

Physical Activity and Sport

Participation and Attitudes of Older
People in Ireland



Ipsos MORI

Go for Life /
Irish Sports Council

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Definitions of Terms Used in This Report

‘Health-Enhancing Physical Activity’

As used throughout this report, the term ‘health-enhancing physical activity’ is used, in line with current use by the World Health Organization¹, to denote physical activity of at least **moderate intensity**. While intensity can vary according to the capacity of the individual, we understand **moderate intensity physical activity** to refer to activity that raises the heartbeat of the individual engaged in the activity, that may leave them warm and slightly out of breath.

‘Healthily Active’

The term ‘healthily active’ is used to denote individual levels of physical activity considered sufficient to improve and maintain health, in line with international expert opinion and current use by the World Health Organization²: “...the accumulation of at least 30 minutes of regular, moderate-intensity physical activity on most days of the week”.

‘Participants’ & ‘Non-Participants’

The distinction between *participants* and *non-participants* as used in this report differentiates those respondents who participated in physical or recreational activity (excluding walking) at least once in the previous four weeks and those who did not, equivalent to the *recent participant measure* used in the ESRI’s (2004) study *Sports Participation and Health Among Adults in Ireland*³. Thus, the term *non-participants* refers to those respondents that have not participated in physical or recreational activity (excluding walking) at least once in the previous four weeks.

‘Sedentary’

The term ‘sedentary’ is used to denote individual levels of physical activity (including walking) amounting to less than one occasion of physical activity of sufficient intensity and duration weekly⁴.

¹ *Physical Activity and Health in Europe: Evidence for Action*. Geneva, World Health Organization (2006) http://www.euro.who.int/InformationSources/Publications/Catalogue/20061115_2

² *Diet and Physical Activity: A Public Health Priority*. Geneva, World Health Organization (2006) <http://www.who.int/dietphysicalactivity/en>

³ *Sports Participation and Health Among Adults in Ireland*. Dublin, Economic and Social Research Institute (2004) <http://www.irishsportsCouncil.ie/GetAttachment.aspx?id=bd6df4a9-88c1-40cc-a079-73fee4577f9b>

⁴ Rowe, N. Beasley, N. Adams, R. (2004) *Sport, physical activity and health: Future prospects for improving the health of the nation*. London: Sport England.

Executive Summary

The purpose of this research, commissioned jointly by Go for Life, the National Programme for Sport and Physical Activity for Older People and the Irish Sports Council, was to explore attitudes to and participation by older adults in sport and physical activity. 1,000 people aged 50 years or older took part in the survey.

The research reported here found that 39% of the older population participate in sport and recreational physical activity regularly (i.e. at least once in the last four weeks). However, only 15% of older people in Ireland are 'healthily active', that is, engage in levels of physical activity 'sufficient to derive health benefits', which is defined as having carried out 30 minutes of at least moderate activity, including walking, on at least 5 days a week.

For a majority of those who are healthily active, their physical activity requirements are achieved through walking. 70% of older people have done at least one continuous walk, lasting at least 30 minutes, in the last four weeks, while the next most popular activity, in terms of participation, is golf, which is played by 11% of all older people.

58% per cent of older people in Ireland are classified as having a sedentary lifestyle, that is, their total weekly physical activity equates to less than one period of physical activity of sufficient intensity and duration. Nonetheless, a majority of those who do not engage in regular sporting or recreational physical activity believe they do an adequate amount of exercise. When asked about the downsides of exercise and physical activity, the most popular response, given by 60% of older people, was that "there are no real downsides". 40% of older people agreed that they would like to participate in sport and/or other activities at a higher level than they are able to. This suggests that there is a latent appetite for increased physical activity among older people in Ireland.

The survey results indicate a clear pattern between 'connectedness' - social club membership, internet access and location (urban/rural) and participation. Older people who are less connected are least likely to engage in recreational physical activity or sport. The conclusion is that those older people most in need of opportunities to engage in physical activity or sport may also be the most difficult to reach.

The report recommends that the target to increase adult participation rates by 1.5% set out under the current Irish Sports Council Strategy 2006 – 2008 be adopted by all agencies working to improve the health and well-being of older people; that walking be highlighted as an ideal activity for most older people to be healthily active; that programmes reach out to those 'disconnected' older people who have most to gain from increased participation and that the requirements of being 'healthily active' be clearly communicated to all older adults.

I. Introduction

The importance of healthy living and lifestyles to individual health is an increasingly common topic of discussion in contemporary public and media discourse. In terms of public health, the need to educate people and the media on the merits of eating better, drinking less alcohol and smoking less has been at the forefront of successive policy initiatives and important public health legislation in Ireland, such as the recent ban on workplace smoking. Related industry in the private sector, such as the diet and personal fitness industries, has grown in parallel.

Despite these developments, most of the available evidence suggests that levels of obesity and sedentary living in Ireland are also rising, in spite of our greater awareness and understanding of the long-term health implications of both. The promotion of physical activity and sports participation has therefore become an important tool within public health policy. Because it is measurable, the level of public participation in sports and physical activity provides policymakers and stakeholders with a useful benchmark, against which the effectiveness of health promotion policies can be evaluated. Against this background, the Irish Sports Council has set itself a target of increasing adult participation in sport by 1.5% over the life of its 2006-08 *Building for Life* strategy.

The research reported here has been commissioned jointly by Go for Life and the Irish Sports Council to examine participation in sport and physical activity specifically among older people, aged fifty years or older, in Ireland. Current evidence shows that participation in sport and physical activity varies greatly between different groups. Overall, a greater proportion of men participate in sport and physical activity than women. Participation is also dominated by the more affluent socio-economic groups. Of particular relevance to the Go for Life programme is that participation in sport declines significantly with age.

While physical participation and competition is important for all age-groups, it is the health-enhancing benefits of physical activity that are particularly relevant to the older age-groups. As levels of life expectancy increase, coupled with increasing levels of sedentary lifestyles, the promotion of more active, and healthier, lifestyles among older people becomes of greater importance. This combination of longer life expectancy, an ageing population, and the drop-off in participation associated with age will undoubtedly have a significant (negative) effect on overall sports participation.

In light of the Irish Sports Council's policy objectives of increasing participation among the general population, and Go for Life's objectives of promoting active, healthy lifestyles among older people, there is a need to understand the factors and attitudes that determine participation in sport and physical activity among older people. It is hoped that this report, and the research on which it is based, will contribute to this understanding of participation in sport and physical activity among older people in Ireland and to future policy development in this area.

Research Objectives

The principle objectives of this research are:

- To provide a robust picture of attitudes and participation of older people in Ireland with regard to recreational physical activity and sport;
- To identify current barriers to participation and potential levers for change;
- To provide a reliable benchmark allowing for longitudinal comparisons;
- To identify strategic recommendations that will inform future policy and communications.

The primary objective of this research is to determine the current levels of participation in sport and physical activity among older people in Ireland. Within this overall objective, the research aims are to identify those groups that are most likely to participate in sport and physical activity, those that are least likely, as well as identifying that proportion of older people in Ireland who engage in levels of physical activity, which are considered to be 'health enhancing'⁵.

The research also aims to examine and describe the attitudes of older people in Ireland towards physical activity and sports participation. It is hoped that this will allow Go for Life, the Irish Sports Council and relevant stakeholders to identify those opinions and beliefs that are most associated with non-participation; the barriers to participation and potential levers for change. This will enable the development of targeted initiatives and communications aimed at encouraging participation within those groups with the lowest levels of participation in physical activity and sport.

Thirdly, this research will provide Go for Life and the Irish Sports Council with a reliable benchmark, which will allow for longitudinal comparisons, against which future initiatives can be evaluated and future progress measured.

Finally, the research aims to provide recommendations to Go for Life and the Irish Sports Council to assist with future policymaking in the area of physical activity among older people in Ireland.

Measuring Physical Activity Levels

Physical activity is generally agreed to be a difficult behaviour to measure accurately. Indeed, its measurement will often differ according to the objectives of the research. Some research aims to audit both occupational and recreational physical activity. However, the purpose of this study is to examine participation in sport and

⁵ 'A Physical activity level sufficient to achieve health benefits' is defined as having carried out 30 minutes of at least moderate activity on at least 5 days a week. This level is the current recommendation from the World Health Organisation and is shared by most international and national health stakeholders.

recreational physical activity among older people in Ireland, rather than all physical activity, including occupational activity.

Following the practice adopted in many other similar surveys, including the ESRI's 2003 *Survey of Sport and Physical Exercise*, walking is included in this survey but occupational activity is not. While dancing was excluded from the ESRI survey, it is included here because of the nature of the research audience. Many retirement and Active Age associations provide dancing for their members, specifically with the aim of providing them with physical activity of moderate intensity.

The *Go for Life* programme categorizes physical activity under four separate headings (*Activities of Daily Living, Physical Recreation, Exercise and Sport*). The survey reported here did not specifically question respondents about their level of physical activity in terms of *Activities of Daily Living* (occupational activity, housework, climbing stairs, gardening). However, where mentioned by respondents, gardening was recorded as a recreational physical activity.

For the purposes of measuring levels of physical activity among older people in Ireland in detail, the study also measured the intensity and duration of physical activity. This allowed differentiation between physical activity that was of sufficient length or intensity to be considered 'health-enhancing' and that which was not.

To gather data on levels of participation, it was necessary to rely on respondents' self-reporting. While self-reporting of activity levels has previously been criticised as liable to exaggeration and distortion, it remains the best method available to measure physical activity in a large-scale general public survey. The concerns over self-reporting are twofold: firstly, that it may underestimate physical activity by not including occupational activity and, secondly, that it may overestimate physical activity by relying on 'socially desirable' answers given by respondents.

On this matter, the ESRI's *Sports Participation and Health Among Adults in Ireland* concludes that "the strong and consistent correlations that have been found between various kinds of self-reports of physical activity and subsequent morbidity and mortality rates have proved to be the strongest validators of these measures" (5:2004).

Measure of Participation in Sport & Recreational Physical Activity, Excluding Walking

To measure levels of sports participation and physical activity among older people, we established whether respondents had engaged in "any sport or recreational physical activity" in the last four weeks. Secondly, we then asked how regularly they participated in each activity i.e. how many times in the last four weeks. Thirdly, we then asked how long respondents *usually* spent participating in this activity. Finally, we asked two questions relating to the intensity of these activities, using a standard self-rating scale.

The ESRI's 2005 *Sports Participation and Health Among Adults in Ireland* report used two measures of participation: a 'broad participation measure' which established

whether respondents had participated at any time over the last twelve months and a 'recent participation measure', which asked respondents if they had engaged in an activity in the last four weeks. However, the 'recent participation measure' was applied only to walking or hiking for leisure purposes. In our study, the 'recent participation measure' was applied to all sporting and recreational physical activity. This 'recent participation measure' was preferred as it demands less of respondents in terms of recall, compared to the 12-month 'broad participation measure'.

In summary, in discussing participation, we were interested in the frequency, intensity and duration of participation in sport and physical activity referenced to the last four weeks. Throughout this report, we compare the profile and attitudes of 'participants' and 'non-participants', as defined at the beginning of this document. Historically, the standard definition of adult participation in sport used by other international organisations, such as Sport England & Sport Scotland, was 'at least once in the previous 4 weeks' and that is used here.

Measure of Physical Activity, Including Walking

Respondents were also asked about walking. Respondents were asked to indicate the number of days in the last four weeks on which they have conducted a continuous walk lasting at least thirty minutes and their usual pace of walking. This allowed the separation of periods of walking which were of sufficient intensity and duration to be considered 'health enhancing' from those which were not.

The 'Accumulation' Principle

To ensure an accurate measurement of levels of physical activity, our study recorded the accumulated total of minutes respondents spent engaged in sport or recreational physical activity.

To measure the proportion of older people in Ireland who are healthily active, we produced a composite measure of physical activity levels, derived from the addition of the total number of minutes people spent walking 30 minutes at a brisk or fast pace and the total number of minutes spent engaged in sport or recreational physical activity of at least moderate intensity in the last four weeks.

To be considered 'healthily active', respondents needed to have engaged in accumulated physical activity or walking of moderate intensity of at least 600 minutes in the last four weeks. This equates to five periods of 30 minutes of moderate intensity activity weekly for four weeks.

2. Methodology

2.1. Research Design

The research design of this study consisted of two separate elements of research:

- Deliberative Workshop

To inform the development of the survey questionnaire used in the main quantitative study, a qualitative phase was conducted, consisting of a deliberative workshop with a representative mix of older people, which discussed respondents' attitudes to physical activity and discussion of an initial draft of the survey questionnaire. Critically, this allowed older people to contribute to the research process and ensured that they were consulted on the suitability of the research instrument, in terms of the appropriateness of particular questions and questionnaire content, generally.

- Quantitative Survey

The quantitative data presented in this report is based on a nationally representative survey of 1,000 people aged 50 years or older. The survey was administered in October and November 2006 by telephone using a Computer-Assisted Telephone Interviewing (CATI) system, with interviewing conducted by Ipsos MORI. Sample quotas were applied to ensure that the final sample was representative of the target population, in terms of age, gender, region and social class.

2.2. Questionnaire Development & the Deliberative Workshop

In designing the research instrument to be used in the survey, an initial stage of desk research was conducted. This included reviewing relevant literature and comparable standardised survey instruments, such as COMPASS, IPAQ, and HETUS, so that issues of reliability, rigour and comparability were considered in the development of the questionnaire. At this stage, a draft questionnaire was developed between Ipsos MORI and Go for Life, covering the main topics agreed for inclusion in the research.

For the purposes of further informing questionnaire development and ensuring the target audience of the research was included in the research process, Ipsos MORI recruited 16 people aged 50 years and older for a qualitative workshop. Eight 'active' and eight 'inactive' respondents were recruited. Respondents were asked to identify themselves as 'active' or 'inactive' with regard to physical activity and exercise and were recruited on that basis. An even mix of male and female respondents was recruited, with respondents also split evenly between those aged 50-65 and 65+.

The format of the workshop consisted of an initial discussion of respondents' attitudes to physical activity and exercise, their perceptions of the main barriers to physical activity and exercise, and motivations for increasing participation. This was

followed by pilot testing of the research questionnaire and feedback on the questionnaire content and structure. It was hoped that this would provide confirmation of the reliability of the research questionnaire and also identify questions areas that may have been missing from the initial stage of questionnaire development. While the qualitative findings from the deliberative workshop are necessarily indicative, they do provide valuable contextual information for the quantitative findings presented later in this report.

Attitudes to Physical Activity and Sport

During the qualitative discussions, a number of clear attitudinal and behavioural differences with regard to physical activity and sport became evident between the 'active' and 'inactive' groups, despite the self-selecting nature of their groupings. 'Inactive' respondents were more likely to consider 'being active' as involving strenuous activity or a significant degree of exertion. While most of the 'inactive' group were regular walkers, they did not consider themselves as active as they should be. However, one 'inactive' respondent expressed the opinion that physical activity and exercise was something for younger people to do. By contrast, while 'active' respondents were significantly more likely to be involved in regular physical activity and sports participation than 'inactive' respondents, they were also more likely to have a broader definition of 'being active', including gardening and household chores in their definitions.

Both groups were aware of the benefits and value of exercise, particularly the mental and physical benefits. 'Inactive' respondents were more likely to focus on the correlation between mental and physical activity. However, 'active' respondents were more likely than 'inactive' respondents to see a broader range of benefits from exercise and activity, such as the promotion of independence and as an opportunity for socialising. 'Active' respondents also identified the *competitiveness* of activity and exercise as an aspect that they particularly enjoyed.

Barriers to Physical Activity and Sports Participation

As might be expected, 'inactive' respondents identified more downsides of exercise and physical activity for people of their age than 'active' respondents. 'Inactive' respondents were more likely than 'active' respondents to identify the greater risk of injury or the longer recovery period for older people undertaking exercise and physical activity as downsides. For the majority of 'active' respondents, there were no downsides associated with physical activity and sports participation.

With regard to the main barriers to physical activity and sports participation, 'inactive' respondents were almost unanimous in agreement that the main barriers to them increasing their levels of exercise and physical activity were: their inability to motivate themselves sufficiently, a lack of awareness of local opportunities, and their current levels of fitness. An inability to participate in sports and exercise to the same level as they did when they were younger was also mentioned by three of the eight 'inactive' respondents.

The majority of ‘active’ respondents believed that they did sufficient exercise. However, some also suffered from ailments that limited the amount of physical activity they could do.

Motivations for Increasing Physical Activity and Sports Participation

Both ‘active’ and ‘inactive’ respondents felt that the greatest motivation to increase their levels of physical activity and exercise would be support from family and friends. As such, the availability of companions to share exercise was seen as a key determinant of increased participation.

Piloting the Questionnaire

For the most part, all respondents were happy with the survey instrument as presented to them. However, a number of changes were made to the structure and content of the questionnaire. Both ‘active’ and ‘inactive’ respondents believed that determinants of sports participation among older people were complex, involving the interplay of many factors, such as marital status, mental health, mobility, diet, internet access and forms of community involvement, such as belonging to a church, for example.

As a result of this deliberative process, a number of additional demographic questions were added to the questionnaire, covering mobility, diet and internet access. Respondents also suggested addition such as a number of categories to particular questions, where they felt important categories had been missed from the draft questionnaire, such as *Church-based club or association* in the question relating to social group membership. In addition, the questions on the benefits and downsides of physical activity were changed from single-response questions to multiple-response questions, to reflect the preferences of respondents.

2.3. Quantitative Survey

Given the stated objectives of this research, in terms of providing a reliable benchmark that would allow longitudinal comparison, it was critical that the methodology employed achieved the highest possible levels of accuracy and representativeness. A number of possible methodologies were discussed and it was concluded that telephone interviewing, using a computer-assisted telephone interviewing (CATI) system, represented an appropriate methodology for conducting research with this audience. The initial methodological considerations concluded that a face-to-face survey with this audience may be problematic, as conducting door-to-door surveys may cause anxiety for older people living alone.

CATI research was considered to be a more sensitive approach to this audience, as well as offering particular benefits in terms of sample management, data quality and processing. All CATI interviewing was conducted via telephone at Ipsos MORI’s dedicated telephone centre in Dublin, and was carried out by fully supervised interviewers, all trained to the Interviewing Quality Control Standard (IQCS). In

addition, all project management was conducted according to Ipsos MORI's ISO standards.

Maximising Response

CATI interviewing was also considered to be the best means of ensuring a good response, as telephone interviewing tends to generate a higher response rate than face-to-face interviewing. The introduction to the survey was also critical in encouraging participation in the research. The importance, purpose and end-use of the survey results were explained and Age & Opportunity, the Irish national agency working to promote greater participation by older people in society, were named as the commissioning organisation. As a final reassurance, a contact number was provided for respondents to call if they had any concerns or queries in relation to the survey.

Sampling

Ipsos MORI maintained and monitored sample quotas for age, gender, region and social grade to ensure that the final sample was representative of the national population. The decision on the final sample size to be used in the survey was informed by a range of factors, including the precision to which Go for Life and the Irish Sports Council needed to assess the attitudes and awareness of respondents. Ultimately, a sample of 1,000 was considered adequate for providing robust statistical data at the aggregate level and for certain demographic and/or attitudinal sub-group analysis.

The table below illustrates the representative nature of a sample of different sizes. For example, if the results of a survey of 1,000 people show that 70% are not physically active, the range within which the true figure would lie, if all the population had been interviewed would be +/- 3 points (i.e. somewhere between 67% and 73%), 95 times out of 100. In fact, the "true" figure is more likely to lie at the mid-point of the range, rather than at either extreme.

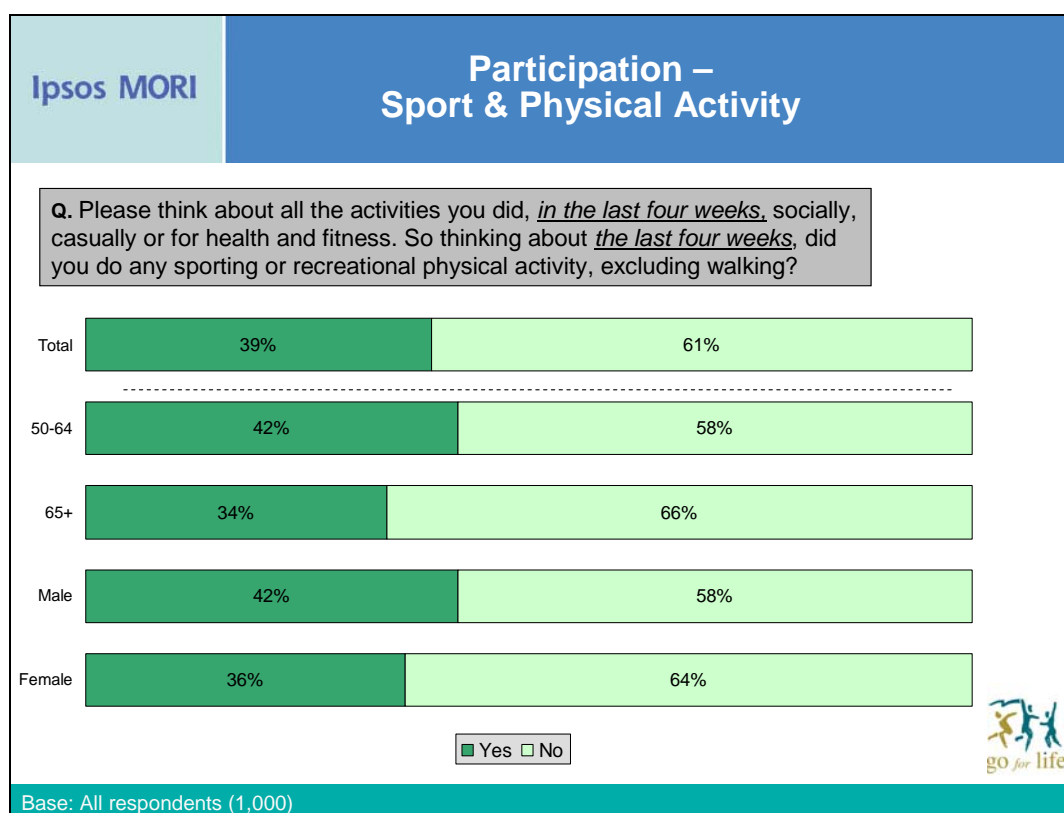
Sampling tolerances applicable to results at or near these percentages (based on 95% confidence level)			
	10/90%	30/70%	50%
Sample size	±%	±%	±%
1,000	2	3	3
800	2	3	3
600	2	4	4
500	3	4	5

3. Participation & Non-Participation

This chapter examines the levels of sports participation and physical activity, including walking, among older people in Ireland.

Firstly, we look at the proportion, profile and patterns of older people who participate in sport. In examining the level of sports participation among older people, we are interested not only in the proportion that have participated in sport in the last four weeks, but also how many times and at what level of intensity they participated in each activity. Secondly, to assess the contribution walking makes to the physical activity of older people in Ireland, we explore the proportion, profile and patterns of older people who have engaged in walking in the last four weeks. Thirdly, we explore the profile of respondents who engage in 'physical activity levels sufficient to achieve health benefits', that is, who meet the minimum level of physical activity discussed earlier. Finally, we look at the profile of those people who have not participated in sport or recreational physical activity in the last four weeks and those who have not engaged in a continuous walk of at least thirty minutes duration in the last four weeks.

3.1. Participation in Sport & Recreational Physical Activity



According to the broadest measure of participation in sport and recreational physical activity, 39% of respondents had engaged in some form of sport or physical activity, excluding walking, at least once in the last four weeks. Patterns of participation

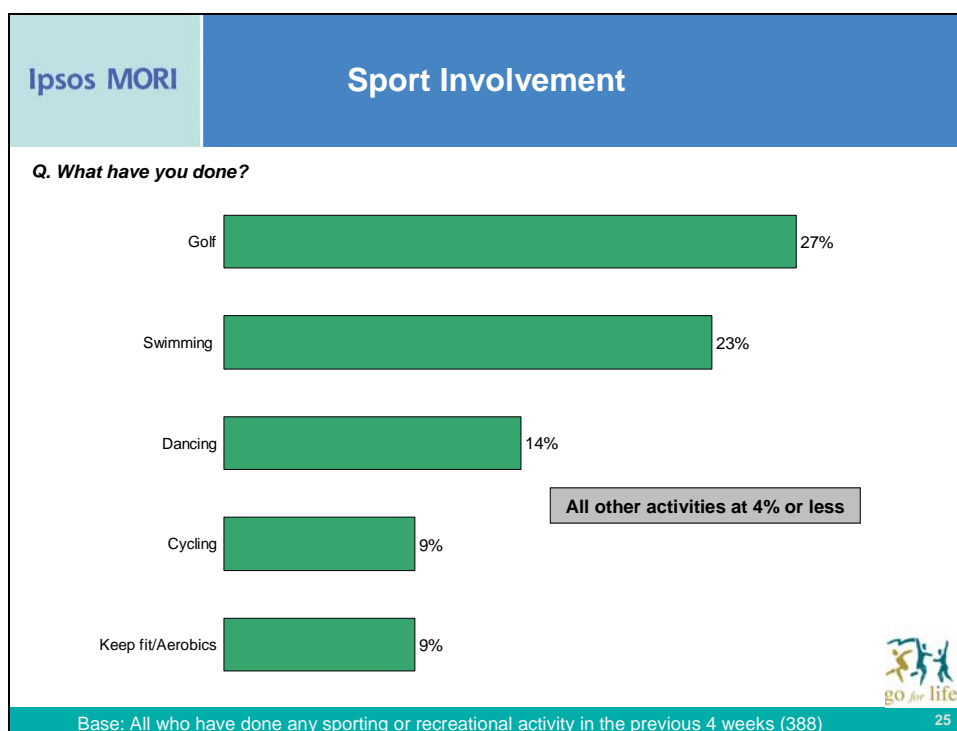
among older people mirror those found in the population generally, with significant differences by gender, age and social class. While 42% of respondents aged 50-64 had participated in sport or recreational physical activity, excluding walking, in the last four weeks, only 34% of those aged 65+ had done so. Similarly, 42% of male respondents had participated in sport or recreational physical activity, excluding walking, in the last four weeks, compared to 36% of female respondents. 45% of respondents from higher socio-economic groups had participated in sport or recreational physical activity in the last four weeks, compared to 34% of those from lower socio-economic groups. Finally, 42% of urban respondents had participated in physical activity in the last four weeks, compared to 36% of rural respondents.

Number of Sports Played

Overall, 32% of respondents had participated in only one sport or physical activity, excluding walking, in the last four weeks. 5% had participated in two sports, with only one per cent participating in more than two sports or physical activities. 61% of respondents had not participated in any sport or physical activity in the last four weeks.

Sports Played

However, these broad sports participation measures do not indicate anything of the nature or quality of participation in sport. The next sections tell us which sports are most played by older people in Ireland and at what intensity.



Respondents were also asked which sports and recreational physical activities they engaged in. Looking at the principal sports and activities engaged by older people, the

most popular activity, in terms of participation, is Golf, which is played by 27% of participants, which equates to 11% of all older people. 23% of participants swim, representing 9% of all older people. 14% of participants engage in dancing as a recreational physical activity, approximately 5% of the older population. 9% of participants engage in Cycling and Keep Fit/Aerobics. All other activities, including Yoga, Bowls, Hillwalking, Soccer, Badminton & Gaelic Football among others, each had a participation rate of 1% or less, as a proportion of the total population.

Frequency of Participation in Sport & Physical Activity

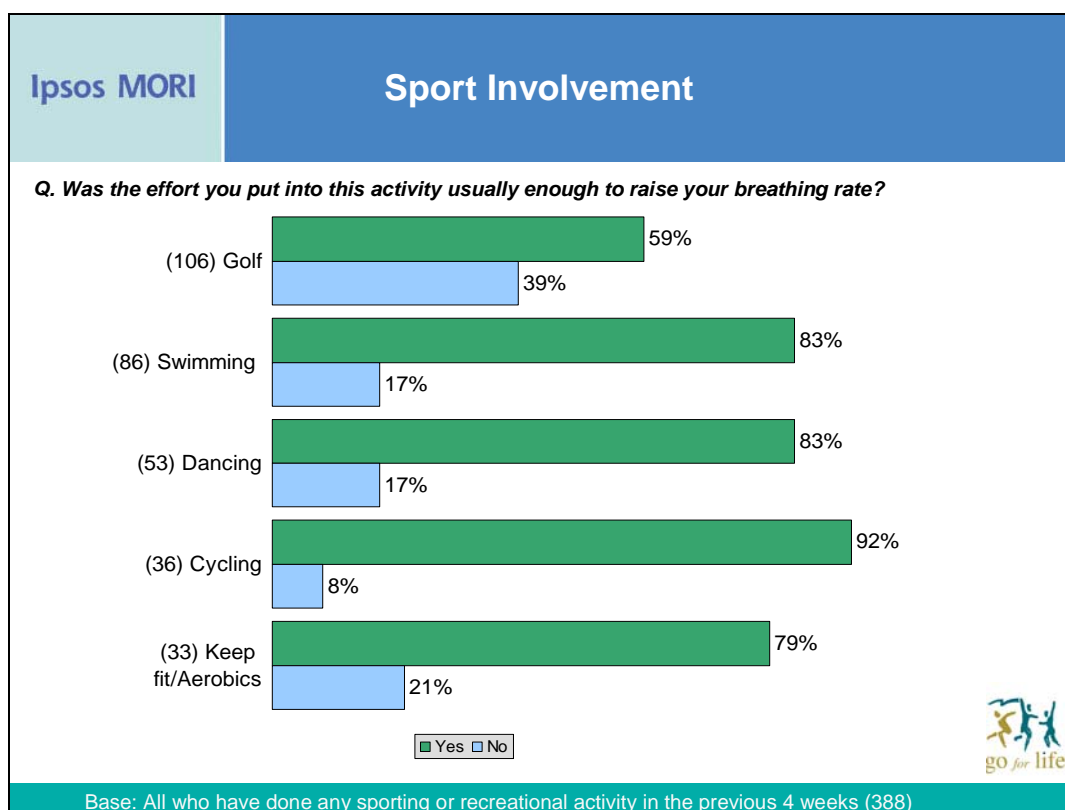
The table shows that most of those participating in sport and physical activity did so between one and five days in the last four weeks. Only 3% of the population have participated in physical activity on average 5 days weekly in the last four weeks.

Participation in Sport or Physical Activity – Number of Days in the Last 4 Weeks	
None	61%
1-5 Days of Sport	18%
6-10 Days of Sport	10%
11-15 Days of Sport	5%
16-20 Days of Sport	3%
20+ Days of Sport	3%
	100%

The popularity of Golf among older people reported above mirrors the findings of previous research both internationally and domestically, including the ESRI study cited earlier. Interestingly, the five sports displayed on the previous page, which had the highest levels of participation, are non-contact sports and individual, rather than team, pursuits. This does not, necessarily, directly reflect the intensity at which the sports are played and, by extension, their health-enhancing qualities.

Activity Intensity – by Sport

However, the graph overleaf suggests that some sport and recreational physical activity is of insufficient intensity to constitute moderate or ‘health-enhancing’ activity, that is, that participant breathing rates are raised during participation.



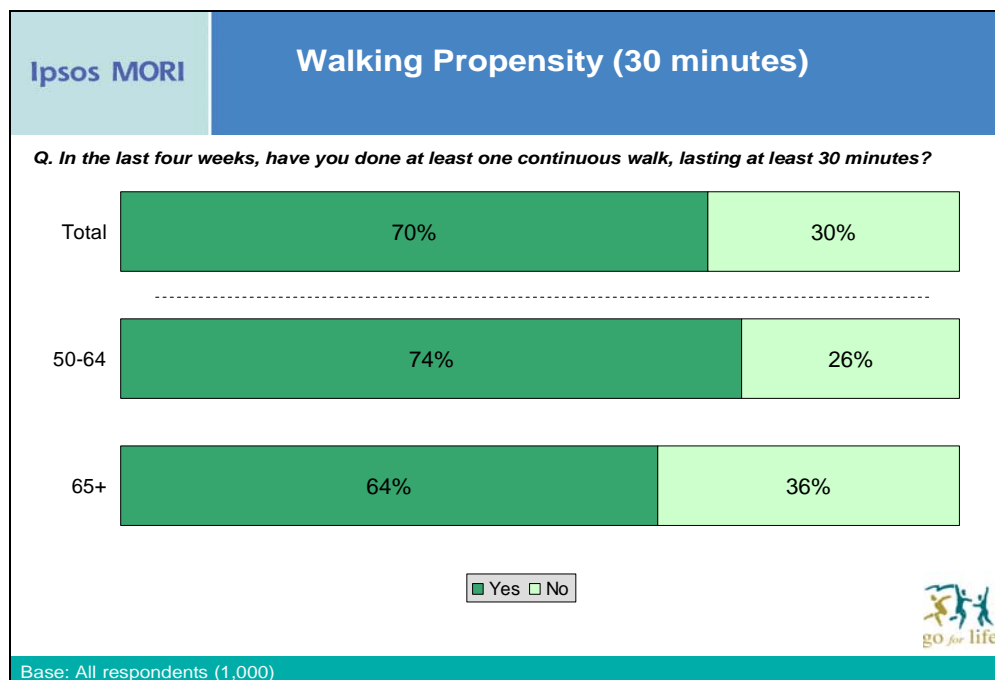
As noted above, the level of intensity required to represent health-enhancing activity is that participants' breathing rates are raised during participation. The figure above shows that while Golf is the most popular sport and physical activity among older people, only 59% of golfers participate at sufficient intensity, for it to be considered health-enhancing activity. In fact, the other four most popular sports all have significantly higher proportions participating at a health-enhancing intensity. Only 8% of cyclists do not put enough effort into cycling to raise their breathing rate, compared to 39% of golfers.

Activity Intensity - Overall

Overall, 28% of the total older population have participated in at least one physical activity in the last 4 weeks, which has raised their breathing rate. 32% of all respondents aged 50-64 years have participated in at least one physical activity in the last 4 weeks, which has raised their breathing rate. 22% of all respondents aged 65 years and older have participated in at least one physical activity in the last 4 weeks, which has raised their breathing rate. Again, this difference between the respondents aged 50-64 and those aged 65 years and older is significant.

3.2. Participation in Walking

Previous research on physical activity among older people has found that walking often comprises the bulk of older people's physical activity. Therefore, it is important to gauge the prevalence of health-enhancing walking among older people in Ireland, if we are to accurately measure levels of physical activity among older people.



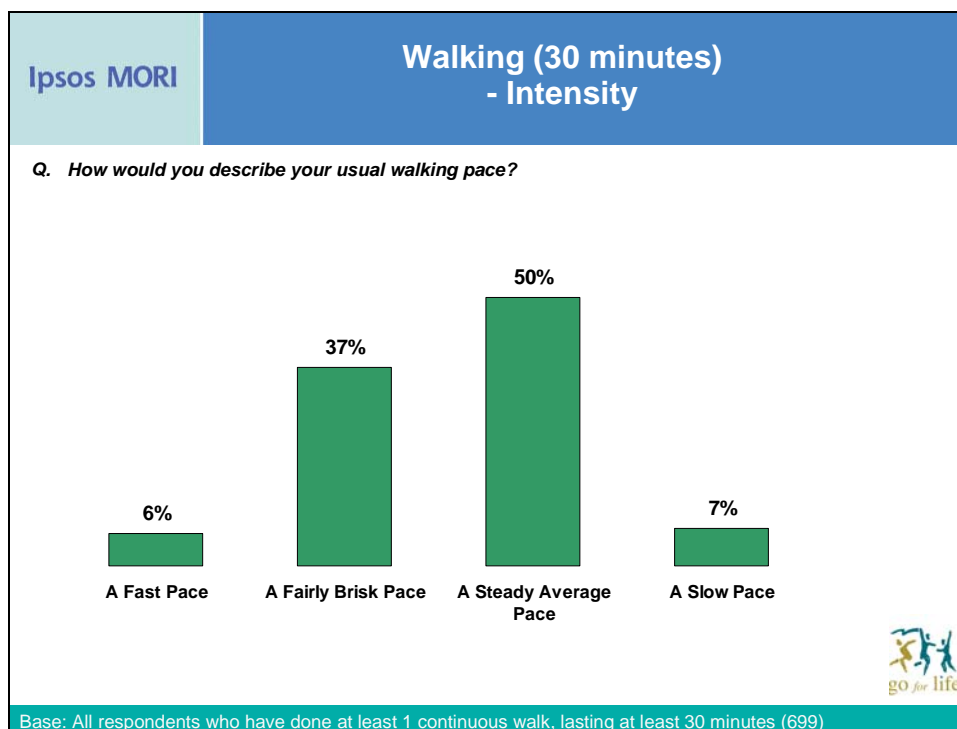
70% of respondents have done at least one continuous walk lasting 30 minutes in the last four weeks. There were significant differences by age, but not by gender. While 74% of respondents aged 50-64 had undertaken one walk lasting 30 minutes in the last four weeks, only 64% of those aged 65+ had done so.

Frequency of Walking

The table below shows that most of those who have done at least one continuous walk, lasting at least 30 minutes, have done so between one and five days in the last four weeks, 21% of the sample. Encouragingly, 16% of older people have done a continuous walk lasting 30 minutes every day of the last 4 weeks.

Walking 30 Minutes Continuously - Number of Days in the Last 4 Weeks	
None	30%
1-5 Days	21%
6-10 Days	11%
11-15 Days	11%
16-20 Days	8%
21-27 Days	3%
Every Day	16%
	100%

Intensity of Walking



The figure above indicates the intensity at which older people walk. Despite the large proportions of adults aged 50 years or older who have done one continuous walk lasting at least 30 minutes in the last four weeks and who have done so every day, only 43% of those who walk do so with sufficient intensity for the activity to be considered health-enhancing, that is at a *fast pace* or a *fairly brisk pace*.

3.3. The ‘Healthily Active’

The standard definition of ‘healthily-active’ or engaging in ‘physical activity levels sufficient to achieve health benefits’ is having carried out 30 minutes of at least moderate activity on at least 5 days a week. To measure the proportion of older people in Ireland who are healthily active, we produced a composite measure of physical activity levels, derived from the addition of the total number of minutes people spent walking 30 minutes at a brisk or fast pace and the total number of minutes spent engaged in sport or recreational physical activity of at least moderate intensity in the last four weeks.

To be considered ‘healthily active’, people need to have engaged in accumulated physical activity or walking of moderate intensity of at least 600 minutes in the last four weeks. This equates to five periods of 30 minutes activity weekly for four weeks.

The table below shows physical activity levels for older people in Ireland, by gender and by age. The 'high activity' category is comprised of those achieving health guidelines of five periods of 30 minutes activity of at least moderate intensity weekly for the last four weeks (600 minutes and above). The 'medium activity' category is comprised of those who have taken part in moderate activity of sufficient duration at least one day a week but less than 5 days weekly for the last four weeks (between 120 minutes and 599 minutes). The 'low activity' category is comprised of those respondents who have not done an average of one occasion of physical activity of sufficient intensity and duration weekly (less than 120 minutes). The low category is officially defined as 'sedentary'⁶:

Activity Levels of Older People in Ireland				
	Low Activity (Sedentary)	Medium Activity	High Activity	Total
Population	58%	27%	15%	100%
50-64	54%	30%	16%	100%
65+	63%	24%	13%	100%
ABCI	53%	30%	18%	100%
C2DE	61%	26%	13%	100%

As we can see from the table above, **only 15% of older people in Ireland, aged 50 years or older, are 'healthily active'**, that is, currently engage in levels of physical activity sufficient to achieve health benefits. 58% of the population can be classed as 'sedentary', as their total physical activity equates to less than one period of sufficient intensity and duration weekly.

The table also shows that there is a significantly higher proportion of 'low' or sedentary activity among people aged 65 years or older compared to those aged between 50 and 64 years of age. There is an even greater disparity between levels of 'low' activity in the higher socio-economic groups, compared to the lower socio-economic groups. There was no difference between urban and rural respondents in terms of the proportion of 'healthily active' people. However, 61% of rural respondents had 'low' levels of physical activity, compared to 54% of urban respondents.

As noted earlier, previous research has found that walking often comprises the bulk of older people's health-enhancing physical activity. This finding is replicated in this study. While 12% of people achieve the health guidelines of five periods of 30 minutes activity weekly for the last four weeks through walking alone, only 1% achieves the same level of activity through participation in sport or recreational physical activity alone. A further 2% achieve these guidelines through a combination of walking and recreational physical activity.

⁶ Rowe, N. Beasley, N. Adams, R. (2004) Sport, physical activity and health: Future prospects for improving the health of the nation. London: Sport England.

3.4. Non-Participants

Non-Participants – Sport & Recreational Physical Activity

The purpose of this section is to examine in greater detail those people who have not engaged in any sport or recreational physical activity, excluding walking, in the last four weeks. This will help Go for Life and the Irish Sports Council identify those groups that may require targeted communications. As reported earlier in this chapter, approximately six in every ten (61%) older people are non-participants.

The demographic profile of non-participants is, of course, the inverse of that of participants. A significantly higher proportion of those aged 65 and over (66%) than those aged 50-64 (58%) are more likely to be non-participants. There is also a significant gender difference among non sports participants, who are more likely to be female (64%) than male (58%). Socio-economic status also has a bearing on sporting activity. A significantly higher proportion of those from lower social grades (66%) are non-participants, compared to only 55% on those in the higher social grades.

A greater proportion of older people living in rural areas are also non-participants. 64% of those living in rural areas have not participated in sport, compared to 58% of those living in urban areas. 55% of those with internet access in their home are non-participants, compared to 70% of those without.

As this survey also measured the health status of respondents, it is possible to ascertain whether the health status of non-participants can provide a partial explanation of their non-participation. Indeed, those that have not recently engaged in sport or physical activity also rate their health more poorly than participants. Three-quarters (75%) of those that rate their current health status as fair or poor are not sports participants, a significantly smaller proportion compared to a non-participation rate of 57% among those who rate their health as excellent or good. Only 1% of non-participants are unable to walk.

Non-Participants - Walking

Given the earlier finding that walking comprises the bulk of older people's health-enhancing physical activity, it is perhaps not surprising that many of those who have not participated in sport or recreational physical activity in the last four weeks are nonetheless relatively active. This is perhaps explained by looking at other non sporting physical activity, such as walking. 65% of non-participants did at least one 30 minute continuous walk, in the last four weeks while 16% of non-participants claimed to have done a 30 minute continuous walk on every day in the last four weeks.

Again, there are gender and age differences among non-participants. 82% of females had walked continuously at least once for at least 30 minutes in the previous four weeks, compared to 74% of males. 71% of non-participants aged between 50 and 64 years of age had walked continuously at least once or at least 30 minutes in the previous four weeks, compared to 58% of those aged 65 years or older. The average

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Research Report Prepared by Ipsos MORI for the Go for Life programme and the Irish Sports Council.

number of days on which a continuous walk of 30 minutes or more was conducted by non-participants in the last four weeks was 14, i.e. every second day, equivalent to the average among participants.

Non-participants walking pace is also remarkably similar to that of participants. 42% of non-participants who walk do so with sufficient intensity for the activity to be considered health-enhancing, that is at a *fast pace* or a *fairly brisk pace*, compared to 44% of participants.

Non-Participant Self-Rating of Physical Activity Levels

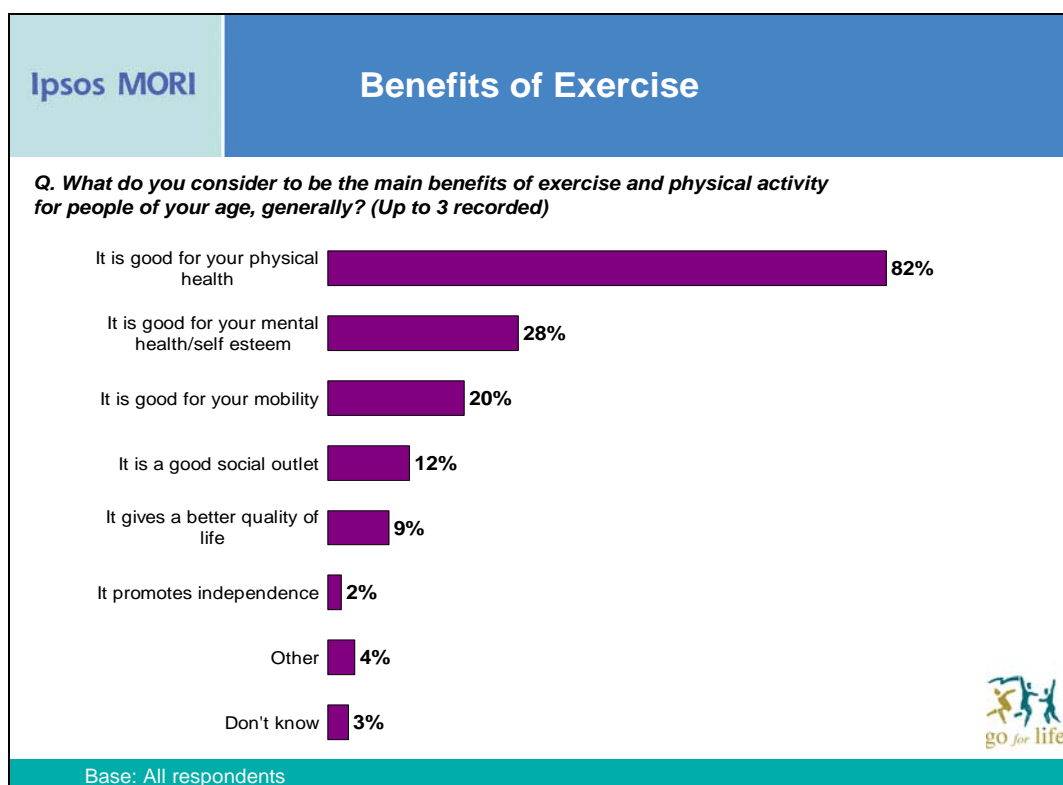
Despite not having participated in sport or recreational physical activity in the last four weeks, a majority of non-participants believe they do an adequate amount of exercise. Only 7% say they do no exercise at all. 37% feel they do a little bit of exercise, while 45% say they do enough exercise, compared to 17% and 56%, respectively, of participants. 11% of non-participants claim to do a lot of exercise, compared to 26% of participants.

4. Physical Activity – Attitudes & Opportunities

As well as measuring levels of physical activity among older people aged 50 years or older in Ireland, this study also measured older people's attitudes to physical activity and exercise. Respondents were questioned, among other things, about their opinions on the benefits (& downsides) of physical activity and exercise, both generally and personally. In addition, the survey also investigated the opportunities available to older people to engage in sport, recreational physical activity and exercise, whether in terms of facilities available locally or through other means, such as social club membership.

4.1. Attitudes to Physical Activity Generally – Benefits & Downsides

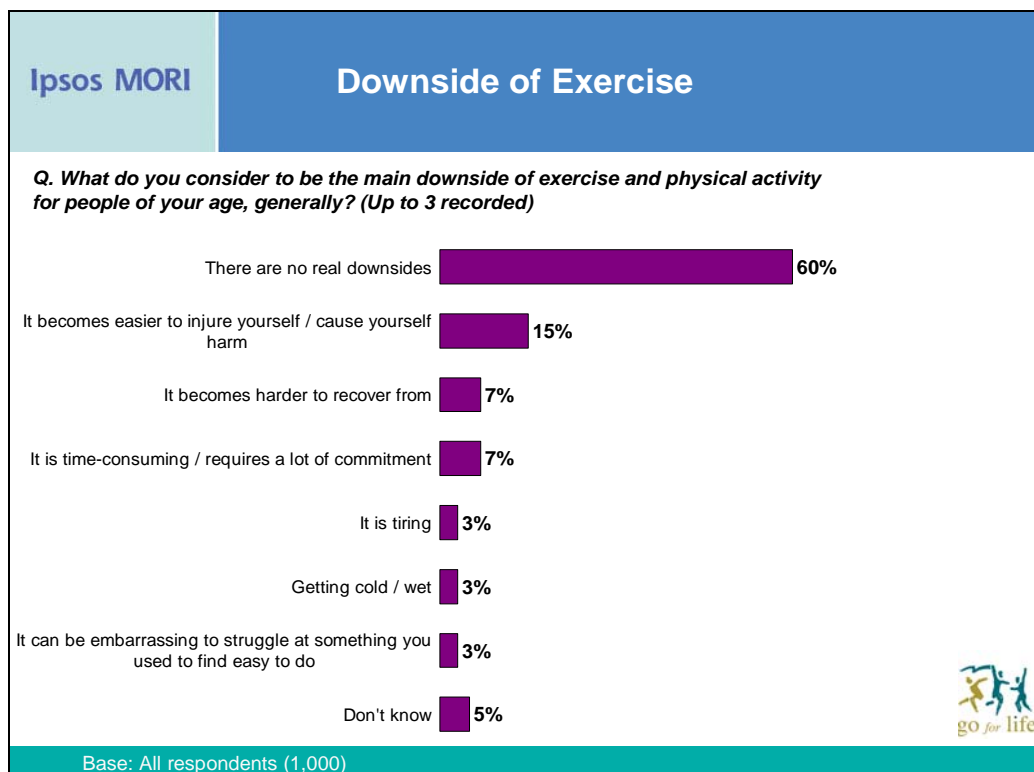
Perceived Benefits



As indicated in the table above, the vast majority of older people consider one of the main benefits of sport and physical activity to be that: “it is good for your physical health”. The perception that the benefits of physical activity and exercise are wholly physiological may undermine efforts to promote the social and psychological benefits of sport or recreational physical activity, particularly to those not currently participating. Tellingly, a significantly greater proportion of respondents who had participated in physical activity or exercise identified one of the main benefits as a social-psychological one, that: “it is a good social outlet”. A significantly greater number

of participants also identified one of the benefits as being “it is good for your mental health/self-esteem”. This may indicate that those who do not participate in sport or physical activity do not appreciate or are simply unaware of these social benefits, perhaps due to their non-participation.

Perceived Downsides



When asked about the downsides of exercise and physical activity, the most popular response, given by 60% of older people, was that “there are no real downsides”. A higher proportion of non-sports participants (63%) than sports participants (58%) gave this response. It is interesting to note that a significantly greater proportion of those aged between 50 and 64 years of age, compared to those aged 65 years or older, identified one of the main downsides of exercise and physical activity as “it is time-consuming”. This may reflect the higher proportion of people in this category who are still working full-time. Another significant difference is the greater proportion of those aged 65 years or older, compared to those aged between 50 and 64 years of age, who identified one of the main downsides as “it becomes harder to recover from”.

Attitudinal Statements - General

Older people should undertake age-appropriate activities, rather than trying to do the same activities young people do.

Overall, 77% of older people agreed or strongly agreed with the above statement. However, there was a significant difference between participants and those who had

not participated in physical activity in the last four weeks. 80% of non-participants agreed or strongly agreed with this statement, compared to 72% of participants. When we look at the opinions of those participants who are healthily active, the difference is even starker. Only 60% of those who are healthily active agreed or strongly agreed with the above statement.

Just doing household chores and/or gardening is exercise enough when you get to my age.

Overall, only 34% of older people agreed or strongly agreed with the above statement. Again, there was a significant difference between participants and those who had not participated in physical activity in the last four weeks. 42% of non-participants agreed or strongly agreed with this statement, compared to 23% of participants. 17% of those who are healthily active agreed or strongly agreed with the above statement.

4.2. Attitudes to Personal Physical Activity – Motivations & Barriers

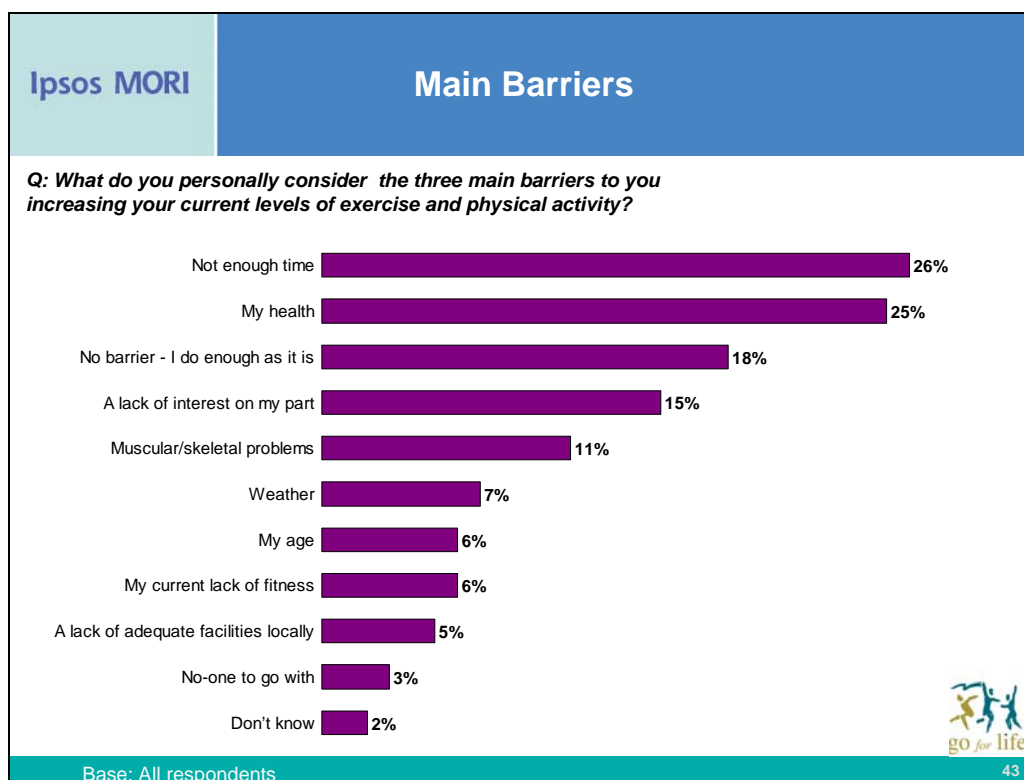
Motivations



As indicated in the figure above, the vast majority of older people consider the main personal motivations for them increasing their current levels of exercise and physical activity to be health-related. 41% consider “wanting to get healthier for day-to-day wellbeing” as their main motivation, while 39% cited their main motivation as “wanting to get healthier for long-term wellbeing”. A greater proportion of respondents who had participated in physical activity or exercise, compared to non-participants, identified long-term wellbeing as one of their main motivations. A significantly greater number

of participants also identified one of their main motivations as being “meeting new people’. This may again underline the hypothesis that those who do not participate in sport or physical activity do not appreciate or are simply unaware of these social benefits of physical activity and exercise.

Barriers



The two principal barriers to increasing current levels of activity identified by respondents were: “not enough time”, identified by 26% of older people, and “my health”, identified by 25% of older people. Respondents who had not participated in physical activity or exercise in the last four weeks were significantly more likely to identify health-related barriers (‘my health’, ‘muscular/skeletal problems’ & ‘my current lack of fitness’) as impediments to them increasing their current levels of exercise and physical activity. Respondents who had participated were significantly more likely to identify “not enough time” as a principal barrier to increasing current levels of activity.

Attitudinal Statements - General

I would like to participate in sport and/or other activities at a higher level than I am able to

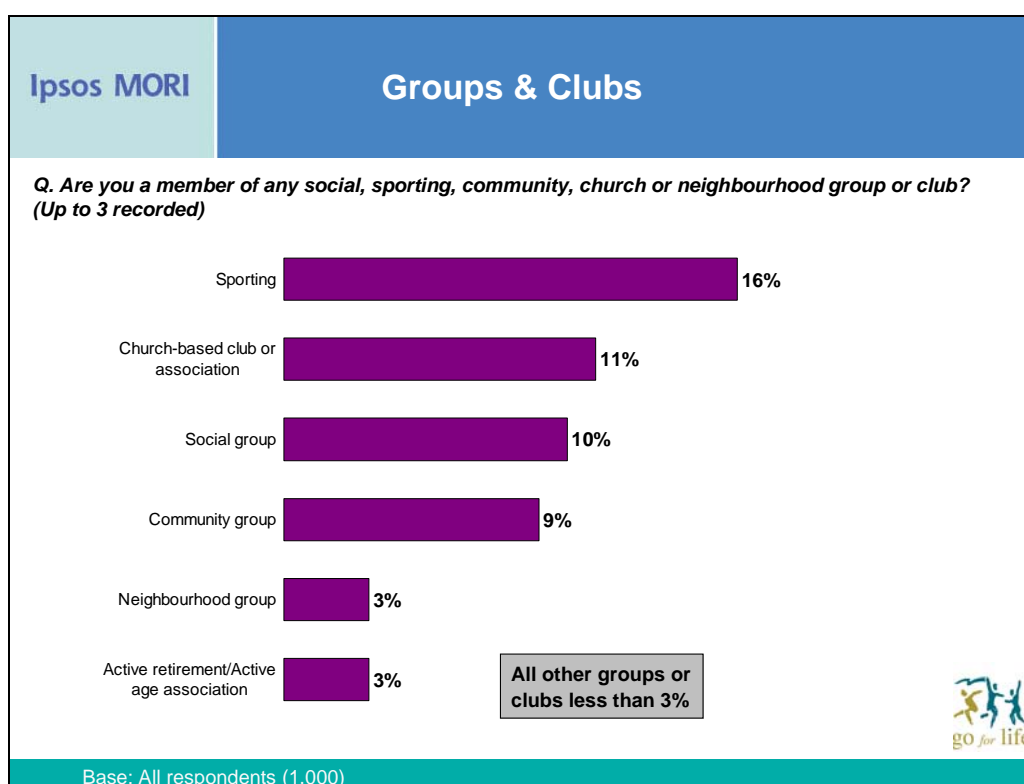
Overall, 40% of older people agreed or strongly agreed with the above statement. Again, there was a difference between participants and those who had not participated in physical activity in the last four weeks. 42% of non-participants agreed or strongly agreed with this statement, compared to 37% of participants. 32% of those who are healthily active agreed or strongly agreed with the above statement.

Thus, non-participants have the highest level of agreement of the three groups considered here. This would indicate that there is a latent appetite for increased physical activity among older people in Ireland, which could be tapped through the availability of more facilities or opportunities for physical activity and exercise for older people.

4.3. Opportunities for Physical Activity

The purpose of this section is to examine the opportunities available to older people to engage in sport, recreational physical activity and exercise, whether in terms of facilities available locally or through other means, such as membership of a sporting or social club.

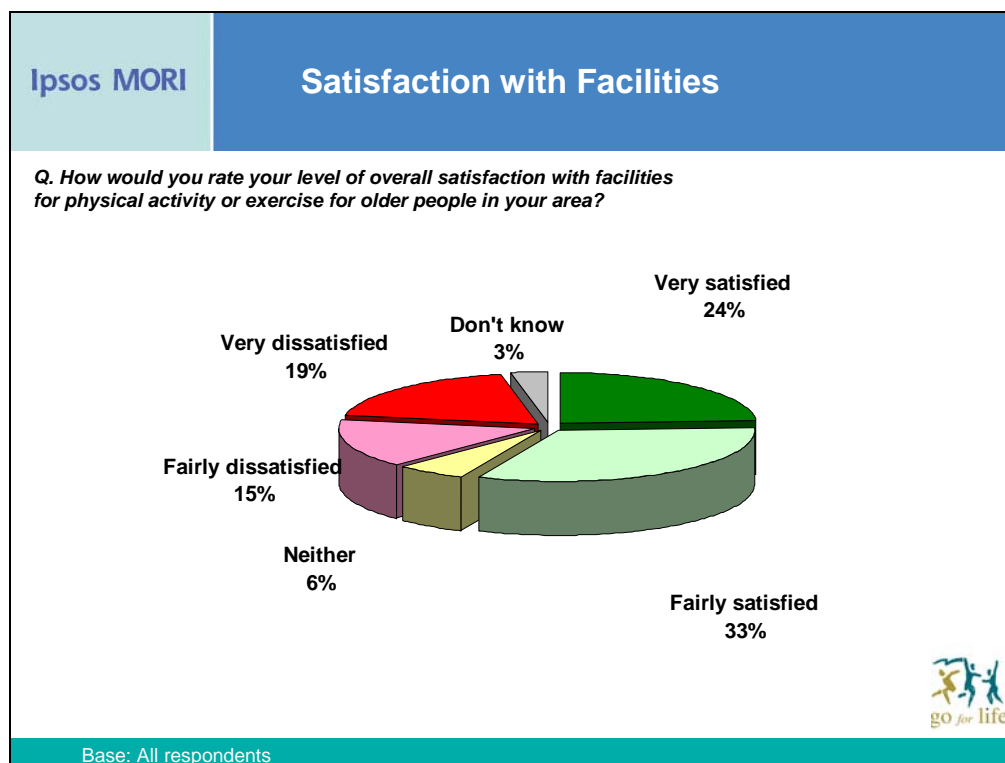
Sporting or Social Club Membership



The most popular group for older people to be members of is a *sporting* club. 16% of older people are members. As might be expected, sporting club membership is greater among sports participants than non-participants. 23% of participants are members of a sporting club, compared to 12% of non-participants. However, 54% of all older people are not a member of any group. Again, there are differences in this proportion when participation is taken into account. 43% of those who participated in physical activity are not a member of any group, compared to 61% of those who had not participated in physical activity, a statistically significant difference.

Members of groups and clubs were then asked if the activities of these groups involved sporting activity or exercise. All involved varying levels of activity, with sporting clubs and active retirement/active age associations the most likely to involve lots or some sport.

Local Facilities

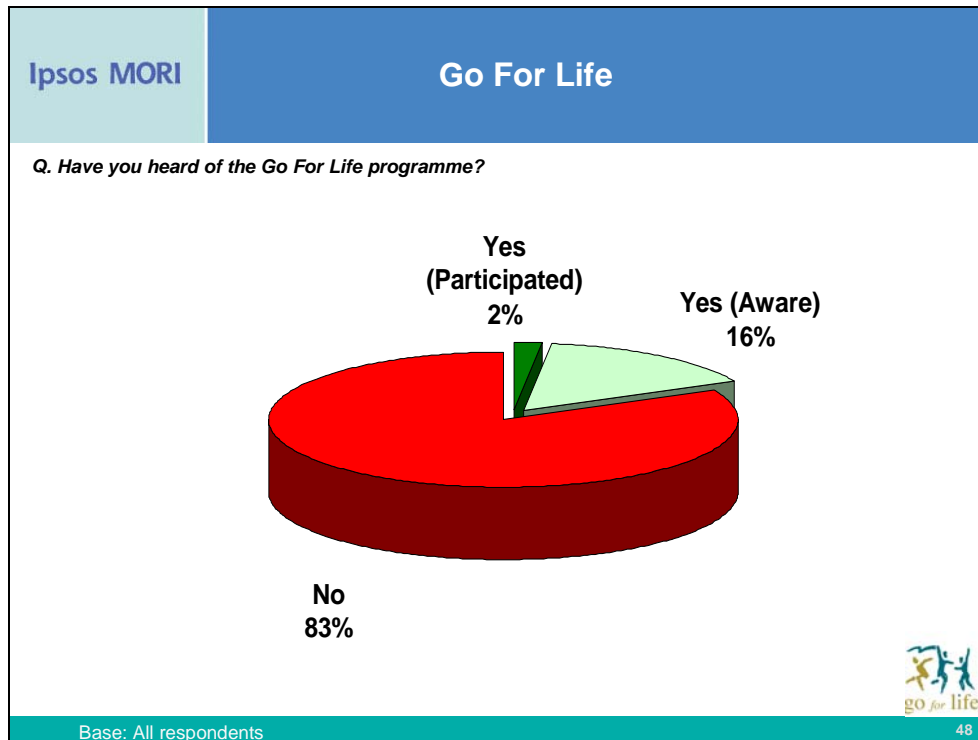


Overall, 57% of older people are very or fairly satisfied with facilities for physical activity or exercise for older people in their area. 66% of participants are either very or fairly satisfied, compared to 53% of non-participants. This suggests that non-participation may be involuntary i.e. that facilities are unavailable to non-participants, rather than unused.

Further evidence for this hypothesis is found when we compare the satisfaction of urban and rural older people. 68% of older people living in urban areas, regardless of their actual participation in sport or recreational physical activity, are very or fairly satisfied with facilities for physical activity or exercise for older people in their area. This contrasts greatly with the 48% of older people living in rural areas. That is, less than half of older people living in rural areas are satisfied with facilities for physical activity or exercise for older people in their area.

4.4. Awareness of Go for Life

The final section of the questionnaire measured respondents' awareness of the Go for Life programme.



As we can see from the figure above, 83% of older people have not heard of Go for Life. 18% are aware of the Go for Life programme and 2% have participated. While only 10% of males were aware of the Go for Life programme (none had participated), 22% of women were either aware of or had participated in the programme. 15% of those from lower socio-economic groups were either aware or had participated in the programme, compared to 19% of those from higher socio-economic groups.

20% of sports participants were either aware or had participated in the programme, compared to 15% of non-participants. Only 14% of those who were not a member of any social group were either aware or had participated in the programme, compared to 21% of those who were a member of a social group, club or association.

Finally, there are significant regional differences in terms of awareness of Go for Life. Whereas 24% of Connaught/Ulster respondents were aware or had participated in the Go for Life programme, only 13% of Dublin respondents were aware of the programme or had participated in it.

5. Conclusions & Recommendations

This concluding section of the report draws together the findings of the previous sections and the research as a whole. Firstly, it identifies the main conclusions arising from the research discussed. Secondly, it offers a number of recommendations for future policies and initiatives aimed at encouraging greater physical activity among older people in Ireland.

Conclusions

- **Participation in Sport & Recreational Physical Activity is Unequally Distributed**

The evidence gathered here shows quite clearly that participation in sport & recreational physical activity among older people in Ireland is unequally distributed. Secondly, the unequal distribution mirrors that found in the population as a whole, with participation significantly skewed towards males, the higher socio-economic professionals groups, and those aged between 50 and 64 years of age. Participation in sport is also higher in urban areas, compared to rural areas. The conclusion is that, while the participation of older people in Ireland is affected by factors relating to age and mobility, the main determinants mirror those found in the general population, such as gender, socio-economic status and location.

- **Most Recreational Physical Activity is Low Intensity Activity**

Despite the high 'headline participation' figure of 39% of older people having participated in sport or recreational physical activity in the last four weeks, the research shows that only 15% of older people currently engage in levels of physical activity sufficient to achieve health benefits, which is defined as having carried out 30 minutes of at least moderate activity on at least 5 days a week. As discussed below, most of this health-enhancing physical activity is achieved through walking. The conclusion is that many people who participate in sport may be unaware that their activity is insufficient to produce health-enhancing benefits.

- **Walking Comprises the Bulk of Health-Enhancing Physical Activity**

Mirroring previous research, this study shows that walking comprises the bulk of older people in Ireland's health-enhancing physical activity. 12% of people achieve the health guidelines of five periods of 30 minutes activity weekly for the last four weeks through walking alone. Despite the encouraging rate of participation of older people in sport and recreational activity, only 1% achieves a level of health-enhancing physical activity through participation in sport or recreational physical activity alone. A further 2% achieve these guidelines through a combination of walking and recreational physical activity. The conclusion is that recreational walking is of critical importance to the achievement of health-enhancing physical activity among older people in Ireland and that the inclusion of recreational walking is critical to the

accurate measurement of levels of health-enhancing physical activity among older people in Ireland.

- **58% of Older People are Sedentary**

Sport England defines as sedentary those who do not do one occasion of activity of sufficient intensity and duration on a weekly basis. Using that definition, 58% of older people in Ireland are sedentary, as their total physical activity equates to less than one period of sufficient intensity and duration weekly. There is a significantly higher proportion of 'low' or sedentary activity among people aged 65 years or older compared to those aged between 50 and 64 years of age. There is an even greater disparity between levels of 'low' activity in the higher socio-economic groups, compared to the lower socio-economic groups.

Furthermore, 42% of non-participants agreed or strongly agreed that "*just doing household chores or gardening is exercise enough when you get to my age*", compared to 23% of participants. Only 17% of those who were healthily active agreed or strongly agreed with the statement. Again, the conclusion here is that many people, particularly non-participants, may simply be unaware that their level of health-enhancing physical activity they engage in means they are considered sedentary.

- **Participation in Sport & Recreational Physical Activity May be a Function of 'Connectedness'**

If we take a number of different indicators of 'connectedness', such as social club membership, internet access and location (urban/rural), we see that a clear pattern emerges between 'connectedness' and participation. For example, while 42% of urban respondents had participated in physical activity in the last four weeks, 36% of rural respondents had done likewise. Furthermore, 45% of those with internet access in their home are participants, compared to 30% of those without.

Finally, with regard to social club membership, 43% of those who participated in physical activity are not a member of any group, compared to 61% of those who had not participated in physical activity. Without determining causality, we can say that there is a clear association between these indicators and participation.

A potential hypothesis may be that those older people who are least integrated, in terms of location or access to or availability of social outlets, are also least likely to engage in recreational physical activity or sport. These groups were also least likely to be satisfied with opportunities for exercise and physical activity in their area. The conclusion is that those older people most in need of opportunities to engage in physical activity or sport are those that are the least 'connected' and therefore most difficult to reach.

Recommendations – Communications

- **Getting the Message Across that Walking is ‘Enough’**

Earlier in this report, it was argued that non-participants were significantly more likely to identify health-related barriers as impediments to them increasing their current levels of exercise and physical activity. In the deliberative workshop discussion, ‘inactive’ respondents also cited fear of injury as a barrier to their participation in sport. Engaging or re-engaging in sport can be a daunting task, especially if it follows a sustained period of non-participation or inactivity. However, with 58% of older people living sedentary lifestyles, there is a clear need to entice ‘potentially active’ respondents into ‘healthy activity’.

Older non-participants may have unrealistic expectations of what is required from them to be ‘healthily active’ or may think that walking is insufficient to produce health-enhancing benefits. As such, the message that walking is ‘enough’ is a positive and encouraging one. Indeed, most ‘healthily active’ older people meet the required levels of physical activity through walking alone.

The recommendation is, therefore, that future communications underline the promotion of walking as a ‘healthily active’ pursuit and one that has ‘health-enhancing’ benefits to encourage ‘potentially active’ respondents to participate. More non-participants than participants are dissatisfied with facilities for physical activity in their area. This may simply be because there are fewer facilities or because participants have lower expectations of the type of facilities required to be physically active.

- **Communicating the Importance of the Intensity and Duration of Activity Required for ‘Health-Enhancing’ Physical Activity**

Related to the previous recommendation is the need to communicate the requirements of being ‘healthily active’ to older people, both participants and non-participants. The research has shown that many people, including the physically active, may simply be unaware that their level of health-enhancing physical activity they engage in means they are considered sedentary. 34% of older people believe that just doing household chores or gardening is sufficient exercise. While such activity can be health-enhancing, it depends entirely on the *quality* of the physical activity engaged in.

On this point, it is recommended that future communications underline the significance of the intensity and duration required for physical activity to be considered health-enhancing activity.

Recommendation - Programme Content

- **Reaching Out to the ‘Disconnected’**

In terms of the Go for Life programme content, and the overall objectives of Age & Opportunity, it is critical that those groups with the lowest levels of physical activity and ‘healthy activity’ are specifically targeted. Currently, much of the Go for Life programme is directed towards older people with access to or involvement in active retirement associations, senior citizens groups and community centres.

The research shows that 54% of older people are not a member of any social group or club. However, 43% of those who participated in physical activity are not a member of any group, compared to 61% of those who had not participated in physical activity. Equally, a greater proportion of participants appreciate the social benefits of engaging in physical activity than non-participants. As such, those in most need of the type of programmes that Go for Life provides may be least likely to access them.

It is therefore recommended that consideration be given to developing physical activity programmes or outreach initiatives for older people who may lack the opportunity or ability to access current programmes, because they are not affiliated with any specific organisation or network.

Recommendation – Strategy

- **Setting Realistic Goals**

There are many issues arising from this report that warrant further investigation, for example, the physical activity needs or preferences of those least likely to engage in sport or ‘healthy activity’. Nonetheless, this piece of research enables Go for Life to move forward in developing its programmes and policy with a reliable measure, and greater understanding, of physical activity among older people in Ireland. Furthermore, it provides a benchmark figure, against which future progress can be measured and future programmes evaluated.

As noted earlier, the Irish Sports Council has set itself a target of increasing adult participation in sport by 1.5% over the life of its 2006-08 *Building for Life* strategy. While the nature of older people’s participation in sport and physical activity is qualitatively different to younger groups, an increase of 1.5% in the proportion of older people in Ireland engaged in ‘healthily active’ levels of physical activity represents a realistic target within the same timeframe.

It is therefore recommended that the government and other stakeholders, such as the Irish Sports Council, Department of Health & Children, Age & Opportunity, commit to a target of increasing the proportion of older people in Ireland engaged in ‘healthily active’ levels of physical activity by 1.5% over the life of the Irish Sports Council’s current 2006-08 *Building for Life* strategy, through appropriate mechanisms (e.g. policy and programme funding).