

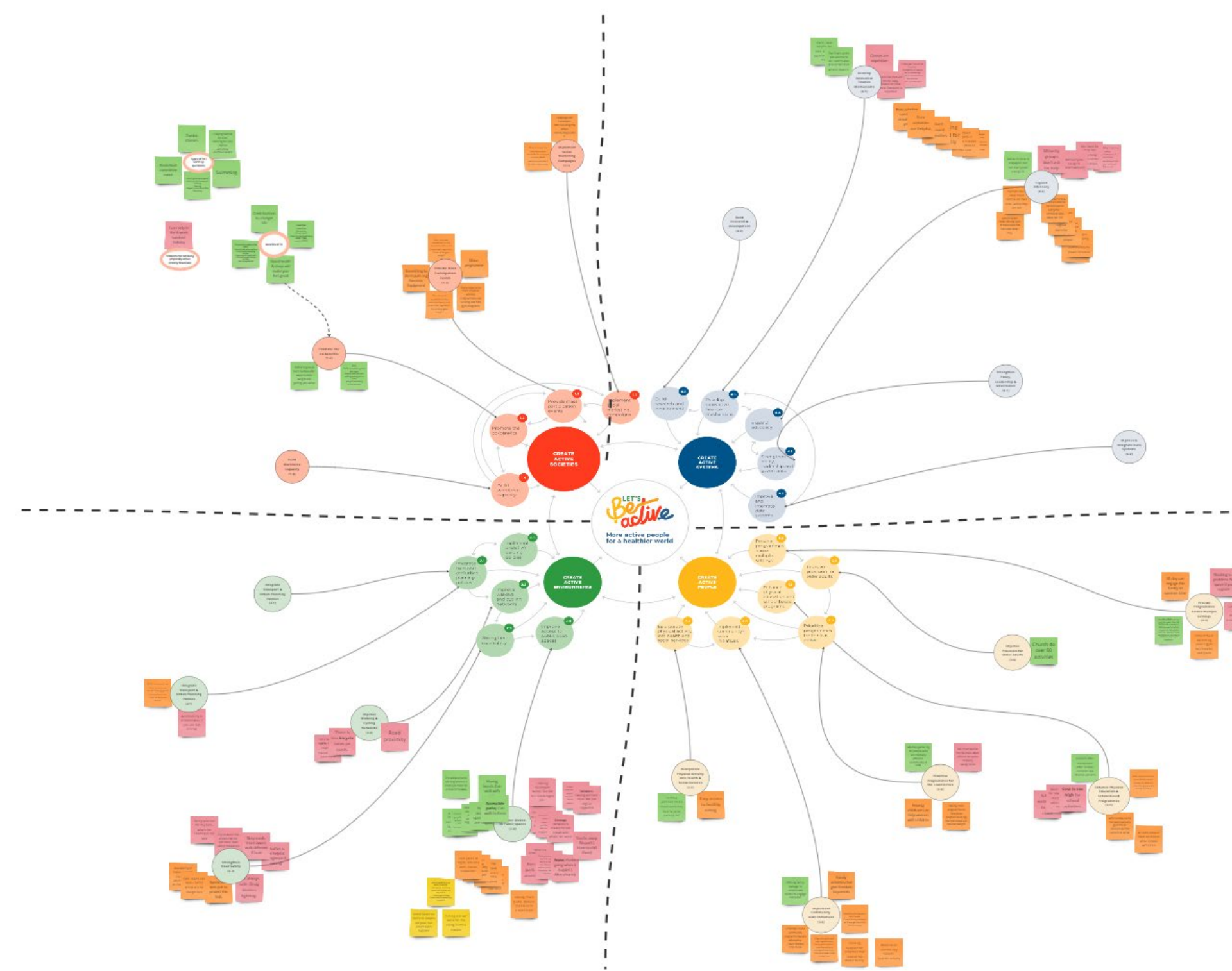
Informing Suffolk's Physical Activity Strategy

Aims

To map the current physical activity (PA) offer in Suffolk (policies, networks, assets, barriers) to understand and evidence: (1) Support for underrepresented members of the community to participate in PA, (2) How the workforce (coaches, healthcare professionals) support these community members, (3) Impacts from successful examples of providing support.

Why did we do this?

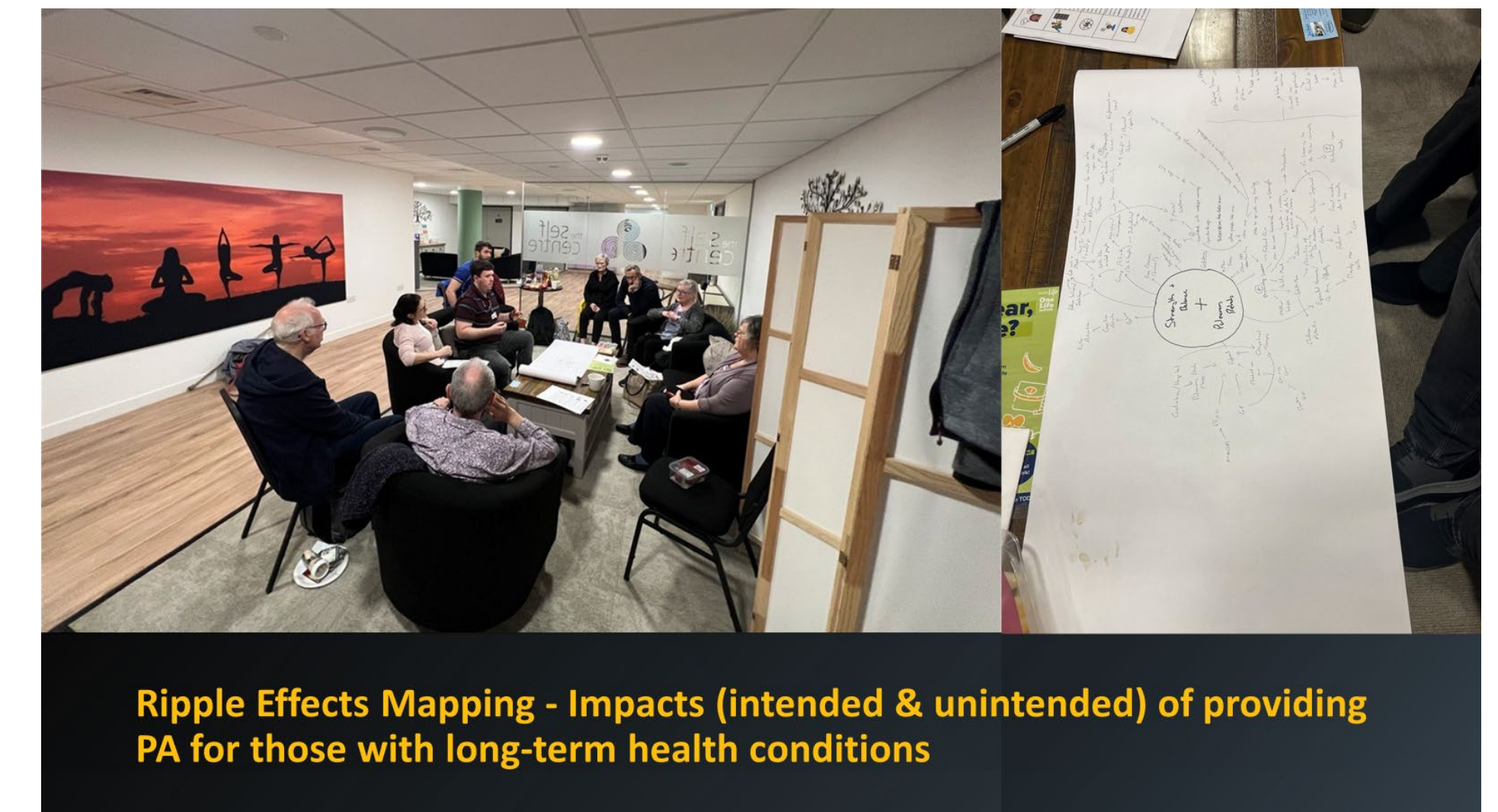
PA is vital for health and well-being but is decreasing, especially among those facing higher health inequalities. Traditional methods like providing facilities, are insufficient for those most in need of increased physical activity. A holistic approach, requiring minimal personal effort, is necessary to integrate PA into daily life. Collaboration between traditional PA providers, healthcare, and various community groups, including religious and housing associations, is essential to support those in need. Notable progress has been made in Suffolk, but it's not fully documented. This project's work can help shape Suffolk's PA policy and strategy, currently under redevelopment by Active Suffolk, the county's active partnership.



GAPPA Mapping: Underrepresented Groups

What did we do?

- 1) GAPPA Mapping Workshops – Understand support for underrepresented groups and map utilising the Global Action Plan on Physical Activity (GAPPA) 2018-30¹.
- 2) Focus Groups – How the workforce are providing support to change behaviour (COM-B)².
- 3) Ripple Effects Mapping (REM)³ Workshops – Intended & unintended impacts from successful examples in Suffolk.



What did we find?

The GAPPA identifies four main objectives and twenty policy actions that are important for reducing physical inactivity globally. Using this we were able to map information to help us understand cultural, environmental & individual determinants of inactivity in Suffolk, using a systems-based approach.

- i. GAPPA mapping identified what PA initiatives/policies currently work well, where improvement are required and how changes could be made to increase access to PA opportunities.
- ii. Speaking to the workforce we identified successful examples of PA being provided for those from underrepresented groups. Using a well-established model of behaviour change (COM-B) we were able to consider the capability, motivation, and opportunity to facilitate individuals from underrepresented groups to participate in PA.
- iii. REM evidenced the intended and unintended impacts that occur from successfully referring individuals with long-term health conditions into PA opportunities provided by the leisure sector.