

Change in health, wellbeing and physical activity levels during the COVID-19 pandemic: a longitudinal cohort of parkrun participants in the United Kingdom

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1 **Change in health, wellbeing and physical activity levels during the COVID-19**
2 **pandemic: a longitudinal cohort of *parkrun* participants in the United Kingdom**

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15

1 **Summary**

2 **Introduction**

3 Lockdown restrictions imposed across the UK in response to the COVID-19 pandemic had a profound
4 impact on many people's health and wellbeing. People were encouraged to be active, but population surveys
5 suggest some groups found this easier than others. We explored the changes in health, wellbeing and
6 physical activity levels among a sample in the UK who experienced the sudden loss of a weekly community-
7 based physical activity opportunity, *parkrun*.

8 **Methods**

9 A sample of UK *parkrun* participants responded to two surveys: pre-COVID-19 in January/February 2019
10 and during the COVID-19 pandemic in September 2020. Outcomes were happiness, life satisfaction,
11 connections with others, physical health, mental health and physical activity. The sample was stratified by
12 gender, age, deprivation status, physical activity and number of *parkruns* completed. Demographics were
13 reported using descriptive statistics. Distributions between sub-groups were compared using Chi-square
14 tests while differences in outcomes were determined using the Mann-Whitney U test. Open text responses
15 were also analysed.

16 **Findings**

17 Happiness, life satisfaction, connections with others, physical health and mental health of 450 *parkrun*
18 participants were negatively impacted for all sub-groups, although the impact was not experienced equally.
19 The COVID-19 pandemic negatively impacted the wellbeing of a greater proportion of females, younger
20 adults, inactive people, those from higher deprivation areas, and those who had completed fewer *parkruns*.

21 **Conclusions**

22 There is evidence that the wellbeing of those who were more active, and those more involved in a
23 community-based physical activity initiative pre-pandemic, was less negatively affected during the COVID-
24 19 lockdown.

25

26 **Key words:** COVID-19, mental health, physical activity, longitudinal study, *parkrun*, community,
27 inequalities

28

29 **LAY SUMMARY**

30 A sample of 450 UK *parkrun* participants responded to two surveys: one before the COVID-19 pandemic
31 and one during the pandemic. Outcomes were happiness, life satisfaction, connections with others, physical

1 health, mental health and physical activity. Physical activity fell by 6% while happiness and life satisfaction
2 fell by 12%. People experienced the worst negative impact on their connections with others. The pandemic
3 was found to affect more women, younger adults, those from more deprived neighbourhoods, those who
4 were least active at *parkrun* registration and those who had completed a lower number of *parkrun* events in
5 the 12 months prior to the close of *parkrun* events. The role that community-based physical activity
6 initiatives will have in bringing people’s mental health, connections with others, happiness and life
7 satisfaction back to pre-COVID-19 levels in post-lockdown periods needs further investigation and ongoing
8 monitoring.

9

10 **INTRODUCTION**

11 In March 2020, a nationwide ‘lockdown’ in the United Kingdom (UK) in response to coronavirus disease
12 2019 (COVID-19), placed stringent restrictions on travel, social interaction, and access to public spaces with
13 the aim of slowing the spread of the virus and protecting healthcare services. People were advised to ‘stay at
14 home’, only leaving for essential reasons. The closure of ‘non-essential’ businesses, organisations and spaces
15 included leisure and fitness centres, gyms, swimming pools, physical activity events and sports clubs. This
16 had a profound impact on the quality and quantity of social interactions and individual lifestyles with
17 detrimental consequences to social isolation and loneliness (Bu et al., 2020), mental distress (Banks and Xu,
18 2020), happiness and life satisfaction (Krekel et al., 2020), especially among women, younger adults, people
19 from black and minority ethnic backgrounds and those with lower household income (Fancourt et al.,
20 2020a).

21 Despite the closure of sport, exercise and physical activity facilities, physical activity came into the spotlight
22 as governments across the world encouraged people to become and stay active as an ‘essential activity’ for
23 their health and wellbeing (Payne, 2020; World Health Organisation, 2020). Much interest was given to
24 population level changes in physical activity (Stockwell et al., 2021). Research from the beginning of
25 lockdown in March 2020 suggested that higher proportions of the UK population were self-reporting
26 meeting physical activity guidelines compared to preceding years (Smith et al., 2021), which was supported
27 by Google Trends data from the UK (Ding et al., 2020). Conversely, Sport England data from across the
28 COVID-19 pandemic suggests that the lockdown restrictions had a negative impact on the type and volume
29 of activity people were doing – especially during initial stages of the pandemic (between mid-March and
30 mid-May) (Sport England 2021). The proportion of the population classed as “active” dropped by 7.1%
31 (over 3 million fewer active adults) compared to the 12 months before (Sport England 2021).

32 Collectively, the available evidence into physical activity change is difficult to compare, generalise and
33 interpret due to methodological differences, seasonal variation in activity levels and the changing COVID-19
34 lockdown restrictions over place and time. A consistent finding was that physical activity levels differed
35 depending on sociodemographic characteristics such as age, sex, socioeconomic status, disability status,
36 ethnicity and pre-lockdown physical activity level (Smith et al., 2021a; Stockwell et al., 2021; Sport

1 England, 2021; Falkner et al., 2021). Given the importance of these sociodemographic factors, Marteau et al.
2 (2021) have highlighted the importance of addressing both social and behavioural factors to ensure that
3 interventions are more likely to be successful for improving population health and reducing the gap between
4 the richest and poorest in society.

5 The COVID-19 pandemic restrictions not only meant changes in the levels and type of physical activity but
6 also a loss of social interaction. Feeling a sense of belonging to a social group is a protective mechanism
7 against social isolation, loneliness and poor mental health (Holmes et al., 2020). The social element of
8 participation is likely to have been lost due to lockdown measures. It is therefore important to explore any
9 changes in health, wellbeing and physical activity levels among those who had their community-based
10 physical activity opportunities abruptly removed during lockdown restrictions.

11 We examine this issue in the context of *parkrun*, a community-based physical activity opportunity that
12 suspended its 2,200+ worldwide events in March 2020 (over 1,000 of which take place in the UK). *parkruns*
13 are free, weekly, 5 kilometre events where people can participate as a runner, walker or volunteer
14 (www.parkrun.com). In the UK, before events were closed due to the COVID-19 pandemic, around 170,000
15 people were taking part each week. *parkrun* has removed many of the barriers to physical activity,
16 encouraging participation by women (Stevinson and Hickson, 2013), older people (Grunseit et al., 2013,
17 people with long-term health conditions [blinded for review], people who were previously inactive [blinded
18 for review] and those living in areas of high deprivation (Smith et al., 2020b). Research suggests that the
19 health and wellbeing gains of participation are derived from the friendly, welcoming and social nature of the
20 events (Grunseit et al., 2020). With the abrupt cancellation of *parkrun* events in March 2020, the *parkrun*
21 population provides a unique opportunity to explore change over time in health and wellbeing among
22 relatively active people.

23 In this study, we sought to understand how the health, wellbeing and physical activity level of UK *parkrun*
24 participants changed during the COVID-19 pandemic and the extent to which people from different sub-
25 groups differed.

26 **METHODS**

27 Ethical approval for the original Health and Wellbeing Survey was granted by Sheffield Hallam University
28 Research Ethics Committee on 24/07/ 2018 (reference number ER7034346). Ethical approval for this
29 secondary data analysis study was granted by the same ethics committee on 4/12/2020 (reference number
30 ER29077901).

31 **Study samples**

32 This study uses a single sample of *parkrun* participants responding to surveys at 2 time points, described
33 below.

34 *The Health and Wellbeing Survey* (labelled “pre-COVID”)

1 In 2018, *parkrun* commissioned the Advanced Wellbeing Research Centre (AWRC) at Sheffield Hallam
2 University (UK) to conduct a study into the health and wellbeing of the UK *parkrun* community [blinded for
3 review]. This paper reports data from new *parkrun* registrants who completed the survey during
4 January/February 2019 (i.e., “pre-COVID”).

5 The Health and Wellbeing Survey measured happiness, life satisfaction, self-reported physical activity level,
6 motives for participation, health status, healthcare usage, mental wellbeing, perceived impact of *parkrun* and
7 the impact of *parkrun* on social opportunities. Participants in the Health and Wellbeing Survey gave
8 permission for their anonymised responses to be used for further research.

9 *The parkrun COVID-19 survey (labelled “COVID”)*

10 During the COVID-19 pandemic in September 2020, 20 months after the *parkrun* Health and Wellbeing
11 survey was distributed, *parkrun* sent a COVID-19 survey to *parkrun* participants in the UK, including
12 participants in England, Scotland, Wales and Northern Ireland. The online *parkrun* COVID-19 survey was
13 sent via email to a stratified random sample balanced for gender, age and number of *parkrun* walk/runs
14 completed in the 12 months prior to 18th March 2020. This represented 57,941 *parkrun* participants and
15 included 2,560 respondents from the pre-COVID Health and Wellbeing Survey. The *parkrun* COVID-19
16 survey aimed to understand the impact of the COVID-19 pandemic on the health and wellbeing of *parkrun*
17 participants and their thoughts about returning to *parkrun* when events were relaunched in the UK.
18 Participants in the *parkrun* COVID-19 survey gave permission for their responses to be shared with
19 researchers for the purposes of further research.

20 *Combined dataset used in this secondary analysis*

21 Responses to the Health and Wellbeing Survey and the *parkrun* COVID-19 survey were matched at the
22 person-level using *parkrun* Athlete ID (provided to all *parkrun* registrants to identify them on the *parkrun*
23 database and enable the collation of all their *parkrun* participation data) and date of birth across the two
24 databases. This resulted in a combined (linked) dataset of 450 respondents who had completed both surveys
25 and thus allowed a comparison of responses over time (before and during the pandemic).

26 *Demographic variables*

27 Additional demographic variables not collected in the surveys were extracted from the *parkrun* database
28 after the matching process. These were:

- 29 • Gender (female and male);
- 30 • Age derived from date of birth;
- 31 • Index of multiple deprivation (IMD) derived from postcode;
- 32 • Self-reported physical activity level at *parkrun* registration;
- 33 • Number of *parkrun* events completed before *parkrun* events closed in March 2020.

34 **Outcomes**

1 *Health and wellbeing*

2 Mental wellbeing was captured using questions on happiness, life satisfaction, mental health and connections
3 with others. The pre-COVID and COVID surveys both used the Office of National Statistics (ONS) personal
4 wellbeing scales questions for happiness and life satisfaction: i) *Overall, how happy did you feel yesterday?*
5 and ii) *Overall, how satisfied are you with your life nowadays?* Respondents were asked to respond on a
6 scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.

7 In the COVID survey, participants were asked: *How has your i) happiness, and ii) satisfaction with life iii)*
8 *connections with others in your community, iv) physical health, and v) mental health been impacted by the*
9 *COVID-19 pandemic?* On a 5-point Likert scale, respondents were given the following options: major
10 positive impact, moderate positive impact, no impact, moderate negative impact, major negative impact.

11 *Self-reported physical activity level*

12 The pre-COVID and COVID surveys both used the Milton, Bull & Bauman (2011) single item physical
13 activity question which asked the following: *In the past week, on how many days have you done a total of 30*
14 *minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport,*
15 *exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include*
16 *housework or physical activity that may be part of your job.* Respondents could answer: 0 days, 1 day, 2 days
17 etc up to 7 days.

18 *Open text responses*

19 The COVID survey gave respondents the option of providing an open-text response to the question: *“Is there*
20 *anything you want to add about the impact of the pandemic, and the absence of parkrun events on your*
21 *health and wellbeing?”*

22 **Data analysis**

23 Data was visually checked in Microsoft Excel by one researcher (SH) and analysed using frequency counts,
24 means, standard deviations, medians, minimum and maximum and inter-quartile range. For categorical data
25 N and % were used.

26 *Stratification*

27 The sample was stratified by the following:

- 28 • **Gender:** female and male (Supplementary Data 1a);
- 29 • **Age:** derived from the date of birth and segregated into ‘younger adults’ (less than 55 years of age;
30 mean age 41.2) and ‘older adults’ (55 years or over; mean age 62.4) (Supplementary Data 1b);
- 31 • **Socioeconomic status (SES):** using the indices of multiple deprivation (IMD), classified into four
32 quartiles (Q1, Q2, Q3, Q4) and segregated into ‘Low IMD’ (those in the most deprived areas; IMD

1 Q1 and Q2) and ‘High IMD’ (those in the least deprived areas; IMD Q3 and Q4) (Supplementary
2 Data 1c);

- 3 • **Activity level:** derived from a physical activity question asked at *parkrun* registration and segregated
4 into ‘lower activity’ (those reporting 0, 1 or 2 days per week of at least 30 minutes moderate
5 exercise) and ‘higher activity’ (those reporting 3 and 4 or more days per week of at least 30 minutes
6 moderate exercise) (Supplementary Data 1d);
- 7 • ***parkrun* engagement level:** derived from *parkrun* participation records and segregated either side of
8 the median into ‘low *parkruns*’ (≤ 9 *parkruns* completed in the previous 12 months; mean number of
9 *parkruns* 3.7) and ‘high *parkruns*’ (> 9 *parkruns* completed in the previous 12 months; mean number
10 of *parkruns* 23.2) (Supplementary Data 1e).

11 The change in physical activity between the pre-COVID and COVID surveys was determined using the
12 single item activity question with a maximum change of ± 7 days of activity per week.

13 Distributions between sub-groups were compared using Chi-square tests with the significance of specific
14 categories analysed using partitioned Chi-square tests. Happiness, life satisfaction and the single item
15 physical activity level were classified as ordinal data with differences determined using the Mann-Whitney U
16 test. Effect sizes were calculated using Cohen’s *d* using pooled standard deviation. All statistical tests were
17 analysed using SPSS (v26).

18 The open-ended survey responses were analysed in Excel using content analysis and inductive coding
19 O’Cathain and Thomas, 2004). One researcher (HQ), an experienced qualitative researcher, devised a coding
20 frame inductively from the data and manually assigned codes to the verbatim responses that captured what
21 the respondent was saying (i.e., the thematic content of the response). Content analysis stopped when the
22 researcher had reached a point of having summarised all the responses into themes. Themes were presented
23 as numbers and proportions. Verbatim comments were extracted to illustrate the themes.

24 **FINDINGS**

25 **Sample characteristics**

26 Table 1 shows the demographics of the full sample; the demographics of all sub-groups are given in
27 Supplementary Data 1. The mean age of the sample was 47.6 years with a slight skew towards younger
28 respondents. The age range was 16 to 80 years and 55.3% were female. The proportion of the sample
29 increased linearly with IMD quartile from 11.2% for quartile 1 (most deprived) to 35.1% for quartile 4 (least
30 deprived). 7.4% were inactive at *parkrun* registration (i.e. reported doing less than one day of least 30
31 minutes of moderate exercise per week) with the mode at three days of activity per week (31.7% of the
32 cohort).

33 [insert Table 1]

1 In the year prior to *parkrun* closing due to the COVID-19 pandemic (13 to 14 months after the pre-COVID
2 survey), participants had done a mean of 13.3 *parkruns*, i.e. just over one per month; the distribution was
3 highly skewed, with a median of 9 *parkruns* and an inter-quartile range of 3 to 21 *parkruns*.

4 **Happiness, life satisfaction and physical activity**

5 *Full cohort*

6 Table 2 shows happiness, life satisfaction and physical activity at the pre-COVID and at COVID surveys for
7 the full cohort (all) and the sub-groups. Happiness fell from 7.48 before the COVID-19 pandemic to 6.60
8 during the COVID-19 pandemic by a mean of -0.88; similarly, life satisfaction fell from 7.48 to 6.56 by a
9 mean of -0.92. Values of happiness and life satisfaction during the COVID-19 pandemic were significantly
10 lower for all sub-groups compared to before the COVID-19 pandemic (Table 2: $p < 0.01$ or $p < 0.001$ with
11 moderate to large effect sizes). The physical activity level for the full cohort fell from 3.47 to 3.22 days per
12 week by 0.21 days per week (Table 2: $p < 0.05$ with a small effect size).

13 The following sections describe the statistically significant findings for each sub-group.

14 *[insert Table 2]*

15 *Females vs males*

16 Females had higher happiness and life satisfaction before the COVID-19 pandemic than during the COVID-
17 19 pandemic. Although the differences between genders were not significantly different between time points,
18 the *change* in life satisfaction from before to during the COVID-19 pandemic was, i.e. for females it dropped
19 by 1.17 while for men it dropped by 0.62 (Table 2: effect size=0.26, $p < 0.01$). There was no statistically
20 significant difference in physical activity levels between females and males.

21 *Younger vs older*

22 Happiness and life satisfaction were statistically higher for the older sub-group compared to the younger sub-
23 group both before the COVID-19 pandemic and during the COVID-19 pandemic (Table 2: $p < 0.01$). There
24 was no significant difference in physical activity levels between the two sub-groups at either time point.

25 *Low IMD (most deprived) vs high IMD (least deprived)*

26 Happiness and life satisfaction appeared to be lower at both time points for the low IMD group compared to
27 the high IMD group, although this was only significant for happiness during the COVID-19 pandemic (Table
28 2: 6.30 vs 7.45, effect size=0.23, $p < 0.05$). There was no significant difference for physical activity levels
29 between the two sub-groups at either time point, although the *change* in physical activity level from before to
30 during the COVID-19 pandemic was significantly larger for the low IMD group compared to the high IMD
31 group, i.e. the activity level of the low IMD group fell by 0.52 days per week while the high IMD group fell
32 by 0.14 days per week (Table 2: effect size 0.19, $p < 0.05$).

33 *Low vs high activity at registration*

1 Happiness, life satisfaction and physical activity were lower for the low activity group compared to the high
2 activity group before and during the COVID-19 pandemic. The *change* in activity from before to during the
3 COVID-19 pandemic was greater for the high activity sub-group compared to the low activity group (Table
4 2: -0.57 vs 0.10, effect size 0.34, $p<0.05$).

5 *Low vs high number of parkruns*

6 Happiness and life satisfaction tended to be higher before the COVID-19 pandemic for the low *parkruns*
7 sub-group compared to the high *parkruns* sub-group; conversely these variables were lower for the low
8 *parkruns* sub-group during the COVID-19 pandemic. Although the differences between sub-groups were not
9 significant, the *change* in happiness was significantly greater for the low *parkruns* sub-group with a drop of -
10 1.10 compared to -0.70 (Table 2: effect size 0.19, $p<0.05$).

11

12 **Perceived impact of the COVID-19 pandemic**

13 Table 3 shows the perceived impact of the COVID-19 pandemic with supplementary data given in Table S1.
14 The most reported negative impact overall was on connections with others (66% to 77% depending upon
15 sub-group), while physical health had the lowest negative impact (34% to 50%) and the largest positive
16 impact (23% to 31% depending upon sub-group). Around a third of respondents reported no impact of the
17 COVID-19 pandemic on either their physical or mental health. The following sections describe the
18 statistically significant findings for each sub-group: overall distributions are analysed using the Chi-square
19 test with the significance of negative impact, no impact and positive impact for each measure determined
20 using partitioned Chi-square tests.

21

[insert Table 3]

22 *Females vs males*

23 There was little statistical difference between females and males although there were indications that a larger
24 proportion of females improved their connections with others during the COVID-19 pandemic (Table 3: 17%
25 vs 9%, $p<0.05$) and a larger proportion of females reported worse physical health (Table 3: 47% vs 34%,
26 $p<0.05$).

27 *Younger vs older adults*

28 A larger proportion of younger adults reported a negative impact of the COVID-19 pandemic on their
29 connections with others (Table 3: 77% vs 66%, $p<0.05$) and on their mental health (Table 3: 65% vs 42%,
30 $p<0.001$). There are also indications that a larger proportion of younger adults reported a major negative
31 impact to happiness, life satisfaction and mental health (Supplementary Data 1; Tables S1a, S1b and S1e).

32 A larger proportion of older adults reported no impact to their physical health than younger adults (Table 3:
33 39% vs 30%, $p<0.05$); this was also true for mental health (Table 3: 52% vs 28%, $p<0.001$).

1 *Low IMD (most deprived) vs high IMD (least deprived)*

2 A larger proportion of those from the low IMD sub-group reported a negative impact of the COVID-19
3 pandemic on their physical health when compared to the high IMD sub-group (Table 3: 50% vs 37%,
4 $p<0.01$). This was also true for mental health (Table 3: 66% vs 55%, $p<0.05$). Conversely, a larger
5 proportion of those from the high IMD sub-group reported no impact to their life satisfaction than those from
6 the low IMD sub-group (Table 3: 22% vs 14%, $p<0.05$); this was also true for mental health (Table 3: 38%
7 vs 28%, $p<0.05$).

8 *Low vs high activity*

9 A larger proportion of those who had low activity levels at registration reported a negative impact of the
10 COVID-19 pandemic on their physical health when compared to those with higher levels of physical activity
11 (Table 3: 48% vs 35%, $p<0.01$).

12 *Low vs high number of parkruns*

13 A larger proportion of those who did a low number of *parkruns* reported a negative impact of the COVID-19
14 pandemic on their happiness when compared to those who did a high number of *parkruns* (Table 3: 74% vs
15 63%, $p<0.05$).

16 **Open-text responses**

17 125 respondents (28% of the COVID survey sample) provided an open-text response. 80% of those
18 providing an open text response (100 respondents) described aspects of *parkrun* that they missed. Data
19 coding led to the generation of 11 themes that captured how people had responded to the absence of *parkrun*,
20 to the COVID-19 pandemic and other comments about *parkrun* in relation to its anticipated return (Table 4).
21 The top two themes related to missing the *parkrun* community and the lack of incentive for physical activity
22 that *parkrun* engenders.

23 **Discussion**

24 We have been able to analyse changes in health, wellbeing and physical activity among a sample of *parkrun*
25 participants who had completed surveys before and during the COVID-19 pandemic. Happiness and life
26 satisfaction dropped by about 12% in the 20-month period between *parkrun* registration (pre-COVID) and
27 during the COVID-19 pandemic. The happiness and life satisfaction scores fell by almost 1 point below the
28 pre-COVID-19 national averages for England and Wales 2019-2020 (Office of National Statistics (ONS),
29 2018) though were higher than those reported in other studies from England during the COVID-19 pandemic
30 (Carson et al., 2020).

31 Whilst the happiness and life satisfaction among all sub-groups were impacted negatively, this was not
32 experienced similarly across groups. Happiness levels fell more among younger, female and those from more
33 deprived areas. Life satisfaction levels fell more among females, more deprived and lower activity level

1 respondents. These findings are consistent with the reports of younger adults and females in the UK
2 demonstrating worse mental health symptoms and larger deteriorations in mental health compared to older
3 adults and males during the COVID-19 pandemic (Fancourt et al., 2020; Pierce et al., 2020; Krekel et al.,
4 2020). The gender differences are consistent with pre-existing health inequalities (Pierce et al., 2020) and
5 have been attributed in part to informal caring responsibilities and childcare responsibilities held alongside
6 working commitments by females during the COVID-19 pandemic (Mak et al., 2020).

7 Just over half of our sample reported a negative impact of the pandemic on mental health with 6% reporting
8 a positive impact of the pandemic on mental health. Again, younger adults were more likely to report a
9 negative impact of the pandemic on their mental health than older adults, which supports other findings
10 (O'Connor et al., 2020; Office of National Statistics (ONS) 2020; Pierce et al., 2020). We did not find any
11 differences in the mental wellbeing impact of the pandemic on people from more deprived neighbourhoods
12 compared to those in less deprived neighbourhoods which could be attributed to higher physical activity
13 levels (Johansson et al., 2019), though this needs investigating further.

14 Our data show that the greatest negative impact of the COVID-19 pandemic among our sample was on
15 people's connections with others. Younger adults were more detrimentally impacted. Our open-text
16 responses captured how people missed the socialisation and community *parkrun* provides, perhaps more so
17 than the physical activity itself. This is supported by previous *parkrun* research that has highlighted that the
18 community and social connections are both major appeal and positive outcome of *parkrun* participation
19 (Grunseit et al., 2020).

20 Our findings suggest that, given many respondents were able to maintain their level of physical activity
21 during the COVID-19 lockdown, physical activity on its own was not enough to support mental wellbeing,
22 showing that the lack of social connections had the most detrimental impact. The importance of maintaining
23 social connections during the COVID-19 pandemic has been strongly advocated as a potential buffer against
24 negative physical and mental health outcomes (Nitschke et al., 2020). This suggests that a return to *parkrun*
25 may mitigate some of the negative mental health effects of lockdown. Further research is needed to find out
26 if this is the case.

27 Less than half of respondents reported a negative impact of the pandemic on their physical health and around
28 a quarter reported a positive impact of the pandemic on their physical health. This may be attributed to
29 physical activity levels and our sample's ability to roughly maintain their activity level during the pandemic
30 (still around 3 days a week of activity). Physical activity levels fell across the whole sample by about 6%,
31 though there was evidence that some people increased their activity level whilst others decreased, which is
32 consistent with the existing, but somewhat mixed evidence base (Bann et al., 2020).

33 The open-text comments suggest that people's physical activity response to the pandemic may have been
34 influenced by motivation (i.e., having an incentive to be active alone) and opportunity (i.e., time in relation
35 to other commitments), which varied according to living, working and caring arrangements. *parkrun*

1 provided some people with motivation and incentive to be active and whereas others lacked sufficient
2 incentive to remain active in the absence of *parkrun* events.

3 Participating in events like *parkrun*, when they return, could contribute to the enhancement of mental
4 wellbeing, especially among younger female participants during future lockdowns, in the ‘back to normal’
5 transition and ‘post-lockdown’ periods (Sallis et al., 2020). Further research is needed to find out if this is the
6 case.

7 **Methodological considerations**

8 Findings should be interpreted in the context of the following methodological considerations. Firstly, the
9 self-reported measures may have been biased by measurement errors and reporting biases. Secondly, the
10 surveys were conducted at different times of the year (January/February and September) so the findings
11 should be interpreted with consideration of potential seasonality effects. Thirdly, it is possible that those who
12 provided a response could be different from other *parkrun* participants, and therefore caution must be taken
13 when extrapolating these findings to a wider population.

14 In our exploration of potential inequalities, it is important to note the following limitations. The
15 socioeconomic status of respondents was not inferred from employment, income etc. but was inferred from
16 IMD which was sourced by the postcode provided at *parkrun* registration. This gives an average for the area
17 lived in when the respondent first registered with *parkrun*, it does not guarantee that it is specific to the
18 person. A further limitation of our analysis is that we did not consider the impact of the COVID-19
19 pandemic on ethnic minority groups which have shown inequalities in physical activity levels during the
20 COVID-19 pandemic (Bann et al., 2020).

21 We did not control for the potential confounding factors in the analysis and cannot draw any conclusions as
22 to whether the observed associations between participation and outcomes are causally related. Additional
23 analysis in Supplementary Data 2 identified the key confounding variables. Further adjusted analysis using
24 logistic regression could explore the extent to which the observed associations may be explained by the
25 demographic characteristics associated with participation, rather than participation per se. Finally, our
26 analysis was unable to distinguish the impact of the pandemic from the impact of the lockdown policy on
27 health and wellbeing (Foa et al., 2020).

28 **CONCLUSIONS**

29 The overall wellbeing of a cohort of 450 *parkrun* participants declined during the COVID-19 pandemic.
30 Physical activity fell by 6% while happiness and life satisfaction fell by 12%. The *parkrun* participants
31 perceived that the most notable detrimental impact of the pandemic was on their connections with others.
32 The pandemic was found to affect more women, younger adults, those from more deprived neighbourhoods,
33 those who were least active at registration and those who had completed a lower number of *parkrun* events
34 in the 12 months prior to the close of *parkrun* events. The role that community-based physical activity
35 initiatives will have in bringing people’s mental health, connections with others, happiness and life

1 satisfaction back to pre-COVID-19 levels in post-lockdown periods needs further investigation and ongoing
2 monitoring.

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