

Let's talk about **STRENGTH**

Strengthening activity - what is it?

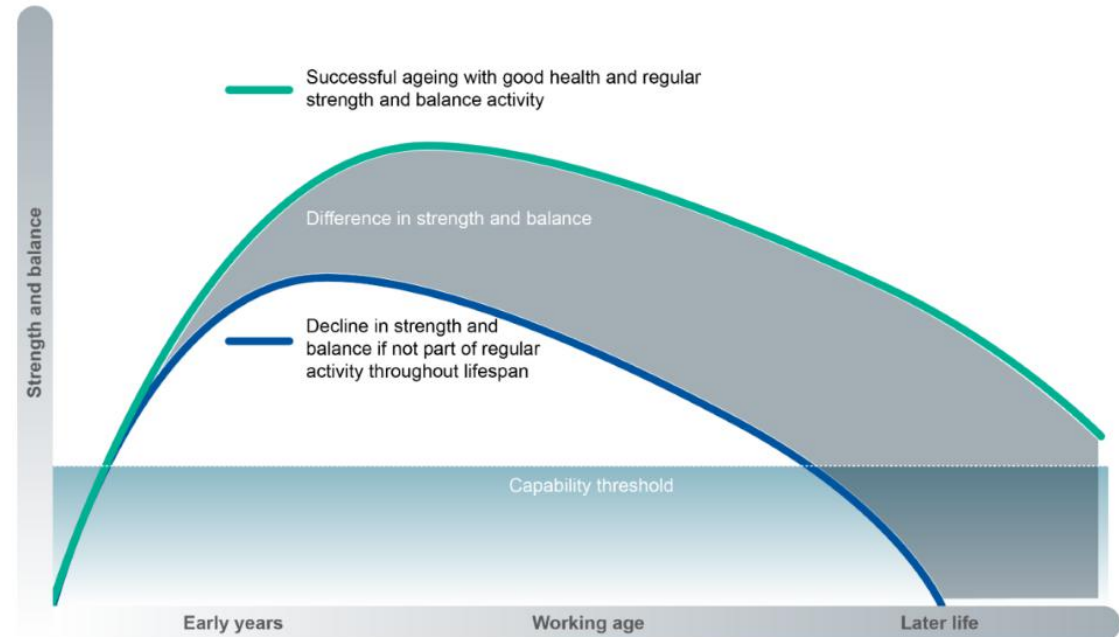
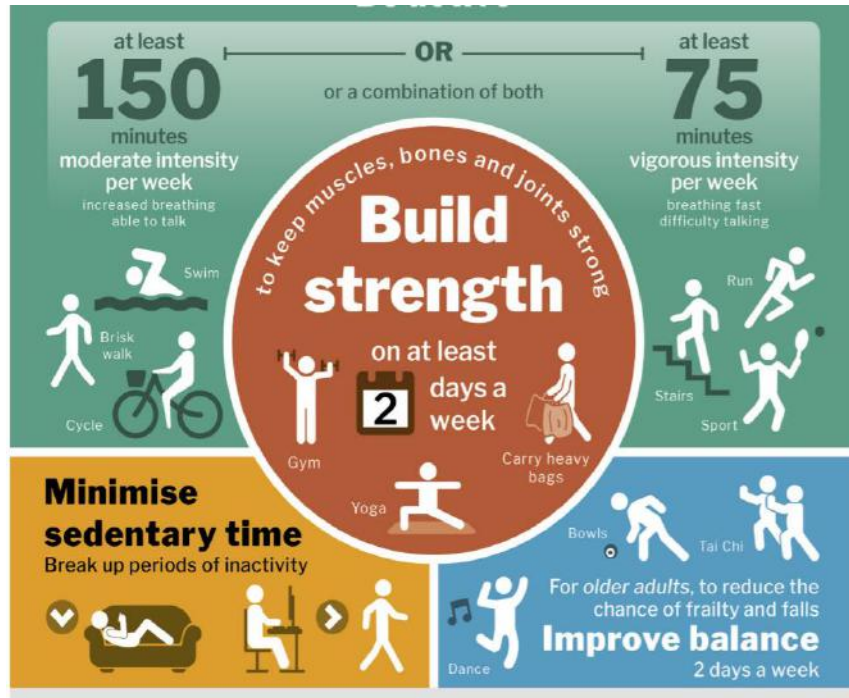


Figure 4: Physical activity for muscle and bone strength across the life course (7, 8)

Health trends



10 million people in the UK live with long term painful conditions with joints, muscles, bones or spine

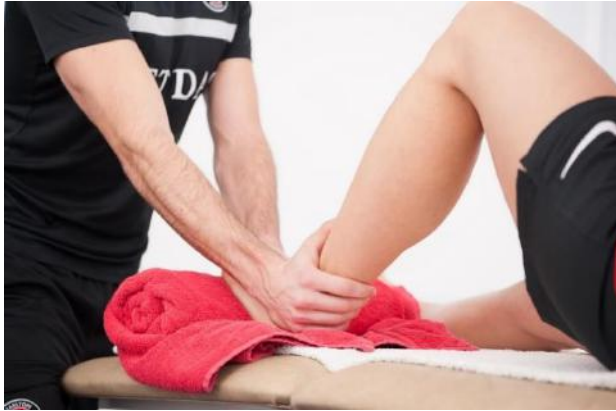


Account for 30% of all GP appointments

Remaining active (particularly with strengthening activity) is the one of the best things someone can do to keep muscles strong, bones healthy, reduce pain and prolong joint life

About the project

About the CSP



Project background

In England, more than **15 million people** live with at least one long term health condition.

(2019)

This is expected to increase over the next 10 years, as is the number of people living with 3 or more conditions at once.

At the same time, there will be an increasing number of older people.

Combating inactivity, by increasing activity levels and maintaining/regaining strength are key components to enabling people to live well for longer and maintain their independence for as long as possible.

In September 2019, strengthening was included in the UK CMO Physical Activity Guidelines.




Previous research helped direct our brief, with valuable feedback from patient and physio perspective.

From assessment, informing health plans to discharge of patients, the public agree you are:

advisors, reassurers, referrers and pain relievers.

The pandemic has accelerated the importance of strengthening. Deconditioning, Long Covid and inactivity increase the need to provide an initiative which supports physiotherapy staff and patients.

A combined effort



Our project aims and objectives

This project **aims** to:

1. Create a learning legacy for messaging that best engages our target audience in strengthening activities

2. Identify the opportunities that exist to scale up support from physiotherapy staff and allied health professionals and support the need to enable behaviour change.

The following **objectives** were set:

1. Improve the insight around effective strength messaging for inactive and fairly active people living with LTCs aged 39-64 years.*

2. Identify how physio staff can raise awareness, promote strengthening and support their patients through the behaviour change journey and identify what is needed to achieve this.

3. Create shareable recommendations on the concepts and messages that are most likely to work, and who within the target audience they are most effective at influencing.

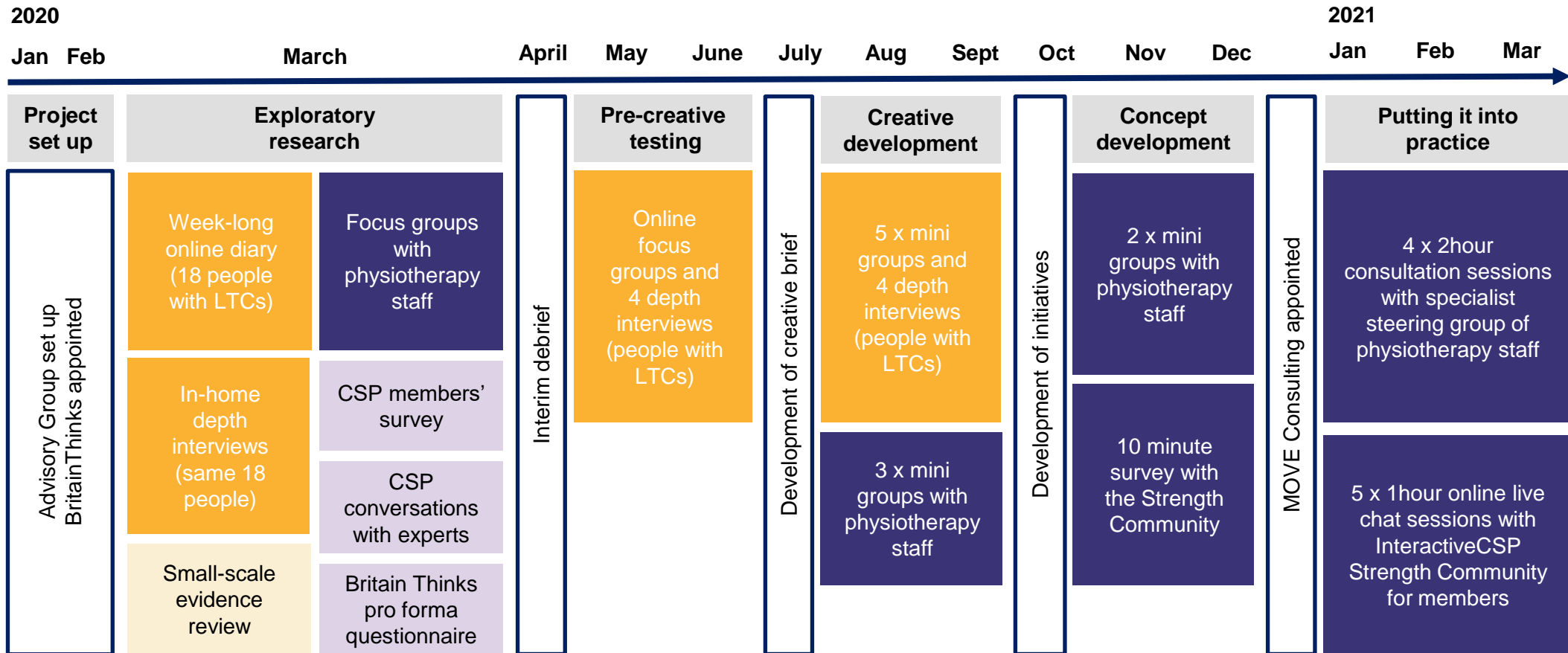
4. Determine the size and scale of opportunity to increase awareness and change behaviour amongst the target audience via physiotherapy staff.

5. Develop recommendations for phase 2: which messages/concepts go the widest and should be developed and scaled up in real world settings, how and by who.

* Including people experiencing at least three common symptoms of a LTC (pain, fatigue, breathlessness, lack of strength and reduced mobility). Out of scope: frailty issues and rehabilitation after an injury or fall.

Research findings

Approach



Exploratory Research

We started working with Britain Thinks in January 2020. We gathered insight from published research, stakeholders, our member survey and focus groups to understand more about our members' experiences of talking about strength.

We sought crucial perspectives from people living with LTCs through online diaries, in depth interviews and focus groups to understand more about their experiences, what motivates them and their barriers.

We know that there are significant inequalities in relation to activity levels and LTCs. Inactivity levels amongst women are disproportionately higher than those of men. There are health inequalities related to developing LTCs, with people from BAME communities, and people from lower socioeconomic groups at higher risk. Representation across these groups was therefore a fundamental recruitment requirement.

Key insights from people with LTCs

1

There is no 'typical' inactive person with a long-term condition: this is a highly diverse audience both in terms of the nature and impact of health condition and also in terms of mindset, experiences of physical activity, demographics and lifestyle.



Physical health

"I've got so used to it I don't even recognise the pain, it's sort of part of me now."



Experience of physical activity

"Maybe a bit when I was younger, but I've never done much exercise and right now I never really want to."



Mental health and mindset

"I've had MS for 13 years, but I think it started when my brother died [...] I don't do many [hobbies], it's hard to see the point."



Lifestyle

"I used to do more exercise to help me with MS. I stopped when I was worried about whether or not it would affect my next PIP assessment."

2

The concept of strengthening activity is much less front-of-mind than cardiovascular exercise / physical activity more broadly, while baseline awareness and understanding of strengthening guidance is very limited.

This lack of awareness and understanding is the most overarching barrier. When asked what came to mind when thinking about strengthening activity, associations tended to relate to four themes: building muscle; lifting weights and going to the gym; bodybuilders; recovering from injury.

"Strengthening activity is lifting weights or doing something like that or doing stretches."

3

There is considerable potential for confusion when providing strengthening guidance and a risk of conflation with moderate physical activity more broadly, with the CMO/NHS guidelines perceived to be vague and unhelpful.

"I've not heard of any guidelines related about that. There's a lot telling you about how much you should drink and about food, but not about exercise."

"What does that [CMO guidelines] mean? It doesn't provide any time [or] guidance!"

Key insights from people with LTCs cont.

4

There is some underlying desire to do more general physical activity and interest in understanding more about strengthening activity – suggesting some potential motivation to change behaviour for the CSP initiative to tap into.

“I tell myself, ‘if you want to be slim and sexy like Kate Moss, go on up the stairs.’”

“I know strengthening your body has got to help you, hasn't it? But there's just this thing of some days I could do it and other days I couldn't.”

5

Short-term benefits of strengthening related to ‘doing more’ (e.g. ability to complete daily activities) and ‘feeling better’ (e.g. managing the condition, improved mood or self-esteem) tend to be more motivating than longer-term medical benefits.

“If it [strengthening activity] worked, it would help with drying my hair. It takes me so long because I haven't got the strength to keep my arm up.”

“For me, it's psychological. If I feel like I've done something, even if it's a bad day, I feel better.”

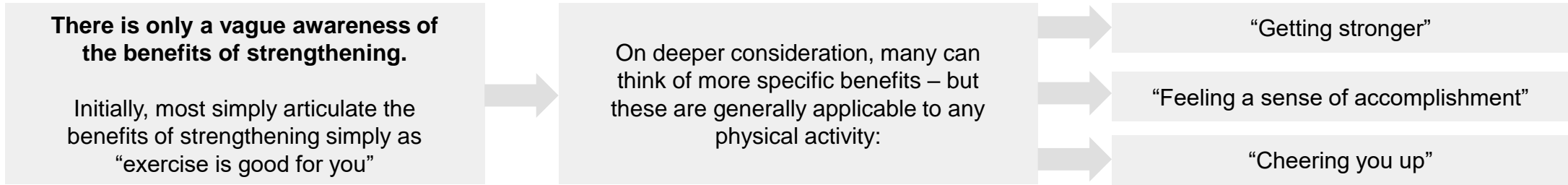
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In addition to low awareness and understanding of strengthening activity, a perception that their condition inhibits activity or would deteriorate as a result is widespread – though there is a wide range of additional barriers faced by this audience.

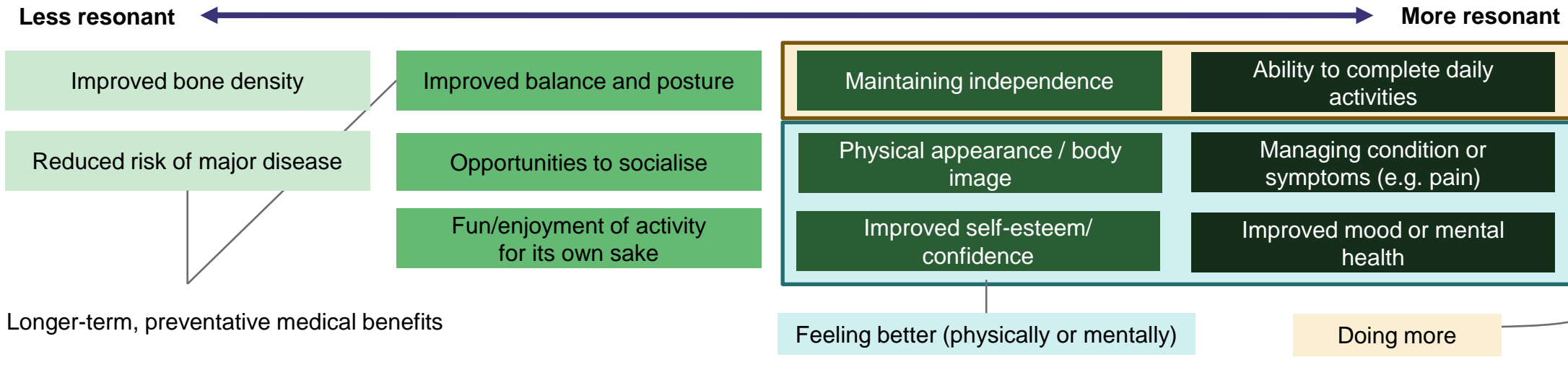
“I am worried about pain - having pain, being in pain and then having a bigger issue to deal with later that needs further attention.”

“It impacts on everything - you always have at the back of your mind what you can do, what you can't do... You physically retreat because you don't want to push it too far and have problems.”

Motivations for people with LTCs



After prompting with potential benefits, the most resonant were short-term and related to either ‘doing more’ or ‘feeling better’.



Barriers for people with LTCs

Least significant ←————→ Most significant



Rarely mentioned barriers

Additional barriers that can be significant – but only mentioned by some

Widespread, often the most top-of-mind barriers

Overarching barrier that is consistent across this audience

COM-B analysis suggests that barriers relating to perceived capability are the most prominent

Most trusted messengers on the topic

Most trusted



Least trusted

Health charities

The NHS

Physios

GPs

Nurses

Social media support groups

Social media influencers

Leisure centre officer

Gym instructors

Medical/health spokespeople are seen to best understand the target audience's needs and capabilities related to strengthening.

Not all of the target audience have used physios (and some have a narrow understanding of their work) – but those who have used physios before generally see them as a relevant and trustworthy source of information and advice.

Facebook support groups are often heavily used for general advice related to health conditions – but there are reservations as to how expert the advice related to strengthening would be on such forums.

Social media influencers are not seen as credible due to being paid to promote certain messages, while leisure centre officers and gym instructors are often closely associated with traditional exercise and not seen as sufficiently knowledgeable about health conditions.

Pre-creative testing

As the Covid-19 pandemic developed we recognised the need to explore the impact of lockdown on our target audience and, to help enhance the findings from the insight, test some draft stimulus. This included testing of visuals, tone and narrative.

In May 2020 we carried out this 'pre-creative testing' phase, using online methods to ensure the project remained on track and on time.

We tested several pieces of stimulus to inform the development of effective messaging



These stimulus ideas were explored more briefly than others, and existing campaigns were not explored in the telephone depths

Definitions of strengthening

1. Strengthening involves lifting, pulling and pushing things – anything that makes your muscles work harder than usual.
2. Strengthening involves using resistance, whether that is your own bodyweight, resistance bands, a chair or even a bag of rice.
3. Strengthening means doing a small number of short, repetitive exercises using a resistance.
4. Strengthening is simple and easy to do at home: you can start small and increase your activity as you get stronger.
5. Strengthening activity doesn't need to involve big muscles, lifting very heavy weights, expensive equipment or going to the gym.
6. Strengthening activity is not the same as cardiovascular exercise: it doesn't involve going for long runs or high-intensity fitness classes.
7. Strengthening activity makes your muscles feel warmer or more tense - the next day, or day after, you can 'feel' the muscles that were doing the activity

BritainThinks | Private and Confidential

Sources of information about strengthening

BritainThinks | Private and Confidential

Effective messaging | Key considerations

1. Make inclusivity and relevance explicit

- Often this audience feel excluded from communications about physical activity and can instinctively disregard them
- It is often necessary to explicitly state that anyone can do strengthening and that it is possible and beneficial particularly for people with health conditions

2. Avoid negatives and focus on positives

- Messages with negative terms or tone (e.g. difficulty of life with LTC) can be off-putting to this audience, who are looking for uplifting and positive inspiration
- Whilst showing understanding of challenges of living with a health condition increases relevance, it is best to position these positively (e.g. 'it is easier on some days' rather than 'it is more difficult on some days')

3. Remind of the (future) benefits

- Many of the benefits of strengthening are deemed credible and motivating, particularly in terms of 'doing more', but are not often front-of-mind
- However, messaging about 'doing what you used to be able to do' is deemed unrealistic and can be a negative reminder of their loss of ability and health

4. Avoid references to 'pain' or 'tiredness'

- Language that references 'pain' or 'tiredness' involved in doing strengthening is strongly off-putting, with the idea of short-term sacrifice for longer-term improvement disputed or challenged
- Many already feel in pain or tired as a result of their condition and the idea that 'not all pain is bad pain' is deemed crude (with many believing they know their bodies better than such blunt, generic advice)

Effective messaging | Key considerations cont.

5. Use the notion of starting small and improving

- The idea of 'starting small' is very positively received as it allays fears around a high barrier to starting strengthening in terms of ability, expertise and fitness
- The notion of making incremental steps and slowly improving ability is also strongly motivating

6. Offer a range of options for strengthening

- Choices, ranges and options (e.g. for activity types or guidance) make the target audience feel more empowered and in control: the term 'whatever works for you' is a particularly convincing one
- It can reinforce the idea that strengthening offers 'something for everyone', as the audience can tailor any advice to themselves, their specific condition and their ability

7. Avoid use of 'technical' language

- References to technical exercise terms – e.g. dumbbells, squats, lunges – are off-putting for the least able/active within this audience and can feel exclusionary to this audience
- They are less off-putting and more relevant to more active individuals – and it is possible to use more technical terms in conjunction with more accessible options as part of a range of activities (e.g. tin of beans or a dumbbell)

8. Use a target but ensure it is realistic and flexible

- Participants find having a numerical target to aim towards motivating and clear
- However, participants feel that it should be realistic for individuals with health conditions and also want a degree of flexibility (e.g. *around* 30 minutes) so they don't feel demotivated if they miss the target on some days

Creative development

The findings to date were fed into a creative brief for Four Communications. Five possible creative routes were developed with different conceptual approaches to support the initiative.

In August 2020 we obtained feedback on these, along with recommendations on the most effective approach to deliver them.

We tested five possible creative routes

BY ANY BEANS NECESSARY.

ANY WHICH WAY. I CAN

Maintaining and improving your strength is vital to your wellbeing and independence. No matter your age, health condition or lifestyle, it's easy to find strengthening activities that work for you.

All recommended by your physiotherapist. Whatever way you do it, you'll be surprised at how quickly you will see results - ask your GP or physiotherapist how to get started.

Who says life should be any less lively with a health condition?

You can do strengthening activity in your own home with what's around you. Use your dancing chair for calf raises or filling small water bottles - start from as little as 10 minutes, a few times a week and gently increase.

A programme of strengthening activities that I have a say in designing with my physiotherapist. Ask your local surgery about what works for you. You'll be surprised how quickly you'll feel the results, and how life can still be...

BETTER WITH STRENGTH

STRONGER REWARDS

Maintaining my strength is vital to help me manage my health condition. It means a lot to my family too.

Thinking of my robot's working, walks in the country - and filling pain reliever bottles. I do my strengthening activity with things I have at home. Like doing my dining chair for calf raises, or climbing the stairs for as little as 10 minutes, a few times a week and gently increase.

Start off by checking with your physiotherapist or your GP about what works for you. Because stronger rewards everyone.

Stronger my way

At last, a programme of strengthening activities that you have a say in designing. No family sit or outfit, just easy to do activities using the everyday items you have in your home. And every session is physiotherapist-approved.

You can share your routines with friends and maybe even borrow a few of theirs. Celebrate your successes together and help you to your next very personal best - ask your surgery how.

Getting stronger has never been so you.

OWN MY OWN STRENGTH

Maintaining my strength is vital to help me manage my health condition. I do my strengthening activity with things I have at home. Like lifting grocery bags or food tins, starting from as little as 10 minutes, a few times a week, then gently increase.

A programme of strengthening activities that I have a say in designing with my physiotherapist.

Strengthening. Own it.

Recommendations

1. Choose between 'Better with strength' and 'Stronger My Way' to take forward – but incorporate the best of both.

- Whilst these two routes performed well with both audiences, the preferred route will depend on how the campaign is implemented:
 - 'Better with Strength' is (just) preferred by the target audience, suggesting it may be more appropriate in a wider, direct public-facing campaign.
 - 'Stronger My Way' is (slightly) preferred by physiotherapy staff, suggesting it may be more appropriate in the context of being used shared by physios as messengers/intermediaries.
- Consider incorporating the best elements of the 'other' to maximise the campaign's appeal, e.g. adding the emotionally-appealing benefits of strengthening more prominently into Stronger My Way.

2. Select the lead visual very carefully to ensure it is engaging, relevant and clear.

- As the visual has the power to engage the audience and convey the key message, ensure:
 - The person depicted is relevant and relatable to the target audience in terms of age, body type, clothing, and health condition.
 - It is positive and uplifting (e.g. through the use of colour, family scenes).
 - It clearly shows *either* strengthening activity (which is sufficiently exerting and repetitive for physios) *or* something you can do as a result of being strong.
 - If possible, that there are different iterations with different types of people (in terms of e.g. health condition, gender, age).

3. Balance the need for tailoring with a lack of expertise and confidence.

- Show that activities can be tailored to the target audience's specific health condition to make the advice feel relevant and strengthening activity achievable.
- However, do not place the responsibility of designing a programme on the target audience, who prefer to rely on medical expertise to know what is best for their condition.

Recommendations cont.

4. Explain *how* strengthening activity can be done.

- Strengthening is not well understood and conflation with general cardiovascular activity is common. Explain how strengthening can be done using a range of carefully selected, varied examples and an achievable target to aim for.
- Make sure examples are positioned as indicative suggestions rather than a definitive list to avoid rejection and an excessive focus on the specific activities listed.

5. Reassure physiotherapy staff that they will have control over the process.

- Physiotherapy staff are wary of giving away too much control to the target audience and concerned that activity undertaken will not qualify as strengthening – so the campaign should provide some reassurance that physios still retain some control, e.g:
 - Emphasising that any suggested activities are a point of entry for the target audience, rather than a prescriptive programme or definitive list.
 - Communicating the role of the physiotherapy staff in the process (e.g. 'speak to your physiotherapist').

6. Signpost to further resources to achieve behaviour change.

- The creatives were able to raise awareness and understanding of strengthening, as well as providing *some* apparent motivation to undertake it – but, in themselves, were unlikely to lead to lasting behaviour change.
- The specific call to action (e.g. speak to a physio or GP) referred to was not considered especially relevant, appealing or feasible.
- The use of supplementary resources (e.g. example activities on a website; a social network to share advice; an app to provide a structured programme of activity) felt more useful, practical, appropriate and accessible – and therefore more likely to drive behaviour change.

Strength messaging dos and don't's



Do...

- ✓ Say 'gradually increase'
- ✓ Say both 'maintaining' and 'improving' strength
- ✓ Use everyday, simple language (e.g. raising your leg)
- ✓ *Convey* that strengthening is easy
- ✓ Provide a target and show strengthening is accessible (i.e. at home, with everyday items)
- ✓ Talk about choosing from 'approved' exercises
- ✓ Refer explicitly to strengthening and to the audience having health conditions



Don't...

- x Say 'gently increase'
- x Only say 'maintaining' or 'improving' strength
- x Use words seen as jargon/technical (e.g. calf raises)
- x *Explicitly say* strengthening is easy
- x Use unnecessarily patronising terms (e.g. lifting 'small' bottles)
- x Ask the audience to 'design' a programme of strengthening
- x Be vague about the target audience or message

Concept development

We plotted the findings from people living with LTCs and physio staff against the COM-B model of behaviour change.

Using the leading creative concepts from the previous stage, two initiatives were developed to address the specific barriers identified in the research, incorporating the recommendations given.

In October 2020 the concepts were tested with physiotherapy staff. The aim of this stage of research was to understand what would support our members to encourage behaviour change among the target audience.

We tested two concepts for the overarching intervention to increase strengthening with the target audience

Option 1: A tailored, progressive strengthening programme that builds towards achieving a meaningful, quality-of-life goal set by the patient and supported by physiotherapy staff.

- The patient and the physio together establish a goal that's focused on the patient's quality of life e.g. being able to achieve an activity important to them such as lifting a grandchild or walking up a set of stairs in their home.
- The physio then develops a programme with the patient by choosing strengthening activities from a menu of options on a digital platform, accessible via an app or a website, with a printed equivalent resource for patients not online.
- All strengthening activities can be done at home without the need for specialist equipment and take advantage of everyday items, such as bags of rice or tins of beans.
- The digital platform serves as a hub for the initiative and could include features such as: an online library of exercises; video demonstrations; case studies; a chat bot; and community areas to share experiences with other patients taking part.
- Training would be included for physios in motivational interviewing and behaviour change.
- Promotional literature would support the programme, such as posters, leaflets and social media content

Similar to:



Option 2: A communications campaign to encourage strengthening that is built around informative, inspiring resources that physiotherapy staff can use to support their conversations with patients.

- A public-facing campaign that aims to motivate and encourage the target audience to take part in strengthening activity.
- The campaign would provide basic information about strengthening and highlight that it is accessible to all (e.g. can be done at home without specialist equipment).
- It would encourage them to engage with a physiotherapist or via resources such as a website or app.
- The campaign could take a number of forms, e.g. leaflets and posters in healthcare settings or digital advertising (e.g. on social media).
- Training would be included for physios in motivational interviewing and behaviour change.

Similar to:



Key insights

1

The Covid-19 pandemic has made the need for strengthening more important (due to deconditioning and restricted access to medical support) – but has also made it harder for physios to test patients' strength and encourage them to do more strengthening.

2

Of the two concepts, there was an overwhelming preference for Option 1 – the strengthening programme: physios felt giving patients a personal quality-of-life goal would be motivating, while giving physios a clear role in helping patients achieve this goal was seen to more effectively drive behaviour change.

3

Option 2 – the communications campaign – was felt to fill an important gap in public health messaging about strengthening – but there were concerns about whether it would effectively cut through to the target audience and inspire genuine change.

4

All of the supporting resources tested were popular, though physios particularly liked motivational training and guidance on how to talk about strengthening with patients facing challenges.

5

Physios felt that any intervention should feature an online hub as a one-stop-shop for the different resources, whilst including offline alternatives for patients with lower digital access.

Recommendation: the idea of a ‘one-stop-shop’ online hub was regarded as crucial to the success of the initiative

This was seen as particularly helpful during the pandemic, where online tools have become more important. Perceived advantages of this approach included the following:



Resources would sit under one ‘roof’ and be interlinked



It could drive engagement by being visually appealing and interactive



Physios could use it as a tool during appointments, and/or easily signpost patients to it



Other, new resources could be integrated within it – for example, including access to live, online classes

“If it’s a slick system, you can use it to prescribe exercises in clinic. You go on the website, instead of giving them a leaflet or videoing them.”

“You could have things around it – I don’t know maybe a mixed exercise type group as well? If they need that extra motivation, come and do exercise with that social support and facilitation, but still have a physio there.”

There was, however, some concern about whether it would be possible to deliver all aspects of the intervention in an offline format for patients with less digital access.

For more information...



Let's talk about **STRENGTH**

We spent a year listening to people living with long-term health conditions about their thoughts on strengthening activities. Here are some key learnings to help people gain the improvements to quality of life that strengthening can deliver.

Barriers

People living with LTCs told us what stops them from taking part in strengthening activity.

- *Fear that their condition inhibits them* or they could deteriorate as a result of doing activities
- *Low mood* and a fear of embarrassment
- *Their symptoms* and energy levels vary day to day.

Motivations

But they also told us what motivated them to get started.

- Set a specific, memorable goal which is short-term and related to 'doing more' (e.g. *ability to complete daily activities*) and 'feeling better' (e.g. *managing the condition, improved mood or self-esteem*).
- These tend to be more motivating than longer-term medical benefits.

Testing

We're asking everyone to talk more about strength, and for healthcare professionals to consider testing it as a matter of routine.

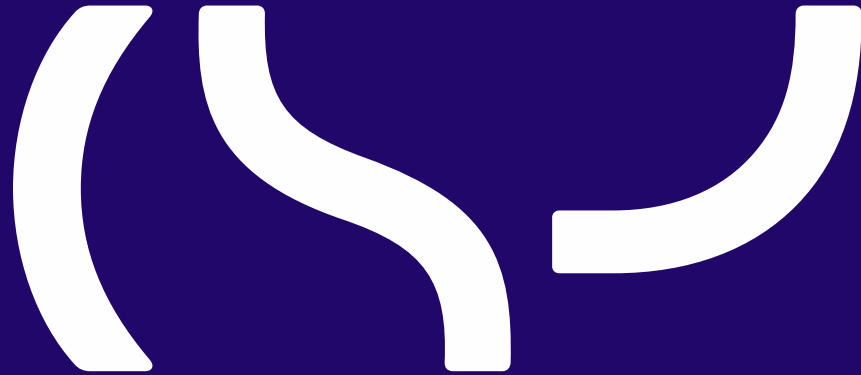
For more information and learnings see the full report at:
www.csp.org.uk/strength

6 Tips from people living with LTCs on how to promote and discuss strengthening activity

- 1 Say 'gradually increase' not 'gently increase' (*allows control over the activity and feels more accessible*)
- 2 Use simple language (e.g. *raising your leg*), avoid jargon/technical words (e.g. *calf raises*)
- 3 Convey that strengthening is easy, don't explicitly say it is (*can be done at home with no special equipment*)
- 4 Show strengthening is accessible (*i.e. at home, with everyday items*) avoid using patronising terms (e.g. *lifting 'small' bottles*)
- 5 Talk about choosing from 'approved' exercises to get started
- 6 Say both 'maintaining' and 'improving' strength not one or the other.

www.csp.org.uk/strength

Current work and next steps



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SOCIETY
OF
PHYSIOTHERAPY

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