POSTER ABSTRACT

Interagency physical activity and lifestyle education programmes

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To help address the disability burden and growing financial impact of chronic diseases, interagency group programmes targeting a socio-economically deprived population offer opportunities to exercise in a gym and receive education on healthier lifestyle matters. Set up to engage and support people with persistent lower back pain (LBP) and multimorbidity (2 or more chronic diseases) to become more active, they are implemented by Health Service Executive (HSE) primary care physiotherapy and Dublin City Council (DCC) fitness instructor services. Based on a bio-psycho-social model and motivational interviewing, the programmes support experiential learning to improve self efficacy.

Existing Interagency services have been reconfigured without additional resources. An interagency vision has facilitated sharing of facilities, knowledge and manpower.

Both programmes offered participants six free 60 minute sessions in a gym led by a fitness instructor using equipment that suit preferences and needs, followed by a 30 minute education session led by a physiotherapist encouraging healthier lifestyle choices and goal setting around 8 key areas. These are exercise, pacing, pain, stress, sleep, nutrition, medications and signposting to relevant psychological and physical supports. Ongoing participant feedback has led to the introduction of discounted memberships similar to the DCC 'passport for leisure' scheme on programme completion and free swimming pool access after each session. A texting system between participants and physiotherapist facilitates group time reminders and rescheduling.

Outcomes: In 2013 the 'Back on Track' programme started for adults with persistent LBP, and in 2016 this model was adapted as the 'Activ8' programme to suit people with multimorbidity. In its first three years the 'Back on Track' programme received 203 referrals, 164 started and 101 completed the 6 weeks. 90% showed reduced fear avoidance behaviours and 98% showed improved physical function. Withdrawal reasons included family commitments, pain 'flare up' and 'not for me' attitude. 39 'graduates' availed of discounted memberships.

A self directed peer support group commenced in 2015. With interagency trust, alliances and good communication channels it is envisaged both programmes are transferable to other
community based sports and recreation facilities. A feasibility study was conducted in late 2016 on 'Activ8' and in early 2017 it will be replicated in a different socio-economic area.

Lessons learnt include better engagement when physical activities are less prescriptive and more self directed. Internet sites offer opportunities for online learning. The Back on Track programme is enhanced by a physiotherapist with specialist skills in pain management or with direct psychologist input. Using a community based state supported leisure centre for the programmes promotes accessibility, sustainability and is a cost effective model for an overstretched healthcare system.

**Keywords:** physical activity; peer support; sustainable