

PUBLIC HEALTH STRATEGY FOR THE BARWON SOUTH WEST REGION



**Barwon
Health**

2023-2033

CONTENTS



We, Barwon Health, acknowledge the Traditional Owners of the land.

We pay our respects to the Elders past, present and emerging. We thank the Traditional Owners for custodianship of the land, and celebrate the continuing culture of the Traditional Owners acknowledging the memory of honourable ancestors.



Be Proud

Barwon Health is committed to LGBTQIA+ inclusion



THE PUBLIC HEALTH STRATEGY FOR THE BARWON SOUTH WEST REGION	2	BARWON SOUTH WEST PUBLIC HEALTH STAKEHOLDERS	19
		There is much work to do	20
EXECUTIVE SUMMARY	3	PUBLIC HEALTH CHALLENGES AND OPPORTUNITIES	21
PURPOSE	4	BARWON SOUTH WEST RESPONSE TO THE CHALLENGE	22
BSW PUBLIC HEALTH STRATEGY - SUMMARY	6	A connected, agile Barwon South West Public Health ecosystem	24
Vision	6	Strong foundations provided by the Public Health Unit	26
Enabling Mission	6	Outcomes for Communities	29
Themes	6	REFERENCES	30
Aspiration	6	APPENDICES	32
Strategic Priority 1: A connected, learning public health ecosystem	7	Appendix 1: Implementation Framework – Focus on Establishment Year	34
Strategic Priority 2: Accessible public health tools and expertise	7	Appendix 2: Barwon South West Region Public Health Stakeholders	36
Strategic Priority 3: Health Equity	7	NOTES	38
Strategic Priority 4: Health Outcomes for First Nations people	7		
BARWON SOUTH WEST - REGIONAL CONTEXT	8		
BSW Geography	8		
Demographics and health profile of the region and the public health challenge	9		
Infectious diseases	12		
Health Inequities	13		
Preventable risk factors	14		
Psychological distress, loneliness and social isolation	16		
Impacts of Climate change	16		





THE PUBLIC HEALTH STRATEGY FOR THE BARWON SOUTH WEST REGION

**CR RUTH GSTREIN, CHAIR,
SOUTH WEST VICTORIA ALLIANCE**

*"Only through true collaboration with
all stakeholders will we achieve positive
outcomes for the health and wellbeing of
our communities."*

EXECUTIVE SUMMARY

The Public Health Strategy for the Barwon South West Region articulates a pathway to realise the region's vision that communities across the Barwon South West achieve their best possible health and wellbeing.

The public health response to the COVID-19 pandemic demonstrated how a better planned and more collaborative approach to decision making could contribute to more targeted interventions and better health outcomes for communities. Establishment of the Barwon South West Public Health Unit in 2020 has bolstered public health resources and expertise in the region. The Barwon South West region has a complex ecosystem of stakeholders working to address the region's public health challenges. Wide consultation across the region has indicated strong support to take the next step to working in partnership.

The enabling mission of the partnership is to build a strong, connected and sustainable public health system that is equipped to address existing and future public health priorities in the region. Its context is a complex, evolving public health ecosystem, increasing demand on public health stakeholders and changing demographics that are expected to see an associated rise in public health challenges.

Led by the Barwon South West (BSW) Public Health Unit, the Strategy focuses on strengthening core public health functions to support the diverse stakeholders who are leading public health interventions, and fostering 'systems' and collaborative approaches to public health priorities. The engagement of community, including healthcare consumers, in designing and implementing these interventions is a fundamental underpinning of the strategy. Collaborative approaches will maximise impact and effectiveness of public health responses and resources.

The Strategy sets the pathway to connect stakeholders across the public health ecosystem and build the architecture that will enable shared decision making on public health priorities and approaches.

Barwon Health is committed to improving health and wellbeing outcomes for the region through genuine partnership, shared decision making and working collectively to achieve agreed outcomes in areas of shared priority.

PURPOSE

The Public Health Strategy for the Barwon South West Region articulates a vision for the region; that communities across the Barwon South West region are supported to achieve their best possible health and wellbeing.

The Strategy supports the goals of the Department of Health's *Public Health and Wellbeing Plan*. It has been shaped by consultations with major public health stakeholders, including local governments, rural and regional health services, Aboriginal Community Controlled Organisations (ACCOs), tertiary institutes, the Western Victoria Primary Health Network (WVPHN) and Non Government Organisations (NGO). It has been informed by detailed data and analysis of the region's disease burden.

The Strategy has a dual focus on building connection and coordination across the region's public health ecosystem and strengthening foundational support for public health stakeholders who are working to improve health outcomes for communities and population groups across the region.

A commitment to achieving health equity is central to stakeholders' ambitions for the region.

The Strategy articulates a commitment to self-determination and respect for the knowledge and wisdom of First Nations peoples and the protective factors of culture. It acknowledges the impact that colonisation, racism and discrimination has had, and continues to have, on the health and wellbeing of First Nations peoples.


It recognises the region's ACCOs as critical partners and equal decision-makers in delivery of the Strategy, and commits to self-determined responses being led by Aboriginal Community Controlled Organisations (ACCO), traditional owner groups and/or First Nations peoples.

The Strategy builds on the learnings and the momentum from the COVID-19 pandemic. It takes a planned and deliberate approach to achieve its goals.

It responds to stakeholders' ambitions for the BSW Public Health Unit; that it is a resource for the region - a dynamic repository of best practice that supports stakeholders with a suite of core public health tools, functions and links to public health expertise and interventions.

At its core, the strategy reflects the view of stakeholders that there is both value and an imperative to work as one connected system to tackle public health priorities. It reflects stakeholders' broad support for the establishment of an adaptive, learning public health ecosystem across the Barwon South West.

Development of the Strategy has been led by the BSW Public Health Unit. Achieving its vision will be the shared responsibility of the region's public health stakeholders as they come together to form the BSW Public Health Forum.

A portrait of Professor Rachel Huxley, a woman with blonde hair, smiling. The image is overlaid with a semi-transparent purple gradient.

**ALFRED DEAKIN PROFESSOR RACHEL HUXLEY (MA, DPHIL OXON),
EXECUTIVE DEAN, FACULTY OF HEALTH, DEAKIN UNIVERSITY:**

"The Public Health Strategy for the Barwon South West Region is a timely initiative coming at a time when our communities are facing some of the biggest public health challenges of the 21st century. The Faculty of Health at Deakin University supports and shares the vision outlined by the Strategy to improve the health and wellbeing of all our communities and drastically reduce the profound health inequalities that continue to exist across Western Victoria."

BSW PUBLIC HEALTH STRATEGY – SUMMARY

VISION

Communities across Barwon South West are supported to achieve their best possible health and wellbeing.

ENABLING MISSION

To enable a sustainable public health ecosystem that works in partnership to achieve optimum health outcomes for communities across the region.

THEMES

Collective action for impact.

Focused effort and efficient use of resources.

Community engagement in setting priorities, designing and implementing interventions, and evaluation, is core.

A visible, networked regional public health system.

Health equity and outcomes for communities at the centre.

Accessible, core public health functions.

ASPIRATION

To be an exemplar of an effective, impactful and networked public health system that achieves meaningful health and wellbeing outcomes for communities.

STRATEGIC PRIORITY 1: A CONNECTED, LEARNING PUBLIC HEALTH ECOSYSTEM

Outcome: The BSW public health ecosystem will be networked, impactful and responsive.

What will be different?

- Governance structures connect the ecosystem and drive shared decision making on public health priorities and systems responses.
- Community engagement, including with health care consumers, will underpin all decision making.
- Systems approaches support holistic interventions and contribute to improved health outcomes for communities.
- The region builds on its strengths, sharing knowledge and expertise and amplifying good practice.
- Monitoring and evaluation is embedded across public health interventions and findings contribute to the region's evidence base.

STRATEGIC PRIORITY 2: ACCESSIBLE PUBLIC HEALTH TOOLS AND EXPERTISE

Outcome: BSW public health stakeholders and partners are supported to achieve the best possible health outcomes for communities.

What will be different?

- BSW public health stakeholders and partners have access to consistent, reliable data and analysis, and links to best practice interventions and expertise across a range of public health priorities.
- Public health campaigns are accessible for region-wide use and local adaptation.
- Monitoring and evaluation tools and frameworks improve surveillance capability and targeting of interventions to address public health issues and emerging threats.
- The region's public health workforce and expertise is visible and workforce capacity building is supported.

STRATEGIC PRIORITY 3: HEALTH EQUITY

Outcome: Health equity is central to the region's approach to public health.

What will be different?

- Public health stakeholders have access to models that scale and/or target interventions for priority populations groups.
- Stakeholders have increased understanding of the connection between health inequities and the social determinants of health.
- Opportunities to influence the social determinants of health are understood, with potential for expanded collaborations beyond the public health ecosystem.

STRATEGIC PRIORITY 4: HEALTH OUTCOMES FOR FIRST NATIONS PEOPLE

Outcome: Public health approaches are self-determined and achieve tangible improvements in health outcomes for First Nations people.

What will be different?

- ACCOS are represented on all levels of governance and are equal decision-makers on Strategy priorities and approaches.
- ACCOS and the communities they represent self-determine approaches to public health interventions for First Nations people.
- ACCOS are supported with data and analytics on health issues affecting First Nations people.
- ACCOS have access to evidence-based public health messaging for adaptation in local campaigns.

BARWON SOUTH WEST – REGIONAL CONTEXT

BSW GEOGRAPHY

The Barwon South West is a large and diverse region. It spans from Victoria's largest regional city of Geelong and fast growing coastal areas along the Bellarine Peninsula and Surf Coast, to large areas dominated by primary production, coastal populations of Port Fairy, Warrnambool and Portland in the south west, and isolated townships and localities stretching out to the South Australian border¹.

Traditional owners of the lands are the Bunganditj, Coladjin, Djab Wurrung, Djargurd Wurrung, Eastern Maar, Gadubanud, Girai Wurrung, Gulidjan, Gunditjmara, Jardwadjali, Tjap Wurrung and Wadawurrung Aboriginal people².

The region is socio-economically diverse, with postcodes in the lowest and highest percentiles of the Socio-Economic Indexes for Areas (SEIFA) measures for relative advantage and disadvantage, including pockets of entrenched disadvantage^{3,4}.

Figure 1: Map of Victoria showing Local Government Areas in the Barwon South West Region (in Purple)



DEMOGRAPHICS AND HEALTH PROFILE OF THE REGION AND THE PUBLIC HEALTH CHALLENGE

Similar to demographic and health trends in Victoria and Australia, the BSW's population is ageing, its people are living longer with more chronic disease, and health outcomes vary significantly (and unacceptably) between population groups and depending on where one lives⁵⁻⁷. While the trend is similar, the BSW population is older, has lower education levels, higher levels of relative social disadvantage and a higher percentage of its population is living with one or more chronic conditions (Table 1)^{4,5,8}.

The region also faces the dual challenge of rapidly growing populations in urban centres and coastal areas, alongside decreasing and ageing populations in smaller inland townships⁹. The region's population grew by 9.6% from 2016 to 2021, with growth of 12.8% in Geelong over the last five years¹⁰. The BSW population is projected to further increase by 24.4% between 2021 and 2036, with the highest rate of growth predicted to be in the 80+ age group (85% growth), followed by the 60-79 age group (28.9% growth)¹⁰, with about 47,000 additional people aged 60 and over. The population growth in those aged 60 and above is expected to see an associated rise in the rate of chronic disease.

Table 1: Key socio-demographic and health indicators in the Barwon South West Region compared to Victoria.

SOCIO-DEMOGRAPHIC AND HEALTH INDICATORS	BSW	VICTORIA
Median Age	41	38
Proportion aged 60-79	22.1%	18.0%
Proportion aged 80+	5.1%	4.4%
Education Levels (year 12 or equivalent)	52%	61.8%
Low income households (Proportion in the bottom 40% of the income distribution)	43.3%	39.5%
Relative Social Disadvantage (Proportion of population in SA1s below 850 threshold score)	7.0%	5.8%
At least one chronic disease	31.8%	27.4%
Proportion among those aged 0-14	10.3%	8.4%
Proportion among those aged 15 and over	36.1%	31.4%
Two or more chronic conditions	10.3%	8.6%
Proportion among those aged 0-14	0.6%	0.5%
Proportion among those aged 15 and over	12.5%	10.3%

Sources: All data is from the 2021 Population and Housing Census^{4-6,8}



UNDERSTANDING THE REGION'S BURDEN OF DISEASE

Understanding the burden of disease is crucial in identifying the health needs within the population and in planning to address the drivers of poor health outcomes. The overall burden of disease is measured using disability-adjusted life years (DALY), a time-based measure that combines years of life lost due to premature mortality (YLLs) and years of life lived in states of less than full health, or years of healthy life lost due to disability (YLDs)¹⁵. Figure 2 shows the burden of disease attributable to different disease groups.

The figure shows that Cancers result in 29 years of life lost as a result of premature mortality and years of life lived in less than full health. Mental and substance use disorders account for close to 28 years of full health lost after adjusting for differences in the age distribution of the population.

WHAT IS PUBLIC HEALTH?

Public Health is broad and complex. Its purpose is to protect and improve population health through education, encouraging and enabling healthy lifestyles and researching about disease and injury prevention^{11,12}.

It includes:

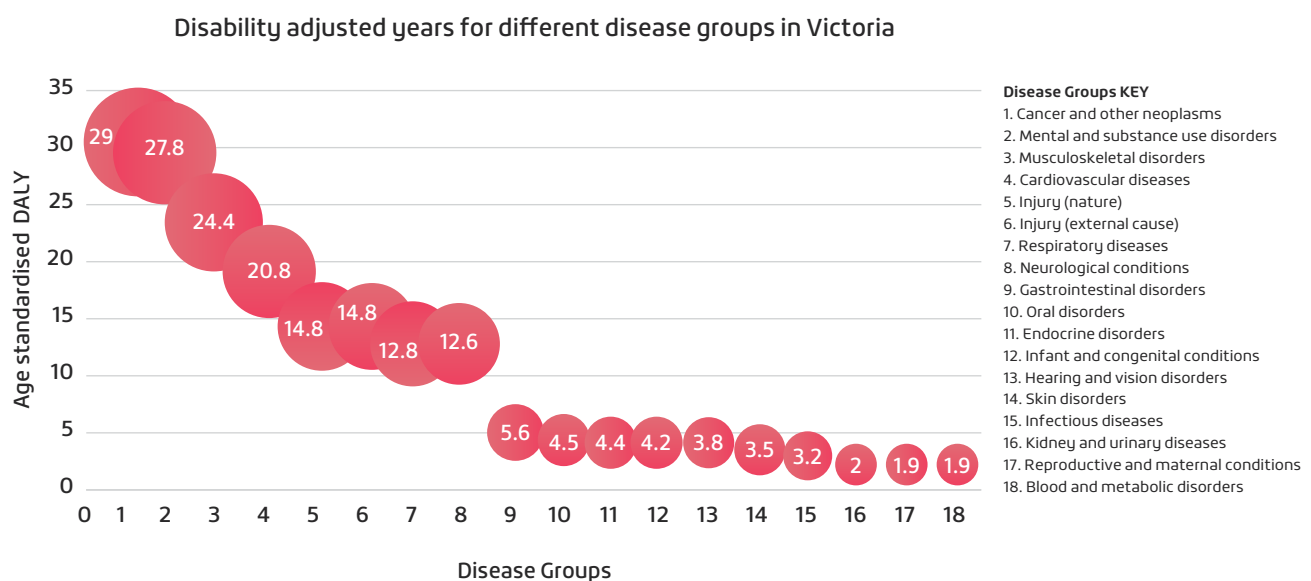
Environmental Health – focuses on creating health-supporting environments and managing health risks, including from smoke, chemicals and toxic materials that can affect air, water and food quality and supply¹³.

Health Protection – protects communities from infectious and vaccine preventable diseases¹⁴.

Preventative Health – focuses on early detection and prevention of chronic disease¹⁴.

Health Promotion – seeks to positively influence the health behaviour of individuals and communities¹⁴.

Figure 2: The burden of disease (Disability Adjusted Life Years) in Victoria by disease groups, 2018. DALY – is disability adjusted life years. The **age standardised DALY** was computed by direct standardisation to the 2001 Australian estimated resident population.

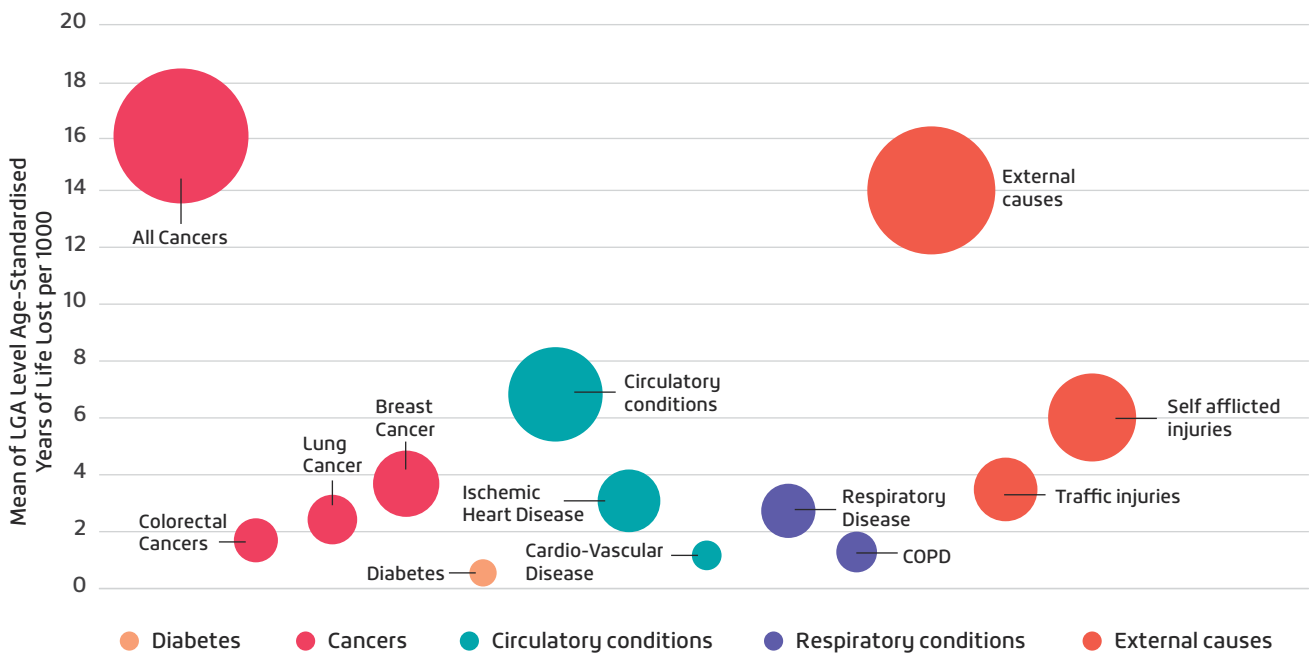


Source: Australian Burden of Disease Study, 2018¹⁵.

Although the 2018 Australian burden of disease study does not have a breakdown of the DALY estimates for the Barwon South West region, data on the fatal burden of disease within the region is available and is presented in Figure 3⁶.

The fatal burden of disease doesn't capture the region's most prevalent conditions - asthma and arthritis - as these conditions do not have the same impact in terms of years of life lost as a result of the disease.

Figure 3: The fatal burden of disease (Years of Life Lost) in the Barwon South West region by disease condition.



Source: Social Atlas of Health, PHIDU, 2017⁶

The **age standardisation of Years of Life Lost** was done based on the 2001 Australian estimated resident population.



INFECTIOUS DISEASES

COVID-19 has been the most prevalent infectious disease since its outbreak in 2020, though other infectious diseases have also made headlines in Victoria, including Monkeypox, Japanese Encephalitis and Influenza^{16,17}. At the regional level, the BSW region has also had cases of Ross River Fever across the Surf Coast (a seasonal occurrence) and Buruli Ulcer in Geelong^{18,19}.

Figure 4 shows rates of ‘notifiable conditions’ – communicable diseases that require immediate public health action to protect at risk populations and prevent further transmission. The notifiable conditions are grouped by category, with COVID-19 removed from the comparative data as it dwarfed all other notifiable conditions over this period.

In 2022, the second highest notification rate, following COVID-19, was for respiratory conditions. The spike in these conditions was likely due in part to increased transmission following the lifting of pandemic restrictions.

Notification rates for Sexually Transmitted Infections (STIs) were the highest out of all notifiable disease groups (excluding COVID-19) in the Barwon South West region in 2020. While the STI notification rates remained relatively stable in 2021 and 2022, this category of diseases remains high across the region²⁰.

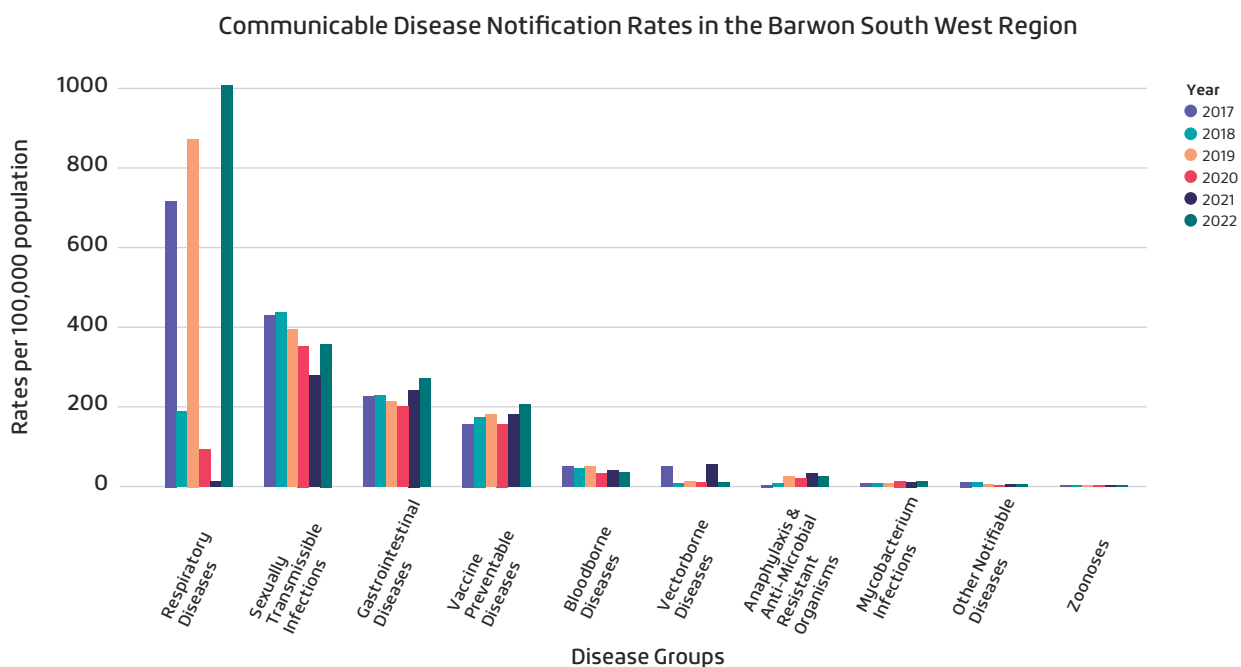
DATA LIMITATIONS

Several barriers and limitations have been identified during the collation and analysis of data used in development of the Strategy.

These include:

- Insufficient data disaggregation for some metrics to allow analysis at a local level.
- The time lag in availability of data, which is a barrier to assessing recent changes in some metrics.
- Increased variability of data from surveys especially when data is further disaggregated into smaller areas.
- Insufficient data capture in public health areas making it hard to monitor the progress and impact of public health interventions.

Figure 4: Annual notification rates per 100,000 for notifiable disease groups in the Barwon South West region, 2017 to 2022.



Source: Department of Health: Public Health Events Surveillance System.

HEALTH INEQUITIES

"The most disadvantaged fifth of Australians are twice as likely to have two or more chronic diseases compared to the least disadvantaged fifth of Australians. Indigenous Australians, poorer Australians, those with less education and those living in the most rural parts of the country face the biggest barriers to health and are far more likely to be diagnosed with many chronic conditions"²².

It is important to note that the disease burden across the region isn't shared equally.

Due to limitations of reliable data on the disease burden by priority population groups, inferences have been made from state-wide and Australia-wide estimates. The Australian Institute of Health and Welfare (AIHW) found that 21% of the disease burden in Australia could have been avoided if disparities among the five socioeconomic groups classified by the Index of Relative Socio-economic Disadvantage were addressed²¹.

Sex, age, ethnicity, a person's disability and identity as LGBTQI+ (lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse) are also significant and intersecting determinants of health. Women are at greater risk of ill health than men, experiencing higher rates of chronic health conditions and poor mental health, while Aboriginal and Torres Strait Islander women experience higher rates of comorbid conditions, including diabetes, breast, cervical and ovarian cancers than non-indigenous women.

Harmful gender norms also contribute to increased health risks for men and boys including, for example, where men are less likely to seek health care and more likely to undertake harmful use of drugs and alcohol²³.

The social determinants of health are the non-medical factors that influence health outcomes. These are the conditions in which people are born, grow, work, live and age, and the wider forces and systems shaping the conditions of daily life such as economic policies and systems, social norms and policies, and political systems. They include income, education, unemployment, housing, food insecurity, early childhood development, social inclusion and access to affordable health services. Social determinants have an important influence on health inequities, positive and negative, as demonstrated by the relationship between socio-economic position and health status described above. The relationship is two-way – poor health can be both a product of, and contribute to, lower socioeconomic position.

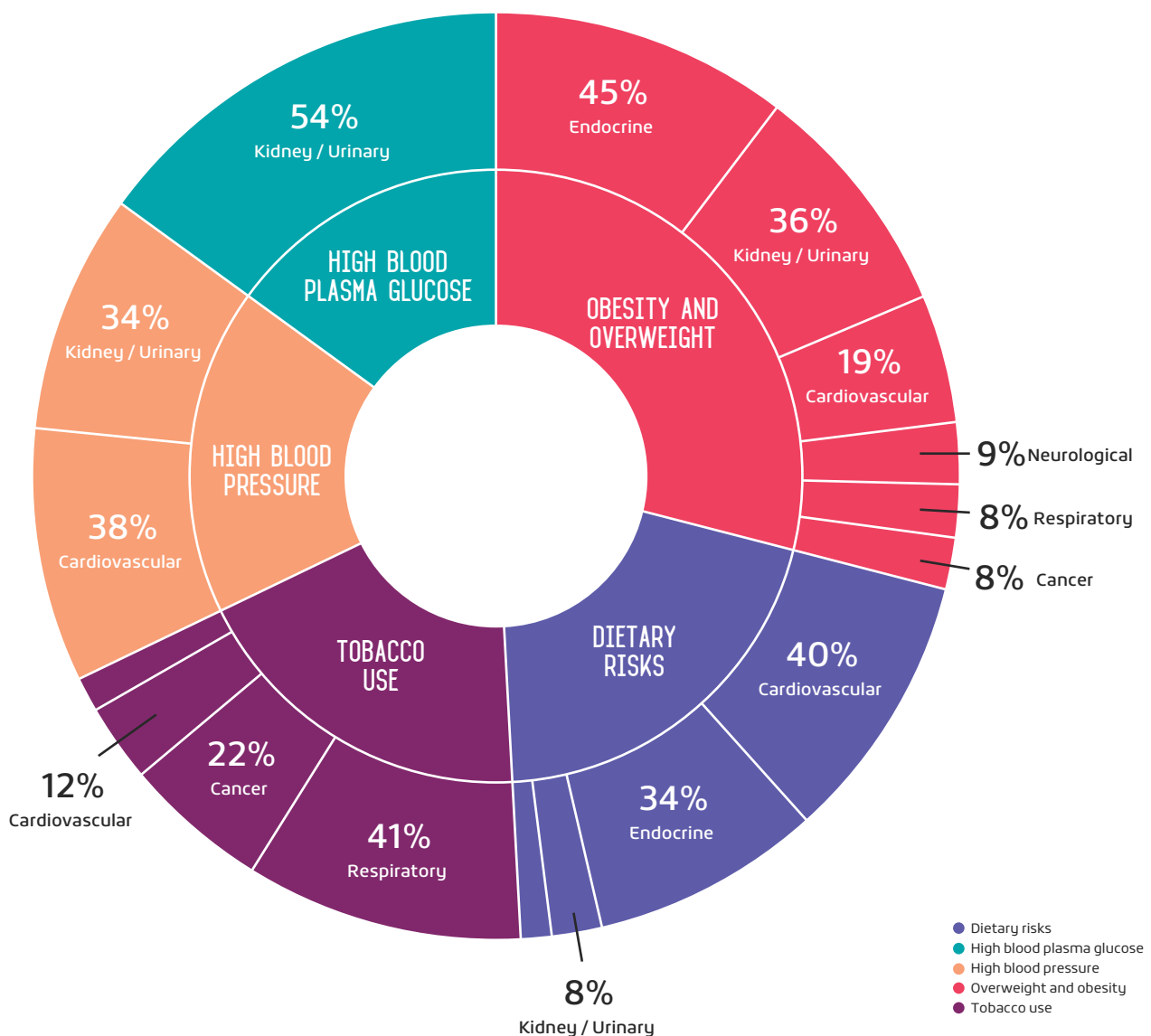


PREVENTABLE RISK FACTORS

A large proportion of non-communicable disease in Australia is due to behavioural risk factors that are largely preventable. Preventable risk factors include; alcohol consumption, high body mass index, physical inactivity and poor diet²⁴.

Figure 5 shows the relationship between different disease groups and the risk factors that are attributable to these diseases. It shows that close to 50% of the disease burden is attributable to two modifiable risk factors - overweight and obesity and dietary risks.

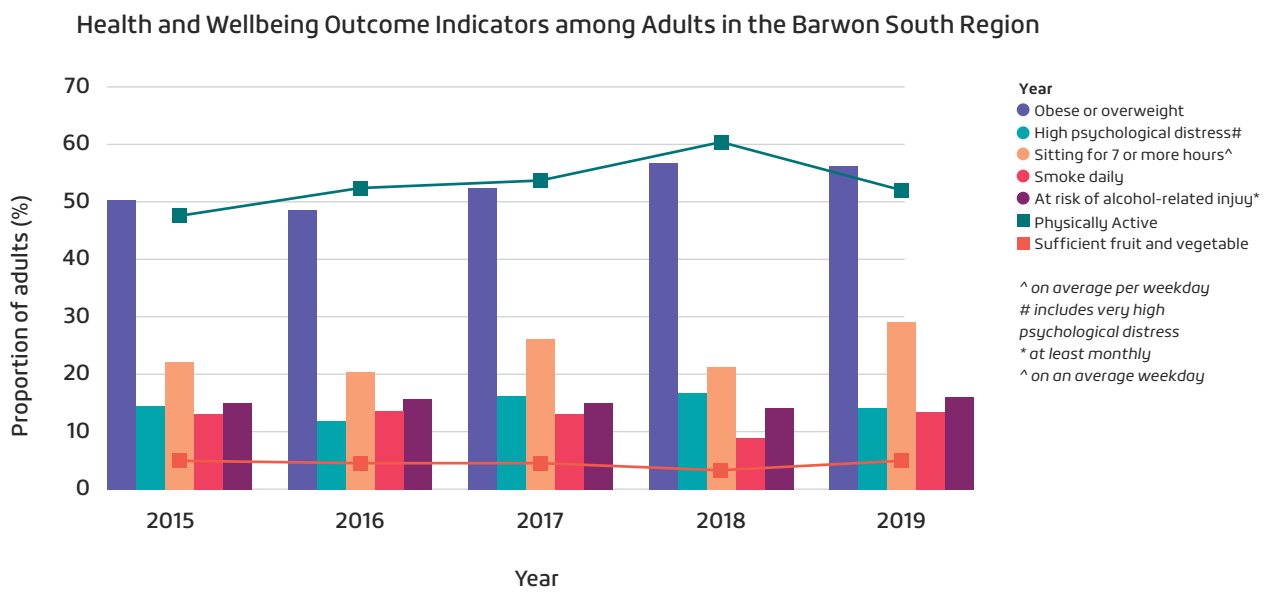
Figure 5: The proportion of the total burden of disease of different disease groups attributable to leading risk factors, 2015²⁵



Source: Australian Institute of Health and Welfare²⁵

Figure 6 shows trends of health and wellbeing outcome indicators among adults in the Barwon South West region. The bars show indicators measuring health risk factors while the lines capture protective factors. The data shows obesity and being overweight, and insufficient fruit and vegetables as leading health risk factors²⁶.

Figure 6: shows trends of health and wellbeing outcome indicators among adults in the BSW Region.



PSYCHOLOGICAL DISTRESS, LONELINESS AND SOCIAL ISOLATION

Psychological distress, social isolation and loneliness are also risk factors for poor health, including chronic disease. Loneliness is linked to premature deaths, poor physical and mental health and general dissatisfaction with life while social isolation is linked to mental illness, emotional distress, suicide, smoking, physical inactivity and many other poor health outcomes²⁷⁻²⁹.

The proportion of adults in Barwon South West reporting high/very high psychological distress has increased and more people are feeling unsafe walking in their neighbourhood. This reflects a national trend, with one in four Australian adults reporting they were lonely and 55% of the population felt that they lacked companionship at least sometimes²⁷⁻²⁹.

Strategies to improve health and wellbeing outcomes across the region should also consider targeted action to address rates of loneliness, social disconnection and isolation.

IMPACTS OF CLIMATE CHANGE

There is evidence that rates of communicable and non-communicable diseases are impacted by climate change. The BSW, similar to the rest of the state, is at risk of climate related changes that impact public health, including as a result of increased median temperatures which may contribute to the geographic spread of vector-borne diseases and transmission of food-borne diseases such as gastroenteritis³¹.





**FIONA BREW,
CEO COLAC AREA HEALTH**

"The Public Health Strategy for the Barwon South West Region provides a clear vision forward. In the spirit of collaboration, let's embrace it and together support our communities to achieve their best possible health and wellbeing!"



PUBLIC HEALTH AGENCIES AND RESPONSIBILITIES

Responsibility for public health sits across all levels of government and multiple public health agencies.

Federal and state governments hold the policy, regulatory and pricing levers, able to increase taxes on goods such as alcohol and cigarettes, and develop regulations to mandate action and influence behaviours.

Legislation and policy in Victoria are key drivers of the state's public health response. The *Public Health and Wellbeing Act 2008* requires local governments to develop Municipal Public Health and Wellbeing Plans every four years and mandates medical practitioners and other bodies to report on infectious diseases and other conditions of concern³⁰. Victoria's public health policy is organised into areas of Health Protection, Prevention and Population Health and Environmental Health.

At the local level, public health stakeholders are largely focused on local implementation of programmatic responses that support state and federal public health policy, implementing programs across the spectrum of environmental health, preventative health, health promotion and health protection.

Programmatic responses include supporting delivery of vaccination programs, responding to cases of infectious diseases, surveilling air and water quality, delivering early prevention and screening programs, and promoting good health through locally tailored and delivered public health campaigns.

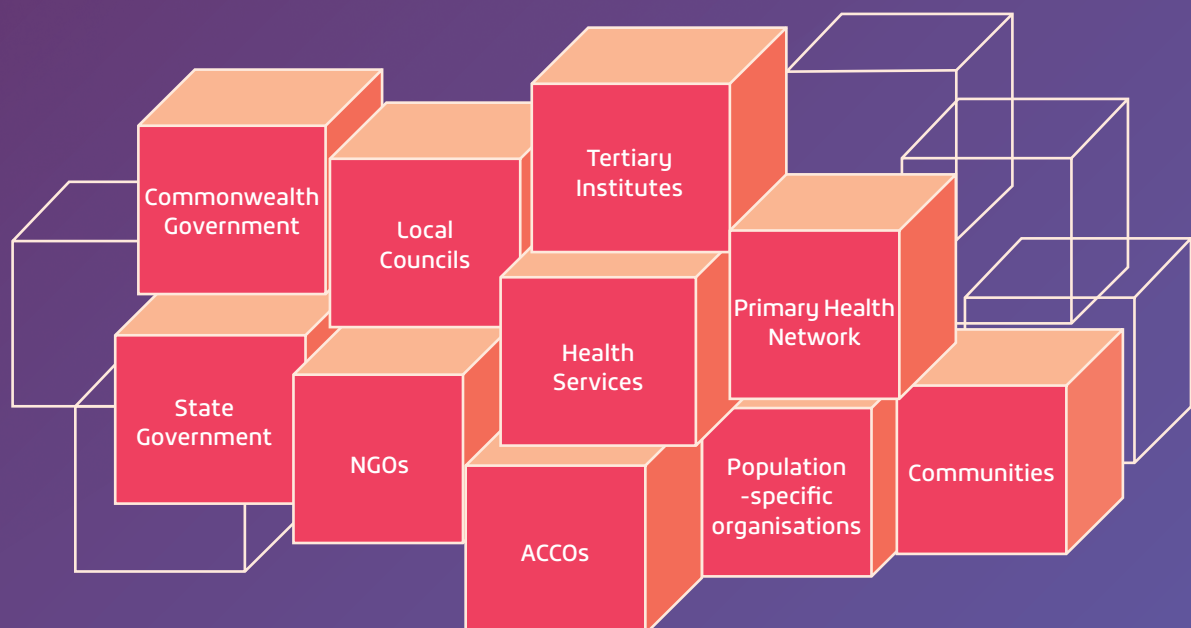
BARWON SOUTH WEST PUBLIC HEALTH STAKEHOLDERS

The Barwon South West region has a complex ecosystem of stakeholders working to address the region's public health challenges.

Stakeholders, in addition to the BSW Public Health Unit, include: twelve regional and rural public health services, all with integrated or outreach community health services and/or programs; one stand-alone community health service; ten local councils; five Aboriginal Community

Controlled Organisations (ACCOs); Western Victoria Primary Health Network (WVPHN); Communities; NGOs; Population specific groups such as Women's Health and Wellbeing BSW and Cultura; and research institutes including Deakin University (Figure 7).

Figure 7: Public health stakeholders in the BSW region in addition to the BSW Public Health Unit.



NGO - Non-Government Organisation
ACCO - Aboriginal Community Controlled Organisation

Establishment of the BSW Public Health Unit in 2020 has bolstered public health resources and expertise in the region. Initially focused on supporting the pandemic response, the Victorian Government has devolved additional public health functions to the PHU as part of its reform of the public health system. The government has also released plans and strategies aimed at reducing the rates of disease and supporting the health and wellbeing of specific population groups. These include *The Victorian sexual and reproductive health and viral hepatitis strategy 2022-30*, *Victorian Cancer Screening Framework Strategic Plan (2022-26)* and initiatives to support gender equality and prevent family violence³².

Establishing an architecture that supports effective and impactful partnership approaches to address the region's public health challenges is a critical component of the BSW Public Health Strategy. The BSW public health ecosystem will work collaboratively to improve the impact and effectiveness of public health responses in areas within their control, and leverage and influence broader system levers and initiatives at state and national level. Connecting with and leveraging expertise and resources across the broader public health system is critical to maximise value from the available resources.

THERE IS MUCH WORK TO DO

Despite considerable action by governments and regional public health stakeholders, the Barwon South West (like the rest of Victoria) continues to see rising rates of chronic disease and inequitable health outcomes amongst population groups. Local systems that support the promotion of good health, and the prevention of poor health – local governments, public health services, ACCOs and other stakeholders – are struggling to meet the increased demand and complexity in health conditions and their underlying causes.

COVID-19 is a recent reminder of the threat of infectious diseases, and the vulnerability of specific population groups to these diseases. In the aftermath of the initial outbreak, there is increased awareness of the need for robust and networked public health systems – including local systems – to respond to public health emergencies.

Working collaboratively with communities was demonstrated as the most effective approach, as well as the right thing to do.



PUBLIC HEALTH CHALLENGES AND OPPORTUNITIES

Public Health systems and stakeholders are faced with a complex challenge. They are responsible for long term strategies that promote the conditions for good health. They seek to address the preventable risk factors associated with chronic disease, including the underlying causes of these risk conditions.

They must bring a health equity lens to planning and implementation of public health interventions. And they require structured and responsive systems to protect populations from vaccine preventable diseases, and respond to cases of infectious disease.

In the BSW region, public health stakeholders face additional challenges associated with the region's growing and ageing population, its dispersed and diverse population across a vast geography, and pockets of entrenched disadvantage and inequitable health outcomes across population groups.

BARWON HEALTH'S ROLE – ACCOUNTABILITY & PARTNERSHIP

Barwon Health is accountable to the Department of Health for the BSW Public Health Unit. As the regional public health service, Barwon Health is required by the Health Services Act 1988 to have a Primary Care and Population Health (PCPH) Advisory Committee.

Whilst Barwon Health has accountability for the BSW Public Health Unit and the PCPH Advisory Committee, it is committed to collaborative approaches and shared decision making on public health priorities. It recognises that stakeholders within the complex public health ecosystem are critical partners to realise the vision that communities across the region achieve their best possible health and wellbeing.

A first step to realising the ambition of the strategy is to formalise governance arrangements that connect the public health ecosystem and enable shared oversight and decision making.

Barwon Health has commenced this work, expanding the PCPH Advisory Committee to ensure its membership reflects the region's primary care and public health stakeholders, and that the South West and G21 ends of the region are equally represented. The first year of implementation of the strategy will consider additional governance structures required to achieve shared decision making on public health priorities and implementation considerations. Structures to support shared decision-making will not alter existing governance structures of partner organisations.

Barwon Health is committed to supporting health outcomes for the region, including through genuine partnership, community engagement, shared decision making, and by supporting partners with the core public health tools they need to achieve health and wellbeing outcomes at the local level. It will provide support and leadership to establish the ecosystem as a BSW Public Health Forum.

BARWON SOUTH WEST RESPONSE TO THE CHALLENGE

The Barwon South West PHU, together with regional public health stakeholders, presents its vision and staged approach to achieve the best possible health and wellbeing for communities across the region. It takes a dual approach to addressing the challenges and harnessing the opportunity to improve health outcomes.

The region will form a Barwon South West Public Health Forum that builds connection between stakeholders within the region's public health ecosystem. It will build an architecture that enables and fosters 'systems approaches' to address public health challenges. It will bring stakeholders together to work collaboratively as one connected system to achieve agreed outcomes in areas of shared priority.

The systems approach reflects the complex and interconnected nature of public health, and the social determinants that contribute to health inequities. It recognises that efforts by one stakeholder group alone – whether local government, public health services, ACCOs or NGOs – are unlikely to achieve maximum impact and reach.

The Public Health Unit (PHU) will provide strong foundational support for all public health stakeholders across the region, whether working individually or as part of the 'systems' approach. It will be established as a dynamic repository of best practice, supporting public health stakeholders with the tools they need to achieve health outcomes for their communities. It will support the region with consistent, reliable data and analysis, with links to best practice interventions and public health advisory services. It will take a leadership role on public health campaigns.

A focus on addressing health inequities will underpin this work.

PUBLIC HEALTH UNIT AND LESSONS FROM COVID-19

BSW recently experienced the strength and potential of localised, networked responses to public health challenges during the COVID-19 pandemic.

The pandemic response brought many stakeholders within the public health ecosystem together for the first time. It integrated public health and clinical responses and demonstrated that local knowledge and community connection are assets and strengths of the region's public health system.

The newly established PHU played an important role coordinating and drawing on local knowledge to manage cases and outbreaks of COVID-19.

This decentralised model had many successes, such as effective partnership approaches to reach at risk population groups. There were also learnings about how a better planned, more collaborative approach to decision making could contribute to more targeted interventions and better health outcomes for population groups and communities.



**DR SANDRO DEMAIO,
CEO VICHEALTH**

"Supporting Victorians to achieve their best possible health and wellbeing is everyone's business. A dedicated and sustained commitment to the prevention of poor health and the promotion of good health at a systemic level is our best opportunity to realise the vision for healthier communities."

A CONNECTED, AGILE BARWON SOUTH WEST PUBLIC HEALTH ECOSYSTEM

Public health functions sit across multiple agencies. Stakeholders across the ecosystem are often working on the same public health issues, striving to achieve similar health outcomes for their communities. While efforts may at times intersect and overlap, they are not always connected and there is risk of duplication of effort on core public health functions.

The Public Health Unit will build connection across the Barwon South West region's public health ecosystem and support establishment of an architecture that enables shared decision making and maximises the capability within the local public health ecosystem. It will foster 'systems' approaches to tackling public health priorities in the region. This will bring major public health stakeholders together to form the BSW Public Health Forum.

The BSW Public Health Forum will work collaboratively to achieve agreed outcomes on areas of shared priority. It will maximise capability within the network, reduce duplication and drive a strong and consistent preventative health agenda across the region. It will work to its strengths, drawing on the region's public health expertise, on stakeholders' connection to, and understanding of, the health and wellbeing needs of their communities and the protective and risk factors contributing to health outcomes.

As one stakeholder said, 'This is about relationships, about how we can work effectively together.'

The ecosystem will organise itself around agreed public health priorities and agreed outcomes for communities. Placing public health priorities and outcomes for communities at the centre will encourage new and expanded collaborations that draw on the strengths and expertise of stakeholders and reduce duplication across the public health ecosystem. This approach will require careful planning, coordination and agility, as members' roles and responsibilities may shift from lead, to support, to facilitation, to advocacy or advisory according to the public health priority being addressed.

Many existing collaborations are already working successfully at the local and sub-regional level. These will be strengthened and amplified, with learnings shared across the network.

The BSW Public Health Forum will enhance and support connection across existing governance structures including the Geelong Region Alliance (G21), the SouthWest Victoria Alliance, the Western District ACCO Collective and the BSW Health Service Partnership. It will link closely

to whole of region organisations such as Women's Health and Wellbeing BSW. The Forum will also prioritise community engagement to inform decision making.

The PHU will support the BSW Public Health Forum with data and evidence, evaluation frameworks and links to best practice interventions in the priority areas for systems approaches. It will monitor progress on collaborative public health interventions.

Identification of public health priorities for 'whole of system' response, and for more targeted cross-sector collaborations will be an early priority for the BSW Public Health Forum. Potential areas for systems approaches for early consideration by public health stakeholders could include the following:

Strengthening Public health functions

- Data and analysis – Strengthened data capture and analysis of metrics in priority public health areas, by priority cohort and geography (WVPHN, PHU, public health services, local government, State government, ACCOs).

Promoting health equity

- Models to address and target inequities experienced by specific population groups (collaborations to be determined by stakeholders).

Disease Prevention and Control

- Reduced incidence of agreed priority communicable and non-communicable disease(s) impacting the region.
- Reduced cases of sexually transmitted infections.

A focus on modifiable risk factors

- Healthy eating – whole of ecosystem intervention (ACCOs, Local Governments, health services, PHU, WVPHN, population specific groups and others) to increase the percentage of adults and children to eat sufficient fruit and vegetables.

Sexual and Reproductive Health

- Sexual and reproductive health – multi-sector and cross-disciplinary approaches to promote sexual and reproductive health across population groups (PHU, specialist clinics, infectious disease experts across health services, local government, ACCOs, Cultura, Women's Health and Wellbeing BSW).

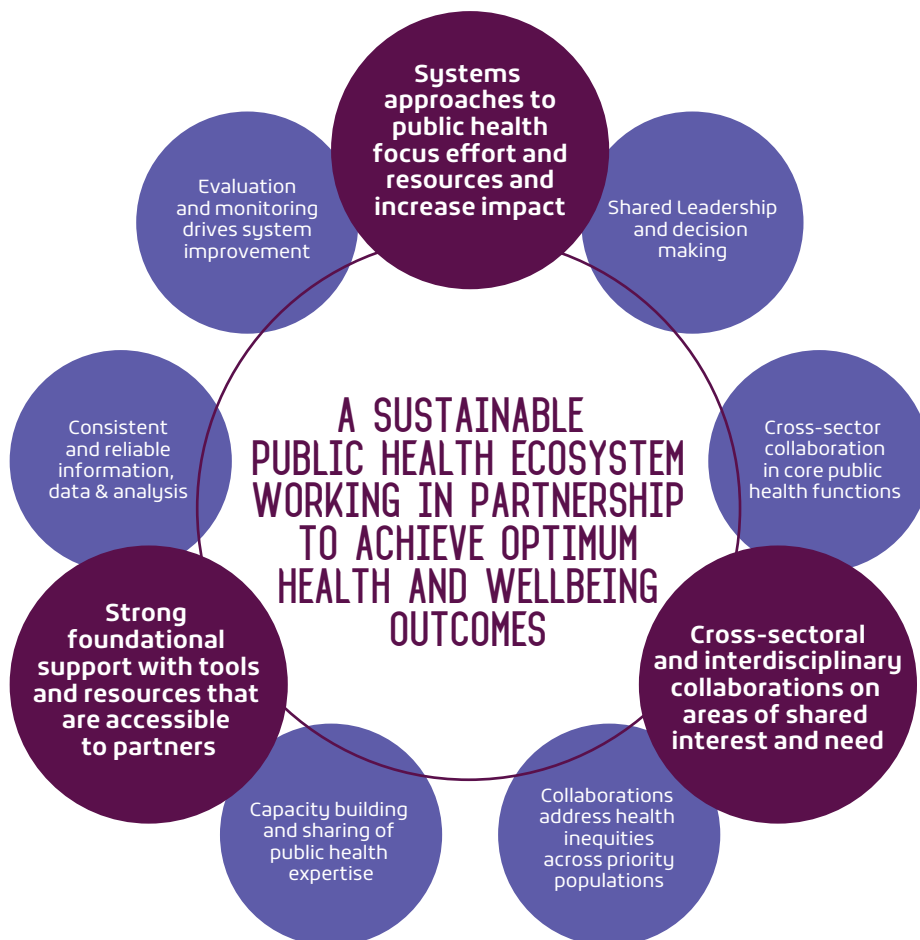
THE FOUNDATIONS WILL NEED TO BE RIGHT FOR THIS APPROACH TO WORK.

The first year priority for the 'systems approach' will be focused on getting these foundations in place – and agreed by stakeholders. The establishment phase (year one) will consider and agree on additional governance requirements, on priority areas for systems approaches, on evaluation and monitoring frameworks and agreed measures of success. Stakeholder roles and responsibilities and resourcing (existing and required) will be agreed. The establishment phase will be followed by systems interventions in the areas of agreed priority.

LEADERSHIP AND TRANSPARENCY WILL BE NECESSARY UNDERPINNINGS TO THE ECOSYSTEM APPROACH.

Resolving foundational questions in the first year of the strategy will provide an enabling environment for the public health interventions to succeed. Figure 8 illustrates the strategic approaches to foster a sustainable public health ecosystem working in partnership to achieve optimum health and wellbeing outcomes. Strong community engagement will inform and help drive this ecosystem approach.

Figure 8: Strategic approaches to foster a sustainable, connected and networked public health ecosystem



PRINCIPLES GUIDING THE WORK OF THE BSW PUBLIC HEALTH FORUM

- Commit to shared leadership and transparency.
- Be outcomes-focused, with a commitment to evidence-based interventions.
- Build on existing effort, share learnings and amplify good practice.
- Community engagement in decision making on priorities and interventions, and to inform evaluation.
- Monitor and evaluate partnership approaches and prevention interventions across the region, building a local evidence base to drive system change and improve health outcomes for communities.
- Commit to self-determination for Aboriginal and Torres Strait Islander people.
- Health equity and understanding of social determinants underpins our work.
- Support partners through advocacy and collaboration.
- Work together where it makes sense to do so.
- Be bold, ambitious and innovative. Accept that trialling approaches may lead to mistakes along the way.

STRONG FOUNDATIONS PROVIDED BY THE PUBLIC HEALTH UNIT

Not all public health issues require, or are amenable to, collective action or systems approaches. Stakeholders across the ecosystem will continue their work promoting and improving the health and wellbeing of their communities. But there is opportunity to strengthen these efforts and reduce duplication with strong foundational support across core public health functions provided by the BSW Public Health Unit.

The PHU will strengthen and broaden its support for public health stakeholders, providing consistent and reliable data and analytics, advice on and connection to best practice interventions, relevant experts and expertise. It will support stakeholders with evaluation and monitoring frameworks. It will provide leadership on public health campaigns and provide a strong public health narrative that stakeholders can draw on and adapt for the communities they serve. Health equity will be embedded in its work. It will advocate, coordinate and build public health capacity across the region.

The PHU will work with stakeholders and system partners on frameworks and models that respond to health inequities whilst also acknowledging the broader causes of those inequities – including social determinants such as gender, socio economic status, unemployment, homelessness and housing insecurity. It will provide data and evidence on the relationship between social determinants and health inequities to support and guide holistic public health interventions and work with stakeholders across the ecosystem to advocate for, connect with, and support organisations working to address the social determinants of health.

The PHU will also work with local stakeholders to seek opportunities arising from new initiatives such as the federal government's Australian Centre for Disease Control and the focus areas in the Victorian Public Health and Wellbeing Plan³³, as well as connecting with expertise and resources in well-established public health and health promotion organisations such as VicHealth, the Cancer Council and Women's Health Victoria.

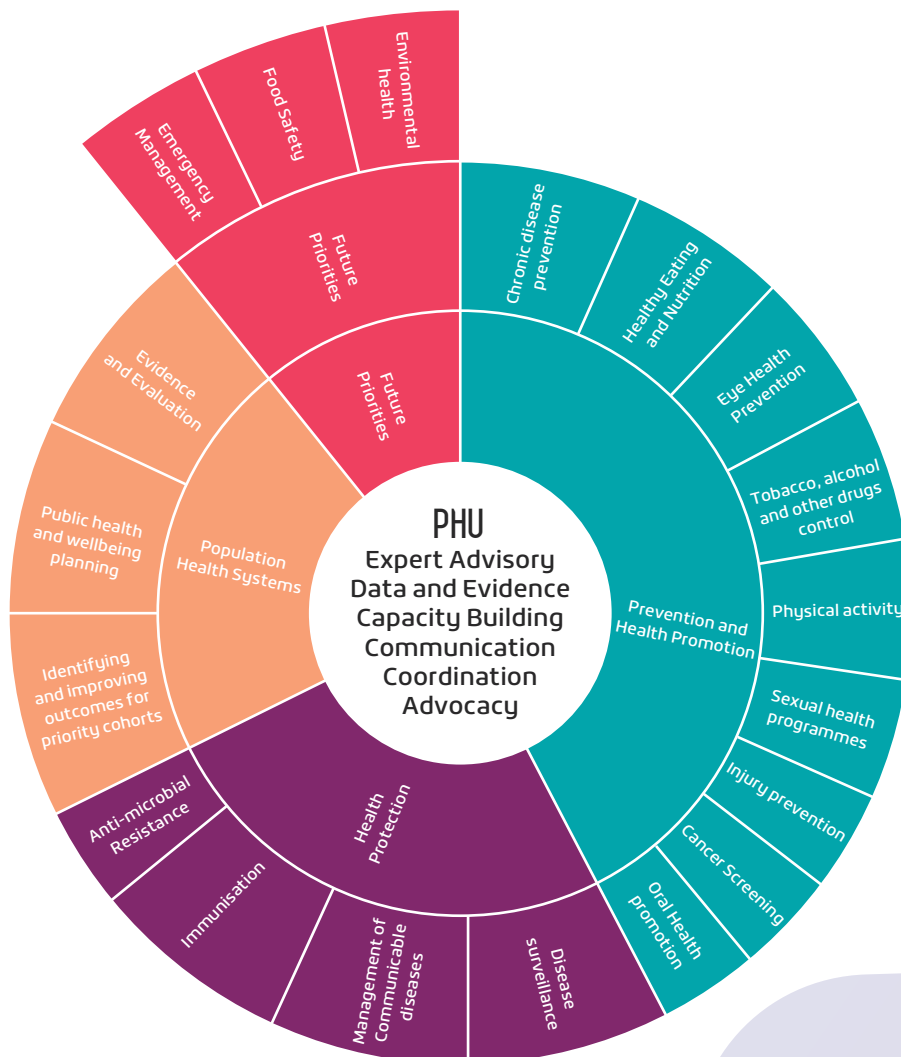
Figure 9 shows PHU support across current and future public health priorities.



Figure 9: Demonstration of the Barwon South West Public Health Unit support across current and future public health priorities

The systems approach and the foundational support provided by the PHU will both be evaluated. The public health ecosystem will review, assess, adapt and realign as it learns through implementation.

Current and Future Priorities





**JASON KANOA,
EXECUTIVE FOR COMMUNITY STRENGTHENING,
HEALTH AND WELLBEING SERVICES,
WATHAURONG ABORIGINAL CO-OPERATIVE**

"The Public Health Strategy for the Barwon South West Region provides the passage for connecting and strategic alignment on public health matters that affect our communities in Western Victoria. It gives opportunity to utilise the knowledge and expertise within our region to build a more resilient care system."

OUTCOMES FOR COMMUNITIES

The BSW Public Health Forum will agree on the specific targets for each priority area in the establishment year.

Anticipated outcomes for communities include:

- Measurable improvement in health outcomes for communities and / or population groups across the region in agreed areas for systems approaches ^{*^}.
- Measurable improvements across eight priority indicators nominated in the BSW Catchment Plan (see below) as a result of increased support from the PHU and collaboration across the public health ecosystem[^].
- Health equity focus across the range of prevention interventions achieves measurable improvements in outcomes for priority population groups.
- Public health interventions are determined by First Nations representative bodies and achieve measurable improvements in health outcomes for First Nations peoples.

**Priority areas for systems and collaborative approaches and respective measures to be agreed by stakeholders.*

[^]Outcomes, Measures and Indicators will be based on the Victorian public health and wellbeing outcomes framework.

BSW CATCHMENT PLAN: PRIORITY FOCUS AREAS & INDICATORS

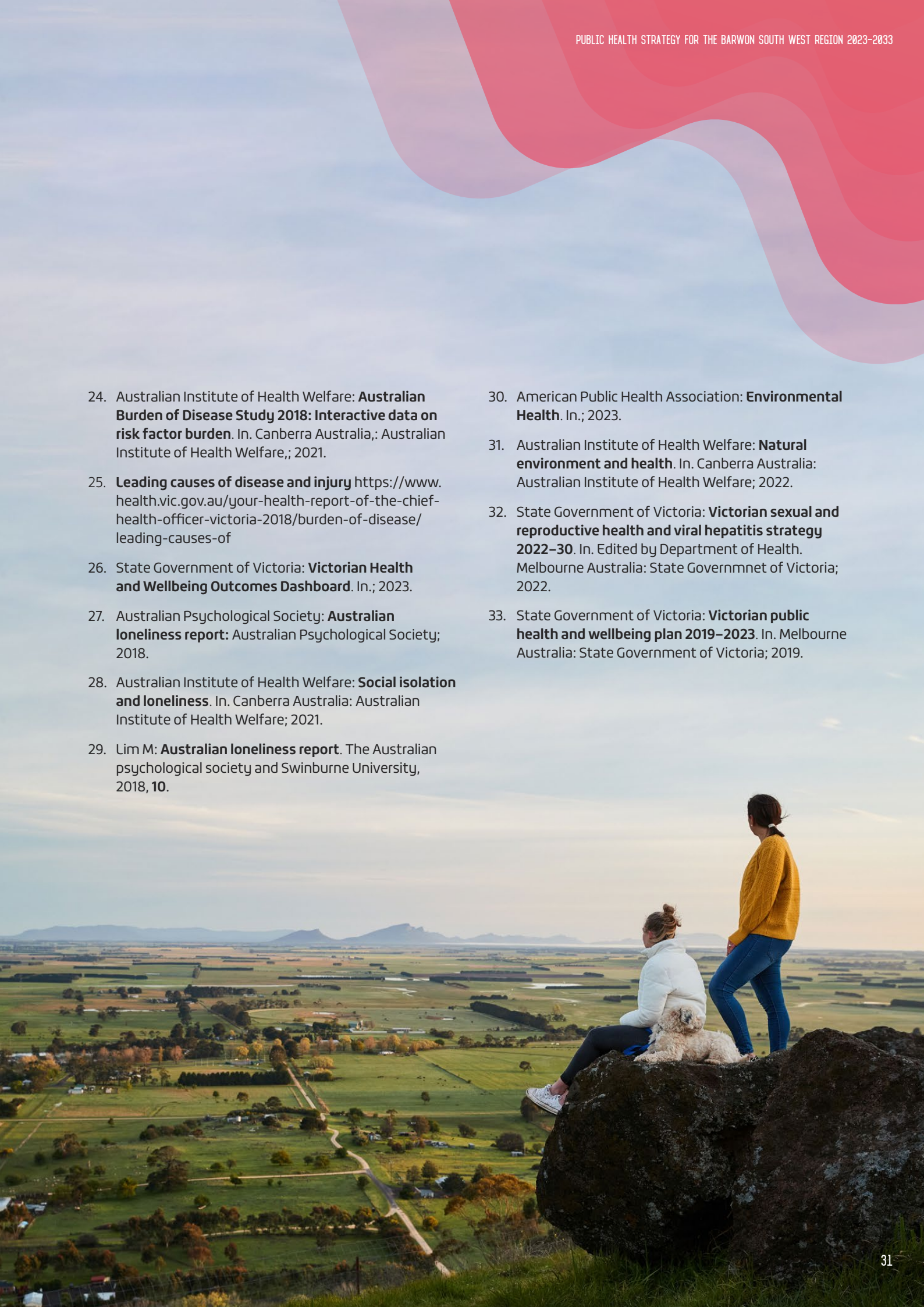
- Increasing healthy eating.
- Increasing physical activity.
- Reducing tobacco related harm.
- Reducing harm from alcohol and other drugs.
- Increasing uptake of cancer screening.
- Improving mental health and wellbeing.
- Prevention of family violence and promotion of gender equality.
- Tackling climate change and its impact on health and increasing community resilience.



REFERENCES

1. State Government of Victoria: **Barwon South West Region**. In. Edited by Department of Jobs S, Industries and Regions Melbourne: Department of Jobs, Skills, Industries and Regions - Victorian Government; 2021.
2. AgFutures: **The three interconnected problems**. In. Melbourne Australia: Brotherhood of St. Laurence; 2023.
3. Tanton R, Dare, L., Miranti, R., Vidyattama, Y., Yule, A. and McCabe, M.: **Dropping off the Edge 2021: Persistent and Multilayered Disadvantage in Australia**. In. Richmond Victoria: Jesuit Social Services; 2021.
4. Australian Bureau of Statistics: **Socio-Economic Indexes for Areas (SEIFA), Australia, 2021**. In. Edited by Australian Bureau of Statistics. Canberra Australia,: Australian Bureau of Statistics; 2023.
5. Australian Bureau of Statistics: **Health: Census**. In. Edited by Statistics ABo. Canberra: Australian Bureau of Statistics; 2021.
6. Torrens University Australia: **The Social Atlas of Health**. In. Edited by PHIDU TUA; 2023.
7. State Government of Victoria: **Ageing well in place**. In. Edited by Department of Families Fairness and Housing. Melbourne: Victoria Government; 2022.
8. Australian Bureau of Statistics: **Population: Census**. In. Edited by Australian Bureau of Statistics. Canberra Australia: Australian Bureau of Statistics; 2021.
9. State Government of Victoria: **RDA Barwon South West**. In. Edited by Department of Jobs S, Industries and Regions. Melbourne: State Government of Victoria; 2023.
10. State Government of Victoria: **Victoria in Future**. In. Edited by Department of Environment L, Water and Planning. Melbourne: State Government of Victoria; 2019.
11. **Environmental Health** <https://www.apha.org/topics-and-issues/environmental-health#:~:text=Environmental%20health%20is%20the%20branch,any%20comprehensive%20public%20health%20system>.
12. World Health Organization: **Essential public health functions, health systems and health security: developing conceptual clarity and a WHO roadmap for action**. In. Rome Italy: World Health Organization; 2018.
13. **About environmental health in Australia** <https://www.health.gov.au/topics/environmental-health/about>
14. **Public Health** <https://www.health.vic.gov.au/public-health>
15. **Australian Burden of Disease Study 2018: Interactive data on disease burden** <https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-disease-burden/data>
16. **Monkey Pox** <https://www.health.vic.gov.au/infectious-diseases/mpox-monkeypox>
17. **Japanese Encephalitis** <https://www.health.vic.gov.au/infectious-diseases/japanese-encephalitis>
18. Koolhof IS, Gibney KB, Bettiol S, Charleston M, Wiethoelter A, Arnold A-L, Campbell PT, Neville PJ, Aung P, Shiga T: **The forecasting of dynamical Ross River virus outbreaks: Victoria, Australia**. *Epidemics* 2020, **30**:100-377.
19. **Buruli Ulcer (Mycobacterium Ulcerans Infection)** <https://www.health.vic.gov.au/infectious-diseases/mycobacterium-ulcerans-infection>
20. State Government of Victoria: **Department of Health: Public Health Events Surveillance System**. In.; 2023.
21. Australian Institute of Health Welfare: **Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018**. In. Canberra Australia: Australian Institute of Health Welfare; 2021.
22. Breadon P, Fox L, Emslie O, et al.: **The Australian Centre for Disease Control (ACDC): highway to health**: Grattan Institute; 2023.
23. Australia Government: **National Strategy to Achieve Gender Equality**. In. Edited by Cabinet DoPMa. Canberra Australia,: Australia Government; 2020.

24. Australian Institute of Health Welfare: **Australian Burden of Disease Study 2018: Interactive data on risk factor burden**. In. Canberra Australia,; Australian Institute of Health Welfare,; 2021.
25. **Leading causes of disease and injury** <https://www.health.vic.gov.au/your-health-report-of-the-chief-health-officer-victoria-2018/burden-of-disease/leading-causes-of>
26. State Government of Victoria: **Victorian Health and Wellbeing Outcomes Dashboard**. In.; 2023.
27. Australian Psychological Society: **Australian loneliness report**: Australian Psychological Society; 2018.
28. Australian Institute of Health Welfare: **Social isolation and loneliness**. In. Canberra Australia: Australian Institute of Health Welfare; 2021.
29. Lim M: **Australian loneliness report**. The Australian psychological society and Swinburne University, 2018, **10**.
30. American Public Health Association: **Environmental Health**. In.; 2023.
31. Australian Institute of Health Welfare: **Natural environment and health**. In. Canberra Australia: Australian Institute of Health Welfare; 2022.
32. State Government of Victoria: **Victorian sexual and reproductive health and viral hepatitis strategy 2022–30**. In. Edited by Department of Health. Melbourne Australia: State Governmnet of Victoria; 2022.
33. State Government of Victoria: **Victorian public health and wellbeing plan 2019–2023**. In. Melbourne Australia: State Government of Victoria; 2019.





APPENDICES



APPENDIX 1: IMPLEMENTATION FRAMEWORK – FOCUS ON ESTABLISHMENT YEAR

SYSTEM ENABLERS			
ACTIONS	OUTCOME	MEASURE OF SUCCESS	WHEN
The BSW public health ecosystem is a connected, impactful and learning system.			
Connect industry stakeholders in the public health ecosystem.	Governance structures reflect the region's public health ecosystem and guide decision making.	Representative governance structures are supported by stakeholders.	Year 1
Agree and establish additional governance structures as required.	Systems approaches draw on the respective strengths of public health partners, create efficiencies and increase impact.	Systems approaches are supported by stakeholders and individual contributions are clear. Community engagement is visible at all levels.	
Agree public health priorities for systems approaches.	Evaluations of public health interventions and approaches contribute to the local evidence base.	Evidence based framework is supported by the Public Health Forum.	
Agree roles and responsibilities in areas for system approaches.	Monitoring and evaluation capability increases across the public health ecosystem and evaluation of public health interventions is standard practice.	Stakeholders report increased efficiency in use of resources.	
Develop and agree evaluation measures for system responses.			
Build an evidenced-based framework for adoption by stakeholders.			
BSW public health stakeholders are supported with the tools they need to deliver health outcomes for communities.			
Develop a public health 'toolkit' to support stakeholders' implementation of public health interventions.	Public health stakeholders are supported with core public health functions and intelligence.	The toolkit is accessible and supports the needs of stakeholders.	Year 1
Develop and agree schedule for public health campaigns.	Public health stakeholders contribute to and agree to region wide priorities.	Schedule of public health campaigns agreed and first campaign(s) developed.	
Map the region's public health expertise and roles and responsibilities of stakeholders across the ecosystem.	Public health capability and capacity increases across the region.		
Health equity is central to the region's approach to public health.			
Develop and/or provide links to health equity frameworks.	Health equity frameworks are accessible and adopted by public health stakeholders.	Evidence of increased capability to address needs of specific population groups across the public health ecosystem.	Year 1
Strengthen the evidence base on the links between social determinants and health inequities.	Connection between social determinants and health outcomes is understood.		
Connect with stakeholder groups across the social determinants where there is evidence this will improve health outcomes.	Opportunities to influence the social determinants identified.		
Advancing Health Outcomes for First Nations people.			
Priority actions to be discussed and determined by ACCOs and community.	ACCOs are represented in governance and decision making bodies.	To be determined by ACCOs.	Year 1

A portrait of Leigh Parker, CEO of Heywood Rural Health, smiling. He is wearing a dark blue blazer over a light blue collared shirt. The background is a solid light blue color.

**LEIGH PARKER,
CEO HEYWOOD RURAL HEALTH**

"Heywood Rural Health is excited to be a part of the first Public Health Strategy specifically created for communities located within the Barwon South West region. We look forward to working with the Barwon South West Public Health Unit to deliver better health outcomes for our communities."

APPENDIX 2: BARWON SOUTH WEST REGION PUBLIC HEALTH STAKEHOLDERS

Key public health stakeholders across the region include, but are in no way limited to those listed below. Consultations with many of the stakeholders informed development of the Public Health Strategy for the Barwon South West Region.

Aboriginal Community Controlled Organisations and Traditional Owner groups

Dhauwurd Wurrung Elderly and Community Health Service (DWECH)

Gunditjmara Aboriginal Co-operative Ltd

Kirrae Health Services Inc

Wathaurong Aboriginal Co-operative

Winda-Mara Aboriginal Corporation

The following ACCOs also form part of the Western District ACCO Collective (WDAC):

Ballarat and District Aboriginal Co-operative

Budja Budja Aboriginal Co-operative

Goolum Goolum Aboriginal Co-operative

Traditional Owner Groups include:

Wadawurrung Traditional Owners Aboriginal Corporation

Eastern Maar Aboriginal Corporation

Gunditj Mirring Traditional Owners Aboriginal Corporation

Local Governments

Borough of Queenscliffe

City of Greater Geelong

City of Warrnambool

Colac Otway Shire

Corangamite Shire

Glenelg Shire

Golden Plains Shire

Moyne Shire

Southern Grampians Shire

Surf Coast Shire

Health Services

Barwon Health

Bellarine Community Health

Casterton Memorial Hospital

Colac Area Health

Cobden Health

Great Ocean Road Health

Hesse Rural Health

Heywood Rural Health

Moyne Health Services

Portland District Health

South West Healthcare

Terang & Mortlake Health Service

Western District Health Service

Timboon and District Healthcare Service

All the above provide community health services through dedicated Community Health Clinics and/or with outreach from hospitals.

Not for Profit Organisations including:

Cultura

Women's Health and Wellbeing Barwon South West Meli

Other Health Stakeholders

Deakin University

Department of Health

Geelong Region Alliance (G21)

Southwest TAFE

South West Victoria Alliance

The Gordon

Western Victoria Primary Health Network



**EUGENE ATHAN,
DIRECTOR BSW PUBLIC HEALTH UNIT**

"The most significant threats to human health in the 21st century are public health challenges. A strong and agile preventative health network is needed to address these complex challenges."

NOTES

A series of horizontal dashed lines for writing notes.

A series of 20 horizontal dashed lines spanning the width of the page, providing a template for text input.

A portrait of Giulia Baggio, a woman with dark, wavy hair, smiling. She is wearing a red top with a keyhole neckline. The background is a light, textured wall. The image is overlaid with a semi-transparent purple gradient.

**GIULIA BAGGIO,
CEO G21-GEELONG REGION ALLIANCE**

"A high standard of health and wellbeing for all communities sits at the heart of positive social and economic outcomes for our rapidly growing region - and this standard rightly sits at the heart of the PHU strategy. It provides a proactive, practical public health focus and promotes a systems approach, building on the famous collaborative strengths of the region as we tackle new and entrenched challenges in our growing communities."



**Barwon
Health**

BARWONHEALTH.ORG.AU