Scottish **M**en's p**ART**icipation after **E**xercise **R**eferral (SMARTER study)

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#CardiovascularHealth #ExerciseReferral

Acknowledgements

- Many thanks to the Burdett Trust for funding the project

Overview of session

- Background to the SMARTER study
- Overview of study
- Focus on patient workstream findings
  - Mixed methods study using explanatory design
  - Longitudinal quantitative findings
  - Qualitative findings
- Conclusions
- Future work

SMARTER study team

From Edinburgh Napier University

- Professor Susan Dawkes (PI)
- Professor Lis Neubeck (Co-I)
- Dr Coral Hanson
- Bruce Forrest
- Dr Richard Kyle
- Dr Norrie Brown

From University of Sydney

- Professor Robyn Gallagher

From Flinders University, Adelaide

- Professor Robyn Clark

From Fife Sports and Leisure Trust:

- Fiona Prendergast

From NHS Fife

- Anne McEwan

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Physical activity: the background

- Physical activity reduces risk of CVD, cancer, diabetes, all cause mortality
- In Scotland 33% males / 42% females not active to benefit health
- Exercise referral schemes (ERS) common intervention to increase physical activity
- Circa 60 ERS in Scotland

- Effectiveness of ERS in Scotland uncertain
  - Fewer males referred
  - If referred, males less likely to participate

ERS

ERS aims to provide opportunities for adults with long term conditions to take part in physical activity

- Delivered by leisure trust in one Scottish region
  - 13 leisure and community sites
- Time limited, multi-level ERS
- Referrals from primary and secondary care
- Referrals stratified according to functional ability

ERS

Inclusion criteria

- CVD secondary prevention including stroke
- Falls
- Diabetes
- Multiple Sclerosis
- Chronic obstructive pulmonary disease
- Rheumatic disease
- Tier 3 weight management

Exclusion criteria

- Resting systolic blood pressure of ≥180 mmHg or diastolic blood pressure of ≥100 mmHg
- Unstable angina
- Uncontrolled tachycardia
- Uncontrolled / new arrhythmia
- Unstable or acute heart failure

Functional ability levels for ERS

Functional level	Description
Level 1	Limited standing, balance and require mobility aid
Level 2	Mobile (without aid) but have difficulty with movement or activities of daily living
Level 3	Independently mobile
Level 4	Independently mobile and physically active

SMARTER overarching study aims:

- Examine the reasons why men living with at least one long-term condition do not participate in an ERS designed to support their physical recovery and psycho-social wellbeing.

- Create an in-depth understanding of factors associated with male referral to, uptake of, and adherence to the ERS.

SMARTER specific study aims:

- Healthcare professionals' perspectives of how beliefs and attitudes about physical activity and ERS affect decisions about referral.
- ERS delivery staff perceptions of how work practices, participant characteristics, and beliefs and attitudes to physical activity and ERS affect uptake of, and adherence to ERS.
- The fidelity in implementation of the planned scheme process.
- Whether scheme provision is sufficient to meet need and how geographic factors such as distance from an ERS venue, mode of transport and deprivation affect scheme reach.

SMARTER specific study aims:

- Levels of referral to, uptake of, and adherence to ERS of patients with long-term conditions.

- Whether uptake of, and adherence to, ERS can be predicted by demographics and other factors associated with referral.

- Whether adherence to ERS results in short-term (12-week) and long-term (52-week) changes in physical activity behaviour, social support for physical activity, self-efficacy related to physical activity, and overall health and wellbeing.

- Participants' perspectives of how gender, circumstances, personal experience, self-efficacy and health beliefs at the point of referral affect perceptions of uptake of, and adherence to, ERS.

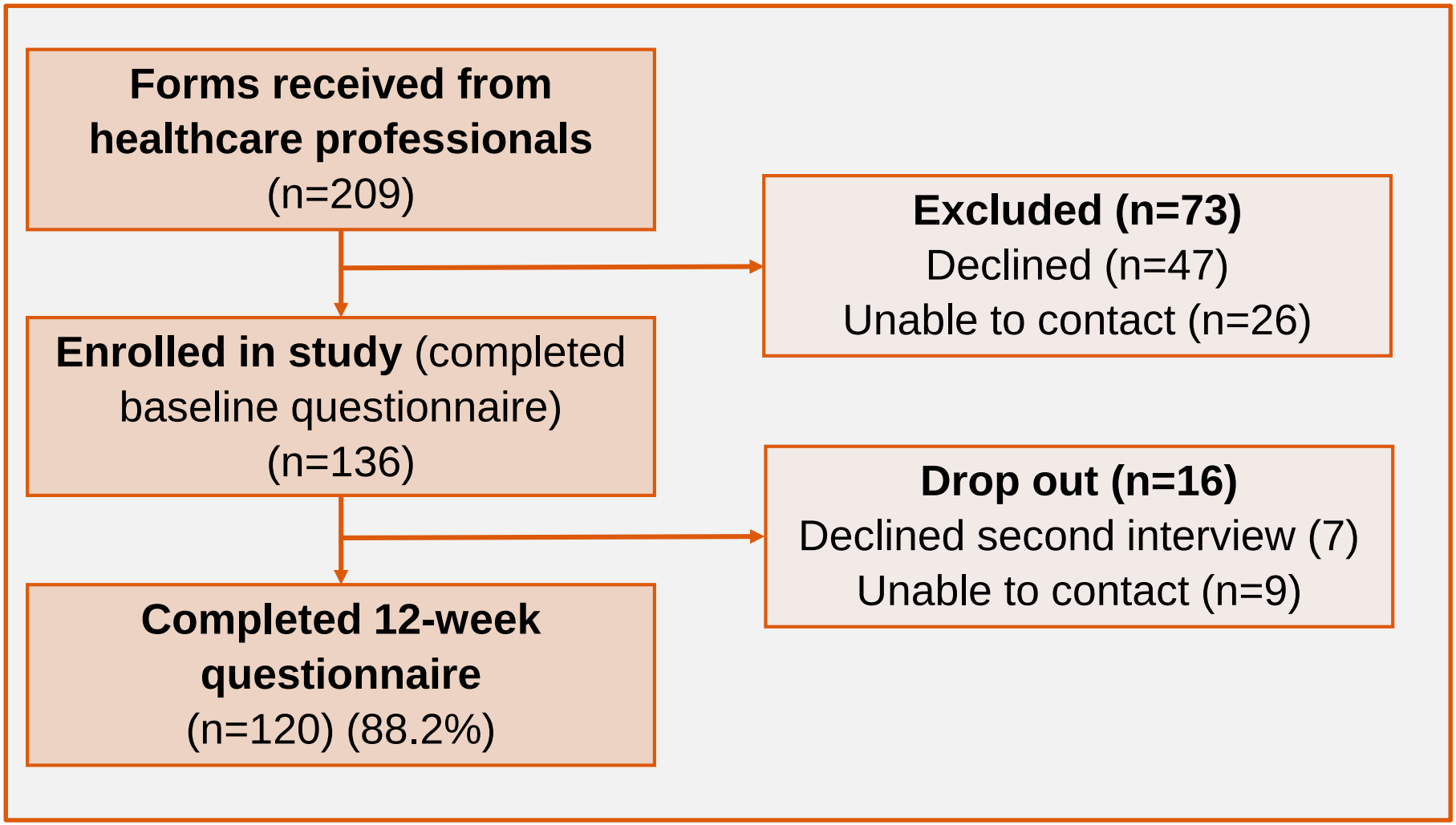
Method

Healthcare professionals informed participants of the study at the point of referral. Participants gave written consent for personal details to be passed to researchers:

- Two telephone interviews (pre-scheme and after 12 weeks)
  - Baseline: demographics (age, gender, postcode), reason for referral and number of co-morbidities
  - 12-weeks: attendance and barriers to attendance

- Purposive sample for qualitative interview

Study participant flow



Participant demographics

Demographics	(n=120)	%
Age (median age 67 IQR 55-73)		
Under 50 years	21	15.5%
50-59 years	23	16.9%
60-69 years	40	29.4%
70+ years	42	38.2%
Gender		
Male	70	51.5%
Female	66	48.5%
Scottish Index of Multiple Deprivation (SIMD)		
20% Most Deprived	16	11.8%
21-40%	25	18.4%
41-60%	19	14.0%
61-80%	31	22.8%
81-100% Least Deprived	45	33.1%

Reasons for referral and co-morbidities

Demographics	(n=120)	%
Reasons for referral		
CVD secondary prevention	34	25.0%
Falls prevention	16	11.8%
Stroke	13	9.6%
COPD	15	11.0%
Tier 3 weight management	30	22.0%
Other	25	20.6%
Number of co-morbidities		
0	10	7.4%
1	22	16.2%
2	34	25.0%
3+	70	51.4%

Uptake and adherence

Measure	n	%
Uptake - *of all referrals completing both interviews (n=120), those who reported attending at least 1 session*	**99**	**82.5%**
Uptake adherence - *of those who started (n=99), those who reported attending at least 8 sessions*	**62**	**62.0%**
Overall adherence – *of all referrals completing both interviews (n=120), those who reported attending at least 8 sessions*	**62**	**51.7%**

*There were **no significant differences in uptake or adherence** dependent on age, gender, IMD, reason for referral or number of comorbidities*

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So why didn't people start?

COMMUNICATION

'I haven't been given a starting date'

'I thought that the sessions would be too difficult'

'I didn't know what to expect'

ILL HEALTH

'Ill health prevented me from starting'

THE SESSIONS

'The time of the session was not convenient'

'It is too difficult to get there'

'It's too expensive'

Why didn't people stay or attend regularly?

ITS NOT FOR ME

'It wasn't right for my age (too old or too young)'

'It wasn't for me (session too difficult or too easy)'

'I didn't enjoy it because the others in the class were too busy exercising their mouths not their bodies'

TIME

Due to time taken to start, I haven't had the chance to attend for long'

'Time of sessions was inconvenient'

'Stopped due to holidays and didn't go back'

ILL HEALTH

'I have been ill or injured myself'

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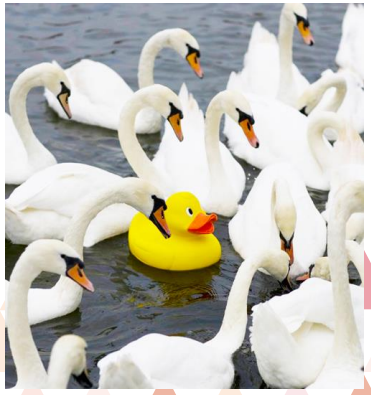
Emerging qualitative themes

It's not for me

"*I feel a wee bit out of place. I was probably the youngest in the class...I mean, I think it…it is quite unusual for somebody my age to be in these classes. I'm clearly the youngest by at least probably a decade or two.*" *P11, Male, 43 years*

"Monday morning when you go up there, it's like a pensioners' club. Okay, I'm a pensioner but, you know, it's…obviously a lot of older folk going there and doing what they do." *P67, Male, 71 years*



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I'm an individual!

"I mean I'd rather just cool down myself on the bike or something or somewhere else for five minutes or ten minutes."

P48, Male, 54 years

"I find some exercises tough. I got on a bike last week, and I set the wrong one, she [Exercise instructor] come over and goes, nah...No point on that one…"

P18, Male, 70 years

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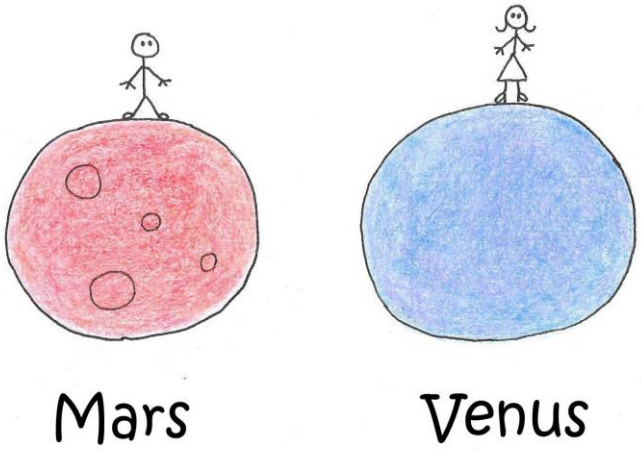
Women are from Venus, Men from Mars!

“I hear them all talking in their cliques and they’re explaining [why they have been referred to ERS], but I don’t get involved with it.”

P44, Male 77 years



Peer support

“there was a volunteer there that sort of took you round what you were doing sort of style, you had a volunteer with you to sort of show you what to do.”

P21, Male, 70 years

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Feeling masculine

"You want to feel masculine and…I'm not saying that showing off."

P44, Male, 77 years

"I would say you're encouraged to make sure you're not going too hard…I try to push myself. I know I've got a condition and I've got to watch it but, I mean, I still feel quite fit that I can put a bit of an effort into it and to get something out of it you've got to put it in."

P70, Male, 65 years

Key messages

- Pre-scheme communication is one of the most important factors in encouraging uptake

- Schemes need to consider how to re-engage participants who stop attending because they are ill or miss sessions due to holidays

- Capitalise on peer support

Key messages

- Individualisation is important to provide age and fitness level appropriate physical activity options
- Consider preferences of males and females for ERS

What next?

- 52 week follow up
- Conclude qualitative data collection
- Conclude qualitative analysis
- Share findings with relevant stakeholders
- Collate all project data for final report
- Publish findings!

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What questions do you have?

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