



Walk

Swim

Run



Stretch

Cycle

Dance



Run

Run

Developing very brief interventions (VBIs) to promote physical activity in primary care

Stretch

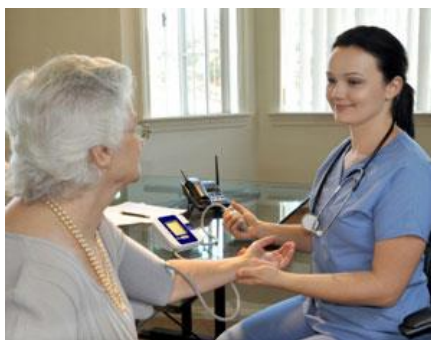
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Sally Pears

BPS Division of Health Psychology Annual Conference, York 2014



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Funder: NIHR Programme Grant

Sponsors: University of Cambridge & Cambridgeshire & Peterborough CCG



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Presentation Aims

Aim 1

Illustrate how health psychology methods were used to develop very brief interventions (VBIs) to promote physical activity in primary care.

Aim 2

Discuss the benefits and challenges of this approach.

VBI VERY BRIEF INTERVENTIONS

Very brief interventions to promote physical activity in primary care



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Background

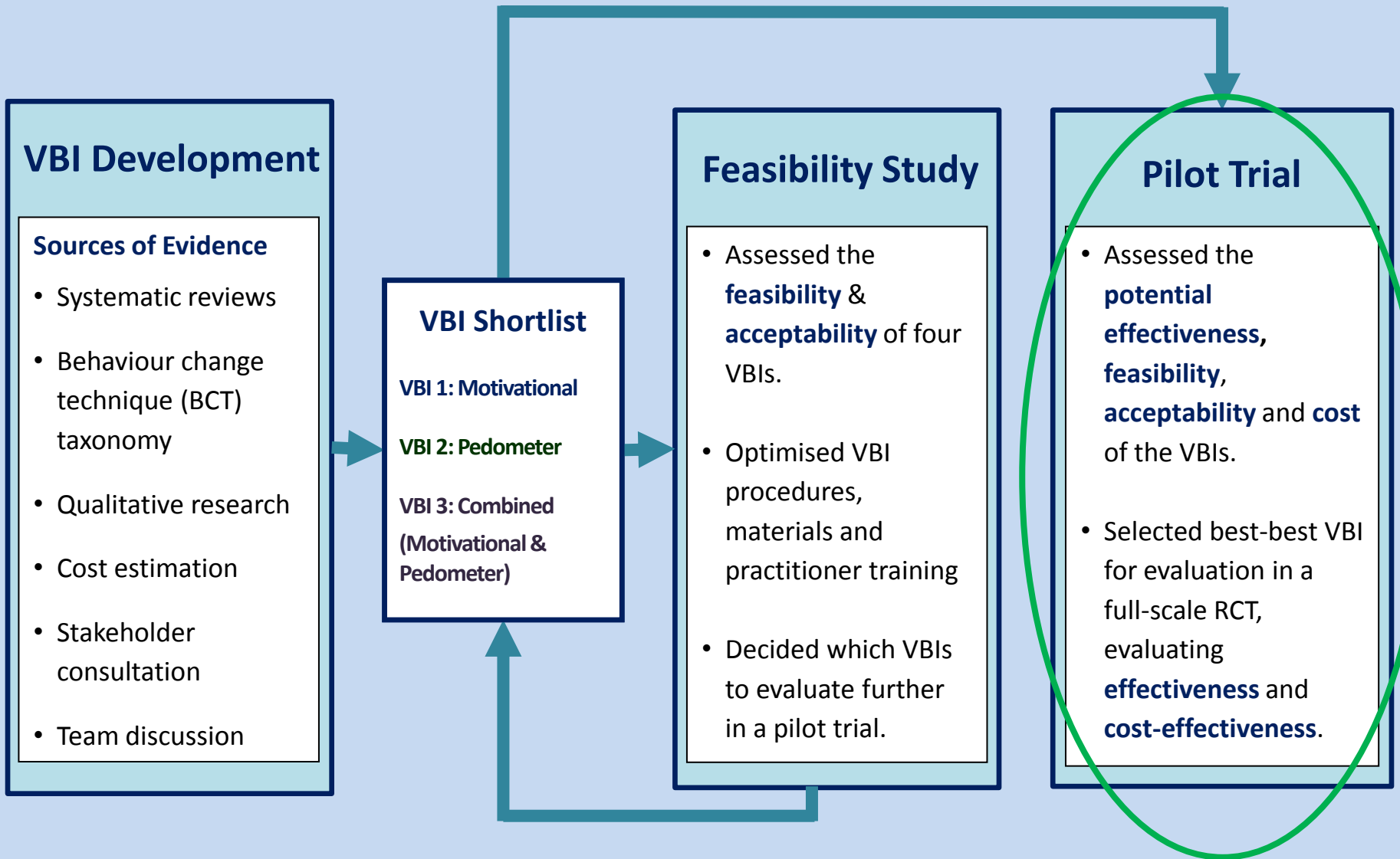
- Only 6% of men and 4% of women meet current PA recommendations for 30mins per day [Health Survey for England 2008].
- NHS Health Checks offer an ideal opportunity to deliver very brief physical activity advice of approximately five minutes to a large proportion of the population*.

**Patients aged 40-74, not currently diagnosed with vascular disease or with certain high risk factors (e.g. high blood pressure or cholesterol) already treated by medication.*



- Very brief physical activity advice should be relatively easy and inexpensive to implement on a large scale, and a small effect could translate into a significant public health benefit.
- We aimed to develop and evaluate very brief interventions (VBIs) to increase physical activity that could be delivered by a practice nurse or health care assistant (HCA) in an NHS Health Check (HC) or other primary care consultation.

VBI Programme Overview





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VBI Pilot Trial: Methods

Participants

- N=394
- Recruited from 8 practices (9 Healthcare Assistants & 9 Nurses)
- Received a Health Check plus one of 3 VBIs, or Usual Care (health check only)

VBI 1: Motivational
(n=83)

VBI 2: Pedometer
(n=74)

VBI 3: Combined
(n=80)

Control: Usual care
(n=157)

Measures

Potential effectiveness:

- Objective and self-report measures of physical activity at 4 weeks

Feasibility and Acceptability:

- Audio-recorded VBIs (sub-sample)
- Interviews with participants (sub-sample) and practitioners



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VBI Effectiveness & Feasibility

Potential Effectiveness:

- VBIs 1 & 2 shown to have a greater than 50% probability of effectiveness.

Feasibility:

	VBI 1 Motivational	VBI 2 Pedometer	VBI 3 Combined
N (useable recordings)	11	13	16
Mean Fidelity	62%	72%	74%
Mean VBI Duration	6m 48s	5m 00s	9m 35s

- All VBIs delivered with moderate to good fidelity.
- Only VBI 2 was deliverable within 5 minutes.



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VBI Acceptability (Practitioners^{*})

^{*}n=12



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VBI Acceptability (participants*)

*n=37



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Results Summary

Pedometer VBI:

- Most likely to be effective.
- Most acceptable to participants and practitioners.
- Only VBI that was deliverable in 5 minutes.

But:

- Participants felt that the Pedometer VBI was 'generic'.
- Practitioners wanted more role-play practice in training.



- The Pedometer VBI was chosen for evaluation in an RCT.
- Training was amended to emphasize the importance of asking participants about their current activity and giving them feedback.
- Training for the VBI was extended to incorporate more role-play.



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Step It Up



Face-to-face discussion:

- Feedback on PA
- PA recommendations
- How to use pedometer
- Steps/day goal
- How to self-monitor

1.1 Goal setting (behaviour)

1.4 Action Planning

2.2 Feedback on behaviour

4.1 Instruction on how to perform the behaviour

8.7 Graded tasks

2.3 Self-monitoring of behaviour

Step It Up Booklet:

- Feedback on PA
- PA recommendations
- How to use pedometer
- Steps/day goal
- How to self-monitor
- Benefits of PA
- Tips for increasing PA
- Local resources info

5.1 Information about health consequences

5.3 Information about social and environmental consequences

5.6 Information about emotional consequences

Pedometer & Step Chart

12.5 Adding objects to the environment



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Benefits and Challenges

Benefits

- We were able to systematically identify, develop and test a range of promising VBIs and select the best-bet intervention for evaluation in a full-scale RCT.
- Health psychology contributed to the identification of effective approaches (BCTs) both for VBI content and for practitioner training.

Challenges: translating evidence from experimental studies to interventions that can be implemented in a 'real world' setting such as routine clinical practice:

Practitioners often unfamiliar with delivering BCTs / VBIs

Lower fidelity of VBI delivery

VBIs prompted greater discussion in practice than in role play

Increased VBI delivery times

Practitioners and participants were volunteers

'Real world' acceptability is still unknown



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Vijay Singh GC (WS5)
Marc Suhrcke (WS5)

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- Stephen Sutton (CI, Director)
- Wendy Hardeman (Deputy Director, PI WS3)
- Laura Lamming (WS1)
- Dan Mason (WS1)
- Simon Cohn (WS2)
- Philip Miles (WS2)
- Katie Morton (WS3)
- Sally Pears (WS3)
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- Richard Parker (WS3)
- Joanna Mitchell (WS4)
- Ed Wilson (WS5)



Toby Prevost

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David Ogilvie

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Janet Watkinson



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Cambridgeshire and Peterborough
Clinical Commissioning Group

PPI Panel

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Funder: NIHR Programme Grant

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Acknowledgements

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The Role of Health Psychology in Public Health

