

Community health – health promotion program 2021-25: High level strategic statement

Organisation	cohealth
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Core catchment area(s) for health promotion	Melbourne, Moonee Valley, Maribyrnong (Western Region), Yarra (Northern Region)

About cohealth's catchment: cohealth's primary catchment area for community health promotion is large, spanning four local government areas (LGAs), with a highly diverse population. Our catchment has pockets of significant socioeconomic disadvantage, including low income households, jobless households with children, and poor English proficiency. The population is slightly less young than the Victorian and Greater Melbourne average, with a significant proportion of people of early working age (25-44 years) – ranging from a third of the population in Moonee Valley (31.3%) up to 42% in Maribyrnong and nearly half of the population in Yarra (48%) and the City of Melbourne (47.9%) – overall considerably higher than the Greater Melbourne (31.7%) and Victorian (29.7%) averages. Focusing efforts on this population is important as part of a life course approach to health promotion, not just for healthy ageing, but for the influence this age cohort has on the development of the wellbeing and habits of children.

Our vision and approach: Our vision is for healthy communities and healthy people – spanning physical health, mental health and health agency. We place people at the centre of our work – taking community-led approaches wherever possible – and apply an equity lens to everything that we do. We know we can only shift health inequities by focusing efforts on those facing the greatest barriers to wellbeing, and by giving regard to the social determinants of health. We align our work with regional partners to maximise our collective impact.

Our health promotion objectives: As a large health provider in Melbourne's north and west, we want to develop cohealth's capacity to be a health promoting health service. Each one of our 300,000 (and growing) client contacts a year is an opportunity to influence the health of people in our communities, often facing significant disadvantage. We also want to partner with our communities to support them to grow and stay healthy - working in key early childhood settings and schools, and with local communities facing disadvantage, to promote physical activity and healthy, sustainable, affordable and culturally appropriate food choices. Our objectives and our approaches are underpinned by data and knowledge gained from working closely with our communities. We will grow our data capabilities and monitor changes in our communities, and amend our targets appropriately.

Priority area/s	Rationale	Target population group/s	Target setting/s	Measures	Outcome/s	Partner organisations
Increasing healthy eating New priority; lead agency	Childhood unhealthy weight is multifactorial, impacts children's physical health, social, and emotional well-being, and can lead to unhealthy adult years. A healthy start in life is critical for a healthy adulthood.	Early childhood and school-aged children (with initial focus on Moonee Valley and City of Melbourne LGAs)	Early childhood settings, public schools (incl. school communities)	Number of early childhood settings and / or public schools supported to make at least one incremental change (under either Achievement Program or Vic Kids Eat Well frameworks), and proportion in catchment LGA(s)	Increase in proportion of children in catchment LGAs that consume sufficient fruit and vegetables	Maribyrnong City Council, City of Melbourne, Moonee Valley City Council, City of Yarra, community leaders, cohealth health professionals working in a range of services
	Childhood overweight / obesity data for all catchment LGAs are not dissimilar from the Greater Melbourne and Victorian averages, however rates of overweight are highest in Moonee Valley (age standardised rate per 100 aged 2-17 years is 16.5 vs 16.2 Greater Melbourne and 16.5 Victoria), while obesity is highest in City of Melbourne (8.1 vs 7.2 Greater Melbourne and 8.0 Victoria). Rates of childhood obesity are significantly lower than comparators in Maribyrnong and Yarra. ¹	Expectant parents (with focus on Maribyrnong LGA)	TBC	Number of expectant parents engaged in breastfeeding promotion initiatives in target LGA(s) // Number and proportion of expectant parents engaged in breastfeeding promotion initiatives who report increased confidence in breastfeeding initiation and knowledge of local supports	Increase in rate of exclusively breastfed babies at 6 months of age in catchment LGA(s)	
	Babies exclusively breast-fed up to 6 months of age are less likely to be of an unhealthy weight up to the age of 5 years. ² Rates of exclusive breastfeeding at 6 months are considerably lower in Maribyrnong than the Victorian average, and all other catchment LGAs. ³	Adult populations that may face barriers to healthy, affordable and culturally appropriate foods, including refugee and asylum seekers, Aboriginal and Torres Strait Islander communities, and public housing communities (with initial focus on Maribyrnong and Moonee Valley LGAs)	TBC – community-led interventions	Number of community members reached through healthy, sustainable and affordable eating initiatives, led by community // Proportion of community members reached that reported increased knowledge, confidence or skills to prepare more healthy, sustainable and affordable foods	Reduction in child rates of overweight and obesity in catchment LGAs	
	Local data on healthy eating in children are lacking, but nationally, while around 7 in 10 children aged 5–14 meet the recommended guidelines for fruit consumption, only 1 in 25 children meet the recommended guidelines for vegetable consumption. Furthermore, nearly half (45%) of children consume sugar-sweetened drinks or diet drinks at least once a week. Children living in socioeconomically deprived areas are more likely to eat an unhealthy diet. ⁴	cohealth service users	cohealth Services	Proportion of cohealth clients for whom weight / BMI is recorded // Number and	Increase in proportion of adults in catchment LGAs that consume sufficient fruit and vegetables Reduction in adult rates of overweight and obesity in catchment LGAs Increased capacity in cohealth health professionals to offer	
Adult unhealthy weight is similarly multifactorial, and associated with poorer mental health outcomes and reduced quality of life. ⁵ Adult obesity rates are similar, but lower than Greater Melbourne and Victoria averages, across all catchment LGAs, and overweight rates are mostly lower in all catchment LGAs. However, the age-standardised rate of overweight in adults over 18 years is higher in						

	<p>Moonee Valley (37.2 per 100 vs 36.5 Greater Melbourne and 36.4 Victoria). Maribyrnong has a considerably higher adult age standardised rate of diabetes (6.5 per 100) than the Greater Melbourne (4.9) and Victorian (4.8) averages, and higher than all other catchment LGAs.¹</p> <p>There is not a lot of local data on adult diet available. Nationally, half (49%) of adults do not eat a diet with adequate fruit intake, and more concerning, 9 in 10 adults do not eat adequate vegetables. There are slightly poorer rates of adequate fruit and vegetable intake in lower socioeconomic areas.⁶ The local data available – limited to rates of adequate fruit intake – suggest rates are similar for catchment LGAs to the Greater Melbourne (52.3%) and Victorian (51.5%) averages, but lowest in Yarra and the City of Melbourne (49.7% each).¹</p>			<p>proportion of cohealth clients who are overweight or obese who were supported with brief lifestyle advice and linked with support services // Number of cohealth coworkers in client-facing roles trained in culturally safe lifestyle counselling // Presence of an up to date healthy eating and catering policy at cohealth // Presence of a breastfeeding friendly policy at cohealth</p>	<p>culturally safe lifestyle counselling</p>	
<p>Increasing active living</p> <p>New priority; lead agency</p>	<p>Physical inactivity is an issue across the board, with around 3 in 5 adults not meeting the weekly recommended activity guidelines. The age standardised rate of adults over 18 years having 'low, very low or no exercise in the previous week' was slightly better than the Greater Melbourne (65.5 per 100) and Victorian (65.7) averages in most catchment LGAs (Melbourne 63.1; Moonee Valley 60.9; Yarra 56.6), and worst in Maribyrnong (68.1). However, even the best performing LGA's rate is not good.¹ Childhood activity rates at an LGA level are lacking, but across Australia, less than one-quarter (23%) of children aged 5–14 meet the recommended 60 minutes of physical activity every day (and lower in 10-14 years than 5-9 years).⁷</p> <p>The social gradient in diet quality, engagement in an active lifestyle and associated health outcomes in Australia can be measured across a range of indicators of social position. People with lower incomes (e.g. those living in public housing), Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse Australians (particularly those with limited community connections, such as those with refugee and asylum seeking experience) experience higher rates of chronic disease related to diet and physical activity.^{8,9,10} This intersects with other identities to compound this disadvantage – e.g. women and girls in Victoria face more barriers to participation in sport and physical activity and are less active than males, and this worsens with age;¹¹ trans and gender diverse people face similar barriers to participation,¹² particularly in relation to inclusive, safe environments.¹³ Applying an intersectional lens to responses is key.</p>	<p>Secondary school-aged children (with focus on girls, trans and gender diverse young people)</p> <p>Adult populations that may face barriers to engagement in physical activity, including refugee and asylum seekers, Aboriginal and Torres Strait Islander communities, and public housing communities (with focus on women, trans and gender diverse people)</p> <p>cohealth service users</p>	<p>Secondary public schools (incl. school communities) and recreation settings</p> <p>n/a – community-led interventions</p> <p>cohealth Services</p>	<p>Number of secondary public schools / recreation settings supported with at least one active living initiative (with focus on girls, trans and gender diverse young people), and proportion in catchment LGA(s) // Proportion of students at supported schools who use active modes of transport to / from school</p> <p>Number of community members reached through active living initiatives, led by community // Proportion of community members reached that reported increased knowledge, confidence or skills to engage in regular physical activity (and proportion that identified as women, trans or gender diverse)</p> <p>Proportion of cohealth clients for whom weight / BMI is recorded // Number and proportion of cohealth clients who are overweight or obese who were supported with brief lifestyle advice and linked with support services // Number of cohealth coworkers in client-facing roles trained in culturally safe lifestyle counselling // Presence of an up to date active and sustainable transport policy at cohealth</p>	<p>Increase in proportion of children in catchment LGAs who are sufficiently physically active</p> <p>Reduction in child rates of overweight and obesity in catchment LGAs</p> <p>Increase in proportion of adults in catchment LGAs who are sufficiently physically active</p> <p>Reduction in adult rates of overweight and obesity in catchment LGAs</p> <p>Increased capacity in cohealth health professionals to offer culturally safe lifestyle counselling</p> <p>Increased proportion of trips by cohealth coworkers using active and public transport</p>	<p>Maribyrnong City Council, City of Melbourne, Moonee Valley City Council, City of Yarra, community leaders, cohealth health professionals working in a range of services</p>

<p>Reducing tobacco-related harm</p> <p>New priority; lead agency</p>	<p>Tobacco smoking is the leading cause of preventable death and disease in Australia. Successful public health strategies have resulted in decade-on-decade declines in smoking in Victoria and across Australia, although rates increase with socioeconomic disadvantage. Aside from people in low income households, other groups with higher smoking rates (nationally) include people with poor mental health, Aboriginal and Torres Strait Islander peoples, lesbian and bisexual women, gay men, transgender people, and people living with HIV. People in their 40s and 50s are the most likely to smoke daily. While overall rates of smoking have declined – to 11% in 2019 – the proportion of smokers using e-cigarettes has significantly increased from 4.4% in 2016 to 9.7% in 2019 (and up to 18.7% in 18-24s). Rates of e-cigarette use are likely to be underestimated due to ¼ of users not considering themselves smokers.¹⁴</p> <p>Catchment LGAs generally have similar smoking rates to the Victorian (15.5%) and Greater Melbourne (14.5%) averages, although Maribyrnong exceeds this (16.5%), with higher rates for both males and females.¹ Rates of smoking in pregnancy are lower than the Victorian and Melbourne averages across all catchment LGAs.</p> <p>As a large provider of primary health services in Melbourne's north and west providing free of cost care to a diverse community, it is essential that smokers using cohealth services are provided every opportunity to cut down and quit. Interventions delivered by health and social service providers can increase smoking cessation – even very brief, simple advice about quitting increases rates of successful cessation.¹⁵⁻¹⁶ The delivery of brief advice by more than one type of health professional can increase quitting and readiness to quit¹⁷ – hence the need to integrate practice across a variety of services.</p>	<p>cohealth service users</p> <p>Secondary school-aged children</p>	<p>cohealth Services</p> <p>Secondary schools</p>	<p>Proportion of cohealth clients for whom smoking status is recorded // Number and proportion of cohealth clients who use tobacco/nicotine (all methods) who were supported to cut down or quit // Number of cohealth coworkers in client-facing roles trained in very brief intervention // Presence of an up-to-date smoke-free policy at cohealth</p> <p>Proportion of schools supported with healthy eating / active living initiatives who were also supported with tailored advice / support regarding tobacco (including e-cigarettes)</p>	<p>Reduction in smoking in cohealth clients</p> <p>Reduction in proportion of adolescents aged 12-17 years who smoke</p>	<p>cohealth health professionals working in a range of services, Alfred Health (tbc), Cancer Council Victoria</p>
<p>Improving mental wellbeing</p> <p>Continuing / transitioning priority; lead agency</p>	<p>Programs to improve the mental wellbeing of communities is a carryover priority from the 2017-21 plan, as intended before the late release of the 2021-25 guidelines. Should alternative funding not be found, this work will be scaled down over time in line with the requirements of the guidelines.</p> <p>Mental wellbeing is critical to a happy, healthy and fulfilling life – and is underpinned by social connectedness. People with limited social connectedness have poorer mental and physical health, and a shorter life expectancy than those with strong social connections.¹⁸ Social isolation is associated with sustained decreases in feelings of wellbeing and life satisfaction.¹⁹ While 20.5% of Victorians rated their overall life satisfaction as low or medium in 2017, this was poorer in parts of our catchment (25.9% in Maribyrnong and 24.2% in Melbourne).²⁰ Experience of discrimination in these LGAs is also higher than the Melbourne and Victorian averages³. These data do not reflect the additional impact of the pandemic on mental wellbeing, with measured declines in social connection²¹ and increases in experiences of racism,²² and severe impacts on household income and employment.²³</p> <p>Having paid or volunteer work and being an active member of community organisation(s) are associated with reduced social isolation and an increased sense of control.²⁴ Engagement in the arts reduces social isolation, strengthens community connection and builds self-esteem²⁵ – particularly in communities not typically</p>	<p>Refugee and asylum-seeking communities across the catchment, and across Victoria</p> <p>Communities of colour not typically engaged in the arts in Yarra, Melbourne, Moonee Valley and Maribyrnong</p>	<p>n/a</p> <p>n/a</p>	<p>Number of bicultural workers engaged in health promotion capacity building activities // Number of community members reached through bicultural worker-led health promotion initiatives // Proportion of community members reached that reported a positive change in their health literacy (<i>exact literacy measure will depend on focus area</i>)</p> <p>Number of community members engaged in arts-based initiatives // Proportion of participants reporting an improved sense of community connection and / or sense of belonging</p>	<p>Increased community and cultural connection in refugee and asylum seeker communities in the catchment</p> <p>Increased health literacy, and health-promoting attitudes and behaviours in refugee and asylum seeker communities in the catchment</p> <p>Increased community and cultural connection in communities of colour in the catchment</p>	<p>cohealth Bicultural Workers, refugee community organisations, Micare, Multicultural Centre for Women's Health, Maribyrnong City Council</p> <p>Arts Gen, Footscray Community Arts Centre</p>

	engaged in the arts. ²⁶ Although mental wellbeing is a widespread public health concern, with limited resources it is key to target communities more likely to experience discrimination, social isolation and barriers to accessing employment (refugee and asylum seekers ²⁷) or the arts (people of colour ²⁸).					
Preventing COVID-19 Continuing / transitioning priority; lead agency	The ongoing pandemic context requires rapid responses to communities, including dedicated health promotion resources to prevent infection and the associated population health impact. This includes promotion of vaccines and other preventative messaging to via targeted, data- and community engagement-informed outreach. This will be scaled down in early 2022 (and may be scaled up in future if necessary).	Communities (not living in High Risk Accommodation Response (HRAR) settings) with the lowest vaccine uptake	Based on communities' needs (e.g. religious / cultural settings, workplaces, schools)	Number of settings and individuals reached through proactive vaccine promotion outreach // Number and proportion participants in online outreach sessions reporting increased knowledge and confidence in COVID-19 vaccinations	Prevention of COVID-19 transmission and severe illness via increased vaccination uptake in hotspot areas across catchment LGAs of Maribyrnong, Moonee Valley, Melbourne and Yarra	Maribyrnong City Council, City of Melbourne, Moonee Valley City Council, City of Yarra, community leaders, health guides, the Water Well Project

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