

## ACTION AREA 7 – Disadvantaged populations

Address inequality in physical activity participation



### Authors

V Cleland,<sup>1</sup> K Ball,<sup>2</sup> J Dollman,<sup>3</sup> G Turrell,<sup>4,5</sup>

- 1 Menzies Institute for Medical Research, University of Tasmania
- 2 Institute for Physical Activity and Nutrition, Deakin University
- 3 School of Health Sciences, University of South Australia
- 4 School of Public Health and Social Work, Queensland University of Technology
- 5 NHMRC Centre of Research Excellence in Healthy Liveable Communities

### Suggested citation

Cleland V, Ball K, Dollman J, et al. Action area 7: Disadvantaged populations. In: *Blueprint for an Active Australia*. 3rd ed. Melbourne: National Heart Foundation of Australia, 2019.



*Reducing socioeconomic and geographic inequities in physical activity participation is important to achieve equitable increases in physical activity across the population.*

## WHY IS THIS IMPORTANT?

People experiencing socioeconomic disadvantage (e.g. low income, low education level, low-status occupation or living in a socioeconomically disadvantaged neighbourhood) are significantly less likely to meet physical activity guidelines and more likely to be sedentary than more advantaged individuals. In 2014-15, the most disadvantaged Australians were 1.4 times more likely to be insufficiently active for health than the least disadvantaged Australians.<sup>(1)</sup>

This association is graded, with increasing levels of advantage associated with increased physical activity.<sup>(2,3)</sup> In addition, people living in regional and remote areas of Australia generally report less leisure and transport-related physical activity than those living in metropolitan areas,<sup>(1,4)</sup> a trend only partially explained by socioeconomic factors.<sup>(4)</sup> This association is graded, with increasing levels of advantage associated with increased physical activity.<sup>(2,5)</sup> In addition, people living in regional and remote areas of Australia generally report less leisure and transport-related physical activity than those living in metropolitan areas,<sup>(1,4)</sup> a trend only partially explained by socioeconomic factors.<sup>(4)</sup>

Consider the case for change:

- health inequities result from a complex interaction of political, economic and structural factors, as well as the conditions in which people are born, live, work and age<sup>(6)</sup>
- reducing the physical activity 'gap' will go a long way towards reducing the inequities in heart disease, diabetes and other lifestyle-related chronic diseases<sup>(7,8)</sup>
- reducing socioeconomic and geographic inequities in physical activity participation is important to achieve equitable increases in physical activity across the population<sup>(2)</sup>
- key factors contributing to socioeconomic inequities in physical activity participation include lack of access to good quality public open space, physical activity facilities in disadvantaged neighbourhoods, financial constraints, long or inflexible working hours, psychosocial stress, real or perceived threats to safety in disadvantaged neighbourhoods, and lack of social support or social or cultural norms that support physical activity among socioeconomically disadvantaged groups<sup>(2,9)</sup>
- key factors that contribute to geographic inequities in physical activity participation include limited diversity of or poor-quality physical activity facilities and infrastructure in rural and remote areas, perceptions that one gets enough physical activity at work or around the home, poor road safety, and lack of social support or social or cultural norms that support physical activity in rural or remote areas<sup>(10)</sup>
- rural and remote Australia also faces significant social, demographic, economic and health challenges including increased mechanisation of farming practices and related occupational hazards, depopulation and changing population composition, an ageing workforce, social isolation, poor access to services, climatic extremes, with inadequate built environment mitigation, fewer transport options, poorer road quality, exposure to changing climatic conditions, and macro and micro economic fluctuations.<sup>(11,12)</sup>



Photo courtesy The Arnhem Land Progress Aboriginal Corporation.



## WHAT MUST BE DONE?

Reducing socioeconomic and geographic inequities in physical activity necessitates action at all levels of government and across many different sectors. Evidence suggests that improving physical activity opportunities at the neighbourhood level through the built and social environments are those most likely to reduce the physical activity 'gap'.<sup>(13)</sup> It is in the built environment where we can have the largest, most sustained and most equitable impact on physical inactivity levels. Healthy neighbourhood design will have the greatest benefit for our most vulnerable - the elderly, children, people with disabilities, those with heart disease and other chronic diseases and those who don't have access to a car. Efforts that only focus on individual education and behaviour change are at risk of widening inequities.<sup>(14-16)</sup>

### **We call upon all level of governments and policy makers to:**

- apply a Health in All Policies (HiAP) approach to ensure action across and between a wide range of policies, partners and stakeholders at all levels. A HiAP approach helps agencies to better understand and consider the health impacts of their policies and to develop long term solutions to address the social and economic factors that influence health<sup>(17, 18)</sup>
- apply an equity lens across all policy and funding investments in public transport infrastructure and physical activity programs, with the main effort focused on the most disadvantaged communities and groups
- reorient transport policy, planning and funding to prioritise investment in walking, cycling and public transport infrastructure; allocate resources proportional to need, concentrating initially on underserved areas, including developments on the urban fringe and in regional centres (proportional universality)<sup>(19)</sup>
- provide federal funding to local government to maintain and enhance community infrastructure in areas most in need

- ensure federal funding focuses on the delivery of accessible and affordable evidence-based physical activity programs, particularly for those poorly serviced communities and those isolated by socioeconomic, cultural or geographic attributes
- provide walking and cycling infrastructure as part of all government-funded urban transport projects.

### **We call upon local governments, urban designers and town planners to:**

- plan, develop and retrofit environments that promote walking, cycling and perceptions of safety (this can be achieved by implementing initiatives contained in Action areas 1 and 4)
- work with their communities to optimise use of local facilities including sportsgrounds, gyms, community halls, schools and swimming pools; this may include off-peak access to gyms, better sportsground lighting for after-hours games or training, and facility sharing arrangements with local schools.

### **We call upon the community, sports and health sector to:**

- build partnerships with communities, local organisations and groups (e.g. local government, primary-care providers, community groups, schools, youth groups, aged-care services, sporting clubs and businesses) to identify and support innovative and affordable physical activity options in areas of socioeconomic or geographic disadvantage
- mobilise communities by actively involving people who are experiencing disadvantage in the co-design and delivery of physical activity programs to ensure they are locally relevant
- support local sporting clubs to grow membership and remain financially viable by developing linkages with school sport and physical education to increase club membership and by providing user-friendly guidance on governance, revenue raising and membership recruitment
- invest in active school travel programs in disadvantaged neighbourhoods to encourage more walking and cycling to school, including safer routes to school, with mapped routes and safer crossings, road safety and bicycle education programs
- work with schools and education authorities to promote school-based physical activity programs as an avenue for reducing inequities.







#### **We call upon individuals to:**

- aim for at least thirty minutes of moderate intensity physical activity five times a week as part of their leisure or transport activity
- work with local services and facilities to co-design affordable and accessible services that best meet the needs within their community, to establish the best ways to frame and communicate these messages, and to disseminate easy-to-understand messages
- capitalise on the close connections within their community to encourage innovative solutions and creative models for improving access and participation in physical activity
- build local capacity by supporting group-based programs (where culturally appropriate) that encourage shared experiences and joint advocacy for better infrastructure and environment

#### **We call upon those implementing physical activity projects or campaigns to:**

- evaluate population-wide campaigns or programs to ensure they do not have unintended consequences or exacerbate existing social inequities in physical activity, sedentary behaviour or associated health outcomes
- help build the evidence base by reporting evaluation findings according to socio-economic, geographic and cultural background where possible. What works for some populations will not always work for others.

**See also Action area 11 – Financial measures**



## REFERENCES

1. Australian Bureau of Statistics. National Health Survey: First Results, 2014-15: Health risk factors by population characteristics (Internet). 2015 (cited 2019 07 February). ABS cat. no. 4364.0.55.001:(Available from: <http://www.abs.gov.au/>).
2. Ball K, Carver A, Jackson M, Downing K, O'Rourke K. Addressing the social determinants of inequities in physical activity and related health outcomes. *Health Promot International*. 2015;Sep 30 (Suppl 2:ii18-9. ).
3. O'Donoghue G, Kennedy A, Puggin A, Aleksovskaja K, Buck C, et al. Socio-economic determinants of physical activity across the life course: A "Determinants of Diet and Physical Activity" (DEDIPAC) umbrella literature review. *PLoS One*. 2018;1(14):58.
4. Patterson KA, Cleland V, Venn A, Blizzard L, Gall S. A cross-sectional study of geographic differences in health risk factors among young Australian adults: The role of socioeconomic position. *BMC Public Health* 2014;14(1278).
5. O'Donoghue G, Kennedy A, Puggin A, Aleksovskaja K, Buck C, et al. Socio-economic determinants of physical activity across the life course: A "DEterminantsof Diet and Physical ACTivity" (DEDIPAC) umbrella literature review. *PLOS ONE*. 2018; January 19, 2018(<https://doi.org/10.1371/journal.pone.0190737>).
6. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, Switzerland: World Health Organization; 2008.
7. Australian Institute of Health and Welfare (AIHW). Impact of physical inactivity as a risk factor for chronic conditions: Australian Burden of Disease Study. Australian Burden of Disease Study series no. 15. Canberra: AIHW; 2017.
8. National Heart Foundation of Australia. Australian Heart Maps 2018.
9. Gordon-Larsen P, Nelson MC, Page P, BM P. Inequality in the built environment underlies key health disparities in physical activity and obesity. *Pediatrics*. 2006;117(2):417-24.
10. Dollman J, Hull M, Lewis N, et al. Regional differences in correlates of daily walking among middle age and older Australian rural adults: Implications for health promotion. *Int J Environ Res Publ Health*. 2016;13 (1):116.
11. Alston L, Allender S, Peterson K, Jacobs J, Nichols M. Rural inequalities in the Australian burden of ischaemic heart disease: A systematic review. *Heart Lung Circ*. 2017;26(2):122-33.
12. Australian institute of Health and Welfare. Rural and Remote Health. 2017.
13. Ball K, Carver A, Jackson M, Downing K, O'Rourke K. Addressing the social determinants of inequities in physical activity and related health outcomes. *Health Promot Int*. 2015;30(Suppl 2):ii18-9.
14. Backholer K, Beauchamp A, Ball K, et al. A framework for evaluating the impact of obesity prevention strategies on socioeconomic inequalities in weight. *Am J Public Health*. 2014;Epub 2014 (Aug 14).
15. Capewell S, Graham H. Will cardiovascular disease prevention widen health inequalities? *PLoS Med*. 2010;7(8):e1000320.
16. Lorenc T, Petticrew M, Welch V, Tugwell P. What types of interventions generate inequalities? Evidence from systematic reviews. *Journal of Epidemiology and Community Health*. 2012;doi:10.1136/jech-2012-201257.
17. World Health Organization. Health in All Policies: Helsinki statement. Framework for Country Action. Geneva, Switzerland: World Health Organization 2014.
18. World Health Organization & Government of South Australia. Adelaide statement on health in all policies: moving towards a shared governance for health and well-being. . Geneva, Switzerland: World Health Organization 2010.
19. World Health Organization. Global action plan on physical activity 2018-2030: more active people for a healthier world. 2018.



For heart health information and support,  
call the Helpline on 13 11 12 or visit  
[heartfoundation.org.au](http://heartfoundation.org.au)

For further information contact:

**Adj. Prof. Trevor Shilton**

Director Active Living

Heart Foundation

T: (08) 9382 5912

E: [Trevor.Shilton@heartfoundation.org.au](mailto:Trevor.Shilton@heartfoundation.org.au)