Pathway
to increasing active living

A Guide for Local Government

Suggested citation

South Metropolitan Population Health Unit (2015). Pathway to increasing active living: A guide for local government. Fremantle: SMPHU, Department of Health WA.

Important disclaimer

Acknowledgement

Contents

Tables and Figures

1. Introduction

Pathway to a Healthy Community

This guide has been developed as part of a series of supplementary tools designed to support the implementation of the Pathway to a Healthy Community: A guide for Councillors.[1]

The purpose of this guide is to support and assist local government across the South Metropolitan Health Service (SMHS) area to develop a plan to increase active living at a local level.

This guide provides a practical overview on the:

- benefits that individuals and the communities can experience from active living.

- role of local government in increasing active living.

- steps required in the planning, implementation and evaluation of active living strategies.

- strategies that have been shown to increase active living.

The guide applies key health promotion principles to:

- ensure all public policies, not just health policies, contribute in some way to improving people's health.

- create social and physical environments that encourage and support health and wellbeing.

- develop people's personal skills and knowledge about their own health and wellbeing.

- strengthen communities to support health and wellbeing improvement.

- ensure services are effective, efficient and accessible to all and have a stronger role in preventing illness and disease.[2]

---

[1] Department of Health. 2010. Pathway to a Healthy Community: A guide for councillors. South Metropolitan Population Health Unit, Perth.

[2] World Health Organisation 1986, WHO Ottawa Charter for Health Promotion. First International Conference on Health Promotion: WHO, Ottawa, Canada.

This guide should be read in conjunction with the *Western Australian Health Promotion Strategic Framework 2012–2016 and Australia's Physical Activity and Sedentary Behaviour Guidelines.* These documents contain information to improve and promote health and wellbeing by increasing active living.

The South Metropolitan Population Health Unit (SMPHU) acknowledges that there are a number of ways that local government can act to increase active living and that each local government's response will vary to reflect their geographical, political and administrative setting. This will ensure local solutions are best suited to local problems.

2. What is active living?

Active living is a way of life that incorporates activity into daily routines and gets people up and moving. It means increasing physical activity and reducing sedentary behaviour at all stages of life.

Everyday examples of active living include walking or cycling to the shops, school or work; taking public transport instead of driving; participating in an active class; playing sport; unstructured outdoor play for children; using the stairs instead of the lift; doing active tasks; and reducing recreational screen time.

Source: WA Health Promotion Strategic Framework 2012–2016

Active living is recognised as having essential social and health benefits, as well as environmental and economic benefits.

The social benefits include increases in social contact, trust, support networks, teamwork skills, and greater independence for aged people, increased social capital and increased perception of community safety.[3] Health benefits include a decreased risk of heart disease, some cancers, diabetes, asthma, falls in older people, the incidence of overweight and obesity, and depression.[4] The environmental benefits include reduced air pollution from more active modes of transport such as walking or cycling and reduced traffic congestion. The economic benefits include support to local business from residents who walk or cycle to shops and savings to health costs associated with chronic disease.[5]

[3] *Wood. 2001. Active Communities: A concept to promote Physical Activity at the community level in WA, Department for Sport and Recreation, Western Australia.*

[4] *Alexander. R. 2001. The Importance of Walking in the Western Australian Physical Activity Strategy. Australia: Walking the 21st Century Conference.*

[5] *Department for Premier and Cabinet, Physical Activity Taskforce, Fact Sheet 1 October 2002.*

The *WA Health Promotion Strategic Framework 2012–2016* defines the levels of physical activity as sufficiently active, insufficiently active, and inactive. Descriptions from within the framework are below:

- Sufficiently active: participates in physical activity at levels that meet or exceed the *National Physical Activity Guidelines* for their age group.

- Insufficiently active: participates in some physical activity, but not at levels sufficient to meet the *National Physical Activity Guidelines* for their age group.

- Inactive: does not participate in physical activity**.**

Australia's Physical Activity & Sedentary Behaviour Guidelines for Adults (18-64 years)

Being physically active and limiting your sedentary behaviour every day is essential for health and wellbeing. These guidelines are for all adults aged 18 – 64 years, irrespective of cultural background, gender or ability.

Physical Activity Guidelines

- Doing any physical activity is better than doing none. If you currently do no physical activity, start by doing some, and gradually build up to the recommended amount.

- Be active on most, preferably all, days every week.

- Accumulate 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity or 75 to 150 minutes (1 ¼ to 2 ½ hours) of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.

- Do muscle strengthening activities on at least 2 days each week.

Sedentary Behaviour Guidelines

- Minimise the amount of time spent in prolonged sitting.

- Break up long periods of sitting as often as possible.

Source: Australian Government Department of Health. 2014. National Physical Activity and Sedentary Behaviour Guidelines Canberra: Commonwealth of Australia

A snapshot of physical activity in Western Australia

- 19.1% of adults aged 16-44 years reported being very active, 32.8% reported being moderately active and 3.2% reported engaging in no physical activity at all.

- 53.3% of adults aged 16 years and over completed the recommended level of physical activity.

- 14.2% of adults aged 65 and over undertook no physical activity.

- Males and females aged 16 and over 44.3% reported sitting as how they would usually spend there day, in comparison to 11.3% who would usually spend there day conducting physically demanding work/heavy labour.

- 41.5% of children aged 5-15 years in WA met the recommended guidelines for physical activity.

- 54.9% of boys aged 5-15 years were more likely to be very active, compared to 37% of girls who reported being very active.

- 39% of children aged 0-15 years did not meet the recommended daily guidelines for watching TV, videos or using a computer.

- 41.5% of children aged 5-15 years reported being physically active 7 or more sessions and more than 60mins per session, and 6.1% engaged in no physical activity at all.

Source: Department of Health, WA. 2013. Health and Wellbeing of Adults in Western Australia Perth: Department of Health, WA.

3. What is local government's role?

The *Western Australian Local Government Act 1995*[6] requires that local government is actively concerned with the social, economic and environmental needs of their communities. In addition, local government is increasingly aiming to build strong, self-reliant and resilient communities.

Active living can have a significant impact on the health and wellbeing of individuals and the community as a whole. This means that the creation of supportive environments for active living can become an important local issue for local government.

[6]*Government of Western Australia 1995, Western Australian Local Government Act 1995, Perth.*

Of course, strategies aimed at increasing active living are not the responsibility of local government alone. Both the state's *Western Australian Health Promotion Strategic Framework 2012–2016* and the Commonwealth Department of Health identify inactive living as a major health concern and a priority action area. There are many other government and community-based organisations that are also involved in active living strategies.

4. Why plan to increase active living?

Active living not only benefits an individual's health, but the community as a whole. Prioritising active living has a triple-bottom-line impact with overall health, social, economic and environmental benefits for the community. Figure 1 illustrates these benefits.

Figure 1: Physical Activity and the Triple Bottom Line

Physical Activity and the Triple Bottom Line

Economic

↑ Increases
- Tourism
- Employment

↓ Reduces
- Vandalism costs

✓ Supports
- Local business
- Attracting workforce

Health & Social

↑ Increases
- Community connections
- Social skills/networks
- Social capital
- Mental health and wellbeing

↓ Reduces
- Heart disease
- Diabetes
- Risk of stroke
- Colon cancer
- Breast cancer
- Obesity
- Overweight
- Depression
- Falls in older people
- Stress

✓ Supports
- Stronger communities
- Crime prevention

Environment & Sustainability

↑ Increases
- Vibrant community

↓ Reduces
- Greenhouse gas emissions
- Noise pollution
- Traffic congestion

✓ Supports
- Safer places
- Active transport

Source: Be Active WA. Local Government Supporting active living in the community. Perth. Western Australia.

5. Where does increasing active living fit among local government plans and policies?

Local government is involved in planning and policy development for its community. This can result in policies, plans and strategies that are quite broad, such as the Strategic Community Plan, or more specific, for example, dealing with a particular population group. Many of these policies and plans may already influence active living in some way or another. In choosing to proactively plan to increase active living, the local government will need to consider whether it will:

• develop a council active living policy.

• integrate active living strategies within other relevant plans.

• develop a stand-alone active living strategy.

This choice will depend on the needs of each local government. Considerations will include population activity levels and the prominence of inactive living with stakeholders and the community. Either way, it is worth understanding the governance context in order to better integrate active living strategies with other plans and policies to ensure goals and objectives align.

Developing a council active living policy

One way of establishing a council's high-level intentions to increase active living is to develop an overarching council policy. Councils are empowered under Section 2.7 of the Local Government Act 1995 to develop policies to further the achievement of their strategic goals or contribute to their statutory obligations. They are generally reviewed once every three years. If established, such a policy provides an overarching framework to guide the local government response to increasing active living in the community.

Shire of Serpentine - Jarrahdale

Healthy active by design checklist and endorsement project

An overview of this initiative is an adaptation of the Healthy Active by Design master checklist developed by the Heart Foundation. The master checklist has been refined somewhat so that it is applicable to new residential subdivisions within the Shire of Serpentine Jarrahdale.

The aim of the project is to create a sense of place through a grouping of destinations, such as mixed-use centres, walkable neighbourhoods and public open spaces of appropriate quality and quantity that encourages physical activity, recreation and social interactions for all members of the community.

The objectives of the initiative are adopted directly from the checklist and include mixed use, movement network, public open space and sense of place. Key strategies then fall out under these objectives and are primarily focused on the design of the built environment, to ensure positive physical activity outcomes and proximity to healthy food choices. The purpose of the checklist is to assess developers' local structure plans and subdivision proposals. Some of the strategies include assessing the plans against the following criteria:

i) Are fresh and healthy food stores provided as part of the land use / destination mix within the centre?

ii) Has continuity of bicycle lanes and footpaths through and between new developments / subdivisions and connecting neighbourhoods been planned for?

iii) Are most residential dwellings (i.e. 60%) within 400-800m walk of a public open space?

iv) Has the design of pedestrians and cycling networks to lead to/link to/optimise the walkable access to centres, schools, public transit stops, supermarkets or fresh produce stores, parks and areas of open space and other destinations to promote and support walking to daily activities and healthy eating options been provided?

The Shire has had discussions with a large land developer within the area and the intention is to create an endorsement, so that developers could market their subdivisions as meeting the Shires healthy active checklist. It is anticipated that many of the larger developers are already ticking these strategies however the program may create an incentive for smaller developers to seek such an endorsement.

It is envisioned that the program will later include implementation of the strategies and then ongoing monitoring to see if the strategies are creating the type of environment and sense of place as proposed.

Source: Shire of Serpentine-Jarrahdale (2014)

Integrating active living strategies within other relevant plans

At a local level, the main local government plan is the *Strategic Community Plan.*
The *Strategic Community Plan* establishes the community's long-term vision for the
municipality's future, including aspirations and service expectations. The plan also drives
the development of other local government Area/Place/Regional Plans, resourcing and
other informing strategies.

For example, *'increasing active living'* might simply appear as one goal among other high-
level goals within a *Strategic Community Plan.* Subsequent strategies or actions might
then appear in health and wellbeing plans or other business unit plans.

Such an approach can elevate the topic and gain a stronger mandate from the council and
senior management. This can be important where strategies span the wider determinants
of health and draw on support from across council.

6. Developing a plan to increase active living

Regardless of whether a plan to increase active living occurs as a stand-alone plan
or within a broader plan, staff members need to consider critical information and gain
agreement from key stakeholders to the change sought and how this will be achieved.

This will vary between local governments; however, effective planning to increase active
living will usually follow a number of linked phases. The planning process from the
Pathway to a Healthy Community: A guide for councillors[1] provides a useful starting point
for considering the key components.

Figure 2: Community health planning cycle
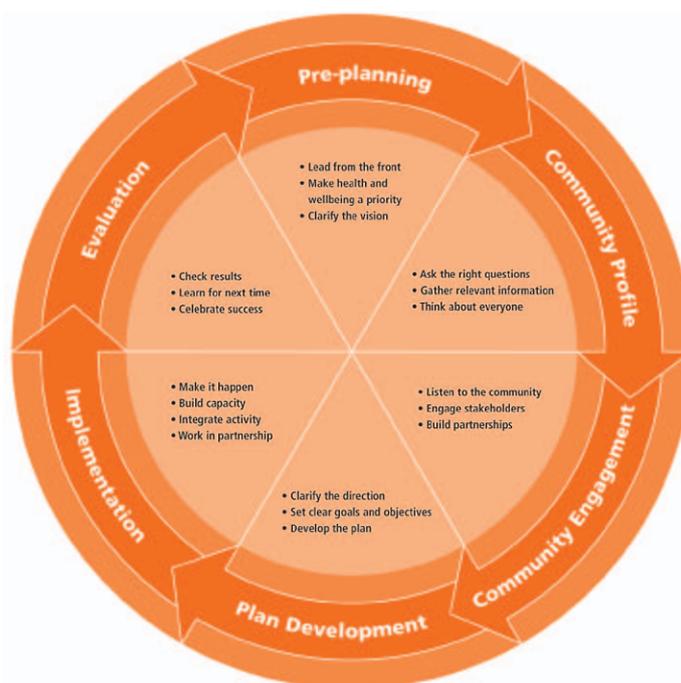
*Source: South Metropolitan Population Health Unit. 2010. Pathway to a Healthy Community: A guide for councillors.
Department of Health, WA.*

The following sections look at each of the above phases of the cycle in more detail and provide prompts to support planning to increase active living.

6.1 Pre-planning

The detail of an active living plan will emerge as each phase unfolds; however, it is important to use pre-planning to:

•   gain support for a plan to increase active living across the local government area.

•   establish the governance structure.

•   identify broad planning activities and time frames.

These three aspects set the foundation for an active living plan and are closely linked. For example, a well-considered governance structure can help to embed support for active living strategies and a high-level mandate will generally bring with it adequate resources to conduct planning and prompt others to get involved.

Gaining support

Developing a plan to increase active living might come about in a number of ways, including being put forward to executive management as a business unit initiative or being received as a priority initiative directly from council. Either way, it will be important to gain (and maintain) support across the organisation. This may be particularly important when working with other local government business units that do not have a strong exposure to health and wellbeing.

Gaining support may involve the following actions:

•   Raising awareness among the councillors, senior managers and staff of the impacts of inactive living on the community and the need for action.

•   Reinforcing the role of the local government in promoting the health and wellbeing of its community in general and its roles in promoting active living.

•   Identifying people within the local government who can contribute to increasing active living, and who might be willing to champion the plan.

•   Focusing on the mutual interests and concerns of those most likely to be responsible for implementation or affected by the plan in other ways.

•   Seeking a commitment from senior management and the councillors as to how the plan will be coordinated and managed.

It is important to make clear links between local government's legislative responsibilities, its stated vision and any relevant existing policies. Mapping or auditing existing plans or policies within the organisation and identifying the roles and functions of other departments in relation to active living will help to ensure there is a clear alignment with the vision of overarching plans, such as the Strategic Community Plan, and will avoid unnecessary duplication with other plans.

Establishing the governance structure

The governance structure describes how the development of the active living plan will be managed. It will answer the questions:

• Who will sign off on the resulting plan?

• Who will lead the plan development?

• Who will carry out planning tasks?

• How will decisions about the plan be made?

It is likely that the active living plan will require endorsement from the council. This is preferable as it can provide greater profile and accountability across the organisation. Nonetheless, in order to be presented to the council it will also need to be signed off by the senior management team and chief executive. This approval process may need to be factored into the time frame.

Establishing a small, internal working group

The development of an active living plan can be managed in a range of ways; however, getting it right takes effort and requires the input of more than one person. One way of spreading the load while at the same time reinforcing a whole of council approach is to establish a small, internal working group. Such an approach can embed support and stimulate champions across the organisation. It also allows a pooling of resources, abilities and energy needed to drive the development and implementation of the plan.

The make-up of the working group will be important if it is to achieve these outcomes. Consider the following:

• Ask the most senior person accountable for the plan to chair the working group.

• Invite councillor representation onto the group. This may be a councillor with portfolio responsibility or a compatible interest.

• Select members based on their roles in the organisation; their interest and willingness to contribute; and their span of influence.

Once an internal working group has been established, it is useful to establish its roles and responsibilities. For example, would the group's role be to advise, make decisions or to manage the process? These roles can be placed on the agenda of the first group meeting.

Draft terms of reference could be developed as an agenda item. A suggested structure for the terms of reference is outlined in the box below:

Structure of terms of reference

Background

This should be a brief section describing:

- how the active living plan fits within the priorities of the local government and community and the working group is needed.

Role

This section should describe:

- the main roles of the working group and their responsibility for the plan's direction, finances and results.
- how the plan meets the needs of the stakeholders.
- important action plans that will guide the lead officer and the team on important planning actions.

Membership

- list of who is in the working group and their special tasks (if any).
- list of who will chair the working group.
- how the working group will meet.
- frequency of working group meetings.

Other

- framework for agendas and minutes.
- how issues may be managed.
- where the meetings are to be held.
- use of proxies.

Source: Stoneham M & Cotton R, 2005. 2nd edn. Building a Healthy Community. Healthway, Perth

In addition to an internal working group, an external reference or advisory group might help share the workload. This would be made up of key stakeholders and would benefit from a similar terms of reference approach.

Where activity is focused on local government action alone, simpler consultative mechanisms may be sufficient.

Identifying broad activities and time frames

One of the first actions of the internal working group will be to map out the activities and time frames. This can be described in a simple discussion paper that answers the following questions.

- What is the purpose of the active living plan?
- How will the plan be developed?
- When does the plan need to be finalised?
- What broad activities need to be completed to meet this deadline?
- What are the key milestones and time frames?
- Who will do what?
- What resources will be required?

A discussion paper can also be used to clarify the resources needed and gain management endorsement. It will also ensure the internal working group members are clear about how activities will proceed and assist in keeping the plan's development on track.

Identifying factors influencing active living

There are many factors that influence physical activity in the community. Figure 3 illustrates the major factors that may influence an individual's physical activity levels, including the natural, built and social environment, as well as individual determinants.

Figure 3: Factors influencing physical activity in communities
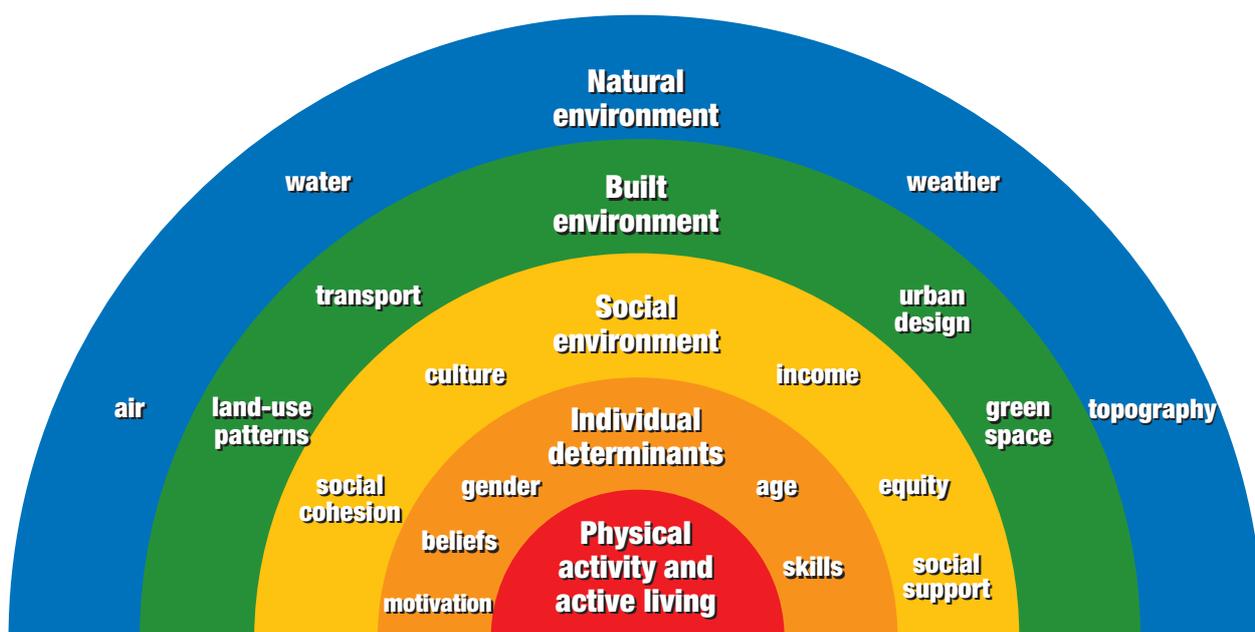
Source: World Health Organisation. 2006. Promoting physical activity and active living in urban environments: the role of local government. Europe.

6.2 Community health profile

A community health profile might be developed as a preliminary step in gaining support for the plan's development. It will provide a picture of the current circumstances and support the impetus for change. It will be a key tool in gaining or maintaining support. If, for example, councillors, senior management and staff are not convinced that increasing people's activity levels is a priority issue, they are unlikely to support the development of the plan or its implementation. Compelling information, such as the levels of physical activity, can influence and change entrenched views.

Ask the right questions

Asking the right questions means a community health profile will identify:

- the impact that inactive living is having on the community.

- the built, social, economic and natural environments that can influence an increase in active living.

- priority population groups at most risk of inactive lifestyles.

Gather the data

Data on the levels of physical activity can be sourced from the South Metropolitan Population Health Unit.

Individual local governments may also conduct their own community surveys to provide additional data on relevant issues of concern to the local community.

Some of the ways in which local government can gather useful local data are shown below:

Ways to gather local data on active living

- Research current international, national and local government trends on active living.

- Develop a survey to identify barriers to active living in the area.

- Research health statistics on people's physical activity levels.

- Identify local government data from population surveys, or from the Australian Bureau of Statistics, Socio-Economic Indexes for Areas (SEIFA).

- Identify active living strategies already in place in the local area.

- Map potential stakeholders both inside and outside government involved with activities aimed at increasing active living.

Identify priority population groups

Some members of the community will be more vulnerable to physical inactivity. Local governments have a particular interest to ensure that all members of the community are supported, protected and cared for.

Priority populations

Individuals and groups more vulnerable to physical inactivity include:

- Aboriginal and Torres Strait Islander people.

- Children and young people.

- Low-income families (particularly children and adolescents, and single parents with young dependent children).

- People who are unemployed or have limited formal education.

- People with a disability.

- People from non–English speaking backgrounds (refugees and asylum seekers).

- Frail elderly people (particularly those who are socially isolated and have low incomes).

- People affected by alcohol and/or substance abuse.

- Homeless people (particularly young people, women of childbearing age and the elderly).

Complete the profile

Once the profile is completed, it is useful to consolidate this information into a brief document. This can then be used to educate, engage, advocate and plan with councillors, management, staff, community and external agencies.

6.3 Community engagement

Increases in active living requires the participation and cooperation of many government and community stakeholders. Successful plans, therefore, should be developed in consultation and partnership with others with an interest in active living. This includes listening to and engaging with the local community.

Consultation is most effective when it occurs early in the process and is also used to validate the proposed way forward.

There are many individuals and organisations within a local community who will have an interest in increasing active living. Identifying those individuals is an important step.

Suggested stakeholders

- South Metropolitan Population Health Unit
- National Heart Foundation WA
- The Department of Education
- The Department of Sport and Recreation
- Department of Transport (TravelSmart)
- Diabetes Western Australia
- Aboriginal Medical Services
- Aboriginal Health Council of Western Australia
- Child and Adolescent Health Service
- Other non-government organisations and interested community members including representation from the priority population groups.

Identifying local stakeholders

- Who might be affected positively or negatively by the concerns to be addressed?
- Who are the 'voiceless' for whom special efforts of engagement may need to be made?
- Who are the representatives of those likely to be affected?
- Who is responsible for what is intended?
- Who is likely to mobilise for or against what is intended?
- Who can make what is intended more effective through their participation or less effective by their non-participation or outright opposition?
- Who can contribute by financial and technical resources?
- Whose behaviour has to change for the efforts to succeed?

Source: World Bank. 1997. Sourcebook on Participation. Washington, DC.

Before engaging with stakeholders, it is important to consider their interest in the topic. Many will be focused on increasing active living but will nonetheless have their own specific focus, for example, a population group.

For each stakeholder it is important to think about their interest in increasing active living: what's in it for them? For example, for health agencies, it will be reduced health risks; for environmental agencies, reduced energy and fossil fuel use, and reduced greenhouse gas emissions, and so on. This analysis will guide decisions about how and when to engage each stakeholder in planning and implementation.

6.4 Writing the plan

Writing the plan involves clarifying what needs to change, prioritising the actions and choosing the strategies most likely to address the identified needs.

In considering what goals are important for a local community, it is worth considering the major contributors to active living identified in Figure 3. For example, what needs to change locally in the built environment to encourage physical activity? This then may result in a focus on improving local walking paths with well-lit areas at night to encourage people to do physical activity throughout the day and in the evening.

When writing the plan, it is important to ensure goals, objectives and strategies are clear and readily understood by stakeholders.

The SMART technique is a good way to ensure that the goals, objectives and strategies are as clear as possible.

SMART goals, objectives and strategies have the following characteristics:

S — **specific:** it is about a particular health determinant, population group or setting, and describes the change to be achieved.

M — **measurable:** it includes measures that indicate whether, or to what extent, it is achieved.

A — **attainable:** it can be achieved within available resources: funds and people.

R — **relevant:** it makes sense to the overall aspirations of the community and the vision of the local government.

T — **time-framed:** it has a timeline that indicates when it will be achieved.

Source: Doran, G, T. 1981. There's a S.M.A.R.T. way to write management goals and objectives. Management Review: 70.11 (Nov 1981): 35.

Table 1 provides broad definitions for each planning statement and provides examples of the SMART technique.

Table 1: Hierarchy of health planning statements

Planning statements	SMART example
Goals Goal statements describe the improvements and long-term benefits sought for a given population. When it comes to health and wellbeing, they are statements about reducing a health risk or improving health and wellbeing status, quality of life and equity.	*Increase the proportion of children and adults meeting national guidelines for physical activity by 15% within six years.*
Objectives Objective statements describe what will be done to achieve the goals. They are specific and concise and identify who will make what change, by how much, where and by when. Objectives achieving health and wellbeing goals are likely to address: • specific risk or protective factors. • policy development. • infrastructure development. • changes to surroundings. • skill development. • community participation. • community action.	*By 2020, there will be a 5% increase in the number of community members taking part in sufficient levels of physical activity.* *Note: This is just one of a number of possible objectives designed to meet the above goal.*
Strategies Strategy statements describe the shorter term activities that are undertaken to meet the objectives.	*Support the establishment of five community physical activity programs in targeted communities by 2016.* *Develop and promote a local 'how to' guide on increasing physical activity by 2018.* **Note:** *These are just a few strategies designed to meet the above goal.*

Suggested objectives and strategies

The following is a list of suggested objectives and strategies that can be used to support actions to increase active living. They are grouped under broadly stated objectives commonly applied to active living goals and are taken from key national and state strategic plans.

Objective 1: Increase public awareness and community engagement

Local governments should consider strategies which build the capacity of communities to provide their own active living options. This will ensure greater community involvement and produce a more sustainable outcome for the program.

Suggested strategies

- Facilitate opportunities for all community members to participate in sufficient levels of physical activity for better health.

- Develop a community awareness campaign that will provide communities with information regarding the benefits of physical activity and the facilities and activities available in the local government authority.

- Provide a range of accessible and affordable active leisure activities.

- Develop and implement physical activity programs for specific communities that have lower rates of activity.

- Assist communities to develop skills to provide and promote local physical activity options.

Objective 2: Create supportive environments for active living

The natural and built environment is an important element in increasing physical activity. Access to safe, clean and attractive parks and walking paths is essential to ensuring people have the opportunity to participate in physical activity and enjoy the many benefits of active living.

Suggested strategies

- Provide facilities in the natural and built environment to enable and encourage all community members to take part in physical activity.

- Create public open space that encourages and enables all communities to be physically active.

- Ensure a range of accessible and affordable facilities are provided to cater for physical activity.

- Improve neighbourhood walking environments (e.g. footpaths, street lighting and parks).

- Identify and implement improvements to facilities for pedestrians, cyclists and public transport users.

Objective 3: Increase active travel options

Active travel is using public transport, walking or cycling to get from one location to another for a specific purpose, such as going to the shops. Local governments can ensure that transport systems are supportive of active transport, and are safe, accessible and affordable for community use.

Suggested strategies

- Encourage the prioritisation of active transport over private car use.

- Encourage walking and cycling via a network of safe and accessible walking paths and cycle ways linking major land uses and recreation opportunities.

- Provide sustainable and accessible transport choices and improved interaction between transport modes.

- Promote public transport and infrastructure improvements.

- Plan and develop higher density land uses in and around town centres.

- Manage car parking, to balance convenience with reduced car reliance.

- Inform, educate and encourage the community to use sustainable transport.

- Provide information about active living-related events such as Run for a Reason or Walk There Today.

- Support workplaces, shops, schools and health care facilities within integrated neighbourhoods that facilitate walking and cycling.

- Work with planning, transport and economic development agencies to ensure that long-term planning of the city and region reduces car dependence and promotes equitable access to high-quality public transport.

Objective 4: Develop partnerships for active living

Developing and maintaining effective partnerships with both communities and stakeholders will enhance the provision of facilities and services that support active living. Strategic partnerships with stakeholders ensure a wider allocation of services and resources, shared responsibilities for future programs, and better communication and knowledge of the community's needs and aspirations.

Suggested strategies

- Develop and maintain effective partnerships with communities and stakeholders to enhance the provision of facilities and services for activite living.

- Work with government departments, agencies and non-government organisations to develop joint initiatives.

- Support community groups to develop active living initiatives.

- Foster business involvement in active living initiatives in the community.

- Endorse culturally secure principles for engaging with Aboriginal people in developing relevant policy and apply the principles.

Objective 5: Create a healthy workplace for active living

The workplace is recommended as a setting in which participation in physical activity by staff should be promoted and supported. Employers should be encouraged by the actions of local government to allow staff to participate in daily sufficient levels of physical activity to obtain health benefits.

Suggested strategies

- Be a leader in workplace practices that support and encourage staff to participate in sufficient levels of physical activity to obtain health benefits.

- Incorporate and support less sedentary workplace practices.

- Provide places and equipment for staff to exercise.

- Offer gym memberships and incentives for staff to be physically active.

6.5 Implementation

The plan itself will have created timelines and assigned responsibilities. It will nonetheless be important to refer back to the objectives and strategies to keep on track.

Tasks to be completed during implementation phase

- Ensure your plan stays within budget.
- Document the plan's progress and any associated issues.
- Complete progress reports.
- Monitor plan progress.
- Generate media interest in the plan.
- Motivate your working group to take on components of the plan as their core business.
- Advocate for policy and environmental change to sustain the plan after the funding cycle has finished.
- Recognise individual and organisational commitment to the plan.
- Celebrate successes.

Source: Stoneham M & Cotton R, 2005. 2nd Ed. Building a Healthy Community. Healthway, Perth.

Capacity building

Successful implementation of the plan requires strong internal leadership and management; clear allocation of resources; and a commitment to workforce learning and development. It also means developing effective partnerships – working with others to achieve common goals. This is often referred to as capacity building.

Capacity building is a process by which individuals, groups and communities further develop their understanding, ability and motivation. The full range of capacity building activities can be considered under the broad headings of awareness raising; information and knowledge; skills and training; and facilitation and support. Together these activity areas aim to build people's ability to act as well as their motivation to act. This should contribute to greater and more effective action plan implementation.

Working in partnership

Building partnerships has become an imperative for local government, particularly in the face of scarce resources, overlapping interests and, at times, an uncertain future.

A partnership means sharing expertise and resources to achieve common goals. Partnerships with community organisations, local businesses and other government bodies offer many benefits. Partnerships might cover:[7]

Networking	→	exchanging information
Coordination	→	aligning activities
Cooperation	→	sharing resources
Collaboration	→	providing mutual support

The governance structure established in the early stages of planning will have built some of these relationships, both internally and externally. It can be useful to review the role of the working group and reference group, if these were established, to consider their roles in implementation. For example, can they play a useful monitoring and review role? Maintaining relevance for members is important, and implementation is likely to be quite different to the relative business of the planning process. Consider less frequent meetings based on key milestones and reports.

6.6 Evaluation

Evaluation checks whether the plan's goals, objectives and strategies are achieved. This has two prime purposes:

Accountability — to demonstrate returns for the investment of resources.

Learning — to contribute to evidence about what works and what doesn't.

It is important to design evaluation early in the planning development cycle — not once the cycle is coming to an end. This makes it easier to develop measures and to set up any data collection processes. Measures or indicators provide a way of checking whether goals and objectives are being achieved. At the same time, they can expose who is and who is not participating in active living.

The use of measures provides a way to:

*   engage stakeholders and communities in informed discussions about shared goals and priorities.
*   gather information and guide evidence-based planning.
*   report on progress towards agreed goals and objectives.

7 VicHealth 2003, Partnerships Facts Sheet, VicHealth, Carlton.

By deciding on measures in the plan's development stage, evaluation and future community profiling can become clearer. The information gathered in developing the community active living profile will often provide the information needed to support the measures.

When it comes to evaluating specific strategies or programs, there are many different evaluation techniques that might be used. Choosing an approach to evaluation will depend on:

- The key stakeholders with an interest in the findings.

- The time frame for when the information is needed.

- The resources available to conduct it.

- The use or uses for which it is intended. These might include:

    - improving and informing policy development.

    - guiding financial management and resource allocation.

    - assisting in organisational learning and skill development.

    - pursuing service quality and delivery.

    - demonstrating accountability and transparency.

Regardless of the approach, an evaluation should generate information that is credible and useful for decision-making and program improvement.

Program evaluation is widely applied in Australia and internationally and has the following features:

- **Process evaluation** assesses elements of program development and delivery. The quality, appropriateness and reach of the strategies used to implement the program are of key interest in this type of evaluation.

- **Impact evaluation** measures immediate program effects and assesses the degree to which program objectives are met.

- **Outcome evaluation** measures the long-term effects of programs and assesses the degree to which the original intent or program goal has been achieved. It is concerned with the actual changes that have occurred for individuals and communities and often considers outcomes such as mortality, morbidity, disability, quality of life and equity.

Table 2 describes the kind of measures and evaluation questions each evaluation type poses.

Table 2: Program evaluation: types, measures and evaluation questions

Type	Measures	Questions
Process	• Number of activities implemented/not implemented. • Levels of participation. • Participants' satisfaction with the program. • Program reach. • The quality and accessibility of resources.	• Are all projects and activities developed and implemented? • Are all materials and components of the program of good quality? • Are key partners involved in the program able to fulfil the program goals and objectives? • Is the program reaching the target or population groups? • Are all parts of the program reaching all parts of these groups? • Are participants satisfied with the program?
Impact	Changes in: • knowledge, skills or attitudes. • behaviour. • public policy. • the extent of policy implementation. • the environment. • the nature of service provision. • social support structures. • patterns of community participation.	• Has knowledge increased concerning healthy lifestyles? • Have attitudes, motivation, confidence, behavioural intentions and personal skills improved? • Are communities active participants in the program? • Is public opinion supportive of the direction of the strategies? • Are supportive public policies and organisational practices in place? • Are adequate resources allocated? • Are strategies integrated with other relevant activity?
Outcome	A change in health status such as: • a reduction in risk factors, mortality, morbidity or disability. • improved quality of life. (This is not a realistic outcome for short-term projects).	• Has the strategy achieved its program goal? • Have changes in behaviour been sustained over time? • Have environmental conditions improved? • Have there been improvements in health status?

7. Resources

Developing strategies to increase active living can be challenging. Access to up-to date statistical information and research, and networking with others in the field, helps to build a robust evidence base and boost motivation. This is particularly important in local government where strategies cut across the built, social, economic and natural environments for health and will call for partnerships across diverse agencies and professions.

Western Australian

Western Australian Department of Health

Western Australian Health Promotion Strategic Framework 2012–2016. Search for 'Active living' to go to all active living-related information and links.

Website: www.health.wa.gov.au

South Metropolitan Population Health Unit

The South Metropolitan Health Service (SMHS) is committed to protecting, promoting and enhancing the health and wellbeing of the population living in the south metropolitan region of Perth. It is responsible for delivering a range of public health services to the community, through the South Metropolitan Population Health Unit (SMPHU). These services include: Aboriginal health, health promotion and community development, communicable disease control, service planning and development, evaluation and research. Services target the whole of the SMHS population, with a specific focus on delivering customised programs for groups at higher risk of poorer health outcomes, including Aboriginal people. Public health interventions are focused on priorities identified at a local, state and national level, and guided by evidence, current practice, and appropriate public health benchmarks.

The SMHS recognises the important role of local government and is committed to working in partnership to protect, promote and enhance the health and wellbeing of communities across the SMHS.

The SMHS region includes the following local government areas: City of Armadale, City of Gosnells, Shire of Serpentine–Jarrahdale, City of Belmont, City of Canning, City of South Perth, Town of Victoria Park, City of Cockburn, Town of East Fremantle, City of Fremantle, City of Melville, Town of Kwinana, City of Rockingham, City of Mandurah, Shire of Murray, and Shire of Waroona. This region includes the health districts of Fremantle, Bentley, Armadale, and Peel & Rockingham/Kwinana (PARK).

Website address: www.health.wa.gov.au

Diabetes WA

Provides practical advice and education services to help people live well with diabetes.

Website: www.diabeteswa.com.au

The Cancer Council Western Australia

Provides information, services and resources on cancer and ways to reduce your risk.

Website: www.cancerwa.asn.au

National

Australian Government Department of Health and Ageing

The Australian Government's site provides information on active living-related health, news and policies. Includes information on the *National Physical Activity Guidelines.*

Website: http://www.health.gov.au/

Australian Institute of Health and Welfare

Search for subject areas for quick links to information. See 'Chronic Diseases' and 'Physical Activity'.

Website: www.aihw.gov.au

Healthy, Active Australian Government initiative

This website provides a range of information and initiatives on healthy eating, regular physical activity and overweight and obesity to assist all Australians to lead healthy and active lives.

Website: www.healthyactive.gov.au

National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research. Information includes: *Dietary Guidelines for Australian Adults and Dietary Guidelines for Children and Adolescents in Australia.*

Website: http://www.nhmrc.gov.au

Active Living for All Framework

Active Living for All provides a strategic framework for physical activity for the next five year (2012-2016). The intention of the framework is to give direction for all sectors and settings to enable the implementation of a shared vision for increasing the physical activity levels of Western Australians.

Website: http://www.beactive.wa.gov.au

The Heart Foundation

The Heart Foundation aims to improve health through funding world-class cardiovascular research, guidelines for health professionals, informing the public and assisting people with cardiovascular disease.

Website: www.heartfoundation.org.au

Healthy Active by Design

HABD is a tool to inform the design of communities that support and promote healthy and active living.

Website: http://www.healthyactivebydesign.com.au

Blueprint for an Active Australia: Second edition

Resource outlining government and community actions to increase population levels of physical activity and reduce sedentary behaviour in Australia, 2014–2017

Website: http://www.heartfoundation.org.au/SiteCollectionDocuments/Blueprint-for-an-active-Australia-Second-edition.pdf

Healthier Workplace WA

To assist businesses in improving the health of their employees.

Website: http://healthierworkplacewa.com.au/HWWA-guide/index-5.html

Move It: Australia's Healthy Transport Options

A national policy framework to boost participation in active transport. This policy paper and its 10 recommendations set out a way of achieving a healthy and active Australia by 2030.

Website: http://www.heartfoundation.org.au/SiteCollectionDocuments/Move-It-Australias-Healthy-Transport-Options.pdf

Moving People 2030: A transport plan for a productive and active Australia.

By 2030, Australia's transport system should be a key foundation on which a prosperous, sustainable, liveable and healthy Australia is built.

Website: http://www.heartfoundation.org.au/SiteCollectionDocuments/Moving_ Australia_2030_Transport_Plan.pdf

Healthy Spaces and Places

A national guide to designing spaces and places for healthy living, offering principles for good planning and design of sustainable communities for healthy living.

Website: http://www.healthyplaces.org.au/userfiles/file/HS&P%20An%20overview.pdf

Charter for Active Kids (WA)

A blueprint for active and healthy children in Western Australia. Children's Physical Activity Coalition (CPAC) has developed the Charter for Active Kids to identify and articulate the key strategies that will enhance participation in daily physical activity for all children and adolescents in WA.

Website: http://www.heartfoundation.org.au/SiteCollectionDocuments/ CharterforActiveKids.pdf

Neighbourhood Walkability Checklist

A resource to assess your local neighbourhoods 'walkability'

The Heart Foundation's Neighbourhood Walkability Checklist asks community residents to be the 'eyes and feet' of their local council to provide feedback on the 'walkability' of their local neighbourhoods.

Website: http://www.heartfoundation.org.au/SiteCollectionDocuments/HFW-Walkability-Checklist.pdf

References

Alexander, R 2001, *The Importance of Walking in the Western Australian Physical Activity Strategy,* Australia: Walking the 21st Century Conference.

Be Active WA, *Local Government: Supporting active living in the community,* Western Australia.

City of Cockburn 2011, *Be Active in Cockburn*, http://www.beactive.wa.gov.au

Department of Health, WA 2012, *Western Australian Health Promotion Strategic Framework 2012–2016,* Department of Health, WA, Perth.

Department for Premier and Cabinet, Physical Activity Taskforce, Fact Sheet 1 October 2002.

Doran, GT 1981, 'There's a S.M.A.R.T. way to write management goals and objectives', *Management Review,* vol. 70, no. 11 (Nov), p. 35.

Government of Western Australia 1995, *Western Australian Local Government Act 1995,* Perth, WA.

Nutbeam, D 2000, *What makes an effective health promotion program? In: Oxford handbook of public health,* Oxford University Press, Sydney, NSW.

South Metropolitan Population Health Unit 2010, *Pathway to a Healthy Community: A guide for councillors,* Department of Health, WA.

Stoneham M & Cotton R 2005, 2nd edn, *Building a Healthy Community,* Healthway, Perth, WA.

VicHealth 2003, *Partnerships Facts Sheet, VicHealth, Carlton.*

Wood 2001, Active Communities: A concept to promote Physical Activity at the community level in WA, Department for Sport and Recreation, WA.

World Bank 1997, *Sourcebook on Participation,* Washington, DC.

World Health Organisation 2006, *Promoting physical activity and active living in urban environments: the role of local government,* Europe.

World Health Organisation 1986, *WHO Ottawa Charter for Health Promotion. First International Conference on Health Promotion,* WHO, Ottawa, Canada.

APPENDIX A: An SMPHU example of a planning worksheet

Program area	Chronic disease prevention
Goal	Increase the proportion of children and adults meeting national guidelines for healthy eating and physical activity by 15% within six years.
Objective	By 2021, 75% of the high school student population will participate in 15 minutes of unstructured physical activity per day.

Strategies (What will we do?)	Targets (How much? By when?)	Indicators (How will we measure progress?)	Responsibility (Who will take the lead role?)
• Support the establishment or development of active living projects in specific or targeted communities, including schools, local neighbourhood centres or public open spaces.	Customise these strategies and add local targets to make sure they are: **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-framed	Have we done what we said we would do? Are we having the influence we expected? Have we achieved our goal?	This might be an internal staff member or external partner
• Support preventative health policies and programs in schools, tertiary settings and other environments in which young people are involved.			
• Develop posters and pamphlets to make local communities aware of the risks and harms associated with inactive living.			
• Provide extra funding or personnel to assist with education and awareness programs related to active living, particularly in high school settings and at-risk communities.			
• .Encourage and support regular physical activity and health education in schools.			
• Develop and promote a local 'how to' guide on increasing physical activity by 2021.			

Contact

South Metropolitan Population Health Unit
Level 2, 7 Pakenham Street
Fremantle WA 6160

Postal address: PO Box 546, Fremantle WA 6959

Telephone: (08) 9431 0200

Fax: (08) 9431 0227

www.southmetropolitan.health.wa.gov.au