

Summary Statement



Effective Public Health Practice Project Summary Statement

April, 2007

This is a summary statement written to condense the work of the authors of a systematic review. The reference for the full review is below. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

Reference for Review: Thomas, H., Fitzpatrick-Lewis, D. (2007) The effectiveness of interventions to increase physical activity among marginalized populations. Hamilton, ON: Effective Public Health Practice Project.

Issue: The Mandatory Health Programs and Services Guidelines (1997) have three objectives that relate to increasing physical activity to reduce morbidity and mortality from chronic diseases. There is a vast literature related to improving physical activity among the general population. While it appears that within the general population the goal of increasing adult physical activity to 40% by the year 2010 may be achieved there remain large groups within the population that are not reaching this minimum standard for moderate physical activity (MPA). These include women, adolescents, older adults, those residing in rural locations, people with low incomes, those with a disability, culturally diverse populations including refugees and new immigrants, single parents, and people with low educational attainment.

The effectiveness of interventions for these specific groups in the population has not been examined. This review could identify effective strategies for use with these populations in the future.

Review Content Summary: To be considered relevant studies had to meet all of the following criteria: the intervention described could be implemented, facilitated or promoted by staff in local public health units in Canada, the study population included one or more of the marginalized groups listed above, the reported study outcome(s) included physical activity and the primary study design was prospective and included a control group. Potentially relevant articles (n=1403) were retrieved. Of these, 68 were rated relevant. Methodologically, 7 articles rated strong, 28 rated moderate, and 33 were weak. Data were extracted from all the strong and moderate studies and synthesized in a narrative format. Eighty per cent of the included studies were RCTs. Ten studies reported improving physical activity among the intervention groups. Seven of these involved older adults. Two were school-based among minority children, and the final successful intervention involved African-American women. While many studies had multiple outcomes, including physical activity, the successful ones usually focused on physical activity alone. Marginalized population is a complex concept. Many

participants in studies would be considered marginalized for more than one reason (e.g. age and income).

Comments on this Review's Methodology: Nine relevant electronic databases were searched from 1995-2006 for relevant primary studies. Peer-reviewed journals (n=16) were hand searched from January-August 2006. Reference lists of all retrieved articles were searched for relevant studies. Primary studies were assessed for relevance and methodological quality using standardized tools. Two reviewers rated each article independently. Differences were resolved through discussion. Data were extracted from the methodologically strong and moderate studies using a standardized instrument. A narrative synthesis was presented.

Evidence and Implications for Practice & Policy

Evidence points ARE NOT weighted or ranked according to strength.

What's the evidence?	Implications for practice and policy:
> Five studies with positive outcomes involved prompts from health care practitioners for increasing physical activity among older adults.	> These strategies should be assessed for suitability in the Ontario/Canadian context and if suitable should be implemented. The relatively brief intervention (5-10 minutes) is efficient.
> A Canadian study using the Physical Activity Guide for Older Adults combined with 8 weekly behaviour change classes was successful.	> This intervention could be implemented in communities across the province/country.
> The CHAMPS program was successful with some populations.	> It could be implemented within those populations. It could be evaluated with other marginalized groups.
> Two elementary school-based programs were successful. One focused on girls only, the other on American-Mexican children.	> The program focusing on girls could be assessed for feasibility and then implemented. It is a school-driven intervention that is relatively inexpensive to implement and allows flexibility to meet the context of local schools.
> Two successful programs involved African-American women.	> These need to be assessed for suitability in the Ontario/Canadian context and if suitable could be implemented.
> There were a large number of pilot studies (n=14) found. Due to small sample sizes, they did not have the statistical power to detect between group differences.	> The promising ones need to be replicated using adequate samples. Resources for this research need to be made available.

<p>> Participants who reported engaging in little/no physical activity, had lower educational attainment and socio-economic status before the interventions reported the greatest increase in physical activity at post-test.</p>	<p>> Locating groups reporting little/no physical activity, lower educational attainment and lower socio-economic status and engaging them in any of the successful interventions could maximize long-term benefits.</p>
<p>> A clear successful process for developing culturally sensitive programs is outlined in several of the studies.</p>	<p>> Practitioners need to follow this process to assure that programs are culturally sensitive.</p>
<p>> Accessing marginalized populations is challenging.</p>	<p>> Clinicians and researchers need to work with community residents to maximize access to these populations.</p>
<p>General Implications: There are some successful projects that could be instituted for certain marginalized populations. However, for many others (e.g. recent immigrants to Ontario/Canada) there is virtually no evidence in the published literature. Health Departments need to share work done to date and to evaluate innovative programs. Marginalized populations are very complex and context for programs is crucial to participation and outcomes. Programs may not be generalizable across groups.</p>	

Cost Benefit or Cost-Effectiveness Information: No information available

References Used to Outline Issue

Ontario Ministry of Health and Long-term Care. (1997) Mandatory Health Services and Programs Guidelines. Toronto: Queen’s Printer for Ontario

Canadian Fitness and Lifestyle Research Institute. 2003 Physical Activity Monitor.

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