Physical Activity
An investment in public health

The Northern Ireland Physical Activity Strategy

An implementation plan for ‘Be active - be healthy’
The Northern Ireland Physical Activity Strategy 1996-2002
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Background

In March 1996 the document Be Active - Be Healthy, The Northern Ireland Physical Activity Strategy 1996-2002, was published by the Health Promotion Agency for Northern Ireland on behalf of the Northern Ireland Physical Activity Strategy Group.¹ The Strategy aims to increase the number of people physically active to recommended levels and has been endorsed by 70 organisations including Government Departments, Education and Library Boards, District Councils and Health and Social Services Boards and Trusts.

Strategy aim

To increase levels of health related physical activity, particularly among those who exercise least.

Strategy objectives

To provide public information about the health benefits of physical activity and the opportunities for participation.

To provide opportunities for leadership and training in health related physical activity.

To encourage cooperation and collaboration between those professionals working in the related fields of exercise, health, recreation and sport.

To encourage the development of public policies which reduce the number of people who are physically inactive.

To establish a programme of research and evaluation to support the implementation of the strategy.

Appendix 1 provides a summary of the main aspects of the Northern Ireland Physical Activity Strategy.

Development of Strategy Action Plan

Following the publication of the Strategy and the endorsement by organisations of its aim and objectives, the Health Promotion Agency agreed to facilitate the development of a Strategy Action Plan for the period 1998-2002. The Northern Ireland Physical Activity Strategy Implementation Group (NIPAIG) was established to oversee a consultation process and subsequent development of the action plan. The draft Action Plan was developed at a Physical Activity Symposium in September 1996, and was later circulated to organisations for comment. The consultation period was from 1 December 1996 until 31 May 1997. During this consultation period a number of workshops were organised for professional staff working in education, District Councils, health and the voluntary sector.

An editorial group established by NIPAIG developed the draft Action Plan based on the responses to the consultation. The draft plan was then approved by NIPAIG and discussed with representatives of the principal organisations involved in October 1997.
Northern Ireland Consensus Statement

At the multi-agency Physical Activity Symposium in September 1996 delegates reviewed the 1995 American College of Sports Medicine’s (ACSM) physical activity recommendations and agreed the following consensus statement.²

**People of all ages should include a moderate amount of physical activity in their daily lives.**

Physical activity includes a wide range of options from brisk walking, gardening and climbing stairs to more vigorous exercise such as swimming, cycling, running and competitive sports.

**Ideally everyone should accumulate at least 30 minutes of moderate physical activity on most days of the week.**

This type of regular activity has major health benefits and improves quality of life.

These benefits include:
- control of body weight;
- increased longevity (likelihood of longer life);
- improved mobility;
- reduced risk of heart disease;
- reduced risk of high blood pressure;
- reduced risk of bowel cancer;
- reduced risk of diabetes;
- reduced risk of osteoporosis (bone thinning).

Enhanced quality of life is indicated by:
- improved self-esteem;
- a sense of wellbeing;
- better capacity to cope with stress;
- improved mental health.

People who currently take no exercise will gain most from any increase in physical activity.

Research shows that 8 out of 10 women, and 7 out of 10 men in Northern Ireland do not engage in sufficient physical activity. Most people do not realise their level of activity is inadequate for good health.³

Teenage girls, people over 50 years of age and people who are unemployed need particular support to be active.

Research looking at the association between coronary mortality and physical activity or fitness levels indicates that the greatest relative benefit in terms of reduced coronary mortality occurs when sedentary people take some regular physical activity.⁴
For a strategy to be successful it must be aware of the environment in which it is working and try where possible to integrate proposed actions with the aims, objectives and strategies of other organisations. The Northern Ireland Physical Activity Strategy outlined a number of issues, which formed the external context against which it was being developed. Since the publication of the Strategy and during the development of the Action Plan some of these issues have continued to develop while others have emerged.

**New Opportunities Fund**

Objective 3 of the Northern Ireland Physical Activity Strategy seeks to 'encourage cooperation and collaboration between those professionals working in the related fields of exercise, health, recreation and sport'. There are many good examples of partnerships between organisations at a local level but one of the issues restricting this development has been the provision of appropriate funding.

The recent announcement by the Government to use National Lottery money to establish a sixth good cause called the New Opportunities Fund and the designation that some of the money should be used to develop 'healthy living centres' provides an opportunity to underpin future local alliances. The lottery funds will be used to support innovative initiatives that offer realistic and attractive opportunities for people to improve their health and wellbeing.

**Replacement of compulsory competitive tendering with best value regime**

The Government, at the Society of Local Authority Chief Executives (SOLACE) UK Conference in June 1997, committed itself to replace compulsory competitive tendering (CCT) with a best value regime for District Councils in Northern Ireland. As a first step towards this the existing timetable for CCT was suspended until 1 November 1998.

In the interim, research and networking will be undertaken in order to produce a detailed model to enable District Councils in Northern Ireland to further develop the best value principles. Best value seeks to deliver locally tailored services in an economic, efficient and effective manner with an emphasis being placed on quality.

**Strategy for the development of sport**

The Department of Education commissioned the Sports Council to develop a strategy for sport which was published in June 1997. The strategy seeks to 'develop and sustain a vibrant sporting culture enriching the quality of life for people in Northern Ireland'. Many of the actions proposed in the strategy are complementary to the proposals in the Physical Activity Strategy and its Action Plan. Discussions have been held to develop joint action areas such as public information, research and training. Taken together, the two strategies target the whole population of Northern Ireland with the aim of increasing participation in physical activity either through sport or regular health related physical activity.

**Environment**

The environment has become a major political issue following the 1995 Earth Summit held in Rio de Janeiro and other landmark initiatives. The Government has accepted the concept of sustainable development as a guiding principle in environmental issues and will seek to achieve this through Local Agenda 21 and other Northern Ireland strategies such as 'The Way Forward' on Transportation, and the Department of the Environment's Regional Strategic Framework - 'Shaping Our Future'.

Sustainable development encourages organisations to market and provide opportunities for regular physical activity within the context of the environment. Opportunities exist to promote cycling and walking as alternative forms of transport and to encourage a greater understanding and support for environmental issues through recreation in the countryside.

**Community development**

Community development is about strengthening and bringing about changes in communities. It has a particular contribution to make within the health and personal social services in reaching and involving people in need. Community development encourages active participation by local communities in needs assessment and seeks to maximise the participation of service users and potential users in the decision making process. Through the community development process services become more responsive to users' needs thus generating a sense of local ownership and control. Community development has a role to play in many of the action areas of this Strategy Action Plan.
Implementation of Physical Activity Strategy

The Health Promotion Agency for Northern Ireland has facilitated the development of the Northern Ireland Physical Activity Strategy and the subsequent Strategy Action Plan 1998-2002. Ownership of the Strategy Action Plan rests with the 70 organisations who have endorsed its aim and objectives and committed themselves to work together to increase levels of regular moderate physical activity among the sedentary population.

The Strategy has the full support of the Ministerial Group on Public Health (MGPH) who will oversee the implementation of this Action Plan. Each Government Department will act as a ‘key holder’ for their sector, developing sector action plans incorporating key organisations and monitoring progress towards the various sector targets. The Health Promotion Agency will facilitate the regional agenda in relation to the areas of research, training and professional development, and public information. It will also coordinate regular feedback reports to the MGPH.

Fig 1. Physical Activity Strategy Action Plan organisational chart

See Glossary for organisations’ full names.
The Physical Activity Strategy set two targets by which to measure progress towards improved health of the population. The targets were also included within the Department of Health and Social Services’ Regional Strategy for Health and Social Wellbeing 1997-2002. The targets seek to reduce the number of people who are sedentary and to increase the number of people who exercise to recommended levels.

**Target 1**

*By 2002 the proportion of men and women aged 16+ who are classified as sedentary should be reduced from 20% to 15%.*

**Target 2**

*By 2002 the proportion of men and women aged 16+ who achieve recommended age-related activity levels should be increased from 30% of men and 20% of women to 35% men and 25% of women in these age groups.*

It is recognised that the task of meeting these targets requires the integration of the work of a number of organisations both at a regional and local level. By endorsing the Strategy organisations have within objective 3, ‘to encourage cooperation and collaboration between those professionals working in the related fields of exercise, health, recreation and sport’, already agreed to work in partnerships to collaborate and provide local programmes and resources.

The Northern Ireland Physical Activity Strategy identifies five main issues to be addressed over the next four years.

1. The decline in participation in physical activity by young people (teenagers) as they get older.
2. The low levels of physical activity among young women.
3. The need to reduce the number of people with a sedentary lifestyle.
4. The need to reverse the functional decline as people get older (50+).
5. The barriers to participation and the development of successful strategies to overcome them.

During the consultation process on the Action Plan each of the following sectors was asked to identify their particular priority groups. The priorities identified by each sector are shown in Table 1 opposite.
Table 1: Priority groups identified by sectors during consultation process

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Services</td>
<td>1. People aged 50+, 2. Young people and young mothers.</td>
</tr>
<tr>
<td>Physical Activity Symposium</td>
<td>1. Young people of school age. (sub group of female teenagers) 2. People aged 50+. 3. Young women. (sub group of young mothers)</td>
</tr>
<tr>
<td>District Councils</td>
<td>1. Young people of school age. 2. People aged 40+ and young women. 3. People who are unemployed.</td>
</tr>
</tbody>
</table>
| Education and Library Boards           | 1. Young people of school age  
The priority action areas for this sector were identified as: 1. Influencing policymakers. 2. Developing the relationship between health education and physical education. 3. Developing a whole school approach. 4. Developing resources and professional development training opportunities. |

Clearly each sector has different priorities so the Action Plan will provide a framework within which this diversity of approach can be accommodated.

The Action Plan is developed in two parts:
- part one - regional issues;
- part two - sector involvement.

Within each part the Action Plan identifies:
- key holder;
- key organisations;
- key targets;
- key health outcomes;
- key roles;
- key activity areas;
- key dates.
A number of issues have been identified which require development at a regional level, either in terms of resourcing or implementation. The areas are research, training and professional development and public information.
Over the last 20 years research into the area of exercise and health has developed to the point where it is now recognised as a discipline in its own right. A number of significant developments have taken place in the early 1990s including the recognition in 1994 by the World Health Organisation that physical inactivity is a major independent risk factor for coronary heart disease. Research has identified 23 physiological and psychological benefits from regular moderate physical activity (Appendix 2).

A second significant development was the publication of the 1995 American College of Sports Medicine Guidelines on Physical Activity which recommended that each individual should accumulate 30 minutes of moderate physical activity on at least five days per week.

The Northern Ireland Health and Activity Survey published in 1994 provided a base of information on which to develop the Strategy. The survey records a decline in participation as people get older starting in the early teens and a functional decline in terms of strength, stamina and flexibility from around 50 years of age.

The consultation process identified a need to disseminate current research and to develop a research agenda which would inform the organisations involved in the Action Plan. The need for research is considered a priority at all levels. The Health Promotion Agency has established a Research Advisory Group (RAG) to facilitate action in this area.

**Research**

**HPANI**: To establish and facilitate a Research Advisory Group (RAG) which is representative of organisations, Government Departments, commissioners and providers.

**RAG**: To disseminate a programme addressing the key targets.
To disseminate current research findings (including effectiveness and good practice) in the area of exercise and health.
To develop a research agenda.
To monitor and evaluate the Action Plan.
To develop evaluation tools to support provider organisations.

Informed and knowledgeable facilitators promoting health related physical activity.
Implementation of a monitoring and evaluation system measuring the effectiveness of programmes and resources.

Develop a research agenda which will be reviewed annually.
Research into health and social wellbeing should include questions enabling comparison with 1994 baseline data.
Support should be provided to the ‘Trends in Child and Adolescent Lifestyles and Health’ survey.
Develop a range of evaluation and monitoring tools to assess programme outcomes.
Prepare and disseminate an annual report on the implementation of the Action Plan on behalf of MGPH.
Develop and disseminate current research at regular intervals.

Establish programme for research dissemination - June 1998.
Monitoring and evaluation tools - December 1998.
Training and professional development is very important to the successful implementation of the Northern Ireland Physical Activity Strategy. The training needs of a variety of sectors were discussed with organisations during the consultation process. Health professionals expressed a need to develop more expertise in the area of exercise and sport while recreation professionals needed to know more about health issues. This crossover of training and the development of a common understanding among professionals is important if local alliances are to develop.

In March 1997 Coopers and Lybrand undertook research on behalf of the Health Promotion Agency to examine knowledge levels and training needs across a range of professionals from education, district councils, primary care and the health and personal social services. The School of Leisure and Tourism at the University of Ulster have considered the needs identified and their subsequent recommendations have been used as the basis for this section of the Action Plan.

The training needs and the provision of training fell into two areas:
1. short course training for existing key workers;
2. the inclusion of appropriate training packages in initial professional development training courses.

The development of this area of the Action Plan will be facilitated by the Health Promotion Agency through a Training Advisory Group (TAG).

**KEY HOLDER**

**HPANI**

**KEY ROLES**

**HPANI:** To establish and facilitate the Training Advisory Group (TAG). The group will be representative of organisations involved in training such as UUJ, QUB, SCNI and other partner organisations. To provide conferences, seminars and short courses.

**TAG:** To assist in the development of appropriate training programmes to support the identified training needs.

**Partner Organisations:** To undertake a training needs assessment of staff/employees and related public. To develop and implement training on health related physical activity within initial and ongoing professional development training courses.
Guidelines developed - September 1998. Specific professional development and training programmes should be available from September 1998. Organisations should have implemented a process of needs identification - March 1999.

**KEY ORGANISATIONS**
- HPANI/TAG
- Partner organisations such as:
  - UUJ
  - QUB
  - SCNI
- Commissioners and providers
- Youth Service
- ELBs
- District Councils
- Further and Higher Education

**KEY TARGETS**
- To develop a range of appropriate training resource materials.
- To implement a range of professional development and training programmes across all sectors.

**KEY HEALTH OUTCOMES**
- Informed and trained facilitators promoting health related physical activity.

**KEY ACTIVITY AREAS**
- Develop and disseminate guidelines to support professional development and training.
- Identify specific professional development and training needs.
- Develop and implement professional development and training programmes.
- Establish and implement a process to monitor professional development and training initiatives across all sectors.
- Prepare and disseminate regular updates on professional development and training initiatives.

**KEY DATES**
- Guidelines developed - September 1998.
- Specific professional development and training programmes should be available from September 1998.
- Organisations should have implemented a process of needs identification - March 1999.
Public information is an important method of motivating members of the public to increase their levels of physical activity. The recently published Strategy for the Development of Sport in Northern Ireland 1997-2005 also seeks to develop a public information campaign. Discussions have taken place between the Health Promotion Agency for Northern Ireland, Sports Council for Northern Ireland, Department of Education for Northern Ireland and the Department of Health and Social Services to consider a joint approach to the provision of public information that will use a similar visual approach built around different targeted messages. This approach has the benefit of an economy of scale whilst at the same time providing the public with an apparently ‘seamless’ message.

A successful public information campaign would not only raise awareness of the value of regular moderate physical activity but also provide the viewer/reader with information about how and where to participate. In Northern Ireland this will require a coordinated approach involving regional bodies and local alliances.

The public information campaign will employ a variety of approaches to ensure maximum public awareness. The methods and media will include:

- television and radio advertising;
- a campaign pack containing posters, leaflets etc;
- Strategy newsletters;
- sponsorship;
- workplace and school competitions;
- grants/awards for local initiatives;
- targeted newspaper/magazine articles (eg women’s magazines).

A sustained public information campaign is required throughout the duration of the Action Plan.
Identification of the scope and priorities of the information needed - June 1998.


**KEY ORGANISATIONS**

HPANI
SCNI
DENI
DHSS
Partner organisations

**KEY TARGET**

To develop and promote a rolling public information campaign designed to obtain maximum coverage resulting in increased awareness and participation.

**KEY HEALTH OUTCOMES**

Increased public awareness of the value of regular, moderate physical activity and ways in which people can increase their participation.

**KEY ACTIVITY AREAS**

Identify the key messages and target audiences for the public information campaign.

Develop and implement an inter-agency public information strategy.

Produce a range of public information resources to promote the key messages.

Develop and implement an evaluation and monitoring mechanism to assess the impact of the public information campaign.

**KEY DATES**

Identification of the scope and priorities of the information needed - June 1998.
Part Two - Sector Involvement

This section of the Action Plan addresses the involvement of a wide range of organisations across a number of sectors. Within each sector a lead organisation has been identified as the key holder and as such is therefore responsible for the implementation and monitoring of the Action Plan and the provision of feedback to NIPAIG. It establishes key targets and health outcomes as well as roles for each organisation along with key activities and dates.

The sectors have been grouped under the following headings:

- Government Departments;
- Health;
- Education (Schools, Further and Higher Education);
- Education (Youth Service);
- Education (Sports Council);
- Environment;
- Agriculture;
- Economic Development;
- Voluntary and Community Sector;
- District Councils.
In December 1997 the Department of Health and Social Services published the document ‘Well Into 2000, A Positive Agenda for Health and Wellbeing’ in which it commits the Government to address public health issues such as social exclusion, inequalities in health, redirecting public policies towards the promotion of good health and the creation of environments which will help people to maintain good health and wellbeing. The document recognises that the building of good health and wellbeing goes far beyond the health and personal social services. Health and wellbeing should be on the agendas of all sectors - public, private and voluntary.

The Ministerial Group on Public Health (MGPH) has been established to coordinate the inter-departmental action to tackle health inequalities and the promotion of good health. The group will develop a strategic framework within which public health policies will be formulated and implemented. Its immediate work will include progressing the Physical Activity Strategy. Physical inactivity has been identified as a priority public health issue by the Ministerial Group on Public Health.

**Government Departments**

In December 1997 the Department of Health and Social Services published the document ‘Well Into 2000, A Positive Agenda for Health and Wellbeing’ in which it commits the Government to address public health issues such as social exclusion, inequalities in health, redirecting public policies towards the promotion of good health and the creation of environments which will help people to maintain good health and wellbeing. The document recognises that the building of good health and wellbeing goes far beyond the health and personal social services. Health and wellbeing should be on the agendas of all sectors - public, private and voluntary.

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**KEY HOLDER**

**MGPH**

**KEY ROLES**

**MGPH:** To oversee the development and implementation of the Northern Ireland Physical Activity Strategy Action Plan by establishing a regional management and monitoring group - the Northern Ireland Physical Activity Strategy Implementation Group.

**Government Departments:** To develop a sector action plan for each department. To monitor progress towards the targets within the sector action plan. To contribute to an MGPH annual report and review.
**KEY TARGET**

To develop sector plans which provide a coordinated approach to the development of programmes and services to increase the number of people participating in regular moderate physical activity.

**KEY HEALTH OUTCOMES**

Increased participation in health related physical activity among those sections of the community who exercise least. This may contribute towards a reduction in the incidence of coronary heart disease and other conditions where physical inactivity is a contributing risk factor.

**KEY ACTIVITY AREAS**

The Government should identify and provide sources of financial and human resources to support physical activity policies. National Lottery funds should be allocated to initiatives that promote and sustain physical activity, e.g., cycling and walking, including revenue as well as capital costs. Public access to forest parks and other Government facilities should be encouraged and developed to increase use. A public information campaign to promote health related physical activity should be planned, resourced and implemented throughout the period of the Strategy. The Northern Ireland Civil Service Workplace Health Committee should develop initiatives which contribute to healthier personal lifestyles among employees. Departments should include within sector action plans all statutory organisations for which they are responsible, e.g., Making Belfast Work, the Sports Council for Northern Ireland, IDB, LEDU etc.

**KEY DATES**

The health organisations involved are the Department of Health and Social Services, the Health and Social Services Boards, the Health and Social Services Trusts and the Health Promotion Agency for Northern Ireland. The two physical activity targets set in the Northern Ireland Physical Activity Strategy have been included in the Department of Health and Social Services’ Regional Strategy for Health and Social Wellbeing 1997-2002. The targets seek to reduce the number of people with a sedentary lifestyle by 5% and to increase the number of people involved in physical activity to recommended levels by 5%.

Physical activity programmes until now have not been a priority issue for health, but the inclusion of targets for the first time in the Regional Strategy and the growing evidence of the relationship between regular moderate physical activity and good health, has resulted in a changing climate. There are 23 physiological and psychological benefits from regular physical activity, ranging from the reduction in the incidence of coronary heart disease to improved psychological function. Research evidence shows that everyone, irrespective of their age and previous history of activity, can obtain health benefits. During the consultation phase of the development of the Action Plan health professionals identified people aged 50+ as their top priority, followed by young mothers and young people. This prioritisation reflects the need to alleviate the strong functional decline as people get older recorded in the Northern Ireland Health and Activity Survey.

At present there are a number of service delivery programmes focusing on the promotion of physical activity, eg the Activate Health Programme and the Health Through Exercise GP Referral Scheme. This provides a good base from which other work can be developed. Resources both in terms of staffing and funding will play an important role in the expansion of these programmes. Access for staff to evidence of good practice and the availability of professional development training will form an essential element in future plans.

**KEY ROLES**

**DHSS:** To establish a mechanism to oversee the development, implementation, coordination and monitoring of the Action Plan at a regional level through NIPAIG and at local level through health promotion specialist services.

To ensure that commissioners purchase physical activity programmes in contracts with HSSTs.

To consider ways to ensure that physical activity is included in primary care health promotion programmes.

**HSSBs:** To commission an audit within each Trust area of current physical activity provision and training needs across sectors.

To ensure that contracts with providers include the development of a mechanism within health promotion specialist services which enables the local management, coordination and implementation of physical activity programmes.

To identify the needs which exist among the sedentary population and as a result commission programmes of intervention in relation to physical activity.

To support the work of ELBs in relation to health related physical activity.

**HSSTs:** To undertake an audit of current physical activity provision by Trust, community and voluntary sector.

To provide by 1999/2000 appropriate structured programmes for agreed target groups.

**HPANI:** To develop and implement a public information strategy to increase the number of people who exercise at recommended levels.

To develop a research agenda, to advise appropriate organisations of the research needs, and to disseminate the findings.

To develop appropriate training guidelines and packages suitable for partner organisations.

To identify and disseminate models of good practice.
### Key Organisations
- DHSS
- HSSBs
- HSSTs
- HPANI

### Key Dates
- DHSS to put in place implementation and monitoring group (NIPAIG) - April 1998.
- DHSS, Commissioners and Trusts should establish a local mechanism to provide leadership, coordination and implementation of the Strategy - June 1998.
- Commissioners and Trusts to identify agreed priority target groups - December 1998.
- Commissioners and Trusts to identify current provision and future opportunities - March 1999.
- Commissioners to purchase specific health promotion intervention programmes for key target groups commencing - April 1999.

### Key Target
To develop and implement a range of physical activity programmes targeted at those in the community who are physically inactive.

### Key Health Outcomes
- Increased participation in regular physical activity.
- Integration of physical activity into daily living.
- Maintenance of mobility and stamina by individuals as they grow older.

### Key Activity Areas
Health and Social Services Trusts, District Councils and other partners should design community physical activity schemes for the sedentary population.

Health and Social Services Trusts should provide a strong leadership role to develop and coordinate local physical activity strategies.

Primary care teams should develop links and alliances with the voluntary sector and District Councils to reach the sedentary population.

Primary care teams and other health professionals should advise on physical activity within lifestyle counselling, targeting those who will benefit most.

Health professionals should be aware of, and able to provide information on local facilities for physical activity including safe walking and cycling routes, and sports and recreation facilities and programmes.

Medical, Professions Allied to Medicine and nursing education (basic and continuing) should cover the health benefits of physical activity, and principles and practice for increasing physical activity.

Professional bodies should provide information and training for health professionals on physical activity, and provide updates on research findings.

All health facilities should display posters and information leaflets on health related physical activity such as walking and cycling, and information on local facilities.

Research should be carried out to evaluate and compare the cost of investing in physical activity programmes against the cost of treating preventable illness.

Health promotion professionals should evaluate the effectiveness of promotional messages and activities.

### Key Organisation
- DHSS
- HSSBs
- HSSTs
- HPANI
Physical education is about influencing the future behaviour of young people so that they adopt lifelong habits of physical activity. Research indicates that young people may drop out of physical activity at school if there is an over-emphasis on competitive sport and they are unable to reach the standards expected. Young people should therefore be introduced to a variety of activities including competitive sport with the opportunity to enjoy participation at the level most appropriate to them. In addition young people should be taught to understand the value of regular physical activity and should be able to access the opportunities in the community. Health related physical education (HRPE) is now an important element of the revised physical education programme of study. During the consultation period for the Action Plan HRPE was identified in a number of responses as requiring particular attention in terms of resources, programmes and professional development.

**Education (Schools, Further and Higher education)**

**KEY HOLDER**

**DENI**

**KEY ROLES**

**DENI:** To determine Government policy on the benefits of HRPE in the education sector and to carry out reviews of these action areas.

**CCEA:** To undertake a review of HRPE within PE as part of its overall review of the curriculum.

**ELBs:** To provide in-service training and support for HRPE as part of PE in line with DENI policy statement.

To develop contacts with HSSBs to identify support for health related physical activity in schools.

**Schools:** To develop programmes which encompass the DENI policy statement.

**HSSBs:** To develop contacts with ELBs to agree how HSSTs can support the work in schools in relation to health related physical activity.
**KEY ORGANISATIONS**
DENI  
CCEA  
ELBs  
Schools  
HSSTs  
HSSBs  
Further and Higher Education

**KEY TARGET**
That through meeting the aims of the DENI Strategic Plan for Education 1996-2000, young people will receive a balanced programme of study which provides opportunities for everyone irrespective of ability and develops a long-term commitment to regular physical activity.

**KEY HEALTH OUTCOMES**
Increased participation in and knowledge of health related physical education among young people.
To introduce the concept of ‘activity for life’ to reduce the decline in participation as people get older.
Improved knowledge and skills of teachers.

**KEY ACTIVITY AREAS**
DENI should make a statement of Government policy, identifying key action areas.
DENI should survey provision of PE and sport, with a view to identifying and disseminating good practice; support the health promoting schools concept and encourage schools to implement the Department’s recommendation that they should offer at least 2 hours a week of PE.
Schools, colleges and youth clubs should work with local authorities, community groups and health professionals to devise programmes to maximise involvement in physical activity.
A working group representing DENI, ELBs, FE Colleges and SCNI should consider ways in which an enhancement and extension of further education students’ participation in fitness and sporting achievements might be achieved.
A working group representing higher education institutions, ELBs, and SCNI should examine means of increasing time allocated to higher education-based teacher training in PE, both as initial training and on PGCE courses.
Schools, colleges and youth clubs should develop the health promoting school concept.
Education Boards and schools should work with DOE Roads Service and Sustrans to develop safe routes to schools.
Schools should be encouraged to develop use of school facilities outside school hours.
Teachers should have the opportunity to participate in in-service training for HRPE.
ELBs should support pilot programmes of good practice.

**KEY DATES**
Sector action plan - December 1998.
The youth sector has an important role in helping to lay down foundations for lifelong participation in sport and physical activity. Recent developments in reviewing the curriculum for the Youth Service provides an opportunity to consider ways to provide positive experiences for young people in a supportive environment.

**KEY HOLDER**

DENI

**KEY ROLES**

DENI/ELBs: To provide advice and resources to ensure the implementation of youth work, a model for effective practice.

YCNI/ELBs: To provide support and guidance in respect of the Youth Work Curriculum.

ELBs, Youthnet, NGOs: To provide training and support for youth workers.
To enable as many young people as possible, particularly those in social need, to benefit from the Youth Service and to participate in regular health related physical activity.

To meet the changing needs of young people through the provision of an appropriate range of services.

Increased participation in and knowledge of health related physical activity among young people.

To introduce the concept of ‘activity for life’ to reduce the decline in participation as people get older.

Improved knowledge and skills of youth workers.

Programmes should be developed which offer a wide range of activities to young people.

Young people should be encouraged to develop skills to enable them to make informed choices about health and physical activities.

Develop links between schools and the Youth Service to provide progression from school.

Promote inter-agency cooperation in responding to the needs of young people, especially the marginalised.

Training of youth workers should give adequate emphasis to health and physical activity.

Sector action plan - December 1998.

Training opportunities for existing Youth Service staff to be made available from 1998/99.

The inclusion of training modules in initial training - September 1999.
The Department of Education is also responsible for sport through the Sports Council for Northern Ireland. Here again there is an opportunity to provide positive physical activity experiences for people of all ages. This will require new structures within governing bodies to provide age group competition and participation opportunities.

**Education (Sports Council)**

**KEY HOLDER**
DENI

**KEY ROLES**
SCNI: To encourage and support the development of opportunities for participation in sport and physical activity by the sedentary population and irregular exercisers.
Governing Bodies of Sport: To develop structures and opportunities to facilitate participation by sections of the community who wish to participate in their sport at a recreational level.
Partner Organisations: To provide opportunities in local partnerships with other organisations - such as Education and Library Boards, District Councils etc.
KEY TARGET
To increase access to, appreciation of, and participation in sport and physical recreation thereby reducing the decline in participation and the functional decline as people get older with a consequent improvement in the health of the population.

KEY ORGANISATIONS
SCNI
Governing bodies of sport
Partner organisations

KEY HEALTH OUTCOMES
Increased, sustained participation especially by those sections of the community who exercise least.
Increased membership of clubs and leisure centres.

KEY ACTIVITY AREAS
Support programmes designed to encourage participation, especially by young people, in sport and physical activity, for example through Youth Sport and City Sport.
Work towards realisation of appropriate targets specified by the Strategy for the Development of Sport in Northern Ireland.
Sports Council grant aid support for plans to develop structures to involve recreational participants in low level competition in a range of age groups.
The inclusion of plans to provide opportunities for recreational participation in governing body development plans.
Joint approach to funding and development of public information campaigns, training programmes and research projects.

KEY DATES
Sector action plan - December 1998.
Joint public information campaign to commence 1998/99.
Inclusion of programmes in the development plans of 10 sports - April 1999.
Interest in the environment has grown over the last decade with public concern being voiced over issues such as air pollution, overuse of stretches of countryside, and the need to adopt alternative forms of transport to the car. The Government has recognised its responsibility following representation by interest groups and international agreements made at events such as the 1995 Earth Summit held in Rio de Janeiro.

In Northern Ireland, initiatives such as Local Agenda 21, ‘The Way Forward’ on Transportation and the Department of the Environment’s Regional Strategic Framework (‘Shaping our Future’) are helping to lead public discussion and put in place strategies and programmes to ensure sustainable development.6,7

Regular physical activity in the countryside should be linked to educational programmes to help participants develop an understanding and appreciation of environmental issues. In preparing plans, provision should be made for cycle and walking paths to encourage alternative forms of transport, and open space play areas should be incorporated into new housing development where this is appropriate.

**Environment**

KEY HOLDER
DOE

### KEY ROLES

- **Roads Service**: To develop Northern Ireland Strategies for cycling and walking.
- **Making Belfast Work**: To encourage organisations supported by Making Belfast Work to develop physical activity opportunities for staff and their target audience.
- **Planning Service**: To ensure that in the preparation of development plans and in response to planning applications, play and recreation provision is included where appropriate.
- **Road Safety Branch**: To ensure that road safety issues relevant to physical activity are highlighted.
- **Environment and Heritage Service**: To ensure that educational initiatives are developed to link environmental issues with regular moderate physical activity.
**KEY TARGET**

To develop a sector action plan which contributes to an increase in participation in regular moderate physical activity within a safe, healthy environment.

**KEY ORGANISATIONS**

- Roads Service
- Making Belfast Work
- Planning Service
- Environment & Heritage Service
- Road Safety Branch
- Transport Division

**KEY ACTIVITY AREAS**

Roads Service is represented on the Steering Group developing a National Walking Strategy and should adopt this or develop a local strategy as appropriate.

- The Transport Division should seek to encourage transport operators to provide for the safe carriage of cycles and secure cycle parking at interchanges.
- Roads Service in conjunction with Planning Service should develop a programme of cycle parking provision as appropriate for individual towns and cities before 2002.
- The Department should encourage both the private and public sector to review their cycle parking arrangements.

- Roads Service should seek to improve traffic management and safety measures to encourage walking and cycling by providing safer routes to schools.
- Roads Service should work with organisations such as Sustrans to develop cycle routes.
- Roads Service should liaise with HPANI and PRAG to raise the status and awareness of cycling and walking.

- Planning Service should seek to ensure that in the preparation of development plans and in response to planning applications, play and recreation provision is included where appropriate.

- The Environment Service should work with environmental groups and District Councils to provide resource material to promote the benefits and the opportunities for regular physical activity in the natural environment.

- Government schemes such as Making Belfast Work should encourage recipients of funding to include, where appropriate, schemes to increase levels of physical activity among staff and target audience.

- Roads Service should liaise with Northern Ireland Chest Heart and Stroke Association (NICHSA) to develop walking routes in support of the Highway to Health initiative.

- Road Safety Branch should continue to highlight safety issues relating to cycling and walking.

**KEY HEALTH OUTCOMES**

- Increased participation and knowledge of health related physical activity especially among those sections of the population which exercise least.
- Increased awareness of and understanding of environmental issues.
- Development of cycle and walking routes.

**KEY DATES**

- Cycling and walking strategies - April 1999.
- Cycle parking provision plan by 2002.
Northern Ireland has a number of forests that provide a variety of outdoor opportunities for people to walk. Fishing is a popular sport and the rivers and lakes in Northern Ireland have a worldwide reputation among fishermen.

The various services and divisions of the Department of Agriculture are responsible for developing and maintaining the rivers and forest parks and, subject to the availability of resources, should continue to provide participation opportunities and facilities which will encourage sedentary people and irregular exercisers to increase their activity levels.

**Agriculture**

**KEY HOLDER**

**DANI**

**KEY ROLES**

DANI: To review current services and the contribution they can make to improving the health of the population through encouraging regular physical activity.

Forest Service: To develop opportunities and facilities to encourage increased participation.

Rivers Agency: To maintain and provide opportunities for water based recreation.
**KEY ORGANISATIONS**
- DANI
- Forest Service
- Rivers Agency

**KEY TARGET**
To provide a quality environment which encourages members of the public to participate in regular physical activity while developing an understanding of environmental issues.

**KEY HEALTH OUTCOMES**
- Increased participation in health related physical activity by those groups who exercise least.
- Increased usage of forest and country parks.
- An increased awareness of environmental issues.

**KEY ACTIVITY AREAS**
- Continued development and promotion of walking through the Ulster Way, forest and country parks.
- Partnerships with District Councils and other bodies to educate the public to a greater understanding and acceptance of environmental issues.
- Forest parks to review their programme and facility provision and to consider the introduction of other innovative schemes.
- The Rivers Agency to review their programme and facility provision and to consider the introduction of other innovative schemes.
- Colleges (Loughry College and the Agricultural Colleges) should continue to ensure that students are encouraged to participate in physical activity during their courses.
- Promote the recreational value of waterways and forest and country parks for the general public by achieving the balance between environmental and recreational interests.

**KEY DATES**
The Department of Economic Development’s (DED) principal role is to encourage the development of an economic climate which leads to increased employment.

The workplace provides a valuable opportunity to provide services and opportunities to improve the health of the workforce.

Healthier employees mean a healthier workforce, raising the real possibilities of:

- longer working life;
- reduced turnover of staff;
- improved quality of work;
- good public relations both inside and outside the organisation;
- reduced sickness and absenteeism resulting in lower costs;
- increased productivity and fewer accidents;
- reduced stress among the workforce;
- additional incentives when recruiting staff.

Employers should recognise the potential benefits to their company of a workplace health programme and in partnership with the trade union, the employees, and where appropriate, outside agencies, should develop a workplace strategy and programme.
To improve the health status of the workforce.

Increased participation in regular health related physical activity by employees. Reduced levels of absenteeism and illness among the workforce.

The Health & Safety Agency will work with HPANI to develop a Framework for Workplace Health which considers relevant issues including:
- roles of key organisations, eg occupational health, Health and Social Services Trust staff etc;
- how employers can support employees through time and resources;
- guidelines and advice appropriate for the size of the company.

The community and voluntary sector can make an important contribution towards meeting the physical activity targets in the Strategy. Training and programme development should be priority areas - support should be available to develop programmes based on local need, and community workers should receive training in relevant areas of health and physical activity.

Statutory organisations such as District Councils and Health and Social Services Trusts should look for ways to provide support and enter into partnership initiatives with this sector.

**KEY HOLDER**

DHSS

**KEY ROLES**

DHSS: To establish a mechanism to oversee the development, implementation, coordination and monitoring of physical activity initiatives within the community/voluntary sector.

Community/Voluntary groups: To act as an advocate for local provision of physical activity programmes and facilities. To disseminate appropriate messages in relation to health and physical activity. To provide and promote programmes to increase participation and develop facilities.
KEY ORGANISATIONS
Community groups and voluntary groups with an interest in health.

KEY TARGET
To improve the health status of the community through the provision of the ACTIVATE Health Programme and other physical activity programmes.

KEY HEALTH OUTCOMES
Increased participation in regular health related physical activities by those sections of the population which exercise least. Improved quality of life through reduction in coronary risk factors.

KEY ACTIVITY AREAS
Organise and offer the ACTIVATE Health Programme within the community, targeted at priority groups. Support the HSST’s audit of provision of local physical activity programmes and facilities. Provide a wide range of activities, eg walking groups, bowls, dancing etc. Develop partnerships between the community/voluntary and statutory sectors for support such as sports development officers and health promotion coordinators. Identify training needs and obtain the appropriate training. Localise any national public relations campaign to make it more relevant to community/voluntary groups.

KEY DATES
District Councils are required by law to provide recreational opportunities for their ratepayers and as a consequence a wide range of facilities are offered both for the recreational participant and for organised sports clubs and schools.

In recent years the councils have become interested in encouraging the use of their facilities by infrequent users in the community and this has led to the establishment of sports development officers with this specific brief. The Physical Activity Strategy Action Plan offers a further opportunity for District Councils to develop partnerships with other organisations such as their local Health and Social Services Trust to provide programmes and facilities for the sedentary population.

As the major provider of facilities, District Councils can make a crucial contribution to the Strategy aims and objectives. Through the provision of opportunities and programmes a reduction in the sedentary population can be achieved with a subsequent improvement in their quality of life.
**KEY ORGANISATIONS**

District Councils

**KEY TARGET**

To increase levels of participation in the community through the provision of local facilities and programmes.

**KEY HEALTH OUTCOMES**

Increased use of facilities by those sections of the community who exercise least.
Increased levels of participation in health related physical activity by all sections of the public.

**KEY ACTIVITY AREAS**

District Councils should develop recreation strategies for the provision of sport and health related physical activity.
The Strategy Action Plan should be used to develop local alliances and jointly funded/resourced programmes.
In future 'better value' regimes, District Councils should consider ways to maximise use of facilities by the sedentary or disadvantaged population.
As an employer District Councils should have a policy to encourage staff to be more physically active.
District Councils should consider how they can assist the development of cycle ways and walking paths particularly for people travelling to leisure facilities.
District Councils and community groups should work together to create safe and attractive environments to encourage children to play and be active.
District Councils should provide cycle parking facilities to discourage private cars from town and city centres.
District Councils should provide signposted cycling paths in parks.
District Councils should encourage the training of 'activity leaders' in the community to work with socially and economically disadvantaged people.
District Councils should develop alliances with health and education professionals in their area - the Area Exercise Groups already provide an embryonic structure.
District Councils should provide information to the public about facilities and opportunities for physical activity, eg walking and cycling trails, programmes.
District Councils should monitor the use of leisure facilities by different social groups and set targets for improvement.
District Councils should evaluate local community physical activity projects and promotional schemes.

**KEY DATES**

Sector action plan - December 1998.
Service delivery plans - April 1999.
Local alliances established - April 1999.
Key Dates

Research
Research agenda - June 1998.
Establish programme for research dissemination - June 1998.
Monitoring and evaluation tools - December 1998.

Training and Professional Development
Guidelines developed - September 1998.
Specific professional development and training programmes should be in place from - September 1998.
Organisations should have implemented a process of needs identification - March 1999.

Public Information Campaign
Identification of the scope and priorities of the information needed - June 1998.

Government Departments
Department sector action plans - December 1998.

Health
Sector action plan - December 1998.
DHSS to put in place implementation and monitoring group (NIPAIG) - April 1998.
DHSS, Commissioners and Trusts should establish a local mechanism to provide leadership, coordination and implementation of the Strategy - June 1998.
Commissioners and Trusts to identify agreed priority target groups - December 1998.
Commissioners and Trusts to identify current provision and future opportunities - March 1999.
Commissioners to purchase specific health promotion intervention programmes for key target groups commencing - April 1999.

Education (Schools, Further and Higher Education)
Sector action plan - December 1998.

Education (Youth Service)
Sector action plan - December 1998.
Training opportunities for existing Youth Service staff to be made available from 1998/99.
The inclusion of training modules in initial training - September 1999.

Education (Sports Council)
Sector action plan - December 1998.
Joint public information campaign to commence 1998/99.
Inclusion of programmes in the development plans of 10 sports - April 1999.

Environment
Sector action plan - December 1998.
Cycling and walking strategies - April 1999.
Cycle parking provision plan - 2002.

Agriculture
Sector action plan - December 1998.

Economic Development

Community and Voluntary Sector
DHSS to put in place implementation mechanism - June 1998.
Sector action plan - December 1998.
Undertake local audit with HSST - March 1999.
Develop action plan for training and programme development - April 1999.

District Councils
Sector action plan - December 1998.
Service delivery plans - April 1999.
Local alliances established - April 1998.


Appendix 1 - The Northern Ireland Physical Activity Strategy 1996-2002

Introduction
The publication of the Northern Ireland Physical Activity Strategy is the beginning of a process to make physical activity an accepted part of daily life in the province.

Physical inactivity is a single independent risk factor for coronary heart disease. Physical activity is also effective in the management of established respiratory disease, stroke, osteoporosis and orthopaedic conditions.

The need to develop such a strategy, which would focus on the sedentary population, was highlighted by the Northern Ireland Health and Activity Survey published in 1994.

The survey showed that over one quarter (29%) of the adult population would have difficulty in climbing stairs without some assistance or would only be capable of doing so unaided at a very slow pace.

The Health Promotion Agency for Northern Ireland supported by the Department of Health and Social Services established a Physical Activity Strategy Group in October 1994.

The group represents many of the key organisations interested in the promotion and development of health related physical activity. A consultation paper and a draft strategy were widely circulated and the comments have been used by the group to prepare the final Strategy.

Following the publication of the Strategy, the Health Promotion Agency for Northern Ireland will facilitate the preparation of a plan to put the Strategy’s recommendations into action during 1997-2002.

In order to achieve the goals of the Strategy, support is needed from Government, Health and Social Services Boards and Trusts, District Councils, Education and Library Boards and voluntary and community groups.

Aim
The overall aim of the Physical Activity Strategy is to increase levels of health related physical activity particularly among those who exercise least.

Objectives
1. To provide public information about the health benefits of physical activity and the opportunities for participation.
2. To provide opportunities for leadership and training in health related physical activity.
3. To encourage cooperation and collaboration between those professionals working in the related fields of exercise, health, recreation and sport.
4. To encourage the development of public policies which reduce the number of people who are physically inactive.
5. To establish a programme of research and evaluation to support the implementation of the strategy.

Main issues to be addressed
1. The decline in participation by young people as they get older.
2. The low levels of physical activity among young women.
3. The need to reduce the large sedentary population.
4. The need to reverse the functional decline as people get older.
5. The barriers to participation and the development of successful strategies to overcome them.
The changing context
The Northern Ireland Physical Activity Strategy has been developed at a time when a number of major developments are taking place which offer opportunities to make a significant impact on the development of physical activity. The developments include:

- **Compulsory competitive tendering:** From 1 April 1998 recreation services provided by Councils will be subject to compulsory competitive tendering. It will be important to ensure that the promotion and provision of health related physical activity is included in future tender documents.

- **The review of health promotion services in Northern Ireland:** Following the review, the respective roles and responsibilities of the Health Promotion Agency, Health and Social Services Boards (purchasers), and Trusts (providers) will be clear, ensuring the best use of available resources.

- **Review of the school physical education curriculum:** Currently health related physical education is integrated within the programmes of study for physical education at key stage 1 to 3. At key stage 4 it is identified as a specific element of the programme with the intention of encouraging pupils to take responsibility for their own fitness in the future. The programmes of study for all subjects are under review at present but the health related element of the programmes of study for physical education will remain unchanged.

- **Strategic Analysis of Sport and Recreation:** The Department of Education has undertaken a Strategic Analysis of Sport and Recreation which will lead to the development of a Strategy for Sport in Northern Ireland. Local strategies are being prepared by District Councils. It is considered important that health related physical activity should be a strong element of both a regional and a local sport and recreation strategy.

- **The Regional Strategy for Health and Social Wellbeing:** The Regional Strategy for the period 1997-2002 will include the regional targets for physical activity proposed in this strategy. The Physical Activity Strategy will also contribute to the targets for obesity, nutrition and mental health.

Main recommendations
It is proposed that:

- A regional media strategy should be developed to raise public awareness of the benefits and the opportunities available for participation in physical activity.

- Clear and concise guidance should be developed for physical activity professionals in respect of appropriate exercise advice for the sedentary population in light of the recent American College of Sports Medicine (ACSM) recommendations.²

- Methods of promotion that could be used by a variety of community groups, at a local level, should be investigated. This will include monitoring the levels of awareness among the public of the regional media strategy.

- A needs assessment should be undertaken of a representative sample of the public and the agencies involved in physical activity. Resources should then be developed based on the outcome of the needs assessment ensuring that intervention programmes present alternatives to the traditional exercise approach and encourage the integration of the increased physical activity into daily living.

- The findings of the needs assessment should be considered by Government and the principal organisations involved in the promotion of health related physical activity to identify the sources of appropriate financial resources.

- Programmes and print resources should be tested and evaluated, and the information disseminated, enabling regional and local alliances to make the best use of resources.

- Multi-agency demonstration projects should be set up to test a number of strategies to increase participation.

- Guidelines relating to elements of training for health related physical activity should be developed and made available to the professional bodies involved in training.

- A multi-agency group should be established at a regional level to undertake a needs assessment and to develop and monitor training programmes and resources at regular intervals.
• A structure should be established to oversee the implementation of the Physical Activity Strategy which would include a steering group, with sub-groups for training, and research and evaluation.

• Liaison with organisations such as the Chief Leisure Officers Association and the Inter-Board Panel for Physical Education, should be undertaken by the Health Promotion Agency on behalf of the steering group.

• Consideration should be given to providing a voice for the sedentary population to express their views to planners and policy makers.

• All organisations involved in health related physical activity should adopt a policy to work in local alliances, building on existing structures and seeking to develop new ones.

• At a local level organisations should consider which structures would be suited to their area. These might include the development of local sport and recreation strategies, area exercise groups or other agreed alliances.

• A research group should be established which would be responsible for determining a prioritised research agenda, and for providing policy advice to Government, through the steering group on matters relating to physical activity research.

• Interested organisations should be encouraged to develop physical activity policies and have access to advice and support.

• The two clinical surveys, *The Northern Ireland Health and Activity Survey* and *The Young Hearts Project* should be repeated after a suitable period of time to measure progress against the baseline data.\(^3\)\(^,\)\(^13\)

• An interim measurement of progress towards the regional targets could be undertaken by the inclusion of questions in a suitable regional survey.
## Appendix 2 - Effects of Habitual Physical Activity

<table>
<thead>
<tr>
<th>Physiological/psychological</th>
<th>Prevention/amelioration</th>
</tr>
</thead>
</table>
| 1 Cardiovascular function   | * ameliorates the effects of age and chronic disease (including CHD)  
  i cardiac performance/myocardial work  
  ii arterial blood pressure regulation  
  iii cardiovascular and sympatho-adrenal response to acute exercise  
  iv electrical stability of heart muscle  
  * reduces blood pressure (BP) in mild hypertension and attenuates age dependent rise in BP  
  * reduces risk of cardiac arrhythmias and possibly of sudden death |
| 2 Skeletal muscle           | * ameliorates the effects of age and chronic disease on reserve capacity for exercise, increasing endurance and reducing fatigue  
  i metabolic capacities  
  ii nutrient blood supply  
  iii contractile properties  
  iv strength  
  * reduces risk of injury  
  * ameliorates the effects of muscle disease |
| 3 Tendons and connective tissues | * reduces risk of injury, especially with age, and muscle disease |
| 4 The skeleton              | * 'prevents' osteoporosis and fractures |
| 5 Joints                    | * avoids limitation of movement  
  i lubrication  
  ii range of movement  
  iii maintenance of flexibility  
  * limits effects of degenerative arthritis |
| 6 Metabolic function        | * 'prevents' obesity-related disease and excessive weight gain  
  i body weight control  
  ii regulation of energy balance  
  iii insulin sensitivity and carbohydrate tolerance  
  iv lipid and lipoprotein metabolism  
  v inhibition of blood clotting processes  
  * improves carbohydrate tolerance  
  * ameliorates late-onset diabetes  
  * 'prevents' coronary heart disease  
  * counters acute precipitants of 'heart attack' |
| 7 Psychological function    | * reduces mild anxiety and depression  
  i mood  
  ii self-esteem  
  iii psychomotor development  
  iv memory  
  v stress reduction  
  * influences mood favourably  
  * contributes to the quality of care for the mentally handicapped  
  * can improve memory in the elderly  
  * can ameliorate stress-related conditions |

Source: Allied Dunbar National Fitness Survey

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Acknowledgements

This document has been produced by the Health Promotion Agency for Northern Ireland on behalf of the Northern Ireland Physical Activity Strategy Implementation Group. The Strategy Action Plan is the result of two years of consultation following the publication in March 1996 of the Northern Ireland Physical Activity Strategy. During the consultation period the Northern Ireland Physical Activity Strategy Implementation Group received comments and support from many individuals, organisations and agencies, including Government Departments, representatives from education, health, District Councils, and voluntary and community sectors. This assistance is gratefully acknowledged.

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Dr Domhnal MacAuley General Practitioner
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Mervyn Hill Western Education and Library Board
John McKnight Ards Borough Council
Jim Rose Castlereagh Borough Council
Frank Kelly Health Promotion Agency for Northern Ireland
Danny Carty Confederation of British Industry
### Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACSM</td>
<td>American College of Sports Medicine</td>
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<tr>
<td>CCEA</td>
<td>The Northern Ireland Council for the Curriculum, Examinations and Assessment</td>
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<tr>
<td>CCT</td>
<td>Compulsory competitive tendering</td>
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<tr>
<td>DANI</td>
<td>Department of Agriculture for Northern Ireland</td>
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<td>DED</td>
<td>Department of Economic Development</td>
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<tr>
<td>DENI</td>
<td>Department of Education for Northern Ireland</td>
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<td>DFP</td>
<td>Department of Finance and Personnel</td>
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<tr>
<td>DHSS</td>
<td>Department of Health and Social Services</td>
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<tr>
<td>District Councils</td>
<td>City, Borough and District Councils</td>
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<tr>
<td>DOE</td>
<td>Department of the Environment</td>
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<tr>
<td>ELBs</td>
<td>Education and Library Boards</td>
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<tr>
<td>Health related</td>
<td>Any bodily movement produced by the skeletal muscles resulting in physical activity energy expenditure which confers a health benefit</td>
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<tr>
<td>HPANI</td>
<td>Health Promotion Agency for Northern Ireland</td>
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<td>HRPE</td>
<td>Health related physical education</td>
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<td>H&amp;S A</td>
<td>Health and Safety Agency</td>
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<td>HSSBs</td>
<td>Health and Social Services Boards</td>
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<tr>
<td>HSSTs</td>
<td>Health and Social Services Trusts</td>
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<td>IDB</td>
<td>Industrial Development Board</td>
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<tr>
<td>Key activity areas</td>
<td>Examples of activities which will form basis of sector action plan</td>
</tr>
<tr>
<td>Key dates</td>
<td>Estimated dates for key activities</td>
</tr>
<tr>
<td>Key holder</td>
<td>Organisation responsible for developing and monitoring sector action plan</td>
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<tr>
<td>Key organisations</td>
<td>Organisations involved in contributing to sector action plan</td>
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<tr>
<td>Key health outcomes</td>
<td>Sector action plan health outcomes</td>
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<td>Key roles</td>
<td>Role of organisations involved in sector action plan</td>
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<td>Key targets</td>
<td>Sector action plan targets</td>
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<tr>
<td>LEDU</td>
<td>Local Enterprise Development Unit</td>
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<td>MGPH</td>
<td>Ministerial Group on Public Health</td>
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<tr>
<td>Moderate physical activity</td>
<td>Any activity resulting in an energy expenditure of 5-7.5 kcal per minute</td>
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<tr>
<td>NICHSA</td>
<td>Northern Ireland Chest Heart and Stroke Association</td>
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<td>NIO</td>
<td>Northern Ireland Office</td>
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<tr>
<td>NIPAIG</td>
<td>Northern Ireland Physical Activity Strategy Implementation Group</td>
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<tr>
<td>NGOs</td>
<td>Non Government Organisations</td>
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<tr>
<td>PGCE</td>
<td>Post Graduate Certificate in Education</td>
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<tr>
<td>PRAG</td>
<td>Public Relations Advisory Group</td>
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<tr>
<td>QUB</td>
<td>Queen's University of Belfast</td>
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<td>RAG</td>
<td>Research Advisory Group</td>
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<tr>
<td>SCNI</td>
<td>Sports Council for Northern Ireland</td>
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<tr>
<td>SOLACE</td>
<td>Society of Local Authority Chief Executives</td>
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<tr>
<td>Sustrans</td>
<td>Organisation involved in promoting methods of sustainable transport</td>
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<tr>
<td>TAG</td>
<td>Training Advisory Group</td>
</tr>
<tr>
<td>UUJ</td>
<td>University of Ulster, Jordanstown</td>
</tr>
<tr>
<td>YCNI</td>
<td>Youth Council for Northern Ireland</td>
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