

# **Exploring MECC & physical activity programmes: opportunity or threat for IBA?**

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# What is MECC?

We are missing millions of opportunities to start conversations about healthy lifestyles.

Focus is on prevention, better management and more effective recovery as we now live in a world of people living longer and living longer with long term conditions.

## **Mind the Gap:**

People living in the poorest areas of the UK will, on average, die 7 years earlier than people living in more affluent areas.

And spend 17 years more living with ill health

MECC means making the best of every appropriate opportunity to raise the issue of healthy lifestyle

It is also a huge opportunity to raise awareness of workforce health and well-being

- Systematically promoting the benefits of healthy living across the organization
- Asking individuals about their lifestyle and changes they may wish to make
- Responding appropriately to the lifestyle issue/s once raised
- Taking the appropriate action to either give information, signpost or refer service users to the support they need



# Challenge for Alcohol IBA



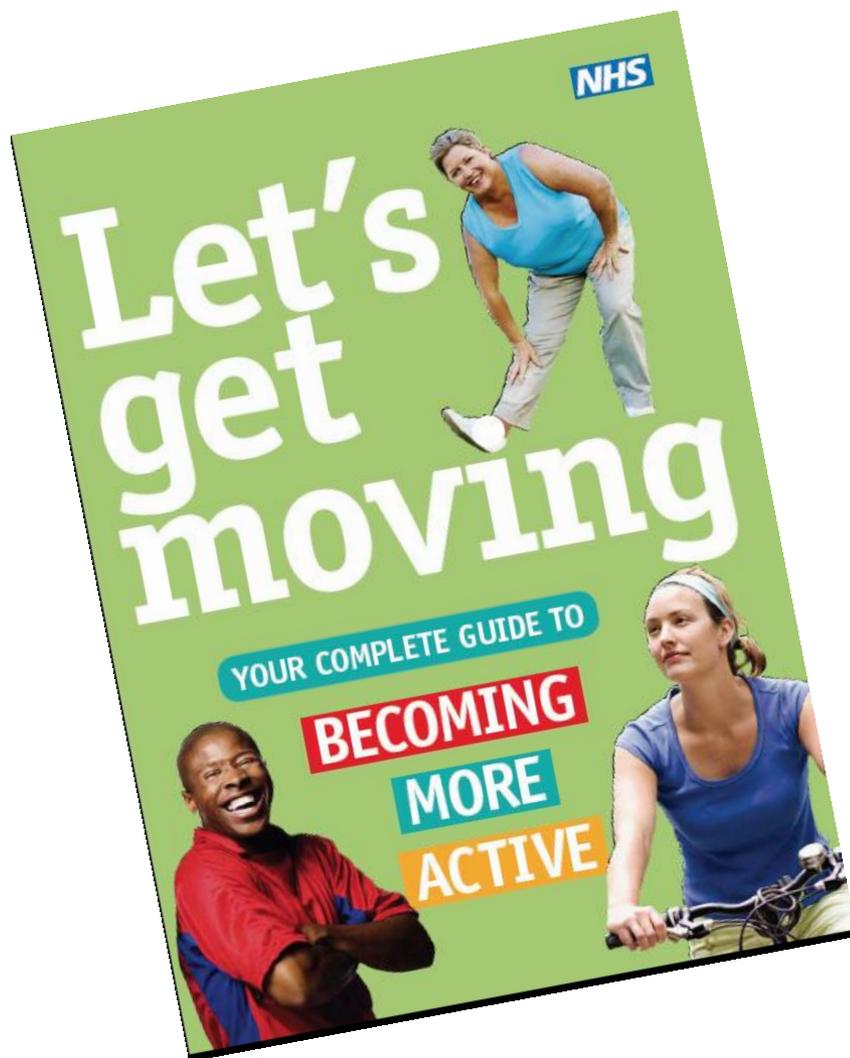
- Alcohol is only one of a constellation of MECC topics
- Ethical dilemmas?
- Blurred approaches to IBA
- Do frontline staff think it is relevant to their role?
- Organizational support to deliver IBA
- To screen or not to screen?
- IBA light?
- ABI or IBA?
- Clarity about for whom IBA is effective
- Context is important, especially for the evidence base
- Getting the Active Ingredients right
- Alcohol in MECC may be perceived as a challenging to subject to raise
- There's a significant training element to deliver full blown IBA
- Fidelity of delivery
- Local treatment pathways need to be in place

# OPPORTUNITIES FOR IBA in MECC



- Health in all Policies approach is an opportunity for alcohol IBA to be mainstreamed
- Frameworks in place which enable IBA/MECC eg Workplace Well-being Charter, NHS Health Checks
- Chance to give consistent messages to the general population and targeted groups (a tailored approach necessary)
- Underpin MECC topics with a consistent behaviour change model, manualize and record delivery
- Range of IBA Training and MECC Training delivery mechanisms available to suit health, social care, voluntary and community workers etc
- Digital self support options (staff and public)

# Physical Activity – Background & Policy



**NHS**

### General Practice Physical Activity Questionnaire

Date: .....

Name: .....

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

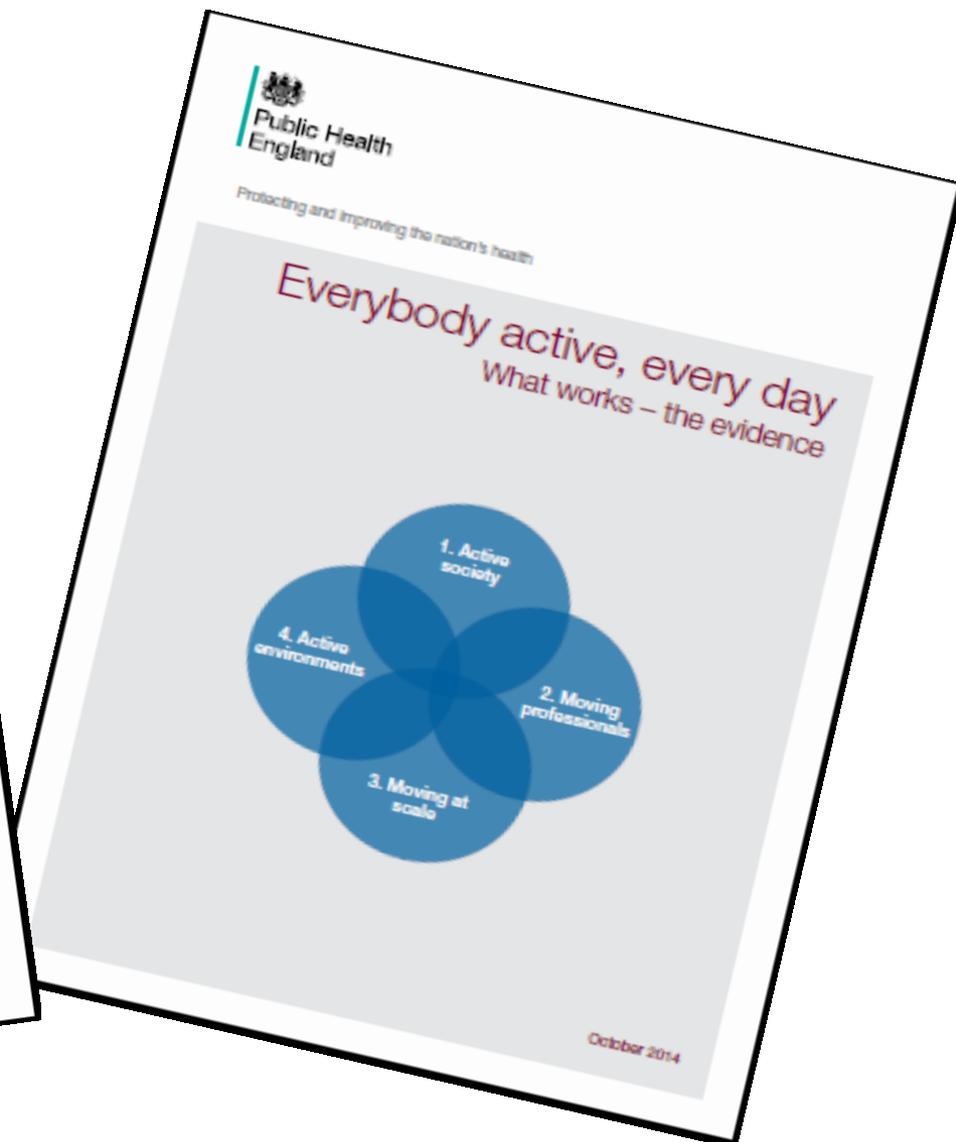
2. During the last week, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not

		Please mark one box only on each row			
		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

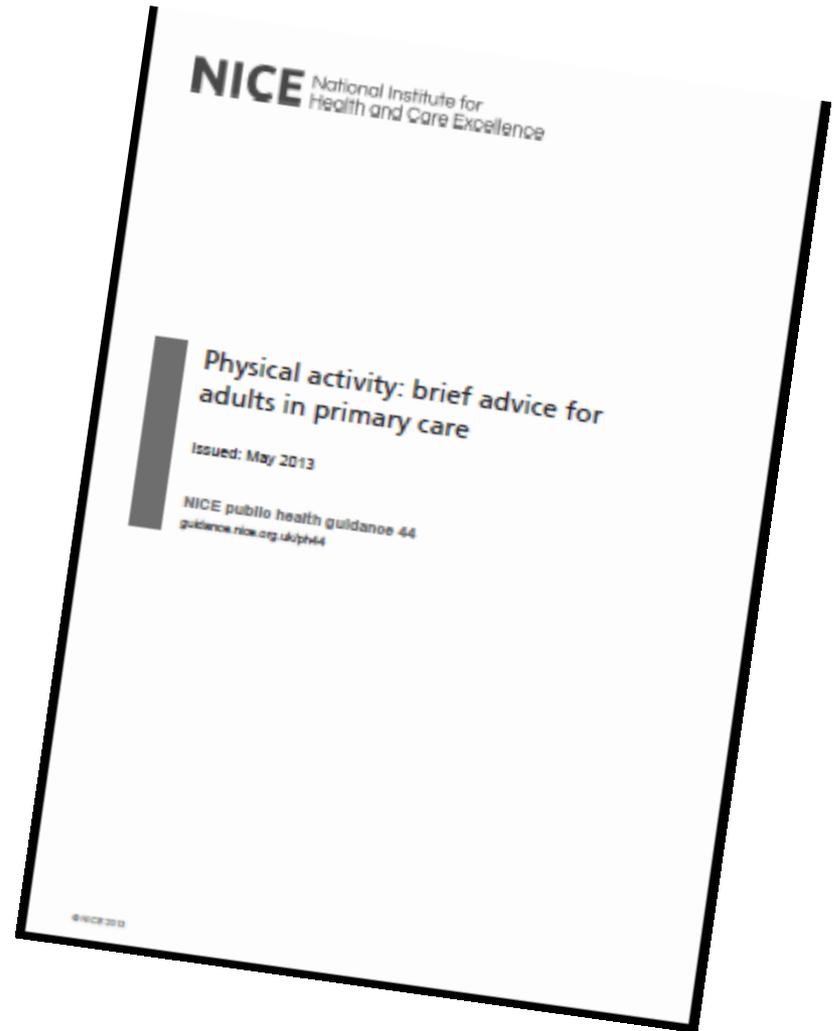
Slow pace (i.e. less than 3 mph)	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace (i.e. over 4mph)	<input type="checkbox"/>

# Physical Activity – Implementation



# Physical Activity – Evidence

- Physical Activity: Brief Advice for adults in primary care (2013)
- Behaviour change: individual approaches (2014)



# Physical Activity – the future

## Challenges

- Rarely viewed as an independent, modifiable risk factor to improve health
- Low baseline benefits & key messages knowledge
- Tagged as a lifestyle issue rather than a behaviour change
- Low role modelling
- Weak evidence base
- Clinical or non-clinical pitch
- Gateway access & Professional training time
- Screening & Intervention tools
- Availability of local services

## Opportunities

- Most exposure is good exposure
- Now on the agenda eg. Health Checks
- Adapting the training content by audience
- Long-term conditions
- Ageing population
- Re-commissioning / decommissioning of physical activity services
- Public Health in Local Authorities
- Energy & enthusiasm at the point of delivery