

Ipsos MRBI



# Physical Activity & Sport 2011

Participation and Attitudes  
of Older People in Ireland





# Contents

<b>Executive Summary .....</b>	<b>4</b>
<b>1. Introduction .....</b>	<b>8</b>
<b>2. Research Objectives &amp; Methodology.....</b>	<b>9</b>
2.1 Research Objectives .....	9
2.2 Measuring Physical Activity Levels .....	9
2.3 Methodology.....	12
2.4 Guidance on Reporting.....	15
<b>3. Participation &amp; Non-Participation .....</b>	<b>17</b>
3.1 Overall Profile of Participants and Non-Participants.....	17
3.2 Participation in Sport & Recreational Physical Activity .....	19
3.3 Participation in Walking.....	22
<b>4. Attitudes to Physical Activity Generally – Benefits &amp; Downsides .....</b>	<b>29</b>
4.1 Perceived Benefits of Exercise .....	29
4.2 Perceived Downsides of Exercise.....	30
4.3 Attitudinal Statements – General .....	31
4.4 Attitudes to Personal Physical Activity – Motivations & Barriers.....	33
4.5 Opportunities for Physical Activity.....	35
4.6 Physical Activity Levels - Current vs. Previous .....	40
<b>5. Conclusions &amp; Recommendations .....</b>	<b>45</b>
5.1 Conclusions .....	45
5.2 Recommendations .....	47

## Definitions of Terms Used

- **‘Older People’**

As used throughout this report, the term older people refers to those over 50 years of age.

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

As used throughout this report, the term ‘health-enhancing physical activity’ is used, as per the World Health Organization’s use<sup>1</sup>, 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’**

Accumulate at least 30 minutes of moderate intensity physical activity **on at least 5 days of the week (includes walking)**. This level of activity has recently been recognised as a guideline for adults (including older adults) under Ireland’s first national guidelines for physical activity.<sup>2</sup>

- **‘Participants’**

Accumulate at least 30 minutes of moderate intensity physical activity **once in the previous four weeks (excludes walking)**.

- **‘Non-Participants’**

Accumulate less than 30 minutes of moderate intensity physical activity **once in the previous four weeks (excludes walking)**.

- **‘Low Active’**

Accumulate **less than 30 minutes of moderate intensity exercise per week (includes walking)**.

---

<sup>1</sup> *Physical Activity and Health in Europe: Evidence for Action*. Geneva, World Health Organization (2006). <http://www.euro.who.int/document/e89490.pdf>

<sup>2</sup> Get Ireland Active: The National Guidelines on Physical Activity for Ireland. Department of Health and Children and Health Services Executive (2009)

## Executive Summary

This report presents the findings of a 2011 survey of older people's attitudes to and participation in physical activity and sport in Ireland. The survey was commissioned jointly by Age & Opportunity through its programme, 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 1,002 people aged 50 years and over. The survey is a repeat of the 2006 and 2008 studies of older people's attitudes to and participation in physical activity and sport in Ireland, which provide benchmarks against which the results of this study can be compared.

### Key Findings

#### **Overall Participation**

*Overall participation levels are similar to previous surveys but with indications that quality of participation has further improved, driven by mainly sport and physical activity, with the quality of walking remaining relatively consistent.*

The results reported shows that the overall level of participation in sport and recreational physical activity among older people in Ireland remains effectively unchanged since 2006.

- 40% of older people have participated in sport or recreational physical activity in the last four weeks in 2011, compared to 40% in 2008 and 39% in 2006.
- As observed in previous studies, participation continues to be statistically significantly skewed towards males and those from higher socio-economic groups.
- Encouragingly there has been a further increase, in the participation rates of those aged 65+, to 39% (from 37% in 2008 and 34% in 2006).

#### **Improved quality of participation**

The quality of participation in recreational physical activity (including walking) among older people continues to improve. When classified in the three activity segments, along the lines of the National Physical Activity Guidelines the results reported show:

- A significant decrease in the proportion of people classified as "low active" to 55% from 59% measured in 2008. This has involved a 3% increase in the "highly active" (27%) and 1% in the medium activity (18%) groups.
- An improvement in the quality of activity within both 50-64s and those aged 65+ (each have seen a 3% increase in the highly active), although there

remains a higher proportion of the younger age group in the category (29% vs. 24%).

This implies that messages and initiatives regarding the quality of participation have had a relatively widespread effect.

### ***More 'highly active' older people***

Improvement in the quality of participation is driven mainly by sport and physical activity, with the quality of walking remaining relatively consistent.

- 14% of older people achieved health guidelines in 2008 through sport alone, this figure now stands at 17%, whilst the proportion meeting guidelines through walking alone has remained relatively consistent, at 12% compared with 11% in 2008.
- Key to this improvement is the significant proportions of participants who are playing at a higher intensity i.e. raised breathing rates during activity (at least 86% for each of the most popular sports, with the exception of golf).

### ***Walking continues to be critical to the achievement of the national physical activity guidelines amongst older people***

- 12% of older people are meeting health guidelines through walking and a further 2% do so when combining walking with sporting activity.
- The proportion of those walking continuously for 30 minutes or more has remained fairly consistent (72%, compared to 73% in 2008 and 71% in 2006) as has the average number of days walked in the past four weeks (13.1 vs. 13.3 days in 2008).
- The pace of walking is slightly improved in terms of sufficient intensity in order to meet the guidelines (43% vs. 40% in 2008 for 'fast' or 'brisk' pace), although it remains significantly higher amongst 50-64 year olds (49%) compared with those aged 65+ (33%).

***‘Low activity’ older people, whilst still relatively resistant to messages, appear to be changing their behaviour to some extent***

While the proportions in the low activity category remained the same between the 2006 and 2008 surveys, this has reduced to 55% in 2011 (from 59%), a large enough shift to be considered significant. This suggests that this group, or at least part of it, can be influenced to some degree to improve their activity levels, particularly those in an excellent/ good state of health or mobility (72% and 74%, respectively, of those in the low activity category).

***Opportunities for physical activity***

Just over four in ten (41%) of older people are members of a sporting or social group or club, representing a significant decline compared with the figure of 47% recorded in 2008. As in the previous studies a strong correlation exists between membership of a group or club i.e. being socially active and likelihood to participate in sport or recreational activity. Thus, there may be a potential threat to participation levels should fewer opportunities exist via the route of club membership.

In terms of types of opportunity to encourage older people to exercise or to be physically active, “*more facilities*” received most mentions (9% of all those aged 50+), followed by “*special sessions for older people*” (5%) and “*better links to local clubs*” (4%)

## **Recommendations**

***Continue to target those with low levels of activity***

The decrease in those with low activity levels (from 59% in 2008 to 55% in 2011), implies some success in communication of the importance of the quality of participation amongst this group, however these messages still need to be communicated, ideally via a combination of mass media and more targeted channels, to those in the low activity category. Long term health benefits were identified as a key motivator in this survey and should be highlighted in on-going communication.

***Promote membership of social & sporting clubs and groups***

Because there is a strong correlation between membership of social and sporting clubs and groups and participation in sport and physical activity, the falling levels of

club and group membership recorded in this latest survey needs to be further understood and addressed. The social and psychological benefits as well as the physical benefits of becoming involved in a club or group should be communicated to those with low levels of activity.

#### *Encourage trial of new sports*

Outside the top five sports, which may not be of appeal to many non-participants, there is a wide range of sport and physical activities available which should be highlighted, particularly those of low impact, for example, aqua aerobics, yoga, pilates and bowls.

#### *Encourage walking via the promotion of walking groups and designated areas*

Walking represents the “first step” into taking up a routine of physical exercise, given the relatively low commitment and low intensity levels involved, so communications that highlight the ease and benefits of walking as well as the social aspect should help encourage those with low activity levels.

#### *Improve awareness of facilities*

This report shows that highly active people are significantly more satisfied with local facilities for physical activity or exercise for older people which suggests that once you have actively sought these facilities, you tend to rate them more positively.

Improved awareness and perceptions of public facilities in particular, in terms of their offering for older people, should also encourage usage.

With 61% of all sports overall being delivered via the private sector, Age & Opportunity should continue to explore opportunities for collaboration with the private sector (the public/ community or local authorities being the traditional channel) bearing in mind the different private vs. public splits relevant for the different sports.



# 1. Introduction

This research reported here has been commissioned by Go for Life, the national programme for sport and physical activity for older people, and the Irish Sports Council with the intention of examining the level of 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 to older people is a significant tool within public health policy. The Irish population is ageing, with government projections indicating that by 2031, one in five Irish people will be 65 years or older.<sup>3</sup> The ratio of worker to retiree is set to hit 1:2 by 2050.<sup>4</sup> As this represents a stark change from the traditional demographic structure of Ireland, it is an area which requires greater focus. The emphasis, in times of economic uncertainty, is the reduction in healthcare costs that can be associated with longevity.<sup>5</sup> With this in mind, activity among older people has huge potential to increase the longevity of Irish people and reduce their likelihood of being dependent on the health support structures.

The measurable nature of sports and physical participation provides real insight for policymakers and stakeholders in assessing the effectiveness of current policies and the implications of associated decisions.

The Irish Sports Monitor has shown that a greater percentage of men participate in sport and physical activity than women. Participation is also higher among affluent socio-economic groups. Of particular relevance to the Go for Life programme is that participation in sport declines to a statistically significant extent with age.<sup>6</sup>

In considering the policy objectives of both the Irish Sports Council of increasing participation among the general population, and the Go for Life programme with its aim of promoting greater participation in sport and physical activity among older people, it is imperative to have a current understanding of the factors and attitudes that determine participation in sport and physical activity among older people. As an update on previous studies conducted in 2006 and 2008 it is intended that this report, and the research on which it is based, will further contribute to this understanding of participation in sport and physical activity among older people in Ireland and to the future policy development in this area.

Go for Life is a programme of Age & Opportunity, the not-for-profit organisation that promotes the participation of older people in society. Apart from Go for Life, it also runs the Bealtaine arts festival, Ageing with Confidence courses and the Get Vocal programme which encourages older people to have more of a say at local and county level. It also runs AgeWise workshops to tackle ageism.

---

<sup>3</sup> 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.

<sup>4</sup> Gannon, B., Raab, R., (2009) "Pensions in Ireland", in Economics of Ageing Bulletin 1/2009. Irish Centre for Social Gerontology.

<sup>5</sup> Kinnunen, H; (2011) "Government funds and demographic transition - Alleviating ageing costs in a small open economy" in Publications 58, Three takes on sustainability. 2011, Honkatukia, J. (ed.) Government Institute for Economic Research: Helsinki

<sup>6</sup> Lunn, P., Layte, R., (2011) The Irish Sports Monitor, Third Annual Report 2009. The Irish Sports Council and the Economic and Social Research Institute: Dublin.

## 2. Research Objectives & Methodology

### 2.1 Research Objectives

The principle objectives of this research were similar to those in both 2008 and 2006 studies, namely:

- To provide a robust picture of attitudes and participation of older people i.e. those aged 50 years and over in Ireland with regard to recreational physical activity and sport;
- To identify current barriers to participation and potential levers for change;
- To determine the proportion of older people in Ireland who engage in levels of physical activity that meet national guidelines
- To identify strategic recommendations that will inform future policy and communications;
- To provide a comparison with previous research, in particular the 2008 study, of changes in attitudes and participation of older people in Ireland with regard to recreational physical activity and sport.

The research also aims to capture attitudinal data in relation to physical activity and sports participation. Attitudinal data can assist relevant stakeholders, such as Age & Opportunity 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.

### 2.2 Measuring Physical Activity Levels

Before commencing the first 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/ Irish Sport Council's 2003 Survey of Sport and Physical Exercise, walking was included in the 2006 and subsequent surveys, but occupational activity was not. However, while dancing was not included as a recreational physical activity in the 2003 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 categorises 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).

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.

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 meet the recommendations set out in the National Physical Activity Guidelines which is "...the accumulation of at least 30 minutes of regular, moderate-intensity physical activity on most days of the week"<sup>7</sup>.

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. 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/ Irish Sport Council's Sports Participation and Health Amongst Adults in Ireland research 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*"<sup>8</sup>.

---

<sup>7</sup> *Diet and Physical Activity: A Public Health Priority*. Geneva, World Health Organization (2006) <http://www.who.int/dietphysicalactivity/en>

<sup>8</sup> *Sports Participation and Health Amongst Adults in Ireland* Economic and Social Research Institute: Dublin 2004, published by the Sports Research Centre, a partnership between the Irish Sports Council and the Economic and Social Research Institute

### 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;
- how regularly they participated in each activity i.e. how many times in the last four weeks;
- how long they usually spent participating in this activity;
- two questions relating to the intensity of these activities, using a standard self-rating scale.

There are different ways of measuring participation. In this study the ‘recent participation measure’ was applied to all sporting and recreational physical activity i.e. which asks respondents if they had engaged in an activity in the past four weeks, as opposed to a broader measure which typically asks respondents to recall activities undertaken in the past twelve months.

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 Age & Opportunity 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.

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, where relevant, we compare the profile and attitudes by type physical of recreational physical activity engaged in and by the level of activity.

### 2.2.2 Measure of Physical Activity, Including Walking

Respondents were also asked about walking in addition to sports and physical recreational activity. 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 as meeting the guidelines from those which were not.

### *The 'Accumulation' Principle*

As with the 2008 study, in order 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, which involved a raise in the participant's breathing rate in the last four weeks.

To be considered 'highly active', respondents were required to have accumulated a weekly average of five periods of physical activity or walking of moderate intensity **of at least 30 minutes** for four weeks as recommended in the National Physical Activity Guidelines.

## 2.3 Methodology

### 2.3.1 Research Design

The research design of this study replicates both 2008 and 2006 studies. 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 between 2<sup>nd</sup> and 30<sup>th</sup> November 2011 by telephone using a Computer-Assisted Telephone Interviewing (CATI) system, with interviewing conducted by Ipsos MRBI. Sample quotas were applied to ensure a representative spread of interviews was conducted by age, gender, region and social class, with some minor corrective weighting then applied at analysis stage to bring the profile fully in line with the population.

### 2.3.2 Questionnaire Development

For the most part, the questionnaire used in the 2011 survey is the same as those used for the 2008 and 2006 surveys in order to facilitate benchmarking. An exhaustive design phase was conducted when designing the original questionnaire in 2006, involving desk research and a deliberative workshop of older people.

It is important to note that both the Age & Opportunity and Irish Sports Council research teams, along with Ipsos MRBI, reviewed the questionnaire in detail in order to enhance the study. This resulted in minor changes being made

such as the removal in full or in part of less relevant questions in order to make room for new additions. These additions included the following:

- Location where each sport or physical activity is usually carried out, i.e. whether in a private or public facility (as recommended in the 2008 study report);
- Additional classification questions for further understanding of the general state of health of this age group, including a general self-health rating, frequency of visiting a GP, chronic or long lasting medical conditions diagnosed with, mobility and diet.

### **2.3.3 Quantitative Survey**

As in 2008 and 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.

Telephone numbers are generated randomly by a computer, using a geographical spread of known prefixes. By the nature of this exercise this means also we access numbers which are ex-directory. All CATI interviewing was conducted via telephone from Ipsos MRBI's dedicated telephone centre, located in Blackrock, Co. Dublin and was carried out by fully supervised interviewers, all trained to the Interviewing Quality Control Standard (IQCS). In addition, all project management was conducted according to Ipsos MRBI's ISO accredited quality standards.

#### **2.3.3.1 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 was named as the commissioning organisation. As a final reassurance, a contact number for Ipsos MRBI was provided for respondents to call if they had any concerns or queries in relation to the survey.

### 2.3.3.2 Sampling

Ipsos MRBI maintained and monitored sample quotas for age, gender, region and broad social class groupings to ensure that the final sample was representative of the national population. The decision made originally in 2006 to interview a sample size of 1,000, was based on the need to provide Age & Opportunity and the Irish Sports Council with sufficiently robust statistical data at the aggregate level and for certain demographic and/or attitudinal sub-group analysis for the analysis of both behavioural questions relating to physical activities and attitudinal information. This need was very much still relevant for the 2008 study and now the 2011 study.

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 physically active, the range within which the true figure would lie, if all the population had been interviewed would be around  $\pm 3$  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. The table also shows that above a sample of 1,000 this range or margin of error reduces very slightly i.e. not usually deemed sufficient to warrant the cost of additional interviews.

Sampling tolerances applicable to results at or near these percentages (based on 95% confidence level)			
Sample Size	10/90%	30/70%	50%
	$\pm\%$	$\pm\%$	$\pm\%$
800	2.1	3.2	3.5
1,000	1.9	2.8	3.1
1,200	1.7	2.6	2.8
1,500	1.5	2.3	2.5
3,000	1.1	1.6	1.8

**Table 2.1 Margin of Error**

## 2.4 Guidance on Reporting

As previously outlined, the survey upon which this report is based focused on Irish adults aged 50 and over. The latest CSO data <sup>9</sup>reports this population as follows:

	Total	Male	Female
50-64	654,123	330,054	324,069
65+	467,926	207,095	260,831
Total	1,122,049	537,149	584,900

**Table 2.2 Over 50 population (CSO 2006)**

All data within this report refers to the % of the over 50 population (i.e. all respondents), unless otherwise stated. It is worth noting that 1% of the over 50 population equates to 11,220 people in real terms. For reader guidance, any data reporting on subgroups can include the following:

- Gender (male, female)
- Age (50-64, 65+)
- Region (Dublin, Rest of Leinster, Munster, Connaught/ Ulster)
- Locality (Dublin city, other city, town, village, open country)
- Social class or socio-economic group (ABC1, C2DE, F) etc.
- Working status (working full time, part-time, retired, housewife, other)
- Health and mobility status (excellent, good, fair, poor)
- Participants/ non participants (have engaged in sport or physical activity in the past 4 weeks)
- Activity level (high, medium, low) based on achievement of national health guidelines.
- Members of a sports or social club/ group (yes, no)

### 2.4.1 Statistical Significance – an explanation

Throughout the report comparisons are drawn between the different subgroups mentioned above, as relevant. As discussed in the previous section, some variation in the data can be expected based on the margin for error applicable to different sample sizes and on the percentage responses given. A calculation known as significance testing is used to therefore ascertain whether responses between two different subgroups are really different/ outside the zone of tolerance or not. This distinction is important to determine whether or not a real insight is being derived. The phrase “statistically significant” used in this report indicates that the difference between two proportions is “real” and outside any natural variations that may occur in the data due to sampling and smaller base sizes.

---

<sup>9</sup> CSO data (2006) – at the time of this report only top line 2011 estimates were available, not by gender



# 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, in order to understand the nature of the physical activity undertaken by this age group at an overall level, we have undertaken a segmentation exercise that categorises respondents into one of four groups: walkers only; walkers and sports participants; sports only and those with no activity.

Secondly, 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.

Thirdly, 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.

Fourthly, we explore the profile of respondents who engage in 'physical activity levels which meet the National Physical Activity Guidelines.

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.

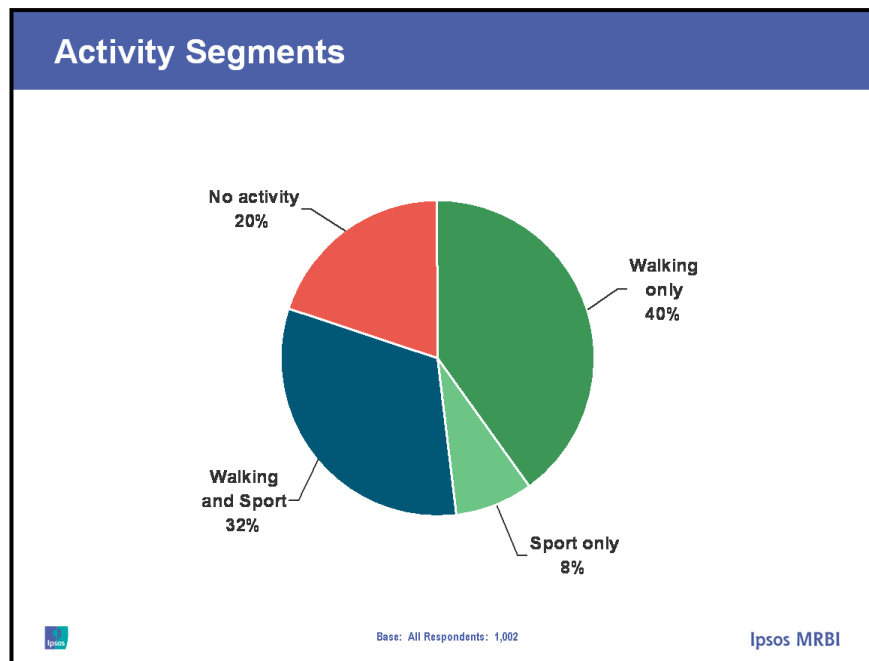
Comparisons with the 2008 and 2006 survey results are also provided throughout, where appropriate.

#### 3.1 Overall Profile of Participants and Non-Participants

The following graph illustrates the breakdown of Ireland's older population into four groups, based on the types of physical activity engaged in or not over the past four weeks.

As walking comprises the bulk of activity for older people, its inclusion is important when considering the measurement of activity that meets national guidelines, if we are to accurately capture levels of physical activity amongst this group. However to be considered a "walker" the respondent must have walked continuously for a period of 30 minutes or more, at least once in the last 4 weeks.

The chart below shows that 40% of older people walked continuously for 30 minutes but have not taken part in any sporting activity in the past four weeks, whilst 8% of older people participated in a sport but have not gone for a walk of any considerable length. 32% of older people have both walked continuously for 30 minutes and participated in at least one sport or recreational physical activity, whereas one fifth has done neither activity in the past four weeks. Trended comparison with both 2008 and 2006 studies shows little variation in the size of these different segments over time.



Those who walk only are statistically significantly more likely to be female (44% compared to 36% of males), with less of a difference in terms of age (41% of 50-64 year olds and 38% of those aged 65+).

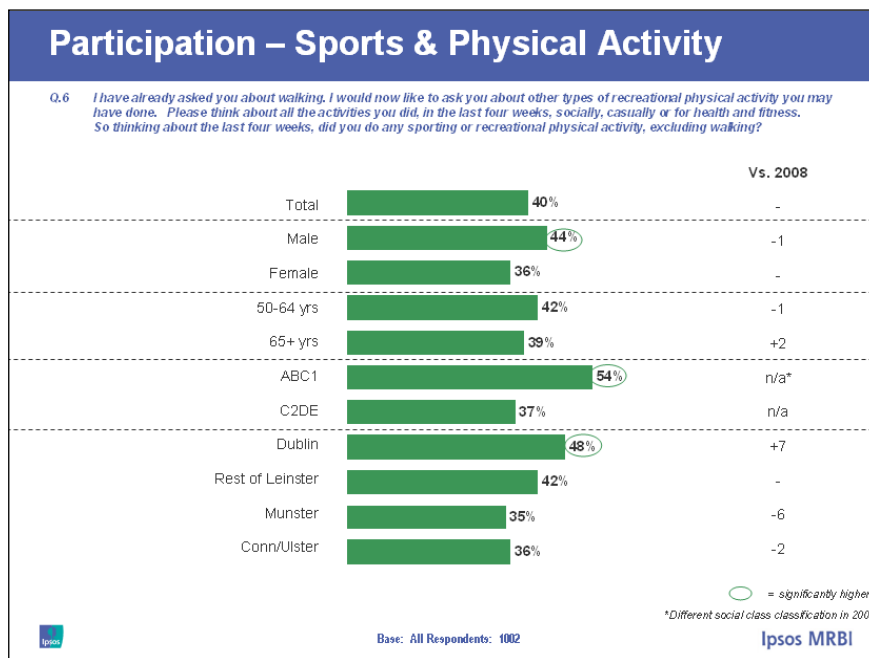
Respondents who both walk and participate in sport are however statistically significantly more likely to be aged 50-64 (35% compared to 28% of those aged 65+) and/ or are in a higher socio-economic group (45% of ABC1s compared to 27% of C2DEs). 35% of males engage in both walking and sport, compared to 29% of females, which is not a statistically significant difference.

Those not taking part in any activity are equally likely to be male or female (20% of each gender), however they are more likely to be older (23% of those aged 65+ compared to 17% of aged 50-64) and from a lower socio-economic group (23% of C2DEs vs. 10% of ABC1s). Perhaps unsurprisingly given the nature and demands of their work, up to 31% of farmers do not take participate in either walking or sport.

When analysing the segments by working status, the main difference concerns those classified as housewives who are statistically significantly more likely to be walkers only (50% compared to 40% overall) and less likely to engage in both walking and sports (23% compared to 32% overall).

### 3.2 Participation in Sport & Recreational Physical Activity

The chart below depicts the proportions participating in sports and physical activity, at an overall level and by demographic subgroup.



In this latest survey, 40% of respondents (representing 448,820 people aged 50 or over)<sup>10</sup> have engaged in some form of sport or recreational physical activity at least once in the last four weeks, excluding walking. This is consistent with the proportion of 40% recorded in 2008, which was marginally up from 39% in 2006.

The profile of participants also remains similar, with males much more likely to have participated than females (44% vs. 36% respectively). The gap in the participation levels between the two age groups analysed has narrowed since the last study. While there remains a higher proportion of the younger group participating in some form of sport or recreational activity, at least once in the past four weeks (42% of 50-64 year olds vs. 39% of those aged 65 years or more), the increase in incidence amongst the older group has narrowed this difference to 3 percentage points (down from a difference of 6 points recorded in 2008).

As observed in the 2008 study, a respondent's socio-economic status has a bearing on their likelihood to participate: 54% of ABC1s participated compared with 37% of C2DEs. Findings also indicate a regional bias with up to 48% of proportion of older people living in Dublin (city and county) participating in sport or recreational physical activity, excluding walking, at least once in the last four weeks.

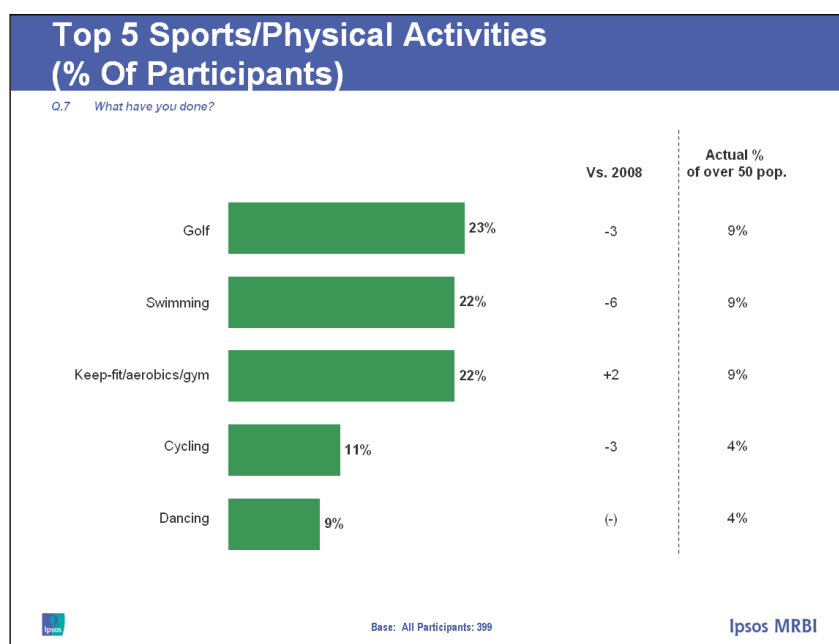
<sup>10</sup> Calculation based on CSO 2006 figures

### 3.2.1 Number of Sports Played

Overall, 31% of older people have participated in only one sport or physical activity, excluding walking, in the last four weeks (compared to 28% in 2008). 7% have participated in two sports and 2% have participated in three or more sports or physical activities, excluding walking in the past four weeks (compared to 2008 levels of 9% and 2% respectively).

### 3.2.2 Sports Played

This section looks at the types of sport or recreational physical activities engaged in by those participating at least once in the past four weeks.



The three most popular sports or activities in terms of the proportion of older people participating in them are Golf, Swimming (indoors or outdoors) and Keep Fit/ Aerobics/ Gym. For each of these three sports or activities, 9% of the older population have taken part in the past four weeks. These are followed by Cycling and Dancing, which each attract around 4% of those aged 50 or over.

The top five sports and activities remain the same as in 2008, with some small changes in their relative rankings – Golf now has a marginal lead over Swimming as the number one sport, whilst Cycling has moved just ahead of Dancing into fourth position. As previously noted the above are all non-contact sports and all are predominantly individual, rather than team pursuits.

The next most popular activities, with a participation rate of 2% or less, as a proportion of the older population are Yoga, Bowls, Running/ Jogging, Tennis, Aqua Aerobics

In terms of demographic differences between participants engaging in the top sports, the key differentiator remains gender, with Golf and Cycling holding more appeal for males and Dancing more appeal for females. Swimming and Keep Fit/ Aerobics/ Gym also have a slight female bias. Of the other more popular activities, Yoga, Pilates and Aqua Aerobics are predominantly female based.

### 3.2.3 Frequency of Participation – by Sport

This section examines the frequency with which each of the top five sports is undertaken:

	Golf	Swimming	Keep Fit/ Aerobics / Gym	Cycling	Dancing
	%	%	%	%	%
Less than once a week	22	14	14	11	29
1-2 times/ week	64	47	34	38	69
3-4 times/ week	12	29	29	29	6
5+ times/ week	-	10	33	23	

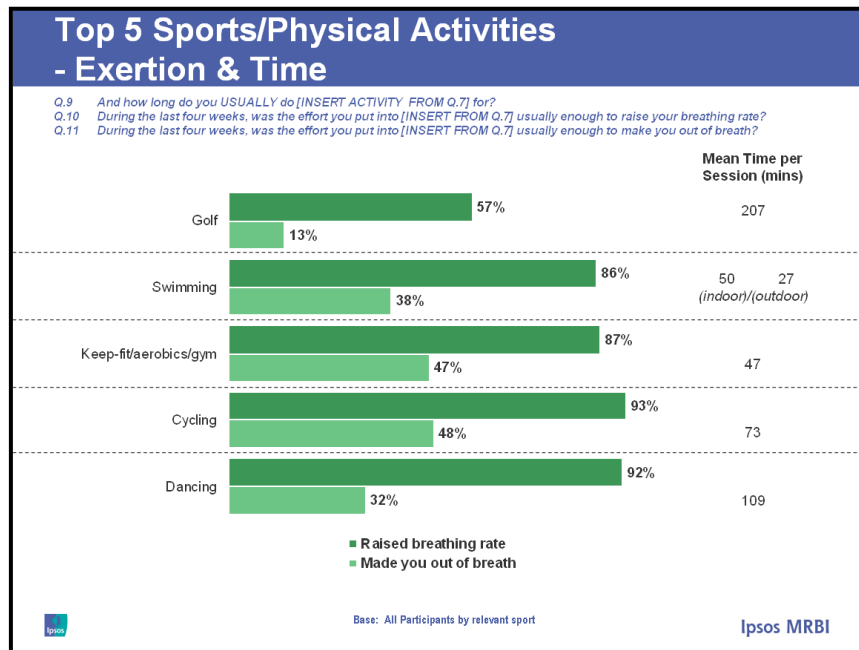
**Table 3.1 Frequency of Participation of Top Sports**

Even amongst these most popular sports, there are differences in frequency of participation ranging from Golf and Dancing whereby the vast majority either take part less than once a week or 1-2 times a week, to Keep Fit/ Aerobics/ Gym where up to one third of participants attend 5 or more times a week. Overall those engaging in these sports do so on a fairly regular basis.

### 3.2.4 Activity Intensity – by Sport

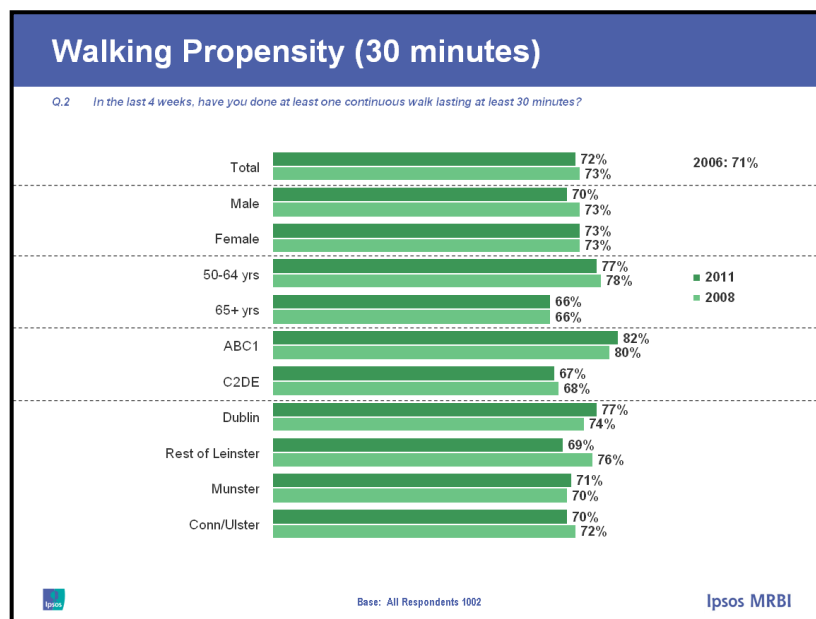
As well as frequency of engaging in different sports and physical recreational activities, participants were also asked to cite the typical duration of each session. As the chart on the next page shows, the average time typically spent varies greatly depending on the sport or activity in question. Whilst Golf is very popular amongst older people and participants tend to engage in it for considerably longer time periods than other sports, this does not directly reflect intensity and therefore its capacity to meet physical activity guidelines.

For an activity to be counted towards achievement of the national guidelines for physical activity it should be of sufficient intensity to raise the participant's breathing rate. Only 57% of golfers therefore usually participate at sufficient intensity for their exercise to be considered sufficient to meet the guidelines. As observed in 2008, the other top four most popular sports involve statistically significantly higher proportions participating at a moderate intensity, for example 93% of those who cycle and 92% of those who dance claim that their efforts are enough to raise their breathing rate.



Furthermore, almost half of all those participating in Keep fit/ Aerobics/ Gym and Cycling said the effort involved was usually enough to make them out of breath, thus emphasising the contribution these sports make to meeting the physical activity guidelines.

### 3.3 Participation in Walking



In line with findings from previous surveys, 72% of older people have done at least one continuous walk lasting a minimum of 30 minutes in the last four weeks (compared with 73% in 2008 and 71% in 2006). There has been a slight decline in the proportion of males at 70% compared with 73% of females undertaking a walk however the difference is not statistically significant, unlike when drawing comparisons by age and social class. As observed in previous studies, those aged 50-64, ABC1s and those living in Dublin are much more likely to have taken at least one walk of 30 minutes or more in the last four weeks.

In terms of whom they walk with (when walking for at least 5 minutes), 47% of older people walk on their own, 28% walk with a friend/ neighbour or other person and 14% walk with a pet. Males are statistically significantly more likely to walk alone (52% compared with 42% of older females), whilst females are more likely to walk with a friend/ neighbour or other person (36% compared with 24% of males).

### 3.3.1 Frequency of Walking

The table below shows that 25% of older people have taken a continuous walk, lasting at least 30 minutes, on between one and five days in the last four weeks, similar to the proportion recorded in 2008. Those claiming to have done a continuous walk lasting 30 minutes every day of the last 4 weeks represent 15% of the older population, down slightly from the 17% recorded in 2008. The overall average number of days walked in a four week period is 13.1 days, marginally less than the average of 13.3 days claimed in 2008.

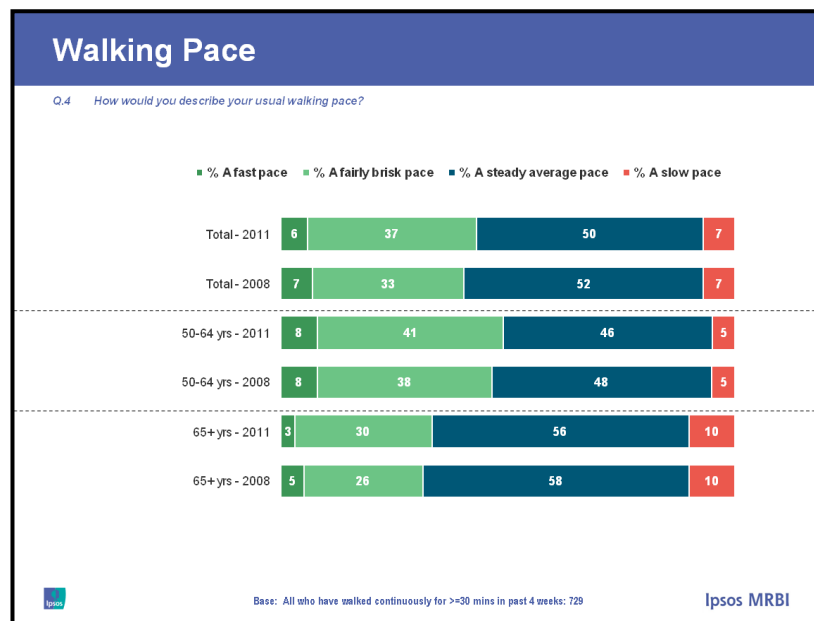
Walking 30 minutes continuously – Number of days in the last 4 weeks (vs. 2008 figures)	
None	28% (27%)
1-5 days	25% (26%)
6-10 days	12% (11%)
11-15 days	10% (8%)
16-20 days	9% (9%)
20+ days	16% (18%)
Average (amongst walkers)	13.1 days (13.3)

**Table 3.2 Number of days walked 30 minutes continuously past four weeks**

Frequency of walking is statistically significantly higher amongst those aged 65+ (an average of 14.3 days vs. 12.3 days amongst 50-64 year olds). There was less of a gap between the two age groups recorded in 2008, with a claimed average of 13.6 amongst those aged 65+ vs. 13.1 days amongst 50-64 year olds.



### 3.3.2 Intensity of Walking



The figures above indicate the intensity at which older people walk when walking continuously for at least 30 minutes. 43% of those who walk do so with sufficient intensity for the activity to be considered meeting the guidelines, that is at a 'fast' or a 'fairly brisk' pace. This represents a slight increase on the 40% recorded in 2008.

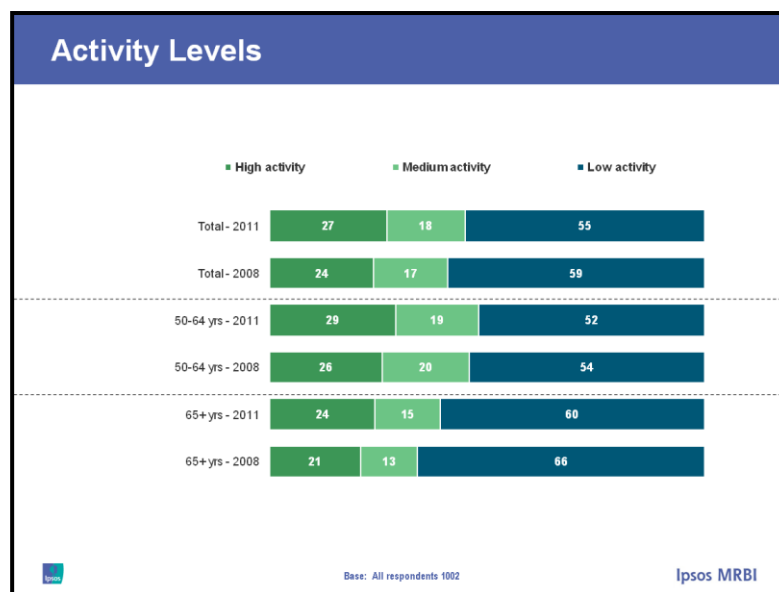
There remains a statistically significant difference between the two age groups, with 49% of those aged 50-64 years old walking with sufficient intensity for the activity to be considered meeting the guidelines, compared with 33% of those aged 65+. It should be noted, however, that this is a subjective measure based on a respondent's interpretation of the terms 'fast', 'fairly brisk', 'steady average' and 'slow pace'.

## 3.4 The 'Highly Active'

In order to assess the proportion of older individuals who are meeting recommended physical activity levels we produced a composite measure of activity levels, as in previous studies. This measure is derived from the addition of the total number of minutes people spent walking at a brisk or fast pace and the total number of minutes spent engaged in a sport or recreational physical activity of at least moderate intensity (i.e. enough to raise one's breathing rate) 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 a period of four weeks (along the National Physical Activity Guidelines).

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 five days weekly for the last four weeks. Those in the “low activity” category have not done an average of one occasion of physical activity of sufficient duration and intensity weekly.



As seen from the chart above 27% of older people are “highly active”, 18% are in the medium activity category and the remaining 55% are in the low activity category. Of note is the increase in the proportion of highly active people, up from 24% recorded in 2008, and the decrease of 4% points in the low category. (This overall shift of 4% from low to high/ medium is statistically significant).

Therefore, while other indicators in terms of participation levels are in line with previous findings this suggests that the *quality* of participation in sports and physical activity has improved in the latest survey. Those that are participating appear to be doing so with a greater frequency and/ or intensity than before. Encouragingly it appears that communication initiatives about the quality of people’s participation have had an effect amongst those also in the low activity category (there had been no shift in the proportions in this group between the 2006 and 2008 surveys). Furthermore, both age groups have been impacted, particularly those aged 65+ where there has been a 6% drop in the proportion classified as low activity.

Nonetheless, with over half of respondents (55%) still classified as low activity, this still represents a considerable proportion of the older population. Furthermore, disparities in low activity rates continue to exist, with those aged 65+ and those in lower socio-economic groups more likely to be included in this segment.

When looking at the quality of participation within walking and sport separately, we see that 12% of older people achieve the health guidelines (of an average of five periods of 30 minutes moderate activity weekly for the last four weeks) through walking alone, up marginally from the 11% recorded in 2008. The increase in the proportion of those in the high activity category overall is therefore driven by the

increase in those achieving the guidelines through sport or physical recreational activity alone which now stands at 17%, up from 14% recorded in 2008.

In addition, 3% of older people are classified as highly active in both activities, that is to say they meet health guidelines not only through walking but also through sport when these are considered separately. In effect, these people are therefore exceeding the guidelines by at least twice the requirement.

It follows that these guidelines can also be met when taking the combined efforts of walking and sport (respondents being in medium and/ or low activity categories in each activity). Almost 2% of older people achieve health guidelines in this way.

In the next section we look at differences in attitudes towards exercise that exist by these different activity level groupings or behaviours, as well as by key demographics.



# Physical Activity- Attitudes & Opportunities

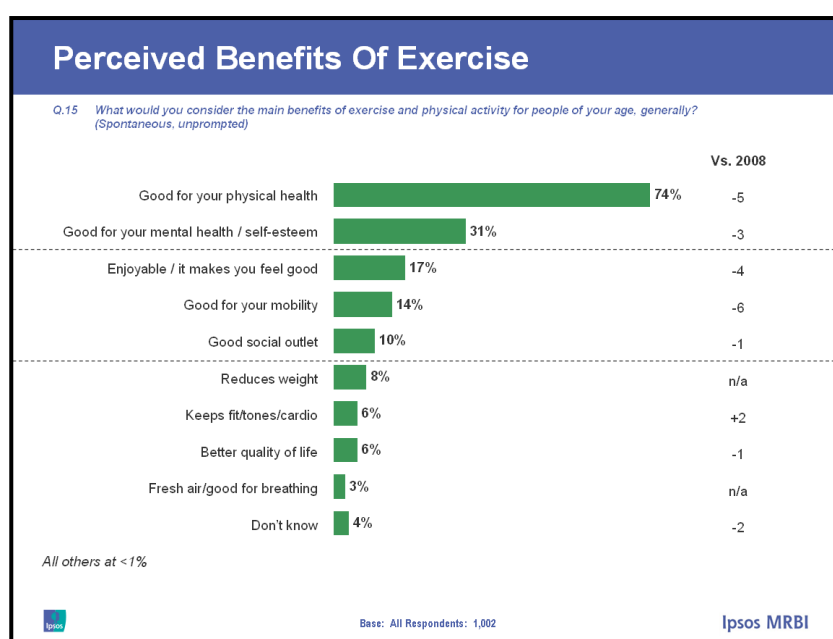


## 4. Attitudes to Physical Activity

### Generally – Benefits & Downsides

In this section questions relating to attitudes concerning benefits/ drawbacks were unprompted, with the option for respondents to mention multiple factors, as relevant. Their answers were then coded into a list of themes emanating from all responses given.

#### 4.1 Perceived Benefits of Exercise

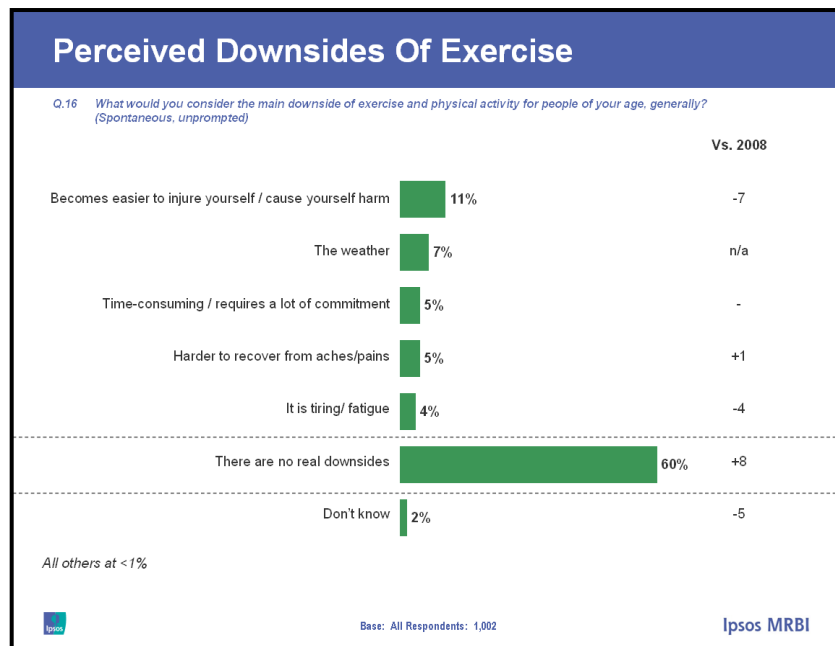


Of the perceived benefits cited by respondents (which are ranked in a similar order as in 2008), *“it is good for your physical health”* was by far the most mentioned, by almost three quarters of older people – statistically significantly more so by those aged 50-64 years old (80%) vs. those aged 65 years or more (65%). In general the 50-64 year old group was more likely to mention all the benefits listed above, with the exception of *“it is enjoyable/ it makes you feel good”* and *“it is a good social outlet”*, which were identified to a statistically significantly greater degree by those aged 65 or more (with mentions of 21% and 14%, respectively).

When analysing the above by behaviour, the most discriminating benefits between those who are highly active and those who are of low activity levels are *“it is good for your physical health”* (mentioned by 80% and 71% respectively), and *“it is good for your mental health/ self-esteem”* (37% and 28% respectively).

Amongst the 20% of older people with no activity (i.e. a subset of those in “low activity”), fewer benefits are mentioned overall, with those relating to the enjoyment and sociability aspects in particular cited by statistically significantly lower proportions.

## 4.2 Perceived Downsides of Exercise



When asked about the downsides of exercise and physical activity, 60% of older people could not think of any, representing a statistically significant increase from 52% of this opinion in 2008. As previously observed, a statistically significantly greater proportion of those aged between 50-64 years of age mention “*it is time consuming/ requires a lot of commitment*” and “*the weather*” compared to those aged over 65 years of age. This latter group are in turn statistically significantly more likely to identify with “*it is tiring/ fatigue*” as a downside.

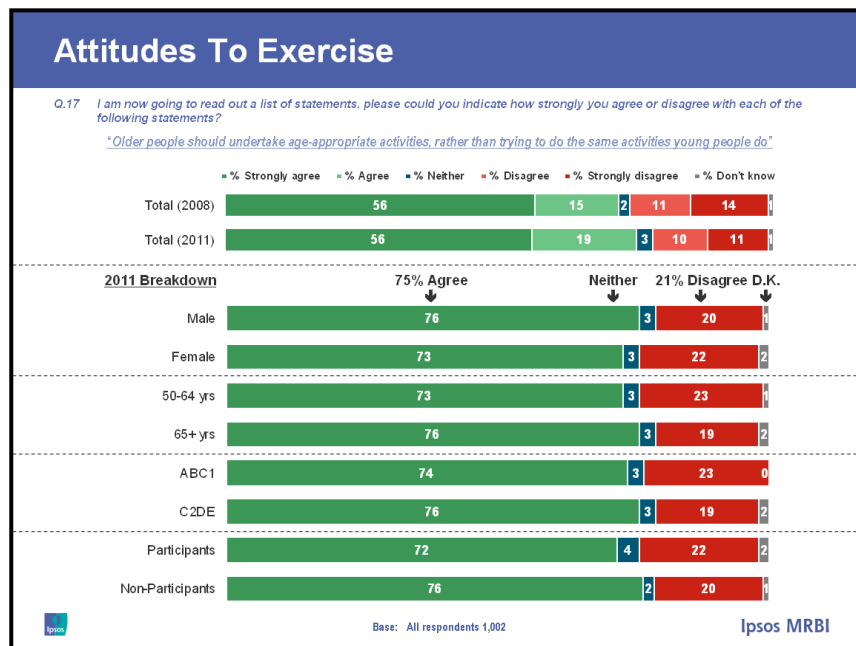
Few differences are seen when analysing this information by working status, with “*it is time consuming/ requires a lot of commitment*” mentioned by those who are working only to a slightly greater extent (7%).

On analysis of this question by the three activity levels, encouragingly similar proportions are of the opinion that there are no real downsides to exercise and physical activity. Where some statistical significant differences arise are amongst those in the medium activity group who are more likely to mention “*it is difficult to find the motivation*” (5%). In addition, those with a low activity level cite “*Poor health/previous injury/mobility issues*” to a much greater degree – with only 3% of mentions overall, three quarters of these are by those with low activity.

### 4.3 Attitudinal Statements – General

As in 2008, respondents were presented with statements relating to older people and physical activity and asked to indicate their level of agreement with these statements.

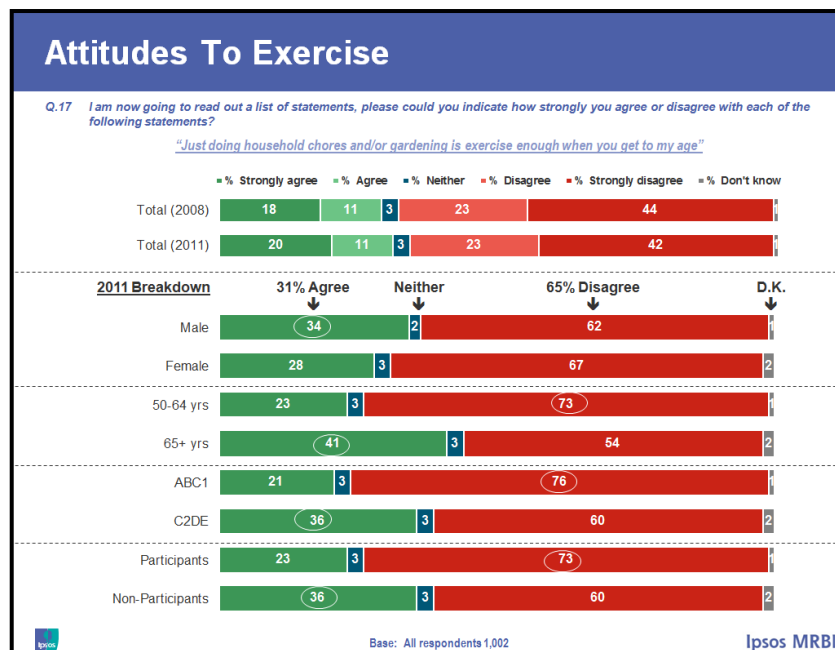
*Attitudinal Statement: “Older people should undertake age-appropriate activities, rather than trying to do the same activities young people do”*



The level of those agreeing overall with this statement is at 75%, representing a statistically significant increase on the 2008 figure of 71%. This is driven by the increase in the level of those expressing moderate agreement, as the proportion of those agreeing strongly with the statement is consistent with the last survey (56%). This indicates therefore some shift in attitude in this regard. Differences are not statistically significant when comparing attitudes across the key demographic groups as seen above, nor are they across the three activity level groups.



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

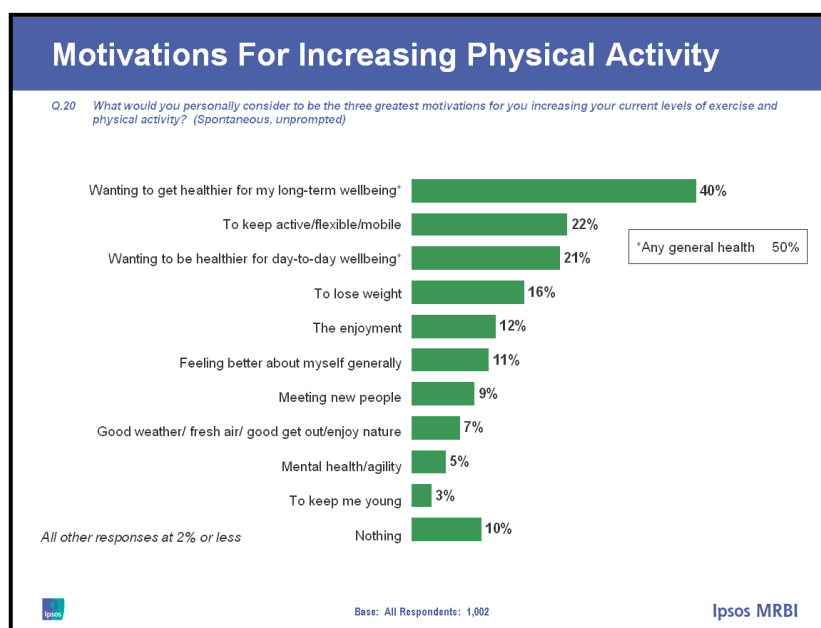


There has been a slight increase i.e. not a statistically significant change, in the proportion of older people agreeing with this statement, up by 2 points to 31% in the latest survey. Attitudes are however statistically significant within the key demographics analysed, with males, those aged 65 years and over, those in a lower socio-economic group and those with low or no activity more likely to agree with this.

## 4.4 Attitudes to Personal Physical Activity – Motivations & Barriers

In this section, as in the previous, questions relating to attitudes concerning motivations and barriers were unprompted, with the option for respondents to mention multiple factors, as relevant. Their answers were then coded into a list of themes emanating from all responses given.

### 4.4.1 Motivations for Increasing Physical Activity



When asked about their main motivations for increasing their current levels of physical activity, 1 in 2 older people mentioned their general health (citing either *wanting to get healthier for my day-to-day well being* and/ or *wanting to be healthier for my long-term well being*). Those aged 50-64 years old were statistically significantly more likely to be motivated by their general health than those aged 65+ (55% and 45%, respectively). The younger age group are also more concerned about *weight loss*, with 23% citing this as a motivation compared with 6% of those aged 65+ and also *mental health/ agility*. It appears those aged 65+ are more socially motivated, with *meeting new people* cited by 13%, compared with 7% of those aged 50-64. Females are also twice as likely to mention *meeting new people* as a motivation to exercise (12% compared to 6% of males).

Those who are highly active mention a greater number of motivators in general than those who are of a low activity level. Both high and medium activity groups mention general health to a much greater degree than those with low activity (55% and 57% vs. 46%). Long term health and wellbeing is the greater driver across all three groups, however those with a medium activity level tend to place a relatively greater emphasis on day-to-day health and are statistically significantly more likely to mention “*to lose weight*” as a driver (24%). Other key differentiating factors between high and low activity

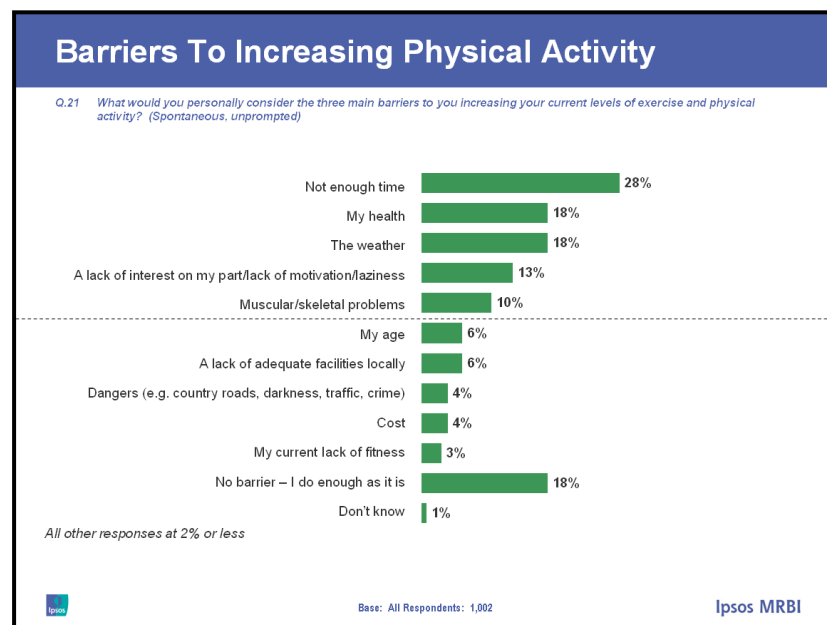
level respondents are “*feeling better about myself generally*” and “*meeting new people*”.

While motivations were similarly ranked as in the 2008, both “*good weather/ fresh air/ good to get out/ enjoy nature*” and “*mental health/ agility*” emerged to a greater extent this year.

#### 4.4.2 Barriers To Increasing Physical Activity

The top three barriers to increasing physical activity remain “*not enough time*”, identified by 28% of older people, “*my health*” and “*the weather*”, both identified by 18% of older people.

Respondents aged 50-64 years were statistically significantly more likely to mention “*not enough time*” and “*a lack of interest/ motivation/ laziness*” than those aged 65+. As observed in 2008, health-related barriers (“*my health*”, “*muscular/ skeletal problems*”, “*my age*”) are more relevant amongst this older age group.



Perhaps unsurprisingly, those working full-time were statistically significantly more likely to mention “*not enough time*” as a barrier (50% of this group). They were also more likely to cite both “*a lack of adequate facilities locally*” (9%) and “*dangers (e.g. country roads, darkness, traffic, crime)*” (7%) which suggests that either the location and/ or the hours worked imposes some kind of restriction on where and when they are able to exercise. There were no statistically significant differences by region.

Amongst those of a medium activity level “*Not enough time*” is mentioned to a statistically significantly greater extent (37%), as is “*a lack of adequate*

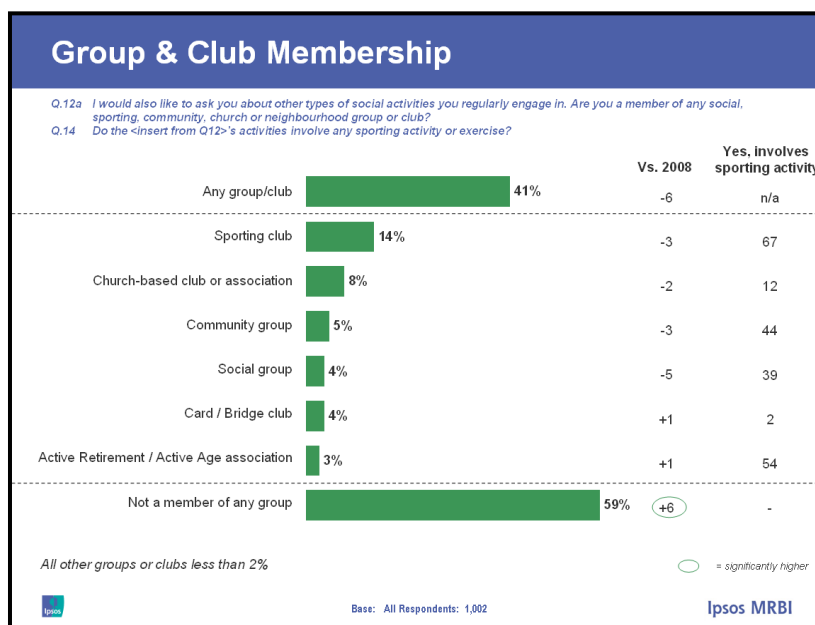
*facilities locally*” (12%), whilst *“my health”* and *“muscular/ skeletal problems”* featured more amongst low activity respondents, as a reflection of the older cohort in this group. In addition both perceived dangers of sport participation and cost receive more mentions in the 2011 study, the latter a likely reflection of tightening budgets in more recent times.

Of note in the latest survey is the higher proportion of those identifying *“no barrier – I do enough as it is”*, at 18% compared to 3% in 2008. Almost one quarter of highly active respondents (24%) gave this response.

## 4.5 Opportunities for Physical Activity

In this section, we 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.

### 4.5.1 Sporting or Social Club Membership



Just over four in ten (41%) of older people are members of at least one group or club. This proportion has declined by a statistically significant margin from 47% recorded in 2008, driven by reduced membership across all types of group or club, with the exception of some of the less common ones such as card/ bridge clubs and active retirement groups. Membership incidence is statistically significantly higher amongst those aged 65+ (48% vs. 35% of 50-64 year olds), higher socio-economic groups (49% of ABC1's vs. 37% of C2DE's) and sport participants (50% vs. 34% of non participants).

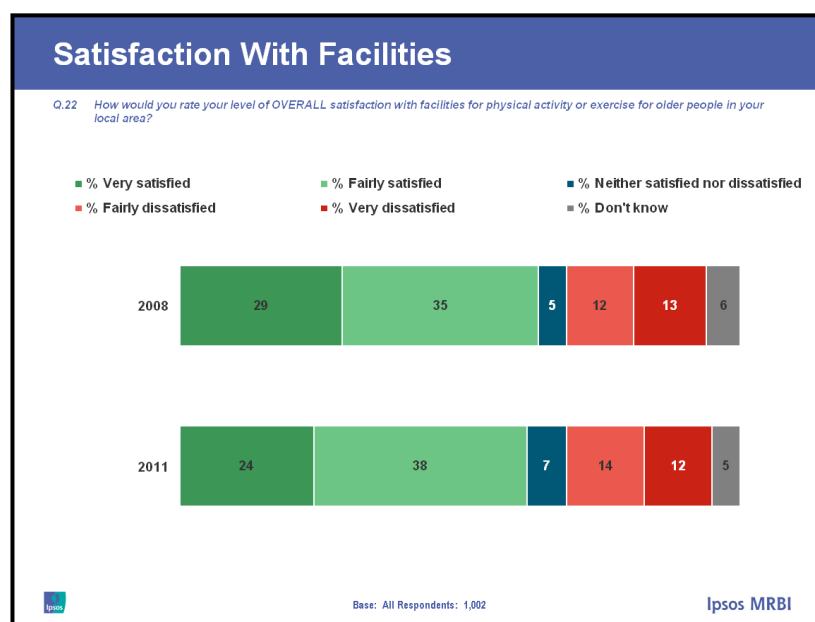
Sporting club membership remains the most popular (14%), particularly amongst males (22% vs. 7% females).

Members were then asked to qualify to what extent, if any, their group or club engaged in any sporting activity. The above graph shows that with the exception of sporting clubs and active retirement groups, involvement in the other groups are more social in nature.

As observed in previous studies there is a strong correlation between membership of a group or club with likelihood to participate in sport or physical recreational activity: the sport participation level is at 49% amongst those who are members of a club or who are socially engaged and at 34% amongst those who are not.

#### 4.5.2 Local Facilities

Respondents were asked to rate the facilities for physical activity or exercise for older people in their local area.

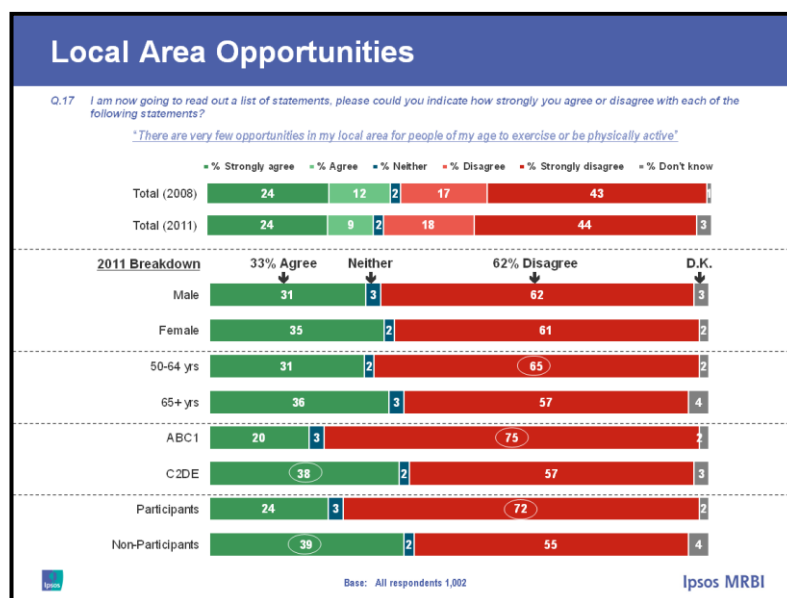


Overall, 62% of older people are very or fairly satisfied with these facilities in their local area. This is down slightly on the 64% recorded in 2008 (57% in 2006). As previously observed, participants are more likely to be satisfied than non-participants (80% vs. 57%, respectively). This is driven by highly active people in particular as those with medium activity levels award similar satisfaction scores to those with low activity levels.

There is also, perhaps unsurprisingly a statistically significant difference depending on where the respondents live, with lowest satisfaction levels amongst those living in open country (56%) compared to those living in a city, including Dublin (67%).

The following attitudinal statement examined the perception of age-appropriate opportunities in the local area.

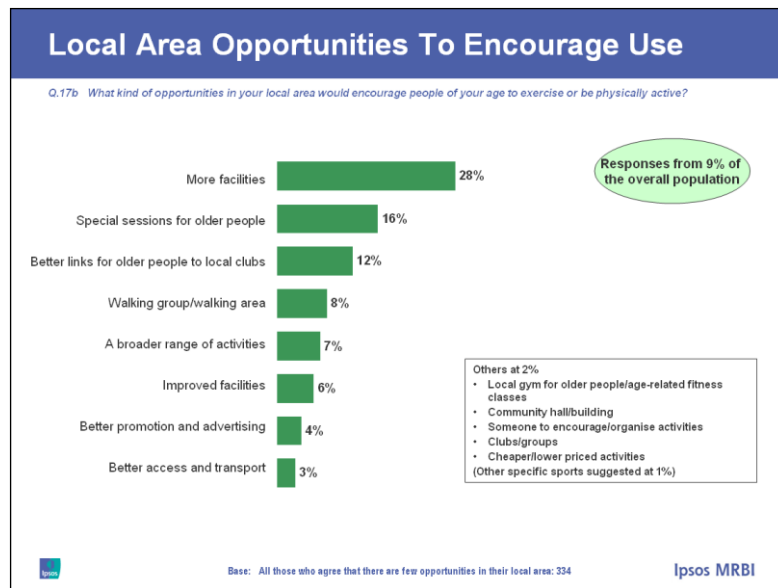
*Attitudinal Statement: There are very few opportunities in my local area for people of my age to exercise or be physically active*



Overall, 33% of older people agree strongly or slightly with the above statement compared with 36% in 2008, which suggests that although a good proportion are still unsatisfied with local opportunities, there has been some improvement.

Agreement levels are statistically significantly higher for non sport participants and/ or those with a low activity level (both at 39%), C2DEs (38%) and also those living in open country (42%). Both these findings and those in the previous section suggest that, as observed in 2008, lack of or poor access to facilities is likely to have some bearing on non participation.

Respondents who strongly or slightly agreed with the statement were then asked what kind of opportunities in their local area would encourage people their age to exercise or be physically active (this was a new question introduced this year).



*“More facilities”* was identified by 28% of those agreeing there were limited opportunities in their local area (note this question was asked before they were specifically asked to rate their satisfaction with facilities for physical activity in their local area). Those aged 50-64 years were statistically significantly more likely to mention this as a driver (34% vs. 20% of those aged 65+).

The answers given by participants and non-participants were similarly ranked, however perhaps unsurprisingly *“walking group/ walking area”* was much more prominent amongst non-participants (10% vs. 2% of participants). The highest mentions of *“more facilities”* were amongst *Munster and Connaught/ Ulster residents* (32% and 34% respectively). Those living in open country were also more likely to mention *“Improved facilities”*.

Analysis by activity level of this group of respondents reveals those in the medium category were much more likely to mention *“more facilities”* and *“a broader range of activities”* (45% and 14% respectively), whilst those in the low category had no opinion on the matter (31%).

### 4.5.3 Public vs. Private Facilities

For the first time in this survey, participants were asked for each sport or physical activity engaged in whether the facilities were publicly or privately run, in order to help facilitate efficient targeting of communication and programme delivery.

	Golf %	Swimming (indoor) %	Keep Fit/ Aerobics/ Gym %	Cycling %	Dancing %	All sports/ activities %
Public Facilities	15	37	33	90	76	37
Private Facilities	82	63	53	10	20	61
Don't know	3	-	14	-	4	2

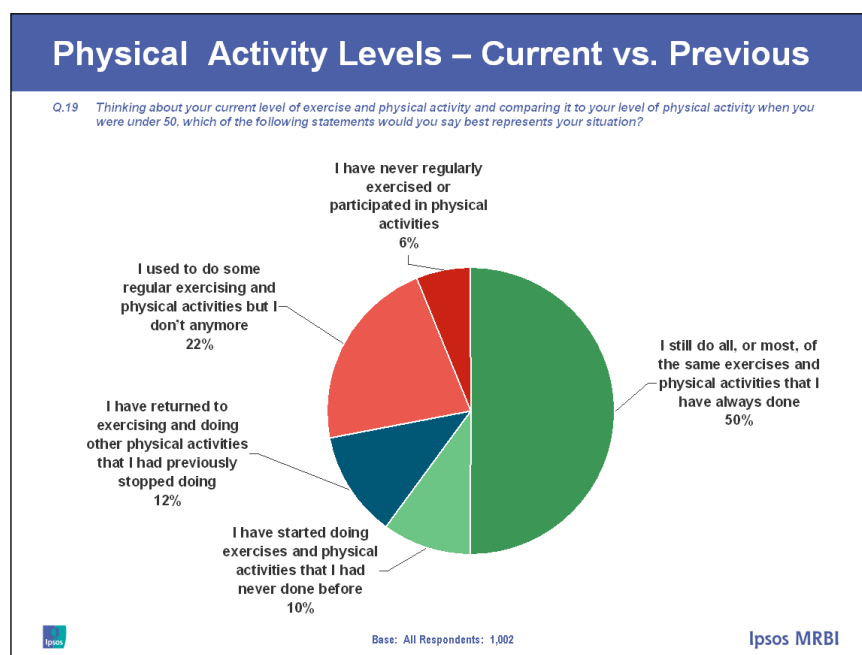
**Table 4.1 Profile of Ownership of Facilities used for Top Sports and Overall**

At an overall level, 37% of all sports and activities engaged in are in a Public facility, 61% are in a Private facility and 2% are unclassified, with considerable variation by sport.



## 4.6 Physical Activity Levels - Current vs. Previous

Respondents were asked to identify with one statement which best describes their current state of exercise and physical activity compared to when they were aged under 50. While half maintain *“I still do all, or most of the same exercises and physical activities that I have always done”*, a further 22% have either started new exercises/ activities or returned to ones they had previously stopped doing.



Over one in five (22%) admit *“I used to do some regular exercising and physical activities but I don't anymore”*, with statistically significantly higher mentions amongst those in lower social-economic groupings (26% of C2DEs vs. 18% ABC1s). It is important to understand this lapsed group a little further.

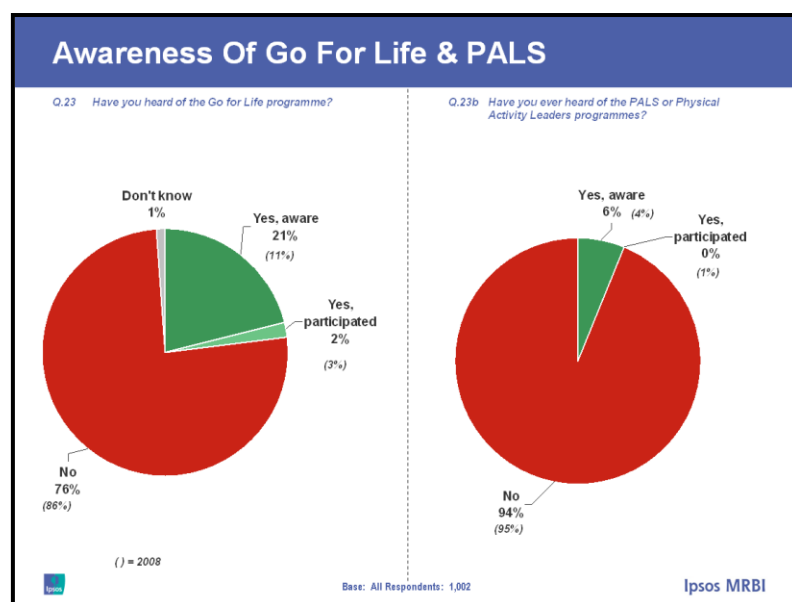
Within this group there appears to be a cohort affected or concerned by health problems as they are more likely to mention these alongside muscular/ skeletal problems and also their weight as barriers to exercise. Nonetheless 63% of those identifying with this group declare their state of health to be excellent/ good. In terms of motivators both longer and shorter term health benefits of exercise are identified to a relatively lesser extent as is the enjoyment aspect, although *“keeping active”*, *“keeping young”* and *“to lose weight”* are mentioned to at least the same if not to a slightly greater extent compared with the overall respondent base. Messages incorporating these latter elements might therefore be more motivating for them.

In addition, respondents in this group are also more likely to mention a lack of or poor facilities spontaneously as an issue. When prompted, satisfaction levels with local facilities are significantly lower (53%) compared to the overall older population (62%) and there is also a higher proportion who agree with the statement *“There are very few opportunities in my local area for people of my age to exercise or be physically active”* - 41%, compared to 33% overall.

As might be expected overall there is strong correlation between these statements relating to current vs. previous activity and a respondent's level of activity, with *"I still do all, or most of the same exercises and physical activities that I have always done"* statistically significantly more likely to be mentioned by those who are highly active, while *"I used to do some regular exercising and physical activities but I don't anymore"* is predominantly mentioned by those with low activity levels.

## Awareness of Go for Life

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



Overall, almost one in four (23%) of older people are aware of the Go for Life programme, representing a statistically significant increase since 2008 (14%). Whilst increases have occurred across all demographics, the most notable has occurred in the Dublin region which previously trailed other regions.

Current awareness levels are similar (i.e. a difference of only 1-2 percentage points) across gender, age and region. Those in higher socio-economic groups tend to be slightly more aware of Go for Life (24% of ABC1s vs. 20% of both C2DEs and Farmers), as are those in both high and medium activity categories (24% and 23% respectively) compared to low activity respondents (19%). Participation levels in the Go for Life programme, however have remained relatively static at 2% of the over 50s

grouping (vs. 3% in 2008).<sup>11</sup> Nearly all participants are female, with a bias towards those aged 65+ and all are members of at least one sporting or social group or club.

Awareness in PALS (which is the training element of the Go for Life programme reaching approximately 250 new participants per year who in turn reach about 10 of their peers on a regular basis), however, shows a slight increase since 2008, with 6% of older people aware of this programme. Awareness levels are statistically significantly higher amongst sport participants (8% vs. 5% of non participants). Less than 1% of older people have actually participated in a PALS workshop, all of whom are female.

---

<sup>11</sup> , 'Go for Life has pointed out that the programme as a whole reaches more than this figure. Some groups receive grants from GFL and benefit from greater participation, but not every member of the group would know that they were participating in an activity made possible by a Go for Life grant. This research did not look specifically at the impact of the Go for Life Grant scheme'



# Conclusions & Recommendations



## 5. Conclusions & Recommendations

This final section of the report draws together the key findings from the 2011 survey, with reference made to changes since and conclusions from the 2008 report. 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 levels are similar to previous surveys but with indications that quality of participation has further improved, driven by mainly sport and physical activity, with the quality of walking remaining relatively consistent.*

The results reported shows that the overall level of participation in sport and recreational physical activity among older people in Ireland remains effectively unchanged since 2006. 40% of older people have participated in sport or recreational physical activity in the last four weeks in 2011, compared to 40% in 2008 and 39% in 2006. As observed in previous studies, participation continues to be statistically significantly skewed towards males and those from higher socio-economic groups. Encouragingly there has been a further increase, in the participation rates of those aged 65+, to 39% (from 37% in 2008 and 34% in 2006).

It is the improvement, however, in the quality of participation in recreational physical activity (including walking) which is encouraging. When classified in the three activity segments, along the lines of the National Physical Activity Guidelines we observe a statistically significant decrease in the proportion of people classified as “low activity” to 55% from 59% measured in 2008. This has involved a 3% increase in the high activity (27%) and 1% in the medium activity (18%) groups.

Improvement in the quality of activity has occurred within both 50-64s and those aged 65+ (each have seen a 3% increase in highly actives), although there remains a higher proportion of the younger age group in the category (29% vs. 24%).

The above implies that messages and initiatives regarding the quality of participation have had a relatively widespread effect (between the 2006 and 2008 surveys the proportion of those in the low activity category remained unchanged).

The overall increase in the ‘highly actives’ across all recreational activity, including walking is driven to a slightly greater extent by the improvement in the quality of sport participation, as opposed to quality of walking. Whereas 14% of older people achieved health guidelines in 2008 through sport alone, this figure now stands at 17%, whilst the proportion meeting guidelines through walking alone has remained relatively consistent, at 12% compared with 11% in 2008. Key to this improvement is the statistically significant proportions of participants who have raised their breathing rate during activity (at least 86% for each of the most popular sports, with the exception of golf).

- *Walking remains critical to the achievement the national physical activity guidelines amongst older people*

As mentioned above, 12% of older people are meeting health guidelines through walking and a further 2% do so when combining walking with sporting activity. This highlights the important role walking continues to play in achieving the guidelines for physical activity amongst the older population of Ireland.

The proportion of those walking continuously for 30 minutes or more has remained fairly consistent (72%, compared to 73% in 2008 and 71% in 2006) as has the average number of days walked in the past four weeks (13.1 vs. 13.3 days in 2008). The pace of walking is slightly improved in terms of sufficient intensity in order to meet the guidelines (43% vs. 40% in 2008 for 'fast' or 'brisk' pace), although it remains statistically significantly higher amongst 50-64 year olds (49%) compared with those aged 65+ (33%).

- *'Low activity' older people, whilst still relatively resistant to messages, appear to be changing their behaviour to some extent*

While the proportions in the low activity category remained the same between the 2006 and 2008 surveys, this has reduced to 55% in 2011 (from 59%), a large enough shift to be considered statistically significant. This suggests that this group, or at least part of it, can be influenced to some degree to improve their activity levels, particularly those in an excellent/ good state of health or mobility (72% and 74%, respectively, of those in the low activity category).

- *There is a more mixed picture in relation to opportunities for physical activity, with a decrease in group or club membership and a slightly lower satisfaction score in relation to local facilities.*

Just over four in ten (41%) of older people are members of a sporting or social group or club, representing a statistically significant decline compared with the figure of 47% recorded in 2008. Decreases have been registered across all types of group or club, with exception of some less common ones such as Bridge clubs or Active Retirement groups. This suggests the recession has impacted on membership, with those engaging in Golf and Keep Fit/ Aerobics/ Gym less likely to be involved in a club/ social group in this latest survey. A direct question on cancellation of membership could be considered for next time.

As seen in previous studies, and also in this one, a strong correlation exists between membership of a group or club i.e. being socially active and likelihood to participate in sport or recreational activity. Thus, there may be a potential threat to participation levels should fewer opportunities exist via the route of club membership. In addition over 65s are statistically significantly more likely to be members of such groups or clubs and it is this age group that tends to have lower participation levels.

In terms of types of opportunity to encourage older people to exercise or to be physically active, “*more facilities*” received most mentions (9% of all those aged 50+), followed by “*special sessions for older people*” (5%) and “*better links to local clubs*” (4%)

## 5.2 Recommendations

The following recommendations are derived from the findings of this latest report, with reference to those made in the 2008 report.

- *Continue to target those with low levels of activity*

Although the proportion of those with low activity levels has reduced from 59% in 2008 to 55% in 2011, signalling some success in communication of the importance of the quality of participation amongst this group, there remains a sizeable proportion still requiring further targeting. Whilst those aged 65+ and of lower socio-economic groups are more likely to be classified as having low activity levels and require particular focus, messages still need to be communicated, ideally via a combination of mass media and more targeted channels.

The tone of the communications is critical in instilling the belief that physical exercise is relatively “easy” to get involved in, there are minimal downsides and any that do exist are far outweighed by the benefits. Such messages could downplay some of the concerns that exist around causing oneself injury, the weather etc. Given also that around three quarters of those in the low activity category classify themselves as being in an excellent/ good state of health and mobility, they need to be motivated further.

Messages around the idea of it being easy to build in exercise into the daily or weekly routine, the fun/ enjoyable and social dimensions, may be of additional appeal over and above any health benefits. The latter of course are still critical, particularly ensuring that the long-term benefits are also understood. There was evidence of this between the 2006 and 2008 surveys whereby long-term benefits overtook day-to-day benefits as a key motivator. Long term benefits were also mentioned by a greater proportion this survey so it will be key to maintain this in on-going communication.

- *Promote membership of social & sporting clubs and groups*

The falling levels of club and group membership recorded in this latest survey needs to be further understood and addressed. Benefits of becoming involved in a club or group need to be highlighted. Also people need to be aware of the different ways in which they can contribute, both in a sporting or non-sporting capacity. Even without a physical activity focus (for those who have mobility or health issues), other benefits should be communicated, such as mental stimulation, social and psychological benefits.



- *Encourage trial of new sports*

Outside the top five sports, which may not be of appeal to many non-participants, there is a wide range of sport and physical activities available which need to be highlighted, particularly those of low impact for example aqua aerobics, yoga, pilates and bowls.

- *Encourage walking via the promotion of walking groups and designated areas*

Walking represents the “first step” into taking up a routine of physical exercise, given the relatively low commitment and low intensity levels involved, so communication built up around these elements as well as the social aspect should help encourage those with low activity levels.

- *Improve awareness of facilities*

This is linked with the above point. The latest findings indicate that as highly active people were statistically significantly more satisfied with local facilities for physical activity or exercise for older people, it suggests that once you have actively sought these facilities, you tend to rate them more positively.

Improved awareness and perceptions of public facilities in particular, in terms of their offering for older people, should also encourage usage.

One of the recommendations from the 2008 report was that Age & Opportunity explore the opportunities for collaboration with the private sector (the public/ community or local authorities being the traditional channel). With 61% of all sports overall being delivered via the private sector, this clearly warrants further focus bearing in mind the different private vs. public splits relevant for the different sports.

## **Age & Opportunity**

Marino Institute of Education  
Griffith Avenue  
Dublin 9



Tel: (01) 805 7709

Email: [info@ageandopportunity.ie](mailto:info@ageandopportunity.ie)

[www.ageandopportunity.ie](http://www.ageandopportunity.ie)

