



SOUTH WEST HEALTHCARE HEALTH PROMOTION ACTION PLAN

2024 – 2025

Authors: South West Healthcare Health Promotion Team

Contents

About this plan.....	2
Summary of Plan.....	3
Vision	3
Purpose	3
Priority Areas	3
Objectives	3
Target Population Groups.....	3
Key Settings.....	3
Rationale for Priority Areas.....	4
Healthy Eating.....	4
Health Literacy and Active Living	5
Vaping	6
Implementation Plan	8
Appendix 1 - Guiding Principles	16
Appendix 2 – Our Approach.....	18
Appendix 3 – Policy Context and Supporting Resources	19
Appendix 5 – Acronyms	20
References	21

South West Healthcare

Health Promotion Action Plan 2024 – 2025

About this plan

This plan is a continuation and builds upon the previous South West Healthcare Health Promotion 2021 – 2022, 2022 – 2023 and 2023 - 2024 Action Plans.

The 2022-23, and 2023-24 Action Plans saw the SWH Health promotion team take a focused interest in food insecurity and explored the drivers and impact of food insecurity in the Warrnambool and Corangamite municipalities, adopting a place based approach. Key actions and achievements in the plans included:

- Community consultation with key stakeholders exploring food insecurity, including service providers that work directly with those most likely to be experiencing food insecurity, and community members who have a lived experience of food insecurity.
- Surveying the general population, to gain an understanding of the community's attitudes towards healthy eating, and their experience accessing food locally.
- Mapping of food affordability and availability in the Warrnambool and Corangamite using evidenced based tools.
- Production of a research report and summary that was shared with local stakeholders, those who participated in the consultation and the public.
- Promotion of research findings through local media channels.

The above activities highlighted the stressors associated with food insecurity experienced in Warrnambool and Corangamite, opportunities to mitigate food insecurity and the need to tackle this issue collaboratively. With areas of need identified, South West Healthcare health promotion will continue to take action on food insecurity locally, in partnership with stakeholders.

The 2024-2025 Action Plan has also been informed by a planning workshop with both Timboon and District Health Service (TDHS) and Terang and Mortlake Health Service (TMHS), which identified commonalities within our plans, and opportunities for alignment. This has resulted in the health promotion teams at the three health services collaboratively exploring opportunities to influence and enhance the food retail environment in Corangamite, and to address vaping across the catchment, working largely with schools and local government.

SWH health promotion will lead the coordination of the Smiles 4 Miles program across the five local government areas in the South West. SWH has coordinated this program since 2015, and currently 58 services across the region are registered. Further capacity building initiatives, such as the *Easy Eats* recipe resources, and the *Everyday Foodies* workshop will be delivered, supporting a whole of community approach to promoting healthy eating.

As South West Healthcare Community Health is a multi-disciplinary service, the diverse expertise and skillset that exists within the facility will be drawn upon to support the implementation of the plan, and encapsulate the health promoting activity planned for the year at SWH.

Summary of Plan

Vision

All people in South West Victoria engage in behaviours that promote health and wellbeing every day.

Purpose

Enable all people in South West Victoria to consistently engage in behaviours that promote physical and mental wellbeing and reduce the risk of chronic disease.

Priority Areas

Primary priority areas:	Healthy Eating
	Health Literacy and Active Living
	Vaping

Objectives

Objective 1:	Increase access to and consumption of affordable and nutritious food for populations at greatest risk of food insecurity in South West Victoria.
Objective 2:	Increase the health literacy of communities in South West Victoria, and encourage behaviours that improve health
Objective 3:	Increase the capacity of key settings across South West Victoria to offer spaces that promote health and wellbeing

Target Population Groups

- Children and young people
- Those at greatest risk of food insecurity and poor health outcomes
 - Low income earners
 - Unemployed
 - Single parent households
 - CALD groups
 - Indigenous Australians

Key Settings

- Early Childhood Services
- Schools
- Workplaces
- Community and Welfare organisations
- Local Council

Rationale for Priority Areas

Healthy Eating

A healthy diet is fundamental to population health as it improves quality of life and wellbeing, and protects against chronic diseases. For infants and children, good nutrition is essential for optimal growth. Unfortunately, diet-related chronic diseases are a major cause of death and disability among Australians (National Health and Medical Research Council, 2015).

Dietary factors account for 7.3 per cent of the total burden of disease in Australia. Only one in 20 adults in Victoria meet the recommended five to six serves of vegetables per day, specified in the [Australian Dietary Guidelines](#). Adults on average eat less than half the recommended amount, and around 40 per cent of adults meet the recommended two serves of fruit per day (Victorian Public Health and Wellbeing Plan 2019-2023).

According to the *Victorian Public Health and Wellbeing Plan 2023 - 2027*, overweight/obesity is the second leading cause of the disease burden, responsible for 8.4 per cent of the total burden, with dietary risks responsible for 5.4 per cent of disease burden. Victoria (and Australia) has one of the highest rates of people who are overweight and/or obese in the world with:

- 22% of Victorian school-aged children overweight or obese
- 50% of adolescents and people in early adulthood (18 to 24-year-olds) are overweight or obese
- 65% of people aged 25 years-of-age and older are overweight or obese

All human beings have the right to adequate food and the right to be free from hunger. Food insecurity exists "whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain" (Australian Institute of Family Studies, 2011). The *Foodbank Hunger Report* provides a sobering snapshot of food insecurity in Australia, reporting a significant increase in the frequency of food insecurity and demand for food relief due to the global COVID-19 pandemic. In 2019, 15% of Australians experiencing food insecurity were seeking food relief at least once a week, in 2020, that doubled to 31% (Foodbank, 2020).

Food insecurity is important due to the negative impact food security can have on parents and children, both in the short and long term. Food insecurity has been shown to affect academic achievement in children, both in ability upon commencement at school, and in learning over the school year. Food insecurity is especially relevant to the current "obesity epidemic" as data indicates that the risk of obesity is higher in those who experience (mild to moderate) food insecurity, due to the tendency of people who are food insecure to purchase cheaper food, which is often much lower in nutritional content and higher in fat, salt and sugar content and refined carbohydrates (Australian Institute of Family Studies, 2011).

Through the investigation and consultation we undertook in 2022, the SWH Health Promotion Team identified food insecurity to be an issue locally in the Warrnambool City Council, with results from the community food survey indicating:

- 27% of respondents had run out of food in the past 12 months and didn't have enough money to buy more

- 34% had worried they would run out of food before having money to buy more

The 2023 Corangamite Food Insecurity Investigation revealed that 43% of respondents identified some form of food insecurity in the past 12 months, and 17% of respondents had run out of food and couldn't afford to buy more in the past 12 months.

Health Literacy and Active Living

Health literacy relates to how people access, understand and use health information in ways that benefit their health (ACSQHC, 2024). The Australian Commission on Safety and Quality in Healthcare separates health literacy into two aspects:

- **Individual health literacy** are the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.
- **Health literacy environment** is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services

People with low health literacy are at higher risk of worse health outcomes and adverse health behaviours, such as:

- lower engagement with health services, including preventive services such as cancer screening
- higher hospital re-admission rates
- poorer understanding of medication instructions (for example non-adherence, improper usage)
- lower ability to self-manage care

(Australian Institute of Health and Welfare, 2024).

Additionally, research has linked poor health literacy to a higher likelihood of smoking, completing insufficient physical activity, and being overweight. There is also a lower likelihood of seeking preventive care, following advice from doctors, and making medical appointments (Australian Medical Association, 2021).

About 40% of adults have health literacy levels required to meet the demands of everyday life (ACSQHC, 2024). Education and general literacy levels have a strong bearing on an individual's health literacy. Several studies have identified that those with lower educational attainment generally have poorer health literacy (Australian Medical Association, 2021). In Australia, health literacy levels also tend to be lower in people who speak English as a second language or come from a culturally and linguistically diverse background. Other characteristics that have been associated with poor health literacy include being unemployed, having a disability, identifying as Aboriginal and/or Torres Strait Islander and having a lower socioeconomic status (Australian Medical Association (2021).

According to the 2021 ABS Census, the Victorian South West region has a higher proportion of community members with characteristics that are associated with lower health literacy:

Demographic	Data
Participation in the labour force	58.9% Warrnambool and South West residents aged 15 years and older are employed in the labour force, and 34.7% are not employed in the labour force. There are less people participating in the labour force in the region compared to the rest of Victoria, with the state percentage of 62.4% employed in the labour force, and 32.2% not participating in the labour force.
Education	15.7% Warrnambool and the South West residents have obtained a bachelor degree or above. This is substantially lower than the rest of the Victorian population at 29.2%. 11.9% have completed year 12, which is again lower than the Victoria population of 14.9%.
Aboriginal and Torres Strait Islander status	1.3% of the population in South West Victoria identified as Aboriginal and/or Torres Strait Islander. This is slightly higher than the broader Victorian population, where 1% of the population identified as Aboriginal and/or Torres Strait Islander.
Income	Warrnambool and South West residents earn significantly less compared to the Victorian population. 21.6% of households in Warrnambool and the South West earn less than \$650 a week, compared to 16.4% of Victorians. Whilst 14% of those in Warrnambool and surrounds earn a weekly household income of more than \$3,000, in comparison with 24.2% of Victorians.

Vaping

E-cigarettes, otherwise known as vapes, are becoming increasingly popular, particularly amongst youths and young adults. Most e-cigarettes in Australia contain nicotine. Nicotine is a highly addictive and toxic drug that can harm brain development and impact attention, learning, memory and changes in mood. All e-cigarettes, even those that don't contain nicotine, can contain dangerous substances. These can include a number of known cancer-causing agents, such as:

- formaldehyde (used in industrial glues and for preserving corpses in hospitals and funeral homes)
- acetone (generally found in nail polish remover)
- acetaldehyde (used in chemicals, perfumes, and plastics)
- acrolein (commonly found in weedkiller)
- heavy metals like nickel, tin, and lead.

(Commonwealth of Australia, Department of Health and Aged Care 2024)

Potential harmful impacts on health from e-cigarette use include:

- nicotine poisoning, addiction and overdose
- lung injuries
- trauma and burns from faulty parts
- nicotine addiction and overdose
- uptake of smoking, particularly by young people and non-smokers.

(Department of Health, 2024)

Vaping has also proven to have a detrimental effect on mental health, with a study finding current e-cigarette users have double the odds of a depression diagnosis compared to those who have never vaped (Vic Health, 2023).

One of the greatest causes for concern is the potential for another generation of young people to become addicted to nicotine through e-cigarettes, undermining years of progress in reducing tobacco-related harm. In 2022/2023, almost one-third (30%) of Australian secondary school students had vaped, rising from 14% in 2017. Around 16% of students had vaped in the past month, 5% had vaped on 20 or more days in the past month, and 3% had vaped daily in the past month (Cancer Council Victoria, 2023).

Implementation Plan

Objective 1: Increase access to, and consumption of, affordable and nutritious food for populations at greatest risk of food insecurity in South West Victoria.

Action	Key Partners	Process Measures	Baseline August 2024	Anticipated outcomes
1.1 Support local initiatives that enable the community to access nutritious food, and develop healthy eating skills, through partnerships and community development (e.g. support linkages with cooking classes, food swaps etc)	Agencies that participated in the food insecurity consultation Councils Neighbourhood Houses	<ul style="list-style-type: none"> Relationships development and strength with key stakeholders Partnership establishment with stakeholders No. of community initiatives supported 	Archie Graham Food Swap Archie Graham food cubes Warrnambool community garden	<p>Greater relationships and partnerships developed between agencies across the south west</p> <p>Greater investment and local initiatives supporting access to healthy affordable food</p>
1.2 Work with local councils to publicise and promote healthy eating, local producers and community food initiatives	Local councils Local food producers	<ul style="list-style-type: none"> Resource developed No. stakeholders the resource is distributed to Feedback/engagement with the resource 	WCC Eat Well Be Active website Warrnambool Food guide	<p>Resource developed is accessible and useful to community members</p> <p>Community members and service providers have greater awareness of locations to access fresh produce</p> <p>Increased conversation and engagement in healthy eating in the community</p>

Action	Key Partners	Process Measures	Baseline August 2024	Anticipated outcomes
1.3 Expand the <i>Easy Eats</i> recipe resource project, disseminating further recipes to support recipients of emergency food relief to create simple and healthy meals	FoodShare and their partners Uniting Way Glenelg SWH Dietetics Team Portland District Health, Health Promotion	<ul style="list-style-type: none"> No of recipes developed (target 6 recipes) No of recipe cards distributed to stakeholders (target 2000) Feedback from services and users of recipe cards 	3 Recipe cards and videos developed collaboratively with key stakeholders. 2 workshops were held to trial recipes with 10 participants <ul style="list-style-type: none"> 100% said the recipes were easy to follow Most participants really enjoyed the taste of all 3 recipes. Satay: 80% Pasta: 100% Rice: 60% 900 recipe cards provided to Warrnambool & District Food share. 1100 cards provided to welfare services	Recipe resources are user friendly and utilised by the target audience Those accessing Food Share have increased understanding, skills and confidence to utilise emergency food relief
1.4 Develop and disseminate resources that support the community to save money on their grocery shop, reduce food waste and increase consumption of nutritious food	Internal SWH partners including the: Communications team and Dietetics	<ul style="list-style-type: none"> No. of resources developed (target 2 resources) Reach of resources Feedback from users of resources 	No baseline	Increased knowledge of strategies to save money on weekly food bill Increased knowledge of how to reduce food waste Community members consuming more nutritious food, and less processed food

Objective 2: Increase the health literacy of communities in South West Victoria, and encourage behaviours that improve health

Action	Key Partners	Process Measures	Baseline 2024	Anticipated impacts
<p>2.1 Deliver the <i>Everyday Foodies</i> workshop to key cohorts to increase understanding of healthy eating and food insecurity</p>	<p>Disability Services</p> <p>Welfare Agencies</p> <p>Youth and children's services</p> <p>Neighbourhood houses</p> <p>CALD community</p> <p>FoodShare volunteer staff</p>	<ul style="list-style-type: none"> No. of workshops delivered (target 5 workshops) No. of participants attending the workshops (target 30 participants) No. of organisations/sectors attending the workshops (target 3 organisations) Feedback from participants 	<p>4 workshops were delivered in the 2023-24 period;</p> <ul style="list-style-type: none"> 2 x delivered to approximately 30 Warrnambool College Vocational Major students 2 x delivered to 16 BROPHY staff BROPHY participants rated the workshop an average of 4.38 (out of 5). 	<p>Participants' understanding of population based healthy eating evidence increases</p> <p>Participants understanding of food insecurity increases</p> <p>Increased capacity of participants to address barriers to healthy eating</p> <p>Participants to make changes to their practice to support healthy eating</p>
<p>2.2 Coordinate the SWH Health Literacy strategy, disseminating key messages that will support the community to better engage in healthy behaviours</p>	<p>Internal SWH partners including the Communications team, Clinical staff, Workforce education & training and SWH early</p>	<ul style="list-style-type: none"> Identification of key health priorities and target audience Development of key messages and communication plan Implementation of communications plan through a variety of 	<p>NIL</p>	<p>Key messages delivered reach target population, are accessible and understood.</p> <p>Target audience exposed to the key messages have increased awareness and understanding of how to better engage in health behaviours</p>

Action	Key Partners	Process Measures	Baseline 2024	Anticipated impacts
	<p>intervention and chronic disease coordinator</p> <p>External partners including Local media organisations (print media, radio etc)</p>	<p>communication channels (e.g. no. social media posts, newspaper advertisements)</p> <ul style="list-style-type: none"> • Reach and recognition of the communications plan (no. people engaging with social media content, no. audience can recall key messages) 		
<p>2.3 Host “pop up” stalls at key community locations across to South West, disseminating information to community members supporting them to engage in health behaviours and provide referral pathways</p>	<p>SWH Community Health</p> <p>SWH media and communications</p>	<ul style="list-style-type: none"> • No. stalls hosted (target 6) • No. SWH staff participating in the health information stalls • Information provided • Engagement from the community • No. community members screened (target 60) 	NIL	<p>Greater recognition of SWH services by the community</p> <p>Greater understanding of key health issues and preventative measures by community members</p> <p>Greater engagement with hard to reach cohorts</p>

Action	Key Partners	Process Measures	Baseline 2024	Anticipated impacts
2.4 Deliver the Diabetes Yarning program across the South West in partnership with ACHHO's and provide key cohorts with lifestyle information to prevent type 2 diabetes	SWH early intervention and chronic disease coordinator SWH Aboriginal Liaison team SWH Diabetes educators Gunditjmara Kirrae Health Service	<ul style="list-style-type: none"> No. practitioners participating in the Diabetes Yarning Facilitator training No sessions delivered No participants attending Participants change in knowledge Participants change in behaviour 		Practitioners have increased understanding of how to deliver diabetes prevention information in culturally appropriate manner Greater relationship between SWH and ACCHO health services Increased engagement of consumers in behaviours that either reduce the risk of developing diabetes or improvement management of consumers who have already developed diabetes
2.5 Promote anti-vaping messaging and local vaping cessation support referral pathways to key audiences across the South West	SWH vaping and smoking cessation nurse GP clinics Disability services Health services Councils PHU	<ul style="list-style-type: none"> No. clinics/services referral pathways to access smoking and vaping cessation support shared with Presentations delivered by the smoking cessation nurse Anti-vaping communication material produced and disseminated 	NIL activity completed	Greater knowledge and recognition of local referral pathways to access vaping cessation support Greater uptake of smoking cessation clinic and support services Greater recognition of anti-vaping messages and materials Greater understanding of the harms and impact of vaping

Action	Key Partners	Process Measures	Baseline 2024	Anticipated impacts
		<ul style="list-style-type: none">• Communication channels anti-vaping messaging distributed through and reach of materials		

Objective 3: Increase capacity of key settings in south west Victoria to offer spaces that promote health and wellbeing

Actions	Key Partners	Process Measures	Baseline August 2024	Anticipated outcomes
<p>3.1 Support early childhood services to implement Smiles 4 Miles and coordinate the program across the south west</p>	<p>Early Childhood Services AP Local Government</p>	<ul style="list-style-type: none"> No ECS registered for S4M (target 50) No. of ECS actively supported with implementation of S4M in previous 12 months No. of ECS being awarded S4M recognition previous 12 months No. of ECS with a Healthy Eating & Oral Health policy approved by Dental Health Services Victoria No. of ECS educators participating in S4M training 	<p>In 2023, 31 services were awarded the Smiles 4 Miles award</p> <p>In 2024, 32 services in WCC and Moyne, and 26 services in Glenelg and SGG registered for S4M</p>	<p>SWH supports early childhood settings to implement the S4M</p> <p>Children across our catchment have access to healthy food, drink and information on caring for our teeth</p> <p>ECS capacity to promote health and wellbeing increases as a result of implementing the S4M</p> <p>Socio-cultural norms reinforcing healthier eating and drinking have been promoted</p>
<p>3.2 Engage with local independent supermarkets and explore opportunities to create healthier retail environments</p>	<p>IGA's FoodWorks Timboon and District Health service Terang and Mortlake Health Service Deakin University</p>	<ul style="list-style-type: none"> Relationship development with independent supermarkets Relationship development with Deakin University No. of local supermarkets engaged No. Changes made to enhance the retail environment 	<p>NIL</p>	<p>Partnership with local independent supermarkets established</p> <p>Increased no. of supermarkets providing healthy retail environments</p> <p>Increase in local residents purchasing more nutritious options</p>

<p>3.3 Engage with schools, and support staff and students to reduce and reject vaping activity through dissemination of information and capacity building initiatives</p>	<p>SWH Smoking cessation nurse</p> <p>Schools</p> <p>Terang & Mortlake Health Service</p> <p>Timboon and District Healthcare Service</p> <p>Local Government</p>	<ul style="list-style-type: none"> • No. of schools engaged (target 4) • No. presentations delivered • No. visits to schools by smoking cessation nurse and uptake of visits • Resources shared with schools • Uptake and utilisation of resources • No. strategies implemented by schools • Implementation of anti-vaping teaching resources 	<p>NIL</p>	<p>Schools feel supported and more confident to address vaping</p> <p>Staff and students have better access to evidenced based information on vaping</p> <p>Staff and students knowledge on vaping and its harmful impacts increases</p> <p>School community has increased capacity to reject vaping</p> <p>Reduction in vaping in school cohorts across the south west.</p>
---	--	--	------------	--

Appendix 1 - Guiding Principles

1. We work from a Social Model 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 systems shaping the conditions of daily life (WHO, 2021). SWH Health Promotion works from a Social Model of Health using a determinants approach that considers the following layers of influence:

- social gradient / hierarchy
- stress
- early life
- education
- social exclusion
- work
- unemployment
- social support
- addiction
- food
- transport

2. Our work prioritises those at greatest risk of poor health

Higher income groups, non-Indigenous Australians and people living in more advantaged neighbourhoods are more likely to eat a healthy and balanced diet, be a healthy weight and have better health outcomes. Conversely, Indigenous Australians, minority cultural groups, people living with disabilities and people living in remote and/or socioeconomically disadvantaged areas are more likely to be food insecure, more likely to be overweight or obese, more likely to have poor oral health, more likely to develop cardiovascular disease or type 2 diabetes in their lifetime, and more likely to die from a lifestyle-related chronic disease (Vic Health, 2015). This action plan will prioritise working with those who experience greater barriers to accessing and consuming nutritious food and drink, to support their health and wellbeing.

3. Equity to achieve equality

Equity is a concept based on the human-rights principles of social justice and fairness. It is an approach that addresses the unfair and avoidable differences among social groups with an aim of achieving more equal outcomes (Vic Health, 2015). *Health equity* refers to the absence of systematic or avoidable disparities in health between groups of people, whether these groups are defined socially, economically, geographically or demographically (Vic Health, 2015).

Some people face greater barriers than others to enjoying a healthy life. SWH has a focus on addressing those barriers, to level the field between people who can more easily access the foundations of good health and those who face greater barriers. We want everyone to achieve their highest level of health (Vic Health, 2019).

An equitable approach means addressing need and aiming for more equal outcomes. Actions that benefit all social groups equally will not reduce the gap between the most and least disadvantaged or flatten the social gradient in health. At the same time, approaches targeting only high-risk groups are unlikely to be effective on their own because they do not address the social gradient across the whole population, and

have the potential to stigmatise the groups they are trying to reach. Therefore we will adopt a combination of universal and targeted approaches to address gaps, by tailoring the focus and intensity of our work proportionate to need (Vic Health, 2015).

4. Partnerships and collaboration are central to the way we work

Working in partnership is fundamental to health promotion. The factors that influence health outcomes are complex and extend well beyond the provision of health care services. As a result, accountability for the promotion of health must be shared across the community, with stakeholders inside and outside government in order to address complex and persistent health challenges.

According to Vic Health (2008) *“partnerships are an important vehicle for bringing together a diversity of skills and resources for more effective health promotion outcomes. Partnerships can increase the efficiency of the health and community service system by making the best use of different but complementary resources. Collaborations, joint advocacy and action can also potentially make a bigger impact on policy-makers and government”*.

SWH health promotion invests in developing and maintaining effective partnerships, and implementing activities that will have sustained outcomes by ensuring we build the capacity of those we work with;

Capacity Building

Capacity building involves *the development of sustainable skills, organisational structures, resources and commitment to health improvement to prolong and multiply health gains many times over* (Department of Human Services, 2013).

5. Our work is evidence informed

The SWH Health Promotion team will utilise the best available research, evidence and current data to guide our work. We understand the fidelity of evidence based interventions may be impacted by local contextual factors such as the acceptability to stakeholders, partnerships and systems, impact on health inequalities, feasibility, sustainability and cultural transferability (Department of Health, 2011). We also understand that in some areas of our work there may be a limited evidence base to guide us.

We also consider community voice to be an integral form of evidence. People with a lived experience of food insecurity will be at the centre of our work, and have made a commitment to ensure their voices, concerns and ideas are heard, and to involve them in the solutions to address the key barriers to good health.

Appendix 2 – Our Approach

Place Based Approach

“Place-based approaches are collaborative, long-term approaches to build thriving communities delivered in a defined geographic location. This approach is ideally characterised by partnering and shared agenda, shared design, shared stewardship, and shared accountability for outcomes and impacts. Place-based approaches are often used to respond to complex, interrelated or challenging issues” (Queensland Government, 2023). Given each communities challenges and strengths are unique, placed based approaches aim to pay attention to local needs and wants, and leverage the passion and expertise of local people. SWH health will adopt a placed based approach and aims to:

- support civic engagement by enabling communities to apply local skills and strengths, and have a sense of ownership over local issues,
- support preventative, cost effective responses by building resilient communities and targeting investment based on what works locally,
- think holistically and systematically by helping to understand how systems impact on people’s lives, and bring together players from different portfolios and sectors to develop solutions (Victorian Government, 2023)

Settings Based Approach

Making the everyday settings where people live, learn, play and work to be more conducive to health and wellbeing has long been recognised as an optimum way to improve population health (Vic Health, 2015). This approach recognises that policies and institutional practices shape the opportunities people have to lead healthy lives, and working within settings removes the focus from the individual to the setting, reducing stigma or shame that may occur in targeted approaches (Vic Health, 2015). SWH health promotion will continue to adopt a settings based approach, implementing established state based programs including Smiles 4 Miles.

Community Engagement

Community engagement is a planned process with the specific purpose of working with individuals and groups to encourage active involvement in decisions that affect them or are of interest to them (City of Melbourne, 2021). SWH health promotion will engage with the community to hear the voice of those with a lived experience of health and social issues, and involve them in identifying the solutions to shared issues.

Systems Thinking

The aim of systems thinking is to understand opportunities and develop strategies to influence and shift the system from an undesirable to a more desirable state (Australian Prevention Partnership Centre, 2021). Systems thinking can be useful in dealing with complex problems when:

- Dealing with a stubborn long-term problem – not a one-off event – that has a known history
- There are multiple actors and multiple causes that interact and influence each other
- There are competing or conflicting interests, or different views of the situation or problem
- There’s no single explanation for what is causing the problem and no single solution that fits all situations.

Appendix 3 – Policy Context and Supporting Resources

We have aligned our work with the below state policies and programs, and local plans.

State Policies

- [Victorian public health and wellbeing plan 2019–2023](#)
- Department of Health, Community Health – Health Promotion Draft Guidelines 2021-2025

State-wide Programs

- [Achievement Program](#)
- [Vic Kids Eat Well](#)
- [Healthy Eating Advisory Service](#) and [Healthy Choices guidelines](#)
- [Smiles 4 Miles](#)

Local Plans

- [South West Healthcare Strategic plan 2020 - 20204](#)
- Corangamite Shire Council Municipal Public Health and Wellbeing Plan
- Moyne Shire Council Municipal Public Health and Wellbeing Plan
- Warrnambool City Council Municipal Public Health and Wellbeing Plan

Appendix 5 – Acronyms

AP	Achievement Program
CALD	Culturally and Linguistically Diverse
ECS	Early Childhood Services
DHSV	Dental Health Services Victoria
HEAS	Healthy Eating Advisory Service
HP	Health Promotion
LGA	Local Government Area
MCH	Maternal Child Health
SDH	Social Determinants of Health
SES	Socio Economic Status
SWH	South West Healthcare
S4M	Smiles 4 Miles
WCC	Warrnambool City Council
WCG -	Warrnambool Community garden

References

Australian Commission on Safety and Quality in Healthcare, 2024, *Health literacy, Health service organisations communicate with consumers in a way that supports effective partnerships*, ACSQHC, 2024.

Australian Medical Association, 2021, *Health Literacy, AMA Position Statement*, Australian Medical Association

Australian Institute of Family Studies, August 2011, *Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?*, Child Family Community Australia, Australian Government

Australian Institute of Family Studies, 2017, *What is community development?*, Child Family Community Australia, Australian Government

Australian Institute of Health and Welfare, 2021, *Social isolation and loneliness*, Australian Government

Australian Institute of Health and Welfare, 2024, *What are the Determinants of Health?*, Australian Government

Australian Prevention Partnership Centre, 2021, *Systems thinking*, The Australian Prevention Partnership Centre

Cancer Council Victoria, 2023, *ASSAD 2022–2023: Australian secondary school students' use of tobacco and e-cigarettes*, Centre for Behavioural Research in Cancer, Cancer Council Victoria

Child Family Community Australia, *Identifying and responding to food insecurity in Australia*, Australian Institute of Family Studies, Commonwealth of Australia 2020

Department of Health, 2024, *E-cigarettes and vaping*, State Government of Victoria

Department of Health and Aged Care, 2024, *About vaping and e-cigarettes*, Commonwealth of Australia

Department of Health, 2010, *Making decisions about interventions A guide for evidence-informed policy and practice*, Prevention and Population Health Branch, Victorian Government Department of Health, Melbourne, Victoria

Department of Health and Human Services, 2019, *Mental Health*, State Government of Victoria, Australia © 2020

Department of Human Services, 2013, *Integrated health promotion resource kit*, Victorian State Government

Foodbank, *Foodbank Hunger Report 2020, Food Insecurity in the time of COVID-19*

Nutrition Health and Medical Research Council, 2015, *About the Australian Dietary Guidelines, Eat For Health*, Australian Government

Vic Health, 2008, *The partnerships analysis tool*, Victorian Health Promotion Foundation

VicHealth 2015, *Promoting equity in healthy eating*, Victorian Health Promotion Foundation

Vic Health, 2019, *Health Equity Strategy 2019-2023*, Victorian Health Promotion Foundation

VicHealth, 2023, *Vaping: The impact on our health*, Victoria Health Promotion Foundation

Victorian public health and wellbeing plan 2019–2023, Prevention and Population Health Branch, State of Victoria, August 2019

Victorian Government, 2023, Department of Premier and Cabinet, *A framework for place-based approaches*, Victorian State Government

World Health Organisation, 2021, *Social determinants of health*, World Health Organisation