

[Effects of interventions outside the health services for increased physical activity among adults]

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Record Status

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Authors' conclusions

We conclude, based on our summary of the results and the outcome of our appraisal of the quality of the evidence:

Individual-based interventions:

Social support and remote support (Internet and telephone) probably increase physical activity levels in the short term.

Advice, exercise and educational materials may increase physical activity levels slightly in the short and long term (> 12 months).

Computer-tailored support, brief advice, pedometers, and programmes promoting active travel may increase physical activity levels slightly in the short term.

We judged the quality of the documentation to be very low for interventions tailored to specific populations, for group-based education and exercise, and for initiatives to promote car sharing in neighbourhoods. We are uncertain whether these interventions increase physical activity.

We lack good documentation about work-place interventions.

Population-based interventions:

Local point-of-decision-prompts to use the stairs placed by elevators and escalators, campaigns in the community, and enhanced access to places for physical activity combined with informational outreach activities may possibly contribute to a small increase physical activity levels.

We judged the quality of the evidence to be very low for campaigns in the media, for campaigns to promote walking and cycling to work, and for community-scale and street-scale urban design and land use policies, meaning that we cannot draw conclusions about effects of these interventions.

We lack information about transportation and travel policies and practices, and interventions implemented through sporting organisations for increasing participation in sports.

We judge the conclusions to be valid for adults in general but not necessarily for groups in the population who are thought to, on average, have a lower level of physical activity and worse health, e. g. the elderly, immigrants from non-Western countries, and physically disabled people.

Further research should:

continue to include adults in general because the quality of the evidence is weak, but particularly groups in the population who are thought to, on average, have a lower level of physical activity and worse health, e. g. the elderly, immigrants from non-Western countries, and physically disabled people have long-term follow-up and, if possible, target both uptake and maintenance of physical activity study effects of interventions based on community-scale and street-scale urban design and land use policies with stronger research designs than those constituting the current evidence base.

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