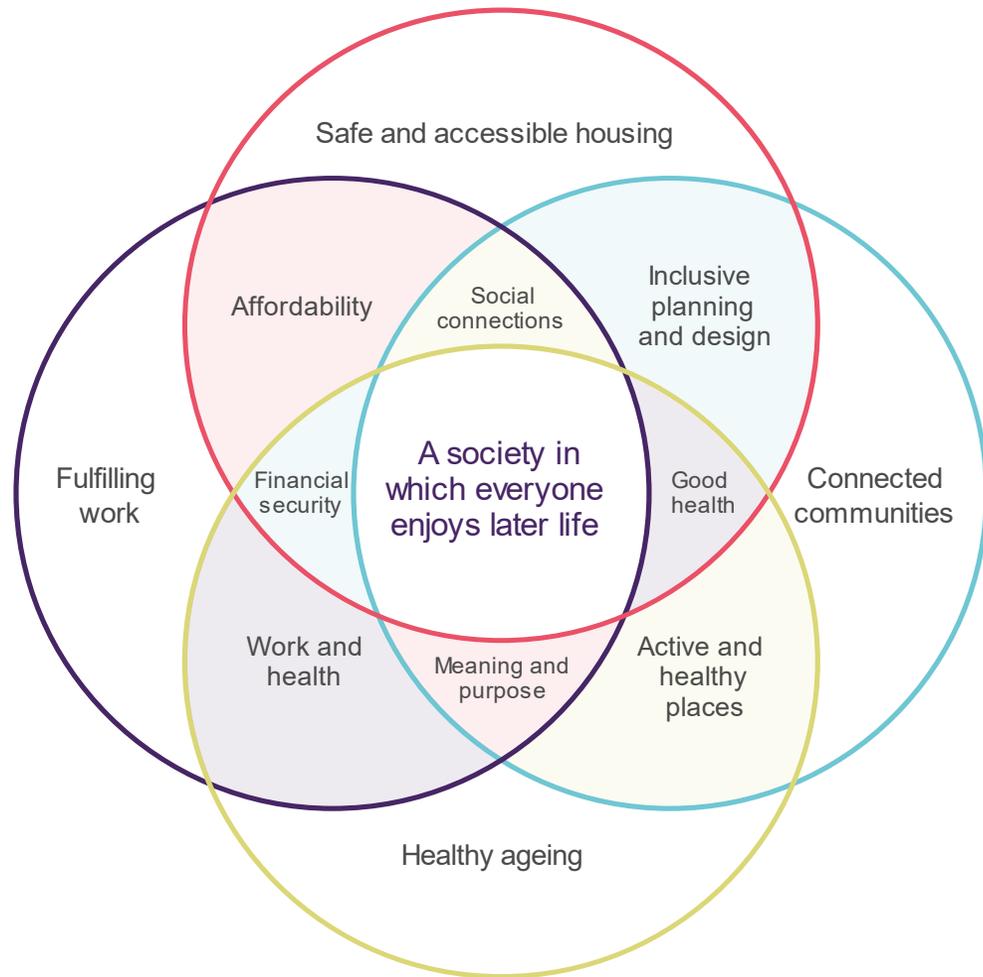


# Understanding physical inactivity in people approaching later life

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24.03.2021



**Our aim is for people approaching later life to:**

**Live healthier, more active lives**, reducing the risk of poor health, delaying onset, progression and impact of disease and disability

Be in **good quality work for longer**, boosting savings and delaying drawing pensions

Live in **safe, accessible and adaptable homes**, remaining independent and active for longer

Live in **communities** where social relationships flourish, making it easier to **build and maintain close connections** as well as wider everyday contact

We want people to spend more years healthy and free of disabling health conditions, and to reduce the disability-free life expectancy gap between the wealthiest and poorest people in England.



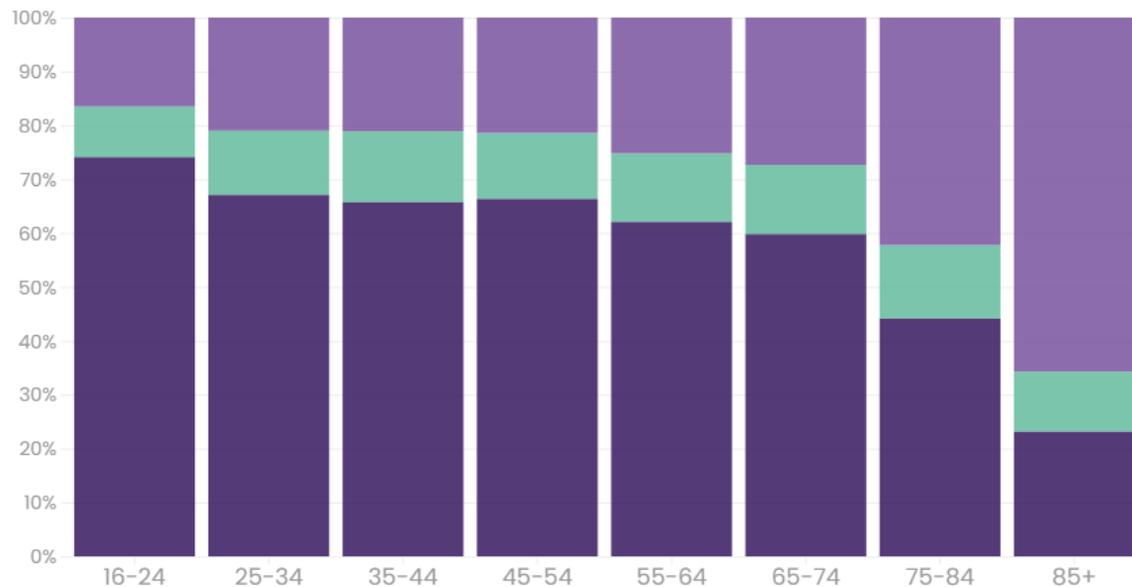
# Ageing Better's Healthy Ageing Programme

- Physical inactivity
- Active travel
- Localities whole system
- Fitness and leisure
- Work and health
- Healthy Ageing Consensus
- DFLE modelling
- Tackling health inequalities

# Inactivity: why are we concentrating on 50-70 year olds?

Levels of physical activity by age group, England, 2018/19

Active (150 mins or more per week) Fairly active (30-149 mins or more per week)  
Inactive (Less than 30 mins per week)



Source: Sport England (2020) Active Lives Adult Survey November 2018/19 Report, [Get the data](#)

- Inactivity levels generally raise as age increases
- We can have greatest impact on the cohort approaching later life
- Those who are unemployed, have a long-term condition or disability, are from black and minority ethnic groups or are from lower socioeconomic backgrounds are more likely to be inactive than others of the same age. These groups are thus at increased risk of poor health outcomes in later life.
- We believe getting those who are inactive to gain some level of activity will be more beneficial overall than increasing levels of activity in those who are already active.

# Research Questions

- What can we learn from analysis of national surveys about the intersecting characteristics of the most inactive adults in mid-life (50-70)? e.g. gender, ethnicity, caring status, disability?
- Considering adults who are inactive in mid-life, what are their attitudes towards; preferences for; knowledge and past experiences of physical activity?
- What challenges do inactive adults face in becoming physically active?
- What do we know about adults who were active or fairly active and then became inactive? What, if anything, could enable them to become more active again or stop them from becoming inactive in the first place?

# Research strands

## **Evidence review (March 2021)**

- This age cohort not particularly well represented in the existing evidence base
- Qualitative studies looking at either specifically at, or including, 50-70 year olds
- 13 studies met inclusion criteria- mostly pre-2010
- Preliminary findings on next slide

## **Qualitative interviews (July 2021)**

- Interviews with 60 people 50-70, with a mix of people who are active and inactive
- People from lower socioeconomic backgrounds and BAME backgrounds slightly over-represented as per national surveys
- Probing people's attitudes, experiences and their relationship with activity over their life course

# What can we say so far?

<b>Motivators</b>	<b>Barriers</b>
<b>Perceived health benefits (physical and mental)</b>	Pre-existing health conditions
<b>Sociability</b>	Lack of time (due to work, care, other time pressures)
<b>Support from family, friends and community</b>	Lack of transport
<b>Advice and support from health professionals</b>	Cost/value of equipment or memberships associated with activity
<b>Retirement as a motivator for lifestyle change</b>	Age-related concerns such as falls or becoming too tired
<b>Time availability</b>	Belief that they are too old to benefit from physical activity
<b>Perceived value of activity, esp. concessions for retired people</b>	Lack of culturally appropriate facilities in local area (including addressing language barriers)
	Lack of structure in retired people's lives

# What gaps exist?

## **Somewhat covered by evidence base:**

- Health status
- Role of retirement
- Specific barriers for people from South Asian backgrounds
- Support from spouse/family/community

Individual attitudes and experiences to physical activity relatively well explored- but not with this age group

## **Gaps in evidence base:**

- Relatively outdated evidence base means we need to check relevancy of previous findings
- Life stages beyond retirement given changes in working life and to include those who are already not working or have never worked
- Changing family structures (esp. more people living alone, never married) and role of supporting structures



# Thank you

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