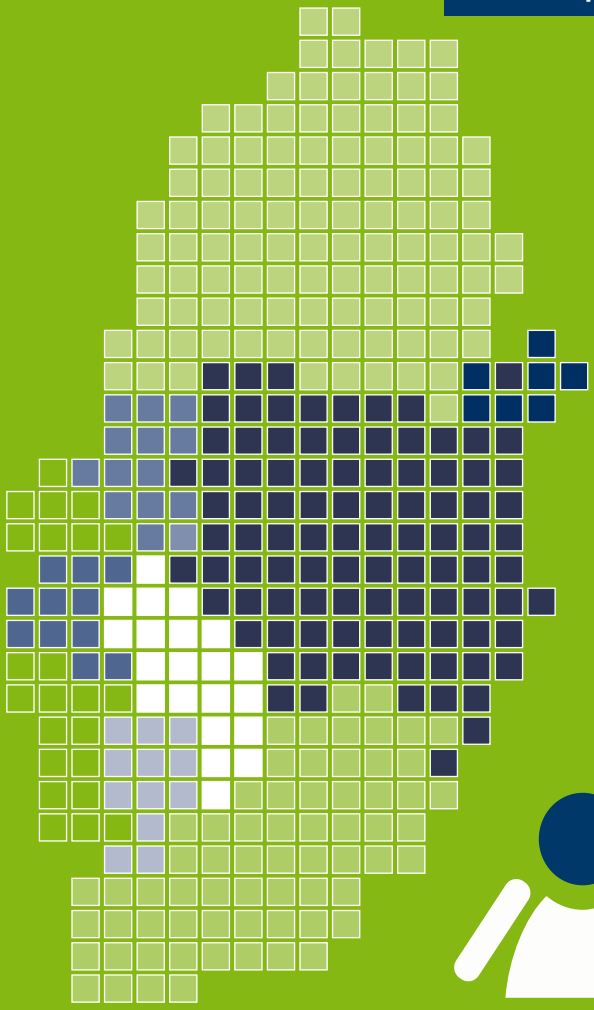
active notts

Understanding people and physical activity

September 2019





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Introduction

This resource aims to provide some **insights on physical activity[1] in Nottinghamshire and the motivations and barriers to becoming physically active for women and girls, people from lower socio-economic groups and people with a long term limiting illness or disability.**

It is widely recognised that tackling physical inactivity can have the highest health impact, as people who are active, live healthy lives for longer and have a reduced risk of many chronic conditions such as type 2 diabetes, coronary heart disease, some of the most common cancers, obesity and mental ill health.

The countywide physical activity and sport strategy for Nottingham and Nottinghamshire **"Getting Active Together"**[2] has prioritised addressing the inequalities that exist in being active. Although anybody can be 'inactive', some demographic groups are less likely to be regularly active and are more likely to stop or drop out of physical activity. The focus is on those locations where physical activity inequalities exist and considers people with a limiting illness or disability, people from lower socio-economic groups, gender and age (age is not specifically covered in this resource). The strategy also prioritises young people and keeping people active. It is hoped that by focussing on these priorities, the biggest impact on physical and mental wellbeing can be made across the county.

Through national and local insight, we understand much more about the fears, barriers and attitudes that prevent people from becoming more active. These are complex, varying between the genders, ages, different backgrounds and personality types and we all have very different attitudes, personalities and preferences.

We tend to think of active or inactive people but, in truth, engagement in physical activity and sport fluctuates with life stages, key transitions and life events.

Supporting people to develop a more consistently active life also needs to take these factors into account.

What do we mean by active and inactive?

Guidance from the Chief Medical Officer[3] on the minimum recommended levels of physical activity informs the Active Lives Survey[4]. This national survey asks about healthy lifestyles and leisure, recreational and cultural activities and indicates whether people are:

ACTIVE refers to people aged 16+ who do at least **150 minutes** of physical activity per week in bouts of 10 minutes of at least moderate intensity.

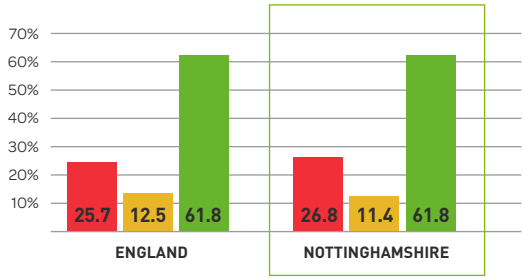
FAIRLY ACTIVE refers to people aged 16+ who do **30 to 149 minutes** of physical activity per week in bouts of 10 minutes of at least moderate intensity.

INACTIVE refers to people aged 16+ doing **less than 30 minutes** of physical activity per week in bouts of 10 minutes of at least moderate intensity.

(Active, fairly active and inactive classifications for children and young people differ as the minimum recommended levels of physical activity are higher)

Physical activity must be of **at least moderate intensity**, in bouts of 10 minutes or more, and can be spread over several days. The number of minutes of physical activity is calculated based on 'moderate intensity equivalent' minutes, which means vigorous intensity exercise counts as double.

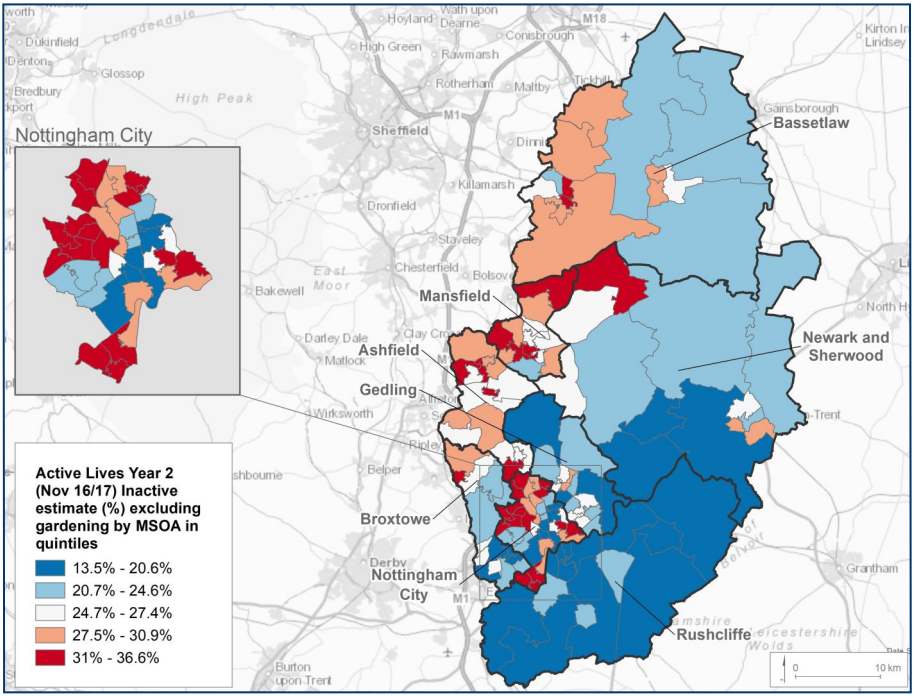
Active Lives[4] indicates that Nottinghamshire is equally active and slightly more inactive than the England average. Nottinghamshire data is ranked third from five of our statistical nearest neighbours, as 26.8% of the population aged 16+ are inactive, 11.4% are fairly active and 61.8% are active[5].



Physical activity inequality in Nottinghamshire

Active Lives[4] indicates that there are 249,195 inactive people aged 16+ in Nottinghamshire and that there are significant variations in physical activity levels across the county, based on demographics and where people live[5]:

- The **inactive population** ranges from **36.6%** in the least active area to **13.5%** in the most active area.
- The **female population are more inactive** than males as **28.7%** of females are inactive compared to **24.8%** of males.
- **32.8% of people from lower socio-economic groups are inactive** compared to **18%** of people from higher socio-economic groups.
- **People with a long term limiting illness or disability** are nearly **twice as likely** to be **inactive** as **40.5%** of people with a limiting illness are inactive compared to **22.0%** of people without a limiting illness.



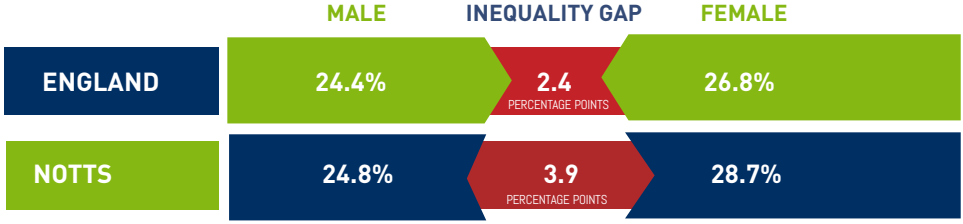
Women and girls

Active Lives[4] provides data on gender to identify physical activity and inactivity levels for men and women and highlights the inequality that exists.

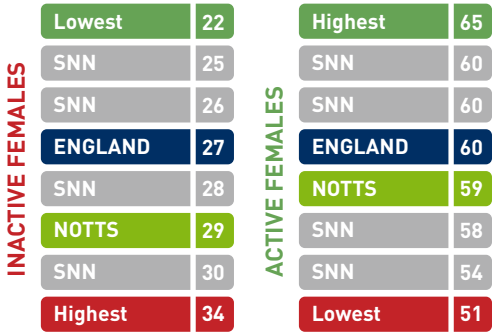
This Girl Can[6], a national campaign funded by The National Lottery, believes that there's no right way to get active – if it gets your heart rate up it counts and wants more women to find what is right for them. The campaign has been fundamental in tackling the reality that around 2 million fewer women than men get regular exercise and 13 million women and girls in England say they want to be more active.

Inactive inequality gap

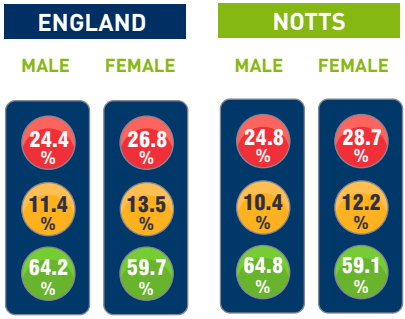
Females in Nottinghamshire are **more likely to be inactive (28.7%) compared to males (24.8%)** and there are more inactive females in Nottinghamshire than the England average **(26.8%)** with signs that the gender gap may be widening locally.



The percentage of inactive and active females in Nottinghamshire is worse than some of our statistical nearest neighbours (SNN) and the England average.



And, females are less likely to be active and more likely to be inactive than males.



Women and girls

Motivations and barriers to being physically active

The relationship between females and physical activity is individual and highly complex, based upon a web of personal, social and environmental influences and triggers[7] and so individual factors should be understood. However, national campaigns have identified a series of key values and behaviours to help engage women and girls in physical activity, which include:

- **A healthy way to spend time with the family**
- **A good way to catch up with friends or meet new people**
- **An energiser before work, education, going out**
- **An effective way to de-stress after work, education, looking after children**
- **An opportunity to develop new skills or discover new places**

There are also several commonly identified motivations and barriers that affect physical activity levels for women and girls that should be considered:

Motivations[7]

1. Looking good
2. Feeling good
3. Achieving goals
4. Developing skills
5. Nurturing friends and family
6. Having fun

Barriers[8]

1. Fear of judgement
2. Lack of confidence
3. Access to physical activity in their locality
4. Not having enough time or physical activity is not at the right time
5. Don't just talk about 'sport' – for many women, sport has baggage
6. Affordability
7. Child care and lack of joint sessions with children to remove guilt

Women and girls

Communication and messaging

Campaigns provide a great opportunity to engage women, such as, This Girl Can #FitGotReal and International Women's Day, but all communications should consider[8]:

- The personal touch
- Different ways to meet specific audience needs rather than a one size fits all approach responding to stereotypes
- Promoting physical activity to engage women's value systems
- Addressing more than one value as this maximises the chance of relevance and is more likely to engage women
- Consultation – regular monitoring of programmes to ensure they continue to align to the most dominant values will ensure ongoing success
- Telling women how the activity will make them feel rather than selling the activity to them
- Make it easy for women to act: right time, right place, right welcome, right company, right gear

Messages should aim to[8]

- Go where women are or are likely to look for physical activity
- Use language that resonates with women
- Speak the way local people speak
- Keep the tone warm, friendly and professional
- Keep photography real by using local images to promote local opportunities

Lower socio-economic groups

Active Lives[4] provides data on social grade and uses the National Statistics Socio-Economic Classification (NS-SEC). It is used to collect and define data on socio-economic groups **and lower socio-economic groups are defined as NS-SEC groups six to eight.**

Lower socio-economic groups include people aged between 16 and 74 who work in semi-routine occupations (such as bus drivers or hairdressers), routine occupations (such as cleaners or waiters) or people who have never worked or are long term unemployed [9].



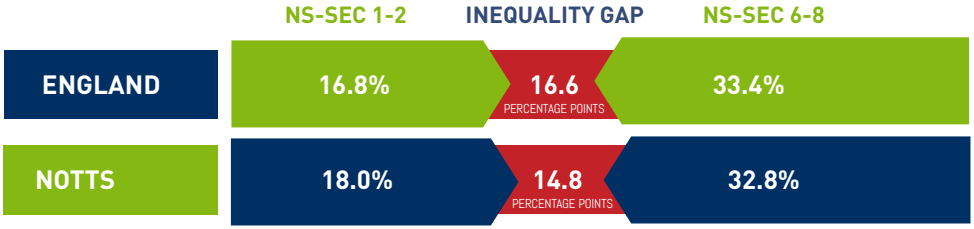
NS-SEC has been constructed to measure the employment relations and conditions of occupations, which help to explain variations in social behaviour and other social phenomena.

Regardless of how socio-economic status is measured, studies repeatedly find that men and women from lower socio-economic groups have **a higher incidence of sedentary behaviour or insufficient physical activity to benefit health**[9] [10] [11]

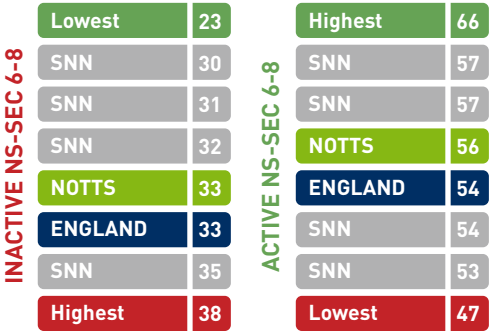
Lower socio-economic groups

Inactive inequality gap

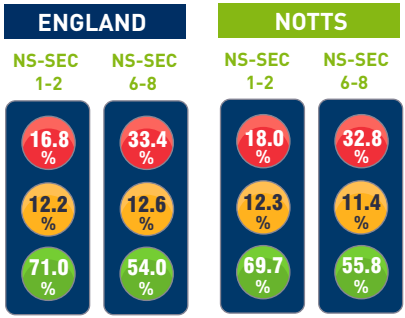
People from lower socio-economic groups are **significantly more likely to be inactive (32.8%) as those from higher socio-economic groups (18.0%)**, although there are less inactive people from lower socio-economic groups in Nottinghamshire than the England average **(33.4%).**



The percentage of inactive and active people from lower socio-economic groups in Nottinghamshire is worse than some of our statistical nearest neighbours (SNN) but marginally better than the England average.



However, people from lower socio-economic groups are still less likely to be active and more likely to be inactive than people from higher socio-economic groups.



Lower socio-economic groups

Motivations and barriers to being physically active

It is important to understand the different motivations and barriers for specific audiences when it comes to sport and physical activity, rather than a one size fits all approach responding to stereotypes[9]. However, there are commonly identified motivations and barriers related to people from a lower socio-economic group and these should be considered alongside the motivations for other demographics including women and girls and limiting illness or disability:

Motivations[9 12]

1. Taster sessions to encourage new participants
2. Low cost sport and activities that provide incentives to encourage long term participation
3. Activities that are frequent and available to those working long and/or unsociable hours
4. Availability of sports leadership schemes for unemployed individuals which may increase confidence, skill sets and future employment opportunities
5. Clubs and activities that are within walking distance and do not require to pay for travel

Barriers[9 12]

1. Programmes overlooking the health benefits of exercise and not relaying it to participants
2. Barriers connected to gender, long term limiting illness or disability and age
3. Lack of opportunities that do not consider quality, cost and time frames that fit in with long working hours
4. Lack of opportunities to improve other aspects of life aside from physical activity
5. Insufficient knowledge of opportunities that assist low income families with the costs of physical activity and sport
6. Lack of money and lack of access to transport

Lower socio-economic groups

Communication and messaging

Around 12 million people – nearly a third of the adult population in England – fall within the broad definition of lower socio-economic groups. The group includes people and families who sometimes, or often, struggle to make ends meet. It includes people employed in 'semi-routine' jobs, like shop assistants, hairdressers and bus drivers; people in 'routine' jobs, like waiters, cleaners and building labourers or people not in employment. This diverse group are more likely to be inactive but other characteristics such as gender, disability, ethnicity and age need to be considered. However, all opportunities and communications should consider: [9]

- Different ways to meet the specific audience needs rather than a one size fits all approach responding to stereotypes
- Redesigning experiences to meet the specific audience needs
- The right opportunities to help people negotiate changes in their lives so they can stay active in a way that is right for them
- Factoring in different approaches related to gender, disability, ethnicity and age
- Providing opportunities that are popular for different demographics. e.g. walking for older age groups, football for younger age groups and fitness classes for females
- The role of active travel through encouraging people to walk and cycle more

Messages should aim to[9]

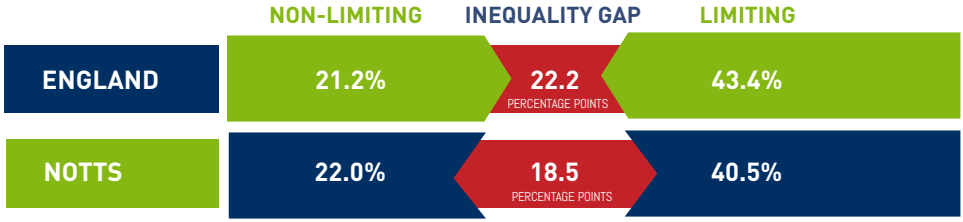
- Meet the needs of specific target audiences within this diverse population
- Consider which opportunities are popular for different demographics within this population
- Understand the specific social, economic or cultural reasons that may be affecting decisions to be active
- Understand the likelihood of people living with one or more limiting health conditions
- Speak to communities of people to encourage change together as a group

Long term limiting illness or disability

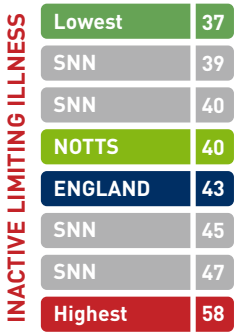
Active Lives[4] provides data on limiting illness or disability which Sport England define as a person reporting they have a **physical or mental health condition or illness that has lasted or is expected to last 12 months or more** and has a **substantial effect on their ability to do normal daily activities**. A person can have a long-standing disability or illness without it being limiting.

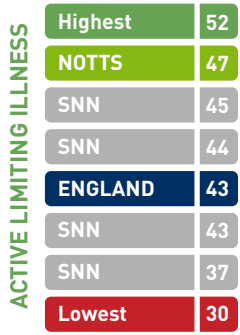
Inactive inequality gap

People with a limiting illness are **nearly twice as likely to be inactive (40.5%) as those without a limiting illness (22.0%),** although there are marginally less inactive people with a limiting illness in Nottinghamshire than the England average **(43.4%).**

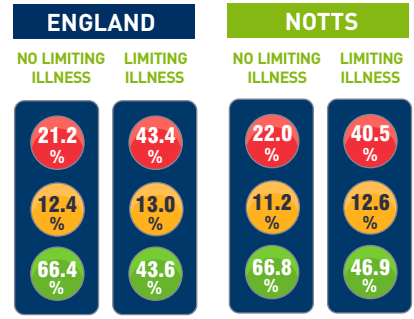


The percentage of inactive people with a limiting illness in Nottinghamshire is comparable to or lower than our statistical neighbours and lower than the England average.



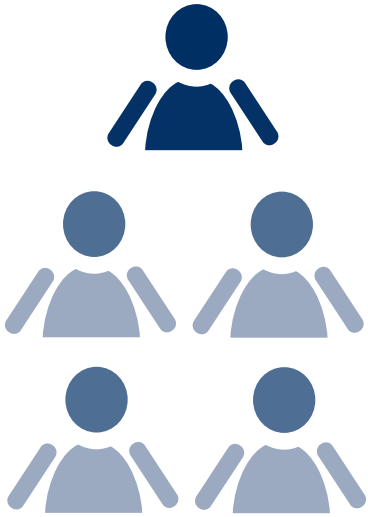


However, people with a limiting illness are still significantly less likely to be active and more likely to be inactive than people without a limiting illness.



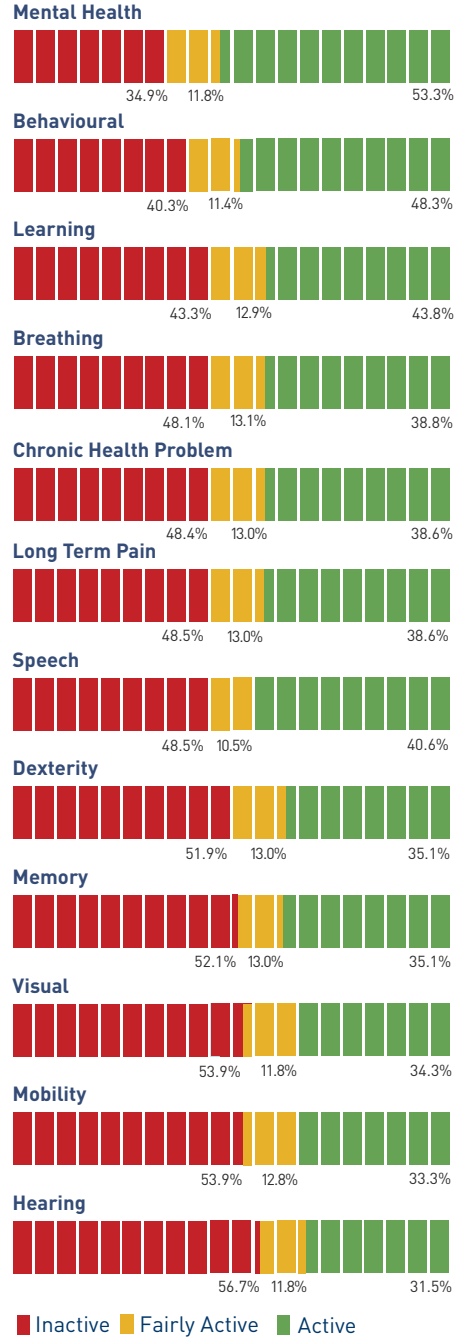
Long term limiting illness or disability

How different limiting illnesses affect physical activity levels



One in five people in England have an impairment or health condition[13], and national data shows different limiting illnesses affect physical activity levels.

Inactivity is highest for people with dexterity, memory, visual, mobility and hearing impairments as over 50% of people with these limiting illnesses are inactive[4].



Long term limiting illness or disability

Disability

Refers to limiting long term illness, health problem or disability that limits or restrict activities in any way, in different areas of life. Where a limiting disability or illness is referred to it should always be considered long standing.[14]

75% of disabled people have more than one impairment[14]

ALMOST **70%** of disabled people are aged **50+**[14]

Less than half of disabled adults are in employment **(47.6%),** compared with almost **80%** of non-disabled adults[13]

7 in 10 disabled people want to do **more activity**[15]

Long term conditions

Refers to a condition that cannot, at present be cured but can be controlled by medication and other therapies. Long term conditions include diabetes, heart disease and other cardiovascular diseases, musculoskeletal conditions such as arthritis (MSK), cancer and chronic obstructive pulmonary disease (COPD).

- **15.4 million** people have a long term condition in England. This is expected to dramatically rise due to an aging population and unhealthy lifestyle choices[16]
- Long term conditions can affect many parts of a person's life, from their ability to work and have relationships to housing and education[16]
- People with long term conditions account for: **70%** of the money we spend on health and social care in England and **50%** of all GP appointments[16]
- People living in a deprived area are likely to have multiple long term health problems 10–15 years earlier than people from more affluent areas[16]
- Many long term conditions are avoidable and are exacerbated through poor lifestyle choices such as smoking, excessive alcohol consumption, poor food choices, obesity and physical inactivity[16]
- Physical inactivity is one of the four risk factors in premature mortality from cardiovascular diseases, cancers, chronic respiratory diseases and diabetes[16]

Long term limiting illness or disability

Mental health Refers to our emotional, psychological and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others and make choices[17].

Mental health is important at every stage of life, from childhood and adolescence through adulthood.



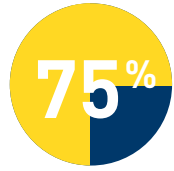
1 in 4 people will have a mental health problem in any given year[18]



1 in 10 children have a clinically diagnosable mental health problem[18]



of adult mental health problems start by the age of **14**[18]



of adult mental health problems start by the age of **18**[18]

People with mental ill health have higher rates of health-risk behaviours, are less likely to be in employment, have poorer physical health and are more likely to be socially isolated[18]

People with severe mental health illnesses die on average 20 years earlier than the general population[18]



The cost of mental health problems at work is £34 billion with **13%** of sick days related to mental ill health[18]

Long term limiting illness or disability

Motivations and barriers to being physically active

There are several commonly identified motivations and barriers that affect physical activity levels for people with a limiting illness or disability, which should be considered and understood:

Motivations[16 19 20 21]

1. Enjoyment, to improve health and to get fit
2. Social benefits, inclusivity and empowerment
3. Having advice from a trusted source, especially healthcare professionals and exercise specialists
4. Reassurance that it is safe to be active and will not make their condition worse or add to any pain
5. Physical and emotional support from family, friends and support networks to help motivate and encourage engagement
6. Activities that can be done alone are more likely to appeal to people with a mental health condition, people with social or behavioural issues and disabled people who are not active
7. Most disabled people would prefer to take part in sport and physical activity in a setting where disabled and non-disabled people participate together

Barriers[16 19 20 22]

1. Personal perceptions, physical, logistical and psychological barriers and the attitudes of others
2. Barriers vary depending on the number of limiting illnesses a person may have
3. Lack of knowledge and education for all people on the possibilities and capabilities of being active to increase confidence
4. Accessibility, limited opportunities and experiences, cost, fear of failure and being judged
5. A fear of losing benefits if seen to be active

Long term limiting illness or disability

Communication and messaging

People with a limiting illness are likely to be older, so messaging and communications should take this into account by using appropriate tone and language to ensure maximum resonation.[16]

- Most people with a limiting illness want to be more physically active
- Exercise and physical activity are perceived as 'not for people like me' by inactive participants
- The negative connotations such as 'pain of exercise' are more top-of-mind, whilst 'physical activity' has associations with tasks such as housework and gardening
- The strongest barriers to physical activity are internal and relate to the symptoms experienced with long term conditions such as pain and breathlessness. Commonly identified benefits such as preventing conditions from deteriorating do not address these barriers. Messages claiming to improve symptoms can be dismissed

Messages should aim to[16 23]

- Speak to everybody regardless of demographic or levels of activity
- Combine positivity about the benefits of physical activity with realism about what is achievable
- Speak to people's aspirations, such as spending time with their grandchildren or being independent
- Drive awareness through trusted channels and be local to the person
- Talk to as many values of individual people as possible and fulfil those values
- Offer support around a feeling of 'I can do it', encouragement from existing advocates and reassurance that they will 'fit in'
- Make it easy for people to express their needs and ensure the first experience is good
- Messages should not lead with the impairment, challenge the lived experiences of those with a limiting illness or be patronising with language that instructs rather than encourages

References and notes

1. The term physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport

2. www.activenotts.org.uk/our-strategy

3. www.gov.uk/government/publications/uk-physical-activity-guidelines

4. www.sportengland.org/research/active-lives-survey/

5. Active Lives Year 2 (November 2016-17). Inactive estimate by Middle Layer Super Output Area. Physical activity levels do not include gardening

6. www.thisgirlcan.co.uk/

7. www.womeninsport.org/research-and-advice/our-publications/understanding-womens-lives/

8. www.sportengland.org/our-work/women/womens-insight-pack/

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23. www.activityalliance.org.uk/how-we-help/research/1878-talk-to-me-october-2014

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