

# Eatwell Be Active Southwest Vic.

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

## *Final Report*

*6 December 2013*

# Contents

Executive Summary.....	i
Introduction .....	1
Program Timeline.....	2
Program Overview .....	3
Program Logic .....	4
Rapid Needs Assessment .....	5
Governance .....	7
Media Communication Plan.....	9
Heart Foundation Walking.....	11
Heart Foundation Heartmoves .....	13
AustCycle and Social Cycling .....	15
Be Active - in the Disability Sector .....	19
Eat Well - Disability Sector .....	29
Community Gardening.....	33
Community Kitchens .....	35
Local Government Initiatives .....	37
Eat Well Be Active Cafe.....	37
Community events .....	39
Quick Guide: Corangamite Shire Walking Tracks Booklet .....	48
Linking Preventive Health Services to Community-based Prevention Programs .....	49
Home and Community Care Seminars.....	51
Evaluation .....	52
Participant Outcomes .....	53
Participation summary.....	57
EWBA Disability Sector Outcomes .....	60
Feedback from HCI Steering Committee .....	63
Feedback from EWBA Program Committee.....	65
Program Implementation Reflections.....	66
Recommendations .....	71
For Councils:.....	71
For the Disability Sector:.....	73

For the Health Sector:.....	75
Appendices.....	77
Appendix 1   Sample Healthy Eating Policy .....	77
Appendix 2   Sample Active Travel Policy .....	79
Appendix 3   Foodies Project Overview .....	82
Appendix 4   Swap-it Challenge Results 2013 .....	84
Appendix 5   Tips & Traps for Heart Foundation Walking Groups.....	86
Appendix 6   Social Cyclists Information and Registration Form .....	88
Appendix 7   Tips & Traps for Agencies with a Community Garden Membership.....	90
Appendix 8   Eat Well Be Active Info for Home and Community Care Teams .....	92
Appendix 9   What’s on each week in Warrnambool Timetable .....	94
References .....	95
Acknowledgements:.....	96

# Executive Summary

## *Introduction*

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*

*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

Although the funded program came 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 two <i>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 Great South Coast 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*

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*

- **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*

'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 may be a good start but is generally not of long-term beneficial for health.

One walk, cycle session or Heartmoves class per week is not going to impact on an individual much at all, particularly 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 incorporate the three healthy eating messages into all meals and snacks AND they use active travel in daily life where possible... then health improvements are inevitable.

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 through the release of endorphins from being active as well as being outdoors and engaging with nature. These activities also provided opportunities for social contact also improve motivation to continue to activity and boost the dose of the intervention.

Even greater improvements in health will be 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*

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:*

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:*

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:*

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 co-ordinates 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

# Introduction

The Healthy Communities Initiative (HCI) is funded by the Australian Government - National Partnership Agreement on Preventive Health to tackle the health burden of obesity and chronic disease by establishing healthy lifestyle programs and activities for people not in the workforce.

The Eat Well Be Active - Southwest Vic Program (EWBA) is undertaken in the three Local Government Area's (LGA's); Corangamite and Moyne Shires as well as the City of Warrnambool. EWBA specifically targets people with disabilities and carers, due to research indicating the high levels of overweight and chronic disease in this sub-population. Social isolation and discrimination exacerbate health problems.

People with a disability have higher rates of chronic disease and mental health conditions compared with people without disability.

- Diabetes or high sugar levels before the age of 25 (23% people with a disability vs 7% people without disability)
- Overweight or obese (69% people with a disability vs 58% for people without disability)
- Low levels of exercise or no exercise (43% people with a disability vs 31% people without disability)
- Mental health problems (48% people with a disability vs 6% people without disability)
- Experience high levels of psychological distress (24% reporting high distress levels and 19% reporting very high distress levels, compared with 5% and 1% respectively for people without disability)
- More likely to have seriously considered suicide (42%) or attempted suicide (18%) compared to people without disability (9% and 1% respectively). *Australian Institute of Health and Welfare report 2010.*

Carers provide unpaid care and support to a family member or friend who has a disability, mental illness, chronic illness or other complex needs. It is common for carers to overlook their own health when they provide care to a family member or friend with a disability. The word 'carer' can be confusing. Many carers don't use this word to describe themselves and therefore the promotion of *Eat Well Be Active* activities needed to be varied in order to engage carers.

Eat Well activities aim to develop skills related to menu planning, shopping, healthy cooking and vegetable gardening particularly for disability support staff and carers, who then provide healthier food for the people they support. EWBA also supports healthy catering at community events and Local Government auspiced activities.





Be Active programs include Heart Foundation Walking and Heartmoves, AustCycle courses and social cycling on bike and trikes as well as Active Oceans activities held in coastal environments.

The initiative was implemented from September 2011 to December 2013. Sustainability was integrated into the program implementation from the outset.

## Program Timeline

	2011				2012												2013											
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
EWBA Program Planning & Evaluation	Disability Agency Partner engagement	Evaluation Consultant engaged  Rapid needs assessment	Evaluation plan completed & tools prepared			Baseline evaluation surveys distributed  Participation Forms  Staff & CEO or Manager Surveys									End Year 1 evaluation surveys distributed  *See list Feb 2012											End Year 2 evaluation surveys distributed *See list Feb 2012		
			EWBA attendance data collected																									
Eat Well Project						Eat Well Project Dietitian employed by Partner Agency South West Healthcare Eat Well Evaluation Report produced - March 2013																						

# Program Overview

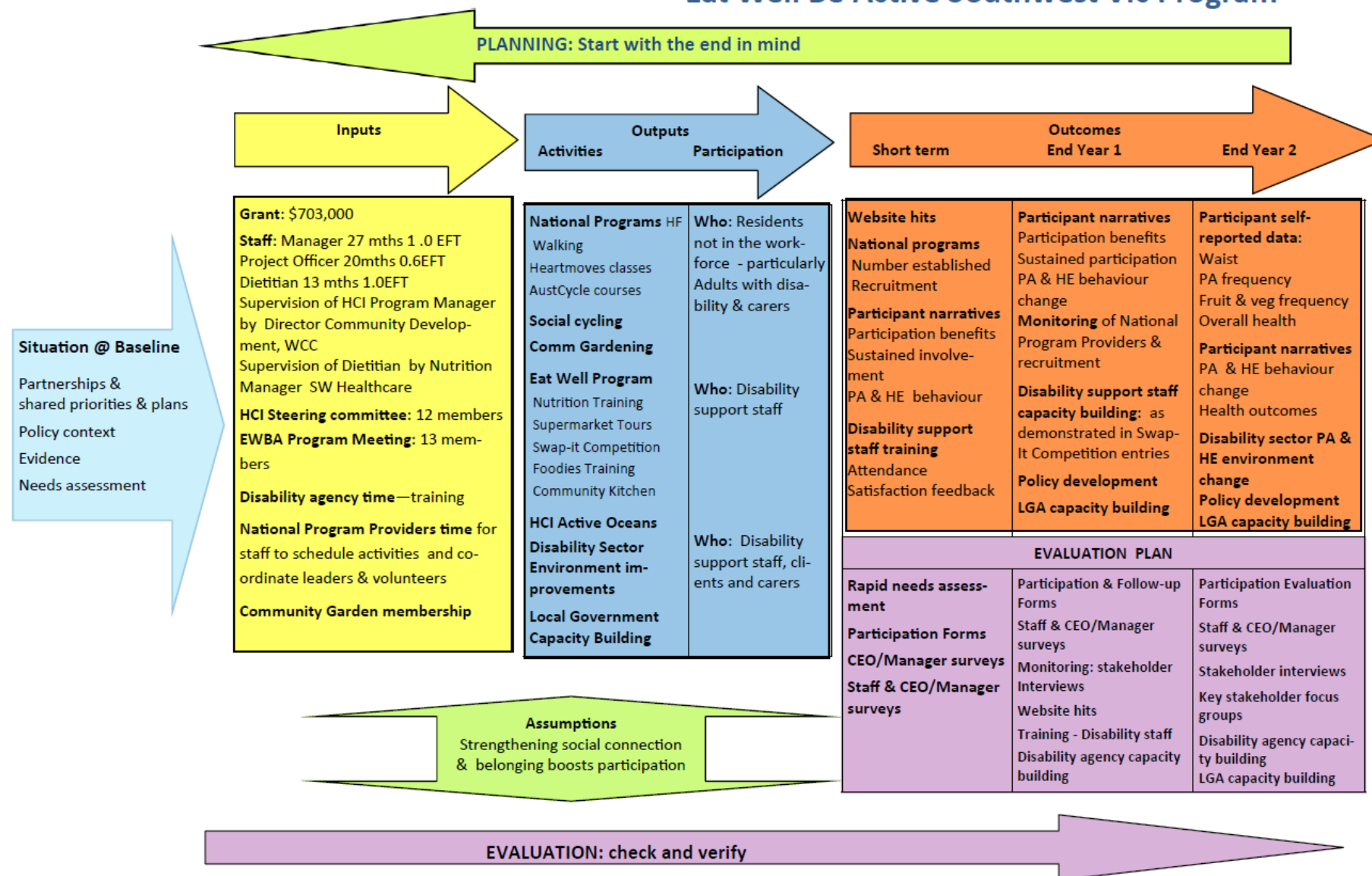
<p><b>Aim</b> </p> <p>To reduce overweight and obesity in people (18 + years) with a disability and carers by increasing healthy eating behaviours and physical activity opportunities</p>	<p><b>Evaluation methods</b> </p> <p>Self-reported data collected via participation forms completed by EWBA participants* at baseline, end year 1 and end year 2.</p> <p>Narratives from EWBA participants and disability support staff</p>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>EWBA participants <ul style="list-style-type: none"> <li>- Waist measure</li> <li>- Frequency of fruit and vegie consumption</li> <li>- Physical activity level</li> <li>- Self-reported health</li> </ul> </li> <li>Narratives from participants and support staff about health outcomes and behaviour change related to PA &amp; HE**</li> </ul>
<p><b>Objectives</b> </p> <ul style="list-style-type: none"> <li>To raise the awareness of healthy lifestyle programs</li> <li>To provide access to healthy lifestyle programs tailored to people with a disability and carers</li> <li>To build local capacity to deliver healthy lifestyle programs to people with a disability and carers</li> <li>To embed healthy lifestyle programs for people with a disability and carers in mainstream, disability and community sectors</li> <li>To increase healthy lifestyle behaviours</li> </ul>	<p><b>Evaluation methods</b> </p> <ul style="list-style-type: none"> <li>Website hits</li> <li>Attendance data</li> <li>Narratives from participants re:</li> <li>Disability support staff training attendance and satisfaction feedback</li> <li>Staff and CEO/Manager surveys to monitor change in environment related to PA &amp; HE.</li> <li>Key stake-holder focus group facilitated by an external evaluator end Year 2 to identify overall change in disability agency environments related to PA &amp; HE</li> <li>Policy document review</li> </ul> <p><b>Evaluation domains</b></p> <p>Engagement of the target group</p> <p>Sustained participation</p> <p>Benefits of participation</p> <p>Behaviour change</p> <p>Health outcomes and LGA Capacity</p>	<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>National Physical Activity Programs <ul style="list-style-type: none"> <li>- Heart Foundation Walking Groups</li> <li>- Heartmoves classes</li> <li>- AustCycle courses</li> </ul> </li> <li>Social cycling</li> <li>Eat Well Program <ul style="list-style-type: none"> <li>- Nutrition Training</li> <li>- Supermarket Tours</li> <li>- Swap-it Competition</li> <li>- Foodies Training</li> <li>- Community Kitchen</li> </ul> </li> <li>Community Gardening</li> <li>HCI Active Oceans <ul style="list-style-type: none"> <li>- REC-Connect Training</li> <li>- MATE Training</li> </ul> </li> <li>Disability Sector Environmental changes</li> <li>LGA Capacity Building</li> </ul>

\*EWBA participants include: disability agency clients plus general community members

\*\* PA & HE = Physical Activity & Healthy Eating

# Program Logic

## Eat Well Be Active Southwest Vic Program



# Rapid Needs Assessment

## *What information was gathered?*

During October 2011, a rapid assessment of existing physical activity and healthy eating opportunities on offer in disability agencies and mainstream community organisations was undertaken. Information was gathered about **who** was doing **what**, as well as **when** and **where**, so that the EWBA program could allocate resources to build on current work and not duplicate it.

The HCI Program Manager undertook the following tasks:

1. To ask disability agencies about the existing physical activity and healthy eating programs that they offer and find out about how they would like to be involved in the EWBA Program.
2. To find out about existing community-based walking groups, gentle exercise programs and bike riding programs including where and when activities. A judgement was made about what was working and what could be built on and what should be '*left-as,*' was based on:
  - Interest of existing participants and or organisation to join the EWBA program
  - Potential to include people with a disability or carers in the activity
3. To identify potential Providers of Heart Foundation Walking, Heartmoves and AustCycle programs.

## *Recommendations for Action from Needs Assessment*

The HCI Program Manager developed a series of recommendations for action to achieve the outputs of the Department of Health and Ageing (DoHA) HCI agreement. The recommendations were discussed at the HCI Steering Committee meeting in November 2011 and the implementation plan was developed and approved by the HCI Project Officer at DOHA.

Recommendation 1: Start **Heart Foundation Walking** in Warrnambool and Camperdown by joining existing walking groups organised by a community managed mental health service. There was potential to link with existing walking groups in the Corangamite Shire towns of Cobden, Timboon and Terang. Limited interest was in Moyne Shire identified outside of Port Fairy.

Recommendation 2: Warrnambool and Terang are suited to delivery of **Heartmoves** because these places have access to potential participants via disability agencies in these centres. One disability agency has staff interested in delivering their own classes although a pre-existing arrangement to access the local gym for very low-cost makes this option a low priority. Supporting Moyne Health Service to develop Heartmoves in Port Fairy ensures this LGA has some access to HCI resources for this program.

Recommendation 3: Start by introducing **AustCycle** in 1-2 disability agencies.

Investigate linking with existing mid-week cycling groups in Port Fairy (started by Moyne Health & Moyne Shire partnership) and Warrnambool (started by Warrnambool City Council's Travelsmart Co-ordinator). Both groups are interested in being part of HCI. Concern expressed by Corangamite Shire recreation staff about introducing cycling programs for beginners because the rural roads have many blind corners and milk trucks which make them potentially dangerous.

Recommendation 4: Develop links with the Warrnambool Community Garden because three disability agencies already have plots there and the community managed mental health agency work with volunteers in community plot from time to time. There is scope to develop healthy food production and cooking skills although evidence for effectiveness of this strategy to address obesity is limited.

Recommendation 5: The HCI program needs to find creative ways to positively influence eating habits of families of people with a disability or mental illness. Consideration of the demands of the carer role is required.

Recommendation 6: Support residences and day programs for people with disability with health eating workforce development and policy development (ie: dietitian to run sessions on involving clients in healthy shopping through label reading, menu planning or 'swap-it activities)

Recommendation 7: Support residences and day programs with physical activity workforce development and policy development. (ie: building travelsmart ideas into operations, taking on a responsibility in a community walking group such as taking turns organising refreshments... filling thermoses, bringing clean re-usable cups)



# Governance

## *HCI Steering Committee*

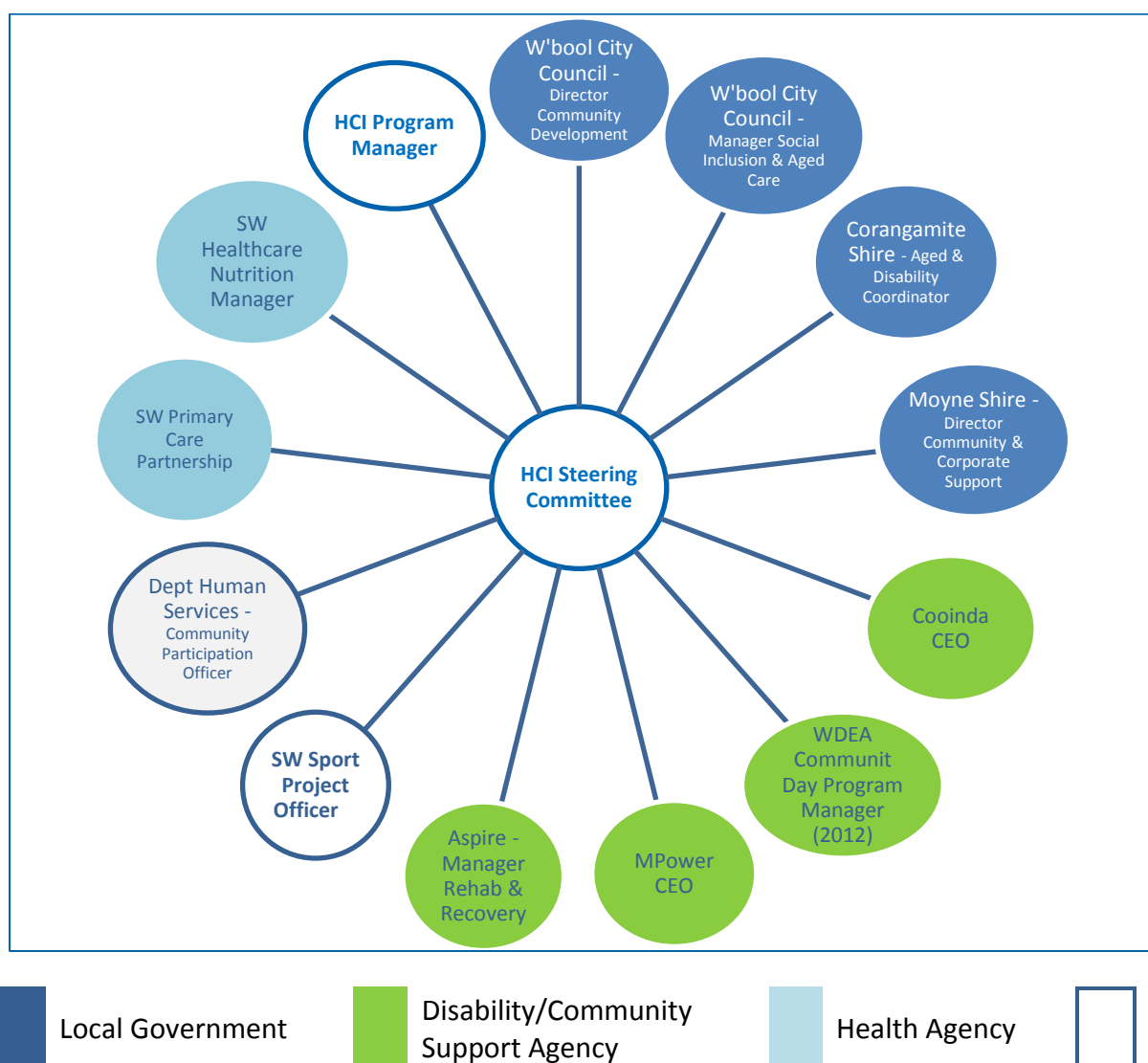
In September 2011, the HCI Steering Committee was formed and the Eat Well Be Active Program planning and evaluation commenced. The HCI Steering Committee had representation from three Local Governments, four non-government community support agencies – three providing disability support and one providing support to people with psychiatric disability. The HCI Steering Committee initially met monthly and ended up having met three times each year in 2011, 2012 and 2013.

The key role of the HCI Steering Committee was to oversee strategic planning in each municipality.

Risk assessment discussion identified two key risks to success for the EWBA program:

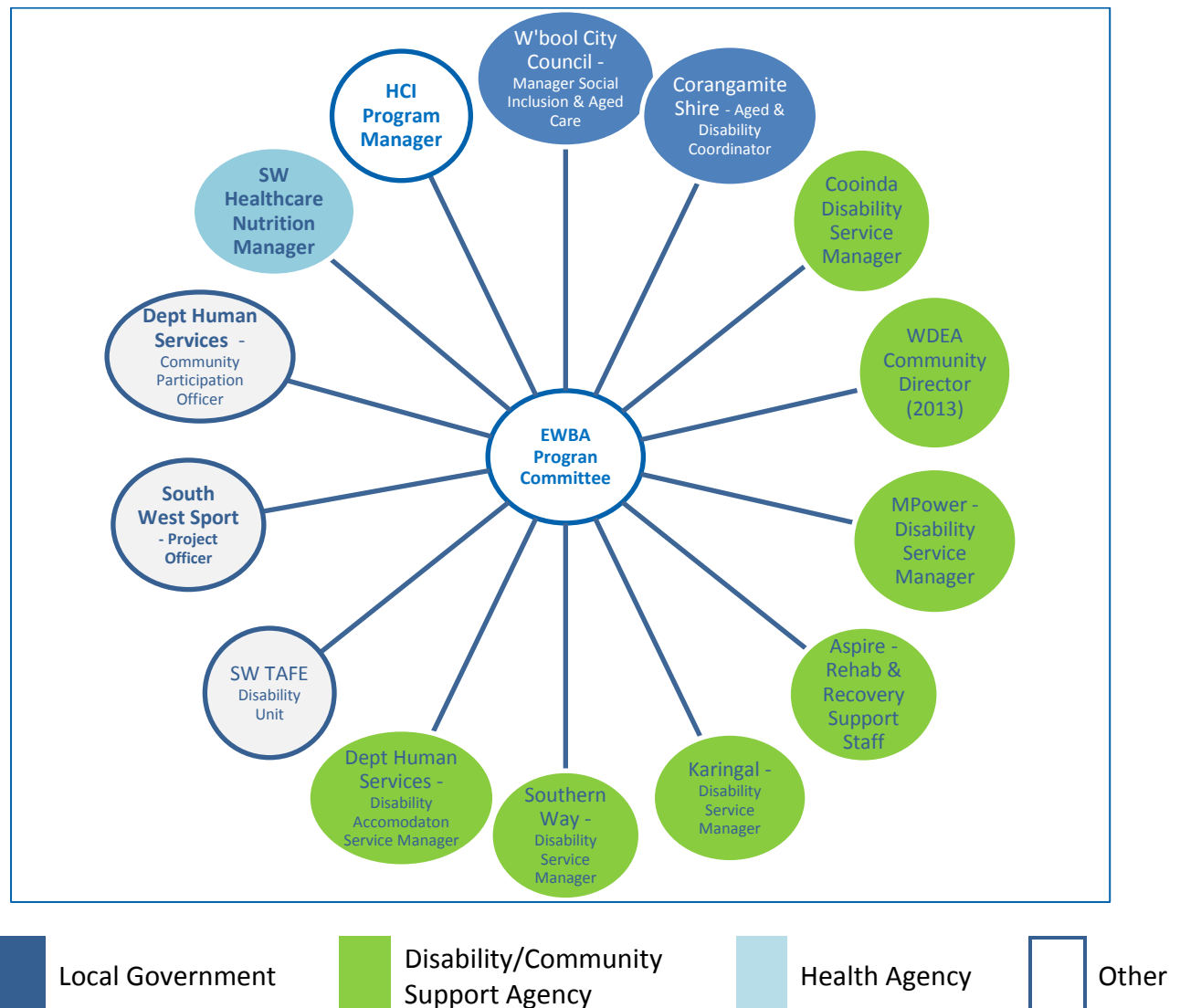
1. Recruitment of individuals to national physical activity programs, and
2. Engagement of disability agencies in the Eat Well Project

Sustainability of intervention to have lasting impact was also a major concern.



## EWBA Program Committee

As the EWBA program rolled out, it became apparent that more operational level agency representatives were required at meetings. The frequency of the HCI Steering Committee was reduced and the EWBA Program Committee was formed. This group met monthly from February 2012 and bimonthly by mid-2012 and had more focused discussion about involvement in the Eat Well interventions within their own agencies and also the national programs on offer in their communities.



# Media Communication Plan

<b><u>Contributors:</u></b> <ul style="list-style-type: none"> <li>EWBA Team: HCI Program Manager &amp; EWBA Project Officer</li> <li>WCC Media Communications Team which included Web Designer, Graphic Artist, Journalist</li> </ul>	
<b><u>Target group:</u></b> <ul style="list-style-type: none"> <li>People with a disability and carers</li> <li>Mainstream community members who are not in the workforce</li> </ul>	
<b><u>Key messages:</u></b> <ul style="list-style-type: none"> <li>Be active and eat well!</li> <li>Think of walking as an opportunity not an inconvenience; build it into every day</li> <li>Do 30 mins moderate intensity PA most days of the week; every 10 minute bout helps.</li> <li>Belonging to a physical activity group helps many people to keep participating for the long term</li> <li>Nutrition Messages: <ul style="list-style-type: none"> <li>Go for 2 serves of fruit a day</li> <li>Fill half you plate with vegies at lunch and dinner</li> <li>Choose water first</li> </ul> </li> <li><i>Swap – it; don't stop it; how to lose the belly without losing out on the things you love</i></li> </ul>	
<b><u>EWBA Activities:</u></b> <ul style="list-style-type: none"> <li>Heart Foundation Walking groups</li> <li>AustCycle Courses and Social Cycling</li> <li>Community gardening</li> <li>Active Oceans</li> <li>Heart Foundation Heartmoves classes</li> <li>Hands-on healthy food activities such as menu planning, healthy shopping &amp; cooking</li> <li>Community Gardening</li> <li>Disability Support Staff Training <ul style="list-style-type: none"> <li>Nutrition Training</li> <li>Supermarket Tours</li> <li>Bike Ed – Assistant Instructor Course</li> <li>REC-Connect</li> <li>MATE Seminar</li> <li>Foodies program</li> </ul> </li> <li>Swap-it Competition</li> </ul>	
<b><u>Key stakeholders:</u></b> <ul style="list-style-type: none"> <li>3x Local Governments</li> <li>8x Disability Support Agencies</li> <li>5x Health Services</li> <li>2x Other</li> </ul>	

Tasks	When	By whom
<b>Website development:</b> Two-way exchange; info distribution & evaluation data collection Timetables of activities update monthly	Nov 2011- Jan 2012 Monthly	Media Team EWBA Team
<b>National Program Launches:</b> <u>HF Walking:</u> Postcard invitations to carers/families, Media releases & radio advertisements <u>Heartmoves:</u> Flyers to Health Services & disability agencies; media releases; guest speakers; free passes; refreshments advertised <u>AustCycle:</u> Soft launch with disability agencies	Jan- Feb 2012 May 2012 & 2013 Aug 2012	EWBA Team EWBA Team EWBA Team
<b>Disability agency publications</b> Newsletter inserts include: timetables for walking groups, Heartmoves classes, AustCycle Courses, social cycling, community gardening, community kitchen expressions of interest, swap-it competition	Frequency varies	EWBA Team
<b>Broad community engagement</b> Promotion at existing community events eg. Surf2surf Fun Run, Recreation - Give it a go week' Relay for Life (Corangamite)	Jan 2012 & 2013 Feb-Mar 2012 + 2013	EWBA Team EWBA Team

Tasks	When	By whom
Poster advertising walks placed in public areas	Opportunistically	EWBA Team
Tasks	When	By whom
<b>Local Government</b> Printed publications; W'bool, Corangamite & Moyne Websites - W'bool, Corangamite & Moyne Via various social media platforms such as face book, twitter etc.	Monthly or quarterly Opportunistically Opportunistically	EWBA & Media Teams
<b>Event flyers on community noticeboards</b> Walking groups, Heartmoves classes, Social Cyclists, Walk4Wellness,	Opportunistically	EWBA Team & disability agency day program volunteers
<b>Newspapers:</b> Paid advertising; The Extra/Western District News – Heartmoves Cross promotion via editorial pieces – all papers with local stories Photo opportunities Event details included in free Community Info section	Walking – Feb '12&'13 Heartmoves – May '12&'13 Cycling – Oct '12&'13	EWBA & Media Teams
<b>Radio CSA/Event promo</b> 3YB, Coast FM 10x30sec adverts through Rural Access Sponsorship; Walk4 Wellness	Oct '12 & '13	EWBA & Rural Access Teams
<b>Community Leaders Promotion</b> Jacinta/Ken/Ruth to launch program in each LGA Jacinta – W4Wellness Jacinta – cycling promo	Early 2012 Oct '12 & '13 March 2013	EWBA Team
<b>Information Display and community engagement activities</b> Digital community noticeboards	Opportunistically	EWBA Team
<b>Incentives</b> Walking groups – bring a friend card to receive free pedometer Heartmoves – free passes Cycling – Fun & Free T-shirt on completion of AustCycle Return of Participation Form: EWBA Water bottle	Mar 2012 May 2012-13 End of course Nov 2012	EWBA Team
<b>Video clips</b> for evaluation & ongoing promotion	Aug-Oct 2013	Web-designer EWBA Team
<b>Report production</b> Eat Well output Full EWBA Report	Feb-Mar '13 Oct-Dec 2013	EWBA Team EWBA Team
<b>Dissemination</b> Eat Well publication emailed DoHA, disability & dietetics networks Full report: DoHA, Community-based obesity prevention Fact sheets – Local Government, Disability sector, Health professionals – chronic disease management & prevention, DoHA Heart Foundation – Healthy Communities Award Nomination Nominations for LGPro Partnership Award and Disability & Aged Care Award in 2012 and 2013.	May '13 Nov-Dec'13 Dec 2013  July 2013 Oct 2012 & 13	EWBA Team   LMc & CV VM & CV

Heart Foundation Walking is a network of free community-based walking groups with volunteer Walk Organisers who lead groups in local areas. Community organisations appoint an area-coordinator to administer the program.

### Objectives

- To raise the awareness of the benefits of walking to boost physical and mental health and build social connections.
- To embed the Heart Foundation Walking program for people with a disability and carers in disability and community sectors of Warrnambool, Corangamite and Moyne

### How we got started:

- September - October 2011: A 'rapid needs assessment' was conducted; Local Councils, Community Health Services and Disability Support Agencies were contacted and six existing walking groups were identified the region. Five were linked to Seniors Clubs and one was led by a friendship group and was promoted by a local café. Expressions of interest were collected from organisations interested in administering a Heart Foundation Walking group.
- November 2011: Heart Foundation Walking Information Session delivered by Project Officer for Victoria; 25 people attended including reps from existing walking groups and organisations interested in starting Heart Foundation Walking. From this group, 9 participants attended the Area-Coordinator Training. Promotional flyers and attendance record templates and other resources available on the Heart Foundation Walking website.
- December 2012: HCI funds purchased a start-up kit for all Heart Foundation Walking groups which included: Community Walking Flag (2metres tall), back-pack, first aid kit, sunscreen, folder for registration forms and attendance sheets, chopping board and knife for fruit, storage box.
- Postcards were sent to all clients, carers and families on the mailing lists of disability agencies to ensure the target group were aware that EWBA programs were specifically for them.
- February – March 2013: EWBA Program launch in each LGA with a community walk.

### Heart Foundation Walking Organisation & Participation

Organisation	Walk location	Participants		
		Individuals	Total participant/ walks	3mths of walking
<b>Warrnambool</b> : Archie Graham Community Centre & Aquazone WCC	W'bool Foreshore Path, Russell's Creek path & Botanical Gardens	314	3622	118
<b>Corangamite</b> : Health Services in Cobden, Lismore , Derrinallum & Terang & Timboon & Camperdown Community House	Rail trail in Cobden and Timboon streets	102	2345	85
<b>Moyne</b> : Port Fairy Community House	Port Fairy paths & streets	20	92	None yet
<b>Total</b>		<b>436</b>	<b>6059</b>	<b>203</b>

## What worked well?

- Belief in the Heart Foundation Walking model which has a strong evidence base for effectiveness.



*"Hundreds of groups exist all over Australia so why wouldn't one work here." - Local Government Community Centre Programs Co-ordinator*

- 'Bring a friend cards' distributed to walkers; free pedometers given to those who did bring a friend.
- Walk times altered to suit change in seasons and daylight savings time changes.
- Ponchos and sturdy umbrellas distributed to walk organisers to help keep groups walking in winter.
- Positive feedback from health services about the walking groups meeting the needs of participants.

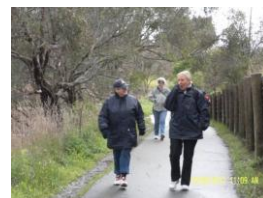


*"The meeting we had with other Corangamite Walk Area-Co-ordinators was helpful. We discussed tips & traps for sustainability of our groups and agreed we needed to develop ideas that keep the walkers interested. Since then we have done a couple of combined group walks."*  
- Walk-organiser from small rural health service.

*"Even people who have left our service are still participating in the walking group. It is a great outcome."*  
- Mental Health Service Rehabilitation and Recovery Staff Member

## What didn't work so well?

- Initially the walking groups were not of interest to clients from the agencies.
- Integrating groups of people with intellectual disabilities into community walking groups.
- Promotion linked to community events such as Warrnambool's Surf2Surf Fun Run/Walk, charity events such as *Relay for Life* and the *Mother's Day Classic* run/walk and Corangamite Shire's: *Recreation – Give it a Go* Program.
- Some community walking groups struggled to get going and others kept stable but did not grow.



## What can still be done and by who?

- Area Co-ordinators and walk organisers to continue to encourage walkers to invite others to join in and keep the group interesting.
- Area Co-ordinator advised to attend the walking group at least 1-2 per month and promote the group to health professionals to attract new walkers to groups.
- Refer to the Tips and Traps for Heart Foundation Walking Groups in Appendix 5 of this report.

Turn to page **21** for Heart Foundation Walking for people with a disability

Useful resources: [www.heartfoundation.org.au/active-living/walking](http://www.heartfoundation.org.au/active-living/walking) (Click here).

Thanks to Evonne Dart, Mary McLeod for contributing to the Heart Foundation Walking report.

The Heart Foundation's Heartmoves program is a gentle physical activity program suitable for people of all shapes and sizes who are either new to exercise or returning after illness or injury. Heartmoves Leaders are accredited fitness professionals specifically trained to ensure participants work at their own pace in a friendly, supportive and safe environment.

## Objectives

- To raise awareness of Heartmoves to contribute to the prevention or better management of chronic illness such as heart disease and diabetes as well as long-term injuries that impact on functional capacity and quality of life.
- To provide the opportunity for residents of Warrnambool, Corangamite and Moyne including those with a disability and carers, to participate in an evidence-based gentle exercise program
- To develop pathways and procedures for Health Professionals to refer people with health conditions such as heart disease, diabetes and obesity to Heartmoves.

## How we got started:

- October - November 2011: A 'rapid needs assessment' was conducted and one Local Council, one Non-Government Recreation Service Provider and five Community Health Services expressed interest in becoming Heartmoves Providers. By February 2012, five agreements were signed and HCI subsidies allocated to providers.
- October 2011, March, June & September 2012: Eight leaders trained
- March 2012: Heartmoves Training Support Officer met with Providers to discuss operational and financial issues to maximise establishment of Heartmoves for the long-term. HCI Evaluation data collection requirements were also discussed.
- April, Sept 2012 and March 2013: HCI Program Manager made presentations at General Practice Nurses and Managers Network meetings to promote Heartmoves and invite referrals.
- From May 2012 – October 2013, Heartmoves was delivered in seven venues by five providers and eight leaders were trained to deliver the program and seven leaders delivered classes.
- April – July 2012: Heartmoves Leaders managed local promotion posted flyers on community noticeboards, distributed flyers and referral forms to health services and media releases prompted news stories in local newspapers.
- A piece of interesting feedback from a Heartmoves Leader in Rural Health Service was:

*We realised we had a gap in the classes we were delivering; there was a group of people who were not old enough for the low-intensity older adults classes and not fit enough for the classes on offer for younger people. Heartmoves filled this gap for women particularly - Heartmoves Leader in Rural Health Service*

- May 2012: Newspaper advertisements to piggy-back on National Heart Week promotion.
- March 2013: Two additional Heartmoves Leaders trained
- May 2013: Heartmoves re-launched at two Warrnambool City Council venues to coincide with Mother's Day and Heart Week. The Mother's Day draw to win 1 month of Free Heartmoves Classes helped promote the program in the community.





## Heartmoves Providers & Participation Data

Organisation	Participants		
	Individuals	Total participant / sessions	3mths of Heartmoves
<b>Warrnambool</b> : WCC Archie Graham Community Centre & Aquazone	169	1002	32
<b>Corangamite</b> : Health Services in Cobden, Terang & Timboon	44	620	23
Moyne : Health Services in Mortlake & Port Fairy	41	260	8
<b>Total</b>	<b>254</b>	<b>1882</b>	<b>63</b>

### What worked well?

- Using local contacts to identify fitness professionals with a genuine interest in becoming Heartmoves Leaders who could deliver the program with fidelity and also keep it fun.
- Distributing free passes for two sessions to attract new participants and also as incentive for regular Heartmoves participants to keep attending.
- Promotion of the maximum cost of \$5 for all Heartmoves classes.
- Re-launch of Heartmoves in Warrnambool in May 2013 after additional Leaders were trained and referral pathway from South West Healthcare to Heartmoves was improved.
- Catering for groups of clients from disability agencies to attend 6-8week Heartmoves programs.



### What didn't work so well?

- Trying to cater for groups of clients from disability agencies in community Heartmoves sessions. We got the balance wrong for some groups and some participants stopped coming.
- Getting patient referrals to Heartmoves from Primary Healthcare Professionals.

*'Unless we get referrals from the GP's and other health professionals, we will not attract enough Heartmoves participants to cover costs beyond the HCI subsidy.'* - Local Government Heartmoves Provider

- Several Heartmoves Providers did not renew Provider Licence in 2013-14 when the Heart Foundation announced they were looking for a buyer for the program. Licence fee too high.

### What can still be done and by who?

- Strengthen the relationships between Local Government Heartmoves Providers/Leaders and Health Professionals in General Practice and Community Health who provide chronic illness services. The Great South Coast Medicare Local Population and Community Health Co-ordinator will assist practitioners to meet one another at meetings in February and July 2014.
- Disability Agency Staff to liaise with Local Government Heartmoves Providers/Leaders to book Heartmoves sessions for clients in 6-8 week blocks annually in winter. Combined bookings welcome.

Turn to page **22**  
Heartmoves for  
groups of  
people with a  
disability

Thanks to Mary McLeod, Evonne Dart, Tracey Heeps, Pauline McGee, Julie Hall, Kerri Nicholson & Michelle Steere for contributing to the Heartmoves report.



AustCycle is a nationally accredited cycle training program with courses for people of all skill levels. Bikes and trikes are available for use in the course or participants can ride their own.

AustCycle Level 1 (Beginners): Suited to adults wanting to learn to ride or who have not ridden for a long time. The course covers basic cycle handling skills and progresses to safe cycling in a group in a traffic free environment.

AustCycle Level 2 (Intermediate): Suited to people wanting to learn to ride on roads in low traffic environments when commuting to work or to ride short trips around town. The Level 2 course develops road safety skills and traffic awareness.


Level 1 courses were held for groups of clients attending day programs at the disability agencies. Level 1 and 2 courses were held for individual residents not in the workforce who were not eligible to ride with agencies.

### Social cycling evolved in two areas.

1. The Warrnambool City Council Social Cyclists group was formed with the support of EWBA for individuals who want to simply ride in a group on the bike paths and trails. This group is co-ordinated by the Archie Graham Community Centre Programs Manager. Two informal community social cycling groups initiated in Moyne Shire without EWBA, operate effectively.
2. The disability agency day programs had groups of people ride for fun and fitness after they completed AustCycle Level 1 and support staff completed Bike Ed Assistant Instructor training.

### *Objectives*

- To teach cycling skills to people not in the workforce including people accessing disability support services.
- To encourage more people to access the wonderful cycling paths and trails in the region.
- To test the feasibility of Warrnambool City council as a long-term AustCycle Provider.
- To support the formation of a recreational cycling group for adults who want to just ride for fun and good health
- To develop social rides where safety is the responsibility of the participant.



Turn to page **22**  
for cycling for  
groups of people  
with a disability

### *How we got started:*

- Feb 2012, two people trained in Disability Support expressed interest in becoming AustCycle Instructors. One was already working in an agency with a set of bikes and was leading groups on rides. The HCI Program Manager also completed the AustCycle training.
- A set of bikes owned by local bike shop and available for hire from local government tourist information centre was used to pilot teaching cycling to people with a disability.
- The EWBA program purchased a set of 14 bikes and 6 trikes suited to the needs of adults with a disability as well as mainstream community members wanting to learn to ride or resume cycling after a long time.

- Negotiations were had with Local Government Caravan Park Manager to hold AustCycle Courses in the vacant park during the offseason and store cycles in a shed on site.
- The needs assessment process identified two existing mid-week cycling groups informally organised by local government in Port Fairy and Warrnambool. The EWBA program connected with the Warrnambool riders during 2012. The Port Fairy group were already at a point of being safe and sustainable and no further input was required.
- August 2012, bike riders from the Warrnambool informal cycling group plus AustCycle graduates, volunteers and AustCycle Instructors were invited to Archie Graham Community Centre and HCI Program Manager proposed formalising the Social Cyclists. The process required interested riders to sign a Social Cyclist registration form indicating that they would like to ride with the group and will take responsibility for themselves at all times when riding. Each week, social cyclists sign-in so that attendance is recorded and ride organisers know how many riders are in the group. Hire fees are recorded and paid to the community centre.
- The social cyclist group is a no cost or low cost activity; no cost for those who have their own bike and low cost to hire EWBA bike or trike for \$2/ride.

### Attendance/Participation

Activities	Groups	Participants		
		Individuals	Total ride/participants	3mths of social cycling
AustCycle Level 1 completed	21	146	1316	82
AustCycle Level 2 completed (Some did not do AustCycle Level 1)	1	8 (2)	29	-
The Social Cyclists (Some did not do an AustCycle Course)	2	51 (7)	525	21 (6)
Social cycling – disability agency groups	4	88	418	78
<b>TOTAL</b>	<b>28</b>	<b>146+(2)+(7) = 155</b>	<b>2288</b>	<b>88</b>

### What worked well?

- Purchasing cycles with internal hub gear systems that are relatively low maintenance.

*"The hire bikes are easy to ride and I feel safe on them when I started because I could easily put my feet down. - Female rider in her 70's."*

*"Having the bikes ready to go and not having to tow trailers for the courses was a real bonus. - AustCycle Instructor."*

- Having access to a shed for storing the bikes in a Local Government owned caravan park used only in summer. The park is traffic free and safe to hold courses and access the foreshore cycling paths and trails. IDEAL.
- Recruiting a mix of participants for AustCycle through the disability agency day programs, hospital chronic disease programs and general community members through the newspaper and community newsletters.

*"I did the AustCycle level 1 course after having a try of bike riding with a group from the hospital. I like being able to hire a bike, ride at my own pace safely and improve my health." - AustCycle Participant and now Social Cyclist*

*"Bikes have changed a lot since I last rode 20 + years ago. At the AustCycle Course I learnt some great tips for riding safely. I'll keep riding for sure now. - Female in her 60's*

*"AustCycle gave me the skills so I can ride confidently with the group a> riding a couple of times a week helps me to manage my own health  
- Course participant*



- Linking the Social Cyclists to the Archie Graham Community Centre Program enabling information about riding times and meeting points to be advertised in the *What's on at Archie* newsletter. AustCycle courses were also advertised in the newsletter.



*"The benefits I get from the social cyclists are huge; friendship, fitness, help from the men in the group with our bikes. I love it" Female rider in her 60's.*

*"I am retired and have ridden a road bike for fitness for many years. Now I am taking it easier and riding with the social group is a simple pleasure" - Volunteer ride organiser*

- Attracting experienced riders to be ride organisers enabled the activity to work well. Ride organisers fill a similar role to the volunteer walk organisers in the Heart Foundation Walking model that has proven effectiveness. Ride organisers help the group make a decision about where to ride as well as the pace and timing of the ride and help riders to get-along. Ride organisers had the opportunity to attend Bike Ed Assistant Instructor training to develop skills for safe group riding.

### *What didn't work so well?*

- AustCycle Courses were free and perhaps that meant people did not value them as much as if they had to pay. There were frequent absences due to other commitments resulting in considerable time spent calling people to confirm continued interest and attendance. There is a fine balance between offering a free course so that all can participate and offering a course with fee and people value it more because they have paid.
- Only one Level 2 was offered despite it being offered for most of 2013.
- Sunday courses were offered as a way of better catering for carers unable to participate in cycling on week days due to their carer responsibilities. Over a twelve week period only 6 people completed the level 1 course on the Sundays. There were too many interruptions due to participants having other commitments on weekends.

### *What can still be done and by who?*

- From 2014 onwards, the Archie Graham Community Centre Programs Coordinator and the ride organisers will keep in touch to keep the social cyclists groups functioning well.
- Continue to promote dates of AustCycle Courses & the Social Cyclist's through community newsletters, the Eat Well Be Active website and newspapers twice a year in summer and spring.
- Encourage riders to spread the word about the benefits of joining the social cyclists, for meeting new people, overall health and enjoying the outdoors.
- New riders Interested in riding with the social cyclists will be welcomed by ride organisers on the first Friday of the month when will have the skills assessed based on the RUSTY RIDERS CHECKLIST. This ensures new riders are safe to ride out with the group. Those who need to practice can do so in the safety of the vacant caravan park or register to complete the next AustCycle Course.
- For those wanting formal instruction, the AustCycle courses are planned for Feb-April and Sept-Nov 2014 & 2015.

Thanks to Mary McLeod, Mabel Mitchell, Keith Fisher, Jeff Jenkinson and Jim Finnerty for contributing to the Cycling report.

The three national programs delivered through the EWBA program were Heart Foundation Walking, Heartmoves and AustCycle. They were originally chosen because they were suitable for people with disabilities and carers as well as general community members. All were on-going programs that were able to be delivered by local government, health services or other community agencies across the three municipalities. The fourth physical activity program offered as part of EWBA was the local program titled Active Oceans.

Agencies were encouraged to learn about the benefits of active travel as a means of boosting incidental physical activity levels across the disability sector.

### *Objectives:*

- To provide people with a disability who access support services and carers with opportunities to participate in accredited nation physical activity programs.
- To boost the physical and mental health of people with a disability by providing access to the national programs and through active travel.
- To create opportunities for people with a disability to build meaningful social connections.

### *How we got started:*

- September - October 2011: A 'rapid needs assessment' was conducted to identify organisations interested in administering Heart Foundation Walking groups or AustCycle or staff interested in gaining a Certificate III in Fitness Instruction in order to deliver Heartmoves. None of the Disability agencies expressed interest in performing these roles. After further assessment providers were found in Local Government, Health Services and Community Houses.
- November 2011: Heart Foundation Project Officer for Victoria delivered an information session about how to start a new group; 25 people attended including representatives from existing walking groups and organisations interested in becoming a licenced provider. From this group, 9 participants attended the Area-Coordinator Training. Promotional flyers and attendance record templates and other resources available on the Heart Foundation Walking website were explained and dates, times and meeting points were negotiated so groups could get started.
- Postcards were sent to all clients, carers and families on the mailing lists of disability agencies to ensure the target group were aware that they were specifically being invited to join EWBA programs, starting with the Heart Foundation Walking groups.



- February – March 2012: An official Eat Well Be Active Southwest Vic Program launch was held in each LGA with a community walk. Key message was *‘if you enjoy this walk today... you can join us every week.’* Flyers were posted on community noticeboards and websites and media releases prompted news stories in local newspapers.

- February - April 2012: Three walking groups were established in Warrnambool. One was initially associated with a mental health service and therefore some people using this agency participated along with participants recruited through general community networks. A Wednesday morning walking group was started and one of the disability agency day programs had a small group of three walkers and a support staff member attended for a while. An afternoon walking group commenced at a local government leisure centre and one group of residents from a disability group home attended a couple of times. The walk struggled to attract participants from the general community and the staff supporting people from the group home stopped bringing residents along.
- November 2012: The Disability Accommodation Service started its own Heart Foundation Walking group at 4.30pm Thursday afternoons and five households participated throughout 2013.

## Participation

Program	Organisation	Participants		
		Individuals	Total participant/ activity	3mths of an activity
HF Walking	Disability Residential Service 5 group homes	22	220	10
	Day program 1	4	115	4
	Day program 2	10	415	10
	<b>Sub-total</b>	<b>36</b>	<b>750</b>	<b>24</b>
Heartmoves	Day program 1	9	51	0
	Day program 2	6	31	0
	Day program 3	11	17	0
	Day program 4	16	29	0
	Mental Health Agency	7	8	0
	<b>Sub-total</b>	<b>43</b>	<b>136</b>	<b>0</b>
Cycling; AustCycle + recreational rides	Day program 1	10	404	8
	Day program 2	13	221	12
	Day program 3	11	176	10
	Day program 4	23	431	15
	Day program 5	7	40	2
	Day program 6	5	40	0
	Disability Residential Service 1 (1 group home)	2	26	2
	Disability Residential Service 2 (1 group home)	2	5	0
	<b>Sub-total</b>	<b>73</b>	<b>1343</b>	<b>39</b>
Active Oceans	Combined agencies	57	83	-
	<b>TOTAL</b>	<b>209</b>	<b>2312</b>	<b>63</b>



## *What worked well?*

### *Heart Foundation Walking*

- Linking one of the walking groups to an existing group run by the mental health service enabled this service to have clients and staff participate because the timing already fitted with their schedule. Some of the walkers who were in the initial group in November 2011 have completed over 70 walks.
- A group of 6-8 men nearing retirement from a supported employment agency attend a weekly walking group at a local government recreation centre and they have reliably attended for almost two years. A few members of the general public have joined this group and all get along well.
- A Disability Accommodation Service started their own group and walk along the foreshore walking path at 4.30pm once a week. This is a time that many people are taking a purposeful walk for exercise and it is great that this group have adopted the routine.
- There were many positive comments from staff in relation to participation in the weekly Heart Foundation Walking group:

*"Many of the residents are friends and so the walking groups provide another opportunity for them to spend time together in the outdoors." - Support staff Member*

*"Our Disability Accommodation Service will continue to host our own Heart Foundation Walking group every Thursday arvo at the foreshore... our group is well established now." Manager of Accommodation Service*

*"Those who do the walk on a Thursday afternoon are more settled in the evening." - Support staff Member*

*"The 4.30pm timeslot worked well because it is the same time as many members of the community walk for health and fitness and it is good for the residents to do the same thing." - Support staff Member*



## Heartmoves

- Several people with a disability aged between 40-65 years who live independently have participated in a Heartmoves session once a week for over eighteen months. General Community member numbers have gradually increased over time which has been a great social inclusion outcome. All participants received 2 free sessions and then pay the \$5 weekly fee for the session.
- Two disability agency day programs participated in Heartmoves at a local government recreation centre to test the suitability of the program for clients and whether the approach would fit into agency structures. For this option to be viable post HCl funding, it is likely that agencies will need to combine their groups to meet the minimum numbers required to attend and fund the instructor.
- One disability agency day program and one mental health service participated in two Heartmoves sessions each at their own venue because support staff considered there would be fewer barriers to clients having an initial try. All seemed to enjoy the experience.

*"We went to Aquazone for a block of Heartmoves sessions instead of bike-riding when the weather was wet and cold. The clients enjoyed the change and the instructor was great. We hope to do Heartmoves annually. Support staff member"*

## Cycling

- The two AustCycle instructors with experience providing support for people with a disability were excellent.
- The volunteers who assisted with the AustCycle programs for people with a disability were most generous with their time and connected well with the clients who participated consistently.
- Almost 80 clients from disability agencies participated in AustCycle level 1 with some people participating in over 20 sessions before becoming sufficiently skilled to pass with support.



*"Being able to bring groups to do AustCycle at no cost was great. We would never have been able to do weekly cycling with clients without having access to the program. It got us started and now we know how to organise things and will keep groups riding because it is a great activity to do and the guys love it. Disability support staff member"*

*"I have participated extensively in cycling and noticed many clients getting so much pleasure from it "- Support staff member"*





- 34 disability support staff and 4 volunteers completed the Bike Ed Assistant Instructor program to enable them to safely lead group rides.

*"I enjoyed Bike Ed and feel confident to lead a small group of clients"*  
- Support staff Member

*"I found the Bike Ed course more useful than I thought I would."*  
Disability support staff member



### Active Travel

- After providing a briefing about the benefits and feasibility of active travel to CEO's and managers at a regional disability network meeting, an information session was provided to engage staff at one agency and two agencies developed policies.

*"We will continue to walk to the supermarket to buy healthy ingredients to cook for lunch on Wednesdays."* - Support staff Member

*"One of our clients regularly walks and rides his bike instead of taking taxis and buses."*  
- "Support staff Member

- Some support staff were able to integrate active travel into programs easily. A day program lunch group and an afternoon/evening respite program get together to do meal planning, walk to do the shopping and come back and prepare their meal and sit down together to enjoy it.

### What didn't work so well?

- It was challenging to integrate groups of people with intellectual disabilities into community walking and Heartmoves groups. Our experience was that it is better to introduce 1-2 people with an intellectual disability, who really wanted to join the community group or start a separate group.
- When the time of one walking group was changed to avoid the mid-morning heat of summer, a small group of women from a disability agency day program dropped out because 9am was too early for them to attend. At the end of summer other reasons prevented resumption of the original walk time. An afternoon Heartmoves class was held at a community recreation centre and attracted 6-8 people with a disability plus two members of the general community. The group persisted for 6 months then discontinued.
- Efforts were made to encourage the various day programs to start their own combined agency walking group, Heartmoves class but this idea did not gain traction. Two agencies informally came together for an afternoon cycling group that clients and staff appeared to enjoy.

- Encouraging disability agencies to proactively involve staff and clients in active travel as a way of increasing the level of incidental physical activity was a challenge. A briefing about active travel was presented to disability agency CEO's and managers at a regional disability network meeting. Following this, an information session was provided to engage staff at one agency and two agencies developed policies.

### *What can still be done and by whom?*

- Support staff are encouraged to keep participants involved and bring new people along to keep the various groups interesting
- Highlight to staff the opportunities they have to boost their own health when they actively engage clients in the various physical activity programs.
- The first National physical activity recommendation recommends we think of movement as an opportunity and not an inconvenience. This change in thinking is a good place to start for some support staff who were not interested in the physical activity programs.

Thanks to all disability agency staff who participated in the activities with clients, attended training and completed surveys . Also thanks to CEO's or Managers who participated in the HCI Steering Committee or EWBA Program Committee, enabled staff to attend training, completed surveys and participated in focus groups. The data collected contributed to this physical activity report.

## *HCI Active Oceans – Disability Sector*

### *Participation in physical activities in coastal environments*

MPOWER's innovative respite program Active Oceans seeks to promote and make accessible South West Victoria's most valuable asset, its coastline, as a recreational opportunity for people with disabilities and their carers. The program offers a wide range of water-based activities including:

**Swimming      Sailing      Rowing      Snorkelling      Fishing      Surfing**

#### *Objectives:*

- To adapt Active Oceans to meet the HCI Quality Framework registration standards.
- To provide training for disability service providers to boost their ability to support people with a disability in coastal activities for recreation.
- To deliver a range coastal activities for recreation to people with a disability 18+

#### *How we got started:*

- Active Oceans registration with the Quality Framework Registration Standards was achieved on the 23<sup>rd</sup> October 2012.
- The registration process has led to an increased focus on improved risk management strategies.

#### *What worked well?*

- 24 staff have attended the 'Community Development through Sport and Recreation' training, renamed as 'REC-Connect' in 2013. This training increased the capacity of disability service organisations to engage and maintain relationships with community sporting clubs. Direct care staff have developed an increased understanding of the important role of sport and recreation in promoting community inclusion.

*"The facilitator was knowledgeable and had lots of suggestions about things we could do with clients - even on the weekends." - Support staff member from a group home*

*"At the MATE seminar I learnt lots to make it easier to take clients to the pool. It was good that Life Guards did the course too" - Support staff member*

- Another 26 staff attended the Austswim 'Making Aquatics a Terrific Experience' training which built the skills and confidence of support staff and lifeguards to get more people with a disability in the water and simply moving and enjoying themselves. Physical and social access issues were explored using problem solving approaches that affirm what staff already knew and built on this.
- The training strengthened the relationship between disability service organisations, DHS and the local regional sport assembly, South West Sport. All agencies including DHS Accommodation Services are now included on the South West Sport mailing database and have made regular contact with the agency regarding active recreation opportunities in the area.
- 82 hours of activities including surfing and swimming have been provided to 13 adults with disabilities. Five adults participated in a swim/surf program of 4 swims and 2 surfs.

*"Participants knowledge of water safety really improved as did their confidence in the water." - Support staff member*

- 45 participants including eight wheelchair users were involved in a community surf event on Sunday 17<sup>th</sup> March 2013. The day was a joint project of Eat Well Be Active, local business, local council, Active Oceans and the Warrnambool Surf life Saving Club.



### *Challenges:*

- The registration of Active Oceans with the HCI Quality Framework was a time consuming requirement from which the Steering Committee is yet to present marked benefit. The program and the program auspice are currently accredited with Quality, Innovation, Performance (QIP). This accreditation already addresses many of the standards included in the HCI Quality Framework. Without clear benefits it is likely that the steering group will avoid duplication and not undertake reaccreditation with the HCI Quality Framework.
- There have been no referrals or inquiries as a result of having Active Oceans listed on the 'Healthy Living Network' website.
- The Active Oceans program is unique to the south west of Victoria. It has evolved over many years through a partnership approach between disability service agencies and local sporting clubs. It was also reliant on State Government respite funding for program coordination and delivery. As a model of service delivery it would be very difficult to replicate elsewhere.
- On reflection, the Active Oceans Steering Committee members believe that with more flexible guidelines, funding could have been better utilised on the purchase of adaptive equipment to facilitate the inclusion of people with high physical support needs into club environments. The individual behaviour change approach used relied upon recruitment of adults who simply did not register to attend.

### *What can still be done and by whom?*

- MPower will continue to be the auspice agency for Active Oceans and will continue registration with QIP. People with a disability in south west Victoria will continue to have access to these coastal activities.
- With the introduction of the National Disability Insurance Scheme, the staff trained in REC-Connect and MATES will be ready to support clients who may wish to engage in these activities accessing their own funding packages will be able to do so.

Thanks to Lil Ward, Paul Loughheed, Judi Mutsaers and Neil Ballard for contributing to the Active Oceans report.

## *HCI Active Oceans – Mental Health Agency*

There is a growing amount of research showing the mental health benefits of physical activity. Exercise has been found to reduce symptoms of mental illness, and studies relating it to cognitive therapy, have found it to have similar effects.

Acknowledging this, the Rehabilitation and Recovery Team at Aspire , A Pathway to Mental Health Inc. developed a 'Come-and-Try Physical Activity' Program and offered participants a range of physically active experiences. In 2013, Aspire made a commitment to provide participants with a physical activity program aimed at improving health, wellbeing and social connectedness. Thanks to the Aspire management for the support in setting up this program and for being prepared to think in an innovative fashion around service delivery.

### *Objectives:*

- Improve both physical and mental health for the participants of Aspire
- Increase social connectedness and community engagement
- Encourage community engagement by teaching new skills which will enable participants to take part in community and social events and activities

### *How we got started:*

Aspire was represented on the Steering Committee of the Healthy Communities Initiative (HCI) Eat Well Be Active Program and through this partnership, Aspire tapped into the expertise of MPower, the Active Oceans program auspice agency.

During the summer months we focused on introducing the participants to using the ocean. This included surfing, snorkelling and sailing. These sessions highlighted the fact that many participants were not confident in the water and did not know how to swim. As such, a 6 week swimming instruction/coaching course was introduced for the winter semester, utilising well qualified local instructors. In addition, sessions included horse and bike riding as well as tenpin bowling on a very rainy winter's day.

### *Attendance/Participation:*

The Physical Activity group has been well attended throughout the year, with the biggest numbers for the ocean based activities during the summer months.

Activities	Individual Participants The same participants tried multiple activities	Number sessions offered	Total session/participants
Surfing	8	2	13
Snorkelling	12	2	17
Horse riding	10	2	10
Heart moves	6	1	6
Sailing	8	1	8
Bike riding	6	3	14
Swimming lessons	7	5	15
<b>Total</b>	<b>57</b>	<b>16</b>	<b>83</b>

## What worked well?

- **Health:** Verbal feedback from the participants has been very positive. This anecdotal evidence often focuses on the reduction in mood or anxiety symptoms following the physical activity. In order to evaluate the program's effectiveness on improving mood, a short questionnaire measuring mood has been included before and after each activity. The preliminary results are showing improved state mood immediately following the physical activity.
- **Health:** Participation in *Active Oceans* sparked some participants to take greater interest in their own health and to take ownership of the opportunity to improve it. Active Oceans provided some with the motivation to participate in a physical activity after many years of inactivity.

*"Excellent, especially the surfing  
– I learnt heaps and felt great afterwards  
... a lot more motivated. Participant*

*Doing the activities got me out of the  
house and I am less depressed. I  
have enjoyed everything.'*  
- Participant

- **Social Connectedness:** It is apparent that group participants are getting to know each other and are looking forward to catching up on a weekly basis. For several of the participants, the group is one of the few social outings they have in the week.
- **Community Engagement:** Several of the participants are in the process of organising memberships into community activities such as Aquazone gym, organised swimming groups, or other community groups.



## Challenges

- Irregular attendance at the active oceans activities was a reality for some people in this program. While regular attendance would certainly enable participants to get the most out of these physical activity opportunities; the challenge for rehabilitation and recovery staff and participants together is to have health promoting experiences and build skills and confidence that will enable participation in physical activity in the community for the long term.

## What can still be done and by whom?

- Upcoming plans include seeking external funding to be able to continue to provide similar activities for participants in the future. With time, new opportunities arising from the NDIS may become apparent
- During the warmer months we are again encouraging participants to access local natural resources such as the beach and the beautiful walking tracks as well as cycling paths and trails around Warrnambool as ways to simultaneously manage their mental illness more actively and improve their physical health.

Thanks to Ida Torneus for contributing to the Active Oceans – Mental Health agency report.



The Eat Well Component of the EWBA Program focused effort on building capacity of the disability setting to promote healthy eating in order to address the high rates of overweight and obesity among clients and carers. There were nine agencies involved in EWBA interventions and the environments in which 'Eat Well' was implemented were: disability residences, day programs as well as respite and outreach programs.

### *Aim:*

- To increase the capacity of partner disability agencies to promote healthy eating by improving the nutrition knowledge, skills & confidence of staff/carers to provide healthy options to clients.

### *How we got started:*

- The Eat Well Project Dietitian was employed from February 2012-March 2013 by EWBA partner agency South West Healthcare and supervised by the Nutrition Manager.
- Early 2012 a nutrition needs assessment was undertaken; eight interventions were developed.

Issue Identified in Needs Assessment	Intervention
<ul style="list-style-type: none"> <li>Common problem food issues for clients; <ul style="list-style-type: none"> <li>High frequency of soft drink intake</li> <li>Large portion sizes</li> <li>Strong food focus in daily life</li> <li>High frequency of eating out</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A range of interventions were developed: <ol style="list-style-type: none"> <li><b>Nutrition training &amp; nutrition kit</b></li> <li><b>Supermarket tours</b></li> <li><b>Dietitian visits to residences, programs &amp; groups</b></li> <li><b>Swap it Challenge -</b></li> <li><b>Carers morning tea</b></li> <li><b>Policy development assistance</b></li> <li><b>Community kitchen</b></li> <li><b>Foodies project</b></li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>A number of clients have a range of nutrition related health issues eg: overweight, obesity, diabetes, underweight, constipation, diarrhoea and reflux.</li> </ul>	<ul style="list-style-type: none"> <li>Key nutrition messages/ nutrition discussions to consider these health issues when <b>Dietitian visits</b> to residences and other program sites.</li> </ul>
<ul style="list-style-type: none"> <li>Wide variation in staff skills &amp; knowledge about nutrition. No or minimal nutrition training for staff.</li> </ul>	<ul style="list-style-type: none"> <li><b>Nutrition training</b> for staff</li> <li><b>Foodies Project</b></li> </ul>
<ul style="list-style-type: none"> <li>Variation in the structures and the type of service provided by different agencies with a highly casualised workforce</li> </ul>	<ul style="list-style-type: none"> <li><b>Dietitian visits</b> to provide staff with answers to specific nutrition issues</li> <li><b>Foodie Project</b></li> </ul>
<ul style="list-style-type: none"> <li>Confusion surrounding nutrition and healthy eating for clients and staff.</li> </ul>	<ul style="list-style-type: none"> <li>Key nutrition messages consistently promoted in all intervention activities and supported by policy</li> </ul>
<ul style="list-style-type: none"> <li>Minimal contact between the disability sector and nutrition services in the region</li> </ul>	<ul style="list-style-type: none"> <li>Partnership between EWBA and South West Healthcare Nutrition Department - the <b>Foodies Project</b></li> </ul>
<ul style="list-style-type: none"> <li>Limited practical and appropriate nutrition resources and recipes for staff, clients or carers.</li> </ul>	<ul style="list-style-type: none"> <li>Development of the <b>Nutrition Kit</b> and sourcing of other appropriate resources.</li> </ul>
<ul style="list-style-type: none"> <li>Provision of "unhealthy" options in lunchboxes for clients attending day programs</li> </ul>	<ul style="list-style-type: none"> <li>Engagement and education of carers through <b>carers morning teas, supermarket tours and dietitian visits.</b></li> </ul>
<ul style="list-style-type: none"> <li>Low level of nutrition knowledge, budgeting, shopping and cooking skills for some clients with disabilities who live independently.</li> </ul>	<ul style="list-style-type: none"> <li><b>Community Kitchen</b> pilot programs</li> </ul>

- The needs assessment data, knowledge of health status of people with disabilities and literature review resulted in the development of three key nutrition messages plus promotion of the Swap-it Campaign.

## Three Key Nutrition Messages:

The key nutrition messages were incorporated into all interventions and the concept of swap-it was also promoted where appropriate.

### 1. GO for 2 serves of fruit a day

1 serve = 1 medium piece of fruit (apple) or 2 small pieces (apricot) or 1 cup fruit salad/tinned fruit or a small handful dried fruit. Fruit tastes great & can be included at breakfast, snacks, lunch & dessert. Fruit conveniently displaces other less healthy choices.



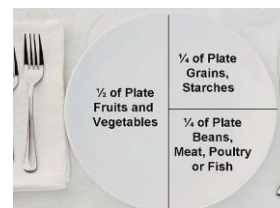
### 2. Fill half your plate with vegies at lunch and dinner

Include fresh & cooked vegies, frozen vegies, tinned vegies, beans, chickpeas & lentils.

Aim for a vegie rainbow = 5+ different types of vegies across lunch, dinner and snacks.

¼ plate = Grains & starches; rice, pasta, bread, potato, sweet potato & corn.

¼ plate = Meat, poultry, fish, eggs, tofu & beans.



### 3. Choose water first

Water is best for thirst and helps prevent dehydration from other drinks like tea and coffee and over consumption of energy in sweetened drinks

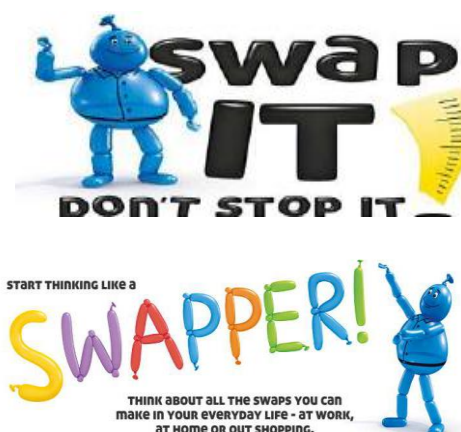


## Promotion of the 'Swap it Don't Stop it' Campaign

Making small changes to the way we eat helps to gradually include healthier choices in our diet. Try and make one new swap a week to include more fruit, vegies & water every day!

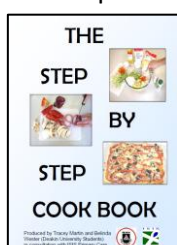
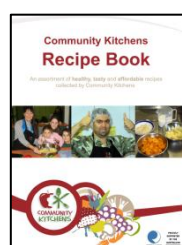
For example:

- Swap a can of coke for a glass of water & a piece of fruit;
- Swap a piece of cake for a piece of fruit toast;
- Swap from a side of chips to a side of salad;
- Swap from a meat & cheese sandwich to meat & salad sandwich.



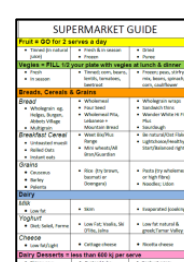
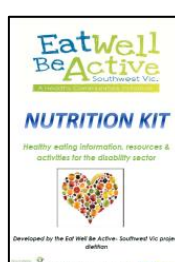
## Useful Resources

- A web and literature search sourced few existing resources for use in the disability sector. Suitable resources included three recipe books and pictorial healthy eating guide. See [www.eatwellbeactive.org](http://www.eatwellbeactive.org) for links.



- The Eat Well Project Dietitian developed the nutrition kit for use in nutrition training and resources for the supermarket tours.

- Links to Eat Well resources are available at [www.eatwellbeactive.org](http://www.eatwellbeactive.org)





Resource	Number distributed	Scope of distribution
Eat Well Be Active Nutrition kit	150+	Nutrition training, supermarket tours
Eat Well Be Active Nutrition Kit	30	Residences, day programs/groups, agency managers.
Healthy Food Fast Cookbook	180	Residences, day programs/groups, supermarket tour participants.
The Step by Step Cookbook	4+	Community Kitchen, day programs, downloaded from internet by outreach workers
Diabetes – A pictorial guide to healthy eating	50	Staff at two training sessions; disability support group.

### Participation Data:

Activities	Individual participants
Nutrition training	125
Supermarket tours	130
Swap-it Challenge	150
Dietitian visits to agencies	Approx. 30 staff 12 residences
Community Kitchen	12
Carer Morning Tea & info session	46
Foodie training	16

Activities	Agencies
Nutrition needs assessment	9
Policy development	3
Nutrition training	9
Supermarket tours	8
Swap-it Challenge	7
Dietitian visits	8
Community kitchen	4
Carer Morning Tea & info session	6
Foodies training	7

- Eight interventions were offered to agency staff, clients and carers
- Nine disability agencies participated in the *Eat Well* project.
- Participation data was collected from attendance records and from staff & management surveys

### What worked well?

- The most effective strategies to improve the knowledge, skills and confidence of staff were; nutrition training, supermarket tours and visits by a dietitian.
- The three key nutrition messages focused on increasing fruit, vegetable & water intake and the 'Swap it -Don't Stop it' Campaign was delivered consistently across the project proved effective.
- Two community kitchen pilots achieved positive outcomes for clients who live independently.
- 'Eat Well Foodies' a peer education training model was launched with 16 staff members from 7 partner agencies, to assist staff to continue to promote healthy eating, supported by the South West Healthcare community health dietitian in 2013-14 and beyond.
- The EWBA Swap It Challenge provided cash incentives for staff and groups of clients to organise activities and events to promote healthy eating and participation in physical activity. Two challenges were held at the end of 2012 & 2013 and entries showcased agency efforts. See [appendix 3](#) for 2013 Swap-it Challenge results.



- The majority of staff indicated they enjoyed the training with comments including;

- *"Great handouts & cookbook"*
- *"I lost 5 kilos after just following the healthy plate from the training session"*
- *"Fun & learning in a positive environment"*
- *"I had great feedback from the staff about the training"*

### *What didn't work so well?*

- Engagement with Carers; only twenty five to thirty carers were engaged through carer's morning teas and supermarket tours.
- Sometimes the timing was just not right for an agency to participate in an EWBA activity. Several agencies had re-structures and staff turnover as well as annual leave made it tough to have all staff delivering a consistent message. Also the disability sector has a highly casualised workforce where all staff do not have access to email and an office phone making it difficult to get training or program timetable information to them. Some staff were not able to attend training due to shift work commitments.

### *What else can be done and by whom:*

#### **Disability Agencies**

- Continue to acknowledge the importance of healthy eating and promote at staff meetings, events, networks, newsletters, induction and training.
- Support and utilise the Eat Well Foodies to promote healthy eating across all program areas.
- Develop and implement healthy eating policy that includes components for clients and staff in residences, day programs, respite and outreach services plus office-based staff and carers.
- Make sure support staff recognise their key role in promoting healthy eating to clients and achieving dietary change for clients. Staff Induction is an ideal opportunity to initiate this.
- Promote healthy eating with clients using the Nutrition Kit and healthy cookbooks, in a way which suits clients learning needs and abilities.
- Continue to develop and promote the combined-agency community kitchens program.

#### **Health Professionals - dietitians**

- Recognise that people with disabilities have multiple barriers to dietary change and they need to be considered in nutrition assessments, intervention and education.
- Staff and carers can assist dietitians to address clients' needs.
- Consider incorporating Eat Well Be Active resources for clients with disabilities.
- Encourage a multi-staff and agency role in assisting with dietary change.

#### **Local Government agencies**

- Recognise the diverse and complex health and nutrition needs of people with disabilities when catering from community events
- Prioritise people with disabilities as a key target group for increased health and nutrition promotion initiatives.
- Consider community events that provide food as opportunities or social inclusion of people with a disability.

Thanks to Kim Dutkowski, Susan Baudinette & Marian Cornett for contributing to the Eat Well report.

Community gardens are places for people to plant, grow and tend to fruit and vegetables. They are also nice places to simply 'be.' Community gardens provide people with a sense of belonging and can improve physical and emotional wellbeing through being with like-minded people and having common purpose. The satisfaction that comes from growing delicious fresh produce and sharing meals made from the fresh ingredients is very rewarding. Evidence for effectiveness of community gardening to address obesity is limited. EWBA findings will contribute to building this evidence base.

### *Aim*

- To explore ways for Healthy Communities Initiative funds to strengthen existing opportunities for people to grow and share healthy food; particularly for people not in the workforce.
- To work with the Warrnambool Community Garden (WCG) Committee to strengthen policy around communal gardening, healthy cooking and shared food concepts.

### *How we got started:*

- In early 2012, three members of the EWBA Team became WCG members and spent time at the garden to learn how the place 'ticked.'
- Prior to the EWBA program, three disability agencies had WCG plots and the community managed mental health agency work alongside volunteers in community plot from time to time.
- Tuesday mornings were identified as suitable times each week for EWBA to focus efforts at WCG because an existing group of volunteers worked in the communal plot each week and a 'Work-for-the-dole' crew were in attendance to assist with work if it was included in their work plan.
- Cases of individuals associated with agencies who had healthy experiences at the WCG provided glimpses of what could be achieved, however without a strategic plan or policies and guidelines, the outcomes from expenditure public funds for promotion of healthy eating was only ever going to be short-term.

### *Participation Data*

Activity	Participants.....		
	Individuals	Total session/participants	3mths of an activity
Communal Gardening – Tuesday mornings (Feb-Oct 2013)	17	510	13
Communal Cooking – First Tuesday/month	13	41	NA once a month only
Shared lunch – First Tuesday/month	31	186	
<b>Total</b>	<b>61</b>	<b>737</b>	<b>13</b>

### *What worked well?*

- In March 2012 the HCI Program Manager joined three other members to form the WCG Governance and Leadership Pod who consulted with members to produce the first five-year WCG Strategic Plan. [Click Here](#)
- From October 2012 – March 2013, the WCG Governance and Leadership Pod developed the WCG Policies and Guidelines – Version 1. [Click here](#)

- In February 2013, members willing to assist the EWBA Team to develop: i) communal cooking opportunities and ii) communal plot were identified. Together we decided that funds would be used to support growing produce in volumes suitable for members to share fresh as well as for communal meals. Priorities were to grow salad items, vegetable meals like soups and stir-fries.
- During 2013, a group of members reliably worked together in the communal plot each week.
- Two members purchased kitchen equipment suited to the preparation of healthy meals suitable for groups to share in the newly constructed HUB (Healthy Urban Building).
- The volunteer communal plot co-ordinator worked with another member to purchase materials and construct raised garden beds suited to a crop rotation system. Systems for regular purchase of manures and mulch to build the soil as well as to raise seeds and seedlings were developed.



- Regular supplies of cardboard and wood-chips were arranged to prevent paths between raised beds being taken over by weeds. Decisions about resting beds by covering them with cardboard/mulch to build up soil and prevent weeds were also made.
- In May 2013, plans were made to start community cooking. On the first Tuesday of the month interested members contribute \$2 and either help cook or continue to tend the communal plot before sharing a healthy meal.



- In June 2013, members with interest and skills in communication and art helped spread the word about the purpose of the communal plots and opportunities available. Information was included in the WCG newsletter and 'friendly' signage was made to make sure members were clear which produce they could pick and which to leave for a specific event or purpose.
- Encouragement of disability agencies to work in their own plots on Tuesday mornings so they could get to know members was taken up by a couple of agencies at different times.

### *What didn't work so well?*

- During 2011-12 the EWBA Team found it challenging to know who to work with at the WCG and how. Actual garden and cooking activities using EWBA funds did not commence until 2013.

### *What can still be done and by whom?*

- Disability agency staff are advised to spend time at the WCG and create opportunities for 1-2 people who live independently and have a particular interest in gardening and healthy cooking to get their own membership.
- Disability agencies can get more value from their community garden membership by following the tips and traps document. See Appendix 7.

Thanks to Evonne Dart, Robyn Drechsel, Mark Wilson & Pauline Hurley for contributing to this report.

## Community Kitchens

A Community Kitchen is a group of like-minded individuals who come together on a regular basis to socialise and cook affordable and nutritious meals. Community Kitchens are facilitated by a volunteer and the group make all decisions about the running of the kitchen including how often the group meets and what they will be cooking.

### *The Friendly Kitchen*

#### *Aim*

- To build the skills in healthy meal planning, budgeting, shopping, food preparation, cooking, & cleaning of people who receive disability support and live independently.
- To provide a positive social experience for participants as they prepare and share a weekly meal.
- To enable participants to prepare healthy meals in their own homes.

#### *How we got started:*

- In June 2012, EWBA Program Dietitian attended Community Kitchen Facilitator Training delivered by the Community Kitchens Co-ordinator from Barwon Health in Geelong.
- Managers of the Disability Agencies agreed to support a pilot Community Kitchen by seeking expressions of interest to participate from clients and support staff.
- In July 2012, a volunteer facilitator was recruited and trained by the EWBA Program Dietitian. Six participants expressed interest in participating and plans were finalised with support staff to attend an introductory session.
- From August – November 2012, two six-week pilots of a Community Kitchen were held at a Not-For-Profit Family and Youth Service kitchen located in walking distance to the supermarket. A kitchen hire fee of \$50 per week was paid by the EWBA Program and the participants paid \$5 to cover ingredients for their lunch plus a serve to take home if they wanted. The activity was named *the Friendly Kitchen*



*'I really enjoy it and get as much out of it as the participants'*  
- Community Kitchen Facilitator

• In February 2013, *the Friendly Kitchen* had another 6 week trial at a disability agency respite house. The Management agreed to include the Friendly Kitchen as an innovative respite activity for clients and continue to offer the opportunity for expression of interest from other agencies

Activity	Participants .....		
	Individuals	Total session/participants	3mths of an activity
Initial 2x 6-week pilot Community Kitchens in 2012	12	11	NA
Combined agency community kitchen in 2013	11	118	6
<b>Total</b>	<b>23</b>	<b>129</b>	<b>6</b>



### *What worked well?*

- The Facilitator is an ex-chef who genuinely enjoys the whole community kitchen experience of menu planning, shopping, food preparation, cooking and sharing a meal with participants.
- Calling for expressions of interest for the Friendly Kitchen each term. This ensures that support staff review participation regularly to check that the activity continues to meet client needs.
- The Friendly Kitchen provides high quality social experience where benefits are dependent on effort put in by participants to learn new skills, try new foods and get along.
- Support staff commented on the enjoyment and satisfaction that clients experience from the Friendly Kitchen. With time, each person's confidence to contribute has grown.

*'Participants started bringing their own healthy recipes showing skills were being transferred to home-*

*'The training increased our understanding of the flexibility of the Community Kitchen model. We can have short-term, small home-style kitchens for 3-4 participants or more fixed long-term kitchens for larger groups' - HCI Program Manager*



- In October 2013, the Community Kitchens Co-ordinator from Barwon Health delivered Facilitator Training to 14 participants.
- To build sustainability into the Friendly Kitchen operations, colleagues from EWBA, State Department of Human Services and a Disability Agency worked through issues such as recruitment and supervision, strategies for covering costs of kitchen pantry staples and printing recipes as well as dealing with conflict and minimising risk if things go wrong.

*'Strong interest in the Friendly Kitchen has allowed us to begin discussions with volunteers and other organisations looking to host a kitchen. This will build on to the hard work completed by the Eat Well Be Active Team and ensure kitchens run into the future.'* Local Connections Unit, Dept of Human Services

### *What didn't work so well?*

- Sometimes personalities clash in the kitchen. Participants need to learn to get along – that's life.

### *What can still be done and by whom?*

- The disability organisation hosting the *Friendly Kitchen* has the venue to provide additional sessions if more participants were encouraged to participate. The challenge is to expand in a planned way that ensures co-ordination resourcing is adequate. "Three Community Houses are exploring ways to offer Community Kitchen opportunities in 2014.
- Stronger links can be made with the Warrnambool Community Garden if agencies have memberships and wish to create opportunities at this site.

Thanks to Evonne Dart, Mark Wilson, Pam Roy, and Catherine Darkin for contributing to this report.

### *Eat Well Be Active Cafe*

Aquazone, Warrnambool City Council's aquatic and fitness centre provides a broad range of physical activity opportunities for residents of all ages, interests and fitness levels. In 2012, the EWBA Dietitian presented a case to Aquazone Management and Staff responsible for the Cafe to provide a healthier menu for the long-term using evidence from the Vichealth

Useful Resource: The Vichealth Healthy Club Canteen Resource was designed to assist clubs and recreation centres to provide a range of healthy food options, at affordable prices while enabling outlets to maintain a reasonable profit. A key strategy is the traffic light system to group foods and drinks into red, orange and green categories, with high sugar and high calorie foods in the red zone, healthier foods in green and mid-range products in orange.



*To practice healthy eating, you need the knowledge and skills to make healthy food choices as well as access to healthy food options.*

- [Vichealth Healthy Club Canteen Resource](#)

### *Aims*

- To increase the proportion of healthier options available at the café. A breakdown of the Menu options before the intervention is: 30% green, 40% Amber and 30% Red.
- To help customers identify the healthiest food options: Traffic Light System enables children to identify healthy options easily.
- To boost the capacity of Aquazone Café staff to provide healthier food and maintain financial viability for the long term.

### *How we got started:*

- EWBA Dietitian, Aquazone Management and Customer Service Supervisor who is responsible for Café operations, agreed to pilot changes for a 3 month period.
- A 'rapid needs assessment' was conducted over a 4 week period in August- September 2012 that included a menu review and customer satisfaction survey with an opportunity to suggest changes.
- A media release invited residents to complete the survey at Aquazone or online and the story was included in the local newspaper.

### *Needs assessment findings:*

- Survey was completed by 96 people; 66% used the Café, 92% wanted healthier options and would buy them if they were available for self and their kids. 51% would miss some of the less healthy options (mainly chips & other fried food as well as confectionery) if they were removed.
- The Customer Service Supervisor contacted local government recreation centres who were part of the Vichealth pilot and discovered they were selling healthier food and not losing money.

### What changes were made?

- Introduction of the traffic light system to help customers identify healthier options on the menu.
- Increased the proportion of items with a green code and reduce items with a red code. Reduced portion size moved some items from a red code to an orange code.
- Re-arrangement of Café counters and display area and a counter-top fridge purchased to display fresh food. Options with a green code were more visible; some red options made less visible.
- Purchase of convection microwave oven to bake snack items instead of deep frying them. Changed from using cheaper generic vegetable oil to canola oil.
- Smaller range of items on menu to reduce 'wastage.'
- Healthier product lines were sourced from existing & new suppliers
- Café re-named: *Eat Well Be Active Café*; new signage was installed.
- Feedback forms were placed at the Café, 51% were happy with the variety and 78% were happy with the quality.

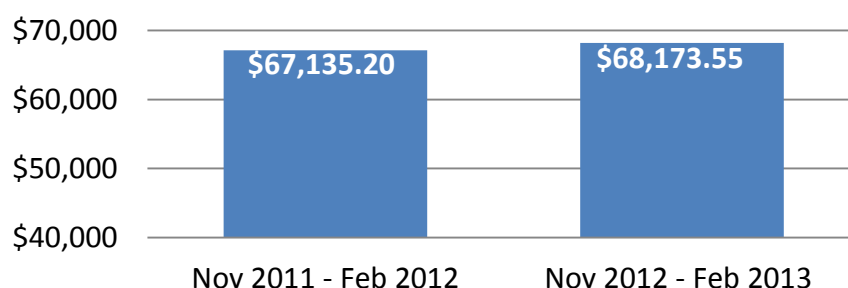
### What worked well?

- A number of positive comments were received from customers about the changes including from visitors participating in regional swimming carnivals and other events.
- Most people didn't comment on price or product size changes. Either they didn't notice or changes were not noticeable enough to comment.
- The Café slightly increased income when compared to the previous year.

"It is good for the kids to know which the healthier choices are."  
- Parent

The changes didn't cost us money; win/win from my perspective  
- Centre Manager

**Comparison Healthy Cafe Trial Income**



- Café Staff and Suppliers worked well together to source healthier product lines. Menu changes were made despite constraints of established sponsorship agreements linked to sales of snack food and sugary beverages.

### What didn't work so well?

- Wastage of fresh food. After 2 months, fresh sandwich & wraps range replaced by frozen range.

### What can still be done and by whom?

- Customer Service Supervisor will continue to source healthier menu items to maintain profits and promote healthy options within the centre.
- Aquazone Manager will integrate healthy eating promotion into other promotion campaigns
- Customer Service Supervisor will access healthy eating and nutrition advice and ideas from the Victorian Government Healthy Eating Advisory Service as required.

Thanks to Sharyn Mitting and Ray Smith for contributing to the EWBA Cafe report.



## Community events

### ***The Walk4Wellness***

The Walk 4 Wellness is an annual event to celebrate Walktober and Mental Health Week. The event has a simple format that includes getting together as a community to walk, chat and enjoy a healthy lunch and in doing so we promote health in multiple ways. The walking and healthy eating components made the event a good fit with the Eat Well Be Active Program messages.

As with all EWBA Program activities, the social aspects are integral to sustained participation. Social connectedness and acceptance of diversity in our community are features many of us take for granted. However, for those who are isolated or discriminated against as a result of their difference, their health does suffer and it is these characteristics that the Walk 4 Wellness also aims to highlight.

### ***Objective:***

- Promote awareness in the community of simple ways to boost mental and physical health by regular walking, eating healthy food and connecting with others and the natural environment.

### ***How we got started***

- A partnership between Mental Health Services (Aspire, Brophy Family & Youth Services which includes Headspace and South West Healthcare Mental Health Service and Warrnambool City Council (WCC)) existed prior to commencement of the HCI in September 2011. The Mental Health agencies wanted to engage people from the general community along with people with mental illness in a walking event as part of Mental Health Week and therefore the partnership with WCC's Walktober promotion was a good fit. The partnership was successful in an application for Mental Health Week funding to host the inaugural Walk4Wellness which was held in October 2011.
- Funds were spent on production and printing of a flyer, some advertising, hire of a venue, food, and spot prizes as incentives to participate.

### ***Participation***

	2011	2012	2013
Walkers from Mental Health Agencies	61	34	48
Walkers from Disability Support Agencies	51	124	47
Walkers from non-community support agency workplaces	35	22	14
Walkers not associated with a community support agency	78	76	112
<b>Total walkers</b>	<b>225</b>	<b>256</b>	<b>221</b>
Mental Health Agencies	6	6	5
Disability Support Agencies	6	7	6
Non-community support agency workplaces	2	1	1
<b>Total agencies participating</b>	<b>14</b>	<b>14</b>	<b>12</b>

The 2012 event had a lot more participants from the disability agencies as the Walk4Wellness event also doubled as a presentation event for the EWBA Swap-it Challenge.

### *What worked well*

- Good walking weather, a picturesque course along the Lady Bay foreshore, friendly company and healthy food were features of each event.
- The online registration process helped agency partners to commit to attending. It also gave organisers some indication of catering requirements and which agencies to contact to remind them to register
- The soup, fruit, scone/bun, water tea/coffee is a simple menu to efficiently provide a light lunch for so many people.
- The spot prize draw gave the whole group a focus prior to the conclusion of the event and provided an opportunity to celebrate with the winners and then thank all for attending.
- The Pavilion was the most suitable meeting point for this event because it had excellent ground floor disability access, indoor/outdoor spaces suited for registration and for the lunch and of course proximity to the picturesque walking path.
- Hosting the event at the same time as a weekly walking group means that there will be some interested walkers from the general community in attendance.
- The organising group in 2013 was very efficient. Aspire hosted three meetings and four agencies were involved on the planning and preparation; three Mental Health agencies plus Warrnambool City Council.

*If people enjoy the Walk4Wellness then they can join one of our walking groups and enjoy the walk every week.*  
- Co-ordinator, Community Centre



### *What didn't work so well?*

- In 2011 the registration process on the day of the event was slow; it was improved 2012 & 2013.
- In 2011 our venue was outdoors which was ok; but we had light rain during presentations. IN 2012 we moved upstairs into the surf club and disability access was difficult.
- In 2012 we had a bbq lunch and salads. The serving was too slow for such large numbers
- In 2012 the addition of the swap-it challenge presentation diluted the focus of the day from the promotion of good mental health through physical activity and social connection.

### *What can still be done and by whom?*

Thanks to Kerrie Neave, Kim White, Lyn Earles, Karen Walsh, Neil Ballard, Paul Loughed Mary McLeod and Jill Read for organising this event over the past three years and for your part in being committed to host this event in 2014 on behalf of Aspire, Warrnambool City Council, South West Healthcare, Brophy Family and Youth Service and HeadSpace.

## The Warrnambool Surf T Surf

The Surf 'T' Surf Fun Run Walk is held on the first Sunday in January and in 2013 the 32<sup>nd</sup> Annual event attracted 1945 participants to the 10km or 6km walk or run or a 3km lap of the lake.

The Eat Well Be Active Program partnered with the event organisers to promote the availability of programs such as National Heart Foundation Walking Groups, Heartmoves and AustCycle courses that are targeted at people who are not in the workforce and inactive – to become more active in safe and enjoyable ways. The EWBA Program and the SurfTSurf have complementary objectives.

**"Many things have changed over the years however the intention of the Committee remains the same: Provide a well organised event, value for money, encourage participation and promote healthy living, and invest proceeds back into community organisations."**

**- SurfTSurf Committee Member**

### *Objectives*

- To encourage weekly walkers to participate in the SurfTSurf and feel satisfaction that comes from being involved in a large scale community event with thousands of others.
- To promote the EWBA programs to SurfTSurf spectators

### *How we got started*

- In January 2012 the HCI Program Manager distributed invitations to spectators to help get Heart Foundation Walking Groups started in the region. About a dozen expressions of interest were received. Invitations were also distributed to the tail-enders of the 6km walking event.
- In January 2013, EWBA sponsored the SurfTSurf (\$800 for end of event fruit supply) and in return were provided with promotional space as a go-to point for people to find out more about the physical activity programs on offer. In 2013, the SurfTSurf Committee initiated the 3km Lap of the Lake and walking group participants practiced the course for 2 months in the lead-up to the event and were encouraged to participate.

### *Participation*

- In 2012, 18 walking group participants completed the 3km Lap of the Lake and a couple more completed the 6km course.

### *What worked well*

- Practicing the 3km Lap of the Lake course prior to the SurfTSurf gave participants confidence that they knew where to go and could complete the course.
- Steve Monegetti attended the SurfTSurf and provided great encouragement to EWBA program walkers who participated in the event for the first time.



### *What didn't work so well?*

- Few people in attendance at the SurfTSurf were recruited to join the EWBA physical activity programs.

### *What can still be done and by whom?*

- The Heart Foundation Walking Area- Co-ordinators and Walk Organisers are in a position to recommend to walkers to participate in events like the SurfTSurf and feel the buzz that comes from achieving a goal and participating in a large-scale community event.

### *Recreation Give it a Go*

Recreation Give it a Go! is conducted by the Corangamite Shire in partnership with community groups, providing recreational activities for all residents across our Shire. Heart Foundation Walking Groups were promoted as part of the program.

### *Objectives*

- The EWBA Program and Recreation Give it a Go had the common aim of increasing the number of Corangamite Shire residents involved in physical activity. It made sense to combine efforts.

### *How we got started*

- The EWBA Program approached the Recreation Officer from Corangamite Shire to identify events to which the EWBA message could be attached. Recreation Give it a Go was an obvious choice.

### *Participation*

- Over ninety walkers registered for the walk from Gibson's Steps to Princetown. Only seven walkers participated in the Thursday 6pm Camperdown walking group that was specifically promoted as part of Recreation Give it a Go!

### *What worked well*

- The 2013 Recreation Give it a Go! Walk was hosted by representatives from the Heart of Corangamite Health Promotion Network which is auspiced by the Shire. Walkers from all walking groups in the Shire as well as any interested residents came along. EWBA and Rural Access Staff provided the catering in the form of a healthy bbq. Salads from the *Healthy Food Fast* recipe book were particularly delicious and copies of the recipes were available for walkers to take if they wished.

### *What didn't work so well?*

- The day was very hot being over 30 degrees celsius which made the actual walk pretty tough. On completion of the walk, participants were very tired and not particularly interested in talking about other EWBA opportunities.

### *What can still be done and by who?*

Keeping a combined walk on the calendar gives walkers activities of interest to keep them motivated to keep walking.

## *Mother's Day Classic*

### *Objectives:*

- To promote EWBA physical activities to another group of residents who may not otherwise hear about the activities on offer.

### *How we got started*

- The HCI Program Manager approached the organisers to see if we could assist with the event on the day and in return distribute information to walkers about the Heart Foundation Walking groups, Heartmoves and the AustCycle and social cycling activities.

### *Participation*

- Over 550 people attended the event and all received a promotions bag containing EWBA information and timetables.

### *What worked well*

- In partnership with a local fruit shop, EWBA supplied all participants with a delicious pink lady apple on completion of the walk. The apples were to be collected from the EWBA promotions stand where the EWBA Team were on hand to provide information about the program.

### *What didn't work so well?*

- There was torrential rain during the walk and on completion most walkers took their apple and rain for their cars.

### *What can still be done and by whom?*

- The Heart Foundation Walking Area- Co-ordinators and Walk Organisers are in a position to recommend to walkers to participate in events like the Mother's Day Classic. For people who were previously inactive, participation in a community event can be a very motivation experience to actually see themselves as 'a walker.'

## *Social Cycling Day - Tour of the South West*

### *Objectives:*

- To give the social cyclists an activity to participate in with the broader community.
- To attract local cyclist to the Tour event to boost spectator

### *How we got started*

- The Warrnambool City Council Events Team wanted to encourage more local people to watch the Tour of the South West competitive cycling event. The Council Travelsmart Co-ordinator wanted to get more people cycling for transport and our EWBA Program wanted more people cycling to get the health benefits. It was logical that we pooled our resources to how host a community social cycling day.

### *Participation*

- Approximately 80 riders participated in the 12km ride.

### *What worked well*

- Colleagues from the Events and EWBA Teams worked with a local restaurant to provide a healthy bbq lunch which included some of the salads from the *Healthy Food Fast* recipe book. Lunch was particularly delicious and copies of the recipes were available for cyclists to take if they wished.

### *What didn't work so well?*

- There was a time delay between when cyclists completed the ride and when lunch was ready. Some riders left without lunch.

### *What can still be done and by whom?*

- The Events Team and Council Travelsmart Co-ordinator are encouraged to host the event again in 2014. To boost local participation, the WCC Archie Graham Centre has contact details for the WCC Social Cyclists.



## Ride to work day

- The WCC Travelsmart Co-ordinator has been co-ordinating the Ride to Work Day event for a decade or more. Ride to Work Day is on the annual calendar of cycling promotional events auspiced by Bicycle Network which is an Australian cycling advocacy organisation. The aim of the event is to encourage more people to consider riding to work.

## Objectives:

- From the perspective of EWBA the objective was to provide healthy food options at the WCC event.

## How we got started

- August 2013: WCC Travelsmart Co-ordinator called a meeting of WCC colleagues and sponsors and tasks were divided among attendees.

## Participation

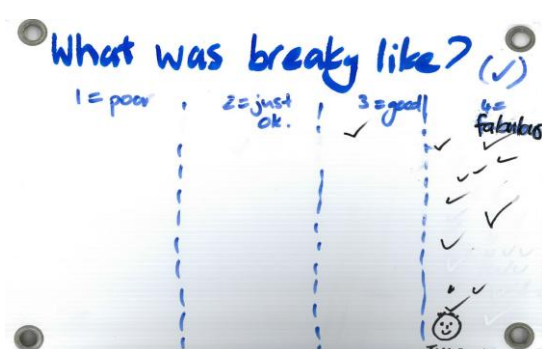
- Approximately 100 people of all ages participated in the event

## What worked well

- The decision to hold the breakfast at the Art Gallery. It was welcoming, warm, centrally located. It attracted people into the gallery who might not otherwise visit the space. The Rotary crew commented on how good it was to be trusted to use the space with valuable artwork so accessible. (See below the Rotary Crew setting up the BBQ under the gallery disco lights).
- WCC staff and sponsors set-up the space for registration and for breakfast and a crew from Warrnambool East Rotary cooked the BBQ.



- Riders were asked to indicate on a recording sheet what they had for breakfast and rate it. The majority of responses showed riders had a bbq breakfast and thought it was fabulous.
- The egg and bacon rolls were the most popular choice, followed by the pikelets with varied toppings. There were compliments given to organisers for the homemade muesli, yogurt and bananas on offer.





### *What didn't work so well?*

- We over catered with packaged cereal, milk and oranges. A couple of riders asked for orange juice which was not supplied as it was in previous years.

### *What can still be done and by who?*

- Having a Council healthy eating policy to guide the menu choices for community events would be helpful. The three nutrition messages used for EWBA would be a useful basis on which to guide event organisers with catering.
- Some specific suggestions for 2014 include:
  - Small sized wholemeal rolls for the egg and bacon rolls.
  - Small eggs and smaller bacon rashers. If riders want two they can, but for children the serves were too big.
  - Signage about 'choose water first,' and the benefits of whole fruit over orange juice.
  - Placement of bananas and yogurt as toppings close to the pikelets instead of maple syrup, lemon & sugar.
  - A large container of home-made muesli is simple to prepare and a delicious reminder for people to try this healthy choice at home. Providing a recipe for those that want it is a good take-home reminder.
- It was great that the organisers followed Council policy to minimise waste at the event. Fruit and other food waste was separated and composted, paper plates and wooden cutlery recycled and tea and coffee mugs were washed and re-used as required. That left minimal waste going to landfill.

## *Quick Guide: Corangamite Shire Walking Tracks Booklet*

*The Quick Guide: Corangamite Shire Walking Tracks* is a booklet of maps and track notes describing walks in each of Corangamite Shire's towns.

The booklet has been developed through the Heart of Corangamite Health Promotion Network. Members work in the communities as health promotion officers, shire officers, children's services, rural access officers and community house coordinators. The Heart of Corangamite's guiding motto is "working together for a healthier lifestyle".

The tracks are graded according to their safety, comfort, connectivity and accessibility for an overall walkability ranking. The walks are graded as leisurely, moderate or energetic. They vary from 800 metres to eight kilometres. Tracks are included from Camperdown, Cobden, Darlington, Derrinallum, Lismore, Noorat, Port Campbell, Princetown, Simpson, Skipton, Terang and Timboon.

### *Objectives:*

- The booklet encourages people to enjoy the benefits of walking by finding out where to walk as well as where and when there are groups to join.
- "We hope people will be inspired to more regularly walk their local tracks and also visit neighbouring towns." Shire Recreation Officer.

### *How we got started*

- The Heart of Corangamite Health Promotion Network has developed several innovative ways to promote physical activity across the small towns in the Shire. Development of the booklet is one of those initiatives and EWBA supported the publication with funds plus access to the Heart Foundation Walking Groups that assisted with the audits. The walking tracks quick guide production was supported by the Transport Connections program and EWBA.

### *Participation*

- Members of Heart Foundation walking groups in Camperdown, Cobden, Derrinallum, Lismore, Skipton, Terang and Timboon contributed information to the publication and volunteered over 400 hours to mapping and auditing the walking tracks.

### *What worked well*

- Many of the walking groups were only established in 2012 and therefore it was good community engagement process for groups to have ownership of selection of the best routes for their towns.
- As part of an eight-month audit undertaken during planning for the booklet, several improvements were carried out on the tracks in consultation with Corangamite Shire's works and service department.

### *What didn't work so well?*

- Nothing was identified as not working well. The booklet was well planned and community members were engaged and willing participants in the audit process.

### *What can still be done and by who*

- Ensure Shire Officers keep in touch with walking groups to make sure any problems with walking routes publicised are rectified new walks are documented for future publications.

## *Linking Preventive Health Services to Community-based Prevention Programs*

HCI funding enabled Warrnambool City Council to establish Heart Foundation Walking Groups and Heartmoves Classes during 2012-13. The EWBA Program Manager, Aquazone Manager and Program Co-ordinators at Aquazone and Archie Graham Community Centre believed that stronger links needed to be made with health services if the programs were to continually attract new participants and be viable. With chronic illness data indicating that Warrnambool had high prevalence of diabetes as well as other lifestyle diseases, there had to be demand for these entry-level physical activity programs.

### *Objective:*

- To create pathways for people with chronic illness or at high risk of a diagnosis to transition from exercise programs in the medical setting to the more sustainable community-based setting at Local Government centres.

### *How we got started:*

- See Heart Foundation Walking and Heartmoves pages for steps taken from April 2012 onward to promote the programs to Health Professionals in Warrnambool.
- December 2013, Heartmoves discontinued at Aquazone due to lack of participants. Aquazone had only one class per week which was just covering costs. The situation did not look good.
- May 2013, two additional Heartmoves Leaders were trained.
- April 2013, Heartmoves Leaders re-visited a Medical Local meeting of Practice Nurses, GP Clinics, Community Health, Allied Health and Rehabilitation Services at South West Healthcare, St John of God Hospital and Lyndoch Living to promote the re-launched of Heartmoves at both Warrnambool City Council Centres in HEART WEEK in May 2013.
- The Aquazone Review was undertaken over a period of several months and plans were put in place to develop off-peak and concessional memberships by July 2014.
- July 2013, Warrnambool City Council staff involved in the delivery of Heartmoves and Heart Foundation Walking programs and Health Professionals from Community Health, Allied Health and Rehabilitation Services at South West Healthcare, St John of God Hospital and Lyndoch Living were invited to enjoy a light lunch at one of two meet and greet sessions. The rationale being that Health Professionals do not refer patients to people that they don't know. The Great South Coast Medicare Local Population and Community Health Co-ordinator also attended both sessions.
- The first session identified a gap in the community-based programs being strength training
- August 2013, Dave Menzies the National Manager of the *Lift For Life Program* delivered by Fitness Australia attended and provided information to WCC Program Co-ordinators for consideration.
- September and October 2013, Allied Health Managers of South West Healthcare and St John of God Hospital plus the Population and Community Health Co-ordinator from Great South Coast Medicare Local met to create pathways to transition from exercise programs in the medical setting to the more sustainable community-based setting at Local Government centres.

### *Participation*

- About 20 Health Professionals attended one of the sessions and 10 or so Warrnambool City Council staff attended both sessions.

- A small group of 5-6 Managers and Program Co-ordinators from the three Health Services, two local government centres and the Medicare Local representative meet twice after the meet and greet sessions.

### *What worked well*

- Overall the Health Professionals appreciated the opportunity to meet the prevention program providers at Warrnambool City Council and Council staff appreciated putting faces to names of the various and learning about the various roles of Health Professionals.

### *What didn't work so well?*

- As much as the HCI Program Manager would have liked fitness instructors to have been trained in Life for Life Training in October or November 2013. This was not to be. All is going fine; time taken to plan partnership work well is always worthwhile.

### *What can still be done and by who*

- The Population and Community Health Co-ordinator from Great South Coast Medicare Local and Program Co-ordinators from Archie Graham Centre and Aquazone will initiate the first meeting in 2014 with Allied Health Managers to progress discussion. Attending training for Lift for Life and co-ordinating delivery of the program are the first items on the agenda for meetings in 2014.

## *Home and Community Care Seminars*

Two seminars were held for Corangamite Shire Home and Community Care (HACC) Staff to request their help to encourage the people they support to build healthy eating and physical activity into their everyday lives. The content of the seminars and the health promotion approach will be embedded into Warrnambool City Council HACC professional development in 2014

### *Objective:*

- To enable Local Government HACC staff to spread population level health promotion messages relating to healthy eating and physical activity to boost the health of people they support.

### *How we got started:*

- August 2012, the EWBA Dietitian attended a Home and Community Care Staff Meeting and talked about the three healthy eating messages. (See Appendix 7).
- August 2013, the HCI Program Manager attended a Home and Community Care Staff Meeting and talked about the three messages related to walking for active travel. (See Appendix 7).
- At both seminars, staff was encouraged to take opportunities in their regular conversations with the people they support, to have a chat about the health promotion messages. They are simple and yet they are underpinned by lots of evidence that make them practical, helpful and effective messages that are suited to all

### *Participation*

- About 40 Home and Community Care staff attended each seminar.

### *What worked well*

- Staff were attentive at the seminars and openly discussed how they could build the conversations about healthy eating and walking for travel into their work. They also discussed the barriers which we could then apply problem solving approaches to resolve.

### *What didn't work so well?*

- In August 2013, when HACC staff were asked to re-call the healthy eating seminar that they attended the previous year, many could do that, but few could recall the three healthy eating messages described.
- HCI Program Manager was unable to show the YouTube clip about the benefits of regular walking or the Heart Foundation Promotion walking video clip produced as part of the EWBA Program. Links to both resources are available at [www.eatwellbeactive.org](http://www.eatwellbeactive.org)

### *What can still be done and by who*

- Include in induction process for Home and Community Care Staff the role of chatting to the people they support about building the healthy eating and physical activity messages into their daily lives.
- Provide practical examples of how HACC staff can incorporate the health messages into their work with the people they support.

## Evaluation

Planning for EWBA evaluation was done in tandem with planning the intervention activities. The rationale for the evaluation was to capture individual health outcomes and behaviour change as well as local government capacity building. This fulfilled the HCI national evaluation domain reporting requirements for the funding body. Capturing information about the environmental changes in the disability sector was an additional local evaluation process designed to measure the value to the program in the setting. The setting approach aimed to boost the DOSE of intervention for one group of vulnerable individuals not in the workforce.

The DOSE of intervention for individuals was specifically sought because simply participating in one walk or cooking session a week is not going to have effect on overweight and obesity prevalence. However evidence shows that when there is system level change, individual behaviour change and improved health outcomes are more likely to occur and be sustained.

The evaluation plan below shows the sequence of actions planned and taken to effectively make judgement on the extent to which EWBA has been effective and whether that improvement is likely to be sustained.

<b>Time point 1 Baseline Feb 2012</b>	<b>Time point 2 End 2012</b>	<b>Time point 3 End 2013</b>
<b>Rapid needs assessment</b> Partner agency capacity to be: national program providers Site for intervention in disability sector  <b>Participation Forms</b> Waist Physical activity frequency Fruit and veg frequency Overall health  <b>CEO/Manager surveys</b> Environments related to healthy eating and physical activity  <b>Staff and CEO/Manager surveys</b> Training and professional development Culture related to healthy eating and physical activity	<b>Participation and Follow-up Forms</b>  <b>Staff and CEO/Manager surveys</b>  <b>Monitoring</b> of national program providers & recruitment  <b>Stakeholder interviews</b> with participants, volunteers and providers  <b>Website hits</b>  <b>Training - Disability staff</b> Attendance Satisfaction feedback  <b>Disability agency capacity building</b> as demonstrated in Swap-It Competition entries	<b>Participation Evaluation Forms</b>  <b>Staff and CEO/Manager surveys including training feedback</b>  <b>Monitoring</b> of National Program Providers and recruitment  <b>Stakeholder interviews</b> with participants, volunteers and providers  <b>Website hits; Media &amp; communications review</b>  <b>Disability agency capacity building</b> as demonstrated in Swap-It Competition entries  <b>Key stakeholder focus group</b> with external evaluator  <b>Disability agency capacity building</b> as demonstrated in Swap-It Competition entries and Staff and CEO/Manager feedback and policy development  <b>LGA capacity building</b> Policy and operational developments

## Participant Outcomes

Table 1:  
Participation Form Summary Data

	Time point 1 Baseline n=109		Time point 2 End 2012 n=111		Time point 3 End 2013 n=146	
	n	%	n	%	n	%
<b>Male</b>	42	39	54	49	59	40
<b>Female</b>	67	61	57	51	88	60
<b>LGA</b>						
Warrnambool	68	62	71	64	121	83
Corangamite	15	14	29	26	23	16
Moyne	5	5	11	10	2	1
Unknown	21	19	0	0	0	0
<b>Age</b>						
18-29	28	25	28	25	37	25
30-49	43	40	33	30	58	40
50-69	28	25	38	34	35	24
70+	6	6	8	7	14	10
Unknown	4	4	4	4	2	1
<b>In workforce</b>						
Yes (Supported employment)	13	12	43	39	22 (12)	15 (8)
No	94	85	68	61	122	84
Unknown	3	3	0	0	2	1
<b>Use a disability service</b>	93	85	93	84	118	81
<b>Carer</b>	15	14	17	15	7	5
<b>Self-rated health</b>						
Excellent	5	5	9	8	15	10
Very good	23	21	30	27	59	40
Good	52	48	42	38	54	37
Fair	19	17	23	21	17	12
Poor	10	9	7	6	1	1
<b>Moderate intensity PA</b>						
Inactive	27	25	12	11	13	8
Once/week or less	28	26	28	25	22	15
Twice/week	14	13	20	18	32	22
3-4/ week	14	13	16	14	30	21
5-6/week	7	6	10	9	14	10
Daily	5	5	22	20	36	25
No response	14	13	-	-	-	-

Table 1 continued...	Time point 1 Baseline n=109		Time point 2 End 2012 n=111		Time point 3 End 2013 n=146	
	n	%	n	%	n	%
<b>Self-reported fruit intake</b>						
No fruit	12	11	2	2	9	6
1 serve/day	32	29	78	70	34	23
2 serves/day	18	17	23	21	55	38
3+ serves/day	21	19	1	1	44	30
No response	26	24	7	6	5	3
<b>Self-reported vegie intake</b>						
No vegies	2	2	1	1	7	5
1-2 serve/day	44	40	0	0	58	40
3-4 serves/day	27	25	87	78	45	31
5+ serves/day	17	16	21	19	28	19
No response	19	17	2	2	7	5
<b>Waist Circumference Responses</b>	34	% 109 31	39	% 111 35	86	% 146 59
Men	18	-	19	-	52	-
Women	17	-	20	-	34	-
<b>Not at risk</b>		% 34		% 39		% 86
Men	8	23	4	10	8	9
Women	2	6	1	3	5	6
<b>At increased risk</b>						
Men ( >94-102cm)	6	17	4	10	18	21
Women (>80-88cm)	2	6	2	5	10	12
<b>At greatly increased risk</b>						
Men ( >102cm)	4	11	11	28	26	30
Women (>88cm)	13	38	17	44	19	22
	<b>cm</b>		<b>cm</b>		<b>cm</b>	
Waist men - average	96		108		104	
Waist women - average	107		106		94	
Waist men - range	60-128		71-150		80-138	
Waist women - range	76-128		70-148		74-133	



Table 1 summarises data collected at three time points from EWBA participants. There were 12 respondents with data from the three time points and 32 respondents with data from time point 2 and 3; therefore there were insufficient data to show significant difference in responses. Data were collected at each time point using the same method. Members of the EWBA Program Committee were given participation forms and envelopes to post returns to the EWBA team or alternatively an online version was available to all. Participants at walking groups, Heartmoves classes and AustCycle courses were also invited to complete the participation form but few were returned. Having questions related to use of disability services perhaps reduced the number of participants from the general community who completed the form.

Table 1 data, collected via the participation forms (n=146) was most 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 engaged 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 which meets the national physical activity recommendation for adults: 35% at the end of the program compared with 11% at the beginning.
- 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. The seven categories are shown in Table 2. below.

Table 2: Comments from participants	Percentage
The <b>social</b> component of the program	<b>68%</b>
Improved health behaviour related to being more <b>physically active</b>	<b>40%</b>
Improved health outcomes related to <b>risk factors</b> (weight, blood pressure, cholesterol, diabetes management, blood glucose levels)	<b>17%</b>
Other reasons linked to personal <b>well-being</b> (mental health, sleeping better, more relaxed, getting along with others better, more confident)	<b>14%</b>
Being in the natural <b>environment</b>	<b>14%</b>
Improved health behaviour related to <b>food and healthy eating</b>	<b>10%</b>
Everything!	<b>7%</b>
No response	<b>5%</b>

*\*Participants could give more than one response.*

**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 shown in Table 3 below.

Table 3: Comments from participants	Percentage
Timetable changes (most related to physical activity)	3%
Wanted to <b>eat healthier</b> so wanted to do more activities related to healthy food	2%
No response	95%

*\*A couple of participants gave more than one response*

Examples of responses included:

- *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 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 summary

The HCI National Evaluation required HCI programs to collect data to contribute to *Common Quantitative Measures* in a series of six domains. The domains engagement of the target group and sustained participation, were measured via the participation data from the national programs and locally initiated programs and activities.

Participation in weekly activities is shown in Table 4. The timing of the activities being during working hours and the targeted promotion of people associated with disability agencies as well as community and health service partners meant that participants were from the target group of 'people not in the workforce.'

The number of participants who had a go at a EWBA weekly activity was 750 [individuals]. There were 123 people who participated in more than one weekly activity and 117 of them participated in more than one activity for three months or more. Therefore 240 individuals had sustained participation in an EWBA weekly activity with 117 having a better 'dose' of sustained activity because they participated in an EWBA activity more than once a week.

Table 4: EWBA Weekly Activities	Participants	Participant/activities	3 months of participation
Heart Foundation Walking – community and disability residences walking group	413	6279	192
Heartmoves - community and disability day program	254	2018	58
AustCycle - community and disability day program and disability residences groups	154	2288	88
Active Oceans - disability sector	12	83	0
Community gardening	17	510	13
Community kitchen – <i>The Friendly Kitchen</i>	23	129	6
<b>Total</b>	<b>873*</b>	<b>11,307</b>	<b>357**</b>
People who participated in more than one of the weekly activities	123	-	117
<b>Individuals</b>	<b>750</b>	<b>-</b>	<b>240</b>

\* NB: 123 participants were involved in more than one weekly activity which means 873-123= 750 individuals participated in at least one EWBA weekly activity.

\*\* NB: Of the 123 participants who were involved in more than one weekly activity, 117 people participated in the activity for 3 months or more which means 240 individuals participated in a weekly activity for three months or more

The majority of the 117 participants who were involved in more than one weekly activity were from the disability agencies. Disability agency staff had the opportunity to attend training to boost their knowledge and skills to promote healthy eating and the number of people exposed to healthy eating promotion through the Swap-it Challenge is shown in Table 5.

One hundred and forty participants from disability agencies and 78 staff submitted an entry for the Swap-it Challenge 2013 (See Table 5). Where people were participated in the weekly activities and

attended a disability agency that was actively involved in healthier eating, the individuals were exposed to an even better 'dose' of intervention from the EWBA program.

<b>Table 5: Swap-it Challenge 2013</b>	<b>Participants</b>	<b>Staff</b>	<b>Volunteers</b>
Day program - cooking group	4	1	
Day program - canteen program	60	15	
Day program - healthy eating activities	25	7	
Day program - healthy eating and physical activities	24	8	
Day program - healthy eating and physical activities	6	24	
Respite program - community kitchen	5	1	1
Respite program - evening meal planning, shopping, cooking and socialising	5	13	
Residence	5	3	
Residence	6	6	
<b>Total</b>	<b>140</b>	<b>78</b>	<b>1</b>

It was noted that some of the people associated with the disability agency swap-it challenge participated in the EWBA events which aimed to involve people with a disability in community-based activities (See Table 6). This shines the spotlight on the great potential for disability agencies to continue participating in EWBA activities like the walking and cycling activities, thereby building the skills and fitness of participants and providing more options for involvement in community-based activities.

<b>Table 6: EWBA Events</b>	<b>Participants</b>	<b>Plans to continue in 2014</b>
Walk 4 Wellness – Warrnambool, Oct 2011	225	NA
Walk 4 Wellness – Warrnambool, Oct 2012	256	NA
Walk 4 Wellness – Warrnambool, Oct 2013	221	Yes
SurfTSurf 2013 – Warrnambool, Jan 2013	20	Unsure
Recreation Give it a Go – Corangamite, March 2013	90	Yes
Community Surf Day - Warrnambool, March 2013	45	Yes
Community Social Cycling Day – Warrnambool, April 2013	76	Yes
<b>Total</b>	<b>933</b>	

### *Dose of intervention*

‘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 is not necessarily helpful.

One walk, cycle session or Heartmoves class per week is not going to impact on an individual much at all, particularly 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 incorporate the three healthy eating messages into all meals and snacks AND they use active travel in daily life where possible... then health improvements are inevitable.

Even greater improvements in health will be seen when as a community, we are more socially inclusive. When people with a disability are able to meaningfully participate in community events that are active, accessible and welcoming, we will be a more health-promoting community and that’s something to strive for.

## EWBA Disability Sector Outcomes

EWBA operated at the individual behaviour change level plus the setting level, where interventions were developed to produce environmental change which 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.

Table 7: Environment activities in disability agency operations		Agencies		
Environment	Activities	Time point 1 Baseline n=8	Time point 2 End 2012 n=9	Time point 3 Baseline n=8
<b>Policy</b>	Commitment to healthy eating	8	9	8
	Commitment to physical activity (PA)	8	9	8
	Healthy eating policy	0	1	3
	Active travel policy	0	1	2
<b>Workforce</b>	Actively seek to employ staff with interest, knowledge, skills in PA and healthy eating	0	3	5
	Induction of new staff in physical activity and healthy eating	0	1	2
	Provide professional development related to physical activity	0	4	5
	Provide professional development related to healthy eating	0	9	9
	Work with community health professionals to address healthy eating and physical activity needs of clients	5 1:1 visits dietitian	6 Foodie meetings	4 Foodie meetings
<b>Physical environment and facilities</b>	Does your agency provide... : easy access to water	8	9	8
	: prepare meals for clients?	6	6	6
	: a well-equipped eating area to enjoy meals	8	8	7
	: access to sport and recreation venues and equipment	8	9	8
<b>Financial</b>	Vending machines on site	6 (soft drink or confectionery)	3 (soft drink or confectionery)	1 (coffee) 1 (soft drink or confectionery)
	Fundraising using confectionery, sausage sizzles, lamingtons etc.	2	0	0
<b>Socio-cultural</b>	Use food or drinks as rewards at events and social occasions. (Soft drink, confectionery or fast food vouchers).	0	0	0
	Newsletter promotion of healthy eating and physical activity	2	4	4



## Environments

Table 7 shows the number of agencies reporting that their organisation included the listed environmental activities in their operations. Raising awareness about the range of environments within the disability setting where action can be taken to address overweight and obesity was the first step toward cultural change in the sector. Health promotion interventions to address complex health issues like overweight and obesity are most effective when they operate at multiple levels.

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 and two others requested policy samples and have plans to work on policies. 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. Results are shown in Table 8

Table 8: Staff Training Activities	Participants
Nutrition Training	125
Supermarket Tours (some carers attended)	130
Foodies Training	16
Bike Ed – Assistant Instructor	38
Community Kitchen Facilitator	14
Rec-Connect (Connecting people with a disability to community-based recreation)	24
MATE (Making Aquatics a Terrific Experience)	26
<b>Total</b>	<b>373</b>

The physical environments were assessed in relation to having access to a well-equipped kitchen and suitable sport and recreation venues and equipment to be health promoting. Each agency reported positively here although there were notes explaining that while some parts of the agency had access to suitable facilities, not all programs had access. All agencies had easy access to water and most had a well-equipped eating area to enjoy meals.

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 and the health and lifestyle improvements as indicated by the very positive qualitative responses by participants themselves and staff.

Staff, including CEO's and managers from each agency were asked to provide a rating in response to statements about the culture at their agency in relation to physical activity and healthy eating. Results are shown in Table 9.

**Table 9: Staff ratings given to statements about organisational culture.**

Statements	Agencies		
	Time point 1 Baseline n=122	Time point 2 End 2012 n=91	Time point 3 End 2013 n= 78
Physical activity for people with a disability is a priority in this organisation	3.2	4	4.4
Healthy eating for people with a disability is a priority in this organisation	3.8	4.8	4.3
Staff actively support clients to be more physically active	4	4	4.4
Staff actively support clients to choose healthy food	3.5	4.7	4.1
There are suitable facilities and opportunities in our organisation for clients to be physically active	4.5	4.1	4.2
There are suitable facilities and opportunities in our organisation for clients to eat healthily	4.4	4	4.2
Clients at this organisation spend too much time being sedentary	2.8	2.5	2.6
Clients at this organisation consume too many snack-foods and drinks that are high in energy - low in nutrients (eg: chips, lollies and chocolate, soft drink, cordial)	3.1	2.3	2.5
This organisation involves carers and families to enable the client to be physically active	3	3.4	3.6
This organisation involves carers and families to enable the client to eat healthy food	3.2	2.8	3.5

*Ratings: 5= Strongly agree 4= Agree 3= Neutral 2= Disagree 1= Strongly disagree  
Mean ratings are reported above for the three time points.*

From baseline to the end of the program there was a general increase in the ratings for statements about physical activity and healthy eating being a priority at the agency and for staff providing support for clients to have healthy behaviours. Even at the beginning of EWBA the physical environments for clients to eat healthily and be active rated highly and stayed that way.

The two areas identified where the culture of agencies overall has room for improvement relate to:

- Clients spending a bit too much time being sedentary and consuming 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 physically active and eating more healthily

## *Feedback from HCI Steering Committee*

Eight of the twelve original members of the HCI Steering Committee came together in September 2013 for a focus group discussion about the effectiveness of EWBA. The facilitator of the focus group had expertise in evaluation of community-based obesity prevention programs and therefore she was both independent and knowledgeable to probe for relevant information.

There was confirmation from all members that it was a good decision to target EWBA towards people with a disability because as a group, these people have poor health. There was agreement that the partnership between local government and the disability agencies has grown stronger through working together on EWBA.

Two main challenges were identified:

- Social inclusion of people with disabilities into the community-based national programs.
- Overcoming resistance by disability support staff to working with the healthy lifestyle focus in all areas of work.

The open discussion of these issues at HCI Steering Committee meetings enabled progress to be made. Agencies adapted and agreed to just bring one or two clients at a time to the community-based national programs and agency and EWBA staff actively facilitated the inclusion. The EWBA Team also learnt to better tailor activities to suit the clientele and the various disability program structures. *“They [the EWBA Team] realised it was ok for agencies to hold separate groups of the national programs for people with intellectual and or behavioural disabilities.”*

Some staff initially perceived some of the EWBA programs and training as not relevant. It took time to see the relevance to their organisation and how they could be involved.

There was considerable discussion about the challenges arising from different priorities about the measures of success held by agencies compared with the funders. While Steering Committee members understood the importance of measuring waist circumference in order to make assessments about the impact of EWBA activities on the program goal of addressing overweight and obesity there was tension in collecting these data and this was evident in the incomplete datasets. The steering committee preferred the focus on health and not weight and at the mid-program point when waist measures gaps in the datasets were identified; detailed descriptions of cases where people had improved health outcomes including weight loss were provided via staff surveys. This was a good outcome.

The HCI Steering Committee highlighted that having public health trained staff at Council exposed Council Officers to different ways of working and the EWBA Team had access to the expertise of the various teams including the Rural Access Staff, Media and Communications Unit to name a few. This created a win-win situation.

It was of high priority to sustain delivery of the national programs in the various communities where they were established. The Steering Committee expressed concern at the focus group that the test of sustainability will be that users pay. Relative to other forms of recreation, the three national programs are low-cost or no-cost.

Overall, the HCI Steering Committee provided favourable feedback about the EWBA Program and some constructive suggestions for improvement.

#### QUOTES FROM HCI STEERING COMMITTEE FOCUS GROUP

*“Local Government is where it’s at – we won’t make change [to overweight and obesity rates and the health of our community] by sitting in a hospital.”*

*“EWBA has been a good way of bringing the health services and disability organisations together. Linking of specialist knowledge across different sectors – so that each leaves a legacy with the other.”*

*“This initiative was always thinking about how it would leave a legacy – achieved through networking and relationship building, and leadership, starting with where people are at. HCI has built a platform for the next opportunity.”*

## *Feedback from EWBA Program Committee*

The EWBA Program Committee also came together in September 2013 for a focus group discussion about the effectiveness of EWBA. The capacity building of staff in the Eat Well component of the program was most memorable and also most controversial for the members of this group. Controversial when some staff were resistant to change the types or ways they presented food for clients and this created tension in the organisations. With effective leadership and persistence these agencies have worked through the barriers and outcomes were good. The simple messages and skill development in the nutrition training were reported as effective as were the supermarket tours.

The cycling opportunities were the other stand out activities of EWBA that clients enjoyed although there were comments about some people being excluded because they were unable to ride the cycles purchased. The trikes enabled people who could not ride the bikes to join in. Some agencies requested tandem style buddy-bikes which enable people to experience the freedom of cycling without having to pedal and steer. While these cycles would have been wonderful assets to enable more people to experience cycling, they were not regarded as obesity prevention equipment.

Active Oceans had limited uptake by eligible candidates despite many initial expressions of interest to participate. Gaining accreditation was a significant burden on the agency involved.

At times some agency staff felt pressure to include people with a disability in the national programs and this was evident particularly at the start of the program when agencies were not particularly interested anyway. Where groups of people with a disability wanted to be involved in a national program; specific groups were created and tailored to the needs of the participants. Where feasible one or two individuals were supported to join the community-based programs and support staff were encouraged to facilitate building relationships between participants.

There was concern expressed from agency members about sustainability of the progress made when program participation required fees to be paid. This applies to Heartmoves and to ongoing recreational cycling opportunities. Trials of fee paying periods during 2013 suggest that the activities are low-cost and affordable.

### QUOTES FROM EWBA PROGRAM COMMITTEE FOCUS GROUP

*"...not really any go-to places for healthy lifestyle promotion help before, it was what we researched ourselves. Before we'd be cooking not necessarily the healthiest foods – and it wasn't until EWBA came along that we really started to rethink that a little bit. And it was good timing as we were rewriting policies at [AGENCY NAME] too, so then we wrote the healthy eating policy ... so we had one now that directs us on what food to provide to participants, groups and meetings – even for staff when we have meetings, now we have healthy catering."*

*[before EWBA] "We did our own PA programs in house and needed to beg borrow and PAY for dietitian support. Now we know the community dietitian and are more connected to other community-based activities."*

*The cycling programs [in the disability agencies] have a system for continuing to share the cycles this will be and supported by the local government Rural Access Team."*

## *Program Implementation Reflections*

The following reflections from the Program Manager are presented to capture some of the tips and traps that are often overlooked in evaluation reporting. Unexpected outcomes that strengthened or weakened the program are also noted.

### *Program planning and evaluation*

The time spent on program planning including development of the evaluation plan prior to implementation was time and resources well spent. Engagement of an Evaluation Consultant who had experience in community-based obesity prevention, to guide the Program Manager to plan local evaluation of the disability sector environments was most helpful. The consultant was available to discuss issues at the brainstorming phase which assisted with setting the questions that the evaluation sought to answer and also at the editing phase where questions were assessed for clarity and balanced with how much time they were expected to take to complete.

A public health graduate with major studies in nutrition registered as a volunteer with Warrnambool City Council just as the Healthy Communities Initiative Program commenced. The volunteer worked along-side the Program Manager as the EWBA Implementation Plan was prepared. She was then successful at interview for the position of Project Officer – Evaluation and Promotion. In hindsight, having the Project Officer contribute to the planning and evaluation development was most helpful because she had ownership and full understanding of the tasks she was required to undertake.

Agencies had to manage the tension arising from collecting baseline measures from clients so that outcomes attributable to the intervention could be identified and having the data collection actually putting clients off from participating in the activities at all. The agencies who were more able to explain to staff the purpose behind the initial data collection who could in turn explain to clients had more complete sets of evaluation data.

The Evaluation Consultant was engaged at the end of the EWBA Program to facilitate focus groups of HCI Steering Committee Members and EWBA Program Committee Members who were largely from the disability agencies. The consultant was familiar with the EWBA program objectives and was able to probe to elicit information about effectiveness.

### *A strength based approach*

In September 2011, one of the first notes in my notebook was to adopt a strength based approach to all aspects of the program where possible. On reflection we have been true to this approach and it has served the program well.

- HCI Steering Committee and EWBA Program Committee brought people together with the necessary skills or 'strengths' for effective governance and implementation.
- The rapid needs assessment identified partners who had capacity to be a national program provider or participating agency and the implementation strengthened this capacity.
- Training was offered to the disability agency support staff to strengthen involvement of staff in the various aspect of EWBA. Without staff buy-in, implementation of EWBA in the disability sector would not have been possible.

- The Foodies were champions in their agencies who attended extra healthy eating training as well as bi-monthly meetings with the Community Health Dietitian to strengthen the capacity of peers to implement Eat Well strategies.
- The EWBA dietitian developed the nutrition training around three positive messages related to consumption of fruit, vegetables and water.
- The swap-it concept relates to what can be done to eat a healthier diet or do more physical activity in exchange for something less healthy - rather than simply focusing on removing the less healthy choice.

### *The EWBA Team*

The EWBA Team of HCI Program Manager, EWBA Dietitian, the Project Officer responsible for evaluation as well as the Active Oceans Project Officer were all public health trained. The Program Manager had specialist physical activity promotion expertise and the Dietitian and Project Officers had nutrition training. Together we formed a creative, knowledgeable and energetic team who were responsive to the expressed needs of the partners.

Being located at Council, the team benefited from the informal opportunities to learn from Council Officers in Community Development and Planning, Rural Access as well as the Council Community and Recreations Centres. Having access to the expertise of the Media and Communications Unit and the Events Team were also most helpful. The organisational structure of the two partnering Councils meant that it was challenging to engage with Council Officers at those sites and therefore the capacity building outcomes there were limited.

Being located in Council also enabled the EWBA Team to influence Council operations to be more health promoting. This is the key to sustainability of many of the initiatives because they become embedded in regular operations. Examples of this include the national programs being offered at Council venues in an ongoing capacity.

### *Finances*

A large component of the budget was directed to payment of the wages and on-costs of the EWBA Team and payment of the Evaluation Consultant to guide the development of the tools and facilitate the final focus group evaluation sessions. While all roles were identified in the initial grant budget, the time-fractions were varied during the program period. During the first year, all Phase 2 HCI Programs had the option to extend the program period. No extra funds were allocated and therefore the budget was re-configured to accommodate an additional six months of implementation.

Through consultation with the HCI Steering Committee funds for the additional six months of program management, implementation and evaluation were taken from lines allocated to transport subsidies for groups to participate in the national programs, 'back-fill' of staff to attend training and room hire for meetings and events. Partner agencies absorbed these costs. The rationale for the changes was that if agencies relied on subsidies for participation, activities would not continue beyond the HCI funded period anyway. Partner agency training budgets covered 'back-fill' and room hire fees for meetings were waived by Council.

### *Risk management*

Risk - Recruitment: During the first few months of EWBA, the HCI Steering Committee identified poor recruitment to the national programs as the biggest risk. What if we invested considerable



funds on training, equipment as well as advertising and promotion for the three national programs and hardly anyone comes?

Controls to reduce risk of poor recruitment were focused on finding the most suitable candidates to be trained to lead the national programs. Prior to attending training, Heartmoves and AustCycle candidates were required to sign an agreement that they accepted the training as a subsidy which came with the responsibility to deliver the program for the term of the HCI funding period or repay the subsidy. Heartmoves provider agencies were also allocated a subsidy to pay leaders until such a time that enough paying participants were attracted to classes. Heart Foundation Walking providers were given an establishment kit of safety and record keeping gear, promotional flags and a small amount of merchandise to use as incentives for participants to commit to the group. One Council Community Centre became the AustCycle provider.

Risk - Unreliable promotion: When potential participants do not know about programs or when they are not able to easily access current timetables there is a risk to recruitment. Providing the timetable and contacts on the website went some way to remove the risk of people accessing inaccurate timetables and not even getting to an activity. From time to time, the EWBA Team distributed timetables to the disability agencies via their newsletters and some newspaper advertising was used. Additional materials were distributed to health services, pharmacists, physios as well as community service clubs.

Risks - Limited evaluation data: Not collecting adequate data to reflect the impact of the EWBA program on overweight and obesity prevalence was a risk to being able to report on the aim of the program. When only just over 100 participation forms were collected at baseline, additional evaluation questions related to whether staff witnessed examples of weight loss or other health changes in the people they supported were added to the staff surveys at time points 2 and 3.

It was disappointing at the end of EWBA to find we had insufficient cases of waist measurement data to accurately assess the impact of the program on obesity prevalence. On reflection the accuracy of the waist measures was always going to be questionable because it was done by many different people. The trade-off to make the provision of the waist measure optional in order to engage participants was something that was also a limitation. The fact that 88% of the people who provided waist circumference data at the end of the program were overweight or obese reinforces the selection of this target group as one requiring intervention. A small investment in some on-going co-ordination of the disability sector to further embed healthy eating and physical activity promotion into everyday work would be helpful for the agencies that are yet to develop policies and missed opportunities for staff to participate in the Eat Well training.

### *National program implementation*

The Healthy Communities Initiative requirement to establish nationally accredited physical activity programs provided clear guidance for implementation of some parts of EWBA. The decision to select on-going programs (Heart Foundation Walking and Heartmoves) rather than short-term programs (eg: 6-8 sessions) with an individual behaviour change focus was well considered by the partnership that prepared the grant application. AustCycle would have had limited impact without the development of social cycling groups that will ride together on a weekly basis for the long-term.

### *Social Connections*

Participants reported that they often attended the walking, cycling, Heartmoves or community gardening or cooking activities for health reasons and kept attending for social reasons. Simple things like having others remember your name or comment that they noticed you missed a session and where you are are powerful motivators for people who lack social support to continue to participate in a group.

### *The volunteers*

People who have time and an interest in physical activity or healthy eating and volunteered for EWBA were amazing assets to EWBA. Volunteers filled the following roles

- Walk organisers
- AustCycle volunteers
- Social Cyclists, ride organisers
- Community kitchen facilitator
- Community Garden member and communal plot volunteer

Simply participating in activities along-side people with a disability helps boost social inclusion. A common response from volunteers was that they got as much out of the experience as the clients.

### *Media and communications review*

The HCI Program Manager engaged the services of our local government media communication team to develop tools for program promotion, engagement and interaction with the EWBA Program. The website, graphic design of resources and production of video clips of EWBA activities for use in evaluation and sustainable promotion beyond the funding period were features of the media and communication plan.

#### Website

The website was live in November 2011 and data on its use were collected from June 2012 until November 2013 there were 3107 unique visitors; average hit duration was 3minutes 55 seconds; average number of pages visited: 4.1. The purpose of the website was for dissemination of information and collection of evaluation data from residents whilst determining eligibility based on non-participation in the workforce

Participation forms were uploaded onto the EWBA website to provide easy access to all eligible residents not in the workforce to collect data at the three evaluation time points. Data collected included demographics, self-reported health status, health behaviour indicators such as frequency of fruit and vegetable consumption and frequency of moderate intensity physical activity as well as activities people wished to participate in and then level of satisfaction feedback post participation.

Disability agencies reported that having web access to EWBA resources was helpful. In response to the question about which resources were accessed, the Eat Well Nutrition Kit and the EWBA Timetables of activities were recalled as being downloaded by disability support staff. From mid-2012 onwards the timetables were updated in the first week of each month with each copy dated to assist with version control.

The website was also used for interested participants to register for the Walk4Wellness. Where people could not register online there was co-operation between the reception staff from a local government community centre and a not-for-profit community agency to register people who

phoned them. This system worked well. The website will be tweaked in 2014 to be used for ongoing promotion of physical activity and healthy eating initiatives in support of the Council Health and Wellbeing Plan 2013-17.

#### Graphic design

A range of creative and professional graphic design resources have been prepared for the EWBA program starting with the logo and a range of flyers, posters, postcards, newspaper advertisements, flags and signs. The logo uses fresh green and blue colours and the branding was consistently applied. Feedback from disability support staff was that the EWBA branding was pretty well recognised by the staff in the disability sector. Samples are dotted throughout this report.

#### Video clip production

Video clips of the national programs in action (Heart Foundation Walking, Heartmoves and AustCycle & the Social Cycling) were produced for use in program evaluation plus for ongoing promotion of the programs. These videos include testimonials from participants about the benefits of participation and highlight the relaxed social nature of the activities. The national program video clips will be accessible on the revised EWBA website in 2014 and in the foyers of Local Government recreation centres.

A video clip showcasing the disability agency entries in the '*Swap-it Competition 2013*' plus participation in the Wheelie Obstacle Event provided a snapshot of participation by people with a disability in the EWBA Program. Copies of this video have been given to participating agencies and it will be included as part of the evaluation package for the funding body which was the Australian Government Department of Health and Ageing. (As of September 2013 known as the Department of Health).

# Recommendations

## *For Councils:*

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 in 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:

9. 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.
10. 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.
11. 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.
12. Develop a Healthy Eating Policy for Council workplaces and events.
13. 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

14. Recognise the diverse and complex health and nutrition and access needs of people with disabilities when organising and catering for community events. Rural Access Staff are well placed to assist here.
15. 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.
16. 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 Council's should promote these opportunities.

# Recommendations

## *For the Disability Sector:*

The strong relationships and partnerships developed during EWBA have resulted in 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)

13. 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)
14. Continue to promote and model the importance of healthy eating and regular physical activity via staff meetings, events, networks, newsletters, induction and training.
15. 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.
16. 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)
17. Continue to support *Foodies* to promote healthy eating. They've been trained and have a relationship with the Community Dietitian to access their expertise.
18. 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.*
19. 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)
20. 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.

21. 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 a similar time as many community members take a purposeful walk for exercise and it is helpful for residents to develop this routine too.
22. 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.
23. 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.
24. 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



# Recommendations

## *For the Health Sector:*

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*

6. 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.
7. Mental health professionals, who are currently managing clients 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 to develop a relationship with the community-based group and provide this support. Overloading community groups with people with high-support needs is detrimental so please work with the community group to get the balance right.
8. 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 patients to get involved with friends or family.
9. 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 patients look at the program videos at: [www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)
10. 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*

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

6. Invite and value input from agency staff and carers. They can assist dietitians to address clients' needs in workable ways.
7. Consider utilising Eat Well Be Active resources when planning for clients with disabilities. 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)
8. 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

# Appendices

## Appendix 1 Sample Healthy Eating Policy

### Cooinda Policy

#### 5.20 Nutrition Policy



Published Date: 19/06/2012

#### 1. PURPOSE

To provide a healthy eating environment for clients, staff and carers of Cooinda, which promotes a nutritious diet, prevention of nutrition related health conditions and client choice.

#### 2. SCOPE

This policy applies to all Cooinda staff

#### 3. RESPONSIBILITIES

It is the responsibility of all staff to provide and ensure the following

#### 4. ATTACHMENTS

Nil

#### 5. POLICY STATEMENT

**5.1 To provide and promote a 'healthy eating environment' which encourages and supports all clients, carers & staff to make healthy food choices.**

5.1.1 Staff to respect a client's right to choose when it comes to nutrition, but also recognising the staff's duty of care to provide clients with education and opportunities to make healthy food choices and limit unhealthy food choices.

5.1.2 Staff to provide informal education and activities to clients regarding healthy eating using resources from the Nutrition Kit.

5.1.3 Encourage clients active involvement in food provision and activities

5.1.4 Fundraising should involve healthy eating practices

5.1.5 Limit the opportunities for clients to make unhealthy food choices eg. when eating out

5.1.6 Avoid using food as a reward.

5.1.7 Ensure the Nutrition Kit and Healthy Food Fast cookbook are available to all staff to use in cooking and activities

**5.2 To ensure that meals, snacks and beverages provided at Cooinda are nutritious and appropriate for clients.**

5.2.1 Provide a diet which includes foods from the five key food groups (See the Healthy Eating Picture Book)

5.2.2 Provide a diet which meets the clients energy requirements and encourage clients to reach and maintain a healthy weight, based on age, gender, weight, physical activity levels and medical conditions.

5.2.3 Aim to achieve the 3 Key nutrition messages;

GO for 2 serves of fruit a day

GO for 5 serves of vegetable a day; provide meals which meet the healthy plate criteria; ½ plate vegetables,

¼ plate carbohydrates, ¼ plate protein

- Choose water first; Provide water to clients at meal times and throughout the day and limit consumption of beverages high in sugar and artificial sweetener eg. Diet coke, cordial

5.2.4 Provide meals and mealtimes, which cater to clients social, religious, cultural and social needs

5.2.5 Ensure clients preferences and choice are considered when planning and providing meals. Clients are to be involved in menu planning where possible.

5.2.6 Use the Swap It principles to guide healthier choices and limit unhealthy choices within residences (as marked with a red cross in The Healthy Eating Picture book in The Nutrition Kit)

5.2.7 Provide clients with a comfortable mealtime environment which fulfils their social and physical needs.

### **5.3 Ensure that clients receive a diet which meets their individual dietary requirements**

5.3.1 Ensure staff are aware of any chronic conditions the clients may have and any accompanying dietary requirements for this condition.

5.3.2 Staff and volunteers actively identifying nutrition risks throughout the year

5.3.3 Completion of the CHAPS form annually – for residential clients

5.3.4 Referral to a GP and/or dietitian when nutrition risks and/or conditions are identified throughout the year

### **5.4 To ensure all food provided to clients, carers and staff is stored, prepared and served in a safe and hygienic manner and to promote hygienic food practices.**

5.4.1 Ensure gloves are worn or food tongs are used by all staff handling 'ready to eat' foods.

5.4.2 Clients and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.

5.4.3 Food is stored and served at safe temperatures ie below 5°C or above 60°C.

5.4.4 Separate cutting boards are used for raw meat and chicken and utensils and hands are washed before touching other foods.

5.4.5 Food-handling staff attend relevant training courses and pass relevant information onto the rest of the staff.

5.4.6 Government Food Safety Regulations are met

### **5.5 Staff Training & Resources**

5.5.1 Seeking regular nutrition training opportunities for staff and volunteers to develop food and nutrition knowledge and skills eg. community dietitian South West Health Care

5.5.2 Providing all staff with access to The Eat Well BE Active Nutrition Kit and Healthy Food Fast Cookbook. New staff to be given an orientation to these resources.

5.5.3 Staff to receive appropriate training and information regarding any nutrition related chronic conditions from appropriate health professional eg. Diabetes Educator

## **6. RECORDS**

Nil



#### 1. PURPOSE

To promote regular physical activity to clients, staff and carers through active travel to achieve health, social and environmental sustainability benefits.

#### 2. SCOPE

Active Travel covers walking, cycling and using public transport; the latter is included because it generally requires a walk at either end of the trip.

At Cooinda, Active travel largely relates to walking (including use of a wheel chair), because in Terang, it is a short walk to most destinations. Cycling and use of public transport are less likely options because there are limited off-road cycling routes and public transport options.

This policy applies to all staff and the clients and carers that access the Cooinda services

#### 3. RESPONSIBILITIES

All staff

#### 4. ATTACHMENTS

Appendix 1 – The benefits of walking for Active Travel

<http://www.youtube.com/watch?v=bMv911Mwi7Y>

#### 5. POLICY

##### 5.1. Role model active travel where possible; Managers to other staff, support staff to clients

- 5.1.1. Active travel requires **planning** in relation to time, weather, clothing but the benefits are considerable. Cultivate a positive approach to active travel and encourage all to view it as an opportunity and not an inconvenience
- 5.1.2. Where able, short trips of about **10 minutes** should be walked or cycled and not travelled by fleet car/bus. Three short bursts of exercise of 10 minutes per day are just as effective for good health as one thirty minute bout.
- 5.1.3. Wear or bring comfortable shoes to work to walk for short trips to meetings or appointments
- 5.1.4. Promote the drinking of water throughout the day to prevent dehydration along with active travel promotion
- 5.1.5. Use the Swap It principles to guide healthier choices. For example:
  - Swap from motorised travel to human powered when attending appointments or going to a community based activity
  - Swap taking the car to go shopping, to walking one way and taking a taxi to get the shopping home. The statement 'Part the way is ok' may be a helpful way to get clients sufficiently fit or motivated to walk the whole distance
  - Swap walking the direct route along a highway for a more pleasant walk via a park

##### 5.2. Make necessary plans for active travel in the routines of clients

- 5.2.1. Staff to respect a client's right to choose when it comes to physical activity, but also recognising the staff's duty of care to provide clients with education and opportunities to make physical activity choices and limit time spent sedentary.

5.2.2. Give clients the opportunity to be involved in decision making related to active travel. Talk to clients about the many benefits of active travel. See Appendix 1.

5.2.3. Ensure all walkers are prepared with suitable footwear and clothing

5.2.4. Plan each trip to ensure the active travel route is accessible and safe

5.2.5. Plan to have sufficient time to walk to your destination and return without being rushed or stressed

5.2.6. Be prepared for changeable weather by carrying protective gear according to the seasons;

#### **RESIDENCES & RESPITE:**

- *Keep a compact umbrella and poncho in a shopping trolley or backpack to be prepared for rain when shopping for groceries*
- *When scheduling appointments allow enough time for staff to support clients to walk if feasible*

#### **DAY PROGRAMS:**

- *Plan active travel time into activity schedules*
- *Walk to activities*

#### **ENTERPRISES:**

- *Purchase scooters*

### **5.3. Encourage staff to use active forms of travel to commute to/from work and during work hours**

5.3.1. To provide facilities for staff to enable them to walk or cycle to work; for example showering facilities and bike storage. By removing these factors as barriers to active travel, staff are more likely to choose to do it and build their health. Healthy staff are more productive

5.3.2. Provide bikes and cycling safety training for staff to ride to meetings instead of taking a car, where feasible (particularly for 5-10 minute trips)

5.3.3. Schedule meetings so that staff can car-pool and save money spent on vehicles and fuel as well and reduce emissions

5.3.4. Consider using technology as an alternative to attending routine face-to-face meetings that require driving considerable distances

## **APPENDIX 1.**

**Regular physical activity through active travel has many benefits:**

#### Health and wellbeing benefits

- Helps to prevent (and/or manage) a wide range of health conditions including:
  - Cardiovascular disease and cancer
  - Mental health problems (relieves symptoms of anxiety and depression)
  - Obesity, type-2 diabetes and osteoporosis
- Contributes to maintaining healthy weight which is associated with good self-image and self esteem
- Assists with sleeping patterns
- Decreases behaviours of concern
- Assists with balance which helps to prevent falls
- Contributes to improved mental health when there is an opportunity to engage with nature

#### Social benefits - community participation

- Provides opportunities for interaction with others with scope for friendliness and stimulating conversation.
- Active travel increases community inclusion and independence
- Creates opportunities for meaningful social connections with those who have the same travel patterns



- When more people are 'out and about' in neighbourhoods and other community spaces it is safer for all

There are economic benefits associated with building active travel skills of clients and staff

- Agencies can save money by reducing the use of fleet cars and buses
- Staff, clients and carers save money (cars & fuel) when they use active forms of travel to commute to and from Cooinda.
- Use of taxis can be expensive and maybe replaced if staff are able to support clients to use active forms of travel

Environmental benefits

- Using human power rather than motorised transport cuts pollution emissions and congestion caused by traffic

#### 6. MEASURE

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#### 7. RECORDS

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#### 8. REFERENCES

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#### 9. APPROVED BY

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Janice Harris

#### 10. CONTENT OWNER

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Janice Harris

#### 11. REVISION HISTORY

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Review Date	Review Reason	Approved By
25/07/2013	New Policy	Janice Harris



## Eat Well Foodies Project

**GOAL:** To increase the promotion of healthy eating within the disability sector through a peer education model - *Eat Well Foodies*.

### OUTCOME EVALUATION

- Use of Nutrition kit and resources by *Eat Well Foodies*
- The range and number of healthy eating activities and conversations by Foodies

### DATA COLLECTION

- ☺ Eat Well Swap it Challenge entries

**OBJECTIVE 1.0: Increase the capacity of *Eat Well Foodies* to communicate healthy eating messages within their agency**

### STRATEGIES

- 1.1 Conduct *Eat Well Foodies* training for nominated staff from disability agencies
- 1.2 Provide trained *Eat Well Foodies* with *Eat Well Foodie* manual
- 1.3 Community Health Dietitian conducts regular *Eat Well Foodie* meetings to facilitate communication between *Eat Well Foodies*
- 1.4 Community Health Dietitian provides support to *Eat Well Foodies* through meetings, resource provision, nutrition advice, healthy eating swaps and recipes.

### IMPACT EVALUATION:

- Knowledge of key nutrition messages for promotion (promote fruit, vegetable and water consumption utilising the *Swap It* strategy )
- Skills to communicate key nutrition messages
- Confidence to promote key nutrition messages

### DATA COLLECTION

- Record of attendance at initial training session and follow-up meetings;
- Pre- and post-survey of knowledge, skills and confidence to communicate and promote key nutrition messages at: end of initial training; at 3 months; 6 months; and 12 months after initial training ;
- Survey satisfaction of training session: quality of content of training sessions; quality and content of resources provided
- Survey satisfaction of follow-up meetings: quality of content of meetings; quality and content of Survey satisfaction of training session: quality of content of training sessions; quality and content of resources provided
- Eat Well Swap it Challenge entries

**OBJECTIVE 2.0:** To have disability agencies provide support to *Eat Well Foodies* to promote healthy eating.

#### STRATEGIES

- 2.1 Market the value of Foodies to individual agencies to encourage participation in the project;
- 2.2 Have agencies sign *Eat Well Foodies Agency Agreement*
- 2.3 Provide feedback to the agency about the progress of training and follow-up meetings and the outcomes of the project;

#### IMPACT EVALUATION:

- Foodies are recognised as the Nutrition Champion within the agency;
- Foodies have access to agency support through access to administrative resources, for example stationery, photocopying and email addresses;
- Foodies are supported to attend training and follow-up meetings

#### DATA COLLECTION

- Attendance at training and follow-up meetings
- Record evidence of recognition within the agency
- Record evidence of access to administrative resources within the agency

**OBJECTIVE 3.0: Strengthen the relationship between SWH community health dietitian and *Eat Well Foodies* in the Disability Sector**

#### STRATEGIES

- 3.1 Community Health Dietitian to attend HCI committee meetings and report on Foodie progress
- 3.2 Community Health Dietitian attends agencies and agency events
- 3.3 Facilitate continued relationship between Community Health Dietitian and disability agencies after HCI project ends
- 3.4 *Eat Well Foodies* report their activities to community health dietitian and their agencies through meetings and progress updates

#### IMPACT EVALUATION:

- Knowledge of who the Community Health Dietitian (CHD) is and what their role is;
- Number of contacts with the CHD;
- Number of clinical referrals to the CHD;
- Number of contacts with the CHD after the completion of the HCI Eat Well Be Active project

#### DATA COLLECTION

- Survey participants pre-training and post-initial training; and at 3 months; 6 months: and 12 months after initial training ;
- Record contacts with CHD;
- Record clinical referrals from agencies with Foodie

## The Swap-it Champions for 2013 were:

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- **Category 3:** \$200 awarded to: Wednesday Cooking Group – Cooinda Terang. (Pauline Ryan & crew of 3)  
*This group make lunch each Wednesday. They plan their menu from the healthy recipe books then walk to supermarket and back to cook lunch. They have swapped biscuits for fruit for snacks and eat more fish meals. With their prize money they plan to purchase a wok and a subscription to the Healthy Food Guide Magazine*
- **Category 2 shared by two entries** and therefore \$250 awarded to:  
Kerr St Residential Group Home – Southern Way Direct Care. (Anthony Love, Lisa Murphy & Daryl Hiscock & 5 resi's)  
*These guys have made lots of changes to the way they shop, cook and eat. They walk home to/from day programs and to do shopping from time to time. A couple of the men ride trikes in the afternoons once or twice a week and seem healthier and happier for it. Prize money will be spent on a larger vegie garden and tools.*  
  
Logan's Beach Group Home – DHS. (Lisa Alberts ,6 staff & 6 resi's)  
*The clients and staff plan the weekly house menu together. Some of these guys join the Thursday arvo walking group and meet friends from other group homes at the Pavilion and walk along the Foreshore. A couple of these guys are also keen bike riders and have joined twilight rides and weekend rides. Prize money will be spent on their vegie garden and some fruit trees.*
- **Category 1-\$1000 prize awarded to:**  
Cooinda Terang Day Program & Canteen. (Sharon Lock & 6 cooks as well as 40 clients and 10 staff)  
*Each Friday, the canteen group prepares a healthy lunch for 60 people. They plan the healthy menu, write the shopping list, walk to do shopping when they can, cook, serve and clean up. Cooinda day program clients have joined EWBA walking groups, Heartmoves programs, AustCycle sessions and social cycling activities. With the prize money Cooinda will improve their vegie garden, buy a food processor and some more books of healthy recipes. Congratulations to Sharon and her team for taking up the challenge to prepare healthy food on such a large scale.*
- **Five special commendation prizes** of \$100 each is awarded to:

### **WDEA Community Day Program: (Rebekah Hirst & 7 staff and 25 guys)**

*Last year's Swap-it Champions are worthy of special commendation. The 'winter warmer lunch program,' where a freshly prepared warm meal is prepared for clients and staff during the cooler months for \$2, is a great idea. Another great idea is the preparation of a folder of tips for residences to help them provide healthy lunchboxes for clients. The weekly bike riding group has continued in 2013 and in July-Aug the WDEA guys kept warm and dry by swapping bike riding for Heartmoves at Aquazone. WDEA's productive vegie plots are brilliant.*

### **Kirribilli House, Karingal. STAFF: (Virginia, Lisa, Don and 5 more staff and 24 clients)**

*It was a bit of a tradition for Kirribilli clients to have takeaway KFC on a Fridays. The staff contacted various local food venues and they were pleasantly surprised with the help they*

*place of packaged snacks. A healthy lunch is prepared at Kirribilli on Tuesdays and vegies and herbs from Karingal plots are used where possible. Clients made a beautiful mosaic sign for their vegie plot. Kirribilli has a new walking group on Monday arvos and clients have three opportunities to cycle each week. Great Work!*

**Camperdown Community House Respite Program - Corangamite Shire; (Lyn James, Fran Fogarty plus 5 staff and 12 participants)**

*This group has a waiting list as many people realise the simple pleasure to be gained from socialising while walking, cooking and sharing a meal. Staff and clients all pitch in to plan the menu, walk to do the shopping, cook and clean up. Prize money for vegie garden tools and non-stick cookware*

**The Friendly Kitchen – Karingal. (Pam Roy, Volunteer Facilitator Mark Wilson & 5 cooks)**

*This group of people live independently and come together once a week to socialise, cook and share a meal. Everyone pitches in to plan the menu, shop, cook and clean up. Before they go home they plan the menu for the next week and each person pays \$5 so the shopping can be done beforehand. The guys make enough for lunch and there is usually another serve to take home for the evening. Prize money will be used for more non-stick cooking equipment and storage containers.*

**SW TAFE Lifeonline & STOMP classes: (Rebecca Moloney, 6 staff and 24 students)**

Staff and clients have swapped spending every lunchtime at the cafeteria for bringing a healthy packed lunch. They plan more picnics to avoid spending time in the caf where it is very tempting to make less healthy choices. All are encouraged to have more fruit and water instead of less healthy packet snacks and soft drink. Both groups get out and about in the community and enjoy the many physical activity opportunities on offer whenever they can. The Tuesday group catch the public bus to the Community Garden from time to time

**That's about 200 people getting some long-term benefit from healthier eating and participation in regular physical activity!**

**Terrific effort everyone!**

HEART FOUNDATION WALKING GROUP  
ESTABLISHMENT  
TIPS AND TRAPS



Tips

- Area Coordinator in paid position
  - Allows for ongoing support from an existing organisation (health service/neighbourhood house/LGA). If written into job description, when a change of hands occurs, the role remains. – REALLY important for sustainability.
  - Occasional attendance at the walks helps build support, understanding and ideas to increase sustainability. Being at the walk instead of the office.
- Volunteer Walk Organisers  
Spoil them! Providing incentives shows they really are appreciated. E.g. HF clothing, showerproof jackets etc.
- Decide on a paperwork process that works for you  
Postage can be adapted to suit the make-up of the group. Look and think about what is most suitable for you. AC WO, admin person? Make it work.
- "Buddies" or "Champions"  
Regular participants can be approached as 'buddies' or 'champions' to greet and welcome newcomers to the walking group. Assists to empower the participants, they're probably already talking to everyone and making them feel welcome, however acknowledgement in this way can increase confidence and a sense of ownership.
- Specific roles  
Providing roles for participants such as setting up the walking flag can also provide a sense of belonging. Other participants also come to recognise them as a key part of the group
- Build social aspect.  
Plan in advance an event - coffee or lunch.  
example: Warrnambool Monday walking group have coffee after the walk the last Monday of every month.

Traps

- Need a balance between organising too much and not enough.  
Important to give the choices to the participants – distance, speed, direction etc. to the group (It is THEIR walk). Too much structure makes it formal and unenjoyable and not enough implies you don't really care. Really need to focus on gaging the group.
- Having one person (eq.WO or AC) responsible for everything. This sets it up for a fall in the long-term.
- Cancelling a walk too early due to weather. In hot weather change the course to areas with shady trees or sheltered areas in wet weather. Even if they don't walk they can meet and decide - Strengthen the social and ownership aspects.



HEART FOUNDATION WALKING GROUP  
ESTABLISHMENT  
TIPS AND TRAPS



Warmambool examples

"Beach Buddies"

- Now have extra volunteer walk organisers after establishing "Champion" system.
- Groups meet in all weather conditions and participants choose which way they'd like to walk.
- Social inclusion highlighted as the major influence for sustainability of the walk. This is emphasised by building monthly coffee days into it.

"Walkie Talkies"

Originally commenced on a Thursday evening during daylight savings for an 'out of work hours' walk. Times change dependant on weather 6pm during summer, 4.30 during shorter winter days. Change of times decided by the group.

## Appendix 6 Social Cyclists Information and Registration Form



### The Warrnambool City Council Social Cyclists Information

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**YOU'RE INVITED!** Warrnambool Social Cycling

Come and join a recreational cycling group for adults who are keen to get riding on Warrnambool's fantastic bike paths & trails. The group is linked to Warrnambool City Council (WCC) and co-ordinated by the Archie Graham Community Centre Programs Co-ordinator Mary McLeod.

**How to join:** Complete the attached Social Cyclists rego form and bring it along on the first Friday of the month (no rides in January though).

**Where:** Meet at the car park beside the kiosk of Shipwreck Bay Holiday Park in Pertobe Road. We ride along Warrnambool Foreshore Promenade and/or Rail Trail.

**Rusty Riders Checklist:** For safety reasons, the skills of new members will be checked prior to riding out with the group. Those whose skills are a bit rusty from not having ridden for a long time are welcome to come along and practice riding in the safety of the vacant caravan park and then when you're ready, your skills will be checked. Bikes have changed a lot in the last few years so it is worth it to get a few tips and practice.

**Weekly rides:** Mondays & Fridays 10am -11.30am

**Bikes:** Bring your own bike and helmet if you have one or you can hire them for \$2 per ride.

**AustCycle Courses:** If you are really keen to get pedalling, AustCycle Courses are available twice a year (Fee: \$60 per course). Please contact the Archie Graham Reception 5559 4920 to express interest in a course.

Social cyclists take personal responsibility while on the rides by:

- Ensuring their bike is in good mechanical order; carrying a spare tube & basic tools. A condition of use of a hire bike is that the ABCD safety check must be done prior to riding. Just ask a ride organiser if you want a demo.
- Wearing a helmet, light coloured clothes and enclosed footwear
- Carrying a mobile phone in case of emergency, if they own one
- Being prepared for varied weather conditions; by bringing water bottle, sunscreen & coat for wind/rain as required
- Bringing personal preventative medications for asthma, diabetes or other conditions.
- Signing on the attendance sheet prior to each ride. It is located in the bike shed.

Ride Organisers:

- Are not responsible for the safety of individual cyclists
- Help riders operate as a group for the safety and enjoyment of all.
- Have access to a bike shed key and therefore take responsibility for shed security.

Social cyclists hire bikes are available to *Social Cyclists* at a current rate of \$2 per session. The 'spirit' of the hire option is to provide access to people who would otherwise not be able to participate in the social cycling. Bikes cannot be booked for social rides. Where there are not enough bikes available on any given day; those who miss out should be given priority the following week. Hire fees are to be taken to the Archie Graham Centre Reception. This is the responsibility of those who use these bikes.

Inclement weather: Please just make your arrangements with the group.

1.11. 2013





## *The Warrnambool City Council Social Cyclist - Registration Form*

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I wish to join the Social Cyclists

By signing this form, I accept that I am responsible for my own safety when riding with the Social Cyclists. Being injured in a fall or collision, loss of life or property damage are real risks that I need to take care to prevent.

I agree to ride safely, look out for the safety of others and obey the Australian road rules.

I accept that volunteer ride leaders are not responsible for my personal safety. They volunteer to help the group operate cohesively for the enjoyment of all.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

1.11. 2013



## Tips & Traps

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*Getting great value from your organisation's membership at Warrnambool Community Garden – for disability agencies*

### Tips:

- Plan to attend the WCG regularly. Better to come often & for a short time and get to know other people than for long periods of time occasionally, when there is big work to be done in your plot and you & your group work in isolation. Why be at a community garden?
- Run your eye over the Policies & Guidelines document – the Vision, Mission & Values highlight what the members at WCG want to do. It especially states that **WCG values inclusiveness**. This requires your insight into the concept to help make it happen for the clients you work with. (See traps)
- WCG is all about **sustainable living**; members are expected to be active participants; help create opportunities where you and the clients you work with can learn from others as well as contribute.
- Read the emails and newsletters – stay informed about events and activities. Help organise some activities, contribute to working bees (if you can't help on a weekend, find out about what is being done and do a few things with your clients when you can).
- Make suggestions to the committee of things your groups could do as your community contribution. (See Policies & Guidelines 2.1.4) (PTO for examples).
- When 'new' staff bring a group to WCG, let them know about the place. It is your agency's responsibility to do a formal induction and for this information to be passed on to staff who take clients to the garden.

### Traps

- Bringing large groups of people with a disability to the WCG and not having enough tasks or suitable ones to keep them all engaged. Plan each session including what you will do in your plot, use of the HUB plus any communal contribution you and your group will make.
- Be aware that some members may rarely interact on a personal level with a person with an intellectual or behavioural disability, if at all. Give some thought to when to you could introduce yourself to other members, especially to your plot neighbours and other people who are often at the garden at the same time as your group and tell them where you are from. Gauge if the person is comfy to chat and then introduce 1-2 clients by name and encourage your client to remember the person's name too. Over time this will help WCG be more inclusive.
- Not being aware of the other WCG values of: empowerment, ecological, social and economic sustainability, reducing, re-using, recycling, restoring and replenishing. Model this to your clients.

Updated 24.9.2013

- **Examples of actions your groups could do as your organisation's community contribution.**
  - Help in the communal plot; either Tuesday mornings or get to know Robyn Drechsel (2013 Communal Plot Co-ord) and find out what you can do at time that suits you.
  - Participate in produce swaps
  - Do some temporary/permanent artwork – perhaps submit an idea to the WCG Committee
  - Talk to Pauline Hurley (2013 HUB Co-ordinator) about how you can assist to keep the HUB clean & tidy
  - Weed the flower beds (flowers serve the purpose of attracting the bees as pollinator, and this helps plants to set fruit... and to look pretty of course)
  - Adopt a fruit tree(s); weed around them and keep it/them watered in summer
  - A few very knowledgeable Site Pod members are working on the food forest concept. Find out about it and ask if you can assist...

Clare and/or Evonne will be happy to help you boost your involvement... for a few more weeks at least! We will be at the garden each Tues bw 10-11am in Sept/Oct if you want to meet on site.

## Building healthy eating into daily life...



Hi Warrnambool City Council HACC Staff,

We're keen to have your help to spread some simple health promotion messages to the people with whom you work. In your regular conversations with the people you work with, have a chat about the healthy eating messages listed below. They are simple and yet they are underpinned by lots of evidence that make them practical, helpful and effective. Nutrition is a complex and inexact science and dietitians are trained to give specific advice. These messages are suited for all...



### Healthy eating messages:

**1. GO for 2 serves of fruit a day**

1 serve = 1 medium piece of fruit (apple) or 2 small pieces (apricot) or 1 cup fruit salad/tinned fruit or a small handful dried fruit. Fruit tastes great & can be included at breakfast, snacks, lunch & dessert.

Fruit conveniently displaces other less healthy choices.

**2. Fill half your plate with vegies at lunch and dinner**

Include fresh & cooked vegies, frozen vegies, tinned vegies, beans, chickpeas & lentils. Aim for a vegie rainbow = 5+ different types of vegies across lunch, dinner and snacks.

¼ plate = Grains & starches; rice, pasta, bread, potato, sweet potato & corn.

¼ plate= Meat, poultry, fish, eggs, tofu & beans



**3. Choose water first**

Water is best for thirst and helps prevent dehydration from other drinks like tea and coffee and over consumption of energy in sweetened drinks



**4. Swap-it: Try and make one new swap a week to include more fruit, vegies & water every day!**

For example:

\*Swap a can of coke for a glass of water and a piece of fruit;

\*Swap a piece of cake for a piece of fruit toast;

\*Swap from a side of chips to a side of salad:

\*Swap from a meat and cheese sandwich to meat and salad sandwich.



The benefits of healthy eating include:

- Feeling more energetic and healthy
- Reduced risk of CHD, diabetes, depression/anxiety
- Improved mood

## Building walking into daily life...

If you have access to the internet, find 2½ minutes to watch this video clip.

<http://everybodywalk.org/films-a-info/experts.html>

If you don't have internet access, then the clip is from a US website called Everybody Walk and Dr Bob Sallis, MD speaks about Getting Started with Walking. A memorable line from the clip is:

*'If I could recommend one thing for you to do ahead of all others to improve your health it would be to walk more. It will do more good than anything else I could prescribe to you today.'*

The clip goes on to describe how regular walking is particularly helpful to people who are at risk of the chronic illnesses of diabetes, heart disease, depression and anxiety. Regular walking also helps many people sleep better. These conditions are particularly common among the vulnerable people you work with on a day-to-day basis.

In your regular conversations with the people you work with, have a chat about the walking messages listed below. They are simple and yet they are underpinned by lots of evidence that make them practical, helpful and effective messages that are suited to all.

### Walking Messages:

1. Think of walking as an opportunity not an inconvenience. Thinking positively helps;
2. Walking for transport is a purposeful way that suits many people to build walking into daily life;
3. Join a walking group, they're a fun and free way to meet with others and commit to regular walking;
4. Swap-it: Try and make one new swap a week to include more walking in every day!

#### For example:

\*Swap from sitting for coffee, cake and a chat to walking and chatting & having a cuppa at the end;

\*Swap from watching TV to playing bowls – it could be lawn, carpet or tenpin!

\*Swap from driving to the shops to walking with a shopping trolley – there are great new designs on offer

\*Swap from finding a car park exactly where you want to go to parking a few blocks away and walking part the way... it ok!

\* Swap driving to visit friends or family to walking and meeting them at a park



### Warrnambool's Walking Groups:

There are wonderful walking groups associated with the Warrnambool City Council's Archie Graham Centre, Aquazone and the Seniors Club.

Please contact WCC Archie Graham Centre on 55594921 to enquire about joining these groups:

- Heart Foundation Walking Group: Mondays 10am, meet at Warrnambool Surf Club (beach side)
- Seniors Walking Group: Tuesdays and Thursdays 9am, meet at various locations.

Please contact WCC Aquazone on 55594500 to enquire about joining these groups:

- Heart Foundation Walking Groups: Tuesdays 4.30pm and Wednesdays 9am; meet at Aquazone and walk Russell's Creek Trail and Botanic Gardens areas

For more information contact: **Clare Vaughan**, Healthy Communities Initiative Program Manager  
(e) [ewba@warrnambool.vic.gov.au](mailto:ewba@warrnambool.vic.gov.au) (t) 5559 4437



## Appendix 9 What's on each week in Warrnambool Timetable

### What's on each week in Warrnambool

[www.eatwellbeactive.org.au](http://www.eatwellbeactive.org.au)

version: 1.12.2013

Start Time	Monday		Tuesday	Wednesday		Thursday	Friday
9am			Warrnambool Seniors Walking Group Call Archie Graham Reception for meeting point 5559 4920	Heart Foundation Walking Botanic gardens & Russell's Creek Trail Meet @ Aquazone Contact Aquazone reception before you come the first time and we will look out for you! 5559 4500		Warrnambool Seniors Walking Group Call Archie Graham Reception for meeting point 5559 4920	
9:30	Heart Foundation Walking Meet W'bool Surf Club						
10am	Contact Archie Graham Centre Reception before you come the first time and we will look out for you! 5559 4920	Social Cyclists Bring own bike or \$2/session cycle hire Ride organisers: KEITH , JEFF, MABEL & JIM To join, contact Archie Graham Centre Reception 5559 4920	W'bool Community Garden Queries: 0429 928 511  Cooking on first Tues/month \$2				Social Cyclists Bring own bike or \$2/session cycle hire. Clare, Keith, Jeff, Mable To join, contact Archie Graham Centre Reception 5559 4920
10:30							
11am							
11:30					Community Kitchen @ Karingal		
Noon							
12.45	Heartmoves – Archie Graham Centre Only \$5 Contact Archie Graham Centre Reception for rego form 5559 4920						
1pm					Bookings Essential 5559 437		
1:30				Heartmoves – Archie Graham Centre Only \$5 Contact Archie Graham Centre Reception for rego form 5559 4920			Heartmoves - Aquazone Only \$5 Contact Aquazone for rego form 5559 4920
1:45							
2pm							
2:30							
3pm							
4pm						Heart Foundation Walking W'bool Pavilion: DHS DAS Contact 5561 9431	
5pm							
6pm			Heart Foundation Walking Botanic gardens & Russell's Crk Trail Meet @ Aquazone: 5559 4500				
Heart Foundation Walking Groups		A fun, social and easy way to be active and best of all it's FREE! Joining a walking group is a great way to get active and meet new people.					
Heart Foundation Heartmoves		A gentle physical activity program suitable for people of all shapes and sizes. Whether you are new to exercise or returning after illness or injury, Heartmoves allows you to work at your own pace in a friendly, supportive and safe environment.					
Social Cycling		The Social Cyclists ride the Foreshore Paths, Lake Pertobe area. Bring your own bike or hire one \$2/ride - organise in advance to avoid disappointment					
Community Gardening		Become a member of the Warrnambool Community Garden and develop or share your gardening knowledge. Low cost membership fees.					
To join any of these activities, please call the relevant contact phone number. If no response call Warrnambool City Council Archie Graham Centre on 5559 4920							

## References

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Diabetes Australia – Vic, 2012, Healthy Eating – A Pictorial Guide

Martin T and Wester B, Deakin University and ISIS Primary Care, 2008, *The Step by Step Cookbook*

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Peninsular Health, Frankston, 2010, Community Kitchen Recipe Book

Vichealth, 2011, Health Eating Club Canteen Resource



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Community-based programs comprise partnerships and teams that operate at a range of levels. Below is a list of structures, organisations and personnel who have contributed to the success of EWBA. Thank you all for your contribution and on-going commitment to continue to eating well and being active in south west Victoria:

- 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
  - Janice Harris – Cooyinda 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 Loughheed & Neil Ballard - Warrnambool City Council
  - Louise McCrae – Cooyinda Terang
  - Kerrie Neave – Aspire, A Pathway to Mental Health
  - Lyn Gilmour & Pam Roy – Karingal
  - Andrea Lane – Southern Way
  - Kim Williams & Bec Hirth (2012-13) - WDEA Community
  - Mary Reeves and Vicky Smith – Victorian Department of Human Services
  - Bruce Dempsey – SW TAFE Disability Unit
- The Friendly Kitchen
  - Pam Roy – Karingal
  - Mark Wilson, Volunteer Facilitator
- Foodies
  - Bec Hirth – WDEA Community
  - Anthony Love, Daryl Hiscock & Lisa Murphy – Southern Way Residence
  - Lyn Gilmour , Pam Roy, Virginia Goodall & Lisa Cameron - Karingal
  - Rebecca Moloney - SW TAFE
  - Lisa Alberts, Sue Fawcett & Janice Stapleton – Dept of Human Services, Disability Accommodation Service
  - Sharon Lock and Mandy Edmunds – Cooyinda Terang
- Heart Foundation Walking Provider, Area Coordinator & Volunteer Walk Organisers
  - Mary McLeod: Area- Coordinator Archie Graham Community Centre, W'bool City Council
  - Jason Moloney & Leanne Wilson – Area Coordinators, AquaZone, Warrnambool City Council
  - Melissa Mitchell & Kate Justin - Terang and Mortlake Health Service
  - Tracey Mitchell – Cobden and District Health Service
  - Carly Dennis – Timboon and District Healthcare
  - Mary Brown, Cathy, Maureen, Scott and Beth – Camperdown Community House

- Jenny Hirth – South West Healthcare - Lismore Campus
- Tatiana Resk Wilson - Port Fairy Community House and Sue Adamson
- Mary Reeves, Margaret Stonehouse and Lisa Alberts – DHS Disability Accommodation Service
- Carol Rae, Helen Northey, Dennis Chapman, Lorna Thwaites, Trevor & Lynette Hearsfield: Volunteer Walk Organiser
  
- Heartmoves Provider Representatives & Leaders
  - Mary McLeod, Jason Moloney, Ray Smith, Michelle Steere, Carmel Sinnott & Leah Golding: Warrnambool City Council
  - Tracey Heeps: Timboon and District Healthcare
  - Pauline McGee and Julie Hall: Primary Healthcare Manager, Moyne Health Service
  - Tracey Mitchell & Belinda Savage: Cobden and District Health Service
  - Melissa Mitchell, Kerri Nicholson & Wendy Newell: Terang and Mortlake Health Service
  
- AustCycle Instructors: & Bike Ed Instructors
  - Jodie Carey                                      - Bernie Drew
  - Clint Gillmartin                                - Michael Wright
  
- Disability Agency Cycling Staff
  - Steve Nunn, Sharon Knight - WDEA Community
  - Clint Gillmartin, Michael Wright - Karingal
  - Lorelle Crute, Catherine Agnew, Jon Narik, Chris Dean, Daryl Hiscock, Lisa Murphy, Matt Alexander – Southern Way Direct Care
  - Kate Maher & Rebecca Moloney - SW TAFE
  - Tracey Meade – Cooyinda
  - Simon White, Gerard Sully - Disability Accommodation Service
  
- Social Cycling Volunteers
 

- Keith Fisher	- 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)
  - Aquatics Recreation Victoria – Leanne White (MATE Seminar Instructor)
  - Judi Mutsaers – South West Sport (REC-Connect Facilitator)
  
- Preventive Health Working Group

- Mary McLeod - Archie Graham Community Centre, WCC
- Ray Smith – Manager, Aquazone
- 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

Additional members recruited in November 2013:

- Susan Baudinette - Nutrition Manager, South West Healthcare
  - Janine Dureau-Finn - Community Health Manager, South West Healthcare
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    - Tristin Gairey   - Steven Murphy   - Nikki Flynn   and   Marnie Pascoe
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**Clare Vaughan,**  
**HCI Program Manager**