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# Western Public Health Unit Population Health Promotion 2023-2024 Annual Report

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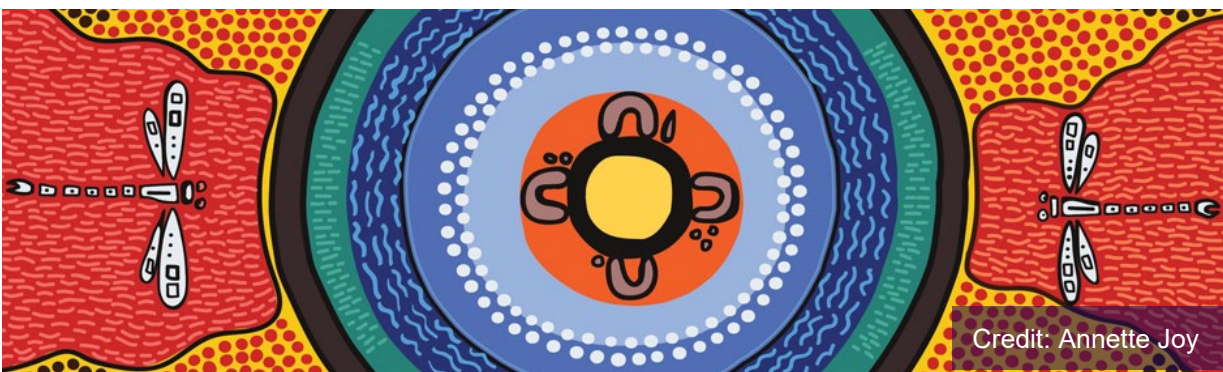
July 2024



## Acknowledgement of country

Western Public Health Unit acknowledges the Traditional Custodians of the lands across which our work takes place, the Wurundjeri Woi-Wurrung, Boon Wurrung and Bunurong, and Wadawurrung peoples of the greater Kulin Nation. We pay respects to Elders past, present and emerging.

We are committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation. Western Public Health Unit is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander people and wholeheartedly supports their journey towards self-determination.



## Acknowledgements

We would like to thank all our valued partners within the catchment and acknowledge their valuable contributions towards preventing chronic disease in our communities.



Sun Theatre Yarraville, Maribyrnong

## Executive summary

The Western Public Health Unit (WPHU) advanced action in the Population Health Catchment Plan in the three endorsed priority areas of healthier eating and food systems, vaping and tobacco, and climate change and health. We have progressed foundational systems change, and equity work underpinning our three priority areas, actively strengthened our partnerships, built capacity in our catchment, and continued to build trust and networks with our priority populations. This report highlights progress made from July 2023 to June 2024.

### Avoidable chronic health conditions

Our comprehensive and consultative Catchment Plan health needs assessment revealed a population experiencing high rates of avoidable chronic conditions such as coronary heart disease, diabetes, dental caries, and lung, colorectal and breast cancer. For our population, the likelihood of death from any cause (the age-standardised death rate) is higher than that of Victoria in all but one of our 8 LGAs. The priority topics selected by WPHU all contribute to reducing the burden of these avoidable health conditions. WPHU have collaborated with our local Primary Health Network and Health Services Partnership to deliver a separate health needs assessment designed to enable health services to understand community health needs and coordinate action to prevent avoidable hospitalisation and emergency department attendance.

### Our Action Groups for collective impact

The WPHU Population and Preventive Health Network is the governance structure encompassing an Action Group dedicated to each priority area to drive collective action (meeting 3 times a year for each priority), a Reference Committee to provide overarching strategic input (meeting twice a year), and triannual CEO briefings to support organisational alignment with all our valued partners. To date, our Action Groups have supported active collaboration with 153 individuals from external organisations across healthy eating and food systems (FEaST), vaping and tobacco (V-TAG) and climate change (ACT-WEST), with 91% of contributors rating the Action Groups as valuable for their organisation's work.



### Our partners and communities

Over the past 12 months, WPHU has connected with 101 stakeholder organisations through 316 workshops, Action Groups and direct engagements to build trust, support alignment of priorities, build capacity, and understand the needs of our stakeholders and communities. Our stakeholders have consistently expressed their appreciation of the systems strengthening, networking, expertise, and quality evidence WPHU provides. We have

partnered with a range of community groups, networks, and organisations to reach priority populations, allowing us to hear perspectives and voices from the community that might otherwise not be heard. Our proactive capacity building approach to all aspects of work has extended the reach of important public health campaigns. Direct engagements have focused 100% on reaching priority populations, including 1,804 community, cultural and faith leaders and individuals from culturally and linguistically diverse (CALD) communities, young people, and professionals serving them. In turn, this engagement should reach the 589,000 people in our priority populations. Population Health Promotion social media content reached 51,708 unique users, website content was viewed 4,183 times, and relevant content was downloaded 1,203 times. WPHU has avoided duplication and strengthened networks by actively sharing learnings and coordinating joint capacity building with the other 8 LPHUs. Using the WPHU-developed “*Lead Support Link Framework*” across our portfolios, WPHU have led 40 new pieces of work, supported 65 actions and made 76 linkages to existing programs or policies.

### **Healthy eating and food systems priority**

For the food systems and healthier eating priority, training, delivery and reach of the evidence-based INFANT program has significantly increased, with training completions increasing by 103% (95 to 193) in the last year alone, and 320% (46 to 193) since WPHU began promoting the program in October 2022. WPHU initiated, funded and actioned the cultural adaption of the INFANT resources into 6 community languages, a Victorian first. Our CALD communities can now access these adapted resources in their own languages, with 616 in-language resources downloaded and 307 new families accessing the content. Boosted support to priority populations has been offered via trained bilingual health educators in combination with an innovative outreach library program. Our work exploring prevention solutions to food security in a peri-urban area has included bespoke food access mapping, directly leading to a feasibility study exploring the potential for creating a Community Grocer in Melton. New local data collection on unhealthy food advertising on public transport in Wyndham, Hobsons Bay and Merri-Bek local government areas has been collected, including a systems analysis which has revealed effective local government levers to reduce the prevalence of unhealthy food and drink advertising.



### **Reducing vaping and tobacco-related harm**

Within the vaping and tobacco portfolio, WPHU supported the transition to ‘no smoking or vaping’ signs within 6 organisations (203 new signs introduced/updated). We developed a simple “app-based” signage audit tool for use across multiple sectors which has been piloted in 28 sport and recreation sites in Maribyrnong. We have significantly raised the profile of the

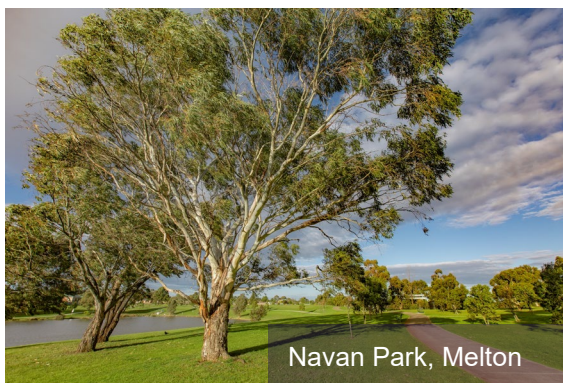
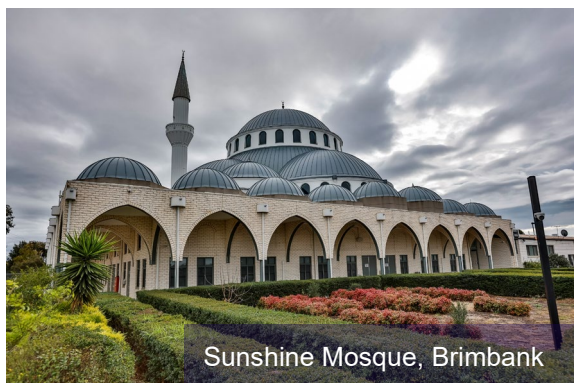
accessibility of vapes to children and youth via the *Vaping Out and About* Project in Brimbank. WPHU supported a catchment approach to a Melton-led successful VicHealth grant which brought together 5 LGAs and 3 community health organisations to explore vaping prevention in CALD youth. Community insights have revealed misinformation about vaping harms amongst some CALD populations. Local data and intelligence were used to inform a submission to the Parliamentary Enquiry into Vaping Reforms.

### **Climate change and its impact on health**

The climate change and health portfolio has focused on understanding, connecting, and mapping existing stakeholder networks and alliances within the catchment. WPHU has actively participated in the Advisory Group for Collaborative Action Plan for climate justice in Melbourne's west, coordinated by Jesuit Social Services, resulting in detailed project briefs for local climate action. ACT-WEST has enabled timely sharing of Victoria University research related to CALD populations experience of climate change in the West and facilitated easy consultation of Department of Health's updated guidance on local government action in climate change.

### **Progress towards Aboriginal and Torres Strait Islander Health**

The Aboriginal and Torres Strait Islander Health portfolio has continued to build since July 2023. WPHU has created a governance structure, identifying four key domains of action needed to have an authentic approach to supporting cultural safety capability, self-determined health and wellbeing outcomes for Aboriginal and Torres Strait Islander communities across the WPHU catchment, as well as building relationships with a diversity of public health Aboriginal stakeholders. We have participated in key Aboriginal-led networks and regional committees that provide platforms for collaboration on shared public health priorities, including as a member of the Western Health Aboriginal Steering Committee.



### **Systems and equity**

WPHU is undertaking foundational work with partners to build the capacity to drive change by applying a systems approach. This has included delivering capacity building opportunities across the catchment, including three Health Economics Modelling webinars delivered to 112 stakeholders, LPHU directors, and CEOs of our major partners. We explored health outcomes and risk factors through an equity and gender lens to inform future development and delivery of equitable programs. We have contributed to the Western Health Gender Impact Guidelines, which will provide useful framework for pursuing gender equality at WPHU and undertaken a training session led by GenWest. WPHU has sought to understand and contribute to strategic planning in the catchment through attending strategic planning days at Melton, Moonee Valley and Wyndham, and contributed public health expertise to policy documents, such as Maribyrnong's Alcohol Drug Policy.

# Introduction

The Western Public Health Unit (WPHU) [Population Health Catchment Plan](#) (the catchment plan) sets out the health priority areas and proposed actions for **place-based** population health promotion in the catchment for 2023-2028. Our comprehensive and consultative health needs assessment revealed a population experiencing high rates of avoidable chronic conditions such as coronary heart disease, diabetes, dental caries, and lung, colorectal and breast cancer [1]. For our population, the likelihood of death from any cause (the age-standardised death rate) is higher than that of Victoria in all but one of our 8 LGAs [1]. Premature death from diabetes was higher than expected in five of the LGAs including 63% higher than expected in Maribyrnong [1]. Vaping rates have doubled in the North-Western Melbourne PHN region from 2018/19 to 2022 and are the highest in the state at 7.8% [2]. Some of our LGAs are predicted to have the highest temperatures in Victoria due to climate change impacts [3]. We heard from our partners that food insecurity and cost of living was a persistent challenge for our communities.

The needs assessment informed our decision to focus on the three priority areas, which held the greatest potential for action: 1) Improving healthier eating and food systems (healthier eating and food systems); 2) Reducing vaping and tobacco-related harm (vaping and tobacco); and 3) Tackling climate change and its impact on health (climate change and health). Directly targeting modifiable risk factors through our three priority areas offers substantial opportunities to reduce the prevalence and impact of the chronic diseases impacting the community and health services in the WPHU catchment.

## Introducing: The Lead Support Link Framework

To recognise the importance of building on existing networks and actions, leveraging community and organisational strengths, and avoiding duplication of efforts, we have developed the *Lead Support Link Framework* (Figure 1) which identifies three complementary roles – **lead, support and link**. This framework enables us to deploy WPHU primary prevention capacity in a strategic, targeted and effective way while using existing capacity within the system. WPHU **leads** selected initiatives targeting highest needs populations through embedding, innovating, evaluating and

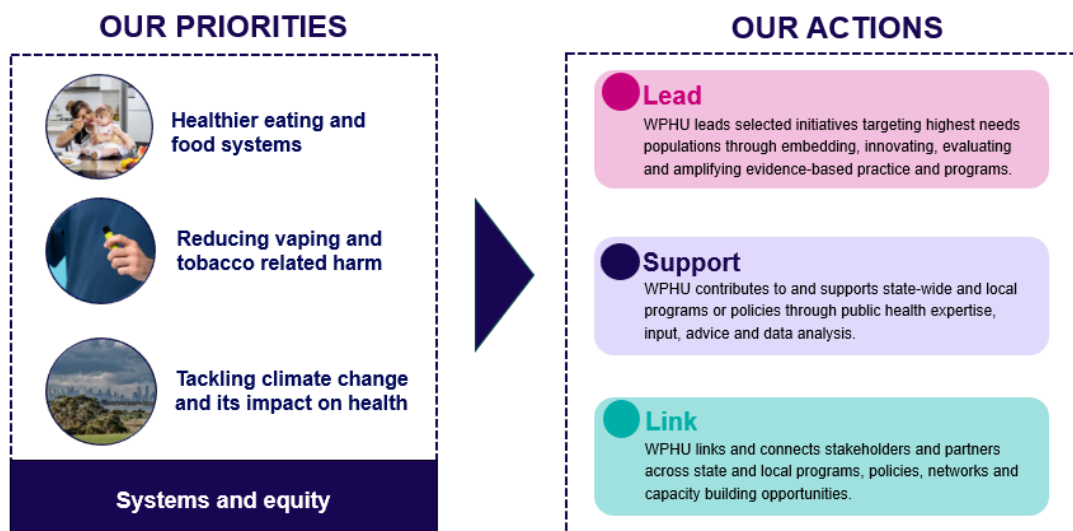


Figure 1: The Lead Support Link Framework

amplifying evidence-based practice and programs. WPHU contributes to and **supports** a program or policy through public health expertise, input, advice and data analysis, which may be state-wide or locally deployed. WPHU **links** and connects stakeholders and partners across state-wide and local programs, policies, opportunities, networks and capacity building to improve public health outcomes. Figure 2 highlights the lead, support, and link actions across the priorities and systems work, and Figure 3 summarises the types of actions that we take.

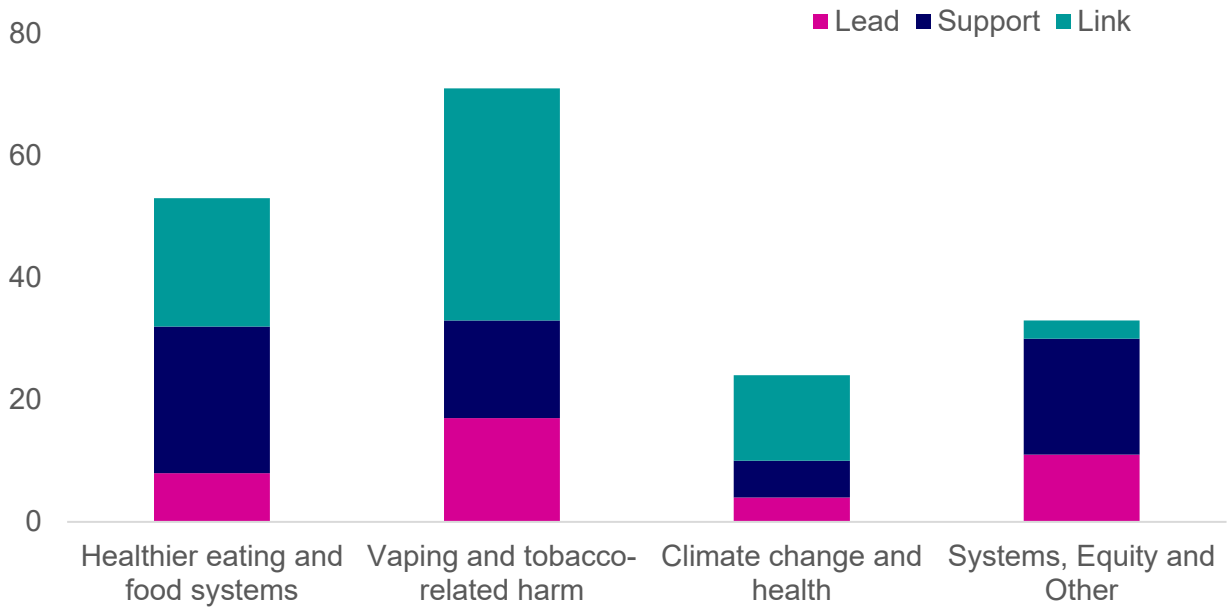


Figure 2: Summary of lead link support activities within portfolios, July 2023 - June 2024

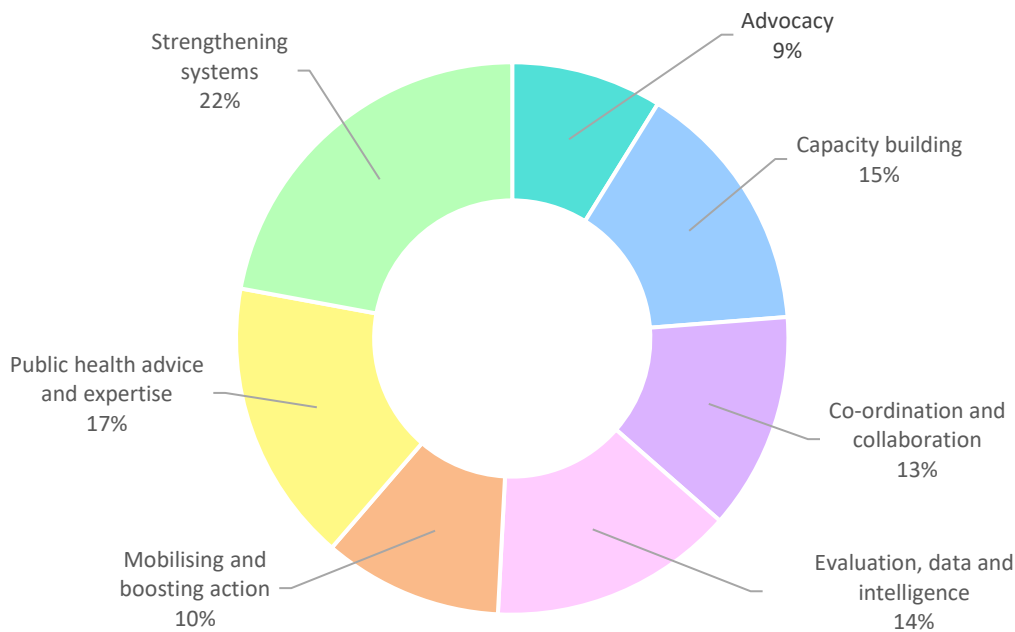


Figure 3: Summary of types of actions across portfolios, July 2023 - June 2024

# Partnerships and systems for connectedness

## A collective impact model

With a collective impact model, we bring partners and other service providers together to align inter-organisational resources, skills and knowledge for the achievement of catchment priorities. Alignment and coordination is supported through a formalised partnership structure – the WPHU Population and Preventive Health Network (the network), see Figure 4 below. The network is composed of partner CEOs, a Population and Preventive Health Reference Committee (PPHRC), and 3 Action Groups dedicated to each of the priorities.

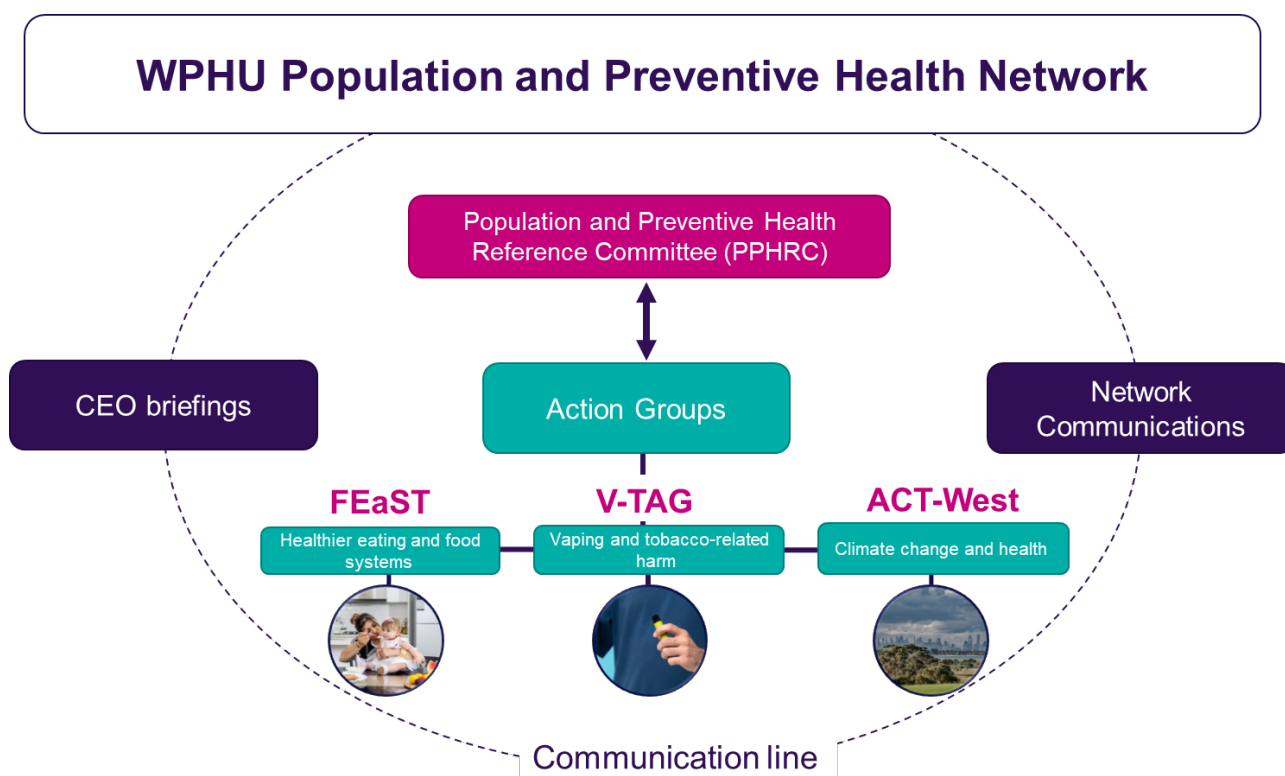


Figure 4: Population and Preventive Health Network

## The Population and Preventive Health Network

The WPHU Population and Preventive Health Network (the Network) has received excellent traction and high engagement from across our catchment. Over 32 organisations are members of the Network, representing all major local partners as well as many state-based health promotion organisations. The Western Health CEO chairs our triannual briefings of the CEOs of 20 of our partner organisations (see Figure 5). These briefings are well attended and highly valued by the CEOs, who have expressed interest and alignment with our prevention work. WPHU’s catchment encompasses not only 8 LGAs, but 6 major public health services and 4 community health services –providing transparency and opportunity for input to build collective action across

**“Well done everyone, all looks great and a real step ahead with prevention.”** CEO of partner organisation, (CEO Briefing, October 2023)



these influential and connected organisations, significantly advancing action on prevention. To date, we have held 4 CEO briefings, with the next planned for 31<sup>st</sup> July 2024. At the last briefing, the CEO group received a bespoke presentation on the Assessing Cost Effectiveness (ACE) Obesity Tool and the health economic modelling data for the INFANT program, highlighting \$419 million in healthcare cost-savings and 14,620 cases of diabetes avoided across our catchment, if 0–2-year-old children in our catchment consumed the equivalent of two fewer sweet biscuits per day over their lifetime.

## CEOs of our partner organisations:

### LGAs

- ❖ Brimbank City Council\*
- ❖ City of Melbourne\*
- ❖ Hobsons Bay City Council\*
- ❖ Maribyrnong City Council\*
- ❖ Melton City Council\*
- ❖ Merri-bek City Council\*
- ❖ Moonee Valley City Council\*
- ❖ Wyndham City Council\*

### Health services and community health

- ❖ Peter MacCallum Cancer Centre\*
- ❖ Western Health\*
- ❖ Royal Women's Hospital
- ❖ Royal Melbourne Children's Hospital
- ❖ Royal Melbourne Hospital\*
- ❖ Mercy Health
- ❖ Merri Health\*
- ❖ IPC Health\*
- ❖ Cohealth\*

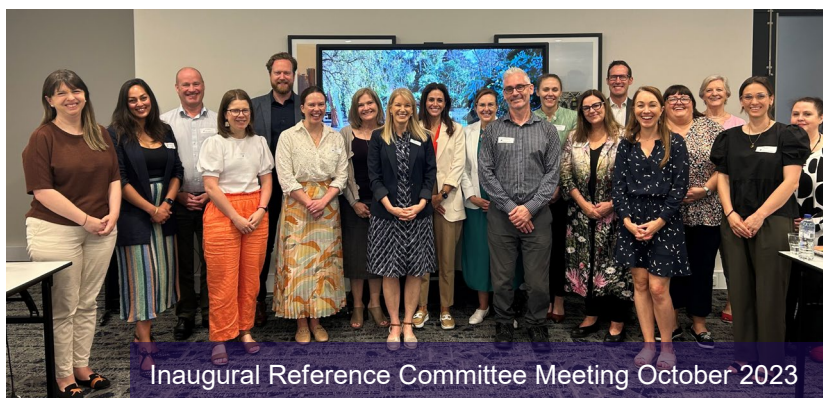
### Other health organisations

- ❖ North Western Primary Health Network\*
- ❖ Victorian Aboriginal Community Controlled Health Organisation
- ❖ Victorian Aboriginal Health Service\*

\* Represented on the Reference Committee, in addition to GenWest and Department of Health

Figure 5: List of partner organisations for which CEOs are invited to triannual briefings.

**The Population and Preventive Health Reference Committee (PPHRC)** is the formal governance group comprising of all 8 local governments, all 4 community health services, social services, health services and cultural and community groups within the WPHU catchment. A position for a Lived Experience representative was created during the year bringing valuable perspectives to the conversations. Meeting twice a year, the PPHRC is an opportunity for strategic input by organisations who have a deep knowledge of the catchment. Reference Committee members consistently commended the value of WPHU in bringing organisations together, collecting local data, and supporting their work using a systems approach.



**Three Action Groups** were initiated based on using the collective action model to accelerate action in the priorities – see Figure 6.

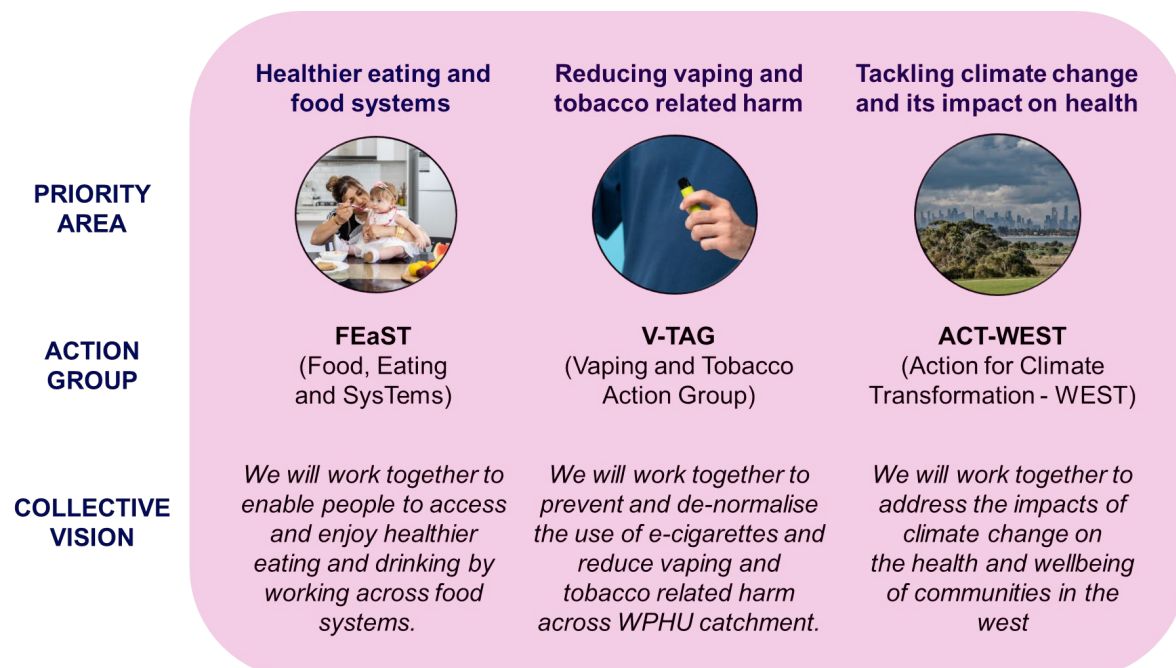


Figure 6: Action Groups for each priority area and collectively developed vision.

Action groups are open to all stakeholders and relevant organisations working in the catchment and are held triannually. Action group activities are communicated to the Reference Committee for strategic input. WPHU brings opportunities for action and input to each action group, drawing on evidence-based initiatives, epidemiological data, stakeholder, and community consultations. Importantly, WPHU identifies gaps within each priority area for adding value. Action groups have connected networks and stakeholder connections in the catchment and successfully linked statewide initiatives and opportunities with our partners.

### Maintaining effective and trusted partnerships

WPHU consistently assesses the health and strength of our partnerships through a mix of self-assessment tools, formal surveys and in-person feedback, with further details on methods of evaluation available in the Monitoring and Evaluation section. WPHU uses this information to support continuous improvement to adapt and refine our approach.

WPHU has strengthened partnerships, built trust and capacity, supported alignment of priorities, and developed a deeper understanding of the needs of our partner organisations. Through 316 stakeholder engagements representing 101 different organisations over the past 12 months, stakeholders have consistently

**“WPHU have provided incredible support with both their time and their resources to help us in our work. It has been so valuable to have the ability to connect with their team to seek additional information, feedback, and brainstorm ways to achieve common goals”.**

Feedback from LGA check-in, June 2024

expressed excitement to collaborate and a positive partnership experience. Partners value Action Groups as an essential platform to connect and collaborate, gain sector updates and latest evidence, and to learn from others across the sector, with 91% viewing them as valuable for their organisation’s work in the three priority areas.

Recent check-ins with LGA partners on our approach and progress on catchment plan actions saw 93% of respondents agreeing that there is a clear need for and commitment to continuing the collaboration with WPHU. WPHU enquired as to the current workforce within councils supporting health promotion activities in order to support future collaborations, these are outlined below.



### **Workforce considerations – insights from June 2024 check-ins with councils**

- Overall, there is very little dedicated population health promotion workforce resources in local governments.
- Capacity and funded roles varied across councils.
- Some councils stated they were constrained to progressing preventive health work due to a very limited health promotion workforce, with one council having no EFT for health promotion, and another only having one health impact officer.
- Most councils were limited in their data analytics and epidemiological capacity.
- Many teams outside of health promotion have a role to play in supporting action across the priority areas.



LGAs were also interested to further collaborate with other councils through the Action Groups using collective impact and look to WPHU to provide direction on actions to undertake in the three priority areas. Councils reflected that the catchment plan was highly regarded and a trusted source of high-quality evidence, local health information and guidance – since it was uploaded in August 2023, it has been viewed 2,021 times, and downloaded 950 times.

# Health Needs Assessment and Community Engagement


An extensive local health needs assessment was conducted and reported in the [Population Health Catchment Plan](#), looking at demographics, determinants of health, risk factors for disease, and health outcomes across the catchment. Additionally, WPHU contributed to a Population Health Needs Assessment in partnership with the North Western Melbourne Primary Health Network and North Metro Health Services Partnership that examined overall health needs and specific causes of avoidable hospitalisations and Emergency Department presentations, which was presented at the Department's Health Summit in April 2024.

WPHU's Community Engagement team builds relationships directly and partners with community groups as well as working through organisations with established trusted relationships with a diversity of groups. Our connections allow us to hear voices from the community that might otherwise not be heard, enriching our understanding and response to issues affecting the community we serve and extending the reach of public health campaigns.

Examples of how priority communities are engaged and involved in specific population health catchment plan activities are highlighted below.

## Community Voice – collective vaping insights

WPHU community engagement team used existing trusted community networks to collect insights about the impact of vaping from over 200 community members from culturally diverse communities (Arabic speaking, African, Nepalese, Indian and mixed multicultural groups). These insights complement existing data to support relevant localised responses. The insights have been used to support tailored activities and amplify messaging to engage priority communities.



***“Mothers are buying the vape for their children as they think it’s safe... and they share vapes during family catch ups.”***

Community Member

## Building resilience to impacts of climate change

WPHU delivered coordinated health messages on climate-related health risk in our Spring and Summer Campaign, consisting of topics on thunderstorm asthma, mosquito-borne diseases, heat health and food safety. The campaign aimed to support our priority populations (including recently arrived migrants) in building resilience to the impacts of climate change by efficiently conveying essential seasonal messages and promoting overall wellbeing. Our communication approaches have been tailored to deliver targeted messaging, adjusting content to meet the specific needs of various groups. Twenty engagements from October 2023 to April 2024 reached 234 community leaders and people from culturally diverse communities through supported playgroups, libraries, seniors and other community groups including newly arrived asylum seekers. Participants highly valued the simple, clear presentation of information and use of examples. For further information, refer to attached *Case Study 1: WPHU Spring and Summer Wellness Campaign*.

- 86% rated the sessions as very good.
- 94% received the information they needed.
- 83% would act on the information provided.

## Connecting communities with in-language healthy eating information

As part of WPHU's commitment to strengthening the cultural appropriateness of Deakin University's INFANT program, we initiated and funded the cultural adaption of a series of program resources into 6 of the most common languages spoken in the WPHU catchment - Arabic, Hindi, Punjabi, Mandarin (Simplified-Chinese), Urdu, and Vietnamese. WPHU is broadening the reach of the information by working with safe and accessible spaces outside of healthcare such as libraries offering baby bounce/story time sessions, particularly sessions that cater to families with language(s) other than English.

WPHU also partnered with the Multicultural Centre for Women's Health to build the capacity of a team of 25 multilingual health workers with existing community networks to promote the in-language INFANT resources to families with young children. For further information, refer to attached *Case Study 2: Reaching our priority populations with multilingual INFANT Resources*. The community value of this work was recognised in a nomination to the Victorian Public Healthcare Awards by Western Health.



Local Arabic-speaking family with a WPHU Community Engagement Officer and newly culturally adapted INFANT resources

## Extending the reach of public health campaigns

Our proactive capacity building approach to all aspects of work has extended the reach of important public health campaigns. Direct engagements have focused 100% on reaching priority populations, including 1,804 community, cultural and faith leaders and individuals from culturally and linguistically diverse (CALD) communities, young people, and professionals serving them. In turn, this engagement should reach the 589,000 people in our priority populations. Our website and social media content are also used to reach our community, and our stakeholders. Over the past

year, the Population Health Promotion social media content reached 51,708 unique users. WPHU website content related to Population Health Promotion was viewed 4,183 times, and relevant content was downloaded 1,203 times.

## Monitoring health inequalities in the WPHU Catchment

WPHU has developed an innovative approach to understand, measure, and monitor health inequalities within our catchment. This approach enables us to identify where disparities in health outcomes exist (geographically) and who experiences ill-health disproportionately (socio-demographically). One example of this approach is our calculation of the prevalence of self-reported diabetes in the WPHU catchment by LGA, area-level socio-economic disadvantage (IRSD quintile), and sex. We found that the prevalence of diabetes is 30% greater among populations living in quintile 1 (the most socio-economically disadvantaged) areas compared to quintile 5 (the most socio-economically advantaged) areas (3.2% vs 2.0%).

We also revealed evidence of gender inequity, whereby socioeconomic disadvantage had a more pronounced influence on diabetes prevalence among women than men in some LGAs. In Melton LGA, with a high overall prevalence of diabetes for both males and females, the prevalence of diabetes in women was 230% higher in most disadvantaged areas compared to the least disadvantaged, compared to a difference of 40% in men (Figure 7). This data will be presented back to relevant partners to support their planning.

Our results suggest that underlying gender inequity (social structures, attitudes and allocation of resources and power that bias against women) may be more pronounced in some areas and hence, socioeconomic status has a greater impact on health for women than men in these areas. WPHU will continue to explore gender dynamics that may be playing out across the catchment and underpinning these findings, as well as other health indicators. The full results will be used in the updated catchment plan, which WPHU has committed to updating every two years and is due in July 2025.

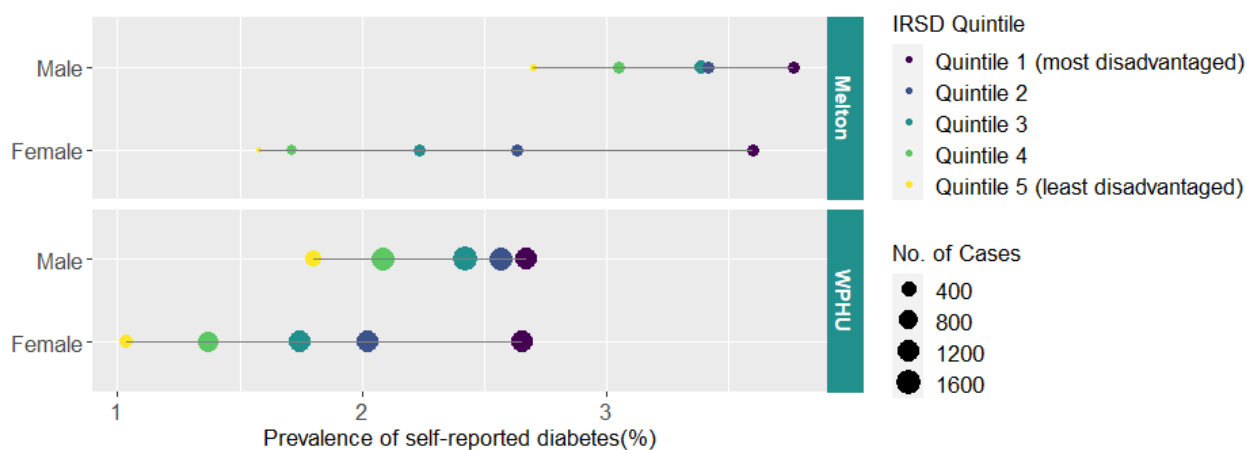


Figure 7: The prevalence of self-reported diabetes among 25-49 year-olds in Melton and WPHU by IRSD and sex (2021)

# Aboriginal and Torres Strait Islander Health – our journey so far

In the past 12 months, across its catchment, WPHU has been building: respect for the diversity of Aboriginal self-determined priorities; relationships with a diversity of public health Aboriginal stakeholders; and opportunities for engagement with Aboriginal community systems. The Priority Reforms of the [Victorian Closing the Gap Implementation Plan](#) (VCGIP) provide strategic direction in four domains endorsed by the WPHU Senior Leadership Team (SLT).

## 1. Governance

To implement [VCGIP Priority Reform 3](#), WPHU has strengthened governance for Aboriginal Health across the Unit. Roles and delegation for different priority actions are now clearer, and reporting to SLT for oversight and strategic decision-making will occur on a bi-monthly basis. A more responsive, place-based approach to recruitment for the identified Aboriginal Health Officer role was adopted to decrease the risk of loading the role with sole responsibility for cultural representation and implementation of Aboriginal Health priorities, and to strengthen connection and continuity with the local Aboriginal health workforce.

## 2. Capacity building

To support transformation of itself as a government institution ([VCGIP Priority Reform 3](#)), WPHU has committed resources to workforce development in terms of cultural awareness and Closing the Gap reform across all levels in the Unit. A cultural capability learning strategy will guide implementation in the next financial year. Place-based approaches are being adopted to build WPHU capacity to engage with diverse, local histories of Aboriginal communities in the catchment and intersecting Aboriginal service systems across the catchment. Participation in place-based events organised by local Aboriginal organisations and networks is building WPHU's capacity to respond to self-determined public health priorities.

## 3. Cultural safety

WPHU is reviewing its everyday practices and policies to support Aboriginal cultural safety in the workplace, with particular attention to fulfilling its responsibilities to ensure that Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally-relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development ([VCGIP Priority Reform 4](#)). A multidisciplinary working group was established to develop practice guidelines to support all WPHU staff to apply Indigenous Data Sovereignty principles to their work within an Indigenous Data Governance structure.

## 4. Engagement and Partnerships

WPHU seeks to build long-term formal partnership, with shared decision-making authority on policy matters, with Aboriginal organisations ([VCGIP Priority Reform 1](#)). The Victorian Aboriginal Health Service is a member of WPHU's Population and Preventative Health Network. WPHU has also invited Aboriginal stakeholders to participate in the Action Groups: according to their priorities and

on their terms. WPHU actively seeks to strengthen the Aboriginal Community-Controlled sector ([VCGIP Priority Reform 2](#)) in its catchment to build co-benefit partnerships. In the last 12 months, WPHU has:

1. Initiated contact with key Aboriginal organisations, programs and leaders across the catchment to learn about their priorities and preferred forms of engagement along the spectrum, including Wilim Berrbang; VAHS; Western VACCA; Cohealth; First Nations employees in local government; Moondani Balluk, Victoria; Aboriginal INFANT program.
2. Participated in key Aboriginal-led networks and regional Committees that provide platforms for collaboration on shared public health priorities. The three key alliances that WPHU has engaged with are:
  - Western Health Aboriginal Health Steering Committee, see [Welcome Kit](#)
  - [Aboriginal Services Network of the West](#), through quarterly meetings
  - [Western Metropolitan Regional Aboriginal Justice Advisory Committee](#) (4)
3. Engaged with Aboriginal community-controlled events relating to Days of Significance, such as Anniversary of the National Apology (Djirra Women's Health), International Women's Day (invitation from Aboriginal CEO of West CASA); Closing the Gap (Western VACCA); National Reconciliation Week (Wilim Berrbang, Western Health and Yakeen Tharn, cohealth)

## Ancestral Aboriginal Food Practices – Project underway

WPHU is privileged to be supporting a VicHealth funded research project at Victoria University (VU) investigating '[Aboriginal Australian dietary practices and place-making in public health equity](#)', led by Dr Kristina Vingrys in collaboration with Moondani Balluk Indigenous Academic Unit at VU. Working with Aboriginal knowledge holders, the project aims to uncover ancestral Aboriginal knowledge about the 'deadly tucker' and food practices that can be used today to keep Aboriginal people and Country healthy. The outcomes of this project will have a significant benefit for Aboriginal communities across Melbourne's west. WPHU is an active member on the Advisory Committee. Recently, the WPHU team experienced a learning opportunity at Iramoo Native Plant Nursey (a partner in the project), to learn about the varied propagation techniques and 'plant media' used to nurture native growth. WPHU will continue to play a key role in elevating the outcomes of this work across the catchment. We look forward to continuing to strengthen our partnership with Moondani Balluk and partners. Our catchment partners have demonstrated strong interest in following this work, in particularly the intersection between climate change and food systems.



Lilly, a Iramoo VicHealth project Cadet working with native plants in the Iramoo Nursery



## Implementation – an overview of foundational work to build the system

This section reports on the implementation and preliminary outcomes of our place-based work within the three priority areas. We report on our foundational systems and equity work, which underpins action within the three priority areas, gender equality and health equity, and capacity-building for the local workforce. Aboriginal Health work is described above.

### Lived experience

WPHU appointed a Lived Experience Advisor in February 2024, providing a unique opportunity to embed a system where the voices of people with lived experience can increase our impact in population health and health protection. The Lived Experience Advisor mapped consumer/lived experience and community engagement structures within the catchment and explored opportunities for embedding lived experience in governance structures and to support planning, design, implementation, monitoring, and evaluation activities across the unit. Recommendations are currently under consideration.

### Systems and equity

Our systems-level actions create a foundation to advance work in the three priority areas and include building strong prevention networks, building the capacity of the local workforce, and taking an equity lens to all the work that we do. Our dedicated focus on Aboriginal Health is presented in its own section above. An example of our work in capacity building includes funding the training of bilingual health educators to deliver the INFANT training program to parents from culturally and linguistically communities, as described in Case Study 2. Below are some examples of Systems and Equity work.

#### Spotlight: economic modelling used in parliamentary enquiry

Dr Nick Rose and Dr Kelly Donati of *Sustain: The Australian Food Network* presented at the Parliament of Victoria Legislative Assembly Environment and Planning Committee's [Inquiry into securing the Victorian food supply](#) on 3 May 2024. They directly quoted WPHU's workshop on the economic modelling data as part of [their comments](#) to the committee, having attended the webinar on 1 May.

*“We went to a presentation by Western Public Health Unit on this earlier this week...Looking at the savings to the public purse for investing in people staying healthy...One extra serve of vegetables per day for 51,000 children in that catchment would result in savings of \$182 million. That is the kind of impact that we can have if we actually invest in prevention and keeping Victorians healthy, which is not the way, unfortunately, we are going at the moment.”*



Nick Rose and Kelly Donati of Sustain

## Achievements to date: Systems and equity work

Activity	Contribution to building the system	Potential Reach – organisations and populations
<b>Capacity-building for the health promotion workforce</b>		
Three webinars on ACE Health Economic Modelling tool and its application to local health impacts: 1) CEO webinar; 2) LPHU Directors; 3) Catchment Stakeholders.	Shared evidence-based tool to measure impact, built advocacy and economic evaluation capacity, contributed to building a system of consistent reporting and putting a value on prevention.	Reached CEOs of 20 partner organisations (8 LGAs, 6 major health services, 4 community health services, VACCHO, VAHS, North Western Primary Health Network); 8 LPHUs; and 83 individuals from 23 other organisations.
Invited to speak to Parliamentary Secretary of Women's Health at the Victorian Department of Health Culturally and Linguistically Diverse Advisory Group.	Advocated for the retention of the bicultural workforce to support essential health promotion and health protection functions.	Victorian Department of Health and Parliamentary Secretary
Trained 25 bilingual educators to deliver INFANT to CALD communities.	Built capacity to reach CALD communities with healthy messaging for new families.	Culturally and linguistically diverse families in the catchment with potential reach to 589,000 priority populations who speak a language other than English at home
Undertaken gender equality training by GenWest.	Upskilled 8 WPHU staff on gender equality principles.	WPHU staff who design and implement population health promotion programs for 1.3 million people
<b>Public health advice and expertise</b>		
Contributed to development of LPHU Aboriginal Health Sector Engagement Guidelines.	Supported consistent engagement with Aboriginal Health Sector.	LPHUs Network, Aboriginal Health Sector, Aboriginal populations in Victoria
Provided subject matter expertise and feedback from public health physician and prevention manager on Melton City Council Alcohol Policy.	Contributed to local preventive health policy and built trust with council.	Melton City Council and their population at risk of harm from alcohol 43,335 [4]

Provided subjective matter expertise on Alcohol and Other Drugs and linked to Western Health addiction medicine feedback on Maribyrnong City Council Alcohol and Drugs Policy.	Contributed to local preventive health policy and helped secure Alcohol Harm Reduction Prevention grant from VicHealth.	Maribyrnong City Council and their population of 85, 281
Provided feedback on Western Health Needle and Syringe Program proposal with a lens of public health merit, evidence-base and aligned with harm-reduction principles.	Contributed to a person-centre approach to needle and syringe programs in a health service setting.	Western Health and their population of 879, 000
Invited to provide advice to an early years services workshop regarding CALD communities and healthy starts to life.	Elevated the voice of CALD communities to set up young children and families of disadvantage for a healthy start to life through.	Department of Health and Department of Education.
<b>Data and intelligence</b>		
Shared LGA-level data for health inequities with Maribyrnong health and social planners.	Enabled health planners to understand inequities to inform equitable planning.	Maribyrnong City Council and their population of 85, 281
Explored health outcomes and risk factors by dimensions of inequalities in our catchment (analysis underway).	Identified priority populations within our catchment to support equitable health outcomes.	WPHU catchment of 1,284,564 people
<b>Coordination and collaboration</b>		
Enabled Cancer Council Victoria to connect with LPHU State Network for LPHUs to seek advice and collaboration.	Avoided duplication of CCV connecting with and sharing latest programs and policies on tobacco, vaping, healthy eating and cancer screening.	All LPHUs in Victoria
<b>Strengthening systems</b>		
Contributed to Western Health Gender Impact Guidelines.	Provide a framework for pursuing equitable gender health outcomes in WPHUs work.	WPHU population

# Healthier eating and food systems

## How we're acting in healthier eating and food systems

In the first year of implementation, WPHU established the Healthier Eating and Food Systems Action Group (FEaST), with the first FEaST held in September 2023, bringing together 17 stakeholders working in local and state government, community health and non-government organisations. Attendees contributed to developing a shared vision, setting out the direction for our activity.

***FEaST collective vision: We will work together to enable people to access and enjoy healthier eating and drinking by working across food systems.***

We have since held a further two FEaST action group meetings, in March and June 2024, attended by 13 and 17 external stakeholders, respectively.

## Focus areas for action

In partnership with the catchment, WPHU has identified the following four focus areas to guide our current efforts to improve healthier eating and food systems: food nutrition in the first 2,000 days of life; healthy and more equitable, sustainable food systems; commercial determinants of unhealthy diets; and healthy food environments in public settings.

### Focus area 1: Good nutrition in the first 2,000 days of life

The first 2,000 days refers to the critical developmental period between conception and five years of age where eating habits are established, track to adulthood, and greatly influence physical and mental wellbeing trajectories. Inequities experienced throughout this life stage can have compounding and potentially intergenerational effects. With the highest crude birth rate among all Victorian LPHUs, addressing risk factors in the first 2,000 days can maximise long-term health benefits over the life



One of WPHUs local under 2 year olds

course. The primary project addressing this focus area is the evidence-based program, INFANT (INfant Feeding, Active play and NuTrition). WPHU actively supports the INFANT program as a means of building the capacity of the sector to empower parents and families to create healthy eating habits and engage in active play right from the beginning of their baby's life. A partnership with the Health Economics team at Deakin University has revealed the significant health cost savings in terms of chronic disease avoided. This was highlighted in the catchment plan.

### Focus area 2: Healthy, more equitable and sustainable food systems

Within the WPHU catchment, 3.2% of adults achieve guideline recommendations for fruit and vegetable consumption. At the same time, 6.3% of adults experience severe food insecurity in WPHU compared to 5.9% across Victoria. Our community has identified that the increased cost of living over the last few years in particular, has resulted in housing stress and increasing food insecurity. Improving sustainable food systems and promoting healthy food environments will

support more people in our catchment to adopt healthy diets and will improve the health of our environment. WPHU is taking a food systems approach to increasing access to nutritious foods, whilst taking a co-benefits approach; environments that support healthy eating will improve physical, mental and planetary health.

### Progress update: building momentum in food systems in Melton (lead)

Food insecurity in the City of Melton (Melton) is higher than Victoria overall, and disadvantaged populations are more likely to experience food insecurity and nutrition-related illness. WPHU sought to **understand food access in Melton**, mapping low- and no-cost options in relation to population density, areas of disadvantage, and public transport, and interviewing key stakeholders to explore food access and food security. The data from this investigation supported Melton's **successful grant application** to complete a Melton-specific food systems research piece, establish the Melton Food Systems Collective, and develop and implement a co-designed strategic action plan.

As a result, WPHU was invited to be part of the working group committee for the **Melton Food Systems Collective**, through which we have supported the development of the research project scope and design, sharing state-developed resources and supported a food systems approach to growing food insecurity concerns.

Melton's growing interest in food systems action was an opportunity for WPHU to build their knowledge of opportunities for local solutions to food systems challenges, including **The Community Grocer**. WPHU conducted in-depth 1:1 presentation about the evidence and rationale, and the facilitated conversations between Melton and the Community Grocer. With funding and data provided by WPHU, The Community Grocer is now conducting a feasibility for a new market in the City of Melton.

*"Thanks again for doing this work, it really helped us get the funding over the line" – Melton City Council*

### Focus area 3: Commercial determinants of unhealthy diets



One of the commercial determinants of health, includes marketing of unhealthy foods and drinks to children. Victorian children are exposed to at least 25 unhealthy food and drink advertisements every day. Unhealthy food marketing impacts what children eat, want to eat and ask caregivers to provide, and subsequently public health agencies internationally recommend that children are protected from the power and influence of unhealthy food and beverage marketing. WPHU is currently collecting new local data for the purposes of in-depth understanding of the food environment our community are exposed to. Consistent exposure to this marketing contributes to poor nutrition of our children.

### Focus area 4: Healthy food environments in public settings

Unhealthy food environments provide increased access to nutrient-poor, energy dense discretionary foods that make it harder to eat for good physical and mental health. By the time a child is 5 years old, 40% of their daily energy comes from unhealthy discretionary foods and drink [5]. Supporting healthy food environments in public settings is a key strategy for improving healthy eating. In Victoria, organisations have access to free implementation support from the Healthy Eating Advisory Service. There are also several statewide programs that support healthier eating in

public settings. WPHU is aiming to support the uptake of these initiatives, increasing opportunities to maximise use of existing services and resources, and enable building on existing systems to avoid duplication.

## Achievements to date: Healthier eating and food systems

Activity	Impact/outcome	Potential Reach – organisations and populations
<b>Focus area 1: Good nutrition in the first 2,000 days of life</b>		
Implementation of INFANT in selected sites across five local government (Melton, Maribyrnong, Moonee Valley, Merri-bek, Brimbank).	Reached young families with essential healthy messages to set them up for the best start.	Potential to reach 9,775 0-1 year olds and their families.
Explore opportunity to implement INFANT with Wyndham, Hobsons Bay, and City of Melbourne.	Explored opportunities to embed INFANT program in 3 LGAs.	Potential to reach 7,225 0-1 year olds and their families.
Promoted INFANT training registrations.	<ul style="list-style-type: none"> <li>• ↑113% (238 to 508) in training registrations since June '23</li> <li>• ↑103% (95 to 193) in training completions since June '23</li> <li>• ↑241% (149 to 508) in training registrations since Oct '22</li> <li>• ↑320% (46 to 193) in training completions since Oct '22</li> </ul>	51,000 0-2 year olds in WPHU catchment
Cultural adaption/Translation of 72 INFANT resources in 6 community languages for free download.	<ul style="list-style-type: none"> <li>• 616 in-language videos and booklets downloaded</li> <li>• 307 individuals downloaded</li> <li>• 199 health promotion professionals</li> </ul>	17,171 WPHU families with a 0-2 year old who speak Vietnamese, Mandarin, Punjabi, Arabic, Hindi and Urdu
Distribution of INFANT resources at local library sessions.	5 locations reaching 75 parents/caregivers.	75 local families and their networks
Partnered with cohealth to deliver focus groups with Punjabi-speaking parents to test	High acceptability of translated resources amongst parents, with further insight gained into	4,912 WPHU families with a 0-2 year old who speak Punjabi

acceptability of translated INFANT resources.	engaging into INFANT program.	
<b>Focus area 2: Healthy, more equitable and sustainable food systems</b>		
<b>** note co-benefits for climate change portfolio</b>		
Promotion of The Community Grocer Model through FEaST and in-depth evidence presentations to Melton, Hobsons Bay and Maribyrnong	Built knowledge of benefits of The Community Grocer's model, resulting in Melton City Council funding support for implementation	Potential reach - populations of Melton, Hobsons Bay and Maribyrnong 355,618
Provision of funding and data to support The Community Grocer feasibility study in Melton	Feasibility study currently underway	Population of Melton 179,072
Support for Melton's food systems research project	Use of latest evidence and tools to support planning	Population of Melton 179,072
Provided public health food systems expertise as part of Melton Food Systems Collective and Maribyrnong Food Inequality Network	Supported a collective impact approach	Populations of Melton and Maribyrnong: 264,353
<b>Focus area 3: Commercial determinants of unhealthy diets</b>		
Partnered with Cancer Council Victoria to amplify <i>Food Fight campaign</i> .	Development of tailored implementation plans, presentation from CCV at FEaST, highlighted opportunities for action.	Population of WPHU children aged 0-14 years: 237,855
Developed an unhealthy food/drink advertising auditing toolkit in partnership with CCV.	Enabled local organisations to understand children's exposure to unhealthy food and drink advertising.	Population of WPHU children aged 0-14 years: 237,855
Collected and analysed advertising data in Hobsons Bay, Wyndham and Merri-bek.	Enabled LGAs to understand children's exposure to unhealthy food and drink advertising.	Population of children aged 0-14 years in Hobsons Bay, Wyndham and Merri-bek: 117,574
Submitted response including local data to National Inquiry for the <i>Feasibility study on options to limit unhealthy food marketing to children</i> .	Provided local data intelligence to support the case for restricting unhealthy food and drink marketing to children.	Population of WPHU children aged 0-14 years: 237,855

Facilitated the connection between CCV and City of Melbourne for the incorporation of commercial determinants into their revised Food City policy.	Latest evidence and policy recommendations incorporated into City of Melbourne Food Policy.	Population of City of Melbourne: 149,551
<b>Focus area 4: Healthy food environments in public settings</b>		
Amplified Healthy Eating Advisory Service's (HEAS) free implementation support.	Provided FEaST action group with up-to-date knowledge and resources on free services.	Population of WPHU: 1,284,564
Showcased the <i>Good Food Policy</i> and <i>Catering for Good Directory</i> at both FEaST and ACT-WEST Action Groups.  **note co-benefits for climate change portfolio	Provided partners with new opportunities for supporting healthy food businesses.	Population of WPHU: 1,284,564
Amplify existing state-based programs to support Healthy Eating.	Number of new settings in WPHU engaged with HEAS: 12 schools, 7 early learning centres and out of school care, 2 sport and recreation, 10 hospitals, 39 daycare centres.	Children, young people and adults visiting these settings





# Reducing vaping and tobacco-related harm

## How we're reducing vaping and tobacco related harm

In August 2023, we held our first Vaping and Tobacco Action Group (V-TAG) bringing together 20 stakeholders working in local government, community health and non-government organisations right across the WPHU catchment. At our inaugural V-TAG meeting, stakeholders participated in a visioning activity, which sought to set the direction for our collective efforts moving forward.

***V-TAG collective vision: We will work together to prevent and de-normalise the use of e-cigarettes and reduce vaping and tobacco-related harm across WPHU catchment***

Two V-TAG meetings held since have been well attended (February and May 2024, attended by 23 and 22 external stakeholders, respectively). Our stakeholders are highly supportive of public health policy for action on tobacco control in order to reduce vaping and tobacco-related harm. In response to this, over the past 12 months, WPHU has been actively working with Quit to ensure our local partners are abreast of the changing policy landscape.

## Focus areas for action in V-TAG

Through building our understanding of the context in which we operate in as LPHUs, and through stakeholder consultation within and outside of V-TAG meetings, along with community insights, WPHU has identified the following two focus areas to guide our current efforts to reduce vaping and tobacco-related harm; smoke free and vape free environments and empowering communities. Below we outline some of the impact thus far under each area.

### Focus area 1: Smoke free and vape free environments

Smoke and vape free environments play an important role in reducing the ill-health effects of tobacco and e-cigarette use by protecting the population against second-hand smoke and aerosols, helping de-normalise smoking and vaping in a variety of contexts, and decreasing smoking cues and encourage people to quit and stay quit.

The Victorian Government Department of Health has created new 'No smoking or vaping' signage to replace previous signage which did not include vaping. However, the new signage has not yet been made mandatory under the *Tobacco Act 19* and consequently, many settings are yet to adopt the new signage. WPHU is therefore working to increase the display of 'No smoking or vaping' signage across the catchment.



No smoking or vaping signage

### Spotlight: local data and intelligence to inform local advocacy (lead)

WPHU demonstrated our commitment to collecting local intelligence by launching the findings from our Out and About Project: Snapshot of e-cigarette accessibility in Brimbank, which identified 59 retailers selling e-cigarettes in Brimbank local government area, with many (70%) near schools and **accessible by children and young people**.

To strengthen **knowledge translation** and impact, WPHU collaborated with Brimbank City Council, Quit and VicHealth to develop **coordinated and effective** public health messaging highlighting the key findings, held **media appearances** to raise awareness about the accessibility of e-cigarettes and the impact this is having on local communities (interview with Raf Epstein on ABC radio), and supported other partner organisations to collect similar data by developing a **toolkit based on our approach**. This work highlighted the importance of local data to reveal how our communities and children were being exposed to harmful products.

These results strengthened a submission to the **Parliamentary Accounts and Estimates Committee (PAEC)** Inquiry into vaping and tobacco controls, which was supported by our Reference Committee and were used as evidence by VicHealth CEO Dr Sandro Demaio in the PAEC Inquiry

*“We have also seen the proliferation of vaping stores across Victoria and across Australia, particularly around where children grow up or spend time. This is evidence from the Western Public Health Unit focused on Brimbank, where they found 59 stores. The average distance between a store in Brimbank and a school was less than 750 metres. The closest was 130 metres. A child can see that store from their school.” - Dr Sandro Demaio, 29 April 2024.*

### Focus area 2: Empowering communities

There are many and diverse communities in our catchment that experience a range of systemic and structural barriers to accessing services and achieving good health, and which increase the likelihood of experiencing vaping and tobacco-related harms.

Reaching and empowering priority communities requires tailored approaches which consider the unique views and perspectives as well as the barriers and challenges that these communities experience. This has been affirmed by centring community voice and hearing directly from priority communities in the WPHU catchment.



WPHU community engagement sessions on vaping

Stakeholder insights have also illustrated the importance of an informed, empowered and diverse workforce as a key to reducing vaping and tobacco-related harm amongst priority populations. We are taking a multi-pronged approach to build capacity of the diverse workforce and building the capacity of priority communities that experience greater harm from vaping and tobacco.

## Achievements to date: Reducing Vaping and Tobacco-Related Harm

Activity	Impact/outcome	Potential Reach – organisations and populations
<b>Overarching work</b>		
Contributed to development of Quit’s 5-year Action Agenda.	Represented WPHU and catchment perspective in 5-year Agenda.	Current and future populations who smoke and/or vape, health professionals supporting quitting, Quit.
<b>Focus area 1: Smoke and vape free environments</b>		
Developed and piloted a survey tool to enable partner organisations to audit current signage.	Piloted tool in 28 council owned or managed sport and recreation settings in Maribyrnong and identified significant opportunity to transition to ‘No smoking or vaping’ signage (41/43 signs).	Population of Maribyrnong: 85,281
Supported transition to ‘No smoking or vaping’ signage in catchment organisations.	Organisations reporting change-over of signage: Western Health (155 new ‘no smoking or vaping signs’), Peter MacCallum Cancer Centre (16 signs installed, 12 ordered), Merri Health (12 ‘no smoking or vaping’ signs displayed across 7 Merri Health sites), Brimbank City Council, Moonee Valley City Council (20 ‘no smoking or vaping signs’) and Merri-bek City Council.	Populations of Brimbank, Moonee Valley and Merri-bek: 487,478 Visitors, patients and staff in Peter Mac and Merri-Health, including 37,000 cancer patients and Merri-bek population 171,181
Engaged with relevant teams (e.g. engineering and logistics) within organisations to promote vaping.	Highlighted importance of vaping as a priority public health issue of displaying clear signage for our communities.	WPHU population: 1,284,942
Amplified City of Melbourne’s Smoke-free Melbourne Policy and smoke-free journey to catchment stakeholders.	Built confidence and understanding of successful pathways to smoke-free environments.	WPHU population: 1,284,942

<b>Focus area 2: Empowering communities</b>		
Engaged with and uncovered community voices from priority communities.	<p>Captured community voices which were elevated in forums including: WPHU V-TAG Meeting, Melton Health Promotion Forum, and Parliamentary Enquiry into Vaping Reforms.</p> <p>Delivered engagement sessions to inform harms of vaping through 9 community engagements including at Victorian Interfaith Network Festival (VINF), Close the Gap and the Wyndham Youth Worker Network.</p>	<p>Priority groups reached include: Wyndham Youth 14-17 years, Hindi and Punjabi Seniors, parents and youth from Arabic and African communities, Arabic, Turkish, Punjabi and Aboriginal and Torres Strait Islander communities, Wyndham Youth Workers and Aboriginal and Torres Strait organisations.</p> <p>322 individuals reached.</p>
Collaborated with Melton City Council to bring together catchment partners to apply for a successful VicHealth Vaping Prevention Grant worth \$266,581 in funding and in-kind support.	<p>Collective action to bring together Melton City Council, City of Melbourne, Wyndham City Council, Brimbank City Council, Maribyrnong City Council, Western Health, IPC, and Cohealth.</p> <p>Project will produce culturally accessible vaping prevention resources for young people.</p>	<p>Young people aged 12-25 across the WPHU catchment 230,000</p>
Amplified Melton City Council's Youth Vaping Prevention campaign.	<p>Promoted through WPHU website and shared at two V-TAG meetings and Youth Services Network meeting.</p>	<p>Young people aged 12-25 across the WPHU catchment 230,000</p>
Collaborated with Quit on the Youth Vaping Stories Project.	<p>Engagement with Wyndham youth services and strengthened working relationship with Quit. Challenges in recruitment led to project being deferred.</p>	<p>Youth Services (Wyndham LGA)</p> <p>Young people aged 12-25 across the WPHU catchment 230,000</p>
Delivered a vaping capacity building session to allied health staff at Merri Health.	<p>Upskilled Merri Health allied staff to understand the harms of vaping and where to access up-to-date and evidence-based resources.</p>	<p>45+ allied health staff at Merri-health, who serve a population of 171,181</p>



## Focus area 2: Intersection between Food Systems and Climate Change (co-benefits)

WPHU takes a co-benefits approach to our Healthier Eating and Food Systems portfolio, recognising the substantial impact work in this area has on Climate Change outcomes. Please refer to outcomes in the Healthier Eating and Food Systems Portfolio.

### Achievements to date: Climate change and its impact on health

Activity	Impact/outcome	Potential Reach – organisations and populations
<b>Overarching work</b>		
Role on Advisory Committee in the Healthy Choices Implementation Practice with a sustainability and climate lens.	Contribution of WPHU perspective to guidelines applicable to every public setting in Victoria.	State Victoria population: 6,681,000
<b>Focus area 1: Strengthening sector capacity and community resilience</b>		
Active participation in the Advisory Group's Collaborative Action Plan for climate justice in Melbourne's west, coordinated by Jesuit Social Services – Centre for Just Places.	Development of three project briefs through active participation in three workshops and follow-up discussions.	WPHU population: 1,284,942
Strengthened collaboration and shared learning with Loddon Mallee PHU and Grampians PHU.	Coordination and collaboration with other LPHUs working in Climate Change.	WPHU population: 1,284,942
Provided a high-value opportunity for stakeholders to connect with and collaborate with DH's climate team at ACT-WEST.	Improved the usability of the new DH guidelines "Tackling Climate Change and Its Impacts on Health through MPHWP - Guidance for Local Government 2020" with the addition of local case studies.	WPHU population: 1,284,942
Developed an up-to-date stakeholder map for climate change and its impact on health.	Supported coordination and guide future efforts of stakeholders.	WPHU population: 1,284,942
Conducted community engagements for Spring and Summer campaign.	Educated community on thunderstorm asthma, mosquito-borne diseases, heat health, and food safety.	20 community engagements, reaching 235 community leaders from diverse communities

Gathered community feedback on the timeliness and accuracy of information provided by Community Engagement on health topics.	Demonstrated high value of simple, clear presentation of information and use of examples.	WPHU population: 1,284,942
Mapped equity of public drinking water access across WPHU catchment and compared to other LPHUs.	Scoping revealed equitable access within WPHU and compared to other metropolitan LPHUs.	N/A Project closed as need not identified.
Active contribution to Heatwave Preparedness Workshop and Input into Merri-bek LGA <i>Heat Assessment and Information Tool</i> .	Networking with other catchment stakeholders and contribution to community-focused tool.	Merri-bek population: 171,181
Support for funding application for the Department of Energy, Environment and Climate Action, and Western Alliance for Greenhouse Action to organise a Melbourne Heat and Health Forum.	Letter of support provided, detailing in-kind support. Application unsuccessful.	N/A Funding unsuccessful



Broccoli farm in Wyndham

## Monitoring and evaluation

Our overarching evaluation framework, short-term indicators list and how our work aligns with Victorian Public Health and Wellbeing Outcomes Framework can be found in Section 7 of the Catchment Plan.

In addition, WPHU has established several new processes for the ongoing monitoring and evaluation of our systems work and action areas, with a focus on three key areas:

1. **Tracking progress and impacts** across the portfolios of healthier eating and food systems, vaping and tobacco, climate change, systems change and equity. This is achieved through a bespoke impact tracker which utilises the *Lead Support Link Framework*.
2. **Community engagement and campaigns** evaluation including bespoke community surveys to capture feedback on specific engagements with priority communities, a community engagement tracker which records sessions delivered, and priority populations reached and engagement summaries which document community insights, engagement highlights and identify opportunities for further collaboration.
3. **Partnership evaluation** through WPHU's bespoke Quality of Engagement Evaluation Tool (QuEET) and other embedded processes such as formal partnership surveys, formal surveys following each Action Group and ongoing direct feedback.

Since the launch of the catchment plan, WPHU has completed 181 actions across the different priority areas and portfolios by leading 40 new pieces of work, supporting 65 actions and making 76 links across the population health and prevention system.

We are committed to assessing the effectiveness of our efforts and we do this by evaluating outcomes and impact across different levels as per Figure 8. Our overarching evaluation framework, short-term indicators list and how our work aligns with Victorian Public Health

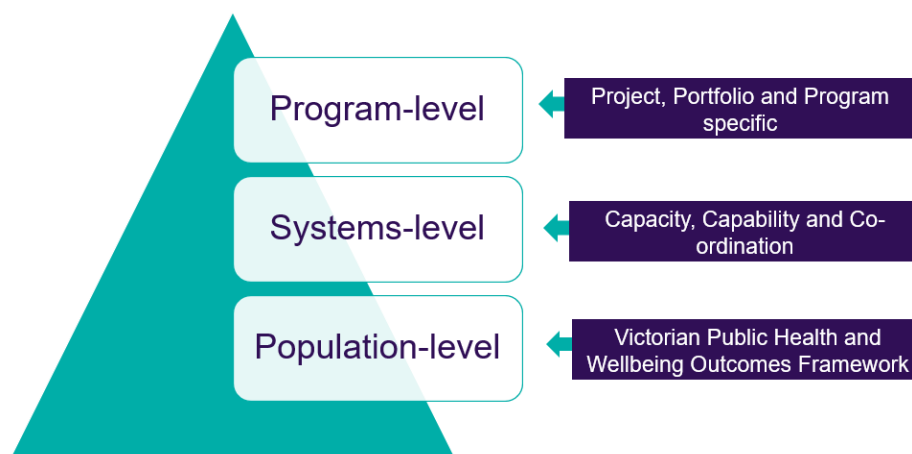


Figure 8: Monitoring and evaluation at different levels

and Wellbeing Outcomes Framework can be found in Section 7 of the Catchment Plan.

WPHU employs different strategies for project, program and priority area evaluation across the different portfolios. These include quality and performance reporting including monthly key performance indicators (KPIs), narrative reporting and case studies at monthly, quarterly and half-yearly intervals. We aim to capture the impacts of our ongoing systems change work through tracking our actions that strengthen the system by building capacity, enhanced co-ordination and inter-sector communication and collaboration for collective action.



## References

- [1] P. H. I. D. U. (PHIDU), "Social Health Atlases of Australia: Local Government Areas," Canberra, 2023.
  
- [2] M. E. D. S. S. M. Bayly M, "Prevalence of e-cigarette use among priority groups and by region of Victoria: Findings from the 2018+19 and 2022 Victorian Smoking and Health Surveys.," Quit Victoria, Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Australia, 2023.
  
- [3] Australian Conservation Foundation, Monash Climate Change Communication Research Hub, "Temperature check: greening Australia's warming cities," Australian Conservation Foundation, Melbourne, Australia, 2021.
  
- [4] Victorian Health Promotion Foundation, "Melton LGA Profile VicHealth Indicators Survey 2015 Results," Victorian Health Promotion Foundation, Melbourne, Victoria, Australia, 2016.
  
- [5] National Health and Medical Research Council (Australia), "Eat for health. Australian dietary guidelines: providing the scientific evidence for healthier Australian diets.," Department of Health and Ageing, Canberra, Australia, 2013.

## Contact us

123 Furlong Road  
St Albans 3021

1800 497 111  
WPHU@wh.org.au

[wphu.org.au](http://wphu.org.au)

