Addressing inequalities in sports and physical activity participation

Dr Ruth Hunter and Dr Mark Tully

UKCRC Centre of Excellence for Public Health (NI), School of Medicine, Dentistry and Biomedical Sciences, Queen’s University Belfast, Northern Ireland
Introduction

If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.

(Hippocrates)

DHSSPSNI, HSNI, 2013/14
“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

Hierarchy of Effects Model

1. **Attention**
2. **Comprehension**
3. **Acceptance**

8% Unaware
Who is unaware?

- **Low level of education**
  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% CI 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

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

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

Domhnall MacAuley visiting professor, Adrian Bauman professor of public health, Pierre Frémont associate professor

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’

**Aim:** Investigate characteristics of those doing:
1. No physical activity
2. Some physical activity
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

One size does NOT fit all. Requires a Shift
Older Adults

Key factors in active travel:
- Neighbourhood deprivation
- Car ownership
- Disability/Health
- Urban dwelling
- More supportive environment
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
- Those with disabilities

Requires:
- Change to government perceptions
- Cross-agency policies
- Changes to built environment
- Better public transport
- Active workplaces and schools
- Change in culture and mindset
- Political endorsement
- Multi-faceted strategies

“Promote, support and facilitate change”
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.

“Physical activity remains the best buy for public health”
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.