

Barwon Health

Community Health - Health Promotion Program 2023-24 Annual Plan



Introduction

Barwon Health's Healthy Communities Unit (HCU) develops, implements and evaluates health promotion initiatives that address drivers of the burden of disease at a population level. We work with our community and local organisations to lead and support delivery of place based prevention initiatives that improve the health and wellbeing of people who live, learn, work and play in our region.

The HCU sits within the structure of the Barwon South West Public Health Unit (BSWPHU) and is funded by the Victorian Department of Health through the Community Health – Health Promotion (CH-HP) program. During 2023-24 we will support the delivery of the BSWPHU Population Health Catchment Plan which will strengthen place-based approaches aligned to our CH-HP health priority areas.

- We lead the delivery of and support local health promotion action that is capable of reaching a broad range of settings including health services, community organisations, retail, sport and recreation, education and early years and workplaces.
- We develop, implement and evaluate prevention initiatives using multiple, complementary and focused strategies including community engagement, capacity and knowledge building, health policy, advocacy, social marketing and through encouraging structural and environmental changes.
- We have an equity approach where we provide more support to settings and population groups that experience disadvantage.
- We work collectively with local partners in our region to achieve larger scale change, aligning efforts to achieve greater impact in improving the health of our community.

Our plan

This plan aligns with the *Victorian Public Health and Wellbeing Plan 2019-2023*, local *Municipal Public Health and Wellbeing Plans*, the *BSWPHU Population Health Catchment Plan 2023-2029* and the *CH-HP Program Guidelines 2023-25*. The development of our priority areas and subsequent plans were shaped by considering previous needs assessments completed by the HCU, local governments, Primary Health Networks, and advice from the Victorian Department of Health for CH-HP funded services.

We will continue to implement the following state-wide programs and services in our local region:

- Healthy Workplaces Achievement Program (AP).
- Healthy eating focused programs including; Healthy Eating Advisory Service, Healthy Choices Guidelines, Vic Kids Eat Well (VKEW), and the Victorian Menu Planning Guidelines for Long Day Care.
- Quit Programs.

Overview of our priority areas for 2023-24

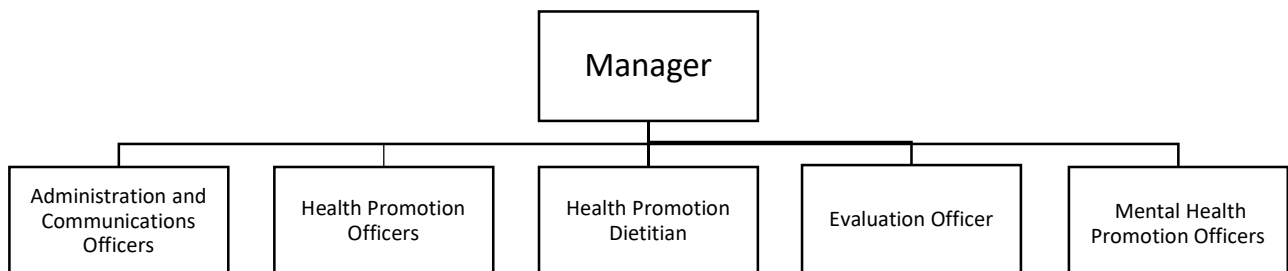
Our priority areas for the 2023-2024 planning year are:

- Healthy eating.
- Active living.
- Reducing tobacco and e-cigarette related harm.

Integrated across our priority areas using co-benefits and intersectionality approaches are:

- Gender equity: Our work in gender equity will focus on a transition to supporting other agencies and initiatives within the region.
- Mental Health Promotion (MHP): While MHP is funded through the Mental Health Drug and Alcohol Service, it is integrated throughout our health promotion priority areas in order to maximise co-benefits and create change across the whole system.
- Climate and health: Climate and health initiatives will be considered holistically to deliver positive health and social environmental outcomes.

Healthy Communities Unit chart



Note: The Mental Health Promotion Officer position (1.0 FTE) has a separate funding source and guidelines. All other Healthy Communities staff are funded via CH-HP funding.

Our region and reach

Our region covers the five local government areas of City of Greater Geelong, Colac Otway Shire, Golden Plains Shire, Borough of Queenscliff and Surf Coast Shire, also known as the G21 region. Approximately 350,000 people currently live in the G21 region¹



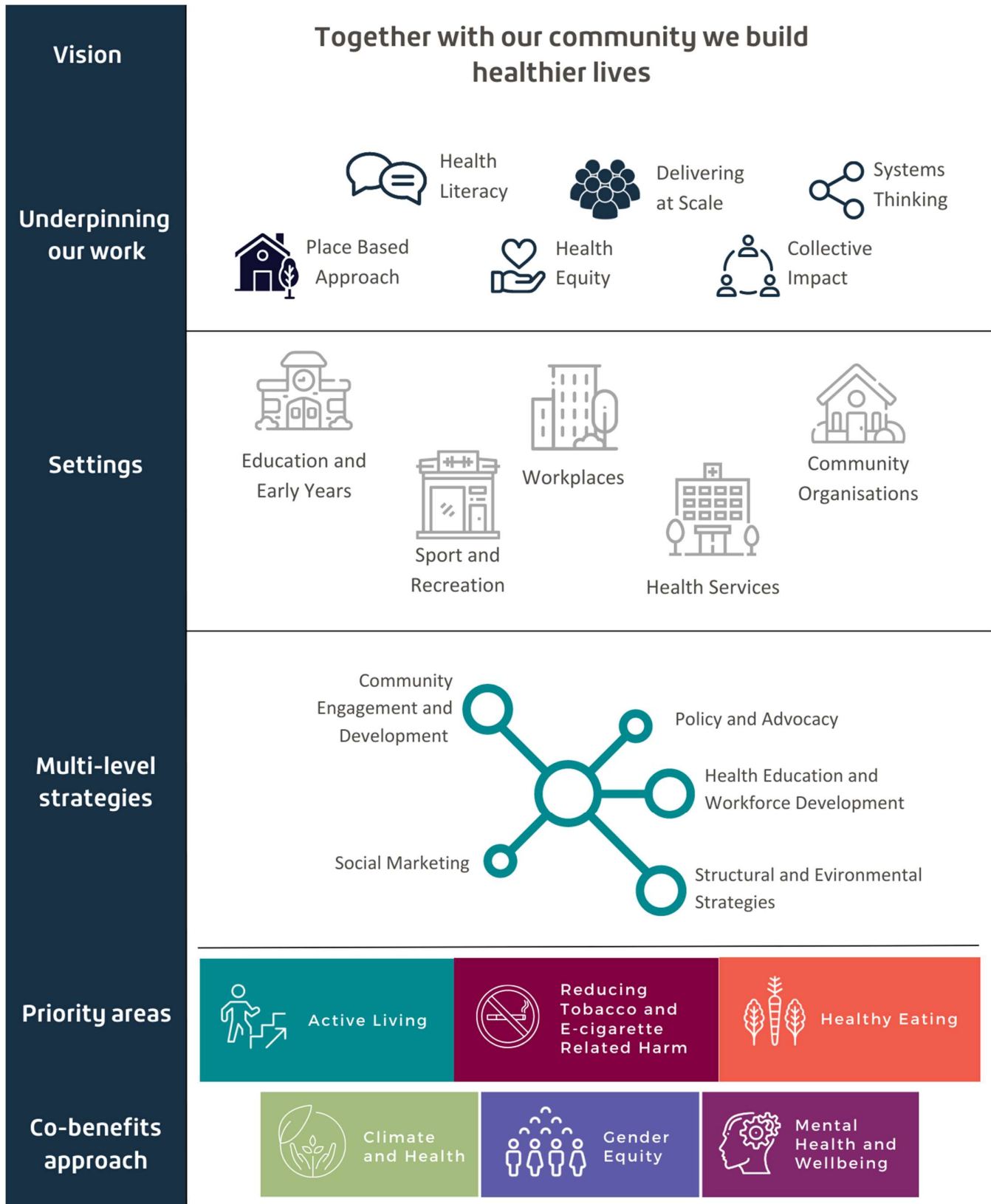
Map of the G21 Region

Image sourced from <http://www.g21.com.au/about-g21>

Acknowledgement of Country



We acknowledge the Traditional Owners of the lands that span the G21 region where we work, the Wadawurrung and Eastern Maar people. We pay our respects to the Elders both past and present. We thank the Traditional Owners for custodianship of the land and celebrate the continuing culture of the Wadawurrung and Eastern Maar people, acknowledging the memory of honourable ancestors.



Practice principles

Our health promotion planning, implementation and decision making is guided by a set of practice principles. The principles align with the Victorian Department of Health *Community Health – Health Promotion (CH-HP) Program Guidelines 2023-25* and contemporary health promotion practice.

Partnerships and local collaboration	We work with local partners to ensure a coordinated prevention effort, reduce duplication and achieve greater impact in improving the health and wellbeing of our community.
Equity in health care	We deliver health promotion initiatives that are inclusive, culturally safe and provide positive health outcomes.
Value based approach	We make the best use of resources to deliver great health outcomes.
Community engagement	We consult and engage with our community so we can understand their health needs and so they can help us decide what health promotion actions will work best for them.
Place based approaches	We recognise that people and places are inter-related and that the places where people spend their time plays an important role in shaping their health and wellbeing. A place based approach considers local needs and priorities.
Prevention scale	Prevention initiatives are developed and delivered at a scale that can impact on the health and wellbeing of large numbers of the population in places where they spend their time.
Whole of community and whole of systems approach	We focus our work on changing the local context in the long term, addressing underlying causes of ill health across communities, delivering multiple interventions and ‘joined- up’ action and cross-sector efforts.

Our strategies



Social marketing and health information

We use social marketing strategies to provide health messaging and to engage our community, understand their needs and drive change in awareness, attitudes and behaviour.



Develop skills and provide health education

We provide health education and skill development with the aim to improve knowledge, attitudes, self-efficacy and individual capacity to change behaviour.



Building community capacity to take local action (Individuals and organisations)

We build community capacity to take local action by encouraging and enabling communities to develop and sustain improvements in their social and physical environments. This includes community engagement and co-design of health promotion initiatives.



Create healthy settings and supportive environments

We work to create healthy settings and environments with local organisations such as schools, workplaces and other community settings. This involves: Ensuring policies and practice align with health promotion principles; Advocacy; and, Implementation of regulatory activities: i.e. Healthy Choices policy directive for health services.



Work in partnership with key stakeholders and organisations

We work in partnership with the local community and other organisations to increase reach, share expertise and maximise impact of investment by delivering mutually reinforcing interventions.

Intersectionality

We apply an intersectional health equity lens to identify overlapping or intersecting aspects of marginalisation and disadvantage. Applying this lens enables us to identify which settings and population groups are experiencing the most disadvantage and where we should direct our work.

Multiple intersectional factors have been considered in planning including: gender, First Nations, age, disability, ethnicity, gender identity, race, religion, sexual orientation and socio economic status.

Co-benefits approach

We consider and address co-benefits to health and wellbeing in the planning and implementation of all of our health promotion initiatives. The term co-benefits relates to the additional benefits related to improved health and wellbeing outcomes beyond a primary health issue of interest. A co-benefits approach is important as it may support with achieving multiple health and wellbeing outcomes, demonstrates a holistic approach to improving health and improves engagement in the focus areas by partners and the community.



Co-benefits approach to climate and health

We recognise that climate change is a significant public health issue and we commit to delivering initiatives that make positive change in the community, with benefits for health and wellbeing and climate mitigation. Climate change co-benefits will be integrated into our focus areas of healthy eating, active living and reducing tobacco and e-cigarette related harm.

Specific interventions for the 2023-24 planning year include:

Increasing healthy eating – Through our healthy eating initiatives we commit to actions that aim to increase access, sale and consumption of fresh, local produce and reduce access, sale and consumption of packaged food and drink. Increasing consumption of fresh, plant based foods that are locally sourced and decreasing consumption of processed packaged foods and drinks, reduces carbon emissions and reduces food waste.

Increasing active living – Through our active living initiatives we commit to actions that increase use of active travel and public transport, car trips and related carbon emissions. We will also promote initiatives that increase urban green space, and shading and cooling strategies that enable communities to continue using their environments for active living.

Our priority areas

Healthy eating

Access to nutritious food improves our health and wellbeing. Many people in the G21 region do not meet the healthy eating guidelines and this is contributing to high rates of obesity and a range of chronic diseases including heart disease, cancer and diabetes ²

55% Of adults in the G21 region are obese. Victorian average is 51% ²



Around 1 in 10 adults eat the recommended daily 5 serves of vegetables, and in some areas of the G21 region, it's around 1 in 20 adults ²



Less than 10% of young people and children in the G21 region eat the recommended minimum serves of daily fruit and vegetables ²



60% of Geelong residents drink the recommended 1-2 litres of water per day ³



In some areas of the G21 region adults consume 7% more sugary drinks than the rest of Victoria ²

We will take a multi intervention and co-benefits approach to increasing healthy eating. Our interventions will be delivered across various settings and target groups. In 2023-2024 Barwon Health is working towards improving healthy eating in our region by:

- **Local delivery of state-wide prevention initiatives;** Victorian Menu Planning Guidelines for Long Day Care, Healthy Choices Policy Directive for Health Services, Vic Kids Eat Well and the Healthy Workplaces Achievement Program.
- **Healthy retail;** Influence food systems to improve health through strategies that minimise environmental impact and increase healthy and sustainable food procurement, distribution and consumption.
- **Community kitchens;** Increase capacity to access, prepare and share healthier food by supporting community organisations to host community kitchens.
- **Population wide initiatives;** Amplify and localise state-wide social marketing campaigns and advocacy initiatives.

Active living

Leading an active life improves our health and wellbeing. Many people in the G21 region do not meet the Australian physical activity guidelines, and this is contributing to high rates of obesity and a range of chronic diseases including heart disease, cancer and diabetes ²

We will take a multi intervention and co-benefits approach to increasing active living. Our interventions will be delivered across various settings and target groups. Our interventions will be delivered in the context recognised by the Department of Health, that active living strategies are less defined and that during 2023-2024 we will explore evidence informed and promising practice in this space.



In Australia, 49.4% of people aged 18-64 years who were employed described their day as mostly sitting, with standing (18.8%) and walking (17.5%) the next most common activities ⁴



Australians aged 18 years+ living in areas of most disadvantage were less likely than those living in the least disadvantaged areas to have met physical activity guidelines (24.0% compared to 34.4%). ⁵



54.9% of people in the Barwon region met the physical activity guidelines- Vic population survey 2019 ⁶



Only 12% of Australian children and 2% of adolescents are meeting the guidelines for both physical activity and screen time ⁷



Victorian mothers are more likely than fathers to be inactive, and their physical activity levels are strongly linked to the ages of their children. 20% of mothers reported no days of PA per week and 38% reported 1-3 days of physical activity per week. ⁸

In 2023-2024 Barwon Health is working towards improving active living in our region by:

- **Implementing community activation and engagement approaches with priority cohorts;** Deliver initiatives to increase physical activity of women and girls in the G21 region.
- **Active travel;** Build capacity of our community to increase active modes of travel.
- **Active at work;** Build capacity of workplaces in the G21 region to develop and implement active living initiatives that increase physical activity and decrease sedentary behaviour.
- **Local delivery of state-wide prevention initiatives;** Healthy Workplaces Achievement Program, amplify and localise state-wide social marketing campaigns e.g. 'This Girl Can'.

Reducing tobacco and e-cigarette related harm

Tobacco use is the major avoidable cause of disease and death in Australia. Smoking increases the risk of lung cancer, cardiovascular disease, respiratory disease and many other illnesses. The health burden doesn't just affect smokers but breathing in smoke from other people's cigarettes is also a serious health burden⁹. Although smoking rates in Victoria have decreased over the past few decades, due to tobacco control efforts, recent data suggests that this trend is reversing in some populations¹⁰. In addition to issues around tobacco, use of e-cigarettes (vaping) is unsafe and the long term health effects are unclear. The use of e-cigarettes is rapidly increasing, particularly among young people. Studies have shown that adolescents who use e-cigarettes are six times more likely to smoke traditional cigarettes¹¹

14.7% Of employed people (aged 14 years and older) in Australia are current smokers¹²



The number of 14 to 17 year olds smoking has tripled in just four years, and teens who vape are three times as likely to take up smoking.¹³



Smoking rates among people from diverse communities are much higher than the general population. High risk populations have been identified to include: Aboriginal and Torres Strait Islanders, LGBTQIA+, pregnant women.¹⁴



2021 data showed a 2-point increase in daily smokers in Greater Geelong from 2017 data¹⁵



Among 12 to 17 year old students, around 13% indicated they had used an e-cigarette at least once, and 32% of these students had used one in the past month¹⁶

In 2023-2024 Barwon Health is working towards reducing tobacco and e-cigarette related harm in our region by:

- **Smoke and vape free environments;** Decreasing the number of environments in which people smoke or vape, or are exposed to second and third hand smoke.
- **Knowledge and self-efficacy;** Increase community capacity to stop smoking and vaping, and access stop smoking services and supports.
- **Local delivery of state-wide prevention initiatives;** Healthy Workplaces Achievement Program.

Aligning our work with the delivery functions of the CH-HP Guidelines 2023-25

We have focused on the key lead and support functions from the CH-HP Guidelines within the strategies of our plan.

Policy: Lead and support implementation of healthy eating, active living and reducing tobacco and e-cigarette related harm policies in key settings.

Environments and community: Lead and support implementation of programs and community action that create healthier environments and skill development.

Prevention system actions: Lead and support engagement with local and state wide partners, leverage off local networks, build capacity among settings, participate in place based networks and influence prevention systems.

Individual behaviour change: Support referral pathways, promotion, awareness and implementation of evidence- based lifestyle modification programs.

Aligning our work with the CH-HP Impact Measures Practice Guide

Monitoring and evaluation are core components of our work. We have developed a range of short and medium term measures to help us to track progress against our objectives and which align to outcomes in the *Victorian Public Health and Wellbeing Outcomes Framework*. Over the 2023-24 reporting year we will continue to monitor the progress of the development of the CH-HP shorter term progress measures that will demonstrate impact for healthy eating, active living and reducing tobacco and e-cigarette related harm at scale across Victoria.

Our monitoring and evaluation approach will align with the Incremental Change Frameworks (ICF) from the CH-HP Impact Measures Practice Guide. We will complete the online Department of Health web form and a narrative report to show progress for our work for 2023-24.

Change categories most relevant to CH-HP program providers for healthy eating:

1. Change categories focus on incremental changes to support environmental modifications to food and drinks supply and exposure to marketing.

Change categories most relevant to CH-HP program providers for active living:

1. Build knowledge of active living.
2. Build capacity and skills for active living.
3. Public transport knowledge and attitudes.
4. Active at work.
5. Active in the community.
6. Active while working.

Change categories most relevant to CH-HP program providers for reducing tobacco and e-cigarettes related harm:

1. Voluntary smoke free environments.
2. De-normalising smoking and vaping.
3. Build knowledge and self-efficacy to stop smoking.
4. Accessible and competent stop-smoking support.

Action Plan 2023-24

Healthy Eating



Our objectives	Target group(s) and settings	Our strategies	Our measures of progress for 2023-24
<p>Increase capacity to access, prepare and consume healthier food and drinks by supporting Early Childhood settings (ECS) to meet the Victorian menu planning guidelines for long day care.</p>	<p>Target Groups Children (aged 0-5).</p> <p>Settings Early Childhood settings (ECS) – long day care (LDC).</p>	<p>Develop skills and provide health education Provide education to develop the skills of ECS staff to use the HEAS resources including the FoodChecker tool for menu planning.</p>	<p>Number of ECS actively supported to implement <i>Victorian Menu planning guidelines for long day care</i>.</p> <p>Number of ECS that achieve compliance with the <i>Menu planning guidelines for long day care</i>.</p> <p>Increase in confidence and skills of ECS staff to use HEAS resources including FoodChecker for menu planning.</p>
<p>Increase capacity to access, prepare and consume healthier food and drinks through local delivery of the Vic Kids Eat Well initiative.</p>	<p>Target Groups Children (aged 5-18).</p> <p>Settings Primary and secondary schools.</p>	<p>Develop skills and provide health education Provide education to develop the skills of school settings to use the VKEW resources to achieve healthy eating action areas and incremental changes.</p> <p>Work in partnership with key stakeholders and organisations Engage with local and state-wide partners to support the VKEW initiative.</p> <p>Engage with schools to determine local needs.</p>	<p>Number of schools actively supported to implement healthy eating changes.</p> <p>Number of schools that have implemented small bites.</p> <p>Number of schools that have achieved big bites.</p> <p>Number and type of engagement opportunities with partners that support the VKEW initiative.</p> <p>Engagement plan developed and implemented.</p>
<p>Support the implementation and maintenance of the Healthy Choices: policy directive for Victorian public</p>	<p>Target Groups Barwon Health staff, volunteers, patients and visitors.</p>	<p>Social marketing and health information</p>	<p>Reach and satisfaction of Healthy Choices communication and marketing material.</p>

<p>health services across all Barwon Health Retail and vending sites (Healthy Choices).</p>	<p>Settings Health Services – Barwon Health.</p>	<p>Deliver and continually improve the communication and marketing initiatives supporting healthy eating initiatives and <i>Healthy Choices: policy directive for Victorian public health services at Barwon Health</i>.</p> <p>Building community capacity to take local action Build capacity of internal Barwon Health stakeholders to support the creation of a healthier and sustainable food environment aligned with the <i>Healthy Choices: policy directive for Victorian public health service</i>.</p> <p>Create healthy settings and supportive environments Support the implementation of the <i>Healthy Choices: policy directive for Victorian public health services</i> across all Barwon Health retail and vending sites.</p> <p>Support strategies that promote healthy and sustainable food consumption at Barwon Health food retail outlets.</p> <p>Work in partnership with key stakeholders and organisations Collaborate with local networks/partners to support in the implementation of <i>Healthy Choices: policy directive for Victorian public health services</i> at Barwon Health.</p>	<p>Barwon Health vending, catering and retail outlets maintain <i>Healthy choices: Policy directive for Victorian public health services</i> for drinks.</p> <p>Barwon Health vending, catering and retail outlets are working towards meeting <i>Healthy choices: Policy directive for Victorian public health services</i> for food.</p> <p>Number of healthy and sustainable strategies supported.</p> <p>Number and type of networks/partners worked with.</p>
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<p>Work in partnership with retail settings to improve health through strategies that minimise environmental impact and increase healthy and sustainable food consumption (Healthy Retail).</p>	<p>Target Groups G21 Community.</p> <p>Settings Retail settings – supermarkets.</p>	<p>Build capacity to take local action Implement an evidence-based, localised healthy eating intervention targeting food retail outlets in the G21 region.</p> <p>Work in partnership with key stakeholders and organisations Maintain partnerships to support the implementation of pilot healthy retail intervention.</p> <p>Build partnerships and networks to support the delivery of healthy retail initiatives.</p>	<p>Pilot program implemented.</p> <p>Number of supermarkets piloting healthy retail interventions.</p> <p>Number and type of partnerships formed.</p> <p>Improved community knowledge and awareness of healthier and more environmentally sustainable foods and drink options.</p>
<p>Increase capacity to access, prepare and share healthier food by supporting community organisations to host Community Kitchens.</p>	<p>Target Groups Community (with a focus towards vulnerable and disadvantaged groups)</p> <p>Settings Community organisations</p>	<p>Social marketing and health information Deliver the community kitchen communication and marketing initiatives.</p> <p>Health education and skill development Build and maintain the capacity of facilitators to support community kitchen and healthy eating initiatives.</p> <p>Building community capacity to take local action Support community organisations in hosting and/or establishing new community kitchens considering locations of disadvantage and priority groups.</p>	<p>Number and reach of: community kitchen newsletter, social media posts and community kitchen webpage.</p> <p>Number of facilitator training sessions held and number of attendees. Number of community kitchen facilitator network meetings held and number of attendees. Significant facilitator email/phone/face to face contact supports documented in spreadsheet.</p> <p>Significant host organisation email/phone contacts documented in spreadsheet.</p> <p>Number of site visits to host organisations.</p>

		<p>Work in partnership with key stakeholders and organisations Participate in healthy eating networks to determine priorities in healthy eating and support healthy eating system change.</p>	<p>Number of community kitchens and type of priority groups supported.</p> <p>Intersectional health equity lens applied when planning new community kitchens.</p> <p>Targeted support provided to setting and population groups experiencing disadvantage.</p> <p>Number and type of networks attended.</p>
Delivery community-wide healthy eating and promotion advocacy initiatives.	<p>Target Group G21 Community.</p> <p>Settings Community.</p>	<p>Social marketing and health information Amplify and localise state-wide social marketing campaigns by championing the campaign messages in the local community.</p> <p>Work in partnership with key stakeholders and organisations Participate in placed based healthy eating networks, and partnerships to collaborate on shared local priorities.</p>	<p>Number and reach of social media posts.</p> <p>Number of networks attended.</p>
<p>Workplace Health Initiative Support workplaces as a setting for action to increase healthy eating.</p>	<p>Target Groups Workers in G21 region.</p> <p>Settings Workplaces.</p>	<p>Social marketing and health information Amplify and localise social marketing campaigns and wellbeing events/information targeting healthy eating in workplaces.</p> <p>Building community capacity to take local action</p>	<p>Number and reach of WPH newsletters and social media posts targeting healthy eating.</p> <p>Consultation with stakeholders underway/completed.</p> <p>Increase in knowledge and self-efficacy to change healthy eating behaviour.</p>

		<p>Support workplaces to develop and implement workplace health initiatives to increase healthy eating.</p> <p>Create healthy settings and supportive environments Support Identified settings to develop healthy eating policies.</p> <p>Work in partnership with key stakeholders and organisations Partner with key stakeholders to develop opportunities to increase healthy eating in G21 workplaces.</p>	<p>Number and reach of workplaces supported.</p> <p>Progression toward AP healthy eating benchmark including healthy eating policies.</p> <p>Number of initiatives developed and implemented.</p> <p>Number of partners engaged.</p>
<p>Co-benefits approach Action to improve healthy eating contributes to improving other health priorities, including mental wellbeing, gender equity, active living, reducing tobacco and e-cigarette related harm and climate and health.</p>	<p>Target group Children aged 0-18 and their families. Workers in the G21 Region. Community.</p> <p>Settings</p> <ul style="list-style-type: none"> • Early Learning centres • Primary and secondary schools • Outside School Hours Care • Workplaces • Council and community-run facilities • Sport and recreation facilities • Health services • Community organisations including Neighbourhood Houses. 	<p>Consider and address co-benefits to health and wellbeing in the planning and implementation of healthy eating initiatives.</p> <p>Understand and explore the impact of improving healthy eating on co-benefits to health and wellbeing.</p>	<p>Related health priorities e.g. climate and health, mental wellbeing, gender equity, active living and reducing tobacco and e-cigarette related harm have been addressed by applying co-benefits approaches/lenses to healthy eating.</p> <p>Multiple health and well-being outcomes are achieved by addressing healthy eating.</p>

Active Living



Our objectives	Target group(s) and settings	Our strategies	Our measures of progress for 2023-24
<p>Support and implement active living initiatives that reflect a life stages approach to increase physical activity of women and families in the G21 region.</p>	<p>Target Groups Women before and after pregnancy Families with children in the first 2000 days of life.</p> <p>Settings Community/other (health service providers).</p>	<p>Social marketing and health information Amplify and localise state social marketing campaigns targeting active living for women and families.</p> <p>Building community capacity to take local action Consultation with local stakeholders to design and implement active living initiatives tailored to local context and target group.</p> <p>Work in partnership with key stakeholders and organisations Partner with stakeholders engaging with target group. Participate in networks to collaborate, share knowledge and contribute to actions targeting active living and associated co-benefits.</p>	<p>Number and reach of campaigns and other active living messaging promoted via social marketing, webpage, digital marketing platforms and events/forums.</p> <p>Number of partners and stakeholders engaged.</p> <p>Number of consultations completed</p> <p>Number of active living initiatives developed and promoted.</p> <p>Increase in knowledge, confidence and skills to increase physical activity in women and families.</p> <p>Networks and collaborations participating in.</p>
<p>Work in partnership with community settings to create active living initiatives.</p>	<p>Target Groups General Community.</p> <p>Settings Neighbourhood Houses. Health Service Providers.</p>	<p>Social marketing and health information Amplify and localise state social marketing campaigns targeting active living for general community.</p> <p>Building community capacity to take local action Consultation with local stakeholders to design and implement active living</p>	<p>Number and reach of campaigns and other active living messaging promoted via social marketing, webpage, digital marketing platforms and events/forums</p> <p>Number of partners and stakeholders engaged</p> <p>Number of consultations completed</p>

		<p>initiatives tailored to local context and target group.</p> <p>Work in partnership with key stakeholders and organisations Partner with stakeholders engaging with target group. Participate in networks to collaborate, share knowledge and contribute to actions targeting active living and associated co-benefits.</p> <p>Create healthy settings and supportive environments Support identified settings to develop physical activity policies</p>	<p>Number of active living initiatives developed and promoted.</p> <p>Increase in knowledge, confidence and skills to increase physical activity in the community.</p> <p>Networks and collaborations participating in.</p> <p>Number of physical activity policies developed and implemented.</p>
<p>Workplace Health Initiative Support workplaces as a setting for action to increase active living.</p>	<p>Target Groups Workers in the G21 Region.</p> <p>Settings Workplaces.</p>	<p>Social marketing and health information Amplify and localise social marketing campaigns and wellbeing events targeting physical activity (PA) in workplaces.</p> <p>Building community capacity to take local action Conduct workplace consultation to gain a greater understanding of the barriers and enablers to being more active. Support workplaces to develop and implement workplace health initiatives to increase physical activity.</p>	<p>Number and reach of WPH newsletters and social media posts targeting active living.</p> <p>Number of resources shared targeting PA in workplaces.</p> <p>Progression toward AP physical activity benchmark including Physical activity policies.</p> <p>Number and reach of workplaces supported.</p> <p>Number of workplace consultations completed.</p> <p>Number of initiatives developed and implemented.</p>

		<p>Work in partnership with key stakeholders and organisations Partner with key stakeholders to develop opportunities to increase physical activity in G21 workplaces.</p>	<p>Number of opportunities shared with partners to collaborate on initiatives targeting PA.</p> <p>Number of learning opportunities targeting PA shared with G21 workplaces.</p> <p>Increase in knowledge and self-efficacy to increase physical activity in workers in the G21 region.</p> <p>Number of partners engaged.</p>
<p>Co-benefits approach Action to improve active living contributes to improving other health priorities, including mental wellbeing, gender equity, healthy eating, reducing tobacco and e-cigarette related harm and climate and health.</p>	<p>Target group Women before and after pregnancy Families with children in the first 2000 days of life. Workers in G21 region. General community.</p> <p>Settings General community. Workplaces. Neighbourhood Houses. Health service providers.</p>	<p>Social marketing and health information Raise awareness of the health benefits of active living, including co-benefits to mental wellbeing and climate and health.</p> <p>Work in partnership with key stakeholders and organisations Partner with stakeholders to develop actions targeting active living and associated co-benefits.</p> <p>Understand and explore the impact of improving active living on co-benefits to health and wellbeing.</p>	<p>Number and reach of campaigns and other co-benefit messaging promoted via social marketing, webpage, eDM platforms and events/forums-</p> <p>Number of partners and stakeholders engaged.</p> <p>Multiple health and well-being outcomes are achieved by addressing active living.</p>



Reducing Tobacco and E-cigarette Related Harm

Our objectives	Target group(s) and settings	Our strategies	Our measures of progress for 2023-24
<p>Strengthen partnerships and collaboration to reduce tobacco and e-cigarette related harm (RTERH).</p>	<p>Target Groups: Health and education staff. Representatives of First Nations, LGBTIGA+, diverse cultures, youth services, mental health services and/or other emerging partnerships.</p> <p>Settings: Secondary and tertiary education settings. Regional and state health services. Services and settings representing groups at greater risk of smoking and vaping.</p>	<p>Policy Advocate for a unified regional health response for increased restrictions on availability of e-cigarettes and their components.</p> <p>Building relationships Collaborate with Barwon region CH-HP funded health services to identify and share promising statewide practices, develop regional resources, and share information and campaign content to ensure consistent regional RTERH messaging.</p> <p>Identify opportunities to collaborate with Aboriginal and cultural organisations, schools, youth services, mental health services and other new and emerging partnerships.</p>	<p>Number of regional health services signing shared letter of advocacy for greater restrictions on access to e-cigarettes and their products by young people.</p> <p>New potential partnerships identified.</p> <p>Key informant interviews with new partnerships show increased understanding and action to prevent tobacco and e-cigarette related harm.</p>
<p>Increase community capacity to stop smoking and vaping, and access cessation services and supports.</p>	<p>Target Groups: General public with a focus on high risk and high use populations: current smokers, young people and their families, pregnant people, LGBTIQ+, diverse cultures and mental health clients.</p> <p>Settings: Various media and communication channels, health, community and educational settings.</p>	<p>Prevention system actions Amplify the <i>Give Smoking and Vaping Away</i> campaign to target high risk and high use populations and extend throughout the G21 region. Amplify state and national campaigns at a local level.</p> <p>Environments and Community In partnership with regional health services, develop resources that support school staff and families to</p>	<p>Reach of campaign messaging.</p> <p>Evidence of on-sharing of state and national campaigns.</p> <p>Resources developed and provided to schools.</p> <p>Resources developed and provided to families.</p>

		<p>assist young people to stop smoking or vaping, or prevent uptake.</p> <p>Develop and support a school-based process with families and school staff to identify and prioritise actions that can be implemented within their community.</p> <p>Co-design resources to reduce the incidence of smoking and/or vaping with high risk communities.</p>	<p>Assistance has been provided to school communities to co-design initiatives to prevent or reduce vaping in their communities.</p> <p>Co-designed resources have been produced.</p>
<p>Build the evidence base to identify approaches to preventing and reducing tobacco and e-cigarette use among high risk and high use populations.</p>	<p>Target Groups: Research, health and education staff, smokers, retail staff and general community.</p> <p>Settings: Online, journal, and presentation/conference settings, supermarkets and other tobacco outlets.</p>	<p>Policy Write and submit an (ethics-approved) article for publication on a community consultation identifying factors driving vaping in young people in the G21 region. Share ongoing actions, initiatives, and outcomes with the broader health community.</p> <p>Environments and Community Survey people who smoke to better understand factors driving persistent use and means of addressing this.</p>	<p>Journal article submitted.</p> <p>Evidence of sharing of initiatives.</p> <p>Survey produced and available through multiple outlets.</p> <p>Results inform future practice to reduce smoking.</p>
<p>Workplace Health Initiative Support workplaces as a setting for action to reduce tobacco and vaping related harm.</p>	<p>Target Groups Workers in G21 region.</p> <p>Settings Workplaces.</p>	<p>Social marketing and health information Amplify and localise social marketing campaigns and wellbeing events/information targeting tobacco and vaping related harm in workplaces.</p>	<p>Number and reach of WPH newsletters and social media posts targeting RTERH.</p> <p>Number and reach of workplaces supported.</p>

		<p>Building community capacity to take local action Support workplaces to develop and implement workplace health initiatives to reduce tobacco and vaping related harm.</p> <p>Work in partnership with key stakeholders and organisations Partner with key stakeholders to develop opportunities to reduce tobacco and vaping related harm in G21 workplaces.</p>	<p>Number of initiatives developed and implemented.</p> <p>Progression toward AP smoking benchmark including RTERH policies/smoking and vaping free workplace policy.</p> <p>Number of partners engaged.</p>
<p>Co-benefits approach Action to reduce tobacco and e-cigarette related harm contributes to improving other health priorities, including mental wellbeing, gender equity, active living, healthy eating and climate and health.</p>	<p>Target group Barwon Health. G21 community.</p> <p>Settings Secondary and tertiary education settings. Community organisations.</p>	<p>Consider and address co-benefits to (other areas of) health and wellbeing in the planning and implementation of RTERH initiatives.</p> <p>Understand and explore the impact of RTERH on co-benefits to (other areas of) health and wellbeing.</p> <p>Develop and disseminate information that leverages environmental and mental health concerns to reduce or prevent use of tobacco and e-cigarettes.</p>	<p>Application of a co-benefits approach is evident in practice.</p> <p>Multiple health and well-being outcomes are achieved by addressing reduce tobacco and e-cigarette related harm.</p> <p>Communications materials developed leverage environmental and mental health concerns in RTERH.</p>

Workplace Health

We implement evidence-based programs and initiatives (i.e. **Healthy Workplaces Achievement Program**) to support active living, healthy eating and tobacco and e-cigarette free environments in workplace settings.



Our objectives	Target group(s) and settings	Our strategies	Our measures of progress for 2023-24
<p>Promote the Workplace Health initiative within the G21 region.</p>	<p>Target Groups Workers in G21 region.</p> <p>Settings Workplaces.</p>	<p>Social marketing and health information</p> <p>Promote and provide information to workplaces in the G21 region about the Barwon Health WPH initiative via:</p> <ul style="list-style-type: none"> • Quarterly eNewsletter. • Social media. • Local case studies. • Webpage. <p>Procure and/or develop collateral to promote WPH initiative.</p>	<p>Number and reach of eNewsletters.</p> <p>Case studies developed.</p> <p>Number and reach of social media posts.</p> <p>Number of new registrations to the AP.</p> <p>Number of workplaces receiving information via emails, events and meetings.</p> <p>Type of collateral and reach of distribution.</p>
<p>Build capacity of G21 region workplaces to develop and implement workplace health strategies.</p>	<p>Target Groups Workers in G21 region.</p> <p>Settings Workplaces.</p>	<p>Develop skills and provide health education</p> <p>Provide education, resources and external learning opportunities to workplaces targeting key health priorities via newsletters, social media and meetings.</p> <p>Develop resources to support learning for the workplace health audience e.g. educational videos or modules on relevant topics.</p>	<p>Number and type of workplaces engaged.</p> <p>Number and type of 1:1 contacts e.g. face to face meetings, online coaching, and phone support.</p> <p>Number and types of resources and learning opportunities developed and provided e.g. guidelines/frameworks, training, articles.</p> <p>Number of engagements with resources.</p>

		<p>Building community capacity to take local action Lead and facilitate the Workplace Health Network (WHN). Deliver Workplace Health capacity building events and resources for local workplaces. Support opportunities to collaborate on health priority issues.</p> <p>Create healthy settings and supportive environments Provide individual support to identified workplaces to develop and implement workplace health programs.</p>	<p>Number of network meetings/events. Number of members and organisations attending and reach. Collaborations led by the WHN group.</p> <p>Number of events held and targeted health priority area. Participant evaluation to include changes in attitudes, knowledge, skills.</p>
<p>Develop strategic partnerships to support the delivery of the Workplace Health Initiative.</p>	<p>Target Groups Workers in G21 region.</p> <p>Settings Workplaces.</p>	<p>Work in partnership with key stakeholders and organisations Map and maintain awareness of industry experts.</p> <p>Work with partners and industry experts to deliver workplace initiatives.</p>	<p>Actor mapping maintained.</p> <p>Number of key partners and collaborations.</p>

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