LEEDS BECKETT UNIVERSITY

Leeds Let's Get Active:

Community Report – August 2015

Prepared by Leeds Beckett University

Reader Information

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Report Reference:

Zwolinsky, S. and McKenna, J. (2015). ***Leeds Let's Get Active: Community Report, August 2015.*** Centre for Active Lifestyles, Leeds Beckett University.

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Executive Summary

This document was prepared to provide an overview of the findings from the *'Leeds Let's Get Active'* (LLGA) community offer. Results are generated for data that was collected from October 2013 to June 2015.

Summary of Demographics

- This analysis is based on N=754 individuals participating the LLGA community offer.
- Over 72% of participants were female.
- The mean age of all participants was 30 years. Female participants had a significantly higher mean age (34 years) when compared to males (22 years).

Summary of Activity Data

- The community offer successfully reached a large proportion of individuals who were insufficiently active for health and had unmet physical activity needs.
- Baseline activity data was provided by n=369 participants.
- 63% of participants were classified as inactive (<30 minutes physical activity per week).
- 90% failed to achieve the current physical activity recommendations.

Summary of Attendance Data

- Inactive participants engaged with the community offer on a regular basis.
- Offering engaging and enjoyable group experiences helped to optimise the uptake of activity interventions among inactive people.
- A key ingredient of the programme's success was to provide a range of options to make the intervention more adaptable and flexible in accommodating individual's real-world circumstances.
- The LLGA community offer generated n=3,278 visits
- Inactive participants made 32% of all visits to LLGA community sessions.
- For inactive participants, fitness classes accounted for around 43% of all visits, family activities accounted 29%, walking groups 24% and running groups 4%.
- At the point of analysis, 53% of inactive participants had attended at least four sessions sine signing up.

1: Evaluation Introduction

Notwithstanding a raft of evidence showing that important indices of Public Health are responsive to additional energy expenditure (1), in the UK alone, over 60% of men, and over 70% of women fall short of achieving the current physical activity recommendations (2). Moreover, the best returns are often found when increasing physical activity among least active (3). Primarily because being unfit or physically inactive - resulting from a lack of exercise and/or sports participation - has major negative health consequences throughout the lifespan. Through a Public Health lens, low cardiorespiratory fitness accounts for more deaths in men and women than smoking, diabetes and obesity combined (4).

To help combat the rising levels of inactivity, innovative policies and practices are required (1). A core notion for better Public Health is that more is done to help the least healthy, therefore, it is crucial to move beyond the assumption that increased physical activity can only be achieved by promoting sport or by encouraging activities based on conventional notions about sport. This is important because in many long-term inactive individuals, previous experiences of sport are so aversive that they cause outright rejection to ever becoming involved. Central to these aversive experiences are those relating to competition and handling high level exertion; when competition entails social judgements of competence and social standing, for many inactive individuals this is a powerful reason not to engage.

The challenge is to deliver a long-term step change in the number of people who are regularly active and sustain that involvement. With the relatively limited appeal of sport across the community, equal focus should be placed on exercise and physical activity. When involvement is experienced as being inclusive, it can encourage participation of groups typically left unreached by conventional approaches and who demonstrate less than optimal levels of physical activity. These groups include adult women, the elderly and increasingly adult men (5). To generate Public Health benefit, activity needs to be packaged in a way that individuals can incorporate into their daily lifestyle with minimal burden.

This document outlines the interim findings from the evaluation of the LLGA community offer.

2: Evaluation Methodology

This section summarises the methodology employed in the evaluation of the LLGA community offer. It highlights the methods used to capture measure and analyse the data. This element of LLGA community offer was designed specifically for inactive individuals and aimed to support them to become active through the provision of free access to community activities within a supportive and welcoming environment.

As recommended by Sport England, physical activity data were captured through a single item physical activity question assessing days of physical activity per week. The single-item measure has been validated for use demonstrating strong reproducibility and modest concurrent validity (6). An open response scale to the question was used, with valid responses ranging from 0 to 7 days. Self-reported measures of physical activity and energy expenditure have been found to be sensitive enough to predict changes in activity (7). Additional data was gathered through XN, a leisure industry IT management system that provides data on attendance at LLGA.

Demographic and physical activity data were collected at baseline, typically at registration. Participants were then grouped into health enhancing physical activity categories according to activity scores from the single-item measure. This division formed three distinct groups, (i) inactive, (ii) insufficiently active and (iii) sufficiently active participants (8). A participant was classified as inactive if they reported a zero or one on the single-item measure. Insufficiently active participants reported 2-4 days of physical activity and the cut point for participants being classified as sufficiently active was achieved if participants reported 5 days or more of physical activity.

Following ethical clearance, once collected, data were inputted into the statistical software package SPSS (v21) for analysis. Percentages were calculated from the total number of valid answers given for a question. In addition to generating descriptive statistics, inferential analyses were conducted (where appropriate) to explore the relationship between variables of interest. Unless otherwise stated, a p value of 0.05 or less was taken to be statistically significant.

3: Results

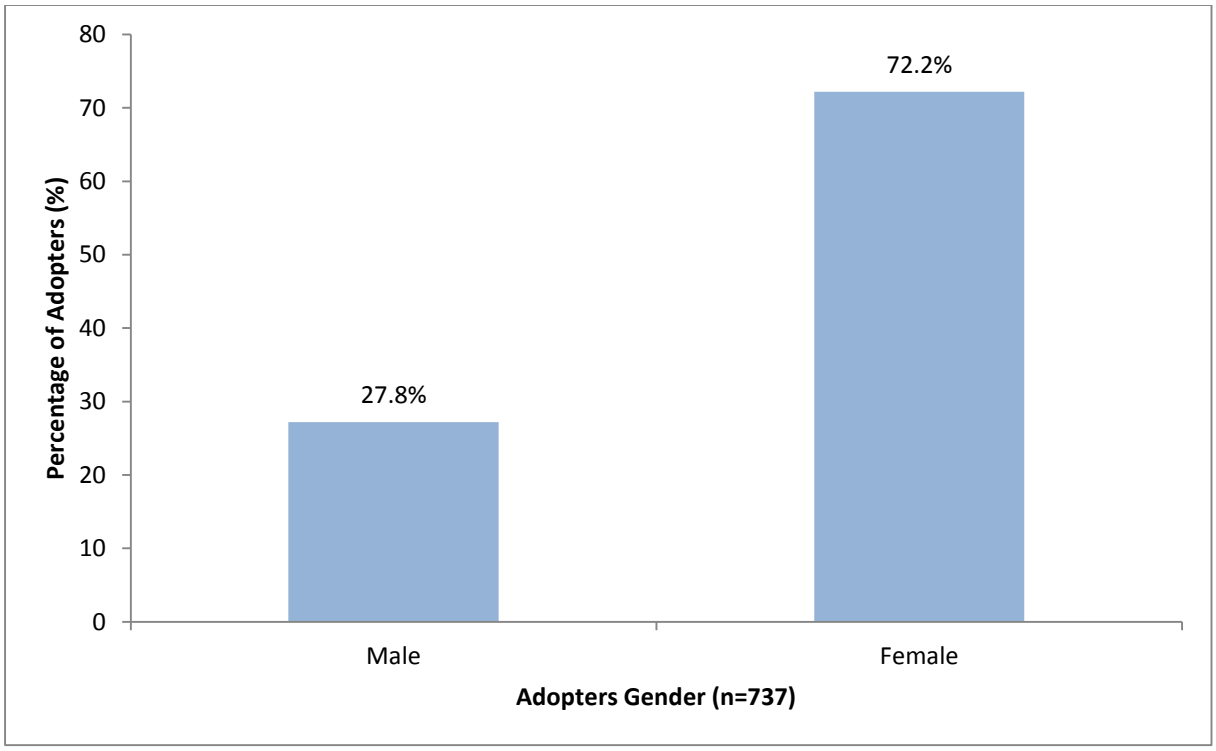
Baseline Data

(i) Demographics:

Gender:

In total n=737 participants provided information on gender. Male and female participants engaged LLGA community offer interventions across all the sites in Leeds. As figure 1 highlights, a high proportion of the total sample was female (72.2%, n=532/737).

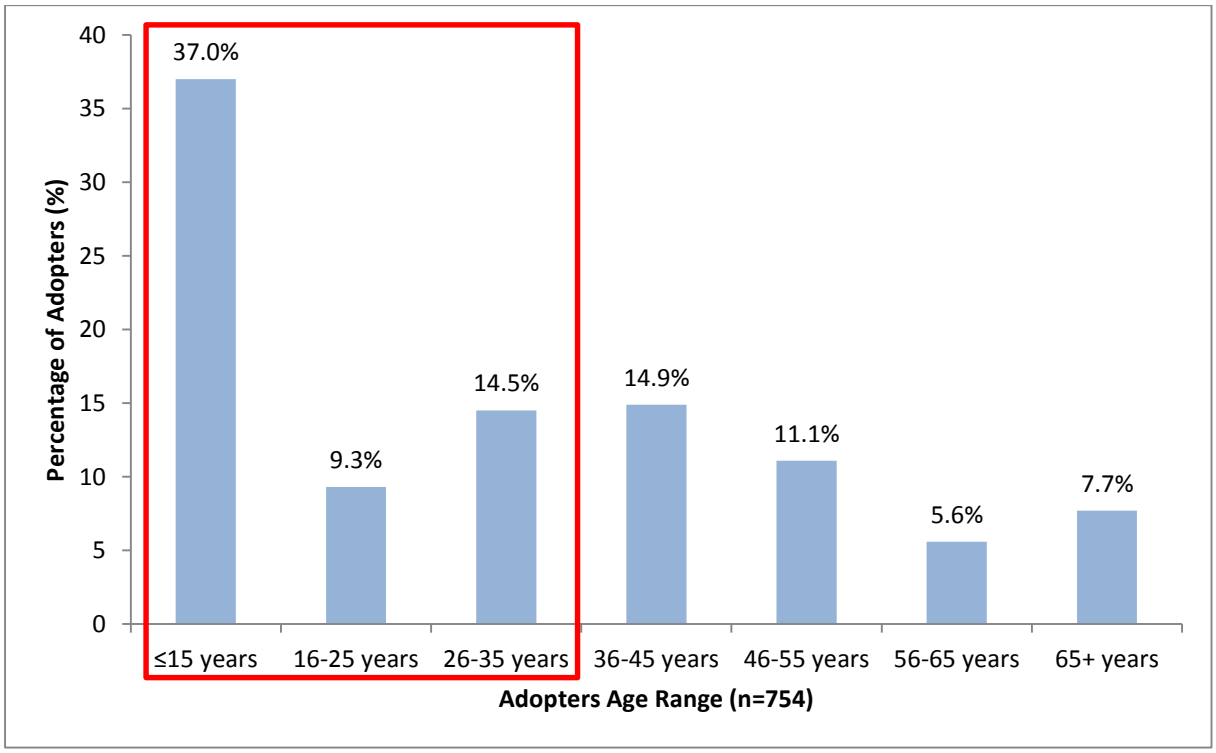
Figure 1: Adopters Gender



Age:

In total n=754 participants provided data on age. Among this group the mean age was 30 (±20.9) years. Age ranged from 1-89 years with an inter quartile range of 11-45 years. As figure 2 indicates, around 60% (n=458/754) of participants were aged 35 years or younger, pointing towards a young sample. There were statistically significant differences in age by gender (*t* [735] =-7.722, *p*=<.001). Analysis highlighted that male participants (22 years [±19.4]) had a significantly lower mean age when compared to female (34 years [±20.5]) participants.

Figure 2: Adopters Age

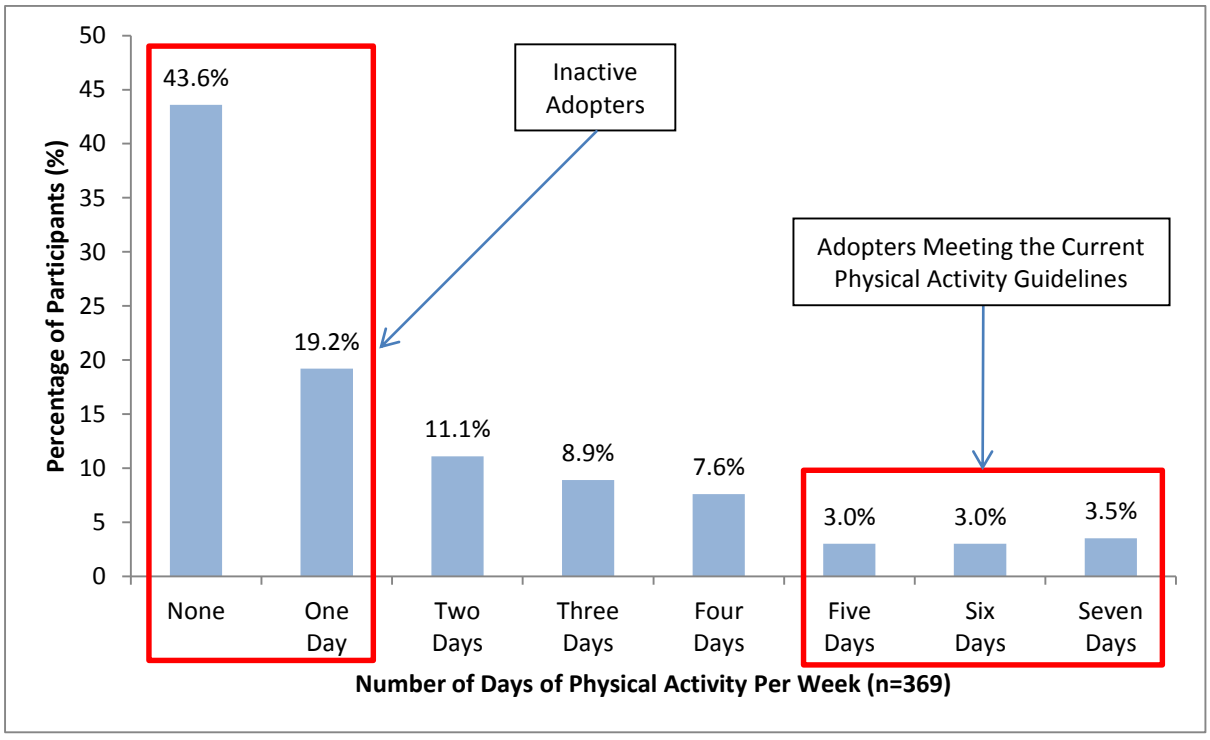


(ii) Activity Data

Days of Physical Activity per Week:

Following data cleaning, n=369 data sets were available on days of physical activity undertaken per week. Only 9.5% (n=35/369) were achieving the recommended amount of physical activity each week based on this measure; 27.6% (n=102/369) were insufficiently active. Further, 62.9% (n=232/369) of the participants met the inclusion criteria for being classified as inactive (i.e. 30 minutes or less of moderate intensity physical activity per week). There were no statistically significant differences in the days of physical activity undertaken per week by gender (t [366] = 1.951, $p>.05$). Further, there were no significant differences in days of physical activity pre week by age (F [6, 362] =0.776, $p>.05$).

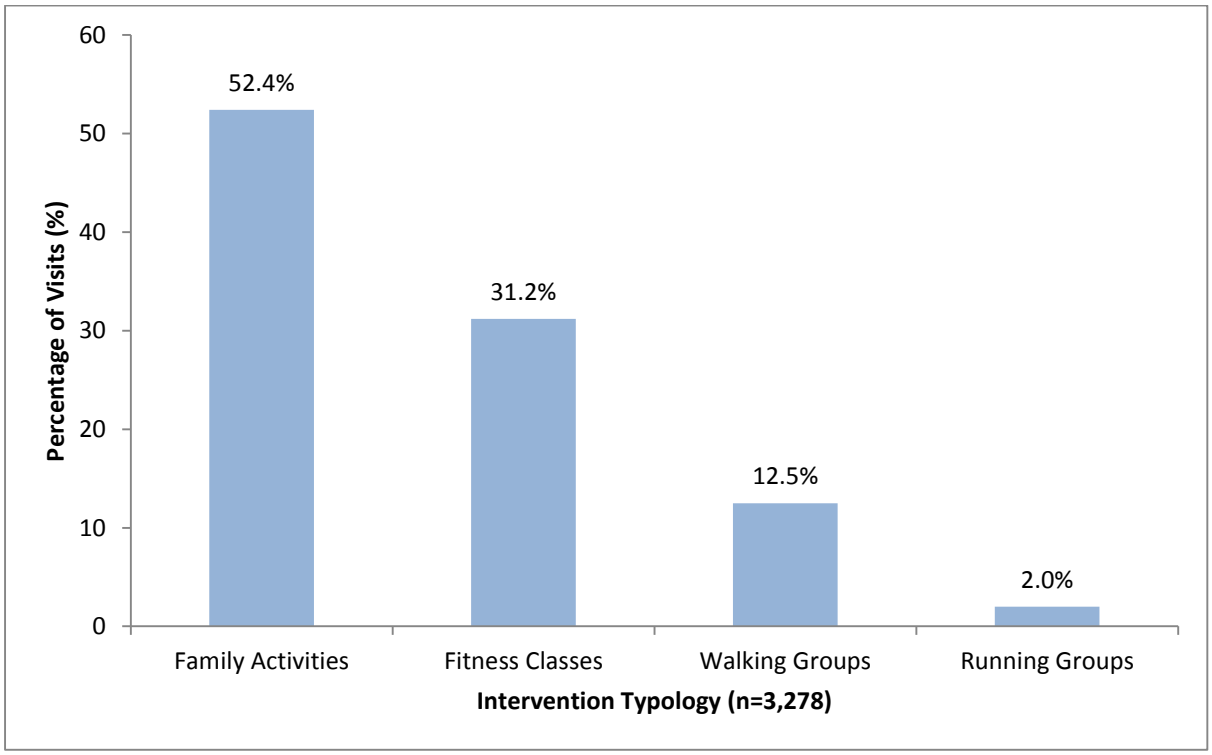
Figure 3: Baseline Days of Physical Activity per Week



Sign-Up and Attendance:

The LLGA community offer attracted N=754 participants in total. To date the community offer has provided 58 different community sessions across Leeds which can be categorised in to four overarching typologies, (i) *Family Activities*, (ii) *Fitness* – including Zumba, Tai-Chi and Boot camps, (iii) *Running Groups* and (iv) *Walking Groups*. These sessions offered by LLGA had generated n=3,278 visits from October 2013 to June 2015. Figure 4 shows the breakdown of total visits by intervention typology. The data highlights that over half of all the visits were undertaken during family activities and only 2% (n=65/3,278) were as part of a running group. At the point of analysis, every participant had attended at least one session, 52.4% (n=395/754) had attended four or more sessions and 9.2% (n=69/754) had attended 10 or more sessions. Further, almost 40% (n=1,297/3,278) of the total visits can be accounted for by 5 venues/sessions; Beeston Active Families, Richmond Hill Family Activity, Ebor Gardens Active Families, Meanwood health Walks and Harehills Zumba.

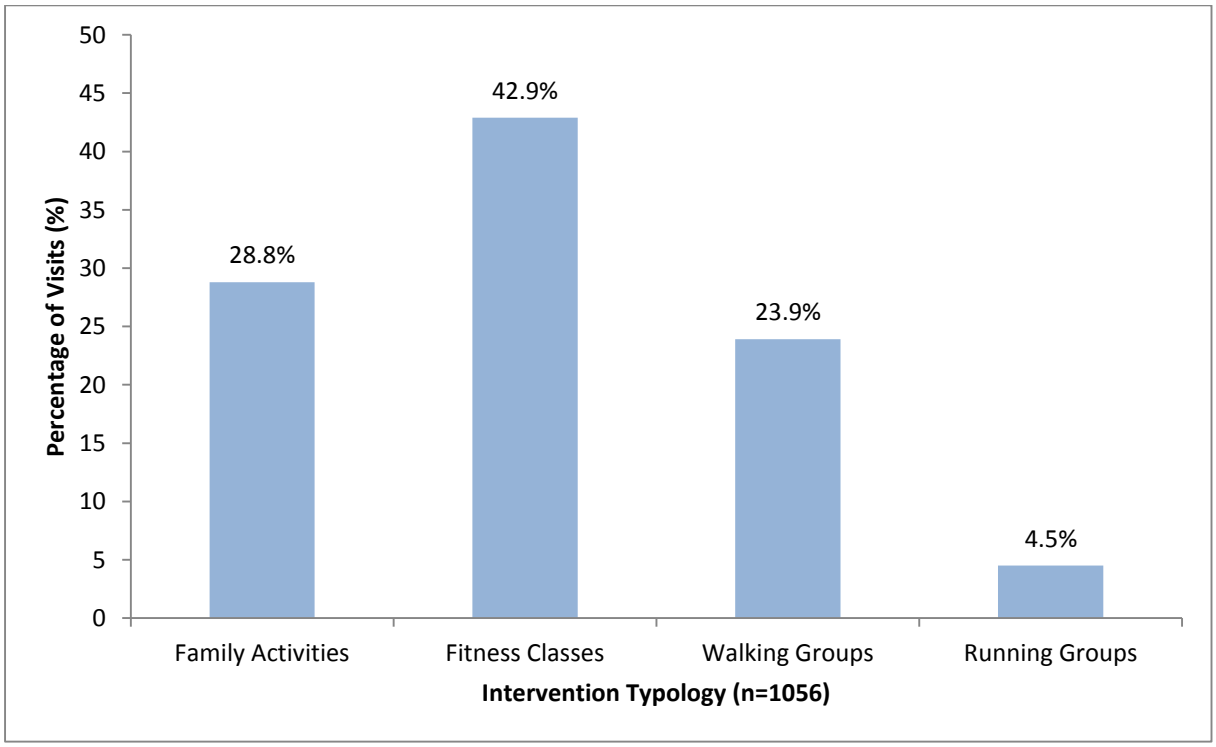
Figure 4: Breakdown of Visits by Type



Inactive Adopters Attendance:

Using attendance data combined with the single-item physical activity measure, inactive participants accounted for 32.2% (n=1,056/3,278) of all visits to LLGA community sessions. At the point of analysis, 52.6% (n=122/232) of inactive participants had attended at least four sessions sine signing up. Among this group, there were no statistically significant differences in the number of sessions attended by men compared to women (p>.05), or by age group (p>.05). Figure 5 shows the breakdown of total visits by intervention typology for inactive participants. Compared to all adopters, inactive participants showed a different profile of visits by typology. The highest proportion of visits by inactive participants came from fitness classes (42.9%, n=453/1056), family activities accounted for 28.8% (n=304/1056) of visits, walking groups 23.9% (n=252/1,056) and running groups 4.5% (n=47/1,056).

Figure 5: Breakdown of Visits by Type for Inactive Participants



4: Interpretation and Conclusions

The LLGA community offer aimed to engage inactive individuals and increase their physical activity levels through free access to community activities within a supportive and welcoming environment. In the understanding that gym and swim sessions held in local leisure centres are not for everybody, the community offer catered for a different audience compared to the standard LLGA offer.

A key ingredient of the programme's success was to provide a range of options to make the intervention more adaptable and flexible in accommodating individuals real-world circumstances (9). The LLGA community offer provided 58 different community sessions across Leeds. These sessions will be most effective when they can built into the philosophies and cultural practices of the targeted communities. Crucially, they must form part of ongoing community practices that incrementally and discreetly mould norms and values (10).

It is important to consider the full array of benefits that involvement in group-based activities might generate. Offering engaging and enjoyable group experiences can help to optimise the uptake of activity interventions among inactive people (11). Further, initiatives to increase social support for physical activity within communities and neighbourhoods can effectively promote uptake (12). Group bases social activities were the best attended among the community offer. It is likely that the use of familiar environments (community settings), building trust and confidence in the programme, developing realistic physical activity options and creating a socially inclusive atmosphere all played an important role in the programme's success.

Engaging inactive individuals and improving their activity levels is an on-going Public Health priority (2). Not only did the LLGA community offer recruit a large proportion of participants classified as inactive, 63%, the attendance data revealed potential improvements in activity levels. Over half of all inactive participants had attended at least four community sessions and fitness classes were the most popular among this group. The LLGA community offer highlights one effective way to engage unreached inactive individuals to community physical activity interventions.

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