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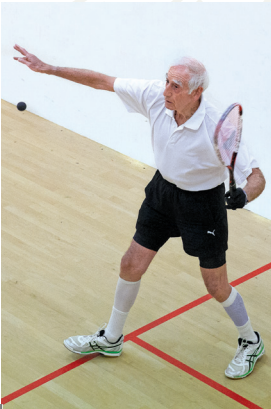
# Physical Activity in Later Life

## Shining a Spotlight on Social Context

A Summary of the ESRC funded seminar series **New Directions in Ageing & Physical Activity: More of the Same is Not Enough**



Economic and Social Research Council  
Shaping Society



**The Seminar Series:**

**“More of the same is not enough”:**

New directions in ageing and physical activity

**The seminar series was led by:**

**Dr Cassandra Phoenix** University of Bath

**Dr Noreen Orr** University of Exeter

**Dr Ben Wheeler** University of Exeter

**Dr Emmanuelle Tulle** Glasgow Caledonian University

**Dr Joe Piggin** Loughborough University

**Professor Brendan Gough** Leeds Beckett University

**Professor Janice Thompson** University of Birmingham

**Professor Christina Victor** Brunel University London

**It was supported by the following partners:**

AgeUK, Birmingham City Council, and the BHF National Centre for Physical Activity and Health.

Audiences at the seminars were varied and included researchers (from early career to full Professors), health professionals, service providers, third sector and voluntary organisations, and members of the community.

**Seminar Series Website:**

[seminars.ecehh.org](http://seminars.ecehh.org)

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# Foreword

We know that regularly engaging in physical activity is critical to improving quality of life, decreasing risks for a wide range of chronic diseases, enhancing social connections, and supporting us to age more healthfully. Despite this, older adults are the least active segment of the population in the UK and other Westernised countries. Our current health and social care systems are not funded or designed to provide opportunities to support engagement in daily physical activity across the diverse population of older adults in society. So, what can we do to promote physical activity more effectively, and deliver programmes that can reach the wide range of older adults in our communities?

Initiatives aimed at increasing levels of physical activity certainly help to raise awareness of the role that regular physical activity plays in preventing illness and promoting good health. But, the simplicity of exhorting older adults to “be more active” belies how complicated it can be to put this into practice. The roots of inactivity do not lie only in the behavioural decisions and motivations of individual adults. There are wider contextual factors which also need to be recognised and addressed. Between 2014 and 2017, the Economic and Social Research Council funded a series of seminars to examine these factors in more detail. This report captures some of the main points of discussion from these seminars. It also directs readers to where they can find further information (e.g. research projects, published papers, policies, reports, blogs) about given topics.

The report is intended for physical activity co-ordinators and practitioners, community developers, health promoters, Directors of Public Health, members of local Health and Wellbeing boards and relevant policy makers. It might be used to help decision makers and service providers understand some of the key contextual factors that help and hinder older adult’s participation in physical activities. Understanding these issues can be of value when developing activity promotion programmes and supporting older adults develop and sustain engagement in health practices such as regular physical activity.

I hope you find it interesting and useful. If you’d like to discuss anything related to the report, please do get in touch on email ([c.phoenix@bath.ac.uk](mailto:c.phoenix@bath.ac.uk)).



**Dr Cassandra Phoenix**  
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# Spotlight on the lifecourse: The ‘twists and turns’ of a long life



Physical activity as a regular part of everyday life seems like a fairly straightforward aspiration but in reality, it can be a challenge to create an active lifestyle. Older adults are no exception. We can develop a greater understanding of an older adult’s current physical activity levels if we can place them in the social context of change and continuity over the life course.

An active lifestyle may be the result of prior life time experiences and opportunities to be active in earlier life. Often individuals encouraged to be active at an early age learn skills and have enjoyment from participation, want to continue being active as they grow older. Similarly, negative experiences of physical activity in earlier life can influence confidence and prevent individuals from perceiving themselves as exercisers in later life.

Throughout the life course, a whole range of events and episodes can challenge people’s inclination and ability to be active. Moving house, changing jobs, losing a job, raising a family can disrupt previously established routines and networks that support an active life style. During busy periods, spending time on physical activity can seem a luxury rather than a necessity. For some, this can evoke feelings of guilt.

Caring for a spouse can be exhausting and the practicalities of finding time or leaving the home for activity seem impossible. Equally in these scenarios, 'time (left) together' can feel precious. Being away to participate in exercise – while in some instances provides important respite from care work – can seem indulgent and wasteful.

Changed circumstances, or 'turning points' in a life – whether it's entering parenthood, retiring from work, receiving a diagnosis or experiencing bereavement – form the tapestry of life. Research has shown that they can also be important moments for introducing new activities.

The need for variety is great. For example, while gentle walking and a club environment will suit some, others may be seeking solitude, personal challenge, or competition. It is important to resist assumptions concerning 'what would be good' for older people, without asking them.

The extent to which people feel able to be active throughout adulthood and into later life can be influenced by the attitudes of those around them. Specifically, misplaced perceptions concerning older adults being unable to physically exert themselves, that 'being sporty' is not ladylike, or that youth alone is the time for learning new skills, can restrict what older adults believe is possible in later life.

## Recommendations

- Promoting physical activity in later life should be tailored to older people's life histories, while equally fostering imagination and a sense of possibility regarding what can be accomplished in the future.
- Much as we might strive towards life-long participation in physical activity, the reality is more often one of ebbs and flows. Accepting that physical activity participation fluctuates, that different strategies are needed at different times, and that it's never too late to (re)start are all important messages to communicate.
- For some, being part of an established activity club that meets regularly helps to legitimise time away from other demands in life. Clubs can provide safety, solidarity and a sense of social identity. Having a pre-set 'club night/morning' can also be helpful for supporting a routine.





# Spotlight on masculinities: Engaging older men in physical activity



Globally, men tend to die younger than women, and older men's health and wellbeing is a concern. We know that physical activity can have beneficial health effects but know little about what older men actually do, how they experience different physical activity environments, and the role of 'masculinity' in shaping their activity choices and practices.

We do know that older men may face challenges in performing valued masculine identities, for example based around sport, physical labour and sexual performance, and that 'greying masculinities' may be difficult for men to accept (Drummond, 2003).

Physical, environmental and psychological constraints can inhibit older men from going to the gym or participating in team sports and may result in sedentary lifestyles, excessive alcohol consumption or low mood. However, there are a number of recent research projects and health initiatives focused on older men and physical activity, which point to how this constituency can

be better engaged in various endeavours which bestow physical and psychological benefits.

For many men, sport is an important source of identity, status and wellbeing. That is why several health programmes have explicitly targeted men with sport in mind. For example, interventions focusing on weight management and healthy lifestyles have traded on the popularity of football to attract and engage men in physical activity and nutrition sessions.

Such programmes are successful in helping men to lose weight and live more healthily, while also promoting camaraderie between men, social bonding, humour and boosts to self-esteem.

Reaching older men at risk of social isolation and physical and psychological problems requires sensitivity to masculinity issues and knowledge about local community norms, interests and assets. Interventions with older men can be effective if framed in 'male-friendly' ways (e.g. sport), avoiding jargon or (mental) health terminology and featuring local champions and mentors who men might trust and respond to.

## Examples of good practice

Football Fans in Training (FFiT; Hunt et al., 2013), Motivate (Gough, Seymour-Smith & Matthews, 2016), and Premier League Health (Robertson et al., 2013) have all effectively traded on the popularity of football to attract and engage men in physical activity and nutrition sessions.

**FFiT:** [spfitrust.org.uk/projects/football-fans-in-training](http://spfitrust.org.uk/projects/football-fans-in-training)

Age UK have successfully addressed the tension between love for football and age-related decline in mobility: Walking Football. Here, the focus is on what men can do rather than what they find difficult, an assets-based approach which has proved very popular. AgeUK have found that when teaming up with local professional clubs, communities readily take to walking football, with men getting involved in organising games, leagues and associated social events.

**Walking Football:** [ageuk.org.uk/information-advice/health-wellbeing/fitness/walking-football](http://ageuk.org.uk/information-advice/health-wellbeing/fitness/walking-football)

For men not so interested in sport, the 'Men's Sheds' movement brings older, vulnerable men together in community centres ('sheds') where they are encouraged to make or fix things, which may then be sold or donated to the local community (Cordier & Wilson, 2012).

**Men in Sheds:** [menssheds.org.uk](http://menssheds.org.uk)

## Recommendations

- Create opportunities for men to socialise with other men in a safe, friendly setting.
- Trade on the popularity and importance of sport to target specific groups of men.
- For others, brand initiatives to focus on, for example, learning about the local, changing environment, and cementing a social identity.
- Intersperse activities with conversation and humour.

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# Spotlight on outdoor natural environments: An active space for older adults?



Outdoor environments could play an important role in supporting physical activity as we get older. Although the evidence for this is quite mixed, it is developing rapidly (a brief evidence summary on natural environment and physical activity more generally is available - Natural England, 2016).

To facilitate and promote activity across the life course, outdoor environments must be attractive, safe, and good quality. But these environments do not all have to be the same, nor do they need to huge areas of rolling green countryside!

Research has shown that benefits can be gained from a wide range of environments and activities. For example, 'walkable' cities could promote everyday opportunities to walk from place to place; urban parks and gardens can support a range of informal and formal activities; 'blue space' (coasts, riversides, canals, lakes) can provide attractive places to walk, run, and swim. Nature-based activity – especially in association with water – has been

highlighted for its value in terms of enjoyment, pleasure and engagement with 'place' (Humberstone, 2015).

These opportunities to support activity in older age could be capitalised upon through physically modifying our environments, increasing accessibility, and providing specific programmes and activities within different places. However, it also seems crucial that we thoroughly understand relevant social processes and people's individual contexts to ensure that the opportunities of our everyday environments are inclusive, and do not lead to exacerbation of socio-economic and other inequalities. Visual impairment is particularly relevant here because it affects 1 in 5 people aged 75 and over.

## Examples of notable research and good practice

The Mood Mobility & Place research project has been exploring how places can be designed collaboratively to support outdoor activity, health, wellbeing and community engagement as people age. It has produced guidance on intergenerational co-design for age-friendly places, emphasising the importance of collaboratively improving older people's experience of pedestrian mobility.

**Mood Mobility & Place:** [sites.eca.ed.ac.uk/mmp](https://sites.eca.ed.ac.uk/mmp)

Environmental Volunteering presents an opportunity for a number of social and health benefits associated with outdoor activity, and The Conservation Volunteers (TCV) Scotland project has focussed efforts on capitalising on this in later life.

**TCV Scotland:** [tcv.org.uk/scotland/feel-good/ageing-well](https://tcv.org.uk/scotland/feel-good/ageing-well)

Parkrun is a free 5km run held in local parks and outdoor settings around the UK. In 2016, Sport England launched an 18-month scheme to support more people with sight impairment to take part in Parkrun.

**Parkrun:** [parkrun.org.uk](https://parkrun.org.uk)

The Sensing Nature research project is examining the diverse sensory experiences people have with nature, and how nature-based environments can be used to support wellbeing among people with sight loss. Visit their Blog to access a range of resources to support inclusion.

**Sensing Nature:** [sensing-nature.com/news](https://sensing-nature.com/news)

## Recommendations

- Planners and public open space managers should consider how development and management of outdoor spaces can support and encourage activity across the life course
- Refer to design guidance for the creation of 'age friendly' places
- Engage with the full range of 'users' of the outdoors to create inclusive spaces meeting multiple needs
- Seek opportunities to promote parks, gardens, footpaths etc. as spaces open to all for activities, especially walking

### References and further research

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Natural England, 2016. Links between natural environments and physical activity: evidence briefing (EIN019) bit.ly/2jcXGGa

The Beyond Greenspace Blog on research linking nature, health, and wellbeing links to various reports relevant to inclusive environments for physical activity: [beyondgreenspace.net/reports-summaries](https://beyondgreenspace.net/reports-summaries)

# A spotlight on: Digital self-tracking in older age



Digital health technologies are now a core mechanism through which people manage their health. These include a broad range of digital devices, software and platforms not only providing health information, but also capacities for users to self-track, monitor and regulate their bodies and behaviours and share data with others.

At the 2017 Consumer Electronics Show, Samsung surprised business-watchers with a shift in market development plans. Expected to focus on robots, they instead announced a focus on wearable health devices, such as fitness trackers, believing that (according to their CEO) “an aging society will help this market segment grow more quickly” (Maslakovic, 2017).

In contrast to the ways that self-tracking technologies are discussed when younger users are envisioned, the focus when it comes to older users is on health rather than performance, and on producing data to help motivated ageing individuals mitigate risks for, or identify onset of, age-related decline.

Little is known about how older adults perceive digital self-tracking devices or how these individuals build the use of them into their day to day lives.

Emerging research in this area suggests that older adults who self-track their activity rarely view the number of steps taken as being connected to anything other than that particular day. Data on heart rate, however, is viewed as being reflective of one's overall health status.

Positive feedback received through a device when goals are reached is generally welcomed, yet may not compel individuals to do things differently and enact change in their daily routines. "Bad days" - when step counts are low - are also easily discounted by older users, who rarely hesitate to suspend tracking when other life events take over.

Rapid growth within the self-tracking industry has not been matched by research examining the social context of digital self-tracking in older age. Key questions remain regarding how older adults interact with these technologies, the ethical implications of data gathering and sharing, and the manner in which these devices become part of ageing and everyday life - watch this space!

## Notable research

Ageing + Communication + Technologies (ACT) is a multi-methodological research project that brings together researchers and institutional community partners to address the transformation of the experiences of ageing with the proliferation of new forms of mediated communications in networked societies. **ACT: [actproject.ca](http://actproject.ca)**

The Digital culture and quantified ageing research project will examine age and age-related function with a focus on the ways that self-tracking technologies and digital apps are used to create new modes and styles of measuring, calculating, storing and sharing information about aging.

Contact Barbara Marshall: [bmarshall@trentu.ca](mailto:bmarshall@trentu.ca)



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- Maslakovic, M. (2017). "Samsung Shifts Focus to Wearable Healthcare Devices." Gadgets and Wearables. Retrieved: January 20, 2017 ([gadgetsandwearables.com/2017/01/14/samsung-wearables/](http://gadgetsandwearables.com/2017/01/14/samsung-wearables/))

# A spotlight on: Minority elders



The profile of the older population of Britain is changing as we see the minority communities who moved to Britain in the decades from 1950-1980 (approximately) from the Caribbean and South Asia (notably India, Pakistan and Bangladesh) moving into old age.

Overall, 18% of the white British population are aged 65+ compared with 14% for the African Caribbean group; 8% for Indians and 4% each for both the Pakistani and Bangladeshi populations. However, it is clear that future decades will see an increasing diversity in terms of ethnicity amongst the older population in Britain (Centre for Policy on Ageing, 2010). When thinking about the promotion of physical activity we must take this increasing diversity into account.

Physical activity has been described as 'the best treatment for aging' given the well-established benefits of physical activity for health and well-being across the life course (Cassel, 2002). Inequalities in physical activity seen in earlier phases of the life course are maintained into old age.

We know that physical activity decreases as people grow older, that men



are more active than women and that the most deprived groups are less active (Olanrewaju et al., 2016). Yet we know far less about how physically active minority elders are because of the comparative recency of the 'ageing' of these groups.

How physically active are minority elders? This is not an easy question to answer because studies often focus on a single minority group such as the three South Asian groups (India, Pakistan or Bangladesh) rather than making comparisons across all communities.

Using the data we have, it is clear that minority elders are less physically active than the majority community (Long & Hilton, 2009). This differential is in the range of 20-80% less active depending on how physical activity is recorded (self-report or objective measures) and the way that it is reported (e.g. proportion meeting physical activity guidelines or total physical activity.) Again, these are broad-brush estimates and we know that women are less active than men.

## There are 5 key factors linked with physical (in)activity for older people

- 1 Personal (values and beliefs, expectations of ageing and psychological factors)
- 2 Resources (social, health and socio/economic material)
- 3 Family (values, norms and expectations of older adulthood)
- 4 Environmental factors (urban, rural, facilities, access)
- 5 Wider society (culture, media, global (health) economy/science)

When looking at increasing physical activity among BME elders, it is important to identify the influences on physical activity that are specific to them and those which are more generic to older people or reflect the influence of deprivation. Distinguishing between these different influences is important if we are going to be able to design and deliver successful interventions to promote physical activity in minority groups.

## Examples of Good Practice and Notable Research

AgeUK. Engaging faith and BME communities in activities for wellbeing. Fit as a Fiddle; [bit.ly/2Ab2X7X](https://bit.ly/2Ab2X7X)

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## This report can be read in conjunction with:

Phoenix, C. & Orr, N. (2014). Moving stories: Understanding the impact of physical activity on experiences and perceptions of (self-)ageing. Key Findings. [bit.ly/1Og6sgD](https://bit.ly/1Og6sgD)

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**New Directions in Ageing & Physical Activity:  
More of the Same is Not Enough**

Primary Investigator C. Phoenix ES/M001709/2

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