



Active Lives: Physical Activity in Disadvantaged Communities

summary and action



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Gweithgarwch Corfforol mewn Cymunedau Difreintiedig

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Cyngor Bwrdeistref Siroi Torfaen
Bwrdd Iechyd Lleol Torfaen



The research on which this report is based was undertaken by Dr Simon Williams, Principal Lecturer in the School of Applied Sciences, University of Glamorgan and Maggie McCollum, a Masters student at the University.

A copy of the full report of the research is available from the Bevan Foundation.

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Bywydau Bywiog: Gweithgarwch Corfforol mewn Cymunedau Difreintiedig

"Mae'n bryd i'r cymunedau fod yn fwy ymroddedig a chredadig wrth ddatblygu dulliau o helpu'r trigolion o bob oedran a grwpiau ethnig i gynyddu lefelau eu gweithgarwch corfforol. Does dim angen astudiaeth arall ar gymunedau i ddwedu wrthyn nhw bod eu hanactifedd wedi cyrraedd lefelau epidemig ymhlith pob isgrwp yn y boblogaeth".

"O safbwynt iechyd y cyhoedd, mae angen newidadau amgylcheddol a pholisi i greu nawys yn ein hysgolion, cymunedau a manau gwaith sy'n fwy cydymdeimladol tuag at weithgarwch corfforol a byddai'n cynyddu'r posibilrwydd o weld parhad yn yr arfer o gerdded. Mae pobl yn torri eu calonnau mor rhywdd os nad os manau diogel, hysgrach a hwylus ar gael i ddyn nhw ar gyfer eu gweithgarwch. Yn yr ymgyrch i ddarbwyllio unigolion i fod yn fwy actif ac iach, rhaid i gymunedau chwarae eu rhan drwy greu manau diogelach i gerdded ynddyn nhw".

Andrea Kriska, PhD

Ymdrech y dros gael Cymunedau Mwy Actif
"American Journal of Preventive Medicine" (2002).



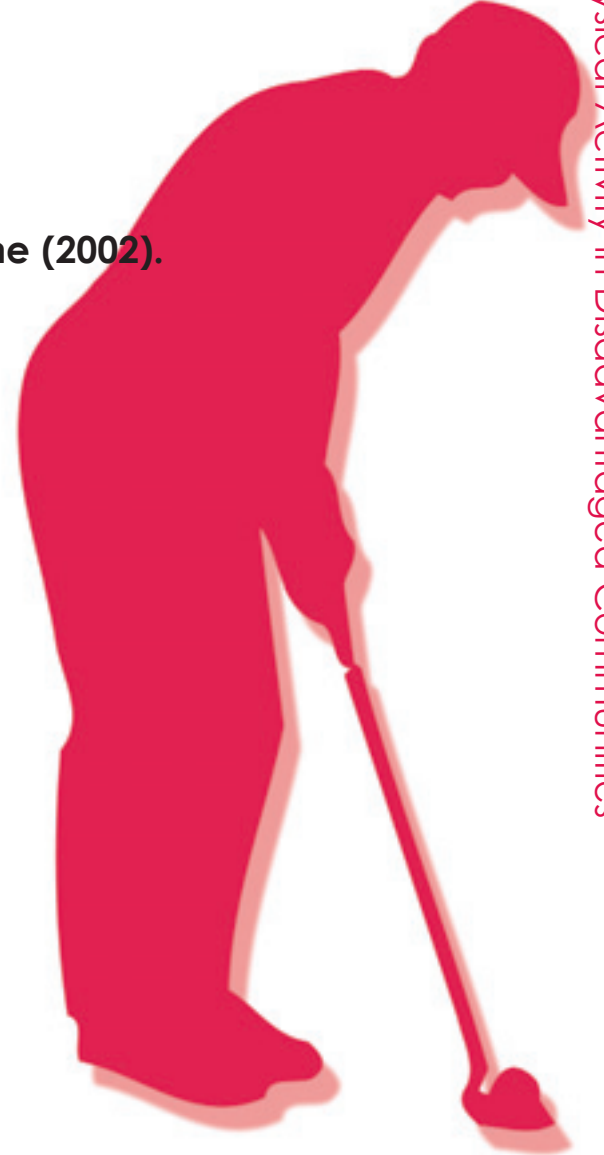
Active Lives: Physical Activity in Disadvantaged Communities

"The time has come for communities to become more committed and creative in developing ways to help residents of all ages and ethnic groups to increase their physical activity levels. Communities do not need another study to tell them that the prevalence of inactivity has reached epidemic levels across all subgroups of the population".

"From the public health perspective, environmental and policy changes are needed to build environments in our schools, communities, and workplaces that are more favorable to physical activity and would maximize the likelihood that walking will be maintained. People are easily discouraged if they do not have a safe, accessible, convenient place in which to be active. In the quest to convince individuals to become more active and healthy, communities need to do their part by creating more secure, "walkable" environments".

Andrea Kriska, PhD

Striving for a More Active Community
American Journal of Preventive Medicine (2002).



1. WALES - 'AN INACTIVE AND UNHEALTHY NATION'

In comparison to many other regions of the UK and Europe, the health of people in Wales, particularly the south Wales valleys, is poor. Life expectancy in Wales is rising but good health is not evenly distributed across the population. Average life expectancy in some parts of Wales is five years less than in others and there are marked differences between social groups.¹

The 2001 Census revealed that whilst two-thirds (66%) of people in Wales considered their health to be "good", 12% of the population felt that their health was "not good". This figure is higher than the comparable figure for England (9%).² Further Census data revealed that in Wales, 5% of people in the age group 0-19 years reported having a long-term limiting illness. In the 20-59 year age group, this figure rose to 17.9% and in the over 60's, the figure was 54.5%. Of the 22 unitary authorities in Wales, Merthyr Tydfil, Blaenau Gwent, Rhondda Cynon Taff, Caerphilly, Neath Port Talbot and Torfaen are ranked 1 to 6 (1 being the worst) with regard to the proportion of their populations who are in "good health". Approximately 15-20% of people in these 6 unitary authorities report their health as being "not good".³

The dramatic global increase in the number of people who are obese is now well known - the World Health Organisation said that the public health implications of increased obesity prevalence is 'staggering'.⁴ In the Welsh Health Survey (2003/04),⁵ 54% of respondents were overweight or obese. Furthermore, the prevalence of child and adolescent obesity in Wales is one of the highest in the world. In a comparison of 34 countries, only the USA and Malta had a higher percentage of overweight or obese young people⁶. Data from measured heights and weights of 11-14 year olds in the South Wales valleys suggest the prevalence of overweight and obesity may be as high as 23.7% and 8.3% respectively.⁷

These figures paint a picture of a nation whose health is relatively poor. A large proportion of this ill-health is determined by unhealthy lifestyles - particularly poor diet and physical inactivity. This level of ill-health and decreased life-expectancy is unacceptable and points to long-term failings by people to adopt 'healthy lifestyles' and to inadequate public health messages and services. **All possible efforts should be directed at dramatically improving the situation.**

This report is based on research into ways of overcoming the barriers to physical activity - and hence ways of promoting healthy lifestyles - especially in disadvantaged communities in Wales. The research findings are set out in a full report, which is available separately. Here, the focus is on the recommendations for action.

1. CYMRU - 'CENEDL ANACTIF AC AFIACH'

O'i chymharu â llawer o ranbarthau eraill yn y Dc ac Ewrop, mae iechyd pobol Cymru, yn arbennig rhai cymoedd De Cymru, yn wael. Mae disgwyliad bywyd yng Nghymru yn cynyddu ond nid yw iechyd da yn gyson drwy'r boblogaeth. Mae hyd disgwyliad oes bum mlynedd yn llai mewn rhai manau na'i gilydd ac y mae gwahanïaethau sylweddol rhwng grwpiau cymdeithasol.¹

Dangosodd Cytffiad 2001 er bod dwy ran o dair (66%) o bobl Cymru'n ystyried bod eu hiechyd yn "dda", roedd 12% o'r boblogaeth yn credu nad oedd eu hiechyd "ddim cystal". Mae'r ffigwr yn uwch na'r un cymharol yn Lloegr (9%).² Dangosodd data pellach o'r Cytffiad bod yng Nghymru 5% o bobl yn yr ystod oedran 0 - 19 yn dweud bod ganddyn nhw salwch tymor hir. Yn yr ystod oedran 20-59 cododd y ffigwr hwn i 17.9%, tra i'r rhai dros eu 60, roedd y ffigwr yn 54.5%. O bllth y 22 awdurdod unedol yng Nghymru, gosodwyd Merthyr Tudful, Blaenau Gwent, Rhondda Cynon Taf, Caerffili, Castell Nedd Port Talbot a Thorfaen o 1 i 6 (rhit 1 oedd y gwae'thaf) am eu canranau o'r boblogaeth oedd mewn "iechyd da".

Cofnododd tua 15-20% o bobl y 6 awdurdod unedol hyn nad oedd eu hiechyd "ddim cystal".³

Mae'r cynnydd dramatig byd eang yn niferoedd rhai sy'n oedw yn wybyddus iawn erbyn hyn - dywed Sefylliad Iechyd y Byd (WHO) fod goblygiadau iechyd cyhoeddus y cynnydd mewn mynychder bod yn oedw yn 'sfdrauo'.⁴ Yn Arolwg Iechyd Cymru (2003/04),⁵ roedd 54% o ymatebwyr dros bwysau neu'n oedw. Hefyd, roedd mynychder bod yn oedw ymhlith plant a phobl ifanc Cymru ymhlith yr oedd canran uwch o bobl ifanc dros bwysau neu oedw. Awgryma data'r yr oedd canran uwch o bobl ifanc dros bwysau neu oedw.⁶ Data o mesur uchder a phwyntau oedw o bobl ifanc Cymru ymhlith De Cymru bod mynychder bod dros bwysau neu'n oedw etfaliail cyn uchred â 23.7% i'r naill ac yn 8.3% i'r llall.⁷

Mae'r ffigyrau hyn yn creu portread o genedl sydd mewn cyflwr iechyd cymharol wael. Dylanwedir ar gyfran uchel o'r diffygion iechyd hyn gan ffyrdd afiach o fyw - yn arbennig diet gwael a segydd neu anactiffedd corfforol. Mae'r lefel hwn o iechyd gwael a'r dirywiaid yn hyd y disgwyliad bywyd yn annerbyniol ac yn dynodi methiant tymor hir pobol i'r fdbwysiaid "ffyrdd iach o fyw" ac i ddiffyg mewn negesun iechyd cyhoeddus a gwasanaethau. Dyllid gwneud pob ymdrech i wella'r sefyllfa hon yn ddramatig.

Sellir yr ymchwil hwn ar ymchwil i ddulliau o oresgyn y rhwystrau i fod yn gorfforol anactif - a thrwy hynny hybu dulliau iachach o fyw - yn arbennig fellly ymhlith cymunedau diffreintiedig yng Nghymru. Mae canlyniadau'r ymchwil i'w cael mewn adroddiad llawn. Yma, canolbwyntir ar yr argymhellion ar sut y dyllid gwellhreddu.

2. Y DYSTIOLAETH LETHOL

Manteision Gweithgarwch Corfforol

Nodwyd am y tro cyntaf bod gweithgarwch corfforol yn gostwng y risg o glefyd cardiofasgwilar - sy'n dal i fod y rheswm amlataf dos farwolaethau cynnar ac affiechydon cronig - yng nghyfnod y 1950'au.⁸ Ers hynny, mae cyhoeddadau diffiedl wedi nodi'r gymhau wrthdro rhwng gweithgarwch corfforol ac affiechydon cronig. Yn y blynyddoedd diweddar, gosodwyd pwyslais cynyddol ar weithgarwch corfforol fel ffactor risg y gellid ei adnewid ar gyfer sawl affiechydon cronig gan gynnwys bod yn ordeu, clefyd siwgr mellthw, celfyd 2, gordwysedd, affiechydon cardiofasgwilar, osteoporosis a chaner y fron a'r coluddyn mawr. Mae'r dystiolaeth yn gadarn, yn gyson ac anwrthbrofol yn achos y rhain.

Beth yw gweithgarwch corfforol?

- o chwaraeon cystaddeuol a thradoddiadol megis rygbi, pelidreod, criced, pêl-nyd, hoci ayb
- diddordebau hamdden megis loncian, cerdded a heicio, garddio, noffio a seiclo
- chwarae'n naturiol a digymell
- gweithgarwch gweithle ac yn y ty
- ymarferion wedi eu strwythuro megis dosbarthiadau cadw'n heini neu fynd i gamfa
- gweithgarwch corfforol oportiwncidd a chwydro actff

Awgrymar dystiolaeth epidemiolegol bod perthynas ymateb-dogn rhwng gweithgarwch corfforol a phob marwolaeth, bod yn ordeu, celfyd siwgr mellthw 2 a chlefyd coronaid y galon. Mae gan weithgarwch codi pwysau hefyd gyfraniad tuag at hynwddo twf naturiol a datblygiad yr ysgerbyd iach.

Mae gweithgarwch corfforol hefyd yn bwysig ar gyfer rhwystro a thrin bod dos bwysau ac yn ordeu, sy'n cynyddu'r risg yn sylweddol o gael clefyd siwgr mellthw 2, affiechydon cardiofasgwilar, osteoarthritis, rhai math o ganer, problemau atgenhedlu mewn merched, iselder ysbryd a mathau eraill o affiechydon meddwl. Hefyd, dangoswyd bod ymarferion aerobig rheolaidd heb ymyrraeth dietegol yn gostwng gordewiad ymysgariol ac yn gwella ffactorau risg cardiofasgwilar.⁹

Faint o Weithgarwch Corfforol sydd ei angen?

Mae gan bobl sy'n gwneud dos 30 munud o weithgarwch corfforol cymedrol bob dydd o'r wythnos (ac fe ddisgrifiwyd gweithgarwch corfforol cymedrol fel cerdded yn gyflym) neu sydd â lefelau cymedrol i uchel o ffitrwydd cardio-respiradol raddfeydd mawr i'w gwneud yn is o achos affiechydon cardiofasgwilar a phob achos o farwolaeth neu bodl hynny sy'n eisteddog neu heb fod yn ffit. Tra bod coll pwysau'n effen bwysig o hynwddo iechyd ar gyfer unigolion dos bwysau a/neu gordew, gall y mwyafrif o bobl fantaisio ar weithgarwch corfforol, nid yn unig y rhai sydd am goll pwysau.

Mae gweithgarwch corfforol hefyd yn bwysig i wystro cynydd mewn pwysau ac yn ogystal a bwya diet is mewn caloriâu, mae'n rhannu bwysig o strategaeth colli pwysau. Credir bod unrhyw ffrwyrt o weithgarwch corfforol sy'n cynyddu'r cyfradd metabolaidd yn gallu bod yn lleol. Gellir rhwystro ail-gynydd mewn pwysau drwy

2. THE OVERWHELMING EVIDENCE

The Benefits of Physical Activity

The observation that physical activity reduces the risk of cardiovascular disease - still the leading cause of premature death and chronic ill-health - was first reported in the 1950's.⁸ Countless other publications have since reported the inverse relationship between physical activity and chronic ill-health. In recent years, increased emphasis has been placed on physical activity as a major modifiable risk factor for several chronic diseases including obesity, type 2 diabetes mellitus, hypertension, cardiovascular disease, osteoporosis and cancer of the breast and colon. **For these disorders the evidence is strong, consistent and irrefutable.**

What is physical activity?

- competitive and traditional sports such as rugby football, association football, cricket, netball, hockey etc
- leisure-time pursuits such jogging, walking and hiking, gardening, recreational swimming and cycling
- spontaneous play
- occupational and household chores
- structured exercise such as using 'keep-fit' classes or gymnasias
- opportunistic physical activity and active travel

The epidemiological evidence suggests that physical activity has a dose-response relationship with all-cause mortality, obesity, type 2 diabetes mellitus and coronary heart disease. Weight-bearing physical activity also plays a key role in promoting the normal growth and development of the healthy skeleton.

Physical activity is also very important with regard to the prevention and treatment of overweight and obesity, which significantly increase the risk of type 2 diabetes mellitus, cardiovascular disease, osteoarthritis, certain cancers, female reproductive problems, depression and other forms of mental illness. Furthermore, regular aerobic exercise without dietary intervention has been shown to reduce visceral obesity and improve cardiovascular risk factors.⁹

How Much Physical Activity is Needed?

People who participate in more than 30 minutes of moderate-intensity physical activity (moderate intensity physical activity has been described as brisk walking) most days of the week, or who have moderate to high levels of cardio-respiratory fitness have significantly lower death rates from cardiovascular disease and all-cause mortality than people who are sedentary or who are unfit. Whilst weight loss is an important component of health promotion for overweight and/or obese individuals, the benefits of physical activity can be acquired by the vast majority of people, not just those who lose weight.

Physical activity is also important for preventing weight gain and, together with the consumption of a lower calorie diet, is an important component of a weight loss strategy. Any form of physical activity that results in a significant elevation in metabolic rate is thought to confer benefit. Weight regain can be prevented by the adoption of 80 to 90 minutes of moderate physical activity or 35 minutes of more vigorous activity, for example jogging, each day.



For an 'average' person, walking at 4 mph expends about 400 kilocalories per hour. Thus, 5 hours of brisk walking accumulated over the course of one week can result in an energy expenditure of 2000 kilocalories - a level that is associated with a significant reduction in morbidity and mortality.¹⁰

The quantity of daily physical activity required for health improvement can be accumulated throughout the day. When multiple short-bouts of activity (e.g. 10-minute bouts, 3 or 4 times per day) are compared to one bout of continuous activity (e.g. 30 to 40 minute bout, once per day), the multiple activity programme can result in greater total daily activity time and greater adherence.¹¹ These findings support potentially important public health messages that should be included in physical activity promotion.

wneud rhwng 80 a 90 munud o weithgarwch corfforol cymedrol neu dros 35 munud o weithgarwch mwy dwys, er enghraifft loncian, yn ddyddiol.

I berson 'cyffredin', mae cerdeded ar gyflymder o 4 milltir yr awr yn llosgi tua 400 cilocalori yr awr. Felly, mae 5 awr o gerdeded cyflym dros gyfnod o wythnos yn gallu llosgi ynni o 2000 cilocalori - lefel sy'n cael ei gysylltu â gostyngiad sylweddol mewn afiachusrwydd a marwolaeth.¹⁰

Gellir crynhoi'r gweithgarwch corfforol dyddiol angenrheidiol i wella cyflwr iechyd dros y dydd yn gyfan. Drwy gymharu cyfnodau byrion o weithgarwch (e.e. cyfnodau 10 munud, 3 neu 4 gwaith y dydd) ag un cyfnod o weithgarwch parhaus (e.e. cyfnod 30 - 40 munud, unwaith y dydd), gall canlyniad y rhaglen o amli-weithgarwch olygu cyfanswm uwch o weithgarwch dyddiol a mwy o ymlyniad.¹¹ Mae'r canfyddiadau hyn yn cefnogi negeseuon a allai fod yn bwysig i'w cynnwys wrth hyrwyddo gweithgarwch corfforol.



3. YR AGENDA STRATEGOL

Setydliaid Iechyd y Byd

Awgryma Setydliaid Iechyd y Byd (WHO) y dylid rhoi blaenoriaeth ar gyfer rheoli'r risgiau hynny sy'n wlybuddus, yn gyffwrddus, yn sylweddol ac yn eang a lle bo strategaethau goswtwng risg sy'n effeithiol a derbyniodi i'w cael. Awgrymdd'r WHO hetyd y dylid rhoi'r blaenoriaeth ar gyfer penderfyniadau positif eu hunain ar faturon sy'n gwella bywydau, megis defnyddio tybaco, yfed alcohol, diet affach, rhyw annogel a gweithgarwch corfforol.

Mae Strategaeth Byd-eang y WHO yn cydnabod bod angen maint gwahanol o weithgarwch corfforol ar gyfer gwahanol ganlyniadau ym maes iechyd. Fodd bynnag, mae'n argymhell yn gryf y dylai unigolion fod yn **gwneud o leiaf 30 munud rheolaidd o weithgarwch corfforol cymedrol ar y rhan fwyaf o ddyddiau ac y dylai hyn barhau drwy gydol eu bywydau.**

Mae Strategaeth y WHO hetyd yn awgrymu'r tair egwyddor ganlynol:

(1) Dylai strategaeth seiliedig yn y gymuned gael eu seilio ar yr ymchwil a

thystiolaeth wyddonol ora sydd ar gael;

(2) Dylid rhoi blaenoriaeth i weithgarwch sy'n cael effaith positif ar y grwpiau a

chymunedau tiotach o'r boblogaeth;

(3) Dylai strategaethau gweithgarwch corfforol fod yn addas yn ddwyllianol gan

fod arferion gweithgarwch corfforol yn aml fod wedi eu gwreiddio mewn

traddodiadau lleol a rhanbarthol.

Llywodraeth Cynulliad Cymru

Mae Strategaeth Llywodraeth Cynulliad Cymru ar gyfer Chwaraeon a Gweithgarwch Corfforol, **Pringo'n Uwch**, yn amlinellu ystod o ddyheadau ar gyfer chwaraeon a gweithgarwch corfforol. Mae'r ddogfen hon yn datgan:

"Bydd Cymru'n cyfateb i safonau gorau'r byd ar lefelau chwaraeon a gweithgarwch corfforol, wedi eu diffinio ar gyfer oedolion, fel isatswm o 5 x 30 munud o weithgarwch corfforol cymedrol bob wythnos. I wiseddu hyn rydyn ni angen cynydd mewn gweithgarwch corfforol cyffredinol gan oedolion sydd o leiaf yn un y cant yn flynyddol".

Mae'r gweithredu ar ran Llywodraeth Cynulliad Cymru i wireddu'r nodau hyn yn cynnwys:

- Newid y modd y mae pobl yn meddwl a gweithredu, gan ailgyflwyno gweithgarwch corfforol i fywyd pob dydd.
- Annog chwarae fel rhan hanfodol o ddatblygiad iachus.
- Annog ymlyniad torfol mewn chwaraeon a gweithgarwch corfforol drwy gefnogi gweithgarwch y gall unigolion a theuluoedd eu mwynhau drwy gydol eu bywydau.
- Sicrhau bod corffael gwybodadaeth am weithgarwch corfforol cyn bwysiced a datblygiad sgiliau llythrennedd a rhifedd.

I gefnogi'r amcanion hyn, mae Llywodraeth Cynulliad Cymru wedi buddsoddi'r sylweddol yn arfanol mewn chwaraeon a gweithgarwch corfforol sy'n golygu cynydd o 250% rhwng 1999 a 2007/8.

3. THE STRATEGIC AGENDA

The World Health Organisation

The World Health Organisation (WHO) suggests that priority should be given to controlling those risks that are well known, common, substantial and widespread and for which effective and acceptable risk reduction strategies are available. The WHO also suggests that individuals should be empowered and encouraged to make positive life-enhancing health decisions for themselves on matters such as tobacco use, alcohol consumption, unhealthy diet, unsafe sex and physical inactivity.

The WHO Global Strategy recognises that different types and amounts of physical activity are required for different health outcomes. However, it strongly recommends that individuals engage in **at least 30-minutes of regular, moderate-intensity physical activity on most days and that this continues throughout life.**

- This WHO Strategy also puts forth the following three principles:
- (1) Community-based strategies need to be based on the best available scientific research and evidence;
 - (2) Priority should be given to activities that have a positive impact on the poorest population groups and communities;
 - (3) Physical activity strategies should be culturally appropriate as physical activity habits are often rooted in local and regional traditions.

The Welsh Assembly Government

The Welsh Assembly Government's Strategy for Sport and Physical Activity, **Climbing Higher**, sets out a range of ambitions for sport and physical activity. This document states:

"Wales will match the best global standards for levels of sport and physical activity, defined for adults, as at least 5 x 30 minutes of moderate intensity physical activity per week. To achieve this we need an annual increase in overall adult physical activity levels of at least one percentage point per annum".

Actions outlined by the Welsh Assembly Government to achieve these aims include:

- Changing the ways that people think and act, building physical activity back into daily life
- Encouraging play as an essential component for healthy development
- Encouraging mass participation in sport and physical activity by supporting activities that individuals and families can enjoy throughout life
- Ensuring that the acquisition of physical literacy is as important as the development of literacy and numeracy skills

In support of these aims, the Welsh Assembly Government has made a substantial financial investment into sport and physical activity that will amount to an increase of 250% from 1999 to 2007/8.

4. BARRIERS TO PHYSICAL ACTIVITY

Over a period of several months, key individuals involved in the development of physical activity policy, and its implementation, took part in discussions about the current 'state of play' in Wales. These individuals were drawn from academia, the National Public Health Service, local authorities and the Countryside Council for Wales. Discussions also took place with various focus groups that were presenting the views of various 'disadvantaged' groups in the communities of Caerphilly, Merthyr Tydfil and Torfaen.

The following sections present recommendations as to how some of the barriers that people identified can be overcome. It is hoped that these recommendations will form the basis for further consideration about how more people in Wales can be encouraged into a physically active lifestyle.

Many people feel that physical activity relates only to sport and exercise and do not appreciate that everyday activity can also be classed as physical activity. However, most people have some awareness of the positive health benefits of physical activity. Therefore, there must be other reasons why individuals, particularly those from disadvantaged communities or groups, are still failing to meet this basic requirement of physical activity.

The key to helping more individuals and communities to undertake at least the minimum amount of regular physical activity is a combination of:

- Raising awareness of the barriers to involvement
- Exploring perceptions & assumptions about physical activity
- Creating a range of opportunities for participation and interaction
- Encouraging personal responsibility for lifestyle choices

A discussion of barriers to physical activity can be found in the full report of the research, along with details of the views and experiences of those we interviewed. This report covers only the main barriers identified by the people we interviewed and presents only the recommendations for action.



4. RHWYSTRAU I WEITHGARWCH CORFFOROL

Dros gyfnod o nifer o fisod, bu unigolion allweddol fu'n rhan o ddatblygiad polisi weithgarwch corfforol a'i weithrediad, yn rhan o'r trafodadaethau ar y sefyllfa gyfredol yng Nghymru. Roedd yr unigolion hyn wedi eu cywain o academia, y Gwasanaeth Iechyd Cenedlaethol, yr awdurdodau lleol a Chyngor Cefn Gwlad Cymru. Hefyd fe gynhaliwyd trafodadaethau gydag amrywiol grwpiau ffocws oedd yn cyflwyno barn amrywiol grwpiau 'diffreintiedig' yng nghymunedau Caerffili, Merthyr Tudful a Thorfaen.

Mae'r adranau canlynol yn cynrychioli argymhellion sut gellid dilieu rhai o'r rhwystrau roedd pobl yn eu dynodi. Hydeler y bydd yr argymhellion yn ffurfio sail i ystyriaeth pellach am y modd y gallai rhagor o bobl Cymru gael eu hannog i ymgymryd â steil bywyd mwy gweithgar yn gorfforol.

Cred llawer o bobl bod gweithgarwch corfforol yn gysylltiedig yn unig â chwaraeon ac ymarfer a ddylun nhw ddim yn gwerthfawrogi bod gweithgarwch dyddiol hefyd yn cael ei ddarfarnu fel gweithgarwch corfforol. Felly, rhaid fod rhesymau eraill pam fod unigolion, yn arbennig y cymunedau neu grwpiau diffreintiedig, yn dal i fethu cwrdd a'r gofyn sylfaenol hwn mewn gweithgarwch corfforol.

Yr allwedd i helpu unigolion a chymunedau i gynnal yr isatswm o weithgarwch corfforol rheolaidd yw cyfundaidd o:

- Godi ymwybyddiaeth o'r rhwystrau i ymrwymo
- Archwilio'r canfyddiad o'r dybiaeth am weithgarwch corfforol
- Creu ystod o gyfleoedd i chwarae rhan ac i rymgweithio
- Annog cyfrifoldebau personol dros wneud y dewis o ddulliau byw

Gellir gweld trafodadaeth ar y rhwystrau i weithgarwch corfforol yn yr adroddiad llawn i'r ymchwil, ynghyd â manylion barn a phrofiad y rhai a holwyd gennym. Dim ond y prif rwystrau nodwyd gan y bobl holwyd gennym y mae'r adroddiad hwn yn ei gofnodi ac nid yw ond yn cynnwys yr argymhellion gweithred.

Setydlu cyd-destun gweithgarwch corfforol - Yr amgylchedd, hamdden aciff ac ymddygiad gwrthgyrmddeithasol

1. Manteisio rhagor ar yr amgylchedd naturiol

Roedd llawer o'r grwpiau a'r unigolion hollwyd yn y prosiect hwn yn cydnabod bod amgylchedd naturiol Cymru'n cynnig myrdd o gyfleoedd ar gyfer hamddena anffurfiol a gweithgarwch corfforol. Tuedd y cyhoedd a rhai pobl profesiynol maes tetchyd yw peidio manteisio digon ar yr adnodd hwn a'r cyfle mae'n ei gynnig ar gyfer cerdded ym fwyat ardbennig. Rhaid gwneud rhagor i gysylltu'r rhai sy'n cynnal a hyrwyddo'r adnodd hwn a'r rhai sy'n dymuno gweld eu grwpiau o glieñtiaid yn cynyddu eu gweithgarwch corfforol. Mae profiadau positif o'r awyr agored yn ystod plentynod yn dylanwadu ar ymddygiad ym maes gweithgarwch corfforol. Dylai plant a phobl ifanc gael cymaint o gyfleoedd a phosibl i brofi cefn gwlad fel rhan o'r Cwricwlwm Cenedlaethol, yn unol ag amcanion Cyngor Cefn Gwlad Cymru a Chymdeithas Llywodraeth Leol Cymru 12. I wireddu'r nod hwn dylid setydlu mecanwaith cefnogi ar gyfer ysgolion rhag iddyn nhw fod mewn ofn o gael eu herlynu.

2. Dynodi difyrwch aciff

Fel cenedl mae gan Gymru obsesiwn iach am chwaraeon traddodiadol ar gyfer timau. Yn wahanol iawn i wledydd fel y Ffindir, nid oes genym ffurf cenedlaethol o ddifyrwch aciff. Dylai Gymru ystyried mabwysiadu ei ffurf ei hunan o ddifyrwch aciff - cyfeiriannu er enghraifft - a dylai'r gweithgarwch hwn ddod yn agwedd bwysig o fywyd ysgol i bob plentyn. Dylai Llywodraeth Cynulliad Cymru chwarae rhan arweiniol i hyrwyddo, marchnata ac ariannu menter o'r fath. Mae **Dingo'n** Uwch yn galw am i "holl blant Cymru gael profiad o weithgarwch awyr agored cyn bod yn 12 oed a rhagor o brofiad cyn cyrraedd 16 oed". Os ydym yn gwir werthfawrogi gweithgarwch corfforol yn yr awyr agored, ac yn gweld ysgol fel man pwysig i osod y sylfeini ar gyfer gweithgarwch corfforol yn y dyfodol, yna rhaid cael dyheadau llawer cryfach i weld plant yn mwynhau'r profiad o anturio'n yr awyr agored yn rheolaidd.

3. Tacio ymddygiad gwrthgyrmddeithasol

Oni ellir cynnig tystiolaeth i'r gwrthwyneb, mae'n bur debyg bod y rhagdybiaeth yn gywir bod rhai troseddau ac ymddygiad gwrthgyrmddeithasol (e.e. hap-yrnu ac ymgasglu'n gystyrtuau mawr yn y strydoedd) yn cael dylanwad negatiff ar rai ffurfiol o weithgarwch corfforol (e.e. cerdded ardal a seiclo). Rhaid gwneud mwy o ymdrech i ddiddymu neu leihau ymddygiad o'r fath os yw pobl am gael eu hannog i gerdded yn y wlad a/neu'n eu hardal. Mae hyn yn ardbennig o berrnasol yn nghêft gwlad, parciau a llecymau agored, gan eu bod yn cynnig cyfle ar gyfer niifer o wahanol weithgarwch corfforol a hamddena aciff. Dylid adolygu targedau Dingo'n Uwch yn y cyd-destun hwn a datgan y bydd pobl yn cael mynediad i amgylcheddau naturiol, parciau a llwybrau sy'n ddiogel ac yn rhydd o droseddau ac ymddygiad gwrthgyrmddeithasol.

"Pan aethon ni i ddawnsio llinell pa nosweith roedd 'na bobl yn cicio'r drysau a gweldi. Fe fydddech yn cael ofan pe bydddech chi ar eich pen eich hunan".

Setting the context for physical activity

- The environment, active recreation and anti-social behaviour

1. Making more of the natural environment

Many of the groups and interviewees involved in this project recognised that the natural environment of Wales offers huge opportunities for informal recreation and physical activity. This resource, and the opportunity it presents for walking in particular, tends to be under-recognised by the public and some health professionals. **More needs to be done to make effective links between those who maintain and promote this resource and those who wish to increase physical activity in their client groups.** Positive, early-life experiences of the outdoor, natural environment influences physical activity behaviour. Children and young people should be provided with the greatest possible opportunity to experience the countryside as part of the National Curriculum, in line with Countryside Council for Wales and Welsh Local Government Association objectives¹². Support mechanisms to alleviate fears of prosecution should be established to help schools meet this objective.

2. Identify an active recreation

As a nation Wales has a healthy obsession with traditional team sports. Unlike countries such as Finland, we do not have a national form of active recreation. Wales should consider adopting its own form of active recreation - for example orienteering - and this activity should become an important aspect of school life for all children. The Welsh Assembly Government should play a lead role in promoting, marketing and funding such a venture. **Climbing Higher** calls for "all children in Wales to have experienced an outdoor adventure activity before the age of 12 and a further experience before the age of 16". **If we truly value physical activity in the outdoors, and see school as an important place in which to lay the foundations of future physical activity behaviour, then we need to be a great deal more aspirational and expect that children regularly experience an outdoor adventure.**

3. Tackle anti-social behaviour

The assumption that certain crimes and anti-social behaviours (e.g. joy-riding and large street gatherings) negatively impact on some modes of community physical activity (e.g. walking the neighbourhood and cycling) is probably a correct one, unless definitive evidence becomes available to the contrary. Greater efforts need to be made to eradicate or minimise this kind of behaviour if people are to be successfully encouraged to walk in the countryside and/or their neighbourhood. This is particularly relevant in the countryside, parks and open spaces as they provide an opportunity for several kinds of physical activity and active recreation. **The Climbing Higher targets should be reviewed in this context and state that people will have access to safe natural environments, parks and footpaths that are free from crime and anti-social behaviour.**

"When we went line dancing the other night, people were kicking the doors and shouting. It would frighten you if you were on your own".

Taking the initiative for physical activity

- Behaviour change, GP involvement, targeted opportunities, support mechanisms and marketing

Many people do not see physical activity as something that is of importance in their lives. They may have other more pressing issues and do not fully appreciate the positive benefits activity can have on health. Also, they may not have the support needed to encourage them to be active, to enter different arenas and to experience different situations. Those reporting low levels of social support from either family or friends are far more likely to be insufficiently active.

4. Better, more effective marketing

More targeted research needs to be undertaken to determine the most effective and appropriate ways of marketing and promoting physical activity, particularly with respect to 'hard-to-reach' populations. **Physical activity needs to be considered and continued as a brand with a clear high level architecture and operational plan. Physical activity needs to be marketed through a modern, effective, on-going and unequivocal campaign with the same intensity as anti-smoking and sexual health (HIV-AIDS) campaigns. Positive images of physical activity should be regularly broadcast during times of maximal physical inactivity.**

5. Promote walking as an activity for young people

The perception of walking and walking associations as catering only for the elderly needs to be challenged. Youth groups and their leaders should be encouraged to form walking groups through incentivised schemes. Young people, aged 16-18 years, should be trained to lead walks and be given 'academic credit' for their achievement. This could be linked with existing academic programmes such as 'A' level or BTEC courses and could provide additional university entrance points. This would also support the development of more environmentally and socially aware young people and facilitate the growth of walking schemes that frequently suffer from a lack of trained leaders.

6. Focus on behaviour change

Providing educational messages to enhance knowledge has a weak influence on behaviour when it is not supported by complementary information about how to change behaviour. Thus, **more needs to be done to promote a greater understanding of behaviour change and its complexities** in collaboration with partners specialising in change management or applied psychology. This is certainly true with regard to the general public and may also be relevant to some health professionals. Past attempts to increase physical activity have relied upon messages about the importance of physical activity from a health perspective. Very little attention has been given to actually helping people overcome barriers.

"It's not until it hits that you realise the way you should have lived. With today's information and medical improvements people should have no reason not to be active; everyone should know how important it is."

Cymryd y camau cyntaf mewn gweithgarwch corfforol

- Newid ymddygiad, ymrwymiad meddygon teulu, cyfleoedd wedi eu targedu, mecanwaith cefnogi a marchnata.

Mae 'na lawer o bobl sydd ddim yn ystyried gweithgarwch corfforol fel rhywbeth pwysig yn eu bywydau. Hwyrach bod ganddyn nhw bethau mwy pwysig a'u bod heb sylweddoli'n llawn y mantaision i'w hiechyd mewn gweithgarwch corfforol. Efallai, hefyd, nad ydyn nhw'n cael y gefnogaeth sydd ei hangen gan eu hannog i fod yn actif, i fentro i wahanol feysydd ac i gael profiadau gwahanol. Mae'r rhai hynny sy'n dweud nad ydyn nhw'n cael fawr o gefnogaeth gan naill ai deulu neu ffrindiau'n llawer llai i tebygol o fod yn ddiagon actif.

4. Marchnata gwell a mwy effeithiol

Rhaid cynnal rhagor o ymchwil wedi ei dargedu i sefydlu'r ffordd fwyaf effeithiol a phodol o farchnata a hyrwyddo gweithgarwch corfforol, yn arbennig ymhlith y boblogaeth 'anodd' ei chyrraedd. Rhaid ystyried a chynnal gweithgarwch corfforol fel brand gydag adeiladwaith eglur o radd uchel a chynllun gweithred. Rhaid marchnata gweithgarwch corfforol drwy ymgyrch fodern, effeithiol barhaus a diamwys sydd mor daer a'r ymgyrchodd iechyd rhyw (HIV-AIDS) ac yn erbyn ysmegu. Dylid darlledu delweddau positif o weithgarwch corfforol yn rheolaidd yn ystod adegau lle mae gweithgarwch corfforol fwyaf ar drai.

5. Hyrwyddo cerdded fel gweithgarwch i bobl ifanc

Rhaid herio'r dybiaeth mai rhywbeth i'r oedranus yn unig yw cerdded a mudadau corfforol. Dylai grwpiau ieuencid a'u harweinyddion gael eu hannog i ffurfio grwpiau cerdded drwy ysgogiad. Dylid hyfforddi pobl ifanc rhwng 16 a 18 oed i arwain teithiau ac i dderbyn 'credydau academaidd' am wneud hynny. Gellid cysylltu hyn gyda rhaglenni megis Letel 'A' neu gyrisiau BTEC a fyddai'n cynnig pwyntiau ychwanegol ar gyfer mynediad i brifysgol. Byddai hyn hefyd yn cefnogi datblygu pobl ifanc mwy ymwybodol o'u hamgylchfyd a'u cymdeithas ac yn hyrwyddo twf cynlluniau cerdded sy'n aml yn brin o arweinyddion hyfforddedig.

6. Canolbwyntio ar newid ymddygiad

Dylanwad gwau ar ymddygiad gaffi negeseuon addysgiadol i wella gwybodaeth os na cheir cefnogaeth drwy wybodaeth atodol ar sut i newid ymddygiad. Felly, rhaid gwneud rhagor i hyrwyddo gwell deallwriaeth o newid ymddygiad a'i gymhlethdodau mewn cydweithrediad a phartneriaid sy'n arbennig mewn rheoli newid neu seicoleg ymddygiad. Mae hyn yn sicr yn wir am y cyhoedd yn gyffredinol a gall fod yn berthnasol am rai pobl broffesiynol ym maes iechyd. Dilymmodd ymdrechion i annog mwy o weithgarwch corfforol yn y gorffennol ar negeseuon pwyysigwrdd gweithgarwch corfforol o safbwynt iechyd. Ychydig iawn o sylw sydd wedi ei roi i helpu pobl oresgyn y rhwystrau.

"Dim ond pan fydd yn eich taro rydych chi'n sylweddoli sut dylech chi fod wedi byw. Gyda'r wybodaeth sydd i'w gael heddiw a'r gweillannau meddygol does dim rheswm pam na ddylai pobl fod yn actif; dylai pawb wybod ei fod yn bwysig."

Mae'r Canolfannau Rheoli a Rhwystro Heintiau yn yr UDA (Centers for Disease Control and Prevention) wedi tacio'r mater ar ffurf awgrymiadau ymarferol sut i oresgyn rhwystrau i weithgarwch corfforol.¹³ Ceir cefnogaeth bellach i'r canllawiau hyn drwy gwis ar y rhwyngwyd sy'n helpu pobl i ganfod y rhwystrau hynny i weithgarwch corfforol sy'n tanseilio'u gallu i wneud gweithgarwch corfforol yn rhan hanfodol o'u bywydau. Er enghraifft, er mwyn helpu pobl i oresgyn y syniad nad oes ganddyn nhw'r amser nad'r ysgogiad, awgrymir y dylai unigolion geisio canfod pa adeg yn yr wythnos y gallen nhw fod yn ystyried gweithgarwch corfforol ac i gynllunio ymledd llaw ar gyfer yr adegau hyn. Er mwyn helpu pobl oresgyn problemau gofaliadau mae'r canllawiau'n awgrymu cyfnewid gwarchod ag aelodau eraill o'r teulu neu â ffrindiau.

7. Rhagor o ymrwymiad Gofalwyr Iechyd Sylfaenol

Mae pwysigrwydd hysyddo gweithgarwch corfforol drwy dddarparu'r gofal iechyd sylfaenol yn bur wbyddus. Dylid gwneud rhagor i gael cefnogaeth ac ymrwymiad meddygon teulu drwy iddyn nhw datfod manteision gweithgarwch corfforol gyda'u cleision yn ogystal â'u gwneud yn ymwybodol o gynlluniau cerdded ac ymarferion wedi eu cyfeirio. Meddygon teulu a nyrsys yn aml yw'r bobl broffesiynol mwyaf dylanwadol ym maes iechyd a gall diffyg diddordeb/cyfrannogiad o'u tu hwylod yn un o'r rhwystrau penant. Mae hyn yn unol ag argymhellion diweddar y Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Clinigol (The National Institute for Health and Clinical Excellence) sydd hefyd yn argymhell cyfeirio cleision at arbenigwyr ymarferion gan fod hynny'n cynyddu cydymffurfiaeth dros dymor hir.¹⁴ Mae diffyg ymroddiad rhai meddygon teulu'n wrthgyferbyniad llwyr i'r sefyllfa yn y Ffindir, lle mae meddygon, fel rhan o raglenn rhwystro clefyd siwgr, yn cael eu hannog i dratod gweithgarwch corfforol gyda'u cleision ar ffurf cyfweiliad wedi ei strwythuro.

8. Darparu cyfleoedd gweithgarwch corfforol ar gyfer grwpiau penodol

Mae rhai grwpiau penodol, er enghraifft pobl ordew a/neu salwch meddyliol, yn wnebu rhwystrau personol ychwanegol am eu delwedd gofforol a theimladau o fod yn ddiamddiffyn. Dylid ystyried darparu cyfleoedd gweithgarwch corfforol penodol ac ecsllwstf ar gyfer yr unigolion hyn.

"Rwy'n credu bod pobl yn gwbydd am yr angen i ymarfer ond fod llawer o bobl yn ofni sut byddan nhw'n edrych mewn camrfa; mae'n ofid mawr iawn. Roeddwn i'n hunanymwybodol iawn, dyna pam fod y gamrfa hon yn wych. Doeddwn i ddim am fynd i'r lall gan eu bod nhw i gyd yn ymddangos yn iachach a meinach ac fe fyddwn i wedi teimlo ychydig yn fwy ofnus yno."

9. Darparu gofal plant

Er mwyn goresgyn rhwystrau diffyg amser a diffyg gofal plant, dylid gwneud rhagor i helpu rhai rhieni, gwarcheidwaid a gofalwyr dreftu eu siedwl dyddiol. h.y. cynllunio ymledd llaw i gynnwys rhyw ffurf o weithgarwch corfforol. Dylid ystyried bod treftu darpariaeth o ansawdd ar gyfer gofal plant mewn canolfannau hamdden a phyllau noffio yn fuddsoddiad gwerthfawr.

The Centers for Disease Control and Prevention in the United States have addressed this issue in the form of practical suggestions for overcoming physical activity barriers.¹³ This guidance is further supported by an internet-based quiz that can help people identify the types of physical activity barriers that are undermining their ability to make regular physical activity an integral part of their lives. For example, to help people try and overcome a perceived lack of time and lack of motivation, it is suggested that individuals attempt to identify weekly time slots when physical activity would be possible and to plan ahead for these times. To help people overcome the problem of inadequate childcare the guidance suggests trading childcare with other family members or friends.

7. Greater involvement of Primary Health Care

The significance of physical activity promotion by a primary health care provider is well recognised. **More should be done to engage the support and involvement of GP's who should discuss with their patients the benefits of physical activity as well as making them aware of exercise referral and walking schemes.** GP's and practice nurses are often the most influential health professionals and lack of interest/participation on their part is a major obstacle. This is in accordance with recent recommendations from The National Institute for Health and Clinical Excellence that also recommends referral to an exercise specialist as this increases long-term compliance.¹⁴ Lack of involvement by some GP's is in direct contrast to the situation in Finland, where, as part of the national diabetes prevention programme, GP's are encouraged to discuss physical activity with their patients through the use of a structured interview.

8. Provide opportunities for physical activity for certain groups

Certain groups, for example people with obesity and/or mental illness, face the additional personal barriers of poor body image and feelings of vulnerability. **Consideration should be given to the provision of specific and exclusive physical activity opportunities for these individuals.**

"I think people know about the need for exercise but a lot of people are scared what they look like in the gym, it's a big thing. I was very self conscious, that's why this gym is great. I wouldn't go over into the other one because they seem healthier and slimmer and I would be slightly more intimidated there."

9. Provide childcare

To overcome the barriers of lack of time and inadequate childcare, more should be done to help some parents, guardians and carers organise their daily schedule i.e. forward planning to incorporate some form of physical activity. **The provision of quality childcare at leisure centres and swimming pools should be considered a worthwhile investment.**

Shaping the development of physical activity

- Task force leadership & co-ordination, exercise professionals development and long term funding arrangements

There are many benefits from cross-cutting physical activity policy as it should provide a mechanism to bring together various initiatives, share evidence-based practice and explore potential project work, whilst limiting the possibility of duplication. Cross-cutting policy is about recognising that population physical activity can be affected by the policies of many local authority departments and community organisations.

10. Create community health exercise professionals

More should be done to enhance the professional standing of exercise professionals who now have considerable responsibility within the provision of exercise in the community. With regard to exercise referral and the promotion of physical activity in general, some health professionals reported a poor response and a lack of co-operation and interest in general on the part of some GP's. There is deep concern and scepticism about the quality and level of the training across all levels - instructors, managers, health promotion specialists, academics, GP's.

The involvement of SkillsActive and the establishment of the Register of Exercise Professionals may partly address this concern but this is unclear at the moment. Short-term training and a poorly understood qualification structure that is overly bureaucratic will hinder the development and acceptance of 'community clinical exercise programmes' in the 21st Century. The recently published Welsh Assembly Government guidance - *Exercise Referral, A Guide to Developing High Quality Schemes* - has failed to acknowledge that there are hundreds of sport and exercise science/studies students graduating in Wales every year. These graduates represent a valuable resource and should become the leaders of community physical activity programmes, not just exercise referral schemes. It seems nonsensical that these graduates are expected to undertake additional, short training courses after completion of a 3-year degree programme. It also adds a significant financial cost to local authorities.



Stapio datblygiad gweithgarwch corfforol
- Arweiniad a chydlyniaid fasgluoedd, datblygu pobl broffesiynol i hyfforddi ymarferion a threiniadau ariannu tymor hir

Ceir llawer o fantaision drwy drawsdorni polisi gweithgarwch corfforol gan y dylai hynny gynnyg mecawiaith ddaw a nifer o fentrau ynghyd, gan gyfnewid arferion seiliedig ar dystiolaeth ac archwilio gwaith prosiect dichonadwy, tra'n lleihau'r posibilrwydd o ddyblygu. Mae trawsdorni polisi'n fodd o gydunabod bod gweithgarwch corfforol yn boblogaeth yn cael ei ddatblygu gan bolisiâu llawer o adranau awdurdod lleol a mudladau cymunedol.

10. Creu pobl broffesiynol ar gyfer ymarferion iechyd cymunedol

Dylid gwneud rhagor i wella statws y gweithwyr proffesiynol ym maes ymarferion sydd bellach â chryn gyffwrdd am y ddarpariaeth o ymarferion yn y gymuned. Wrth drafod cyfeirio ar gyfer ymarferion a hyrwyddo gweithgarwch corfforol yn gyffredinol, dywedodd rhai gweithwyr iechyd proffesiynol bod ymateb gwael a diffyg cydwethrediad a diddordeb cyffredinol yn dod o gyfeiriad rhai meddygon teulu.. Mae cryn bryder ac amheuaeth am safon a lefelau hyfforddiant ar bob lefel - hyfforddwy'r rheolwyr, arbenigwyr hyrwyddo iechyd, academyddion a meddygon teulu.

Gall cynnwys 'SkillsActive' a sefydlu Corfestr Gweithwyr Ymarferion Proffesiynol (Register of Exercise Professionals) ddatrys rhan o'r pryder ond nid yw hynny'n eglur ar hyn o bryd. Mae hyfforddiant tymor byr a strwythur cymwysterau gorfforol a derbyniodd, sy'n anodd ei ddeall, yn rhwystro datblygiad a derbyniodd 'rhaglenni ymarferion clinigol cymunedol' yn yr Unted Ganrif ar Hugain. Ni wnaeth canllawiau diweddar Llywodraeth Cymru - "Exercise Referral, A Guide to Developing High Quality Schemes" - gydunabod bod cannoedd o fyfyrwyr chwaraeon a gyddorau/astudiaethau ymarfer yn graddio yng Nghymru bob blwyddyn. Mae'r graddediogion hyn yn cynrychioli adnodd gweithfawr ac fe ddylen nhw ddod yn arweinyddion rhaglenni gweithgarwch corfforol cymunedol, ac nid gweithio ar gynlluniau ymarferion wedi eu cyfeirio'n unig. Mae'n ffoi bod galw am i'r graddediogion hyn fynd ar gyrsiau byrion ychwanegol wedi'i ddyn nhw gwblhau cwrs awdurdodau lleol.

Dyllid cynnal trafodaethau rhwng y Gwasanaeth Iechyd Cyhoeddus Cenedlaethol, Byrddau Iechyd Lleol, Sêtydilladau Addysg Uwch Cymru a'r meddygon teulu gyda'r gwddar holl sgiliau angenrheidiol i weithredu a rheoli rhaglenni gweithgarwch corfforol cymunedol. Dylai hyn gynwys defnyddio gweithwyr ymarferion profesiynol peripatëig i gynnal cwybodaethau gweithgarwch corfforol ehangach o fewn gofal sylfaenol. Er enghraifft, dylai'r rhaglenni hyn gynwys adferiad cardiac, tniath neu nwystru gordewdra mewn plant ac oedolion, iechyd meddwl, marchnata a hyrwyddo gweithgarwch corfforol, modelau o newid mewn ymddygiad, hyfforddiant sgiliau i'r sêtydilladau a hyrwyddo cynlluniau cerdded ayb. Byddai'r broses hon yn sicrhau cyflwyniad parhaus o weithwyr ymarferion profesiynol eithriadol o gymwys wedi arbenigo mewn iechyd cymunedol. Yn y tymor canolig neu'n hir, i'r agor o'r garraddeddigion hyn ymunno o'r gwddar hyn yn newid y ddewiweidd a'r canfyddiadau sydd i'w gwael am adnoddau'r awdurdodau lleol o fod yn 'ganoftanau' i fod yn 'ganoftan iechyd dar' gymuned; Gallai'r Canoftanau hyn dftu'n ganoftanau holl raglenni gweithgarwch corfforol a chynghori'r gymuned.

11. Cynyddu niferoedd y gweithwyr ymarferion profesiynol hyfforddedig

Os ceir llwyddiant wrth hyrwyddo gweithgarwch corfforol a bod rhagor o bobl yn dod yn fwy actif bydd hyn yn cynyddu'r galw am weithwyr ymarferion profesiynol wedi eu hyfforddi'n brodol. Gall rhai'n gwael eu hyfforddi i weithio ym meysydd adferiad, cyfëirio ar gyfer ymarferion neu'n syml fel arweinyddion teithiau cerdded. Rhaid darparu digon o gyllid ar gyfer y galw hwn ac er mwyn sicrhau dyfodol tymor hir y mentau gweithgarwch corfforol cymunedol. Mae'r fenter Cerdded Llwybr Iechyd (Walking the Way to Health) wedi pwysleisio manteisio cael arweinyddion teithiau cerdded hyfforddedig tra'r un pryd yn dangos bod pinder pobl o'r fath. Hefyd, mae'r niferoedd sy'n cymryd rhan yn cynyddu wrth i niferoedd y teithiau ac arweinyddion gynyddu ac wedi i ystod ehangach o bartneriaid ymuno. Mae cerdded yn gae'fongae'th gymdeithasol yn ffactor allweddol yn llwyddiant cynlluniau cerdded. Rhaid canfod ffynhonnell newydd o arweinyddion teithiau cerdded (e.e. dynion ifanc di-waith) a rhoi ysgogiad i'r bobl hyn (e.e. lle mewn coleg/prifysgol) a rhoi ystyriaeth i grwpiau cerdded newydd. Fel atodiad i 'Campau'r Ddraig', dylai myfyrwyr Chwaraeon ac Gwyddorau Ymarfer y Colegau a Phrifysgolion gwael eu defnyddio fel adnodd gweithfawr i gefnogi a gweithredu rhaglenni gweithgarwch corfforol cymunedol cynyddu'n hysbysu eu cyrsiau grradd. Ar y foment, er mwyn taliu am eu hastudiadaethau, mae llawer o'r myfyrwyr hyn yn cael eu gortodi i dderbyn swydd i'w'n taliu'n isel a heb berthnasedd o gwbl i'w hastudiadaethau academaidd - stocio sifffoedd archfarchnad, gwelini mewn bar ayb. Dylai Llywodraeth Cynulliad Cymru ariannu awdurdodau lleol i gyflogi'r myfyrwyr hyn fel arweinyddion rhan amser ar gyfer ymarferion allai fod yn gweithredu mewn sawl maes e.e. arwain teithiau cerdded cymunedol a gweithgarwch plant ar ôl yr ysgol. Byddai cydlynwyr y Prifysgolion yn sicrhau eu bod wedi eu hyfforddi'n brodol ac wedi eu sgrio (h.y. gwrio drwy'r Swyddfa Cofnodion Troseddol - CRB).

12. Ariannu tymor hir

Mae angen ystyriaeth ddwys ar drefnadau ariannu gweithgarwch corfforol y dyfodol. Gallai ariannu o'r math hefyd ystyried y cynlluniau i gynnal asedau. Cydnabwyd eisoes pamor bwysig yw gweithgarwch corfforol megis hyrwyddo byw'n iach er mwyn gostwng y barch personol, cymdeithasol ac economaidd y mae sâlch diffriol yn ei olygu. Dylid nawr ariannu gweithgarwch corfforol yn ddigonol yn y tymor hir i ddarparu'r cyfle gorau posib er sicrhau newid diwyllianol mewn ymddygiad gweithgarwch corfforol. Gellid er enghraifft, sêtydilu cyfëusterau Chwaraeon a Hamdden fel gwasanaeth statudol yn hytrach na gwasanaeth dewisol.

A discussion between the National Public Health Service, Local Health Boards, Welsh Higher Education Institutions and GP's should be undertaken with the aim of bringing into line some university degree programmes so that students graduate with all of the necessary skills to operate and manage community physical activity programmes. This should include using peripatetic exercise professionals to conduct more extensive physical activity interviews within primary care. As examples, these programmes should include cardiac rehabilitation, child and adult obesity treatment/prevention, mental health, marketing and promotion of physical activity, models of behaviour change, skills training for the organisation and promotion of walking schemes etc. This process would ensure the continual availability of highly-trained exercise professionals who specialise in community health. In the medium to longer-term, as more of these graduates entered the workforce it would change the image and perception of local authority facilities from one of 'sports centre' to one of 'community health and wellness centre'. These Centres could become the hub of all community physical activity programmes and advice.

11. Increase the number of trained exercise professionals

If the promotion of physical activity is successful and more people become more active this will increase the need for appropriately trained exercise professionals. These may be trained to work in rehabilitation, exercise referral or simply as walk leaders. **Sufficient funding needs to be made available to meet this demand and to ensure the long-term future of community physical activity initiatives.** The Walking the Way to Health Initiative has highlighted the benefit of trained walk leaders whilst at the same time shown that there is a shortage of such people. Furthermore, participation rates on these schemes increases as the number of available walks and walk leaders increase and a wider range of partners become involved. Walking is an excellent activity through which social networks can be developed and social support seems to be a key factor in the success of walking schemes. New sources of potential walk-leaders (e.g. unemployed young men) need to be identified, and incentives for these people (e.g. college/university places) and for new walking groups should be considered. As a supplement to Dragon Sport, University and College Sports and Exercise Science students should be used as a valuable resource to support and implement community physical activity programmes before they finish their degree courses. At the moment, in order to finance their studies, many of these students are often forced into accepting low-paid jobs that are of no relevance to the academic studies - shelf-stacking in supermarkets, bar-work etc. The Welsh Assembly Government should fund local authorities to employ these students as part-time, exercise leaders who could fulfil several different functions e.g. leaders of community walks and children's after-school activities. University co-ordinators would ensure that they are appropriately trained and screened (i.e. CRB checked).

12. Long term funding

Very serious consideration needs to be given to the future funding arrangements for physical activity. Such funding could also consider the planned maintenance of assets. The importance of physical activity as a health promoting behaviour with the potential to reduce the personal, social and economic burden of chronic ill-health has been acknowledged. **Sufficient long-term financial resources should now be allocated to physical activity to provide the best possible opportunity for a cultural change in physical activity behaviour.** One consideration could be establishing Sport and Leisure provision as a statutory as opposed to discretionary service.

13. Establish "Wales Active" - a Physical Activity Task Force

A critical change that should be expedited as soon as possible is the establishment of a 'Physical Activity Task Force' for Wales. Frequently, community health and exercise professionals claim that there is a lack of leadership and guidance with regard to physical activity. Wales needs a co-ordinated response based upon the best available evidence and the optimal use of resources. The establishment of this Task Force would place the responsibility for increasing physical activity in the hands of an expert panel. This Task force should advocate physical activity and consist of key, multidisciplinary personnel from national and local government, the National Public Health Service, Sports Council, academia and voluntary groups. The role of the Task Force will be to increase the physical activity of the population of Wales - and it should be judged against this outcome. Its functions would be to:

- Disseminate, through regular conferences, meetings and publications, the best available evidence for the promotion and implementation of physical activity.
- Commission new research, where and when this required.
- Review and evaluate new proposals for physical activity research and recommend funding when appropriate.
- Ensure that there is a co-ordinated and systematic approach to increasing physical activity so that multiple small projects become larger projects that can be thoroughly and appropriately evaluated.
- Provide an immediate access point for help, information, advice and education about physical activity for both the public and other health and exercise professionals. As part of this they should construct and manage a website for both exercise professionals and the public that houses a 'toolkit' for increasing physical activity.
- Recommend the allocation of new resources to promising new schemes and ideas when they are needed.
- Work closely with SkillsActive on the process of the training of exercise professionals.
- Ensure that there is routine screening at a micro-demographic level that is detailed enough to track changes in the population.



13. Setydlu "Cymru Fywlog" - Gweithgor Gweithgarwch Corfforol
 Dylid hwylyso newid allweddol drwy setydlu 'Gweithgor Gweithgarwch Corfforol' ar gyfer Cymru. Yn aml, mae pobl broffesiynol ym maes iechyd ac ymarfer yn honni ymateb cydlynol yng Nghymru yn seiliedig ar y dystiolaeth orau sydd ar gael a defnyddio adnoddau i'r eithaf. Byddai setydlu'r Gweithgor hwn yn gosod cyfrifoldeb am gynyddu gweithgarwch corfforol ar ysgwyddau panel o arbenigwyr. Dylai'r gweithgor hyrwyddo gweithgarwch corfforol a chynnwys personél amlddisgyblaethol allweddol o lywodraeth leol a chenedlaethol, y Gwasanaeth Iechyd Cyhoeddus Cenedlaethol, y Cyngor Chwaraeon, o'r byd academaidd ac o gwmpas gwirfoddol. Swyddogau'r Gweithgor fyddai cynyddu gweithgarwch corfforol pobl Cymru - a dylid ei farnu yn ôl y canlyniadau. Ei swyddogau fyddai:

- Rhannu, drwy gynnal cynadleddau a chyfarfoddydd rheolaidd, drwy gyhoeddiadau a'r dystiolaeth orau bosibl sydd ar gael i hyrwyddo a gweithredu gweithgarwch corfforol.
- Comisiynu ymchwil newydd, lle a phryd bo'r angen.
- Adolygu a gwerthuso cynigion newydd am ymchwil gweithgarwch corfforol ac argymhell ariannu lle bo'n briodol.
- Sicrhau bod y dull o fynd ati i gynyddu gweithgarwch corfforol yn drefnus ac wedi ei gydllynu fel y gall nifer o brosiectau bach ymuno i fod yn brosiectau mwy gael eu gwerthuso'n briodol a thrylwyr.
- Yn gorff lle gall pobl broffesiynol ym maes ymarfer corfforol a iechyd gynyddu gweithgarwch corfforol droi ato i gael help, gwybodaeth a chynngor ac addysg ar weithgarwch corfforol. I'r perwyl hwn, dylen nhw setydlu a chynnal gwefan ar gyfer pobl broffesiynol maes ymarfer a'r cyhoedd sy'n cynnwys adnoddau ('toolkit') ar gyfer cynyddu gweithgarwch corfforol.
- Argymhell dyrannu adnoddau newydd i ddarparu gynlluniau a syniadau da yn ôl yr angen.
- Cydwethio'n agos gyda SkillsActive ar y broses o hyfforddi pobl broffesiynol ym maes ymarfer.
- Sicrhau bod sgiriio rheolaidd ar lefel micro-ddemograffig sy'n ddigon manwl i olrhain y newid yn y boblogaeth.

5. CASGLIAD

Cydnabyddir bod cael cymdeithas sy'n actif yn gorfforol yn golygu manteision iechyd, cymdeithasol ac economaidd. Mae llawer o bobl yn mwynhau'r manteision iechyd hyn a'r mwynhad a'r cyfelliengarwch a geir o gymryd rhan mewn chwaraeon ac ymarfer. Fodd bynnag, er gwaelthaf y gred gyffredinol bod gweithgarwch "yn dda i chi" mae gormod o bobl yn dal i fethu â gwneud yr isafswm o weithgarwch corfforol sydd ei angen bob dydd. Am amryw o resymau, mae gormod o unigolion o gymunedau a grwpiau 'difreintiedig' yn y categori hwn o fyw bywyd eisteddog.

Yn ôl nifer o ymchwilidau nodedig mae'n fwy tebygol bod pobl o wahanol grwpiau cymdeithasol ac economaidd yn parhau i gynnal ymarfer cymedrol megis cerdded ar hyd y blyneddodded. Dylai pawb anelu i gerdded yn gyflym am o leiaf 30 munud 5 diwrnod yr wythnos. I gefnogi hyn dylai'r awdurdodau perthnasol yng Nghymru wneud popeth o fewn eu gallu i hwyluso hyn ac amllwng nifer o argymhellion. Hefyd, dylai Cymru fuddsoddi mewn sefydlu isadeiledd o adnoddau a gwasanaethau ymarfer o'r radd flaenaf i gynorthwyo pobl i ddilyn ystod eang o weithgarwch corfforol.



5. CONCLUSION

The health, social and economic benefits of a physically active society are well known and widely accepted. Many people enjoy these health benefits and also the thrill and friendship of regularly participating in sports and exercise. However, despite the widely held view that activity is "good for you", there remain far too many people who fail to realise even the minimum recommended amount of daily physical activity. For a variety of reasons, individuals from 'disadvantaged' communities and groups are over-represented in this gathering of sedentary lifestyles.

Results from several notable studies have shown conclusively that regular, moderate-intensity exercise such as walking is much more likely to be maintained over the years by people of different social and economic groups. At least 30-minutes of brisk walking, on at least 5-days per week, is a level of activity that everyone should aim to achieve. To support this aim, the relevant authorities in Wales should do all in their power to facilitate this and several recommendations have been outlined. Furthermore, Wales should invest heavily in building an infrastructure of exercise facilities and services that are world class and assist people to pursue a wide variety of physical activities.

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