Effects of community-based physical activity counselling among at-risk individuals

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Abstract
Ensuring that at-risk groups are sufficiently physically active is a major public health challenge. Physical activity counselling (PAC) has shown some promise however currently programmes require multiple PAC sessions that are expensive to run and costly. We report a study of PAC – in this case the CEP programme – Let’s Get Moving – built around just one PAC session and delivered from general medical practice (GP) surgeries.

Methods
Participants (n=161; M±SD age = 41±12 y; 58% of participants were female) were identified from their local GP surgeries as meeting one or more of the following: age 18-74, currently sedentary (BMI ≥25), and/or hypertensive, and/ or first medication for diabetes. The delivered intervention was a telephone call at 6-weeks and attended a follow-up PAC session with the CEP at 12-weeks. Measures at 0 and 12-weeks were self-reported physical activity levels, (MET-minutes/week), and handled all appointments. GPs were not required to commit any time to the programme. Physical activity levels were measured using the International Physical Activity Questionnaire (IPAQ) placed within the surgery, offering a unique service. The duration of the project was April 2015 – November 2016.

Results
The key findings are presented below:

- Physical activity levels significantly increased from baseline to 12-weeks with sport demonstrating the highest increase from baseline.
- Physical activity levels increased irrespective of sex, age or disability status.
- Key barriers were taken for collaborative production, CEP recruitment and technological systems.

The CEP programme engaged with a range of people of different ages, ethnicities and disability status. The majority of participants were aged between 45 and 74 years of age, although the programme recruited and engaged with participants across the full range of age criteria. Females (55%) and non-disabled (62%) participants made up two thirds of their respective groups.

Introduction
Let’s Get Moving is a behaviour change intervention that has been designed to provide a systematic approach to identifying, and supporting at-risk participants, to be more active, with a focus on physical activity, to become more active, for the purpose of both prevention and management of inactivity-related chronic disease. Originally developed by HealthLet’s Get Moving is a vehicle for commissioning to move towards lower-cost, more efficient and effective services. The benefits of regular physical activity have been clearly articulated: for adults, achieving 150 minutes of moderate intensity physical activity a week helps prevent and manage over 20 chronic conditions including coronary heart disease, diabetes type 2, obesity, mental health problems, and musculoskeletal conditions.

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