

# Physical activity referral schemes – what components are included to promote physical activity?



One of the WHO-recommended policy actions for creating active people is to integrate physical activity services – such as physical activity referral schemes (PARS) – into healthcare systems. PARS involve healthcare professionals referring inactive persons (with or without noncommunicable diseases) to appropriate physical activity specialists, facilities, or activities with the primary goal of increasing physical activity.

PARS are complex and involve multiple components, which vary between countries and often within them. Owing to the lack of a common language, components are not identified and reported systematically. This makes evidence synthesis and attempts to design more effective PARS more challenging. This fact sheet presents the components that make up PARS.

**A systematic review examined the content of 36 different PARS across 12 countries, and identified 19 components used as building blocks to scheme design.**

Theoretical basis components	PARS entry, transitioning, and exit components	Behavioural support components	Physical activity opportunities components
<p><b>Person-centered approach</b> – to empower the participant to take an active role in the behaviour change journey</p> <p><b>Individualized content</b> – tailored to participants' needs and preferences to optimize physical activity</p> <p><b>Behaviour change theory</b> – for an understanding of the targeted behaviour</p> <p><b>Behaviour change techniques</b> – to support behaviour change in practice</p>	<p><b>Screening</b> – to select the participants who would benefit from scheme participation</p> <p><b>Brief advice</b> – to inform about the need for behaviour change and to create intent</p> <p><b>Written prescription</b> – to provide with specific instructions about what to do</p> <p><b>Referral</b> – to transfer relevant information and refer the participant for further support</p> <p><b>Exit routes / strategies</b> – to help with physical activity maintenance after scheme completion</p> <p><b>Feedback to the referrer</b> – to report on participant's progress</p>	<p><b>Baseline consultation</b> – to conduct an initial (biopsychosocial) assessment</p> <p><b>Final consultation</b> – to evaluate progress</p> <p><b>Counselling support session(s)</b> – to provide comprehensive help needed to change the behaviour</p> <p><b>Structured follow-up</b> – to monitor progress and offer encouragement</p> <p><b>Action for non-attendance</b> – to keep the participant engaged with the scheme</p> <p><b>Education session(s)</b> – to provide verbal educational information about physical activity</p> <p><b>Written materials</b> – to reinforce knowledge about physical activity or behaviour change</p>	<p><b>Physical activity sessions</b> – to experience different forms of physical activity</p> <p><b>Physical activity network</b> – to create a support network of professionals and physical activity opportunities</p>

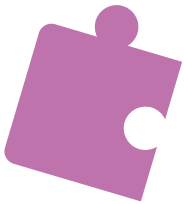


# Policy implications



## The use of well-defined components to design and report future PARS has several implications:

- It offers a common language for the healthcare professionals, researchers and policymakers. Given the known complexity and variability in PARS models, a common language improves communication and a shared understanding within and across healthcare ecosystems.
- It improves the quality of reporting and standardization of PARS. Each component can be an important part of a well-designed intervention. The use of defined components reduces the variability in design and definition of interventions making them more clear and consistent.
- Program developers and implementers might find the components helpful when designing, implementing, and evaluating PARS. This increases operationalization of these interventions.
- It advances research synthesis on PARS effectiveness and its mechanisms. The use of well-defined components improves comparability of schemes across different models, which facilitates research synthesis. This can help program developers to choose the optimal combination of components when designing new schemes and identify areas for improvement in existing ones. Knowledge of components effectiveness can help policy makers to select optimized PARS that decrease costs without jeopardizing effectiveness.
- Well-defined components can help make continuous and trackable adjustments to the interventions over time.



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**References:** Mino E, Hanson CL, Naber I, Weissenfels A, McHale S, Saftig J, Klamroth S, Gelius P, Abu-Omar K, Whiting S, Wickramasinghe K, Galea G, Pfeifer K, Geidl W. A systematic review and narrative synthesis of physical activity referral schemes' components. *Int J Behav Nutr Phys Act.* 2023 Nov 27;20(1):140. doi: 10.1186/s12966-023-01518-x

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