CENTRE FOR AGEING BETTER

Physical activity roundtable - Summary

Topic: Keeping physically active

The Centre for Ageing Better received £50 million from the Big Lottery Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.

Awarding funds from The National Lottery®

BIG LOTTERY FUND

Background

This note summarises the discussion from the Centre for Ageing Better's Physical Activity Roundtable of 11th April 2016. Sixteen people participated in the roundtable, coming from a range of backgrounds – academic, public, private and charitable sectors. Three topics were proposed for discussion based on earlier scoping work by Ageing Better. These were:

Topic 1: **What do we know?**

- What do we currently know about levels of physical activity through the life course, amongst particular groups and at key transition points?
- Specifically what do we currently know about who to engage with?

Topic 2: **Improvements and what is needed**

- How to improve levels of physical activity among people in mid and later life?
- What further research, evaluation and innovation is needed in this area?

Topic 3: **Innovation**

- Who are the innovators?
- What looks promising?

Summary

Four main themes emerged from the discussion. These are set out below along with key discussion points made.

1. SEDENTARY BEHAVIOUR VERSUS PHYSICAL ACTIVITIY

- There is a need to distinguish between what we do about **sedentary behaviour** and **physical activity**; we know that sedentary behaviour has very negative health outcomes, and that physical activity has positive health outcomes but is **ill-defined**; "this complicates things for people and puts people off".

- It is also important to remember that it is **not just about being physically active;** the CMO guidance sets out **three components** which are critical - particularly for older people – being physically active (150 minutes of at least moderate intensity), **muscle strengthening**, and **balance** which are just as important but largely forgotten. The latter are critical for reducing falls and frailty.

- It is also important to consider **reducing sedentary time**; prolonged periods of sitting are an independent risk factor from being active. There are "**two independent issues we need to consider** – a. People aren't being physically active enough and b. People are also being too sedentary; worth thinking about them separately".

- Need to consider a range of different types of physical activity - from more traditional yoga, Pilates to community gardens –e.g. Mayor of London's Get Moving programme.

2. BARRIERS TO ACTVITY – BEHAVIOURAL AND STRUCTURAL

- There needs to be a **cultural change towards activity and ageing**; both informal and formal networks are risk averse; "**we are creating environments** (in both private homes, residential care) **which telling people, don't".**

- Reference was made to St George's walking Intervention – the PACE-Lift trial (see Victor et al 2016); two things emerged as important barriers.

    - The Individual: the first is the **expectations of the individuals themselves as to what is appropriate** – ''at my age I really shouldn't be doing this level of activity because it might hurt me because I have these underlying conditions''.

    - Their Social Networks: the second thing that emerged from that study was the **low and negative expectations of family and friends**. So even if the older person themselves wanted to make a change family and friends discouraged the; "the older person is part of generally some kind of social network and it's not just changing the expectations of the older person, but those that surround them".

- Concern was raised over too much of a reliance on national guidelines versus personalisation or starting with the person; such as 'where they are (e.g. in transition, inactive/frail)' and 'their activity history', 'what they are interested in', 'what they feel capable of'. It was felt that it is important to start with the **motivation of the person** such as **what their goals are** (e.g. reduce frailty, enter a competition), and any improvement is a positive, rather than judging people on absolute guidelines.

- It was felt that it is important to try and build physical activity into **people's everyday lives – where they go and what they do**; solutions need to be pragmatic, easy and simple – particularly if we want to achieve lasting change and sustained/long term activity.

- Planning was felt to be critical to creating the opportunities for people to remain active – reference was made to Healthy New Towns, public green spaces, and walkability of an area. Involvement of Voluntary and Community and Social Enterprises (VCSE) sector was seen as critical to facilitating activity.

- There could also be an opportunity to create more opportunities for physical activity through **community level interventions** – e.g. Park Run – however there were some concerns expressed about the strength of the evidence base.

- The **workplace might also be a critical player** if we are considering people in their midlife and those extending their working lives – e.g. for those '50 plus they could have 20 years of work left'; the workplace could, within various management structures, help to shift/encourage activity.

- **Also what is the role of national governing bodies to ensure that they continue to involve people through the life course;** for example, the swimmers association have done work related to dementia friendly pools, and football have done walking football. There is a need to recognise that people will still have those interests, but "we have to actually change the offer so that it's inclusive of people; you can adapt most things for older people, but we just choose not to because we decide that they won't be interested in it, which doesn't make sense".

- Transition points can be both positive and negative; perhaps we should look more to capitalise on positive changes – e.g. becoming a grandparent.

- There are already a lot of good projects at a community level which seek to keep people active; however there are always challenges over funding/sustainability - what could be done to support such community groups/organisations?

3. EVIDENCE ISSUES

- Evidence is poor on the wider benefits/ outcomes of PA (e.g. reducing loneliness, improving community engagement/ participation); at the moment much of research is focused on cardiovascular outcomes.

- We know **little about thresholds**; the CMO guidance doesn't have any thresholds for sedentary behaviour because there is little known on harms at different levels. However there is a clear and direct independent link between sedentary behaviour and poor health outcomes.

- There is quite a lot of evidence for interventions that work both at mid and later life, however what is missing is how people access these interventions; we know they work but "**how do you actually get people to partake?"**

- There is also **insufficient evidence around new groups coming into later life**; "the population of people who are going to be older in the next 20 years are different from those from the last 20 years"; the most sizeable numerically are people ageing with a disability (e.g. acquired them in youth, at birth, people with Down syndrome, cerebral palsy, cystic fibrosis) and second the ageing of BME communities.

- There is good evidence about getting people active in the short term but know little about how we sustain that activity long-term; '**physical activity being for life, not just for Christmas**'.

- A report by PHE and UK Active found that few PA studies had robust evidence

- Although we know that life transitions can have a negative impact on PA levels, we don't know enough about what works at particular points and how we intervene.

- To improve the level and quality of data collected on PA interventions it would be helpful if projects had a **common currency for measurement**. Reference was made to the work of the What Works Wellbeing centre – creating a toolkit for local projects to use to evaluate what they do, setting out key standardised measures/ tools to use. Participants suggested that Ageing Better could help to create a common currency for measurement in this area; "trying to make sense of not just the evidence but how we generate better evidence in the future because there are hundreds of physical activity projects out there".

- We know little about the **dose response required to achieve health benefits**; how much we should ask people to exercise, how they should exercise, and what physical activity they should do?

4. SIMPLE AND CLEAR MESSAGING

- The word 'exercise' can be problematic; people don't necessarily associate themselves with this and does not always evoke 'fun or enjoyment'. And whilst there's an enormous amount of evidence that activity is a good thing, it's not 'joined up', making it difficult for the average person to get a clear picture of what they ought to be doing to make a difference (e.g. what should I do tomorrow; is walking around the block once good or bad).

- How might we create simple messaging for older adults:
    - It's about enjoyment; doing what you like to do; drawing on people's emotions
    - Ultimately it's about **just encouraging people to do more** – e.g. 30 minutes per week such as '**bite-sized interventions could you weave into your life that would make a difference**'
    - What is the activity equivalent of '**five a day'; no clear guidelines on what you do that makes a difference** and at what level.
    - Need to address people's concerns - what am I able to do at my age, or with my level of disability, or infirmity, and that stops people.

Next steps

The Centre for Ageing Better is currently reviewing its work in this area, and continuing to discuss options for partnership with other bodies including Sport England and Public Health England.

The review and discussions will focus on strengthening the evidence base for the kind of interventions that work including understanding the current gaps in evidence. Understanding barriers to change and motivation for individual behaviour change as well as structural or policy change that could make a difference will form part of our review.

We'll also take account of what is commissioned across England at the moment and innovative approaches that are being tested to increase physical activity, reducing sedentary behaviour, and muscle strengthening and balance.