

HIV and Physical Activity

Incorporating physical activity into community-based HIV organizations

Background

Recommendations for physical activity indicate that adults in Canada should participate in 150 minutes of moderate to vigorous intensity physical activity each week.¹ Physical activity has benefits for people of all ages which include improved learning and long-term memory, lower risk of chronic disease, and increased life expectancy, among other advantages. For people living with chronic health conditions, physical activity can help with managing symptoms, slow down the progression of illness, and prevent development of additional chronic conditions.² Accordingly, physical activity is considered to be a low-cost way to promote chronic disease prevention and to encourage overall

health.³ Several Canadian organizations are dedicated to encouraging physical activity throughout the lives of people in Canada.^{4,5} Community-based HIV organizations and fitness centres also have an important role to play in promoting physical activity people living with HIV.



Issue

Despite the known benefits and national-level initiatives, less than 20% of adults in Canada participate in the recommended amount of physical activity.^{6,7} People living with HIV have been found to participate in physical activity at even lower rates than the general population.^{8,9} Reasons for decreased participation can be attributed, at least partially, to various individual and social barriers that people living with HIV may experience such as pain, limited social support, financial constraints, accessibility concerns, and fear of stigma. People living with HIV often live with more comorbid chronic health conditions than the non-HIV infected population.^{10,11} Along with this burden of chronic health conditions, women living with HIV are especially likely to face barriers as a result of their HIV status.

Recommendations

In the community, there are various settings in which PLWHIV can participate in physical activity, whether individually or in groups. Fitness facilities are commonly chosen by the population at large, however, local community-based HIV organizations may be a more appealing option for PLWHIV. Community-based HIV organizations (CBHOs) already provide services to PLWHIV, and as such, are often experienced as safe spaces where people can be open about their HIV status without fear of discrimination. Their familiarity means they are well placed to take the physical activity needs of PLWHIV into account when developing programming for their membership, and the community of people living with or affected by HIV at large. This entails a comprehensive organizational approach that involves initiatives at the policy, staff, and programming levels:



1. Policy: A culture that promotes physical activity should be fostered at the organizational level

a. Physical activity initiatives involving everyone within the organization and explicit promotion of daily physical activity should be encouraged. This could take the form of organizational physical activity breaks or including physical activity as one of the core values of the CBHO, to provide a few examples b. This culture of acceptance can be incorporated into both the organization's values and their policies, including those related to hiring and human resources.

2. Staff: Staff should be provided with physical literacy training to ensure that they are able to model the organizational value of integrating

a. All senior level staff and managers should strive to embody the principles of active living through their daily interactions with staff and clients. This could involve something small as walking to a colleague's office instead of emailing or calling them .

b. Staff who will be responsible organizing or facilitating physical activity programming should be provided with training to ensure that they are able to develop activities that are safe for the population that will attend.

3. Programming: Take the importance of physical activity into account when developing programming for the organization.

a. Consider incorporating physical activity into current programming as well as including new specific physical activity programs within the set of offerings. A group could incorporate time to walk to the activity (movie, bowling alley, library, etc) instead of taking transit.

b. Physical activity challenges (e.g. a walking challenge) could be developed to encourage participation by all, whether individually or better yet, in teams, which would also foster mutual support and encouragement.

c. Partnerships with local fitness facilities or community organizations can also be explored as a way to offer physical activity in alternate locations while utilizing the expertise of fitness professionals. These partnerships can also be leveraged to educate CBHO staff on physical literacy and physical activity program development.

This comprehensive approach to physical activity which encompasses people at all levels of the organization encourages PLWHIV to participate in physical activity programming in spaces that they are already comfortable accessing.

References

1. CSEP, & ParticipACTION. (n.d.). Canadian Physical Activity Guidelines: For Adults 18-64 years. Retrieved from http://www.csep.ca/CMFiles/Guidelines/CSEP_PAGuidelines_adults_en.pdf
2. IBID
3. Tuso, P. (2015). Strategies to Increase Physical Activity. *The Permanente Journal*, 19(4), 84-8.
4. ParticipACTION. About ParticipACTION. (2018). Retrieved from <https://www.participaction.com/en-ca/about>
5. Sport for Life. (2018). About Us - Sport for Life. Retrieved from <http://sportforlife.ca/about-us/>
6. Colley, R.C., Garriguét, D., Janssen, I., Craig, C., Clarke, J., and Tremblay, M.S. 2011a. Physical activity of Canadian adults: Accelerometer results from the 2007–2009 Canadian Health Measures Survey. *Statistics Canada, Health Reports*. 22(1): 4–11.
7. Sport for Life. (2016). Durable by Design - Active for Life. Sport for Life. Retrieved from http://sportforlife.ca/wp-content/uploads/2016/06/Durable-by-Design_Dec2_2016-.pdf
8. Vancampfort, D., Mugisha, J., Richards, J., De Hert, M., Probst, M., & Stubbs, B. (2017). Physical activity correlates in people living with HIV/AIDS: a systematic review of 45 studies. *Disability And Rehabilitation*, 40(14), 1618-1629. doi: 10.1080/09638288.2017.1306587
9. Webel, A., & Higgins, P. (2012). The Relationship Between Social Roles and Self-Management Behavior in Women Living with HIV/AIDS. *Women's Health Issues*, 22(1), e27-e33. doi: 10.1016/j.whi.2011.05.010
10. Schouten, J., Wit, F., Stolte, I., Kootstra, N., van der Valk, M., & Geerlings, S. et al. (2014). Cross-sectional Comparison of the Prevalence of Age-Associated Comorbidities and Their Risk Factors Between HIV-Infected and Uninfected Individuals: The AGEHIV Cohort Study. *Clinical Infectious Diseases*, 59(12), 1787-1797. doi: 10.1093/cid/ciu701
11. Webel, A., & Higgins, P. (2012). The Relationship Between Social Roles and Self-Management Behavior in Women Living with HIV/AIDS. *Women's Health Issues*, 22(1), e27-e33. doi: 10.1016/j.whi.2011.05.010

