NIHR | Policy Research Unit Healthy ageing

POLICY BRIEFING

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November 2025

Movement for All: Closing Physical Activity Gaps for Marginalised and Disadvantaged Adults in England

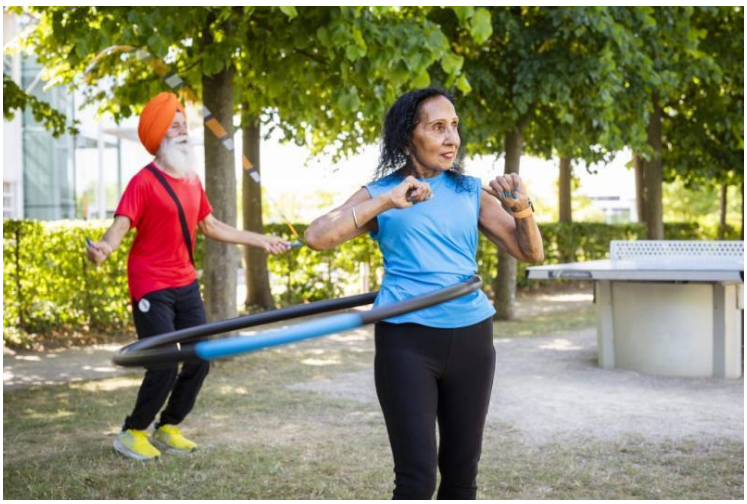
Introduction

Physical activity delivers substantial benefits for older people's physical and mental health, yet activity levels remain low and fall well short of recommendations set by the UK Chief Medical Officers and the World Health Organization. These low levels are not evenly distributed across the population: disadvantaged older adults face multiple barriers, including health, social, cultural, financial, and environmental. All of which limit opportunities to be active. However, these groups stand to gain the most, as poor health and earlier onset of disability means that they are likely to benefit the most from physical activity. Addressing this inequity will require a mix of approaches across-government aimed at both individuals and whole populations.

Understanding the evidence on physical inactivity among the most marginalised and disadvantaged populations is essential to achieving the ambitions of the government's 10-Year Health Plan, the Neighbourhood Health Plan, and related missions to break down barriers to opportunity. These policies emphasise prevention, population health management, and the reduction of inequalities in healthy life expectancy. Physical inactivity is a key, modifiable risk factor driving poor health outcomes, yet the highest rates of inactivity are found among groups already facing the greatest disadvantage. Understanding the current evidence base - in terms of what works for these individuals and groups - will enable policy makers to target resources where they will deliver the greatest health and economic benefit.

Methods

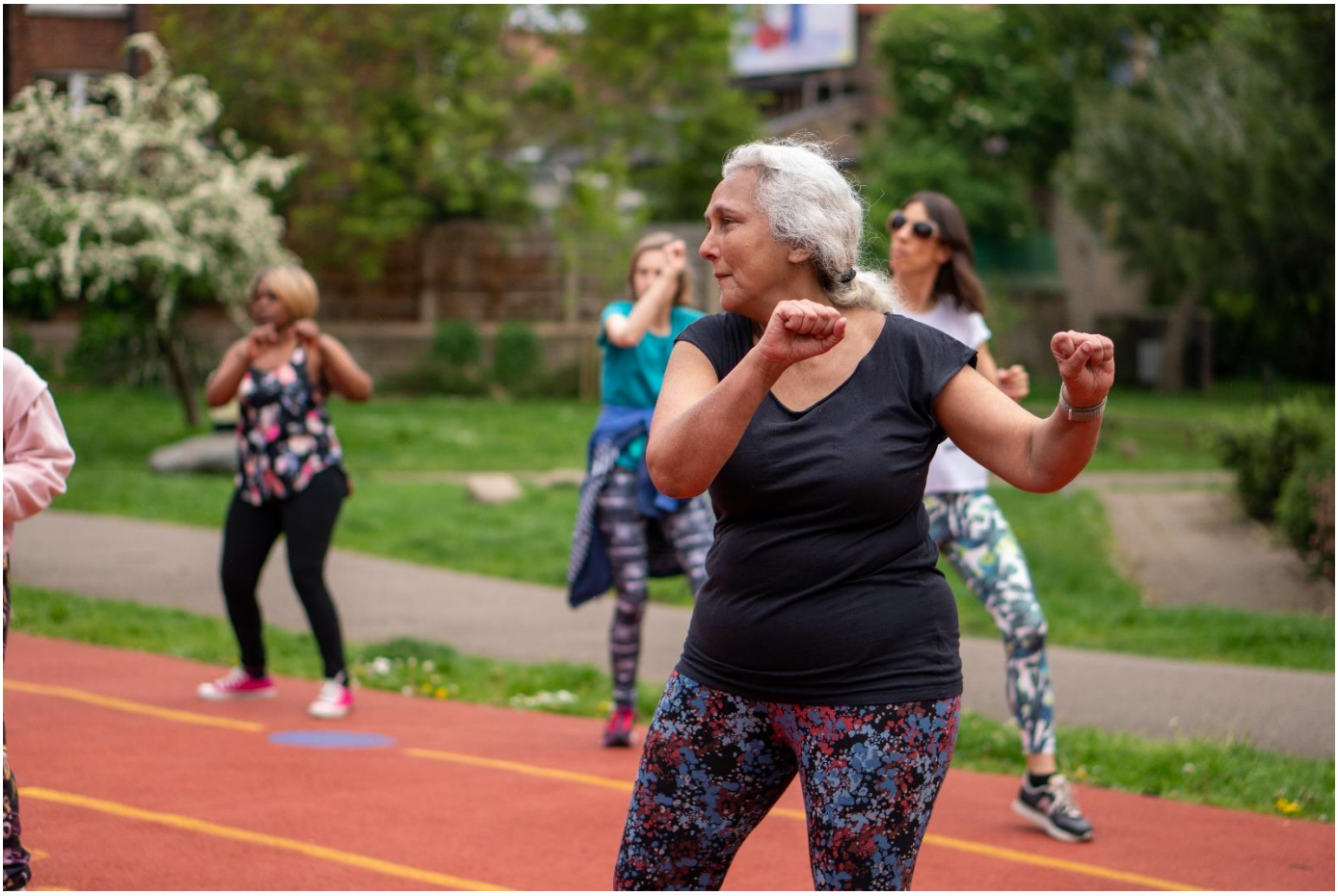
The NIHR Policy Research Unit in Healthy Ageing has completed two linked rapid evidence reviews to support a cross-government approach to physical inactivity. One review focuses on population level approaches, whilst the other examines individual level initiatives. Together, they aim to inform government departments, regional and local policy teams as they develop policy options, commission and design services to support an increase in physical activity.



Evidence Review Findings

Population Level Interventions

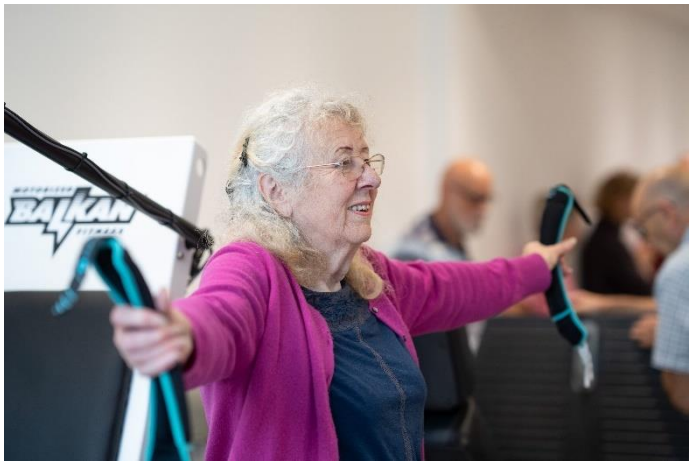
- A programme of free access to leisure facilities coupled with community outreach activities (Blackburn with Darwen, UK), and a community-wide health promotion campaign targeting primarily older groups (Japan) appear promising for promoting physical activity among disadvantaged groups, with a low risk of widening health inequalities.
- Similar interventions evaluated in other locations and populations either did not show the same findings (community-wide health promotion for 40-79 year olds, Japan) or reported insufficient data to allow a clear judgement of effectiveness for disadvantaged groups (free leisure facilities, Leeds, UK).
- Walking routes may be promising to promote walking among the disadvantaged, whereas cycle routes appeared to have no impact. This suggests that disadvantaged groups may find some types of physical activity easier to adopt than others, possibly due to costs.
- These population level findings are mostly from single studies (rated moderate and low in quality). More research is needed to confirm socioeconomic patterns in effectiveness
- Some of the interventions identified would result in physical activity outdoors; access may be a consideration for older populations whose outdoor mobility is constrained by ill health, disability and other concerns (e.g. safety).
- There is some consideration of equity in evaluations of population-level interventions, but many studies do not report differential outcomes by socioeconomic or intersectional characteristics.



Individual Level Interventions

- There is currently no consensus on which interventions are effective to increase physical activity among disadvantaged older people.[1]
- Evidence about what works to promote physical activity for individuals of low socioeconomic status or living in rural areas was limited in quantity and quality.
- Some evidence suggests that behavioural interventions, such as goal setting, activity tracking, and peer support, can increase physical activity in both older women and men. However, this evidence was poor quality and lacked certainty.
- Physical activity, educational, and multicomponent interventions can increase physical activity in individuals from minoritised ethnic groups in the USA. However, there is no evidence about whether such interventions may disproportionately benefit non-ethnic minority groups, or how relevant they are to the UK context.
- When looking at evidence about older people's experiences of using individual level interventions. Caregiving, transport, and financial constraints made it difficult for older people to take part in physical activity. Social support, and tailored, culturally relevant and flexible programmes made it easier. There were high levels of acceptability across a range of interventions.

Policy Recommendations



Within the strategic frameworks of the 10-Year Health Plan, the prioritised shift to prevention, addressing inequities amongst older adults is both timely and essential. Evidence indicates that population-level interventions such as free access to leisure facilities, community outreach, and supportive walking environments may be effective and equitable, though current findings are limited in scope and quality.

To achieve meaningful impact, interventions must be designed for accessibility, cultural relevance, and structural support, rather than relying on a one size fits all behavioural model. Removing cost and access barriers, fostering community-led design, and integrating tailored individual-level support offer the best prospects for narrowing the physical activity gap. However, equity monitoring is vital to ensure that implementation reduces rather than reinforces disparities in physical activity.

To access relevant publications and further information in relation to this research please visit www.hapru.nihr.ac.uk

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[1] Note our review only found evidence about the effectiveness of interventions for groups disadvantaged by socioeconomic status, gender, ethnicity, and place of residence.