

Taking stock of primary prevention in Melbourne's West

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What is the Western Region Primary Prevention Taskforce?

The Western Region Primary Prevention Taskforce (or Prevention Taskforce) represents the primary prevention system across Melbourne's western suburbs. Facilitated by HealthWest Partnership, it brings together local councils, community health and women's health across the Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham local government areas. The Prevention Taskforce also includes representation from Department of Families, Fairness and Housing Areas, as well as the Western Bulldogs Community Foundation.

The purpose of the Prevention Taskforce is to strengthen collaborative, cross sector efforts across Melbourne's west to promote the health and wellbeing of communities and to prevent ill health before it occurs.

The role of the Taskforce is defined as follows:

1. Raising the profile of primary prevention in the region:
 - Seeking opportunities to increase understanding and commitment to the role of primary prevention in contributing to health and wellbeing.
2. Building capacity at a systems level:
 - Identifying and supporting prevention workforce capacity-building and systems improvement efforts across the region.
3. Supporting alignment of resources and primary prevention effort:
 - Support collaborative planning processes at a regional level
 - Drive collaborative action on shared priorities.

What we know about prevention needs in Melbourne's west

As the majority of Prevention Taskforce partners have been developing 2021-25 health and wellbeing or health promotion plans for the past twelve months, partners have been through a process of gathering evidence on which to base these plans, alongside consideration of the Victorian Public Health and Wellbeing Plan 2019-23. This evidence has been gathered through a combination of analysis of population-level data and consultation, both with community and local organisational stakeholders.

Below is a summary of key themes that have emerged through the process of bringing this evidence together at a regional level.

What population-level data tells us

Melbourne's west has characteristics that distinguish it from other parts of Victoria, that indicates that interventions must be tailored to local needs, and attention must be given to the social determinants of health:

- Melbourne's west is known for its cultural diversity. At last census, 39% of the population of our five local government areas were born overseas. An even greater proportion, 43% spoke a language other than English at home.
- Socioeconomic disadvantage occurs at higher levels in Melbourne's west, with the unemployment rate in our region at last census at 8.4%, compared with Victoria's rate of 6.6%. Unemployment has worsened as a result of the COVID-19 pandemic, with JobSeeker rates growing in all five of our local government areas between March 2020 and May 2021, four of which are higher than the rate across Greater Melbourne. Most disadvantaged of our region, Brimbank in May 2021 had 9.2% of people aged 15-64 that were JobSeeker or Youth Allowance recipients, compared with 5.4% in Greater Melbourne.

The above is just a small picture of the social determinants of health in our region. These determinants impact some of the following health and wellbeing risk factors:

- Mental health is a key concern, with people in all of our local government areas experiencing psychological distress at higher rates than in Greater Melbourne.
- Overweight and obesity are important risk factors in our region, with all but one of our local government areas having higher rates of these than Victoria. Most concerning, 76.9% of adults in Melton are either overweight or obese.
- Family violence incidents for the year to March 2021 were reported at higher rates than Victoria for Brimbank and Melton. Melton and Wyndham have experienced the largest growth in total incidents over the past 12 months, with 19% and 15% more incidents reported respectively.
- Smoking rates are higher than those for Victoria for all of our five local government areas, with the highest rates in Brimbank (17.9% compared with 14.5% for Greater Melbourne).
- The western suburbs were worst impacted by COVID-19 transmission during Melbourne's second wave outbreak in 2020, with 32% of infections in Victoria occurring in our region from the beginning of the pandemic until 8 July. The west is home to the two local government areas with the highest number of infections across the state (Wyndham and

Brimbank).¹ This has highlighted the higher levels of structural disadvantage experienced in the west, as transmission was driven by higher rates of the population being employed in precarious work and (typically) lower-paying jobs that were unable to be done from home, crowded housing arrangements, and poor engagement with multicultural communities in relation to public health measures.²

- The above indicators of health and wellbeing affect women and men in different ways, for example, more women than men experience psychological distress, but more men than women are overweight or obese. This highlights the need to apply a gender lens to our prevention planning.

What our communities have told us

Consultations in our region revealed that mental health and wellbeing is of key concern for communities across Melbourne's west. Consultations that have taken place through 2020 and 2021 showed that communities are particularly concerned about the impacts of the COVID-19 pandemic on mental health.

Communities are particularly interested in action on the social determinants of health in their local areas, particularly social determinants of mental health. Social determinants highlighted through regional consultations included:

- Social connections, belonging and coming together, and loneliness
- Race-based discrimination, or celebrating multiculturalism and diversity and acknowledging our First Nations history
- Economic and financial hardship and unemployment
- Food insecurity
- Environmental sustainability and socioeconomic disadvantage that leads to vulnerability to climate change
- Participation in paid work as well as volunteering
- Social and digital exclusion
- Homelessness and affordable housing.

Communities are concerned that the COVID-19 pandemic has worsened existing social inequalities that put people at risk of poor health outcomes.

Active living and healthy eating were raised in some consultations, however, much of the action that communities wanted to see on these priorities was centred around infrastructure that would support a healthy lifestyle (e.g. places and spaces for recreation, walking and cycling, active transport) and the social determinants of health (e.g. food insecurity, particularly since the beginning of the COVID-19 pandemic).

¹ <https://www.dhhs.vic.gov.au/victorian-coronavirus-covid-19-data>

² <https://www.abc.net.au/news/2020-10-14/will-victoria-hit-its-next-target-on-the-roadmap-to-reopening/12761584>, <https://www.abc.net.au/news/2020-10-27/victoria-migrants-concerned-covid-19-information/12815164>

Foundations for an effective primary prevention system

Responding to community need and partnering with community to lead

It is well understood that engaging a community-centred and flexible approach to both understanding need and in designing solutions leads to better health outcomes. A system that empowers communities, promotes self-determination and adapts to local priorities will see greater health results than one that does not. This is especially relevant in the context of Victoria's extensive cultural diversity, particularly in Melbourne's west. The Ottawa Charter for Health Promotion identifies 'Strengthen Community Action' as a key health promotion action. It indicates that health promotion strategies and programs need to consider the varied social, cultural and economic systems in which people live.³ Additionally, the World Health Organisation states that "Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies."⁴

Referencing an increase in the practice of co-design in the social services domain, VicHealth also support the adoption of a community driven approach for more meaningful and effective outcomes.⁵

A holistic, integrated and relationship-based systems approach

Over recent years, prevention practitioners have been encouraged to adopt a systems approach to prevention and health promotion.⁶ We have been encouraged to "look beyond four types of chronic diseases and risk factors...and instead focus on the 'causes of the causes' of chronic disease".⁷

According to the World Health Organisation, "A health system consists of all the organisations, institutions, resources and people whose primary purpose is to improve health. This includes efforts to influence determinants of health as well as more direct health-improvement activities. The health system delivers preventive, promotive, curative and rehabilitative interventions through a combination of public health actions...".⁸

³ Ottawa Charter for Health Promotion, 1986.

⁴ World Health Organisation : <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference/actions>

⁵ <https://probonoaustralia.com.au/news/2012/07/co-designing-for-social-good-part-i-the-role-of-citizens-in-designing-and-delivering-social-service/> via VicHealth <https://www.vichealth.vic.gov.au/letter/articles/vh-letter-45-co-design>

⁶ 7. Bensberg M. Initiating conversations that count. Melbourne: Our Health Inc.; 2018 [cited 2019 Jul 6]. Available from: drive.google.com/file/d/1Cc91vJOYh6eJMvFRP4GQBffpjR3m5hqD/view;

⁷ Howse E, Rychetnik L, Marks L, Wilson A. What does the future hold for chronic disease prevention research? Australian New Zealand Journal of Public Health. 2020 Sep 1. doi: 10.1111/1753-6405.13028

⁸ WHO, 2010. Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies.

An effective health system is one that is working together (including with the community), connecting agencies, building consensus, coordinating resources and aligning policies and activities. As such, a healthy prevention system can help to elevate the success of health promotion efforts.⁹

Integrated, engaging and cohesive relationships between State Government, Local Government, Community Health and our local communities at both the policy and service delivery level are essential to “shift the focus of health promotion activities away from a reductionist perspective to a holistic one, recognising that the essence of structure is not the parts themselves, but the relationships between the parts, their causal connections.”¹⁰

A principal focus on the social determinants of health

Evidence shows that a primary prevention system centred around a range of social and economic factors or ‘social determinants’ (such as meaningful employment and social support) is more likely to see success and can in fact be more influential than a focus on health care or lifestyle choices. Numerous studies suggest that the social determinants of health account for between 30-55% of health outcomes.¹¹

The World Health Organisation, through its Commission on the Social Determinants of Health, advocates for decision makers to consider 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, when designing and implementing services.¹²

Prevention system integration in Melbourne’s west

Prevention partners across Melbourne’s west have a long history of working to integrate and strengthen our system. As one example, Preventing Violence Together is the regional partnership and strategy that guides the primary prevention of men’s violence against women in the west.

In 2010, Preventing Violence Together was launched as the first regional primary prevention partnership and action plan of its kind in Victoria, with many other regions adopting a similar partnership approach to prevention in the following years.

In 2017, the partnership launched its second strategy, [Preventing Violence Together 2030](#).

⁹ Alliance for Health Policy and Systems Research; World Health Organization. Systems Thinking for Health System Strengthening; de Savigny, D., Adam, T., Eds.; World Health Organization: Geneva, Switzerland, 2009. In: Bensberg, M.; Joyce, A.; Wilson, E. Building a Prevention System: Infrastructure to Strengthen Health Promotion Outcomes. Int. J. Environ. Res. Public Health 2021, 18, 1618. <https://www.mdpi.com/1660-4601/18/4/1618> Academic Editor: Paul B. Tchounwou

¹⁰ Alliance for Health Policy and Systems Research; World Health Organization. Systems Thinking for Health System Strengthening; de Savigny, D., Adam, T., Eds.; World Health Organization: Geneva, Switzerland, 2009. In: Bensberg, M.; Joyce, A.; Wilson, E. Building a Prevention System: Infrastructure to Strengthen Health Promotion Outcomes. Int. J. Environ. Res. Public Health 2021, 18, 1618. <https://www.mdpi.com/1660-4601/18/4/1618> Academic Editor: Paul B. Tchounwou

¹¹ World Health Organisation: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
¹² Baum, F., 2013, ‘A backwards step for community health in South Australia’. <https://theconversation.com/a-backward-step-for-community-health-in-south-australia-18889>

The Preventing Violence Together partnership has recognised that cross-sector partnerships and long-term funding are integral to establishing primary prevention efforts that are effective and comprehensive. The partnership, led by Women's Health West, is composed of 26 partner organisations including local governments, community health, Primary Care Partnerships, community-based organisations, university, and state government agencies. The Partnership has worked together to develop a [shared measurement and evaluation framework](#) that outlines the outcomes that the partnership is working towards.

In another example of integration and system strengthening, over the past 18 months the Prevention Taskforce has worked together to understand and influence the prevention system towards stronger evaluation practice. This work has brought together 50+ practitioners across 13 primary prevention organisations as part of a monitoring, evaluation and learning (MEL) community of practice. Working collaboratively, an [Evaluation Capacity Health Check](#) tool has been developed alongside workforce capacity building efforts with a united vision for best practice evaluation across the range of primary prevention and health promotion activities delivered in the west. The work considers 'collective MEL effort', or shared measurement to be a key domain to evaluation capacity.

Conclusion

The Taskforce advocates for the continuation of an integrated prevention system that is flexible and responsive to local needs. Prevention partners in Melbourne's west have extensive skills, knowledge and experience in implementing health promotion programs, and in partnering to work towards better health outcomes. We have much to contribute to the design of changes to the system to ensure that it is functioning optimally.