

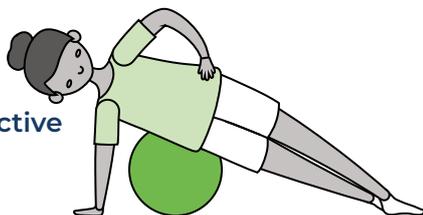
# Healthy for Life: Age Well

## Inequalities across Oxfordshire



### Inequalities in physical activity behaviour (pre-COVID-19)

**69.5%**  
of adults are active



This means that a staggering  
**99,000**  
adults are inactive



There are inequalities within our inactive population

**34,000**  
inactive people in  
lower socio-  
economic groups

**20,000**  
inactive people  
aged 75 years  
and over

**24,000**  
inactive people with a  
long-term health  
condition or disability

**13,000** **More inactive women than men**  
This gap is driven by much higher inactivity in women who:  
- Are over the age of 65 years  
- Are in low socio-economic groups  
- Have a disability or long term health condition  
- Are unemployed

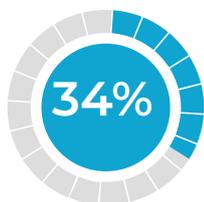


### Health inequalities (pre COVID-19)

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally<sup>1</sup>; responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone)<sup>2</sup>

### Ageing

Levels of inactivity increase dramatically with age



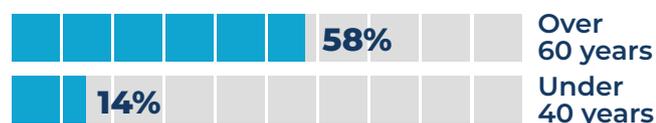
One third of adults aged 65 years and over are inactive and this age group is expected to grow by 50% by 2038, compared to 47% nationally<sup>3</sup>



60% of adults aged 85 years and over are inactive and this age group is expected to grow by 18% by 2027<sup>3</sup>

### Long term health conditions

Long term conditions are more prevalent in older people<sup>4</sup>



People with long term conditions

Over 137,000 people of all ages have 2 or more chronic conditions<sup>3</sup>

People in lower socio-economic groups are more likely to have long-term health conditions, and these conditions tend to be more severe than those experienced by people in higher socio-economic groups<sup>5</sup>

Many people don't realise that physical activity has significant benefits for health, both physical and mental, and can help to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression<sup>2</sup>. Physical activity can support immune function<sup>2</sup>, minimise the severity of symptoms of COVID-19 (if affected) and support the rehabilitation process for those with Long COVID<sup>6</sup>.

### Disease prevalence within adults<sup>3</sup>



Oxfordshire has above England average prevalence of:

-  Cardiovascular disease
-  Cancer
-  Depression
-  Osteoporosis



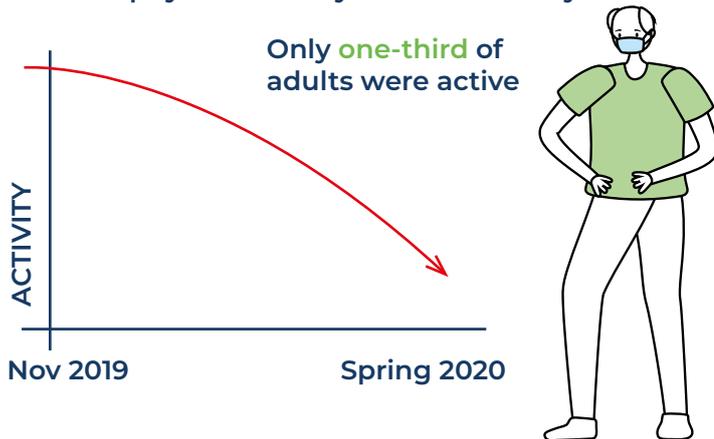
59% of adults are overweight or obese (most likely to be in their 50s and 60s)<sup>7</sup>

In some areas of inequality the prevalence is significantly worse

### Inequalities are rising under COVID-19

The pandemic has brought health inequalities into sharp focus. People facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. The measures to control the virus are exacting a heavier social and economic price on those already experiencing inequality. This and the economic recession will risk intensifying health inequalities<sup>8</sup>.

During the Spring 2020 lockdown period, levels of physical activity fell dramatically<sup>9</sup>



Groups that **found it harder to be active** were:

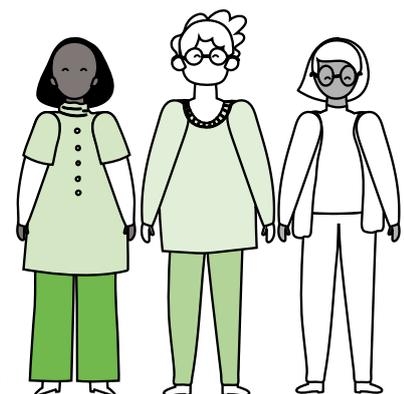
-  Women
-  Older adults
-  People with a long-term health condition or disability
-  People from lower socio-economic groups
-  People from Black and ethnic minority communities

There are 3 key influences that affect physical activity behaviour:<sup>10</sup>

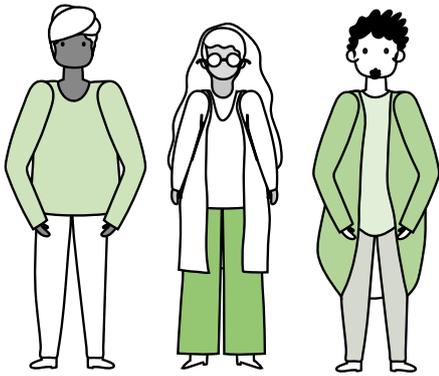
-  Worry and anxiety about contracting the virus
-  Being disproportionately affected financially
-  Greater burden of care

Lockdown had serious implications for **mental health**

**Two out of three** adults (over 25 years) with an existing mental health problem reported **worse mental health**<sup>11</sup>

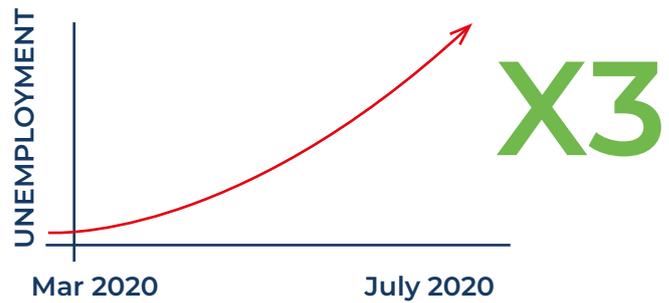


## Not everyone is being affected equally



**Ethnically diverse communities** are experiencing the pandemic differently to their peers – a consequence of the disproportionate social, economic, and psychological impacts on their communities<sup>12</sup>

**Unemployment** in Oxfordshire **tripled** between March 20 and July 20. Jobs lost are likely to impact more severely on people in lower socio-economic groups, people from ethnically diverse communities and women<sup>13</sup>



## Restrictions had a devastating impact on older people's health<sup>14</sup>

**Mobility and movement:** being closeted away at home for long periods has left significant numbers of older people with reduced mobility and experiencing deconditioning, muscle weakness and joint pain. Day-to-day activities, such as going upstairs or washing, have suddenly become difficult, and previously independent older people have become reliant on walking aids.

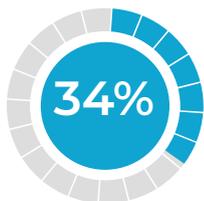


1 in 4 older people are unable to walk as far as before.



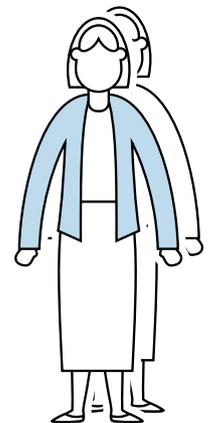
82% of people affected by dementia report an increase in dementia symptoms during lockdown, including memory loss, difficulty concentrating, and agitation or restlessness.

**Cognitive decline:** lack of mental stimulation and socialising throughout the pandemic has left older people more forgetful, confused, and repeating the same conversations.



1 in 3 older people agree that their anxiety is now worse or much worse than before the start of the pandemic.

The proportion of over 70s experiencing depression has doubled since the start of the pandemic.



**Healthy for Life** is one of Active Oxfordshire's Three Pillars, and we are working with a wide range of strategic partners from across multiple sectors to tackle health inequalities. Find out more here: [Active Oxfordshire – Healthy for Life](#)

### Sources

Unless otherwise stated data is drawn from Sport England's Active Lives Adult survey Nov 2018 to Nov 2019 and accessed Oct 20

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