

# Group presentation (practice intervention)

*by* Muhseena Majeed

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# FUEL YOUR BODY, ENERGIZE YOUR MIND



1

**Move, Thrive & Transform**

Pratibha Ahir - 2240994

Ameena Shirin - 2242240

Kishan Kakkadiya - 2242514

Muhseena Majeed-22411791

## 6 week activity planning

### Week 1

Brisk walk  
/jogging

30 min in the morning



### Week 2

High intensity  
Interval training

30-45 min in the morning



### Week 3

Aerobic training  
30-45 min in the morning



### Week 4

Yoga/ pilates  
45 min in the morning



### Week 5

Out door activity  
Cycling/ hiking  
45-60 min



### Week 6

High intensity  
Interval training  
+ Running  
60 min in the morning



# RATIONALES

**Physical Inactivity:** According to the WHO (2009), physical inactivity is a significant risk factor for non-communicable diseases and world mortality. In order to promote health and prevent disease, the World Health Organisation (WHO) recommends that adults engage in 150 minutes or more of moderate-to-vigorous physical exercise per week (WHO, 2010).

**Health:** Regular physical activity has many positive effects on one's health. It boosts the cardiovascular system and enhances lung function, muscle strength, and endurance (Bravata et al., 2007). Physical activity also significantly affects weight management and lowers the risk of obesity and related diseases. Additionally, it lessens stress, anxiety, and depression while promoting better sleep patterns and general cognitive performance. By emphasising these benefits, this campaign hopes to motivate people to prioritise physical activity.

**Disease Control:** Actual work has demonstrated to be a powerful preventive measure against different ongoing infections. Regular exercise has been shown in studies to lower the risk of heart disease, stroke, some cancers, type 2 diabetes, and osteoporosis (Thompson et al., 2003). This campaign aims to empower individuals to take control of their health, reduce the likelihood of these diseases, and lead a healthier life by promoting physical activity.

# RATIONALES

**Increased Sedentary Behavior:** The first basis for this campaign is the worrying increase in sedentary behaviour. Recent technology developments like smartphones, laptops, and television have reduced physical exercise. According to Brodersen et al. (2007), being sedentary increases the likelihood of developing obesity, diabetes, heart disease, and mental health problems, among other detrimental consequences on one's physical and mental health.

**Benefits to Productivity:** Regular physical activity has been related to better performance and productivity, both at work and in school settings. According to Puig et al. (2015), exercise enhances memory, concentration, and cognitive function, which enhances academic and professional performance. The goal of this campaign is to motivate people to incorporate exercise into their daily schedules, which will boost productivity across the board.

**Community and social involvement:** Physical activity significantly improves social interaction and community involvement. The benefits of encouraging people to take part in group activities, team sports, or fitness programmes include promoting a sense of belonging, building social connections, and lowering feelings of loneliness (Greiner et al., 2004). The goal of this campaign is to highlight the social aspects of real employment and inspire individuals to engage in activities that promote both physical and mental well-being.

# Guidelines

- This guideline deals with reducing overweight or obesity in children, adolescents, and adults. It describes how the NHS, local governments, childcare facilities, schools, and employers can improve eating habits and physical activity levels among their target groups.
- This guideline covers programmes that refer older adults (19 and older) who are inactive or sedentary to exercise. The intention is to motivate people to engage in physical activity.
- This guideline encourages people to walk or cycle more often for transportation and enjoyment.
- This quality standard addresses how local strategies, policies, and planning, as well as upgrades to the built or natural physical environment, including public open spaces, workplaces, and schools, may assist and encourage people of all ages and abilities to exercise more. It talks about providing top-notch treatment in critical areas for development.
- This guideline deals with reducing the risk of type 2 diabetes in adult populations and communities. It makes recommendations for how to adapt services for persons in ethnic communities and other groups who are particularly at risk of type 2 diabetes. Its goal is to encourage a balanced diet and regular physical exercise at the community and population level.



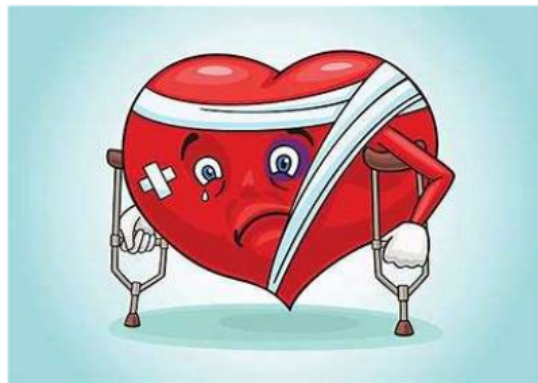
## Statistics

- According to government standards, 66% of individuals were considered active in the 12 months leading up to November 2018. The percentage of inactive people was 22%. Men (68%) were more likely than women (64%), to be active.
- Although activity levels normally decline with age, the biggest drops occur between the ages of 75 and 84 (48% active) and 85 and up (26% active).
- The likelihood of being physically active was remained highest among those who identified as White British (47.7%), while it was lowest among those who identified as Black (35.7%), Other (38.0%), or Asian (38.7%). There were still noticeable differences in the levels of exercise between ethnic groups. No ethnic groups reported statistically significant changes in activity levels between 2019 and 2020.
- Sport England conducts the Active Lives Adult Survey<sup>5</sup>, a sample-based survey, throughout England twice a year to count the number of people participating in sport and physical activity. According to the poll, in England, 68% of men and 65% of women aged 19 and up reported engaging in at least 150 hours or equivalent minutes of moderate intensity exercise each week in 2019–20. Less than 30 minutes of moderate-intensity physical activity were performed by 22% of men and 24% of women per week<sup>1</sup>. Targeting adults who are highly inactive (i.e., engage in fewer than 30 minutes of movement per week) will result in the biggest reduction in obesity, even if it is crucial to increase the activity levels of all adults who are not reaching the requirements.

# Short term consequences



- Decreases level of energy
- Gain weight
- Muscles weakness
- Increases chances of cardio vascular disease



# Supporting Statement

- **Reduces energy level:** Muscle atrophy, decreased exercise capacity, insulin resistance, and altered energy balance are all signs of normal physiologic processes being altered by physical inactivity.
- **Gain weight:** Moderate-intensity exercise for at least 150 minutes per week (7.5 MET hours per week) for "substantial health benefits."
- **Muscles weakness:** Physical inactivity is a factor significantly contributing to exercise tolerance and skeletal muscle force in adults with cystic fibrosis, but these impairments are in excess to that expected from physical inactivity only.
- **Increases chances of cardio vascular disease:** Physical inactivity is a known independent risk factor for cardiovascular disease (CVD), the leading cause of disability and death.

# Long term consequences

- Obesity
- Type 2 diabetes
- Certain types of cancer
- Osteoporosis
- Mental health issues



# Supporting Statement

- **Obesity:** The high rates of overweight and obesity continue to be a major source of public health concern. These worries are caused by the persistent link between being overweight and a wide range of chronic diseases, such as diabetes, cancer, and heart disease. 1 In addition, excess body weight has been shown to limit physical activity and have a negative impact on the health of the musculoskeletal system.
- **Type 2 diabetes:** During the initial stages of strenuous exercise, muscle glycogen is the primary source of energy. However, as exercise duration increases, muscle glycogen gradually depletes, and the contribution of circulating glucose and NEFAs becomes increasingly important. Additionally, gluconeogenesis replaces hepatic glycogenolysis as the source of circulating glucose.
- **Certain types of cancer:** Numerous epidemiological studies support the conclusion that people who engage in higher levels of physical activity are less likely to develop a variety of cancers than those who engage in lower levels of physical activity.
- **Osteoporosis:** Physical activity intervention programs result in increased bone mass or slower bone loss in elderly and middle-aged women alike.
- **Mental health issues:** Depression and anxiety, among other mild-to-moderate mental health conditions, may benefit from regular physical activity.

# Aims

- ❖ Promote a healthier lifestyle and prevent chronic diseases associated with Physical inactivity
- ❖ Reduce sedentary behavior by reducing excessive screen time
- ❖ Raise awareness of fitness



# EVALUATING OUR CAMPAIGN



EVALUATION THAT ESTIMATES HOW FAR A PROGRAMME HAS REACHED ITS GOAL. FOR THE EVALUATION TO BE EFFECTIVE, THE INTERVENTION'S PURPOSE AND GOAL MUST BE UNDERSTOOD PRIOR TO ITS START.



EVALUATING THE EFFECTIVENESS OF HEALTHCARE INTERVENTIONS FOCUS ON CHANGING PHYSICAL ACTIVITIES BEHAVIOUR THROUGH BUILDING STRENGTHENING AND MAINTAINING SOCIAL NETWORKS .



EVALUATION PROVIDES INSIGHT INTO WHETHER AN INTERVENTION MET ITS AIMS AND GOALS, THE EFFECTIVENESS OF THE PROCESS IN WHICH IT WAS CONDUCTED, AND THE COST EFFECTIVENESS OF IT, (NAIDOO AND WILLS, 2009)

# IMPORTANCE OF EVALUATION



- The use of the evaluation operations are associated with measuring engagement toward physical activity by middle-aged women.
- The effectiveness of the evaluation is further achieved specifically when the overall aims and objectives of the intervention are clear and do not represent any dilemma (Wallbank *et al.* 2022).
- The effects of an evaluation are generally measured significantly in terms of the cost-effectiveness and mindset changes achieved (Nawrocka *et al.* 2019).

# IMPACT AND OUTCOME EVALUATION



- The analysis of the data collection has been effective for the understanding of the impact achieved
- Measuring of the changes within the physical health factors of the female participants a vital step taken towards the completion of outcome evaluation (Dempsey *et al.* 2022).
- The measurement of the behavioural changes as well as the increased or decreased interests

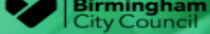
# PROCESS AND COST-EFFECTIVENESS EVALUATION



- Program reach: Analysis of the different participant numbers mainly on the basis of the factor of genders and ages which are the significant demographic factors
- Program acceptability: Interviews for the determination of whether the participants are able to gain benefits from the intervention.
- Program quality and integrity: The usage of essential observations for determining whether the participants are being treated accordingly as per the planning
- The usage of the cost-effectiveness evaluation fulfills the necessity of identifying the amount of effectiveness achieved in comparison with the costs incurred (Nawrocka *et al.* 2019).

# CAMPAIGN POSTER

AMEENA SHIRIN



## Fuel your Body, Energize your mind

### MOVE THRIVE AND TRANSFORM

AN 6 WEEK FITNESS PROGRAMME FOR  
THE MIDDLE AGED WOMENS IN  
PARTNERSHIP WITH  
BIRMINGHAM LEISURE TRUST

- IMPROVE FITNESS AND STRENGTH
- REDUCE STRESS AND ANXIETY
- ENHANCE MENTAL CLARITY
- FOSTER SOCIAL CONNECTIONS
- ACHIEVE OVERALL WELL-BEING



MINDFUL YOGA  
SESSIONS



GROUP FITNESS  
CLASSES



WELLNESS  
WORKSHOPS



ENROL TODAY FOR YOUR FREE 6 WEEK FITNESS  
PROGRAMME

ENROL ONLINE OR VIST YOUR LOCAL  
BIRMINGHAM LEISURE CENTRE TODAY





## NATIONAL PARTNERS AND RESOURCES AVAILABLE.

GOV.UK (2019) Physical activity guidelines adults and older adults

Age.UK (2013) GET GOIN G TOGETHER

SPORT ENGLAND 2015 THE GIRL Can with you

WRN 2022 let women swim

ACTIVE PARTNERSHIP 2023 #LLR GIRLS CAN WALKING BINGO CHALLENGE

AMEENA SHIRIN

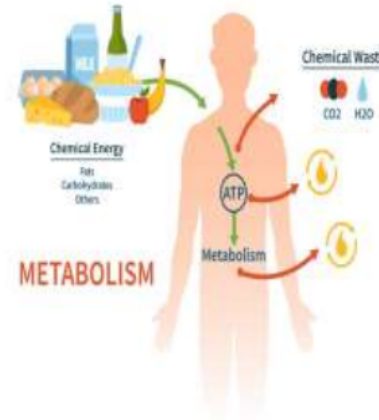
## POTENTIAL PARTNERS RESOURCES AVAILABLE

- Birmingham city council ( 2015 )
- NHS Birmingham and solihull clinical commissioning group
- (Birmingham Local Medical Committee (2023)
- Sport England (2021)
- Active partnerships (2023)



# PHYSIOLOGICAL BENEFITS

- BALANCED HORMONES
- BETTER MENTAL HEALTH
- IMPROVED METABOLIC FUNCTION
- IMPROVED CARDIOVASCULAR HEALTH



# SUPPORTING SLIDES

- Exercise has been linked to improved hormone levels in women, which may lessen menopausal and perimenopausal symptoms like hot flashes and mood swings.
- Exercise has been demonstrated to improve cognitive function, reduce stress, and improve mood. Women in their middle years who exercise frequently can maintain their mental health and reduce their risk of disorders like anxiety.
- As women age, their metabolisms normally slow down. The maintenance of a healthy metabolic rate can aid in the management of weight and energy levels in general. Maintaining this pace might be aided by regular exercise.
- Regular exercise and physical activity can minimise the risk of cardiovascular diseases, promote cardiovascular function, and improve heart health. It strengthens cardiac muscles, lowers blood pressure, improves blood circulation, and increases aerobic capacity.

# PSYCHOLOGICAL BENEFITS

- INCREASED SELF-CONFIDENCE AND EMPOWERMENT
- COGNITIVE FUNCTION
- BOOST IN SELF ESTEEM AND BODY IMAGE
- IMPROVED MOOD AND EMOTIONAL WELL BEING



## Helpguide's 6 Keys to Mental Health

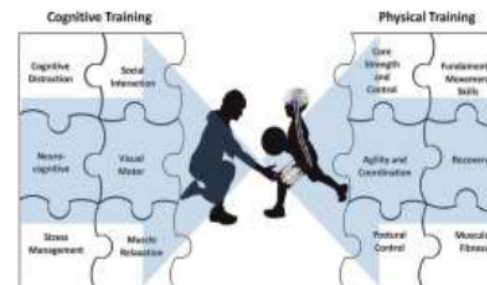
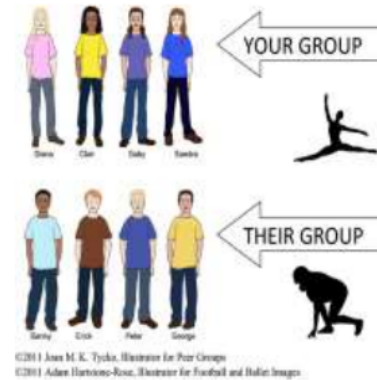


## SUPPORTING SLIDE

- Women who regularly exercise claim to feel more self-assured and in charge of their life. The accomplishment of fitness objectives, the surmounting of challenges, and the growth of physical fitness led to an increase in self-confidence.
- Increased cognitive performance in women who exercise has been linked to improved executive, attentional, and memory skills.
- Regular exercise can help women feel better about themselves and their bodies. Exercise can promote self-confidence, physical competence, and respect for one's body.
- Exercise has been shown to improve women's overall health, lift mood, and minimise anxiety and depressive symptoms. There is ample proof that exercise helps women with depression by reducing their symptoms.

# SOCIOLOGICAL BENEFITS

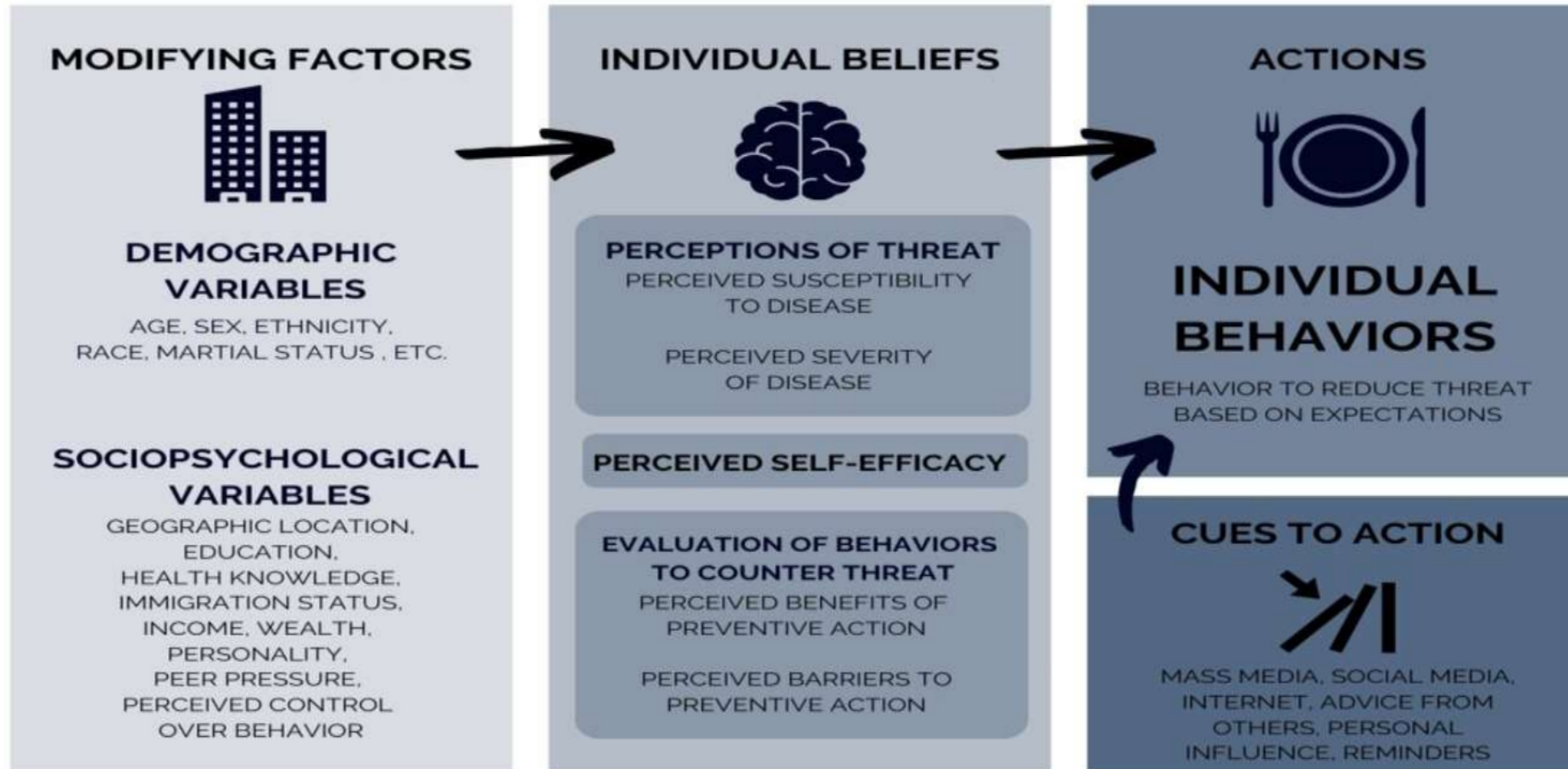
- CHALLENGE TO GENDER STANDARDS
- IMPROVED SOCIAL INTEGRATION
- INSPIRATION AND ROLE MODELLING
- SOCIAL CONNECTIONS AND SUPPORT



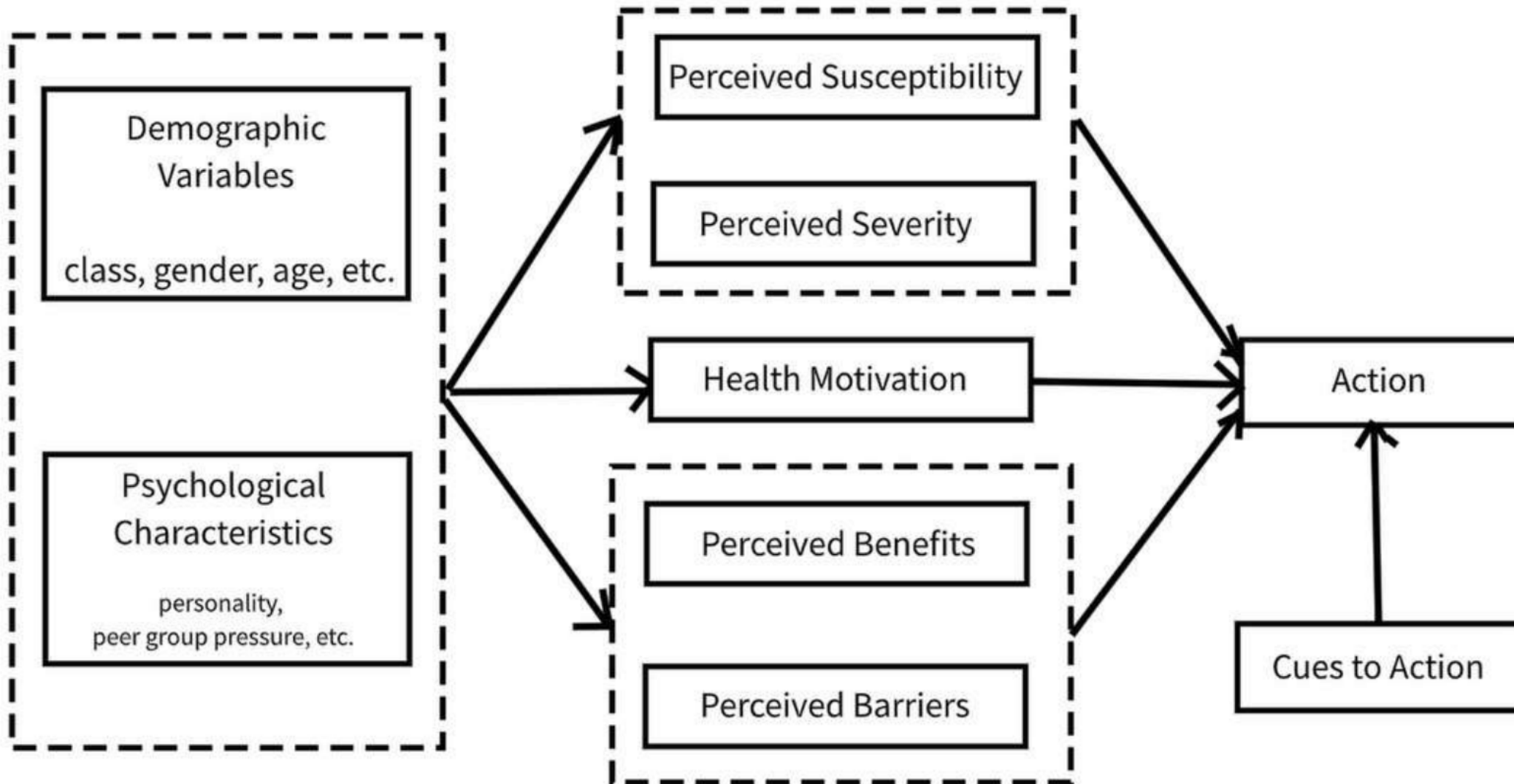
## SUPPORTING SLIDE

- Physical activity challenges ingrained gender norms and prejudices by showing women's strength, agility, and skills. Through participation in sports and exercise, women challenge social expectations and pave the way for greater gender equality.
- Women who exercise have the opportunity to engage in group activities and form relationships with individuals from diverse backgrounds, which promotes social integration.
- Women who exercise are role models for others and inspire them to lead active, healthy lives. By taking part, they can motivate and empower other women to take on obstacles and meet their own fitness goals.
- Mid-forties women who engage in social activities frequently have a sense of belonging and support. Social networks are necessary to improve wellbeing and reduce stress.

# HEALTH BELIEF MODEL



## The Health Belief Model



# HEALTH BELIEF MODEL

KISHAN KAKKADIYA

- The Health Belief Model (HBM) has received widespread acceptance and application in numerous interventions aimed at changing health behaviour. Research has repeatedly shown that people are more likely to engage in health-promoting behaviours when they perceive a higher susceptibility to a health problem, perceive the severity of the problem, believe that acting will be beneficial, and perceive fewer barriers to behaviour change (Rosenstock, 1974; Janz & Becker, 1984).
  - The HBM offers a thorough framework for comprehending people's beliefs and motives regarding their health behaviours, enabling treatments to target certain elements that affect behaviour change. The HBM provides a realistic method for creating successful health campaigns and interventions by addressing people's perceived susceptibility, severity, advantages, and barriers.
- A theoretical model that can be used to direct initiatives for illness prevention and health promotion is the Health Belief Model. It is employed to forecast and explain personal changes in health-related behaviors. One of the most popular models for comprehending health behaviors is this one.

# HEALTH BELIEF MODEL

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The ability to keep particular health behaviour modifications depends on an individual's belief system.

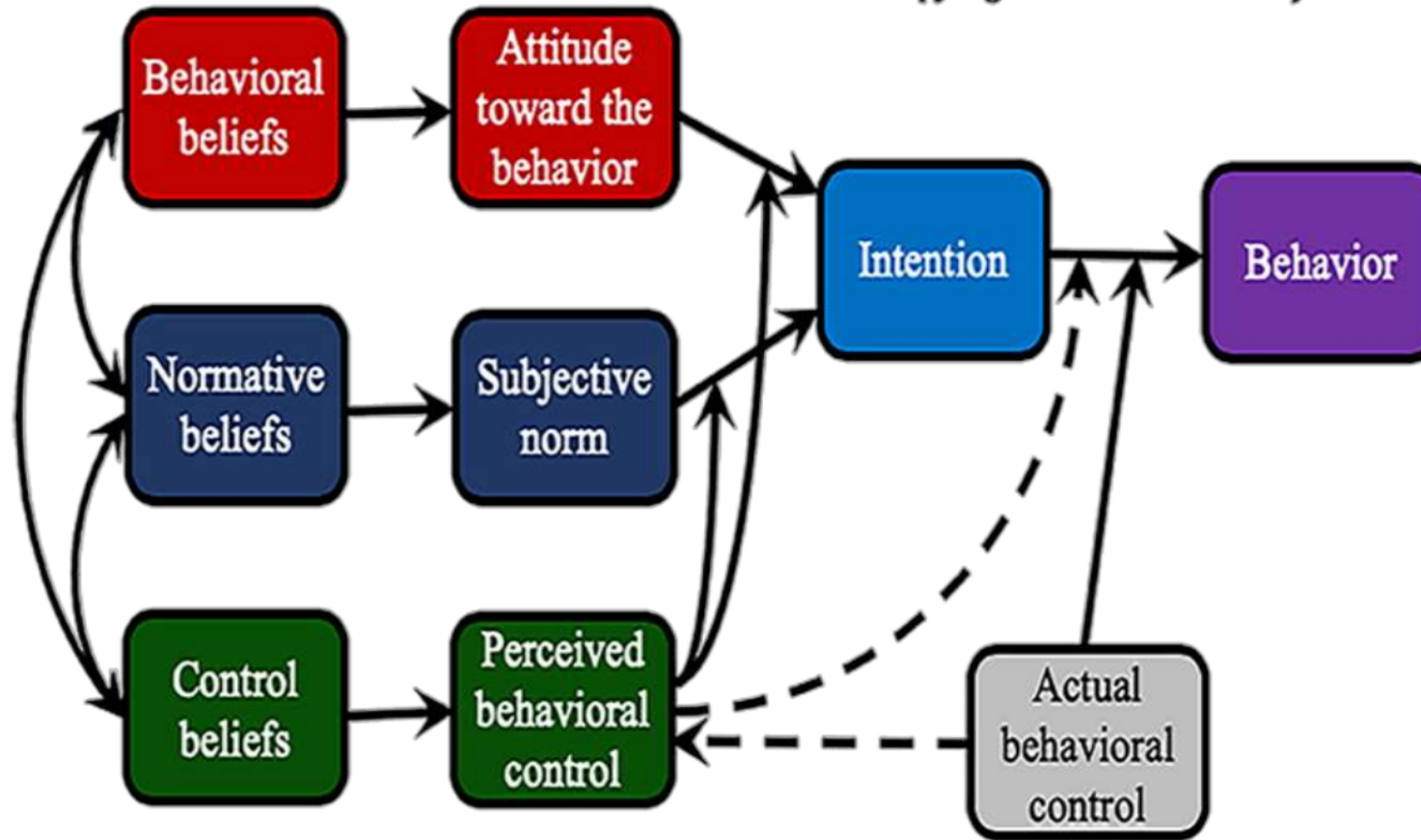
An individual may consider one or more of these variables when deciding whether to change their behaviour with regard to their health:

**PERCEIVED SUSCEPTIBILITY:** They think they have a chance of contracting an illness or other problem.

- **PERCEIVED SEVERITY:** Illness or condition is hazardous and will have a significant impact on them.
- **PERCEIVED BENEFITS:** Taking action will help them avoid contracting the illness or cure it.
- **PERCEIVED BARRIERS:** Either there are significant obstacles to changing behaviour, or that there are significant obstacles.
- **SELF-EFFICACY:** Have confidence in their ability to carry out the behaviour.
- **CUES TO ACTION:** Activated by an outside influence that motivates them to act.

# THEORY OF PLANNED BEHAVIOUR

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# THEORY OF PLANNED BEHAVIOUR

- The Theory of Planned Behavior, according to Fishbein and Ajzen (1975, 1980), is a development of the Theory of Reasoned Action. Both models are based on the concept that individuals make deliberate and logical decisions to engage in specific activities by assessing the available information. The likelihood that an action will be taken depends on the individual's intention to engage in it (which is influenced by the value placed on the behavior, how easy it is to perform, and the opinions of significant others), as well as the belief that the behavior is under his or her control. Only slightly successful in predicting and explaining self-management was a TPB model for RA that took attitudes, social support, self-efficacy, and intention into consideration.

# PLANNED THEORY BEHAVIOUR

- **ATTITUDES**- toward teaching and learning generally, and toward the use of EBIPs specifically, are both relevant in this context.
- **SUBJECTIVE NORMS**- which comprise both the perceived expectations of others and how much the individual values those standards, can be considered social pressures. Shared among administrators, coworkers, students, colleagues, and administrators all have expectations about how STEM faculty teach, so there are relevant subjective norms for all three groups.
- **PERCEIVED BEHAVIOURAL CONTROL**- It is how able an individual feels to perform a specific behavior, in their context. Thus, it includes both self-efficacy with the use of EBIPs, and external factors such as classroom environments, time, and resources

# SOLUTIONS

- With the help of customised programming, training plans may be created that are specific to the needs, tastes, and fitness levels of women. Consider offering a variety of activities to accommodate a variety of interests, abilities, and time constraints.
- By providing peer support and mentoring, create opportunities for women to interact with people who share their experiences and objectives. Create groups for women to exercise in or online forums where they can seek guidance from mentors or fellow members.
- Create a friendly environment that supports all body types and promotes body acceptance in order to solve concerns with body image. Stress the benefits and fun of exercise over goals involving appearance.
- Support legislation that rewards women for being physically active, such as workplace wellness programmes and flexible scheduling

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Group presentation (practice intervention)

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