



Evaluation of the Active Health Linkworker programme



A collaboration between UHI Active Health and Wellbeing (Dr Sara Bradley, Prof Trish Gorely, Prof Sarah-Anne Munoz), Velocity Café and NHS Highland

Background: The value of ‘social prescribing’ of non-clinical based health interventions is increasingly recognised as a way of benefiting patients and reducing the burden on primary care professionals.

Velocity’s Active Health Linkworker programme aims to increase physical activity and active travel amongst patients from Highland GP practices. By employing Linkworkers, it is focussed on helping to motivate and engage patients who

could potentially benefit from increasing their levels of physical activity.

The Linkworker intervention offers something very different to the generic health advice often given out routinely by health professionals and presented in the media. As a result, it may be more effective at tackling habitual sedentary lifestyles, which are recognised as detrimental to health.

Aim

To assess the efficacy of the Active Health Linkworker programme and its capacity to increase physical activity, change attitudes to exercise and improve self-motivation amongst patients with sedentary lifestyles



Methods

Participants: 75 adults enrolled in the programme during the study period, 57 (19 males, 18-93 years) shared routinely collected data. 17 were interviewed (10 females).

Intervention:

1. Clinicians, in the context of discussions around physical activity as a health intervention offer referral to the Active Health Linkworker programme
2. Patients are then contacted by the Linkworker and given information about the service. The initial meeting (usually by video or telephone) lasts up to 1 hour and allows the Linkworker to establish rapport, assess motivation and find out more about the patient's wider psychosocial context. They support the patient in drawing up an achievable activity plan which may include onwards referral to other projects or organisations
3. Two follow-up meetings are then arranged in the following 12 weeks. The Florence text message can be offered as a weekly support

Measures:

Routinely collected data:

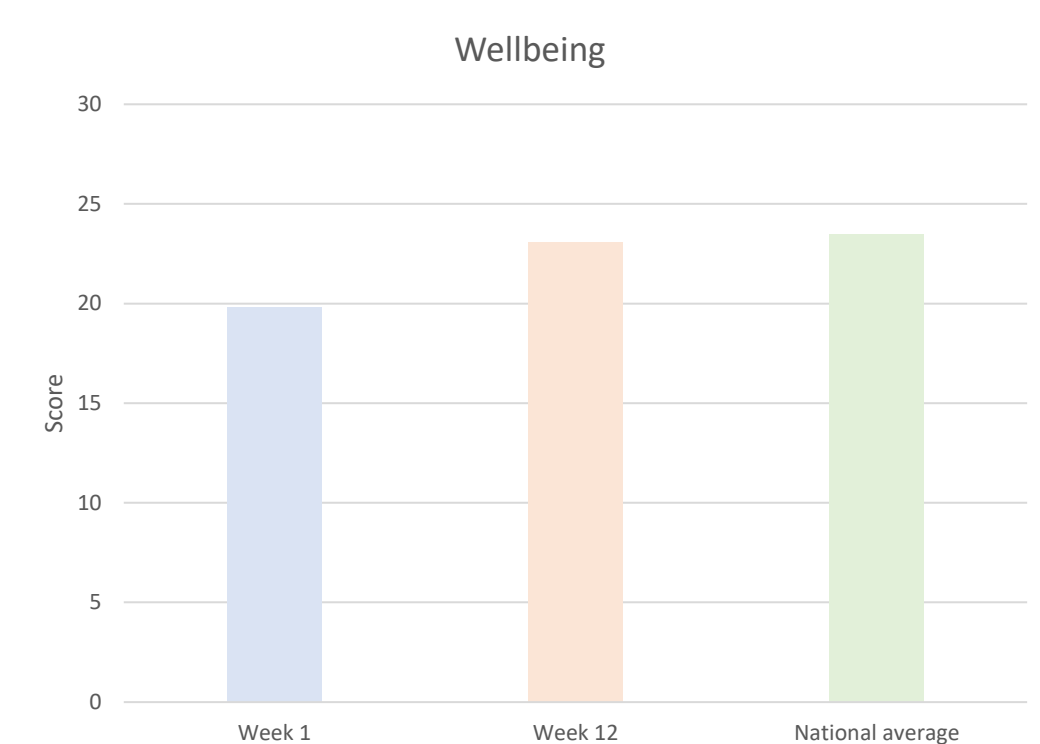
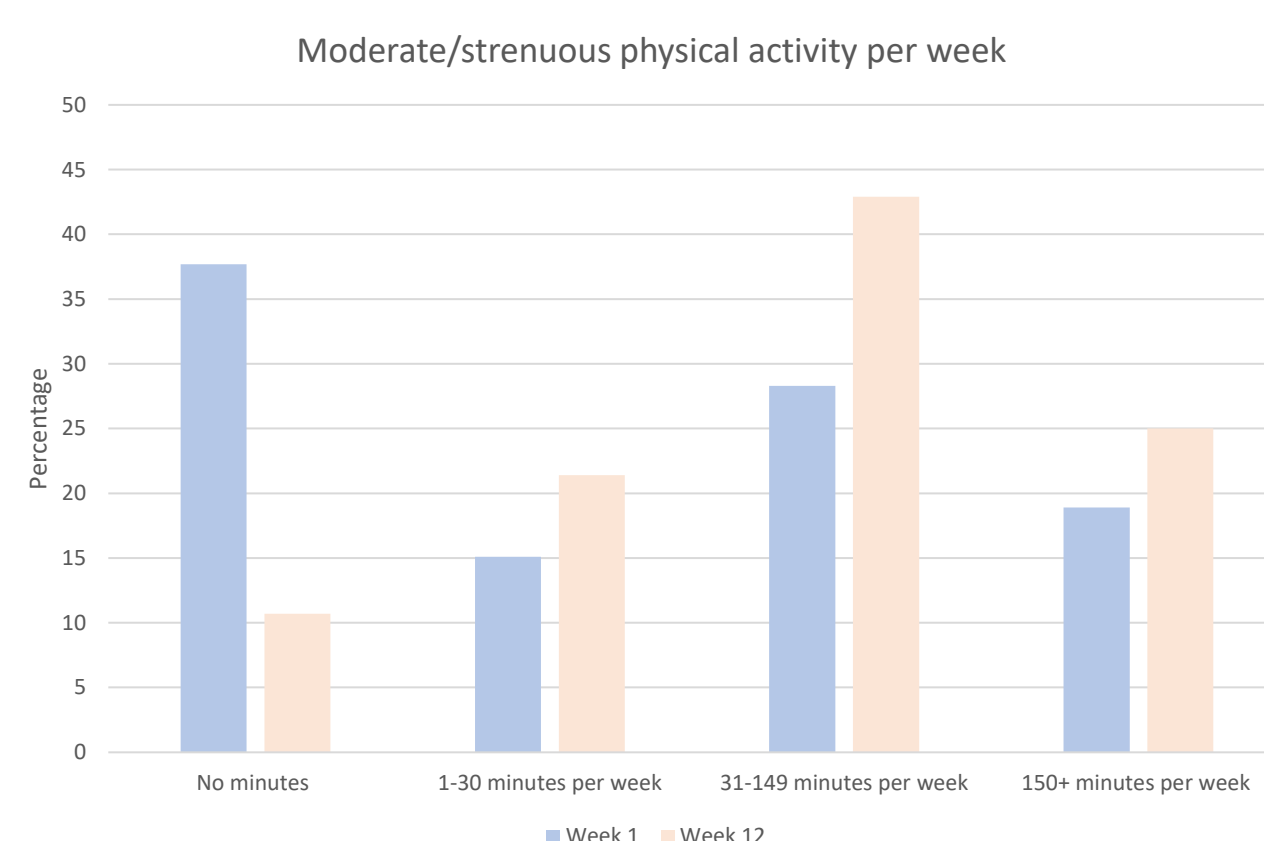
Self-reported physical activity (minutes of moderate to strenuous PA per week)

Wellbeing (Warwick Edinburgh Wellbeing scale)

Interviews: Semi-structured, focussed on participants’ positive and negative experiences of the programme, impact of the programme, factors for success or failure, barriers and suggestions for improvement. Conducted after end of 12-week programme.

12 participants participated in a further interview 3-6 months after completion.

Results



Patient perspectives

“It’s the Active Health that made me get going, made me think I have got to do something ... she was just so ... motivating. And she’s not ... all gung-ho motivating, she’s just quietly professionally motivating, caring ... and ... that got me going.” (Patient)

“I knew fine well that knowing it and actually doing it was two different things, what [she] did for me was make me want to be good to myself.” (Patient)

"I've been to physio and things. I've been to rheumatology and stuff like that, so you do your physical health things and your medication and all that kind of stuff and then they tack on the end... 'you need to be more active' or 'you should try this, you should do that, you should join this group' and it's not ... it's not led by me. So it's ... imposed, if you like, whereas this was ... focused, it was ... guided, but it was led by me." (Patient)

Factors for success

Person-led - opportunity to talk through what you enjoy doing, what you want to get out of an activity & set your goals.

Tailored activity plan – acceptable to patient & taking into account individual capabilities, confidence, preferences & lifestyle.

Time – more time than other health professionals.

Non-judgemental– feeling at ease & could talk about anything.

Informal – relaxed & friendly conversational style.

Reflection – opportunity to reflect on personal barriers & past experiences.

Increasing motivation – feeling encouraged & supported.

Accountability – reporting back on meeting targets.

Realistic goals - targets within reach & flexible so felt able to do as much or as little as they wanted.

Sense of achievement – reaching targets helped build self-confidence & motivation.

Lack of pressure – feeling challenged but also supported



Conclusion

The Active Health Linkworker programme leads to increases in physical activity and well-being. The personalised approach meant participants were more likely to enjoy activities and therefore maintain them and was beneficial to self-motivation.

