Older adults and physical activity outdoors: national policy and context

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Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services.

PHE is an operationally autonomous executive agency of the Department of Health.
Physical and social environments are powerful influences on *Healthy Ageing*. 
A public health framework for healthy ageing

High and stable capacity
- Mid life interventions
- Risk identification, behaviour change, risk reduction,

Declining capacity: falls prevention, vaccinations, minimise impact of conditions, stop, slow, reverse declines

Loss of capacity
- Provision of care, assisted living, maintain level of functional ability, support for basic tasks, age friendly environments

Fig. 2.4. A public-health framework for Healthy Ageing: opportunities for public-health action across the life course

Health services:
- Prevent chronic conditions or ensure early detection and control
- Reverse or slow declines in capacity
- Manage advanced chronic conditions

Long-term care:
- Support capacity-enhancing behaviours
- Ensure a dignified late life

Environments:
- Promote capacity-enhancing behaviours
- Remove barriers to participation, compensate for loss of capacity
Healthy People Healthy Places

The way we plan, design and manage the territory of places, spaces, facilities and buildings within our everyday community can have an impact on health, from either a positive and negative perspective (RCEP, 2007).
Your health is determined by:

- where you don’t live
- what you do
- who you are
- where you live
1. Policy context: What do we know?

1. There is significant and growing *evidence* on the health benefits of access to good quality green spaces.

2. There is *unequal access* to green space across England.

3. Increasing the use of good quality green space for all social groups is likely to *improve health outcomes and reduce health inequalities*.

2. Policy Context – what do we know

• Older people live longer in areas where there is more green space close to their homes
• People living in the most deprived areas are 10 times less likely to live in the greenest areas
• The most affluent 20% of wards in England have 5 times the amount of parks or general green space compared with the most deprived 10% of wards
• In developed regions, ~17% of deaths were attributed to environmental causes;
• In developed countries, it is estimated that 16% (10—34%) of cancers in men (other than lung cancers), and 13% (10—23%) in women, were attributable to the environment;
Physical Inactivity is killing us

Kills 1 in 6
A factor in at least 40% of long term conditions.
In the UK adults are less active – and getting worse

Ng SW, Popkin B (2012); Lee I-M, et al. (2012); Wen CP, Wu X (2012); World Health Organisation (2010); Ossa D & Hutton J (2002); Murray et al. (2013)
Scale of the Problem

- There are **11.4 million people aged 65** or over in the UK. This figure is projected to rise by over 40% in the next 17 years to over 16 million.

- In England 83% of 16 to 24 year olds meet physical activity recommendations. However, **only 30% of over 75s** do.

- Each year **20% of people** in the UK see a doctor about a musculoskeletal problem (Arthritis Research UK, 2016)

- Social isolation: 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)

- Men are more likely to participate in physical activity and sport than women
Men meeting physical activity recommendations

BHF, 2015
Women meeting physical activity recommendations

BHF, 2015
Participation in Sport

![Bar chart showing participation in sport by population group](chart.png)

- **Whole population**: 47.2%
- **Female**: 41.3%
- **Lower socio-economic groups (NS SEC 5-8)**: 35.3%
- **Limiting illness or disability**: 26.2%
- **65 and over**: 24.2%

Sporting Future, 2015

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Recommendations

CMO guidelines for PA, people over 65:

- At least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more
- Older adults should also undertake physical activity to improve muscle strength on at least two days a week
Everybody active, every day!
So make every contact, count!

If being active was a pill we would be rushing to prescribe it. Physical activity is essential for health and reduces the risk of many preventable diseases and conditions from cancer to depression.
Physical activity: Our greatest defence

### Physical Activity contribution to reduction in risk of mortality and long term conditions

<table>
<thead>
<tr>
<th>Disease</th>
<th>Risk reduction</th>
<th>Strength of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>20-35%</td>
<td>Strong</td>
</tr>
<tr>
<td>CHD and Stroke</td>
<td>20-35%</td>
<td>Strong</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>35-40%</td>
<td>Strong</td>
</tr>
<tr>
<td>Colon Cancer</td>
<td>30-50%</td>
<td>Strong</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>20%</td>
<td>Strong</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>36-68%</td>
<td>Moderate</td>
</tr>
<tr>
<td>Depression</td>
<td>20-30%</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hypertension</td>
<td>33%</td>
<td>Strong</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>20-30%</td>
<td>Moderate</td>
</tr>
<tr>
<td>Functional limitation, elderly</td>
<td>30%</td>
<td>Strong</td>
</tr>
<tr>
<td>Prevention of falls</td>
<td>30%</td>
<td>Strong</td>
</tr>
<tr>
<td>Osteoarthritis disability</td>
<td>22-80%</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Benefits of physical activity & outdoors

• Physical inactivity directly contributes to one in six deaths in the UK (Lee et al, 2012) - the same number as smoking (Wen & Wu, 2012; Health & Social Care Information Centre, 2014)

• Regular physical activity can help guard against cancer, diabetes, obesity, hypertension and depression (Everybody active everyday, PHE2014)

• We know that depression is a symptom of many conditions facing older adults (including dementia), so physical activity is a mechanism for symptom control as well as prevention

• Loneliness and social isolation is associated with increased rates of dementia and other long term conditions

• An inactive person has 38% higher hospital bed days, 5.5% higher GP visits and 13% higher use of specialist services (Sari, 2009). Physical activity can reduce the risk and help the management of over 20 chronic conditions.

• Improved access to outdoor environment may reduce fear of crime (Lorenc et al, 2013)
Barriers to older people accessing the outdoors

Anxieties for older people in pedestrian areas:

• poor signage
• confusing spaces
• poor paving
• sensory overload’ i.e. noise and complexity of the environment

Other Factors:

• lack of access to a car
• dislike of going out alone or in the evening
• not belonging to a group

Phillips et al, 2013
Crombie et al, 2004
PHE Briefing and Evidence Reviews
Evidence based approaches to increase access

- A need for transport & city planning to enable access to physical activity
- Improving Pedestrian Access
- Improving Signage
- Accessible Green spaces
- Volunteering
NICE Guidelines 2015

Local government, local enterprise partnerships, transport professionals, organisations involved with the built and natural environment or with road safety should:

- Use new and existing traffic management and highway schemes to make walking and cycling safe and attractive options.
- Improve the existing built environment, and design new developments, to promote physical activity.

Being physically active will help reduce your risk of dementia. It will improve how well you feel. And it will help to keep your heart, bones and muscles healthy. Aim to be active every day for 10 minutes or more. Try not to sit for long periods.
Older people recognised as a demographic group less likely to take part in sport and will be targeted with additional funding.
Pedestrians - TFL

The **Whole Street Approach**

An integrated approach to ensuring outdoor spaces are suitable for all pedestrians
Gardening as we get older

King’s Fund report, Garden and Health 2016

Gardening is not just for older people, but it does become more significant the older we get.

As well as specific effects on physical and wider health ‘there is the added dimension of what the garden symbolizes psychologically as a meaningful reason for existence, or as one older adult expressed it, “when I’m in the garden I can create my own paradise”’

Wright and Wadsworth, 2014
Examples of Practice

Age Friendly Manchester

• Partnership involving organisations, groups and individuals across the city playing their part in making Manchester a great place to grow older.

• Promotes local social, cultural and leisure opportunities that support good health and wellbeing.

• Designed to increase economic and cultural participation among older residents

• Age-friendly is an internationally recognised concept, and is supported by a World Health Organisation movement of over 200 cities worldwide.
Examples of Practice

Chelmsford Vets Enjoy 'Walking Football'!

24 DECEMBER 2012
Examples of Practice
Opportunities for further action

- **Active Society** - Changing social norms so that older people feel comfortable exercising outdoors

- **Active environments** - Ensuring outdoor environments are suitable and accessible for older people, and those whose mobility is impaired

- **Research** - New investment funding for dementia prevention

- **Use of digital technology** – opportunity to target older population differently
References


Wen CP, Wu X (2012). Stressing harms of physical inactivity to promote exercise. The Lancet Online SO140-6736 (12) 60954-4


Thank you for Listening
Questions?

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