
POSTER ABSTRACT

An Active Approach to Health: Increasing physical activity amongst individuals with sedentary lifestyles through person-centred motivational support.

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Introduction: The Active Health Project assists sedentary patients to increase physical activity levels using Link Workers (LWs) employed by a social enterprise and embedded in primary care centres in the Scottish Highlands. By delivering person-centred motivational support, the LWs help people to address long-standing personal barriers to being physically active and develop the self-motivation to change habitual inactive lifestyles. The University of the Highlands and Islands (UHI) evaluated the programme by gauging the intervention's impact on activity levels and participants' attitudes to exercise.

Intervention: Non-clinical based health interventions such as exercise groups, outdoor activities, art therapies and peer support are all proving popular in 'treating' both mental health conditions and addressing sedentary lifestyles. However, GPs and other primary care health professionals do not have capacity to undertake the required person-centred assessment and support required. Nor do they necessarily have the local knowledge of community assets for 'signposting' activities. Health professionals refer patients to the LWs, who help to develop an activity plan with targets tailored to individual needs, preferences and self-confidence. These are not necessarily structured group activities but can be personalised goals such as walking to a local shop or being more active at home. Goal setting is patient-led to ensure targets are in reach which builds self-confidence. LWs support participants to make these changes over three months. The project offers more than activity signposting and differs from generic health advice participants may have received previously. The project is funded through the Smarter Choices, Smarter Places (SCSP) Open Fund, which focusses on behaviour change, aiming to encourage everyday walking or cycling and sustainable travel methods for longer journeys.

Methods: The pilot programme was evaluated in two stages by the Rural Health and Well-being team at the University of the Highland and Islands (UHI). The evaluation used questionnaire data on participants' activity levels gathered before and after the programme. Semi-structured interviews were undertaken with participants and staff and then analysed thematically. UHI worked closely with the social enterprise when developing the research design.

Findings: In stage 1 (2019/20) data analysis indicated the experience had helped some participants make lifestyle changes. Even small progress towards increasing physical activity appeared to yield significant results in terms of generating the self-motivation and confidence required for longer term behavioural change. In stage 2 (2021/22), the research further

investigated the transformative process underlying the impact of person-centred motivational support, challenges of embedding non-NHS LWs in primary care settings and the impact of the LW/patient relationship on the sustainability of lifestyle change.

Conclusions: Data analysis shows the importance of person-centred support and individually tailored exercise targets in changing attitudes to increasing physical activity. The LWs have time to develop a relationship with the patient which engenders trust and a sense of accountability, which is key to developing self-motivation and adopting lifestyle changes. This research adds to the social prescribing evidence base by examining key factors such as the accessibility of 'prescribed' activities, barriers to lifestyle change, building self-motivation and the dynamics of the patient/LW relationship.