



NEPHU POPULATION HEALTH CATCHMENT PLAN

PART 1: 2023 - 2025

JULY 2023



ACKNOWLEDGEMENTS

We acknowledge the traditional owners of the land on which we work and live. We pay our respects to elders past and present and extend that respect to all Aboriginal and Torres Strait Islander people.

We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians. We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for equality and safety in health and wellbeing outcomes.

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NEPHU would like to acknowledge the contribution of the following NPHU teams in preparing this report:

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- Engagement, Communications and Capacity Development
- Epidemiology and Intelligence
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We would also like to thank:

- The NPHU Catchment Plan Steering Group
- The Sexual and Reproductive Health Program Control Group
- The Healthy Eating Program Control Group, and
- the many stakeholders who contributed their time, knowledge and insights throughout the catchment planning process.

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EXECUTIVE SUMMARY

The North Eastern Public Health Unit (NEPHU) is a vital component of Victoria's public health network, serving approximately 1.81 million people in the northeast of Melbourne. NEPHU's mission is to improve the health and wellbeing of its catchment population through health promotion, prevention, and protection activities.

NEPHU collaborates and works in partnership with various stakeholders, including state and local government, community health services, Aboriginal Community Controlled Health Organisations (ACCHOs), women's health agencies, sexual health services, primary health networks and public health services, to deliver a comprehensive public health program for the region.

The NEPHU catchment encompasses diverse populations, including significant numbers of overseas-born residents. The catchment is projected to experience significant population growth, particularly in specific LGAs including the northern growth corridor. There is environmental variability across the catchment, with differences in Social Infrastructure Index (SII) and Index of Relative Socioeconomic Disadvantage (IRSD) between inner city and outer suburban areas.

Health conditions, chronic diseases, and risk factors also vary across different local government areas (LGAs) within the catchment. Overweight and obesity rates are consistent with the Victorian average of almost 50%, with high rates of physical inactivity a concern. Compliance with recommended guidelines for fruit and vegetable consumption is low, and the regular consumption of sugar-sweetened drinks and takeaway foods is noted in certain LGAs. Additionally, alcohol and tobacco use are areas of concern, and mental health conditions are prevalent, with variations across LGAs.

The NEPHU Population Health Catchment Plan has been developed in partnership with key stakeholders to support communities in living healthier lives – now and into the future. The plan aims to guide collaborative efforts and prioritise health promotion and prevention initiatives. It is informed by a multi-stage planning process, which included a review of the prevention landscape, consultation with over 40 stakeholder groups, and the development of a population health profile.

The plan is guided by seven principles, including collaboration, equity, and empowerment, and is informed by various approaches, such as collective impact, evidence-informed strategies, and intersectionality. Activity in the plan is structured around three domains: chronic disease primary and secondary prevention activity, health protection-related prevention activity, and population health service system support and coordination.

In developing the plan, NEPHU conducted a comprehensive population health planning process. Key findings from this process include strong alignment with state-wide and sector-based policy and planning documents, as well as a considerable appetite for collaborative and collective action among stakeholders. There was recognition of the role NEPHU can play in enhancing coordination, community engagement, data provision, workforce development, and advocacy. Findings also emphasised the importance of an equity-driven approach, engaging priority populations, and employing evidence-based strategies to deliver tailored place-based approaches that address the specific needs of local communities.

Stakeholders identified four key priority areas for collective action: improving sexual and reproductive health, increasing active living, increasing healthy eating, and reducing harm from alcohol and drug use. Key rationale criteria were developed and applied by stakeholders – supported by literature review findings, evidence drawn from available population-health data, and

Department of Health requirements – to further refine this list to identify the two priority areas for immediate collective action: improving sexual and reproductive health and increasing healthy eating.

The plan's governance is overseen by the Austin Health Board and a Population Health Catchment Plan Steering Group, comprising executive leaders from organisations involved in prevention activities. Program Control Groups with multisectoral representation have also been established to coordinate the design, implementation, and evaluation of initiatives for each of the two priority areas identified.

Each priority area has specific objectives, scope, and desired outcomes aligned with relevant statewide frameworks, as well as listing initiatives that will help achieve these desired outcomes. These initiatives include 145 current and planned stakeholder prevention activities and initiatives across both priority action areas, as well as opportunities for new collective or coordinated activities and actions across seven core functional areas:

- Advocacy
- Capacity building (for professionals)
- Community awareness
- Community education
- Data and intelligence
- Networks and communities of practice
- Systems and access.

Additional priorities will be identified and selected for collective action using the Priority Area Action Plan Development Model, which employs data-driven decision-making, engagement with priority populations and stakeholders, systems thinking, and robust evaluation to ensure an equity-driven approach and impactful outcomes for population health and wellbeing across the catchment.

The evaluation framework developed aims to measure progress and impact towards achieving the objectives of the NEPHU Population Health Catchment Plan and Priority Area Action Plans. Monitoring and evaluation will be conducted against agreed process and impact indicators, and an annual report will be submitted to the Department of Health. A comprehensive review and consultation process are planned for 2024-2025 to inform future iterations of the Catchment Plan.

The NEPHU Population Health Catchment Plan represents a collaborative effort to lay the groundwork for addressing critical health promotion and prevention issues within the NEPHU catchment. Through coordinated efforts and shared learnings, NEPHU aims to work with partners to make a significant impact on improving the well-being of the population and fostering collaboration and networks among stakeholders.

KEY TERMS

In the context of the North Eastern Public Health Unit Population Health Catchment Plan the following definitions are applied.

Co-design

The process of bringing community and stakeholders together to meaningfully explore both problems and solutions collaboratively with regard to need and resources¹.

Gender

The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity². Gender expectations vary between cultures and can change over time³.

Gender identity

Gender identity refers to a person's deeply felt sense of being a man or a woman, both, neither, or in between⁴.

Healthy eating

Healthy eating refers to a diverse, balanced and nutritious diet that varies depending on individual characteristics, cultural context, locally available food and dietary customs⁵. A core component of shaping people's food and drink preferences, attitudes and consumption is dependent on our complex food system, which is the term used to describe the global, national and local supply chain activities from paddock to plate⁶.

*Note. Final definition to be developed collaboratively by stakeholders as per action 7.2.1 within Healthy Eating Action Plan.

Health promotion

Health promotion is the process of enabling people to increase control over improving their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. Health promotion supports communities and individuals to cope with and address health challenges through building healthy public policies, creating supportive environments, and strengthening community action and personal skills⁷.

Health protection

Health protection is concerned with protecting individuals, groups and populations, using expert advice and collaboration to mitigate emerging health threats related to infectious diseases, the environment as well as natural and 'human-made disasters'^{8,9}.

Population health

Population health is defined as the health outcomes of a group of individuals, including the distribution of health outcomes within the group. A group or population may be defined by locality, biological criteria such as age and sex, social criteria such as socio-economic status, or cultural criteria. The overall goal of a population health approach is to maintain and improve the health of the entire population and to reduce inequalities in health between population groups¹⁰.

Primary prevention

Primary prevention aims to prevent disease from occurring by eliminating or reducing the underlying causes, controlling exposure to risk, and promoting factors that are protective of health¹¹.

Priority population

Priority populations are groups that experience poorer overall health outcomes, have barriers to accessing adequate healthcare, are economically or socially disadvantaged, and/or have complex care needs or health conditions¹². These include people who identify as one or more of: First Nations, culturally and linguistically diverse, a person with disability, women and gender diverse, LGBTIQ+, older people, young people, and people living in peri-rural locations.

Reproductive health

Reproductive health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in all matters relating to the human reproductive system and its functions and processes¹³.

Secondary prevention

Secondary prevention aims to stop, interrupt, reduce or delay progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention¹¹.

Sexual health

A state of physical, emotional, mental, and social wellbeing related to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence¹³.

Tertiary prevention

Tertiary prevention aims to minimise the impact of an established disease and prevent (or delay) complications and subsequent events through treatment, management and rehabilitation¹¹.

1. INTRODUCTION

1.1. NORTH EASTERN PUBLIC HEALTH UNIT (NEPHU)

The North Eastern Public Health Unit (NEPHU) is one of nine public health units in Victoria: three in metropolitan Melbourne and six covering regional Victoria. Together these units form a coordinated network, working in partnership with the Department of Health and a range of other agencies to deliver a comprehensive public health program for Victoria.

The NEPHU is led and coordinated by Austin Health with responsibility spanning approximately 1.81m people living in the northeast of Melbourne. We work collaboratively across a catchment encompassing 12 local government areas (LGAs) to improve the health and wellbeing of the NEPHU population through health promotion, prevention and protection activity.

NEPHU's vision for our catchment population:

Active, connected and safe communities for all – with healthy places, healthy people and a healthier tomorrow.

The NEPHU geographic area is serviced by a range of health, and community agencies with a role in population health. These include:

- **Thirteen** Community Health Services
- **Five** Aboriginal Community Controlled Health Organisations (ACCHOs)
- **Two** Women's Health Agencies
- **Two** Sexual Health Services
- **Two** Primary Health Networks (PHNs)
- **Seven** public health services (hospitals).

In addition to the 12 local government agencies and state government departments, agencies and regional offices, there are numerous other diverse community, cultural and Aboriginal Community Controlled Organisations (ACCO's) operating within the catchment that are also integral in the regional population health service system.

Figure 1: Map showing the NEPHU catchment and 12 local government areas



1.2. HEALTH PROMOTION AND PREVENTION KEY STAKEHOLDER RELATIONAL MODEL

The NEPHU Health Promotion and Prevention Key Stakeholder Relational Model (Figure 2) represents the health promotion and prevention landscape for the NEPHU catchment.

The model reflects the geographic remit (state, regional or local) and the distinct yet interdependent functions of various key stakeholder types.

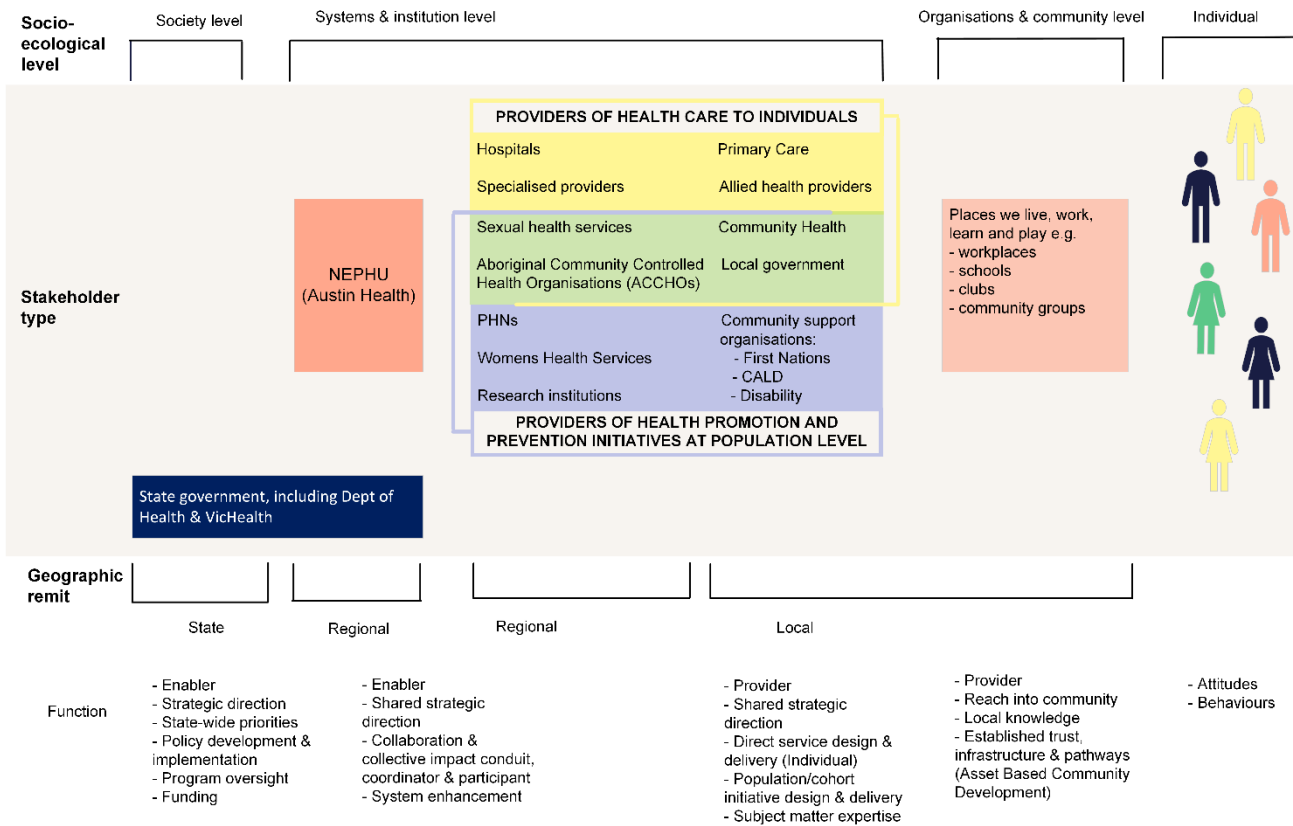
At state level, the Department of Health is responsible for strategic direction, statewide priorities, policy development and implementation, program oversight and funding.

Within this landscape NEPHU operates at regional level, which includes facilitating shared strategic direction and system enhancement, and acting as a conduit, coordinator and participant for collaboration and collective impact across the catchment.

A range of stakeholder organisation types provide health care to individuals and/or lead and deliver health promotion and prevention initiatives at the population and local level, which in turn influence the places in which individuals live, work and play within the NEPHU catchment.

Figure 2: NEPHU Health Promotion and Prevention Key Stakeholder Relational Model

NEPHU Health Promotion and Prevention Key Stakeholder Relational Model



2. CONTEXT & GOVERNANCE

2.1. CONTEXT

The NEPHU Population Health Catchment Plan (the plan) has been developed according to Department of Health requirements and guidance set out in the *Local Public Health Unit Population Health Catchment Planning Framework*¹¹.

The plan has been developed in partnership with key stakeholders in population health within the NEPHU catchment, including but not limited to, other regional bodies, funded agencies and local government.

The plan aligns with the *Victorian Public Health and Wellbeing Plan 2019-2023*¹⁴ and various other state-wide policy and planning documents (Section 8.1) and was informed by a population health profile (Section 9) and a stakeholder driven strategic planning process (Section 3). The plan embeds the voice of community in a meaningful and ongoing way across the planning, implementation and evaluation of all generated initiatives.

The health promotion and prevention service system across Northeastern Melbourne will work collaboratively to implement this plan, leveraging existing investments and activities to enhance outcomes for communities and individuals at scale.

2.2. PURPOSE

The NEPHU Population Health Catchment Plan aims to support communities to live healthier lives now and into the future by articulating:

- A framework, including principles and approaches, to guide how NEPHU, partners and stakeholders work together to optimise outcomes for the community.
- A methodology that supports NEPHU and prevention partners to collaboratively identify and select shared priorities for health promotion and prevention in Northeastern Melbourne.
- A model for collaborative and collective action that enhances coordination of effort.

2.3. OBJECTIVES

The objectives of the plan are to:

- Develop, test and refine mechanisms that bring partners together to support alignment at the regional level.
- Explore alignment across policy drivers, sectors and prevention partners and enhance understanding of the current prevention landscape within the NEPHU catchment.
- Develop a comprehensive evidence base to underpin identification and prioritisation of prevention focus areas for collaborative and collective effort.
- Identify core functional areas for prevention initiatives that add value within the regional prevention landscape context.
- Create a robust and repeatable model for developing, implementing and evaluating action plans that drive impact and outcomes.
- Build and implement an evaluation framework that enables demonstration of process and impact, including behaviour change (where possible), with embedded linkage to improved and sustainable population health outcomes over the longer term.

2.4. TIMEFRAME

Part 1 of this inaugural NEPHU Population Health Catchment plan has been developed for a two-year period, 2023–2025. This initial two-year timeframe accounts for anticipated learning that will prompt the need for iteration and revision. This horizon will enable review and development of Part 2 of this plan to occur in a way that better aligns planning cycles across regional and local agencies. At this time the plan will also be updated according to the new Victorian Public Health and Wellbeing Plan, due for release in September 2023. Part 2 of this plan will be finalised by 30 June 2025.

In recognition of the significant time required to demonstrate population level outcomes, Part 2 of the plan will cover the period 2025–2029. To ensure continuity over time the plan describes:

- Key principles, approaches and relationships that form the core of the plan.
- The consultative model for development of action plans, with two initial action plans developed and described within this document.
- The annual evaluation process, including a comprehensive review and consultation in 2024–2025 to inform any iterations and develop detailed action plans for the 2025–2029 period.

2.5. GOVERNANCE

Austin Health is the lead health service of the NEPHU and as such the Austin Health Board and Chief Executive Officer are accountable, with the NEPHU Directors holding overarching responsibility for the development and delivery of the NEPHU Population Health Catchment Plan.

With appreciation of the criticality of inter-sectoral alignment, resources and expertise to the success of the plan, a Population Health Catchment Plan Steering Group (the Steering Group) was established in February 2023. The Terms of Reference for the Steering Group can be found in Appendix 1.

The purpose of the Steering Group is to provide strategic oversight of the development, implementation, monitoring, and evaluation of the NEPHU Population Health Catchment Plan. It is comprised of twelve members who are executive leaders and senior managers of organisations undertaking prevention activity across the NEPHU catchment (Table 1). Attention was applied to diversity in sector, geography, and expertise in the selection of members.

Table 1: NEPHU Population Health Catchment Plan Steering Group Membership

Organisation	Position
Austin Health	Executive Director – Strategy, Performance and Improvement Executive Director – North East Metro Health Service Partnership
DPV Health	Chief Clinical Governance & Experience Officer
Eastern Melbourne Primary Health Network	Portfolio Manager
Hume City Council	Manager Community Health
NEPHU	Deputy Director, Public Health Physician
NEPHU	Director
NEPHU	Operations Director
NEPHU	Senior Manager, Integrated Planning and Programs
Nillumbik Shire Council	Director of Community Services
Oonah Health and Community Services Aboriginal Corporation	CEO
Sexual Health Victoria	Service Delivery Director
Victorian Government Department of Health – North Region	Principal Adviser Prevention and Population Health
Women's Health East	CEO
Your Community Health	CEO

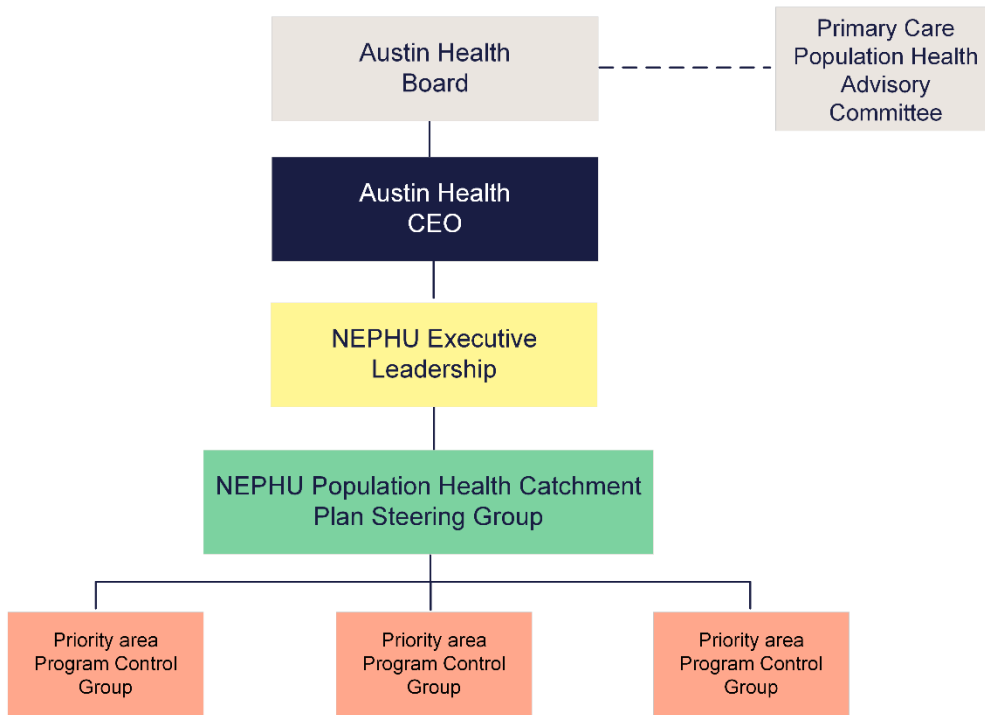
The Steering Group auspices program control groups (PCGs) that are responsible for coordinating the design, implementation, and evaluation of collaborative and collective action in the identified priority areas.

PCG membership composition will ensure subject matter expertise, sectoral and geographic diversity from across the catchment. Further information about governance of priority area action plans can be found in Section 10.3.

To help ensure a gender lens is applied across all phases of development, implementation and evaluation of the plan, both the NEPHU Population Health Catchment Plan Steering Group and Program Control Groups include representatives from the women's health sector.

Figure 3: NEPHU Population Health Catchment Plan Governance Structure

NEPHU Population Health Catchment Plan Governance Structure



3. PLANNING PROCESS

To deliver the plan, including the evidence-based selection of immediate priorities, NEPHU designed and implemented a collaborative, multi-stage population health planning process.

3.1. STAGE 1

Stage 1 of the planning process was undertaken during July to December 2022 and involved a multi-sector, multi-phase approach (Appendix 2, Figure A1). Stage 1 served to lay the foundations and evidence-base for the development of the Catchment Plan and consisted of four phases:

1. **Desktop review** of the prevention landscape across the NEPHU catchment.
2. **Listening Lab Consultation Program** comprising interviews with internal and external stakeholders to capture reflections, opportunities and expectations.
3. **Population Health Profile** to generate a picture of the health and wellbeing needs and indicators of the NEPHU community.
4. **Multisector stakeholder workshop** to generate recommendations for two shared priorities for collective action in 2022-23.

3.2. STAGE 2

Stage 2 of the population health planning process was undertaken from February to June 2023 (Appendix 2, Figure A2 and Figure A3). This stage continued shared planning around key priorities, focused on governance for the plan, and commenced drafting the overall NEPHU Population Health Catchment Plan.

Key milestones within Stage 2 included:

- Establishment and activation of the NEPHU Population Health Catchment Plan Steering Group.
- Identification and endorsement of **two priority areas** for collective action in 2022-23.
- Establishment and activation of two **Program Control Groups (PCGs)** to coordinate the design, implementation, and evaluation of collective action in each of the two identified priority areas.
- Drafting of the **NEPHU Population Health Catchment Plan**.

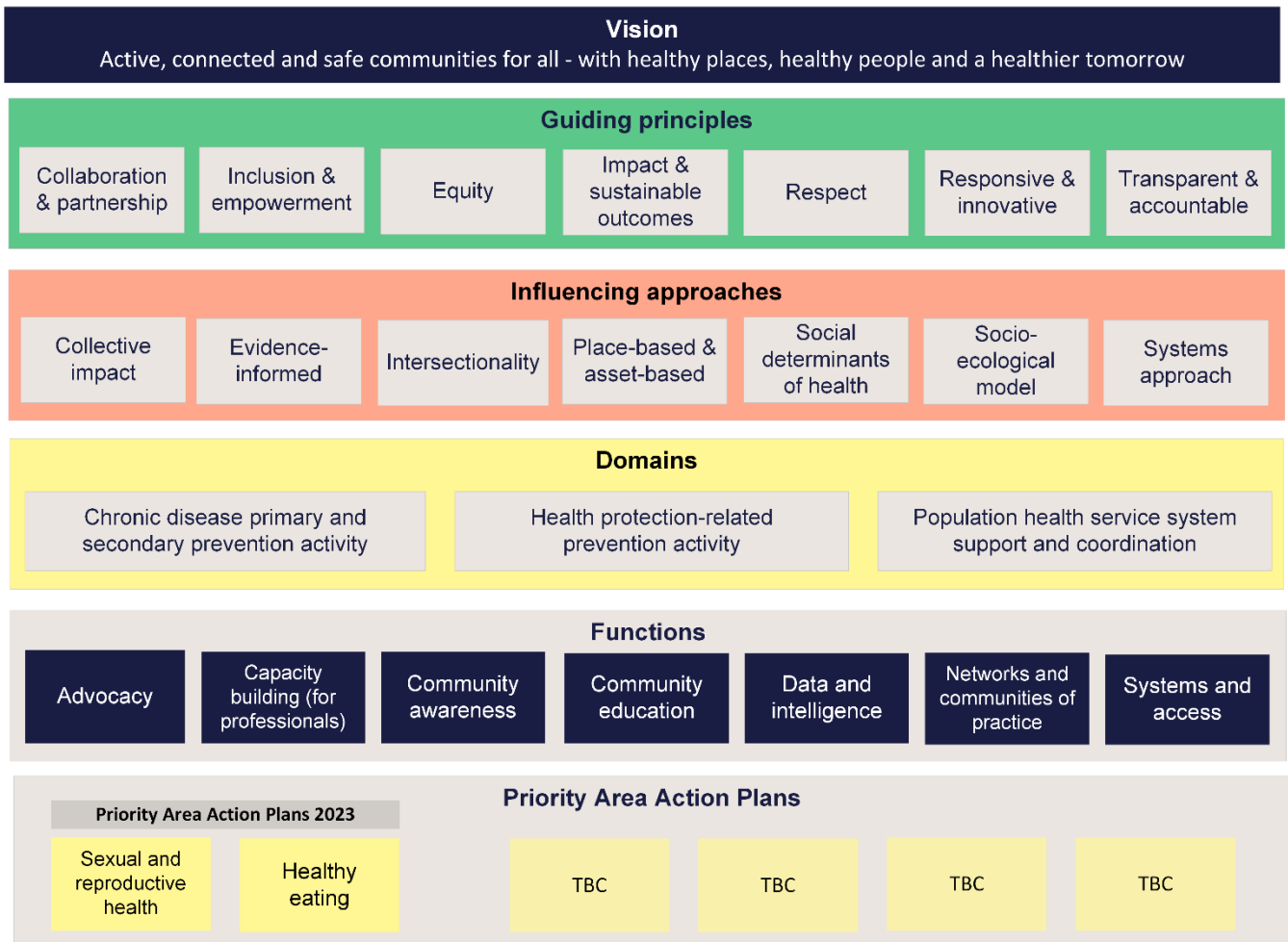
4. FRAMEWORK

4.1. OVERARCHING MODEL

The NEPHU Population Health Catchment Plan Framework sets out the vision, guiding principles and public health approaches that underpin activity within the plan. The Framework also sets out domains and functional areas under which types of activity are categorised (Figure 4).

Figure 4: NEPHU Population Health Catchment Plan Framework

NEPHU Population Health Catchment Plan Framework



4.2. GUIDING PRINCIPLES

The NEPHU Population Health Catchment Plan is underpinned by seven guiding principles. These are:

Collaboration and partnership

We collaborate to achieve better outcomes across the NEPHU catchment. We share expertise and work together with others to improve efficiency, reduce duplication and achieve greater impact.

Inclusion and empowerment

We value and strive to promote inclusion and empowerment within our programs and across our communities.

Equity

We strive for equity in health outcomes for different population groups and we consider equity in the distribution of resources across our catchment.

Impact and sustainable outcomes

We focus our work on delivering meaningful and sustained impact and outcomes for local communities and population health.

Respect

We treat everyone with respect and consideration – our communities, partners, stakeholders and colleagues. We recognise and value the knowledge and experiences of others.

Responsive and innovative

We are responsive to local and emerging needs. We listen to our partners and communities in planning, designing, delivering, and evaluating our work. We recognise that people and places are diverse and that fit for purpose innovative initiatives are therefore required.

Transparent and accountable

We are transparent and accountable in our work and we deliver on our commitments.

4.3. INFLUENCING APPROACHES

The Catchment Plan is informed by seven underpinning approaches, theories and models. These are:

Collective impact

The Collective Impact model sets a theory for achieving social change through bringing together diverse actors, including stakeholders and the community, to work in partnership. The five tenets of the model are:

1. A common agenda
2. A backbone organisation
3. Mutually reinforcing activity
4. Continuous communication
5. Shared measurement¹⁵.

Evidence-informed

Public health interventions should be informed by the best available and, where possible, multiple types of high-quality evidence. This may include evidence of effectiveness from quantitative study designs, qualitative evidence, and evidence from evaluation studies, professional expertise, community knowledge and lived experience¹⁶.

Intersectionality

Intersectionality refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination, disadvantage, and marginalisation. These aspects can include health identity, gender, Aboriginality, age, disability, ethnicity, gender identity, race, religion, class, occupation, sexual orientation or sex characteristics¹⁷.

Place-based and asset-based

Place-based approaches recognise that people and places are interrelated and that the places where people spend their time play an important role in shaping their health and well-being¹⁸. An asset-based approach focuses on identifying and mobilising community assets and strengthening individual and community capacity to make best use of these resources to improve health and wellbeing¹⁹.

Social determinants of health

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life, including economic, social and political systems, policies, and norms²⁰.

Socio-ecological model

The socio-ecological model of health is a multilevel conceptualisation of health that includes intrapersonal, interpersonal, organisational, environmental, and public policy factors²¹. The model understands health to be affected by the interaction between the individual, the group/community, and physical, social, and political environments²².

Systems approach

A systems approach requires building an understanding of the whole of a system, including influencing factors and actors within that system and the relationship between parts that make up the whole. A systems approach involves applying a nuanced and informed understanding of relevant systems to the design of health promotion and prevention interventions and strategies for improving health outcomes, and/or influencing relevant systems²³.

4.4. DOMAINS

The NEPHU Population Health Catchment Plan articulates three domains from which priorities for collaborative and collective action will be identified and selected (Figure 4). These are:

Chronic disease primary and secondary prevention activity

This domain provides scope for the selection of priority areas from Domain 1 of the Victorian Public Health and Wellbeing Outcomes Framework²⁴ for place-based primary and secondary prevention initiatives that contribute towards reducing modifiable risk factors for preventable chronic disease.

Health protection-related prevention activity

This domain encompasses health promotion and prevention activity undertaken by NEPHU alongside its current health protection work, with a current focus on COVID-19 and other communicable diseases. This domain also provides scope for future work related to environmental health, climate change and emergencies.

Population health service system support and coordination

This domain focuses on enhancing the existing population health service system across the NEPHU catchment. Work within this domain will seek to leverage and amplify existing knowledge, expertise, roles, and resources. In doing so, this work will seek to strengthen collaboration, coordination, and collective capacity to deliver effective place-based prevention and population health initiatives.

4.5. FUNCTIONS

The Catchment Planning process highlighted the breadth and depth of prevention work undertaken across the catchment. As such, seven clear functional areas (functions) emerged within which prevention initiatives within this plan will be categorised. These are:

1. Advocacy
2. Capacity building (for professionals)
3. Community awareness
4. Community education
5. Data and intelligence
6. Networks and communities of practice
7. Systems and access.

4.6. PRIORITY AREA ACTION PLANS

The process for development of Action Plans for priorities is set out in Section 5.

For the period 2023 – 2025, the first two priority areas for action are:

- Improving sexual and reproductive health
- Increasing healthy eating.

Action Plans for these priorities are detailed in Section 10 of this plan.

Within the period 2023 – 2025, additional priorities will also be identified and selected from within one or more of the specified domains for collective action.

5. DEVELOPMENT OF ACTION PLANS

5.1. PURPOSE OF PRIORITY AREA ACTION PLANS

Priority Area Action Plans articulate the actions, activities and initiatives that drive collective action to be undertaken by NEPHU and stakeholders throughout the NEPHU catchment. They are developed, implemented and evaluated in collaboration with partners and including ongoing and meaningful consultation with community and stakeholders.

5.2. OBJECTIVES OF PRIORITY AREA ACTION PLANS

Priority areas for which action plans will be developed will arise from one or more of the three defined domains:

1. Chronic disease primary and secondary prevention activity
2. Health protection-related prevention activity
3. Population health service system support and coordination.

Action plans will be developed with outcomes tied to one or more of the following overarching objectives:

- To coordinate and collaboratively deliver place-based primary and secondary prevention and population health initiatives in identified priority areas which contribute towards reducing preventable chronic disease and modifiable risk factors across the NEPHU catchment.
- To deliver and collaborate on place-based and population health prevention initiatives relating to communicable disease, environmental health, climate change and emergencies that complement NEPHU's health protection activity.
- To enhance the population health service system across the NEPHU catchment through strengthening collaboration, coordination and collective capacity to deliver effective place-based prevention and population health initiatives.

5.3. IDENTIFICATION OF SHARED PRIORITIES FOR COLLECTIVE ACTION

To identify shared priorities for collective action, a two-stage process has been developed. Stage 1 evaluates key findings from the desktop review of the prevention landscape, the Listening Lab Consultation Program and the NEPHU Population Health Profile, as well as undertaking further stakeholder and community consultation activity as needed, to identify a proposed priority area for further consideration and validation.

In Stage 2, any proposed priorities are assessed against a set of key rationale criteria using a scoring matrix. The key rationale criteria are as follows:

- Demonstrated need and burden of disease across the NEPHU catchment.
- Stakeholder views on the proposed priority area for collective action.

- Alignment between stakeholder identified vision for success and NEPHU’s key prevention functionality.
- Demonstrated potential for partnership, including sector-based diversity.
- Consideration of health equity, including the identification of preventable disproportionate burden of disease across different population groups. This includes avoidable sex and gender differences and differences among people from different socio-demographic backgrounds or cultural backgrounds.
- Equitable application of LPHU resourcing across the catchment.
- Consideration of the likely impact of climate change on potential priority areas.

Once a proposed priority area is validated through this process, it is then submitted to the NEPHU Population Health Catchment Plan Steering Group for endorsement as a shared priority for collective action before a Priority Area Action Plan is developed (see Section 5.4).

5.4. PRIORITY AREA ACTION PLAN DEVELOPMENT MODEL

The Priority Area Action Plan Development Model has been developed to articulate a consistent process for developing a Priority Area Action Plan once a shared priority for collective action has been identified and validated.

Table 2: NEPHU Priority Area Action Plan Development Model

Timeframe	<p>Align with the relevant timeline:</p> <ul style="list-style-type: none"> • Part 1 – 2023-2025 (2 years) • Part 2 – 2025-2029 (4 years)
Process	<ol style="list-style-type: none"> 1. Form Priority Area Program Control Group (PCG) <ul style="list-style-type: none"> • Bring together subject matter expertise in a PCG (see Governance in this table) • Compile and analyse relevant evidence base (e.g., literature reviews, environmental scan, stakeholder consultation findings) • Draw on PCG expertise for further insights, intelligence and recommendations. 2. Draft Priority Area Action Plan <ul style="list-style-type: none"> • Identify relevant actions, activities, initiatives, and opportunities from the relevant evidence base and stakeholder/PCG consultation (see Situational Awareness in this table) • Consult with relevant stakeholders and community to design actions (see Target population and/or setting in this table) • Group actions according to relevant functional area and define responsibilities and measurement/evaluation criteria (see Functional Areas in this table) • Undertake review process with PCG to generate final Priority Area Action Plan. 3. Obtain endorsement <ul style="list-style-type: none"> • NEPHU Population Health Catchment Plan Steering Group • NEPHU Executive Leadership. 4. Execute the plan <ul style="list-style-type: none"> • Collaboratively implement and evaluate actions within the Priority Area Action Plan (see Evaluation in this table).
Governance	<p>Multi-sectoral Priority Area Program Control Group (PCG)</p> <ul style="list-style-type: none"> • PCG membership composition is determined following an Expression of Interest process • Composition to ensure both subject matter expertise and sectoral and geographic diversity from across the catchment • PCG is endorsed by the NEPHU Population Health Catchment Plan Steering Group including NEPHU leadership.

Target population and/or setting	<p>Identify target population/s and/or setting/s</p> <ul style="list-style-type: none"> • Target population can include either or both of: <ul style="list-style-type: none"> ○ Whole of population ○ Priority populations (First Nations, CALD, Disability, Women and gender diverse, LGBTIQ+, older people, young people and people living in peri-rural locations) • Settings lens is applied in reaching priority populations. • Emergent topics within ‘settings’ that are outside of scope of agreed program of works shall have a ‘no dead ends’ approach applied with efforts made to feed the emergent issue into the broader service system for response.
Situational awareness	<p>Map existing landscape and work</p> <ul style="list-style-type: none"> • Understanding and recognition of the existing prevention landscape for any given priority area constitutes essential context for the development of a Priority Area Action Plan and aligns with a systems thinking approach. • Where appropriate, this will include mapping of existing and upcoming work undertaken by stakeholders across the catchment. • The list of initiatives is self-identified and may be subject to change over time.
Functional areas	<p>Activities and initiatives are grouped under functional area</p> <ul style="list-style-type: none"> • Advocacy • Capacity building (for professionals) • Community awareness • Community education • Data and intelligence • Networks and communities of practice • Systems and access
Evaluation	<p>Evaluation of activity</p> <ul style="list-style-type: none"> • Evaluation of activity against the defined core indicator set (refer to Section 6.4) • Quarterly evaluation reports submitted to the NEPHU Population Health Catchment Plan Steering Group and NEPHU Leadership • Annual reporting against the plan to the Department of Health • Major review and consultation program for development of Part 2 of the NEPHU Population Health Catchment Plan (2025-29) commencing late 2024.

6. EVALUATION

6.1. EVALUATION OBJECTIVES

1. To measure progress towards achieving the objectives of the NEPHU Population Health Catchment Plan, and the NEPHU Priority Area Action Plans, respectively.
2. To measure the impact and, where possible, the outcomes of the NEPHU Population Health Catchment Plan, and the NEPHU Priority Area Action Plans, respectively.

6.2. EVALUATION APPROACH

Evaluation

A detailed NEPHU Catchment Plan Evaluation Strategy will be developed in 2023 which:

- Accounts for the need to monitor and evaluate both the NEPHU Population Health Catchment Plan and the Priority Area Action Plans generated and implemented under the plan
- Is inclusive of process and impact evaluation, with provisions for outcome evaluation*
- Gives regard to relevant sector-based outcomes frameworks inclusive of but not limited to:
 - Victorian Public Health and Wellbeing Outcomes Framework²⁴
 - Other statewide strategies that include outcomes frameworks relevant to priority areas selected for action such as The Victorian Sexual and Reproductive Health and Viral Hepatitis Strategy 2022-2030¹³
 - Community Health – Health Promotion Program Impact Measures Practice Guide³²
 - Victorian Women’s Health Indicator Framework³³
- Is inclusive of a core indicator set (shown below) which will be applied across initiatives in each Priority Area Action Plan
- Calls for initiative specific indicators to be applied where relevant, in addition to the application of relevant core indicators
- Seeks to identify a collective impact approach to shared measurement across the catchment for specific priority areas
- Seeks to evaluate stakeholder satisfaction and support for the NEPHU Population Health Catchment Plan Framework, and the NEPHU Priority Area Action Plan Development Model
- Specifies the need for a Gender Impact Assessment to occur at the two-year plan review.

*It should be noted that the desired outcomes articulated within each Action Plan represent the long-term outcome measures towards which work within the plan will contribute. It is not necessarily anticipated that measurable change in long-term outcomes will occur within the life of the Catchment Plan. Therefore, the evaluation of impact measures (or short/medium term outcomes) will be essential.

6.3. MONITORING AND REPORTING

Monitoring of progress on Priority Area Action Plan implementation will be undertaken quarterly and reported to the NEPHU Catchment Plan Steering Group and Austin Health Board via the Primary Care and Population Health Advisory Committee. Opportunities will be sought to share the plan and reporting with other health service Primary Care and Population Health Advisory Committees across the catchment.

Evaluation reporting will be undertaken annually for each financial year (22/23, 23/24 & 24/25), and in line with Department of Health annual reporting requirements. As such, an annual report will be submitted to the Department of Health, due on 31 July of each year.

Additionally, a comprehensive review and consultation process will occur in 2024–2025 to inform the iteration of the Catchment Plan and development of detailed action plans for the 2025–2029 period.

6.4. CORE INDICATOR SET

The core indicator set for the NEPHU Population Health Catchment Plan is shown in Table 3 below. All relevant indicators from within this set will be applied to each initiative within each Action Plan.

The core indicator set includes process indicators (indicators 1 to 15) and impact indicators (indicators 16 to 24).

Table 3: NEPHU Population Health Catchment Plan Core Indicator Set

Number	Indicator
1	# of initiatives undertaken
2	# of partner agencies
3	# of known participants reached
4	# of social media posts
5	Reach of social media posts
6	# of resources created or updated
7	# of targeted mail outs
8	Reach of targeted mail out
9	# of advocacy campaigns and activities undertaken
10	# of stakeholder capacity development sessions
11	# of community awareness initiatives
12	# of community education sessions
13	# of data and intelligence initiatives undertaken
14	# of networks and communities of practice led or participated in
15	# of service system enhancement initiatives
16	Participants self-reported sense of value in participation (stakeholder or community)

Number	Indicator
17	Participants self-reported enhanced knowledge as a result of participation (stakeholder or community)
18	Participants self-reported intent to take action as a result of participation (stakeholder or community)
19	Participants self-reported intent to change a behaviour/action as a result of participation (stakeholder or community)
20	Stakeholders self-reported sense that implemented initiative enhanced the local service system
21	Stakeholders self-reported sense that local service coordination and pathways has been enhanced
22	Stakeholders self-reported sense that implemented initiative will enhance user experience
23	Stakeholder self-reported sense that data intelligence provided increased capability for evidence informed decision making
24	Stakeholder self-reported sense of enhanced connection to local service providers and collaborative opportunities

7. EVIDENCE: KEY FINDINGS

Evidence collected during the population health planning process has provided the foundation for the NEPHU Population Health Catchment Plan. This evidence base has been informed by two key inputs: data and intelligence sourced by the NEPHU epidemiology team and local intelligence provided by key stakeholders across from across the catchment.

This evidence base has informed, and will continue to inform, the design, delivery and evaluation of prevention initiatives and activities.

The detailed findings of the population health planning process are reported in:

- NEPHU Population Health Catchment Planning Stage 1 Report and Appendices (Phases 1 – 3)²⁵ (Appendix 3)
- NEPHU Population Health Catchment Planning Workshop Report (Stage 1: Phase 4)²⁶ (Appendix 4)
- NEPHU Population Health Catchment Planning Priority Area Recommendations Report (Stage 2A: Phase 1)²⁷ (Appendix 5).

7.1. SUMMARY OF KEY FINDINGS

Aligned priorities and an enabling policy environment

A review of the prevention landscape confirmed there is strong inter-sectoral alignment to health and wellbeing priorities driven by key state-wide and sector-based policy and planning documents.

This alignment creates an environment conducive to coordination, collaboration, and collective effort towards improving health and wellbeing outcomes for Victorians living in northeastern Melbourne.

The review of planning documents alongside organisational health promotion and prevention strategies and plans, and stakeholder recommendations for NEPHU prevention priorities showed there is particularly strong alignment across strategic drivers and priorities.

Appetite for collaborative action

The participation of stakeholders from 40 organisations across the catchment in the Listening Lab Consultation Program and subsequent consultation activities demonstrated significant interest in, and commitment to, collaboration. Responses and participation also showed a recognition of the importance of collective action to drive impact in improving health and wellbeing outcomes.

The importance of coordinated and functional partnerships and collaboration was recognised as critical for success. This was highlighted as both a current system strength and an opportunity for improvement where NEPHU may play a role.

The importance of regional coordination with a local approach tailored to communities

An important component of Stage 1 of the catchment planning process was the development of NEPHU Population Health Profile, which draws on population health data to form a picture of the health and wellbeing of the NEPHU population. The profile is presented in full within the NEPHU Population Health Catchment Planning Stage 1 Report (Phases 1 – 3) and a summary of key findings is presented in Section 7.

As findings within the profile are reported for the whole of catchment and at LGA level, they may conceal significant local and cohort-based variation in the health and wellbeing of communities within the catchment. Therefore, additional targeted data intelligence and local intelligence, encompassing both voice of community and stakeholders, will be necessary to ensure appropriately targeted and place-based responses to priorities identified.

The emerging NEPHU role

Consultation findings identified key functional opportunities for NEPHU to add value in the current landscape through strengthening partnerships and collaboration, including:

- Enhancing coordination, alignment and integration in planning, program delivery and evaluation
- Community engagement, with a focus on priority populations and the application of an equity lens
- Provision of data and analysis to deepen understanding of community needs, inform planning and programs, and demonstrate outcomes and impact
- Workforce capacity development
- Advocacy to support the needs and activity of the region.

Insights support an equity-driven approach, underpinned by engagement with priority populations, informed by data and analysis, and measured through robust evaluation.

Collective effort through coordinated, functional partnerships and shared learnings will drive impact for population health and wellbeing outcomes across our large, diverse, and growing catchment.

8. NETWORK ALIGNMENT

8.1. STATEWIDE POLICY ALIGNMENT

There are seven key policy documents that drive health promotion and prevention planning and priority selection for Victorian Local Public Health Units and their key stakeholders. These are:

- Victorian Public Health and Wellbeing Plan 2019 – 2023¹⁴
- Victorian Cancer Plan 2020-2024²⁸
- Victorian Public Health and Wellbeing Outcomes Framework²⁴
- LPHU Population Health Catchment Planning Framework¹¹
- Victorian Women’s Health Program Funding and Reporting Guidelines 2022-23²⁹
- Municipal Public Health and Wellbeing Planning 2021-2025 – Advice Note 1³⁰
- Community Health – Health Promotion Program Guidelines 2021-2025³¹.

A further 21 publicly available Victorian guiding policy and planning documents and regional and local stakeholder plans and strategies were also reviewed. Detail on these documents can be found in the NEPHU Population Health Catchment Planning Stage 1 Report Appendices (Phases 1 – 3)²⁵ (Appendix 3).

Matrix 1 provides a Strategic Planning Driver and Priority Area Map, highlighting synergies between the priority health areas contained within these guiding documents that indicate an environment conducive to collaborative effort.

Matrix 1. Strategic Policy Drivers and Priority Area Map

		Priority Areas																
		Tackling climate change and its impact on health	Reducing injury	Preventing all forms of violence	Increasing healthy eating	Decreasing the risk of drug resistant infections in the community	Increasing active living	Improving mental wellbeing	Improving sexual and reproductive health	Reducing tobacco-related harm	Reducing harmful alcohol and drug use	Improving oral health	Reducing skin cancer risk	Improving immunisation	Reducing preventable chronic disease			
															Improving cancer screening	Decreasing diabetes	Decreasing cardiovascular disease	Decreasing hepatitis
Strategic planning drivers	Victorian public health and wellbeing plan 2019-2023	Priority Focus area	Priority	Priority	Priority Focus area	Priority Focus area	Priority	Priority	Priority Focus area	Priority	Priority							
	Victorian Cancer Plan 2020-2024		Environmental and workplace hazards										Hepatitis HPV					
	Victorian Health and Wellbeing Outcomes Framework Domain 1 (1.1 & 1.3)																	
	LPHU Population Health Catchment Planning Framework (draft)																	
	Victorian women's health program funding and reporting guidelines 2022-23	Women in a changing society – climate change, emergency and disaster situations		Gendered violence Prevention														

		Priority Areas																
		Tackling climate change and its impact on health	Reducing injury	Preventing all forms of violence	Increasing healthy eating	Decreasing the risk of drug resistant infections in the community	Increasing active living	Improving mental wellbeing	Improving sexual and reproductive health	Reducing tobacco-related harm	Reducing harmful alcohol and drug use	Improving oral health	Reducing skin cancer risk	Improving immunisation	Reducing preventable chronic disease			
															Improving cancer screening	Decreasing diabetes	Decreasing cardiovascular disease	Decreasing hepatitis
Strategic planning drivers	Municipal Public Health and Wellbeing Planning 2021-2025 – Advice Note 1																	
	Community Health-Promotion Guidelines 2021-2025																	

8.2. PREVENTION ACTIVITY AND PROGRAM PARTICIPATION

8.2.1. Primary prevention across the NEPHU catchment

Matrix 2 provides a sector-based primary prevention priority area map applicable to the NEPHU catchment landscape. It was generated via review of local stakeholder health and wellbeing strategies and action plans, as outlined in Section 3, and detailed in full in the NEPHU Population Health Catchment Planning Stage 1 Report and Appendices (Phases 1 – 3)²⁵ (Appendix 3).

The Primary Prevention Sector-Based Priority Area Matrix demonstrates the following:

- Improving mental wellbeing and preventing violence are current shared priorities and areas of action for the majority of sector types represented. This supports NEPHU logic of acknowledging this volume of work and therefore investing 2022/23 efforts in alternative areas of focus within Domain 1 of the Victorian Public Health and Wellbeing Outcomes Framework.
- There is a strong alignment of focus on improving sexual and reproductive health between Women's Health Services, Sexual Health Services, Department of Health, Tertiary Health Services and ACCHOs. However, it should be noted that this is not commonly identified as a key activity area for two sectors with significant community reach: local government and community health.
- There is a common commitment by Community Health Services, ACCHOs, Local Government and the Department of Health to address healthy eating, active living, reducing tobacco-related harm, and reducing harmful alcohol and drug use.
- Few service providers are focusing on decreasing the risk of drug-resistant infections in the community, reducing injury, improving immunisation, and reducing skin cancer risk.

Matrix 2: Primary Prevention Sector-Based Priority Area Map

		Priority Areas											
		Tackling climate change and its impact on health	Reducing injury	Preventing all forms of violence	Increasing healthy eating	Decreasing the risk of drug resistant infections	Increasing active living	Improving mental wellbeing	Improving sexual and reproductive health	Reducing tobacco-related harm	Reducing harmful alcohol and drug use	Improving oral disease	Improving immunisation
Sector Type	Local Government												
	Community Health Services												
	Women’s Health Services	Women in a changing society – climate change, emergency and disaster situations											
	Sexual Health Services												
	Department of Health												
	Tertiary Health Services												
	ACCHOs			*	*		*	*	*	*	*	*	
	Dental Health Services Victoria												

* ACCHOs address health and wellbeing through a self-determination approach. The key priorities for 2021-2026 reflect their aspirations to bring about generational change through strength, innovation and sustainability. To achieve vibrant, healthy and self-determining Aboriginal communities, they prioritise the following:

1. Our Foundations
2. Strong Voice
3. Health and Healing

8.2.2. Secondary prevention across the NEPHU catchment

Matrix 3 presents an overview of key priority health areas and the associated sectors and peak bodies targeting early intervention programs. This matrix was generated following a review of key state-wide secondary prevention strategies and action plans.

While presenting a mixed picture overall, the matrix does indicate that aligned priorities across more than 50% of secondary prevention providers toward reducing chronic disease are:

- Cardiovascular disease
- Hepatitis
- Mental health
- Sexual and reproductive health (including BBV/HIV, AIDS)
- Diabetes.

This suggests that collaborative work across these priority areas would be underpinned by enabling strategic drivers. It should also be noted that:

- There are fewer priorities with shared alignment across sectors and agencies due to the specialised nature of providers mapped.
- Localised secondary prevention data is limited.
- PHN's and community health services play an integral role across the breadth of secondary prevention and are therefore key collaborators for NEPHU.

Further detail on key sector and peak bodies working within the health promotion and prevention landscape can be viewed in the Appendices document of the NEPHU Population Health Catchment Planning Stage 1 Report (Phases 1 – 3), Section 2: A2 ²⁵(Appendix 3).

Matrix 3. Secondary Prevention Sector / Peak Body Based Priority Area Map

		Priority Areas								
		Reducing preventable chronic disease								
		Breast cancer	Cervical cancer	Lung cancer	Oral disease (incl cancer)	Bowel cancer	Mental health	Sexual and reproductive health (incl. BBV/HIV, AIDS)	Diabetes	Cardiovascular disease
Sector Type / Peak Body	Victorian Cancer Council									Liver cancer prevention
	Community Health Services									
	Sexual Health Services									
	ACCHOs							The Life! Program with Diabetes Victoria	The Life! Program with Diabetes Victoria	
	Primary Health Networks									
	Diabetes Victoria									
	Heart Foundation									
	Dental Health Services									
	Tertiary Health Services									

9. POPULATION PROFILE

The NEPHU Population Health Catchment Planning Stage 1 Report (Phases 1 – 3)²⁵ and associated appendices (Appendix 3) contains a detailed population health profile. A brief summary is included within this section.

9.1. DEMOGRAPHIC AND ENVIRONMENTAL PROFILE

Our diverse population

At approximately 1.81 million people, the NEPHU catchment has the largest population of all nine LPHU's. It is a diverse and growing catchment. The NEPHU region is projected to have significantly larger population growth than Victoria as a whole (30% versus 20%) with the Northern corridor LGAs of Whittlesea and Hume, and the inner suburb LGAs of Yarra and Darebin all expected to exceed 40% population growth by 2036.

Over 30% of the population was born overseas, with 40% or more born overseas in pockets of the North and East, noting significant differences between these pockets in terms of country of birth. In Manningham and Whitehorse, the most common country of birth outside of Australia is China, followed by Malaysia, India, and Hong Kong. While in the northern LGAs of Hume and Whittlesea, the most common country of birth is India, followed by Iraq, North Macedonia, Turkey, and Italy. In contrast, 80% or more people residing in Nillumbik and the Yarra Ranges LGAs were born in Australia, with 90% or more speaking English at home.

Education level also varies, with Hume and Whittlesea having the lowest proportion of the population with tertiary qualifications (20% and 23%) and the highest proportion with no qualification (45% and 42%). This corresponds with areas where unemployment is also highest.

In terms of age profile, Hume, Whittlesea, and Nillumbik have the highest proportion of children and adolescents, while Manningham, Banyule, and Knox have the highest proportion of people aged 60 years and older. Almost half of the population of Yarra (48%) is aged between 21 and 39 years, while almost two-thirds of Hume (61%) are aged below 40 years.

There are significant populations who identify as lesbian, gay, bisexual, transgender, intersex, or gender diverse in the LGAs of Darebin and Yarra at over 10%, compared to 5% for the whole of Victoria.

The NEPHU catchment overall has a lower proportion of Aboriginal and Torres Strait Islander population compared to Victoria (0.7% to 1.0%). Whittlesea, Hume, and the Yarra Ranges have the highest populations of Aboriginal and Torres Strait Islander people in the NEPHU catchment.

Environmental variability

NEPHU has a lower Social Infrastructure Index (SII) – a measure of community support services and their ability to enhance community wellbeing – than the metropolitan area (7.1 vs 7.4). However, there is significant variation in SII across the catchment, with inner city LGAs Yarra and Boroondara having higher SII scores than outer suburban LGAs Nillumbik, Yarra Ranges, Hume and Whittlesea. Similarly, scores for the Walkability Index were higher for inner city compared to outer suburban LGAs.

The Index of Relative Socioeconomic Disadvantage (IRSD) indicates that the LGAs experiencing the most socioeconomic disadvantage are Hume (947), Whittlesea (991) and Darebin (1004).

9.2. CHRONIC CONDITIONS, BURDEN OF DISEASE AND MODIFIABLE RISK FACTORS

In terms of chronic conditions, burden of disease and modifiable risk factors, the NEPHU Population Health Profile presents a picture of differing health needs and risk factors across the catchment.

Active Living

Nearly half of NEPHU is overweight or obese, consistent with the Victorian average. The LGAs with the highest proportion of overweight and obese people are Hume and Whittlesea at 58%.

Over 44% of the NEPHU population are insufficiently physically active. There is small variation in the reported insufficient physical activity levels across the region, ranging from 37% in Nillumbik to 48% in Darebin.

Healthy eating

Across the NEPHU population there is low reported compliance with recommended guidelines for both fruit and vegetable consumption. Vegetable consumption aligned with guidelines varied from 2% in Hume and Whittlesea to 8% in Boroondara and Yarra. Fruit consumption aligned with guidelines varied from 36% in Hume to 48% in Banyule, Boroondara, Nillumbik and Yarra.

NEPHU has a slightly lower reported proportion of the population who reported daily sugar sweetened soft drink consumption compared to wider Victoria (9% vs 10%). Despite this, four LGAs in the NEPHU catchment had higher reported soft drink consumption compared to the state average: Yarra Ranges (15%), Hume (14%), Maroondah (13%), and Whittlesea (13%).

The NEPHU catchment reported a slightly higher proportion of take-away food consumption greater than one time per week compared to wider Victoria (16% vs 15%). The Banyule (18%) LGA has the highest proportion of take-away food consumption greater than one time per week.

Alcohol and drug use

NEPHU has a similar proportion of an increased lifetime risk of alcohol-related harm to that of wider Victoria (61% vs 59%). The highest proportion of an increased lifetime risk of alcohol-related harm in NEPHU are in the Nillumbik and Yarra LGAs (70%), whereas the lowest proportions are in the LGAs of Whittlesea (48%) and Hume (51%).

Tobacco-related harm

The highest proportion of current daily smokers in NEPHU are in the Knox (16%) and Whittlesea (16%) LGAs, with the lowest proportion in the Boroondara, Maroondah and Whitehorse LGAs (7%).

Vaping was identified as an emerging issue of concern, however limited data is available at this time.

Preventable chronic disease

The most commonly reported health conditions in the NEPHU population are arthritis (7.49%), mental health (8.4%), asthma (8.02%), diabetes (4.45%) and heart disease (3.48%). This is consistent with Victorian averages.

LGAs with a high proportion of their population under 40 (Huma and Whittlesea) had higher than the NEPHU average reported health conditions such as diabetes and kidney disease.

LGAs with a higher proportion of their population over 40 (Yarra Ranges and Manningham) had a higher proportion of the population reporting long term health conditions such as arthritis, cancer, dementia and heart disease.

The LGAs of Yarra and Darebin had the highest reported rates of mental health conditions.

While the overall cancer screening rates for NEPHU are aligned with the Victorian average, screening rates are lower than other LGAs for bowel, breast and cervical cancer in Hume (40%; 45%; 43%) and Whittlesea (42%; 45%; 45%), and for bowel and breast in Yarra (41%; 45%) and Darebin (42%; 44%).

Sexual and reproductive health

The rates of STIs in the NEPHU community were consistently lower than state rates. The difference in STI burden between NEPHU and Victoria may represent a gap in testing.

Yarra was found to have the largest burden of all four STIs in the NEPHU community, with most cases found in males. The high burden of STIs in Yarra is likely being influenced by its young population and community of gay, bisexual, and men who have sex with men.

10. INITIAL PRIORITY AREA ACTION PLANS

10.1. IDENTIFICATION OF INITIAL SHARED PRIORITIES FOR COLLECTIVE ACTION

Following dissemination of key findings from the desktop review of the prevention landscape, the Listening Lab Consultation Program and the NEPHU Population Health Profile, Stage 1 of the catchment planning process culminated in a multisector stakeholder workshop, held online in December 2022. Stakeholders came together to consider and make recommendations for preferred priority areas for immediate focus within NEPHU's foundation year of health promotion and prevention.

Participation by stakeholders from 33 organisations across the catchment continued to demonstrate significant commitment to collaboration and collective action. The workshop involved stakeholder identification of the top four key priority areas for further consideration to then identify the top two for immediate action. The top four priority areas were:

- Improving sexual and reproductive health
- Increasing active living
- Increasing healthy eating
- Reducing harm from alcohol and drug use.

In the second and final stage of the planning process, these four priority areas were assessed against the key rationale criteria for the identification of shared priority areas for collective action (refer Section 5.3) using an assessment scoring matrix. Reflecting the need to identify two priority areas for immediate action, an additional rationale criterion was also considered: significant potential for effective action within a 6-month timeframe.

The assessment and scoring process is described in detail in the NEPHU Population Health Catchment Planning Priority Area Recommendations Report²⁷ (Appendix 5).

Based on the final scores, two priority areas were recommended for collective action within the 2022-2023 financial year. These recommendations were presented to the NEPHU Catchment Plan Steering Group and endorsed. The two priority areas are:

- Improving sexual and reproductive health
- Increasing healthy eating.

It was also recommended that action in other priority areas be considered within the broader NEPHU Population Health Catchment Plan.

10.2. DEVELOPMENT OF THE TWO PRIORITY AREA ACTION PLANS

Following the Priority Area Action Plan Development Model (Section 5.4), a Program Control Group (PCG) was established for each of the two areas agreed as priorities for immediate collective action (see Section 10.3 for further detail).

Through these PCGs and stakeholder survey and consultation, a compilation of current and upcoming stakeholder prevention activity, along with proposed activity identified through this process, was developed and mapped against the identified function areas. Included in this was 145 initiatives put forward by the owners of the various work (refer Appendices 6 and 7 for further detail). Time frames, responsibilities and relevant core indicator sets were also determined and recorded in each of the action plans.

10.3. GOVERNANCE OF PRIORITY AREA ACTION PLANS

Multi-sectoral Program Control Groups (PCGs) are responsible for coordinating the design, implementation, and evaluation of collective action in the two priority areas identified for immediate action.

PCG membership composition ensures subject matter expertise, sectoral and geographic diversity from across the catchment. Membership of the NEPHU Sexual and Reproductive Health Program Control Group, and the NEPHU Healthy Eating Program Control Group is set out below in sections 10.4.2 and 10.5.2 respectively.

10.4. PRIORITY AREA 1: IMPROVING SEXUAL AND REPRODUCTIVE HEALTH (SRH)

10.4.1. Improving Sexual and Reproductive Health Action Plan – overview

Table 4: NEPHU Priority Area Action Plan – Improving Sexual and Reproductive Health 2023–2025

Priority 1: Improving Sexual and Reproductive Health (SRH)

(Long term aspiration)

Key objectives	<p>To undertake health promotion and prevention initiatives that seek to enhance accessibility of sexual and reproductive health (SRH) information and services, and specifically, to:</p> <ul style="list-style-type: none"> Promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice (including planned, safe and healthy pregnancy and childbirth)*. Improve knowledge and awareness of factors that affect the ability to conceive a child, and increase access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights. Early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause Reduce sexually transmissible infections and blood-borne viruses through prevention, testing, treatment, care and support. Support Aboriginal Victorians to achieve optimal sexual and reproductive health and wellbeing by partnering with local and state-wide services. Work towards eliminating HIV and viral hepatitis transmission and increase treatment rates. Reduce and eliminate stigma, including homophobia, transphobia and biphobia. <p>*also inclusive of termination of pregnancy/abortion.</p>
Scope	<ul style="list-style-type: none"> SRH awareness and behaviours (individual) SRH service system and access (including testing & treatment)
Desired outcomes	<p>Aligned with the</p> <ol style="list-style-type: none"> Victorian Public Health and Wellbeing Outcomes Framework, Domain 1: Victorians are healthy and well Victorian Sexual and Reproductive Health and Viral Hepatitis Strategy 2022–30. <p>Outcomes:</p> <ul style="list-style-type: none"> Victorians have good physical health Victorians act to protect and promote health

- Victorians achieve optimal sexual and reproductive health outcomes
- Reducing the impact of blood borne viruses (BBV) and sexually transmitted infections (STI) on all Victorians

Indicators:

- Increase sexual and reproductive health
- Reduce preventable chronic disease
- Increase immunisation
- Increase STI testing coverage in priority populations (compared with 2019).
- Reduce the prevalence of chlamydia, gonorrhoea and infectious syphilis (compared with 2019).

Note: Outcomes articulated here represent the long-term outcome measures that work undertaken within the Catchment Plan will contribute towards. It is not necessarily anticipated that measurable change will occur in these long-term outcomes within the life of the Catchment Plan, therefore, the evaluation of impact measures (or short/medium term outcomes) will be essential.

10.4.2. Sexual and Reproductive Health Project Control Group membership

Table 5: NEPHU Sexual and Reproductive Health Program Control Group

Organisation	Position
cohealth	Manager, Community Programs, and Family and Reproductive Rights Education Program
EACH	Service Design Manager National Practice Lead
NEPHU	Public Health and Wellbeing Coordinator / PCG Lead
NEPHU	Senior Manager Community Engagement, Communications and Capacity Development
NEPHU	Senior Manager Integrated Planning and Programs
NEPHU	Sexual and Reproductive Health & Viral Hepatitis Lead
Northern Health	Director Partnerships
Northern Health Family Planning Clinic	Clinical Midwife Consultant, Sexual Health Coordinator
North Western Primary Health Network	Primary Care Improvement Team
Oonah Aboriginal Health and Community Service	Executive Director Community Services
Sexual Health Victoria	Senior Nurse Educator
Thorne Harbour Health	Manager of Health Promotion
Women's Health East	Health Promotion Manager
Women's Health in the North	Coordinator - Sexual and Reproductive Health
Yarra Ranges Council	Executive Officer Health & Wellbeing

10.4.3. Sexual and Reproductive Health Action Plan Functional Area 1: Advocacy

Action	Horizon 1 – To June 30, 2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
1.1. Plan, implement and evaluate a range of advocacy campaigns to improve access to sexual and reproductive health information and services.	<p>1.1.1 Commence an Advocacy Needs Analysis with key stakeholders.</p> <p>1.1.2 Refer to and leverage existing lists of MTOP providers/ services in the catchment to assist in design of MTOP advocacy campaign.</p> <p>1.1.3 Design and commence delivery of an advocacy campaign to work towards improving access to medical termination of pregnancy (MTOP) across the NEPHU catchment..</p>	<p>1.1.1—1.1.3</p> <p>L: NEPHU Population Health & SRH Program Control Group</p> <p>P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, Aboriginal Community Controlled organisations, PHN’s.</p>	2—9, 20,	<p>1.1.4 Support and endorse existing SRH advocacy campaigns in the catchment.</p> <p>1.1.5 Finalise Advocacy Needs Analysis.</p> <p>1.1.6 Develop a 2-year SRH Collective Advocacy Schedule in accordance with findings from Advocacy Needs Analysis.</p> <p>1.1.7 Co-design, implement and evaluate advocacy initiatives in accordance with SRH Collective Advocacy Schedule.</p>	<p>1.1.4</p> <p>L: TBC</p> <p>P: NEPHU</p> <p>1.1.5—1.1.7</p> <p>L: NEPHU Population Health & SRH Program Control Group</p> <p>P: TBC</p>

10.4.4. Sexual and Reproductive Health Action Plan Functional Area 2: Capacity Building (for Professionals)

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
2.1 Scope and assess workforce training needs in sexual and reproductive health across the NEPHU catchment	2.1.1 Undertake a Sexual and Reproductive Health stakeholder training needs and expertise survey, inclusive of needs associated with statewide SRH programs and initiatives.	2.1.1 L: NEPHU Population Health & SRH Program Control P: TBC	1—3, 7, 8, 16	2.1.2 Commence development of a map that entails the sexual and reproductive workforce and accompanying sexual and reproductive health stakeholder database 2.1.3 Undertake an annual NEPHU SRH Stakeholder Training Needs and Provider Survey/s	2.1.2 L: NEPHU Population Health P: TBC 2.1.3 L: NEPHU Population Health P: TBC
2.2 Develop a NEPHU Catchment SRH Capacity Building Calendar for professionals				2.2.1 Develop and commence implementation of the NEPHU Catchment SRH Capacity Building Calendar for professionals 2.2.2 Ensure health equity and priority population considerations are applied to the development of the NEPHU Catchment SRH Capacity Building Calendar 2.2.3 Maintain currency and promotion of the NEPHU Catchment SRH Capacity Building Calendar	2.2.1 & 2.2.2 L: NEPHU Population Health & SRH Program Control P: TBC 2.2.3 L: NEPHU Population Health P: TBC
2.3 Harvest and upscale SRH knowledge within the NEPHU catchment service system				2.3.1 Collaborate with identified subject matter experts from within the NEPHU catchment, to leverage ‘lessons learnt’ and ‘application of expertise in practise’ to design and deliver SRH capacity building initiatives for professionals	2.3.1 L: NEPHU Population Health P: TBC
2.4 Implement relevant initiatives within the NEPHU Catchment SRH Capacity Building Calendar	2.4.1 Design and deliver fit for purpose capacity building session focused on SRH professionals working with women from cultural and linguistically diverse (CALD) backgrounds	2.4.1 L: NEPHU Population Health, & SRH Program Control P: TBC	1—3, 6—8, 10, 16—20	2.4.2 Plan, implement and evaluate capacity building initiatives as per annual NEPHU Catchment SRH Capacity Building Calendar	2.4.2 L: NEPHU Population Health & SRH Program Control P: TBC
2.5 Ensure NEPHU team members establish and maintain currency in SRH knowledge relevant to position requirements				2.5.1 Deliver internal communicable disease training seminars as required (Beyond COVID Training Series) 2.5.2 Deliver internal (& other LPHU) Sexual Health Interview Training Workshop	2.5.1 & 2.5.2 L: NEPHU Population Health 2.5.3

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
				2.5.3 Design and implementation of SRH internal training initiatives	L: NEPHU Population Health
2.6 Amplify the reach of existing and develop additional SRH resources (as appropriate) for professionals				<p>2.6.1 Commence development of collation and launch of Sexual and Reproductive Health Digital Resource Library for service providers</p> <p>2.6.2 Liaise and consult with stakeholders to identify gaps in available written resources and investigate and action feasible solutions.</p> <p>2.6.3 Identify communication/feedback pathways with existing resource owners to maintain currency of resources, provide community feedback and seek to continually enhance the SRH Digital Resource Library and distribution opportunities.</p>	<p>2.6.1</p> <p>L: NEPHU Population Health & SRH Program Control Group</p> <p>P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN’s, others TBC</p> <p>2.6.2—2.6.3</p> <p>L: NEPHU Population Health& SRH Program Control Group</p> <p>P: TBC</p>

10.4.5. Sexual and Reproductive Health Action Plan Functional Area 3: Community Awareness

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
3.1 Amplify the reach and accessibility of existing SRH resources, including statewide programs with a focus on equitably reaching both whole of population and priority populations.	3.1.1 Commence development of a SRH Hard Copy Event Resource Packs for distribution at relevant in person community facing events	3.1.1 L: NEPHU Population Health & SRH Program Control Group P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN’s.	1—8	3.1.2 Design and develop a SRH Digital Resource Library 3.1.3 Launch and promote Digital Resource Library 3.1.4 Liaise and consult with stakeholders to identify and action opportunities for ensuring print and digital resources are reaching priority populations. 3.1.5 Identify communication/feedback pathways with existing resource owners to maintain currency of resources, provide community feedback and seek to continually enhance resource library, kits and distribution opportunities. 3.1.6 Explore opportunity to collaborate with the Department of Families, Fairness and Housing Free Pads and Tampons in Public Places Program e.g. inclusion of free pads and tampons in NEPHU SRH resource kits (show bags) for distribution at community engagement events.	3.1.2—3.1.5 L: NEPHU Population Health & SRH Program Control Group P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN’s. 3.1.6 L: NEPHU Population Health & SRH Program Control Group P: Department of Families, Fairness and Housing
3.2 Translate and/ or make accessible and disseminate resources and initiatives for priority populations which aim to increase awareness of consent and healthy relationships.				3.2.1 Design and undertake an environmental scan of existing resources and initiatives for priority populations to increase awareness of consent and healthy relationships 3.2.2 Curate existing resources and identify and action distribution plan and initiative amplification plan if applicable. 3.2.3 Identify gaps in language/accessibility and/or topic and work with stakeholders and community to co-design production and distribution of new resources and amplification of existing initiatives where applicable and investigate feasibility of new initiatives to respond to gaps/needs.	3.2.1—3.2.2 L: NEPHU Population Health & SRH Program Control Group P: TBC 3.2.3 L: NEPHU Population Health & SRH Program Control Group P: TBC

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
3.3 Promote STI & HIV testing to community, including targeted programs for particular groups at risk.			N/A—Horizon 1	3.3.1 Collaboratively identify, plan and implement a schedule of STI and HIV testing micro-campaign themes, audiences, materials, dates and measures.	3.3.1 L: NEPHU Population Health & SRH Program Control Group P: TBC
3.4. Promote identified STI and BBV vaccination programs				3.4.1 Continue maintaining and publishing a public facing listing of Mpox vaccination sites 3.4.2 Continue Mpox promotion and engagement activities as required, including: <ul style="list-style-type: none"> Targeted engagement plan for universities in response to intelligence that young people are not aware of the vaccination and/or eligibility to receive Activate engagement activity in response to an outbreak Ongoing baseline messaging 3.4.3 Identify and undertake Mpox awareness activity in accordance to need 3.4.4 Undertake promotion of identified STI and BBV vaccination programs e.g. Human Papillomavirus (HPV) and Hepatitis B	3.4.1 L: NEPHU Health Protection, Population Health, 3.4.2 L: NEPHU Population Health, Health Protection P: Swinburne University of Technology, La Trobe University, others TBC 3.4.3 & 3.4.4 L: NEPHU Population Health. Health Protection P: TBC
3.5 Increase community and stakeholder awareness of '1800 My Options', a state-wide service providing information about contraception, pregnancy options and sexual health.				3.5.1 Adapt existing material for purpose to create promotion materials (posters, flyers, social tiles, etc) and disseminate to relevant organisations and include in SRH Digital Resource Libraries and Event Pack 3.5.2 Liaise and consult with stakeholders and community leaders to identify and action distribution pathways that work towards equitable distribution of information to whole of population, including those that may be harder to reach 3.5.3 Liaise with '1800 My options' to identify need and potential collaborative opportunities for implementation within the NEHU catchment.	3.5.1 L: NEPHU Population Health P: Women's Health Services, Local Government, Community Health, Sexual Health Services, Aboriginal Community Controlled organisations, PHN's, others TBC 3.5.2 & 3.5.3 L: NEPHU Population Health & SRH

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
					Program Control Group P: TBC 3.5.3 L: NEPHU Population Health & SRH Program Control Group, '1800 My Options' P: TBC
3.6 Increase community and stakeholder awareness of LiverLine, a free and confidential, phone service that provides information, support, and referrals for those impacted by liver-related health conditions, including hepatitis.				3.6.1 Adapt existing material for purpose to create promotion materials (posters, flyers, social tiles, etc) and disseminate to relevant organisations and include in SRH Digital Resource Libraries and Event Kit 3.6.2 Liaise with LiverWell to identify need and potential collaborative opportunities for implementation within the NEHU catchment.	3.6.1 L: NEPHU Population Health, LiverWell P: TBC 3.6.2 L: NEPHU Population Health & SRH Program Control Group, LiverWell P: TBC
3.7 Promote Aboriginal Sexual and Reproductive Health Viral Hepatitis resources, including statewide programs to First Nations peoples via local stakeholders and settings and explore other good practice awareness resources and campaigns for potential adaption and implementation.	3.7.1 Commence engagement with NEPHU Koorie Engagement Officer to support promotion of Aboriginal SRHVH resources	3.7.1 L: NEPHU Population Health & SRH Program Control Group P: TBC	1—8, 11, 16—18, 20, 22, 24	3.7.2 Identify good practice First Nations focused SRH awareness resources and campaigns available, including outside of VIC (WA, QLD, NT), and identify opportunities and pathways for incorporation into initiatives across NEPHU catchment.	3.7.2 L: NEPHU Population Health & SRH Program Control Group P: TBC
3.8 Participate in and promotion of Women's Health Week (September, 2023)				3.8.1 Support local stakeholders to implement and evaluate a range of SRH related initiatives during Women's Health Week. 3.8.2 Plan, implement and evaluate annual Women's health Week initiatives.	3.8.1 L: NEPHU Population Health Women's Health Services & SRH Program Control Group P: TBC

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
					3.8.2 L: NEPHU & SRH Program Control Group P: TBC
3.9 Participation in and promotion of Sexual and Reproductive Health awareness raising campaigns.				3.9.1 Develop a SRH Awareness Campaign Calendar for 2023/2024. 3.9.2 Implement and promote activities in accordance with the SRH Awareness Campaign Calendar.	3.9.1 L: NEPHU Population Health & SRH Program Control Group P: TBC 3.9.2 L: NEPHU Population Health & SRH Program Control Group P: TBC

10.4.6. Sexual and Reproductive Health Action Plan Functional Area 4: Community Education

Action	Horizon 1 – To June 30, 2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
4.1 Collaboratively develop and deliver a SRH Community Health Promotion and Education Program Schedule				<p>4.1.1 Undertake a needs analysis to identify priority SRH topics, targets, settings and training providers/programs.</p> <p>4.1.2 Develop a NEPHU SRH Community Health Promotion and Education Program Schedule</p> <p>4.1.3 Co-design, implement and evaluate initiatives in accordance with the NEPHU SRH Community Health Promotion and Education Program Schedule</p>	<p>4.1.1 & 4.1.2</p> <p>L: NEPHU Population Health & SRH Program Control</p> <p>P: TBC</p> <p>4.1.3</p> <p>L: NEPHU Population Health</p> <p>P: TBC</p>
4.2 Collaborate with community-controlled organisations to deliver sexual health education to young Aboriginal and Torres Strait Islander women in hostels or other temporary or crisis accommodation	<p>4.2.1 Design and commence planning for a place-based initiative with local organisations</p> <p>4.2.2 Scope possible links with the Share the Dignity Program for provision of free pads and tampons in relevant settings</p>	<p>4.2.1</p> <p>L: NEPHU Population Health</p> <p>P: Margaret Tucker Hostel, other TBC</p> <p>4.2.2</p> <p>L: NEPHU Population Health</p> <p>P: Share the Dignity Australia, others TBC</p>	1—3, 12, 16—20, 24	<p>4.2.3 Develop a 2-year Aboriginal and Torres Strait Islander Accommodation SRH Education Schedule.</p> <p>4.2.4 Co-design, implement and evaluate initiatives in accordance with Aboriginal and Torres Strait Islander Accommodation SRH Education Schedule.</p>	<p>4.2.3 & 4.2.4</p> <p>L: NEPHU Population Health</p> <p>P: TBC</p>
4.3 Plan, implement and evaluate the NEPHU Communicable Disease Engagement Project	4.3.1 Commence planning with key stakeholders to implement a range of fit for purpose health promotion and prevention engagement initiatives focused on Gonorrhoea, Chlamydia, Syphilis & Mpox	<p>4.3.1</p> <p>L: NEPHU Community Engagement</p> <p>P: TBC</p>	1—8, 10, 12, 16—19, 24	4.3.2 Continue implementation of the NEPHU Communicable Disease Engagement Project including HIV and Hepatitis B	<p>4.3.2</p> <p>L: NEPHU Community Engagement</p> <p>P: TBC</p>

10.4.7. Sexual and Reproductive Health Action Plan Functional Area 5: Data and Intelligence

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
5.1 Develop and implement an evaluation strategy, inclusive of process, impact and outcome indicators for SRH promotion and prevention work within the NEPHU SRH Action Plan.	5.1.1 Ensure all Horizon 1 action items are designed and implemented with applicable core indicators and initiative specific indicators identification prior to commencement	5.1.1 L: NEPHU Population Health P: SRH Program Control Group	1, 2, 6, 13, 20	5.1.2 Ensure all Horizon 2 action items are designed and implemented with identification of applicable core indicators and initiative specific indicators prior to commencement 5.1.3 Develop and implement a NEPHU Population Health Catchment Plan Evaluation Strategy which will cascade in application to NEPHU SRH Action Plan 5.1.4 Undertake evaluation activity and reporting as specified within NEPHU Population Health Catchment Plan Evaluation Strategy 5.1.5 Review NEPHU Population Health Catchment Plan Evaluation Strategy prior to commencement of next 4-year planning period.	5.1.2—5.1.4 L: NEPHU Population Health, SRH Program Control Group, others TBC P: TBC 5.1.5 L: NEPHU Population Health P: SRH Program Control Group
5.2 Develop, release, and maintain a NEPHU Catchment Sexual, Reproductive Health and Viral Hepatitis Needs (SRHVH) Assessment				5.2.1 Design and develop a SRHVP Needs Assessment inclusive of granular data where available and appropriate 5.2.2 Launch and promote the NEPHU SRHVP Needs Assessment 5.2.3 Identify review period for the NEPHU SRHVP Needs Assessment 5.2.4 Utilise the NEPHU SRHVP Needs Assessment to enable evidence informed decision making on the strategic direction of upcoming SRH initiatives. 5.2.5 Undertake review of the NEPHU SRHVP Needs Assessment as per specified review period	5.2.1—5.2.3 L: NEPHU Population Health P: SRH Program Control Group, others TBC 5.2.4 L: NEPHU P: SRH Program Control Group, others TBC 5.2.5 L: NEPHU Population Health P: SRH Program Control Group & others TBC

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
5.3 Explore access to and sharing of relevant public health research and data sources not currently available or being utilised by NEPHU				<p>5.3.1 Explore access to and sharing of relevant public health research and data sources with key tertiary institutes, research bodies and government departments</p> <p>5.3.2 Make datasets/resources accessible to stakeholders as appropriate</p> <p>5.3.3 Continue to seek to identify, promote and/or create a range of current public health data intelligence resources</p>	<p>5.3.1 L: NEPHU Population Health</p> <p>P: SRH Program Control Group, Department of Health, others TBC</p> <p>5.3.2 & 5.3.3 L: NEPHU Population Health</p> <p>P: SRH Program Control Group, Department of Health, others TBC</p>

10.4.8. Sexual and Reproductive Health Action Plan Functional Area 6: Networks and Communities of Practice

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
6.1 Establish a Sexual, Reproductive Health and Viral Hepatitis Community of Practice (SRHVH CoP) for the NEPHU catchment	6.1.1 Scope with existing stakeholders the need and value of a SRH CoP in the existing and current landscape	6.1.1 L: NEPHU P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN’s, NEPHU SRH Program Control Group, others TBC	2, 3, 7, 8, 14, 16—18, 20, 24	6.1.2 Action findings of SHR CoP Scoping exercise as appropriate e.g. Draft SRHVH CoP terms of reference (ToR), inclusive of continuity provisions (beyond initial DH SRHVH Pilot Program 12-month funding period) 6.1.3 Activate SRVHP CoP in accordance with scoping findings 6.1.4 Identify and undertake core business of SRHVH CoP 6.1.5 Undertake annual review of SRHVH CoP	6.1.2 & 6.1.3 L: NEPHU P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN’s, NEPHU SRH Program Control Group, others TBC 6.1.4 & 6.1.5 L: NEPHU Population Health P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Community Controlled organisations, PHN’s, NEPHU SRH Program Control Group, others TBC
6.2: Participate in relevant SRH networks and partnerships across the catchment and promote information and opportunities accordingly				6.2.1 Develop a database of current SRH networks and partnerships, the focus of each and how they relate to each other, and generate a catchment wide SRH Service System Relational Map 6.2.2 Identify networks and partnerships for proposed NEPHU membership and seek to action 6.2.3 Post relevant information and opportunities on NEPHU SRH Libraries, Kits, Calendars, distribution lists and social platforms as appropriate	6.2.1 L: NEPHU Population Health P: SRH Program Control Group 6.2.2 & 6.2.3 L: NEPHU

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
				<p>6.2.4 Continued participation in identified SRH networks and partnerships and responsiveness to emergent needs.</p> <p>6.2.5 Continued promotion of relevant information and opportunities generated via partnerships and networks.</p> <p>6.2.6 Integrate SRH networks and partnerships knowledge into the NEPHU Strategic Partnership Plan (to be developed)</p> <p>6.2.7 Provision of SRH Service System Relational Map to support critical analysis of systemic enhancement opportunities (see action item 7.3)</p>	<p>6.2.4—6.2.7</p> <p>L: NEPHU Population Health</p> <p>P: Women’s Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Community Controlled organisations, PHN’s, NEPHU SRH Program Control Group, others TBC</p>

10.4.9. Sexual and Reproductive Health Action Plan Functional Area 7: Systems and Access

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
7.1 Actively seek coordination, alignment, reciprocity and non-duplicative efforts in enhancing access to SRHVH information and care and pathways through a continuum of care, commencing with prevention.				<p>7.1.1 Co-ordinate and integrate actions across all relevant functions within the NEPHU SRH Action Plan with NEPHU's Sexual Reproductive Health and Viral Hepatitis Project (12-month DH pilot project)</p> <p>7.1.2 Collaborate on the planning, implementation and evaluation of initiatives within the NEPHU SRVHP Project</p>	<p>7.1.1 L: NEPHU Population Health & SRH Program Control Group</p> <p>P: Women's Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN's, others TBC</p> <p>7.1.2 L: NEPHU & SRH Program Control Group</p> <p>P: TBC</p>
7.2 Undertake promotion and prevention initiatives linked to notifiable SRH conditions				<p>7.2.1 Development and implementation of Sexually Transmitted Infection local control strategies</p> <p>7.2.2 Implementation of Hepatitis B and C local control/elimination strategies</p> <p>7.2.3 Implementation of Sexually Transmitted Infection local control strategies</p>	<p>7.2.1—7.2.3 L: NEPHU Health Protection</p> <p>P: TBC</p> <p>7.2.3 L: NEPHU Health Protection, P: TBC</p>
7.3 Critical analysis of SRH Service System Relational Map (6.2.1)			N/A—Horizon 1	<p>7.3.1 Utilise SRH Service System Relational Map to identify gaps, barriers and risks within the regional SRH service system and identify mitigation approaches</p> <p>7.3.2 Commence design and implementation of identified collaborative mitigation approaches.</p>	<p>7.3.1 & 7.3.2 L: NEPHU & SRH Program Control Group</p> <p>P: TBC Department of Health</p>

Action	Horizon 1 – To June 30,2023	Lead/Partner	Indicators	Horizon 2 – To June 30, 2025	Lead/Partner
7.4 Harvest and upscale SRH good practice program models, inclusive of statewide programs being undertaken within the NEPHU catchment service system				7.4.1 Identify and collaborate with service providers from within the NEPHU catchment, to leverage 'good practice SRH program models' and seek to expand the scale of the model.	7.4.1 L: NEPHU Population Health & SRH Program Control Group P: Women's Health Services, Local Government, Community Health, Sexual Health Services, LiverWell, Aboriginal Community Controlled organisations, PHN's, others TBC
7.5 Work towards fostering and enabling an innovative, collaborative and responsive local SRH service system.	7.5.1 Conduct a Sexual and Reproductive Health Promotion and Prevention Grants Round 2022-2023	7.5.1 L: NEPHU Population Health, P: SRH Program Control Group & NEPHU Catchment Plan Steering Group	1—3, 15—16, 18, 20, 24	7.5.2 Provision of subject matter expertise and other support as appropriate to non-NEPHU led SRH initiatives throughout the catchment 7.5.3 Conduct a Sexual and Reproductive Health Promotion and Prevention Grants Round in 2023- 2024 and 2024 -2025, subject to evaluation of 2022-2023 grants round and funding availability.	7.5.2 L: TBC P: NEPHU 7.5.3 L: NEPHU Population Health, P: SRH Program Control Group & NEPHU Catchment Plan Steering Group
7.6 Commission Mpox, vaccination program				7.6.1 Support and promote Mpox vaccination services via sexual health clinics, infectious disease units at hospitals and participating community health organisations 7.6.2 Identify and undertake Mpox vaccination activity in accordance to need	7.6.1 L: NEPHU Health Protection P: Sexual health clinics, infectious disease units at major hospitals and participating community health organisations 7.6.2 L: NEPHU Health Protection P: TBC

10.5. PRIORITY AREA 2: INCREASING HEALTHY EATING (HE)

10.5.1. Increasing Healthy Eating Action Plan – Overview

Table 6: NEPHU Priority Area Action Plan – Increasing Healthy Eating 2023–2025

Priority 2: Increasing Healthy Eating (HE)

(Long term aspiration)

Key objectives

To undertake health promotion and prevention initiatives that seek to increase healthy eating across the NEPHU catchment, and specifically, to:

- Increase access to healthier food and drinks, and decrease access to discretionary foods and drinks.
- Increase capacity to breastfeed, and prepare and consume healthier foods and drinks.
- Increase capacity to not consume discretionary food and drinks.
- Increase socio-cultural norms reinforcing healthier eating, drinking and breastfeeding.
- Increase purchase of healthier food and drinks, and decrease purchase of discretionary food and drinks.
- Decrease the quantity of discretionary food and drinks served eating out and at home.
- Decrease exposure to marketing of discretionary food and drink, and increase exposure to marketing of healthier food and drinks.
- Strengthen local and regional food systems.

Scope

- Food awareness and behaviours (individual)
- Access (including local settings)
- Food systems (including climate change)

Desired outcomes

Aligned with Victorian Public Health and Wellbeing Outcomes Framework, Domain 1: Victorians are healthy and well.

Outcomes:

- Victorians act to protect and promote health
- Victorians have good physical health

Indicators:

- Increase healthy eating
- Reduce overweight and obesity
- Reduce preventable chronic disease

Note: Outcomes articulated here represent the long-term outcome measures that work undertaken within the Catchment Plan will contribute towards. It is not necessarily anticipated that measurable change will occur in these long term outcomes within the life of the Catchment Plan, therefore, the evaluation of impact measures (or short/medium term outcomes) will be essential.

10.5.2. Increasing Healthy Eating Project Control Group membership

Table 7: NEPHU Healthy Eating Program Control Group

Organisation	Role
Access Health and Community	Senior Manager Health Promotion & Engagement
Banyule City Council	Community and Social Planner
City of Whittlesea	Maternal and Child Health Coordinator
DPV Health	Senior Health Promotion Coordinator
Inspiro Health	Lead - Population Health and Inclusion
NEPHU	Public Health and Wellbeing Coordinator
NEPHU	Senior Manager, Engagement Communications and Capacity Development
NEPHU	Senior Manager, Integrated Planning and Programs
Nillumbik Shire Council	Social Planning and Policy Officer
Northern Health	Associate Director, Dietetics
North Richmond Community Health	Program Manager Healthy Communities
Oonah Health and Community Services Aboriginal Corporation	CEO

10.5.3. Healthy Eating Action Plan Functional Area 1: Advocacy

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
1.1 Plan, implement and evaluate a range of advocacy campaigns to influence healthy eating (HE) behaviours, accessibility and food systems.	1.1.1 Amplify the existing Food for Health Alliance <i>Kids are sweet enough</i> campaign	1.1.1 L: Food for Health Alliance P: NEPHU Population Health	2—9, 20	1.1.2 Undertake an advocacy needs analysis with key stakeholder groups and community 1.1.3 Scope and undertake an advocacy campaign focused on access to healthy foods 1.1.4 Explore opportunities to further support the DPV Health <i>Healthy Schools for Healthy Futures</i> campaign 1.1.5 Encourage health promoters across the catchment to register with the <i>Vic Kids Eat Well</i> program 1.1.6 Support and endorse relevant HE advocacy campaigns being led by other key services within the catchment 1.1.7 Develop a 2-year HE Collective Advocacy Schedule in accordance with findings from Advocacy Needs Analysis 1.1.8 Co-design, implement and evaluate advocacy initiatives in accordance with HE Collective Advocacy Schedule	1.1.2, 1.1.3 L: NEPHU Population Health & HE Program Control Group P: TBC 1.1.4 L: DPV Health P: NEPHU Population Health 1.1.5 & 1.1.6 L: NEPHU Population Health & HE Program Control Group P: TBC 1.1.7—1.1.8 L: NEPHU Population Health & HE Program Control Group P: TBC

10.5.4. Healthy Eating Action Plan Functional Area 2: Capacity Building (for professionals)

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
2.1 Scope and assess the training needs of the prevention workforce relating to food awareness and behaviours, food access (including local settings) and food systems across the NEPHU catchment.	2.1.1 Develop and undertake a Healthy Eating Stakeholder Training Needs and Expertise Survey/s inclusive of needs and opportunities associated with statewide programs and initiatives.	2.1.1 L: NEPHU Population Health & HE Program Control P: TBC	1—3, 7, 8, 16	2.1.2 Map the relevant prevention workforce ecosystem including development of a stakeholder database 2.1.3 Identify opportunities to align capacity building initiatives with key content from VicHealth's Local Government Partnership <i>Building better food systems for healthier communities</i> core module 2.1.4 Undertake an annual NEPHU Healthy Eating Stakeholder Training Needs and Provider Survey/s	2.1.2 & 2.1.3 L: NEPHU Population Health & HE Program Control P: TBC 2.1.4 L: NEPHU Population Health P: TBC
2.2 Develop a NEPHU Catchment Healthy Eating Capacity Building Calendar professionals.			1—4, 6—8	2.2.1 Develop a calendar of healthy eating training and capacity building events occurring across whole of catchment, upload to The Well and promote as appropriate. 2.2.2 Ensure health equity and priority population considerations are applied to the development of the NEPHU Catchment Healthy Eating Capacity Building Calendar 2.2.3 Maintain currency and promotion of the NEPHU Catchment Healthy Eating Capacity Building Calendar	2.2.1 & 2.2.2 L: NEPHU Population Health & HE Program Control P: TBC 2.2.3 L: NEPHU Population Health P: TBC
2.3 Harvest and upscale healthy eating and food systems knowledge within the NEPHU catchment service system.			1—3, 6, 7, 10, 16—18,	2.3.1 Collaborate with identified subject matter experts, particularly those within the NEPHU catchment, to leverage 'lessons learnt' and 'application of expertise in practise' to design and deliver healthy eating and/or food systems capacity building initiatives for professionals.	2.3.1 L: NEPHU Population Health P: TBC
2.4 Implement relevant initiatives within the NEPHU Catchment Healthy Eating Capacity Building Calendar.	2.4.1 Collaborate with relevant stakeholders to design and deliver a capacity building activity focused on food access and security.	2.4.1 L: NEPHU Population Health & HE Program Control P: VicHealth, City of Banyule, Better Health Network	1—3, 6—8, 10, 16—18, 20	2.4.2 Determine feasibility of (& act accordingly) hosting an online event to promote and share experience using the Local Food Environmental Policy Index - a tool for local government to strengthen work in creating healthy, equitable and environmentally sustainable food systems 2.4.3 Plan, implement and evaluate capacity building initiatives as per annual NEPHU Catchment Healthy Eating Capacity Building Calendar	2.4.2 L: NEPHU Population Health & HE Program Control P: TBC 2.4.3 L: NEPHU Population Health & HE Program Control P: TBC
2.5 Amplify the reach of existing healthy eating and				2.5.2 Launch and promote Digital Resource Library	2.5.1 & 2.5.2

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
food systems resources for professionals, inclusive of statewide programs and initiatives and develop additional resources (as appropriate).				<p>2.5.3 Liaise and consult with stakeholders to identify gaps in available written resources and investigate and action feasible solutions.</p> <p>2.5.4 Identify communication/feedback pathways with existing resource owners to maintain currency of resources, provide community feedback and seek to continually enhance the Healthy Eating and Food Systems Digital Resource Library and distribution opportunities.</p>	<p>L: NEPHU Population Health & HE Program Control Group</p> <p>P: Local Government, Community Health, Aboriginal Community Controlled organisations, others TBC</p> <p>2.5.3—2.5.4</p> <p>L: NEPHU Population Health & HE Program Control Group</p> <p>P: TBC</p>

10.5.5. Healthy Eating Action Plan Functional Area 3: Community Awareness

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
3.1 Amplify the reach and accessibility of existing community facing healthy eating and food systems resources (including statewide programs), with a focus on equitably reaching both whole of population and priority populations and seek to address gaps in access to resources.			1–8, 11, 16	<p>3.1.1 Identify and collate relevant resources into a community facing Healthy Eating and Food Systems Digital Resource Library and upload to The Well and NEPHU’s website once live.</p> <p>3.1.2 Launch and promote HE and Food Systems Digital Resource Library</p> <p>3.1.3 Establish a Hard Copy Event Resource Kit for distribution at relevant in person community facing events</p> <p>3.1.4 Liaise and consult with stakeholders to identify and action opportunities for ensuring existing print and digital resources are reaching priority populations.</p> <p>3.1.5 Identify communication/feedback pathways with existing resource owners to maintain currency of resources, provide community feedback and seek to continually enhance resource library, kits and distribution opportunities.</p> <p>3.1.6 Identify gaps in language/accessibility and/or topic and work with stakeholders and community to co-design production and distribution of new resources.</p>	<p>3.1.1–3.1.3 L: NEPHU Population Health & HE Program Control Group P: Local Government, Community Health, Aboriginal Community Controlled organisations, Multicultural Centre for Women’s Health, other TBC</p> <p>3.1.4–3.1.6 L: NEPHU Population Health & HE Program Control Group P: TBC</p>
3.2 Promote newly established local initiatives and seek to leverage and upscale to other localised areas across the catchment as appropriate.			1–8, 11, 16	<p>3.2.1 Promote the newly established Whittlesea Collective Food Hub and Whittlesea Community Farm</p> <p>3.2.2 Liaise and consult with stakeholders to identify successful new initiative models and identify avenues to enable localised replication of models.</p>	<p>3.2.1 L: NEPHU Population Health, City of Whittlesea P: TBC</p> <p>3.2.2 L: NEPHU Population Health & HE Program Control Group P: TBC</p>
3.3 Undertake quarterly seasonal vegetables and fruits awareness campaigns targeting both whole of population and priority communities.	<p>3.3.1 Design and implement a seasonal vegetables and fruits awareness campaign, including:</p> <ul style="list-style-type: none"> Seasonal guide to vegetables and fruits Health and financial benefits How to use seasonal ingredients Shopping for seasonal produce on a budget 	<p>L: NEPHU Population Health, HE Program Control Group P: Inspiro Health</p>	1–8, 11, 16–19	<p>3.3.2 Design and implement quarterly seasonal vegetables and fruits awareness campaign, including:</p> <ul style="list-style-type: none"> Seasonal guide to vegetables and fruits Health and financial benefits How to use seasonal ingredients Shopping for seasonal produce on a budget 	<p>L: NEPHU Population Health, HE Program Control Group P: Inspiro Health</p>

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
3.4 Identify and promote existing programs for First Nations communities across the NEPHU catchment which focus on food, culture and health.				3.4.1 Identify existing initiatives and liaise with relevant stakeholders on opportunities, gaps and barriers to healthy eating 3.4.2 Collate relevant resources into the Healthy Eating and Food Systems Digital Resource Library available on The Well.	3.4.1 L: NEPHU Population Health, HE Program Control Group P: TBC

10.5.6. Healthy Eating Action Plan Functional Area 4: Community Education

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
4.1 Collaboratively develop and deliver a Healthy Eating and Food Systems Community Health Promotion and Education Program Schedule.	4.1.1 Deliver a community forum focusing on food label literacy and healthy choices for a priority population	4.1.1 L: NEPHU Population Health & HE Program Control P: DPV Health and St Dominic's Primary School	2—8, 12, 16—19, 24	4.1.2 Undertake a needs analysis to identify priority healthy eating and food systems topics, targets, settings and training providers/programs. 4.1.3 Develop a NEPHU Healthy Eating and Food Systems Community Health Promotion and Education Program Schedule 4.1.4 Co-design, implement and evaluate initiatives in accordance with the NEPHU Healthy Eating and Food Systems Community Health Promotion and Education Program Schedule 4.1.5 Deliver a community forum for seniors, focusing on healthy eating for seniors/frail/people with swallowing or other identified issue/s	4.1.2 & 4.1.3 L: NEPHU Population Health & HE Program Control P: TBC 4.1.4 & 4.1.5 L: NEPHU Population Health & HE Program Control P: TBC

10.5.7. Healthy Eating Action Plan Functional Area 5: Data and Intelligence

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
5.1 Develop and implement an evaluation strategy, inclusive of process, impact and outcome indicators for work within the NEPHU Healthy Eating Action Plan.	5.1.1 Ensure all Horizon 1 action items are designed and implemented with applicable core indicators and initiative specific indicators identification prior to commencement	5.1.1 L: NEPHU Population Health P: HE Program Control Group	1, 2, 6, 13, 20	5.1.2 Ensure all Horizon 2 action items are designed and implemented with identification of applicable core indicators and initiative specific indicators prior to commencement 5.1.3 Develop and implement a NEPHU Catchment Plan Evaluation Strategy which will cascade in application to NEPHU Healthy Eating Action Plan 5.1.4 Undertake evaluation activity and reporting as specified within NEPHU Population Health Catchment Plan Evaluation Strategy 5.1.5 Review NEPHU Population Health Catchment Plan Evaluation Strategy prior to commencement of next 4-year planning period.	5.1.2–5.1.4 L: NEPHU Population Health, SRH Program Control Group, others TBC P: TBC 5.1.5 L: NEPHU Population Health P: HE Program Control Group
5.2 Explore access to and sharing of relevant public health research and data sources not currently available or being utilised by NEPHU.				5.2.1 Build relationships with tertiary institutes and research bodies and government departments to understand current and planned data intelligence projects and explore opportunities to access datasets to further enable evidence informed decision making on healthy eating and food systems prevention and promotion initiatives. 5.2.2 Approach Cancer Council Victoria regarding access to the <i>Vic Kids Eat Well</i> and the <i>Achievement Program</i> evidence base of activity undertaken by registered health promoters across the NEPHU catchment 5.2.3 Make datasets/resources accessible to stakeholders as appropriate 5.2.4 Continue to seek to identify, promote and/or create a range of current public health data intelligence resources	5.2.1 L: NEPHU Population Health P: HE Program Control Group, Department of Health, others TBC 5.2.2 L: NEPHU Population Health P: Cancer Council 5.2.3 & 5.2.4 L: NEPHU Population Health P: HE Program Control Group, Department of Health, others TBC

10.5.8. Healthy Eating Action Plan Functional Area 6: Networks and Communities of Practice

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
6.1 Investigate need for a catchment-wide Community of Practice (CoP) for prevention stakeholders working to strengthen food systems and promote healthy eating, and action accordingly.	6.1.1 Consult with existing key stakeholders to identify value and scope of a healthy eating and food systems CoP and integration with existing landscape	6.1.1 & 6.1.2 L: NEPHU Population Health, HE Program Control Group, P: N/A	2, 3, 7, 8, 14, 16—18, 20, 24	6.1.2 If deemed valuable establish and activate a NEPHU Catchment Healthy Eating and Food Systems CoP 6.1.3 Identify and undertake core business of CoP 6.1.4 Undertake annual review of CoP	6.1.2 L: NEPHU Population Health, HE Program Control Group, 6.1.3 & 6.1.4 L: NEPHU Population Health, HE Program Control Group, P: TBC
6.2 Participate in relevant HE networks and partnerships across the catchment and promote information and opportunities accordingly				6.2.1 Develop a database of current HE networks and partnerships, the focus of each and opportunities for strategic alignment. 6.2.2 Identify networks and partnerships for proposed NEPHU membership and seek to action 6.2.3 Post relevant information and opportunities generated via HE networks and partnerships on NEPHU HE Libraries, Kits, Calendars, distribution lists and social platforms as appropriate 6.2.4 Continued participation in identified HE networks and partnerships and responsiveness to emergent needs. 6.2.5 Continued promotion of relevant information and opportunities generated via partnerships and networks. 6.2.6 Integrate HE networks and partnerships knowledge into the NEPHU Strategic Partnership Plan (to be developed)	6.2.1 L: NEPHU Population Health P: HE Program Control Group 6.2.2 & 6.2.3 L: NEPHU Population Health 6.2.4 L: NEPHU Population Health P: HE Program Control Group 6.2.5 L: NEPHU Population Health P: TBC 6.2.6 L: NEPHU Population Health

10.5.9. Healthy Eating Action Plan Functional Area 7: Systems and Access

Action	Horizon 1 – to June 30, 2023	Lead/Partner	Indicators	Horizon 2 – to June 30, 2025	Lead/Partner
7.1 Harvest and upscale HE and food systems good practice program models within the NEPHU catchment service system.			1—3, 15—18, 20, 22, 24	7.1.1 Identify and collaborate with service providers from within the NEPHU catchment, to leverage ‘good practice HE and food systems program models’ and seek to expand the scale of the models.	7.1.1 L: NEPHU Population Health & HE Program Control Group P: Local Government, Community Health, Aboriginal Community Controlled organisations, PHN’s, Multicultural Centre for Women’s Health others TBC
7.2 Work towards fostering and enabling innovative, collaborative and responsive local HE and food systems initiatives.	7.2.1 Conduct a Health Eating and Food Systems Promotion and Prevention Grants Round 2022-2023	7.2.1 L: NEPHU Population Health P: HE Program Control Group & NEPHU Catchment Plan Steering Group	1—3, 15, 16, 18, 20, 24	7.2.1 Collaboratively develop a final version of the definition for Healthy Eating for the NEPHU Population Health Catchment Plan which is in alignment with the work across the sector and can be integrated into outcomes measurement. 7.2.2 Work collaboratively with First Nations local stakeholders and community to plan, implement and evaluate localised initiatives to address identified gaps and barriers to healthy eating 7.2.3 Provision of relevant subject matter expertise and other support as appropriate to non-NEPHU led HE and food systems initiatives throughout the catchment 7.2.4 Conduct a Health Eating and Food Systems Promotion and Prevention Grants Round in 2023- 2024 and 2024 - 2025, subject to evaluation of 2022-2023 grants round and funding availability.	7.2.1 L: NEPHU Population Health P: HE Program Control Group & NEPHU Catchment Plan Steering Group 7.2.2 L: NEPHU Population Health, HE Program Control Group P: TBC 7.2.3 L: TBC P: NEPHU Population Health 7.2.4 L: NEPHU Population Health P: HE Program Control Group & NEPHU Catchment Plan Steering Group

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12. APPENDICES

APPENDIX 1: NEPHU POPULATION HEALTH CATCHMENT PLAN STEERING GROUP TERMS OF REFERENCE

Background

It is a Department of Health (DH) requirement that all Victorian Local Public Health Units (LPHUs) develop a population health plan across their catchment (the Catchment Plan), in partnership with other regional bodies, funded agencies and local government. The plans are to be informed by population health needs and equity assessments and identify priorities for place-based health promotion, primary prevention and early intervention, including measures of impact aligned to outcomes frameworks.

It is also a requirement that relevant governance structures and formalised partnership structures are established to support the development, implementation and evaluation of the Catchment Plan. In fulfilling these requirements, the North Eastern Public Health Unit (NEPHU) will establish a Population Health Catchment Plan Steering Group (the Steering Group) along with two priority area program control groups.

Purpose	To provide strategic oversight of the development, implementation, monitoring and evaluation of the NEPHU Population Health Catchment Plan.
Objectives and outputs	<ol style="list-style-type: none">1. Provide input to and oversight of the process, planning and development of the Catchment Plan2. Confirm and prioritise focus areas3. Auspice program control groups that will design and deliver implementation and monitor output4. Endorse the Catchment Plan prior to submission to the Department of Health5. Monitor progress against the Catchment Plan and endorse reporting to Department of Health6. Provide advice in relation to health promotion, prevention and early intervention activity, insights or environment that may impact on the Catchment Plan7. Manage risk and change requests8. Collective advocacy in response to identified need9. Share information regarding the Catchment Plan and process with the broader health promotion and prevention stakeholder group across NEPHU catchment.

Remit	<ul style="list-style-type: none"> • The Steering Group will play a key advisory role to NEPHU in relation to health promotion, prevention and early intervention activity and insights, with a primary scope of matters relating to the NEPHU Population Health Catchment Plan. • Input and recommendations from the Steering Group will be a key input into NEPHU’s decision making on matters relating to health promotion, prevention and early intervention.
Membership	<p>The Steering Group will be comprised of 12 members who are executive leaders and senior managers of organisations undertaking prevention and health promotion focused work within the NEPHU catchment.</p> <p>Nine membership positions will be reserved for external stakeholders and three positions for internal (NEPHU) members.</p> <p>To the degree possible, the composition of the Steering Group membership will account for:</p> <ul style="list-style-type: none"> • Intersectoral representation, across key stakeholder groups such as; relevant state government departments, local governments, community health, women’s health, Aboriginal Community Controlled Organisations and Primary Health Networks • Geographical representation across whole of catchment (inner east, outer east, north-east, north) • Gender and cultural diversity. <p>The core skills and competencies across the Steering Group membership will include:</p> <ul style="list-style-type: none"> • Extensive health promotion and prevention knowledge and experience • Strategic leadership • Governance literacy • Risk management • Knowledge of local communities • Communications and stakeholder engagement <p>External membership composition will include:</p> <ul style="list-style-type: none"> • Stakeholder representative x 8 positions • Department of Health, Prevention & Population Health Regional representative x1 <p>Internal membership composition will include:</p> <ul style="list-style-type: none"> • Director/Deputy Director x1 • Operations Director x1 • Senior Manager Public Health Integrated Planning and Programs x1

Membership Term	One year
Frequency and duration	<p>Establishment Phase:</p> <p>Weekly meetings undertaken for the first 3 weeks of March, 2023.</p> <p>Regular cadence:</p> <p>Monthly</p> <p>Extra-ordinary meetings may be called for specific purposes as required.</p> <p>Duration:</p> <p>1 hour (online)</p>
Meeting Quorum	<p>Meeting quorum will be reached with 50% +1 members in attendance.</p> <p>A quorum must be reached before a meeting can proceed or decisions are made.</p>
Responsibilities	<p>The NEPHU Operations Director will act as meeting chair.</p> <p>NEPHU will provide secretariat support:</p> <ul style="list-style-type: none"> • Establish and activate the Steering Group • Maintain Terms of Reference (TOR) • Ensure meeting protocols are followed • Invite members to contribute agenda items • Circulate agendas and all supporting documentation via email to the membership at least one week prior to scheduled meeting (during regular cadence) • Record minutes of meetings and distributed via email no more than one week following the meeting (during regular cadence) • Coordinate reporting from priority focus area Program Control Groups • Co-ordinate Steering Committee updates to be provided to NEPHN Health Promotion and Prevention Chapter and other third parties as required • Fulfil Department of Health reporting requirements. <p>All members will:</p> <ul style="list-style-type: none"> • Endorse Terms of Reference • Attend two initial meetings for determination of priority areas • Attend regular meetings as per Steering Group schedule • Represent the Steering Group with third parties as required • Review meeting documentation to enable informed participation

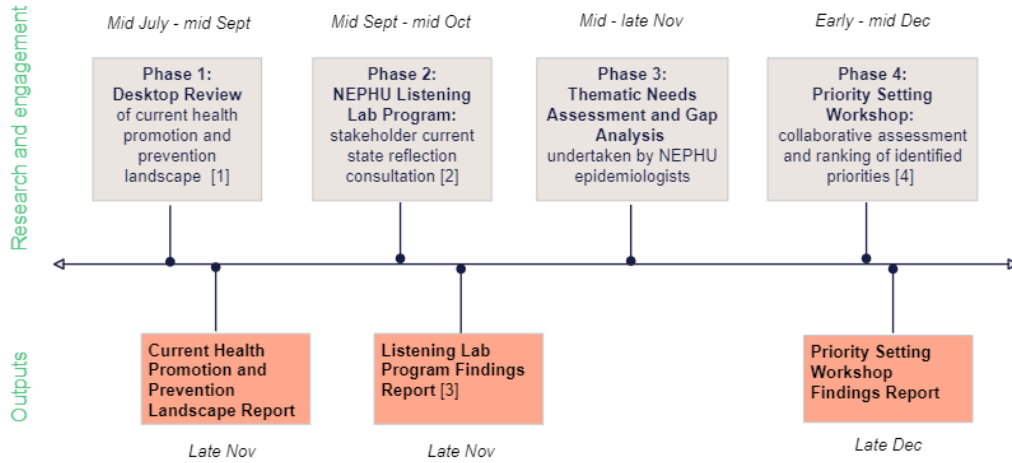
	<ul style="list-style-type: none"> Attend a minimum of 70% of meetings per year and organise a proxy to attend a meeting should they be unable to attend. If any member is unable to attend two successive meetings, membership shall be reviewed. Communicate and work in a collaborative, cooperative, culturally safe, and transparent way, sharing information (where permitted by law and the policies and protocols of the member organisations), research, opinions, and ideas Recognise and respect the differing skills, expertise, and values of each other Communicate and share documents via Microsoft Teams, group email correspondence, and at the meetings.
Decision Making	<ul style="list-style-type: none"> The process of decision making is based on the consensus model with all group members having the opportunity to be involved in decision making. In the circumstance that consensus cannot be reached, a voting process will be undertaken in a fair and timely manner with each member holding one vote and the majority being the final decision. If the matter is unable to be resolved the chair will have the casting vote.
Conflict of interest	All members will declare any perceived or actual conflicts of interest at the beginning of each meeting OR as conflict arises throughout meetings.
Dispute Resolution Process	Any dispute or concern should be raised with the Chair to determine the most appropriate course of action required to reach a formal resolution.
Evaluation	The Steering Group will conduct an evaluation and review its Terms of Reference in June, 2023, then on an annual basis thereafter.

Version Control

Document applies to:	North Eastern Public Health Unit (NEPHU) Catchment Plan Steering Group (CPSG)
Version	1.0
Date	15 February 2023
Revision due:	June 30 2023
Endorsed by:	NEPHU CPSG March 2023
Author/ Contributors	NEPHU Public Health Integrated Planning and Programs

APPENDIX 2: NEPHU POPULATION HEALTH CATCHMENT PLAN DEVELOPMENT ROADMAPS

Figure A1: NEPHU Population Health Planning Strategic Roadmap: Stage 1 (July – Dec 2022)



[1] Desktop review: inclusive of PHN Needs Assessments, Community Health Integrated Health Promotion Plans, LGA MHWPs, Womens Health Integrated Health Promotion Plans, Health Service strategic plans, ACCHO relevant planning documents, Sexual Health Victoria relevant planning documents, Community Health Health Promotion Planning Guidelines, DH-LPHU Outcomes Framework.
 [2] Catchment-wide stakeholder consultation with internal and external component. Methodology for internal consultation: 1:1 interviews with NEPHU leadership team (undertaken by IPP team and Community Engagement Lead). Methodology for external consultation: online survey (unlimited) and 1:1 interviews with key leaders undertaken by NEPHU leadership team (limited).
 [3] Report will include survey and interview findings and a commentary on stakeholder reflections in comparison with the Current Landscape Report.
 [4] Inclusive of: presentation of synthesised findings from phases 1 and 2, and interactive methodologies to establish stakeholder shared position on priorities.
 Notes:
 a) Activities in the Roadmap will be undertaken in parallel with strategic planning for health promotion and prevention partnerships and networks (including PCP partnership transition), and also the broader NEPHU governance framework development.
 b) The above process will ultimately be integrated with NEPHU health protection functionality to form a NEPHU Strategic Planning Framework.

Figure A2: NEPHU Population Health Catchment Planning and Collective Action Strategic Roadmap: Stage 2 (Jan – June 2023)

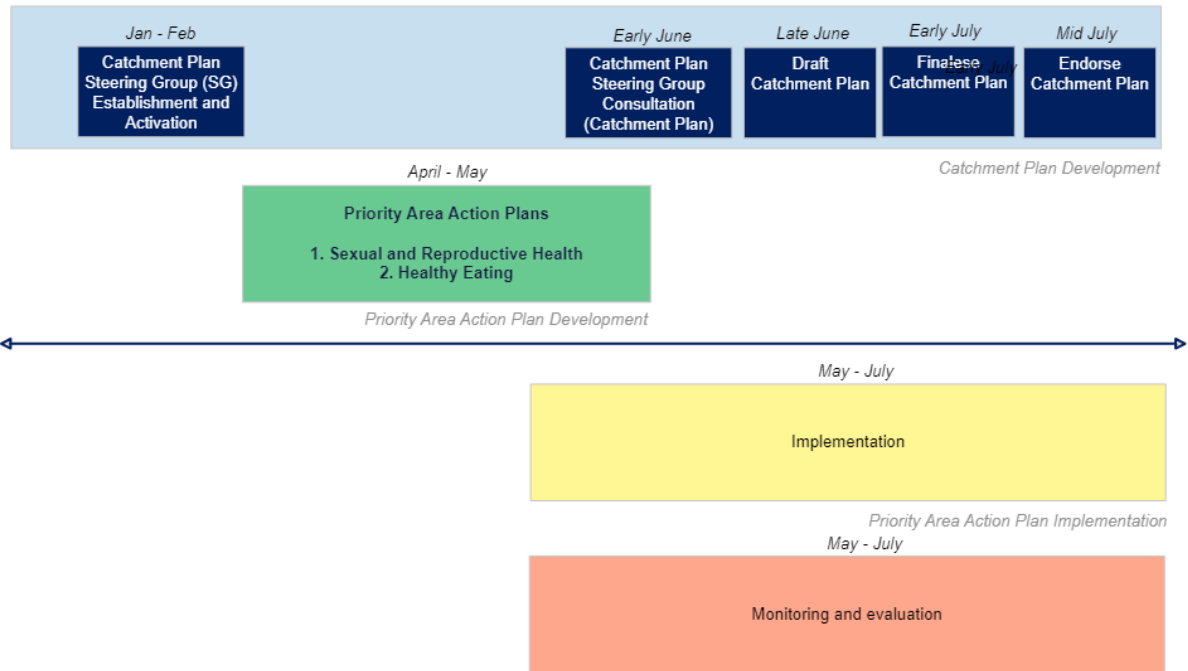
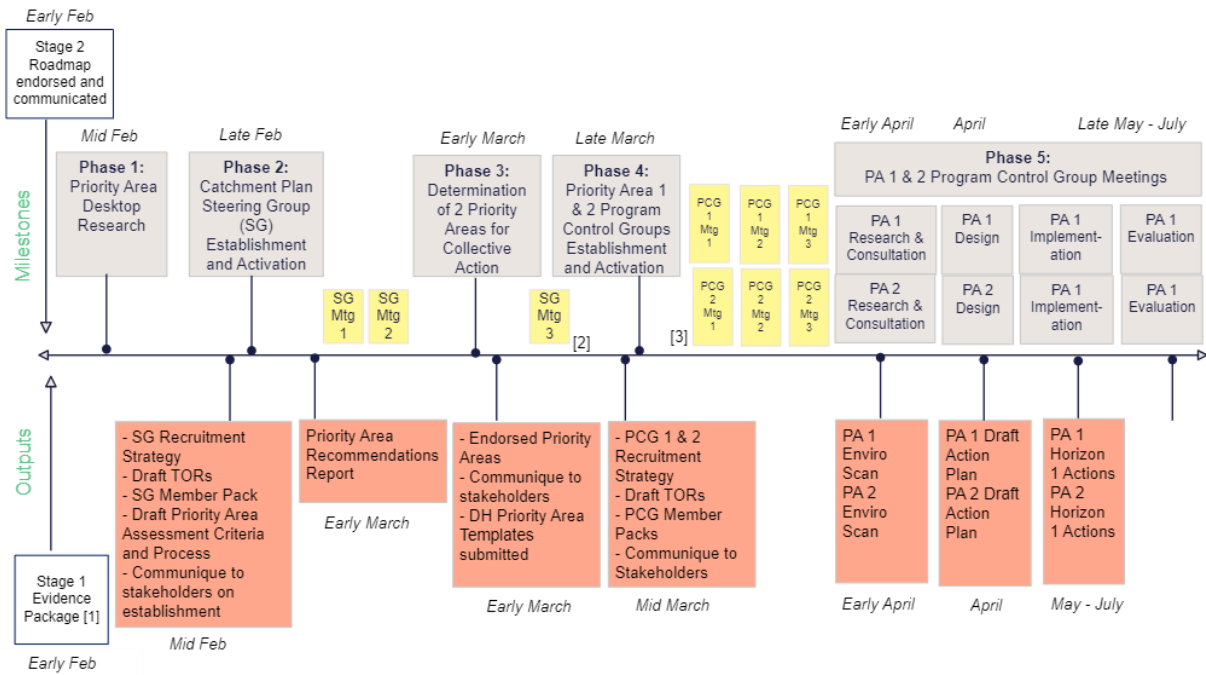


Figure A3: NEPHU Priority Areas for Collective Action Strategic Roadmap: Stage 2A (Jan – June 2023)



APPENDIX 3: NEPHU POPULATION HEALTH CATCHMENT PLANNING STAGE 1 REPORT (PHASES 1 – 3)

[Nephu Population Health Catchment Planning Stage 1 Report \(Phases 1 – 3\)](#)

[Nephu Population Health Catchment Planning Stage 1 Report \(Phases 1 - 3\) Appendices](#)

APPENDIX 4: NEPHU POPULATION HEALTH CATCHMENT PLANNING WORKSHOP FINDINGS REPORT STAGE 1 PHASE 4

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APPENDIX 5: NEPHU POPULATION CATCHMENT PLANNING PRIORITY AREA RECOMMENDATIONS REPORT

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APPENDIX 6: NEPHU CATCHMENT-WIDE STAKEHOLDER PREVENTION ACTIVITY TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH

Table A1: NEPHU Catchment-wide stakeholder prevention activity to improve sexual and reproductive health

Functional Area 1: Advocacy			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C1. Nillumbik Youth Strategy 2022-2026: Nillumbik Secondary Schools Advocacy. Advocacy for Nillumbik secondary schools to provide inclusive sexual health education that empowers young people to make informed choices through ensuring access to information and resources.	Nillumbik Shire Council		
C2. Eastern Metropolitan Regional SRH Strategic Network A reference group led by Women's Health East and including over twenty-one regional partners and six state-wide organisations that seeks to promote, advocate for and facilitate action around SRH in the Eastern Metropolitan Region.	Women's Health East		
C3. Northern Health & University of Melbourne & Victorian Nursing and Midwifery Trust – co design project			

Functional Area 2: Capacity Building (for professionals)			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C4 – C5. Family and Reproductive Rights Education Program (FARREP) (for health professionals). Professional development program on migrant and refugee women’s health and the social and cultural aspects of Female Genital Cutting.	cohealth Women’s Health in the North	U1. Breaking down the barriers of HIV for people from migrant refugee backgrounds. A project aiming to demystify HIV myths, reduce stigma and discrimination, and provide information about best referral pathways.	Centre for Culture, Ethnicity and Health
C6. Hepatitis education program for non-health professional workforce.	LiverWELL	U2. HEPReady Essentials. Online health workforce training for viral hepatitis.	LiverWELL
C7. Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL). A comprehensive education and training service for primary healthcare providers for the diagnosis, treatment and management of HIV, hepatitis B, hepatitis C and STIs.	North Western Melbourne Primary Health Network	U3. Online Self-Directed Training Modules Development of online educational resources for self-directed training and skill development for viral hepatitis which will be underpinned by adult learning principles and trialed and tested with user groups. Developed in partnership with clinical service providers and community health providers.	LiverWELL
C8. Sexual and Reproductive Health Clinical Education Program for health professionals. A series of online and virtual resources for health professionals.	Sexual Health Victoria		
C9. Relationships and Sexuality Education (RSE) Program for Teachers. An education program providing direct delivery and mentorship for teachers delivering relationships and sexuality education; free access to RSE teaching resources and learning materials, mapped to the Victorian & Australian Curricula, is included.	Sexual Health Victoria		

Activity (Current)	Agency	Activity (Upcoming)	Agency
C10. Increase understanding of the SRH needs of women living with disability. A literature and environmental scan and community and stakeholder consultation to build the understanding of the Women's Health East Sexual and Reproductive Health working group of the sexual health priorities of women living with a disability.	Women's Health East		
C11. Eastern Victoria Early medical abortion capacity building webinars. Two early medical abortion panel-based workshop webinars for primary healthcare providers delivered in partnership with two other Women's Health organisations in metro and rural Victoria.	Women's Health East		
C12. Sexual and Reproductive Health Fact Sheets. Fact sheets detailing the sexual and reproductive health of girls, women and gender-diverse people in Melbourne's northern metropolitan region.	Women's Health in the North		
C13. SRH e-News. Resources shared on WHIN's SRH work on a monthly basis.	Women's Health in the North		
C14. SRH Communications Guide. A guide outlining principles of good SRH messaging and opportunities to embed SRH messaging across other areas.	Women's Health in the North		
C15. Menopause friendly workplaces. A project to create, publish, implement and distribute a resource on menopause in the workplace to reduce stigma and increase equity at work for women and people undergoing peri-/menopause.	Women's Health East		
C16. Sexual harassment workforce training module. A training module for workforce capacity building.	Women's Health in the North		

Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C17. Medical Termination of Pregnancy (MTO) Professional Development. A collaboration with GenWest to support MTO professional development for service providers across Northwest Melbourne.</p>	<p>Women’s Health in the North</p>		
<p>C18. Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) Sex Worker Awareness Training: Health and Stigma An education session supporting general practitioners to understand their legal duties under the new legislation and to equip them with the knowledge and confidence to provide evidence-based best practice healthcare to all patients, whether sex work status has been disclosed or not. This training is co-designed by VHHITAL and Vixen, Victoria’s peer-only sex worker organisation.</p>	<p>North Western Melbourne Primary Health Network</p>		
<p>C19. Maximizing Cancer Screening Expansion Program - Victorian Primary Health Networks. A program that responds to the ongoing impact of COVID-19 on cancer screening participation in Victoria, focusing on Cervical, Breast, Bowel and Liver Cancer Screening.</p>	<p>North Western Melbourne Primary Health Network</p>		

Functional Area 3: Community Awareness			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C20. Building community awareness on health and mental health issues. Communication and capacity building for the community on issues impacting health.	cohealth	U4. Jean Hailes Women's Health Week. The 2023 program will feature new resources and information on hormones, PCOS, menopause, cervical screening self-collection, heart health, persistent pelvic pain and nutrition.	Jean Hailes Women's Health
C21. LiverWELL CALD community engagement. A series of CALD population engagement activities to raise viral hepatitis awareness targeting Vietnamese, Chinese, Khmer and Filipino communities.	LiverWELL	U5. HIV Still Matters. A campaign to address HIV stigma by showing the personal narratives of people living with HIV.	Thorne Harbour Health
C22. Nillumbik Youth Strategy 2022-2026: 16 Days of Activism. Promotion of safe and respectful relationships through a youth-led project to promote the 16 Days of Activism.	Nillumbik Shire Council	U6. Public Cervix Announcement. A campaign to promote cervical screening among all LGBTIQ people with a cervix and promote new self-collection options.	Thorne Harbour Health
C23. Nillumbik Youth Strategy 2022-2026: STI, pregnancy and contraception support information. Information provided on the Nillumbik Youth website.	Nillumbik Shire Council		
C24. Drama Downunder Campaign. A campaign to destigmatise STI testing among gay and homosexually active men and reinforce the need for regular testing.	Thorne Harbour Health		
C25. SRH week. A yearly social media campaign focused on SRH issues relevant to the Eastern region, and evaluation of the reach and impact of the campaign.	Women's Health East		

Functional Area 4: Community Education

Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C26. Somali Middle Years Girls' Group. A group for Australian girls (8 - 12 years) with Somali background that provides a safe space to learn, talk and ask questions about their bodies and their identity as young Muslim Women, whilst connecting with each other through skill building and fun activities.</p>	Banyule Community Health	<p>U7. Youth Viral Hepatitis education and prevention</p> <p>An interactive and activity-based youth focused viral hepatitis workshop developed through youth consultation designed to empower youth audiences with knowledge, address stigma and discrimination, reduce transmission risks and where to seek help. A stand-alone resource that is complemented by a yearly "Streetshots" competition where young people can interact with liver health and viral hepatitis concepts through art and design.</p>	LiverWELL
<p>C27. Family and Reproductive Rights Education Program (FARREP) (for communities). Program providing education, information and networking on sexual and reproductive health and mental health and wellbeing for communities, including those arriving from countries where female genital cutting is traditionally practiced.</p>	Cohealth Women's Health in the North	<p>U8. Sexual Health Week (April and August 2023). Program includes a student-focused one-day festival (SHAG - Sexual Health and Guidance fest) promoting sexual health messaging, sex positivity and collateral, social media campaign and drop-in sexual health clinic.</p>	Swinburne University
<p>C28. Cervical screening test and self-collection health education session. Online education session for women from refugee backgrounds.</p>	EACH		

Activity (Current)	Agency	Activity (Upcoming)	Agency
C29. AMEP – Hepatitis B Workbook Development of an Adult Migrant English Program (AMEP) viral hepatitis program workbook to be utilised through external AMEP providers. This project aims to increase testing and vaccination rates among migrants from priority CALD populations and to reduce stigma and discrimination through discussion. This resource seeks to build on existing work delivered through LiverWELL in partnership with the AMEP program to develop a resource that is usable for migrants in other settings.	LiverWELL		
C30. LiverLine. Liver health and viral hepatitis support line (1800 703 003; Monday - Friday, 9am - 5pm).	LiverWELL		
C31. Parent Hub Series: Education sessions for parents of young people including session on 'Consent' hosted by Body Safety Australia and 'Navigating Sex' delivered by Sexual Health Victoria.	Nillumbik Shire Council		
C32. Community Outreach Education. Health education for youth and community workers and organisations on a wide range of relationships and sexual health topics.	Sexual Health Victoria		
C33. SRH information. A nurse-led information line providing information for health professionals and members of the public; a range of web-based information about SRH topics that is accurate and up to date and accessible (with Auslan videos, plain English and multilingual options).	Sexual Health Victoria		
C34. Sex Worker Outreach Program. Peer education and information services to sex workers.	Vixen		

Activity (Current)	Agency	Activity (Upcoming)	Agency
C35. Multicultural STI response. A community consultation to investigate opportunities for targeted, co-designed health education and communication messages around STIs, incorporating inclusion of diversity in sexual and gender identity.	Women's Health East		
C36. Sex Ed 101+ 102 social media campaign. A social media campaign and e-book exploring the topics of consent, sex positivity, pleasure, STIs, contraception and more!	Women's Health in the North		
C37. Side by Side. A respectful relationships and sexual and reproductive health education program specifically targeting communities that traditionally practice Female Genital Cutting; a project advisory group with women from community, and 'Health Day' to be delivered on 27 May.	Women's Health in the North		
C38. Get the Go Ahead: Voice for Affirmative Consent Project. A youth-centred co-design project to build the capacity and confidence of young people living with a disability to advocate for their rights and practise affirmative consent, and to challenge sexist and ableist stereotypes that drive gender and disability-based violence.	Women's Health East		

Functional Area 5: Data and intelligence

Activity (Current)	Agency	Activity (Upcoming)	Agency
N/A			

Functional Area 6: Networks and communities of practice

Activity (Current)	Agency	Activity (Upcoming)	Agency
C39. Family and Reproductive Rights Education Program (FARREP): North West Governance Partnership. The North West Governance Partnership coordinates integrated health promotion programs that work with communities to prevent Female Genital Cutting practices.	Cohealth Women's Health in the North		
C40. SRH Newsletter. A monthly E-bulletin and tri-annual E-newsletter on SRH topics of interest (especially in relation to women, girls and gender-diverse people) for members of the Eastern region SRH strategic reference group and interested partners.	Women's Health East		
C41. A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025 regional strategy to improve sexual and reproductive health across Melbourne's eastern metropolitan region.	Women's Health East		
C42. Freedom, Respect and Equity in Sexual Health 2022–2026. A regional strategy to improve sexual and reproductive health across Melbourne's northern metropolitan region.	Women's Health in the North		
C43. Freedom, Respect and Equity in Sexual Health 2022–2026 Action planning. Action planning for this regional strategy is in progress and is due for completion in May 2023, with an accompanying an evaluation framework.	Women's Health in the North		

Functional Area 7: Systems and Access

Activity (Current)	Agency	Activity (Upcoming)	Agency
N/A			

APPENDIX 7: NEPHU CATCHMENT-WIDE STAKEHOLDER PREVENTION ACTIVITY TO INCREASE HEALTHY EATING

Table A2: NEPHU Catchment wide stakeholder prevention activity to increase healthy eating

Functional Area 1: Advocacy			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C1. Healthy Schools for Healthy Futures. An advocacy campaign to Department of Education for the current Canteens, Healthy Eating and Other Food Services policy to be updated, mandated and monitored in Victorian Schools.	DPV Health		
C2 – C4. Food for Thought. A project of the Inner East Health Promotion Partnership to scope food marketing and sponsorship in junior clubs. The project aims to understand the current context and then advocate for change to policy through local government and leagues.	Access Health and Community healthAbility La Trobe Community Health Service/Link Health and Community		

Functional Area 2: Capacity building (for professionals)			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C5. Early Learning Centres Healthy Eating Project. A place-based, whole of setting approach utilising evidence-based health promotion programs (e.g. Achievement Program and Healthy Eating Advisory Service Menu Guide) to address factors within a socio-ecological framework that are associated with healthy eating.	cohealth	U1. Cooks Network. <i>A capacity building project for cooks in early years services in Monash.</i>	Latrobe Community Health Service/Link Health and Community
C6. Supporting Healthy Eating in Supported Residential Services (SRS). An initiative working with seven SRS services to run a series of training days to improve the quality of the food offered to residents, provide residents with an opportunity to try/taste healthy foods, and development of relevant healthy eating resources and social media to profile these activities.	EACH		
C7. Every Body in Every School. Development, testing and dissemination of a toolkit for schools to create environments that support students' body image and healthy relationships with food and physical activity.	Inspiro Health		
C8. Quality Improvement activities with general practices. A quality improvement program for general practice that focuses on person-centred outcomes, which can include BMI.	North Western Melbourne Primary Health Network		
C9. Healthy Eating and Addiction Recovery environments. A capacity building program for an Alcohol and Other Drug (AOD) recovery service to build staff capacity to create supportive environments for healthy eating choices and practices and to identify and refer clients with disordered eating beliefs and practices.	Your Community Health		

Functional Area 3: Community awareness			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C10. KNOT: Growing Mob by cohealth Arts Gen. A program enabling knowledge sharing from First Nations leaders and knowledge holders. Participants access learning opportunities about healthy sustainable eating through Indigenous food knowledge, connecting to Country, weaving, plant propagation, garden making and Indigenous plant use.	cohealth		
C11. Community Healthy Eating and E-Resource. A project to improve access to culturally appropriate healthy eating information for people from culturally diverse backgrounds including refugees, people experiencing low socioeconomic status or homelessness and people who identify as Aboriginal and Torres Strait Islander, and to deliver capacity building workshops for health guides and volunteers.	cohealth		
C12. Yarra Ranges Food Connections Website. A website providing up to date community information about food systems projects and programs in the Yarra Ranges.	Inspiro Health		
C13. Maroondah Connect. A community support telephone helpline to help residents access community programs including food relief.	Maroondah City Council		
C14. Youth Group. A weekly cultural youth group providing a meal with healthy elements and food related activities to improve literacy around healthy eating.	Oonah Health and Community Services Aboriginal Corporation		

Functional Area 4: Community education			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C15. Eat Well on a Budget. A program aiming to reduce social isolation by using food to bring people together in an inclusive, culturally safe and weight inclusive environment. Learning opportunities about healthy eating that is cost effective are incorporated.	Access Health and Community	U2. Tiger PAW. A program delivering physical and wellbeing sessions in primary schools with nutrition component.	Aligned Leisure
C16. Inner Peas. A four-week social connection cooking program delivered in partnership with headspace Hawthorn in a secondary school setting.	Access Health and Community	U3. A Taste of Tucker. A program for Aboriginal parents, carers and their children to come together to share, learn and celebrate cooking affordable, nutritious food and to share and build knowledge of traditional food. A recipe book and recipe videos (TBC) will be produced.	Banyule Community Health
C17. Healthy Schools Banyule. A program delivering tailored healthy eating activities for local schools, and a quarterly newsletter for all schools in Banyule focused on healthy eating and active living.	Banyule Community Health	U4. Fresh Start Monday. Part 1 of this program is concluding and involves work within the curriculum of a local primary school to building students' capacity to eat healthily. In Part 2 local families will lead a weekly cooking program where they teach each other and share home recipes and build capacity to cook affordable and healthy food. Recipe videos and a recipe book/cards will be produced.	Banyule Community Health
C18. Buna Garden Grows. Activation of the local community garden to increase healthy eating and active living amongst the local community. Activities include regular community drop-in sessions, sessions for local schools, building a community volunteer base, sharing of produce with the local Aboriginal	Banyule Community Health	U5. Get your Dad in the kitchen. A cooking demonstration for dads and kids for Men's Health Week.	City of Boroondara

<p>food share program, a gardening program for Somali Women and community connection and education events.</p>			
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Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C19. Boroondara Maternal and Child Health Service Planter Boxes. Planter boxes have been installed at two maternal and child health centres where facilitated playgroups for vulnerable families occur. Vegetable seedlings are planted with the children and nurtured at weekly playgroup sessions. At harvest time the vegetables are shared by the playgroup and taken home for cooking.</p>	City of Boroondara	<p>U6. Wellbeing conversations. A series of wellbeing conversations including a guest speaker talking about healthy eating and gut health.</p>	City of Boroondara
<p>C20. Transition Resource Program. A series of accessible videos and handouts to educate families with children starting school on health and wellbeing topics, including healthy eating.</p>	DPV Health		
<p>C21. Good Food for Good Health. An online cookbook aiming to provide recipes and information that address perceived barriers to healthy eating, including cost, time and skills. The cookbook is used by local community groups and internal Dietetics team for client education.</p>	DPV Health		
<p>C22. Healthy eating resources for caregivers and teachers. Development and dissemination of posters and handouts for caregivers and teachers using positive language around food.</p>	Inspiro Health		
<p>C23. Yarra Ranges Food Connections Extension Program: Paddock to Plate and Waste. This program provides lesson plans and a community exhibition of student work to develop an understanding of a food system and locally grown fruit and vegetables.</p>	Inspiro Health		

Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C24– C27. INFANT Program. A healthy eating and active play program for new parents of children aged 3-12 months.</p>	<p>cohealth La Trobe Community Health Service/Link Health and Community Eastern Health Manningham Council</p>		
<p>C28. Glen Park Oaks Community Garden. Council operated volunteer program at Glen Park in Bayswater North, supporting communal gardening in a community setting. Community members and volunteers garden, interact, learn, and harvest and share in garden produce.</p>	<p>Maroondah City Council</p>		
<p>C29. Support for other community gardens in Maroondah. A program to support a number of non- Council operated community gardens operating in Maroondah.</p>	<p>Maroondah City Council</p>		
<p>C30. Spring Outdoors Program. An annual program of environmental events including education seminars where local communities can connect, learn and protect our natural environment and biodiversity. Delivered in partnership with Manningham City Council, Banyule City Council and Nillumbik Shire Council.</p>	<p>Nillumbik Shire Council</p>		
<p>C31. Various activities at Neighbourhood Houses. A program of activities that includes community gardens, food pantry, education sessions, cooking demonstrations, Punjabi cooking club and food growing workshops.</p>	<p>Nillumbik Shire Council</p>		

Activity (Current)	Agency	Activity (Upcoming)	Agency
C32. Nutrition Sessions. A school-based program in which a health promotion officer and dietitian deliver fun and interactive sessions focusing on fibre, sugars, and fresh foods.	North Richmond Community Health		
C33. United Cooking Group. A weekly cooking class in which local community member learn new recipes from a dietitian and share different cultural foods.	North Richmond Community Health		
C34. Tuckerbag. A weekly food relief program providing fruit and vegetables for families in the Yarra Ranges and recipes promoting healthy eating at low cost.	Oonah Health and Community Services Aboriginal Corporation		
C35. Earth Heart Spirit. A cultural group that explores Culture and personal self-determination. Activities include cooking classes that use traditional foods and promote healthy eating.	Oonah Health and Community Services Aboriginal Corporation		
C36. Stronger Culture, Stronger Tomorrow. An initiative undertaken in partnership with the Aboriginal and Torres Strait Islander community to adapt and deliver local and tailored interventions to support healthy eating including a bush food program and adaptation of state-wide social marketing for the local community.	Your Community Health		
C37. Arabic Gardening Group. A tailored, local initiative undertaken in partnership with newly arrived Arabic-speaking communities to support healthy eating and improve food security through growing food.	Your Community Health		

Functional Area 5: Data and intelligence			
Activity (Current)	Agency	Activity (Upcoming)	Agency
C38. Local Environmental Food Policy Index implementation. A collaboration with Yarra Ranges Council, Inspiro Health, Eastern Health and Deakin University to complete the Policy Index to benchmark progress in implementing policies to create equitable and environmentally sustainable food systems.	Inspiro Health	U7. Food systems mapping across Banyule, Darebin and Nillumbik. This project will draw on a student-supported literature review of relevant methodology to inform mapping of food systems across Nillumbik, Banyule and Darebin by the North East Community Health Health Promotion Partnership. Systems mapping will inform community co-design of interventions to strengthen the food system.	Banyule Community Health
C39. Healthy Suppliers Project. A project to map food suppliers in the Inner East supplying food to settings such as schools, sports clubs, councils, and early years.	Latrobe Community Health Service/Link Health and Community		
C40. Promoting CHANGE. A randomised controlled trial led by Deakin University to evaluate whether an intervention to support local government to improve the availability and promotion of healthy food and drink in retail outlets is effective and delivers good value for money.	Nillumbik Shire Council		

Functional Area 6: Networks and Communities of Practice

Activity (Current)	Agency	Activity (Upcoming)	Agency
C41. Weight Inclusive Alliance. Membership of the Alliance hosted by University of Melbourne.	healthAbility		
C42. Climate Health Community of Practice. A Community of Practice for professionals in the prevention sector facilitating learning, sharing and networking on the topic of climate change and its intersection with health, including healthy eating.	Latrobe Community Health Service/Link Health and Community		
C43. Food Relief Network. A network of local organisations providing emergency food relief for the community.	Manningham Council		
C44. Maroondah Emergency Relief Network. A network providing coordination, support, advocacy and leadership for the emergency relief sector, including food relief.	Maroondah City Council		
C45. Yarra Ranges Local Farmers Network. A network that creates a space for local farmers in the community to work collaboratively, support each other and to share information, insights and opportunities.	Yarra Ranges Council		
C46. Gardens for Harvest Program. A backyard home food gardening program for the community including a newsletter reaching more than 2000 subscribers.	Yarra Ranges Council		
C47. Community Gardens. A network of 17 community garden groups operating on both public and private land which meets monthly.	Yarra Ranges Council		

Functional Area 7: Systems and access			
Activity (Current)	Agency	Activity (Upcoming)	Agency
Local implementation of state-wide initiatives:			
C48 – C52. Healthy Choices guidelines: Policy directive for Victorian health Services. Compliance and/or policy development to align with the Victorian Government Healthy Choices: policy directive for health services.	Eastern Health healthAbility Northern Health North Richmond Community Health Your Community Health		
C53 - C54. Healthy Choices guidelines: Guidelines for sport and recreation. Implementation of Victorian Healthy Choices Guidelines in sport and recreational settings e.g. menu planning.	City of Whittlesea Inspiro Health		
C55 – C56. Achievement Program. A place-based, whole of service approach to healthy eating in early years services.	cohealth Latrobe Community Health Service/Link Health and Community		

Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C57 – C64. Vic Kids Eat Well. A Victorian initiative to increase healthy food and drink choices among children in schools, sports clubs and other settings.</p>	<p>Access Health and Community cohealth DPV Health Eastern Health healthAbility La Trobe Community Health Service/Link Health and Community North Richmond Community Health Your Community Health</p>		
<p>C65 – C67. Smiles 4 Miles. An evidence-based program implemented in Early Childhood Services to improve the oral health of pre-school aged children and their families.</p>	<p>Banyule Community Health DPV Health Inspiro Health</p>		
<p>Other local initiatives:</p>			
<p>C68. Community design of future healthy eating activities. Continue to design relevant, long-term solutions to overcoming the barriers to healthy eating by listening to and co-designing with local communities through action research.</p>	<p>Banyule Community Health</p>	<p>U8. Healthy Rewards Initiative. An initiative offering sports clubs healthier alternatives for the rewards they provide to junior participants.</p>	<p>Latrobe Community Health Service/Link Health and Community</p>

Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C69. Boroondara Cooks. A program in which local ‘Cooks’ prepare an extra portion of a home cooked meal to deliver and share with a local ‘Diner’ with whom they are paired. Diners benefit from both a nutritious home-cooked meal and social connection.</p>	City of Boroondara		
<p>C70. Healthy Eating so Kids Thrive in Schools. An initiative providing healthy eating sessions to students and parents (including Cooking with Kids, Eat a Rainbow, Everyday Lunchboxes/Lunches and Community Garden Excursions), encouraging students to lead on healthy eating in schools and helping schools to develop healthy eating policies, procedures and practices, including in school canteens.</p>	EACH		
<p>C71. Healthy Eating Small Grants Program An initiative to increase the awareness, availability and consumption of healthy food and drink in school settings in Knox and Maroondah.</p>	EACH		
<p>C72. Improving the Yarra Ranges Food System. Developing a Yarra Ranges Food Systems plan/policy in partnership with Inspiro, delivering community education through promotion at community events and delivering school projects to increase knowledge of the local food system.</p>	Eastern Health		
<p>C73. Upper Yarra Place Based Approach to Healthy Behaviours. Development of a place-based approach to increase collective action on healthy behaviours and prevention of chronic disease, including a series of events to establish need and desire to work collaboratively in the Upper Yarra.</p>	Eastern Health		

Activity (Current)	Agency	Activity (Upcoming)	Agency
C74. Food Mapping Literature Review. Supervision of a student who undertook a literature review on Food Mapping process, learnings and barriers. This work will inform further conversations around what could food action look like in the north east.	healthAbility		
C75. Size Inclusive Health Promotion. Connecting with Star Health on their size inclusive practice guide with the hope of implementing it alongside Vic Kids Eat Well.	healthAbility		
C76. Wattle Hill Community Garden. Activating the community garden spaces in Wattle Hill to create connections with local residents and lead to other health and wellbeing outcomes.	healthAbility		
C77. Healthy Sports Rewards. An initiative to promote healthy sports rewards which supplies Certificates of Achievement and vouchers for free access to aquatic facilities to local sporting clubs.	Inspiro Health		
C78. Maroondah Emergency Relief Grants Scheme. Grant scheme providing assistance to not-for-profit community groups to deliver and develop emergency relief programs and services to assist vulnerable people.	Maroondah City Council		
C79. Community Pantry. The community food pantry provides access to donated, healthy, non-perishable food and toiletries for community members experiencing food insecurity.	Nillumbik Shire Council		
C80. Edible Hub Garden. One of 9 community gardens across Nillumbik providing an inclusive space where the public can connect and learn about food growing, community resilience, and sustainability. Garden produce is free for everyone to harvest, promoting the concepts of a sharing economy, and the use of communal land for the production of fresh, local food.	Nillumbik Shire Council		

Activity (Current)	Agency	Activity (Upcoming)	Agency
<p>C81. Food is Free. Food is Free is a worldwide movement to increase food security and community cohesion through access to nutritious, healthy food. Left-over home-grown food and other items from the twice monthly Edible Hub Food Share are placed on the Food is Free table for everyone in the community to access. Individual donations can be left on the table at any time.</p>	Nillumbik Shire Council		
<p>C82. Food Swap and Share. A twice-monthly get-together centred on giving, swapping, and sharing home-grown food and garden-related items with others in the community. The food share aims to increase community access to healthy home-grown food, build strong local relationships, and reduce the amount of food-related waste going to compost and landfill.</p>	Nillumbik Shire Council		
<p>C83. Edendale Community Farm - various activities. A Local Food Systems project with disengaged youth from local secondary schools including a demonstration food growing garden area at Edendale Community Farm, sale of veggie seedlings to support 'The Veggie Empire' social enterprise, seed libraries, food growing workshops, support for community groups and events, community food gardens and the Community Grow Guide.</p>	Nillumbik Shire Council		
<p>C84. Deakin University Food Policy Index Mapping. An internal review of policy and strategy applying Deakin University's support and toolkit.</p>	Yarra Ranges Council		

Activity (Current)	Agency	Activity (Upcoming)	Agency
C85. Eat Well Live Well. A co-design approach to support public housing residents to improve health and wellbeing.	Your Community Health		
C86. Summer Food Justice Festival. A festival of 10 fresh food pop-up markets to increase access to and consumption of vegetables and fruit amongst people experiencing food insecurity.	Your Community Health		