

Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



Addressing inequalities in sports and physical activity participation

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Inequalities



"Currently failing to reduce the inequalities that exist in physical activity participation"



Knowledge of guidelines

- 2011 Chief Medical Officer's recommendations
- Pre-requisite to influencing beliefs and social norms







Who is unaware?

Low level of education OR 5.91; 95% CI 1.67,

OR 5.91; 95% CI 1.67, 20.94)

- Lived in more deprived areas
 OR 4.80; 95% CI 1.87, 12.30)
- Low income OR 2.36; 95%Cl 1.63, 3.41)
- Did no physical activity
 OR 2.74; 95% CI 1.31, 5.76)





Younger
 OR 1.03; 95% CI 1.02, 1.05)

• Reported poor health OR 2.71; 95% CI 1.61,

4.58)





Time for action

- Clearly need for a health promotion campaign
- Targeted = more effective



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- Enables targeting
- Large reach
- Real-time messages
- Dynamic
- Low cost

Ulster University

Northern Ireland Assembly



The Open University BMJ 2015;350:h1416 doi: 10.1136/bmj.h1416 (Published 19 March 2015)

EDITORIALS

Exercise: not a miracle cure, just good medicine Physical activity remains the best buy for public health

Domhnall MacAuley visiting professor¹, Adrian Bauman professor of public health², Pierre Frémont associate professor³

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Exercise: The miracle cure and the role of the doctor in promoting it

Physical Activity Participation

- 53% not doing enough physical activity •
- Innovative and sustainable action
- Considerable societal challenge
- Limited resources
- Target those 'most in need'



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Ulster

Addressing inequalities in physical activity participation: Implications for public health policy and practice

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Aim: Investigate characteristics of those doing:

- 1. No physical activity
- 2. Some physical activity

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3. Sufficient physical activity







Modelling policy relevant stereotypes

Most 'in need'

- 55 years or older
- Economically
 inactive
- No car
- Poor health
- Living in most deprived areas



Poor health

•





Time for Action



Requires a Shift













Older Adults



Attitudes of Disabled and Older People to Public Transport, November 2014 - January 2015

Key factors in active travel:

Neighbourhood deprivation Car ownership **Disability/Health** Urban dwelling More supportive environment





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Disability

Little is known about why people with long-standing illness/disability are less likely to participate in sport than others

- Sample = 13,683 adults continuous household survey; 26% had a long-term illness/disability
- Fewer of those with (24.5%), than without (55.6%), long-term illness reported sport participation in the previous year





Need to target:

- older people
- married females
- Rural dwelling
- Socio-economically deprived
- Report 'not good' health in last year











Conclusions

- Physical inactivity major public health concern
- Proven benefits
- Targeted efforts
- Not "one size fits all"
- Health promotion campaign
- Older adults

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Those with disabilities

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Ulster University Requires:

- Change to government perceptions
- Cross-agency policies
- Changes to built environment
- Better public transport
- Active workplaces and schools
- Change in culture and mindset

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- Political endorsement
- Multi-faceted strategies

"Promote, support and facilitate change"

Summary

The message is simple:

All adults should do physical activity at a minimum amount of 5-times-a-week, for 30 minutes each time. The sessions can be broken into 10- or 15-minute blocks.

The activity should be moderately intense – enough to get a little out of breath and/or to feel your heart rate increase, and/or to feel a little sweaty. For children, a minimum of one hour exercise is expected, five times a week.

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"Physical activity remains the best buy for public health"







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