

Keep on moving

Understanding
physical inactivity
among 50-70
year olds

September 2021



About us

Centre for Ageing Better

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

Find out more at ageing-better.org.uk

Contents

Executive summary	4
Psychological barriers and motivators	7
Physical activity and identity	7
Negative role models	8
Maintaining independence now and in the future	9
Managing weight	10
Physical activity as a priority	10
Confidence	11
Practical barriers and motivators	12
Peer and family support	12
Cost and facilities	13
Long-term conditions	14
Providing care	14
Retirement	16
Conclusion	17
References	19
Appendix A: Research methodology	21

Executive summary

Physical inactivity is one of the leading risk factors for poor health and disability in later life (Newton et al, 2015).

This was true before the COVID-19 pandemic. But now, lockdowns and restrictions on social activity mean that many people are less active than ever before. Others remain as inactive as they were before the pandemic started.

Increasing activity levels for those aged 50–70 is a vital part of ensuring that we can make the most of our longer lives. Our research shows that everybody knows that being physically active is good for them; ignorance of the benefits is not the issue. But there are complex practical, psychological, and emotional barriers that mean many people do not take the step from knowing this, to taking action.

These barriers need to be addressed in local areas, using a whole systems approach to support physical activity in the community. Our ageing population means we need to take rapid action to improve people's physical activity levels, so that we are all able to enjoy our longer lives.

The proportion of people who are inactive rises with age, with nearly a quarter of people aged 50 to 70 doing less than thirty minutes of physical activity a week and classed as inactive (NatCen analysis of Active Lives Survey 2018/19). Existing surveys show that those who are most likely to be inactive in this age group include people from certain minority ethnic

backgrounds, particularly those from South Asian ethnic backgrounds, nearly 40% of whom are inactive. 60% of people who are unable to work due to illness or disability are inactive, as are almost half of people with no qualifications (Natcen analysis of Active Lives Survey 2018/19).

While existing surveys indicate who is more likely to be inactive, there is little research around the barriers and motivators specific to people in mid-life. To increase our understanding, Ageing Better commissioned a research project to find out more about the experiences, barriers and motivations for physical activity in people aged 50–70.

The research team looked at the existing research base and spoke to 54 people in this age group about their activity levels. More detail on the research approach is outlined in Appendix A. This report summarises the key findings from that research, and our wider understanding of inactivity in people approaching later life.

Key findings

1. **Everyone knows that they should take part in physical activity**, but whether they feel able to do so is intertwined with the complexities of their lives.
2. **Maintaining independence rather than living longer is a key motivator to become more physically active:** most participants emphasised the potential to improve their quality of life as they aged.
3. **Preventing poor health in the future was a key motivator for many participants.** The influence of negative role models was often mentioned in relation to this; for example, ‘I do yoga so I don’t end up like X’.
4. **Many participants had a limited view of what constitutes physical activity and were not aware that everyday activities such as shopping or gardening are an important part of being physically active.** Few participants considered the importance of strength and balance training or mixed intensity activities.
5. **Common life events – such as becoming a carer, being diagnosed with a long-term health condition, and retirement – were triggers preventing participants from being physically active.** They could also therefore be triggers for interventions.
6. **Whether participants identified as ‘sporty’, ‘inactive’ or even ‘lazy’ influenced how they perceived potential motivators and barriers.** Taking this into account may prove fruitful in identifying strategies to help individuals overcome these barriers.
7. **Family and peer support are very important motivators to maintaining physical activity.** The social element of exercise is also a key driver for many – providing a sense of accountability and enjoyment.
8. **Retirement did not affect different participants’ physical activity in the same way.** For some, having more time in retirement led to increased activity levels.

Although there was a huge diversity of barriers and motivators amongst people in this age group, broadly speaking they fell in to two categories: psychological and emotional barriers, and practical barriers, which are explored in the rest of this report.

Recommendations



National government should:

- Prioritise physical activity as part of the pandemic recovery, working with local government, local health systems, the fitness and leisure sector and the voluntary and community sector to fund, create and adapt approaches that enable a diverse range of people aged 50–70 to engage with physical activity.
- Support more people in mid- and later-life to be physically active by investing in cost-effective strength and balance programmes.
- Promote active travel by continuing to invest in walking and cycling infrastructure.
- Promote, test and pilot behaviour change interventions that tackle emotional, psychological and practical barriers specific to people in mid- and later-life. These should ensure focus on key transitions in people's lives to enable habits to change.



Local government should:

- Adopt whole systems place-based approaches to supporting people aged 50–70 to become more physically active. These will differ by location but must be grounded in an understanding of people's preferences and abilities and focused on both demand (identifying those who might benefit from physical activity interventions) and supply (improving local provision of physical activity interventions).



Local health systems should:

- Embed physical activity in local health and social care systems, including the upcoming Integrated Care Systems (ICSs), which will be crucial to any whole systems place-based approach
- Enable the NHS, working in partnerships with others, to identify people who might benefit from physical activity, connect them to opportunities, and support them to overcome practical, emotional and psychological barriers to engage



The fitness and leisure sector should:

- Create an inclusive and welcoming environment for people of all ages
- Ensure staff are trained to support people aged 50–70 with long-term health conditions
- Ensure staff are as diverse as the populations that you offer activities to
- Implement the full recommendations of the recent ukactive report to improve their offer for people approaching later life (ukactive, 2021)

Psychological barriers and motivators



Physical activity and identity

Participants generally described themselves as either being the ‘sporty’ or ‘not a sporty’ type, rather than considering activity levels more broadly, e.g., outside of sports/competition-based activities. Many related their identity as a sporty or non-sporty person to their experiences of playing sport when they were younger. Although participant’s identities and priorities evolved over time, some maintained a strong identity as a person who was always physically active.

“

The thing is, I have always done exercise. When I was at school, I was on the cross-country team. And I was in the gymnastics team, I was on the netball team. And when I left school, I just automatically started doing exercises, I’d go to a keep fit class and even when I had children, I used to sometimes have a sitter or family member, or somebody sit with them whilst we go out.

Female, 50, working, active always, Caribbean ethnicity

A few participants felt that because they had never been ‘sporty’, regardless of any changing circumstances in their lives, they were never going to change. For them, no amount of encouragement or attempts to overcome practical barriers would help because there are those who are active, and those – like themselves – who are not:

“ **You are what you are. If I was mentally programmed to be more active, I would be.**

Female, 70, retired, inactive always, White British ethnicity.

Identifying as active or inactive was reported as a lifelong motivator or barrier by a small minority of participants – most focused on the practical circumstances of their lives at that moment (see below). But this finding from the research is worth exploring further in behaviour change interventions – as people who hold these different self-perceptions are likely to respond quite differently to messages and incentives to help them overcome any practical barriers.

Negative role models

One key new finding from the qualitative interviews was that ‘negative role models’ can motivate individuals to engage in more physical activity. By and large, these ‘negative role models’ were people the participant knew personally, rather than a celebrity or someone else in the public eye:

“ **Because I’ve got some friends and I see them with a stick, younger than me. And I think why, why have they got a stick, you know. I don’t really question people but you’re not supposed to be like that, you know what I mean?**

Female, 63, working, inactive always, Black British ethnicity

There were some examples of participants referring to inspirational active older people, but they were rare: ‘I don’t want to end up like...’ was much more common than ‘I’d love to be like...’. There is clear evidence that attaching stigma to certain health conditions, particularly being overweight or living with obesity, results in negative health outcomes, including reduced participation in physical activity (Vartanian and Shaprow, 2008; Salas, 2017; Segar et al, 2011).

Focusing on the fear of becoming the person you see so negatively is unlikely to improve activity levels overall and may lead to poorer outcomes for the individuals who are perceived this way. Instead, focusing on the prospect of better health and continued independence may well be a more fruitful avenue for communications around physical activity for this age group.

Maintaining independence now and in the future

While many of the participants spoke about the role of physical activity in promoting good physical and mental health, preventing ill-health was often more compelling as a motivator. Physical activity was discussed in relation to a whole range of long-term conditions including: obesity/being overweight; heart conditions; diabetes; maintaining muscle strength; blood pressure; cancer; kidney conditions; COVID-19 and blindness/bad eyesight.

For some, physical activity was inextricably linked to preventing long-term conditions developing or worsening, and maintaining their independence:

“ I think it’s very good to be independent...to me, independence means being mobile. I really wouldn’t want to get into the situation where I ... had the mobility issue if I could possibly avoid it. So...I suppose part of the motivation for walking around. Not something that’s necessarily pleasurable in itself, but necessary to just promote general health and hopefully stave off any longer-term problems.

Male, 56, working, inactive always, White British ethnicity

Other participants linked physical activity to reducing their chances of needing care in later life:

“ He’ll say to me, Mum, you need to be more active, you need to watch what you eat. He’ll say to me, Mum, I don’t want you to be like my grandma... Because he’s looking at, you know, along the line, where I’m going to have to look after my mum when she gets to that age and I want her to be able to... I mean my mum, I can’t move her because I’m on my own so I’m gonna have to do everything for her to look after her.

Female, 52, not working, inactive recently, Black British ethnicity

Very few participants made the link between physical activity and living longer, with more focus on quality of life (including better health and a desire for independence).

Managing weight

Participants often equated body weight with fitness and frequently mentioned the role of physical activity in managing their weight. The evidence shows physical activity is not the key to weight loss (calorie reduction is) but does support the idea it helps to maintain weight loss, in conjunction with a healthy diet (Cox, 2017; Pontzer et al, 2016). For the participants in our study, losing weight was rarely the sole motivator for being physically active, but it was a factor for some – especially those who spoke about ‘middle-aged spread’.

“**I wanted to get fit... you get sedentary and you get kind of – I did wonder “where did all this weight come from?”. And then you start doing something – and I used to be a relatively good runner.**

Male, 52, working, active always, Black Caribbean ethnicity

Some of those who wanted to get active, or had recently become active, said they had done so because they felt their weight was becoming an issue as they grew older.

“**I would say between my ages of... when you’re starting your career, and... let’s say 25 to about 45ish is when – is a stage where I didn’t put too much benefit on exercising, because you know, your body still kind of looks OK. And then...it kind of**

eventually kind of creeps up on you after you’ve set into your lifestyle, and then you kind of realise ‘Oh, my gosh, I’ve got to do something about this.’

Male, 52, working, active always, Caribbean ethnicity

Physical activity as a priority

All participants recognised that physical activity is important to maintain and improve health. However, while people who were generally active spoke of making physical activity a priority in their lives, some of those who were inactive felt they did not have this ‘intrinsic’ motivation:

“**It’s just having that motivation as well, and just lacking motivation, obviously. I need something to tell me to want to do it, even though they say about my health so I should want to do it. But it’s just kind of getting over that last hurdle**

Female, 55, working, inactive recently, Black British ethnicity

The perception, whether that be internal or external, that knowledge should translate to action clearly affects people's self-worth and confidence. This sometimes meant feeling guilty about their inactivity, regretful of the consequences on their health and occasionally branding themselves as lazy for not doing more:

“ No, in my case it's just idleness... I can't blame anyone else or any of the outside influence that without, it's me myself really.

Male, 70, retired, inactive always, White British ethnicity

“ Obviously, body change wise, because obviously, middle aged spread. You do realise you're expanding... I would have loved to have lost weight.

Female, 56, working, active recently, Black African ethnicity

Confidence

Having the confidence to participate was also identified as a barrier to taking part in physical activity. For example, a number of participants did not use local leisure and gym facilities due to a lack of confidence, or a feeling that they were not aimed at people of their age, body size or body shape. Other issues raised included feeling out of place, unconfident in their use of equipment or suggesting that gyms were places for people to 'show off'.

“ No, I did go to the gym a few times. But there's too many girls, tiny little girls there so I kept stopping it. Couldn't do anymore.

Female, 56, retired, inactive always, White British ethnicity

Some of those who had developed a long-term condition had suffered a loss of confidence as a result, making them feel uncomfortable going back to being active, or starting to be more active.

“ When I was younger, even into my 40s I was very gym orientated. I then had two long-term illnesses, I think that's kind of knocked me sideways. It's trying to get the mindspace back into the physical side of you know, the gym or cycling. So, you know, I used to ride a lot as well. But, yeah, and also the lockdown and the ongoing issue. It's, you know, it's knocked my confidence, it's knocked my self-esteem a bit, so I just don't really do as much as I used to.

Female, 55, working, inactive recently, Black British ethnicity

Practical barriers and motivators



Our relationship with physical activity is complex, and for many people who are inactive, it is a combination of psychological and practical barriers that affect their levels of activity. Many of the practical barriers are common across all age groups, including a lack of time and the presence (or absence) of support from family and friends. There are also barriers that people are more likely to experience around this time of life, including needing to provide care, transitioning to retirement, or being diagnosed with a long-term condition.

Mitigating practical barriers to physical activity to ensure that opportunities are accessible and inclusive needs to be the first step in helping people to be more active. For the most inactive, tailored support needs to be in place to help them overcome the psychological barriers

that make them feel like physical activity is ‘not for them’ – but the first step needs to be reducing practical barriers to people taking part.

Peer and family support

Existing research shows that across all age groups support from partners, family members and friends are strong motivators for engaging in physical activity, and that a lack of support can be a major barrier to increasing activity for those who are inactive (Horne et al, 2013; McDonald, 2015; Smeaton, 2016). This was true of our research participants as well. How much, and what type, of activity those around them did was an integral part of whether participants viewed themselves as doing enough exercise.

Numerous studies have found that the social aspect of exercise is an important motivator for a lot of people, irrespective of age. The existing evidence suggests the same is true for people approaching later life. There is some suggestion that, as with other age groups, this effect is particularly pronounced for women (Beck et al, 2010). Some participants felt that having someone else to do exercise with would motivate them to be active because they would not want to let someone down, and because this social element meant they were more likely to enjoy it.

“ If you’ve got somebody to do something with, it makes you more likely to do it, rather than thinking it’s not quite as nice today, well, I won’t bother.

Female, 63, retired, inactive recently, White British ethnicity

“ I think it’s motivation, I’ve got no one to go with, I don’t want to go on my own.

Female, 50, working, inactive recently, Indian ethnicity

Cost and facilities

Financial constraints were identified by many participants as a barrier to participation. Some were able to find low-cost ways to be active or had the financial means to take part in the sport of their choice, but this was not always the case. Particularly for people who were inactive, cost was seen as a fundamental barrier to activity altogether.

“ But classes like that tend to be very expensive, very expensive. They seem to be... for a particular section of the community, you know, as opposed to for everyone.

Female, 55, working, inactive recently, Black British ethnicity

Given that many people in this age group are not yet of pension age, discounts to gym or leisure centres are often not available. Several participants believed that offering a discount would encourage them and others to exercise more regularly.

“ Maybe I think sometimes... it’s the affordability because a lot of people don’t, you know, small pensions and overheads to pay... Maybe, you know, I think sports centres like local council centres should offer more, you know, in helping people get back I think they do, but you’ve got to be over a certain age, and maybe they need to lower that age.

Female, 55, working, inactive recently, Black British ethnicity

While not unique to people approaching later life, there are events that are more likely for people in this age group than others and can present real barriers to participating in physical activity.

Long-term conditions

By the time they are approaching later life, more than two fifths (44%) of people have two or more major long-term conditions (Natcen analysis of English Longitudinal Study of Ageing, 2002-2019). This can have a large impact on the kind of physical activity that people feel able to do, and crucially what they can do on a consistent basis. Some of the participants we spoke to had to limit or change their activity levels because of physical limitations, pain or other symptoms.

“**So I can't do any activities then, but you've obviously still got to move. So it hurts when you move, it hurts when you're just sat down and you just think, okay, I'll put my feet up, you know, a couple of hours or something like that. Then when it's time to get up I'm in so much pain as well. My knees get really stiff. So when you went to stand up sometimes as well so it's very very painful. So those are the times where I can't do much activity. I don't give up though because obviously you can't you know, looking after my mum as well as my own health as well, you know, you can't give up. So you have to keep going but it's a struggle sometimes.**

Female, 52, working, inactive recently, Black British ethnicity

Providing care

Many participants spoke about the impact providing care had on their ability to take part in physical activity over their lives. Who they provided care for and what form this took often changed over time, but it still affected their ability to take part in physical activity. For some, this might have involved raising children and then providing care for a partner or grandchildren.

“**I haven't got time to do that. I've got the school run and then I'm going to... wherever my boss is to send us, I'd think I haven't got time for that kind of lifestyle I can't talk to them about going to a gym, or going swimming or doing you know, different activities because I can't do them.**

Female, 50, working, inactive recently, Indian ethnicity

Some had found ways to juggle childcare responsibilities with being active, by making specific time for their chosen activity, or by building activity into their time with those they were caring for.

“**When I was a teenager I was very active. I would say when I had my children I wasn't that active, because I spent all my time with them... I suppose I was chasing them around. Yeah, I was still being active and I used**

to take them to the park and stuff like that and when they got older, I would leave them on the swings whilst I ran around the park... I think by the time my kids were, the eldest one was 10, I was definitely back to getting myself to be fully active again.

Female, 50, working, active always, Caribbean ethnicity

However, providing care was more commonly described as a barrier by participants. Previous research suggests that women in mid-life are expected to put others' needs first and to build routines around the needs of others, leaving little room 'for themselves' (Smith-DiJulio, 2010) – which was how people often described taking part in physical activity.

“ Certainly no time for yourself. When I was caring for my mum I would take the children to school then the rest of the day would be spent sorting her out. Washing her, getting her dressed, appointments, making appointments, and then, then getting the children home from school then everybody for dinner, baths, everything. Yeah, that was always no time for yourself. I hadn't got a lot of time for myself.

Female, 56, retired, inactive always, White British ethnicity

For many, children growing up or leaving home led to expectations of being able to have more 'me time' which could include physical activity, but there were some who felt that they were less motivated to be active now that their children were older.

“ And I think that was because I was out more with the children. I was being motivated, even though you know, they were older, I was being motivated by what they did to what I was doing. So whereas now I come home from work and make tea, I could sit down all night, you know, if I want to, whereas you can't, I couldn't ever do about three or four years ago? It's my children's fault, they left me!

Female, 59, working, inactive recently, White British ethnicity

Retirement

Much of the research on this age group to date has concentrated on retirement as a key transition with the potential for people to increase their physical activity levels. To some extent, this was reinforced by our research participants. Some who were not yet retired were planning for a physically active retirement, yet few had considered how they would become more active. Some who had already retired planned had specific routines that they stuck to, which meant they were very physically active in their retirement.

“ **Normally, well I walk three days per week... Mondays, Wednesdays and Fridays I do an hour's walk. Then I would come back on a Monday and do body pump and Pilates. Tuesday I do legs, bum and tum. Wednesday, I walk for an hour and I do boxercise. Thursday, I usually do, I think body balance and cycling. Cycling, you know, the stationary one. ...Fridays I do I walk again and I have ...balance. Then on the weekends, I might do an hour's walk but I usually do other activities...or take a break sometime, one of the days on the on the weekend.**

Female, 67, retired, active recently, Caribbean ethnicity

However, while having more time available does mean that there is more time for active pursuits, this does not automatically translate to people becoming more physically active in retirement. The availability of time and a desire to be more physically active is a good starting point, but they are unlikely to be sufficient motivators in their own right. This is particularly the case where people consider themselves to be 'busy' or 'always on their feet'- and therefore assume that they are being sufficiently active. A lack of time is also only one practical barrier, and unless other practical, psychological and emotional barriers are overcome there is no guarantee retirement will be a time of increased physical activity.

Conclusion



It is clear from the existing research that a lack of knowledge is not a key driver of physical inactivity. Everyone knows that they should take part in physical activity, but whether they feel able to do so is intertwined with the complexities of their lives. Instead, there are many psychological and practical barriers, such as lack of confidence and cost, which prevent people from being physically active. It is already commonly recognised that there needs to be a whole systems approach to tackling physical inactivity across the population generally, but this approach needs to take in to account the specific needs of people approaching later life. There were nearly 4 million more people aged 50-70 in 2018 than in 1992, and by 2038 one in four people will be in this age bracket (Office of National Statistics, 1992;2018). Yet there are few services or resources aimed explicitly at reducing physical inactivity in people approaching later life. Concentrating only on children and older people risks overlooking the barriers most prevalent in this age group, and the potential intervention points.

Ensuring that physical inactivity interventions and services take account of the needs of all age groups, and are accessible and inclusive, is the first step in making sure everyone can be active. This is not, however, a one size fits all solution. While we need public messaging that reinforces that physical activity is for everyone, we also need specific, targeted interventions for people in this age group who face multiple complex practical and psychological barriers to physical activity. These must be carefully designed- we know that behaviour change interventions tend to be most effective with people with higher incomes and educational attainment (White et. al, 2009), who are not amongst the most inactive. Interventions that have been found to help people maintain or increase physical activity levels, such as incorporating social support, encouraging self-efficacy, motivational interviewing, positive reinforcement and providing choices of activities (Varney et al., 2014) need to be adapted to meet the needs of people in this age group.

Conclusion

To tackle persistent inactivity and preventable disease and disability, **national government** must prioritise physical activity as part of the pandemic recovery, and work with the health sector and gym and leisure sector to reach as many people as possible.

At a **local level**, there is a need to consider all place-based opportunities for physical activity to meet people's preferences and abilities, including encouraging active travel and designing walkable streets. To do this, local governments need national support. In real terms, there has been a fall of 25% per person in local government spend on public health in the last five years (Thorlby et al, 2020). Funding cuts to local government more generally have meant that local areas do not have the capacity or investment they need to encourage physical activity in their locality, and it is they who are most likely to be affected by inactivity driven poor health in their population.

Embedding physical activity in local health and social care systems, including the upcoming **Integrated Care Systems** (ICSs) will be crucial to any whole systems place-based approach. The NHS can work in partnership with others to play a key role in identifying who might benefit from physical activity, connecting them to opportunities and supporting them to engage regardless of their current health status.

We also call on the **gym and leisure sector** to act on the recommendations of the recent ukactive report to improve their offer for people approaching later life (Ukactive, 2021). Some of the ways they can do this are by creating an inclusive and welcoming environment for people of all ages and ensuring staff are trained to support people with long term health conditions.

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Appendix A: Research methodology

This research comprised of an evidence review and interviews with people aged 50–70, undertaken by a research group based at the University of Bristol. This report also uses data from the Active Lives Survey 2018/2019, analysed for Ageing Better by Natcen Social Research.

The evidence review found 16 research papers looking at people 50–70 and their experience of physical activity, which met the following criteria:

- Published in English between 1990 and September 2020
- Classified as a qualitative paper (or qualitative component of a mixed methods paper)
- Research conducted in the United Kingdom
- Reported methods and results clearly, and in full

You can see the full findings of the literature review [here](#), and on our website.

The research team also carried out interviews with 54 people aged 50–70 exploring their experiences of physical activity. Four of those participants also took part in a second ‘deep-dive’ interview, as well as completing a written or photographic diary for three days. While not aiming to be representative, a broad range of people were interviewed. We included a greater number of people from certain groups who the evidence has shown are more likely to be physically inactive. This included people from Black, Asian and Minority Ethnic (BAME)

backgrounds, women and people from lower socioeconomic backgrounds.

Participants were also recruited based on whether they identified with a specific level of activity. However, these classifications are imperfect. For example, a relatively active participant may not recognise that their activity ‘counts’. Below is a breakdown of the participants stated activity levels:

- **Inactive throughout most of their lives:** 5 participants
- **Inactive now, but described being active or moderately active previously:** 32 participants
- **Active now, but described being inactive previously:** 4 participants
- **Active throughout most of their lives:** 13 participants

You can see the full findings of the qualitative research [here](#), and on our website.

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