

EDITORIAL

Promoting physical activity within eyecare: Addressing the research–policy gap

On 3 April 2018, *Eye* published a review titled 'Physical activity, visual impairment, and eye disease'. The review concluded there was evidence that physical activity may protect against vision loss, and that vision loss causes a decline in physical activity.¹ There is also undisputed evidence that physical activity is generally good for us.² Regular physical activity reduces the risk of several leading chronic conditions, and the risk of premature mortality by 20%–30%.³

However, both the 'Standards of practice for optometrists and dispensing opticians'⁴ and 'The College of Optometrists clinical guidance'⁵ do not explicitly state that eyecare professionals should discuss physical activity with patients. Similarly, whilst the Royal College of Ophthalmologists guidance document titled 'low vision: the essential guide for ophthalmologists' references physical activity, by stating 'four modifiable behaviours – smoking, physical inactivity, poor diet and drinking alcohol have been shown to be associated with reduced vision', the preceding article focuses on smoking cessation with no further mention of physical activity.⁶ This is the research–policy gap. There is research to support that physical activity is good for patients; however, there are limited policies designed to promote physical activity to patients within eyecare.

As of 12 June 2022, if you search PubMed for 'healthcare policy change', you will get 69,885 results; if you run the same search replacing 'healthcare' with the term 'eyecare', you will get eight results. Of course, there are more rigorous methods of searching the literature, but the point is that compared to research exploring how to implement policy change within general healthcare, there is surprisingly scarce literature that focuses on implementing policy change within eyecare. Perhaps it is not surprising then that there is a research–policy gap in the promotion of physical activity within eyecare. However, eyecare can learn from research conducted in other healthcare settings. The following article proposes how to get from stage 1: evidence that physical activity is good for patients, to stage 2: eyecare professionals promoting physical activity to patients.

1 | CONVEY THE EVIDENCE

It is important that eyecare professionals understand why they should promote physical activity to their patients. Here is the elevator pitch:

- People who are sight and severely sight impaired are twice as likely to be inactive than people without sight loss.⁷
- The association between physical inactivity and sight loss may be bidirectional.¹
- Regular physical activity can reduce the risk of all-cause mortality by up to 20%–30%.²
- In a survey of 100 U.K. adults with uncorrectable sight loss, over 70% agreed they would increase their physical activity if they were advised to by an optometrist or an ophthalmologist.⁸

However, persuading eyecare professionals to promote physical activity should not stop in the elevator. People are diverse, and messages reach and resonate with different people dependent on their delivery. For example, sharing patient's stories of how physical activity benefited them, visual infographics depicting the benefits of physical activity, physical activity champions (peers who support their fellow colleagues to promote physical activity to patients), and social media can be used to encourage professionals to promote physical activity.⁹

2 | PROVIDE THE RIGHT ENVIRONMENT AND RESOURCES

Eyecare professionals need the capability and the opportunity to promote physical activity.¹⁰ Previous research has found that the most common barriers to healthcare professionals promoting physical activity in their practice are lack of time, lack of knowledge or training in promoting physical activity, feeling uncomfortable about offering specific advice about physical activity, and lack of success in changing patient behaviour.¹¹ In contrast, training is a key facilitator to healthcare professionals promoting physical activity to patients.¹² Previous research which evaluated the efficacy of the Moving Healthcare Professional Programme reported 40% of allied health professionals who received training on promoting physical activity had more conversations with patients about physical activity after training.¹³ Thus, to minimise the barriers to physical activity promotion within eyecare, eyecare professionals should be given training. Training should ensure that eyecare professionals feel confident they can effectively promote

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physical activity. To make this training effective, it needs to be delivered within an organisation which gives practitioners time to promote physical activity as part of their practice, and encourages people to work co-operatively to minimise the time burden on individuals. The training should provide clear objectives, and the expectations put on eyecare professionals should be achievable.¹⁴

In addition, environmental resources should facilitate the promotion of physical activity within eyecare settings. For example, easy to read information which describes local physical activity groups or services, which eyecare professionals can refer their patients to, should be provided. As previous research suggests that Yoga, balance training, Thai Chi, and dance-based interventions could improve balance and mobility among people with a visual impairment,¹⁵ these could be examples of physical activity groups or services that patients can be referred to, particularly for those identified as at risk of falls. Some patients with visual impairments may prefer adapted physical activity, such as blind football, in which an audible ball is used, or cycling on a tandem bicycle in which a sighted 'pilot' will sit on the front of the bike to guide. To encourage sustained behaviour change, it is also critical that the patients' preferences are considered, and that they are referred to physical activity they will enjoy.¹⁶

It is also important that changes made to policy align with values and practices within eyecare. For example, in the College of Optometrist's guidelines for routine eye examinations, the College states 'adequate assessment for the purposes of the optical consultation should normally include asking for and recording current general health, including whether the patient smokes if relevant'. Thus, to align with current values and practices, whilst also encouraging eyecare professionals to promote physical activity to patients, this guideline could include four extra words, so it reads 'including whether the patient smokes and their physical activity levels if relevant'.

3 | WORK TOGETHER

Another essential ingredient for providing the right environment and resources is collaboration. In a review of barriers and facilitators to the use of evidence by policymakers, the most frequently reported facilitators to evidence uptake were collaboration between researchers and policymakers, and improved relationships and skills.¹⁷ It is important to understand the key stakeholders in initiatives which include eyecare professionals promoting physical activity to patients. Stakeholders in these initiatives could include the patient, researchers, the eyecare professional, practice managers, and local physical activity groups/service providers. For stakeholders to work together, every stakeholder should get value from the collaboration. For example, eyecare professionals may want to improve patient health, community physical activity groups may want to improve community engagement, and researchers may want to evaluate the outcomes associated with promoting physical activity to patients. Thus, across the stakeholders, the three different aims can be met by eyecare professionals referring people to local physical activity groups, and researchers evaluating the outcomes. Finally, working together requires leadership to

organise, communicate, listen to, and define the roles of stakeholders. Remember: 'some leadership is better than no leadership'.⁹

Overall, there are multiple ways to implement evidence into practice, and they all require a good understanding of the context in which practice is delivered. To summarise, facilitators which could address the physical activity research-policy gap within eyecare are as follows: communicate evidence in a variety of ways, provide the right environment and resources, work together, and be or find a leader.

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