

Rates are increasing and so too our waistlines: a case study of supporting local government to create supportive environments for physical activity and healthy eating

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Local governments (LGs) are all too often the heart of rural communities. They play a much bigger role than simply rates, rubbish and roads and are often the first point of contact when residents seek solutions and opportunities to improve quality of life in the areas they call home. With an increasing burden of chronic disease facing all Australian's and with Queensland facing some of the highest rates of chronic disease related morbidity and mortality¹, a fresh approach to addressing the root causes of this issue at a community level is required.

The public health sector in Queensland has embraced the need to work beyond the traditional realm of health in addressing the determinants of chronic disease and have begun developing unique collaborative partnerships with local government. LGs are well placed to work to address preventative health issues in the domains of chronic disease prevention—promotion of physical activity and healthy eating with many challenging their traditional business and stepping out of their comfort zones to do so. This paper is a reflective commentary on how a unique partnership between local government and public health has begun working towards making one such community, Mareeba (under the jurisdiction of Tablelands Regional Council) on the Atherton Tablelands in far north Queensland, a healthier place for its residents to live.

It is widely publicised that Australians are more overweight than they have ever been. Being overweight or obese is a precursor for a number of illnesses including diabetes, cardiovascular disease and some cancers. Approximately 61% of Australian adults (aged 18+ years) are classified as obese or overweight and approximately one quarter of our children (aged 5-17 years).² In Queensland rates of overweight and obesity and physical inactivity are also some of the highest in the country. Deaths from cancer, heart disease and stroke are higher than the national average and coronary heart disease is the single biggest killer of all Queenslanders.¹ More than one-third of all deaths in Queensland are the result of chronic disease, all of which could be prevented.

In 2006, in response to the ongoing release of statistics highlighting no improvements in the burden of preventable illness amongst Queenslanders, a unique process began involving the Heart Foundation, Queensland Health and the Local Government Association of Queensland, looking at the capacity of LGs to address issues of physical activity and healthy eating. A survey was undertaken as part of Phase 1 of the Supportive Environments for Physical Activity and Healthy Eating Project (now Active Healthy Communities) to develop a better understanding of the opportunities and constraints faced by LGs in creating environments that support physical activity and healthy eating.

All LGs across Queensland (n=157, including Indigenous Councils) were approached to complete a written self-administered questionnaire. Twenty-seven LGs responded to the survey, representing a response rate of 17%. Responding LGs serviced 49% of the Queensland population and represented a cross section of varying sized LGs in urban, regional and remote locations. The survey indicated the following³:

- Most LGs noted they were ready to invest and/or are investing in physical activity, with the most important investment priorities being recreation facilities (81%), physical activity programs (44%) and pathways (19%).
- Some LGs reported being ready and about one-third of were already investing, in healthy eating, with investment priorities being nutrition education (44%) and food audits and hygiene (19%).
- Most LGs rated physical activity as a moderate priority and believed that constituents would like them to invest in it.
- Most LGs rated healthy eating as a low priority and reported mixed perceptions as to whether constituents would like them to invest in it.
- Most LGs were already implementing or developing a range of physical activity initiatives, predominantly through the provision of sport and recreation, landscape and active transport infrastructure.

These initiatives were being delivered through corporate and land use planning processes and information programs to modify lifestyle behaviour. However, with less than 50% of LGs making use of local laws, planning schemes, planning scheme policies and priority infrastructure plans to progress physical activity and only 20% of respondents having commenced with their priority infrastructure plans³, there was considerable scope for improving the use of the tools available to LGs to create environments that support physical activity and healthy eating.

Phase One of the project made recommendations that Phase Two focus on the development of a resource including a set of guidelines that would provide support for all LGs to incorporate the integration of physical activity and nutrition related strategies within their planning, corporate and community functions.³ These included planning schemes, local laws, GIS and mapping functions. Planning consultants were sought and appointed to undertake the development of the resource and in June 2010, Heart Foundation Queensland, Queensland Health and the Local Government Association of Queensland jointly launched “Active Healthy Communities—a resource package for Local Government to promote physical activity and healthy eating”.⁴

Health Promotion within the chronic disease prevention sector, including health promotion officers, public health nutritionists and community nutritionists, of Queensland Health were involved in extensive training to up skill them in the process of working with the resource, how to pitch it to LGs and how to develop and manage collaborative partnerships with LG that would enable the achievement of outcomes noted as being best practice within the resource.

Tropical Regional Services (TRS), the public health unit servicing north Queensland, trained their health promotion and nutrition staff in the delivery of AHC so as to complement their already existing work being undertaken with local governments in the region. One such local government is the Tablelands Regional Council (TRC). Only 1 hour from Cairns in the rich and diverse farming Highlands, TRC is a recently amalgamated local government, in which 4 shires combined to form 1. The amalgamation has been an opportunistic time to re-assess council priorities and embrace what has typically always been seen as a non-traditional partnership with public health and health promotion services. Whilst strategies have been developed and delivered across the whole region, the pilot site for strategies has been the largest community of the Tablelands, Mareeba.

Mareeba is a community driven by farming, mining and the near by Lotus Glen Correctional Facility. It has the most cultural diversity of any town in Queensland as captured by census data and also has a higher than average Indigenous population.⁵ Rates of chronic disease are higher than the state average and reported physical activity lower.⁶ The community experiences high levels of unemployment and socio-economic disadvantage.⁵

Based on the above factors and readiness of TRC, a unique opportunity presented itself to roll out an integrated approach to imbedding the preventative health needs of community's into the everyday work of TRC. This has included using the principles and tools developed as a part of the Active, Healthy Communities Project. Work has fallen into the broad categories of urban planning, priority infrastructure planning, policy,

local laws and support to operationalise physical activity and nutrition strategies and strengthen the capacity of LG staff to address such issues.

Urban planning and priority infrastructure planning

The evidence for sound street, neighbourhood and community design is currently at the forefront of best practice in the promotion of physical activity for chronic disease prevention.⁷ The inclusion of design principles that turn everyday spaces into walkable, safe and ambient places is one strategy public health are using to promote physical activity amongst communities. Through the use of spatial information systems and community audits, it was identified that a large number of open spaces existed within the Mareeba township, yet many lacked any facilities that would make them particularly appealing to walkers, parents with families or people looking for a space to exercise or spend time with friends. Funding was being used to maintain a large number of poorly designed parks that had low levels of community usage and high maintenance costs. TRS supported TRC to undertake a facility audit and re-allocate funds towards the retro-fit of one disused park, Mary Andrews Memorial Gardens (MAMG). This resulted in the creation of a multi-purpose recreation space that could be enjoyed by the whole community. TRS provided seed funding for capital works, co-funded a master planning process that engaged community and key stakeholders and lobbied for financial and in-kind capital works support from local industry to make the beautification project a whole of community activity. New facilities for MAMG include a retro-fitted toilet block, 2 children's playgrounds with shade, adult fitness equipment, a cycle and walk trail, connectivity to town, seating, natural and constructed shade and BBQ facilities. The community is currently being consulted on the development of an activation strategy for the MAMG. This is likely to include an active parks strategy, group based fitness and the establishment of regular activities that will make MAMG a valuable meeting place for community. The master plan is an ongoing asset to TRC and TRS has made an ongoing commitment to shared infrastructure funding for the coming 3 years. MAMG is expected to have its specifications used as a best practice example for park re-designs included in the newly developed planning scheme for the region.

Other work has extended to include changes to planning scheme codes in relation to the large volumes of housing developments occurring within Mareeba. It has been proposed that developers provide pathways at a minimum of 2m width and that they are accompanied by tree plantings that are or will develop into substantial shade trees. Developers are asked to make a monetary contribution to ongoing park maintenance and upgrade, rather than a donation of land for open space development. This helps to maximise the usage of a selected number of parks and supports the asset management function of a resource limited LG.

Of particular significance to urban planning and infrastructure development in the region is the collaborative development of a cycle and pedestrian strategy. Several of the key recommendations from this strategy were included in recently developed priority infrastructure plans (PIP). They include an off-road cycle ring route and traffic calming device installation in the main street to support walking and cycling. The strategy has also mobilised community to identify issues around cycle and pedestrian safety through which TRS staff have been able to advocate for changes in the Planning Scheme to address these. Increasingly, following consultations in the development of a legislated Community Plan, infrastructure relating to active living is being included in TRC's PIP as the community's drive for improved sport and recreation facilities gains momentum.

The amalgamation of 4 shires was a prime opportunity to be influential in the region's future development, particularly in relation to the planning scheme. AHC has been an invaluable tool to support these conversations whilst showing Public Health's commitment to collaborative partnerships and ongoing funding. The AHC tool has helped to advocate for an additional 'interest group' on community wellbeing separate to the community services sector that has acted and continues to act as an advisory group in the development of the new TRC Planning Scheme and accompanying Local Area Plans. The choice was made to be strategic and the main focus for inclusion in the new Planning Scheme has been codes surrounding the design (new and existing redesigns) of open spaces, provision of environments that limit access to unhealthy foods and provisions for rapid growth with active living being at the forefront of planners and developers minds.

Policy

Health promotion evidence notes policy and legislative change as being one of the most effective strategies for influencing behaviour change within communities.⁸ It is also one of the most challenging, particularly when attempting to influence policy in a non-health sector organisation. Ongoing priorities of TRS have been to

influence policy in relation to breast feeding at TRC venues and to increase support for clubs and sporting facilities to provide healthier options within their canteens. Changes to open space and venue hire policy have also been significant, making it easier for not for profit groups to use the facilities for physical activity related strategies.

TRS supported local Mareeba community nutrition staff to undertake a facility audit, with a particular focus on TRC owned and managed venues and assess their suitability for breastfeeding. The results were presented to TRC with a request to increase the number of suitable facilities in TRC owned and managed venues by 50% by 2013. Negotiations are currently still occurring with TRC around their approach to breastfeeding facilities in new and existing council venues. Further support for policy change has included the preparation of a draft literature review (yet to be published) on current policies and programs to support healthy food supply in sporting venues having been prepared in anticipation for the commencement of a Sport and Recreation Officer with TRC. It is hoped that community nutrition will be able to continue to work collaboratively with this role to implement changes to local sporting facilities food policy. TRS would like to see the implementation of an incentive system, including potential club development grants for clubs that implement policies that support healthy eating.

The development of the Region's first Sport and Recreation Plan was a considerable milestone in TRC's history that TRS was able to support. This process identified the challenges faced by not for profit groups in meeting insurance requirements when using TRC venues. With community based fitness evidenced to encourage accessible and sustainable participation in physical activity⁹, TRS collaborated with TRC and a local volunteer management agency to develop an innovative model to support not for profit groups continue to deliver these valuable services. The adoption of a policy which enabled community based fitness leaders to be auspiced by a local volunteer service allowed TRC to provide ongoing venue hire to such groups, knowing that all public liability requirements were met. As such we have since seen an increase in tai chi, strength and balance activities and other group based not for profit fitness occurring in TRC's open spaces and facilities.

Local laws

Local laws are often overlooked in the creation of supportive environments for physical activity and healthy eating. Whilst changes in this area are often hard fought and may not yield the biggest value for money gains, there is significant inroads that can be made here when creating active healthy communities. Work has focused on challenging community perceptions of safety and addressing barriers to participation particularly around shared facilities between TRC and Education Queensland. Changes in approaches to urban and infrastructure planning have acted as catalysts for changes to other local laws. These include allowing dogs on leashes in public places, management of the use of recreation facilities by caravans and campers to prevent business loss for holiday park owners, provision of lighting in open spaces to allow longer hours of use and improved community safety and the sale of local produce by roadside market vendors to ensure produce being sold is truly local.

Operational strategies

Much of the aforementioned work has had a rippling effect that has seen the inclusion of many more strategies to support physical activity and healthy eating in the daily operational activities of TRC. With improved infrastructure and asset management systems, more staff time was made available to deliver and support 'on the ground' strategies including:

- Social marketing campaign of recognised evidence based messages to raise awareness of chronic disease risk and how to reverse them. The use of local branding and creativity were pivotal in this process.
- Development of communications and marketing strategies to support the dissemination of information encouraging use of open spaces and development of community resources including a physical activity directory and community events calendar.
- Planning is under way for the development of locally specific and recognisable signage for walkways and key community locations.
- Local activities including fun runs, aquathons and the Great Mareeba Wheelbarrow Race have all received an injection from renewed enthusiasm for active, healthy living.

Capacity building

As with all change at an organisational level, none of these changes have been made without ongoing commitments from both TRC and TRS to staff capacity building and skill development. This has included support to use the Office for Economic and Statistical Research to support the preparation of funding submissions, staff support with survey preparation and data collection and up skilling in the use of GIS systems for urban design and planning.

The changing face of traditional LG work to one that more heavily engages community has also been an opportunity for TRS and TRC to involve community in the use of walkability audits and community surveillance style activities. This has been beneficial to both organisations in raising their profiles within the community and increasing the community's interest in promoting physical activity and healthy eating.

Whilst LGs and Public Health Departments have not been traditional partners, the value of their collaboration is continuing to be recognised across different communities around Australia. The inclusion of physical activity and nutrition into Corporate and Community Planning documents is helping to ensure they are given priority consideration in budget projections and as a core LG functions. Health continues to play a key role in re-orientating LGs thinking towards increasing investments in prevention rather than increasing community preparedness for an increase in illness. The use of the AHC tool has enabled this process to occur much more seamlessly and through its collaborative development with planners experienced with LG, it has provided a level of credibility for public health when embarking upon this new and challenging journey. LGs should be considered an essential partner in the promotion of physical activity and healthy eating and the overall prevention of chronic disease in communities.

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