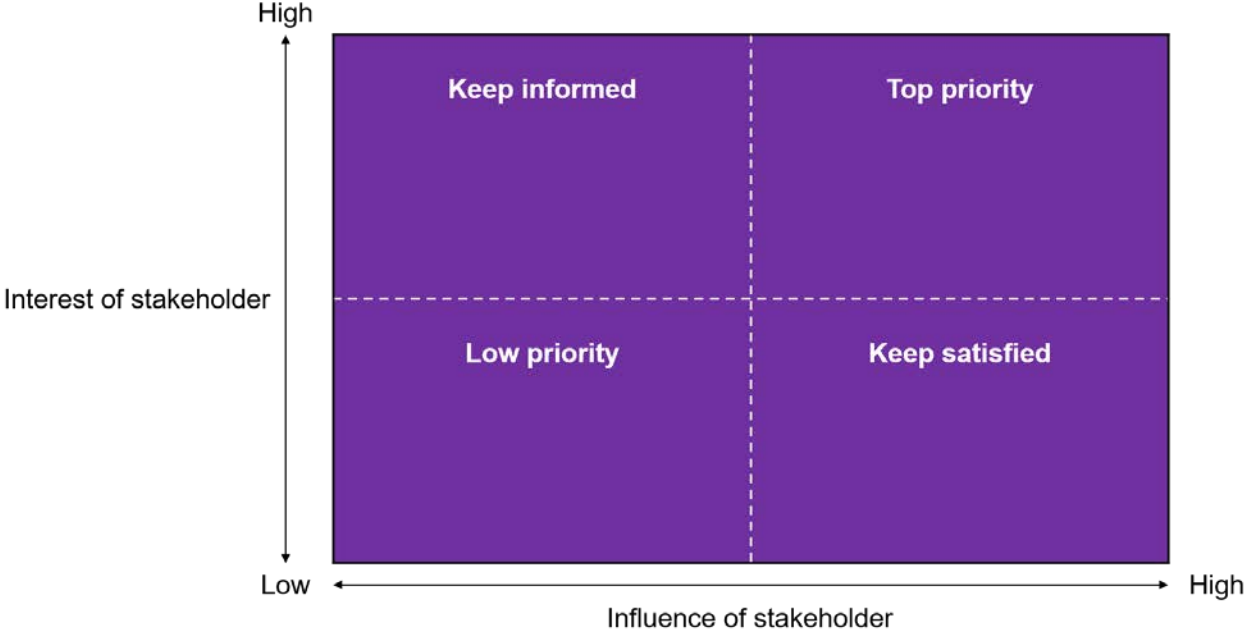


UK CMOs' physical activity guidelines communications framework: appendices

Published: 24 March 2023

Appendix 1: stakeholder mapping matrix



Appendix 2: communication aims and key messages

Communication aims and key audiences

System enablers (communications purpose – advocacy)

Within the health sector

Aim of guideline communication:

- encourage national adoption of the UK CMOs' physical activity guidelines
- encourage integration of physical activity into all relevant health policies
- encourage scaled-up and coordinated actions, for example applying learning from **Moving Healthcare Professionals** in England and the **NHS National Physical Activity Pathway** in Scotland

Outside the health sector

Aim of guideline communication:

- increase recognition of the role of physical activity in contributing to a broad range of diverse yet related agendas, for example cross-policy evidence briefings such as **The Positive Contribution of Physical Activity and Sport to Scotland** and **The Social and Economic Outcomes of Sport, an Evidence Review**
- increase cross-sectoral engagement in policies and actions in sectors outside of health that promote physical activity, for example use a 'health in all policies' perspective
- engage a wide group of stakeholders in advocating for supportive environments, policies and practices that enable implementation of the UK CMOs' physical activity guidelines. Advocacy tools such as

the **Eight Investments that Work for Physical Activity** can support this engagement

Professionals and practitioners (communications purpose – education)

Healthcare (for example GPs, nursing, midwives, health visitors)

Aim of guideline communication:

- increase awareness and knowledge of the UK CMOs' physical activity guidelines
- increase knowledge, skills and confidence in promoting physical activity; for example, access learning opportunities such as the Public Health Scotland e-learning module **Encouraging and Enabling Physical Activity** or the Health Education England e-learning **Physical Activity Programme**
- encourage integration of physical activity promotion into routine practice, for example, integrate brief advice and or brief interventions into routine care using **Moving Medicine**

Social care (for example social workers, care workers)

Aim of guideline communication:

- increase awareness and knowledge of the UK CMOs' physical activity guidelines
- increase knowledge, skills and confidence in promoting physical activity within the context of their role
- encourage integration of physical activity promotion into routine practice

Education sector (for example head teachers, teachers, early years workers)

Aim of guideline communication:

- increase awareness and knowledge of the UK CMOs' physical activity guidelines
- increase knowledge, skills and confidence in promoting physical activity within the context of their role
- encourage integration of physical activity promotion into routine practice

Physical activity sector (for example fitness instructors, personal trainers, sports coaches)

Aim of guideline communication:

- increase awareness and knowledge of the UK CMOs' physical activity guidelines
- increase knowledge, skills and confidence in promoting physical activity within the context of their role
- encourage integration of physical activity promotion into routine practice

Primary overarching messages to reach all interested stakeholders

The UK Chief Medical Officers' physical activity guidelines reinforce the importance of physical activity by providing recommendations on the frequency, intensity, duration and types of physical activity required for health benefits.

The guidelines apply across different age groups, life stages (from early to later years), irrespective of gender, ethnicity or socio-economic status.

The report presents guidance on being active during pregnancy, and after giving birth, and for adults with a disability.

More recently, additional guidance has been made available relating to physical activity for children and young people with a disability.

The guidelines are based on the best available evidence and reflect what we know now about the relationship between physical activity and health.

We know there are clear health inequalities in relation to physical inactivity. These inequalities are related to age, gender, socio-economic status, disability, ethnicity and long-term conditions.

Secondary stakeholder and sector-specific messages

System enablers within the health sector

Messages

- in addition to the health benefits to an individual, increasing physical activity across the population can have social, environmental and economic benefits for communities and wider society
- physical activity contributes to building strong communities through: bringing people from different backgrounds together to enjoy shared activities; improving community links, levels of cohesion and social capital; and improving residents' sense of belonging in an area
- regular physical activity can deliver cost savings for the health and care system and lead to increased productivity in the workplace, while active travel can reduce congestion and reduce air pollution

Call to action

Raise awareness among networks and those you are working with to:

- influence and mobilise support for physical activity
- support and contribute to an increase in population levels of physical activity
- embed physical activity into routine health care and existing clinical pathways
- integrate the UK CMOs' physical activity guidelines and associated evidence on the risks of inactivity and health benefits of physical activity into the pre-service and in-service curricula of all medical, nursing and allied health professionals

System enablers outside the health sector

Messages

- in addition to the health benefits to an individual, increasing physical activity across the population can have social, environmental and economic benefits for communities and wider society
- physical activity contributes to building strong communities through: bringing people from different backgrounds together to enjoy shared activities; improving community links, levels of cohesion and social capital; and improving residents' sense of belonging in an area
- regular physical activity can deliver cost savings for the health and care system and lead to increased productivity in the workplace, while active travel can reduce congestion and reduce air pollution

Call to action

Raise awareness among networks and those you are working with to:

- influence and mobilise support for physical activity
- support and contribute to an increase in population levels of physical activity
- create the policy, environment, infrastructure and services that enable people to be active

Healthcare professionals and practitioners (for example GPs, nursing, midwives, health visitors)

Messages

- the relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life
- regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthy weight; developing and maintaining physical and mental function; and increasing motivation and confidence
- physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat and offset the symptoms of depression, cardiovascular disease and Parkinson's disease

- in childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident
- recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits
- even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity
- for children and young people, taking part in physical activity helps to build confidence and develop social skills, and is also associated with improved learning and attainment
- achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood
- myths about physical activity being inherently harmful for people with a disability should be dispelled
- being active makes daily tasks easier and increases independence, particularly for people with a disability and those in later life
- being inactive is harmful to health

Call to action

As health professionals and practitioners, we want you to use these messages and the full guidelines to inform your practice to:

- encourage and enable people to be more active
- provide people with accurate information on the type and amount of physical activity that they should undertake to improve their health
- embed physical activity into your everyday practice

Social care professionals and practitioners (for example social workers, care workers)

Messages

- the relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life
- regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthy weight; developing and maintaining physical and mental function; and increasing motivation and confidence
- physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat

and offset the symptoms of depression, cardiovascular disease and Parkinson's disease

- in childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident
- recent evidence shows that there is no minimum amount of physical activity required to achieve some health benefits
- even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity
- for children and young people, taking part in physical activity helps to build confidence and develop social skills, and is also associated with improved learning and attainment
- achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood
- myths about physical activity being inherently harmful for people with a disability should be dispelled
- being active makes daily tasks easier and increases independence, particularly for people with a disability and those in later life
- being inactive is harmful to health

Call to action

As social care professionals, we want you to use these messages and the full guidelines to inform your practice to:

- encourage and enable people to be more active
- provide people with accurate information on the type and amount of physical activity that they should undertake to improve their health
- embed physical activity into your everyday practice

Education sector professionals and practitioners (for example head teachers, teachers, early years workers)

Messages

- the relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life
- regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthy weight; developing and maintaining physical and mental function; and increasing motivation and confidence
- physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat

and offset the symptoms of depression, cardiovascular disease and Parkinson's disease

- in childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident
- recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits
- even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity
- for children and young people, taking part in physical activity helps to build confidence and develop social skills
- regular physical activity is associated with improved learning and attainment both directly (improved grades, school engagement, behaviour and reduced absenteeism) and indirectly (by enhancing skills such as self-control and concentration, team working and time management)
- achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood
- being inactive is harmful to health

Call to action

As a key professional within the education system, we want you to have an understanding of these messages and the full guidelines to:

- raise awareness of the importance of regular physical activity
- create more active environments so that pupils and students find it easier to move more during their day
- integrate physical activity into your everyday teaching and learning for pupils

Physical activity sector professionals and practitioners (for example fitness instructors, personal trainers, sports coaches)

Messages

- the relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life
- regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthy weight; developing and maintaining physical and mental function; and increasing motivation and confidence
- physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat

and offset the symptoms of depression, cardiovascular disease and Parkinson's disease

- in childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident
- recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits
- even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity
- being active makes daily tasks easier and increases independence, particularly for people with a disability and those in later life
- for children and young people, taking part in physical activity helps to build confidence and develop social skills
- regular physical activity is associated with improved learning and attainment both directly (improved grades, school engagement, behaviour and reduced absenteeism) and indirectly (by enhancing skills such as self-control and concentration, team working and time management)
- achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood
- being inactive is harmful to health

Call to action

As an exercise professional, we want you to use these messages and the full guidelines to inform your practice to:

- encourage and enable people to be more active
- provide people with accurate information on the type and amount of physical activity that they should undertake to improve their health
- use health behaviour change techniques to encourage and motivate people to get active and stay active

Physical activity guidelines for specific groups

Under-5s

- infants (less than 1 year) should be physically active several times every day in a variety of ways, including interactive floor-based activity, for example crawling
- for infants who are not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently or rolling over). More is better
- toddlers (1 to 2 years) should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day. More is better
- pre-schoolers (3 to 4 years) should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better. The 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity

Children and young people (aged 5 to 18 years)

- children and young people should engage in moderate-to-vigorous-intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports
- children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness and bone strength
- children and young people should aim to minimise the amount of time spent being sedentary and, when physically possible, should break up long periods of not moving with at least light physical activity

Adults

- for good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still
- adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping or resistance exercise. Muscle-strengthening activities should be done on at least 2 days a week, but any strengthening activity is better than none
- each week, adults should accumulate at least 150 minutes (2.5 hours) of moderate-intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous-intensity activity (such as running); or even shorter durations of very vigorous-intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very-vigorous-intensity activity
- adults should aim to minimise the amount of time spent being sedentary and, when physically possible, should break up long periods of inactivity with at least light physical activity

Older adults

- older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing and social functioning. Some physical activity is better than none – even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits
- older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least 2 days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness
- each week older adults should aim to accumulate 150 minutes (2.5 hours) of moderate-intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous-intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities that create an impact through the body help to maintain bone health
- older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least standing, as this has distinct health benefits for older people

Pregnancy

- being physically active throughout pregnancy is beneficial for both mother and baby
- pregnant and postpartum women should aim for at least 150 minutes (2.5 hours) of moderate intensity every week
- being physically active during pregnancy can help reduce high blood pressure problems; control weight gain; prevent gestational diabetes; and improve fitness, sleep and mood

- the benefits of physical activity in the postpartum period (up to one year) include a reduction in depression; improved emotional wellbeing; improved physical conditioning; and reduction in postpartum weight gain and a faster return to pre-pregnancy weight
- physical activity is safe for women during and after pregnancy and has no negative impact on breastfeeding postpartum
- physical activity choices should reflect activity levels pre-pregnancy and should include strength training
- vigorous activity is not recommended for previously inactive women
- after the 6-to-8-week postnatal check, more intense activities can gradually resume, building up intensity from moderate to vigorous over a minimum period of at least 3 months

Adults with a disability

- adults with a disability should be active daily
- adults with a disability should aim to accumulate 150 minutes (2.5 hours) of moderate-intensity aerobic activity each week, building up gradually from current levels
- those who are already regularly active can achieve these benefits through 75 minutes of vigorous-intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits
- adults with a disability should break up prolonged periods of inactivity, with light activity when physically possible

Children and young people with a disability

- for children and young people with a disability, some physical activity compared to none is good, but more is better
- for likely substantial health benefits, it is important for children and young people with a disability to do 120 to 180 minutes (2 to 3 hours) of mostly aerobic physical activity per week, at a moderate-to-vigorous intensity. This may be achieved in different ways, for example, 20 minutes per day or 40 minutes 3 times per week
- it is also important for children and young people with a disability to do challenging but manageable strength and balance-focused activities on average 3 times per week
- when starting, children and young people with a disability should build up slowly and do bite-sized chunks of physical activity throughout the day
- children and young people with a disability should limit the amount of time being sedentary, particularly the amount of recreational screen time

Appendix 3: stakeholder channel mapping – Scotland-specific example

System enablers – within health sector

Stakeholder	Quadrant	Messages required	Channels	Contact details	How we will communicate (assets)
Scottish Directors of Public Health	Keep satisfied	<ul style="list-style-type: none"> primary overarching secondary stakeholder and sector-specific (Advocacy) – within health sector 	Scottish Public Health Network (ScotPHN)	Twitter: @ScotPHN	To be completed at implementation
Movement for Health	Keep informed	<ul style="list-style-type: none"> primary overarching secondary stakeholder and sector-specific (Advocacy) – within health sector 	Not applicable	Email: movementforhealth@pathsforall.org.uk Twitter: @MovementfHealth	To be completed at implementation
Scottish Directors of Allied Health Professions	Keep informed	<ul style="list-style-type: none"> primary overarching secondary stakeholder and sector-specific (Advocacy) – within health sector 	<ul style="list-style-type: none"> Allied Health Professions Directors Scotland Group (ADSG) Allied Health Professions Scotland Federation (AHPFS) 	Chair ADSG <ul style="list-style-type: none"> Email: admin.ahpfs@ahpf.org.uk Twitter: @AHPFederation 	To be completed at implementation

System enablers – outside of the health sector

Stakeholder	Quadrant	Messages required	Channels	Contact details	How we will communicate (assets)
Transport Scotland	Keep informed	<ul style="list-style-type: none"> primary overarching secondary stakeholder and sector-specific (Advocacy) – outside of the health sector 	Not applicable	Email: info@transport.gov.scot Twitter: @transcotland	To be completed at implementation
NatureScot	Keep informed	<ul style="list-style-type: none"> primary overarching secondary stakeholder and sector-specific (Advocacy) – outside of the health sector 	Not applicable	Email: enquiries@Nature.scot Twitter: @nature_scot	To be completed at implementation
Community Leisure UK	Keep informed	<ul style="list-style-type: none"> primary overarching secondary stakeholder and sector-specific (Advocacy) – outside of the health sector 	Not applicable	Twitter: @CommLeisureUK	To be completed at implementation

Professionals and practitioners – healthcare

Stakeholder	Quadrant	Messages required	Channels	Contact details	How we will communicate (assets)
GPs	Top priority	<ul style="list-style-type: none"> • under-5s • CYP 5 to 18 years • adults • older adults • pregnancy • adults with a disability • CYP with a disability 	<ul style="list-style-type: none"> • Royal College of General Practitioners • Royal College of Physicians • General Medical Council • British Medical Association 	<ul style="list-style-type: none"> • Email: info@rcgp.org.uk Twitter: @rcgp • Twitter: @RCPhysicians • Email: gmcsotland@gmc-uk.org Twitter: @gmcuk • Email: BMAScotland@bma.org.uk (Scotland only) Twitter – @TheBMA 	To be completed at implementation
Nurses	Top priority	<ul style="list-style-type: none"> • under-5s • CYP 5 to 18 years • adults • older adults • pregnancy • adults with a disability • CYP with a disability 	<ul style="list-style-type: none"> • Nursing and Midwifery Council • Royal College of Nursing 	<ul style="list-style-type: none"> • Twitter: @nmcnews • Twitter: @theRCN 	To be completed at implementation
Midwives	Top priority	<ul style="list-style-type: none"> • under-5s • pregnancy • CYP with a disability 	<ul style="list-style-type: none"> • Nursery and Midwifery Council • Royal College of Midwives • Royal College of Nursing 	<ul style="list-style-type: none"> • Twitter: @nmcnews • Twitter: @MidwivesRCM • Twitter: @theRCN 	To be completed at implementation
Health visitors (<1 year group)	Top priority	<ul style="list-style-type: none"> • under-5s • pregnancy • CYP with a disability 	<ul style="list-style-type: none"> • Nursery and Midwifery Council • Institute of Health Visiting • Royal College of Nursing 	<ul style="list-style-type: none"> • Twitter: @nmcnews • Email: info@ihv.org.uk Twitter: @iHealthVisiting • Twitter: @theRCN 	To be completed at implementation

Professionals and practitioners – social care

Stakeholder	Quadrant	Messages required	Channels	Contact details	How we will communicate (assets)
Social workers	Top priority	<ul style="list-style-type: none"> • under-5s • children and young people (CYP) 5 to 18 years • adults • older adults • pregnancy • adults with a disability • children and young people with a disability 	<ul style="list-style-type: none"> • Scottish Social Services Council • Social Work Scotland • The British Association of Social Workers (BASW) • Health and Social Care Alliance Scotland • Care Inspectorate 	<ul style="list-style-type: none"> • Twitter: @SSSCnews • Twitter: @socworkscot • Email: scotland@basw.co.uk Twitter: @BASW_UK • Email: info@alliance-scotland.org.uk Twitter: @ALLIANCEscot • Email: enquiries@careinspectorate.gov.scot Twitter: @CareInspect 	To be completed at implementation
Care workers	Top priority	<ul style="list-style-type: none"> • under-5s • CYP 5 to 18 years • adults • older adults • pregnancy • adults with a disability • children and young people with a disability 	<ul style="list-style-type: none"> • Scottish Care • Scottish Social Services Council • Health and Social Care Alliance Scotland • Carers Trust Scotland • Age Scotland • Enable Scotland • Care Inspectorate 	<ul style="list-style-type: none"> • Email: info@scottishcare.org Twitter: @scottishcare Twitter: @SSSCnews • Communications Manager: Email: info@alliance-scotland.org.uk Twitter: @ALLIANCEscot • Email: scotland@carers.org Twitter: @CarersTrust • Email: info@agescotland.org.uk Twitter: @agescotland • Email: enabledirect@enable.org.uk Twitter: @ENABLEScotland • Email: enquiries@careinspectorate.gov.scot Twitter: @CareInspect 	To be completed at implementation

Professionals and practitioners – education (sector)

Stakeholder	Quadrant	Messages required	Channels	Contact details	How we will communicate (assets)
Head teachers	Top priority	<ul style="list-style-type: none"> • under-5s • children and young people (CYP) 5 to 18 years • adults • children and young people with a disability 	<ul style="list-style-type: none"> • General Teaching Council for Scotland • Education Scotland • School Leaders Scotland • The Association of Head teachers and Deputies in Scotland (AHDS) • Care Inspectorate 	<ul style="list-style-type: none"> • Twitter: @gtcs • Email: enquiries@educationscotland.gov.scot Twitter: @EducationScot • Twitter: @LeadersScotland • Email: info@ahds.org.uk Twitter: @AHDSScotland • Email: enquiries@careinspectorate.gov.scot Twitter: @CareInspect 	To be completed at implementation
Teachers	Top priority	<ul style="list-style-type: none"> • Under-5s • CYP 5 to 18 years • children and young people with a disability 	<ul style="list-style-type: none"> • General Teaching Council for Scotland • Education Scotland • Scottish Secondary Teachers' Association • Care Inspectorate 	<ul style="list-style-type: none"> • Twitter: @gtcs • Email: enquiries@educationscotland.gov.scot Twitter: @EducationScot • Email: info@ssta.org.uk Twitter: @SSTAtradeunion • Email: enquiries@careinspectorate.gov.scot Twitter: @CareInspect 	To be completed at implementation

Professionals and practitioners – physical activity sector

Stakeholder	Quadrant	Messages required	Channels	Contact details	How we will communicate (assets)
Fitness instructors	Top priority	<ul style="list-style-type: none"> children and young people (CYP) 5 to 18 years adults older adults pregnancy adults with a disability children and young people with a disability 	<ul style="list-style-type: none"> Register of Exercise Professionals (REPs) Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) 	<ul style="list-style-type: none"> see CIMSPA email: info@cimspa.co.uk Twitter: @cimspa 	To be completed at implementation
Sports coaches	Top priority	<ul style="list-style-type: none"> under-5s CYP 5 to 18 years adults older adults pregnancy adults with a disability children and young people with a disability 	<ul style="list-style-type: none"> Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) sportscotland 	<ul style="list-style-type: none"> Email: info@cimspa.co.uk Twitter – @cimspa Email: sportscotland.enquiries@sportscotland.org.uk Twitter: @sportscotland 	To be completed at implementation

Appendix 4: resource audit

Home Nations Physical Activity (PA) mapping

The Chief Medical Officers' (CMOs) Communications Expert Working Group conducted a mapping exercise of the existing materials available to support healthcare professionals in providing physical activity advice.

This initial mapping exercise serves as an example and has been collated into 6 overarching categories detailed below.

The 6 overarching categories:

- training and learning
- healthcare professional resources
- undergraduate and other curriculum training
- health condition care pathways
- accreditation schemes
- campaigns including social media

1. Training and learning

- **Moving Healthcare Professionals** training and resources
- Health Education England **Physical Activity for Health** e-learning for health modules
- **British Medical Journal physical activity series** e-learning modules
- **Making Every Contact Count** e-learning
- Moving Medicine – **Active Conversations**

- Active Pregnancy Foundation **This Mum Moves** – e-learning module
- **Social Prescribing – Learning for Link Workers** (England) e-learning
- **PREP: Preoperative Risk Education Package** module for health professionals

2. Healthcare professional resources

- **Moving Medicine**
- Royal College of General Practitioners **Physical Activity Hub**
- British Association of Sport and Exercise Science **Motivate2Move factsheets**
- **Movement for Movement** a practical insight into embedding physical activity into the undergraduate medical curriculum
- **Active Hospital toolkit**
- **This Mum Moves information for professionals**
- Chartered Society of Physiotherapists – **Love activity, Hate exercise? resources**
- Royal College of Nursing **physical activity and lifestyle toolkit**
- **Swedish International scientific handbook on how to prevent and treat diseases using physical activity**
- **Activity Alliance resources and training**
- **British Association of Sport and Exercise Science**
- **Academy of Medical Royal Colleges**
- **Royal Osteoporosis Society**
- **Chief Medical Officers' Infographics** life stage physical activity guidelines

- **The parkrun practices initiative** case study
- paths for All **Walking for Health** advice for health professionals
- **Erasmus + MovementforMovement resources** for physical activity, noncommunicable diseases, surgery, and pregnancy
- **Intelligent health** physical activity resource and information for health professionals
- Swim England report on **the health benefits of swimming**
- **End pyjama paralysis**
- **National Academy for Social Prescribing**

3. Undergraduate and other curriculum training

- **Moving Healthcare Professionals Programme** – Undergraduate work stream
- bespoke training at University of College London – Dr Zoe Williams
- **Move Eat Treat** campaign by medical students; aims to promote the importance of preventative medicine
- **NutriTank** an information hub of food, nutrition and lifestyle medicine
- Movement for Movement – **Embedding physical activity in the undergraduate curriculum**, a report for Public Health England
- **Embedding physical activity into the curriculum of trainee healthcare professionals**
- British Society of Lifestyle Medicine **physical activity as lifestyle medicine**
- Faculty of Sport and Exercise Medicine – **undergraduate lectures**

4. Embedding physical activity into care pathways

- **Active Hospitals** pathways (England)
- **NHS Physical Activity Pathway** (Scotland)
- **This Mum Moves** (maternity example England)
- **Moving Medicine** support to enable physical activity conversations with adults and children across a range of conditions
- South Tees Hospitals – **PREP: Preoperative Risk Education Package**
- **Moving Medicine Maternity Pathway** (England)
- **ESCAPE-pain Online**
- **Shared decision making** tools (NHS England)

5. Accreditation schemes

- **Royal College of General Practitioners – Active Practice Charter** (England)
- **Personalised Care Institute**

6. HCP – Campaigns and social media

- **We are Undefeatable** (England)
- **Movement for Health** (Scotland)
- **This Girl Can** (England)
- **Love activity, Hate exercise?** (UK)
- **Get Britain Standing** (UK)
- **End pyjama paralysis** (UK)

Appendix 5: physical activity public messaging – Physical Activity Messaging Framework (PAMF)

Please note that the term ‘user’ is used to describe the individual(s) using the Physical Activity Messaging Framework to create, evaluate or understand physical activity messages.

The Physical Activity Messaging Framework (PAMF) is divided into 3 overarching colour-coded sections. Indicated by an arrow that sits above the framework, the framework encourages the user to work through it sequentially, using decisions made in each section to inform those in subsequent sections. You can access both the **Physical Activity Messaging Framework (PAMF) figure** and the **Physical Activity Messaging Checklist (PAMC)** online. The colours mentioned below refer to the PAMF figure.

Section 1 is coloured green, is the left-hand column in the framework and consists of the following concepts: who, when, what, how and why?

‘Who’ relates to who the target audience is

Identify the target audience and engage with them throughout message development.

‘When’ relates to the message context

Consider the time of year and the context of the message (for example, during the Olympics or at new year)

‘What’ relates to the aim of the message

What are the specific aims of the message, and which outcomes are being targeted?
For example, self-efficacy, knowledge or motivation

‘How’ refers to how the message is intended to work

By which pathway(s) will the message bring about change in the outcomes? For example, by educating or encouraging habit formation.

‘Why’ relates to the basis of the message

This concept, although situated in section 1, runs along the length of the framework and is relevant for decisions in all sections.

Where possible, decisions throughout all 3 sections should be based on one or more of the following:

- formative evaluation and co-production with the target audience
- relevant psychological or sociological theory
- existing literature/evidence involving the target audience

Section 2 is coloured blue, is the middle column of the framework and contains 3 groups of concepts.

Firstly, the message may contain one or more of the following information types:

- ‘What to do’ information, for example recommendations on quantity and type of physical activity.
- ‘Why to do it’ information, for example information about the benefits or consequences of activity or inactivity.
- ‘How to do it’ information, for example practical or supportive information.

Secondly, this information may be

- gain- or loss-framed to highlight either the benefits or consequences
- generic (suitable for all), targeted (suitable for a specific group) or tailored (to an individual)

- personalised (in other words, includes data like name or home address) or not

Thirdly, relating to the concepts above, the framework user should consider:

- language and choice of words (for example, ethnically, culturally, contextually and age-appropriate)
- message tone (for example, formal, encouraging or threatening)

Section 3 is coloured orange, is the right-hand column of the framework and contains three groups of concepts.

Firstly, information (content) may be conveyed through one or a combination

- text (for example, 'Physical activity is fun')
- images or video (for example, footage of people having fun being active)
- audio (for example, uses music, voiceover or other audio)

Secondly, the user should consider the following format concepts:

- media, mode or channel (for example poster, radio advert, social media post)
- volume or length (for example, 100 words or 20 seconds)

Thirdly, the user is encouraged to consider the following delivery concepts:

- provider, source or messenger, in other words, who will the message come from? For example, GPs (general practitioners) or government.
- setting(s) – in which setting(s) will the message be delivered or received?
- frequency, time of day and dose (how often will the message be delivered, at what time, and for how long)

There is an additional banner at the bottom of the framework that encourages the user to consider diversity, equity and inclusivity throughout.

Appendix 6: Physical activity public messaging – Physical Activity Messaging Checklist (PAMC)

This checklist has been designed to be used in conjunction with the Physical Activity Messaging Framework (PAMF).

When aiming to create new messages, the user is encouraged to work sequentially through the checklist, with the decisions made in Section 1 informing subsequent sections and using the checklist as a reporting framework. This checklist is not a prescriptive set of instructions but rather a set of considerations for creating physical activity messages. The concepts in this checklist may also be used to guide formative research/evaluation with the target audience, which, in turn, can be used to make decisions around message content and delivery.

When aiming to evaluate or understand existing messages the checklist may be used to plan a process, impact or outcome evaluation. It can help identify message aims to inform evaluation and indicators that could be measured. It can also help to understand existing messages by allowing the user to classify messages and identify potential effective message components.

The 'tick those that apply' column is designed to aid you in keeping track of which concepts have been considered and how and what decisions were made, not to necessarily encourage use of all concepts. A message with more ticks is not by default better than a message with fewer ticks.

Reason for using checklist

Reason for using checklist	Tick those that apply	Additional comments and description
I am using this checklist to create a new message		
I am using this checklist to understand an existing message, or to inform process and/or impact and outcome evaluation of an existing message		

Who, when, what, how and why?

Who, when, what, how and why?	Tick those that apply	Specify below
I am using this checklist to create a new message		
I am using this checklist to understand an existing message, or to inform process and/or impact and outcome evaluation of an existing message		

When (in which context)?	Tick those that apply	Specify below
Time of year and social and political context of message considered (for example, during the Olympics or during the COVID-19 pandemic)		

What (is the aim of the message)?	Tick those that apply	Specify below
Specific aim of message identified (for example, to improve self-efficacy, motivation, awareness, perceptions, knowledge and so on) and specific outcomes relating to the aim identified and clearly stated		

How (is the message intended to work)?	Tick those that apply	Specify below
Potential pathway(s) by which message may bring about change in the outcome(s) of interest identified (for example, targeting beliefs about capabilities)		

Why (are the decisions around message creation being made)?	Tick those that apply	Specify below
Decisions based on psychological or sociological theory or social marketing principles		
Decisions based on formative evaluation or co-production with the target audience (note: the concepts in this checklist can be used to inform areas of investigation in research with the target audience)		
Decisions based on existing literature and evidence involving the target audience		

Message content (what is in the message?)

Type of information	Tick those that apply	Additional comments and description
Message contains 'what to do' information (quantity and type of activity). For example: 'Aim for 10,000 steps a day!'		
Message contains 'why you should do it' information (for example, physical, mental, social health, environmental benefits or appearance-based information). For example: 'Take the stairs – feel less stressed!'		
Message contains 'how to do it' information (practical or supportive information). For example: 'Did you know that we run a group walk for older adults every Thursday at 12pm?'		

Information framing, targeting, tailoring and personalisation	Tick those that apply	Additional comments and description
Message content is gain-framed (highlights benefits)		
Message content is loss-framed (highlights consequences)		
Message content is generic (suitable for all)		
Message content is tailored to an individual (based on user-specific data such as personal step count goal)		
Message content is targeted at a group (for example, type 2 diabetics or inactive older adults)		
Message content is personalised (contains personal information such as name or home address)		
Appropriate language and choice of words considered (for example, ethnically, culturally, contextually and age-appropriate)		
Message conveyed using a particular tone (for example, formal, encouraging or threatening)		

Message format and delivery

The way the information (content) is conveyed	Tick those that apply	Additional comments and description
Message uses text to convey information (for example, 'physical activity is fun')		
Message uses images or videos to convey information (for example, images or footage of people having fun being physically active)		
Message uses music to convey information (for example, the use of 'fun' music in the message)		

Message format	Tick those that apply	Additional comments and description
The media, mode or channel of the message has been considered and specified		
Radio advert		
TV advert		
Poster		
Leaflet or pamphlet		
Social media post (specify platform, for example Twitter, Facebook, Instagram, TikTok, Snapchat and so on)		
Email		
SMS-text message		
Other		

The message is of a specified length or volume (for example 100 words or 20 seconds)		
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Message delivery – provider, messenger or source has been considered	Tick those that apply	Additional comments and description
Health care professional (for example GP)		
Family or friends		
Peers		
The media		
The government		
Celebrities		
Other (specify in additional comments and/or description box)		

Message delivery – setting and timing	Tick those that apply	Additional comments and description
The setting in which the message will be delivered has been considered and specified, for example at home, at school, at work, at the doctor's surgery, at bus stops and so on		
The frequency, time of day and dose of message delivery have been considered and specified, for example 3 messages a week, set at 9am, for 3 months		

Appendix 7: UK Chief Medical Officers' Physical Activity Communications Expert Working Group

We would like to thank the members of the expert working group for their contribution to the development of the communications framework.

Co-chairs:

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