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Physical Activity Experiences of Minority Ethnic Older Adults

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June 2024



Background

The 60+ Active Leisure Scheme (ALS) aims to tackle health disparities and social isolation among individuals in Wales over 60 years of age. This initiative provides opportunities for physical activity through a promotional introductory offer. The scheme was launched in 2021 as part of the Healthy Weight Healthy Wales delivery plan, with programming starting under COVID-19 pandemic restrictions. Since its inception, the 60+ ALS has evolved into a nationwide programme offering a wide range of activities in leisure centres, outdoor spaces, and community venues. However, previous evaluation conducted by WIPAHS noted that participation of minority ethnic older adults was low. There was also insufficient evidence in the academic literature to provide recommendations to ensure that the provision was attractive to this target group. This is important as the population of older adults from minority ethnic population groups continues to increase in Wales, with greater ethnic diversity in urban areas (StatsWales, 2023).

A focus on this segment of the population is important as physical activity levels amongst those with Asian, Black and Chinese backgrounds have consistently remained low compared even with the generally insufficient levels associated with the wider population in the UK (UK Government, 2024). Consequently, minority ethnic communities experience a considerably higher burden of health conditions associated with physical inactivity than White people (Ali et al., 2021). For example, South Asians demonstrate approximately double the risk of cardiovascular disease (Patel et al., 2021; Razieh et al., 2022) and there is a higher risk of type 2 diabetes amongst minority ethnic groups in comparison with White individuals (Pham et al., 2019), earlier onset of acute strokes and two to four times increased likelihood of experiencing adverse stroke-related outcomes including death in minority ethnic individuals (Fluck et al., 2023). It is important to note that some of these health-related differences may be due to socioeconomic factors; however, differences in lifestyle behaviours are also thought to play an important role (Ismail et al., 2022).

The research that has previously been conducted suggests that older adults from minority ethnic backgrounds are more difficult to reach, and less likely to attend and more likely to drop out of physical activity programmes (O'Regan et al., 2020). More specific to the implementation of the 60+ Active Leisure Scheme, in 2023 two local authority (LA) representatives completed case studies regarding participants with minority ethnic backgrounds as part of their annual evaluation. One of the local authorities conducted a focus group with participants representing the third sector, the local Health Board, and charity and BME community service providers. This focus group revealed a variety of factors affecting participation: a need for increased awareness of the links between physical activity and health, the need for organisations to be culturally informed and accommodating to diverse needs such as language (booking system and classes) and socioeconomic barriers, and the importance of using locally accessible

venues. The work in this report builds on this case study and seeks to gain a better understanding of the perspectives of minority ethnic older adults in order to provide recommendations for the future of the 60+ Active Leisure Scheme.

Methods

This work employed a qualitative design, involving two focus groups with a total of 16 minority ethnic older adults, with six men participating in one focus group and 10 women participating in the other. Participants were aged 59 years or over and had varying levels of English proficiency, from beginner to advanced. They were of South Asian descent and recruited through a charitable organisation that had links with a local Hindu community centre. Most participants had known each other for many years and some of the men had played sports together when they moved to Wales in the 1960s.

The discussion focused on barriers and facilitators to physical activity that could be used to inform the further development of the 60+ Active Leisure Scheme. Transcripts from the focus groups were subsequently analysed to identify key themes based on the components of the socioecological model. This model provides a framework that emphasises the need to look beyond individual choices and take into consideration the context in which one lives to understand the impact of influences at a variety of levels on health-related behaviours (McLeroy et al., 1988). Specifically, it is a multi-level model which focuses on individual, interpersonal, environmental and policy factors that influence behaviour (McLeroy et al., 1988). Individual factors include individuals' characteristics, experiences, knowledge, attitudes, beliefs and skills. Interpersonal factors refer to individuals' formal and informal social networks and support systems, as well as their cultural practises. Environmental, community and organisational factors include the weather, and neighbourhood environments such as infrastructure, parks, public transport and safety etc. Lastly, policy factors include guidelines, policies, laws, regulations etc. (You et al., 2021).

Key findings

The barriers and facilitators revealed in the focus groups were similar to those reported in other studies with older adults, which are summarised in Figure 1.

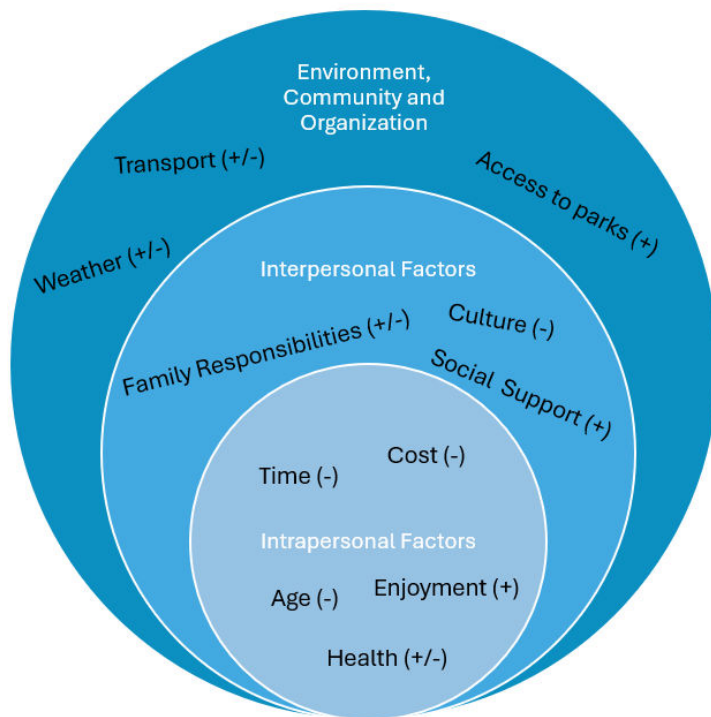


Figure 1 Factors affecting exercise habits of minority ethnic older adults (+ refers to a facilitator and – to a barrier)

Intrapersonal Factors

Both men and women were motivated to exercise due to the associated health benefits. Men were primarily motivated by the desire to remain independent in old age and women by the immediate benefits they received from exercise, with many mentioning ‘feeling better’ after doing exercise. All participants took part in a weekly seated yoga session together. Both men and women typically participated in additional physical activity; walking and housework were frequently reported, irrespective of gender, with most women stating that they went for a daily walk of at least 30 minutes. Men and women reported going to the gym, whereas gardening, jogging and playing badminton were only discussed by men, and yoga, aqua aerobics and looking after grandchildren were only mentioned by women.

Health factors associated with ageing were frequently mentioned as a barrier to exercising more, regardless of gender. Participants shared how their bodies stopped them from being able to do things that they wanted to do and that they were less active than they used to be due to aches, pains and chronic health conditions, such as arthritis. Two participants had also had a fall in the last few months. Some participants chose to participate in their desired activity with modifications, for example, jogging shorter distances or taking breaks while walking. In contrast, some participants discussed how

they no longer participated in activities they enjoyed when they were younger, such as running, and sports including cricket and football.

The increasing cost of leisure centre memberships was also mentioned as a barrier by some men, with one participant considering cancelling his membership due to the increasing cost. Men also expressed an interest in learning about other suitable activities available locally for free or at a low cost. A lack of time was discussed as a barrier by most women, for example, due to taking care of grandchildren during school holidays and caring responsibilities. One participant acknowledged that she was still physically active when being a carer but that it prevented her from having time to do her own exercise. Another participant highlighted her lack of schedule since retiring as a barrier.

Interpersonal Factors

Many participants shared that they enjoyed exercising in a group setting and meeting new people. However, some of the women preferred to go for walks on their own. Cultural norms were discussed by some men, whereby in South Asian culture they prioritise family over other ways to use their time, such as exercising. One of the men also mentioned that sometimes people in their community do not do much outside of their homes and that he tries to encourage his neighbours to join the yoga sessions.

Environment, Community and Organisation

Weather was mentioned as a barrier, irrespective of gender. One man mentioned that he used to go for walks but due to the rain he has now joined a gym and exercises there instead. Women mentioned that they tend to stay in the house when it is raining, and that they try to be more active at home. Moreover, women expressed that they enjoyed planning group trips to visit local greenspaces, however, they found it difficult to organise these outings as the weather forecast is not reliable. The cost of arranging transport for these outings was also cited as a barrier. Additional challenges regarding transport were discussed by women. One participant shared that due to changes in the bus schedule, some participants leave their homes at 9:00 to attend the yoga session at noon. She also mentioned that because of this some participants carpool to the sessions, but not everyone is able to do this. One participant explained that she is now too scared to drive anywhere as the rules and the road systems keep changing.

Practice Recommendations

- Develop a pamphlet or other resource available in various languages, where potential participants can easily find free or low-cost exercise opportunities.
- Host community outreach events where representatives from the 60+ Active Leisure Scheme visit community groups to talk about the available opportunities and potentially offer ‘taster’ sessions to showcase different activities offered through the scheme.

- Provide improved public transport options and funding to enable groups to visit parks and other local greenspace.
- Offer financial support for minority ethnic community organisations to be able to develop exercise opportunities that are of interest to their older adult members. For example, this group expressed a desire for support for their ongoing exercise sessions and raised gardening beds at the community centre.

Research Recommendations

- It would be beneficial to conduct focus groups with less physically active minority ethnic older adults as all participants included in these focus groups were physically active and aware of the health benefits of physical activity and exercise.
- Further research utilising native language speakers could provide additional insight. Some participants were not fluent English speakers; therefore, we were only able to capture the perspectives of these participants, through translation for us by their peers.
- Additional research including participants from a range of different ethnic backgrounds and recent immigrants would be beneficial. All participants included in this research to date were of South Asian background, and most had been resident in the UK for many years.

References

- Ali, S., Kennedy, M., & Salma, J. (2022). A Scoping Review on Community-Based Programs to Promote Physical Activity in Older Immigrants. *Journal of Aging and Physical Activity*, 31(1), 144-154.
- Fluck, D., Fry, C. H., Gulli, G., Affley, B., Robin, J., Kakar, P., Sharma, P., & Han, T. S. (2023). Adverse stroke outcomes amongst UK ethnic minorities: A multi-centre registry-based cohort study of acute stroke. *Neurological Sciences*, 44(6), 2071-2080.
- Ismail, S. U., Asamane, E. A., Osei-Kwasi, H. A., & Boateng, D. (2022). Socioeconomic determinants of cardiovascular diseases, obesity, and diabetes among migrants in the United Kingdom: A systematic review. *International Journal of Environmental Research and Public Health*, 19(5), 3070. <https://doi.org/10.3390/ijerph19053070>
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health education quarterly*, 15(4), 351-377. <https://doi.org/10.1177/109019818801500401>
- O'Regan, A., García Bengoechea, E., Clifford, A. M., Casey, M., Gallagher, S., Glynn, L., Doyle, C., & Woods, C. (2020). How to improve recruitment, sustainability and scalability in physical activity programmes for adults aged 50 years and older: A qualitative study of key stakeholder perspectives. *PloS one*, 15(10). <https://doi.org/10.1371/journal.pone.0240974>
- Patel, A. P., Wang, M., Kartoun, U., Ng, K., & Khera, A. V. (2021). Quantifying and understanding the higher risk of atherosclerotic cardiovascular disease among South Asian individuals: results from the UK Biobank prospective cohort study. *Circulation*, 144(6), 410-422. <https://doi.org/10.1161/CIRCULATIONAHA.120.052430>
- Pham, T. M., Carpenter, J. R., Morris, T. P., Sharma, M., & Petersen, I. (2019). Ethnic differences in the prevalence of type 2 diabetes diagnoses in the UK: cross-sectional analysis of the health improvement network primary care database. *Clinical epidemiology*, 1081-1088.
- Razieh, C., Zaccardi, F., Miksza, J., Davies, M. J., Hansell, A. L., Khunti, K., & Yates, T. (2022). Differences in the risk of cardiovascular disease across ethnic groups: UK Biobank observational study. *Nutrition, Metabolism and Cardiovascular Diseases*, 32(11), 2594-2602. <https://doi.org/10.1016/j.numecd.2022.08.002>
- Stats Wales. (2023). Ethnicity by area and ethnic group. Welsh Government. <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/ethnicity-by-area-ethnicgroup>

UK Government. (2024, January 9). Physical Activity. <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-activity/latest/>

You, E., Lautenschlager, N. T., Wan, C. S., Goh, A. M., Curran, E., Chong, T. W., Anstey, K. J., Hanna, F., & Ellis, K. A. (2021). Ethnic differences in barriers and enablers to physical activity among older adults. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.691851>