



Physical Health and Activity

City of Port Phillip Health Profiles

Most Port Phillip residents have high levels of self-reported health and life satisfaction, and are participating in health promoting behaviours like physical activity. Regular physical activity such as walking, bike riding, or dancing has significant benefits for health. It reduces the risk of obesity, cardiovascular disease, diabetes, and some cancers as well as contributing to mental wellbeing. Participation in physical activity also increases opportunities for making friends and feeling part of the community. Increasing active living is one of the four focus areas identified by the Victorian Public Health and Wellbeing Plan 2019-2023.

What is physical activity?

Physical activity refers to any bodily movement produced by skeletal muscles that requires energy expenditure. It includes movement relating to leisure time, for transport to get to and from places, or as part of a person's work. Both moderate- and vigorous-intensity physical activity improve health. Popular ways to be active include walking, bike riding, wheeling, sports, active recreation and play, and can be done at any level of skill and for enjoyment by everybody (World Health Organization, 2022).

What are the rates of physical activity in the Port Phillip community?

Port Phillip adults report high rates of participation in physical activity. According to Victorian Public Health Survey data collected by the Department of Health, in 2017:

- 59.9 per cent of the adult population met the physical activity guidelines, higher than the Victorian average of 50.9 per cent
- 32.4 per cent of the adult population spent 7 hours a day or more sitting on an average weekday
- 10.2 per cent of Port Phillip adults were obese, significantly lower than the Victorian average of 19.3 per cent (Department of Health, 2022)



How do physical activity levels differ for some groups in our community?

While data on the participation of specific sections of our communities in physical activity is unreliable, global, national, and state research indicates that rates of physical inactivity and sedentary lifestyles are not evenly distributed across communities.

VicHealth's 2015 report, "Promoting Equity in Physical Activity" indicates the following:

- From early adulthood onwards, people with lower levels of education, on lower incomes or living in socioeconomically disadvantaged neighbourhoods are less likely to participate in physical activity and more likely to live sedentary lifestyles.
- Access to physical activity opportunities within schools, workplaces and other key settings, and availability of social support for activity from family, friends, peers or health professionals is important in encouraging lifelong physical activity. People with less access to opportunities to engage in sport and other forms of activity tend to be less active.
- Indigenous Australians are significantly less likely to be physically active than non-Indigenous Australians.
- Women are less active than men throughout their lifespan.
- There is emerging evidence of the links between a person's socio-economic status and certain sedentary behaviours, including increased screen time.
- Those who experience social isolation and lack civic and social engagement are less likely to be active.
- Physical activity levels vary significantly across workplaces. Individuals with a lower socio-economic status are more likely to hold jobs that involve a relatively high level of occupational activity. However, high levels of occupational activity are also associated with lower levels of leisure time and physical activity, and higher levels of sedentary behaviours.
- People living with disabilities often face social and attitudinal barriers to physical activity (VicHealth, 2015).

Furthermore, AusPlay's National Sport and Physical Activity Participation Report (November 2022) outlines differences in participation by groups of interest. Specifically, young adults aged 15-19 are least likely to undertake sport and recreation and are increasingly feeling that physical activity "is not a priority (Australian Sports Commission, 2022).

Current impacts on community physical health

- The easing of COVID-19 restrictions in Victoria has allowed for the return of normal physical activity routines, with no current restrictions on exercise limits, recreational facilities or density/capacity limits.
- However, COVID-19 still presents a threat to community health, which disproportionately impacts people in older age categories, people with disability and those that are



immunocompromised. This threat may come in the form of long COVID, hospitalisation or death.

- It is noted that the recent rise in the cost of living may impact individuals and communities in how they engage with physical activity routines, as they may disengage with paid activities such as gym classes, club memberships and using recreational facilities due to financial strain. This disproportionately impacts lower socio-economic communities, who may not be able to afford the cost of such activities. This has the potential to further widen the gap between physical activity levels of higher and lower socio-economic groups.
- In turn, the rise in cost of living and interest rates presents financial strain to businesses in the community that provide these recreational facilities and services. This could result in downgrading of services offered to cut costs, or business closure. Worldwide supply chain issues also present an issue in regard to delivery of equipment and resources.

Why is managing physical activity important for our community?

Increasing participation in physical activity has health, social and economic benefits. As well as the health gains to be made by preventing chronic disease, the benefits include promoting mental wellbeing, social connections, self-confidence, increasing workplace productivity and positive changes to the environments we live and play in, such as reduced traffic congestion and safer neighbourhoods (VicHealth, 2019).

Physical inactivity is also a significant contributor to the burden of disease and places a significant burden on the economy, with the total annual cost to the Australian economy estimated at \$805 million as of 2019 (VicHealth, 2019).

How are the State and Commonwealth supporting physical health?

Commonwealth and State governments work to increase participation in physical activity by establishing policies and programs which include:

- Establishing regulatory frameworks which seek to ensure that built and natural environments enhance opportunities for physical activity.
- Resourcing development of sporting facilities and supporting the work of National and State sporting organisations across sporting codes.
- Resourcing the work of Peak Health and Arts organisations to develop evidence-based resources and programs which increase participation in physical activity at the local level.

What is the role of the Port Phillip City Council in supporting community physical health?

Council can make an impact on their residents' physical health by delivering on its mandated responsibilities to provide immunisation services. It can also encourage physical activity by providing public amenities and coordinating work across areas such as:



- Infrastructure, street facilities, paths, and trails.
- Open spaces and the natural environment.
- Active recreation, community programs and participation in community events.
- Promoting walking, riding and scootering to school.

Over the next three years we can:

- Facilitate a strategic approach to the provision of recreation and sporting facilities and infrastructure to meet the needs of the community now and in the future.
- Design neighbourhoods and create environments that encourage healthy lifestyles, 20-minute neighbourhoods for daily needs, connected communities and support participation in physical activity.
- Support and partner with government and non-government organisations to enable an active community.
- Work to removing barriers for women/girls/gender diverse people to participate in Sport & Recreation
- Identify informal recreational opportunities to assist our community to be more active.
- Enhance access to places for physical activity, including walking paths, parks, recreational facilities, and shared-use facilities among all community members, with a focus on areas of disadvantage.
- Explore a range of economic strategies that have the potential to address inequities in access to resources used for physical activity including provision of deductions, subsidised or low-cost council-run facilities, and incentives for private facilities or clubs to offer programs and services that target a broader range of people from different social groups.

Who are our partners?

By undertaking work in partnership with cross sector organisations such as sports, active travel and recreation agencies, the arts and workplaces, local governments have the capacity to create opportunities for their residents to make physical activity a part of their daily lives. Some of our key partners include:

- Better Health Network (formerly Star Health)
- Community General Practitioners
- Sport and Recreation Victoria (including Office for Women in Sport and Recreation)
- Women's Health in the South-East
- State Sporting Associations



- Community Sporting Clubs, walking and bike riding organisations and local community groups
- VicHealth
- Department of Health (formerly Department of Health and Human Services)
- Registered Personal Trainers
- Commercial recreation operators

What may change over the next five years?

- While Victorian COVID-19 restrictions have eased and wider Australian society has shifted into a “COVID-normal” phase, the COVID-19 pandemic remains an ongoing threat that could change in the community. This would particularly potentially affect those in older age categories, people with disability and those who are immunocompromised. Additionally, continually developing variants and sub-variants of COVID-19 could present new challenges to the population and government health policy.
- The previously mentioned rise in cost of living and interest rates could continue to have negative impacts on businesses, communities and individuals. The state of the economy could decline, potentially changing the way Port Phillip residents engage with physical activity (e.g. not being able to afford paid activities such as gym memberships), or how much they engage in physical activity.
- The above points have impacted the mental health of our community. Mental health has been shown to be a common and growing driver of participation in sport and a particular motivator among young adults (aged 15 to 19), those living with a disability and older people aged 55+ (Australian Sports Commission, 2022).

References

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Appendix A: Best practice examples: VicHealth international review of the evidence pertaining to inequalities and physical activity

Centre-based early childhood settings, such as preschools and childcare centres, represent a promising setting for physical activity promotion because they provide access to a large proportion of preschool-aged children (3 to 5 years). However, parental involvement is vital, for bringing about lasting changes in physical activity or sedentary behaviours in young children.

Schools: Physical education or sport is mandated in Australian **schools** and funded by the government. Hence, all children attending school, regardless of social position, are exposed to at least some level of physical activity. However, social differences in physical activity and sports participation begin to emerge by adolescence – a time when many Australian young people leave the only structured forms of physical activity and sport in which they participate. At this point, other intrinsic or extrinsic factors, including social factors and their determinants, may become more important predictors of participation.

Again, given their broad reach to students across all social groups, schools are a promising setting for addressing inequities in physical activity participation. School-based physical education aimed at increasing the amount of time children are active at school have been shown to be effective for increasing physical activity and fitness among children across a range of social groups and in diverse settings. These interventions may involve policy or curriculum changes, additional PE classes or longer class time allocated for PE, and/ or enhanced teacher training. School environment strategies, including use of travel coordinators to develop travel plans and safe routes to school, walking school buses and one-off events such as 'Walk Safely to School' may also increase active transport to school. School-based interventions tend to be more effective if they are targeted at specific barriers to physical activity, including active transport, and are multi-setting in scope (involving parents, schools and local communities). Council and State Government fund and deliver safety and access improvements to local streets and complementary active travel programs to enable active travel to school.

Schools can also play a role in addressing gender gaps in physical activity by encouraging girls to participate in physical activity while at school, improving the physical and cultural safety of spaces for physical activity, and working with disadvantaged girls and women to remove barriers to their physical activity.

Workplaces: Overall, occupational physical activity levels have declined over recent decades, largely as a result of advances in manufacturing, robotics and heavy equipment, and the rise of computer-based work. This has led to increasingly more automated workplaces in a number of previously high-activity occupations, including warehousing, transport and distribution, and the trades. Sedentary behaviours, particularly sitting for prolonged periods, are a particularly important concern in office environments and desk-based jobs.

The extent to which workplaces act as enablers for, or barriers to, physical activity can also vary by occupational group. Inequities in the availability of workplace cultures, policies and facilities conducive to physical activity, in access to workplace wellness programs and in levels of organisational and management level support for such programs across occupational groups are likely to contribute to inequities in physical activity levels.

Workplaces offer a potential setting for promoting active lifestyles and for reducing sedentary behaviours, particularly sitting. Four key approaches have shown promise in reducing workplace



sitting; increasing the number of breaks from sitting time; implementing strategies around postural change; focusing on ergonomic changes to individual workspaces; and altering the built design of the broader workplace. However, all studies to date have focused on office workers. Few studies, moreover, have used valid measures of physical activity/sedentary outcomes, and there is no evidence for the effectiveness of these strategies across social groups. Particular caution is required to ensure that workplace interventions do not exacerbate inequities.

Increasing physical activity for the journey to and from work, and through supporting active travel options for work journeys is an important means of increasing overall activity and has been demonstrated to increase productivity.

The Physical Environment: A large body of evidence attests to correlations between physical activity and features of the neighbourhood environment. Urban-design quality, transportation patterns, proximity of facilities, neighbourhood density, street connectivity, perceived safety, and availability of bike rider and pedestrian friendly amenities (including sidewalks and pedestrian crossings), as well as many other aspects of the physical environment, can all affect leisure time and transport related physical activity levels.

There appears to be little variation in the number of playgrounds or leisure facilities according to neighbourhood-level SES in Australia. However, clear disparities exist in the quality of sports and recreational facilities, including public open spaces. Public open spaces in high SES neighbourhoods tend to be of higher quality than those in low SES neighbourhoods in terms of amenities and aesthetics (such as picnic areas, availability of shade, water features, and walking and cycling paths). In addition, low SES areas are less likely than high SES areas to have well-maintained sports facilities or to have a volunteer base to run or support sports programs or clubs.

This evidence shows that more active lifestyles can be supported by policies and programs to increase or enhance public space, improve footpaths and lighting, to create or refurbish playgrounds, to encourage mixed land use, to improve public transport, pedestrian and bike riding infrastructure in communities, and to build and/or enhance access to existing exercise facilities. These approaches can be applied in settings or communities with a high proportion of socially disadvantaged individuals and can be combined with informational outreach activities aimed at changing individual behaviours (such as education and training, risk-factor screening, and support or buddy systems). However, there is little evidence of cost-effectiveness and little empirical evidence regarding the differential effects of various strategies across social groups.

A broad mix of policies influences physical activity opportunities among different social groups. This mix includes land use urban design and neighbourhood development policies. Denser mixed residential/commercial neighbourhoods that are safe, aesthetically pleasant and walkable are associated with greater walking (e.g. to commute to work or to run errands). Car travel, on the other hand, is more prevalent in areas where there are distinct residential and commercial zones with less access to high quality public transport, poorer walking and bike riding facilities and greater distances between local destinations.

Transportation policies and practices have potential to address inequities in both active transport and recreational physical activity by improving bike and pedestrian infrastructure, incentives to encourage walking, bike riding and public transport improvements aimed at vulnerable groups. Potentially, this approach could also shift perceived norms about the environment and travel behaviour. Promising approaches in this category include traffic-calming on local streets; ; road closures or restrictions on use; road-user charges; bike riding infrastructure; and creating safe routes to school.



Community-wide campaigns tend to be resource-intensive and expensive but appear to be effective in increasing the proportion of people who are physically active. Community-wide campaigns are typically large-scale, highly visible multicomponent campaigns involving multiple sectors and partnerships that deliver messages via television, radio, newspapers, and other media. Unlike mass media campaigns, these campaigns also include other components, such as community events; support groups; physical activity counselling; and risk-factor screening and education at worksites, schools, and community health centres. They can also include policy and environmental changes, such as the creation of new walking paths or the opening of school facilities for public use. Campaign messages can be tailored to fit the needs of specific populations such as disadvantaged social groups. They can also be targeted specifically at challenging and shifting gender-related norms and stereotypes around sport and physical activity.

Social Participation: Peer-based interventions, such as social-support groups, can increase physical activity, and constitute a relatively simple intervention approach – requiring minimal resources – that can be implemented in a range of settings (including schools, workplaces and communities). This approach shows particular promise and salience among disadvantaged groups, providing that the approach is appropriately tailored to local needs.

Promising strategies include fostering new, or strengthening existing, social networks to provide supportive relationships for physical activity behaviour change; setting up a 'buddy' system; making 'contracts' with others to be active; engaging in peer or professional coaching; participating in walking or other groups that provide companionship and support while being physically active; and establishing discussion groups to share support and help address barriers to participation. Participants can be connected with other participants and program staff members to monitor progress and receive encouragement.