



DEPARTMENT OF HUMAN SERVICES

PUBLIC HEALTH BRANCH

**The promotion of healthy nutrition and
physical activity practice and policy
in organised care settings**

**TENDER BRIEF
(Tender No. - T1198)**

The promotion of healthy nutrition and physical activity practice and policy in organised care settings

Background

Aim

The purpose of this brief is to describe the process and outcomes sought from the “Promotion of Nutrition and Physical Activity Practice and Policy in Organised Care Settings” project. It is an initiative of the Public Health Branch of the Department of Human Services to contribute to the promotion of better health through healthy eating and access to physical activity opportunities or participation for all groups in the population.

Note: In the context of this project “Organised Care Settings” refers to settings where people are provided with formal care which, due to its nature or time-frame, could be expected to significantly contribute to the participants nutritional health and opportunities for physical activity.

The “Organised Care Settings” to be involved in this stage of the project are:

- Juvenile Justice Detention Centres
- Community based residential care for people with an intellectual disability

Introduction

Significant numbers of people, including groups with particular needs, use organised care on a regular, extended or permanent basis. Within such settings, everyday decisions that would normally be made by an individual, or other members of their families, are made, to a considerable extent, on their behalf by those that are responsible for the management and operation of the service. These decisions define the opportunities for, and appropriateness of, physical activity and healthy eating behaviours and skills.

This is already recognised in the way in which governments are involved in the regulation and control of settings such as hospitals, hostels, aged care homes, different forms of residential care for those with intellectual or physical disabilities, prisons, detention centres for young offenders and others. The broad goal is to ensure that these establishments, whether they are run by the government or non-government private sector, meet the needs of the people using them and are safe and healthy.

Health issues

Good nutrition and appropriate and adequate physical activity individually and in combination are significant determinants of good health. Although health outcomes associated with nutrition and physical activity are long term the influence of time spent in organised care settings can be important; influenced by the proportion of time spent in the setting and the likely contribution to formative development.

Nutrition

The Victorian Government strategy to improve nutritional health is *Healthy Eating, Healthy Victoria*, the implementation strategy for the Victoria Food and Nutrition Policy. Good nutrition has many possible health benefits, it can promote resistance to disease (immunity), help prevent chronic degenerative diseases and certain cancers, retard the impact of aging and promote mental well-being. The primary message to achieve good nutrition and healthy eating is that people should be consuming a varied diet in accordance with the Dietary Guidelines for Australians. Data shows however that only a small percentage of Victorians have a diet that meets these guidelines.

Research suggests that throughout Australia, including Victoria, consumption of fruit and vegetables generally falls below the recommended minimum levels. Evidence shows that younger adults and those of lower socioeconomic status tend to eat fewer fruit and vegetables than those of higher socioeconomic status.

Other issues of concern include the level of fat intake with four out of five Victorians still eating more than the recommended amounts. Those who eat diets relatively low in fat are often shown to be achieving this by eating more refined sugar, drinking more alcohol and restricting their intake of meat and dairy products leading to a significant reduction of calcium, zinc, iron, vitamin B12 and retinol intake.

Healthier eating patterns could assist individuals of all ages to achieve higher levels of health and quality of life.

Physical activity

The primary health message for physical activity is '30 minutes of regular moderate physical activity most days of the week'. The Victorian Government's Active For Life physical activity campaign has used the slogan 'Just find 30 minutes a day'. Evidence supports this exercise prescription as suitable for all adults. The majority of health benefits can be gained by performing moderate-intensity physical activities which are achievable for most adults. Accumulation of physical activity in intermittent short bouts is considered an appropriate approach to achieving the activity goal. That is, you can accumulate your 30 minutes a day with a series of shorter activity sessions, such as three 10-minute walks.

There is a strong association between physical activity and all-cause mortality, mainly as a result of its effect on two major causes of death - cardiovascular disease and cancer. There is strong evidence that those who are inactive are almost twice as likely to die from coronary heart disease to those who are physically active. There is also evidence that inactivity is associated with at least a three-fold increase in the risk of stroke and also increases the risk of colon cancer. It has been estimated that reductions of 30% to 50% in the risk of non-insulin dependent diabetes can be mediated through physical activity. Regular physical activity of the appropriate type can impact on factors related to falls among older people - balance, muscle strength and osteoporosis.

For older people, participation in physical activity can help maintain mobility and independence and decrease the risk of physical impairment. Maintaining a moderate level of physical activity has numerous physical and psychological benefits for older people.

Physical activity is important in the prevention and management of back pain, and is also an important part of weight management. Physical activity probably alleviates symptoms

associated with mild to moderate depression. A consistently low level of physical activity increases the risk of developing depression in non-depressed individuals.

Specific health needs

An important factor is that the users of some of these types of setting will have specific health needs. Age, physical or intellectual disability, pre-existing medical conditions or circumstances (ie. incarceration) are all examples. These may mean that the users have special nutrition and/or physical activity needs or that they need specialist support to achieve the best possible outcomes in nutrition and physical activity.

Organisational change

There is increased recognition of the importance of organisational structures in achieving effective health promotion. Significant organisational changes have taken place in recent years with the introduction of new management and operational frameworks which are likely to have influenced nutrition and physical activity both directly and indirectly. Examples include changes to settings such as with the move from centralised institutions to community based residential care; the privatisation of services; the tendering out or purchasing in of meal services and others.

Many of these changes may mean that previous approaches to nutrition and physical activity promotion may no longer be appropriate or relevant. Practice appropriate to current conditions needs to be identified and reflected in policy. It is suspected that there has been little opportunity to closely examine the provision of nutrition and physical activity taking into account the combined issues of use needs and changed operational and administrative conditions.

Purpose of Project

1. The primary purpose of this project is to support the development of organisational practice and policy that will contribute to the physical activity participation and nutritional health of people in organised care settings.
2. It will provide an opportunity to review, adapt and apply recommendations from recent Government policies and strategies on nutrition and physical activity.
3. It will inform those responsible for the operation of organised care settings (including those at a government level responsible for regulation and control) of the importance of nutrition and physical activity to the health and well-being of the users of these services.
4. It will provide the specialist expertise and networks necessary to identify the most effective approaches to nutrition and physical activity that meet the needs of relevant users groups and can be implemented within current organisational and operational conditions.
5. It will make recommendations and develop policy guidelines that support and sustain the provision of effective nutrition and physical activity related services relevant to these two settings and transferable to others.

Project description

The project will involve:

- 1) A review of information relating to the nutrition and physical activity needs of people in or using organised care settings. This will include:
- A literature review and other information collection of nutrition and physical activity needs taking into account factors such as age and stage of development, any disabilities or other conditions, socioeconomic factors, the level of dependence on the setting (ie. taking into account the total proportion of time spent in the particular setting).
 - Examples of best practice in the provision of nutrition and physical activity services in organised care settings.
 - Identification of benefits that can be achieved through improved nutrition and physical activity. In addition to specific health outcomes the contribution to other desirable client outcomes, including general well-being, should also be considered.

- 2) A review and consultation process to identify opportunities to achieve and promote better nutritional and physical activity within the participating organised care settings. It is expected that this process will be an opportunity to both collect information from services and also to ‘sound out’ the practicalities of potential improvements. The process should have a focus on how nutrition and physical activity can contribute to better client outcomes.

This will consist of a detailed survey of a sample of services and will involve:

- The identification and review of existing policies and other guidelines relating to nutrition and physical activity services or programs.
- Consultation with management, staff and clients (as agreed) of the organisations to identify needs and opportunities in responding to the nutrition and physical activity needs of the service users.

The scope, format and organisation of the consultations will be defined in conjunction with the Steering Committee and Departmental representatives.

Note: The Department of Human Services will be responsible for the identification and involvement of the participating services. It is intended that the consultation/review process will involve work with:

- *three Juvenile Justice Detention Centres.*
- *representative staff from community residential services from one metropolitan and one rural Departmental Region.*

- 3) A final report to the Department of Human Services including:
- Descriptive information on the provision of nutrition and physical activity in organised care settings. This should be set in the context of State nutrition and physical activity policy and draw on other relevant information.
 - A discussion on the provision of nutrition and physical activity taking into account the specific characteristics and needs associated with each of the participating organised care settings and identifying opportunities for the promotion of healthy eating and physical activity.
 - Recommendations identifying achievable opportunities to improve nutritional health and physical well-being for the users of these establishments through changes in policy or organisational practices.

- Identify the type of monitoring that could be used by the management and staff of organised care settings to gauge the use and benefit of nutrition and physical activity services and programs.
- Opportunities for the use of the findings from the participating organisations to other types of organised care settings should be identified and examined.

Target group

The primary target group for this project are the client groups who use the selected organised care settings.

The secondary target groups are the management and staff of these establishments and those in government or other authorities who are involved in their regulation of the establishments. The targeting of these groups will contribute to the primary goal of improved nutrition and physical activity opportunities for the client groups.

Intended Outcomes

The intended outcomes of this project are:

- 1) A review of the provision of nutrition and physical activity services and programs in a number of organised care settings.
- 2) A demonstrated increase in awareness of the nutrition and physical activity needs of the population groups associated with the participating organised care setting reflected in organisational policy and practice guidelines.
- 3) The documentation of appropriate and effective approaches to the provision of nutrition and physical activity within the participating organised care settings.
- 4) The development of draft policies to provide direction and information in the provision of nutrition and physical activity services in organised care settings.
- 5) Advice on the potential for the transfer of the findings and recommendations from the organisations being studied to other types of organised care.

Selection criteria

Tenders will be assessed against the following selection criteria:

- 1) Relevant skills and experience, including:
 - The provision and promotion of nutrition and physical activity including the needs of different population sub-groups.
 - Experience in the review and evaluate nutrition and physical activity standards and services.
 - An understanding of the organisational and operational needs of the organised care settings.
 - Demonstrated ability to analyse and present information in a clear and concise form.
- 2) The ability of the methodology to meet the outcomes sought from the project;
- 3) The comprehensiveness of the project plan;
- 4) Cost/price competitiveness
- 5) Reference reports

Steering Group

A reference group will be established to oversee the implementation of the project. Representatives will be sought from relevant Divisional and Regional Offices of the Department of Human Services with additional external expertise as required.

Management

The Department will be the contract manager providing advice on the project, budget issues and accountability.

A project manager will be identified for day to day management issues.

Budget

An itemised budget is to be included in the submission. Costs submitted in the application should be all inclusive. It is estimated that the project cost will be up to \$50,000.

Time-line

The project will commence by June 1998 and conclude by October 1998.

Submissions

Written proposals including a project plan outlining details of the research methods, consultation and data collection processes recommended as appropriate to achieve the outcomes sought in this project.

Submissions should also include budget provision, time-lines and details of the organisation with the curriculum vitae of the person/persons to be directly involved in the project.

Tender information

Tenders should include the following information:

- Contact details (if the project is being tendered for by a team of consultants, please provide the name and address of the principal contact person)
- Details if it is a registered business.
- Tender costs should be all inclusive.
- Closing date for submissions is 2.00 PM, Thursday, 7 May 1998. Submissions must be clearly marked '**Tender No. T 1198 - Promotion of healthy nutrition and physical activity 'practice and policy' in organised care settings**' and placed in the Tender Box, 9th floor, 589 Collins Street (Transport House), Melbourne 3001.

Please provide four (4) copies of your submission.

- Apart from accepted prices, all supporting information provided by all applicants will be considered as having been submitted in confidence.
- **Late or facsimiled tenders will not be accepted.**
- Tenders received after the closing time will be recorded as such, with the date and time of receipt. The documentation will be returned to the sender.
- Tenders delivered by the tenderer or their representative (inc. courier) must be lodged in the tender box before the specified closing time. DHS officers cannot accept responsibility for lodging tenders on behalf of suppliers.

- Tenders forwarded through Australia Post should be posted (addressed as above) to ensure receipt no later than the closing time (registered post preferred).
- Caveat - DHS reserves the right to withdraw from the tender process described in this brief for whatever reason, prior to the signing of a contract with any party for the delivery of the consultancy described in this document.

**For further queries please contact Rowland Watson, Health Enhancement Unit
telephone 9637 4029 or fax 9637 5435.**