

# Physical Activity and Sport

## Headlines

Only 1 in 3 adults did the recommended level of physical activity. This was lower amongst women, lower socio-economic groups and those of south Asian origin.

Activity levels decreased rapidly with age.

One in 10 adults never did 30 minutes or more of moderate activity in an average week. This rose to 1 in 4 of those with heart disease or diabetes.

One in 8 (13%) 14-year-olds did less than 30 minutes activity each day.

Over half of all adults wanted to do more sport and active recreation.

## Why is this issue important?

Regular physical activity of moderate intensity can bring about major health benefits by:<sup>1</sup>

- Reducing the risk of [cardiovascular disease](#) (coronary heart disease, hypertension, and stroke), [diabetes](#) and some [cancers](#), especially colon cancer and breast cancer.
- Reducing the risk of death and ill health for those who are overweight or [obese](#), helping to avoid weight gain and maintain weight loss.
- Supporting musculoskeletal health, protecting against osteoporosis and benefiting those with osteoarthritis and low back pain.
- Reducing the risk of depression and [dementia](#) in later life, being effective in the clinical treatment of depression and, more generally, making people feel better and feel better about themselves<sup>2</sup>.

Participation in sport has a range of additional benefits including increased educational attainment, reduced offending, and increased [social capital](#) and [community cohesion](#).<sup>13</sup>

## What significant factors are affecting this issue?

Several elements make up physical activity and sport: active living (gardening, DIY, occupational activity etc), active travel (walking, cycling), active recreation (dance, gym, walking, cycling, active play etc), informal sport (football kick about, casual badminton etc) and formal sport (football league, tennis tournament etc). These are affected by:

- Levels of knowledge and confusion about the sport and physical activity messages. A number of myths about physical activity continue.

- Provision of appropriate opportunities for various population groups.
- Activity opportunities in our daily lives are often ignored.
- Quality of the environment<sup>3</sup>. Safe, attractive and interesting parks and streetscapes, along with good urban design, can be a key motivator for walking and cycling.
- Motivation and support to change activity behaviour is a key issue locally.
- Increasing evidence shows the importance of tackling sedentary behaviour, alongside promotion sport and physical activity. Across each age group, there is evidence that people can achieve recommended levels of physical activity but still put their health at risk if they spend the rest of the time sitting or lying down. The key issue is that some activity is better than none<sup>1</sup>.

## Which groups are most affected by this issue?

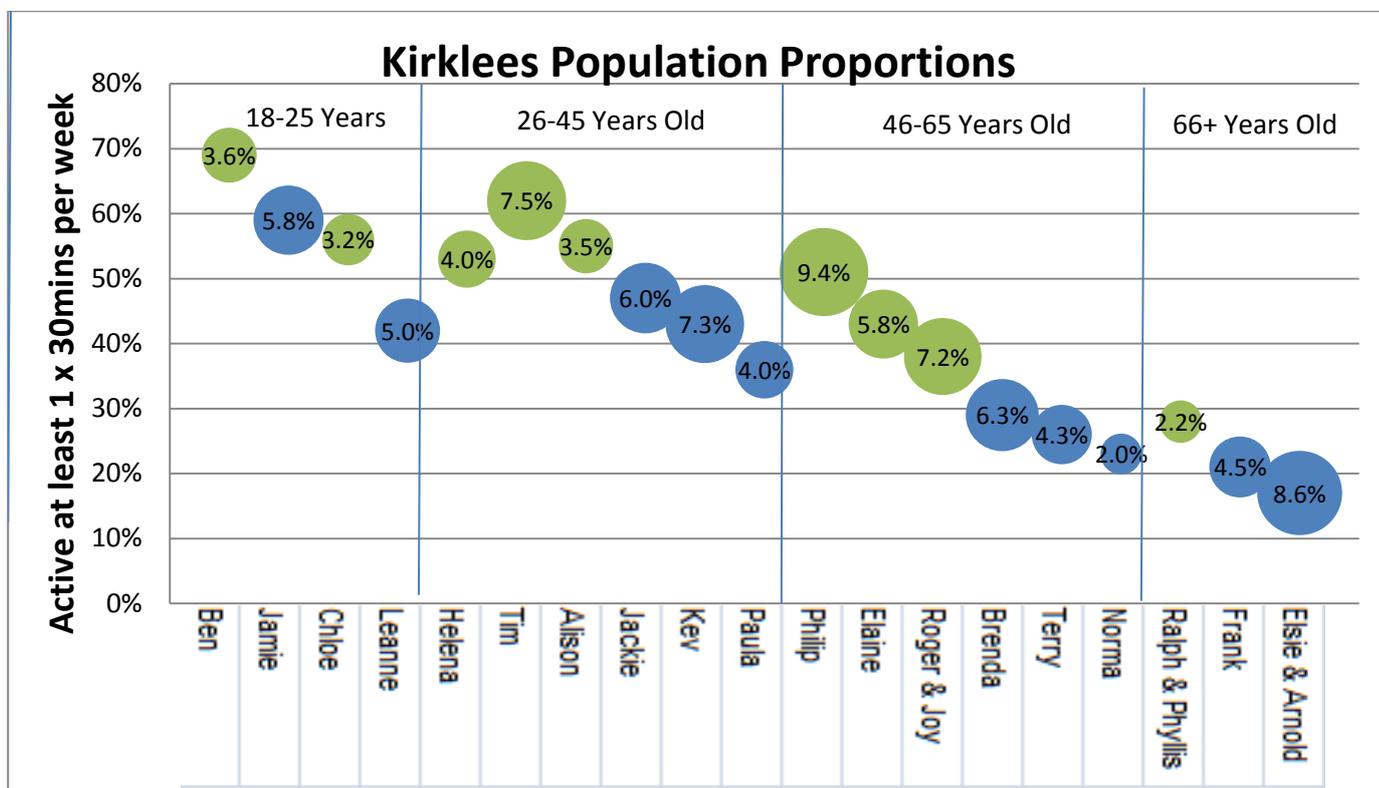
### ***Sport and active recreation***<sup>14</sup>

Only 1 in 5 (19%) adults were active for 30 minutes or more three days a week. (This is the measure in NI 8 which has been used for several years as a benchmark by Sport England. However, it excluded active living and active travel.) Whilst this was slightly above regional and national rates, there were large differences between different groups in Kirklees. Between men (29%) and women (19%) the gap is larger than regionally and nationally. The gap locally between white and non-white groups is only 2% which is smaller than regionally and nationally. Participation at this level drops sharply with age (aged 16-25– 41%, 26-54 – 26%, 55+ - 11%). Adults in higher socio-economic groups (NS SEC 1-2) are more likely to be active (28%) than those in lower groups (NS SEC 5-8) (21%).

Half of all adults are sedentary (48%). Although this has declined slightly from 2005/6 when the Active People survey was first undertaken, it is still alarmingly high. The overall picture is very similar, with those much more likely to be sedentary being women (57%), people with a limiting disability (74%), over 55s (69%) and those in the lowest socio-economic groups (61%). On a more positive note, when adjusted for our population make up, slightly more adults in Kirklees are participating for 3 x 30 mins in Kirklees than expected. The gap between observed and expected is greater than our nearest statistical neighbours.

Sport England has developed 19 sporting segments to help us understand the nation's attitudes to sport and active recreation, and their motivations and barriers (see below)<sup>15</sup>.

The graph shows the proportion of the Kirklees population in each of the 19 segments and the percentage of that segment who are active at least once a week. This ranges from 7 out of 10 Bens (well educated men aged 18-25) participating once a week to fewer than 1 in 10 Elsie and Arnolds (retired people who live alone). The darker colour shows the lower socio-economic groups.



The overall picture was, again, that participation fell with age, women participated less than men and lower socio-economic groups also participated less.

The CLIK survey included all forms of activity (i.e. active living and active travel). But it still confirmed this overall picture<sup>7</sup>. Locally, 1 in 3 (35%) adults did the minimum recommended level of moderate activity of 30 minutes more than five times a week - more than in 2008 (28%). As age increased activity reduced<sup>4,5</sup>. Overall 1 in 10 adults (10%) locally did no physical activity at all, which was less than in 2008 (12%). Those groups who were most likely to be sedentary included those with bad/very bad health (41%), those claiming income related benefits (21%), and adults of Pakistani origin (17%)<sup>7</sup>.

Those who were sedentary were much more likely to have low levels of wellbeing. Those with low life satisfaction, not feeling things in life were worthwhile or unhappy were four times more likely to be sedentary. The opposite was the case for those who were active every day.

People who were obese were twice as likely as those who were a healthy weight to be sedentary.

The availability of suitable opportunities, good quality environments and motivation are essential in shaping activity levels. Locally<sup>14</sup>

- 1 in 5 (21%) of all adults were members of a sports related club, 1 in 14 (7.5%) volunteered for at least one hour a week in a sport/active recreation, 1 in 5 (19%) received some form of coaching/tuition in the last 12 months and 1 in 7 (14%) took part in an organised competition.
- Most adults wanted to do more sport or active recreation (54%) with cycling and swimming being the most frequently cited (9%).
- There were 481 sports specific facilities in Kirklees, and 122 clubs that met the Clubmark quality standard.

### *Children and young people<sup>6</sup>*

Locally, in 2009:

- Only 66% of 14-year olds did the recommended amount of physical activity, i.e. 60 minutes each day, compared with 64% nationally in 2007<sup>4</sup>.
- 1 in 8 (13%) of 14-year olds in Kirklees were sedentary, i.e. did less than 30 minutes activity each day.
- Girls spent less time in non-school organised activity, with 1 in 3 (33%) taking part for 60 minutes or more compared with nearly half of (45%) boys.
- Girls were less likely to take up a club or team activity - 1 in 12 (8%) compared with 1 in 8 (12%) boys.
- South Asian 14-year- olds spent less time in non-school organised activity, with only 1 in 3 (35%) taking part for 60 minutes or more compared with 2 in 5 of white (45%) and black young people (42%).

### *People with long-term conditions<sup>7</sup>*

Locally in 2012, those with certain long-term conditions were more likely never to do 30 minutes physical activity on any day than those who did not have such conditions:

- 1 in 4 adults with heart disease (26 - 35%) or diabetes (23 - 30%). Both these were improvements on the last CLIK survey (2008)
- 1 in 5 adults with CVD (19%) high blood pressure (18%) or with pain (22%).
- 1 in 6 (17%) adults with backache.

- 1 in 6 (19%) adults suffering from depression, anxiety or other nervous disorders
- 1 in 8 (15%) adults with [asthma](#)

#### *Women of childbearing age* <sup>7</sup>

In 2012, as in 2008, locally, only 1 in 3 women aged 18-44 years reported doing the recommended levels of moderate physical activity weekly.

#### *People with a low income* <sup>7</sup>

Lower socio-economic groups are less active<sup>2</sup>. Locally, in 2012, 13% in the most deprived quintile 'never' undertook recommended levels of moderate physical activity in comparison with 7% of those in the least deprived quintile.

#### *Older people* <sup>7</sup>

Locally, in 2008, 1 in 4 (26%) of people aged over 65 did no physical activity compared with 1 in 14 (7%) of those aged under 65.

#### *Black and minority ethnic people* <sup>7</sup>

In 2012, 38% of those who were white met the recommended level of physical activity while 10% never met the weekly recommended levels. Differences in ethnicities were evident. Corresponding figures for BME showed that only 29% met the recommended level with 15% 'never' taking part in moderate intensity physical activity. Further analyses of the data demonstrated that those who were black were more likely to meet the recommended level (41%). Those of mixed ethnicity (25%) and those who were Asian British (27%) had the lowest percentage taking part in recommended weekly physical activity levels.

## Where is this causing greatest concern?

Physical inactivity is a cause for concern across all parts of Kirklees. There is a consistent pattern across most localities of around 1 in 10 adults never doing any activity.

Those who met the recommended levels were more likely to be from [Mirfield, Denby Dale and Kirkburton](#), [Colne Valley](#) and [Holme Valley](#); white and black men; aged over 65 and in the least deprived quintile.

Those who did not meet recommended levels were more likely to be from [Batley](#), [Dewsbury](#), [Huddersfield](#) and [Spennings](#); men aged over 65 and Asian British (16%).

## Views of local people

*“She is an angel when she has been allowed to run around in the park. If she is in all day, she is a nightmare.” (young mum, north Kirklees)\**

Various groups of people were consulted about the barriers to becoming more active<sup>12</sup> these were: women of childbearing age ([WOCBA](#))<sup>7, 8</sup>, people with long-term conditions (LTC)<sup>7</sup>, [older people](#) (OP)<sup>9</sup>, teenage girls (TG)<sup>10</sup>, south Asian women (SA)<sup>11</sup> and 14-year-olds (CYP)<sup>6</sup>. We found that:

- A key concern was having nobody to go with, particularly when starting or returning to physical activity after a break (WOCBA, OP, and LTC).
- Lack of suitable, culturally appropriate, gender specific activity opportunities (TG, SA, WOCBA).
- Fear of activity being detrimental to health and lack of knowledge on what and how much to do (LTC).
- Not aware of local opportunities (ALL).
- Not enough time to undertake physical activity (CYP, WOCBA).
- Inability to self-motivate, need someone to help and support, “someone like me”. (LTC, WOCBA).
- Lack of confidence: “I am not good enough”. (CYP, OP, TG).
- Do not enjoy it (CYP, TG).
- Affordability particularly linked to gym membership (CYP, WOCBA and SA).

These reinforce the perception that physical activity is an add-on whereas it needs to be part of daily living.

## What could commissioners and service planners consider?

- Make better use of the increasingly rich insight into sport and physical activity needs and aspirations of different groups, such as the Sport England segmentation, the evidence base for effective interventions. Also, actively involve target groups in designing and implementing interventions.
- Tailor messages to specific population groups to take account of their priorities and the specific barriers they face over their lifetime?

- Recognise that both moderate and vigorous intensity, sport and physical activity, have benefits, so people can combine different amounts and types of activity according to their lifestyle and preference.
- Enable people, particularly those groups most affected, to access the opportunities to increase physical activity levels that will best meet their needs, and make activity part of daily life.
- Incorporate opportunities to increase sport and physical activity in organisational plans and strategies where appropriate, such as those focusing on transport and the environment.
- Ensure an appropriate infrastructure is in place across Kirklees to deliver the range of sport and physical activity opportunities to meet the needs of the population now and in the future.

## References

1. Department of Health. *Be Active Be Healthy* (2009) – A plan to get the nation moving.
2. Department of Health. *Our Health and Wellbeing Today*. 2010.
3. Marmot, M. *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*. 2010. <http://www.marmot-review.org.uk/>
4. The NHS Information Centre. *Health Survey for England (2008): Physical activity and fitness - Summary of the findings*.
5. The NHS Information Centre. *Health Survey for England (2008) Trend tables*
6. NHS Kirklees, Kirklees Council and West Yorkshire Police. *Young People's Survey (YPS)*. 2009.
7. NHS Kirklees and Kirklees Council. *Current Living in Kirklees Survey* (2012).
8. Kirklees Partnership. *Exploratory Research into the health of Women of Childbearing Age (2008)* Prepared by 20/20 Research Ltd, Sheffield.
9. Kirklees Council. *Consultation with members of the Active Older People Network (2007 and 2009)*.
10. Kirklees Council. *Research into the attitudes of teenage girls to physical activity (2005)*. Prepared by RBA management Consultancy.
11. Kirklees Council and NHS Kirklees. *"Savile Town Women and Physical Activity"* (2010) Prepared by DBA Management Consultancy Ltd.
12. Kirklees Council. *Survey with patients on the Practice Activity and Leisure Scheme (2008 and 2009)*.

13. Sport England. Value of Sport Monitor

<http://www.sportengland.org/research/benefits-of-sport/the-value-of-sport-monitor/psychological-health/> (Accessed 14th February 2013)

14. Sport England Local Sport Profile Tool – Update February 2012

<http://www.sportengland.org/our-work/local-work/local-government/local-sport-profile/>

NB Data is from Active People 5 and includes data on moderate intensity physical activity for adults and also includes 5 light intensity activities for those aged 65 and over e.g. yoga, bowls, and archery.

15. Sport England segmentation tool <http://segments.sportengland.org/>

### Market segmentation

	Name	Age Band	Description	Kirklees		Social Class
				Number (000s)	Proportion	
1	Ben	18-25	Competitive Male Urbanites	11.2	3.6%	ABC1
2	Jamie	18-25	Sports Team Drinkers	18.1	5.8%	C2DE
3	Chloe	18-25	Fitness Class Friends	9.8	3.2%	ABC1
4	Leanne	18-25	Supportive Singles	15.5	5.0%	C2DE
5	Helena	26-45	Career Focused Females	12.2	4.0%	ABC1
6	Tim	26-45	Settling Down Males	23.1	7.5%	ABC1
7	Alison	36-45	Stay at Home Mums	10.9	3.5%	ABC1
8	Jackie	36-45	Middle England Mums	18.6	6.0%	C1C2D
9	Kev	36-45	Pub League Team Mates	22.6	7.3%	DE
10	Paula	26-45	Stretched Single Mums	12.3	4.0%	DE
11	Philip	46-55	Comfortable Mid-Life Males	29.0	9.4%	ABC1
12	Elaine	46-55	Empty Nest Career Ladies	17.8	5.8%	ABC1
13	Roger & Joy	56-65	Early Retirement Couples	22.1	7.2%	ABC1
14	Brenda	46-65	Older Working Women	19.5	6.3%	C2DE
15	Terry	56-65	Local 'Old Boys'	13.2	4.3%	DE

16	Norma	56-65	Later Life Ladies	6.2	2.0%	DE
17	Ralph & Phyllis	66+	Comfortable Retired Couples	6.7	2.2%	ABC1
18	Frank	66+	Twilight Year Gents	13.9	4.5%	C1C2D
19	Elsie & Arnold	66+	Retirement Home Singles	26.5	8.6%	DE

Key

Female
Male

Lower social class
Higher social class

**Date this section was last reviewed:**

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