

2019-2020 ACTIVE LIVING MAPPING PROJECT FOR WANGARATTA AND SURROUNDS

PROJECT FINDINGS SUMMARY

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1. OVERVIEW

The 2019-2020 Active Living Mapping Project for Wangaratta and Surrounds aimed to identify the barriers and enablers for physical activity in the Rural City of Wangaratta (RCoW) Local Government Area (LGA). This Gateway Health initiative focused on older people and people with specific needs, which for this project was classified as vulnerable groups. The project also mapped services, activities, and opportunities for physical activities. Assessments were also conducted of local built environments and infrastructures that encourage physical activity.

The project was based on the 2018 Alpine Active Living Mapping Partnership Project which was led by Gateway Health (funded by the Central Hume Primary Care Partnership), in collaboration with Alpine Health and Alpine Shire Council. Gateway Health has used the Alpine Project's foundations to produce the 2019-2020 Active Living Mapping Project for Wangaratta and Surrounds.

2. ACKNOWLEDGEMENTS

Thank you to the many community agencies and groups, businesses, and the general community for sharing their experiences. Your valuable contributions have helped to inform recommendations for improving supportive environments for active living, and with it, the health and wellbeing of your communities.

3. BACKGROUND

Low levels of physical activity and high levels of sedentary behaviour are major risk factors for ill health and mortality (Australian Institute of Health and Welfare 2016). The [Australia's Physical Activity and Sedentary Behaviour Guidelines](#) state that adults are to be active on most days with at least 150 minutes of moderate to vigorous activity per week (Australian Institute of Health and Welfare 2019). The Victorian Population Health Survey 2017 (Department of Health and Human Services 2019) indicated that 47.9% of the adult population living in the RCoW LGA were not meeting these Physical Activity Guidelines.

4. PROJECT AIMS

To provide a snapshot of the current state of active living (physical activity) in the RCoW LGA, specifically to:

- establish an inventory of what is currently available to support the community to increase physical activity rates
- investigate the barriers and enablers for being active in the RCoW LGA
- provide recommendations to support the community to become more physically active

5. SCOPE OF PROJECT

- Older people (65+ years)
- Vulnerable groups, including those who do not meet the recommended Australia's Physical Activity and Sedentary Behaviour Guidelines, and/or are not socially connected and/or are financially challenged, for example have a health care/pension card

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6. METHOD

6.1 STAKEHOLDER ENGAGEMENT AND INTERVIEWS (AUG 2019 TO FEB 2020)

Informal interviews were conducted with 40 stakeholders from a range of sectors including health professionals, local government, community agencies and community groups. The interviews focused on what opportunities there are for the community to be active in the RCoW LGA and what makes it easy/hard for people to be active.

6.2 GATEWAY HEALTH'S RCoW ACTIVE LIVING SURVEY (NOV 2019 TO APRIL 2020)

The survey asked people what they did to be active and what they thought makes it easy/hard to be active. Approximately 500 surveys were completed by the RCoW LGA community. The survey was distributed across the RCoW LGA in both hard copies and online format to a range of services and community groups, as well as to the general public. Twelve of the smaller townships within the LGA were given hard copies of the survey. These surveys were located at venues such as local post offices, general stores and cafes to encourage local participation.

6.3 FOCUS GROUPS (FEB TO MARCH 2020)

Two focus groups were conducted with a total number of 19 participants. One group was held in Wangaratta with the second one held in Moyhu. The aim of the focus groups was to provide qualitative information about the data gathered from the Active Living Survey, in terms of barriers and enablers for physical activity.

6.4 OBSERVATIONAL AUDITS & GEOGRAPHIC INFORMATION SYSTEMS (GIS) MAP ANALYSIS

Observational audits based on the [Heart Foundation's Healthy Active by Design Master Checklist](#) were used for gathering information on twelve selected townships within the RCoW LGA to visually determine the extent to which facilities, parks, services and pathways encourage and support physical activity.

As part of this project, GIS (digital) maps were developed by Wangaratta Council to chart the level of infrastructure of five selected townships within the RCoW LGA. This infrastructure included such things as footpaths, play grounds, recreational reserves, sporting facilities and public transport.

6.5 REVIEW OF SUPPLEMENTARY COMMUNITY DATA

A review of supplementary community data presented additional information regarding physical activity options and utilisation of existing resources. For example, the RCoW Council's [Wangaratta Community Directory](#) was used to cross-reference the observational audits and maps by reviewing which sporting clubs used recreational reserves.

7. RESULTS

7.1 STAKEHOLDER ENGAGEMENT AND INTERVIEWS

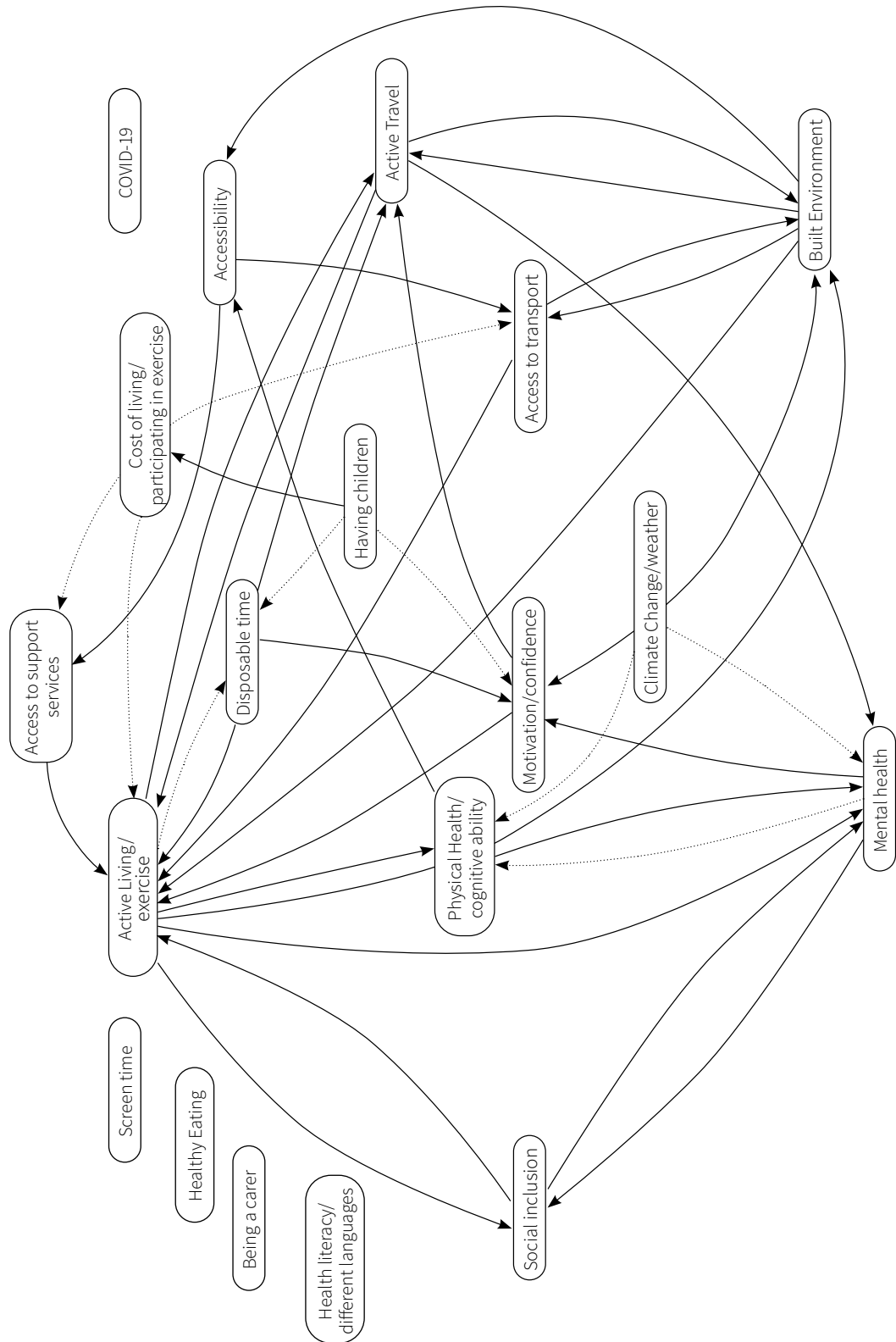
Stakeholder interviews identified a range of physical activity options and groups within the RCoW LGA available to the community. The range of factors identified by stakeholders, that may influence physical activity, are depicted in Figure 1.

Understanding the map in Figure 1:

- Solid lines: when one area is increased, it increases the other area - e.g. increasing active living/exercise can increase social inclusion.
- Broken lines: when one area is increased, it decreases the other - e.g. increased costs to participate in sporting groups/gyms can decrease people's participation in this activity.
- Some variables were not connected with lines as they were not mentioned by all stakeholders.

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MAP - FACTORS THAT INFLUENCE PEOPLE'S ABILITY TO BE ACTIVE



▲ Figure 1: Factors that influence people's ability to be active, as identified by stakeholders (2019-20 Active Living Mapping Project for Wangaratta and Surrounds, Gateway Health 2020)

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7.2 GATEWAY HEALTH'S RCoW ACTIVE LIVING SURVEY

A summary of the results of the survey are:

- 507 surveys were completed, including eight responses received from people living outside RCoW LGA. These eight surveys were not included in the overall analysis.
- 43.2% of respondents were 65 years and older, providing specific feedback from a key target group of this project.
- A range of geographic areas within the RCoW LGA were represented in the survey.
- There is a heavy reliance on cars, especially in smaller towns and outlying areas. However, some active travel, such as cycling and public transport, was reported as occurring not only in Wangaratta but some of the smaller townships.
- Gym, walking/bush walking and cycling were the three most popular physical activities cited in the survey. A range of other activities were mentioned, indicating the availability of many options for physical activity.
- Many respondents reported being socially connected in some way through clubs or events.
- The biggest barriers to being physically active were: lack of time, lack of or poor quality footpaths, cost, weather, health problems, decreasing cognitive ability, lack of motivation and perceived lack of options.
- The most common suggestions from respondents for increasing physical activity were more/improved footpaths and more free or affordable activity options.

Table 1 gives a snapshot of the survey demographics of respondents, including age, gender and healthcare/pension card status across geographic locations within the RCoW LGA. Table 1 also indicates levels of satisfaction and perceived importance of physical exercise as well as amount of sedentary behaviour.

| MISSING DATA MEANS % MAY BE <100% ** | WITHIN WANGARATTA | OUTSIDE WANGARATTA (WITHIN LGA) | TOTAL |
|--|----------------------|------------------------------------|------------|
| Male n (%) | 89 (30.3) | 54 (26.3) | 143 (28.7) |
| Female n (%) | 204 (69.4) | 150 (73.2) | 354 (70.9) |
| Did not identify | - | - | 2 |
| Healthcare/pension card n (%) | 141 (48.0) | 74 (36.1) | 215 (43.1) |
| Happy with level of exercise overall n (%) | | | |
| Yes n (%) | 168 (57.1) | 99 (48.3) | 267 (53.5) |
| No n (%) | 95 (32.2) | 86 (42.0) | 181 (36.3) |
| Importance of physical exercise | | | |
| 0-19% n (%) | 4 (1.5) | 1 (0.5) | 5 (1.1) |
| 20-39% n (%) | 2 (0.8) | 1 (0.5) | 3 (0.7) |
| 40-59% n (%) | 37 (14.1) | 28 (15.1) | 65 (14.5) |
| 60-79% n (%) | 39 (14.8) | 25 (13.5) | 64 (14.3) |
| 80-100% n (%) | 181 (68.8) | 130 (70.3) | 311 (69.4) |
| Hours spent sitting per day | | | |
| <2 n (%) | 18 (6.1) | 18 (8.8) | 36 (7.2) |
| 2-4 n (%) | 80 (27.2) | 73 (35.6) | 153 (30.7) |
| 4-6 n (%) | 96 (32.7) | 58 (28.3) | 154 (30.9) |
| 6-8 n (%) | 52 (17.7) | 28 (13.7) | 80 (16.0) |
| 8+ n (%) | 15 (5.1) | 7 (3.4) | 22 (4.4) |

** At times percentages equal >100% due to rounding. Where responses add up to less than 100%, this is due to non-responses/missing data.

▲ Table 1: Survey demographics (n=507) (Gateway Health's RCoW Active Living Survey 2019)

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Table 2 summarises the factors which respondents identified as making it easy or hard to be physically active. The main things that impact on respondents' ability to be active are time, season/weather and people's state of health. Improved/new footpaths and free and affordable options to be active were cited as the major factors which would make it easier to be physically active.

| | WHAT MAKES IT HARD | | WHAT MAKES IT EASY | |
|---|-----------------------|-----------------------|---|---|
| | WITHIN WANGARATTA | OUTSIDE OF WANGARATTA | WITHIN WANGARATTA | OUTSIDE OF WANGARATTA |
| 1 | Time 116, 39% | Time 83, 40% | More paths or improved paths 62, 47% | More paths or improved paths 74, 44% |
| 2 | Season 103, 35% | Season 64, 31% | Address general affordability issues 16, 12% | Free activities 30, 18% |
| 3 | Health 76, 26% | Paths 54, 26% | Free activities 15, 11% | Address general affordability issues 23, 14% |
| 4 | Cost 74, 25% | Cost 46, 22% | More activities 13, 10% | |
| 5 | Motivation 42, 14% | Health 45, 22% | | |

▲ Table 2: Gateway Health's RCoW Active Living Survey: What makes it easy/hard to be physically active (Gateway Health 2019)



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7.3 FOCUS GROUPS

The focus groups reported similar themes to the survey and stakeholder interviews, describing what makes it easy/hard for people to be active. The same issues, such as importance of footpaths, social connection, cost, transport and health were raised in group discussions in terms of the ways these factors impact people's ability to be active.

7.4 OBSERVATIONAL AUDITS & GEOGRAPHIC INFORMATION SYSTEMS (GIS) MAP ANALYSIS

The observational audits were conducted in twelve smaller towns surrounding Wangaratta. The GIS (digital) maps were then used in five of those smaller towns. Audits and maps showed that these towns generally have adequate infrastructure in terms of recreational reserves, with sporting facilities such as football ovals, netball courts, tennis courts, and a children's playground. However, most of these smaller towns have inadequate footpaths or no footpaths at all. Lack of public transport or infrequency of public transport is also an issue for many of these towns.

7.5 REVIEW OF SUPPLEMENTARY COMMUNITY DATA

- Public Transport Victoria and the 'Getting THERE Network' information enabled cross-referencing with observational audits and GIS maps to highlight which specific towns had poor public transport or no public transport.
- RCoW Council [Wangaratta Community Directory](#) listed 98 sporting clubs and associations available in the RCoW LGA for active living opportunities. This information helped to cross reference the visual audit and GIS maps to ensure recreational reserves were properly referenced with what assets the community has, for example football oval, netball courts and tennis courts.
- [Census of Population and Housing](#) rates towns in terms of an index of relative socio-economic disadvantage (IRSED). It is important to keep in mind that there are pockets of disadvantage within the RCoW LGA. These smaller areas of disadvantage are likely to have a diverse range of barriers to being physically active.

8. DISCUSSION

Several key themes emerged throughout the project in considering barriers and enablers for physical activity.

8.1 BARRIERS TO BEING PHYSICALLY ACTIVE

The stakeholder interviews, focus groups and community survey all revealed similar barriers to physical activity. The most significant barriers were a lack of time, lack of quality footpaths, cost, weather, health problems, decreasing cognitive ability, lack of motivation and a perceived lack of options.

8.2 PHYSICAL ACTIVITY AND SOCIAL CONNECTION

The information collected in this project clearly indicates that social connection is a key motivator when participating in physical activity. This point was particularly supported by the stakeholder interviews and focus groups that saw social connection as one of the key ways to encourage and sustain physical activity.

8.3 TRANSPORT AND ACTIVE TRAVEL

The Active Living Survey showed a heavy reliance on car travel. Suitable footpaths are a key component to increasing active transport options.

The majority of key stakeholders talked about the importance of their clients having access to transport, especially frail older people who lived alone and did not drive. This cohort relied on others to get them to and from appointments. The lack of, or infrequency of, public transport in smaller towns was often cited as a barrier for people to be active.

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8.4 LACK OF COMMUNITY AWARENESS ABOUT AVAILABLE OPTIONS FOR PHYSICAL ACTIVITY

One of the key aims of this project was to establish an inventory of what is currently available to support the community to increase physical activity rates. The project discovered that there are a range of options available for the community to be active. However, both survey results and stakeholder research suggest that the community is not always aware of activities that are available.

8.5 SEASONAL CHANGES AND CLIMATE CHANGE

Survey respondents often identified that seasonal changes affected their ability to be active. Therefore, it may be necessary to consider the influence of climate change and how this compounds the seasonal changes that impact on physical activity. Victoria's Climate Change Adaptation Plan 2017-20 discusses the future that Victorians are likely to see because of climate change. With more hot days, bushfire seasons are being predicted to go for longer. Smoke haze, similar to the one from the January 2020 bushfires that blanketed the RCoW LGA, can have a serious impact on people's health and their ability to be active. Victoria's Climate Change Adaptation Plan looks at how all levels of the community could address climate change and adapt to it, so that they can continue to have a healthy community. For example, improving the number and accessibility of footpaths to encourage active travel is a simple climate change strategy that could be included in Council's Municipal Health and Wellbeing Plan, whilst simultaneously increasing physical activity.

8.6 GAP IDENTIFIED

One of the target groups for this project was vulnerable people. For the purpose of this project, vulnerable groups were identified as those people not meeting Australia's Physical Activity and Sedentary Behaviour Guidelines, and/or are not socially connected and/or are financially challenged, for example have a healthcare/pension card. A major gap was identified for people under the age of 65 who are also considered as vulnerable. Whilst there are still a wide range of options for them to be active, if this cohort of people have additional needs such as health/cognitive conditions, mental health issues, disability, financial restraints or are young families with limited or no childcare, then typically mainstream options to be physically active may not suit them. This diverse cohort typically requires extra support to be active and currently there are limited low cost, well supported options for them.



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9. RECOMMENDATIONS

The recommendations from the project will be presented for inclusion as actions in the Wangaratta Council Municipal Health and Wellbeing Plan. Findings will support other relevant council plans where applicable. A complete list of recommendations can be found in the full 2019-2020 Active Living Mapping Project Report for Wangaratta and Surrounds. A summary of these recommendations includes:

RECOMMENDATION 1: INFRASTRUCTURE (WALKING AND CYCLING PATH) IMPROVEMENTS

- To design and build new walking and cycling paths as well as improve and maintain existing pathways throughout the RCoW LGA

RECOMMENDATION 2: PROMOTION OF EXISTING EVENTS AND FACILITIES (FOCUSING ON FREE AND AFFORDABLE OPTIONS)

- To improve the promotion of opportunities to be active
- To improve community awareness of the available activities and services to be active
- To promote free and affordable active living options

RECOMMENDATION 3: INCREASE COLLABORATIVE AND PARTNERSHIP APPROACH

It is recommended that a more collaborative approach is needed with how services/groups work together to promote/build on their work to support the community to become more physically active. As a starting point the RCoW Active Living Network could be used to facilitate this collaboration. The RCoW Active Living Network currently comes together to share information, promote programs, and build relationships to provide opportunities for the community to be active. It is recommended that membership is expanded to represent multiple sectors, thereby encouraging cross-sector collaboration on joint initiatives such as grant applications and referral pathways to physical activity groups. Long term, the network could work towards community ownership and facilitating co-design of future physical activity initiatives.

RECOMMENDATION 4: PROMOTE OPPORTUNITIES FOR INFORMAL RECREATION AND MULTI-USE SPORTING/RECREATION FACILITIES

There are many underutilised sporting and recreation facilities in the RCoW LGA. With a more collaborative approach, these facilities could be used more effectively by community groups to provide more opportunities for physical activity. This strategy would also increase the possibility for social connections which the project found was a key motivator in people staying active.

RECOMMENDATION 5: BUILDING HEALTHY ENVIRONMENTS: A SETTINGS APPROACH

5.1 Sporting clubs and individuals

Wangaratta Council currently offers the Active Wangaratta Grants and Individual Athlete Assistance Grants to support participation in sporting events and clubs. It is recommended that Wangaratta Council offer an additional funding opportunity to encourage vulnerable people to access physical activity opportunities. This new grant would extend the scope of existing grants to include other physical activity options, other than sporting events and clubs. It is proposed that the funding for this new grant is shared from the Individual Athlete Assistance Grant monies.

5.2 Workplaces

Workplaces can have a positive influence on physical activity levels in the community. It is recommended that The Victorian Healthy Workplaces Achievement Program is implemented in more workplaces. This free program provides resources and guidance for workplaces to create a healthy environment for their employees.

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8. CONCLUSION

According to national and state wide research plus local data, RCoW LGA residents are not meeting Australia's Physical Activity and Sedentary Behaviour Guidelines. Given the negative health and economic consequences of lack of exercise, it is vital to understand the barriers and enablers for physical activity. It is also important to assess the way in which the built environment and infrastructure can encourage physical activity. This project focused on two specific cohorts: people over the age of 65 and people who could be considered vulnerable due to lack of physical activity, social connections or financial challenges. This project used a variety of methodologies to investigate services, activities and opportunities which would potentially increase physical activity levels. Data from the stakeholder interviews, surveys and focus groups identified the main barriers to physical activity which included time, cost, and infrastructure. This research also demonstrated that there is lack of knowledge and awareness about current options and resources available for people to be physically active. The observational audits and GIS maps revealed that in selected townships in RCoW LGA, there was a lack of footpaths and limited public transport, which in turn, decreases options for physical activity in these towns. A review of supplementary community data provided additional information regarding physical activity options and utilisation of existing resources. Based on the findings of this project, it is recommended that several strategies are put in place to facilitate an increase in physical activity, particularly for the target cohorts of this research. The main recommendations include improving walking and cycling paths and promoting existing physical activity opportunities and resources. It is also highly recommended that there is a more collaborative and partnership approach between services and groups working together to improve physical activity.

Future steps to increase physical activity in the community include advocating for the incorporation of these action recommendations in the RCoW Council Municipal Public Health and Wellbeing Plan. The data in this project report can also be used to inform infrastructure planning, project planning, organisational and community planning and grant applications.

For a copy of the full 2019-2020 Active Living Mapping Project for Wangaratta and Surrounds Report please visit www.gatewayhealth.org.au

For further information, please contact Sarah Nevin, Health Promotion Coordinator, Gateway Health sarah.nevin@gatewayhealth.org.au or phone 0437 032 787.

9. REFERENCES

Australian Institute of Health and Welfare 2019, *Insufficient Physical Activity*, Cat. no. PHE 248, viewed 28 July 2020, <<https://www.aihw.gov.au/reports/risk-factors/insufficient-physical-activity>>.

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