



HEALTH EQUITY PILOT PROJECT

Physical activity

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Two reviews combined

1. The nature and extent of inequalities in physical activity across Europe
2. Evidence for interventions or approaches to address inequalities

The nature and extent of inequalities in physical activity across Europe

No clear picture!

- The relationship differs by type of activity
- Some of the relationships differ by country or region
- Further complicated by influence of socioeconomic status on overall health.

Children

- 'Low-affluent' less likely to achieve 60 minutes of moderate-vigorous physical activity daily
- Regular leisure-time physical activity less prevalent in lower socio-economic groups
- Lower childhood socio-economic position associated with modest reductions in physical capability levels in adulthood
- Lower levels of physical activity in children among some migrant and/or non-European ethnic groups compared to Europeans/Whites

Adults

- Difference between Southern and Northern European countries
- In Southern Europe, higher socio-economic groups are less active
- In Great Britain and Ireland, higher socio-economic groups are more active

Adults (2)

- Difference in types of activity
- Lower socio-economic groups more active through work
- Higher socio-economic groups more active in leisure time
- Higher socio-economic groups engage in more vigorous physical activity during leisure time than lower socio-economic groups

Adults (3)

- There is no clear pattern for active travel.
- Access to recreational or green spaces is lower among socially disadvantaged individuals
- The 'walkability' of an area may be more important than neighbourhood socio-economic position
- Lower levels of physical activity among some migrant and/or non-European ethnic groups compared to Europeans/Whites

2. Evidence for interventions or approaches to address inequalities

Urban regeneration programmes, urban design and land use/transport policies

- Generally effective at increasing population activity levels
- No evidence of any differential impact
- **Likely to reduce** inequalities in health if they are applied in areas of greatest need.
- Area-based initiatives are often targeted at deprived areas, aiming to regenerate areas blighted by previous industry or poor housing.

Urban regeneration programmes, urban design and land use/transport policies

- The overriding principle: new designs should aim to create liveable environments in which people can safely and easily walk, cycle and use public transport, rather than being designed around motorised transport

Cycling interventions

- Effective at increasing rates of cycling
- No evidence of their differential impact
- Cycling infrastructure targeted to areas of greatest deprivation is **likely to reduce** health inequalities
- Promotional activities are likely to perpetuate or widen inequalities - cycling is taken up by higher socio-economic groups first.
- Cycling interventions need to be tailored to the specific circumstances of each country.

Walking interventions

- Appear to be effective at increasing rates of walking
- No evidence of their differential impact.
- Interventions to create more amenable places for walking, and that link important destinations, are **likely to reduce** inequalities if targeted to areas of deprivation.
- Across Europe, more people walk regularly for transport than cycle, so the effective promotion of walking has great potential for public health impact.

Active travel

- The best approaches consider distance, and will promote walking for shorter journeys (1-2km), cycling for longer journeys (2-10km), and facilitate public transport for longer trips.
- Co-benefits include improving air quality and social cohesion
- Important to consider issues of accessibility for more disadvantaged groups or people with disabilities.

Active travel (2)

- Modifications to the environment to support walking and cycling may be politically more popular than many public health actions such as nutrition-related actions.
- Modifications generally involve reallocation of existing budgets rather than additional investment.
- Likely to be cost-effective, since walking and cycling infrastructure cheaper than roads

School-based interventions

- Strong evidence base including whole-school approaches, and the WHO Health Promoting School framework
- Only limited evidence of their differential impact.
- Likely that whole-school approaches can make a positive contribution to reducing inequalities in physical activity (and health outcomes) if they are
 - planned appropriately and applied across the entire school,
 - targeted towards more deprived areas;
 - employ strategies to ensure involvement among the most deprived students.

Workplace interventions

- Can be effective at increasing active travel and total physical activity
- Little evidence on their differential impacts
- Likely that blanket approach to workplace health could widen inequalities; need to target resources at small and medium enterprises and employers in deprived communities.

Primary care-based approaches

- Counselling in primary care is effective at increasing physical activity short-term
- A well-planned and universal counselling scheme offered to everyone at risk who attends primary care would seem likely to have an equal uptake and impact across socio-economic groups.
- Exercise referral schemes are not effective at increasing physical activity short-term
- Referral schemes more likely to be taken up by higher socio-economic groups who have the resources (time, money, lack of barriers) to attend a leisure centre when referred.

Targeted individual and group approaches

- Effective at increasing physical activity levels
- Little or no evidence on their differential impact
- Concern that these types of programmes would widen health inequalities through differential uptake and maintenance by people from different socio-economic groups.

Individual and group-based environmental/conservation activities

- Likely to increase health inequalities through differential uptake favouring higher SES groups, and should only be implemented with caution.

Conclusions

- There is sufficient evidence to take action on physical activity across Europe without increasing health inequalities.
- Physical activity interventions and approaches – particularly creating safe and appealing environments for walking and cycling – may be practicable and politically acceptable in the current political climate.
- Action needs to be taken at all levels
- Governments need to understand the relationship between socio-economic status and physical activity in their own countries and take action accordingly.

Thank you!

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