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Public Health Nutrition  
Food and Health Development Section  
Public Health Branch  
Rural and Regional Health and Aged Care

**PROJECT BRIEF**

**BE ACTIVE, EAT WELL: A COMMUNITY BUILDING  
APPROACH**

**Nutritious food and physical activity are fundamental prerequisites for health and wellbeing.**

**Food, eating, cooking, physical activity, recreation and sport make a significant contribution to the physical, social, economic and cultural health of communities.**

## **1. INTRODUCTION**

The Victorian Government is committed to improving the health and wellbeing of Victorians. Investing in physical activity and healthy eating can provide an opportunity to improve the health and well being of individuals while strengthening and supporting families and the community.

BE ACTIVE, EAT WELL: A COMMUNITY BUILDING APPROACH (BAEW) is a community-based initiative designed to provide the opportunity, resources and support to achieve these goals. It will support local communities to utilise physical activity and healthy eating related activities to achieve healthy changes in the community and to provide improved lifestyle opportunities for families and individuals.

The projects will contribute to communities through approaches, and interventions that:

- Build and strengthen local environments (social, physical, economic and cultural) to **enable healthy eating and physical activity**;
- support the development of a local culture and social mores which **encourage and endorse healthy eating and physical activity**; and
- contribute to **community building** and increase social capital.

Benefits from the project are anticipated to include:

- **individual health benefits** (physiological and mental health) including the primary and secondary prevention of chronic conditions; and
- **healthier communities** with increased social capital including opportunities for participation, connectedness and empowerment;
- **strengthened and supportive infrastructure and services.**

## 2. GOALS AND OBJECTIVES

The goal of BE ACTIVE, EAT WELL is to:

- improve the health and wellbeing of individuals and
- strengthen communities

through a coordinated set of initiatives based on healthy eating and physical activity promotion.

The objectives of BE ACTIVE, EAT WELL are to:

- 1) Enhance social and cultural environments that support and endorse healthy eating and physical activity (including increased personal and community recognition).
- 2) Enhance physical and economic environments that support and enable healthy eating and physical activity.
- 3) Increase social capital and enhance the health promoting aspects of the local community.
- 4) Increase community and individual awareness of the importance and benefits and opportunities for of healthy eating and physical activity.
- 5) Increase the proportion of the community adopting healthier approaches to eating and adequate physical activity (as defined in the Australian Dietary Guidelines and the Australian Physical Activity Guidelines).

## 3. OUTCOMES AND INDICATORS

Detailed outcome measures and indicators for the project will be developed in conjunction with the Support and Evaluation Program (details provided below). However, in broad terms they would be expected to include evidence of:

- the creation of supportive social, cultural, physical and economic environments for healthy eating and physical activity
- increased adoption of healthy approaches to eating (in line with the Australian Dietary Guidelines)
- increased physical activity participation
- increased sense of community connectedness and inclusion
- responsiveness to health and social inequity
- supportive community policies and services

#### 4. RATIONALE

Physical activity and healthy eating and are two of the most important determinants of health. They promote and enhance health and well being and protect against of some of the most significant chronic conditions and diseases. For example, there are a significant number of epidemiological and clinical studies indicating that an adequate consumption of plant foods reduces the risk of coronary heart disease, hypertension, stroke, type 2 diabetes and many forms of cancer and asthma<sup>1,2,3,4</sup>. Similarly, physical activity is identified as promoting general health and well being as well as protecting against a range of diseases and conditions including cardiovascular disease, some cancers, type 2 diabetes, osteoarthritis, osteoporosis, falling and obesity<sup>5,6</sup>. Physical activity and healthy eating and both key determinants in preventing overweight and obesity<sup>7</sup>.

Their impact is quantified in the Department of Human Services Burden of Disease Study<sup>8</sup>, which attributes the burden of disease against key risk factors (expressed as Disability Adjusted Life Years. This data (Table 1) highlights the capacity for physical activity and nutrition (healthy eating) interventions to impact across a number of these risk factors including obesity, hypertension, high blood pressure, physical inactivity and insufficient vegetables and fruit.

**Table 1 Burden of Disease for Risk Factors**

<b>Risk factor</b>	<b>% Total Disease Burden</b>
Tobacco	9.8%
Physical inactivity	6.6%
Hypertension	5.8%
Obesity	4.7%
Insufficient vegetables and fruit	2.8%
Alcohol	2.1%
High blood pressure	2.1%
Illicit drugs	1.9%
Unsafe sex	0.8%
Occupational exposure and hazards	1.7%

In addition to individual health benefits this project is seeking to explore and measure the opportunity and capacity for physical activity and healthy eating associated initiatives to contribute to building social capital and creating health promoting environments.

A supportive and health promoting community can be described as one which facilitates and enables social connectedness, inclusiveness, appropriate support and volunteerism, a sense of belonging, and recognition of the importance of the family.

Physical activity and healthy eating related activities can contribute to achieving these attributes, either directly or indirectly. Physical activity participation can promote

psychological well-being, social interaction and contribute to social integration. It will also enhance functional capacity and independent living (for older persons)<sup>9</sup>.

Food and healthy eating are key parts of family life and socialisation and provide significant opportunity for interaction and involvement. In this context, healthy eating refers to a healthy approach to the activities around food such as production, preparation and consumption.

Being physically active and eating are a normal part of day-to-day life and both provide the opportunity for people to come together, to support each other and to interact within the family or community context. Examples through life stages include activities or approaches that support:

- Networks and groups i.e. new mothers groups promoting breast feeding and healthy eating for infants
- Children playing and interacting together in safe environments
- Families eating together and children learning food skills
- Supportive school environments which link curriculum activities for healthy eating and physical activity to parts of the school environment and involve parents and the community
- Sporting and recreation club activities
- Neighbourhood BBQs
- Community activities, festivals, markets, open days etc. including healthy food and physical activity
- Workplace lunchtime walking groups and other walking groups
- Recognising the needs of disadvantaged people, and supporting, for example, people with a disability to be physically active
- Gardening
- Walking the dog
- Healthy eating food and physical activity for elderly citizens groups
- Effective and supportive delivery meals services

A local culture that celebrates and encourages these types of activities and ways of life will achieve the maximum benefit and sustainability.

## **5. DESIGN, DEVELOPMENT AND IMPLEMENTATION**

The overall BAEW project consists of two components, the Community Project, which is the topic of this brief, and a separate Support and Evaluation Program (SEP). The SEP will provide support and high-level expertise to the community project in the areas of public health nutrition, physical activity promotion, health promotion, community building and evaluation. It will also be responsible for the overall project evaluation. An evaluation plan will be developed in conjunction with the community project team (local steering community) and be used to inform ongoing development as well as providing overall program evaluation. Direct links will be made in this respect with the:

- Public health nutrition monitoring and surveillance program
- Physical activity monitoring and surveillance program

The SEP has a separate brief and will be funded separately to this Community Project.

In considering and developing a submission for the Community Project there are a number of key issues that should be considered and taking into account.

### **Adoption of community building principles**

The design and implementation of this project will build on best practice in promoting healthy eating and physical activity with due consideration and adoption of community building approaches and methodologies.

Community building is about people from the community, government and business, taking the steps to find solutions to issues within their communities. Coming up with their own solutions to problems that affect them, adapting what has worked elsewhere and enlisting support from government or other partners, giving people a sense of achievement and empowerment. Community building is based on collective participation of people, individually and as a community, who act together to create change. Characteristically community-building strategies are about local innovation, social capital, bottom up processes built on local governance arrangements and cross-sectorial partnerships.

### **Use of best practice approaches and relevant tools and resources**

There is a significant body of literature and knowledge regarding best practice in health promotion including physical activity and healthy eating. Whilst it is important that issues and priorities are responsive to local needs the selection of activities and interventions should be based on what is known regarding 'best practice'.

Some information and resources will be available within the community and project. However, specific and high level advice for this purpose will be available through the SEP.

There is also a significant range of programs and resources already identified, evaluated and available for use. The local community can benefit from the use of such resources selecting and adapting them as appropriate to local need. Again, specific advice will be available from the SEP.

A summary of the types of initiatives, programs and resource that could be adopted by communities is provided in Appendices 1-3.

### **Evaluation**

This project incorporates innovative approaches to promoting healthy eating and physical activity and the adoption of community building approaches. The evaluation of all aspects of the project including both the organisational and capacity issue relating to the

project implementation and the development and implementation of the community based interventions is critical.

Evaluation responsibilities can be summarised as:

- The community project team will collect and report on process evaluation and collect data on impact and outcomes for the SEP.
- SEP will collate data and report on the overall evaluation of the project. This will include the identification of impact and outcome indicators to be collected by the project.

An evaluation plan will be developed in partnership between the SEP and the community project team. This will identify the overall evaluation strategy, including outcome measures and indicators, and clearly identify the role of the SEP and the community project team.

## **6. DEVELOPMENT OF A PROJECT ACTION PLAN**

On commencement of the project a mapping and planning process will be initiated to identify local needs, priorities and activities. This will be provided as a three-year action plan to achieve the goals and objectives of this project. It is anticipated that the action plan will include greater detail for the first 12 months and provide for a process of ongoing review and prioritisation to ensure it remains relevant to the project and community needs.

The action plan must be submitted and approved by the Project Advisory Group within the first 4 months. An action plan should be based on the following best practice principles:

- community consultation
- flexibility allowing for continuous improvement
- responsive to the community's needs and
- frequent reporting to the community (i.e. use of local newspapers)
- maximizes quality and cost standards.

## **7. ROLES AND RESPONSIBILITIES**

### **Local Steering Committee**

The direct management and implementation of BE ACTIVE, EAT WELL will be the responsibility of a lead agency. This will be supported by a local steering committee, with broad community representation, to guide program development and implementation. The Committee will be responsible for deciding the allocation of the funds and will report to the Project Advisory Group.

The local steering committee will be established and supported as a component of the Community Project.

### **Project Advisory Group**

A Project Advisory Group will be formed to provide advice on various project issues including communication with key partners, budget and project accountability. This group will provide guidance about the specific public health nutrition and physical activity initiatives available. The Project Advisory Group will include representatives from the Central and Regional offices of the Department of Human Services, individuals from the lead agencies involved, individuals with knowledge and experience of the community and individuals with expertise of community building.

The Department of Human Services will be responsible for the establishment and support of the Project Advisory Group.

### **Support and Evaluation Program**

The Support and Evaluation Program is a separately funded initiative to provide support (including expert advice on healthy eating promotion, physical activity promotion and health promotion generally as well as providing the expertise and overall responsibility for the project evaluation.

The SEP will be available to attend local Steering Committee meetings and the Project Advisory Group meetings. It will report to the Project Advisory Group.

## **8. PROJECT SUBMISSION**

A submission is required from a lead community organisation, or partnership of community organisations for consideration of funding from the Department of Human Services.

The submission will include responses to the following:

- Discussion regarding the project goals and objectives in relation to the local community and community needs.
- A description of the community including demographic, community and infrastructure issues.
- A detailed description of the opportunities and community needs and issues that would be responsive to an approach as described in this brief.
- Evidence of support from key community agencies to contribute the project and community initiatives.
- Identify a process for the development of the project action plan including details of the methodology, expertise, resources and timeframe.
- A proposed first year budget providing estimates of costs including staff, infrastructure, resources and other expenses identifying the source of funding, i.e. the Department funding, in-kind support and other.
- Evidence of project linkages within the community or surrounding communities

## 9. TIMELINE/ BUDGET

The project will be implemented over a three-year period. Funding available for the first eighteen-month period is \$140,000. Funding for subsequent periods of the project will be negotiated on the basis of project needs and as is necessary to achieve the identified project goals and objectives.

## 10. SELECTION CRITERIA

Proposals will be evaluated against the following selection criteria:

- Identified health, social or community inequities that would be responsive to healthy eating and physical activity interventions.
- Commitment from key community organisations and sectors to the support and contribute to the project.
- Evidence of capacity to achieve the project goals and objectives.
- Evidence of community capacity to plan and successfully implement health promotion interventions.
- Stakeholders selected to represent the community and potential partnerships identified. Applicants should provide evidence of relevant past or present collaborations or partnerships where possible.

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<sup>1</sup> National Health and Medical Research Council. *Dietary guidelines for Australians*. Canberra: Commonwealth Government of Australia. 1991

<sup>2</sup> Strategic Inter-Government Nutrition Alliance. *Eat Well Australia: an agenda for action for public health nutrition 2000–2010*. Canberra: Commonwealth Government of Australia. 2001

<sup>3</sup> Department of Health. *Nutritional Aspects of the Development of Cancer: Report of the Working Group on Diet and Cancer of the Committee of Medical Aspects of Food and Nutrition Policy*. London: HMSO. 1994.

<sup>4</sup> Department of Health. *Nutritional Aspects of Cardiovascular Disease: Report of the Cardiovascular Review Group, Committee of Medical Aspects of Food Policy*. London: HMSO. 1998.

<sup>5</sup> Department of Health and Aged Care. *National Physical Activity Guidelines for Australians*. 1999.

<sup>6</sup> U.S. Department of Health and Human Services. *Physical Activity and Health: A report of the Surgeon General*. 1996.

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<sup>7</sup> U.S. Department of Health and Human Services. *The Surgeon General's call to action to prevent and decrease overweight and obesity*. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. 2001.

<sup>8</sup> Department of Human Services. *Victorian Burden of Disease Study: Morbidity*. Melbourne: 1999

<sup>9</sup> [www.who.int/hpr/physactiv/index.htm](http://www.who.int/hpr/physactiv/index.htm)

## **APPENDIX 1: Examples of approaches to Healthy Eating Promotion**

The following are examples of initiatives that have been identified as having been used successfully before which could be considered by participating communities for inclusion in their action plan.

### **Babies and infants**

- New mothers and fathers – pamphlet, book, video “Looking after your baby”.
- Weaning – info about weaning foods, importance of variety, how to deal with food refusals, simple recipes.
- Infant food manufacturers – new convenience vegetables and fruit products minimally processed. Deakin Food Science Group could help eg set up partnership with food manufacturer.
- Nutritional detailing of doctors and nurses, parent groups; introduction of simple nutritional screening and counselling instruments for GPs and nurses.
- Promotion of vegetables and fruit in the aisles and on counters of supermarkets and pharmacies.

### **Preschool**

- Code of Feeding practice for Preschool institutions.
- Award/accreditation scheme for good feeding practice.
- Daily vegetables and fruit menu based on NHF out of school care manual – for cooks. This will ensure young children are exposed to a wide range of fresh foods. Recipe leaflets could be made available for parents.
- Simple cooking classes for parents and children.
- Vegies for Parents – cooking demonstrations, take home recipes, use of ethnic diversity to arouse interest in range of vegetables and fruit meals.
- Innovation of convenient minimally processed vegetables and fruit foods via partnership with greengrocers and food manufacturers. Preschool market could be very large and profitable.

### **Primary School**

- School canteen policy and code of practice.
- Business management courses for school canteens.
- Accreditation/Award scheme for school canteens.
- Benchmarking scheme for school canteens eg with profitable canteens which sell nutritious foods.
- Vegetable and fruit garden with cooking classes using produce.
- In class, taste trials and simple food preparation and cooking to increase child and parents’ familiarity with vegetables and fruit dishes. Use of ethnic dishes to stimulate curiosity.
- Involvement of vegetable food manufacturer with parents and children to create new high convenient foods.
- Out reach cooking and nutrition classes for parents.
- Out of school care programs (eg Heart Foundation project).

- Healthy foods through vending machines in school.
- Water and milk drink vending machines in school.
- Analysis of influences on food intake; counter advertising strategies.

### **Secondary School**

- New activity based curriculum for all students in years 9 and 10 in living skills – to be developed in partnership with VHETTA – a hands on approach that will be based on teenagers’ current interests, eg. a course on how to be a vegetarian.
- Environmental studies to link directly to food eg how to look after the environment with plant based diets; permanent school links with home gardening and community gardens.
- Vending machines selling healthy food products.
- Media studies and English courses to link up with community newspapers and radio.
- Analysis of influences on food intake; counter advertising strategies in media studies and English and environmental studies.
- Student control of canteen facilities and similar award, benchmarking schemes as in primary school.
- Parent nights and days – involvement of parents in student food activities.
- Annual food festival run by students in collaboration with community food agencies.
- Courses for parents in living skills via local TAFE and secondary school.

### **Community**

- Local food produce festivals and farmers market.
- Supermarket cooking and tasting demonstrations.
- Supermarket to feature convenient highly nutritious products – on a permanent rotating basis, - new product a month.
- Code of practice for restaurants and takeaway shops regarding serving of fruit and vegetables. Suggested menus. Award scheme for offering healthy choices.
- Local newspaper and radio to have columns and pots on preparation of vegetables and fruit, in conjunction with TAFE, secondary schools, and nutrition development officer.
- Best vegetable garden award.
- Recycling and sale of locally produced fruit via church fetes.

## **APPENDIX 2: Examples of approaches to Physical Activity Promotion**

Below are example of initiatives that can be considered but need to be adapted for the local community.

### **Environmental, policy and intersectoral approaches**

- Physical environments: road system design and planning, lighting, housing design, establish accessible, safe and appealing public places including pathways that comply with gradient and design requirements for people who use wheelchairs or walking aids, appropriate signage considering for people with a hearing impairment, provision of sound devices for people with a vision impairment;
- Social environments: involve appropriate groups in planning and design of facilities
- Cultural environments: signage with key languages or with universally accepted symbols
- Economic factors: facilitate the provision of low cost travel, programs and activities, subsidise equipment and membership fees
- Environments: consider initiatives in these possible environments: home (inside and outside), streets and roads, urban parks, ovals, defined green spaces, organized sporting fields, in and around shops, worksites, school yards, gyms, sporting complexes, pools, tennis courts, other built facilities, walking/cycling trails, rural areas, national parks, forests, beaches, lakes, waterways, stair use in buildings and train stations

### **Rural and remote areas**

- Establish informal recreation areas as a meeting place and activity focus for the local community, including features such as gardens, native vegetation, picnic areas, water features, walking and cycle pathways
- Strategically locate aquatic and sports facilities to cater for clusters of towns
- Integrate recreation and sport facilities with schools and community centres to maximise their use
- Develop transport routes between towns, such as cycle and horse riding tracks

### **Worksites**

- Incentives for off-site use of facilities
- New and emerging applications using workplace intranet systems to deliver multimedia, and interactive behaviour change programs
- Provide customer service training in disability and cultural awareness for staff

### **Children and adolescents**

- Encourage parents to limit access to sedentary recreation such as television, videos, computers, and video games
- Educate teachers to advocate for curriculum change that promotes at least one hour/week of fundamental movement skill mastery

- Encourage schools, community sport organisations and government departments of sport and recreation to place more emphasis on skill development, participation and enjoyment than on competition
- School/community linked programs
- Improve pedestrian safety and public transport so children may walk or cycle to school
- Re-orient school physical education programs for adolescent girls to encourage participation.
- Improve school-community links so that the transition into community-based activities is facilitated
- Establish youth facilities, e.g. skate and roller blade facilities in higher profile open space or commercial areas
- Encourage sporting and recreation clubs to provide programs during school holidays or linked to schools

#### **Parents and carers of young children**

- Develop informal recreation areas that incorporate ‘family orientated’ facilities such as grassed areas, walking and cycle tracks, picnic facilities, trees and shade, larger fenced playgrounds or play equipment safely located, toilet and change facilities
- Establish a network of pathways and walking and cycle tracks that link areas of open space and facilities, and provide access to a range of settings, e.g. natural and open areas
- Ensure safe road crossings to recreation and community areas, such as foreshores, parks, recreation and sport facilities, commercial centres
- Establish programs and activities that include children, such as walking groups where children in prams are part of the activity
- Provide affordable, quality childcare linked to recreation and sport facilities and programs

#### **Older people**

- Organised walking in groups such as in shopping malls, as part of cardiac rehabilitation programs, or with programs such as ‘Just Walk It’ or ‘Walking for Pleasure’
- Provide level and wide pathways and cycle-ways that are well-lit and provide seating and shade
- Provide graded kerbs so that footpaths are accessible
- Establish volunteer programs involving older adults, such as garden management groups and bush regeneration

### **APPENDIX 3: The Public Health Division's Resources**

The Public Health Division's healthy eating and physical activity resources can be used in this project. Communities will be encouraged and supported to undertake proven or promising strategies within a best practice framework. That is, communities will implement initiatives that have shown to be successful but need to be adapted to local circumstances. These include:

#### **Best practice in promoting healthy eating to children**

This project will provide up to date evidence regarding best practice in promoting healthy eating to children to 15 years of age. It will be presented and disseminated in a way that is directly appropriate to the needs of community level organisational and practitioners.

#### **Best practice in promoting positive body image**

Similar to the promoting healthy eating project this initiative will provide detail regarding community-based activities to promote positive body image designed for use by community practitioners.

#### **Public health nutrition workforce development project**

This initiative is examining local public health nutrition workforce needs in Victoria and will provide useful information and resources for FAH program.

#### **Filling the Gap 3**

This project provides resources to promote healthy eating through children's services settings.

#### **Koori nutrition needs assessment tool**

This new resource will encourage greater public health nutrition activity in indigenous communities.

#### **Walk and Talk and Active Script Project**

These two initiatives are both community or locality based program to promote and encourage physical activity. There is the opportunity for direct involvement from these programs as a part of FAH or the adoption of key elements or learning from these programs.

#### **Walking forum and walking promotion information**

The Walking forum is a state level activity but has produced a significant level of information regarding walking promotion which can be used to inform community level activity and help to identify the partnerships that will be needed to achieve this.

#### **Public health nutrition and physical activity monitoring and surveillance programs**

These monitoring and surveillance programs are currently under development but will be in place and be able to support and contribute to BAEW projects in relation to data, indicators and other information relating to public health nutrition and physical activity monitoring and surveillance.

## **APPENDIX 4: Recommended Reading:**

Getting Australia Active

Eat Well Australia

Creating Active Communities: Physical Activity Guidelines for Local Councils

Environments for Health: Promoting Health and Wellbeing through Built, Social, Economic and Natural Environments: Municipal Public Health Planning Framework

[www.communitybuilders.nsw](http://www.communitybuilders.nsw) (includes two papers entitled *Building Better Communities: A Plan for Victoria* and *Building Better Communities: The Way to Go*)