

 Eighth FUSE Physical Activity Workshop
Physical activity and health inequalities: a level playing field?
Durham University, Stockton Campus, 16 June 2017

Next steps for physical activity guidance: an evidence base that addresses inequalities?

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 Three issues and an aspiration

- The problem:** the marginalisation of health inequalities knowledge in PA research, policy and practice
- The opportunity:** to incorporate health inequalities theories, concepts and knowledge in the evidence base for PA
- The mechanism:** disrupting the process of knowledge production that informs PA research, policy and practice
- The aspiration:** improved knowledge and understanding of PA, informing policy and practice

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 Three issues and an aspiration

1

The problem

The marginalisation of health inequalities knowledge in PA research, policy and practice

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 Unequal health and unequal PA

ENGLAND 2009-11	Least Deprived 10% of Areas	Most Deprived 10% of Areas
Life expectancy (years)	83	73
Male	86	79
Female	71	52
Healthy life expectancy (years)	72	53
Male	43%	32%
Female	40%	28%
Scotland	33%	28%
England	36%	23%
Wales		

BEING INACTIVE IN 2014 (PHE, 2014)

- A quarter of the population fail to achieve 30 minutes of activity **a week**
- Being inactive is twice as common in low income areas as high income areas

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 The evidence underpinning current PA guidance: Start Active, Stay Active report

Start Active, Stay Active (2011): evidence-based, age-specific guidance on levels of PA required to achieve health benefits

Age group
Early years <5 years
Child/youth 5-18 years
Adults 19-64 years
Older adults 65+ years

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 The portrayal of children and young people in the SASA report

To enable Sport England to have a greater impact across the whole of a person's sporting life....we will lower the age from which they are responsible from 14 to 5. *Sporting Future, 2015; p. 33*

Start Active, Stay Active 2011: CHILDREN + YOUTH, 5-18 YRS	Start Active, Stay Active 2011, p.30:
<ul style="list-style-type: none"> Full parental employment No youth over age 14 No constraints Outstanding access to PA opportunities 	<p>Peter is the youngest child in a sporty family. They live in a bustling town with good local amenities.</p>

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Poor kids! The lives of disadvantaged children in the UK in 2011

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- 3.6 million UK children live in poverty (27%)
 - in 100 most deprived wards, 50-70%
 - in single parent households, 41%
 - most people living in poverty have children
- Risk factors for child poverty:
 - x2 if lone parent household
 - x2 if ethnic minority household
 - x7 if one/both parents not working

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The portrayal of older age adults in the SASA report

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Start Active, Stay Active 2011

OLDER ADULTS, 65+ YEARS

- Age 70 and 81
- Busy, physically active lives
- No constraints

Measures of physical functioning	Social determinants: inclusion in older age
<ul style="list-style-type: none"> Mobility, motor skills and strength Activities of daily living Instrumental living activities 	<ul style="list-style-type: none"> Resources Social participation Quality of life

Source: Boreham 2009, using data from 4,523 older people aged 60 and over, collected as part of the English Longitudinal Study of Ageing

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Population ageing – a global and national “grand challenge”

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- Four million, or 40%, of older people (aged 65+) in the UK have a **longstanding limiting illness**.
- One in three will die with a form of **dementia**.
- Nearly 1 million have to **cut back on food shopping** to cover the cost of utility bills.
- Over a third of older people live in one room to reduce their **heating bill**.
- Every year, 28,000 die of the cold.
- In December 2014, 2.9 million older people in GB felt they had **no one to turn to for help and support**.

Source: Age UK, *Later Life in the United Kingdom, September 2015*

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Three issues and an aspiration

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2

The opportunity:

To incorporate health inequalities theories, concepts and knowledge in the evidence base for PA

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Expert knowledge on PA

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Statistics on Obesity, Physical Activity and Diet England 2014

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Start Active, Stay Active

We know enough now to act on physical activity. The evidence for action is compelling, and we have reached a unique UK-wide consensus on the amount and type of physical activity that is needed to benefit health.

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2016: a more nuanced strategy?

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Sporting Future: A New Strategy for an Active Nation

Different audiences have different needs that have to be addressed in different ways, but the universal power of sport and physical activity to improve lives came through very strongly in the responses to the consultation....

Sporting Future, p.19

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Ambiguity in conceptualisations of PA



October 2014

'A pro-activity movement needs to cascade right through society'



Sport England workshop, May 2016

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The evidence underpinning PA guidance in the Start Active, Stay Active report



Start Active, Stay Active (2011) - the UK guidance on PA

Key sources were:

- USA **Physical Activity Guidelines** (2008)
- scientific reviews undertaken to inform the Canadian **Physical Activity Guidelines**
- review papers from the British Association of Sport and Exercise Sciences (BASES)
- selected additional relevant high quality review or study papers
- 2 Day **Scientific Meeting** in October 2009, convened to allow for wider input from the scientific community and to communicate more widely the process that was under way.
- national web-based consultation.

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Beyond behaviour change: alternative approaches to informed analysis





Profile population characteristics	<ul style="list-style-type: none"> • Social statistical profiling of the population
Context representing everyday life	<ul style="list-style-type: none"> • Studies of everyday life in diverse communities
Physical activity in everyday life understanding physical activity in context	<ul style="list-style-type: none"> • Studies of individuals' relationship to being physically active and inactive

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Informed analysis (1): recognising population diversity



Office for National Statistics



Data sets at data.gov.uk

[Environment \(3890\)](#)
[Society \(1989\)](#)
[Health \(1641\)](#)



Social Trends draws together social and economic data from a wide range of government departments and other organisations; it paints a broad picture of UK society today using data on

- Population
- Labour market
- Family and household
- Inequalities – income distribution
- Living conditions and environment

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Informed analysis (2): understanding how inequalities affect people





Social psychological research into low income groups	
England 1930s	Economic insecurity is a psychologically destructive factor for unemployed people - <i>Eisenberg and Lazarsfeld, 1938</i>
England 1980s	Recent research has demonstrated beyond reasonable doubt that unemployment causes poor psychological health - <i>Fryer, 1992</i>
England now	The conflict, the shame, the degraded environment, the helplessness.... taken together, are a reasoned and involuntary response to hardship - <i>Tomlinson and Walker, 2009</i>

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Informed analysis (3a): understanding physical activity in context





Challenges include:



- Up to half of children in the Olympic boroughs live in poverty
- Early years health risks - smoking in pregnancy, low birth weight, lower levels of vaccination
- Olympic teenagers have high levels of smoking, teenage pregnancy and court appearances
- Olympic teenagers get fewer good GCSEs and are more likely to be unemployed

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Informed analysis (3b): understanding physical activity in context

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Building a Participation Legacy from the London 2012 Olympic and Paralympic Games in Disadvantaged Areas

Dr Laura Hills, Dr Simon Bradford and Dr Craig Johnston

'I need to cross to the other side of the street if I see a group of lads..... I don't think I am gonna come to the session much because if you get caught you will just get beat up'.

- 14 year old male StreetGames participant

'I enjoyed handball, that was best ... we tried to play it [outside] last week but people rang the police...they turn up and tell us to f-off for annoying people'

- 15 year old male StreetGames participant

Informed analysis (3c): understanding physical activity in context

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The Health and Sport Engagement (HASE) project

Vol. 1: Evaluation of the design and delivery of HASE

Dr Louise Mansfield & Professor John Fox-Rodding

Centre for Health Services and Policy Research, School of Health and Life Sciences, Brunel University London

Focus groups with older people, from the Health and Sport Engagement (HASE) project planning phase:

- My dreadful memory is of school sports day where I always came last or fell over
Female HASE participant, 60+
- I worried about looking out of place, arthritis, confidence, body-conscious and age. My husband died ..I was depressed.
Female HASE participant, 60+

Source: Dr Louise Mansfield (PI), B-ShaW, Health and Sport Engagement (HASE) Project – a Sport England Get healthy, get active programme

Three issues and an aspiration

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3

The mechanism

Disrupting the process of knowledge production that informs PA research, policy and practice

Beyond changing behaviour: context matters

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Social ecological models of health

Incorporating knowledge in PA policy: breaking down knowledge silos

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Producing Start Active, Stay Active - the UK guidance on PA

Winter 2008-09	UK-wide review of PA guidance commissioned
June 2009	4 sub-groups review evidence for each age group and report
May 2010	Writing of guidelines begins
Summer 2011	<i>Start Active, Stay Active</i> published

Jun-Aug 2009: Stakeholder consultation on draft Marmot (health inequalities) Review

February 2010: Publication of Marmot (health inequalities) Review

The public nature of the debate on health inequalities

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BBC NEWS
Poorest in England 'live seven years less on average'

Children
Levels of child hunger and deprivation in UK among highest of rich nations

Marmot report launch on BBC, 11 February 2010

UNICEF report on child poverty, Guardian 15 June 2017

Informing the Marmot Review, 2010

Fair Society, healthy lives - the Marmot Review (2010)

"Running alongside the Review were numerous meetings, discussions and consultations, presentations and seminars with community groups....health sector housing local, regional and other government departments local public health and local government leaders third sector and other delivery organisations.... and the public."

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A step-change to more informed PA policy

Strategies for (more) informed PA policy	Promoting health inequalities perspectives
Reconceptualising the problem: Moving beyond the focus on individual behaviour, <i>requiring.....</i>	<ul style="list-style-type: none"> Get in the room: initiate collaboration
Diversifying expert communities: academic integration across a wider discipline range, with substantial social science content, <i>including....</i>	<ul style="list-style-type: none"> Acknowledge resistance, especially to qualitative methodologies
Deepening the knowledge base: cross-sectoral integration with local, lay and practitioner expertise	<ul style="list-style-type: none"> Make research accessible: from grand theory to useful and usable

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Three issues and an aspiration

4

The aspiration

Improved knowledge and understanding of PA, informing policy and practice

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The implications of reconceptualising PA: examples from a complex community intervention

The Health and Sport Engagement (HASE) project¹: using sport to promote health

Sport for health - *doing sport differently*

Different understanding of PEOPLE *Different understanding of DELIVERY*

¹Funded by Sport England's Get healthy, get into sport initiative (from 2013, Get healthy, get active)

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Reconceptualising PA: training to support delivering sport differently

The HASE project capacity building for deliverers:
(i) RSPH L2 Award in *Understanding Health Improvement* and (ii) *MAKESPORTFUN* workshops

Raising awareness of public health issues	<ul style="list-style-type: none"> It just gave me some space to think about health ... and how what I do can link to public health issues (<i>Sport Deliverer, RSPH L2</i>) I hadn't thought about health in this way before (<i>Sport Deliverer, RSPH L2</i>)
Building bridges between sport and health	<ul style="list-style-type: none"> I just didn't know all these people were doing this kind of thing that's so relevant to what I do (<i>Sport Deliverer, MAKESPORTFUN workshop</i>)

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Reconceptualising PA: changing perspectives, changing practice

- The Hounslow portion of that training was amazing, that was brilliant, I really liked it. I thought that it was crazy that people in Chiswick ward live on average, four years longer than people that live you know in like other parts of Hounslow for example. I'm now able to talk to kids about health in general (*Sport Coach, RSPH L2*)

I didn't realise sport could be different
Public Health Professional, MAKESPORTFUN workshops

Mansfield et al, 2016; from Brunel University's Sport England funded *Health and Sport Engagement (HASE)* project.

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 **Reconceptualising PA: the implications for research, policy and practice** 

- **Theoretical underpinning of the evidence base** in which social determinants of health perspectives are centred, reducing the dominance of behaviour change theories
- **Policy guidance** that recognises that:
 - individuals are affected by constraining factors that reduce both their opportunities and their capacity to be active
 - constraints are most acute at the lower end of the social gradient - among the least healthy people living the most difficult lives
 - motivating individuals and changing the collective 'culture' surrounding PA are both important, but not solutions in themselves: they do not address constraints.
- **Practitioner guidance** that emphasises the need to identify and understand the constraints affecting inactive people, and equips deliverers to address these
- **Public health messaging** that acknowledges that becoming active can be difficult and rather than chastising people for their inactivity, recognises the obstacles they face and offers support to overcome them

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 **INVITATION**
to share expert knowledge on physical activity and health inequalities 

B-SHaW study of Physical Activity and Health Inequalities

- The Brunel Sport Health and Wellbeing (B-SHaW) research group are launching a scoping study to investigate the challenges of raising physically activity levels among people who are constrained by difficult circumstances
- The project aims to collate health and sport professionals' expert knowledge and experience of addressing constraints to physical activity for disadvantaged and marginalised groups
- The project will consider the implications for policy and practice, including whether focus on health behaviour change might be combined with a strategy to address the social determinants of health
- If you would like to participate in the study and/or discuss whether your work might feature in the associated book being planned with Routledge, do please get in touch with the project lead Professor Tess Kay - tess.kay@brunel.ac.uk

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