Lower Hume Primary Care Partnership

STRATEGIC PREVENTION PLAN

2017-2021

Lower Hume Primary Care Partnership

This strategic prevention plan outlines the next four year commitment to Healthy Eating and Physical Activity by the members of the Lower Hume Primary Care Partnership Integrated Health Promotion Collaborative. It outlines the rationale and the chosen Goal, Objectives and Strategies the group will implement to create behavior change within Lower Hume communities.

Strategic Prevention Plan

LOWER HUME PRIMARY CARE PARTNERSHIP

Contents

EXECUTIVE SUMMARY

For the next four years (2017-2021), the Lower Hume Primary Care Partnership Integrated Health Promotion Collaborative will continue with the priority of Healthy Eating and expand to include Physical Activity; aligning with one of the priorities of the *Victorian Public Health and Wellbeing Plan 2015-19* (Healthier Eating and Active Living). This is in accordance with the *Advice for public health and wellbeing planning in Victoria: planning cycle 2017-21* (April 2017) and the Prevention Plan requirements of the *DHHS East Division - Ovens Murray and Goulburn Place Based Prevention Strategy.* The continued focus on Healthy Eating will enhance the likelihood of delivering long term outcomes for our local communities.

Our goal is **'*Lower Hume communities support healthy eating and physical activity.*'**

Our objective is:

Increase the community's capacity to design and implement local solutions to create environments that support healthy eating and physical activity choices.

The Lower Hume trends in regards to the consumption of fruit and vegetables, sugar sweetened beverages and discretionary food consumption, in addition to low rates of physical activity and high prevalence of overweight and obesity support the need for a focus on Healthier Eating and Physical Activity in the catchment.

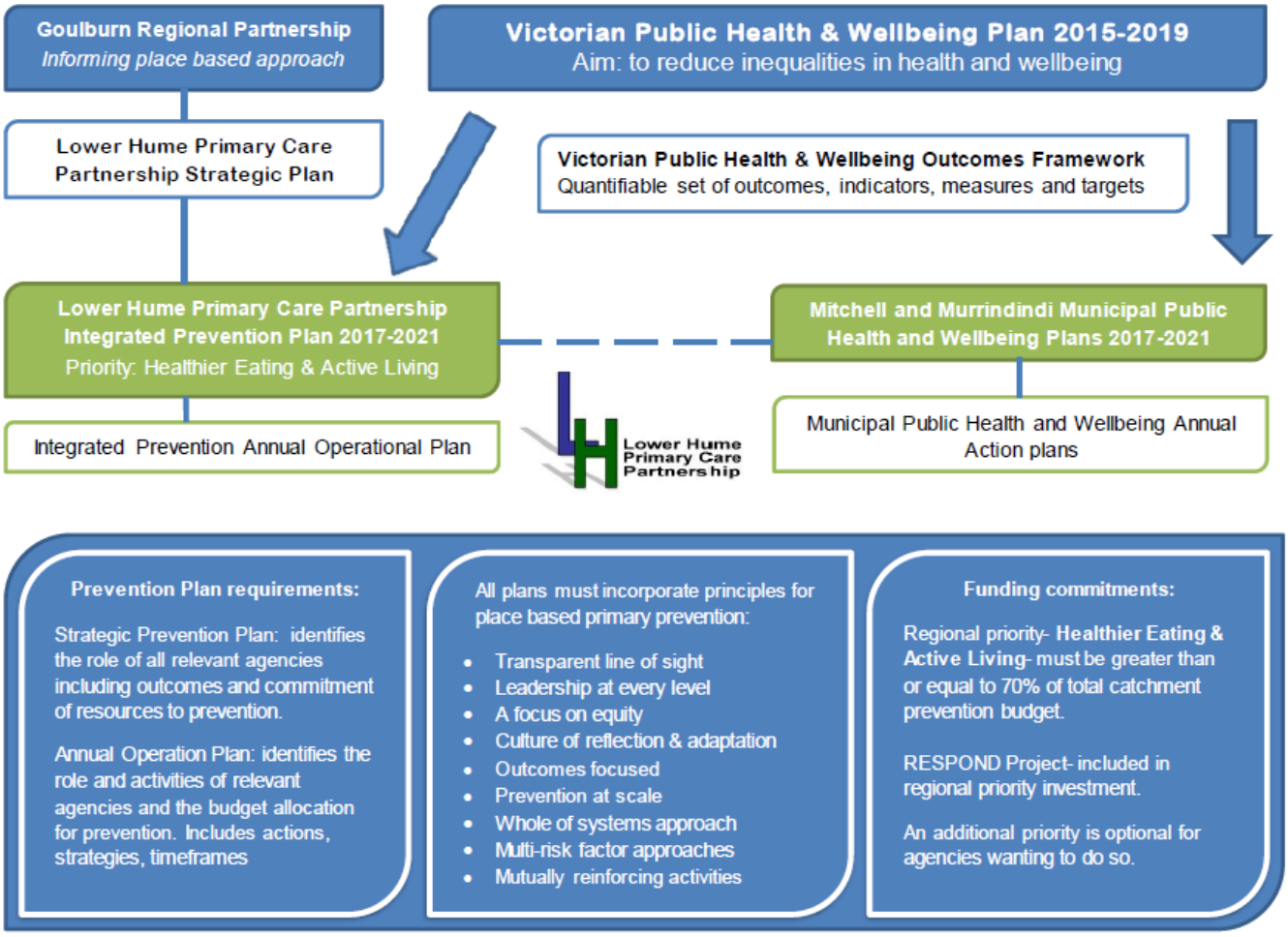
In line with the Place Based primary prevention principles we will continue to align with both Municipal Public Health and Wellbeing Plans of Murrindindi and Mitchell Shire Councils and aim to have mutually reinforcing activities with the local organisations and community groups that are involved in healthy eating and physical activity.

Health equity is a continued focus at a national, state and local level and requires a range of universal approaches that not only create settings and environments supportive of healthy eating and physical activity, but also deliberately target particular hard to reach populations. Both of these approaches will be considered by targeting families using systems thinking and action research models.

We will continue to build on the collaborative's achievements from the last four years in partnership with funded and non-funded partners, local government and community organisations. We have sought to capitalize on the successes, learn from the challenges, and consider these in the development of our future objectives, strategies and actions. In particular, the current plan will aim to engage the whole community in the identification of enablers and barriers to healthy eating and physical activity, how these factors interact within the complex community settings or "system" and develop community led solutions that promote healthy eating and physical activity behaviours.

1.0 CONTEXT

Guiding Plans



Introduction and Rationale of our Priority

For the past 4 years the Lower Hume Integrated Health Promotion Collaborative have fulfilled the requirements of the Hume Region Health Promotion strategy, with a region wide priority of healthy eating and sub-regional priority of Prevention of harm from Alcohol. We have operated as a Collaborative of funded and non-funded partners to achieve a range of Health Promotion successes and outcomes that we will build on over the next 4 years.

The 4 year Hume Region strategy was evaluated and one of the key recommendations was to continue to build on the success of our collaborative work and commitment to Healthy Eating. This year the Ovens Murray and Goulburn Regions (previously Hume Region) will continue with the priority of Healthy Eating and (include) Physical Activity; a priority direct from the Victorian Public Health & Wellbeing Plan 2015-2019. Lower Hume has chosen not to have a second sub-regional priority.

Our work will be guided by the Victorian Public Health and Wellbeing Outcomes Framework to guide our outcomes, measures and targets. We will be guided specifically by Domain 1: Victorians are healthy and well, Outcome 1.3: Victorians act to protect and promote health, Indicators: 1.3.1 to increase healthy eating and active living, and 1.3.2 reduce overweight and obesity.

We will also continue to closely align with both Mitchell and Murrindindi Shire's Municipal Public Health and Wellbeing Plans, cross referencing with their Annual Action Plans which were both informed by extensive community consultation. Both Councils are represented within our collaborative which we have found strengthens the collaborative efforts in the local communities.

The Goulburn Regional Partnerships will also inform our work, with their extensive community consultation; Health is one of their identified priorities and will inform our place based approach. The Lower Hume Primary Care Partnership Strategic Plan has been extended and is in a bridging year until 2018 when the next 2 year plan will be developed which will include strategies to support the implementation of the Prevention Plan.

Partners

Alexandra District Health

Lower Hume Aboriginal Health and Wellbeing Program Officer

Mitchell Shire Council

Murrindindi Shire Council

Nexus Primary Health

Seymour Health

Valley Sport

Yea & District Memorial Hospital

Healthy Eating and Active Living Statistics

The Lower Hume Primary Care Partnership Population Health and Wellbeing Profile provides local statistics within each of the domains of the Victorian Public Health and Wellbeing Outcomes framework. The following is a summary of some of the data from the Healthy Eating and Active Living Domain, and more specifically the two indicators; to increase healthy eating and active living, and reduce overweight and obesity.

There are comparative tables, with State, Regional, Mitchell and Murrindindi Local Government areas for both the healthy eating and physical activity indicators in the Appendix.

The summary and info graph on the following pages captures key statistics for the 2 indicators and further information can be found in the full report on the PCP website www.lhpcp.org.au

Summary of healthy eating and active living statistics across Lower Hume

Less than 10% of adults meet the **fruit and vegetable** guidelines in Mitchell and Murrindindi, and across Victoria. In both Lower Hume and Victoria, adults consume less serves of fruit and vegetables per day than is recommended. Although a significantly higher proportion of adults (and children) across all areas met fruit guidelines compared to vegetable guidelines. The statistics are even less for children in the Goulburn Region and Victoria.

Local parent surveys identified the same top three **barriers** to their children consuming a variety of nutritious foods at baseline (2013-14) and at more recent data collection (2017). These were fussy eating (41%), cost (29%) and time/energy (21%).

In 2014 21% of adults in Murrindindi consumed **sugar sweetened beverages** daily, which was almost two times higher than the state average. Adults in Mitchell Shire also remained more likely to consume sugar sweetened beverages daily than the Victorian average. In 2017 36% of primary school children surveyed within Lower Hume drank sugar sweetened beverages on the previous day, which was a decrease from 2013/14.

A significantly higher proportion of adults in Murrindindi Shire, compared to the state average, had **run out of food** in the previous twelve months and couldn't afford to buy more in 2014; whilst Mitchell was below state average. The cost of a **healthy food basket** in Lower Hume increased over six years for all family types. On average one third of a typical family's (2 adults and 2 children) welfare payment was spent on a healthy food basket in 2016. The variance of the cost of healthy food across Lower Hume was significant with consumers paying up to 30% more for the same basket of food depending on where they shopped. Comparison with other regional areas throughout Victoria identified that overall the cost of a HFB in Mitchell shire in 2016 was below average, whilst Murrindindi was similar to other regional areas.

63% of infants across Victoria were fully **breastfed** to three months of age in 2014/15, which was similar across Mitchell and Murrindindi Shires.

A significant decrease in the proportion of adults completing the recommended minimum amount of **physical activity** occurred across Victoria from 2011 to 2014. A slight increase was reported in the 2015 Victorian Population Health Survey (VPHS) with 47% of Victorian adults and 53% of adults in the Goulburn and Ovens Murray region meeting physical activity guidelines. The 2015 VPHS also found that the proportion of men and women who undertook adequate physical activity significantly increased with increasing total annual household income. In 2014 adolescents were significantly less likely than children to be sufficiently active.

Adults living in Lower Hume were less likely to use **active transport** for travel or participate in **organised sport** when compared to state average. The proportion of adults sitting for more than eight hours on a typical weekday was significantly less across Mitchell Shire and similar to state average of 24% in Murrindindi Shire. Across Victoria younger adults were significantly more likely to sit for more than eight hours on a weekend day.

Adolescents across Victoria were significantly more likely to spend more than two hours per day using **electronic media** for recreation compared to children. A slightly higher proportion of children in the Goulburn Region (20%) and a similar proportion of adolescents (61%) reported spending more than two hours per day using electronic media for recreation compared to state average.

Both Mitchell and Murrindindi Shires had significantly higher proportions of adults who were **overweight or obese** in 2014 when compared to state average. Adults across Lower Hume were also more likely to have a waist measurement above the recommended healthy range. The proportion of children and adolescents who were overweight or obese was similar to state average across Lower Hume at 28%.

Pictorial representation of selected Healthy Eating data from Lower Hume Population Health Report

Healthy Eating

4% Victoria & Murrindindi **6%** Mitchell

of adults met both fruit & vegetable guidelines in 2014.

2015

Adults significanlty more likely to meet fruit guidelines than vegetable.

Females with higher incomes more likely to meet guidelines.

Adults who did not meet guidelines more likely to be:

- current smoker
- obese.

Adults that met both guidelines most likely to self-report **excellent health**.

1% of children met both fruit and vegetable guidelines.

% of adults consuming sugary drinks daily.

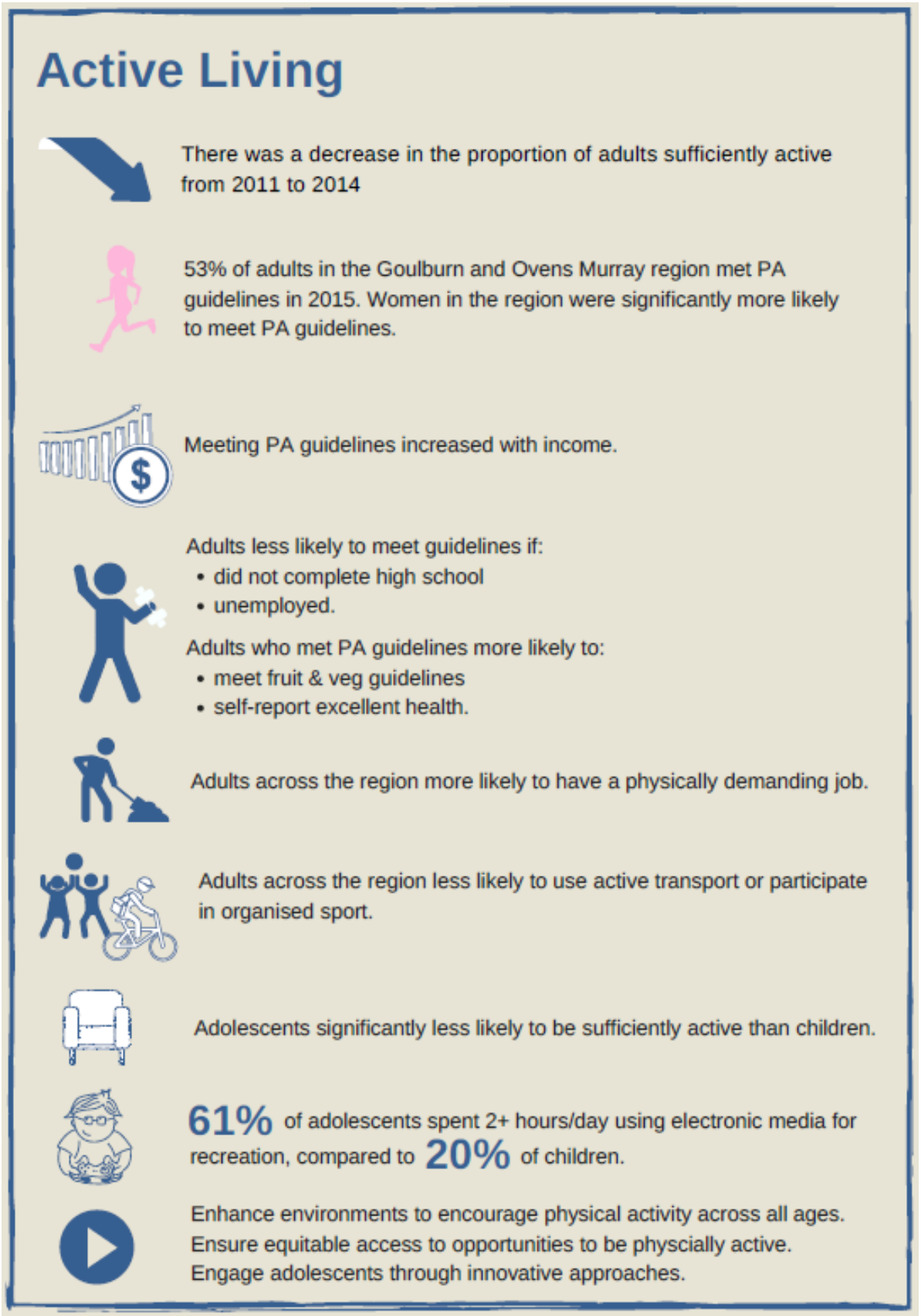
21% Murrindindi **17%** Mitchell **11%** Victoria

Significant variance in the cost of healthy food across Lower Hume.

High proportion of non-essential food outlets (fast food, restaurants, petrol stations etc.) in Mitchell.

Enable supportive environments that make healthy food and drink choices easy and normal. Strengthen cross sector partnerships to target settings where people live, work and play.

Pictorial representation of selected Active Living data from Lower Hume Population Health Report



Key contributing factors to our Plan

Learnings from last 4 years of Healthy Eating priority

The learnings, barriers and recommendations from the Healthy Eating priority within our Integrated Health Promotion Plan were identified and below are those that we will incorporate into the 2017-21 strategic and annual action plans.

- Collaboration between organisations, community groups and individuals was one of the key strengths to the successful outcomes in the last four years. We intend to build on this using a systems thinking approach, engaging even more of the system to own both the issue and solutions. We found that it is important to ensure communities' or settings have a readiness to change, engage, implement and sustain interventions.
- The place based approach as recommended in the Ottawa Charter for Health Promotion acknowledges that settings should be targeted to achieve healthfulness in everyday life. Impacting individualised settings within Lower Hume allows for differences in the community by recognising that they are not comprised of a homogenous group of people. These people have unique needs and characteristics. Each region has its own demographic and social context which will influence the community's level of engagement, readiness to change as well as what a workable solution may be to that community.
- The evaluation of the 2013-17 LHPCP IHP Plan supports the premise that evidenced based interventions can be challenging to implement when working with areas of the community, if they are not ready to engage or change. The experience from the implementation of the 2013-17 plan was that community identified solutions, such as Triangle Food Op-Shop, Incredible Edible Yea, and community gardens within Mitchell Shire (which used the Healthy Food Connect evidence based framework) had greater community support, engagement and sustainability than predefined programs.
- The Achievement Program, is endorsed and developed from an evidence based prevention model that we chose to implement in school and early years settings, with a structured and predetermined process to follow. The strength of the Achievement Program framework is that it works with the whole environment to shift the culture and achieve the goals (for example in a school, the staff, students, leadership, parents, community, policies, processes, curriculum etc are all considered in the intervention). There was fair to good success with schools signing up for the Achievement Program, however not a lot of success in the settings being awarded this. This is likely due to numerous factors, and our observation supported by literature, is that "successful prevention programs are owned by the targeted community itself" (Edwards et al 2000).

In response to these key learnings (and as referred to in objective 1) the current plan will use a community led approach (employing systems thinking and collective impact theories and methodologies) to foster community ownership of the issue and solutions within community settings. Those who live within the catchment communities will be active participants in identifying both the contributing factors and solutions to unhealthy eating and inactivity behaviors using an evidence based methodology. Community led research and solution planning is key to fostering sustainable change.

Alignment with State and Local Government Plans

As stated our priority is aligned with the *Victorian Public health and Wellbeing Plan 2015-19* priority of Healthier Eating and Active Living. Our strategies and actions will consider the Plan's Strategic Directions (see Appendix 3). Our outcomes, indicators, targets and measures also align with the Victorian Public Health and Wellbeing Outcomes Framework.

Having Mitchell and Murrindindi Shire Council Officers represented on our Collaborative supports alignment with both of the Shire's Municipal Public Health and Wellbeing Plans (MPHWP). Our funded organisations have been involved in the development of both Council plans. Whilst worded quite differently, both Municipal Health and Wellbeing Plans have an area of focus based around achieving increased healthy eating and physical activity. Both plans intend of doing this by using collaborative partnerships for collective impact within local community settings that impact where people learn, work, play and live.

Many of the social determinants of health, particularly those that affect people eating healthy food and being active are also addressed in the Municipal Public Health and Wellbeing plans. Whilst some of those may be outside of the scope of our strategy and limited resources, we acknowledge their strategies that focus on improving education, work and employment, transport, social connectedness etc all will contribute to healthier and more active communities.

The Mitchell Shire Council Municipal Health and Wellbeing Plan priority of Healthy and Vibrant Communities, to improve health, wellbeing and mental health through education and awareness and decrease the use of tobacco aligns with our own priority. The two relevant strategies of the priority; Support and promote initiatives that contribute to healthy eating and access to affordable nutritious food; and in partnerships with key stakeholders, agencies and networks, promote opportunities for increased physical activity, are where we have collaborative alignment. Their measures also coincide with our own (the same as the state level)

- Decrease rates of obesity.
- Increased consumption of fruit and veg intake.
- Decreased food insecurity rates.
- Increase rates of breastfeeding.
- Increase participation in physical activity, recreation and leisure.

The **Murrindindi Shire Municipal Public Health and Wellbeing Plan** has key strategic objectives where we will have collaborative opportunities; Our People – Together we will celebrate and encourage diverse, caring and connected communities and, Our Place - We will maintain and enhance places to be attractive and livable, in balance with our natural environment. The relevant draft strategies we will specifically align with are:

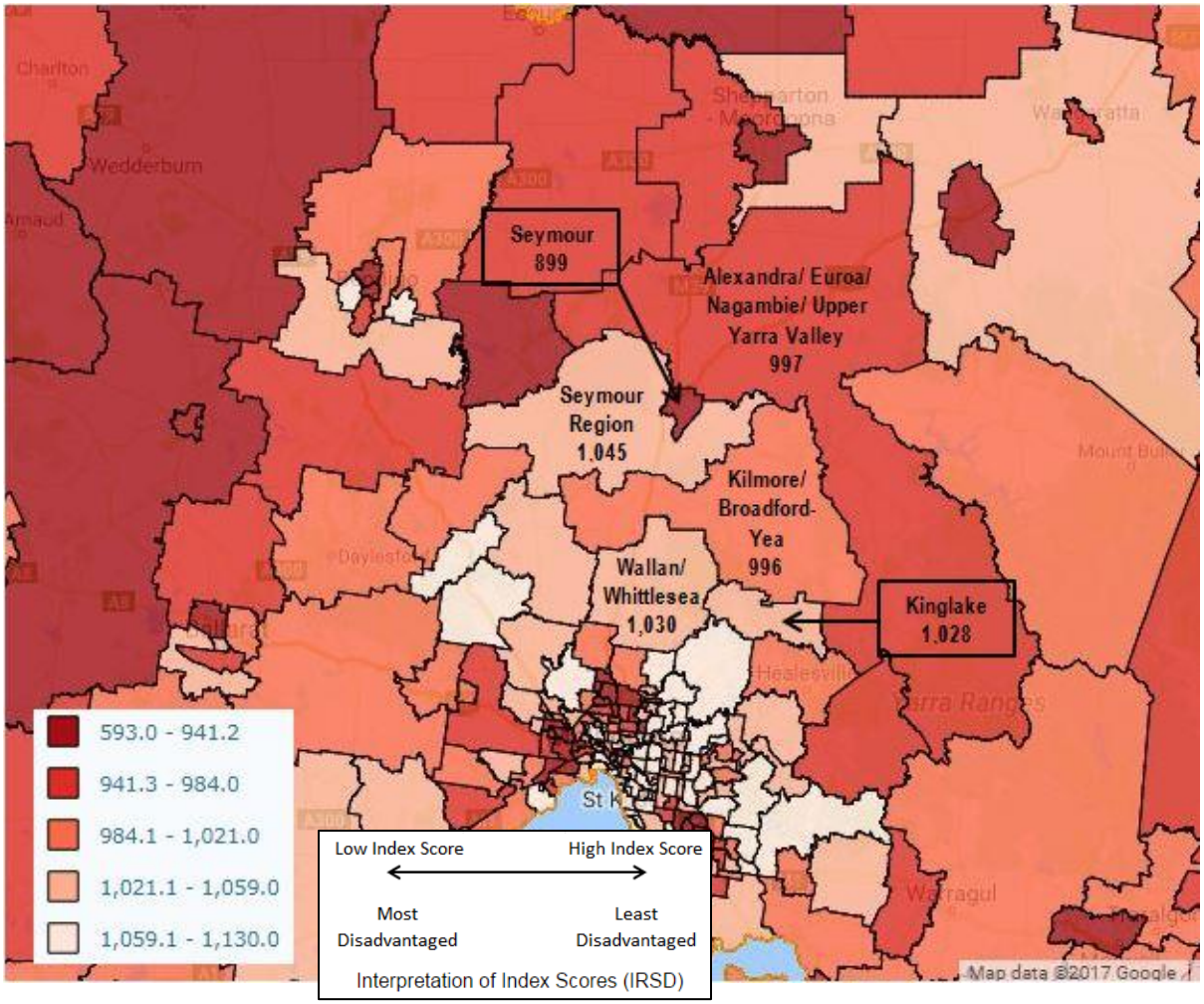
- Work with our partner agencies to ensure people of all ages can access the health and community services they need
- Work with community and groups to connect, collaborate and plan for our future
- Support recreation opportunities for our residents and visitors that encourage participation and community connections.

Lower Hume Demographic Overview

TABLE 1: DEMOGRAPHIC SNAPSHOT, 2016

	Mitchell	Murrindindi
Population	40,918	13,732
Square km²	2,862	3,880
Top 3 employment industries	Construction Health care & social assistance Public administration & safety	Construction Health care & social assistance Agriculture,forestry & fishing
Unemployment rate	5.7%	5.1%
Median age	37	48

FIGURE 1: SEIFA INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE (IRSD) MAP, 2011



2.0 THE NEXT 4 YEARS

Goals and Objective

Goal: '*Lower Hume communities support healthy eating and physical activity.*'

Objective 1: Increase the community's capacity to design and implement local solutions to create environments that support healthy eating and physical activity choices.

Rationale:

- Deakin University's Global Obesity Centre identifies that successful approaches to obesity prevention have involved "building community capacity to apply systems thinking" (Deakin University 2016).
- Systems thinking acknowledges that factors that contribute to poor dietary intake for example, are not independent of each other and nor do they occur one at a time. It attempts to identify the complex relationships that contributing factors have and which of these relationships are the most important. A child's consumption of vegetables for example can be influenced by parental food knowledge, cooking skills and ability to manage their child's fussy eating. Parents learning new ways to cook vegetables may not be utilised if they don't have the skills to manage their child's fussy eating, while conversely parents' new skills to overcome their child's fussy eating may be hindered if they don't have the skill, confidence and knowledge to prepare vegetables.
- Advantages of community capacity building include better reach of target population, better use of resources, an increased competence and commitment for health change and action and a greater ability of communities to respond to emerging health issues (Liberato SC et al 2011).

Priority Population

Healthy Eating and Physical Activity

Families (focus on equity and vulnerable families).

The Collaborative decided that it was important to sustain and develop our work with children due to the evidence in regards to the importance of the early years in determining adult health, particularly in relation to obesity (Maffeis et al, 2016). Further, extending the target population to parents/caregivers (families) was considered important due to their fundamental roles in the shaping of child behaviours and providing the conditions for healthy child development (Graham & Power, 2004). Tackling inequities (vulnerable groups) in the early years through work with families is also in line with the PCP guiding principles to action which emphasises 'tackling health inequities' and taking a 'person and family centred' approach (Department of Health, 2013), and is also supported by the *Public health and wellbeing planning advice 2017-2021.*

RESPOND Grant

RESPOND (Reflexive Evidence and Systems interventions to Prevent Obesity and Non-communicable Disease)

In 2017 the Ovens Murray and Goulburn region PCP's, with Department of Health and Human Services, VicHealth and the World Health Organisation Collaborating Centre for Obesity Prevention at Deakin University applied to the National Health and Medical Research Council (NHMRC) for the RESPOND grant. The project seeks to implement a major partnership systems thinking project to address childhood obesity across all 12 LGAs in the Region. The project will include initial and subsequent data collection among school age children (base line and follow-ups) and then assist in the facilitation and development of a community based response to address the issue of childhood obesity. We find out in February 2018 if we are successful.

If the RESPOND grant is successful the collaborative will have access to extensive data collection to measure our impact and significant training and support to implement systems across the catchment. If the grant is not successful, the collaborative will seek an extension of the school based children's healthy eating surveys to specifically measure the consumption of fruit, vegetables and discretionary foods. In addition, support will be sought from both Deakin University researchers and other OMG PCP Health Promotion teams that have already undertaken a similar systems thinking approach to obesity prevention.

PROGRAM LOGIC

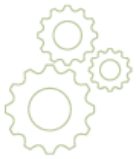
GOAL

Lower Hume communities support healthy eating and physical activity

OBJECTIVE

Increase the community's capacity to design and implement local solutions to create environments that support healthy eating and physical activity

STRATEGIES



- Facilitate a community based systems approach to support community led solutions
- Engage vulnerable families in community led solution generation
- Build, strengthen & maintain partnerships to create environments that support healthy food & physical activity

OUTCOMES

SHORT TERM

- Community readiness to change
- Participation that represents the diversity of the community and more vulnerable groups
- Identification of enablers & barriers to healthy eating & physical activity by the community
- Community driven action plan developed

MEDIUM TERM

- Community driven action plan implemented which includes community members from more vulnerable groups as active participants
- Increased community capacity to undertake & support healthy eating & physical activity
- Increased cross sector partnerships which enable environments to support healthy eating & physical activity
- Community driven evaluation report completed with recommendations

LONG TERM

- 10% increase in the proportion of people meeting fruit & vegetable consumption guidelines across Lower Hume
- 10% increase in the proportion of people meeting physical activity guidelines across Lower Hume

APPENDIX

Appendix 1 State Government

Victorian Public Health and Wellbeing Plan 2015-2019

Priority - Healthier Eating and Active Living

Strategic Directions

- Promote consumption of healthy, sustainable and safe food consistent with the Australian dietary guidelines.
- Support healthy food choices to be the easier choices for all Victorians by working across the entire food system.
- Encourage and support people to be as physically active as often as possible through their lives. Strategies may include active transport (such as walking or cycling to work), neighborhood design that promotes activity and social connectedness and participation in sport and recreation
- Encourage interaction with nature in Victoria's parks and open spaces.

Victorian Public Health and Wellbeing Outcomes framework

Outcome – Victorians act to protect and promote health.

Indicator – increase healthy eating and active living.

Targets – 5% decrease in prevalence of overweight and obesity in adult (and children) by 2025 from 2011-2 baseline. Measures – proportion of adults, adolescents and children who consume sufficient fruit and veg/consume sugar-sweetened beverages daily/are overweight and obese, - mean serves of fruit and veg for adults, adolescents and children, - discretionary food consumption of adults, adolescents and children, - proportion of infants exclusively breastfed to three months of age.

Outcome Victorians belong to resilient and livable communities.

Indicator – increase neighbourhood livability.

Appendix 2 Data Comparisons

TABLE 82: SUMMARY OF HEALTHY EATING INDICATORS, 2014

	Mitchell	Murrindindi	Goulburn & Ovens Murray region	Victoria
Proportion of adults that met both fruit and vegetable guidelines	6%*	4%	6%^^	4%^^
Proportion of children (4-12 years old) that met both fruit and vegetable guidelines	**	**	1%*	3%
Proportion of young people (in years 5, 8 & 11) that met both fruit and vegetable guidelines	**	**	14%	11%
Proportion of adults who consume sugar sweetened beverages daily	17%	**21%**	**15%**	11%
Proportion of people who ran out of food and couldn't afford to buy more	3%*	**12.8%***	6%	4%
Proportion of infants exclusively breastfed to 3 months of age	61%	62%	**	63%

Source: Victorian Population Health Survey, 2014 and 2015. Victorian Child and Adolescent Monitoring System, 2017.

*RSE between 25-50% and should be interpreted with caution. ^^2015 VPHS different sampling method used.

TABLE 92: SUMMARY OF PHYSICAL ACTIVITY INDICATORS

	Adults sufficiently active (2014)	Children sufficiently active (2014)	Adolescents sufficiently physically active (2014)	Adults participating in organised sport (2015)	Adults siting for 8 hours+ on average work day (2014)
Mitchell	38%	**	**	20%	**15%**
Murrindindi	42%	**	**	20%	21%
Goulburn region	53%*	75%	28%	**	**16%***
Victoria	47*	62%	26%	29%	23%*
Indigenous Australians	38%	64%	25%	**	**
Target	74%	-	46%	-	-

Source: Victorian Population Health Survey, 2014 & 2015. Victorian Child and Adolescent Monitoring System, 2017. Vichealth Indicators Survey 2015. *2015 VFPHS different sampling method used. **Not available.

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