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WE CAN GET PEOPLE MOVING, BUT WE CAN'T MAINTAIN IT: ARE WE ASKING THE RIGHT QUESTIONS?

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The health benefits of physical activity are well known, although some still require greater understanding and more will emerge with time. Physical activity researchers have adopted the useful behavioural epidemiological framework to better understand health benefits and health behaviour change. This framework proposes 5 phases in the context of physical activity (PA): measurement of PA, establishing the links between PA and health outcomes, correlates and determinants of PA, interventions designed to change levels of PA, and translating evidence into practice.

The use of this framework has tended to reflect an emphasis on measurement, health outcomes, and correlates. More recently, interventions have become more numerous, but we lag behind on translation. That said, even when behaviour change has been studied, the emphasis has been predominantly on the adoption rather than maintenance of PA. This framework also needs to be applied across different types of PA and movement, including sedentary behaviour, light PA and moderate-to-vigorous PA (MVPA). The implications for measurement, correlates and behaviour change will differ across these types of movement. To increase physical activity, it is often assumed that we need to 'do' something to people – provide a program, app, motivation, new context – to stimulate activity. Of course, such interventions may work in the short term, but evidence is scant for behavioural maintenance.

If we were to be promoting a food item (for health), we would likely want it to be a). accessible, b). affordable (or better still, very cheap), and c). taste nice! It also probably needs to serve a purpose to engage people to buy it. This might be health, or it might be something else (e.g., satisfying social needs, such as drinking coffee with friends or the simple pleasure of taste). We have little problem maintaining our involvement in coffee drinking (and, sadly, other forms of drinking). Can we apply such logic to PA? Maybe we are asking the wrong questions. We knew in the 1980s that PA adoption was driven by health motives, but maintenance was more related to enjoyment and positive affect.

In this short presentation, PA maintenance will be discussed in the context of three key questions: 1). Have we over-emphasised health benefits? 2). Have we assumed 'motivation' is the key rather than altering social and physical environments? 3). Have we considered what might make PA accessible, affordable, and taste nice?

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Co-Presenters: Prof Stuart Biddle; Dr Natasha Schranz; Prof Jo Salmon
Panel Practitioner: Ms Rachelle Foreman
Session Chairperson: Dr David Dunstan