



## Ipswich City Council and Department of Communities – Sport and Recreation Services



**May 2009**

## Active Ipswich:

## Physical Activity Strategy 2009-2014

## Final Report

**STRATEGIC LEISURE GROUP**  
Leisure Planning + Management Consultants

# Ipswich City Council and Department of Communities – Sport and Recreation Services

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## Physical Activity Strategy 2009-2014

## Final Report

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## 2. ABOUT THIS DOCUMENT

This report presents the summary of key findings and recommendations for the Active Ipswich: Physical Activity Strategy 2009–2014. It is accompanied by two Supporting Resources Documents.

Supporting Resources Document (Volume One) contains the detailed background information which underpins the findings and recommendations of the Active Ipswich: Physical Activity Strategy 2009–2014. In addition to the study purpose and methodology it provides a detailed account of the background research, consultation and overview of the physical environment undertaken for this study. Supporting Resources Document (Volume Two) provides a detailed analysis of the process and results of the CATI telephone community survey undertaken to determine current physical activity levels of Ipswich residents and possible barriers to participation.

### 2.1. DEFINITIONS

Physical activity can be described as “...any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a base level<sup>1</sup>.” It can be undertaken at an individual’s discretion (eg as part of sport, recreation, leisure or household activities); as an essential activity for daily living (eg occupation, transport or commuting activities); or as a conscious choice in daily life (eg taking stairs instead of lifts, walking instead of driving). The duration, frequency and intensity of physical activity are the key determinants for deriving a health benefit. For adults this is usually described as 30 minutes a day, 5 days a week of moderate to vigorous intensity physical activity. The 30 minutes of daily activity can be undertaken in one session or accumulated by combining a few shorter sessions of activity of around 10 to 15 minutes each.

Moderate activity can be described as activity which causes a slight, but noticeable, increase in breathing and heart rate (eg brisk walking, mowing the lawn, digging in the garden, or medium-paced swimming or cycling)<sup>2</sup>. Vigorous activity can be described as activity which makes you “huff and puff” (eg a range of sports, aerobics, circuit training, jogging, fast cycling or brisk rowing)<sup>3</sup>.

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1. *Physical Activity Guidelines Advisory Committee Report, June 2008*. Physical Activity Guidelines Advisory Committee. Department of Health and Human Services, 2008. Washington, DC: US. [Page C–1]

2. *National Physical Activity Guidelines For Adults*. Australian Government, 2005.

3. *ibid*

Physical fitness has been defined as “...the ability to carry out daily tasks with vigour and alertness, without undue fatigue and with ample energy to enjoy leisure-time pursuits and meet unforeseen emergencies.”<sup>4</sup>

Health may be defined as not merely the absence of disease or infirmity but ‘a complete state of physical, mental and social wellbeing’ (WHO).

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<sup>4</sup>. op cit. *Physical Activity Guidelines Advisory Committee Report, June 2008*. [Page C-4]

## **3. STUDY AIM AND PROCESS**

### **3.1. STUDY AIM**

The key objectives of the study were to:

- Identify a methodology and evaluation tool to monitor and assess current and future physical activity trends and participation levels
- Obtain data on current physical activity participation trends and participation levels in Ipswich
- Compare physical activity trends and participation levels in Ipswich to National, State and Regional trends
- Identify factors influencing physical activity participation in Ipswich
- Review Council's current physical activity programs in terms of the appropriateness of the programs
- Identify the adequacy of existing infrastructure in terms of current and future usage and population distribution to identify current shortfalls or oversupply
- Determine Council's roles and responsibilities in the provision of physical activity programs, infrastructure and services to the community and sport and recreation organisations
- Review the appropriateness of the incorporation of physical activity issues into the Ipswich City Council Planning Scheme
- Determine the appropriateness of current physical activity services and infrastructure provision.

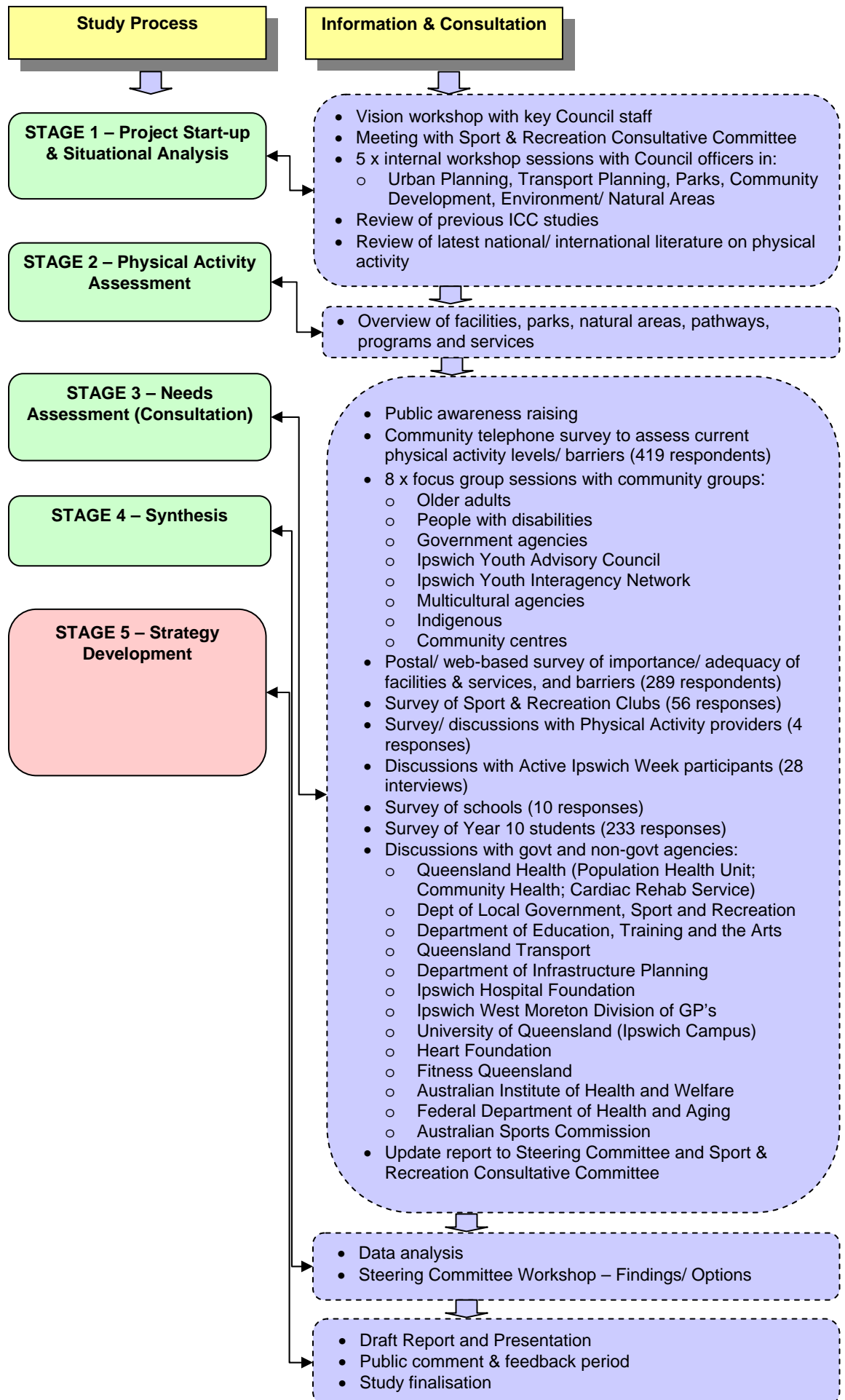
The success of the Active Ipswich: Physical Activity Strategy would be determined by the extent to which:

- Ipswich Residents are more aware of the benefits of participation and involvement in physical activity
- Ipswich residents participation in physical activity has increased
- Physical activity infrastructure is meeting changing community needs; and
- Economic/ cultural/ social/ health returns are being derived from increased participation in physical activity.

### **3.2. STUDY PROCESS**

The study approach is outlined in Figure 1.

Figure 1: Study Approach



## 4. STRATEGIC CONTEXT FOR PHYSICAL ACTIVITY

### 4.1. IPSWICH CITY COUNCIL CONTEXT

Ipswich City Council is preparing a Community Health and Well Being Strategy which will provide the strategic framework for the Active Ipswich: Physical Activity Strategy. It is understood the Strategy will involve close cooperation with the University of Queensland (Ipswich Campus) and will examine a health and well being report card.

Physical activity is reflected in five of the six themes of the Ipswich 2020 vision:

Natural Environment	<ul style="list-style-type: none"> <li>▪ Protect and promote a range of recreational activities and options</li> </ul>
Growth Management	<ul style="list-style-type: none"> <li>▪ Communities have a central hub.....recreation, socialising, shopping and community services</li> <li>▪ Functional open space and recreation network</li> </ul>
Community Spirit & Well Being	<ul style="list-style-type: none"> <li>▪ Range of opportunities to participate in local community activities</li> <li>▪ Create and maintain a healthy living community</li> <li>▪ Active lifestyle, healthy communities</li> <li>▪ Safety as a priority in public places, parks and open spaces</li> </ul>
Infrastructure and Services	<ul style="list-style-type: none"> <li>▪ Facilities to accommodate a diverse range of sport and recreation activities</li> <li>▪ Network of recreational trails</li> </ul>
Integrated Transport and Movement	<ul style="list-style-type: none"> <li>▪ Transport network is designed to cater for pedestrian and cycle movement</li> </ul>

The Queensland Government recently released its 2020 vision for the state<sup>5</sup> which addresses key challenges and proposes five key ambitions under the following themes:

- Strong
- Green
- Smart
- Healthy, and
- Fair

The “Healthy” theme contains the ambition of “making Queenslanders Australia’s healthiest people” and the target of cutting obesity rates by one third, by 2020. The “Eat Well Be Active” Taskforce is the main vehicle within Queensland Government for cross government coordination of physical activity initiatives. It is chaired by the Department of Premier and Cabinet and comprises representation from state government departments who report on significant projects within their departments and the results of any interventions they have implemented.

<sup>5</sup>. *Toward Q2*. Department of Premier and Cabinet, Queensland Government. September 2008

## 4.2. NATIONAL AND INTERNATIONAL RESEARCH

The most recent report on Australia's health released by the Australian Institute of Health and Welfare<sup>6</sup> has noted that:

- Physical inactivity (6.6% of Disability Adjusted Life Years – DALY's<sup>7</sup>) is fourth behind tobacco smoking (7.8% of total DALY's), high blood pressure (7.6%), and overweight/obesity (7.5%) as the greatest contributor to the burden of disease in Australia
- A significant majority of Australians are not physically active enough and, at a population level, physical inactivity may be an important contributor to rising levels of obesity
- People with lower socioeconomic status are more likely to smoke, exercise less, be overweight and/ or obese

An August 2008 study by Access Economics<sup>8</sup> has estimated the direct financial cost of obesity to the Australian health system in 2008 at \$8.283 billion. When other financial costs (such as productivity losses, carer costs, taxation foregone, equipment, transport and accommodation) and non-financial costs (such as loss of well-being and premature death) are included, the total cost is estimated at \$58.179 billion. The study also estimated the individual cost of a range of medical conditions due to obesity (refer Table 1).

*Table 1: Economic costs of medical conditions due to obesity in Australia in 2008*

MEDICAL CONDITION	DIRECT FINANCIAL COST	NET COST OF LOST WELL-BEING
Coronary heart disease	\$2.8 billion	\$31.8 billion
Type 2 diabetes	\$3.0 billion	\$5.3 billion
Osteoarthritis	\$1.8 billion	\$3.8 billion
Cancer (colorectal, breast, kidney, uterine)	\$0.7 billion	\$9.0 billion

The report estimates 3.71 million Australians to be obese in 2008 (1.76m males and 1.95m females) with the 55 – 59 year age group containing the largest number of obese people for males (183,200) and females (231,600). With no further change in age/ gender prevalence rates, by 2025 this figure is projected to increase to 4.6 million Australians (18.3%). The report estimates obesity to cause:

- 23.8% of Type 2 diabetes
- 21.3% of Coronary heart disease
- 24.5% of Osteoarthritis, and
- 20.5% of Colorectal, breast, uterine and kidney cancer

<sup>6</sup> *Australia's Health 2008 – The eleventh biennial health report of the Australian Institute of Health and Welfare*. The Australian Institute of Health and Welfare. 2008.

<sup>7</sup> DALYs (Disability Adjusted Life Years) are a summary unit of measure developed to compare the impact of different diseases and injuries on an equal basis. One DALY is one year of 'healthy life' lost due to a disease or injury. The more DALYs, the greater the burden.

<sup>8</sup> *The growing cost of obesity in 2008*. Access Economics (commissioned by Diabetes Australia). August 2008

A comprehensive report to the US Department of Health and Human Services (June 2008)<sup>9</sup> noted there is very strong scientific evidence, based on a wide range of well-conducted studies, that physically active people have a lower risk of developing a number of disabling medical conditions, and lower rates of various chronic diseases than inactive people. These include coronary heart disease, high blood pressure, stroke, type 2 diabetes, colon cancer, breast cancer, depression, and a lower risk of falling in the elderly. The report also found strong evidence that overweight or obese adults who are physically active experience health benefits that are generally similar to those observed in people of normal weight.

Physically active young people derive substantial health benefits including reduced body fatness, more favourable cardiovascular and metabolic disease risk profiles, enhanced bone health, and reduced symptoms of anxiety and depression. In order to maximise health benefits for adults, the report recommends 30 minutes a day, 5 days a week of moderate to vigorous intensity physical activity (this is consistent with Australian guidelines published by the Department of Health and Aging). The report notes that there is limited data to support the contention that vigorous intensity physical activity is associated with additional risk reduction, compared with lower intensity activities.

An August 2007 report commissioned by Medibank Private<sup>10</sup> investigated seven medical conditions with a strong, evidence-based relationship to physical inactivity (ie coronary heart disease, stroke, type 2 diabetes, breast cancer, colon cancer, depression and falls). It found that physical inactivity accounted for 17% (or \$1.5 billion) of the total health cost of treating these conditions and estimated the potential reduction in the prevalence of these conditions if the Australian adult population was sufficiently active. The potential reduction in prevalence is shown at Table 2.

*Table 2: Potential reduction in medical conditions if Australians met sufficient physical activity levels*

CONDITION	POTENTIAL REDUCTION IN PREVALENCE
Coronary Heart Disease	18%
Stroke	12%
Type 2 diabetes	20%
Breast cancer	12%
Colon cancer	18%
Depression symptoms	12%
Falls	21%

<sup>9</sup>. *Physical Activity Guidelines Advisory Committee Report, June 2008*. Physical Activity Guidelines Advisory Committee. Department of Health and Human Services, 2008. Washington, DC: US.

<sup>10</sup>. *The Cost of Physical Inactivity*. Medibank Private. 2007.

A 2002 report<sup>11</sup> found that just over half (56.8%) of all Australians undertook sufficient physical activity to derive a health benefit in 2000. The report identified population groups at greater risk of physical inactivity. These were described as:

- The middle aged 'slump' – ie those aged 45 – 59 years
- Women (especially married women with children)
- People who did not speak English at home
- Indigenous people

### **4.3. IPSWICH POPULATION PROFILE**

The estimated 2006 resident population of Ipswich City was 140,183 and the high growth rate of recent years is projected to continue with a projected population of 215,784 by 2016<sup>12</sup>. Compared to Queensland as a whole, Ipswich has a higher proportion of young people and families and a much lower proportion of people aged 60 and over. The ongoing development of Springfield and the future Ripley corridor development are likely to maintain a lower median age for Ipswich as a whole.

Ipswich Central SLA (refer Table 3), with its older settlements has by far the highest proportion of older adults (aged 60 and over), while Ipswich North and East SLA's (refer Map 1 and Table 3) have the highest proportion of young people aged under 14.

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<sup>11</sup> *Getting Australia Active – Toward Better Practice for the Promotion of Physical Activity*. Bauman et al. National Public Health Partnership. Melbourne, 2002 (p31).

<sup>12</sup>. *Population and Housing Fact Sheet*. Department of Infrastructure and Planning, Queensland Government. August 2008

Map 1: Ipswich Statistical Local Areas (SLA's)

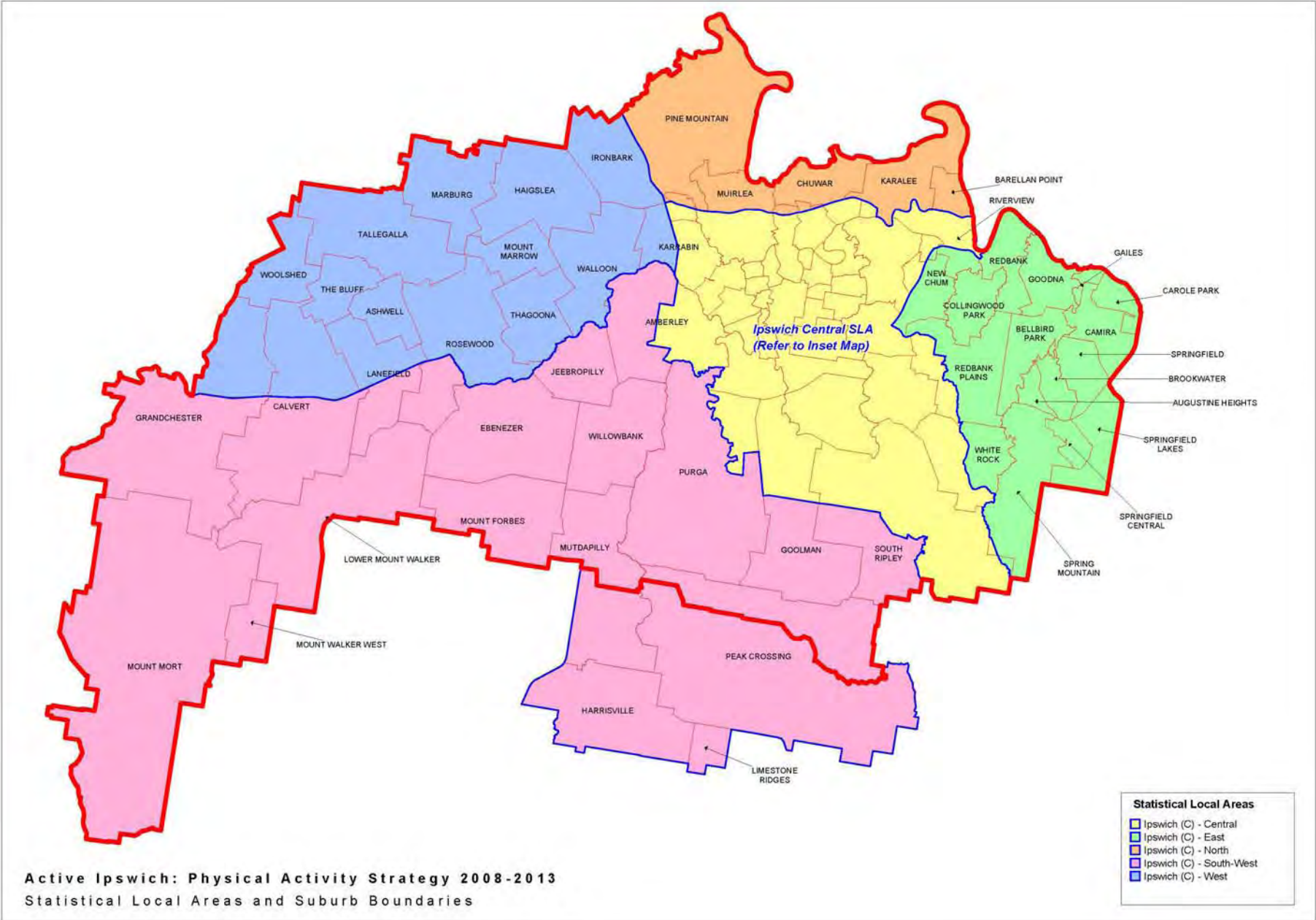


Table 3: Ipswich age profile compared to Queensland

Age Profile - SLA's (% of Population) compared to Qld							
Age Groups	Central	East	North	Sth West	West	Ipswich	Queensland
0-4 years	7.3%	9.1%	7.0%	7.5%	5.5%	7.8%	6.6%
5-9 years	7.4%	8.6%	9.1%	7.7%	7.2%	7.9%	6.9%
10-14 years	7.8%	8.6%	9.5%	8.3%	8.4%	8.2%	7.2%
15-19 years	7.3%	7.8%	7.9%	6.8%	7.1%	7.5%	6.9%
20-24 years	7.1%	7.6%	5.2%	5.9%	6.4%	7.1%	6.9%
25-29 years	6.5%	7.6%	4.2%	5.7%	5.6%	6.7%	6.4%
30-34 years	6.6%	8.1%	6.6%	6.7%	6.3%	7.1%	7.0%
35-39 years	7.1%	8.1%	8.7%	7.7%	7.6%	7.6%	7.4%
40-44 years	7.2%	7.4%	9.6%	7.3%	8.5%	7.5%	7.4%
45-49 years	6.7%	6.6%	8.6%	8.1%	8.3%	6.9%	7.2%
50-54 years	6.0%	5.9%	7.8%	6.7%	7.4%	6.2%	6.6%
55-59 years	5.5%	5.2%	6.1%	7.4%	6.7%	5.5%	6.3%
60+	17.5%	9.4%	9.6%	14.3%	15.2%	13.9%	17.3%

There are high proportions of people in the Ipswich East SLA who speak a language other than English at home, especially in Goodna (refer Table 4).

Table 4: Suburbs with highest proportion of residents speaking a language other than English at home

SUBURB	SUBURB POPULATION	NUMBER SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME	PERCENTAGE SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME
Goodna	7,939	1,774	22.4%
Redbank Plains	8,306	897	10.8%
Camira	7,400	725	9.8%
Springfield	5,732	722	12.6%
Springfield Lakes	4,854	698	14.4%
Collingwood Park	5,303	631	11.9%
Riverview	3,336	522	15.7%
Bellbird Park	4,176	348	8.3%
Gailes	1,653	270	16.3%

Source: ABS

As at the 2006 Census, Ipswich Central SLA had the highest Index of Relative Socio-Economic Disadvantage. Ipswich East SLA had the highest level of disadvantage as at 2001 but this has substantially improved in the inter-census period. The suburbs with the highest index of socioeconomic disadvantage as at the 2006 Census were Riverview, Leichhardt, Gailes, Dinmore and Goodna (refer Table 5 for list of suburbs and relative disadvantage score).

Table 5: Suburbs with highest level of disadvantage

SUBURB	INDEX OF RELATIVE DISADVANTAGE
Riverview	791
Leichhardt	821
Gailes	822
Dinmore	834
Goodna	861
North Tivoli	880
West Ipswich	889
Booval	896
Ipswich as a whole	971

Suburbs/ areas are listed in order from highest level of disadvantage (at top of column). The lower the number the higher the level of disadvantage.

Source: Ipswich City Council

## 4.4. PHYSICAL ACTIVITY AND THE IPSWICH HEALTH PROFILE

Previous research<sup>13</sup> undertaken for Council in 2007 identified that, based on 2001/ 02 self reported health data:

- Ipswich as a whole had higher rates of physical inactivity, obesity, type 2 diabetes, mental and behavioural disorders and higher death rates from coronary heart disease and stroke than Qld as a whole
- Ipswich East SLA had the highest concentrations of negative health behaviours including type 2 diabetes, physical inactivity and self assessed psychological distress
- Ipswich Central SLA had the highest rates of obesity and mental/ behavioural disorders
- Ipswich North had the best health outcomes of all SLA's
- Ipswich East SLA had the highest level of social disadvantage

The Strategic Leisure Group commissioned specialist market research company, I-View, to undertake a telephone survey of Ipswich residents to establish a baseline level of participation in physical activity using a methodology that was broadly consistent with that used for assessing national physical activity levels, and could be used for subsequent follow up measurement after implementation of the Active Ipswich: Physical Activity Strategy. Questions and data analysis procedures were drawn from the Active Australia Survey which was the instrument used in national physical activity surveys<sup>14</sup>. Results were compared with a 2006 survey of Queenslanders physical activity levels undertaken by Queensland Health.<sup>15</sup>

The main aim of the I-View survey was to ascertain the proportion of residents (by age and gender) who were undertaking 'sufficient' physical activity to derive a health benefit (defined in

<sup>13</sup>. *Needs Assessment for the Active and Healthy Lifestyle Ipswich Strategy*. ROSS Planning, December 2007.

<sup>14</sup>. *Physical Activity Patterns of Australian Adults. Results of the 1999 National Physical Activity Survey*. Armstrong T, Bauman A & Davies J (2000). Canberra: Australian Institute of Health and Welfare.

<sup>15</sup>. *2006 Queensland Health Omnibus Survey. Physical Activity Data for Adults - Time and Sessions*. Queensland Health, 2006.

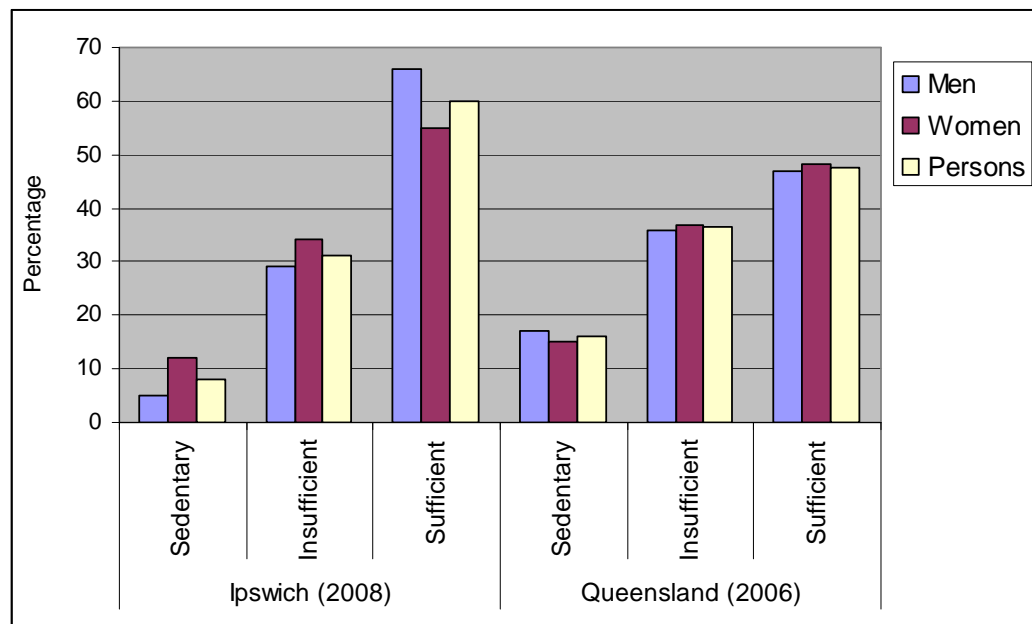
national guidelines as 30 minutes of at least moderate intensity activity per day x 5 days a week; a total of at least 150 minutes per week).

419 interviews of residents aged between 18 – 75 years were completed. The sample was weighted to the 2006 Ipswich population for age and gender and reported a 95% confidence level. A detailed report on the survey procedure and findings is contained in Supporting Resources Document (Volume Two).

Given previous research into the health profile of Ipswich residents the results were surprising. Compared to Queensland (2006) survey data, the survey indicated that Ipswich residents have a much higher proportion of people undertaking a sufficient level of physical activity to derive a health benefit. The most striking difference was among males with 66% of Ipswich survey respondents assessed as undertaking sufficient activity compared to just 46.9% for Queensland males as a whole (refer Figure 2). Direct comparisons between Ipswich and Queensland were not possible for all age cohorts, however, 69% of Ipswich respondents aged 18–29 years and 53% of 60–75 year olds were assessed as undertaking 'sufficient' physical activity compared to 59.6% and 41.6% of Queenslanders in these age cohorts respectively.

The results may suggest a degree of 'social desirability' among survey respondents or a major shift in the levels of people undertaking 'sufficient' physical activity in recent years. Validation of the survey findings by further research is recommended in this report.

Figure 2: Assessment of Ipswich levels of physical activity compared to Queensland as a whole



## 4.5. DATA ON CONDITIONS RELATED TO PHYSICAL INACTIVITY

As part of the research for the Active Ipswich: Physical Activity Strategy, data was obtained from Queensland Health (Healthstats) for hospital admissions (2003 – 2007) in respect of the seven conditions which have a proven statistical relationship to physical inactivity (ie stroke, depression, type 2 diabetes, falls, coronary heart disease, breast cancer and colon cancer – refer section 4.2, p7 and Supporting Resources Document – Volume 1 (section 5.8, p31).

*It should be noted that this data has significant limitations. It is not a measure of the prevalence of these conditions and is not controlled for multiple admissions by an individual patient.*

The data was available only at the SLA level and indicates that the median rate of hospital admissions for Ipswich residents for conditions related to physical inactivity is generally on a par with, or slightly less than, Queensland as a whole. The exceptions are coronary heart disease and depression. Ipswich Central SLA has higher rates of admissions than Ipswich and Queensland as a whole for almost all conditions. This is assumed to be due to the older age and relative disadvantage of the population in this SLA (refer Table 6).

Table 6: Hospital admissions by SLA for Ipswich compared to Qld as a whole for conditions with a relationship to physical inactivity

SELECTED CONDITION	SLA	AVERAGE RATE PER 1,000 (2003-2007)	MEDIAN RATE PER 1,000 (2003-2007)	TOTAL ADMISSIONS
Stroke	Ipswich (C) - Central	2.20	2.19	776
	Ipswich (C) - East	1.07	1.11	261
	Ipswich (C) - North	1.09	0.89	43
	Ipswich (C) - South-West	1.07	1.17	23
	Ipswich (C) - West	1.86	1.89	74
	Ipswich Total	1.69	1.69	1177
	Queensland	1.78	1.76	
Depression	Ipswich (C) - Central	5.68	6.85	2006
	Ipswich (C) - East	2.88	2.69	702
	Ipswich (C) - North	4.35	4.31	172
	Ipswich (C) - South-West	7.94	8.69	170
	Ipswich (C) - West	1.31	1.14	52
	Ipswich Total	4.45	5.11	3102
	Queensland	3.64	3.73	
Type 2 Diabetes	Ipswich (C) - Central	2.34	2.38	826
	Ipswich (C) - East	1.80	1.64	439
	Ipswich (C) - North	1.42	1.27	56
	Ipswich (C) - South-West	0.56	0.70	12
	Ipswich (C) - West	2.47	2.14	98
	Ipswich Total	2.05	1.95	1431
	Queensland	2.37	2.39	
Falls	Ipswich (C) - Central	9.03	8.90	3188
	Ipswich (C) - East	5.78	5.73	1408
	Ipswich (C) - North	4.83	5.20	191
	Ipswich (C) - South-West	4.91	4.93	105
	Ipswich (C) - West	8.74	8.33	347
	Ipswich Total	7.51	7.50	5239
	Queensland	8.74	8.72	
Coronary Heart Disease	Ipswich (C) - Central	10.05	10.15	3550
	Ipswich (C) - East	6.16	6.20	1499
	Ipswich (C) - North	6.28	5.58	248
	Ipswich (C) - South-West	7.94	7.75	170
	Ipswich (C) - West	8.82	8.96	350
	Ipswich Total	8.34	8.39	5817
	Queensland	8.01	7.83	
Breast Cancer	Ipswich (C) - Central	1.11	1.10	393
	Ipswich (C) - East	0.71	0.72	172
	Ipswich (C) - North	0.96	1.27	38
	Ipswich (C) - South-West	1.07	1.17	23
	Ipswich (C) - West	0.98	1.01	39
	Ipswich Total	0.95	0.97	665
	Queensland	1.05	1.02	
Colon Cancer	Ipswich (C) - Central	0.91	0.92	320
	Ipswich (C) - East	0.39	0.47	96
	Ipswich (C) - North	0.66	0.51	26
	Ipswich (C) - South-West	0.79	0.47	17
	Ipswich (C) - West	0.88	0.88	35
	Ipswich Total	0.71	0.74	494
	Queensland	0.85	0.84	

## 4.6. SPORT, RECREATION AND PHYSICAL ACTIVITY PARTICIPATION AND TRENDS

A previous Council study<sup>16</sup> undertaken in 2006 indicated a strong preference among Ipswich residents for participation in informal (non-competitive, non-club based, non-organised) activities as opposed to formal (club-based, organised, competitive) sporting pursuits. Walking was by far the most frequently engaged in activity for all age groups aged 25 and over. Ipswich participation rates in informal and organised sport were identified as being below the State and National averages, with male participation rates higher than females. The most popular sport, recreation and physical activities engaged in by Ipswich residents by age were identified as:

CHILDREN <14YRS	14 – 17YRS	ALL AGES (14+)
Soccer (18%)	Soccer (28.6%)	Walking (29%)
Swimming (17%)	Walking (14.3%)	Gym/ weights (12%)
Gymnastics (6%)	Basketball (10.7%)	Swimming (7%)
Cycling (6%)		Golf (4%)
Rugby League (6%)		Running/ jogging (4%)
		Tennis (4%)

Of the 56 sport and recreation clubs in Ipswich that responded to a survey sent by Strategic Leisure Group or Ipswich City Council for this study, the most frequently reported trends in participation were social competitions and a demand for evening competitions in outdoor sports. Approximately even numbers of clubs that responded had experienced an increase or decrease in junior or senior membership over the last 3 years. The main *increases* in *junior* membership among the clubs that responded (reason for variation in brackets) were:

- Ipswich Jnr Rugby League Assoc (+540) (Better governance. More Polynesian players)
- Goodna & District Rugby League (+120) (Growth in junior sport and area)
- Ipswich Touch Association (+100) (Introduced as primary sport for boys last year)
- Northern Suburbs Rugby League (+106) (Not stated)

The main *declines* in *junior* club membership (reason for variation in brackets) were:

- Redbank Plains Junior Rugby League (-120) (Vandalism. Lack of facilities)
- Ipswich Netball Association (-100) (Not stated)
- Ipswich Basketball (-80) (Work and costs. Parents leading busy lifestyle)
- Ipswich & District Athletics Club (-60) (Lack of coaches. Other sports)

The main movements in *senior* club numbers were:

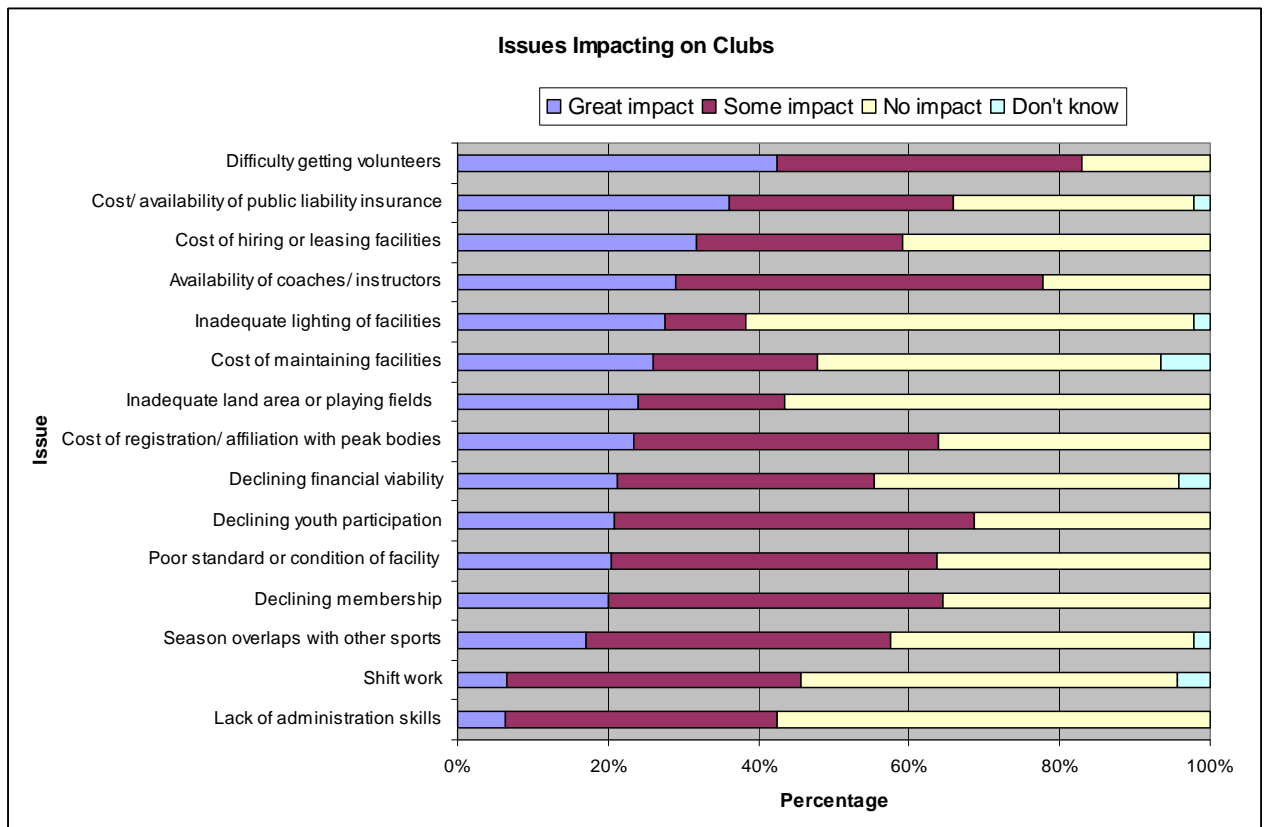
- Ipswich Turf Club (+110) (Increased popularity/ image/ benefits)
- Goodna & District Rugby League (+50) (Added masters team)
- Ipswich Cycling Club (+50) (Better management and increased support)
- Ipswich Netball Association (-80) (Not stated)

<sup>16</sup>. Analysis of Sport, Recreation and Physical Activity Trends in Ipswich City. Stratcorp Consulting. 2006

Fewer than half of the clubs surveyed had business plans or development plans in place. The main issues having 'great' or 'some' impact on clubs/ associations (refer Figure 3) were:

- Difficulty getting volunteers
- Availability of coaches/ instructors
- Cost/ availability of public liability insurance, and
- Declining youth participation

Figure 3: Main issues impacting on sport and recreation clubs



## 4.7. BARRIERS TO PARTICIPATION IN PHYSICAL ACTIVITY AND SUGGESTED IMPROVEMENTS

Lack of public transport was the most frequently cited barrier to participation in physical activity raised in consultation forums with representatives of community groups (older adults, youth, people with disabilities, Indigenous, and multi-cultural). By contrast, most people generally agreed with the statement "it is easy to get to sport, recreation or health and fitness facilities from where I live" contained in telephone, postal and web-based community surveys (total 708 responses). The cost of participation, lack of information about available opportunities, and social isolation were also often reported as barriers by representatives of community groups.

### 4.7.1. CONSULTATION FORUMS

A brief summary of barriers to participation in physical activity and suggested improvements raised by participants in consultation forums is described below.

BARRIERS TO PARTICIPATION	SUGGESTED IMPROVEMENTS
Older Adults	
<ul style="list-style-type: none"> <li>▪ Availability and cost of transport</li> <li>▪ Cost (especially gyms)</li> <li>▪ Social isolation</li> <li>▪ Difficulty of engaging men</li> <li>▪ Safety</li> <li>▪ Some facilities are not 'disability-friendly' especially in parks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Additional (and more accessible) walk/ cycle paths</li> <li>▪ Expand the Aging Stronger Active Longer program (eg include aquarobics)</li> <li>▪ Improve marketing of ICC programs</li> <li>▪ Develop strategies for engaging older men</li> <li>▪ Incorporate social interaction in programs targeting older adults</li> <li>▪ Improve opportunities for people with disabilities, especially in parks</li> <li>▪ Include promotion of physical activity opportunities in the annual Healthy Aging Expo conducted by ICC</li> <li>▪ Improve communication/ information dissemination via implementation of the 3 year Collaborative Approach to Aging Well Model being developed by ICC in collaboration with Uni of Queensland (Centre on Aging)</li> </ul>
Young People	
<ul style="list-style-type: none"> <li>▪ Safety concerns in parks (toilets) and on bikeways</li> <li>▪ Absence of, or poor frequency of, public transport</li> <li>▪ Lack of time for young people to participate</li> <li>▪ Cost of activities</li> <li>▪ Absence of locally based activities</li> <li>▪ Lack of information</li> <li>▪ Don't have anyone to participate with</li> </ul>	<ul style="list-style-type: none"> <li>▪ More organisation of activities for young people – especially free or low cost activities for older youth</li> <li>▪ Communicate effectively with young people and promote what's available (eg via web, local papers, school newsletters)</li> <li>▪ Improved transport to sport and recreation facilities and activities</li> <li>▪ Better safety of facilities and activities</li> <li>▪ More facilities/ areas for young people</li> <li>▪ Target non-mainstream youth</li> <li>▪ Use role models to encourage young people to participate</li> <li>▪ Promote Active After School programs</li> </ul>
People with Disabilities	
<ul style="list-style-type: none"> <li>▪ Cost and availability of transport</li> <li>▪ Social isolation (lack of motivation to get involved)</li> <li>▪ Lack of information on activities/ facilities available</li> </ul>	<ul style="list-style-type: none"> <li>▪ More locally accessible programs (especially in parks and in outer areas).</li> <li>▪ Apply for funding for delivery of programs</li> <li>▪ Improve transport eg by encouraging buses owned by various community agencies to be made available for transporting people with disability to programs/ activities</li> <li>▪ Improve bikeway widths in certain areas for use by people with disabilities</li> <li>▪ Seek sponsorship for equipment (eg shoes) to enable people to participate</li> <li>▪ Improve motivation by inviting high profile able bodied and disabled sports persons to talk to people with disabilities</li> </ul>

BARRIERS TO PARTICIPATION	SUGGESTED IMPROVEMENTS
<b>Multi-cultural Groups</b>	
<ul style="list-style-type: none"> <li>▪ Promotion and communication of available activities (main concern)</li> <li>▪ Lack of transport</li> <li>▪ Language is a barrier in terms of promoting the availability of activities. Many people are not aware of opportunities</li> <li>▪ There is no central place for the dissemination of information. People don't know where to look.</li> <li>▪ There are small numbers in many cultures and there is a need to ask these communities what they would like to do</li> <li>▪ Cost of activities</li> <li>▪ Venues are not always available (eg Goodna RSL)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need for partnerships with other agencies to promote available activities eg 4EB (popular with Samoan and Tongan communities), 4MBS, River 94.9, local newspapers</li> <li>▪ Make greater use of the Ipswich Community Directory</li> <li>▪ Many different cultures are 'collectivist' and there is a need for group-based activities</li> <li>▪ Need for activities in parks that are accessible in local areas</li> <li>▪ Need for more meeting/ socialising places (eg catering for 100 – 200 people including catering) especially in the Goodna/ Redbank Plains areas</li> <li>▪ The river is a very much underutilised resource and more river-based festivals should be held</li> </ul>
<b>Indigenous Groups</b>	
<ul style="list-style-type: none"> <li>▪ Lack of public transport to get to activities</li> <li>▪ Cost of activities is a major barrier – especially for families</li> <li>▪ Indigenous people are discriminated against (eg excessive use of 'move-on' powers when groups are gathered in parks, such as to play touch football)</li> <li>▪ Lack of Indigenous Sport and Recreation organisations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Partner with Kambu Progress Association (or other Indigenous group) to fund an Indigenous Sport and Recreation Officer, including a budget for programs (eg at Neville Bonner Stadium)</li> <li>▪ Improve communication with police in relation to 'move-on' powers</li> <li>▪ Facilitate Indigenous involvement in the management of Neville Bonner Stadium (eg via a Reference Group)</li> <li>▪ Improve sportsfield provision in Goodna, Riverview and Leichhardt</li> <li>▪ Foster role models for Indigenous people</li> </ul>
<b>ICC Sport &amp; Recreation Consultative Committee</b>	
<ul style="list-style-type: none"> <li>▪ Recreational cycling is underserved in Ipswich and there are connectivity issues</li> <li>▪ Lighting of walk/ cycle paths</li> <li>▪ Affordability of organised sport</li> <li>▪ Eastern corridor suburbs are comparatively underserved in terms of parks, sport or open space.</li> <li>▪ Other suburbs lacking opportunities are Riverview, Karalee and Flinders View</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need for an ambitious goal that involves all physical activity providers</li> <li>▪ Need to address the motivation for increasing activity levels</li> <li>▪ Promotion of available opportunities which would enable easy participation (eg via ICC web site)</li> <li>▪ Council conduct of low/ no cost activities, possibly funded in partnership with other agencies, so that participation in physical activity is affordable</li> <li>▪ Address the difficulty of obtaining/ retaining volunteers and the growing trend toward 'social sport'</li> <li>▪ Equity of opportunities across all suburbs</li> </ul>

#### 4.7.2. TELEPHONE AND POSTAL/ WEB BASED SURVEY

In addition to the previously mentioned CATI telephone survey (419 respondents) a postal and web-based survey (289 respondents) was conducted. All three surveys sought to determine any barriers to participation in physical activity in Ipswich by asking respondents the extent to which they agreed/ disagreed with a series of statements. Detailed findings are set out in Supporting Resources Document – Volume 1 (section 9.4.2). Relevant findings included:

- The majority of people in both the telephone survey (74%) and postal/ web survey (68%) agreed with the proposition that “I feel safe walking in my neighbourhood”. Males agreed much more strongly than women.
- The vast majority (80% telephone and 84% postal/ web) agreed with the statement that “There is a park or recreation area within walking distance of where I live.”
- More people disagreed than agreed with the statement that “...there are enough physical activities (such as programs, walking groups etc) in my area.” [The need for free/ low cost, locally accessible activities was frequently raised during other consultation.]
- There was strong disagreement (45% telephone and 57% postal/ web survey) with the statement that “There is good information about physical activity programs and facilities in my area.”
- As a whole, people agreed with the statement that “...there are enough health and fitness centres in my neighbourhood” however the majority of respondents living in suburbs within North and West Parks Districts disagreed with this statement.
- Opinion was fairly evenly divided as to the statement that “...membership of clubs or facilities is affordable”. Females disagreed more strongly than males.
- About 50% of telephone survey respondents agreed and 28% disagreed with the statement that “...my neighbourhood has attractive, well-maintained places to walk and cycle”. However opinion was evenly divided in the postal/ web survey with just 38% agreeing and 35% disagreeing.
- About two thirds agree and a quarter disagree with the proposition that “...it is easy to walk or cycle to shops, schools and community facilities in my neighbourhood”. Agreement was highest among males (70%) and 18 – 29 year olds (84%).
- About a quarter of all respondents disagreed with the statement that “...there are enough sport and recreation clubs in my neighbourhood”

## **4.8. CREATING ENVIRONMENTS TO IMPROVE PHYSICAL ACTIVITY**

Recent national and international research has emphasised the importance of urban design in creating environments that support active living. Typically the research points to the need for walking and cycling networks with a high level of neighbourhood connectivity; places of interest in neighbourhoods within comfortable walking distance (usually expressed as 400-500 metres); safe, attractive and well maintained public open spaces; facilitation of physically active modes of transport; and facilities and programs for active play and recreation. These elements form part of what is generally referred to as ‘new urbanism’.

Ipswich City Council is developing a traditional neighbourhood design code. A recent draft report<sup>17</sup> prepared for Queensland Health and the Heart Foundation outlines how a number of tools at the disposal of local government can be used to create supportive environments for active and healthy living. These include suggested Planning Scheme codes and Local Laws. The report also incorporates a checklist adapted from Canadian research which can be used to assist Council officers and developers to ensure new developments facilitate physical activity (refer Supporting Resources Document – Volume 1, Section 5.5).

Among the top 10 actions recommended in the draft Heart Foundation report “Blueprint for an Active Australia” are the following:

- Regulate to provide a built environment that supports active living
- Actively encourage and support walking, cycling and public transport use
- Offer physical activity programs in key settings where people live, work and are educated

There is overwhelming evidence of the importance of providing for safe, accessible, aesthetically pleasing areas for walking to encourage increased physical activity. For Ipswich residents as a whole, walking has (by far) the highest overall participation rate of all sport, recreation or physical activities. It has the highest participation rate for all age groups aged 25 and over<sup>18</sup> but overall, walking in Ipswich (29%) is lower than for Queensland as a whole (36.1%)<sup>19</sup>.

Strategy 4.2 in Council’s 2020 Vision recognises the importance of walking and active living “...promote healthy lifestyles that include keeping fit and active and involved in physical activities such as walking, cycling...” However there are walk/ cycle connectivity gaps between or within suburbs right across Ipswich and this was frequently mentioned during the consultation process. There are however generally good pathways within parks. Walk/ cycle path linkages are provided for in Local Area Plans but no charging occurs at present for pathways in Priority Infrastructure Plans (PIP’s) other than in the Public Parks PIP.

A comprehensive integrated road/ cycle infrastructure plan is planned over the next 2 years. Road upgrades are providing for on-road cycle lanes, but major road/ rail corridors make access to areas or facilities difficult in some suburbs. A number of people expressed the view that roads are not safe for on-road cycling. From the 708 people surveyed for this study about 46% agreed and 33% disagreed with the statement that “...it is safe to cycle on the roads in my neighbourhood”.

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<sup>17</sup>. “Draft Supportive Environments for Physical Activity and Healthy Eating – Local Government Resources.” Prepared for Heart Foundation and Queensland Health by Zwart Transport Planning and Planz Town Planning. First Draft, August 2008.

<sup>18</sup>. *Analysis of Sport, Recreation and Physical Activity trends in Ipswich City*. op cit

<sup>19</sup>. *Participation in Exercise, Recreation and Sport Survey 2006, Annual Report*. Standing Committee on Recreation and Sport 2007. [Funded by the Australian Sports Commission and the state and territory government agencies responsible for sport and recreation]

Older suburbs have fewer footpaths but more permeable streets and generally more local neighbourhood facilities within walking distance. Newer suburbs tend to have more footpaths but are less permeable (more cul de sac streets) and facilities are less convenient to walk to. Anecdotally, small walk-throughs at the end of cul de sac streets are not popular (high fences, safety issue).

## 4.9. FACILITY SATISFACTION AND NEEDS

Of the fifty-six (56) sport and recreation clubs that responded to a survey distributed by Strategic Leisure Group and Ipswich City Council (217 surveys distributed in total), most expressed satisfaction with their facilities, however there are multiple demands for new/ upgraded facilities (these are described in Supporting Resources Document – Volume One, section 9.1.4, p76). Given that the 56 survey responses constitute only about one quarter of all sport and recreation organisations in Ipswich, it is likely that the facility demands of existing sport and recreation organisations would be well beyond the capacity or responsibility of Council to fund.

From this study and previous research, the main facility needs expressed by the wider community are for activities that enable informal forms of participation. The main priorities identified in the 2006 trend analysis research<sup>20</sup> undertaken for Council were:

- General improvements to parks (eg youth space, playgrounds, skate, shade, bbq's, basketball, amenities) (25%)
- New/ upgraded aquatic facilities (19%)
- New/ upgraded sportsgrounds/ precincts (15%)
- More/ upgraded walk/ cycle paths (13%)
- Improved parks maintenance (13%)
- New/ upgraded indoor sport/ community centres (7%)

In consultation forums for the Active Ipswich: Physical Activity Strategy, both older adult and youth groups commented that facilities 'were not the main issue' but that there was a need to get more people involved in activities. Young people expressed the view that formal sport was generally well catered for but some recreation parks lacked facilities (especially in outer eastern suburbs) and they would like to see more master planning. The postal/ web-based survey for this study backs up these sentiments. Residents were asked to comment on the 'importance and 'performance' of a range of facilities and services for sport and recreation. While a high proportion of the 289 responses were from older adults (42.1% aged 50 or over, and only 12.9% aged under 30) the findings endorse previous research and other consultation for this study. Of the facilities/ activities ranked highest in importance (refer Table 7), those regarded as performing significantly below expectations are:

- Activities for people with disabilities
- Walk/ cycle paths

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<sup>20</sup>. *Analysis of Sport, Recreation and Physical Activity Trends in Ipswich City*. op cit

- Activities for older adults
- Activities for young people
- Areas for outdoor recreation

Walk/ cycle paths were ranked the highest in importance, but adequacy is not meeting expectations.

Table 7: Importance and adequacy of facilities and services for sport, recreation and physical activity in Ipswich

ITEM	PERFORMANCE AGAINST EXPECTATIONS	MEAN IMPORTANCE RATING	MEAN ADEQUACY RATING	MEAN IMPORTANCE/ ADEQUACY GAP
Activities for people with disabilities	☒	3.54	2.22	-1.32
Walk/ cycle paths	☒	4.44	3.26	-1.18
Activities for older adults	☒	3.90	2.83	-1.07
Activities for young people	☒	3.88	2.85	-1.03
Areas for outdoor recreation	☒	3.68	2.79	-0.91
Parks	☒	4.10	3.82	-0.28
Aquatic facilities	☒	3.07	2.82	-0.25
Facilities for indoor sport/ recreation	☒	3.25	3.09	-0.16
Dancing	☒	3.73	3.60	-0.13
Health and fitness facilities	∞	3.52	3.43	-0.09
Facilities for fishing/ boating	∞	2.50	2.51	+0.01
Areas for hard court sports	✓	2.58	3.02	+0.44
Sports fields	✓	3.20	3.66	+0.46
Skate/BMX facilities	✓	2.12	2.86	+0.74
Bowls greens	✓	2.11	3.44	+1.33
Golf courses	✓	2.11	3.59	+1.48

Legend:

Mean Importance Ranking: 1=Least important. 5=Most important. Mean Adequacy Ranking: 1=Least adequate. 5=Most adequate

☒ = Performing below expectations. ∞ = Meeting expectations. ✓ = Performing above expectations

The main priorities identified in the postal/ web survey were:

PRIORITY	NO OF MENTIONS
More/ better walk/ cycle paths	68
Better information/ promotion of opportunities	24
Improved cost/ affordability of activities	16

## 4.10. INDOOR FACILITIES

From the consultation process and the overview of the urban environment/ built facilities/ natural areas/ and parks (refer Supporting Resources Document – Volume 1 (section 10.2), the areas that appear to be lacking indoor community facilities are Flinders View, Yamanto, Goodna and Brassall.

While indoor sport and recreation facilities did not emerge as a major demand compared to other priorities, this may become an issue for the projected additional 50,000+ people projected to be accommodated in Ipswich between 2006 and 2014. The need/ appropriate facility mix for indoor recreation/ community facilities in the areas mentioned above, and in emerging suburbs, should be a focus for the Social Infrastructure Plan being undertaken over the next two years.

## 4.11. PARKS AND NATURAL AREAS

Council has a comprehensive Public Parks Strategy which sets out the number of recreation and sports parks required to meet ultimate population growth according to adopted Desired Standards of Service. Approx 82% of all 708 respondents to the telephone/ postal/ web surveys undertaken for this study agreed with the statement that “...*there is a park or recreation area within walking distance of where I live*”.

This is a very positive finding, particularly with the trend toward smaller lot sizes and larger building footprints putting increasing importance on the need to provide adequate public open space. A smaller percentage of respondents in both surveys (around 59%) agreed with the statement that “...*the parks in my neighbourhood are attractive and well maintained*”. Residents in the Central Parks District had the highest level of agreement with this proposition.

Some areas have no sportsfields at present and this is acknowledged and planned for in the Public Parks Strategy (namely Flinders View and Riverview). There appears to be a lack of sportsfields in Karalee and the Public Parks Strategy notes the proposed development of the old Chuwar refuse site to service this catchment. Areas that have been identified in the Public Parks Strategy as lacking recreation parks (Booval/ Silkstone and Redbank Plains) were reinforced during the consultation and analysis process.

The Ipswich City Council Draft Recreation in Natural Areas Strategy 2009 identifies a range of recreation-based initiatives in conservation parks (eg horse trails and recreational cycling (mountain bike touring) in White Rock Conservation Estate, linking of Flinders Goolman Conservation Estate with the Ipswich – Boonah Recreation Trail). Management Plans and subsequent actions have been identified to protect these areas. Council is also examining other opportunities such as linking existing trails and overnight camping in Flinders Goolman Conservation Estate. It is understood that there are few major heritage or environmental constraints to the use of conservation parks for nature based, active recreation. Current usage is not monitored and anecdotally, the awareness and usage of trail opportunities in large reserves is mostly local.

There is the potential to connect the pathway network in Springfield to trails in White Rock Conservation Estate. Mountain biking could be a significant opportunity in conservation estates that is consistent with the Corporate Plan goal of being “...a great place to live, work and visit” and strategies in the 2020 Vision of “...ensuring that a network of trails and routes are provided to cater for the recreational and sporting needs of the Ipswich community”.

## 4.12. CURRENT PROGRAMMING

Ipswich City Council (Programs and Partnerships, and Community Development) conducts a number of programs including Active Ipswich, Heart Foundation Walking (Council is the coordinator for Heart Foundation Walking programs in the whole of Ipswich), Fit and Fuelled Kids (trial in 3 schools), Sports Summit, Pet Pep, and Aging Stronger Active Longer.

The philosophy behind Council programs at present is sustainability in the long term, minimal requirement for hands-on resources, and partnerships with other agencies.

The Ipswich Hospital Foundation (IHF) conducts a number of physical activity programs and events throughout the year which are well patronised and attract participants from outside Ipswich. While the IHF conducts some regular programs such as walking and exercise sessions in parks, most of its activities are one-off events. Council officers meet regularly with IHF to cross promote activities. A range of other community and private sector organisations conduct physical activity programs.

Walking programs are delivered by a number of organisations. Individual suburbs/ population groups are not targeted for the formation of walking groups and people enquiring of Council tend to be directed to existing groups where coordinators are available. The Citizens Advice Bureau receives many enquiries about the availability of walking programs, as well as tai chi and yoga.

The former Active Ipswich Week required a clearer goal and outcome and better coordination with other agencies involved in its delivery. This program has now been discontinued and replaced by another program.

## 5. RECOMMENDATIONS

### 5.1. INTRODUCTION

From international research, interventions to improve physical activity generally fall into three categories:

CATEGORY	TYPICAL COMPONENTS	RESPONSIBILITY
1. Informational approaches	<ul style="list-style-type: none"> <li>▪ Mass media campaigns</li> <li>▪ Community based health education</li> <li>▪ Community campaigns</li> <li>▪ Point-of-decision prompts</li> </ul>	Generally these forms of intervention are a state/ federal government responsibility. They seek to raise awareness and act as a catalyst for behaviour change (eg Qld Govt "Find30", Fed Govt "Measure up" media campaigns. Local government programs should be consistent with these messages. Mapping of availability of facilities, and point-of-decision prompts (ie to promote stair use) are appropriate for local govt involvement.
2. Behavioural/ Social approaches	<ul style="list-style-type: none"> <li>▪ School based physical education</li> <li>▪ Individual behaviour change programs</li> <li>▪ Social support in community settings</li> </ul>	Can involve local government (eg walking programs, active aging programs etc), state governments (eg Qld Education "Smart Moves" physical activity policy in schools, Qld Health "Lighten Up" program) or non-government agencies (eg programs delivered by Heart Foundation, Association of GP's).
3. Environmental and Policy approaches	<ul style="list-style-type: none"> <li>▪ Creation of environments for active living</li> </ul>	This is a priority area for local government involvement via planning schemes, policies, open space provision, facility provision, transport policies etc. Can involve state government (eg WA Livable Neighbourhoods Code, Transport policies, SEQ Regional Plan).

The recommendations of this study predominantly fall into categories 2 and 3 above. They are categorised under the following headings:

1. Design of the urban environment
2. Transport planning
3. Local area physical activity plans
4. Physical activity programming
5. Workplace health promotion
6. Communication
7. Club development
8. Sport and recreation facilities, and
9. Research

A summary of the rationale for recommendations under each of these headings is included. Further detail about any reports, studies, plans or consultation findings referred to in the rationale can be found in the body of this report and/ or in either of the Supporting Resources Documents – Volumes 1 and 2.

Recommendations are cognisant of the fact that the time frame for this study is five (5) years and are prioritised as follows:

- Immediate
- Short term (within 2 years)
- Medium term (2 – 5 years)
- Long term (beyond the life of current study)

## 5.2. DESIGN OF THE URBAN ENVIRONMENT

<b>5.2.1. TRADITIONAL NEIGHBOURHOOD DESIGN CODE</b>	Key Responsibility = Planning and Development Department	Time Frame = Short term
<b>RECOMMENDATION</b>		
<p>1. Based on national/ international evidence-based research (refer Supporting Resources Document Volume 1, Section 5) consider incorporating the following elements into the development of the ICC – Traditional Neighbourhood Design Code, aimed primarily at new master planned areas or large greenfield developments:</p> <ul style="list-style-type: none"> <li>▪ A variety of local destinations within easy walking distance (5 – 10 minutes walk or 400 – 500m) but rarely further than 20 minutes walk. These destinations could comprise parks, public transport stops, churches, recreation/ community centres, shops, schools, café/ restaurant/ pub, laundromat etc)</li> <li>▪ Grid street pattern</li> <li>▪ Off-road walk/ cycle paths connected to wider networks in non-grid streets</li> <li>▪ 800m walking catchments for public transport networks</li> <li>▪ Ensure pedestrians/ cyclists and other active transport modes have highest priority in street design (eg vehicle access restrictions, traffic calming, safe access to schools)</li> <li>▪ Provision of a comprehensive, safe network of routes for walking/ cycling for recreation, transport or physical activity</li> <li>▪ Provision of end-of-trip facilities at key destinations (eg secure bicycle parking, seating, shade, water points)</li> <li>▪ Discouragement of private motorised transport (eg via traffic calming, parking restrictions etc)</li> <li>▪ Walk/ cycle routes should offer everyone convenient, safe and attractive access to key local destinations eg workplaces, homes, schools, shops, and recreation areas</li> <li>▪ Footpaths on both sides of streets</li> <li>▪ Mixed land uses in new developments (eg commercial, retail, recreation and residential). Range of housing choices, densities and prices supporting all life cycle stages.</li> <li>▪ Active transport access to workplaces</li> <li>▪ Compliance with standards of service for public recreation parks and sportsfields as per the Public Parks Strategy</li> <li>▪ Safe, well designed public spaces which comply with CPTED<sup>21</sup> principles. Shaded footpaths and walk/ cycle paths – well lit in key usage areas</li> <li>▪ Street design to ensure safe use by pedestrians, cyclists and wheelchairs as well as for vehicles</li> <li>▪ Create a sense of belonging, social inclusion and desirable areas by provision of civic spaces, community art in public buildings and spaces and involvement of the community in planning and design</li> <li>▪ Encourage stair use in building design.</li> </ul>		
<b>5.2.2. PLANNING SCHEME AND DEVELOPMENT ASSESSMENT INTERVENTIONS</b>	Key Responsibility = Planning and Development Department	Time Frame: 1 = Medium term 2 = Medium term
<b>RECOMMENDATION</b>		
<p>1. Consider adopting as policy (possibly as an amendment to Social Impact Assessment sub-category (section 16) of Planning Scheme Policy 2) the detailed checklist contained on pages 74-84 of the “Draft Supportive Environments for Physical Activity and Healthy Eating” report (Aug 2008) prepared for Queensland Health and the Heart Foundation as the basis for ensuring that new urban developments in Ipswich facilitate physical activity (refer Supporting Resources Volume 1, section 5.5). Key components include:</p> <ul style="list-style-type: none"> <li>▪ Population density (eg dwellings per/ ha, range of housing types)</li> <li>▪ Street connectivity (eg linkages, block lengths, destinations accessible by foot/ bike, conformity with desire lines)</li> <li>▪ Mixed land use (eg types, neighbourhood scale retail, community facilities)</li> <li>▪ Street design (eg crossings points, kerb treatments, footpath design, road design, bike lane design, traffic calming)</li> <li>▪ Streetscape (eg set backs, shade features, safety/ disabled access, street trees/ lighting/ furniture, public spaces)</li> <li>▪ Public transport (eg access radius/ distance, bus route design, bus stop amenities/ passive surveillance)</li> <li>▪ Parkland &amp; trails (eg range of active &amp; parks, links to natural environment/ transport/ waterways, signage)</li> <li>▪ Community safety (eg landscape plantings, lighting, passive surveillance, avoidance of danger areas, help points)</li> </ul>		

<sup>21</sup>. Crime Prevention Through Environmental Design. Further information go to [www.police.qld.gov.au/programs/crimePrevention/cpted.htm](http://www.police.qld.gov.au/programs/crimePrevention/cpted.htm)

## RECOMMENDATION 5.2.2 (CONT'D)

2. As part of the process of creating active environments in new urban or major infill developments, incorporate in the ICC Planning Scheme the intent of the suggested wording of “Pedestrian and Cycling Facilities Code” and “Bike Parking Code” contained in the Draft Report entitled “Supportive Environments for Physical Activity and Healthy Eating” (Aug 2008) prepared for Queensland Health and the Heart Foundation.

## RATIONALE

The Australian Institute of Health and Welfare (2008) has reported that physical inactivity is second only to tobacco smoking as the greatest contributor to the burden of disease in Australia. A comprehensive report (June, 2008) to the US Department of Health and Human Services has stated that physically active people have a lower risk of developing a number of disabling medical conditions including coronary heart disease, stroke, type 2 diabetes, colon cancer, breast cancer, depression & falls.) 17% of the total health cost of treating these medical conditions in Australia was attributed to physical inactivity, based on an August 2007 study by Econtech undertaken for Medibank Private. An even more recent study by Access Economics (Aug 2008) estimates the direct financial and non-financial costs of obesity to the Australian health system in 2008 at \$58 billion.

The relationship between obesity and a range of chronic diseases and the role that physical activity can play in reducing the prevalence of these conditions is now well documented. *National and international research has highlighted the importance of urban design in creating environments that enable people to lead active lives and thereby improve health outcomes.*

A recently released Discussion Paper (May 2008) entitled “Healthy Spaces and Places” jointly produced by the Planning Institute of Australia/ Australian Local Government Association/ Heart Foundation is intended to assist the design of urban environments for health and well being. It is aimed at guiding the integration of design elements into local neighbourhoods. It described the characteristics of the urban form that are associated with physical activity as mixed land use and urban density, good provision of walk/ cycle facilities, facilities for physical activity, street connectivity and design, transport infrastructure and a variety of local destinations within easy walking distance. The recommendations in section 5.2.1 above draw on the suggestions contained in this Discussion Paper.

Other recent national and international studies and plans have highlighted urban planning measures in creating environments for active living. For example:

1. Regulating to provide a built environment that supports active living is one of the ten key actions to increase active lifestyles and physical activity contained in the draft Heart Foundation “Blueprint for an Active Australia”.
2. The National Institute for Health and Clinical Excellence (NICE) in the UK recently produced a formal guidance on promoting and creating built or natural environments that support physical activity (January 2008). This guidance was based on an extensive review of a range of controlled studies. Its recommendations, which were evidence-based and assessed as cost effective, focussed on urban planning, transport planning, open space and building design.
3. Phase I of a project undertaken for Queensland Health and the Heart Foundation entitled “Supportive Environments for Physical Activity and Healthy Eating” (Feb 2008) identified modification of the physical environment as one of four main approaches to improve physical activity levels. Typical initiatives described include encouraging mixed land use; different destinations within walking/ cycling distance of each other; neighbourhood connectivity; higher densities; street lighting and surveillance; indoor and outdoor sport and recreation facilities; provision and embellishment of parks and walk/ cycle paths; public and employer amenities; active transport; discouragement of private motorised transport and improving the aesthetic values of streetscapes (eg bus shelters, sculptures, benches and other street furniture). Phase 2 of this project (refer section 4.8 and Supporting Resources Document Vol 1, Section 5.5) comprises a Draft Report which provides recommendations on tools that local governments can use to create supportive environments for active and healthy living. This includes suggested wording for Planning Scheme codes (eg Pedestrian and Cycling Facilities Code and Bike Parking Code); Local Laws; and a checklist adapted from Canadian research which can be used to assist Council officers and developers to ensure new developments facilitate physical activity.
4. “Liveable Neighbourhoods” is a development control policy used by the Western Australian Government to control the design and assessment of structure plans and subdivisions for greenfield sites and for the redevelopment of large brownfield and urban infill sites. It aims to achieve walkable neighbourhoods with reduced reliance on cars, convenient access to services and facilities, a strong sense of community, safe, connected communities, and a choice of housing types. Of the eight designated elements, three are particularly relevant to active living:
  - Community Design (key components include street networks, block structures, mixing of uses, employment opportunities, safe, convenient and attractive neighbourhoods)
  - Movement Network (key components include street design and construction, public transport, safe, efficient and attractive street networks, encouragement of pedestrian, cyclist and disabled use)
  - Public Parkland (key components include requirements for foreshore reserves and public open space and the provision of land for community facilities in urban areas)

RATIONALE (CONT'D)

The development of overall urban design standards that encouraged easier engagement in physical activity was identified as one of the top three priorities by Ipswich City Council officers attending a Vision Workshop for this study. Ipswich City Council is understood to be developing a Traditional Neighbourhood Design Code. A Regulatory Tools Matrix which incorporates a number of elements recommended in 5.2.1 has been prepared by Community Health Planning for consideration in the Code.

## 5.3. TRANSPORT PLANNING

<b>5.3.1. WALK/ CYCLE PATH PLANNING</b>	Key Responsibility = Engineering Services; Health, Parks and Recreation; Economic & Community Development; Planning and Development	Time Frame = Immediate
<b>RECOMMENDATION</b>		
<ol style="list-style-type: none"> <li>1. Prepare a Walk/ Cycle Path Plan for Ipswich as an immediate high priority.</li> <li>2. Completion of the Walk/ Cycle Plan should not be dependent on funding/ finalisation of the proposed ICC Integrated Transport Plan, but should integrate with it when this occurs.</li> <li>3. The Walk/ Cycle Plan should: <ol style="list-style-type: none"> <li>a. Utilise Queensland Transport's "Easy Steps" toolkit produced for local government to assist in network planning and design</li> <li>b. Ensure that planning for physical activity and recreation are given equal emphasis to commuter transport as guiding principles in the planning of off-road or on-road walk/ cycle path networks</li> <li>c. Identify all corridors that can be used for off-road linkages</li> <li>d. Maximise off-road linkages. While off-road linkages may be less direct than on-road linkages in terms of design for commuter transport, they are more likely to be utilised for physical activity or recreation purposes.</li> <li>e. Wherever possible provide off-road linkages that are highly visible (or able to be made visible), safe, shaded, aesthetically pleasing (eg creek corridors) and run parallel to (or near) road networks to enable use for both recreational, physical activity and active transport purposes</li> <li>f. Connect networks to key places of interest (shops, schools, parks, natural areas, and other major trails, eg Brisbane Valley Rail Trail). In particular explore linkages from pathway networks in new urban areas (such as Springfield) to trails in Conservation Estates (especially White Rock and Flinders Goolman)</li> <li>g. Maximise use of the Bremer River (eg pathways on both sides of the river from Woodend to East Ipswich as proposed in the Ipswich Regional Centre Strategy) and creek corridors</li> <li>h. Ensure off-road linkages form part of future network planning, regardless of whether or not they are able to be charged for under a PIP for Transport Networks.</li> <li>i. Provide support facilities, especially signage, but also end of trip facilities at key locations (eg employment nodes, industrial areas, urban centres) and other en-route facilities such as shaded seating at regular intervals in high use corridors</li> <li>j. Incorporate lighting of high use paths in strategic locations</li> </ol> </li> </ol>		
<b>5.3.2. WALK/ CYCLE PATH FUNDING AND PROMOTION</b>	Key Responsibility = Engineering Services; Health, Parks and Recreation; Economic & Community Development (Marketing Branch); Planning and Development	Time Frame: 1 = Short term 2 = Medium–Long term 3 = Ongoing
<b>RECOMMENDATION</b>		
<ol style="list-style-type: none"> <li>1. Maximise funding for walk/ cycle paths and footpaths by: <ol style="list-style-type: none"> <li>a. Charging for walk/ cycle paths as part of a Priority Infrastructure Plan (PIP) for Transport Networks (pathways within Parks are already charged for in Council's Public Parks PIP). This will require a walk/ cycle path network plan to be completed which will apply to trunk infrastructure/ creditable roadway.</li> <li>b. Budgeting for intra-neighbourhood linkages and local recreational circuit opportunities</li> <li>c. Applying for funding assistance from the Department of Local Government, Sport and Recreation under its Local Sport and Recreation Program</li> <li>d. Applying for funding assistance from the Department of Main Roads under its Transport Infrastructure Development Scheme and Queensland Transport (Cycle Network Program and Safe Walking and Pedalling Program)</li> <li>e. Ensuring that footpaths funded via Councillor allocations form part of an integrated network</li> </ol> </li> <li>2. Develop a walk/ cycle path maintenance program and budget allocation to ensure all facilities are kept in a safe, useable condition</li> <li>3. Promote the location of walk/ cycle paths via Council's web site, brochures in Council outlets and partnering with other agencies and the community (eg bike shops)</li> </ol>		

<b>5.3.3. ACTIVE TRANSPORT</b>	Key Responsibility = Engineering Services Dep't	Time Frame: 1 = Immediate. 2 = Medium term
<b>RECOMMENDATION</b>		
<ol style="list-style-type: none"> <li>1. Support the Brisbane South TravelSmart initiative proposed by Queensland Transport for the first half of 2009, which is understood to include 30,000 households in Ipswich.</li> <li>2. Consider the appointment of an Active Transport Officer(s) whose responsibility would include:               <ol style="list-style-type: none"> <li>a. Coordination of walk/ cycle path planning to ensure network planning meets multiple (and sometimes competing) needs for commuting, recreation and physical activity and facilitate inter-departmental dialogue on network planning</li> <li>b. Liaison with Queensland Transport and Brisbane City Council to develop an Active School Transport Program aimed at changing travel behaviour by encouraging active modes of transport to and from school for at least some journeys. This could include:                   <ul style="list-style-type: none"> <li>o Production and dissemination of educational/ promotional material aimed at motivating schools and families to participate</li> <li>o Facilitating safe routes to schools (eg identifying traffic calming measures near schools, creating/ improving walk/ cycle routes to schools, forming walking school bus initiatives)</li> </ul> </li> <li>c. Facilitation of neighbourhood partnerships in priority areas to improve the walkability of their neighbourhood                   <ul style="list-style-type: none"> <li>o Focus in particular on Riverview, Camira, Karalee, Redbank Plains and Brassall (new area)</li> <li>o Engage with existing walkers and local Councillor to kick start the process</li> <li>o Feed recommendations into the proposed Walk/ Cycle Path Plan (refer Recommendation 5.3.1) and proposed Integrated Transport Plan</li> <li>o Form new Heart Foundation Walking Groups</li> </ul> </li> </ol> </li> </ol>		
<b>RATIONALE</b>		
<p>There is overwhelming national and international research evidence demonstrating the importance of providing safe, accessible walk/ cycle paths connected to places of interest in order to enable people to easily include physical activity into their daily lives. For example:</p> <ol style="list-style-type: none"> <li>1. Both Phase 1 (Feb 2008) and Phase 2 (Aug 2008) reports prepared for Queensland Health and the Heart Foundation entitled "Supportive Environments for Physical Activity and Healthy Eating" summarise initiatives for modifying the physical environment to improve activity levels. These include the provision and embellishment of parks and walk/ cycle paths, different destinations within walking/ cycling distance of each other, discouragement of private motorised transport, improving the aesthetic values of streetscapes and promoting active transport.</li> <li>2. The recently released discussion paper entitled "Healthy Spaces and Places" jointly produced by the Planning Institute of Australia/ Australian Local Government Association/ Heart Foundation (May 2008) is aimed at providing a guide to assist the design of urban environments for health and well being. It refers to the importance of good provision of walk/ cycle facilities and a variety of local destinations within easy walking distance to improve opportunities for physical activity.</li> <li>3. Actively encouraging and supporting walking, cycling and public transport use is one of the ten key actions to increase active lifestyles and physical activity contained in the draft Heart Foundation "Blueprint for an Active Australia".</li> <li>4. Queensland Transport's "Easy Steps" guide for local governments to promote safe walking emphasises the importance of walking for exercise and health.</li> </ol> <p>Queensland Transport's TravelSmart initiative is aimed at reducing car trips in favour of other options such as public transport, walking, cycling and car pooling. TravelSmart projects have received co-funding from federal government agencies and other agencies. A recent Brisbane North TravelSmart project jointly funded by Queensland Transport, Australian Greenhouse Office and Brisbane City Council involved 70,000 households and reportedly showed a reduction in car trips and kilometres travelled within the study area. It is understood that a Brisbane South TravelSmart project is proposed to be conducted in the first half of 2009 and would include 30,000 households in Ipswich.</p> <p>As is the case for Queensland as a whole, walking has (by far) the highest level of participation of any exercise, recreation or sporting activity among Ipswich residents. It is the most frequently engaged-in activity of all residents aged 25 and over, although participation levels are lower than for Queensland as a whole. The development of walk/ cycle paths was also frequently mentioned during the consultation process and survey findings from this study identified the following in relation to walking/ cycling in Ipswich:</p> <ul style="list-style-type: none"> <li>▪ Walk/ cycle paths had the second highest importance/ performance gap of all facilities/ activities (behind 'activities for people with disabilities')</li> </ul> <p style="text-align: right;"><i>/continued over</i></p>		

**RATIONALE (CONT'D)**

- The development of more or better walking/ cycling paths was by far the most frequent response to an open ended question asking respondents to list their top three priorities for improving sport, recreation or active living opportunities in Ipswich
- The majority of adult residents feel safe walking in their neighbourhood, but males (83%) agree much more strongly than females (65%)
- Some young people consulted felt that safety in bikeways and parks was a concern (especially young females)
- Up to one third of adult residents feel that their neighbourhood does not have attractive, well-maintained places to walk and cycle and about a quarter feel that it is not easy to walk or cycle to parks, playgrounds, sporting & recreational facilities, shops, schools or community facilities in their neighbourhood.

Promoting “healthy lifestyles that include keeping fit and active and involved in physical activities such as walking, cycling” is one of the strategies in Council’s 2020 Vision. The Public Parks Strategy includes a recreational trail network along the Bremer River and major creeks which will connect with recreation and waterside parks.

It is understood Ipswich City Council will be undertaking an Integrated Transport Plan in the next two years. This project presents an excellent opportunity to improve physical activity levels of residents, however should its funding/ commencement be delayed the importance of a comprehensive walk/ cycle strategy to physical activity opportunities is such that this should proceed as soon as possible. In the Vision Workshop conducted with Ipswich City Council officers, the development of an integrated pedestrian/ cycle strategy was seen as one of the top three priorities for improving physical activity of residents. Care needs to be taken that the planning and design of walk/ cycle paths as part of the Integrated Transport Plan does not overemphasise commuter transport at the expense of walking/ cycling for physical activity and recreation, as the desired settings are different. Having an Active Transport Officer could assist in facilitating inter-departmental communication on this issue.

While many parks have good internal pathways, there are relatively few inter-connected walk/ cycle paths in Ipswich. In addition, some areas have few footpaths and/ or an impermeable street layout that does not encourage walking. Based on the background research and consultation for this study, the areas considered as priorities for consideration are Riverview, Camira, Karalee, Redbank Plains and Brassall (new area). New neighbourhood design codes can address street layout and connectivity in new developments, however an Active Transport Officer would assist in identifying key barriers in priority areas by engaging local residents and generating shared solutions. Moreover, such an officer could promote active transport to schools which has been a very successful initiative in Brisbane City Council and in other local authorities in Australia and overseas.

Finally, it is understood that budgets for footpath development are allocated to divisional Councillors and that Council does not charge for walk/ cycle paths as part of a PIP for transport networks. By ensuring Councillor allocations are part of an integrated network and charging for walk/ cycle paths with the transport PIP (excluding charges levied as part of the Public Parks PIP) overall planning would be more effective.

## 5.4. LOCAL AREA PHYSICAL ACTIVITY PLANS

5.4.1. LOCAL AREA PHYSICAL ACTIVITY PLANS	Key Responsibility = Health, Parks & Recreation Department	Time Frame = Short term
<b>RECOMMENDATION</b>		
<p>1. Prepare local area physical activity plans for Riverview/ Dinmore and Goodna/ Gales. These plans should engage the local community and examine in detail:</p> <ul style="list-style-type: none"> <li>▪ Existing (and potential future) barriers to active living</li> <li>▪ Current/ projected population profile</li> <li>▪ Facility provision (including walk/ cycle paths, facilities, open space in alignment with the Public Parks Strategy)</li> <li>▪ Formal and informal program provision</li> <li>▪ Availability of sports clubs</li> <li>▪ Gaps in availability of physical activity opportunities</li> <li>▪ Opportunities/ priorities consistent with the population characteristics of the area</li> </ul>		
<b>RATIONALE</b>		
<p>The Australian Institute of Health and Welfare's most recent report on Australia's Health (2008) notes that:</p> <ul style="list-style-type: none"> <li>▪ Socio-economic characteristics are key determinants of health and wellbeing</li> <li>▪ Research suggests that social and economic disadvantage correlates with reduced life expectancy, premature mortality, increased disease incidence and prevalence, increased biological and behavioural risk factors for ill health, and lower overall health status.</li> <li>▪ People with lower socio-economic status are more likely to smoke, exercise less, be overweight and or/obese</li> </ul> <p>Local area Physical Activity Plans focussing on disadvantaged communities have been supported by the Department of Housing and Queensland Health in neighbouring Councils eg Eagleby, Loganlea, Crestmead/ Marsden.</p> <p>The suburbs with the highest index of socio-economic disadvantage in Ipswich are (in order) Riverview, Leichhardt, Gales, Dinmore, Goodna, North Tivoli, West Ipswich and Booval. The suburbs of Riverview/ Dinmore and Goodna/ Gales share common borders and area specific plans which combine both sets of suburbs could be undertaken. Given the five year horizon for this study, other suburbs having a high index of socio-economic disadvantage have not been incorporated at this stage.</p>		

## 5.5. PHYSICAL ACTIVITY PROGRAMMING

5.5.1. ACTIVE IPSWICH	Key Responsibility = Health, Parks & Recreation Dept and Economic & Community Development	Time Frame = Short term
RECOMMENDATION		
<ol style="list-style-type: none"> <li>1. Develop and budget for a program of regular, locally accessible, free or low cost activities in parks and/ or community facilities throughout Ipswich</li> <li>2. Badge the program as 'Active Ipswich' or 'Ipswich on the Move' or similar. Avoid use of the term 'fitness' or 'exercise' in the name of the program due to negative connotations among individuals who may be in 'pre-contemplation' stages of behaviour change toward physical activity.</li> <li>3. The objectives of the program should be to:               <ol style="list-style-type: none"> <li>a. Increase physical activity levels among sedentary or insufficiently active people and sustain it over the long term</li> <li>b. Help sedentary or insufficiently active people to embed active living into their daily lives</li> <li>c. Provide free, locally accessible activities that are fun to participate in</li> <li>d. Help to activate Ipswich City Council's network of parks, outdoor areas and facilities</li> <li>e. Reinforce the corporate plan message that Ipswich is a 'great place to live'</li> </ol> </li> <li>4. The criteria for inclusion of program activities should be based on the following:               <ol style="list-style-type: none"> <li>a. Activities must have a physical activity component</li> <li>b. Incorporation of social elements where possible (especially older adults)</li> <li>c. Availability of relevant skills/ expertise to conduct the activity</li> <li>d. The activity is able to be accessed locally by participants in an ongoing capacity (ie delivered by private providers or clubs)</li> </ol> </li> <li>5. Incorporate the following output and outcome based performance measures:               <ul style="list-style-type: none"> <li>▪ Output measures – participation rates, age/ gender, suburb</li> <li>▪ Outcome measures – behaviour change (increased physical activity), levels of satisfaction, emotional well-being</li> </ul> </li> <li>6. Partner with the University of Queensland Healthy Communities Research Centre (Ipswich Campus) to assist in measuring the effectiveness of the Active Ipswich Program</li> <li>7. In delivering the Active Ipswich Program, partner with clubs, external organisations, NGO's or other agencies whose purpose is consistent with the objectives of the Active Ipswich Program and that have relevant expertise</li> <li>8. Invite registrations of interest from private/ non-profit activity providers to deliver activities. Ensure that activity providers possess:               <ul style="list-style-type: none"> <li>▪ Appropriate qualifications and experience</li> <li>▪ Blue cards (where required)</li> <li>▪ Appropriate insurances</li> </ul> </li> <li>9. Target those suburbs which have a high index of socio-economic disadvantage, in particular Riverview, Leichhardt, Gables, Dinmore, Goodna, North Tivoli, West Ipswich and Booval.</li> <li>10. For the first five years of the Active Ipswich Program, focus on the following:               <p><u>Adults aged 45+ and mothers with children</u></p> <ul style="list-style-type: none"> <li>▪ In addition to the suburbs listed at (9) above, target free or low cost activities in parks or community facilities in those suburbs with high proportions and/ or absolute numbers in these demographic cohorts</li> <li>▪ In cooperation with the Heart Foundation, actively expand walking programs in target suburbs aimed at adults aged 45+ and women with strollers.</li> <li>▪ Incorporate socialising elements in program selection as a tool to encourage participation</li> <li>▪ For older adults (60+):                   <ul style="list-style-type: none"> <li>○ Work with Ipswich 60 &amp; Better to deliver programs such as tai chi, yoga, modified aquatics, falls prevention</li> <li>○ Expand the 'Aging Stronger Active Longer' pilot program, focussing on suburbs in Ipswich Central SLA</li> <li>○ Meet with licensed clubs and other service providers to assess opportunities for partnership in program delivery and the availability of their buses for use in community programs (eg Goodna RSL)</li> </ul> </li> </ul> </li> </ol>		

5.5.1 ACTIVE IPSWICH (CONT'D)	
<b>RECOMMENDATION</b>	
<u>People who do not speak English at home</u>	
<ul style="list-style-type: none"> <li>▪ Focus on activities in parks or community facilities in those suburbs with high populations in this category – in particular, Goodna. Other suburbs which should be targeted are Redbank Plains, Camira, Springfield, Springfield Lakes, Collingwood Park, Riverview, Bellbird Park and Gables.</li> <li>▪ Work with the Ipswich Multicultural Network to identify culturally appropriate physical activities.</li> <li>▪ Partner with the Ethnic Communities Council of Queensland which has developed a number of physical activity modules for non-English speaking background communities</li> </ul>	
<u>Young people</u>	
<ul style="list-style-type: none"> <li>▪ Expand Ipswich City Council's Fit and Fuelled Kids program to other schools</li> <li>▪ Work with the Australian Sports Commission's Active After School coordinators for the Ipswich region to promote participation in Active After School programs</li> <li>▪ Work with the Ipswich Youth Advisory Council to develop programs relevant to young people, with a particular focus on dance</li> </ul>	
<u>Indigenous people</u>	
<ul style="list-style-type: none"> <li>▪ Consider funding an Indigenous Sport and Recreation Officer (within Council or within an external Indigenous organisation eg Kambu) to develop physical activity programs. The Indigenous Sport and Recreation Officer (or other Council officers) should: <ul style="list-style-type: none"> <li>○ Work with Queensland Health, Indigenous staff in ICC and Council's Indigenous partners through the Indigenous Land Use Agreement (ILUA) to develop culturally appropriate physical activity programs</li> <li>○ Liaise with Queensland Health to promote its "Living Strong Program" which focuses on Indigenous health, physical activity and nutrition and is delivered via a network of trained facilitators throughout the state</li> <li>○ Support the building of ongoing relationships between sporting clubs and Indigenous people and opportunities for them to be involved in cultural awareness</li> <li>○ Facilitate culturally appropriate activities and events</li> <li>○ Liaise with Fitness Australia to follow up the endeavours of the former Fitness Queensland to develop people trained in working with Indigenous communities to deliver culturally appropriate fitness programs</li> </ul> </li> </ul>	
<u>People with disabilities</u>	
<ul style="list-style-type: none"> <li>▪ Liaise with Queensland Health and the Ipswich Disability Interagency Network to support physical activity programs in key areas and venues identified by these agencies</li> <li>▪ Support the delivery of forums for people with disabilities whereby Para-Olympians and other elite athletes can motivate participation</li> </ul>	
11. Conduct "Active Ipswich Week" and other programs funded and/ or supported by Ipswich City Council under the broader banner of "Active Ipswich"	
12. Apply for funding of "Active Ipswich" programs under the "Local Sport and Recreation Program" of the Department of Local Government, Sport and Recreation under the "participation" category	
<b>RATIONALE</b>	
<p>During the consultation process the most frequently described barriers to participation in physical activity were transport, lack of time, cost of participation, and social isolation.</p>	
<p>The need to get more people involved in locally accessible activities was often mentioned in focus group consultation with older adult and youth groups. This appears to be endorsed by survey findings which indicated that, of the facilities/ activities ranked high in importance, three of the five most significantly underperforming were seen as:</p>	
<ul style="list-style-type: none"> <li>▪ Activities for older adults</li> <li>▪ Activities for young people</li> <li>▪ Activities for people with disabilities</li> </ul>	
<p>In addition, survey findings indicated that most people felt there were not enough physical activities (such as programs, walking groups etc) in their area. Respondents aged 45 – 59 years expressed this view more strongly than other age groups. This is significant because 45 – 59 year olds were identified in the Getting Australia Active report (2002) as one of the main population groups at greater risk of physical inactivity and associated adverse health outcomes. The others were women (especially married women with children), people who did not speak English at home and Indigenous people.</p>	

**RATIONALE (CONT'D)**

The suburbs with the highest numbers of 45 – 59 year olds are (in order) Redbank Plains, Camira, Goodna, Brassall, Raceview, Bundamba, Collingwood Park, Flinders View and Bellbird Park. Suburbs in Ipswich East SLA have the highest numbers of residents speaking a language other than English at home. Goodna has, by far, the highest number (1,774) and proportion (22.4%) of residents speaking a language other than English at home. Other suburbs with high numbers in this category are Redbank Plains, Camira, Springfield, Springfield Lakes, Collingwood Park, Riverview, Bellbird Park and Gailles.

The Australian Institute of Health and Welfare's most recent report on Australia's Health (2008) notes that:

- Socio-economic characteristics are key determinants of health and wellbeing
- Research suggests that social and economic disadvantage correlates with reduced life expectancy, premature mortality, increased disease incidence and prevalence, increased biological and behavioural risk factors for ill health, and lower overall health status.
- People with lower socio-economic status are more likely to smoke, exercise less, be overweight and or/obese

The suburbs with the highest index of socio-economic disadvantage are (in order) Riverview, Leichhardt, Gailles, Dinmore, Goodna, North Tivoli, West Ipswich and Booval.

Suburbs within Ipswich Central SLA were identified as having higher rates of hospital admissions than Ipswich as a whole and Queensland for almost all medical conditions which have a proven statistical relationship to physical inactivity – ie stroke, depression, type 2 diabetes, falls, coronary heart disease, breast cancer and colon cancer. Ipswich Central SLA has, by far, the highest number of older adults (aged 60 and over).

The Heart Foundation's draft "Blueprint for an Active Australia" recommends the provision of "opportunities to increase physical activity levels among people who suffer the highest rates of chronic disease (including Aboriginal and Torres Strait Islanders)" and offering "physical activity programs in key settings where people live, work and are educated" as two of its ten key actions to increase active lifestyles and physical activity.

While a number of 'active' events occur in Ipswich at the present time, with the exception of walking programs and some Ipswich Hospital Foundation exercise in parks programs, most of these activities are one-off, event-based. The development of an Active Ipswich program aimed at various market segments is consistent with national and international research and the findings of the consultation process.

## 5.6. WORKPLACE HEALTH PROMOTION

5.6.1. SUPPORT ACTIVE WORKPLACES	Key Responsibility = Health, Parks & Recreation Department	Time Frame = Medium
<b>RECOMMENDATION</b>		
<p>1. Advocate for Queensland Health to:</p> <ul style="list-style-type: none"> <li>▪ Develop a workplace health training package for employers (especially senior managers) which incorporates physical activity education, promotion, facilitation and programming</li> <li>▪ Develop an incentive program which recognises employers that promote healthy workplaces</li> </ul> <p>2. Advocate for the Federal Government to provide tax (or other) incentives for employers that provide workplace wellness programs which meet acceptable criteria</p> <p>3. Through the Ipswich Physical Activity Forum (refer Recommendation 5.7.2, p39) advocate for employers to:</p> <ul style="list-style-type: none"> <li>▪ Allow time off at work to provide for regular activity or to encourage workplaces that facilitate daily movement</li> <li>▪ Provide screening programs for medical conditions related to physical inactivity</li> <li>▪ Implement wellness programs aimed at increasing daily physical activity</li> </ul> <p>4. Actively support the Ipswich Hospital Foundation “SNAP” program which is a workplace-based healthy lifestyle program incorporating screening, education and goal setting. Focus ICC support on emphasising opportunities for physical activity in Ipswich.</p>		
<b>RATIONALE</b>		
<p>Recent research<sup>22</sup> has found that there is “clear and persuasive evidence that many Workplace Health Programs targeting non-communicable disease have been successful at improving employees’ health”. Workplace interventions can include stress management, back care, health screenings, nutrition education, workplace safety, CPR and first aid classes, work-life balance policies, exercise/ fitness groups, discounts to local fitness facilities, healthful food choices at work, education programs, family friendly policies and facilities (eg bicycle racks, showers, gym equipment). Physical activity education, promotion, facilitation and programming should be a component of workplace health programs.</p> <p>Benefits of Workplace Health Programs to employers include reduced absenteeism and associated costs, improved employee retention, positive workplace culture, increased employee productivity, reduced health care costs. Benefits to employees include reduced risk of chronic, increased mental well-being, energy and resilience, and improved job satisfaction.</p> <p>The recent New Zealand research, citing the World Economic Forum (2007), note that successful workplace interventions require:</p> <ol style="list-style-type: none"> <li>1. Active leadership: <ul style="list-style-type: none"> <li>▪ Committed senior managers who are well informed on the costs of poor health and chronic disease</li> <li>▪ Clear goals and performance measures</li> <li>▪ Regular reporting on performance at senior management/ board level</li> </ul> </li> <li>2. A Healthy Environment <ul style="list-style-type: none"> <li>▪ Modification of the physical work environment to reflect the wellness goals of the organisation (eg healthy food options, ergonomic furniture, signs supporting use of stairs, fitness facilities, bicycle racks, showers etc)</li> </ul> </li> </ol> <p>The Ipswich Hospital Foundation conducts a workplace-based healthy lifestyle program (SNAP) which provides services to employers such as screening, education and goal setting.</p> <p>Education of employers and promotion of the benefits of workplace health programs logically should be driven by State and Federal Governments. Local government can assist by reinforcing these messages through any structures or programs that it has in place.</p>		

<sup>22</sup>. *Workplace Wellness. A Literature Review for NZWell@Work*. Ministry of Health, New Zealand Government. Feb 2009.

## 5.7. COMMUNICATION

<b>5.7.1. WITHIN COUNCIL</b>	Key Responsibility = Health, Parks & Recreation Department and Economic & Community Development Department	Time Frame = Ongoing
<b>RECOMMENDATION</b>		
1. Include active living as a standing agenda item in formal meeting processes between Council departments/ branches that have a role in facilitating physical activity		
<b>5.7.2. OUTSIDE COUNCIL</b>	Key Responsibility = Health, Parks & Recreation Department and Economic & Community Development Department	Time Frame = Short term
<b>RECOMMENDATION</b>		
1. In order to facilitate improved external communication and coordination of physical activity initiatives, consider amending the terms of reference and composition of the Sport and Recreation Consultative Committee to become the <i>Ipswich Physical Activity Forum</i> .		
2. The purpose of the <i>Ipswich Physical Activity Forum</i> should be to: <ul style="list-style-type: none"> <li>▪ Share physical activity planning initiatives and results</li> <li>▪ Coordinate program delivery and avoid duplication</li> <li>▪ Coordinate research efforts</li> <li>▪ Provide input into the development of future program and planning guidelines</li> <li>▪ Maximise funding potential</li> <li>▪ Act as a referral agency for proposed Council interventions in physical activity</li> </ul>		
3. Representation of the <i>Ipswich Physical Activity Forum</i> should comprise the following: <ul style="list-style-type: none"> <li>▪ Ipswich City Council</li> <li>▪ Queensland Health (Community Health, Cardiac Rehabilitation Service, Population Health Unit)</li> <li>▪ Department of Communities – Sport and Recreation Services</li> <li>▪ Ipswich Hospital Foundation</li> <li>▪ University of Queensland Healthy Communities Research Centre (Ipswich Campus)</li> <li>▪ Active After School communities program (Australian Sports Commission)</li> <li>▪ Heart Foundation</li> <li>▪ Ipswich West Moreton Division of GP's</li> <li>▪ Representatives of older adults (U3A/ 60 and Better), Indigenous groups (Kambu) and people with disabilities (Ipswich Disability Interagency Network)</li> <li>▪ Representatives of organised sporting groups</li> </ul>		
4. Engage with Indigenous Land Use Agreement (ILUA) partners and the dedicated Physical Activity Coordinator in the Queensland Aboriginal & Islander Health Council to determine the most appropriate mechanism for communicating with Indigenous people and to improve physical activity opportunities		
5. Convene a bi-annual Sport and Recreation Forum for summer and winter sports. Invite clubs to submit agenda items for each Forum. The general purpose of the Forums should be to: <ul style="list-style-type: none"> <li>▪ Provide information on services provided by Council</li> <li>▪ Inform clubs of recent and proposed Council initiatives to assist sport</li> <li>▪ Promote club development planning (and available funding) and club delivery of 'active after school' activities</li> <li>▪ Seek feedback from clubs on ways to improve communication with Council</li> </ul>		
<b>5.7.3. EXTERNAL PROMOTION</b>	Key Responsibility = Health, Parks & Recreation Department and Economic & Community Development Department	Time frame = Short to Medium term
<b>RECOMMENDATION</b>		
1. Promote "Active Ipswich" and other physical activity services and initiatives in Ipswich via: <ul style="list-style-type: none"> <li>▪ Electronic newsletter to sport, recreation and community organisations</li> <li>▪ Brochures, pamphlets, posters, displays etc</li> <li>▪ An "Active-on-line" addition to Council's web site (including information on clubs, gyms, events, programs, walk/ cycle paths, outdoor recreation trails etc)</li> <li>▪ Community specific mechanisms (eg local newspapers, rates notices, 4EB for Samoan and Tongan communities)</li> <li>▪ Mechanisms created by the proposed <i>Ipswich Physical Activity Forum</i></li> </ul>		
2. Implementation of the recommendations of the ICC (Community Development)/ UQ "Healthy Aging" project to improve communication with older adult groups		
3. Budget for the coordination and regular updating of physical activity information		

**RATIONALE**

The lack of awareness of physical activity opportunities, and communication of information have been raised as issues in previous studies in Ipswich and were identified as a concern during the consultation for this project. The Ipswich Active & Healthy Lifestyle Needs Assessment (2007) found there was a lack of coordinated and centralised information for health planners, government agencies, service deliverers and the general public.

In consultation with older adults, people with disabilities and young people, lack of information was consistently identified as a barrier to participation in physical activity. In the telephone and postal/ web community surveys more people disagreed (46%) than agreed (29%) with the proposition that "...there is good information about physical activity programs and facilities in my area." Disagreement was highest among those aged 18 – 44 years. Many newcomers in culturally and linguistically diverse communities are unaware of opportunities and a variety of communication methods is necessary to reach this group (4EB is popular with Samoan and Tongan communities).

In the postal/ web survey, respondents were asked to give their reasons if they felt current facilities or services were inadequate. Just over half (160) of the 289 survey respondents to this survey provided information to explain why they perceived current level of provision or services/ facilities to be inadequate. The most dominant reason was lack of awareness/ publicity of available options, accounting for 47% of all responses (more than double the next highest). Better information/ promotion of opportunities was the second highest ranked priority for improving sport, recreation or active living opportunities in Ipswich behind more/ better walk/ cycle paths among survey respondents.

The importance of better coordination, integration and promotion of active living opportunities is of paramount importance to the success of the Active Ipswich: Physical Activity Strategy.

## 5.8. CLUB DEVELOPMENT

<b>5.8.1. EDUCATION AND CAPACITY BUILDING</b>	Key Responsibility = Health, Parks & Recreation Department	Time Frame: 1 – 3 = Ongoing 4 = Short term
<b>RECOMMENDATION</b>		
<ol style="list-style-type: none"> <li>1. Through Ipswich City Council's "Building Better Club's Strategy", work with the Department of Local Government, Sport and Recreation to:               <ul style="list-style-type: none"> <li>▪ Increase the number of clubs undertaking club development plans/ business plans</li> <li>▪ Promote support programs for volunteers and coaches</li> <li>▪ Facilitate the delivery of programs to assist administrators to improve their capacity to manage their club's activities and assets, and to source public liability insurance</li> </ul> </li> <li>2. Encourage sport and recreation clubs to apply for funding from the Department of Local Government, Sport and Recreation for club planning and education under the "Club Development" program</li> <li>3. Work with the Australian Sports Commission's Active After School communities staff in an endeavour to:               <ul style="list-style-type: none"> <li>▪ Increase the number of clubs offering active after school activities as a means of improving physical activity levels, and</li> <li>▪ Create a pathway into ongoing club membership</li> </ul> </li> <li>4. Pursue the proposed development of a Sports House as a long term mechanism for assisting clubs with administration, training and advocacy</li> </ol>		
<b>RATIONALE</b>		
<p>Over half of the clubs that responded to the sport and recreation organisation survey did not have a business or development plan in place.</p> <p>Approximately equal numbers of clubs that responded to the organisation survey had increased or decreased membership in the last three years. Previous research undertaken by Council in 2006 identified a strong preference for participation in informal (non-competitive, non-club based, non-organised, casual) activities as opposed to formal (club-based, organised, competitive) sporting pursuits by Ipswich residents.</p> <p>The issues identified by clubs as having the most impact on them were:</p> <ul style="list-style-type: none"> <li>▪ Difficulty getting volunteers</li> <li>▪ Availability of coaches/ instructors</li> <li>▪ Cost/ availability of public liability insurance, and</li> <li>▪ Declining youth participation</li> </ul> <p>While nearly 50% of clubs surveyed were aware of most external funding sources, comparatively few have actually lodged applications for funding. The exceptions were the Club Development Program (Department of Local Government, Sport and Recreation) and Gambling Community Benefit Fund.</p> <p>Assisting clubs with education and capacity building will help them to retain members, be more effective and ultimately help to keep more people more active.</p>		

## 5.9. SPORT AND RECREATION FACILITY PLANNING

5.9.1. PARKS AND SPORTSFIELDS	Key Responsibility = Health, Parks & Recreation Department. Planning & Development Department	Time Frame = 1 = Ongoing 2 = Ongoing 3 = Ongoing 4 = Short term 5 = Short term
RECOMMENDATION		
<ol style="list-style-type: none"> <li>1. Implement the Desired Standards or Service and recommendations of the Public Parks Strategy for the provision of recreation parks and sportsgrounds/ courts in accordance with the timing of new developments.</li> <li>2. To better inform capital works projections, prioritise parks to be upgraded based on usage/ capacity issues, and asset management issues</li> <li>3. When master planning parks, consider how spaces can be 'activated'</li> <li>4. Examine options for the location and development of sportsfields in Riverview.</li> <li>5. Liaise with Ipswich Disability Interagency Network to identify an appropriate centrally located park as a test location for the development of a wider cycle path circuit (2 – 3kms) and an all-abilities playground suitable for people with disabilities.</li> </ol>		
RATIONALE		
<p>Ipswich City Council has a comprehensive Public Parks Strategy which identifies Desired Standards of Service, priorities and opportunities for park provision and development in Ipswich. It includes calculations of rates for Developer Contributions based on updated population projections, spatial distribution of population growth and specific purpose recreational studies. Adherence to the spatial and quality standards outlined in this document will enable recreation and sporting opportunities to be provided in line with population growth.</p> <p>The suburb of Riverview has the highest index of socio-economic disadvantage in Ipswich. This suburb has no sportsfields north of the Motorway with the local rugby union club utilising the primary school oval. Cost of participation is an issue in this area.</p> <p>In consultation with groups representing people with disabilities, the maintenance and accessibility (ramps) of footpaths were raised as barriers to participation. It was suggested that there is a need for some bikepath circuits that are suitable for use by people with disabilities to be identified and developed. These would have wider dimensions and be approximately 2 – 3 kms in length. The postal/ web survey identified “activities for people with disabilities” as having the greatest gap between importance and performance of all facilities/ activities included in the survey.</p>		
5.9.2. SPORT AND RECREATION FACILITIES	Key Responsibility Health, Parks & Recreation Department. Economic & Community Development Department	Time Frame: 1 = Immediate 2 = Short term 3 = Short term 4 = Ongoing 5 = Ongoing
RECOMMENDATION		
<ol style="list-style-type: none"> <li>1. Prepare a 5 Year Implementation Plan for Sport and Recreation Facilities funded (or co-funded) by developer contributions from the Public Parks PIP (which align with the Public Parks PIP). The Implementation Plan should identify specific needs, locations, scale and mix of facilities to be provided.</li> <li>2. As part of the preparation of the proposed ICC Social Infrastructure Plan:             <ul style="list-style-type: none"> <li>▪ Investigate the demand for, and appropriate facility mix of, indoor community/ recreation facilities in Flinders View/ Yamanto and Brassall.</li> <li>▪ Where possible, co-locate and design facilities to service these suburbs to enable use for indoor recreation/ community/ sporting purposes to maximise usage and viability. Ensure easy access by foot/ bicycle.</li> </ul> </li> <li>3. Prepare a Mountain Bike Strategy for Ipswich focussing on multi-use opportunities in conservation estates</li> <li>4. Pursue other outdoor recreation opportunities for Ipswich by progressively implementing the recommendations of the Draft ICC “Recreation in Natural Areas Strategy 2009” focussing in particular on recreation-based initiatives in conservation parks.</li> <li>5. In reviewing Council's Capital Improvement programs, adopt the following criteria to assist Council in determining priorities in requests for funding assistance from sport and recreation clubs/ associations             <ol style="list-style-type: none"> <li>a. What is the club's membership level and historic growth?</li> <li>b. What is the club's current level of utilisation of the facility?</li> </ol> </li> </ol>		

- c. Does the proposal have a likelihood of increasing the carrying capacity of existing areas or consolidating use of existing facilities?
- d. Is the proposal a response to identified risk management/ Australian Standards issues?
- e. Is cash or in-kind assistance proposed by the club/ association?
- f. Does the proposal have the capacity to benefit multiple user groups?
- g. Does the proposal address health issues or emerging trends (eg safety, shade, lighting)?
- h. Is there a likelihood of the proposal increasing participation in sport, recreation or physical activity?
- i. Is the proposal consistent with the business/ strategic plan of the club?
- j. Is the application consistent with the findings of the Physical Activity Plan?
- k. Is the proposal well located to serve the local community, and easily accessible?

#### RATIONALE

Ipswich City Council has a comprehensive Public Parks Strategy outlining the need for parkland arising out of new developments which, in turn, informs the Public Parks PIP and 5 year capital works projections. However, there is no Implementation Plan to inform the precise location, scale and facility mix associated with new developments. This work would more accurately inform capital works expenditure funded or co-funded by developer contributions.

From the overview of facilities undertaken for this study, Yamanto/ Flinders View and Brassall appeared to be lacking community facilities (although Brassall has two health and fitness centres). Council is preparing a Social Infrastructure Plan scheduled for completion in June 2010, and as part of this process, a more detailed facility needs in these areas should be undertaken, including the possible opportunity to co-locate active recreation or sport elements in future facility design.

Ipswich has considerable potential for outdoor recreation. The "Active Trails" study prepared by the Queensland Outdoor Recreation Federation in 2007 identifies possible trail alignments on publicly accessible land external to protected areas such as national parks and conservation parks. Two trails of regional significance within Ipswich City are identified – namely the Boonah to Ipswich Multi-User Recreation Trail and the Brisbane Valley Rail Trail. Ipswich City Council's draft "Recreation in Natural Areas Strategy 2009" identifies a range of recreation-based initiatives in conservation parks. This report:

- Identifies key natural areas across the city that cater for both local and regional visitors
- Identifies appropriate nature-based activities and their capacity, and
- Contains strategic actions, key performance indicators, operational policies and codes of conduct to guide recreation in natural areas over the period 2008 - 2011.

It is understood that there are few major heritage or environmental constraints to the use of conservation parks for nature based, active recreation. Anecdotally, the awareness and usage of trail opportunities in large reserves is mostly local.

The Ipswich City Major Sport and Recreation Facilities Strategy (2000) identified 23 sport and recreation activities as a high priority, with six of these recommended as providing the focus for Council in the short term. All six were outdoor recreation in nature, namely camping, canoeing/ kayaking, equestrian, four-wheel driving, motor/ trail bike riding, and mountain biking. Council has already acted on a number of the recommendations in this strategy.

Recreational cycling (mountain bike touring) could be a significant opportunity for active recreation in conservation estates (in particular White Rock–Spring Mountain Conservation Estate). The development of a mountain biking strategy is consistent with strategies in the 2020 Vision of "...ensuring that a network of trails and routes are provided to cater for the recreational and sporting needs of the Ipswich community". "Areas for outdoor recreation" was identified by postal/ web survey respondents as having the greatest gap between importance and performance of all facilities/ activities included in the survey.

A total of 56 out of 217 sport and recreation organisations responded to questionnaires sent by the Strategic Leisure Group and Ipswich City Council as part of this study. The vast majority of the clubs/ associations that responded to the sport and recreation organisation survey expressed satisfaction with their facilities, however some clubs were dissatisfied. The main reasons expressed centred around:

- Condition of grounds
- Condition of buildings/ clubhouses
- Vandalism

Notwithstanding the general satisfaction with facilities expressed by these clubs, there were multiple demands for new/ upgraded facilities. Given that the 56 surveys received constitute only one quarter of all sport and recreation organisations in Ipswich, it is likely that the facility demands of existing sport and recreation organisations in Ipswich would be well beyond the capacity or responsibility of Council to fund. There is a need to develop a rigorous criteria to assess applications for funding assistance to ensure that limited funds are equitably distributed.

## 5.10. RESEARCH

5.10.1. BASELINE DATA, PERFORMANCE MEASUREMENT AND REVIEW	Key Responsibility = Health, Parks & Recreation Department	Time Frame: 1 = Immediate 2 = Short to Long term 3 = Ongoing 4 = Ongoing 5 = Long term
<b>RECOMMENDATION</b>		
<ol style="list-style-type: none"> <li>1. Validate the baseline data of physical activity levels of the Ipswich population obtained in the Active Ipswich: Physical Activity Strategy by either: <ul style="list-style-type: none"> <li>▪ Liaising with Queensland Health to ensure that the sample size of the imminent (2009) “Survey of self-reported health status of Queenslanders” is sufficient to determine statistically valid physical activity measures for Ipswich as a whole</li> <li>▪ Liaising with the Federal Government Department of Health &amp; Aging to ensure that the sample size of its proposed national physical activity survey (2009) is sufficient to determine statistically valid physical activity measures for Ipswich as a whole</li> <li>▪ Partnering with University of Queensland Healthy Communities Research Centre (Ipswich Campus) to develop a separate survey of physical activity levels of Ipswich residents</li> </ul> </li> <li>2. Partner with University of Queensland Healthy Communities Research Centre (Ipswich Campus) to develop performance indicators and assist in measuring the outcomes of initiatives contained in the Active Ipswich: Physical Activity Strategy</li> <li>3. Consider obtaining a booster sample for Ipswich for the annual “Exercise, Recreation and Sport Survey” (ERASS) conducted by the Australian Sports Commission to enable a more accurate assessment of participation levels in various activities and better inform future planning</li> <li>4. Report on the Active Ipswich: Physical Activity Strategy annually</li> <li>5. Conduct a major review of the Strategy in 2014.</li> </ol>		
<b>RATIONALE</b>		
<p>The Strategic Leisure Group commissioned specialist market research company, I-View, to undertake a telephone survey of Ipswich residents to establish a baseline level of participation in physical activity that would form the basis for subsequent follow up measurement after implementation of the Active Ipswich: Physical Activity Strategy. Questions and data analysis procedures were replicated from the Active Australia Survey which was the instrument used in previous national physical activity surveys.</p> <p>419 interviews of residents aged between 18 – 75 years were completed. The main aim of the survey was to ascertain the proportion of residents (by age and gender) who were undertaking ‘sufficient’ physical activity to derive a health benefit (defined in national guidelines as 30 minutes of at least moderate intensity activity per day x 5 days a week; a total of at least 150 minutes per week). The sample was weighted to the 2006 population for age and gender and the survey results were stated as having a 95% confidence level.</p> <p>Given previous research into the health profile of Ipswich residents (refer Supporting Resources Document – Volume 1 section 5.2.2, p39) the results were somewhat surprising. Compared to 2006 survey data for Queensland as a whole, the results indicated that Ipswich residents have a much higher proportion of people undertaking sufficient level of physical activity to derive a health benefit than Queenslanders as a whole. This could suggest a degree of ‘social desirability’ among survey respondents or a major shift in levels of people undertaking ‘sufficient’ physical activity in recent years.</p> <p>In order to validate baseline data identified by this study, a follow up survey is suggested. This could be obtained either by a separate survey (eg conducted by Healthy Communities Research Centre – Ipswich Campus) or extracted from broader state or national surveys. Queensland Health undertakes biennial surveys of the health of Queenslanders entitled “Queensland’s Health”. This includes a range of physical activity measures. A one off (at this stage) major state-wide survey entitled “Survey of self-reported health status of Queenslanders” will be undertaken in early 2009. This will include measurement of physical activity, BMI, disadvantage, quality of life and many other health related measures. It is understood this survey will enable city vs city comparisons. Also, commencing in 2009, the federal government Department of Health and Ageing is also planning to undertake an ongoing survey of physical activity and nutrition among Australian adults.</p>		