



Physical Activity & Sport

Participation and Attitudes
of Older People in Ireland

February 2009

Acknowledgements

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Definitions of Terms Used

- **‘Health-Enhancing Physical Activity’**

As used throughout this report, the term ‘health-enhancing physical activity’ is used, as per the World Health Organization’s use¹, to denote physical activity of **at least moderate intensity**.

While intensity understandably varies according to capacity, moderate intensity physical activity refers to **activity that raises the heartbeat of the individual** that may leave them warm and slightly out of breath.

- **‘Highly Active’**

The term ‘highly active’ is used to denote individual levels of physical activity equivalent to the term ‘healthily active’ used 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.

- **‘Sedentary’**

The term ‘sedentary’ is used to indicate levels of physical activity, including walking, amounting to less than one occasion of physical activity of sufficient intensity and duration weekly⁴. Thus, for the purposes of this report, the ‘sedentary’ population includes those who engage in walking which is not of sufficient intensity to raise the heartbeat.

¹ *Physical Activity and Health in Europe: Evidence for Action*. Geneva, World Health Organization (2006). http://www.euro.who.it/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

Executive Summary

This report presents the findings of a recent survey of older people's attitudes to and participation in physical activity and sport in Ireland. The survey was commissioned jointly by *Go for Life*, the national programme for sport and physical activity for older people, and the Irish Sports Council and involved the participation of a representative sample of 1,003 people aged 50 years. The survey is a repeat of the 2006 study of older people's attitudes to and participation in physical activity and sport in Ireland, which provides a benchmark against which the results of this study can be compared.

Key Findings

The headline result of overall sports participation reported here shows that the overall level of participation among older people in Ireland is largely unchanged since 2006.

- 40% of older people have participated in sport or recreational physical activity in the last four weeks in 2008, compared to 39% in 2006.
- As in 2006, the distribution of participation in sport & recreational physical activity among older people in Ireland continues to be skewed towards males, higher socio-economic professional groups and those aged between 50 and 64 years of age.

Improved quality of participation

However, there have been a number of very positive changes in older people's level of participation in sport and recreational physical activity since 2006. For example, participation among those aged 65+ increased from 34% in 2006 to 37% this year. More significantly, there a number of other developments which suggest that the **quality** of recreational physical activity among older people is improving, including:

- An increase between 2006 and 2008, from 28% to 40%, of respondents who have participated in at least one physical activity in the last month that has raised their breathing rate (i.e. with sufficient intensity to derive health benefits).
- An increase between 2006 and 2008, from 64% to 70%, in the number of respondents aged 65 and older who have done at least one continuous walk, lasting at least 30 minutes, in the last month;

- An increase between 2006 and 2008, from 13% to 16%, in the number of respondents aged 65 and older who have engaged in levels of physical activity sufficient to achieve health benefits;
- An increase between 2006 and 2008, from 13% to 17%, in the number of respondents from lower socio-economic groups, who have engaged in levels of physical activity sufficient to achieve health benefits.

More 'highly active' older people

The survey reported here shows that 40% of the older population participate in sport and recreational physical activity regularly (i.e. at least once in the last four weeks). Furthermore, 19% of older people in Ireland are 'highly 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. In 2006, 15% of older people in Ireland were 'highly active'.

Walking continues to be critical to older people's health and wellbeing

For a majority of those who are highly active, their physical activity requirements are achieved through walking. 73% 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 swimming, which is done by 11% of all older people.

Social participation contributes to sporting participation

The survey results confirm the positive relationship between engagement with social activity other than recreational physical activity (e.g. social club membership, walking with someone rather than alone and internet access) and participation in recreational physical activity. The conclusion is that those older people most in need of opportunities to engage in physical activity or sport may also lack access to social outlets.

Sedentarism is still widely prevalent

59% 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. A majority of those who do not engage in regular sporting or recreational physical activity believe they do an adequate amount of exercise.

1. Introduction

1. Introduction

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. The promotion of physical activity and sports participation is 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 relevant policies can be evaluated.

It is well documented that the Irish population is ageing, with government projections indicating that by 2031, one in five Irish people will be 65 years or older⁵. While many countries in Europe have begun to experience the implications of an ageing population, it is estimated that Ireland may not do so for another 20 years.

Public discourse and debate on this topic is often concerned with the ‘deficits’ attached to an ageing population, such as the ‘burden’ of older people’s increased demand for health and social welfare services and the reduced tax contribution of ‘retired people’ to fund people services. Clearly, in the current economic climate at the time of writing, these are relevant considerations. Over 65s are estimated to use approximately four times the amount of health services that younger people do⁶ and older people are also more likely to pay tax at lower marginal rates than other groups, resulting in less tax revenue for such services.

However, while increased longevity presents society with specific challenges, it also provides significant opportunities for a richer experience of ageing on an individual and societal basis. Participation in sport and physical activity varies greatly between different groups. Research conducted by the Irish Sports Council consistently shows that 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 age⁷. While physical participation and competition is important for all

⁵ Barrett, A.; Bergin, A. (2005): “Assessing Age-related Pressures on the Public Finances 2005 to 2050”, in *Budget Perspectives 2006*, Callan, T. and Doris, A (eds), Economic and Social Research Institute: Dublin.

⁶ OECD (1987), *Financing and Delivering Healthcare: A Comparative Analysis of OECD Countries*, Paris: OECD

⁷ Lunn, P., Layte, R., Watson, D. (2009) *The Irish Sports Monitor, First Annual Report 2007*. Economic and Social Research Institute: Dublin.

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, the promotion of more active, and healthier, lifestyles among older people becomes of greater importance to combat the increasing prevalence of sedentary lifestyles and the observed decrease in physical activity associated with age. Indeed, more active and healthier lifestyles through greater participation and sport, could offset many of the perceived 'costs' of an ageing population.

For example, due to the increased standards of living, we might expect the over-65s of 2030 to be healthier than today's group. As such, there is an opportunity for greater participation by this group in sports participation, and the workforce⁸. Greater participation of over 65s in physical activity and sport has the capacity to produce greater health outcomes, thereby ensuring older people can realise their full health potential, which may have a positive impact on demand for health services.

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.

⁸ Sexton, J. (2003) *Labour Market Issues for Older Workers: NESF Forum Report No.26*. NESF: Dublin.

2. Research Objectives & Methodology

2. Research Objectives & Methodology

2.1 Research Objectives

The principle objectives of this research were, as in 2006:

- 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 identify strategic recommendations that will inform future policy and communications.

The 2008 survey will also provide a comparison with the previous study of changes in attitudes and participation of older people in Ireland with regard to recreational physical activity and sport.

The primary objective is to determine the current levels of participation in sport and physical activity among older people in Ireland. Surveys such as this enable service providers and policymakers 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 considered to be 'health enhancing'.

The research also aims to capture attitudinal data in relation to physical activity and sports participation. Attitudinal data can assist relevant stakeholders, such as Go for Life and the Irish Sports Council, in the identification of: opinions and beliefs most associated with participation and non-participation; perceived barriers to participation and motivations for increased participation. Findings can be used to develop programmes and communications aimed at encouraging participation within specific demographic groups, such as those with the lowest levels of participation in physical activity and sport.

Thirdly, the research provides 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.

Finally, the results of the survey can be directly compared with the 2006 study, allowing progress since then to be measured and evaluated.

2.2 Measuring Physical Activity Levels

Before commencing the previous survey in 2006, a review of existing studies and surveys on physical activity was conducted, with a view to identifying the most appropriate measurement of physical activity and exercise to use in the survey. Physical activity is agreed to be a difficult behaviour to measure accurately and 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 has been to examine participation in sport and recreational physical activity, and recreational walking, rather than occupational activity.

Following the practice adopted in many other similar surveys, including the ESRI's 2003 Survey of Sport and Physical Exercise, walking was included in the 2006 survey but occupational activity was not. However, while dancing was not included as a recreational physical activity in the 2003 ESRI survey, it was included in this survey because it was considered appropriate to the research audience involved. 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, this 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.

Specifically, we wished to use an instrument which would allow us to identify the proportion of older people in Ireland who are 'highly active'. That is, individuals who maintain levels of physical activity considered sufficient to improve and maintain health or "*...the accumulation of at least 30 minutes of regular, moderate-intensity physical activity on most days of the week*" (World Health Organization, 2006⁹).

⁹ *Diet and Physical Activity: A Public Health Priority*. Geneva, World Health Organization (2006)
<http://www.who.int/dietphysicalactivity/en>

An additional consideration was to be able to identify the particular sports and physical activities that older people engaged in. Thus, a modified version of the International Physical Activity Questionnaire (IPAQ) was used. As this modified version is used by the Irish Sports Council's international equivalents, such as Sport England, it permits comparison with international data on physical activity and exercise.

To gather data on levels of participation, it was necessary to rely on respondents' self-reporting. Despite existing criticism of self-reporting of activity levels, 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).

2.2.1 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. Respondents were asked to identify the specific activities or sports in which they were engaged. 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'.

Other surveys, such as the Department of Health & Children's *Survey of Lifestyle, Attitudes and Nutrition in Ireland*, also known as *Slán*, have a broader 'lifestyle' focus than the survey reported here and thus do not capture information on the specific activities in which respondents are participating but instead ask respondents to distinguish between "*vigorous physical activities*" and "*moderate physical activities*" generally and to aggregate the time spent between the two. For both Go for Life and the Irish Sports Council, the detail provided here on participation in specific activities and sports is necessary for practical purposes, e.g. the development of initiatives or programmes for particular demographic groups based on specific sports.

Nonetheless, comparisons are possible between the studies and some are provided in this report.

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, we compare the profile and attitudes of 'participants' and 'non-participants', as defined at the outset of this report. 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.

2.2.2 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 individual episodes of sport or recreational physical activity, including walking, in the last four weeks.

To measure the proportion of older people in Ireland who are highly 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 30 minutes duration and of at least moderate intensity in the last four weeks.

To be considered 'highly active', respondents were required to have accumulated an average of **five periods** of physical activity or walking of moderate intensity **of at least 30 minutes weekly** for four weeks.

2.3 Methodology

2.3.1 Research Design

The research design of this study replicates the quantitative survey element of the 2006 study. Thus, 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.

2.3.2 Questionnaire Development

For the most part, the questionnaire used in the 2008 survey is the same as that used during the 2006 survey. The original questionnaire used in 2006 was developed through a period of desk research and a deliberative workshop with a representative sample of 16 older people, including 'active' and 'inactive' respondents. The desk research phase 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. This deliberative workshop explored respondents' attitudes to physical activity and discussed an initial draft of the survey questionnaire.

Critically, this phase 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. 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 additions, 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 clubs or associations 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.

2.3.2 Quantitative Survey

As in 2006, it was critical that the methodology employed achieved the highest possible levels of accuracy and representativeness, in terms of providing a reliable benchmark that would allow longitudinal comparison. Thus, it was concluded that telephone interviewing, using a computer-assisted telephone interviewing (CATI) system, represented an appropriate methodology for conducting research with this audience.

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 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.

2.3.2.1 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, and the Irish Sports Council were named as the commissioning organisations. 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.

2.3.2.2 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 survey 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)			
Sample Size	10/90%	30/70%	50%
	±%	±%	±%
1,000	2	3	3
1,200	2	3	3
1,500	2	2	3
3,000	1	2	2

Table 2.1 Margin of Error

3. Participation & Non- Participation

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. Comparisons with the 2006 survey results are also provided throughout, where appropriate.

3.1 Participation in Sport & Recreational Physical Activity

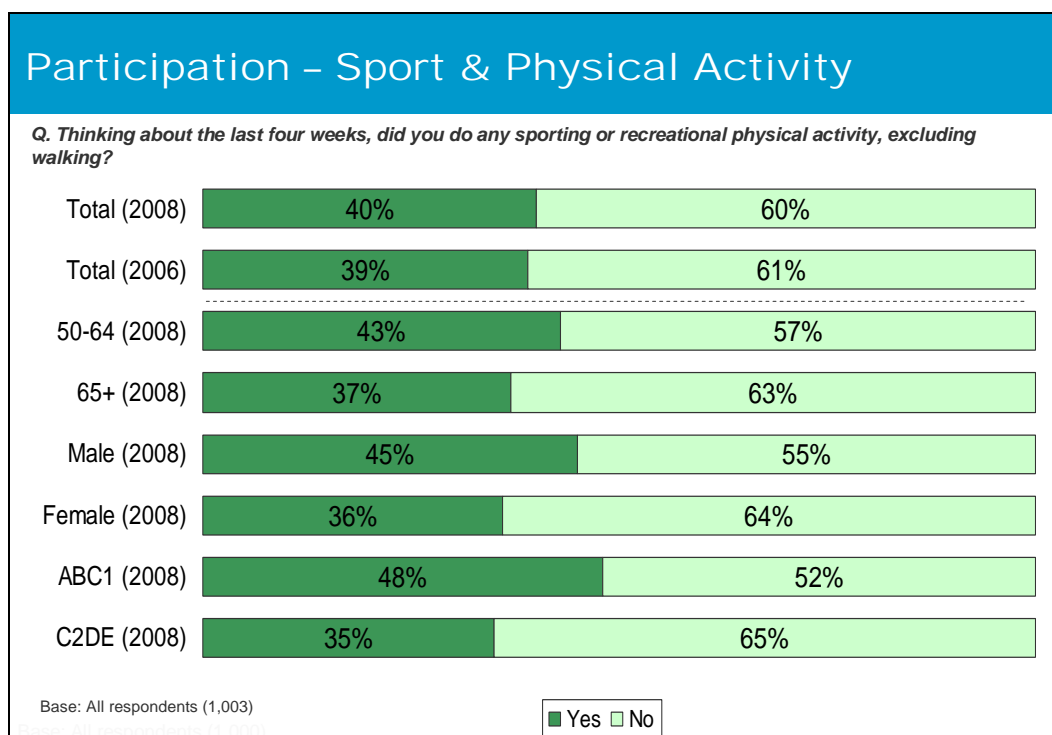


Figure 3.1 Participation – sport & physical activity

According to the results of this survey, 40% of respondents have engaged in some form of sport or physical activity at least once in the last four weeks, excluding walking. This compares to 39% in 2006. Patterns of participation among older people mirror those found in the population generally, with significant differences by gender, age and social class. While 43% of those aged 50-64 have participated in sport or recreational physical activity, excluding walking, in the last four weeks, only 37% of those aged 65+ have done so.

45% of male respondents have participated in sport or recreational physical activity, excluding walking, in the last four weeks, compared to 36% of female respondents.

The greatest difference between demographic groups was observed in comparing respondents' socio-economic groups. 48% of respondents from higher socio-economic groups have participated in sport or recreational physical activity in the last four weeks, compared to 35% of those from lower socio-economic groups.

3.1.1 Number of Sports Played

Overall, 28% of respondents have participated in only one sport or physical activity, excluding walking, in the last four weeks. 9% have participated in two sports, compared to 5% in 2006. 3% have participated in more than two sports or physical activities, excluding walking, in the last four weeks. 60% of respondents have not participated in any sport or physical activity in the last four weeks.

3.1.2 Sports Played

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

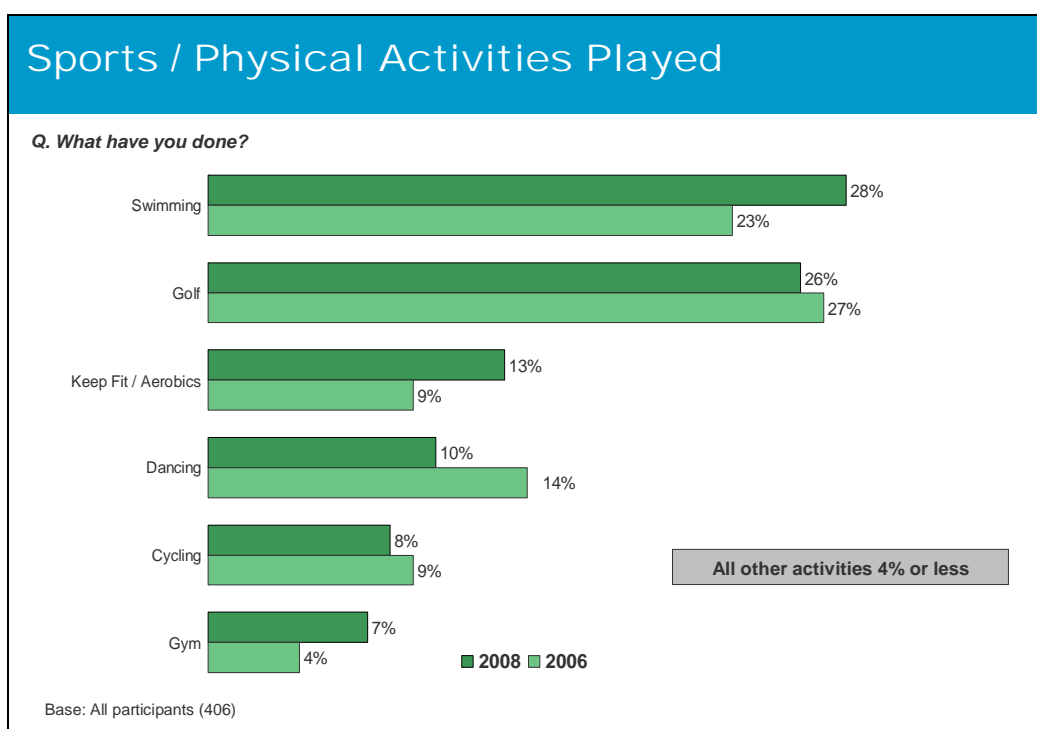


Figure 3.2 Sports / physical activities played

Looking at the principal sports and activities engaged by older people, the most popular activity, in terms of participation, is swimming. 24% of participants swim indoors and a further 4% swim outdoors, representing a combined total of 11% of all older people. Golf is played by 26% of older participants, which also equates to 11% of all older people. 13% of participants engage in Keep Fit / Aerobics as a recreational physical

activity, approximately 5% of the older population and a further 10% of participants participate in Dancing. 8% of participants engage in Cycling and 7% of participants engage in Gym use. All other activities, including Yoga, Bowls, Soccer, Badminton & Gaelic Football among others, each had a participation rate of 4% or less, as a proportion of participants.

In terms of the demographic differences between participants of individual sports, Golf is predominantly a sport for males aged 65 years and older, whereas Cycling is predominantly a sport for males aged between 50 and 64 years of age. Swimming, Keep Fit and Dancing are predominantly female sports.

As illustrated in Figure 3.2, the sports with the highest levels of participation among older people in 2008 remain consistent with the 2006 results. Although not measured here, it would be interesting in future surveys to capture the proportion of sporting participation and physical activity that is conducted in private sector facilities (e.g. gyms and sports clubs) compared to public facilities (e.g. community or local authority organisations). This information could provide insight into the availability and uptake of opportunities for physical activity for older people in private and publicly-funded clubs or organisations. For example, many of the most popular sports reported in our surveys, such as golf, are more likely to be provided by private than public clubs.

3.1.3 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 ten days in the last four weeks. 6% of the older population have participated in physical activity an average of more than 5 days a week.

Participation in Sport & Physical Activity – Numbers of Days in the last 4 Weeks	
None	60%
1-5 days of sport	14%
6-10 days of sport	10%
11-15 days of sport	7%
16-20 days of sport	3%
20+ days of sport	6%

Figure 3.3 Frequency of participation in sport & physical Activity

3.1.4 Activity Intensity – by Sport

The popularity of Golf among older people reported here mirrors the findings of previous research both internationally and domestically, including the 2006 Go for Life survey and the ESRI's *Sports Participation and Health Among Adults in Ireland* study cited earlier. Interestingly, all the sports displayed in Figure 3.2 above are non-contact sports and all are predominantly 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. As outlined earlier, the intensity of participation determines whether or not the physical activity is health-enhancing or not.

Figure 3.4 below suggests that some sport and recreational physical activity is of insufficient intensity to constitute moderate or 'health-enhancing' activity, that is, an activity raises participant breathing rates.

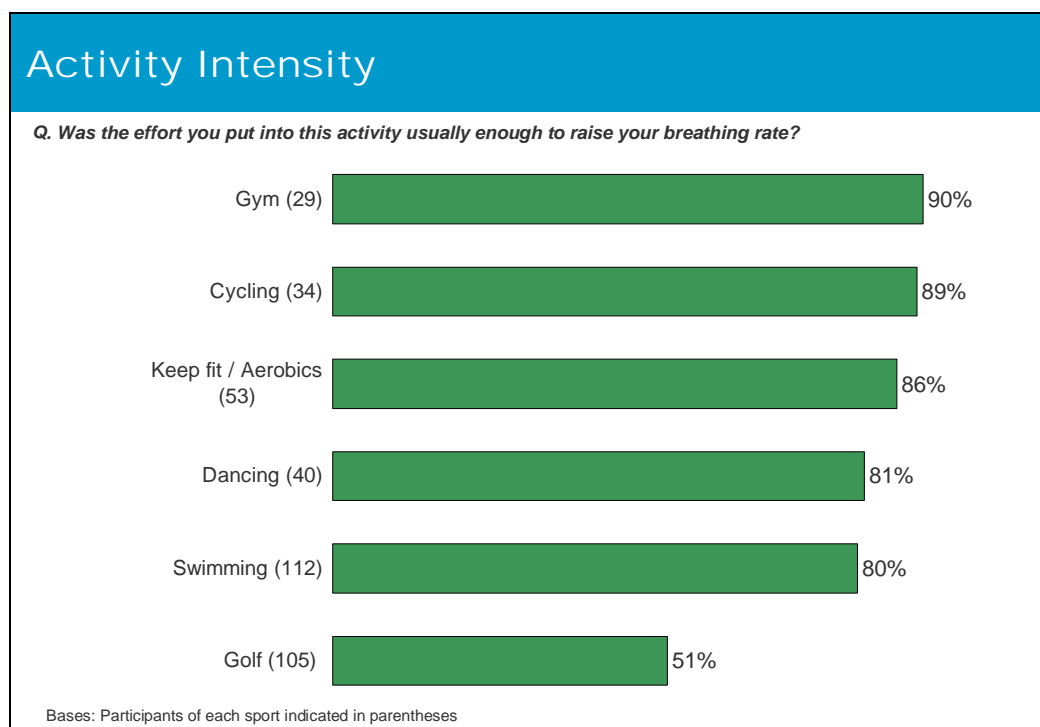


Figure 3.4 Activity intensity – by sport

The figure above shows that Golf, the second most popular sport and physical activity among older people, is not necessarily the most health-enhancing. Only 51% of golfers usually participate at sufficient intensity, for their exercise to be considered health-enhancing activity. In fact, the other five most popular sports all have significantly higher proportions participating at health-enhancing intensity. 90% of those who use the gym for recreational physical activity do so with sufficient intensity to raise their breathing rate, as do 89% of those who cycle.

3.1.5 Activity Intensity - Overall

Overall, 40% of the total older population have participated in at least one physical activity in the last 4 weeks, which has raised their breathing rate, compared to 28% of all respondents in 2006. This suggests that the *quality* of participation by older people has increased since 2006.

43% 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. 37% 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

The results of the 2006 study confirmed the finding from previous research on physical activity among older people that walking often comprises the bulk of older people's physical activity¹⁰. This underlines the importance of including the measurement of health-enhancing walking among older people in Ireland, if we are to accurately capture levels of physical activity among older people.

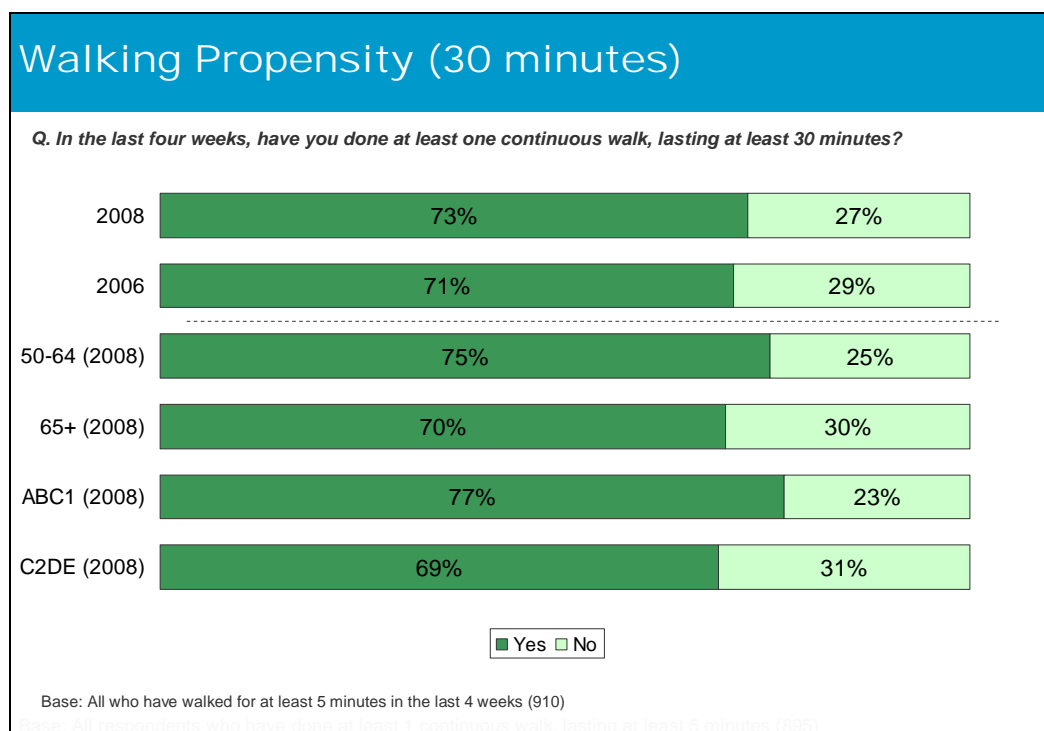


Figure 3.5 Walking propensity (30 minutes)

73% of respondents have done at least one continuous walk lasting 30 minutes in the last four weeks. There were significant differences by age and by social class, but not by gender. 75% of respondents aged 50-64 have undertaken one walk lasting 30 minutes in the last four weeks, compared to 69% of those aged 65+. In 2006, only 64% of those aged 65+ had done at least one continuous walk lasting 30 minutes in the last four weeks.

While the focus above is on health-enhancing walking, respondents were also asked if they had undertaken at least one continuous walk lasting 5 minutes in the last four

¹⁰ Nicholson, L. (2004) *Older People, Sport and Physical Activity: A Review of Key Issues - Research Report no. 96*. Sport Scotland: Edinburgh.

weeks. 92% of all older people, including 86% of those aged 65 and older, had undertaken at least one continuous walk lasting at least five minutes in the last four weeks.

3.2.1 Frequency of Walking

The figure below shows that 26% of older people have taken a continuous walk, lasting at least 30 minutes, on between one and five days in the last four weeks. Encouragingly, 17% of older people have done a continuous walk lasting 30 minutes every day of the last 4 weeks.

Walking 30 Minutes Continuously – Numbers of Days in the last 4 Weeks	
None	27%
1-5 days	26%
6-10 days	11%
11-15 days	8%
16-20 days	9%
20+ days	18%

Table 3.6 Frequency of walking 30 minutes continuously

3.2.2 Intensity of Walking

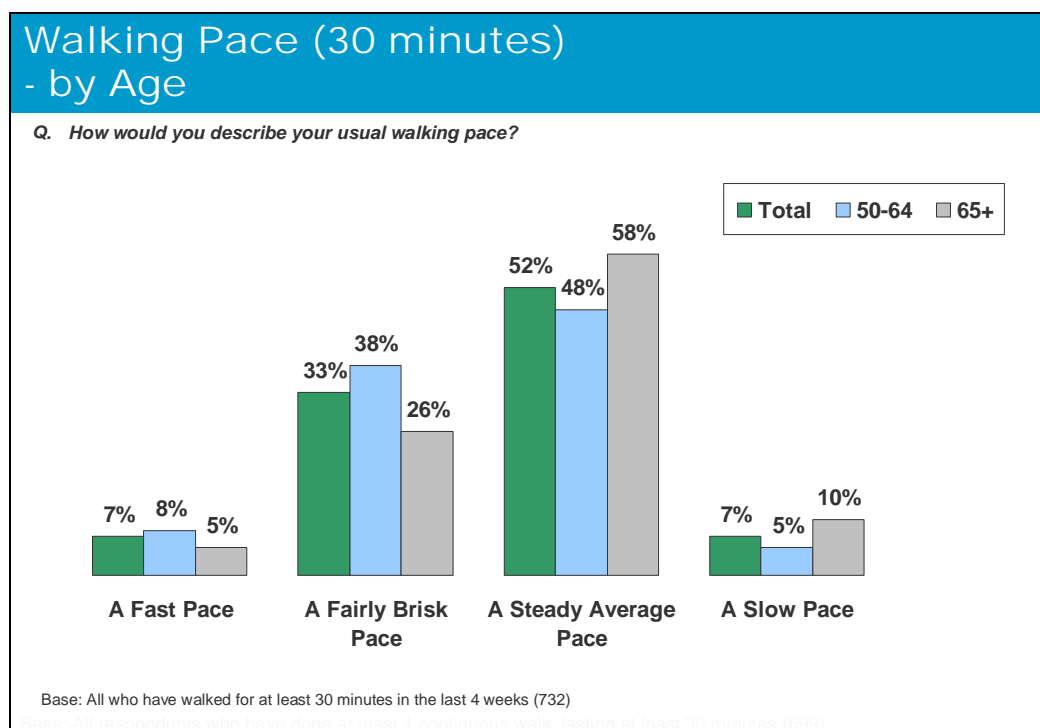


Figure 3.7 Intensity of walking

The figure above indicates the intensity at which older people walk. Despite the large proportion 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 40% 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. There is also a significant difference between those aged 50-64 and those 65 years and older. Only 31% of those 65 years and older walk with sufficient intensity for the activity to be considered health-enhancing, compared to 46% of those aged 50-64.

3.3 The ‘Highly Active’

As outlined at the beginning of the report, the standard definition of ‘highly-active’ or ‘physical activity levels sufficient to achieve health benefits’ is to have accumulated an average of **five periods** of physical activity or walking of moderate intensity **of 30 minutes weekly** for four weeks.

To measure the proportion of older people in Ireland who are highly 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 ‘highly active’, respondents were required to have accumulated an average of **five periods** of physical activity or walking of moderate intensity **of at least 30 minutes 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. The ‘low activity’ category, which is officially defined as ‘sedentary’¹¹ is comprised of those respondents who have not done an average of one occasion of physical activity of sufficient intensity and duration weekly. 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.

Activity Levels of Older People in Ireland			
	Low Activity (Sedentary)	Medium Activity	High Activity
Population	59%	22%	19%
50-64	54%	25%	21%
65+	66%	18%	16%
ABC1	53%	25%	21%
C2DE	63%	20%	17%

Table 3.8 Activity Levels of Older People in Ireland

As we can see from the table above, 19% of older people in Ireland, aged 50 years or older, are ‘highly active’, that is, currently engage in levels of physical activity sufficient to achieve health benefits. This compares with 15% in 2006. 59% 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. Interestingly, the 4% increase between 2006 and 2008 in the proportion of older people in the ‘high activity’ category is accounted for by the equivalent decrease in the proportion of older people in the ‘medium activity’ category.

¹¹ Rowe, N., Beasley, N., Adams, R. (2004) Sport, physical activity and health: Future prospects for improving the health of the nation. London, England.

This suggests that messages about the *quality* of participation in sports and physical activity are being communicated successfully, particularly to those who are currently active. That is, older people who are active are more likely to be 'highly active' in 2008. However, the 2008 survey results also show that there has been no change since 2006 in the proportion of older people in the sedentary (or 'low activity') category.

Worryingly, 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 a similar disparity between levels of 'low' activity in the higher socio-economic groups, compared to the lower socio-economic groups.

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 11% of people achieve the health guidelines of an average of five periods of 30 minutes activity weekly for the last four weeks through walking alone, only 4% achieve the same level of activity through participation in sport or recreational physical activity alone. However, this is a 3% increase since 2006 in the proportion people who achieve the health guidelines of five periods of 30 minutes activity weekly for the last four weeks through sport or recreational physical activity alone. A further 4% achieve these guidelines through a combination of walking and recreational physical activity.

Direct comparison with international surveys is difficult because of the different methodologies, timing of the fieldwork and varying definitions of participation. The overview of international participation rates detailed in the UK's Carter Report (cited in Lunn et al, op. cit.) provides a reasonable comparison¹² with the data presented here. According to the Carter Report, 12% of the UK adult population aged 55 and older participates in at least 30 minutes of sport and active recreation (including recreational walking and cycling) of at least moderate intensity on at least **3** days a week, which is a significantly lower proportion than was recorded in our survey.

The best comparison with our survey is the 2007/08 Active New Zealand People Survey - *Sport, Recreation & Physical Activity Participation Among New Zealand Adults* – which uses the same participation measurement as this study (i.e. 30 minutes of sport and active recreation, including walking, of at least moderate intensity on **5** days a week), although their measurement also includes occupational activity and

¹² Its figures show the proportion of the UK adult population who participate in at least 30 minutes of sport and active recreation (including recreational walking and cycling) of at least moderate intensity on at least **3** days a week.

commuting . The New Zealand study reports that over half (52%) of those aged 50-64 and just over a third (34%) of those aged 65 and older met the 30 x 5 minimum level of weekly physical activity advocated in New Zealand for adults. They also report that adults are more likely to achieve this minimum level through sport and recreation activity than other physical activity domains, such as occupational activity or active travel.

There are domestic comparisons available too. The Department of Health & Children's *Slán* survey cited earlier also provides a comparison for the results of this survey. While the *Slán* survey uses a slightly different series of questions to measure physical activity, the levels of participation found in the 2007 study are similar to those reported here. 21% of those aged between 45 and 64 years of age reported high levels of physical activity, compared to 10% of those aged 65 and over. The *Slán* survey also shows that between 1998 and 2007, the percentage of males aged 65 and over who reported no activity whatsoever in an average week decreased from 39% to 26%. A similar decrease between 1998 and 2007 in the proportion of wholly inactive females aged 65 and over from 51% in 1998 to 34% in 2007 was reported.

3.4 Non-Participants

3.4.1 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, 60% of older people are non-participants.

As identified in the 2006, the demographic profile of non-participants differs significantly from that of participants. There is also a significant gender difference among non sports participants, who are more likely to be female (64%) than male (55%). 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 higher proportion of those aged 65 and over (63%) than those aged 50-64 (57%) are non-participants. However, this difference is not statistically significant.

53% 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. Those that have not recently engaged in sport or physical activity also rate their health more poorly than participants, which is consistent with previous studies¹³. Three-quarters (75%) of those that rate their current health status as fair or poor are not sports participants, compared to a non-participation rate of 54% among those who rate their health as excellent or good. Only 1% of respondents are unable to walk.

3.4.2 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 illustrated by looking at other non sporting physical activity, such as walking. This survey shows that 67% of non-participants have undertaken at least one 30 minute continuous walk, in the last four weeks, compared to 65% of non-participants in 2006.

As with participation in sport or recreational physical activity, there are age and social class differences between those who participate in walking and those who do not. 77% aged between 50 and 64 years of age have walked continuously at least once or at least 30 minutes in the previous four weeks, compared to 66% of those aged 65 years or older. The equivalent figures for 2006 were 71% and 58% respectively. This significant increase between 2006 and 2008 in the number of older people walking for at least 30 minutes suggests that the message that "*walking is enough*" is being communicated effectively.

However, when we consider intensity, the survey results show that those who walk but do not participate in sport or physical activity are significantly less likely, than those who participate in sport, to walk with sufficient intensity for the activity to be considered health-enhancing. 36% of non-participants who walk do so with sufficient intensity for the activity to be considered health-enhancing (i.e. at a fast pace or a fairly brisk pace), compared to 46% of participants.

¹³ Lamb K, Roberts K, Brodle D. (1990) Self perceived health among sports participants and non-sports participants. *Soc Sci Med.* **31**: 963–969.

Interestingly, those who do not participate in sport or physical activity but do walk are also more likely to walk alone than those who do participate in sport. 47% of those who participate in sport usually walk alone, compared to 57% of those who do not participate.

3.4.3 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. 36% of non-participants feel they do a little bit of exercise, while 44% say they do enough exercise, compared to 18% and 54%, respectively, of participants. 14% of non-participants claim to do a lot of exercise, compared to 28% of participants. The finding that a majority of non-participants believe that they do an adequate amount of exercise represents a clear communication challenge for organisations such as the Irish Sports Council and Age & Opportunity. Many older people who are likely to be the target of campaigns to increase physical activity may not consider such communications relevant because they mistakenly believe that they do an adequate amount of exercise.

4. Physical Activity – Attitudes & Opportunities

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 captured attitudinal data from older people in relation to physical activity and exercise. Respondents were asked for their opinions on the benefits (& downsides) of physical activity and exercise, both generally and personally, and the barriers and motivations associated with participation. In addition, the survey also investigated the opportunities available to older people to engage in sport, recreational physical activity and exercise, whether through social club membership or in terms of the availability of satisfactory local facilities.

4.1. Attitudes to Physical Activity Generally – Benefits & Downsides

4.1.1 Perceived Benefits of Exercise

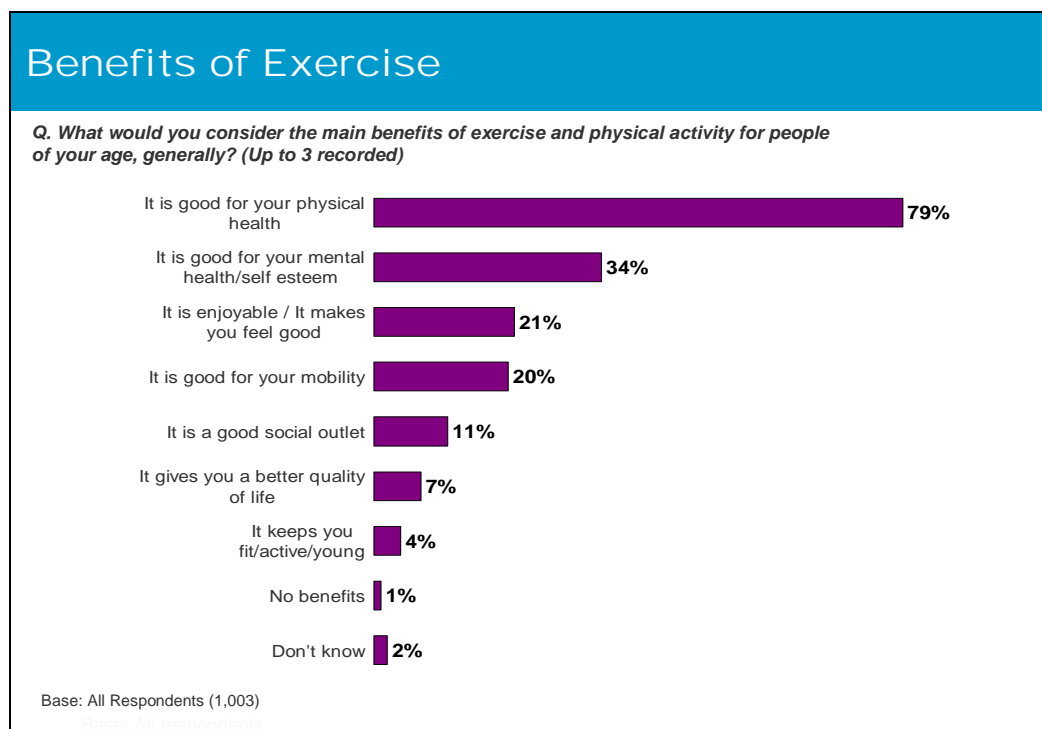


Figure 4.1 Perceived benefits of exercise

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”, agreed by participants and non-participants alike. However, there are differences in attitudes between participants and non-participants. 38% of respondents who had participated in physical activity or exercise identify the benefit “it is good for your mental health/self-esteem”, compared to 29% of non-participants. 25% of respondents who had participated in physical activity or exercise identify the benefit “it is enjoyable”, compared to 16% of non-participants. Both of these differences are statistically significant.

This may indicate that those who do not participate are less likely to identify the psychological and social benefits, rather than physical benefits, of sport or physical activity, than those who do participate. As such, it may be useful to target communications highlighting mental and social benefits of physical activity at those demographic groups with the lowest levels of participations.

4.1.2 Perceived Downsides of Exercise

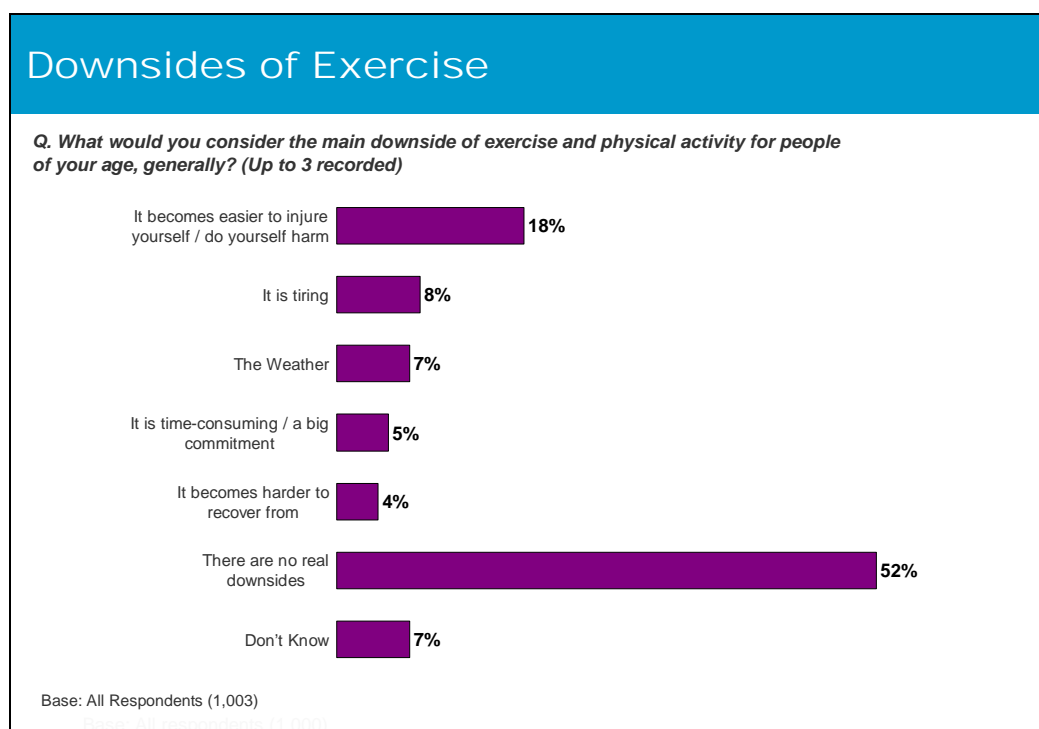


Figure 4.2 Perceived downsides of exercise

When asked about the downsides of exercise and physical activity, the most popular response, given by 52% of older people, is that “there are no real downsides”. A significantly greater proportion of those aged between 50 and 64 years of age, compared to those aged 65 years or older, identify 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. Apart from this, there are no significant differences of note between demographic groups with regard to the downsides of exercise and physical activity.

4.2 Attitudinal Statements - General

Respondents were also presented with a number of statements relating to older people and physical activity and asked to indicate their level of agreement with the statements. The results are reported below.

Attitudinal Statement: “Older people should undertake age-appropriate activities, rather than trying to do the same activities young people do.”

Overall, 71% of older people agree or strongly agree with the above statement. While there are some differences in attitudes between demographic groups and between participants and those who had not participated, these differences are not significant. When we look at the opinions of those participants who are highly active, the difference is even starker. 30% of those who are highly active disagree or strongly disagree with the above statement, compared to 23% of those in the low activity category.

Attitudinal Statement: “Just doing household chores and/or gardening is exercise enough when you get to my age”.

Overall, only 29% of older people agree or strongly agree with the above statement. There is a significant difference between participants and those who have not participated in physical activity in the last four weeks. 36% of non-participants agree or strongly agree with this statement, compared to 22% of participants. 41% of those aged 65 and older agree or strongly agree with the above statement, compared to 21% of those aged between 50 and 64 years.

4.3 Attitudes to Personal Physical Activity – Motivations & Barriers

4.3.1 Motivations

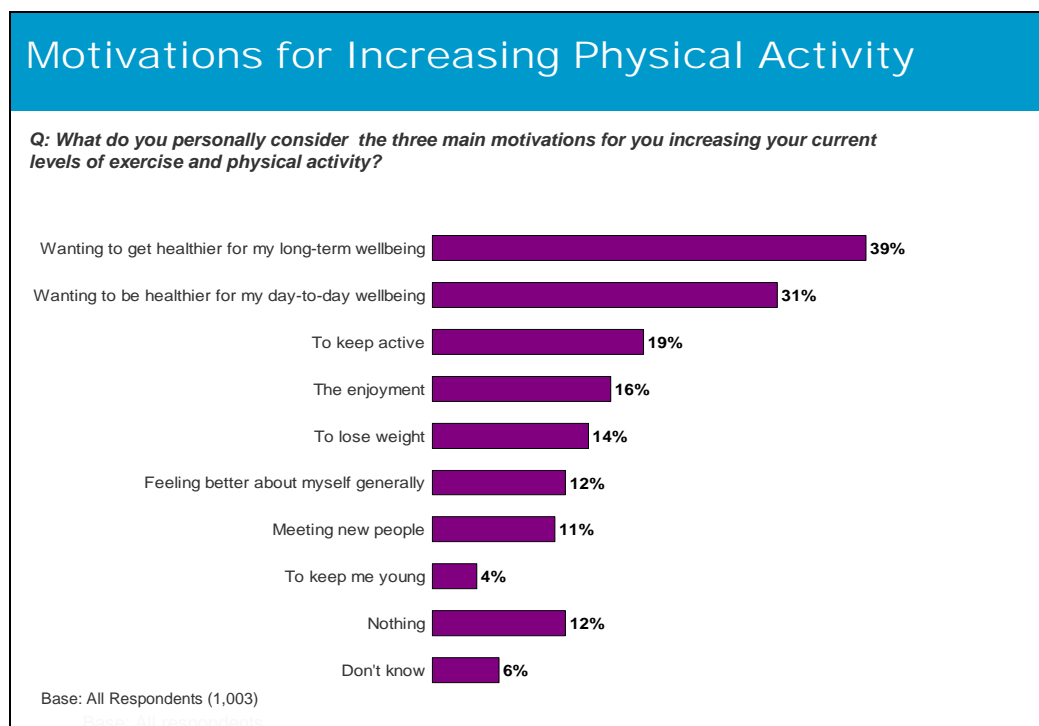


Figure 4.3 Motivations for increasing physical activity

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. 39% consider “wanting to get healthier for their long-term wellbeing” as their main motivation, while 31% cite their main motivation as “wanting to get healthier for their day-to-day wellbeing”. In 2006, the respective popularity of these two responses were reversed. This may suggest that older people are beginning to consider greater participation in sport as an investment in a healthier future and longer life, rather than an activity that will reap immediate rewards.

A greater proportion of those aged 50-64, compared to those aged 65 and older, identified long-term wellbeing as one of their main motivations. A significantly greater number of participants also identify one of their main motivations as “feeling better about myself generally”. This may again underline the hypothesis that those who participate in sport or physical activity are most aware of the psychological and social benefits of physical activity and exercise.

4.3.2 Barriers

The two principal barriers to increasing current levels of activity identified by respondents are: “not enough time”, identified by 31% of older people, and “my health”, identified by 21% of older people.

Respondents aged 65 and older are significantly more likely than younger respondents to identify health-related barriers (‘my health’, ‘muscular/skeletal problems’) as impediments to them increasing their current levels of exercise and physical activity. Respondents who had participated are significantly more likely to identify “not enough time” as a principal barrier to increasing current levels of activity.

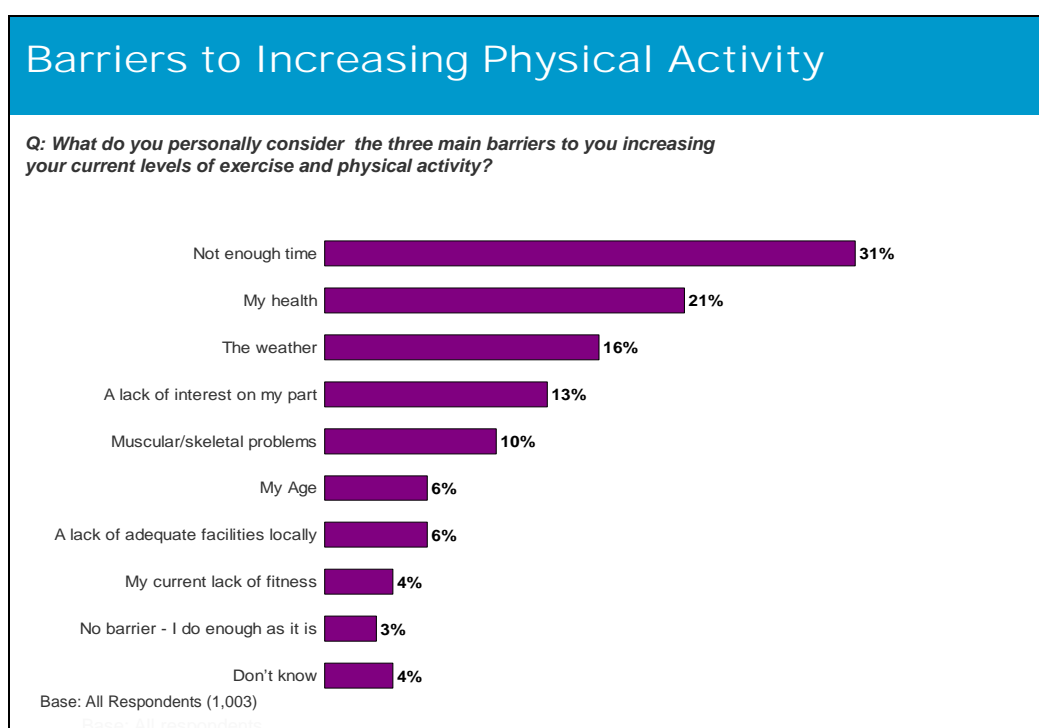


Figure 4.4 Barriers to increasing physical activity

These results will provide a stimulus for future communications material targeted at challenging some of the more commonly-held *stereotypical* barriers to participation, such as the *perceived* dangers of sports participation and physical activity or *perceived* lack of sport facilities.

4.4 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.

4.4.1 Sporting or Social Club Membership

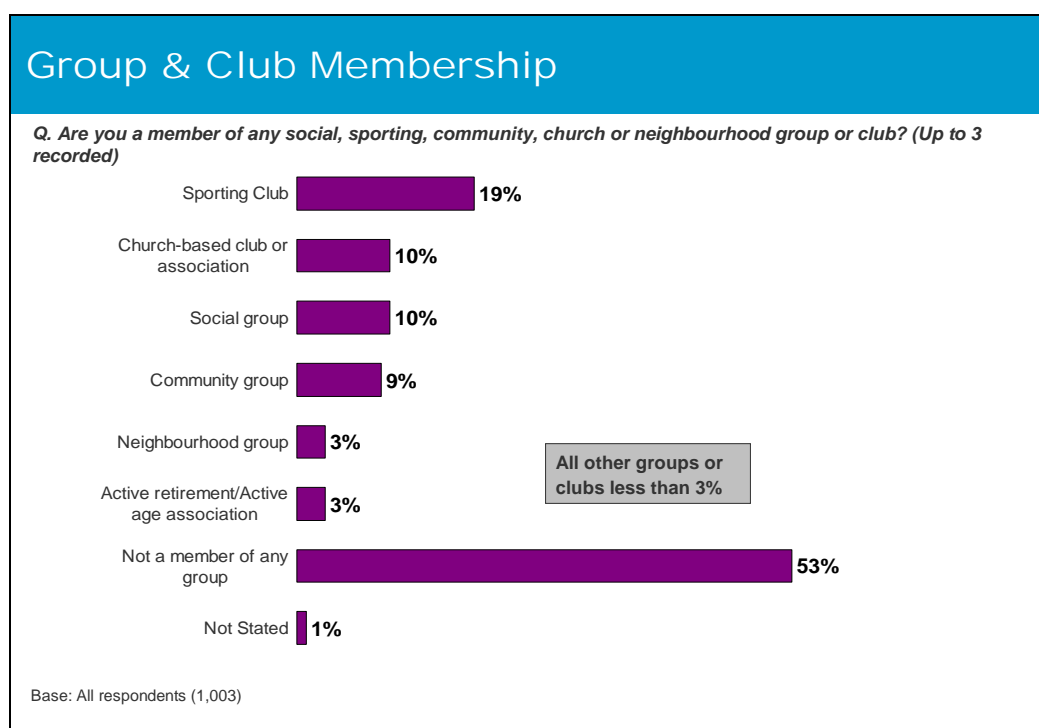


Figure 4.5 Group & club membership

The most popular clubs or groups for older people are sporting clubs. 19% of older people are members. As might be expected, sporting club membership is greater among sports participants than non-participants. 34% of participants are members of a sporting club, compared to 9% of non-participants. However, 53% of all older people are not a member of any group. Again, there are differences in this proportion when participation is taken into account. 37% of those who participated in physical activity are not a member of any group, compared to 65% of those who have not participated in physical activity, a statistically significant difference.

Those who were not members of a group or club were subsequently asked what would most encourage them to join or get involved in such activities.

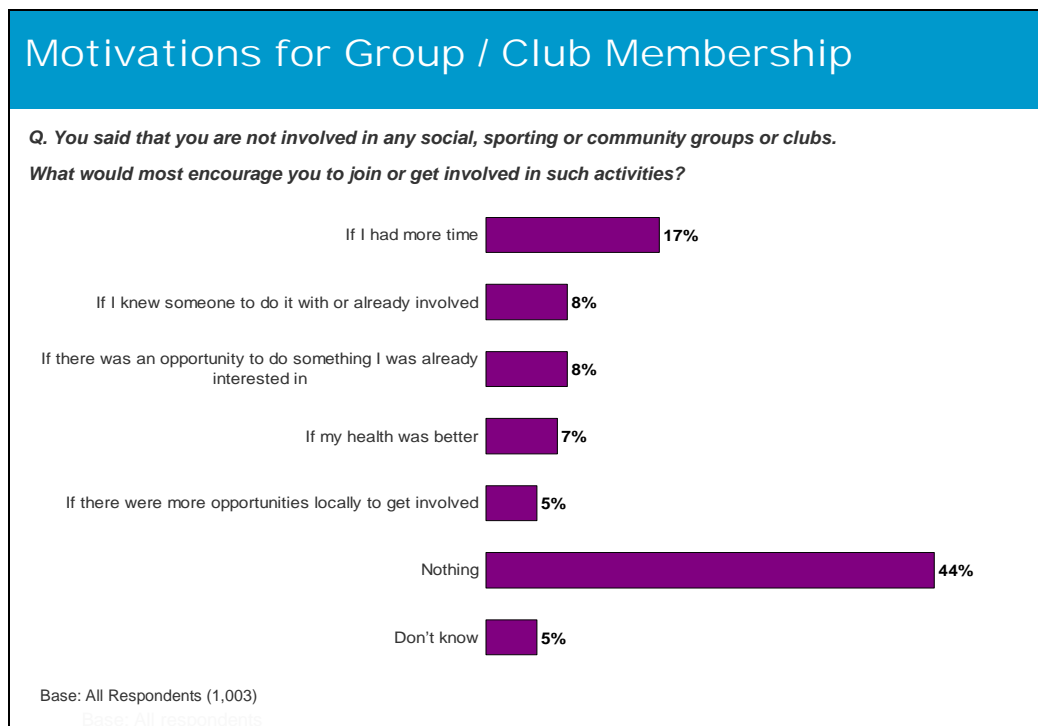


Figure 4.6 Motivations for group & club membership

17% of all respondents say 'If I had more time', they would get involved in club or group activities. However, only 6% of those aged 65 and older gives this response, compared to 23% of those aged 50-64. 44% of respondents state that 'nothing' would encourage them to join or get involved in such activities. 38% of those aged 50-64 gives this answer, compared to 55% of those aged 65 and older.

Of course, it is important to recognise that there will always be a certain proportion of individuals who cannot be persuaded, by any means, to get involved in such activities: this represents a 'frontier of performance' for those wishing to promote positive changes in behaviour. Nonetheless, the Carter Report (2005) would indicate that many of our European counterparts have significantly higher levels of sporting club membership among older people than is the case in either England or Ireland.

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

Most older people who are members of a group or club are members of one group or club only. 8% of older people are members of two groups or clubs and 3% of older people are members of three or more groups or clubs. 57% of those who are members of two or more groups participate in sport, compared to 28% of those who are not members of any group.

4.4.2 Local Facilities

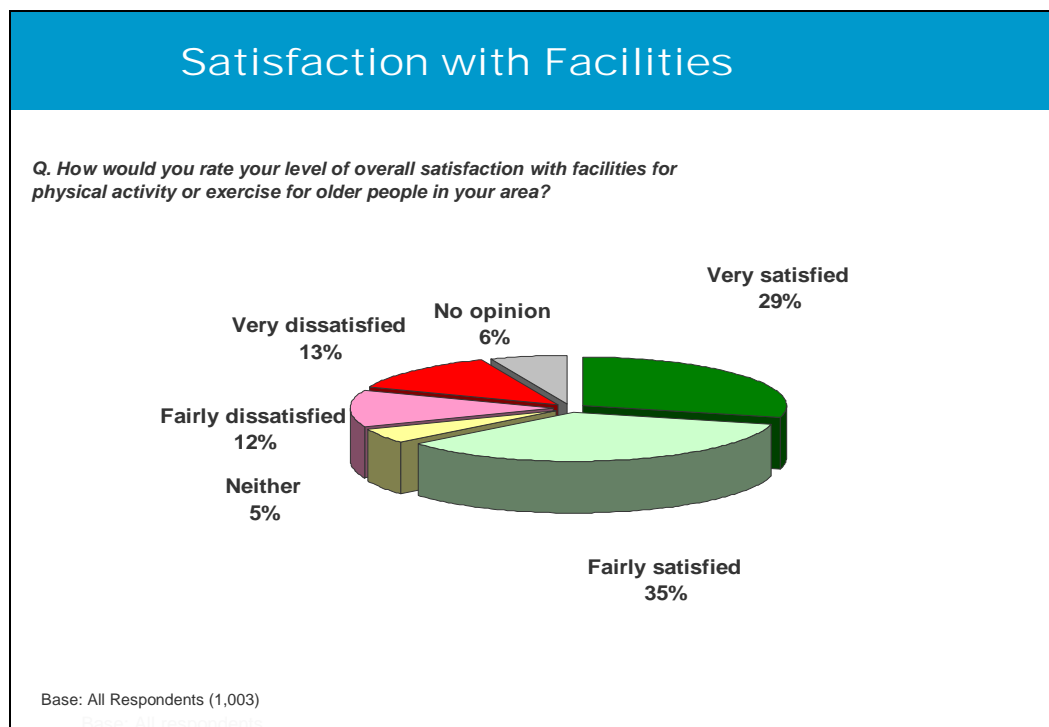


Figure 4.7 Satisfaction with local facilities

Overall, 64% of older people are very or fairly satisfied with facilities for physical activity or exercise for older people in their area, compared to 57% in 2006. 68% of participants are either very or fairly satisfied, compared to 61% of non-participants, which is a significant difference. This suggests that it is likely that a proportion of non-participation is involuntary i.e. that facilities are unavailable rather than unused.

Attitudinal Statement: There are very few opportunities in my local area for people of my age to exercise or be physically active.

Overall, 36% of respondents strongly or slightly agree with the above statement. 60% strongly or slightly disagree. 40% of non-participants agree compared to 31% of participants, a statistically significant difference. Again, this may be a further indication that a proportion of non-participation is due to a lack of opportunities, rather than voluntary non-participation. However, Age & Opportunity may wish to challenge the

belief that sports participation requires facilities and that a lack of local sporting facilities represents a barrier to an active lifestyle.

4.5 Awareness of Go for Life

The final section of the questionnaire measured respondents' awareness of the Go for Life programme and Physical Activity Leaders.

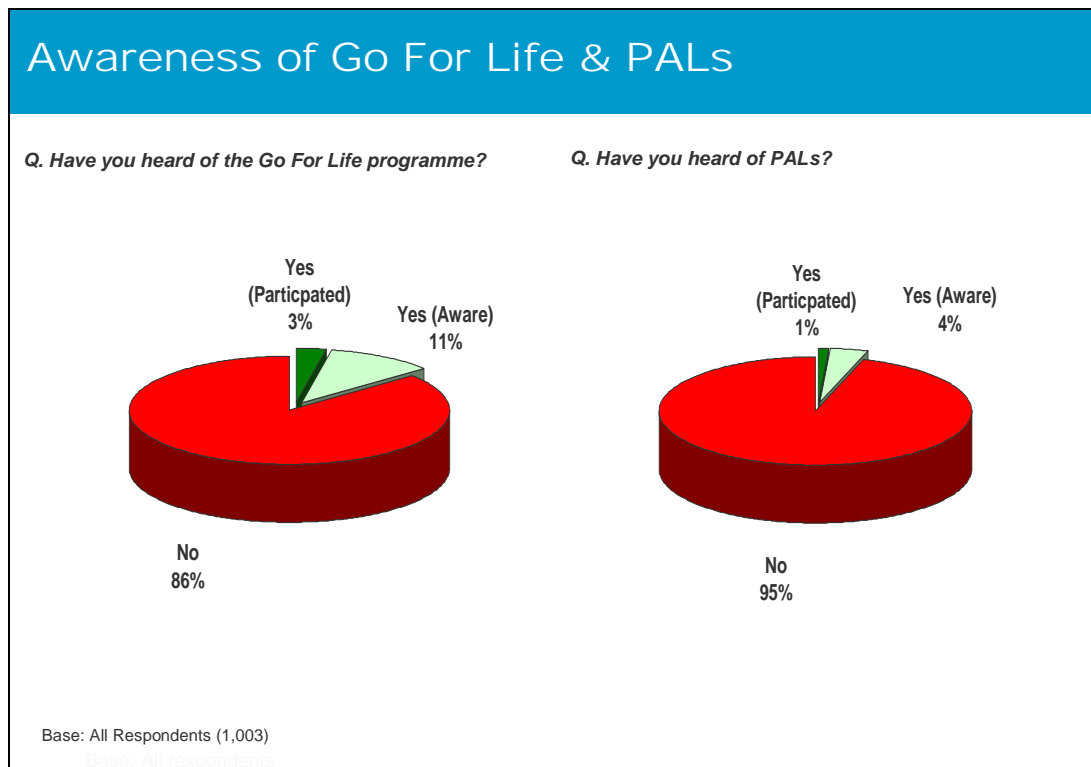


Figure 3.2 Sports / Physical Activities Played

As we can see from the figure above, 86% of older people have not heard of Go for Life. 11% are aware of the Go for Life programme and 2% have participated. 2% of men have participated in the Go for Life programme and 4% of women have. 5% of those aged 65 and older have participated in the Go for Life programme. 19% of respondents who are members of social club are either aware of the Go for Life programme or have participated in some of its activities.

95% of respondents have not heard of PALs. 4% are aware of PALs and 1% have participated in PALs workshops. 7% of respondents from Connaught/Ulster and 6% of respondents from Munster are aware of PALs.

5. Conclusions & Recommendations

5. Conclusions & Recommendations

This concluding section of the report draws together the findings from this survey and, where appropriate, provides comparisons with the conclusions from the 2006 study. A number of recommendations for future policies and initiatives aimed at encouraging greater physical activity among older people in Ireland are also identified.

5.1 Conclusions

- *Overall participation results consistent with 2006 survey but indications of improving quality of physical activity*

The results reported here shows that the overall level of participation in sport & recreational physical activity among older people in Ireland is effectively unchanged since 2006. 40% of older people have participated in sport or recreational physical activity in the last four weeks in 2008, compared to 39% in 2006. As in 2006, the distribution of participation in sport & recreational physical activity among older people in Ireland continues to be significantly skewed towards males, higher socio-economic professional groups and those aged between 50 and 64 years of age.

Nonetheless, the level of participation in sport and recreational physical activity among those aged 65+ increased from 34% in 2006 to 37% this year. Furthermore, there are a number of other encouraging developments which suggest that **the quality of recreational physical activity, including walking, is improving**. These include:

- An increase between 2006 and 2008, from 28% to 40%, of respondents who have participated in at least one physical activity that has raised their breathing rate;
- An increase between 2006 and 2008, from 64% to 70%, in the number of respondents aged 65 and older who have done at least one continuous walk, lasting at least 30 minutes;
- An increase between 2006 and 2008, from 13% to 16%, in the number of respondents aged 65 and older who have engaged in levels of physical activity sufficient to achieve health benefits;
- An increase between 2006 and 2008, from 13% to 17%, in the number of respondents from lower socio-economic groups, who have engaged in levels of physical activity sufficient to achieve health benefits.

- *Most recreational physical activity is still low intensity activity*

As in 2006, despite the 40% of older people who have participated in sport or recreational physical activity in the last four weeks, less than half that figure (19%) or 1 in 5 older people are engaging in levels of physical activity sufficient to achieve health benefits. This compares positively to the figure of approximately 1 in 7 (15%) recorded in 2006. However, there are indications that the quality of physical activity and exercise is improving, as evidenced by the significant increasing in the proportion of older people who have raised their breathing rate during physical activity.

Furthermore, 4% of respondents achieved levels of physical activity sufficient to achieve health benefits through participation in sport or recreational physical activity alone, compared to only 1% in 2006.

- *Walking remains critical to the achievement of health-enhancing physical activity for older people*

In 2006, 12% of older people achieved the health guidelines of five periods of 30 minutes activity weekly for the last four weeks through walking alone. In 2008, 11% of people achieve the health guidelines of five periods of 30 minutes activity weekly for the last four weeks through walking alone. 4% achieve these guidelines through a combination of walking and recreational physical activity, compared to 2% in 2006. The conclusion is that recreational walking continues to be 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.

The increase in the proportion of older people achieving 'health-enhancing' physical activity levels through a combination of walking and recreational physical activity also indicates that walking is being effectively supplemented by sport or recreational activity of the required intensity, supporting the earlier finding of increased **quality** of activity.

- *'Low activity' older people appear most resistant to messages*

It is suggested above that the 2008 survey indicates some increases in the quality of physical activity in which older are engaging, particularly with the increase in older people engaging in 'health-enhancing' physical activity levels. However, while this is encouraging at an overall level, the results also show that this increase in the proportion of older people engaging in 'health-enhancing' physical activity levels is accounted for by the decrease in the proportion of older people in the 'medium activity'

This might suggest that many important messages around physical activity by older people, such as the importance of intensity and duration, are being acted upon by older people. Unfortunately, there has been effectively no change in the proportion of older people in the 'low activity' category, which suggests that these messages are not being acted upon by those groups who need to heed them most.

Responses to attitudinal questions also suggest that the differences between 'highly active' and 'low activity' older people, or between participants and non-participants, are reflected in their opinions, as well as their actions. 36% 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 22% of participants. Only 16% of those who were highly active agreed or strongly agreed with the statement, compared with 38% of those in the low activity category. The conclusion here is that many people, particularly non-participants, may simply not be receiving the messages that the level of physical activity they engage in is insufficient to produce health-enhancing benefits or that health-enhancing physical activity can be achieved through walking.

- *Participation in 'health-enhancing' sport and recreational physical activity is associated with other social activity*

As in 2006, there is a clear pattern between engagement with social activity other than sport and recreational physical activity and participation in sport and recreational physical activity. If we take a number of different indicators of social engagement, such as group or club membership, walking accompanied with a group or friend, internet access and location (urban/rural), we see the consistency of this relationship. Those in the 'low activity' category are most likely to walk alone, rather than with a friend or a group. 47% of those with internet access in their home are participants, compared to 30% of those without.

Finally, with regard to social club membership, 37% of those who participated in physical activity are not a member of any group, compared to 65% of those who had not participated in physical activity. This compares to the 2006 figures of 43% and 61%, respectively. Without determining causality, we can say that there is a clear association between these indicators and participation. 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 most difficult to reach.

5.2 Recommendations

Recommendations – Communications Target, Content & Emphasis

- **Target the sedentary**

The research reported here provides evidence that recommendations from the 2006 survey with regard to communications have been achieved, particularly the emphasis on the *quality* of physical activity (i.e. intensity and duration) undertaken by participants. However, this message has been most successful with those older people who are already participating in sport or physical activity, who have improved the intensity or duration of their participation in physical activity.

The challenge for Age & Opportunity now is to communicate its messages to the 59% of older people who are sedentary, whose total weekly physical activity amounts to a weekly average of **less than one period of physical activity** of sufficient intensity and duration. As in 2006, this remains a goal for the organisation.

Thus, the recommendation is for Age & Opportunity, government and relevant stakeholders is to focus future communications through mass media on those older people who are currently not engaged with Age & Opportunity, its programmes, or any of its partner organisations or related physical activity programmes.

- **Challenge misconceptions, particularly among non-participants**

Again, while the research reported here provides evidence that communications regarding the *quality* of physical activity (i.e. intensity and duration) have been successful, there are other areas which pose communication challenges for Age & Opportunity. One specific area is the popular stereotypes and misconceptions held by non-participants, which act as barriers to their participation in sport and physical activity.

Significantly, the survey results show that the differences between active and sedentary older people, or between participants and non-participants, are reflected in their opinions, as well as their actions. Non-participants are more likely than participants to believe that physical activity is more injurious to their health than sedentarism whereas the reality is that a sedentary lifestyle is much more dangerous than participation in physical activity.

The recommendation, therefore, is to target educational communications to non-participants on specific misconceptions which act as barriers to participation.

- **Emphasise Long-Term Benefits**

The results of the survey suggest that older people are becoming more aware of the *long-term* benefits of participation in sports and physical activity. In contrast to the 2006 results, the 2008 results show that older people are more likely to cite “*wanting to get healthier for my long-term wellbeing*” than “*wanting to be healthier for my day-to-day wellbeing*” as a principal motivation for increasing current levels of exercise and physical activity. As outlined earlier in the report, levels of life-expectancy for the Irish adult population are increasing. As such, it is not simply the *immediate* benefits of physical activity that should be promoted, particularly when we consider non-participants’ fears of injury (discussed above).

Thus, the recommendation is for Age & Opportunity, government and relevant stakeholders to emphasise the *long-term* benefits of regular participation in sport and physical activity.

Recommendations –Programme Delivery

- **Maximise programming opportunities**

The research suggests that, on the evidence of the sports and physical activities in which they participate, many older people avail of sporting and physical activity opportunities provided by private gyms and sports clubs (e.g. golf clubs), rather than relying solely on public, community or local authority facilities. Typically, Age & Opportunity’s **Go for Life** and other similar programmes are delivered through local authority sporting or community facilities.

The evidence presented here is that engagement with private sector facilities to deliver exercise or physical activity programmes to older people may also enable Age & Opportunity and other relevant stakeholders to reach a wider audience and even offer a broader spectrum of physical activities to programme participants.

It is therefore recommended that Go for Life explore the opportunities for collaboration with private sector sporting facilities and organisations, such as private gyms or golf clubs, to deliver physical activity programmes or communications to older people.

Recommendations –Strategy

The 2006 report recommended that the government and other stakeholders such as the Irish Sports Council, Department of Health & Children, and Age & Opportunity commit to a target of increasing the proportion of older people engaged in 'highly active' levels of physical activity by 1.5% over the life of the Irish Sports Council's current 2006-0 *Building for Life* strategy. In fact, the proportion of older people engaged in 'highly active' levels of physical activity has increased by 4%. The challenge now is to reduce the proportion of older people in the 'low activity' or 'sedentary' category.

Thus, it is recommended that the government and other stakeholders, such as the Irish Sports Council, Department of Health & Children, Age & Opportunity, commit to a target of reducing the proportion of older people engaged in 'low activity' or 'sedentary' levels of physical activity by 5% over the course of its next strategy through appropriate mechanisms (e.g. policy and programme funding).