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## Community Exercise Programs for Chronic Disease and the Emerging Role of Physical Activity for Health in Ireland: A Mini Review

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### Abstract

Community-based exercise programs are increasingly recognized as important components of chronic disease management. In Ireland the Physical Activity for Health (PAfH) pilot was introduced to strengthen pathways between healthcare and community physical activity services. This mini review provides a brief overview of the current development and positioning of the Physical Activity for Health (PAfH) program within Ireland. It examines how the emerging PAfH model aligns with international approaches to integrated care, exercise referral and community-based chronic disease management, while highlighting its potential role in strengthening pathways between healthcare and community physical activity services. The review also identifies key priorities moving forward, including the need for robust evaluation, standardized referral pathways, integrated service delivery and evidence examining clinical outcomes, healthcare utilization and long-term sustainability.

**Keywords:** Chronic disease; Community exercise; Exercise referral; Physical activity; Health systems; Rehabilitation; Ireland; Healthcare

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### Description

Chronic diseases are among the leading causes of morbidity, mortality and healthcare utilization globally, with physical inactivity recognized as a major modifiable risk factor contributing to poorer health outcomes, reduced functional capacity and reduced quality of life [1]. Despite World Health Organization recommendations promoting regular physical activity for adults, including those living with chronic conditions, many individuals remain insufficiently active, particularly those with multimorbidity and disability. This has increased interest in community-based exercise programs and exercise referral pathways as sustainable approaches to supporting long-term condition management beyond traditional clinical care [2,3].

Healthcare systems have traditionally relied on episodic, clinician-led interventions which, while effective

in addressing acute needs, often fail to support sustained behaviour change and long-term physical activity participation. In response, there has been a growing shift toward integrated, community-based models of care that prioritize prevention, self-management and accessibility. Evidence suggests that successful community exercise programs are those that are personalized, socially supportive and integrated within coordinated healthcare and community pathways.

In Ireland this approach is reflected in national policy frameworks including healthcare and the National Physical Activity Framework 2024-2040, both of which emphasize prevention, integrated care and community-based service delivery [4]. Within this context, the Physical Activity for Health (PAfH) pilot has emerged as a cross-sectoral initiative linking the Health Service Executive (HSE), Sport Ireland local authorities and community-based providers to improve access to physical activity opportunities for people living with chronic conditions and



those who are least active [5,6].

The PAFH model represents a novel system-level intervention designed to address the gap between clinical rehabilitation services and long-term community-based physical activity participation. Operating across multiple counties, the role extends beyond program delivery to include pathway development, stakeholder coordination, service integration and community engagement [7,8]. The model reflects increasing recognition that improving physical activity participation requires not only effective interventions, but also functional infrastructure to support referral, navigation and continuity of care.

Emerging Irish evidence suggests that the PAFH role may improve access to structured and inclusive physical activity opportunities, particularly for individuals less likely to engage with mainstream services. The model also appears to facilitate transition pathways from rehabilitation into long-term self-management within community settings. However, current findings are largely derived from local evaluations and service reports, limiting methodological rigor and generalizability. Consequently, evidence should currently be interpreted as indicative rather than confirmatory.

Internationally, the PAFH approach aligns with intermediary and navigation-based models such as social prescribing link workers in England and the Green Prescription model in Aotearoa New Zealand [9,10]. These approaches similarly focus on connecting healthcare services with community-based supports through coordinated and person-centered pathways. However, evaluations of these models have demonstrated variable outcomes, often influenced by local infrastructure, stakeholder engagement and implementation quality.

The wider exercise referral literature also highlights that referral alone is insufficient to achieve sustained behaviour change [2,6]. Program effectiveness appears dependent on ongoing participant support, system integration and coordinated stakeholder involvement. In this regard, the PAFH model is conceptually aligned with current best practice as it incorporates coordination, facilitation and partnership development. A notable strength of the model is its place-based and partnership-oriented approach, which may be particularly relevant within rural and mixed urban-rural settings where service fragmentation is more pronounced.

The PAFH role also aligns strongly with broader policy priorities relating to integrated care, active ageing, prevention and community participation. However, there remains a significant evidence gap regarding its impact on outcomes such as physical activity participation, functional health, healthcare utilization and cost-effectiveness. Without robust evaluation, it remains unclear whether the model represents a cost-effective service innovation or an additional layer within already resource-constrained systems [11,12].

Future research should prioritize rigorous multi-level evaluation of the PAFH model using controlled or comparative methodologies where feasible. Research should examine both individual-level outcomes, including quality of life and functional health and system-level outcomes such as service utilization, waiting list pressures, referral pathways and cost-effectiveness. In addition, implementation research is needed to better understand the mechanisms underpinning program success, including stakeholder collaboration, referral processes and contextual factors.

## Conclusion

In conclusion, community exercise programs are increasingly recognized as important components of chronic disease management and integrated healthcare delivery. The PAFH pilot represents a promising and policy-aligned innovation within the Irish context, with potential to strengthen pathways between healthcare and community physical activity services. However, despite encouraging early findings, the model remains under-evaluated and requires further rigorous investigation to determine effectiveness, scalability and long-term sustainability.

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