



Health Equity Pilot Project Final Conference

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Evidence into practice: action on health inequalities

6th December 2018 / Renaissance Brussels Hotel

Physical activity

Dr Alison Giles

Dr Nick Cavill

Prof Harry Rutter

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Two reviews combined

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



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1. The nature and extent of inequalities in physical activity across Europe



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No clear picture!



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No clear picture!

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



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Children

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



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Adults

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



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Adults (2)

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



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Adults (3)

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



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2. Evidence for interventions or approaches to address inequalities



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

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



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

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



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Cycling interventions

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



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Walking interventions

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



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Active travel

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



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Active travel (2)

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



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School-based interventions

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



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Workplace interventions

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



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Primary care-based approaches

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



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Targeted individual and group approaches

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



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Individual and group-based environmental/conservation activities

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



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Conclusions

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



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