidelines

• The communication of physical activity guidelines has been described as one of the “corner stones” of successful national policy
  

• An opportunity missed!!!!!!

• Recently (2015) efforts have focused on communication of guidelines to health professionals – suite of infographics

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What were the key issues for the EWG consideration?

1) The challenge of the evidence base for communication
   1) No systematic review level evidence
   2) No mention in US or other recent national guidelines
   3) Learning from others?

2) Identified three areas to focus our work
   1) Messaging
   2) Health Care
   3) Surveillance
Messaging – Is there a need for a coherent comprehensive communication strategy?

• **This is a must**
  - It has been missing in previous campaigns.
  - All 4 home countries to contribute.
  - Campaigns must be sustained and not short lived.

• **Excellent social marketing advice needed for strapline/headline ‘catch phrasing’ and messaging used by all 4 home countries.**
  - This requires a serious budget and political support
  - Layers of messages and interpretation

• **ParticiPACTION (Canada) is held up as an exemplar long term campaign.**
Messaging - What are the different types of messages that could be used for communicating the recommendations across the lifespan with different levels of physical activity?

• Different messages are needed across the spectrum of activity levels
  – from little activity to meeting the threshold
  – Science is adding to the spectrum (light, HITT)
• Different messages needed for different age groups and cohorts (e.g. early years)
• The recommendations are not in themselves messages
Working towards achieving the guidelines

- Moving
- Moving More Often
- Moving regularly and frequently
- Meeting the guidelines

Increased benefits

Increased physical activity

Sedentary

Thanks to BHF NC for this slide

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Messaging - How do we best optimise the uptake and distribution of the messaging of guidelines?

• **A wide range of options is needed**
  – paper, electronic, web based, radio, TV, social media and infographics for public and for professionals.
  – Word of mouth and endorsement by respected sources are also important, eg the Royal Colleges, professional organisations

• **We will give you the chance to feedback your views on this today**
Health Care - What would be effective as a means of information dissemination in healthcare? What resources are needed?

• We will give you the chance to feedback your views on this today by each age group
UK physical activity guidelines: Surveillance

Tessa Strain

Nanette Mutrie (WG Chair)
Karen Milton, Bob Laventure, Laura Smith, Phillipa Dall, Andy Pringle, Paul Kelly, Anna Chalkley, Martyn Standage, Nick Colledge
Surveillance — Current situation

• Our report summarises current surveillance situation in UK, with reference to alternative methods abroad
  • Lots of variation between surveys
  • Split between home nations
  • Very few measure all guidelines for all age groups
  • We recommend that we look at harmonisation between the UK home nations
Surveillance – The future

• How/when do we adapt current surveillance systems in response to new recommendations?
• Does the long term future require more than just ‘adaptation’?
• Does surveillance need to map to the recommendations?
• We recommend a new surveillance expert group to address these issues and consider harmonisation amongst UK surveys.
## Under 5’s

<table>
<thead>
<tr>
<th>New recommendation</th>
<th>Issue for surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move towards a '24-hr approach' covering physical activity, restrained time, napping and sleep.</td>
<td>These activities not currently covered. Is questionnaire the optimal method?</td>
</tr>
</tbody>
</table>

For pre-schoolers, distinction is made between recommended duration of physical activity (180mins) and MVPA (60 mins). | Most UK surveillance methods for children (under 15 years) only measure MVPA, or do not distinguish between intensities. |
## Surveillance – Questions resulting from the draft recommendations

### Children 5-15 years

<table>
<thead>
<tr>
<th>New recommendation</th>
<th>Issue for surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in moderate to vigorous intensity physical activity for an average of 60 minutes per day.</td>
<td>This is the current method the SHeS uses.</td>
</tr>
<tr>
<td></td>
<td>The current HBSC and YPBAS surveys would not be able to monitor this recommendation. The NSW probably would.</td>
</tr>
<tr>
<td>Engage in a variety of types and intensities of physical activities to develop complex movement skills and develop muscle and bone strength. These activities should be spread across the week.</td>
<td>Need more specificity: how many sessions, of what duration, is there an intensity requirement? What counts as complex movement development? How to measure? What counts as strength? How to measure? Do you need at least one of each to meet recommendation? Are these on top of aerobic activities, or can activities count towards both? How to measure ‘spread across the week’?</td>
</tr>
</tbody>
</table>

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## Adults and older adults

<table>
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<th>New recommendation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Remove the statement advising that adults should accumulate physical activity in bouts of at least 10 minutes of moderate intensity at a time.</td>
<td>Most surveys specify a minimum bout length of 10 minutes for most activities. This could be removed but may have minor impact on overall prevalence estimates.</td>
</tr>
</tbody>
</table>

Continue to recommend resistance training for major muscle groups on at least 2 days per week but should expand this recommendation to include high intensity activity, impact exercise and balance training. And flexibility for older adults.  

Further clarification would help develop an adequate surveillance method.  
2 sessions of any of those activities, or 2 sessions of each type?  
Is it in addition to aerobic activity – could activities count towards both?  
Example activities have previously been given but care should be taken to match up any eventual surveillance method with published recommendations and infographics.
### Sedentary

<table>
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<tr>
<th>New recommendation</th>
<th>Issue for surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td>Possible alternative approaches might improve current methods.</td>
</tr>
</tbody>
</table>
This part of the work is just beginning
  • Respond to changes
  • Also think long term
  • We will request a group is set up to do that

Surveillance group members:
Tessa Strain, Philippa Dall, Karen Milton, Martyn Standage
Messaging - Key outstanding issues

- We need to know more about ‘messaging’ in PA
  - See next set of slides
- A budget needs to be set aside for providing that message in a sustainable way to a variety of audiences:
  - Professionals and public
  - This will be a request in our final report
Scoping Review – Messaging of Physical Activity for Health

Review Team:

Paul Kelly, Ailsa Niven, Chloe Williamson, Graham Baker, Nanette Mutrie

Funding: University of Edinburgh, Seedcorn Fund
Research aim(s):

a. To review what is known around messaging and communicating physical activity for health information

b. Highlight the key research gaps
Rationale

Knowledge of physical activity guidelines is very low

About 5% of adults in Scotland can correctly report the 150 minute message
9111 references imported for screening → 1958 duplicates removed

7153 studies screened → 6986 studies irrelevant

158 full-text studies assessed for eligibility

60 studies excluded

0 studies ongoing

0 studies awaiting classification

98 full texts
Data extraction 30% complete

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An emerging framework

Messaging and communication

Theme 1
Aim (intended outcome)

Theme 2
Content and design

Theme 3
Targeting and tailoring

Theme 4
Dose and delivery

Theme 5
Use of theory

What social marketing theories could be used (e.g. Market Segmentation)?

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Scoping Review – Messaging of Physical Activity for Health

Next steps:

i. Complete data extraction and analysis
ii. Write report (possible journal article)
iii. Look beyond physical activity literature
iv. Prioritise research gaps
v. Empirical work?
vi. Add findings to our final report
Scoping Review – Messaging of Physical Activity for Health

Call for grey literature!

(Thanks to Flora Jackson!)

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Small group tasks around communication

Work in your preferred age group and chairs of each group will facilitate discussion

Room allocation is same as the morning session.

Sedentary group choose another group

10 mins per task and 5 mins reporting back
Small group task 1

For your chosen age group please answer the following question:

• Which professionals need to know the new recommendations for this age group?

• 10 minutes discussion
Small group task 2

For your chosen age group please answer the following question:

• How will we ensure the suggested professionals know the recommendations?
• What resources are required?
  • 10 minutes discussion
In age groups again - final task

• From your experience what advice would you give to the communications group about messaging ..... 

• 10 minutes