Public Health Devon

Devon County Council

Everybody Active Every Day in Exeter

Public Health Behaviour Change Scoping Report:
A Social Marketing Approach

EXETER HEALTH AND WELLBEING BOARD

Everybody Active Every Day in Exeter

In Exeter, 88% of people are not considered to be active enough to experience health benefits. This means that 88% of residents, who may already be active, still need to increase what they are doing. This will also include a percentage of people who are not active at all.

Due to the high percentage of inactivity, a social marketing approach has been undertaken. This will look at behaviour change from a population approach which reaches across backgrounds to focus on the shared characteristics that motivate people. It is essential that this work ensures health inequalities do not widen and includes those people who are most vulnerable in our city.

The benefits that physical exercise and sport can bring include weight loss; improved mental wellbeing; improved management of long term conditions, such as asthma and diabetes; a better social life and, overall, a better quality of life. This, is turn, can bring benefits for employers; a healthy workforce will reduce absenteeism and, to the wider society, for example, changes to a daily commute can reduce congestion and improve the environment for all.

For most residents, increasing or even starting physical activity will mean facing and removing barriers that are currently preventing them from being more active. It is essential to understand these barriers and also peoples motivations to exercise and getting active, in order to know how to get Exeter moving. For example, most mothers will know about the health benefits of getting active but, if childcare and exhaustion are their main barriers advertising free classes to reduce risk of heart disease will not reach them, however, advertising classes with offers of 'visible' childcare and the promise of renewed energy at the end might.

The purpose of this scoping report is to bring together the data, the latest research, and the engagement work with professionals and residents into one place to baseline where Exeter is now. To capture the excellent work that is already happening and fully understand the behaviour changes required of individuals and providers to increase physical activity levels in the city.

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HEALTH GUIDELINES AND MEASURES

The Chief Medical Officer's Guidelines on Physical Activity

Everyone who participates in any amount of physical activity gains some physical health and cognitive benefits. The more physical activity you do, the greater the benefit. The Chief Medical Officer's guidelines are as follows:

For early years (under 5's):

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active for at least 180 minutes (3 hours) spread throughout the day.
3. All under 5's should minimise the amount of time spend being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

For children and young people (5-18 years)

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

For adults and older adults (65+ years)

Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2 ½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

1. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
2. Adults should also undertake physical activity to improve muscle strength on at least two days a week. All adults should minimize the amount of time being sedentary (sitting) for extended periods.
3. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

Public Health England advises these guidelines can be applied to all children and adults but that they should be adjusted for each individual based on health issues.

How the guidelines are measured

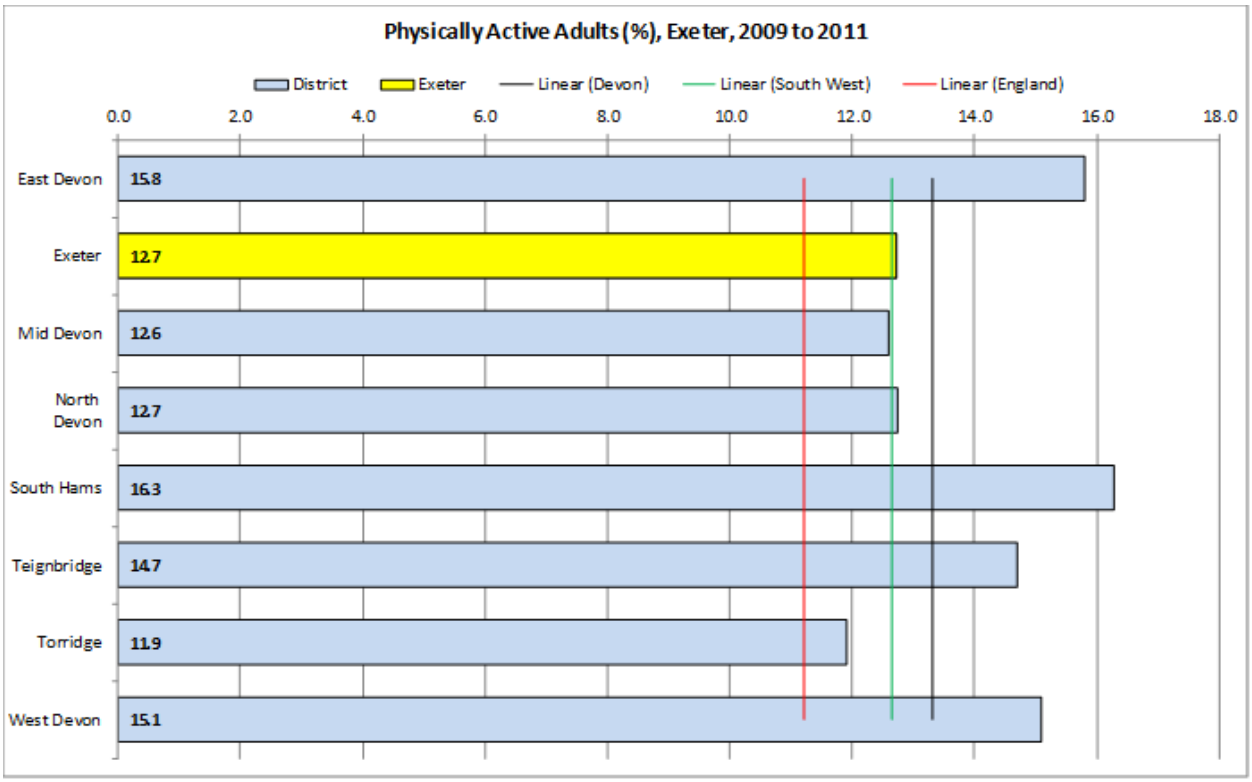
The Active People Survey is the national measure, commissioned by Sport England, used to measure adult participation in sport and active recreation. It is a large telephone survey which uses a sample size of only 500 respondents at a district local authority level.

In 2012, the Active People Survey activities definition was widened to include active travel, such as walking, cycling, dance and gardening, and accumulative hours of activity taken in shorter bursts, such as a ten minute walk to work. The measure now better reflects the Chief Medical Officer's guidelines for recommended activity but means that year on year trend comparisons are no longer possible.

Exeter residents participating in at least 90 minutes activity

Pooled data from the Active People Survey (2009-2011) shows that ***88% of the Exeter adult population is not active enough to receive physical or mental health benefits*.** The diagram below shows 12.7% of adults are participating in at least 3 x 30 minutes of activity a week.

Figure 1: Physically Active Adults (3 x 30 measure) Active People Survey 2009-11

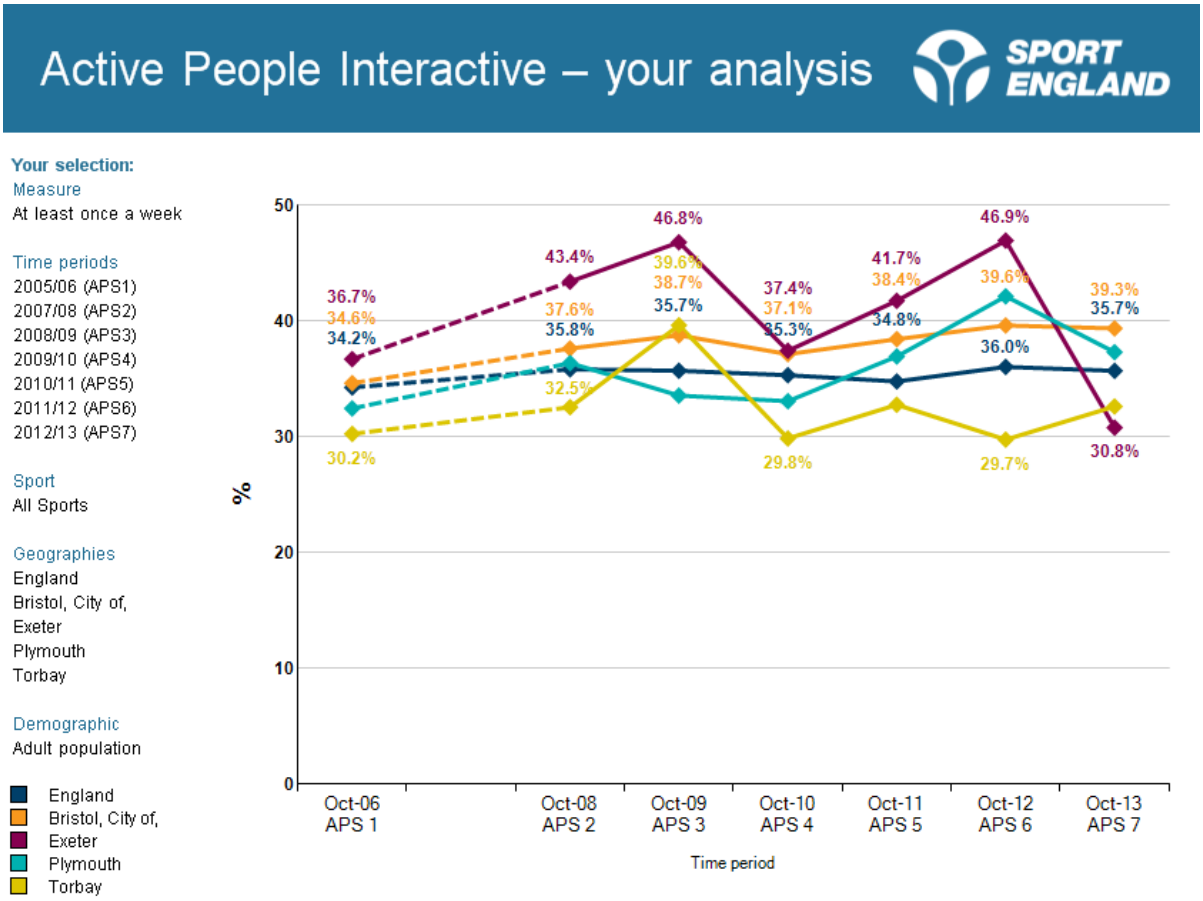


Exeter residents participating in at least 30 minutes activity

In 2012, the Active People Survey showed Exeter as the most active city in the South West for the '1 x 30' (minute) indicator, although now the definition of "active recreation" has been widened to include recreational cycling, gardening or dance, Exeter is currently the least Active City in the South West 2013.

However, this should be read with caution as the Active People survey sample size is at a district local authority level; this means the data is volatile and subject to sudden drops and rises year on year. The most reliable way to use this measure is to pool the data over a number of years but this is not possible since the definition changed as only 2 years of data is currently available. The survey is not sensitive enough to reliably measure the change in Exeter's physical activity levels as the graph below shows. We could be top one year and almost bottom the next.

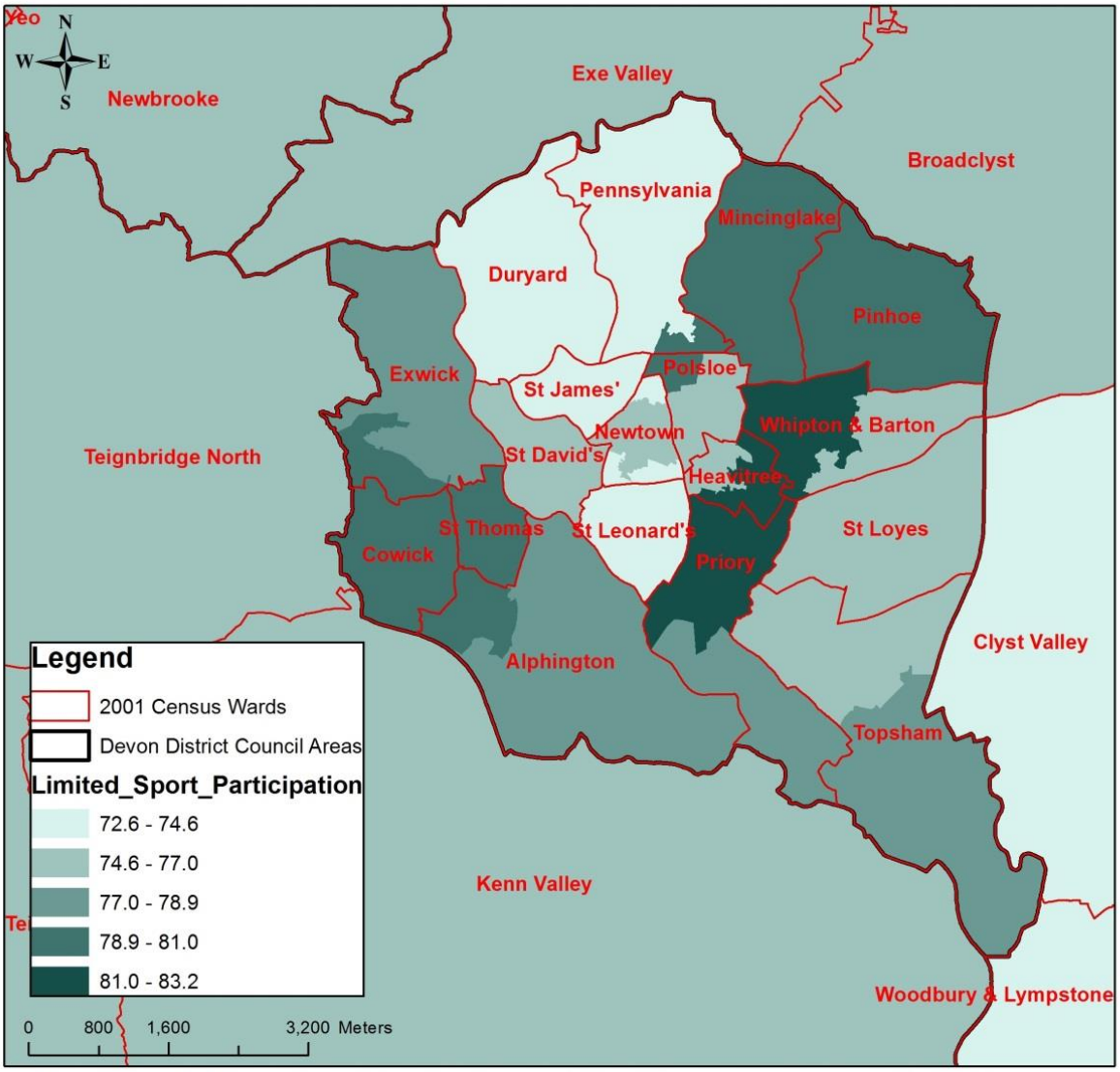
Figure 2: Physically Active Adults (1 x 30 measure) Active People Survey 2008-2013



Health inequalities and physical activity

The Active People survey data from 2011 was mapped against the city to identify where the areas of least activity are. The map below confirms the areas in the city with low physical activity particpation levels correlate with the areas of higher deprivation including Whipton, Priory and parts of Heavitree wards.

Figure 3: Active People Survey 2011 data 3 x 30minutes mapped against Exeter



Map Title: Adults not participating in sport (3 x 30 minutes per week), 2011

Author: Devon PHIT *Date:* 14 January 2014

BENEFITS AND BARRIERS EXPLORED

The benefits of being physically active

The benefits of physical activity on both physical and mental health are well documented and evidenced and, as such, the goal of increasing physical activity is a public health priority. The Sport & Recreation Alliance has produced a comprehensive review called *"Game of Life, How sport and recreation can help make us healthier, happier and richer" (Cox, 2012).* This review has collated the considerable amount of evidence that explores the impact that 'getting active' can have on your life including physical activity and physical health and physical activity and mental health:

Table 1: Sport & Recreation Alliance 2012 - the benefits of being physical active

Physical health	**Mental health**
Weight maintenance	Depression
Cardiovascular diseases	Self-esteem
Diabetes	Anxiety and general wellbeing
Musculoskeletal health	Green exercise
Cancer	Dementia
	Schizophrenia
	Eating disorders

Due to the amount of reviews, different approaches and quality of studies, Sport England has also developed an online resource, 'The Value of Sport Monitor', which reviews the evidence and offers simplistic summaries and conclusions that break through a lot of jargon. To make best use of this evidence it is necessary to fully understand what getting active is seeking to achieve, for example, whether it is community cohesion or crime reduction. Possible objectives of being more physically active include:

- Crime reduction and community safety
- Economic impact
- Regeneration of local communities
- Education and lifelong learning
- Participation
- Physical fitness and health
- Psychological health and wellbeing
- Social capital and cohesion

Barriers to behaviour change

Research exploring the barriers, enablers and motivations to increasing physical activity is extensive. Themes are clearly identified and saturated to a point that it is not the validity that requires further testing but rather the priority of order of the themes from a local community perspective, that is: what matters most to them and what, when tackled, will act as a tipping point and increase physical activity? The following barriers are expressed throughout the literature (Withall et al 2011) as key reasons why people fall out of or do not take up physical activity:

- Past exercise behaviours
- Perceived self-efficacy
- Cost
- Lack of leisure time
- Social support
- Self-confidence
- Access to facilities
- Physical environment (perceived and objective environmental characteristics)
    - Commute (transportation)
    - Leisure(recreational)
        - Unsafe
        - Difficult to access
- Gender and socio-economic status
- Knowledge of what is available
- Poor mental health (Rosqvist et al 2009)
    - poor health
    - fear and negative experiences
    - lack of knowledge

Prioritising the barriers

A study by Withall et al (2011) looked at increasing understanding of participation in physical activity programmes by low income groups, so as to inform the design of strategies to increase programme recruitment and retention. It identified the priority barriers as:

- Cost

"I really do enjoy exercise and activity but the only other reason I don't do it is moneywise." (Female, 35-44 years)

- Access to childcare

"I would feel wary about my little ones with someone I didn't really know."

(Female 25-34 years)

- Confidence

"If I was to come on my own I don't think I would because I am not a very confident person." (Female 25-34 years)

- Lack of time

" I haven't got much spare time, I would and we're foster parents." (Male 35-44 years)

- Low awareness

"I'd never think of using the internet for something round here." (Female, 18-24 years)

Importantly, this study understood that simply tackling one barrier, for example, low awareness, will not necessarily increase participation rates. It was not grounded in individual theory of behaviour but suggests that the Self Determination Theory (SDT) satisfies the requirement to address the needs of feeling *competent*, *autonomous* and *belonging*. This theory represents a broad framework for the study of human motivation and personality. It focuses on how social and cultural factors facilitate or undermine motivation and how they can impact on the feeling of *competency, autonomy and belonging.*

MOTIVATIONS

Withall et al (2011) included a survey incorporating the "Motivation for Physical Activity Measure" that was used to assess the motivations of 152 participants of physical activity sessions in a highly deprived urban neighbourhood. As outlined earlier, the barriers specific to this group of people were **cost, childcare, lack of time and low awareness**. There was an expressed need for support, confidence and competence. The report advocates that tackling this 'fear of walking in alone' using intelligence about what motivates is essential to the recruitment of the target audience.

"It is quite nervy walking into an established group and thinking am I going to fit in but thankfully my neighbor asked me to come along so…"(Female, 45-44 years)

In this same study, improvements in physical and mental health were identified as common motivators, as well weight management – for health and appearance purposes – and, interestingly, the exercise providers stated they thought that enjoyment and socialising was a key motivator.

Enjoyment and socialising are motivators that transcend age, background and gender

THE BARRIERS IN GREEN SPACE

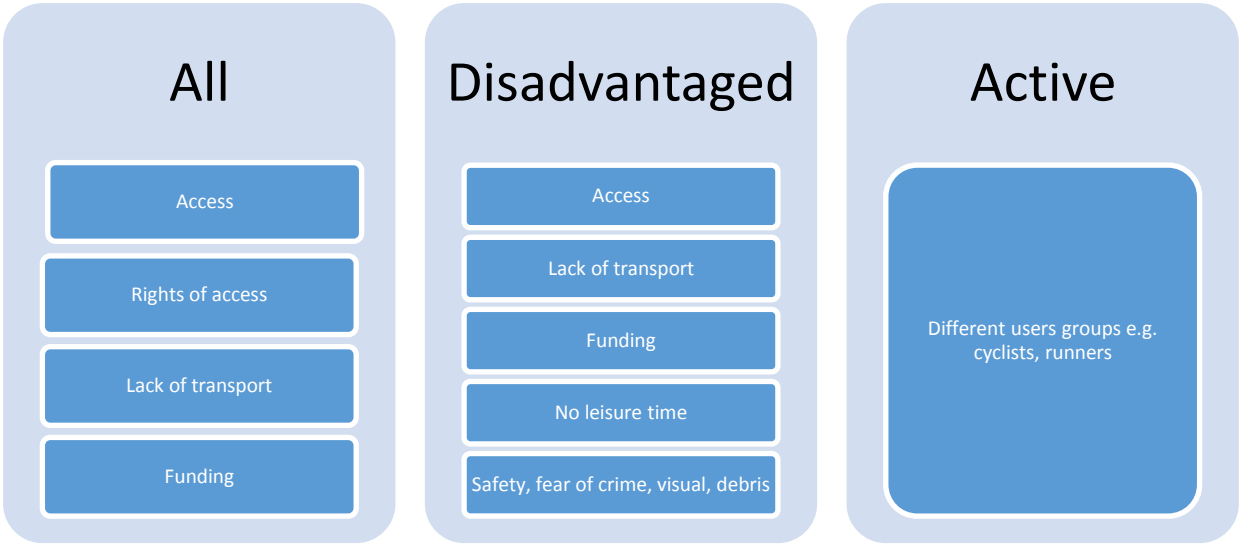
The physical and mental health benefits of being in, and being active in, green space are well researched and the Faculty of Public Health (2010) advocates the ability of green spaces to reduce health inequalities. Researchers Barton and Pretty (2010) at the University of Essex conducted a meta-analysis on ten studies and found that benefits to mental health could be seen after five minutes of participating in green exercise. It is possible to view this reconnection with nature as an antidote to the demands of contemporary living.

Devon has 42 beaches with Blue Flag status; two national parks and five areas of outstanding natural beauty. Exeter has the Green circle; five valley parks and 13 parks and gardens so why do people hesitate to access them? Natural England collects data regarding Monitoring Engagement with the Natural Environment (MENE), which can be broken down to a Devon level that indicates lower levels of people accessing urban green spaces in Devon compared to the UK average:

	UK	Devon
Urban Green Space	37%	**24%**
Coastal	11%	**23%**
Frequency; once or twice a month	21%	**19%**
Frequency; once every two or three months	8%	**7%**
Never	9%	**3%**
In England 4 million adults categorised as non–participants. Of those:		
Socio-economic profile		
D: Semi-skilled and unskilled manual workers **E: Casual labourers, pensioners, unemployed**	43%	**34%**
C2: Skilled manual workers	19%	**24%**
Age bands		
65+	35%	**33%**
45-65	25%	**32%**
Reasons for non-participation		
Too busy at work	15%	**27%**
Poor Health	19%	**26%**
Old Age	16%	**19%**
Physical Disability	10%	**14%**

Table 2: Monitoring Engagement with the Natural Environment data 2013

The MENE survey and a local research paper "Reconnecting People and Nature" (Community Council of Devon, 2012) found the following barriers directly relevant in preventing people increase their activity or even access green space:



These barriers are further supported by a qualitative study in Glasgow (Seaman et al, 2010). The study conducted in-depth interviews with 24 people living in two areas and six engagement exercises called 'Participatory Appraisal' in an affluent area and a deprived area. The study took an interesting approach and asked interviewees to draw the green space local to them and ask them their experiences. It revealed how important it is to capture the local opinion as the perception of what is available is not what is listed on a GPS map.

"A county park was adjacent to the area they lived in..(however)...the green space maps drawn by Nyela and her friends depicted only football pitches and low quality green space (open plains of grass) ... the map listed a number of obstacles to green space usage such as broken lifts, gangs of young people"

This study found improving access requires more than new resources. A holistic understanding of the social cohesion in the areas is essential to removing the barriers. The decision on usage is grouped into four themes through the study:

- Availability of physical community resources
- Lifestyle and life stage factors
- Individual values
- Levels of integration

However, through the analysis, the concept of inclusion and perceived integration is essential to the successful attempts to improve access.

PHYSICAL ACTIVITY INTERVENTIONS

The interventions that overcome the barriers and, so, do increase physical activity are numerous with a wide variety of designs, from GP referral schemes and RCT studies to community-based interventions and activity within green spaces. However, evaluation of the interventions is less well documented and different outcomes from the physical to mental health and wellbeing are recorded. (For example: smoking, alcohol consumption and self-efficacy). Therefore, knowing what works best for your local population will need to be decided, in conjunction with those whose physical activity to increase, with complete clarity of the desired behaviour change (intended outcome).

> *"Walking the Way to Health initiative specifically targeted those who took little exercise/and or lived in areas of poor health, yet largely recruited relatively educated and affluent participants."*
>
> *Matthews et al. 2012*

A Cochrane review (Foster et al. 2013) analysed a broad spectrum of interventions with the objective to comparing effectiveness of the interventions in adults aged 16 and above. It concluded that, although more research is needed to establish which method of health promotion works best, interventions with built-in support, including telephone calls, support materials and counselling are likely to be effective.

"...professional advice and guidance with continued support can encourage people to be more physically active in the short-mid-term..." *(Foster et al, 2013).*

NICE behaviour change guidance

NICE has published a number of guidance documents relating to behaviour change with recommendations for best practice. Behaviour change guidance: individual approaches (2014) recommends the following, amongst others, as key elements:

- Developing a local behaviour change policy and strategy
- Planning interventions and programmes taking local needs into account
- Using proven behaviour change techniques when designing interventions
- Ensuring behaviour change is maintained for at least a year and evaluating behaviour change interventions.

Role of technology

Remote interventions are highlighted within the Cochrane review (Foster 2013) but, as an evolving area, the research is not conclusive; however, the use of technology to capture data and increase communications is a common strand of developing interventions.

Maintaining lifestyle changes

How long those with 'prescribed' and 'self-directed' exercise can maintain the behaviour change is an essential element to intervention planning. Simons-Morton (2001) tested behaviour change (self-reported) at six and 24 months and found there was a significant change in the women who received the behaviour counselling versus the control group who just received health advice. There was no difference between the two groups for men.

Recruitment to interventions

Recruitment to interventions is essential to the long–term survival of a community group. This promotional aspect is taken very seriously by corporate companies which will invest in recruiting their target audience through advertising, invest in customer training for their staff, and can even generate competition within staff groups to increase activity.

Recruitment to leisure facilities is also very different to ongoing engagement within the centre, which can be essential to maintaining the lifestyle change, especially as a person becomes more confident and moves from 'prescribed' to 'self-directed' exercise.

A qualitative study (Matthews et al, 2012) on recruitment approaches to community-based walking programmes in the UK found that, "effective programme recruitment seems to require trained, strategic, labour intensive, word of mouth communication", and that to reach priority groups and disengaged sedentary communities, they must develop trust and motivation.

The study noted that those promoted using social marketing techniques would focus on the social rather than the health benefits. Through bringing together the marketing four'P's – Product, Place, Promotion and Price - the 'recruitment strategies' will automatically tackle the barriers and focus on the motivating factors as seen by the target audience.

Physical activity in the work place

A typical person spends a third of their waking time and over 40 years of their life at work therefore the workplace is an ideal place to target large numbers of people to help change their physical activity behaviour (BUPA, 2009).

The National Institute for Health and Care (NICE 2008) produced evidence guidelines for promoting physical activity in the work place. Studies with public sector employees found that poster campaigns can increase stair use and that using pedometers can increase the amount people walk but that this use declines over time. Walking and cycling to work campaigns using written health materials had some success in increasing walking but not cycling.

Walking or cycling some or the entire journey to work – Active Travel - is often promoted as a way to increase physical activity in this audience. There is some support that self-directed interventions can change walking and active travel behaviour.

Tackling sedentary behaviour is one of the Chief Medical Officer's physical activity recommendations in his report Start Active, Stay Active 2011

APPLYING BEHAVIOUR CHANGE THEORY

Using the theory to achieve change

An integral part of the social marketing scoping process is the application of behaviour change theory. As stated earlier, to achieve behavior change you must first identify the barriers and address them together – not in isolation. Behaviour change theories support this approach and consider multiple factors to assist this thinking. They also provide excellent frameworks for evaluation.

These behaviour change theories suggest that working with those who are currently inactive will be time and labour intensive to move them on to at least 3 x 30 minutes of activity. People doing no physical activity will not just suddenly become active to levels of 3 x 30 minutes a week. The implementation of any interventions or development of solutions will need to take this into account.

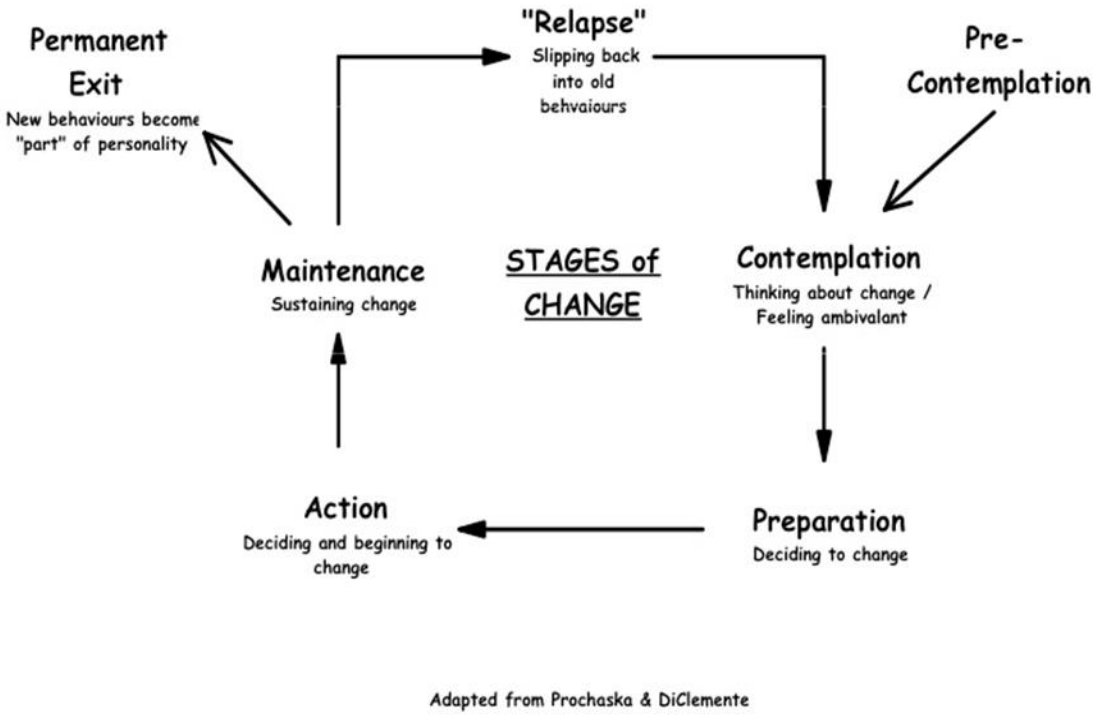
The Transtheoretical Model of Behaviour Change

The Transtheoretical Model of Behaviour Change (Prochaska and DiClemente, 1983) looks at behaviour change as a dynamic process rather than 'all or nothing'. Individuals move through a number of 'stages' characterised by their readiness to change the behaviour in question. Progression through these stages is cyclical, where an individual can progress and regress through them in the process of trying to create a lasting behaviour change. The stages are:

- 'Precontemplation' (no intention of becoming physically active within the next six months)
- 'Preparation' (making small behavioural changes but not enough to be physically active)
- 'Action' (being physically active but only recently e.g. last six months)
- 'Maintenance' (meeting criterion for physical activity for last six months or longer).

This model is particularly useful when looking at trying to change the behaviour of those who are currently doing some physical activity, but not enough, and those who have exercised in the past but who have now fallen out of the habit.

Figure 4: Transtheoretical Model 1983



Adapted from Prochaska & DiClemente

Behaviour change theories act as supporting frameworks to keep activity focused and moving forward. Raising awareness or tackling one barrier alone does not increase activity levels.

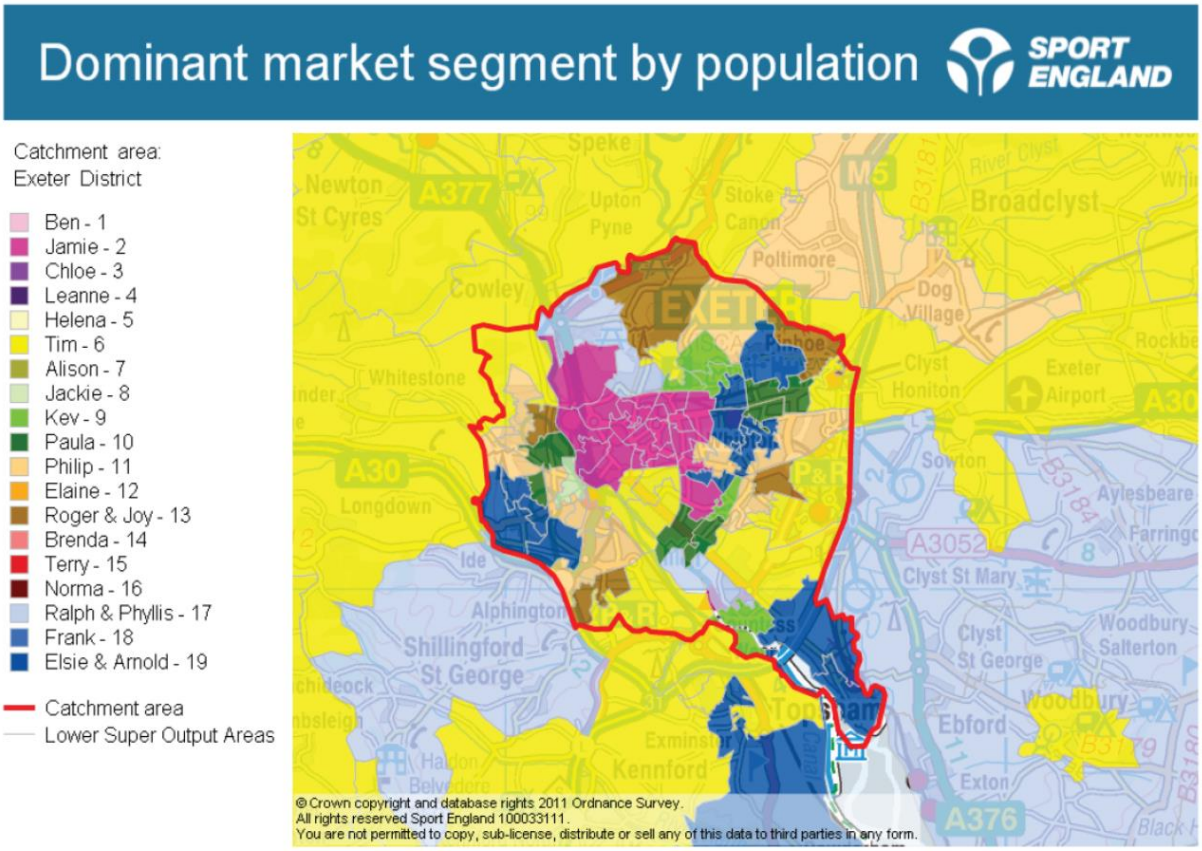
SEGMENTATION

Sport England National Segmentation

Segmentation is a core aspect of the social marketing approach. It is based on the understanding that one size does not fit all and that, in order to achieve behavior change, you must understand which barriers matter most to different people and which activities are of interest to different people.

To achieve this, Sport England has developed a national segmentation tool using the Active People data and other intelligence. It uses 19 segments to help you understand and respond to the needs of your local population, as illustrated in the table below.

Figure 5: Dominant Sport England market segments in the Exeter City area



The dominant segments in Exeter are 'Jamie', 'Philip' and 'Elsie and Arnold'.

'Jamie': Sports Team Lads

- Young blokes enjoying football, pints and pool; mainly 18-25, single, vocational student, taking part in sport on a regular basis
- 31% of 'Jamies' do 3 x 30 minutes a week compared to 16% of the whole population
- This is the most prevalent segment in Exeter
- **Motivations: enjoyment, keeping fit and socialising**
- Barriers: left school, no work, economic

'Philip': Comfortable mid-life males

- Mid- life professional sporty males with older children and more time for themselves; a sporty group participating primarily in organised/ club / competitive sports
- 20% of 'Philips' do 3x30 minutes a week compared to 16% of whole population
- **Motivation: enjoyment, keeping fit and socializing**
- Barrier: work commitments

'Elsie and Arnold': Retirement Home Singles

- Retired singles or widowers, predominantly female, living in sheltered accommodation; low participation in sport but often a member of a sports club perhaps for social reasons
- 5% of 'Elsie and Arnolds' do 3 x 30 minutes a week compared to 16% of whole population
- **Motivations: enjoyment, keeping fit, socialising**
- Barrier: health, injury or disability

In the context of Exeter:

It is useful to explore the segments in the context of the areas of deprivation and low activity outlined at the beginning of the scoping review. In this case, 'Elsie and Arnold' remain prominent but also:

'Paula': Stretched Single Mums

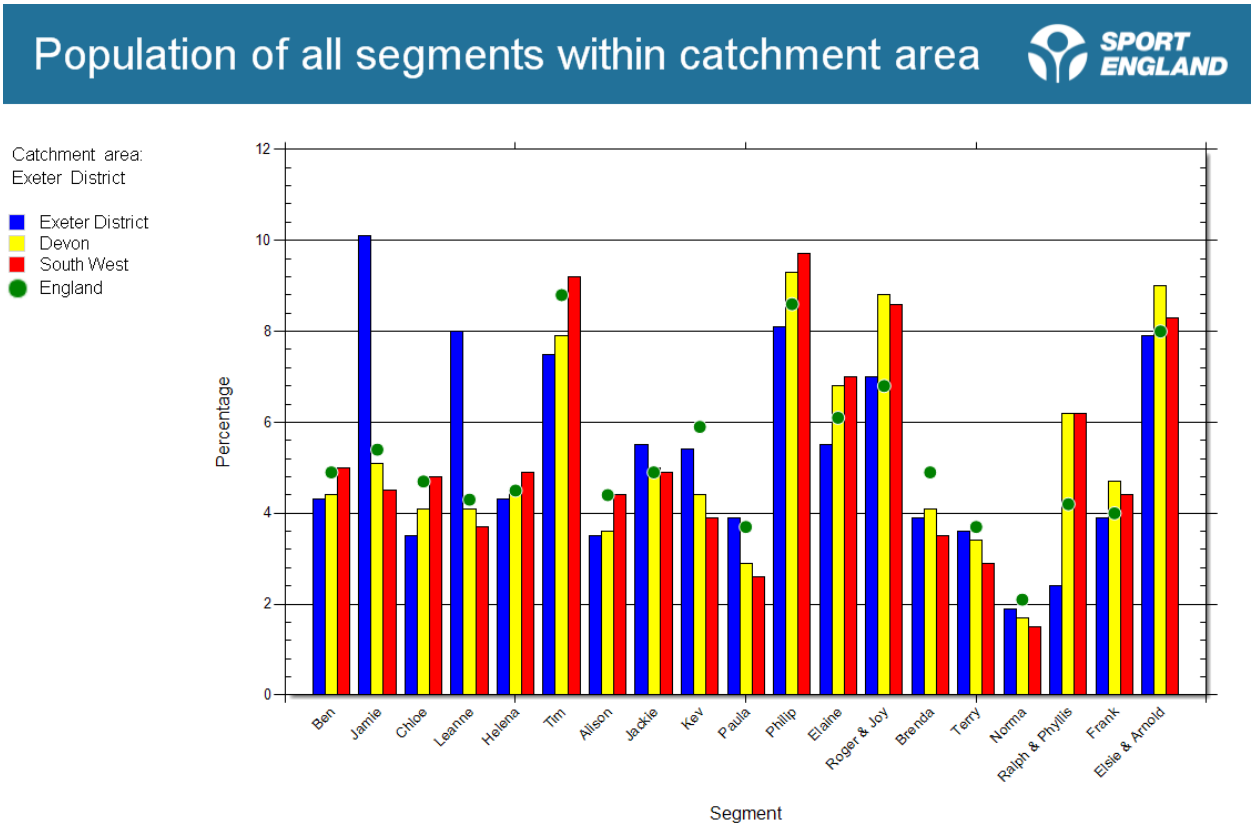
- Single mums with financial pressures, childcare issues and little time for pleasure
- 63% of this segment have undertaken no sport in the past month: 36% play sport at least one a week
- Motivations: enjoyment, keeping fit, to take children, losing weight
- Barriers: family commitments, lack of opportunity, 19% of this group consider themselves as having a long term illness

Consideration should also be given to how the segments look from a regional perspective. Exeter University students may well be why the Jamie dominant segment is so prevalent and should not be allowed to overshadow groups where health inequalities are greater. This includes the segment 'Leanne'.

'Leanne': Young busy mums and their supportive college mates

- Leanne is the least active segment of her age group, similar to Paula two of her preferred activities are swimming and keep fit.
- Motivation: enjoyment, keeping fit and losing weight
- Barriers: work commitment (very high when compared to other adults)

Figure 6: Population of all Sport England segments in the Exeter area compared to the region, Devon and England



All the profiles reinforce that enjoyment is a key motivator. Competitions are less motivating.

VIEWS OF EXETER RESIDENTS

Focus groups in Exeter

Whenever possible, as part of a social marketing scoping review, it is essential to validate the findings of the academic research and national reports with the local population, therefore, as part of the scoping review, focus groups were commissioned to test these finding and further capture the knowledge, attitudes and behaviours of residents in Exeter.

The focus groups were commissioned in tandem with focus groups in Buckfasleigh which were exploring activity in green outdoor space; this provided the added value by comparing and contrasting the views of the two sets of participants.

As these focus groups were commissioned with a public health perspective, and based on the health inequalities findings to date, the target audiences included a strong element of deprivation as well as inactivity. Inactivity in this age group is a considerable contributory factor in the future development of long term health conditions such as diabetes.

Exeter: Focusing on "inactive" 30 - 50 year olds living in Exeter, both in work and on low pay, or unemployed.

Buckfastleigh: low income parents and grandparents living in an area of deprivation with access to green space.

Activities and motivation

Participants were asked, "How often do you take part in physical activity that increases your heart beat?" and, as the research suggests, the shared answer was "not often".

When they did take part, the most popular activities were: walking and swimming followed by cycling and visiting the gym.

It was notable that very few of the participants took part in any organised activities such as team sports, walking groups or swimming clubs. The physical activity discussed was adhoc on a personal basis and on an informal, unplanned basis. Also of note is that a lot of activities do not take place outside but in purpose built centres.

Interestingly, the impact of the physical activities was not always a positive response and some responded with words such as "achy" and "shattered".

The majority would attend with a friend, rather than a family member, and many reported "taxing" children to activities whilst they watched and remained inactive, however, "doing it for the children" was a key motivator.

The participants did not find that physical activity was enjoyable for everyone, therefore, although the literature does highlight that it is for most, it is worth bearing in mind that for confidence, enjoyment and socialising, being somewhere new may be a barrier.

Barriers

Time was identified as a barrier from two perspectives; "shortage of time" due to work and family commitments, and "shortage of activities at the right time". Outside working hours or after the children are asleep.

The cost barrier was also broken down:

- Participation (membership costs)
- Access (travel required when there is no car ownership, public transport slow and expensive)
- equipment and gear

Lack of motivation due to being out of the habit was identified, particularly with the advent of parenthood. This may also include concerns about weight and body consciousness.

Ideas to increase motivation

Various ideas were explored to increase motivation, these included subsidised swimming at lunch time, working with employers, community and charity events which focus on physical activity and support groups or "buddy sessions".

It is worth highlighting how important the concept of "buddy group" is as it tackles the barriers of confidence/social norming whilst highlighting the motivators – enjoyment and socialising. Participants flagged it as important for solitary exercises such as swimming to keep them "in the habit":

"…we need help to motivate each other as well though and that (buddying) would be a good way of doing it".

Community fun runs were also highlighted as successful. The participants flagged it is not just that running is for everyone – it is that everyone is running as a community.

PHYSICAL ACTIVITIES IN EXETER

Connecting areas of work

A number of work areas within the current work plans of agencies include the aims of increasing physical activity levels amongst the Exeter population. These will contribute to achieving the objective of making Exeter the most active city in the South West by 2018. An 'Active Exeter' group has been formed as a physical activity and sport project group to co-ordinate some of this activity and support the delivery of the Exeter Health and Wellbeing priority 'Getting Exeter Active'. The Exeter Health and Wellbeing Board will need to discuss if and how it can influence the commissioning of these work streams to also deliver against this objective.

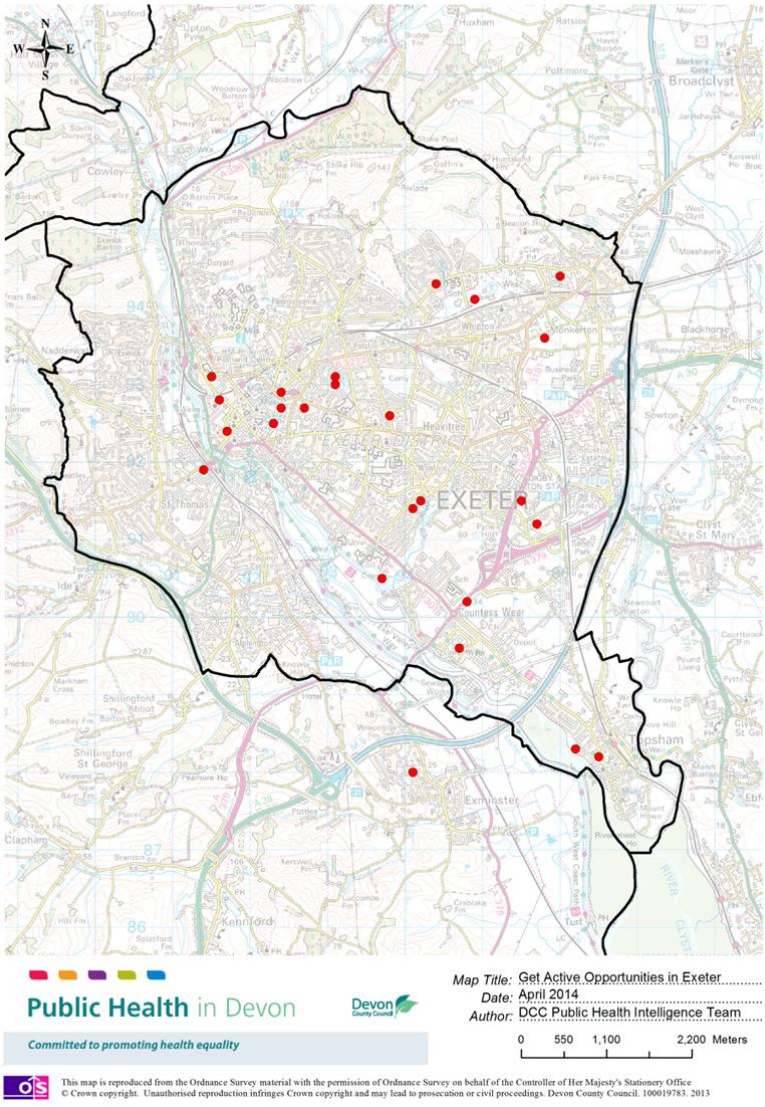
These work streams, that include commissioned services across the city, include:

Figure 7: Workstreams of partners across the city focusing on increasing physical activity levels

Exeter Community Activities

A snap shot survey of physical activity opportunities in the city was undertaken through existing networks. The aim was to collate current opportunities delivered in Exeter through voluntary, community and other organisations. Twenty-three organisations responded offering 47 different activities in 31 different community locations. A full spreadsheet can be seen in Appendix 1

Figure 8: 'Get Active' opportunities across the Exeter City area



RECOMMENDATIONS

Target audiences

1. A programme approach is recommended that will retain an oversight of the activities targeting the different groups in the city but also maximising their shared behaviours.

2. These different groups have been touched on throughout the scoping report and will be at different stages of the behaviour change cycle but all need to increase their activity. Three main segments have been identified and the profiles are listed below. The profiles detail the behavioural barriers and motivations to be amplified in any messaging.

    a. Lower income and deprived
    b. Later life (over 65's)
    c. Habit breakers (younger professional population and 65+)

3. The profiles show the opportunities available to increase physical activity; some which are already being done and some partner opportunities which can be explored.

4. Social marketing offers a population approach to ensure a reduction in health inequalities; it should never replace one-to-one interventions that support the most vulnerable or those most in need. Social marketing can act as a "glue" to existing provision through increasing social expectation to be "active every day".

5. When considering the next steps, build on the core marketing principles: "product", "place" and "price". Ask the questions:

    a. Whether the product is right for the target audience?
    b. Where is the product?
    c. What is the price for the participant?
    d. How are the answers to a,b, and c addressed in the material?

6. When using the profiles remember that they are a strategic approach and not a communication plan. Further informationn is available on www.promotingactive.com and www.segments.sportengland.org

7. Ensure evaluation focuses on behaviour change, an increase in confidence, a change in attitude, an increase in wellbeing as well as numbers.

8. To help make the economic case for investment in physical activity programmes and their promotion, a range of online tools are available https://www.noo.org.uk/visualisation

Lower income, deprived

Sport England Segments

Leanne (7,890)

Kev (5,331)

Paula (3,896)

Brenda (3,888)

Current behaviour	Sporadic commitment; will be active but most likely not doing 3 x 30 minutes a week.
Desired behaviour	3 x 30 minutes a week.
Preferred sports	Keep fit, swimming, cycling, football, badminton, tennis, netball.
Messages to motivate	Empathy around childcare. Laugh often. Women only – mums like you. Get back into something you've played before and worn before! Inspire your children, quality time with children. Masculine banter (not just for fun to win), communal and social side post activity.
Barriers to challenge	Every day activity should not be overlooked and should be valued. Cost. Crèche. Men – looking like a fool/beginner.
Behaviour change cycle: Contemplation and preparation	Contemplation: they were most likely engaged once, when they were younger and felt fitter. Action and maintenance: plan how to keep them coming back.
Communication channels	Social media, noticeboard, internet, text.
Opportunities in Exeter	Children Centres, leisure centres and swimming pools, football clubs, rugby clubs, pubs, bingo halls, Rugby World Cup Legacy.
Potential partners	Children Centres, Active Devon, Benefits Office.
Health promotion activity	Change4Life, Smoking (Pregnancy), Active Devon community projects, Children Centre activity.

Later Life (Over 65's)

Sport England Segments

Ralph & Phyllis (2,368)

Frank (3,843)

Elisie & Arnold (7,788)

In total 13,999

Current behaviour	The majority will not make 3 x 30, they will have access to activities such as card mornings and dance afternoon, indoor bowls.
Desired behavior	3 x 30 minutes a week and break sedentary habits.
Preferred sports	Keep fit, swimming, bowls, golf, cycling.
Messages to motivate	Group activity with people like you. Laugh often. Make friends. Make the most of the years ahead (you are not getting your telegram from the Queen just yet). **Get expert advice** to get the benefits right for you. Connect with your grandkids. Enjoy a healthy body and mind in retirement. Feel stuck in a rut?
Barriers to challenge	Lack of support. That they are not fit enough. Most likely to have a disability. Fear of being foolish, lack of motivation.
Behavior change cycle: Contemplation and preparation	Contemplation: they were most likely engaged once, when they were younger and felt fitter. Preparation: Expert advice offered, reassurance regarding an illness or disability. Action and maintenance: plan how to keep them coming back.
Communication channels	Local newspapers, parish newsletters, noticeboard, internet
Opportunities in Exeter	Community halls, leisure centres and swimming pools, bowls, nature walks, Walking to Health, Get Active Devon website.
Potential partners	Pensions, Walking to Health, Age Concern, Ladbrokes, leisure centres, Post Office, the Royal British Legion.
Health promotion activity	Health checks (over five years), Walking to Health , Be Clear on Cancers, *Diabetes, Long Term Conditions,* Dementia.

Habit breakers

Sport England Segments

Jamie (aged 20) (2,368)

Philip (empty nester) (7,981)

Tim (settling down male) (7,403)

Jackie (stay at home mum and p/t worker) (5,433)

Ben (18-25) (4,227)

Current behaviour	One third maybe doing 3 x 30 a week but nearly all will be motivated to do more and nearly all will have done more in the past.
Desired behavior	3 x 30 minutes per week and break sedentary study or work habits.
Preferred sports	Keep fit, football, gym, athletics, cycling, swimming, badminton, tennis, netball, golf, extreme sports.
Messages to motivate	Social but with attitude. Empathic to fact that you know what you should do and have done it before. Time commitments – active with family and active for you. See your friends and get active too. Empty nester, get busy for you. Convenient and flexible for work. Clear your head. Feel healthy and happy. Enjoy good food.
Barriers to challenge	Just a mess around. Not too formal e.g. football league experienced footballs. Skepticism, life is so busy. Lack of motivation and commitment level.
Behaviour change cycle: Contemplation and preparation	Action and maintenance: plan how to keep them coming back. **Note: transition stages for all: college to work, parenthood, empty nest.**
Communication channels	Social media, cutting edge, direct mail, face to face, PR, internet.
Opportunities in Exeter	Leisure centres and swimming pools, team sport clubs, cycling, Park Run, cycle paths.
Potential partners	Employers.
Health promotion activity	Active Devon Active Communities projects; Long term condition preventative work (e.g. diabetes prevention).

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Appendix 1: Getting Exeter Active Community Activities

Appendix 1: Getting Exeter Active update