



# *Executive Summary*

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*Healthy Communities Initiative (HCI), funded by the Australian Government  
National Partnership Agreement on Preventive Health*

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Professionals in Preventive Health*

*Acknowledgements*

*6 December 2013*



# EAT WELL, BE ACTIVE!

## Introduction

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Overweight and obesity is a very real health concern in Warrnambool, Corangamite and Moyne communities, just as it is in most Australian communities.

Local government works to have a positive impact on the physical activity levels of people in the community through the provision of infrastructure such as parks, recreation centres and pools, as well as walking and bike paths. In most communities, fresh healthy food is available in supermarkets, fruit and vegie shops and local butchers, as well as at farmer's markets in some areas.

Even though it is possible to be active and eat well in our communities, many residents live inactive lives and do not eat nutritious food. The burden on individuals and health services in our communities from overweight and obesity is unsustainable and more interventions are required. While education of individuals is vital, it needs to be accompanied by environmental change in social settings where people need a hand to make behaviour change.

In 2010 three Councils prepared a combined application for a Healthy Communities Initiative (HCI) grant offered by the Australian Government – National Partnership Agreement on Preventive Health. The application was successful and the HCI Grant provided an injection of \$703,000 to take targeted action on overweight and obesity, focusing action on adults who are not in the workforce. The *Eat Well Be Active – Southwest Vic Program* (EWBA) was implemented from September 2011 to December 2013.

EWBA has taken three south west Victorian councils on a journey from recreation infrastructure provision to explore this less familiar health promotion program and policy space. Local Government cannot do with work in isolation, the EWBA program was undertaken with partners in the disability and health sectors

### *Partnerships – a strong basis for the future*

EWBA capitalised on the strong, existing partnership of the South West Disability Network (SWDN), which has both local government and disability agency representation, by designing a program to target a sub-group of people not in the workforce - adults with a disability and carers. The SWDN produced an evidence report in 2010 documenting the poor health status of people with a disability.

Building on this partnership, representatives from the SWDN who were used to working together became part of the HCI Steering Committee. This meant the program was able to 'hit the ground running' to achieve excellent outcomes.

The South West Primary Care Partnership (SW PCP) has representation from health services, local government as well as not-for-profit community support agencies in areas of disability and mental health. Engaging the SW PCP enabled community health services (one regional and four rural services), South West Sport and the Great South Coast Medicare Local to be involved in delivery and promotion of National Physical Activity programs. The existing work of "*Heart of Corangamite*" Health Promotion Network paved the way for programs to be delivered in a number of small towns in Corangamite Shire.



## Aims and Objectives

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*The aim of the program was to reduce overweight and obesity in adults with a disability, and carers, by increasing healthy eating behaviours and physical activity opportunities.* The program objectives included:

- To raise the awareness of healthy lifestyle programs;
- To provide access to healthy lifestyle programs tailored to people with a disability and carers;
- To build local capacity to deliver healthy lifestyle programs to people with a disability and carers;
- To embed healthy lifestyle programs for people with a disability in mainstream, disability and community sectors; and
- To increase healthy lifestyle behaviours.

The program had two areas of focus:

**Eat Well:** developed skills related to menu planning, shopping, healthy cooking and vegetable gardening, particularly for disability support staff and carers.

**Be Active:** included delivery of nationally accredited programs such as Heart Foundation Walking, Heartmoves and AustCycle courses, as well as social cycling on bikes and trikes. Active Oceans, a local program of physical activities in coastal environments, was also delivered in selected locations.

The EWBA program was promoted to disability agencies and also to the broader community.

It was staffed by a team of health promotion practitioners, supported by staff from local government and health service partners, who agreed to deliver national physical activity programs. Comprehensive systems and procedures were developed with involvement of all partner agencies to provide program governance, media and communications, and risk management.

From program inception there was focus on creating sustainability beyond the funded period, with initiatives designed to leave a lasting legacy through building staff capacity, changing policy and systems, or through embedding activities into existing/ongoing programs and services. The support of large numbers of volunteers was integral to implementation and embedding many of the programs into communities for the long term.

## Outcomes and Sustainability

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Although the funded program comes to an end in December 2013 a number of activities will be ongoing:

<i>Program outcomes: 2011- 2013</i>	<i>Continuing</i>
<ul style="list-style-type: none"> <li>3 national physical activity programs introduced: Heart Foundation Walking, Heartmoves and AustCycle.</li> </ul>	<ul style="list-style-type: none"> <li>These programs are continuing and there are plans to introduce Lift for Life in 2014.</li> </ul>
<ul style="list-style-type: none"> <li>11 Heart Foundation Walking Groups established with Area Coordinators and volunteer Walk Organisers in each municipality.</li> </ul>	<ul style="list-style-type: none"> <li>10 groups are continuing, supported by Area Coordinators and volunteer Walk Organisers.</li> </ul>
<ul style="list-style-type: none"> <li>5 licenced Heartmoves Providers.</li> <li>8 Leaders active.</li> </ul>	<ul style="list-style-type: none"> <li>1 licenced Heartmoves Provider delivering at 2 two sites.</li> <li>2 Leaders active.</li> <li>4 Heartmoves trained staff continue low-intensity programs in 4 small towns.</li> </ul>
<ul style="list-style-type: none"> <li>1 licenced AustCycle Provider; 3 Instructors active.</li> </ul>	<ul style="list-style-type: none"> <li>All continuing.</li> </ul>
<ul style="list-style-type: none"> <li>6 Social Cycling groups (one community and 5 agency-based).</li> </ul>	<ul style="list-style-type: none"> <li>5 Social Cycling groups continuing.</li> <li>Plus <i>two informal community social cycling groups initiated in Moyne Shire without EWBA will continue operating independently.</i></li> </ul>
<ul style="list-style-type: none"> <li>7 disability agencies are growing &amp; cooking produce, then sharing meals.</li> </ul>	<ul style="list-style-type: none"> <li>All continuing.</li> </ul>
<ul style="list-style-type: none"> <li>Community kitchen for participants with a disability who live independently is operating.</li> </ul>	<ul style="list-style-type: none"> <li>Commitment from the agency hosting the community kitchen to continue for at least another 2 years.</li> </ul>
<ul style="list-style-type: none"> <li>7 disability agencies have a commitment to the provision of healthy foods and active travel in day-to-day operations; three have finalised healthy eating policies and two have active travel policies.</li> </ul>	<ul style="list-style-type: none"> <li>South West Healthcare's Community Dietitian will continue to support disability agencies to develop healthy eating policies (Sample policies in EWBA Final Report, Appendix 1 and 2).</li> </ul>
<ul style="list-style-type: none"> <li>16 <i>Foodies</i> (Food Champions) have been trained to promote healthy eating in 7 agencies. South West Healthcare's Community Dietitian co-ordinated bi-monthly meetings to address common issues in a co-ordinated way.</li> </ul>	<ul style="list-style-type: none"> <li>All continuing.</li> </ul>
<ul style="list-style-type: none"> <li>4 disability agencies have a plot at the Warrnambool Community Garden (WCG). Approximately 30 people with a disability worked on plots at different times in 2012-13. Tips and traps for engagement of people with a disability in opportunities at the garden were developed.</li> </ul>	<ul style="list-style-type: none"> <li>3 disability agencies will continue to grow produce in their own plots and participate in garden activities.</li> </ul>

<i>Program outcomes: 2011- 2013</i>	<i>Continuing</i>
<ul style="list-style-type: none"> <li>A communal plot using a crop rotation system established at the WCG. Members contribute time to grow produce for shared use; new members are welcome. Membership is low cost with concessional rate available. Policies and guidelines have been prepared to support the communal plot use.</li> </ul>	<ul style="list-style-type: none"> <li>WCG communal plot will continue to be used by members to grow produce for shared use.</li> </ul>
<ul style="list-style-type: none"> <li>During 2013, WCG members came together once a month to cook produce grown in the communal plot and share lunch. Cooking activities were led by a chef who volunteered to be trained as a community kitchen facilitator.</li> </ul>	<ul style="list-style-type: none"> <li>This activity will continue.</li> </ul>
<ul style="list-style-type: none"> <li>Three <i>Walk4Wellness</i> events were held in October 2011-2013 to celebrate <i>Walktober</i> and <i>Mental Health Week</i>. Health benefits from walking and socialising promoted to encourage people to join a weekly walking group.</li> </ul>	<ul style="list-style-type: none"> <li>Partners intend for hold the <i>Walk4Wellness</i> again in 2014. To date this event has accessed Mental Health Week grant funds.</li> </ul>
<ul style="list-style-type: none"> <li>The <i>EWBA</i> website has been the main communication tool for dissemination of program information and resources, collection of evaluation data and for residents or agencies to make contact with the program.</li> </ul>	<ul style="list-style-type: none"> <li>The website will continue as a portal for information about opportunities for and resources to support healthy eating and physical activity in Warrnambool. Maintaining, expanding and promoting the website is an action identified in the Council's Health &amp; Wellbeing Plan 2013-17.</li> </ul>
<ul style="list-style-type: none"> <li>Policy change regarding discounted concessional and off-peak access to recreation services included in the Action Plan at one Council.</li> </ul>	<ul style="list-style-type: none"> <li>Initial stage of implementation scheduled to be introduced at the Aquatic and Leisure Centre in 2014</li> </ul>
<ul style="list-style-type: none"> <li>Healthier menu options and traffic light codes introduced in the café at the Aquatics and Leisure Centre. The café's financial statement showed a small improvement which was important to maintain momentum for change.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing commitment to source healthier menu items and promote healthy options at the centre.</li> </ul>
<ul style="list-style-type: none"> <li>Staff working in preventive health at health services and Medicare Local worked with local government recreation and community centre staff to strengthen relationships for referral to Heartmoves and Heart Foundation Walking. A small working group formed to continue to build these relationships and investigate delivery of an accredited strength training program that specifically addresses prevention and management of diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>An informal preventive health working group is continuing with representation including managers of allied health services program co-ordinators from local government recreation and community centres. All agencies aim to have staff trained in Lift for Life in early 2014. Co-ordination of the network will be led by Medicare Local Population and Community Health Co-ordinator and Council's Community Centre Program Co-ordinator.</li> </ul>
<ul style="list-style-type: none"> <li>Professional development for 40 Corangamite Shire Home and Community Care (HACC) staff to support the incorporation of simple, healthy eating messages and hints about how to build regular walking, into their everyday work with clients.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing commitment by Corangamite Shire Council for HACC staff to promote healthy eating and regular walking into the service.</li> <li>Plans in place for the professional development for approximately 40 HACC staff in Warrnambool in 2014.</li> </ul>

## Snapshot of Participant Outcomes

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Participant information data collected at the end of the program via the participation forms (n=146) was useful as an indication of engagement of the target group. There were 84% of participants who were not in the workforce and an additional 8% were employed in supported employment. There were 81% of respondents who use a disability support service and a further 5% who were carers. All were over 18 years of age with more women responding compared with men. Over 84% were located in Warrnambool which is to be expected as this is where seven of the eight disability support services were located.

### Participant outcomes

- Improvement in self-rated health: 50% rated as excellent/very good at the end of the program compared with 26% at the beginning and 13% rated as poor/fair at the end of the program compared with 26% at the beginning.
- Fewer respondents reported they were inactive: 8% at the end of the program compared with 25% at the beginning.
- More respondents reported that they participated in moderate intensity physical activity on 5 or more days of the week: 35% at the end of the program compared with 11% at the beginning. This is a measure of the proportion of respondents who meet the national physical activity recommendation for adults and it continues to be a major concern.
- Improvement in fruit consumption; 68% reported 2 or more serves per day at the end of the program compared with 36% at the beginning. This is a measure of the proportion of respondents who met the dietary guideline for Australian adults and continues to be of concern.
- No change in vegetable consumption: 19% reported 5 or more serves per day at the end of the program compared with 16% at the beginning. This is a measure of the proportion of respondents who meet the dietary guideline for Australian adults and it is a major concern.
- Respondents were more willing to provide waist measures: 59% versus 31% of respondents provided waist measures at the end of the program compared with the beginning.
- At the end of the program the majority of respondents who provided a waist measurement were overweight or obese; 73% of men and 45% of women had measures that indicated they were in the high risk level. The average waist measures were 104cm for men and 94cm for women and maximum levels were over 130cm which suggests that people at greatly increased risk of chronic illness were participating in EWBA. Unfortunately it is not possible to determine the impact of EWBA on overweight or obesity from these data because the same cohort did not provide data at each time point.
- The best indication we have that EWBA had a positive effect on overweight and obesity was that 40% of participants commented that they improved their physical activity level or were eating more healthily and 17% described positive changes in risk factors for chronic illness. These included: weight, blood pressure, cholesterol, diabetes management or blood glucose levels.

At the end of the program, participants were asked to comment on what was good about the EWBA activities. Over two-thirds of the participants thought the social component of the activities was good. Over one-third of comments were about improvement in physical activity, a little less than one-fifth commented about having improved health outcomes or risk factors and well-being related



to improved mental health, stress and sleeping. One-tenth thought it was good to be in the outdoors and a similar number said the healthy eating component was good.

**Many people associated with the disability agencies talked about their experiences with the EWBA Program and they had help from support staff or carers to record their responses.**

- *I love being outdoors on the path by the beach going for long walks even though I am in my wheel chair... also I eat more vegies now. Participant who lives in a group home.*
- *X has enjoyed the greater variety of meals now on offer and is eating a lot more fruit and veg than before. He has always enjoyed walking but does so even more now that staff and other residents are keen to get involved. Gentleman who lives in a group home.*
- *Enjoyed having staff join in when we did Heartmoves and the big walk with everyone. When we did the Wheelie Course I did really well and loved mixing with friends and staff. Woman in 20's linked with Disability Day Program.*

**Participants from the community had their name on their participation forms and yet many provided quite personal feedback suggesting they had trust in the EWBA Team to do so.**

- *I really liked riding the trike and had a go at the walking and Heartmoves. It was good to meet people there. The cooking at the Friendly Kitchen was my favourite activity as I made new friends and had good fun... oh yeah we made healthy food too. Woman in 40's.*
- *I now have a few more friends! I like that other people remember that my name is 'G'! I like walking to get the shopping and for fun. I feel much healthier. Gentleman in 70's who lives in aged care facility.*
- *My health used to be bad as I was sad and overweight. Now I walk twice a week, go swimming and to Heartmoves once a week. My health is now real good. My doctor says my blood pressure and cholesterol are ok and I don't need tablets like a lot of people my age do. Participant linked with Mental Health Service.*
- *Have lost weight and feel better within myself. Woman in 30's who attended the walking group for 18 months and social cycling for 12 months.*
- *I like the fact that people with a disability can just join in the walking groups. I bring my brother and two sisters and we all like it, feel fitter and know more people. Carer.*

Participants were also asked to comment on how the EWBA program could have been improved. Few participants commented at all; nevertheless the comments were classified into two categories; those related to timetabling of physical activities and those who would like to eat healthier so wanted to do more activities related to healthy food.

- *I would like bike riding group on the weekends. Participant who lives in a group home*
- *I am not with a disability agency but would like cooking lessons. - Heartmoves participant*
- *I think that intellectually handicapped people should have their own class, as too much of a disturbance. - Heartmoves participant*

When comments like the last one are encountered, it is important for staff in all sectors to reflect on what could be done differently to better prepare community members for inclusion of people with a disability in the activities. Also when support staff or carers spend time at the activity to make sure it suits the client and that their behaviour will not impact on others, and that any tensions are dealt

with early. Without adequate preparation the benefit that comes from participation may be outweighed if person with a disability feels unwelcome.

## Participation Stats

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- **750** people had a go at an EWBA weekly activity with the three most popular activities being Heart Foundation Walking group, Heartmoves class, cycling session.
- There were over **11,300** participant/sessions of EWBA weekly sessions (not counting agency organised activities).
- **123** people participated in more than one weekly activity.
- **240** people had sustained participation in an EWBA weekly activity, meaning that they did so for 12 or more sessions. In the analysis there was an assumption that the 12 sessions reflected three months or more of participation which was used as an indicator of sustained participation.
- **117** had a better 'dose' of sustained activity because they participated in more than one EWBA activity for three months or more.
- **140** participants from disability agencies and **78** staff submitted an entry for the Swap-it Challenge 2013. These entries described programs and activities in the disability settings where healthy eating and physical activities were swapped for less healthy choices.
- There were **933** participants involved in EWBA community events that are held annually.

## Dose of intervention

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'Dose of intervention' in health promotion is similar to 'dose of intervention' in the medical context. More does not necessarily mean better, however insufficient dose does not lead to health benefits.

One walk, cycle session or Heartmoves class per week is not going to impact on an individual much at all, particularly for someone who is overweight or obese. However when people are involved in one or two of these activities per week, PLUS attend programs where staff provide healthy meals and snacks AND active travel is incorporated into daily life where possible... then health improvements are inevitable. It is the disability agency level changes (environmental changes) that have the potential to improve health for all clients for the long-term.

Another way that the dose of intervention is boosted is through having HIGH QUALITY opportunities available for people to participate. Improved mental health was reported by participants in the walking and cycling groups. Being outdoors and engaging with nature and the exercise both boost mood. These activities also provided opportunities for social contact and something to talk about which also improve motivation to continue to the activity and further boost the dose of the intervention.

Even greater improvements in health are seen when, as a community, we are more socially inclusive. When people with a disability and carers; in fact all people who are a bit different to mainstream residents, are able to meaningfully participate in community events that are active, accessible and welcoming, we will be a more health-promoting community.

## Snapshot of disability sector outcomes

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EWBA operated at the individual behaviour change level plus the setting level. Interventions were developed to produce environmental change in disability agencies and this has the potential to produce more effective and sustainable outcomes. The environments that EWBA sought to influence included:

- Policy environment
- Workforce
- Physical environment
- Financial environment
- Socio-cultural environment

CEO's and Managers completed surveys about the state of the various environments within their agencies at the three evaluation time points: baseline, end year 1 and end year 2. At baseline all of the CEO's and Managers reported that overweight and obesity among clients was a great concern and none selected the options that it was of some concern or it was not a concern at all.

At the end of EWBA, three agencies had down-graded their response to rating overweight and obesity as of 'some concern' and five agencies still rated it as of 'great concern.' One agency in particular was pro-active and made changes in all environmental areas. The CEO reported that: *"staff and clients were happier and healthier for the change."* This agency was one that down-graded their response about overweight and obesity among clients to be of 'some concern.'

On commencement of EWBA, all agencies reported that they had a commitment to healthy eating and physical activity although none had policies in place. At the end of EWBA, only a few agencies had developed policies. Two others requested policy samples and have plans to work on them. Agencies removed vending machines during EWBA with only one still having a vending machine with soft-drink or confectionery at the end of EWBA. None of the agencies sold confectionery, lamingtons or held sausage sizzles etc. for fundraising.

Several agencies had a more proactive approach to employing a workforce that is more focused on promotion of a healthy lifestyle. One agency CEO reported that familiarisation with the nutrition kit and the cookbooks has been incorporated into staff induction. All agencies had some staff participate in professional development related to healthy eating and five agencies had staff participate in training related to cycling, Active Oceans and recreation. Overall, there were 373 people who participated in the training opportunities. Some staff attended multiple training programs.

The physical environments were generally health promoting as all agencies had easy access to water, most had a well-equipped eating area to enjoy meals as well as access to suitable sport and recreation venues and equipment.

The two areas identified by staff, CEO's and Managers where the culture of disability agencies has room for improvement relate to:

- Some clients spending a bit too much time being sedentary and consuming too many snack-foods and drinks that are high in energy and low in nutrients.
- Involving carers in efforts by the agency to enable clients to be more physical active and eating more healthily.

## What did we learn? Recommendations for Councils:

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Warrnambool, Corangamite and Moyne municipalities are fortunate to have wonderful natural environments for people to be physically active. There are coastal, neighbourhoods and rural environments with parks and trails that are currently being enjoyed by many walking groups and a couple of social cycling groups. These groups are geared up to welcome people who want to start doing regular physical activity. Recreation and community centres are ideal venues from which to co-ordinate low intensity exercise programs to engage with people who are inactive.

The biggest public health gains from physical activity promotion will come from 'moving those who are sedentary to doing something.' When 'something' becomes routine, the national recommendation of 30 minutes of moderate intensity activity on most days of the week will be a possibility and public health is bound to improve.

Local Government also has a role to positively influence healthy eating in our communities. Where direct resourcing of healthy eating programs is not an option, Councils can lead by example and also support community groups working in this space. Here are some ideas that would help to keep the momentum going:

1. Keep promoting the walking and cycling groups through Council media channels and networks to attract new participants. Some co-ordination is required although once the groups are running and able to attract new participants, it is a small investment for the physical, mental and social health benefits.
2. Consult with existing walking and cycling groups about proposed new infrastructure or improvement of existing paths and trails. In 2012-13, Corangamite walking groups assisted Council officers with walking audits that were used in walking map production and contributed to priorities for infrastructure developments. Win-win!
3. Continue to liaise with local health services as well as disability and community support agencies to encourage staff to refer people to the established, low intensity exercise programs - Heart Foundation Walking and Heartmoves. Provide staff delivering these programs with opportunities to meet health professionals working in preventive health. There is much they can learn from one another.
4. Develop a Healthy Eating Policy for Council workplaces and events.
5. Supported by the policy, embed three simple, population-level, healthy eating messages at community events or Council activities:
  - Go for 2 serves fruit each day (fruit is delicious and displaces less nutritious choices for a snack or dessert)
  - Fill half your plate with vegies at lunch and dinner (it's fun to eat a rainbow of colours!)
  - Choose water first

6. Recognise the diverse and complex health and nutrition and access needs of people with a disability when organising and catering for community events. Rural Access staff are well placed to assist here.
7. Continue to promote active travel for its many benefits that align with Council Health and Wellbeing Plans as well as Sustainable Transport Plans. Layer the benefit by combining the healthy eating options and messages when food is provided at these events.
8. With the introduction of the National Disability Insurance Scheme, people with a disability will be looking for suitable opportunities to participate in mainstream recreation and social activities. Many of the activities developed by EWBA have been shown to be very accessible and sought after so Councils should promote these opportunities.

**Richard Stone, Service Manager Active Ageing & Inclusion, Warrnambool City Council**

*“In Australia today, the health and wellbeing status of people with a disability is significantly poorer in comparison to those without disability and this health inequality is largely preventable. There is also considerable evidence that shows that caring for a family member with a disability is linked to an increase in mental and physical health problems.*

*A major achievement of the Eat Well Be Active Program has been the program’s ability to action initiatives across a range of sectors, in a variety of settings and in turn address the health disadvantage people with a disability experience. The program improved supports, developed systems and policies and built capacity in individuals, organisations and communities to address the health inequality and create health promoting environments for people with a disability.*

*The program built on existing partnerships and connected Local Government, disability agencies and generic health services and this was pivotal in leading to a greater understanding of how each sector worked and the incorporation of initiatives across a number of settings.*

*But for me the best example of the program’s success is the fact that people with disability have relished the opportunity to be part of the programs activities and when I witness the sheer joy of people’s participation I realised that if motivation is a key aspect in staying healthy then that will be this program’s lasting legacy.”*

## What did we learn? Recommendations for the Disability Sector:

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The strong relationships and partnerships developed during EWBA have resulted in the development of many activities that have improved the health of participants and they have also had great fun. Outcomes have been most marked when staff have integrated what they have learnt about healthy eating and physical activity into their daily work because they believe in it and see the benefit. This work is tough when colleagues do not embrace the changes together. It was most streamlined when staff professional development was coupled with policy change. Samples of healthy eating and active travel policy suited to the disability sector can be found at [www.eatwellbeactive.org](http://www.eatwellbeactive.org)

1. Ensure your agency nutrition and active travel policies are actively followed and become part of your workplace culture (and not forgotten over time). This helps staff to be innovative and deliver consistency between all programs, staff, residence, managers and carers to support the health of clients. Sample policies and other resources are available at: [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)
  2. Continue to promote and model the importance of healthy eating and regular physical activity via staff meetings, events, networks, newsletters, induction and training.
  3. Make sure your support staff recognise their key role in promoting healthy eating and being physically active to clients and achieving behaviour change for clients. Staff Induction is an ideal opportunity to initiate this.
  4. Promote healthy eating with clients using the Nutrition Kit and healthy cookbooks, in a way which suits clients learning needs and abilities. Resources are available at [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)
  5. Continue to support *Foodies* to promote healthy eating. They've been trained and have a positive working relationship with the Nutrition Manager responsible for the Community Dietitian role.
  6. Create opportunities to embed the three simple healthy eating messages in events and activities associated with food:
    - Go for 2 serves fruit each day (well suited for a morning or afternoon snack or a dessert)
    - Fill half your plate with vegies at lunch and dinner
    - Choose water first
- \* Opportunities include: mealtimes at the residences, day programs, respite activities or special events that have bbq's, light lunches or refreshments as well as workplace activities that have catering. Involving people in the menu planning, preparation and serving of food is a practical way to boost knowledge and skills related to healthy eating. Linking the shopping to active travel boosts physical activity and is another way to connect people to their community.*
7. Continue to support and promote the Community Kitchens program as a low cost and effective way to build healthy eating knowledge and skills of people with a disability who live independently. Community Kitchen Co-ordinator contact details are available at [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)
  8. Continue with your agency-based recreational cycling activities. Having staff trained to lead cycling groups, access to a fleet of cycles and many wonderful cycling paths and trails is a great set of circumstances to provide people with a disability with access to a physical activity that is fun and low-cost.

9. Disability Accommodation Service households who come together for the Heart Foundation Walking group are encouraged to keep this routine going. The late afternoon time-slot is the same time as many community members take a purposeful walk for exercise and it is helpful for residents to develop this routine too.
10. Disability Service Day Programs are encouraged to make 6-8 week bookings for Heartmoves at AquaZone or the Archie Graham Community Centre. Combined-agency arrangements may help groups reach minimum numbers required to hold sessions.
11. Support individuals or small groups of people wanting to join community-based walking, cycling or low-intensity exercise activities. The Rec-Connect Course delivered by South West Sport is excellent professional development for support staff to learn how to engage people with a disability in community-based recreation, for the long-term.
12. The National Disability Insurance Scheme presents people with a disability with opportunities to participate in mainstream recreation and social activities and many of the activities included in EWBA have been shown to be very suitable.

*Participant feedback:*

*On a scale of 1-5 with 5 being the most enjoyable, over 90% of responses rated being active outdoors (walking, cycling and active oceans) as 5.*

Local disability services are encouraged to keep creating opportunities for clients to access natural assets like the parks and trails in coastal and rural environments that are brilliant for walking, cycling and water-based activities.

*Participant feedback:*

*I enjoyed having staff join in when we did Heartmoves and also at the big walk with everyone. When we did the Wheelie Course I did really well and loved mixing with friends and staff.*

*- Woman in 20's in Disability Day Program.*

Creating opportunities for clients to mix informally and get to know staff and other people well, boosts health. We all benefit from having meaningful social connections.

*Staff feedback:*

*'I lost 5 kilos after just following the healthy plate from the nutrition training session.'*

By adopting the healthy behaviours demonstrated in EWBA, some staff gave their own health a boost... Win-win.

*Staff feedback:*

*I left Rec-Connect training feeling really motivated to help clients get involved in community recreation but my colleagues soon put a dampener on that.*

*Support colleagues to help clients develop healthier habits – be creative and have some fun as you make small physical activity and food swaps.*

## What did we learn? Recommendations for the Health Sector:

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It makes a lot of sense for health services to work in partnership with Local Government to guide people with compromised health to be involved in community-based opportunities to boost their health. With the prevalence of diabetes and other chronic illnesses associated with inactivity and poor nutrition escalating, please encourage people who access your services to seek community-based opportunities to improve or maintain their health.

Here are some ideas for health professionals that would help to keep the momentum going:

### *Health Professionals working in preventive health*

1. Evidence shows that people trust a referral from their Health Professional – *particularly their GP*. Where Local Government, Community and Recreation Centres offer community-based programs with national accreditation such as Heart Foundation Walking and Heartmoves, seek these out and refer people to them. Our combined efforts are essential.
2. Mental health professionals and others who are currently managing clients with complex behavioural conditions are asked to provide support for the person wanting to participate in the community based activity initially. EWBA experience has shown it is better for all involved to support the person to develop a relationship with the community-based group. Overloading community groups with people with high-support needs is detrimental, so please work with the community group to get the balance right.
3. Once involved in a walking group or Heartmoves, word of mouth tends to take over and people hear about the community gardening/healthy cooking, cycling, water aerobics and other opportunities on offer. Many are low cost and some are no cost. Encourage people who use your service to get involved in one of the physical activities with their friends or family.
4. EWBA participants have told us that they start coming to the physical activities for health reasons, but keep coming for the social interaction. There are numerous testimonials describing positive outcomes. Please suggest people look at the program videos at: [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)
5. One part of the EWBA program specifically targeted building the capacity of the disability sector. Disability agencies in southwest Victoria offer some innovative opportunities for respite funded activities such as Active Oceans, bike-riding and a community kitchen. South West Sport coordinates the Access for All Abilities program that supports the engagement of people with a disability into recreation. Suggest that people with a disability and their families or carers explore some of these options by looking at: [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au) or contact South West Sport [www.southwestsport.com.au](http://www.southwestsport.com.au) .

### The following tips are specifically for dietitians from our EWBA dietitian:

1. Recognise that people with a disability have multiple barriers to dietary change and these need to be considered in nutrition assessments, intervention and education.



2. Invite and value input from agency staff and carers. They can assist dietitians to address clients' needs in workable ways.
3. Consider utilising Eat Well Be Active resources when planning for people with a disability. The Nutrition Kit and healthy cookbooks which suit clients learning needs and abilities are available at [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)
4. If the opportunity presents, reinforce the three simple population level healthy eating messages which are promoted by the disability agencies through the EWBA program into:
  - Go for 2 serves fruit each day (well suited for a morning or afternoon snack or a dessert)
  - Fill half your plate with vegies at lunch and dinner
  - Choose water first

# Acknowledgements

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- Healthy Communities Initiative Steering Committee Members
  - Vicky Mason and Richard Stone – Warrnambool City Council
  - Steve Dawkins – Moyne Shire Council (2011-12)
  - Helen Durant (2011-12) and Fran Fogarty (2012-13) – Corangamite Shire Council
  - Susan Baudinette – South west Healthcare, Nutrition Department
  - Janice Harris – Coinda Terang
  - Joe-Anne Nicholas – Aspire, A Pathway to Mental Health
  - Jon Sedgley (2011-12) - WDEA Community
  - Kerry Nelson and Lil Ward– MPower
  - Catherine Darkin– Victorian Department of Human Services – Local Connections Unit
  - Judi Mutsaers – South West Sport
- EWBA Program Agency representatives
  - Richard Stone or Paul Lougheed & Neil Ballard - Warrnambool City Council
  - Louise McCrae – Coinda Terang
  - Kerrie Neave – Aspire, A Pathway to Mental Health
  - Lyn Gilmour & Pam Roy – Karingal
  - Andrea Lane – Southern Way
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  - Bruce Dempsey – SW TAFE Disability Unit
- The Friendly Kitchen
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  - Mark Wilson, Volunteer Facilitator
- Foodies
  - Bec Hirth – WDEA Community
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  - Lyn Gilmour , Pam Roy, Virginia Goodall & Lisa Cameron - Karingal
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  - Mary McLeod: Area- Coordinator Archie Graham Community Centre, W'bool City Council
  - Jason Moloney & Leanne Wilson – Area Coordinators, AquaZone, Warrnambool City Council
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  - Tracey Mitchell – Cobden and District Health Service

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  - Ronald Sinclair
  - Mabel Mitchell
  - Jim Finnerty
  - Lester Campbell
  - Jeff Jenkinson
  - Bernie Drew
  - Peter Reeve
- Warrnambool Community Garden Members
  - Geoff Rollinson
  - Robyn Drechsel
  - Paul Horsenell
  - Pauline Hurley
  - Jenny Gent
  - Peter Jackman

Members who garden & cook on Tuesday mornings: Mark Wilson, Suzanne Hill, Diane Lewis, Marg Gillen, Chris Mahon, Marita Murphy, Gill Dowlin, Jenny Gent, Keith Fisher, Phil Royal & the WDEA Work for the Dole Crew
- Active Oceans
  - Kerry Nelson, Lisa Macdonald, Jess Tucker, Lil Ward & Debbie Harman – MPower
  - Ida Torneus - Aspire, A Pathway to Mental Health
  - Carolyn Jennings – Inspiring Opportunities (swimming instruction)
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  - Judi Mutsaers – South West Sport (REC-Connect Facilitator)

- Preventive Health Working Group
  - Mary McLeod - Archie Graham Community Centre, WCC
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  - Jason Moloney - Program Co-ordinator, Aquazone
  - David Meade - Allied Health Manager, South West Healthcare
  - Adrian Benson - Allied Health Manager, St John of God Hospital
  - Colin Wakely - Exercise Physiologist, Lyndoch Living
  - Carly Dennis - Population and Community Health Co-ordinator, Great South Coast Medicare Local

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  - Janine Dureau-Finn - Community Health Manager, South West Healthcare
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**Clare Vaughan,**  
**HCI Program Manager**  
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