

Understanding what works to help older people from disadvantaged groups be more active (Population Level)

What is the problem?

Being active is one of the best ways to stay healthy. But some people find it harder to be active than others, especially those living with disadvantaged communities. They may have less access to safe outdoor spaces, leisure centres, or affordable activities. To make things fairer, we need to know which large-scale or community-wide activity programmes help people from these groups be more active, without making inequalities worse.



What did we do?

We looked at evidence from research studies that tested population-level programmes (that is, activities or policies for whole communities or areas, not just individuals) to find out what helps disadvantaged groups move more. We found 11 studies that looked at this issue, about half of these were based in the UK. These studies tested different types of programmes, such as free access to leisure facilities, community campaigns, and improvements to walking and cycling routes.

What did we find?

Two types of programmes look most promising:

- **Free access to leisure facilities** combined with local outreach work (for example, a programme in Blackburn with Darwen, UK) helped more people from disadvantaged groups be active.
- **A community-wide health campaign** for older adults in Japan also showed positive results, helping people to move more without increasing inequalities.

However, not all similar programmes worked as well:

- Another campaign for adults aged 40–79 in Japan did not show the same benefits as the one mentioned above.
- A free leisure scheme in Leeds, UK, did not have enough data to judge how well it worked for disadvantaged groups.

There was also some evidence that **new cycling and walking routes** encouraged walking among disadvantaged groups but not cycling. This may suggest that some forms of activity are easier for people to take up than others. Most of the evidence came from single studies, and many were rated as moderate or low quality, meaning we need more research to be sure. We also found that outdoor activities may be less accessible for some older people, especially those with health problems, disabilities, or concerns about safety.

What does it mean?

The evidence shows modest progress in making sure physical activity programmes are fair and inclusive. Some promising approaches, like free access to leisure facilities and local outreach, could help reduce health inequalities if developed carefully. Future work should continue to check whether programmes work equally well for everyone, when considering issues such as cost, safety, and accessibility. These findings are important for shaping current policy, including the NHS 10 Year Plan and efforts to develop preventative, place-based approaches to health.

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about the project**

