

**A visit to the
'Go for Your Life'
programme,
Melbourne,
Australia.**

Jan 2009

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Summary

Obesity levels are rising and a number of countries are addressing these through a variety of ways. The 'Go for Your Life' (GFYL)¹ programme aims to promote healthy eating and increase levels of physical activity for residents in the state of Victoria, Australia. Healthy Towns (HT) is also a programme to promote healthy eating and increase physical activity across nine areas in England.

My visit, through an Allan Brooking NHS Travel Fellowship², enabled me to discuss the approach of GFYL and compare it with one of the Healthy Towns (HT) in England.

HT is a short term funded (2 years) approach within nine areas of England. The GFYL programme is more established and covers a wide range of community projects within Victoria one of the States (Region) of Australia.

Both programmes are similar. They are working with and through communities where the need is greatest. Both programmes are subject to evaluation as the focus is to establish evidence based practice. The GFYL individual projects have been evaluated and a full programme evaluation due later in 2009. HT is just beginning to design its evaluation programme.

Lessons learnt were

Both programmes are constrained by short term funding.

Community engagement is vital

Evaluation needs to be robust and shared

¹ www.goforyourlife.vic.gov.au

² www.aboveandbeyond.org.uk

Background

Almost a quarter of adults and almost a sixth of all children under the age of 11 are obese. In 2008 the cross government strategy for England- 'Healthy Weights, Healthy Lives' was launched with a number of approaches³.

Healthy Towns

Healthy Towns (HT) is one of the approaches in the Healthy Weight, Healthy Lives strategy for exploring opportunities for the prevention and management of obesity. There was no set blueprint for a 'healthy town' though some discussions on what these might be had taken place between the DH and the National Obesity Observatory⁴

The process to become a Healthy Town included bidding as a joint health and council project, for up to £5 million each, in areas in England. In total nine projects were funded up to £30 million until March 2011⁵.

Calderdale Healthy Town

Calderdale Primary Care Trust and Calderdale Council, in West Yorkshire, England, along with their partner organisations were successful in obtaining £2 million for a Healthy Town programme⁶. The funding will provide a programme of activities from March 2009 to March 2011 in and around Halifax town centre. Halifax is an old mill town in the Pennines which was once famous for being the home of Crosley carpets the largest producer of carpets in Europe. Halifax is also home to a number of financial institutions such as Halifax Banking and the chocolate manufacturer –Nestle.

The Healthy Towns programme in Halifax aims to support disadvantaged communities in increasing their physical activity levels and make available healthier food choices. Alongside this will be an element of 'health proofing' of buildings and environments to promote healthy options as part of the planned regeneration for Halifax town centre.

Purpose of visit

In the preparation for the Calderdale Healthy Towns application a number of international programmes were cited by the Department of Health as good practice. This included the 'Go for Your Life' (GFYL) programme in Melbourne, Victoria, Australia and EPODE (translated as preventing childhood obesity together) in France.

I chose to contact the GFYL programme in Australia to ensure there would be no language difficulties due to my limited French had I visited EPODE. With

³ http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Obesity/DH_6585

⁴ http://www.noo.org.uk/uploads/doc168_2_Healthy_Towns.pdf

⁵

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085328

⁶ <http://www.halifaxcourier.co.uk/news/2million-to-make-Halifax-healthy.4677573.jp>

the financial support of the Allan Brooking NHS Travel Fellowship². I was able to visit Melbourne and meet key stakeholders involved in the GFYL programme.

Aims and objectives

The overall aim of the visit was to understand how this obesity prevention programme was achieving its goals. I had four specific learning objectives:

1. To compare the strategic approach of 'Go for Your Life' to Healthy Towns.
2. To explore the health eating approaches provided in the 'Go for Your Life' programme.
3. To identify ways that has helped to increase physical activity through the 'Go for Your Life' programme
4. To evaluate what works in engaging people in local projects as part of the 'Go for your Life' programme.

Methodology

The main method for understanding the GFYL was planned visits and discussions with organisations involved in the GFYL programme. Time was allowed within the programme for other opportunities if they arose.

Findings

The visit to GFYL took place between 27th and 30th Jan 2009. It involved meeting key contacts in offices in and around Melbourne as planned previously by email. The final programme is shown in the appendix. During the visit the following were elicited:

Background

Australia is divided into eight states with Victoria having a quarter of the Australian population. There are around 5 million people in Victoria and about half of these live in Melbourne. The indigenous Australian population, Aboriginal and Torres Strait Islanders, are the most disadvantaged and suffer health inequalities. Health Issues similar are similar to the UK with tobacco/drugs, alcohol and obesity the main priorities. Australia has a higher prevalence of females/males over 15 years with a BMI of 25 or over than the UK⁷ (Figure 1). Within Victoria, 43% of Victorians don't do enough exercise and 47% are overweight or obese.

A National preventative health strategy is being developed which will cover the priority areas of tobacco, obesity and alcohol⁸.

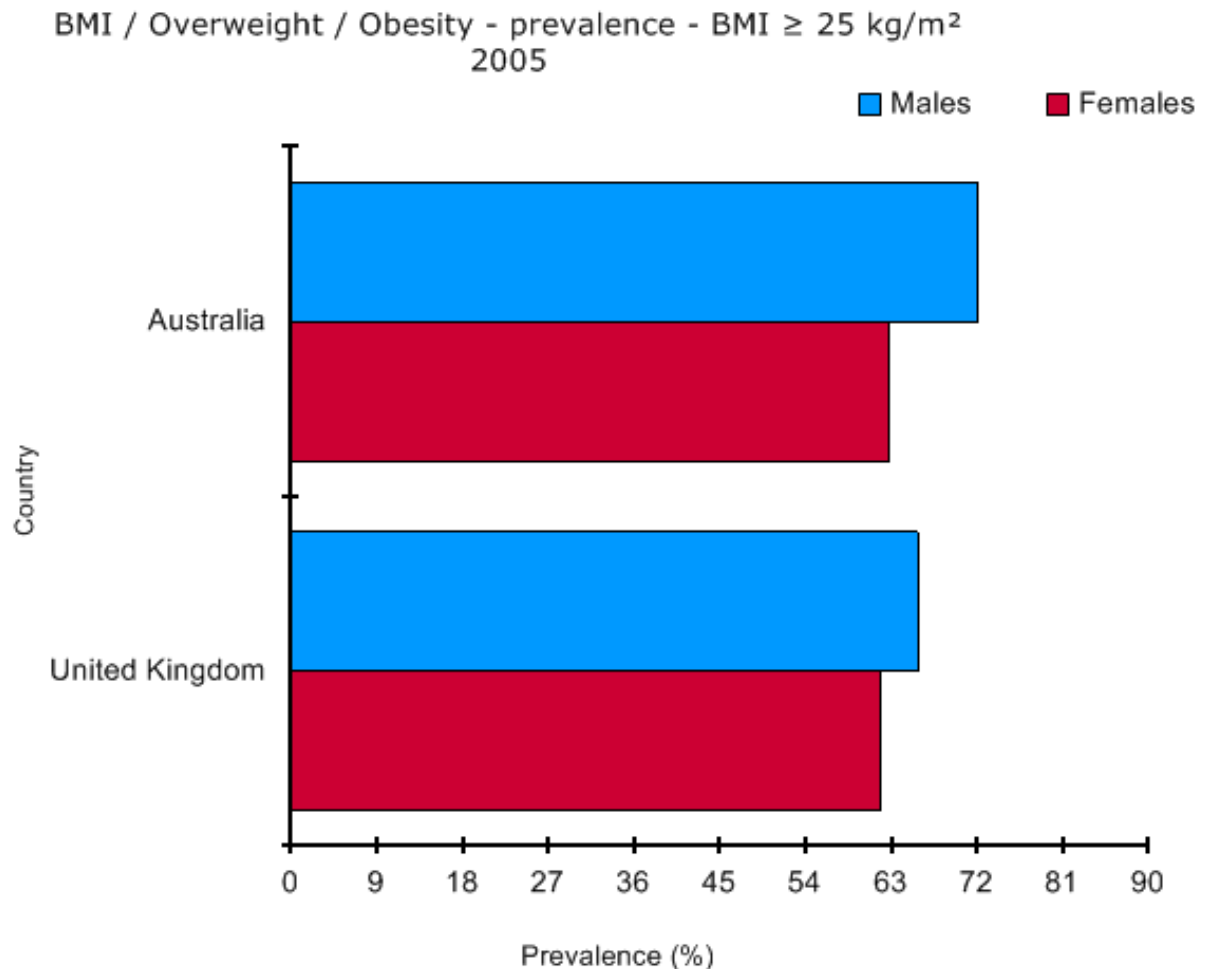
² www.aboveandbeyond.org.uk

⁷ <http://www.who.int/topics/obesity/en/>

⁸

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/national-preventative-health-strategy-1lp>

Figure 1: Comparison of BMI in Australia and UK



Source: Ono T, Guthold R, Strong K. WHO Global Comparable Estimates, 2005 (<http://www.who.int/infobase> IRef: 199999)

<http://apps.who.int/infobase/compare.aspx?dm=5&countries=36%2c826&year=2005&sf1=cd.0704&sex=all&agegroup=15-100>

The history of GFYL

One of the first demonstration projects currently being evaluated by the University of Deakin⁹ is the 'Be active, eat well' project. This community based initiative based in Colac, (population of 11,000) in South West Victoria had some positive outcomes for children and helped shape some of the GFYL programme.

In 2003 the 'Health and Active' Victoria programme was started and a year later the GFYL brand was launched. Similar programmes operate in other

⁹ <http://www.deakin.edu.au/hmnbs/who-obesity/research/ssop/index.php>

states like NSW (New South Wales)¹⁰. Both NSW and Victoria are two of the largest populated geographical areas in Australia.

The GFYL Programme

The GFYL programme covering the state of Victoria it is an initiative that aims to increase physical activity and healthy eating. Governance is provided through a ministerial forum supported by a leadership group and a number of ambassadors (well known celebrities who promote the GFYL messages).

There is investment in a range of projects/programmes that encourage positive behaviour change. The programme is aimed at all Victorians, from children, families, adults, and older people through to high risk populations. In particular the programme is about engaging people from culturally and linguistically diverse (CALD) backgrounds to take up healthier and more active lifestyles. CALD was a term used often in the discussions and it was a new term to me. Around a quarter of Victoria's population were born overseas with 43.5% of Victorians either born overseas or have a parent who was born overseas.

The strategic plan for 2006-2010¹¹ outlines the programme and gives background details and the way forward till 2010. The next GFYL Strategic plan (2010-2014) is being developed in 2009.

The objectives for GFYL are similar to those of the English Healthy Towns and include

Healthy eating

- Increase consumption of fruit and vegetables
- Decrease consumption of energy dense food and drinks
- Increase breast feeding

Physical activity

- Increase physical activity levels
- Reduce sedentary behaviour
- Increase active transport

Structural changes to support healthy eating and physical activity

- Improve healthy eating food access and supply for all groups
- Develop the built and natural environment to support physical activity
- Address the underlying health inequality impacts on healthy eating and physical activity

¹⁰

<http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/Where+can+I+find+more+information-lp>

¹¹

http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pracpages/Strategic_Plan_2006_2010?open

The GFYL programme has three strands:

1. Information
2. Website
3. Community education programme

1. Information line

This free information line¹² (1300 739 899) funded by GFYL and delivered by Kinect Australia¹³ is for health professionals and the general public. The week day telephone service offers information, health coaching (by referral) and support on physical activity and healthy eating. The take up by health professionals has been good though less so by the general public.

Kinect Australia also supports a range of information including a monthly newsletters and community directory .Physical activity newsletter- Active Inform¹⁴ and Active Media¹⁵

In 2007 there had been a TV series, early Saturday evenings, aimed at engaging the public in the GFYL messages. It was considered an expensive approach for the potential outcomes however the number of calls to the information line increased during this time.

2. Website

The main GFYL website¹⁶ is for the general public as well as health professionals. Based on the number of hits recorded it is well used. There are plans to develop a professional log in area for health professionals to share research/evaluation. A number of downloadable materials are available as well as in hard copy on request.

3. Community education programme

There are two community education vans¹⁷ staffed with health professionals to attend community events and schools on request. These are always popular and in demand by the community for events. The website also provides a community directory of local activities¹⁸ .

¹² <http://www.betterhealth.vic.gov.au/hav/articles.nsf/docs/infoline?open>

¹³ <http://www.kinectaustralia.org.au/>

¹⁴ http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pracpages/Active_Inform?OpenDocument

¹⁵ http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pages/Active_Media?OpenDocument

¹⁶ <http://www.goforyourlife.vic.gov.au/>

¹⁷

http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pages/The_Go_for_your_life_mobile_education_centre?open

¹⁸ http://www.goforyourlife.vic.gov.au/hav/articles.nsf/leveltwoview/community_directory?open

Alongside these three main strands are other activities and some of these were discussed in more detail as part of the visit.

Healthy eating

This part of GFYL is led by Nutrition Australia¹⁹. This service provides nutrition support and advice to schools to support healthy foods/drinks through their canteen (restaurants) provision. This includes the use of colour coded foods such as green (everyday), amber (select carefully /occasionally) and red (limit).

Low consumption of fruit and vegetables common in both countries has led to messages to increase consumption. In Australian it is 'Go for 2 (fruit) & 5 (veg)' ²⁰ a day which is similar to the English message of '5 a Day'²¹.

Physical activity

Victoria has four million hectares of parkland that are overseen by Parks Victoria part of the Department of sustainability and environment (DSE). DSE leads on a number of projects funded by GFYL²². These include the 'healthy parks healthy people' work supports the natural environment for healthy living.

One specific project includes Green Gyms led through Conservation Volunteer Australia (CVA) ²³ which is based on the British Trust Conservation (BTCV) model of using the natural outdoor space as an opportunity for physical activity and social interaction.

There is an independent evaluation being undertaken through the University of Ballarat using quantitative and qualitative methods. One technique being used is the 'Most Significant Change' (MSC)²⁴ technique. This is a participatory monitoring and evaluation tool. This was something new that I had not heard about and appears very useful for similar programmes with multiple outcomes.

Other projects include supporting people such as training volunteer guides to take people from their own community on guided walks in local parks and introducing a new standard classification for walking trails as well as improvement work.

¹⁹ <http://www.nutritionaustralia.org/>

²⁰ <http://www.gofor2and5.com.au/>

²¹ <http://www.5aday.nhs.uk/topTips/default.html>

²² <http://www.parkweb.vic.gov.au/1grants.cfm>

²³

http://www.goforyourlife.vic.gov.au/hav/articles.nsf/docs/Go_for_your_life_Green_Gym?Open

²⁴ <http://www.clearhorizon.com.au/category/publication/msc-publications/>

Engaging people

This programme offers support for health professionals and covers all age groups with something for families, young people, adults, children, teenagers, and older people.

Monitoring and Evaluation

As well as tracking health changes through ongoing health surveys there are individual programme evaluations. These are in partnership with local universities and a larger overall evaluation is planned for 2009. The team knowledge that though there is some good qualitative work the quantitative evaluation is more difficult.

Challenges

Some of the challenges for the GFYL and Australia in particular are the changing climatic conditions such as drought, fires and the heat. During my visit the temperatures reached 45c. Climatic change for the UK is not as dramatic as that in Australia but still there are challenges to health through increased heat and flash flooding.

Another problem identified with the GFYL team and is common to other short term funded projects is that of short term contracts and the low pay of staff. This can increase staff turnover due in part to time limited funding and uncertainty of future employment.

All states in Australia are independent with their own health policies which can mean different policies for food production and labelling. This can cause confusion for the general public when trying to understand healthy eating messages.

GFYL partners

There were a number of other organisations that are funded or involved in the GFYL programme²⁵. Through these contacts I learn about some of these approaches to support healthy living in Victoria. These included:

Heart Foundation

The Heart Foundation²⁶ has a base in Melbourne, Victoria and is similar to that of the British Heart Foundation in the UK²⁷.

The Heart Foundation had been involved in a 'Healthy by Design' programme. This work is to support active transport through a partnership approach influencing designers and planners through their professional development.

²⁵

http://www.betterhealth.vic.gov.au/hav/articles.nsf/pages/Go_for_your_life_Grants_Information?open

²⁶ www.heartfoundation.org.au

²⁷ <http://www.bhf.org.uk/>.

An good example of this was in one rural town -Bendigo , North West of Melbourne (population of around 100,000). There the city council²⁸ are 'planning in' health through the narrowing of spaces for cars, widening footpaths for walkers and cyclists which have been called 'naked streets' to become Australia's first walking city. It would have been useful to visit this town and see first hand the effects but due to time and the heat this was not possible. This approach, to healthy urban planning, features as one strand in the HT programme in Halifax.

Other work, similar to that considered by the HT programme, was how the Heart Foundation had influenced the small to medium takeaways on cooking methods through a tick approved programme²⁹.

Diabetes Australia – Victoria

An increase in Type 2 diabetes is also a problem in Australia as in the UK. A GFYL funded programme is Life!³⁰. This is a community based lifestyle behaviour change programme for people 50 years and older and Aboriginals of all ages who are identified as being at risk of developing type 2 diabetes. The programme consists of 6 group sessions courses attended over 8 months including work and includes working with a psychologist to support behaviour change.

Office of senior Victorians

A number of the GFYL projects are aimed at the over 50s population. For indigenous aborigines this reduces to those over 40. The programme includes strength training and Tai Chi as prevention of arthritis in conjunction with Arthritis Victoria³¹.

Kids Go for your Life

The children version of GFYL³² is similar to the UK's Healthy schools approach. It is one of the biggest funded projects within the GFYL programme.

Finally..

The team in Melbourne were interested in the Healthy Towns approach for tackling obesity in England. A presentation and discussion was held on this

²⁸ <http://www.theage.com.au/news/national/bendigo-pedestrians-get-right-of-way/2007/10/17/1192300859161.html>

²⁹ http://www.heartfoundation.org.au/Professional_Information/Tick/Pages/default.aspx

³⁰

http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pages/Life_Taking_Action_on_Diabetes_Program?open

³¹ <http://www.arthritisvic.org.au/index.asp> .

³² http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pracpages/Kids_Go_for_your_life?open

approach on the last day to help support Victoria's future direction. The team had also been visited by the French obesity prevention project- EPODE. This reinforces the sharing of information and networking to learn from other programmes and projects across the world which due to the Allan Brooking NHS Travel Fellowship I was able to contribute towards. Since returning to the UK the Scottish Government has introduced a similar programme based on the EPODE approach to tackling obesity³³

Missed Opportunities

My meeting with the regional public health department at Melbourne City Council had to be cancelled due to sickness of the person I was meeting. This meant that I was unable to discuss fully the council's approach to public health.

In addition to GFYL I also arranged to visit one of the Universities in Melbourne to discuss public health training though due to communications problems this was not able to be arranged.

Feedback

The information gained will be reported back to the Healthy Towns steering group/manager in Calderdale, West Yorkshire, to help support their £2 million programme of activity on obesity prevention and management. A copy of the report will also be available on the Above and Beyond website² and available to anyone who requests it.

Learning points

Any interventions that can affect the growing global obesity problems are welcome. Though the GFYL programme is based in Australia there are a number of learning that can help the development of the HT programme in Calderdale. These include

- Short term funding puts pressure on workforce sustainability
- Information lines have limited use
- Websites are well accessed (but not by all)
- Community engagement is vital
- Evaluation needs to be robust and shared

Limitations of the visit

The focus of the visit was to discuss the strategic approaches of GFYL which I feel was achieved. It would have been useful to see the community projects in action. However due to a number of factors, namely weather conditions; the increased risk of bush fires, the visit week was the end of the long holiday season which included a national holiday period this did not happen.

³³ <http://www.scotland.gov.uk/News/Releases/2009/05/28093241>

² www.aboveandbeyond.org.uk

Conclusion

A number of learning objectives had been stated prior to the visit. From the above considerations the following conclusions were made against these objectives:

1. To compare the strategic approach of 'Go for Your Life' to Healthy Towns.

Australia has similar obesity problems to those in the UK and elsewhere. All organisations are looking for examples of good practice that will help prevent and reverse the rising obesity levels. GFYL as well as Healthy Towns (HT) are both programmes that may help to support these aims. Both suffer from short term funding which creates problems for implementing longer term solutions, evaluation and recruiting and keeping staff.

2. To explore the health eating approaches provided in the 'Go for Your Life' programme.

Promoting healthy eating messages is a key approach for all organisations and included in both GFYL and HT programmes. The Australian general message encourages more consumption of fruit and vegetables through their 2&5 message compared to the UK '5 a day'. However getting people to undertake and maintain these levels are difficult.

3. To identify ways that has helped to increase physical activity through the 'Go for Your Life' programme.

Promoting an increase in physical activity is a key message for both countries. A range of methods applicable to the environment were discussed. Australia has an advantage in that there are wide ranges of open countryside but access and use is an issue for a number of groups which the GFYL projects are trying to address. Though HTs are more focused on urban areas there are opportunities for communities to have increased participation in local parks and access routes.

4. To evaluate what works in engaging people in local projects as part of the 'Go for your Life' programme.

Engaging people is key to any successful project. GYFL is focused on all Victorians but in particular those that are more difficult to engage in a traditional way that are collectively called CALD.

Using community approaches in training and supporting local people helps to build communities. GFYL and HT are both using these approaches. Both quantitative and qualitative approaches are being taken to evaluate the programme in partnerships with local Universities. In particular the MSC approach, which was new to me, seems to be able to capture the multi components of these types of projects.

Appendix - Programme of visits

Date	People/organisation
Tuesday 27 th Jan	<p>Leonie Middleton (GFYL Manger) Kathy Richards (Manager Governance GFYL) Victorian Government Department of Human Services, Melbourne Victoria L2/ 50 Lonsdale Street Melbourne 300</p>
Wednesday 28 th Jan	<p>Di Marshall (DSE GFYL Coordinator) Rosalie Bent (Tourism and Recreation) Public Land Division Dept of Sustainability and Environment L2/8 Nicholson Street Melbourne 3002</p> <p>Rowland Watson (Senior Adviser) Public Health Victoria Regional Public Health Team Victorian Government Department of Human Services, Melbourne Victoria 50 Lonsdale Street Melbourne 300</p>
Thursday 29 th Jan	<p>Karen O' Neill (Manager Community Programmes) Helen Hargreaves (Project Officer) Office of Senior Victorians Dept of Planning and Community Development 5/1 Spring Street Melbourne 3000</p> <p>Lainie Burke (not able to meet due to sickness) Melbourne City Council L2/ 240 Little Collins Street Melbourne</p> <p>Kelly Neville (Dieticians and Project Manager- Healthy Eating Schools and GYFL- Canteens Advisory Service) Nutrition Australia – Victoria Division 247 Ross House Flinders Lane Melbourne</p>
Friday 30 th Jan	<p>Kellie Anne Jolly (Director Cardiovascular Health Programs) Rachel Carlisle (Manager Physical Activity) National Heart Foundation Victoria L12/ 500 Collins St Melbourne</p>

	<p>Therese Whalen (Senior Health Promotion Officer) Sarah Jane Blunt (Health Promotion Officer) Kinect Australia Level 5/470 Collins Street Melbourne Vic 3000</p>
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	<p>Ralph Auderm (Director) Diabetes Australia Victoria 570 Elizabeth Street Melbourne</p>
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	<p>Pam Williams (Director- Strategic Branch and Member of GFYL Leadership Group) Leonie Middleton (GFYL Manager) Go Your Life Team Public Health Team</p>
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