

Our population is **growing**, **ageing** and becoming **more diverse**

210,000 people

16+
population

70,000 people

55+
population

60,000
people
Minority
Ethnic
population

6% increase*

15% increase

47% increase





What do we know about inactivity in our community?

The measures we use are inactive and active:

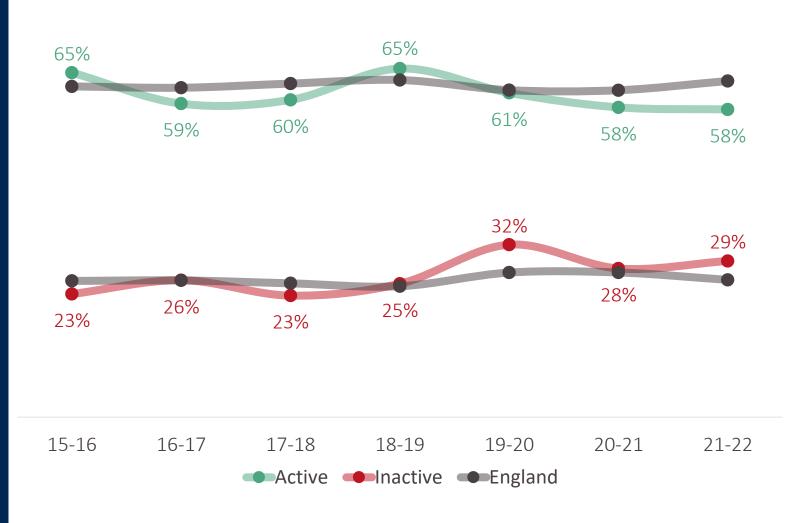
By **inactive**, we mean those that are doing **less than 30 minutes** of physical activity a week

By **active**, we mean those that are doing **150+ minutes** of physical activity a week



Inactivity worsened during the pandemic and remains high

3 in 10 adults now experience inactivity







Currently, 29% of adults are inactive









40,000

adults do no activity at all

(20%)

Not all inactive adults do nothing. Some are active but...

Missing the intensity



Not active for long enough



3%





Some people are more likely to experience inactivity than others

Gender

The pandemic had a longer lasting and disproportionate effect on **female** inactivity

Social status

Inactivity is high for the **least and mid affluent (NS SeC 3-8)** and trends appear to show no improvement Limiting illness

Inactivity levels are higher for people with a limiting illness or disability

Ethnicity

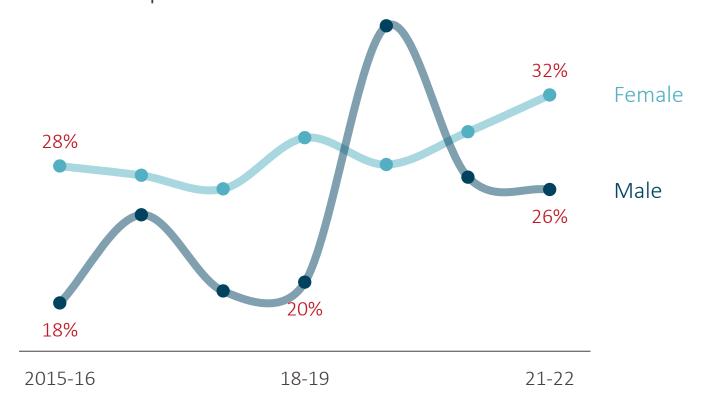
The pandemic had a disproportionate effect on inactivity for our **Black, Asian and White Other** communities





Women are more likely to be inactive than men

However, inactivity is worse for both since the pandemic



Currently,

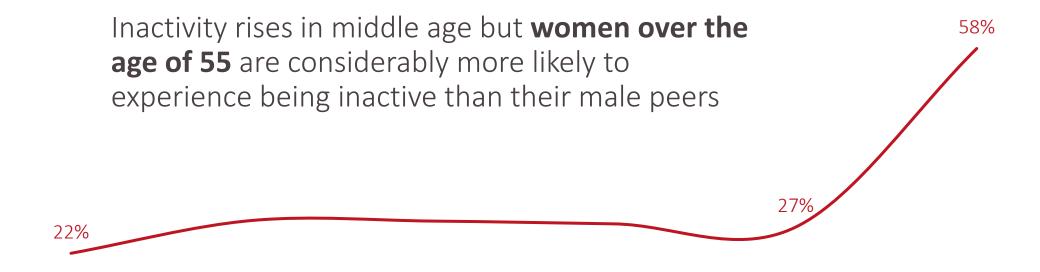
34,000

women
are inactive





Inactivity fluctuates throughout our lives



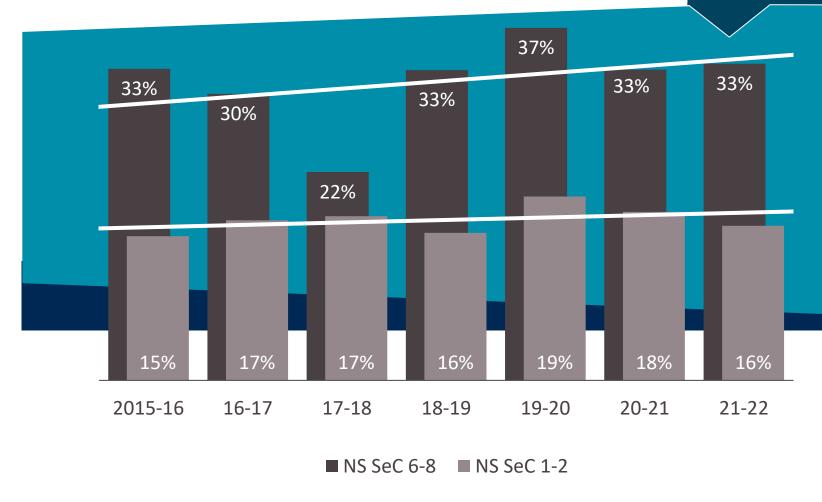






Inactivity in the **least affluent** households **remains high** (NS SeC 6-8)

In the last 12 months, inactivity for **mid affluent** households is **higher** still (35%, NS SeC 3-5)



Adults in our **least affluent** households are **falling further behind**

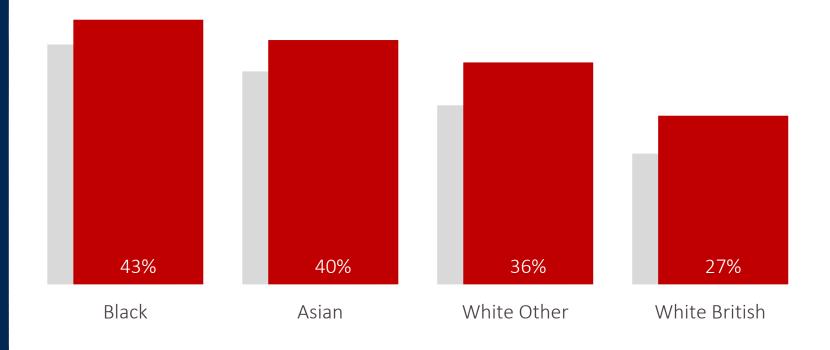
Data is for: Derby City





Since the pandemic inactivity has risen across ethnicities

Our Black, Asian and White Other communities all experience higher levels of inactivity



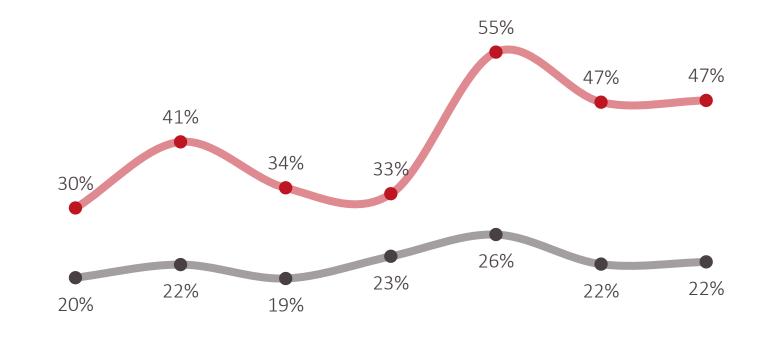
■ 15-19 **■** 19-22





Inactivity peaked in the early pandemic for adults with a **limiting illness or disability** and remains high

There is a stark inequality between adults with and without a limiting illness or disability









How do we get our minutes?



The amount of **time** we spend **being active** has decreased since the early pandemic



2015-16 18-19 21-22

Total minutes includes all activities:

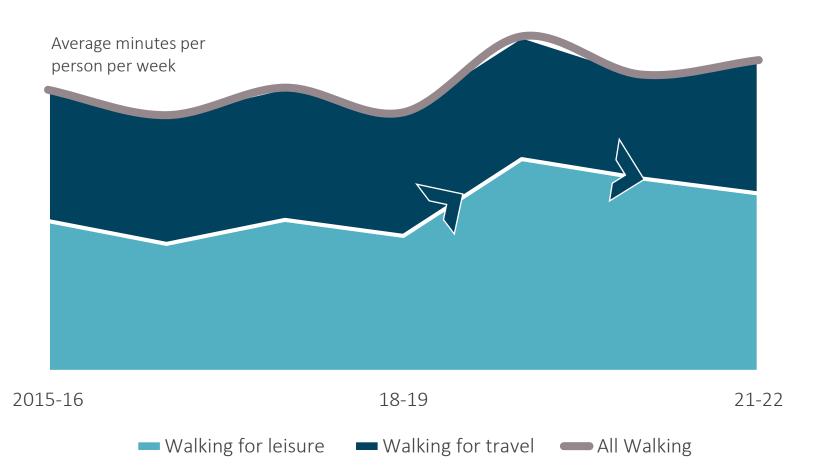
Sport, fitness, dancing, gardening, cycling and walking for leisure or travel

Minutes from traditional sport have returned to pre-pandemic levels





Overall, the amount of **time** we spend **walking is high**



Walking just 4,000 steps a day can cut the risk of dying from any cause

Each additional 1,000 steps are associated with a further 15% reduction in risk

Source: European Journal of Preventive Cardiology, The association between daily step count and all-cause and cardiovascular mortality, August 2023





Appendix



Adult population breakdown

Census provides an insight into the demographic makeup in our area compared to England

	Bensy	211614114
No limiting illness	78.2%	80.2%
Limiting illness	21.8%	19.8%
16-34 years	26.2%	24.2%
35-54 years	26.2%	26.4%
55-74 years	19.9%	22.4%
75+ years	7.8%	8.6%
NS SeC 1-2	27.7%	33.2%
NS SeC 3-5	25.1%	27.4%
NS SeC 6-8	38.2%	31.8%
Asian	14.5%	9.0%
Black	3.9%	3.9%
Mixed	2.4%	2.0%
White British	68.9%	75.1%
White Other	7.7%	7.9%
ng full or part time	54.9%	57.0%
Not working	35.5%	34.3%

Derby

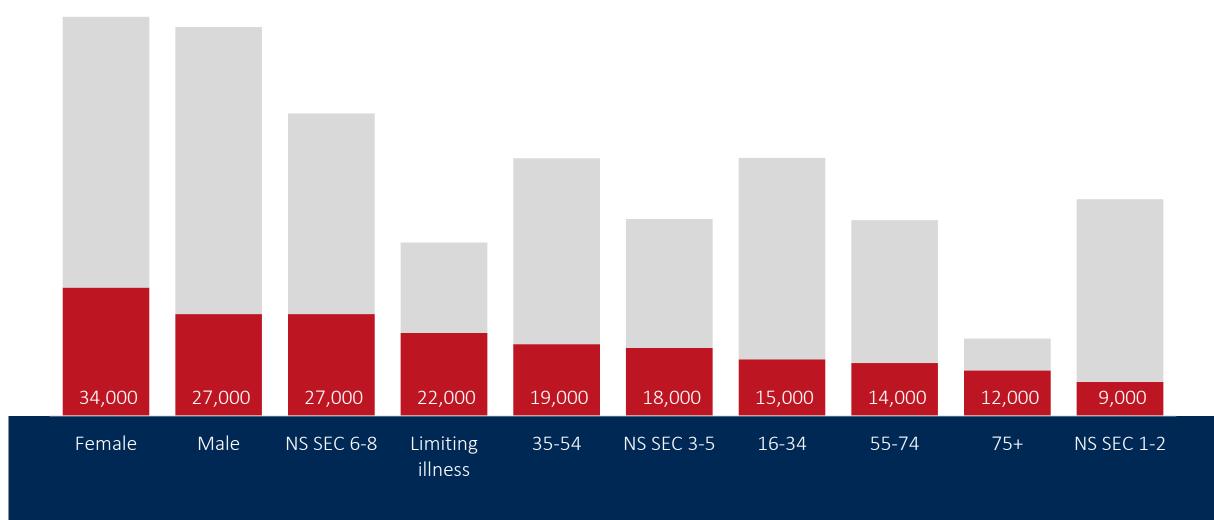
England



Workir



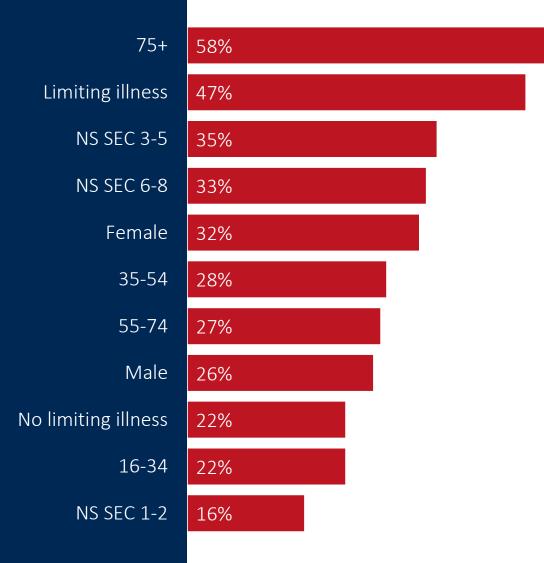
Inactive population by demographic group







There are some stark inequalities in inactivity rates amongst our population







Most inactive people do nothing

