

Physical activity and older adults

An overview of guidelines, trends, policies and frameworks





Physical activity and older adults: An overview of guidelines, trends, policies and frameworks

A report prepared by the Institute of Public Health in Ireland

To be cited as:

Cunningham, C. & O'Sullivan, R. (2019). Physical activity and older adults: An overview of guidelines, trends, policies and frameworks. Institute of Public Health in Ireland. Dublin/Belfast.

EXECUTIVE SUMMARY	3
LIST OF ABBREVIATIONS.....	5
LIST OF TABLES	7
INTRODUCTION.....	8
METHODOLOGY.....	10
WHY PHYSICAL ACTIVITY MATTERS FOR OUR AGEING POPULATION.....	11
HOW ACTIVE ARE OLDER ADULTS ON THE ISLAND OF IRELAND?	13
Physical activity levels of older adults in the Republic of Ireland	13
Physical activity levels of older adults in Northern Ireland.....	14
PHYSICAL ACTIVITY GUIDELINES ON THE ISLAND OF IRELAND	17
Republic of Ireland: national guidelines on physical activity (2009)	17
UK physical activity guidelines (2019)	18
European and global physical activity policies, frameworks, guidelines and trends	19
PHYSICAL ACTIVITY POLICIES FOR OLDER ADULTS.....	28
Northern Ireland physical activity policy	28
Republic of Ireland physical activity policy	32
PHYSICAL ACTIVITY POLICY: A EUROPEAN AND GLOBAL PERSPECTIVE... 40	
HEALTH SERVICE PHYSICAL ACTIVITY POLICIES FOR OLDER ADULTS	43
Physical Activity Policies in the Republic of Ireland’s Health Service	43
Physical Activity in the Health Service (Northern Ireland)	46
Policy learning from England, Scotland and Wales	48
CONCLUSION	53
REFERENCES.....	55
APPENDICES	60

Executive summary

There are major individual and societal benefits to getting people more active. Being physically active is one of the most important first steps that people of all ages can take to improve their health and wellbeing. Regular participation in physical activity can also help promote social interaction, reduce isolation and build cohesion in community networks. Everyone should be encouraged and supported to be active every day in as many ways as they can.

In the Republic of Ireland, 55% of older adults aged 65-74 years (and 37% aged 75 years or over) report taking part in sufficient physical activity to meet established guidelines for health. In Northern Ireland 41% of older adults aged 65-74 years (and 10% aged 75 years or over) meet the physical activity guidelines of 150 minutes of moderate activity, 75 minutes per week of vigorous activity or an equivalent combination of the two (see Table 1, p.16).

This publication provides an overview of physical activity policies, frameworks and guidelines on the island of Ireland and aims to be a resource for researchers, practitioners and policymakers. It summarises key national policies and identifies how they aim to support older adults to achieve recommended levels of physical activity for health. In summary, they highlight the importance of:

- a 'life course' approach: ageing policy is an issue for all ages and sectors of society
- the implications of an ageing population, and challenges faced by particular groups of older adults in becoming physically active
- increasing participation in all aspects of physical activity by improving access and opportunities for older adults
- reducing inequalities in health and participation as this has the potential to support older adults to become more active

- robust research and evidence to inform future policy development and service planning for ageing populations
- a 'whole system' approach to implement policy solutions to change physical activity habits at a population level.

Physical activity levels typically decline with advancing age. Now more than ever it is crucial that policy and practice supports older adults to improve and maintain their health and wellbeing by achieving the recommended levels of physical activity.

List of Abbreviations

ALS: Active Lives Survey

CHD: Coronary Heart Disease

CMO: Chief Medical Officer

CVD: Cardiovascular Disease

DOH: Department of Health

EU: European Union

GP: General Practitioner

HaPal: Healthy and Positive Ageing Initiative

HEPA: Health Enhancing Physical Activity

HI: Healthy Ireland

HSE: Health Service Executive

ICGP: Irish College of General Practitioners

IPAQ: International Physical Activity Questionnaire

LGM: Let's Get Moving

LSP(s): Local Sports Partnerships

MECC: Making Every Contact Count

MIE: Moderate Intensity Equivalent

MVPA: Moderate and Vigorous Physical Activity

NCD: Non Communicable Disease

NERF: National Exercise Referral Framework

NI: Northern Ireland

NICE: National Institute of Clinical Excellence

NICOLA: Northern Ireland Cohort for the Longitudinal Study of Ageing

NISRA: Northern Ireland Statistics and Research Agency

NPAP: National Physical Activity Plan

NSP: National Sports Policy

PA: Physical Activity

PARS: Physical Activity Referral Scheme

PHA: Public Health Agency

PHE: Public Health England

RCGP: Royal College of General Practitioners

RoI: Republic of Ireland

TILDA: The Irish Longitudinal Study of Ageing

UK: United Kingdom

WHO: World Health Organization

List of Tables

Table 1: Percentage of older adults meeting guidelines for physical activity on the island of Ireland (North and South) 16

Table 2: Guidelines for Physical activity in Northern Ireland and the Republic of Ireland 22

Table 3: National health improvement frameworks, physical activity and sport policies and active/positive ageing strategies on the island of Ireland (North and South)..... 36

Introduction

The importance of physical activity for health is well documented. Regular physical activity reduces the risk of disease and develops and maintains physical and mental capacity as we age. There is strong evidence that physical activity contributes to increased physical function, reduced impairment, independent living, and improved quality of life in both healthy and frail older adults. Physical activity in later life also contributes to improving social functioning and reducing loneliness and social isolation.

The role that physical activity promotion now plays in public health can be traced back to the landmark scientific contributions of Jeremy (Jerry) Morris, a renowned physician-epidemiologist, and his studies on exercise and coronary heart disease (CHD) and the role of social inequalities in risk of disease in the 1940s and 1950s.

Global interest in physical activity policy emerged internationally in the late 1990s among the network of individuals working with the World Health Organization (WHO) Active Living Program (Bull et al., 2006). At the 4th International Conference on Health Promotion (Jakarta, Indonesia, 1997) 'Physical Activity for Health' was highlighted as one of the ten priority health promotion areas and as one of the most important future challenges. Subsequently, in 2004, the WHO Global Strategy on Diet and Physical Activity was released to help address the global burden of non-communicable diseases (NCDs) and act as a catalyst for national policies. More recently (2018) the WHO has developed a Global Action Plan to help countries scale up policy actions to promote physical activity and to implement a whole-of-community approach to increase levels of physical activity in people of all ages and abilities (World Health Organization, 2018). In 2019, the four Chief Medical Officers (CMOs) of Northern Ireland, Scotland, Wales and England issued the 2nd iteration (first published in 2011) of the UK-wide consensus document that presents guidelines on the volume, duration, frequency and type of physical activity required across the life course to achieve general health benefits (Department of Health & Social Care, 2019).

Inactivity stubbornly remains a global issue, and the island of Ireland is no exception. Accordingly, there has been increasing focus on the importance of national policy in Ireland (North and South) to address population levels of physical inactivity.

Methodology

The main purpose of this publication is to provide an overview of physical activity policies, frameworks and guidelines on the island of Ireland. It does not provide a comprehensive policy analysis or critique, but rather it has been designed for researchers, practitioners and policymakers to provide a summary of key national policies and how they aim to support older adults to achieve recommended levels of physical activity for health.

A combination of methods was employed in this research, including internet-based searches of documents from the web sites of Departments of Health and Statistics and Research Agencies on the island of Ireland, and a literature search (both online and desk-based) of peer-reviewed publications, technical reports and physical activity strategies, policy and guideline documents, and programmes and initiatives related to physical activity, health enhancing physical activity and physical activity promotion in older adults, both on the island of Ireland, and at a European and global level. In each case the most recent publication was selected as reflecting both the development and planned strategic direction for that policy.

Policy documents included in this report are defined as a “formal statement that defines physical activity as a priority area, states specific population targets and provides a specific plan or framework for action” (Bull et al., 2004). Statements from professional bodies have also been included in a ‘case-study’ format throughout to provide additional context.

A secondary element of this publication is the overview of policy actions used to promote physical activity in the health services on the island of Ireland, and in England, Scotland and Wales.

Why physical activity matters for our ageing population

The dramatic increase in life expectancy in the 20th Century is one of the greatest cultural and scientific advances in our history. Locally, nationally and globally, our populations are growing older, due primarily to advances in public health and health care (WHO, 2017). Ireland's population (North and South), has been getting steadily older since the 1980s. Northern Ireland (NI) 2016-based population projections highlight a 65.1% increase in the number of people aged 65 and over, rising from 297,800 people to 491,700 by mid-2040 (Northern Ireland Statistics and Research Agency, 2018). In the Republic of Ireland, the number of those aged 65 and over is projected to increase significantly from 531,600 to 1.42 million (or by 167%) by 2046. In addition, the oldest population (i.e. those aged 80 years and over) is expected to nearly quadruple, increasing from 128,000 to 476,700 (Central Statistics Office, 2017).

Whilst appreciating the benefits of increased longevity, there is a need to plan for the social and economic implications of an ageing population. The prevention of chronic disease, maintenance of functional status, and the preservation of physical independence in ageing populations present significant public health challenges, but also many opportunities for the development of appropriate policy initiatives and public health interventions.

There is strong evidence that regular physical activity benefits health and wellbeing and is key to preventing and managing many of the major chronic diseases common to older adults (Cunningham et al., in press). Physical activity is also important for preserving physical function and mobility. However, despite the known benefits of physical activity to health, and recent increases in physical activity promotion and policy initiatives, the proportion of older adults meeting recommended physical activity guidelines remains low. Current NI data suggest that 41% of older adults aged 65-74 years, and 10% aged 75 years and older meet physical activity

guidelines of 150 minutes of moderate and vigorous physical activity per week (Health Survey (NI), 2016/17). Older adults in NI and the ROI are less likely to report high physical activity levels as they get older. For example in ROI, low physical activity is almost twice as prevalent in those aged 75 years and older compared to those aged 50-64 years (men: 42% versus 23%; women 59% versus 32%) (Donoghue, O., O'Connell, M. & Kenny, R. A. 2017).

To unlock the benefits of physical activity across the life cycle, including keeping older adults healthy, independent and fulfilled, it is imperative that policy-making, guideline development and interventions reflect the challenges and dividends that arise from population ageing.

How active are older adults on the island of Ireland?

This section reports recent statistics on physical activity trends for older adults in Ireland (North and South), the UK, Europe and globally. To implement effective physical activity programmes policymakers and commissioning bodies need accurate, up-to-date data on physical activity levels and trends.

This section also provides an overview of the physical activity for health guidelines in Ireland, the UK, Europe and globally. Physical activity guidelines provide an important benchmark to support behaviour change and to assist with the work of policymakers, healthcare professionals and others who support health improvement by informing best practice, providing message continuity, and facilitating targets and surveillance.

Physical activity levels of older adults in the Republic of Ireland



Physical activity data for adults and older adults (reported in the WHO, Ireland - Physical Activity Factsheet, 2018) are from the first wave of The Irish Longitudinal Study on Ageing (TILDA, period covered: 2009 - 2011), a prospective study of 8,172 adults aged 50 years and older, representative of the community-dwelling middle-aged and older Irish population. As part of this study, participants completed a computer assisted face-to-face interview during which physical activity was measured using the short form International

Physical Activity Questionnaire (IPAQ). *IPAQ is a standardised measure which estimates habitual physical activity levels from 7-day recall. It consists of 8 items to*

estimate the time spent performing physical activities (moderate to vigorous) and inactivity (time spent sitting). Participants in the TILDA study were asked to indicate the number of days and typical time per day spent sitting, walking and doing physical activities of vigorous or moderate intensity during the last week. They were then classified as having high, moderate or low activity levels. Participants were considered sufficiently active if they walked for at least 150 minutes during the last week. The study also reports that;

- Overall, two-thirds of the participants in TILDA aged 50 years and older report low or moderate levels of physical activity while only one-third report high levels of activity.
- Low physical activity is almost twice as prevalent in those aged 75 years and older compared to those aged 50-64 years (men: 42% versus 23%; women 59% versus 32%).

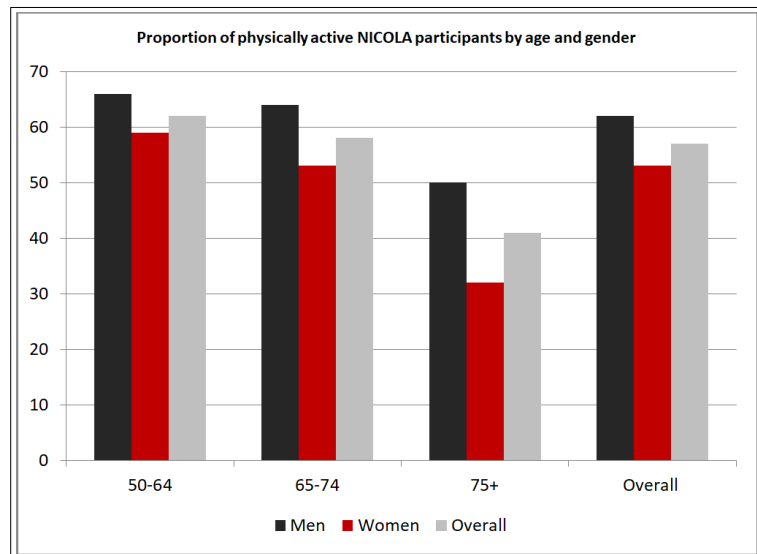
Middle-aged and older adults with high levels of physical activity report greater participation in social activities, better self-rated health, better quality of life and lower loneliness scores compared to those with low physical activity levels (Donoghue, O. & O'Connell, M. & Kenny, R. A. 2017).

Physical activity levels of older adults in Northern Ireland

The NI Department of Health: Health Survey Northern Ireland (HSNI) runs annually and aims to provide a picture of the health of the NI population. Every year 6,240 addresses are selected at random from the list of all addresses in NI held by the Land and Property Services, with the overall aim to interview 3,900 resident adults (aged 16 and over). The 2016/17 survey (most recently published data) included questions relating to (amongst others); general health, mental health and wellbeing, loneliness and physical activity. The sample size for the survey was 3,888 individuals aged 16 and over. In the sample, 41% of participants aged 65-74 years and 10% of participants aged 75+ years reported meeting physical activity guidelines (150 minutes of moderate and vigorous physical activity (MVPA) per week) (Health Survey (NI), 2016/17).

The Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA)

The NICOLA project is the first large scale longitudinal study of ageing in Northern Ireland. NICOLA Wave 1 (period covered: 2014-2015) recruited a random sample of 8,309 people aged 50 years and over who were living in their own homes in NI. Physical activity in the NICOLA study was measured



using the short form of the IPAQ. This tool has been validated to categorise older adults as meeting or not meeting the recommended level of physical activity (Grimm et al., 2012). Participants in the study were asked to report the time they spent in a typical week engaging in walking, moderate and vigorous physical activity. The total time per week engaging in these activities was summed, and individuals were classified as inactive if they took less than the recommended 150 minutes of moderate and vigorous physical activity per week. Data from wave 1 of the NICOLA cohort reports:

- 57% of older adults aged 50 years and over undertake 150 minutes or more of physical activity per week (see chart)
- Men (62% meeting recommended levels) were more active than women (53%)
- Increasing age was associated with a decrease in physical activity levels
- Over half of those with only primary school education (55%) or from the most deprived areas (51%) were inactive (Cruise, S., & Kee, F. (Eds) 2017).

Table 1: Percentage of older adults meeting guidelines for physical activity on the island of Ireland (North and South)

Age group	NI (%)		RoI (%)	
	Health Survey Northern Ireland (HSNI) * Survey completed Annually Data presented from 2016/17	The Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA) ** Data presented from Wave 1 (Period covered: 2014-2015)	The Irish Longitudinal Study of Ageing (TILDA) *** Data presented from Wave 1 (Period covered: 2009-2011)	The Irish Longitudinal Study of Ageing (TILDA) **** Data presented from Wave 4 (Period covered: 2016)
50 – 64	47 ***** (n=348)	62 (n=2,534)	65 (n=3,274)	58 (n=1,922)
65 – 74	41 (n=308)	58 (n=1,422)	63 (n=1,372)	55 (n=1,970)
≥75	10 (n=237)	41 (n=627)	48 (n=546)	37 (n=1,305)

*Physical activity measured using IPAQ (Total number of older adults included aged ≥55 years: n=893). The physical activity question was not asked in HSNI 2017/18 (Health Survey (NI) First Results: 2017/2018).

**Physical activity measured using IPAQ (Total number of older adults included aged ≥50 years: n=4,583)

*** Physical activity measured using IPAQ (Total number of older adults included aged ≥50 years: n=5,192)

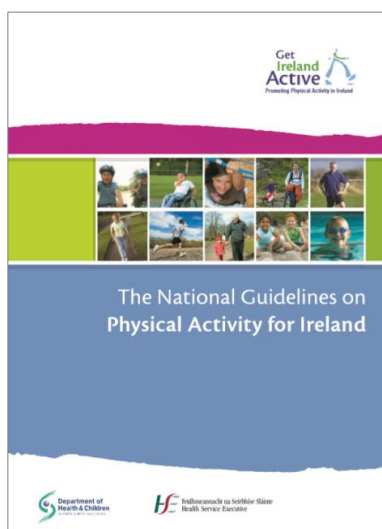
**** Physical activity measured using IPAQ (Total number of older adults included aged ≥50 years: n=5,197)¹

***** % shown for sample aged 55-64 years

¹ Further information on the main methods of measuring physical activity and a discussion of validity and reliability is available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3915355/> (Sylvia et al., 2014).

Physical activity guidelines on the island of Ireland

Republic of Ireland: National Guidelines on Physical Activity (2009)



In 2009 The Health Service Executive (HSE) and Department of Health and Children produced 'The National Guidelines on Physical Activity for Ireland' to support the promotion of physical activity in Ireland (Department of Health and Children, Health Service Executive, 2009).

The guidelines aimed to emphasise the importance of physical activity to the health of all Irish people, and outline the recommendations for physical activity for people of all ages and abilities.

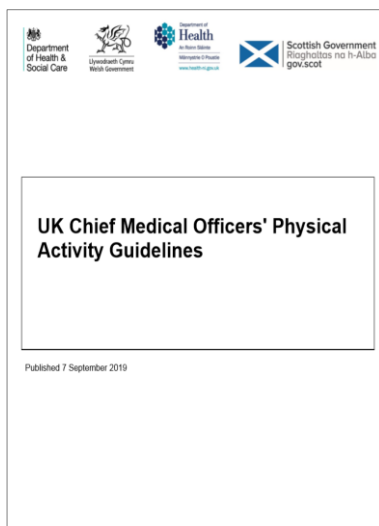
The guidelines established a national consensus, based on international expert opinion and evidence, on appropriate levels of health enhancing physical activity for the Irish population.

The guidelines for older adults (aged 65+ years) in the RoI state that every older person should aim to be active for at least 30 minutes a day, at a moderate intensity, on five days a week, or 150 minutes a week. The focus should be on aerobic, muscle-strengthening and balance activities. The main emphasis of these guidelines is that taking part in some physical activity is better than none, more is better than some, and if you take part in any amount of physical activity you gain some health benefits.

Shorter bouts of activity count towards the guidelines. These bouts should last for at least 10 minutes. Muscular strength and balance activities should be added on 2-3

days per week to reduce the risk of falls. In addition, older adults should aim to match their level of effort to their level of fitness. If chronic illness, lack of mobility, or degenerative condition prevents them from doing the recommended amount of physical activity, they should aim to be as active as they can be. The guidelines document advised that older adults should also speak to their doctor for advice on how to do regular physical activity safely. The National Guidelines on Physical Activity for Ireland are presented in Table 2.

UK physical activity guidelines (2019)



In 2019 the four CMOs of Northern Ireland, Scotland, Wales and England issued the 2nd iteration of the UK-wide consensus document that presents guidelines on the volume, duration, frequency and type of physical activity required across the life course to achieve general health benefits (Department of Health & Social Care, 2019).

The guidelines, which draw on global evidence for the benefits of physical activity, are aimed at professionals, practitioners and policymakers from a wide range of organisations concerned with formulating and implementing policies and programmes that promote physical activity, sport, exercise and active travel to achieve health gains. The UK physical activity guidelines for people of all ages are outlined in Table 2.

The following section case studies European and global physical activity policies, frameworks, guideline development and physical activity trends.

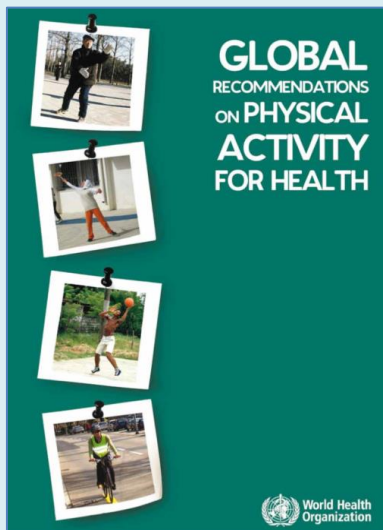


EU physical activity factsheets

In 2018 the WHO regional office for Europe published an update of the physical activity country factsheets of the 28 European Union Member States (first published in 2015). The factsheets provide an overview of physical activity national policy responses and current monitoring and surveillance systems across the Member States in the region.

22 of the 28 Member countries (79%) have a national recommendation on physical activity for health. In nine countries, the recommendations were based solely on WHO's Global Recommendations for Physical Activity for Health (2010), while other recommendations are used in five countries. 23 countries reported that they had actions to promote physical activity among older people.

Data on national physical activity levels are presented in the country factsheets. These data are not comparable, as the results of surveys depend on the methods used. For example, different sampling methods, statistical modelling, measurement instruments (such as the Global Physical Activity Questionnaire, the International Physical Activity Questionnaire and accelerometers) and definitions of 'physically active' influence data in surveys (WHO, 2018).



'Global Recommendations on Physical Activity for Health' was developed by WHO to provide guidance for national and regional policymakers on the dose-response relationship between physical activity and health benefits (i.e. the frequency, duration, intensity, type and total amount of physical activity needed for health enhancement and prevention of non-communicable diseases) (WHO, 2010).

The recommendations set out in this document address three age groups: 5-17 years old; 18-64 years old; and 65 years old and above. The recommendations for adults 65 years of age and above (unless specific medical conditions indicate the contrary) are:

- To achieve at least 150 minutes of moderate-intensity aerobic PA weekly or at least 75 minutes of vigorous- intensity aerobic PA weekly or an equivalent combination of moderate- and vigorous-intensity activity.
- Older adults with poor mobility should perform PA to enhance balance and prevent falls on 3 or more days per week.
- Muscle-strengthening activities for major muscle groups should be done on 2 or more days a week. When older adults cannot do the recommended amounts of PA because of health conditions, they should be as physically active as their abilities and conditions allow.

Global physical activity levels

A recent Lancet report (2018) described worldwide trends in insufficient physical activity from 2001 – 2016. Researchers included data from 358 surveys across 168 countries, including 1.9 million participants (Guthold et al, 2018). Key findings of the report include:

- Global age-standardised prevalence of insufficient physical activity was 27.5% (95% uncertainty interval 25.0 - 32.2) in 2016, with a difference between sexes of more than 8 percentage points (23.4%, 21.1 - 30.7, in men vs 31.7%, 28.6 - 39.0, in women)
- Between 2001 and 2016, levels of insufficient activity were stable (28.5%, 23.9 – 33.9, in 2001; change not significant)
- Prevalence in 2016 was more than twice as high in high-income countries (36.8%, 35.0 - 38.0) as in low income countries (16.2%, 14.2 - 17.9)
- Insufficient activity has increased in high-income countries over time (31.6%, 27.1 - 37.2, in 2001)
- If current trends continue, the 2025 global physical activity target (a 10% relative reduction in insufficient physical activity) will not be met. Therefore, policies to increase population levels of physical activity need to be prioritised and scaled up urgently.

In summary

There is strong evidence that leading physically active lives across the life course (and particularly in older age) plays a central role in preventing and managing many of the major chronic conditions that are common to older adults. However the proportion of older adults meeting recommended physical activity guidelines for health on the island of Ireland, in Europe and globally remains low. The next section of this overview highlights national and international policies that outline how physical activity promotion should be prioritised to reduce population levels of inactivity.

Table 2: Guidelines for Physical activity in Northern Ireland and the Republic of Ireland

Northern Ireland (Department of Health, 2019)		Republic of Ireland (Department of Health and Children, Health Service Executive, 2009).	
Early Years (under 5s)	<p>Infants (less than 1 year): Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.</p> <p>For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better.</p> <p>Toddlers (1-2 years): Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread</p>	Children and young people (aged 2 – 18)	<p>All children and young people should be active, at a moderate to vigorous level, for at least 60 minutes every day.</p> <p>Include muscle-strengthening, flexibility and bone-strengthening exercises 3 times a week.</p>

Children and Young People (5-18 years)

throughout the day; more is better.

Pre-schoolers (3-4 years): Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of MVPA.

Children and young people should engage in MVPA for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.

Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.

Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible

	should break up long periods of not moving with at least light physical activity.		
Adults (19-64 years)	<p>For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.</p> <p>Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done at least two days a week, but any strengthening activity is better than none.</p> <p>Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a</p>	Adults (aged 18- 64)	<p>At least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week).</p> <p>Every adult should be active. Some physical activity is better than none, more is better than some, and any amount of physical activity you do gains some health benefits</p> <p>You can count shorter bouts of activity towards the guidelines. These bouts should last for at least 10 minutes. Add activities which increase muscular strength and endurance on 2 – 3 days per week.</p>

	<p>combination of moderate, vigorous and very vigorous intensity activity.</p> <p>Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.</p>		
<p>Older adults (65+ years)</p>	<p>Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.</p> <p>Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two</p>	<p>Older people (aged 65+)</p>	<p>At least 30 minutes a day of moderate intensity activity on five days a week, or 150 minutes a week. Focus on aerobic activity, muscle-strengthening and balance.</p> <p>Every older person should be active. Some physical activity is better than none, more is better than some, and if you take part in any amount of physical activity you gain some health benefits.</p>

days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.

Each week older adults should aim to accumulate at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits.

Weight-bearing activities which create an impact through the body help to maintain bone health.

Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

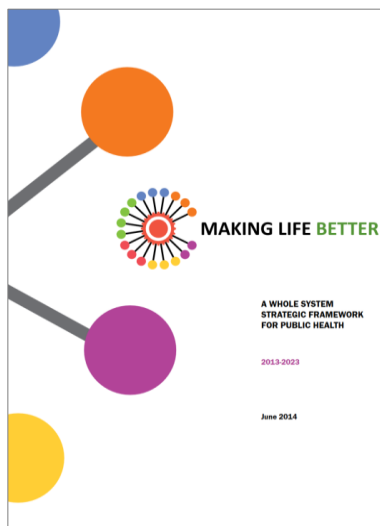
You can count shorter bouts of activity towards the guidelines. These bouts should last for at least 10 minutes. Add activities which increase muscular strength and balance on 2 – 3 days per week to reduce your risk of falls.

Adults with disabilities	Physical activity is not a risk and brings similar benefits to the rest of the adult population	Adults with disabilities	Be as active as your ability allows. Aim to meet adult guidelines of at least 30 minutes of moderate-intensity activity on 5 days a week.
Pregnant women	<p>Throughout pregnancy aim for at least 150 minutes of moderate intensity activity every week</p> <p>Vigorous activity is not recommended for women who were previously inactive</p> <p>Do muscle strengthening activities twice a week</p> <p>Don't bump the bump</p>	For women after childbirth	<p>Aim to build up to 150 minutes of moderate intensity activity every week</p> <p>Build back up to muscle strengthening activities twice a week</p> <p>Start pelvic floor exercises as soon as you can and continue daily</p>

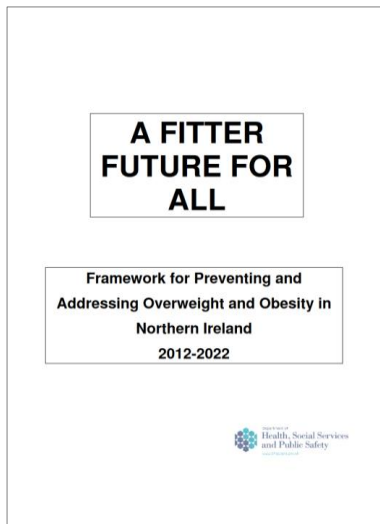
Physical Activity Policies for Older Adults

The publication of a number of strategies, policies, frameworks, and statements from government, charities and professional bodies that are relevant to older adults outline how physical activity should be supported in Ireland, the UK, Europe and globally. A selection of key policies are summarised below (see Table 3 and appendices). Many of these policy initiatives place an emphasis on a 'life course' approach, highlighting that ageing policy is an issue for all ages and sectors of society. They also highlight the need for robust research and evidence to inform future policy development and service planning for ageing populations.

Northern Ireland physical activity policy



'Making Life Better 2012-2023' is the ten year public health strategic framework to provide direction for policies and actions to improve the health and wellbeing of people in Northern Ireland (Department of Health, Social Services and Public Safety, 2014). It brings together actions at government level and provides direction for implementation at regional and local level. Working in a whole system approach, the framework seeks to create the conditions for individuals and communities to achieve better health and wellbeing and reduce inequalities in health.



A Fitter Future for All: Framework for preventing and addressing overweight and obesity in Northern Ireland 2012-2022

‘A Fitter Future for All’ is the cross-Departmental framework within ‘Making Life Better’ for preventing overweight and obesity across the life course of the population of Northern Ireland (Department of Health, Social Services and Public Safety, 2012).

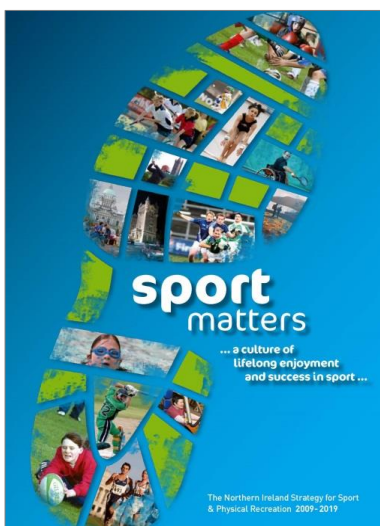
The overall aim of the ‘A Fitter Future for All’ framework is to: “Empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and well-being, by creating an environment that supports a physically active lifestyle and a healthy diet” (Department of Health, Social Services & Public Safety, 2012, p.7). The overarching target for adults is, “to reduce the level of obesity by 4% and overweight and obesity by 3% by 2022” (Department of Health, Social Services & Public Safety, 2012, p.7). This target was based on the HSNi 2010/11 results which reported that 59% of adults aged 16 and over were either overweight (36%) or obese (23%) (Department of Health, Social Services and Public Safety, 2012). Two long term objectives were developed to support the attainment of this target: 1. To increase the percentage of people eating a healthy, nutritionally balanced diet, and 2. To increase the percentage of the population meeting the CMO guidelines on physical activity.

The Public Health Agency (PHA) is the lead agency for regional implementation of the ‘Fitter future for all’ framework. In support of achieving the short term outcome of, ‘Improved awareness and achievement of the CMO’s guidelines for physical activity, including older adults,’ (Department of Health, 2015, p.14) the PHA has begun to roll-out the ‘Moving More Often’ training programme across all Health and Social Care Trust areas in NI to support increased physical activity in frail older adults. ‘Moving More Often’ is a training programme for healthcare workers and volunteers who work with frailer older adults to support them to promote physical activity in a range of community, residential and social care settings.

PHA actions to increase physical activity in older adults in NI

The PHA has developed a range of initiatives through local partnerships to promote and encourage physical activity, which include the distribution of CMO guideline infographics to health professionals, including all GP Practices, and the 'Walking for Health' programme which encourages people, particularly those who take little exercise, to undertake short regular 'health' walks primarily in their communities. The PHA funds physical activity coordinators in local Health and Social Care Trusts who have a key role in overseeing and developing the "Walking for Health" programme in local areas.

In support of achieving the short term outcome of, 'Increased promotion of physical activity within health and social care settings through development of physical activity referral pathways' (Department of Health, Social Services and Public Safety, 2012) the PHA is coordinating the development of a standard regional model for Physical Activity Referral Schemes (PARS). Strength and balance classes are also available in some Council areas.



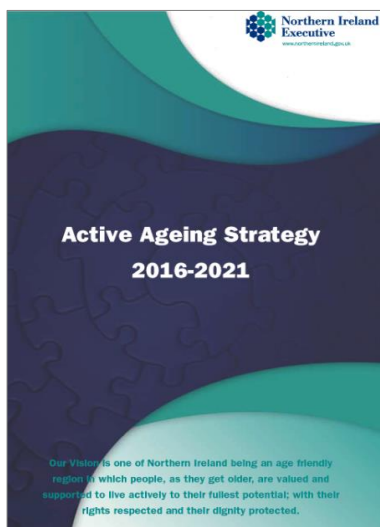
Sport matters: The Northern Ireland Strategy for Sport & Physical Recreation 2009-2019

This document outlined the Northern Ireland Government's commitment to sport and recreation. The Strategy identified high level targets and set the key strategic priorities for sport and physical recreation for the 10 year period to inform future investment by all stakeholders across the public, private and community/voluntary sectors (Department of Culture, Arts and Leisure, 2009).

Participation was one of the high level targets which reflected the anticipated needs of developments in sport and physical recreation during the life of the strategy.

The strategy highlights within its 'Key steps to success' that if the vision of lifelong physical activity participation was to be realised then provision needed to be made for: increased opportunities to participate in sport and physical recreation on a regular, frequent and sustained basis in the most disadvantaged areas of Northern Ireland; increased opportunities to maintain active lifestyles among an ageing population; the widespread use of physical recreation as a primary health improvement tool by general practitioners and other medical/health professionals.

A key target for participation within the strategy was, "By 2019 to deliver at least a 6 percentage points increase in the participation in sport and recreation among older adults (from the 2011 baseline)" (p 14, Sport Matters Implementation Group Progress Report 1). Using the WHO definition of 'older person' as an individual aged 50 years or older, only 18% of older adults claimed some level of participation in sport and physical recreation in the previous week.



The Northern Ireland Active Ageing Strategy 2016-2021

The Northern Ireland Active Ageing Strategy outlines the Northern Ireland Government's commitment to support older adults to live actively to their fullest potential, stressing their rights and valuable contribution to society. The key message of the Strategy is that keeping active as we get older, both physically and mentally, is a vital component of ensuring that we remain independent and healthy, to enjoy the benefits of

living longer and to minimise the problems that some older adults face. The strategy is linked to Outcome 4 of the Northern Ireland Draft Programme for Government: "We enjoy long, healthy, active lives" (Northern Ireland Executive, 2016, p. 12). The Strategy also aligns with the European Innovation Partnership on Active and Healthy Ageing which aims to increase the average healthy lifespan of each EU citizen by two years by 2020 by focusing on five key themes of: independence, participation, care, self-fulfilment, and dignity (European Commission, 2010).



Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025 is the national framework for whole of Government and whole of society action to improve the health and wellbeing of people living in Ireland (Department of Health, 2013).

The four key goals of the framework are to: 1. Increase the proportion of people who are healthy at all stages of life; 2. Reduce health inequalities; 3. Protect the public from threats to health and wellbeing; 4. Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.



Get Ireland Active: The National Physical Activity Plan for Ireland (NPAP) (Department of Health and the Department of Transport Tourism and Sport, 2016)

Within the Healthy Ireland framework the development of the NPAP aims to promote increased physical activity levels across the population by providing, “a strong focus for modifying unhealthy lifestyle habits and promoting awareness of the benefits of physical activity in relation, not just to health, but in a wider socio- economic context”.

The NPAP is structured around eight thematic areas, broadly based on the approach taken in the Toronto Charter for Physical Activity and other international physical activity plans to increase physical activity levels across the entire population. The thematic areas include: 1. Public Awareness, Education and Communication, 3. Health, 6. Sport and physical activity in the community, 7. Research, Monitoring and Evaluation and, 8. Implementation through partnership (Global Advocacy Council

for Physical Activity, International Society for Physical Activity and Health, 2010).

The overarching target identified in the Plan is to increase the number of people taking regular exercise by 1% per annum over the lifetime of the Plan. Likewise the plan for older adults (aged 65+) is to, “Increase by 1% per annum the number of older adults undertaking at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or 75 minutes of vigorous-intensity activity throughout the week, or an equivalent combination” (from a base level of 33%) and, “Decrease by 0.5% per annum in the proportion of older adults who do not take any weekly physical activity” (from a base level of 33%) across the lifetime of the plan (2016, p.13).



‘Go for Life’ is the national programme for sports and physical activity which aims to involve greater numbers of older people in all aspects of sport and physical activity in Ireland. It is coordinated by Age & Opportunity, in collaboration with the Local Sports Partnerships (LSPs)

and the Health Promotion and Improvement Offices of the Health Service Executive. Its objectives are closely aligned with those of Sport Ireland’s strategy, the NPAP, the Positive Ageing Strategy and Healthy Ireland. Most Go for Life interventions are peer led and include: Go For Life Fitline: a free (to over 50s) telephone-based support service operating in 5 counties and staffed by volunteer older adult mentors trained to motivate and provide encouragement to other older adults to be active; Go for Life Leagues (organised by LSPs): The Leagues involve teams from various areas coming together to play each other on a round-robin basis in games such as ‘Lobbers’ (a target game adapted from petanque and boules), ‘Flisk’ (adapted from boccia and horseshoe pitching), and ‘Scidils’ (an adaptation of ten pin bowling with one skittle); Go For Life Games: one of the biggest social sports events for older people in Ireland which brings together approximately 300 older players from all over Ireland to compete, to stay healthy and to have fun.



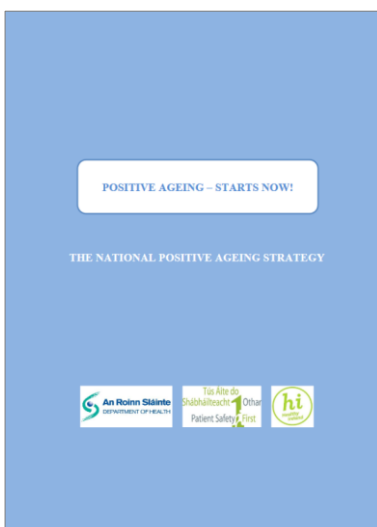
National Sports Policy: 2018-2027

Increasing participation is the cornerstone of The National Sports Policy (NSP) which sets out a vision for Irish Sport in 2027. A core value of the policy is to promote inclusion by adopting a life course perspective around participation, underpinned by the development of physical literacy throughout the population (increased knowledge and awareness among the public and all relevant stakeholders of the benefits of physical activity and how to be active) (Department of Transport,

Tourism and Sport, 2018).

The NSP has a close interface with the NPAP, and, through the Department of Health, oversee its implementation. The NPAP acknowledges that active and social participation in sport plays a considerable part in helping people to be active, identifying sport as a key area for the plan to be successful.

To meet the broad goal of increasing participation, the NSP aims to address inequalities in sports participation by prioritising funding for groups with lower levels of participation, particularly those from lower socio-economic groups, persons with a disability and older adults.



The National Positive Ageing Strategy (2013)

The National Positive Ageing Strategy was published by the Department of Health in 2013 (Department of Health, 2013). The goals of this strategy include, “promote the development of opportunities for engagement and participation of people in physical activities in their local communities, as well as supporting people as they age to maintain or improve their physical activity levels” (p.20). The Strategy is Ireland’s plan for addressing issues related to ageing

over the coming decade. The second national goal of the Strategy is to: “Support people as they age to maintain, improve or manage their physical and mental health and wellbeing” (p.20).

Promoting physical activity is an area for action in the strategy, under the guidance of the DOH and HSE. The Strategy highlights the positive contribution that healthy active older adults make to society, reinforcing the role of physical activity in promoting active citizenship. The Healthy and Positive Ageing Initiative (HaPAI) was established as part of the National Positive Ageing Strategy. Further information on the HaPAI Research Strategy 2015-2019 is available in the Appendices.

In summary

Physical activity policies and strategies on the island of Ireland (North and South) set out the importance of being physically active at all ages, with some specific strategies speaking to older people, recognising the valuable contributions that older adults make to communities, whilst also highlighting the significant challenges faced by some older adults in becoming and keeping physically active. The overarching goal of a number of policies and strategic frameworks is to increase participation in all aspects of physical activity, achieved, in part, by improving access and opportunities for older adults. There is a broad recognition that there is no single policy solution to increase physical activity and that each country should use a ‘whole system’ approach to implement policy solutions with cross-sectoral partnerships by government at all levels, local and national, the sports community, and the community and voluntary sector to change physical activity habits at a population level.

Table 3: National health improvement frameworks, physical activity and sport policies and active/positive ageing strategies on the island of Ireland (North and South)

	NI	Vision/ Aim(s)	Rol	Vision/ Aim(s)
National Framework for Improved Health and Wellbeing	<p>Making Life Better: A Whole system strategic framework for public health (2013–2023)</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf</p>	<p>Vision: “All people are enabled and supported in achieving their full health and wellbeing potential”.</p> <p>Aim(s): To “Achieve better health and wellbeing for everyone and reduce inequalities in health”.</p>	<p>Healthy Ireland: A framework for improved health and wellbeing (2013-2025)</p> <p>https://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf</p>	<p>Vision: A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility</p>
	<p>Lead agency for co-ordination/ regional implementation</p>	<p>Public Health Agency</p>	<p>Lead agency for regional implementation</p>	<p>Department of Health: Health and Wellbeing Programme</p>

National Physical Activity Policy	<p>A Fitter Future for All: Framework for preventing and addressing Overweight and Obesity in Northern Ireland (2012-2022)</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/obesity-fitter-future-framework-ni-2012-22.pdf</p>	<p>Aim: To “empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and wellbeing, by creating an environment that supports and promotes a physically active lifestyle and a healthy diet”</p>	<p>Get Ireland Active: The National Physical Activity Plan for Ireland (2016)</p> <p>https://www.getirelandactive.ie/Professionals/National-PA-Plan.pdf</p>	<p>Aim: To increase physical activity levels across the entire population thereby improving the health and wellbeing of people living in Ireland, where everybody will be physically active and where everybody lives, works and plays in a society that facilitates, promotes and supports physical activity and an active way of life with less time spent being sedentary</p>
	<p>Lead agency for coordination/ regional implementation</p>	<p>Department of Health: Cross-sectoral Obesity Prevention Steering Group (OPSG)</p>	<p>Lead agency for regional implementation</p>	<p>Department of Health: Cross sectoral oversight and implementation group jointly led by the Department of Health and the Department of</p>

				Transport, Tourism and Sport
National Strategy for Sport and Physical Recreation	Sport matters: The Northern Ireland Strategy for Sport & Physical Recreation (2009 – 2019) http://www.sportni.net/sportni/wp-content/uploads/2013/03/SportMatters.pdf	Vision: “A culture of lifelong enjoyment and success in sport.”	National Sports Policy (2018-2027) https://assets.gov.ie/15979/04e0f52cee5f47ee9c01003cf559e98d.pdf	Vision: “People will be inspired, their lives enriched, their enjoyment enhanced, and their quality of life improved as a result of their own active or social participation in sport, and as a result of success by our top sports people in competition (abbreviated)”
	Lead agency for co-ordination/ regional implementation	Department of Culture Arts and Leisure (<i>Now the Department for Communities</i>)	Lead agency for regional implementation	Department of Transport, Tourism and Sport
Active/ Positive Ageing Strategy	The Northern Ireland Active Ageing Strategy (2016 – 2021) https://www.communities-	Vision: “Northern Ireland being an age friendly region in which people, as they get older, are valued and supported to live	The National Positive Ageing Strategy (2013) https://health.gov.ie/wp-	Vision: Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages

	ni.gov.uk/sites/default/files/publications/ofmdfm/active-ageing-strategy.pdf	actively to their fullest potential; with their rights respected and their dignity protected”.	content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf	and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people’s engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times.
	Lead agency for co-ordination/ regional implementation	Department for Communities	Lead agency for regional implementation	Department of Health

Web-links re-direct to policy homepages with detail of key themes/targets/objectives/indicators

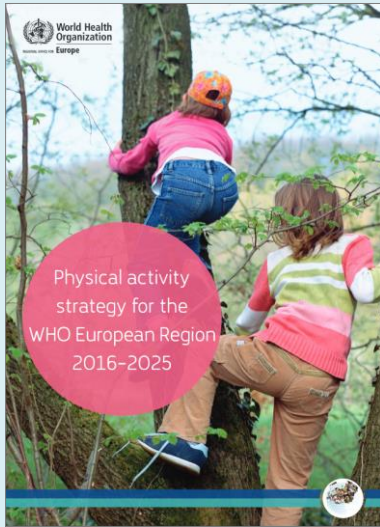
Physical activity policy: a European and Global perspective

This section includes case studies of physical activity policies in Europe and globally.



HEPA Europe (European network for the promotion of health-enhancing physical activity)

is a network which works for better health through physical activity among all people in the WHO European Region. Its mission is to provide a forum for the advancement of health-enhancing physical activity research, policy and practice across the WHO European region, by strengthening and supporting efforts to increase participation and improve the conditions for healthy lifestyles. Within this Network there is a working group related to older adults ('Active ageing: physical activity promotion in elderly'). This group focuses on identifying specific needs for research, evidence and practice for promoting physical activity in older adults with regard to the whole range of interventions, including, for example, home and community programmes, spatial planning, policy and advocacy.



Physical activity strategy for the WHO European Region 2016-2025

Inspired by 'Health 2020' (the WHO European policy framework for health and well-being), this strategy focuses on physical activity as a leading factor in health and wellbeing in the European Region, with particular attention to the burden of NCDs associated with insufficient activity levels and sedentary behaviour. It aims to cover all forms of physical activity throughout the life course.

WHO's vision is for governments in the WHO European Region to work across sectors, levels and countries and with stakeholders to enable all citizens to have better and longer lives owing to a lifestyle that incorporates regular physical activity.

The policy outlines that Member States should consider developing or expanding, according to national context, strategies and action plans to promote physical activity that address a number of stated 'Guiding principles' and 'Priority areas' of the policy.

One of the guiding principles of this policy document is to 'promote a life course approach'. Priority area 4 is 'Promoting physical activity among older people'. The objectives within this priority area include; improving the quality of advice on physical activity by health professionals to older people; provide infrastructure and appropriate environments for physical activity among older people; involve older people in social physical activity.



Global physical activity policy

The WHO 'Global action plan on physical activity 2018-2030: more active people for a healthier world' aims to provide a framework of effective and feasible policy actions to increase physical activity globally. It recognises that global progress to increase physical activity has been slow, largely due to lack of awareness and investment.

Therefore, the global action plan sets out four strategic objectives achievable through 20 policy actions that are universally applicable to all countries, but also highlights the need for a whole-of-society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course.

The key target identified in the plan is 'a 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030'.

Action 3.4 (Strategic objective 3: Creating active people) specifically addresses older adults aiming to, "Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing".

Health service physical activity policies for older adults

The role that physical activity plays in improving health and wellbeing has led to the development of a number of regional policy initiatives to embed the promotion of physical activity at the core of the health services on the island of Ireland (North and South) and in England, Scotland and Wales. This section presents current policies in these regions.

Physical Activity Policies in the Republic of Ireland's Health Service



The Healthy Eating and Active Living Programme National Implementation Plan 2017-2020

The Healthy Eating Active Living Policy Priority Programme was established in late 2016 to coordinate and lead activity across the health services to ensure implementation of the 'Healthy Weight for Ireland – Obesity Policy and Action Plan' and 'Get Ireland Active – National Physical Activity Plan for Ireland'.

The objectives of the Policy Priority Programme are to contribute to a reduction in the prevalence of chronic disease by increasing the percentage of people in Ireland who are physically active on a regular basis, eating a healthier diet and achieving and maintaining a healthier weight.

The Healthy Eating and Active Living Programme National Implementation Plan 2017-2020 sets out the strategic direction and priority actions that can be delivered by, or whose delivery can be mediated by, the health services over the period 2017-2020. National Implementation of this plan will be delivered in partnership with the

Community Healthcare Organisations, Hospital Groups and funded agencies to deliver priority actions. Actions within the Implementation Plan are categorised across five thematic areas:

1. Provide leadership for the implementation of Healthy Weight for Ireland - Obesity Policy and Action Plan and Get Ireland Active - National Physical Activity Plan across health services
2. Mobilise the public and stakeholders to promote behaviour change for healthy lifestyles with a focus on healthy eating and active living
3. Mobilise the health service to promote healthy eating and active living
4. Strengthen capacity to prevent childhood obesity
5. Provide services for treatment of obesity in children and adults (Health Service Executive, 2017).



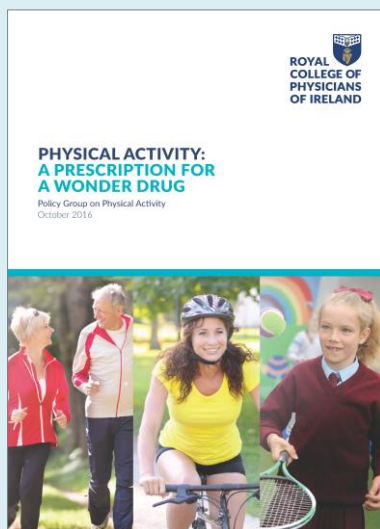
Making every contact count: A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service

(2016). The Making Every Contact Count (MECC) framework supports the implementation of key existing policies for the Irish health service including 'Healthy Ireland 2013-2025'. The vision for MECC is that health behaviour change interventions will become part of routine clinical care delivered by health professionals in the health service.

E-Learning Training programme for Health Professionals

The MECC training programme (available to all healthcare professionals in Ireland) was developed in consultation with healthcare professionals and patients in order to provide effective tools and knowledge to carry out a brief intervention with patients or service users. The programme consists of 6 x 30-minute e-learning modules which introduce behaviour change theory and techniques, the four main lifestyle risk factors for chronic disease; tobacco use, harmful alcohol consumption, physical inactivity and unhealthy eating, and a skills into practice module - demonstrating the skills of

how to carry out a brief intervention across a range of topics through a suite of video scenarios using real life healthcare professionals. The physical activity e-module was developed in partnership with the Irish College of General Practitioners in collaboration with the Faculty of Sports and Exercise Medicine, the Irish Practice Nurses Association and Get Ireland Active. The aim of the module is to support health professionals in routinely promoting physical activity in their professional practice whilst also recognising the demands and time constraints many health professionals face. Training in MECC is mandatory at undergraduate level for all health professionals who might see patients for consultations. Further information on web-based resources for healthcare professionals (Moving Medicine and Exercise is Medicine) is available in the appendices.



Royal College of Physicians Ireland: Policy Group on Physical Activity

A policy group on physical activity was established in 2015 to discuss the preventative and treatment role of physical activity, to promote the positive health impact of regular physical activity and to advocate for national policy measures to increase physical activity levels.

The group brings together a multi-disciplinary team of medical experts, fellows and trainees across a range of specialties, representatives from other medical and health care professions, and relevant advocacy organisations.

In 2016, the group produced a policy statement, 'Physical Activity: A Prescription For A Wonder Drug', to develop and place its recommendations in the context of relevant national and international policy. The group fully supports the National Physical Activity Plan as part of the Healthy Ireland initiative and plans to work towards developing recommendations for the general public and healthcare professionals on how to increase physical activity through key initiatives.

There are a number of regional initiatives aimed at embedding physical activity in the health service in NI. These include; MECC and the development and piloting of a standard regional model for Physical Activity Referral Schemes (PARS) (information on the development of a framework for exercise referral in the RoI is available in the appendices). Integrated Care Partnerships are working to implement MECC within primary care. The current NI strategy for preventing and addressing overweight and obesity, 'A Fitter Future for All', calls for cross-departmental action to tackle the 'obesogenic' environment, including policies to support physical activity choices. However, at the time of this publication there is no specific physical activity policy informing the integration of physical activity at a health service level in Northern Ireland that is equivalent to the Republic of Ireland's 'Healthy Eating and Active Living Programme National Implementation Plan 2017-2020'.



Royal College of
General Practitioners

Royal College of General Practitioners (RCGP): Clinical priorities

The RCGP selects specific clinical areas, based on the feedback of its members, with the purpose of profile-raising and increasing awareness in primary care.

In 2016, the RCGP announced its 'Physical Activity and Lifestyle' Clinical Priority for the following 3 years, from 2016 to 2019.

Its aim is to support primary care professionals with reliable, evidence based information to embed physical activity and lifestyle (**PAL**) advice in primary care, by focusing on:

Patients - Supporting GPs to assist ALL of their patients to optimise their physical activity and lifestyle behaviours

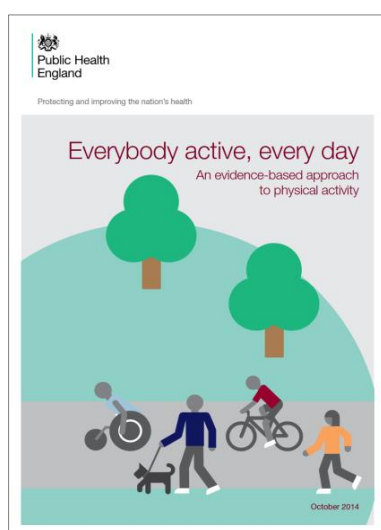
Active Practices - Inspiring GPs and practice staff to lead by example, transforming their surgeries into beacons of good practice

Local community – Facilitating positive relationships between primary care and physical activity and lifestyle providers locally

The overarching goal of the PAL Clinical Priority team is to sustainably improve the wellbeing of patients and healthcare staff, by empowering everyone to take control of their own health and lifestyle, ultimately reducing the burden on the healthcare system.

The project is delivered in partnership with the Faculty of Sport and Exercise Medicine UK and the University of Oxford's Nuffield Department of Primary Care Health Sciences. GPs with a special interest in the area work with the RCGP's Clinical Innovation and Research Centre to deliver practical support tools and educational resources to support GPs in their day-to-day work with patients.

A number of policies and frameworks have been developed for integration of physical activity in the National Health Services of England, Scotland and Wales. The following section case-studies these policies.



Public Health England: Everybody active, every day: An evidence-based approach to physical activity

In 2014, Public Health England published 'Everybody Active, Every Day' (Public Health England, 2014) as a framework for national and local action to address the physical inactivity epidemic in England. The framework sets out a vision where physical activity is fun, easy and affordable and exercise and recreation is available to every community across England.

Public Health England co-produced the framework with over 1,000 health professionals, local authorities, research specialists, educationalists, charities and fitness experts through a process of discussion and engagement.

It set out the need for action across four domains: 1. Active society: creating a social movement to change the social 'norm' to make physical activity the expectation; 2. Moving professionals: activating networks of expertise to develop knowledge and leadership within professionals and volunteers; 3. Active environments: creating the right environments to support active lives; 4. Moving at scale: by identifying and up-scaling successful programmes that have the potential to make the nation more active.

Public Health England: Moving Healthcare Professionals:

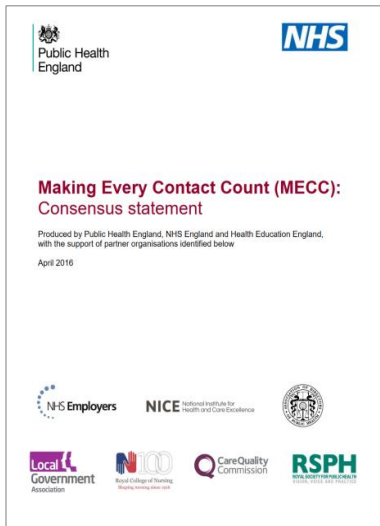
'Moving Healthcare Professionals' is a programme which aligns with Action area 2 of 'Everybody active, every day': 'Moving professionals: activating networks of

expertise' (Brannan et al., 2019). It is the national approach designed to integrate physical activity within the healthcare system by:

- Increasing awareness and skills of health professionals in the physical activity for prevention and management of ill health.
- Changing clinical practice of health professionals in the promotion of physical activity.
- Evaluating the impacts of specific components to identify what could be scaled up and develop a methodology for evaluating impact on patient behaviour and reducing inactivity.

A number of actions have been undertaken as part of this initiative:

- A Physical Activity Clinical Champions peer to peer training scheme.
- A national footprint of healthcare professionals delivering peer-to-peer training to support embedding brief interventions for physical activity as part of routine clinical practice (Between Sept 2015 - July 2016 the programme delivered 245 sessions to 3240 health care professionals (>82% GP's))
- Continuing Professional Development ELearning modules (ELearning – Over 85,000 completions to date across the 8 modules); Medical School engagement – 17 of the 34 medical schools have embedded the resources in their curriculum
- Physical Activity 'prescription pad' pilot; Updating and dissemination of physical activity and health evidence base; Pilot Sport and Exercise medicine integration in secondary care; Increase uptake of medical undergraduate resources.

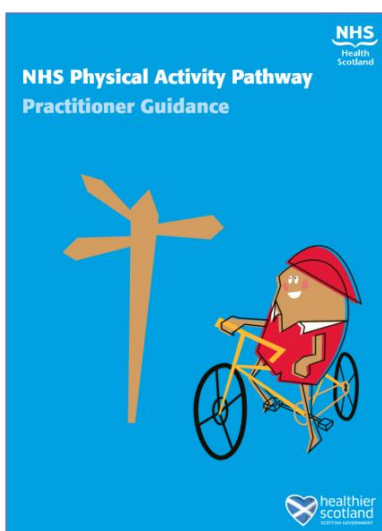


Public Health England: Making Every Contact Count (MECC)

Making Every Contact Count (MECC) encourages health and social care staff to use the opportunities arising during their routine interactions with patients to have brief conversations on how they might make positive improvements to their health or wellbeing (Public Health England, 2016).

MECC is an approach to behaviour change that aligns with the National Institute for Health and Care Excellence (NICE) behaviour change guidance. A MECC interaction is structured to fit into and complement existing professional clinical care and social engagement approaches, maximising the opportunity for a brief or very brief discussion on health or wellbeing factors to take place. Evidence from physical activity: brief advice for adults on primary care (NICE, 2013), suggests that the broad adoption of the MECC approach by people and organisations across health and social care could potentially have a significant impact on the health of the population.

NHS Scotland



NHS Scotland: National Physical Activity Pathway

The National Physical Activity Pathway outlines a set of steps that a healthcare professional can take to encourage the people in their care to be more active.

The pathway has been developed to target inactive patients as a form of primary prevention of chronic ill health (such as hypertension, cholesterol, cardiovascular disease (CVD), coronary heart disease, stroke), and the secondary prevention and management

of long-term conditions along with existing clinical pathways. The pathway is designed for use by health and social care professionals in both primary and secondary care roles. It can easily be integrated into existing clinical pathways. The pathway includes five steps:

1. **Patient recruitment:** Raising the issue of physical activity with those within your care.
2. **Screen:** Screening for physical activity levels.
3. **Intervene:** Giving person-centred physical activity advice. The ‘intervene’ stage is where practice staff support patients to become more active via the delivery of brief advice (BA) and brief interventions (BIs), as appropriate.
4. **Active participation:** Signpost or refer the individual to support that will help them be more active.
5. **Follow up review** (and screen again).

The pathway is designed in five stages to be cyclical in nature reflecting that it may take more than one cycle of the pathway for some people to change their physical activity behaviour, just as with other health behaviours, e.g. smoking cessation.

Motivate2Move Wales



Motivate2Move (Wales)

Motivate2Move is a guide for the health professional on the benefits of physical activity endorsed by the British Academy of Sport and Exercise Medicine, Royal

College of General Practitioners Wales, Public Health Wales and the Welsh Deanery.

The online resource intends to provide health professionals with the tools and information required to encourage, motivate and educate patients about the wide ranging health benefits of physical activity. It aims to help the health professional to understand the science behind the CMOs Physical Activity Guidelines and provides them with a condition specific physical activity resource for physiotherapists and health professionals (for 34 different medical conditions including NICE guidance).

In summary

Healthcare policies on the island of Ireland (North and South) recognise that healthcare delivery has to increase its focus on improving health and wellbeing through prevention rather than simply on treatment. There is also a broad recognition that preventing and reducing chronic disease by addressing inactivity (amongst other modifiable risk factors) and adopting a life course perspective will require coordinated policy actions across multiple settings and sectors, and a shift from hospital-based interventions towards primary care and population-based interventions. It is recognised that this requires a significant cultural shift in service provision on the island of Ireland (North and South), but has the potential to deliver substantial value for service users, present and future.

Conclusion

Physical inactivity continues to be one of the most important public health challenges facing older adults on the island of Ireland. Its impact is wide-ranging. It can contribute to, and increase the risk of illness and disability in older adults and has wider social and economic implications. Recent figures have shown that older adults on the island of Ireland are not engaging in enough physical activity to either maintain or improve their physical and mental health. In this respect, an overview of physical activity policy on the island of Ireland, North and South, is timely in highlighting how physical activity guideline development and policy making aims to address population levels of inactivity within the context of an ageing population.

This overview of physical activity policy on the island of Ireland, North and South, has shown that:

Older adults face barriers to participation in physical activity and sport.

Evidence gathered as part of this overview suggests that the benefits of active participation in physical activity and sport are not currently enjoyed equally by all groups in our society, in particular older people.

Irrespective of age, physical capabilities, economic or social circumstances, individuals should be able to benefit from engaging regularly in some form of physical activity and sport.

It is imperative that initiatives which address barriers (social, economic, physical, environmental) to participation are central to national physical activity and sport policies for older adults on the island of Ireland.

Changing physical activity habits at a population level to improve health and wellbeing and prevent and delay the onset of disease is a key public health challenge.

No single organisation or government department working in isolation can get a population more active. This will only be possible through a ‘whole-system’ approach of cross-sectoral and cross-government working and collaboration at all levels, national and local to ensure that people are given opportunities, and are supported to access and participate in a healthier lifestyle.

The public health dividend of increasing physical activity in the population is substantial.

Increasing participation in physical activity is the corner stone of many of the policies, strategies and frameworks in this overview. Reversing the trends towards inactivity and fostering a culture of physical activity for health requires a “whole-of-society” framework which takes a life course approach

There is a compelling case for increasing investment in physical activity and sport programmes and improving existing services to ensure they meet the needs of older adults on the island of Ireland.

Strengthening the provision of, and access to, appropriate opportunities and programmes can enable all older adults to maintain an active lifestyle according to capacity.

As the demographic shift towards an ageing population continues on the island of Ireland, now more than ever, it is critical that older adults are given opportunities and are supported to access and participate in a more active lifestyle.

Strategies and frameworks to promote physical activity must address the specific issues and barriers facing older people. In light of this, some of the policies and frameworks included in this overview may require a change or realignment to provide specific direction for improvement of services and support for older adults.

References

- Brannan, M., Bernardotto, M., Clarke, N., & Varney, J. (2019). Moving healthcare professionals - a whole system approach to embed physical activity in clinical practice. *BMC Medical Education*, 19(1), 84. <https://doi.org/10.1186/s12909-019-1517-y>
- Bull, F. C., Bellew, B., Schoppe, S., Bauman, A. E. (2004). Developments in national physical activity policy: an international review and recommendations towards better practice. *J Sci and Med Sport*, 7:93-104
- Bull, F. C., Pratt, M., Shepherd, R., Lankenau, B. (2006). Implementing national population based action on physical activity for action and opportunities for international collaboration. *Promot Educ*, 13:127
- Central statistics Office (2017). Available online at: <https://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/presstatemencensus2016resultsprofile3-anageprofileofireland/>
- Cruise, S. & Kee, F. (Eds) (2017). Early key findings from a study of older people in Northern Ireland: The NICOLA Study. Northern Ireland Cohort for the Longitudinal Study of Ageing 2017
- Cunningham, C., O' Sullivan, R., Caserotti, P., Tully, M. A. (2019). Consequences of physical inactivity in older adults: a systematic review of reviews and meta-analyses of prospective epidemiological studies (*In press*)
- Daugbjerg, S. B., Kahlmeier, S., Racioppi, F., Martin-Diener, E., Martin, B., Oja, P., Bull, F. (2009) Promotion of physical activity in the European region: content analysis of 27 national policy documents. *J Phys Act Health*, 6(6):805-17
- Department for Communities (2016). Active Ageing Strategy 2016-2021. Northern Ireland Executive
- Department of Culture Arts and Leisure (2009). Sport matters: The Northern Ireland Strategy for Sport & Physical Recreation 2009-2019

Department of Health (2011). Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers. London: Department of Health; 2011. Available online at: <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

Department of Health & Social Care (2019). UK Chief Medical Officers Physical Activity Guidelines. London: Department of Health; 2019. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

Department of Health (2012). Let's Get Moving - A physical activity care pathway. Commissioning Guidance. London. England

Department of Health (2013). Positive Ageing Starts Now: The National Positive Ageing Strategy. Dublin

Department of Health (2013). Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025. Department of Health, Dublin

Department of Health and Children, Health Service Executive (2009). The National Guidelines on Physical Activity for Ireland. Dublin

Department of Health and the Department of Transport Tourism and Sport, (2016). Get Ireland Active: The National Physical Activity Plan for Ireland. Department of Health and the Department of Transport Tourism and Sport, (2016). Dublin

Department of Health, (2015). A FITTER FUTURE FOR ALL (AFFFA): REVIEWED OUTCOME FRAMEWORK 2015-2019. Available online at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/fitter-future-for-all-outcomes-framework-2015-2019.pdf>

Department of Health, Social Services & Public Safety (2012). Health Survey Northern Ireland: First results from the 2011/12 survey. Department of Health, Social Services & Public Safety: Belfast.
http://www.dhsspsni.gov.uk/health_survey_northern_ireland_-_first_results_from_the_2011-12_survey.pdf

Department of Health, Social Services and Public Safety (2012). A Fitter Future for All: Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022. Department of Health, Social Services and Public Safety

Department of Health, Social Services and Public Safety (2014). Making Life Better: A Whole System Strategic Framework For Public Health 2013-2023. Department of Health, Social Services and Public Safety

Department of Transport Tourism and Sport (2018). National Sports Policy 2018-2027. Dublin

Donoghue, O., O'Connell, M., & Kenny, R. A. (2017). Walking to Wellbeing: Physical Activity, Social Participation and Psychological Health in Irish adults aged 50 years and Older. The Irish Longitudinal Study on Ageing 2017

EU Physical Activity Guidelines (2008): Recommended Policy Actions in Support of Health-Enhancing Physical Activity (2008). Available online at:
https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/2008_eu_physical_activity_guidelines_en.pdf

European Commission (2010). Europe 2020 Flagship Initiative Innovation Union COM (2010) 546 Final

Global Action Plan on Physical Activity 2018-2030: more active people for a healthier world. Geneva: World Health Organization: 2018. Licence: CC BY-NC-SA 3.0 IGO

Global Advocacy Council for Physical Activity, International Society for Physical Activity and Health (2010). The Toronto Charter for Physical Activity: A Global Call to Action

Grimm, E. K., Swartz, A. M., Hart, T., Miller, N. E., Strath, S. J. (2012). Comparison of the IPAQ Short Form and accelerometry predictions of physical activity in older adults. J Aging Phys Act, 20(1):64-79

Guthold, R., Stevens, G. A., Riley, L. M., Bull, F.C. (2018). Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet Glob Health, 6: e1077-e1086

Health Service Executive (2017). Making every contact count: A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service. Dublin. Ireland

Health Service Executive (2017). The Healthy Eating and Active Living Programme National Implementation Plan 2017-2020. Dublin. Ireland

Health Service Executive (2017). Exercise Referral for the Health Service Briefing Document, Healthy Eating and Active Living Programme. Dublin. Ireland

Health Survey (NI) First Results 2016/17. Belfast: Department of Health (Northern Ireland); 2018. Available online at: <https://www.health-ni.gov.uk/news/health-survey-ni-201617>

Health Survey (NI) First Results: 2017/2018). Belfast: Department of Health (Northern Ireland); 2018. Available online at: <https://www.health-ni.gov.uk/news/health-survey-ni-201718>

Ireland Physical activity factsheet (2018). Available online at: <http://www.euro.who.int/en/countries/ireland/data-and-statistics/ireland>

NHS Health Scotland (2013). NHS Physical Activity Pathway: Practitioner Guidance.

National Institute for Health and Clinical Excellence (NICE), (2013). Physical activity: brief advice for adults in primary care Available online at: <https://www.nice.org.uk/guidance/ph44/resources/physical-activity-brief-advice-for-adults-in-primary-care-1996357939909>

Northern Ireland Statistics and Research Agency, 2018. NISRA Statistical Bulletin. Available online at: <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/SNPP16-Bulletin.pdf>

Northern Ireland Executive (2016). DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK; 2016-21. Available online at: <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>

Public Health England (2014). Everybody active, every day: An evidence-based approach to physical activity. London. England

Public Health England (2016). Making Every Contact count (MECC): Consensus statement. London. England

Rechel, B., Grundy, E., Robine, J.-M., Cylus, J., Mackenbach, J. P., Knai, C., & McKee, M. (2013). Ageing in the European Union. *Lancet* (London, England), 381(9874), 1312-1322. [https://doi.org/10.1016/S0140-6736\(12\)62087-X](https://doi.org/10.1016/S0140-6736(12)62087-X)

Sylvia, L. G., Bernstein, E. E., Hubbard, J. L., Keating L, Anderson E. J. (2014). A Practical guide to measuring physical activity. *J Acad Nutr Diet*. 2014;114(2):199-208. doi:10.1016/j.jand.2013.09.018

Woods, C., McCaffrey, N., Furlong, B., Fitzsimons-D'Arcy, L., Murphy, M., Harrison, M., Glynn, L., O'Riordan, J., O'Neill, B., Jennings, S. and Peppard, C. (2016). The National Exercise Referral Framework. Health and Wellbeing Division, Health Service Executive. Dublin. Ireland

World Health Organization (2010). Global Recommendations on Physical Activity for Health. Geneva. World Health Organization 2010. Available at: https://www.who.int/dietphysicalactivity/factsheet_recommendations/en/

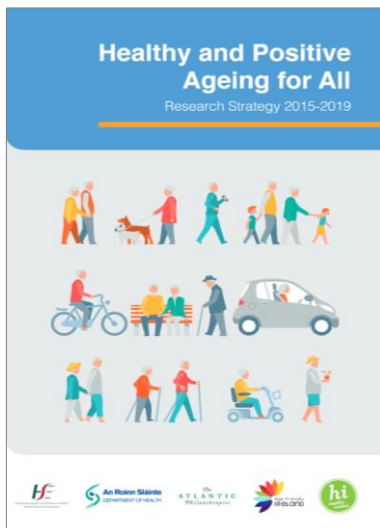
World Health Organization (2016). Physical activity strategy for the WHO European Region 2016-2025. Geneva. World Health Organization, 2016

World Health Organization (2017). Global strategy and action plan on ageing and health. Geneva. World Health Organization, 2017

World Health Organization (2018). Global action plan on physical activity 2018-2030: more active people for a healthier world. Geneva. World Health Organization, 2018

World Health Organization (2018). Physical activity factsheets for the 28 European Union Member States of the WHO European Region. Geneva. World Health Organization, 2018

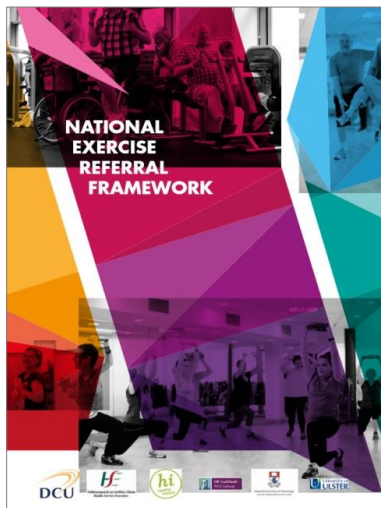
Appendices



Healthy and Positive ageing for All: Research Strategy 2015-2019

The Healthy and Positive Ageing Initiative (HaPAI) was established as part of the National Positive Ageing Strategy. HaPAI is a collaborative partnership involving the Health Service Executive's (HSE) Health and Wellbeing Division, the Department of Health (DoH), Age Friendly Ireland and the Atlantic Philanthropies.

The aim of the HaPAI is to promote and sustain the use of research and evidence to inform policy development and service planning for an ageing population in Ireland. The key deliverable of the HaPAI is the development of a sustainable indicator set for positive ageing in Ireland to facilitate the systematic monitoring of older people's health and wellbeing outcomes.



National exercise referral framework

The proposed structure for the adoption of the exercise referral approach is centered on the Physical Activity Pathways in Healthcare Model (Figure 1). This model is designed to complement existing health service exercise (Cardiac, Pulmonary, and Physiotherapy-led) rehabilitation programmes.

It has five stages; i) patient recruitment, ii) screen, iii) intervene, iv) active participation and v) review.

In stage one, the healthcare professional (i.e. referring practitioner) recruits the patient either opportunistically or through targeted invitation to patients from a disease register. The role of NERF referring practitioner is open to all healthcare professionals from both primary and secondary care and in both acute and community settings.

In stage 2 they screen the patient using the 3-item physical activity screening questionnaire. This assesses the patient's current level of physical activity and their readiness to change their behaviour. Based on the outcome of this screening stage, an appropriate intervention is offered (stage 3). Following the intervention advice provided by the healthcare professional, the patient engages in active participation (stage 4), and then takes part in a structured routine follow-up or review (stage 5). All participants will undertake a supervised programme for a minimum of 12 weeks. Ultimately, it is hoped that the participant will engage independently in regular health-enhancing physical activity.

A briefing document collated by the HSE NERF pre-development group concluded that if the HSE were to implement recommendations from NERF and include further necessary specifications, considerable resources would be required. It stated that it would encourage and support further research in this area (Health Service Executive, 2017).



Moving Medicine

Launched in 2018, Moving Medicine is a new initiative that aims to introduce more physical activity into every care pathway across the NHS as an essential, cost-effective intervention to improve people's health. It was developed by the Faculty of Sport and Exercise Medicine in partnership with Public Health England and Sport England.

This online platform contains free to use 'prescribing movement' resources that have been designed to provide healthcare professionals with the latest evidence on physical activity, enabling them to inform their patients and motivate them to become more active by using established behavioural change techniques and motivational interviewing theory.

The resources were developed in consultation with over 300 healthcare professionals and patients using evidence-based step-by-step guidance to help healthcare professionals advise patients on how physical activity can help them to manage their conditions, prevent disease and recover. The resources focuses on addressing the most common long term health conditions affecting the population, such as cancer (during treatment and after), depression, musculoskeletal pain and type 2 diabetes, but also contains information on the role of physical activity in prevention and treatment of Chronic Obstructive Pulmonary Disease (COPD), Dementia, Falls and Frailty, Ischaemic Heart Disease.



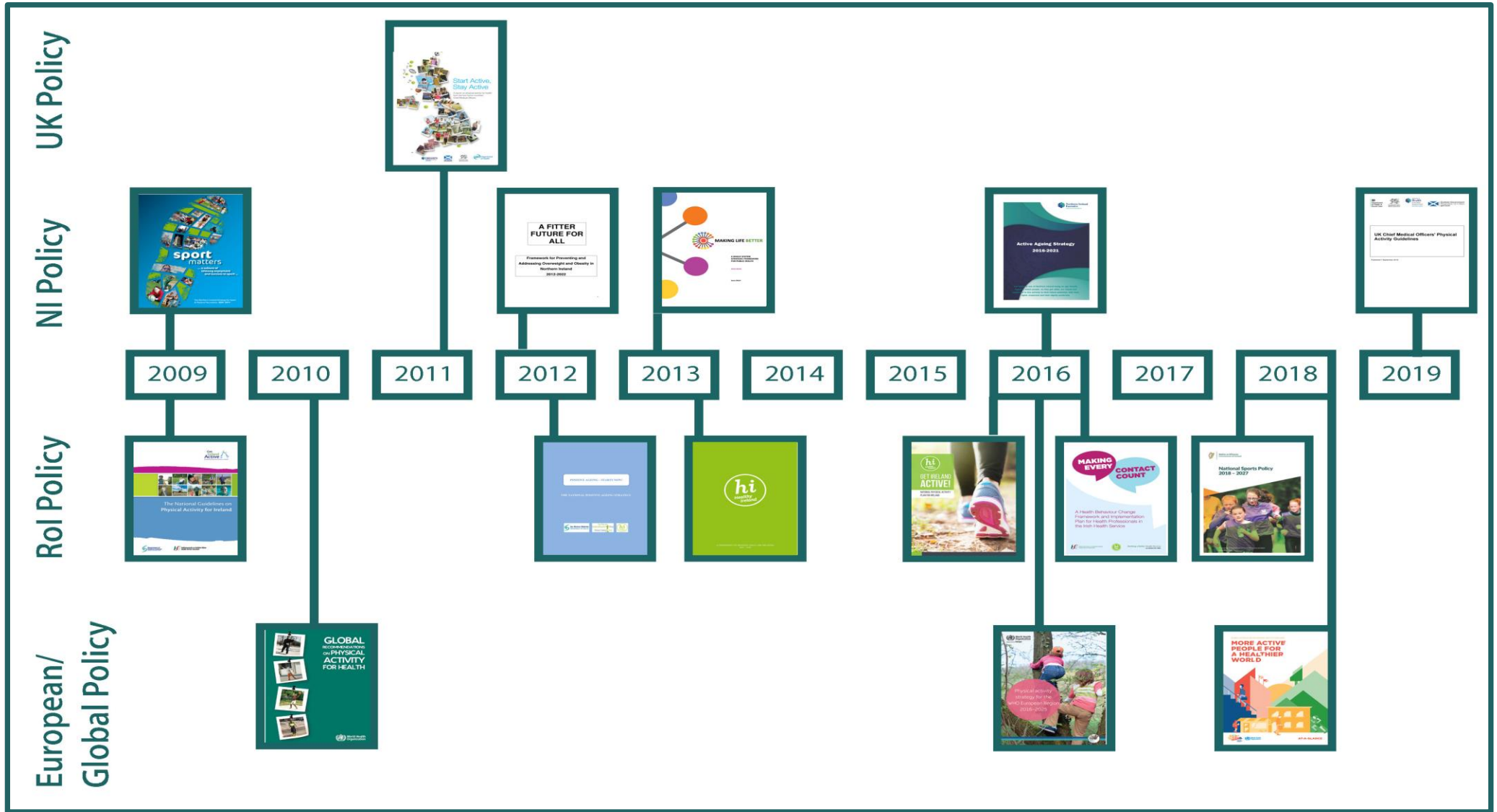
Exercise is Medicine (EIM) is a global health initiative to make physical activity assessment and promotion a standard in clinical care, connecting health care with evidence-based physical activity resources for people everywhere and of all abilities.

EIM is committed to the belief that physical activity is integral in the prevention and treatments of diseases and should be regularly assessed and “treated” as part of all healthcare. Managed by the American College of Sports Medicine (ACSM), EIM encourages physicians and other health care providers to include physical activity when designing treatment plans and to refer patients to evidence-based exercise programs and qualified exercise professionals.

An overview of physical activity policy, guidelines, programmes and data on the island of Ireland

	Dedicated national physical activity plan	Physical activity guidelines for older adults	National programme for sport and physical activity for older adults	Physical activity surveillance data for older adults
Rol	✓	✓	✓	✓
NI		✓		✓

Policy Timeline



Belfast Office:

**Institute of Public Health in Ireland
Forestview
Purdy's Lane
Belfast
BT8 7AR
Telephone: + 4428 90648494**

Dublin Office:

**Institute of Public Health in Ireland
700 South Circular Road
Kilmainham
Dublin 8
D08 NH90
Telephone: + 353 1 478 6300**

**Email: info@publichealth.ie
Website: www.publichealth.ie
Twitter: [@publichealthie](https://twitter.com/publichealthie)**

