

## Loddon Mallee Public Health Unit priority 2023-2025

### Why it is a priority

Healthy eating is one of the four focus areas within the Victorian Public Health and Wellbeing Plan. Dietary risk is the second highest modifiable risk factor contributing to total burden of disease in the Loddon Mallee.

All nine Loddon Mallee local government areas have higher proportion of people with obesity compared to the Victoria average, with high hospital admissions for cardiac and circulatory disease in the region.

Healthy eating was identified as one of the highest concerns for stakeholders, particularly in the Mallee and Murray sub-regions. Stakeholders at the workshops were strongly focused on food security, including access and affordability.

Healthy Loddon Campaspe is a Victorian Government initiative focusing on healthy eating and active living. There is significant opportunity to leverage and upscale the lessons from this initiative, particularly through further development of a Food Systems Framework.

To support healthy eating across the Loddon Mallee, the LMPHU will support healthy food systems, which addresses availability and accessibility of healthy food for everyone. A climate change lens will be applied to ensure a sustainable food system that is resilient and can provide future food for all.

### Loddon Mallee Data



8.1% adults ran out of food & could not afford to buy more (Vic. 5.9%)<sup>[1]</sup>

5.1% adults consume sufficient fruit and vegetables (Vic. 3.6%)<sup>[2]</sup>

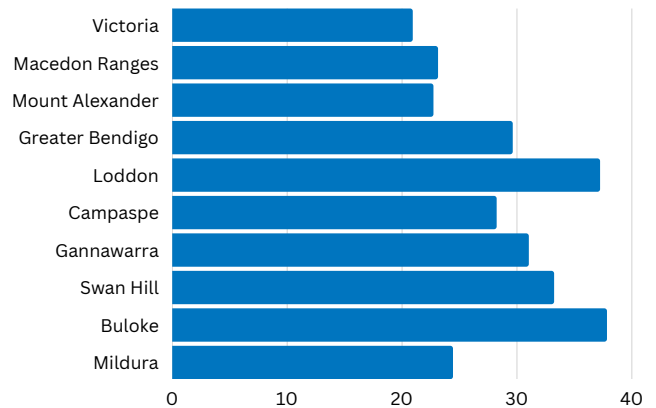
[1] Victorian Population Health Survey, 2020

[2] Victorian public health and wellbeing outcomes, Public Health Division, Department of Health

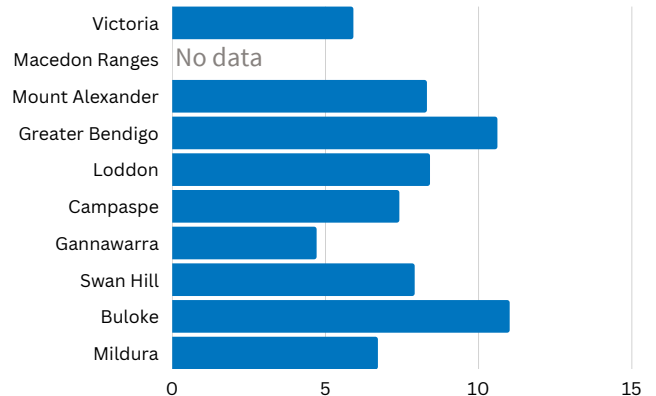
### What the data told us

Overweight and obesity has become the second leading cause of the disease burden, responsible for 8.4% of the total burden and 19.3% of the cardiovascular burden.

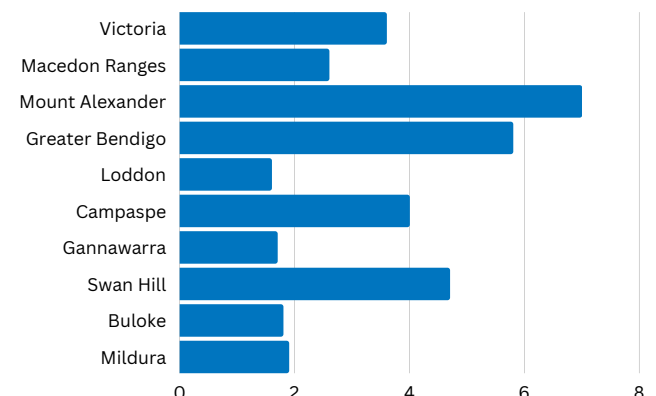
Proportion of adults who are obese (%), 2020<sup>[2]</sup>



Adults who ran out of money to buy food in the last 12 months (%), 2020<sup>[1]</sup>



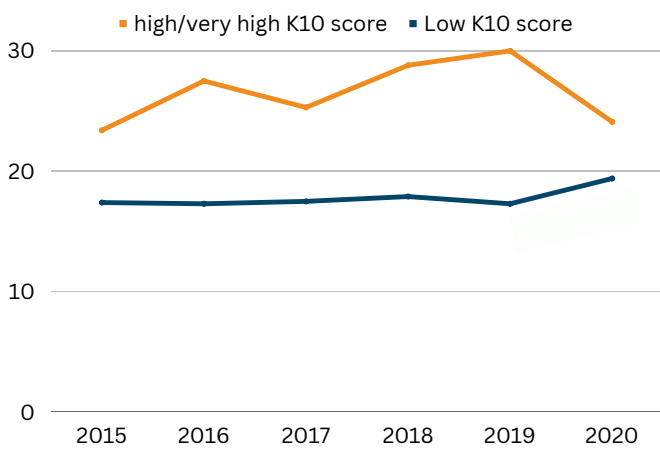
Adults who consume sufficient fruit and vegetables, 2017<sup>[2]</sup>



# Priority Groups: data

- Certain population groups have reduced access to local healthy food due to a lack of resources (including financial resources and other resources such as transport); lack of access to nutritious food at affordable prices, lack of access to food due to geographical isolation; and lack of motivation or knowledge about a nutritious diet [3]
- Data is not available for all priority groups

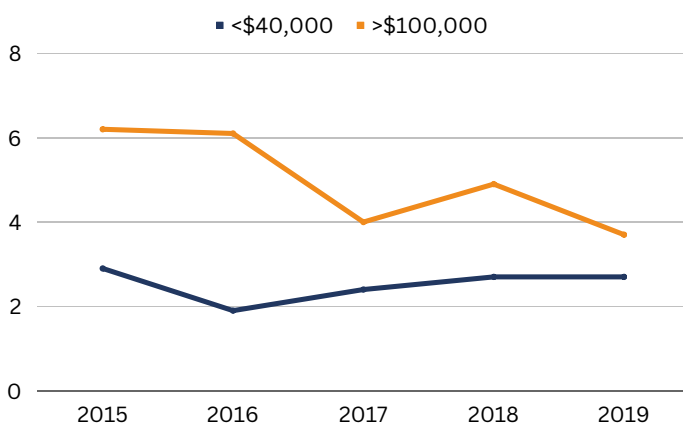
Adults who are obese (self reported), by psychological distress\* level, Victoria [2]



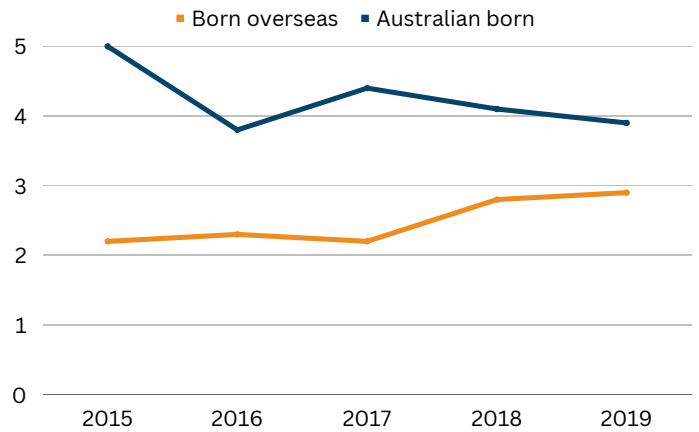
\*Kessler Psychological Distress Scale (K10) is a widely used questionnaire to measure psychological distress - the higher the score the higher the distress.

In Victoria, 1.5% of Aboriginal and Torres Strait Islanders consumed sufficient fruit and vegetables, which is lower than Non-Aboriginal and Torres Strait Islanders (3.6), 2017

Adults who consumed sufficient fruit and vegetables, by household income, Victoria (%) [2]

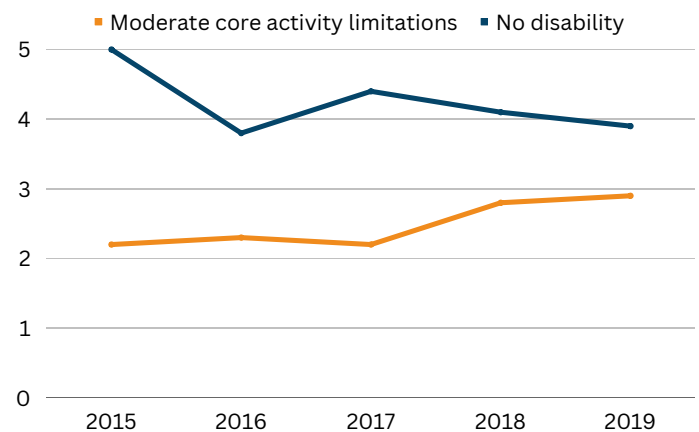


Adults who consumed sufficient fruit and vegetables, by country of birth, Victoria (%) [2]



Cost of recommended diet consistent with the Australian Dietary Guidelines for family of two adults and two children per fortnight in low socioeconomic areas in rural Victoria is \$702, compared to \$625 in high socioeconomic areas in urban areas [4]

Adults who are obese (measured), by disability status, Victoria, 2021 [2]



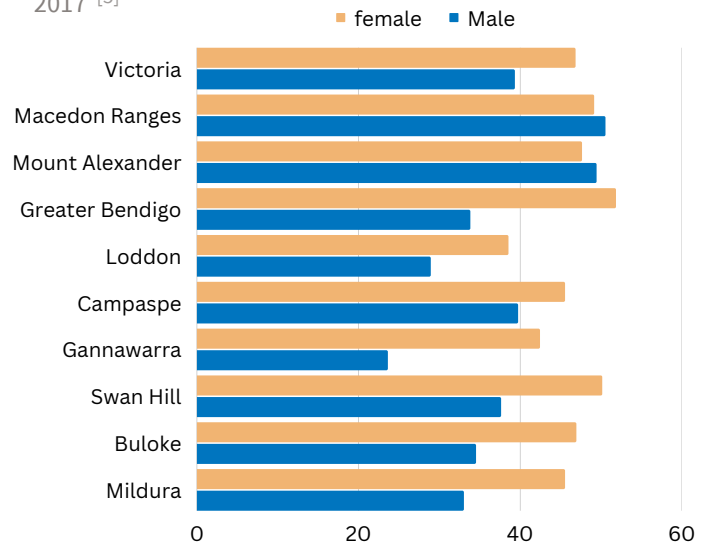
[2] Victorian public health and wellbeing outcomes, Public Health Division, Department of Health  
 [3] AIFS, 2011, <https://aifs.gov.au/resources/practice-guides/food-insecurity-australia-what-it-who-experiences-it-and-how-can-child>  
 [4] Australia's food environment dashboard <https://foodenvironmentdashboard.com.au/food-prices-and-affordability/>

# Gender lens: data

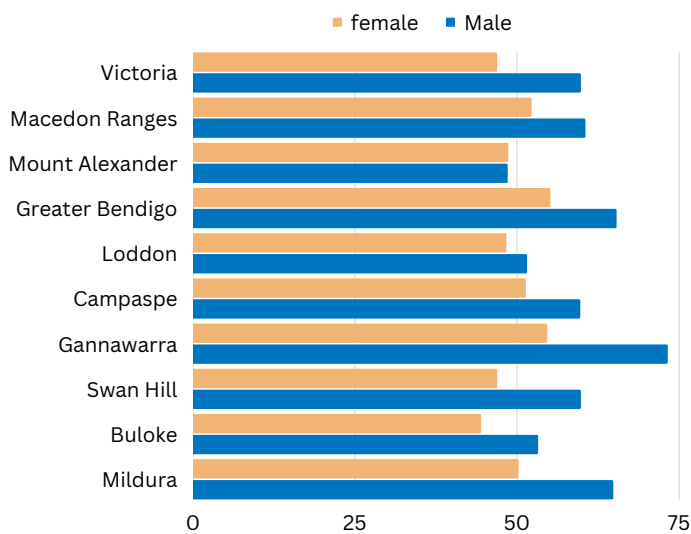
Obesity is the primary cause of chronic illness in Australian women – increasing the risk of heart disease, diabetes, cancer, and complications with contraception, fertility, and childbirth. Overweight and obesity in women is associated with stigma, workplace discrimination, poor body image, eating disorders, and reluctance to raise issues with health providers. [5]

A significantly higher percentage of women who lived in rural Victoria were obese compared with their metropolitan counterparts. The rate of overweight and obesity in Victorian women is higher in rural areas, areas of socioeconomic disadvantage, midlife to older aged women, and Aboriginal and Torres Strait Islander women. [5]

Adults who met daily guidelines for fruit consumption (%), 2017 [5]



Pre-obese or obese, self reported (%), 2017 [5]



With the exception of Macedon Ranges and Mount Alexander shires, females have a higher percentage of fruit consumption compared to men.

A gender lens was not able to be applied to vegetable consumption at a local government area due to the unavailability of male data. However in Victoria, 8.4% of women and 2.2% of men met the recommended vegetable consumption guidelines.

Time pressure is a barrier to meeting fruit consumption guidelines for many women due to work, study, family or household responsibilities. Older women who are housebound, in residential care or with decreased appetite may be at risk of deficiency.

[5] Women's health Victoria, Women's Health Atlas <https://victorianwomenshealthatlas.net.au/#/>

# Stakeholder consultation outcomes

## Consultation workshops

Healthy eating is a required priorities within the Community Health - health promotion guidelines.

Therefore it was not surprising that the top rationale for selecting this priority is that it is an organisational priority.

All three sub-regions expressed concerns regarding access to healthy food and food insecurity. All areas acknowledged people have to make choices where they spend their money with increasing cost of living and healthy food was one of many choices to be made. The Mallee and Murray workshops in particular highlighted limited fruit and vegetable intake and concern around access and availability of healthy food options. Some reasoning being the limited availability of fresh food markets and limited hours of operation of local supermarkets but also the easy availability of fast food particularly home delivery such as Uber eats.

Lack of knowledge and education on healthy food choices was a concern for some of the older multicultural women in the Mallee communities and for the future of their younger extended family members. In the Murray sub-region, they advocated a focus on influencing the younger generation to make healthy food choices.

Food insecurity concerns were evident in the LGAs that experienced flooding. In the Loddon sub-region workshop there was an acknowledgement of the rising figures of overweight and obese people in their communities.

*We can push healthy eating and active living - but if people cannot put food on the table these are just small insignificant priorities in someone's life.*

*Loddon Workshop*

*School breakfast program is seeing children eating at school, but then not eating again until they are back at school the following day – huge vulnerabilities among these children and families.*

*Mallee Workshop*

*Access to food is a problem in smaller towns with the only supermarket closing at 6pm. There are infrequent markets and to access farmers produce you need to know the locations and drive distances to access them.*

*Mallee Workshop*

## Survey results

An online survey was developed and circulated via email to all Loddon Mallee stakeholders who had registered their interest in participating in the Loddon Mallee Population Health Planning workshops

## Survey results

Survey respondents selected their 3 top priorities (n=63 respondents)

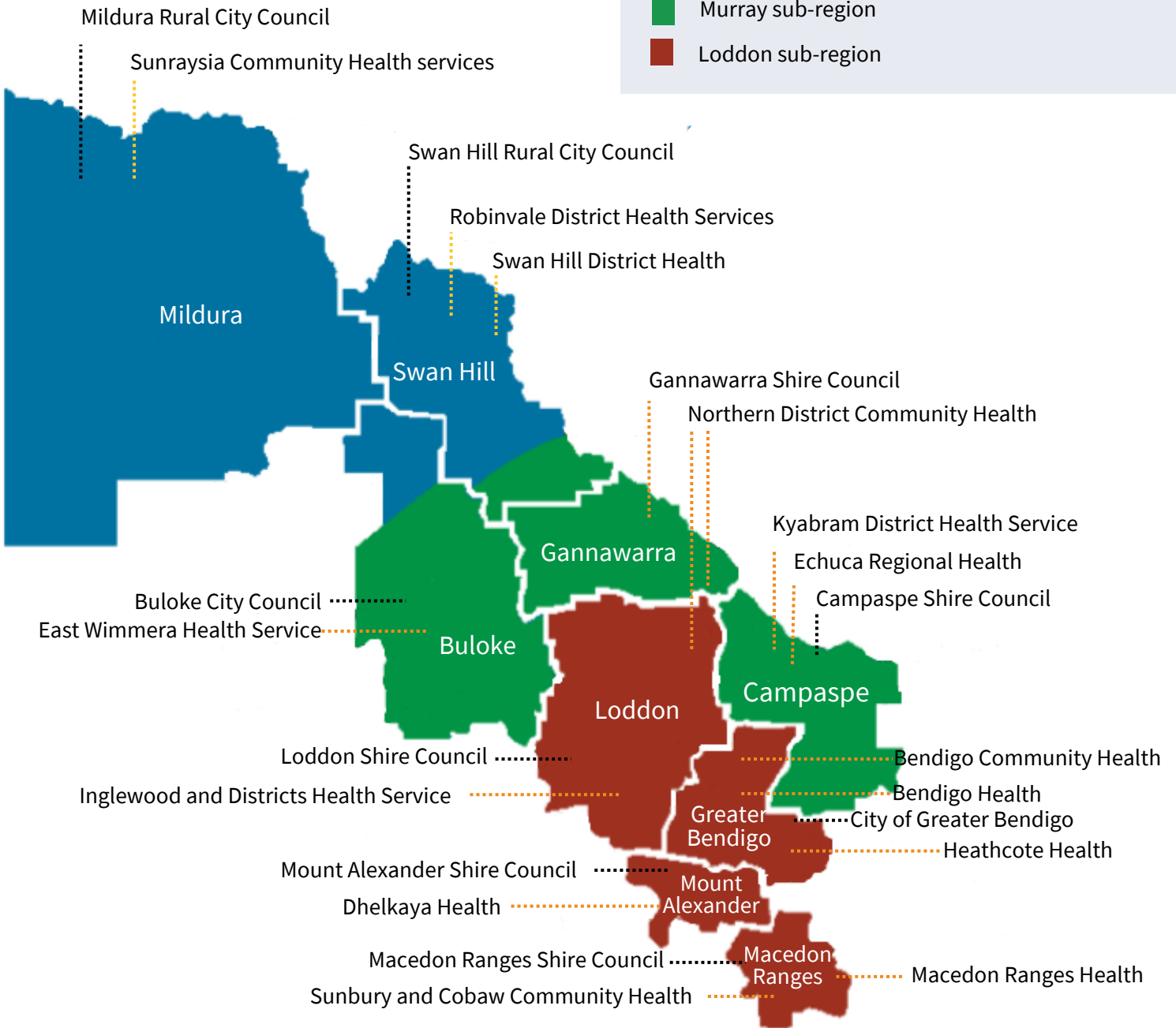
- 52%** selected healthy eating for one of the LMPHU priorities (2nd highest)
- 59%** Loddon: 3rd highest
- 39%** Mallee: 2nd highest
- 58%** Murray: 2nd highest

The top rationale for selecting this priority - **organisational priority**

# Healthy eating: a priority across the region

Healthy eating/active living was the highest priority held by Loddon Mallee organisations and the second highest number of collaborative networks across the region.

- ..... Municipal Public Health and Wellbeing Plan
- ..... Community Health- Health Promotion
- Mallee sub-region
- Murray sub-region
- Loddon sub-region



## Regional organisations

Women's Health Loddon Mallee

Healthy Loddon Campaspe: Campaspe, Greater Bendigo, Macedon Ranges and Mount Alexander shires

# Healthy Food Systems Implementation Plan Summary

## Our Aim

People across Loddon Mallee have a healthy diet and improve their overall health and wellbeing.

Aligns with the Victorian public health & wellbeing plan (2019-23):  
Increasing healthy eating priority



## Objectives

- 1 promote evidence-informed initiatives/programs that support people to make healthy food choices and increase food literacy
- 2 improve food equity across the Loddon Mallee region and enhance social support systems
- 3 support regional and local initiatives that improve access to locally produced fresh, healthy plant-based food
- 4 support the availability of healthy fresh food where people live, work and play

While we will use a whole population health approach, **we will prioritise:**



- Aboriginal and Torres Strait Islander peoples
- children & youth (6-18 year olds)
- CALD communities
- people experiencing homelessness and/or on low income

## Proposed actions

- strengthen healthy food systems
- identify barriers and enablers of community participation in key state-funded healthy eating programs
- identify barriers and enablers for priority groups to access locally produced fresh, healthy plant-based food
- develop food system maps, including social supports to raise stakeholder and community awareness of local place-based initiatives
- support a Loddon Mallee cross-sector partnership around food security
- develop a Loddon Mallee Food Systems Framework (aligning with other local established frameworks)

## Our approach

- a social determinants of health lens will be applied across all our work
- we will address systemic disadvantage which will lead to improved health equity, access and inclusion
- a gender lens will be applied where relevant
- focus on place-based needs and priorities and work collaboratively with stakeholders to support or enhance solutions

**Collaboration:** We acknowledge that we can't do this alone and we need the expertise, knowledge and connection into the community held by our stakeholders. Therefore, we will support our local prevention/health promotion workforce to work towards shared outcomes. To make a sustainable and collective impact, we will strengthen local cross-sector networks to create change in their communities.

LMPHU will partner with local governments, community services, Healthy Loddon Campaspe and Loddon Mallee Health Network to build on and where possible extend existing and successful healthy eating programs.



A **monitoring and evaluation** plan will be developed to collect evidence of reach, use, satisfaction, capacity building and the effectiveness of the healthy eating partnerships. It will also contain a series of partnership agreed indicators to measure progress against desired outcomes.



**Next steps:** The PPH sub-regional teams will develop work-plans in consultations with their stakeholders, that align with the Loddon Mallee regional implementation plan.



## Outcomes

### Victorian public health and wellbeing outcomes framework

**Domain 1:** Victorians are healthy and well

**Outcome 1.3:** Victorians act to protect and promote health

**Indicators:** increase healthy eating and active living

**Long term Measures:**

- proportion of adults, adolescents and children who consume sufficient fruit and vegetables
- mean daily serves of fruit and vegetables for adults, adolescents and children