The South East Public Health Unit

Background

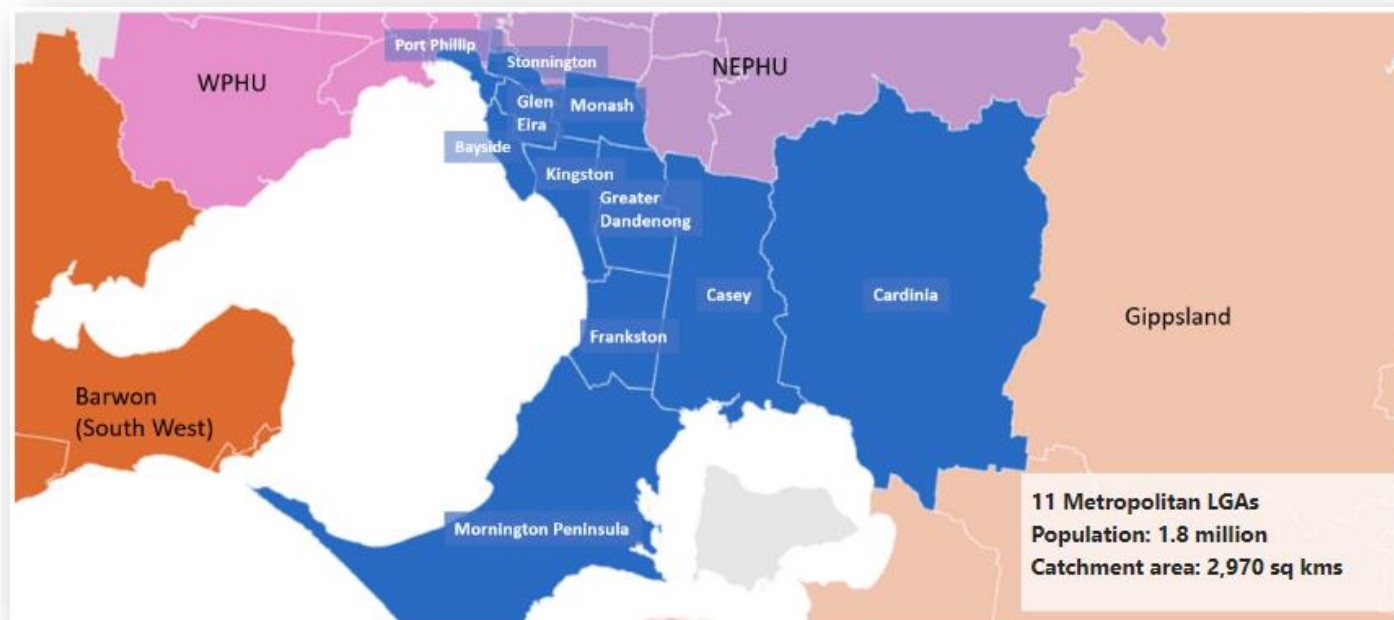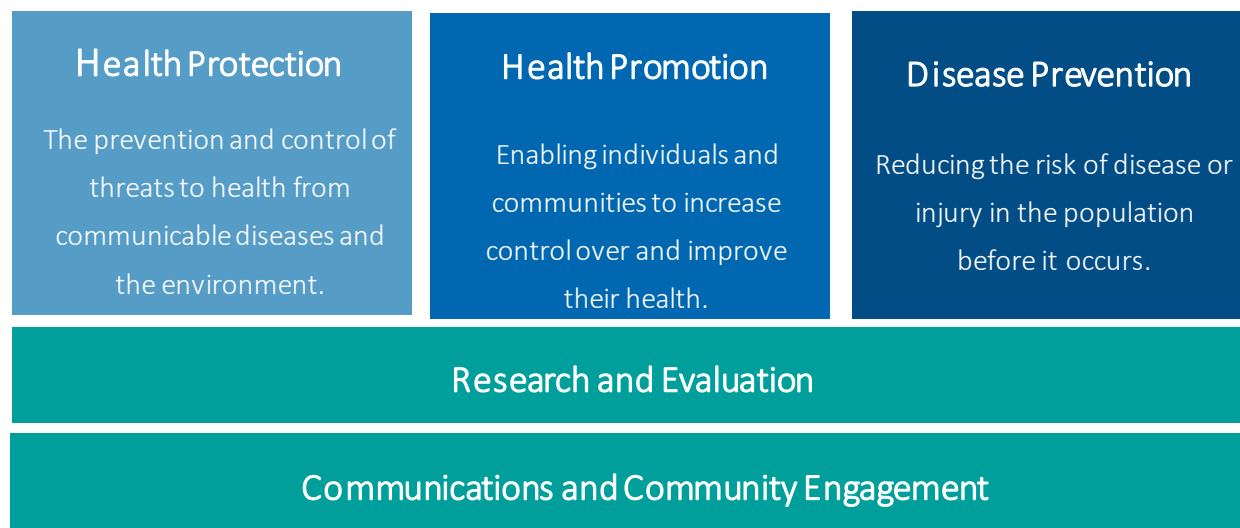| **Victorian Government Department of Health**	**9 Local Public Health Units (LPHUs)**	**9 Health Services**
Regulator, funder, and system steward of public health in Victoria	Established in 2020 to support the COVID-19 response	Designated as lead agencies for LPHUs to maintain LPHU functions with support from partner health services and community partners to enable community engagement and local responsiveness
Sets the statewide policy and service expectations for LPHUs	Successful tenet of the LPHU model is 'end to end', place-based operations.	
	LPHUs work with health services and other local organisations to enable efficient and coordinated delivery of state-wide and local public health activity.	Accountable for the standard and comprehensiveness of public health services delivered by the LPHU

11 Metropolitan LGAs
Population: 1.8 million
Catchment area: 2,970 sq kms

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The functions of the South East Public Health Unit

Health Protection

The prevention and control of threats to health from communicable diseases and the environment.

Health Promotion

Enabling individuals and communities to increase control over and improve their health.

Disease Prevention

Reducing the risk of disease or injury in the population before it occurs.

Research and Evaluation
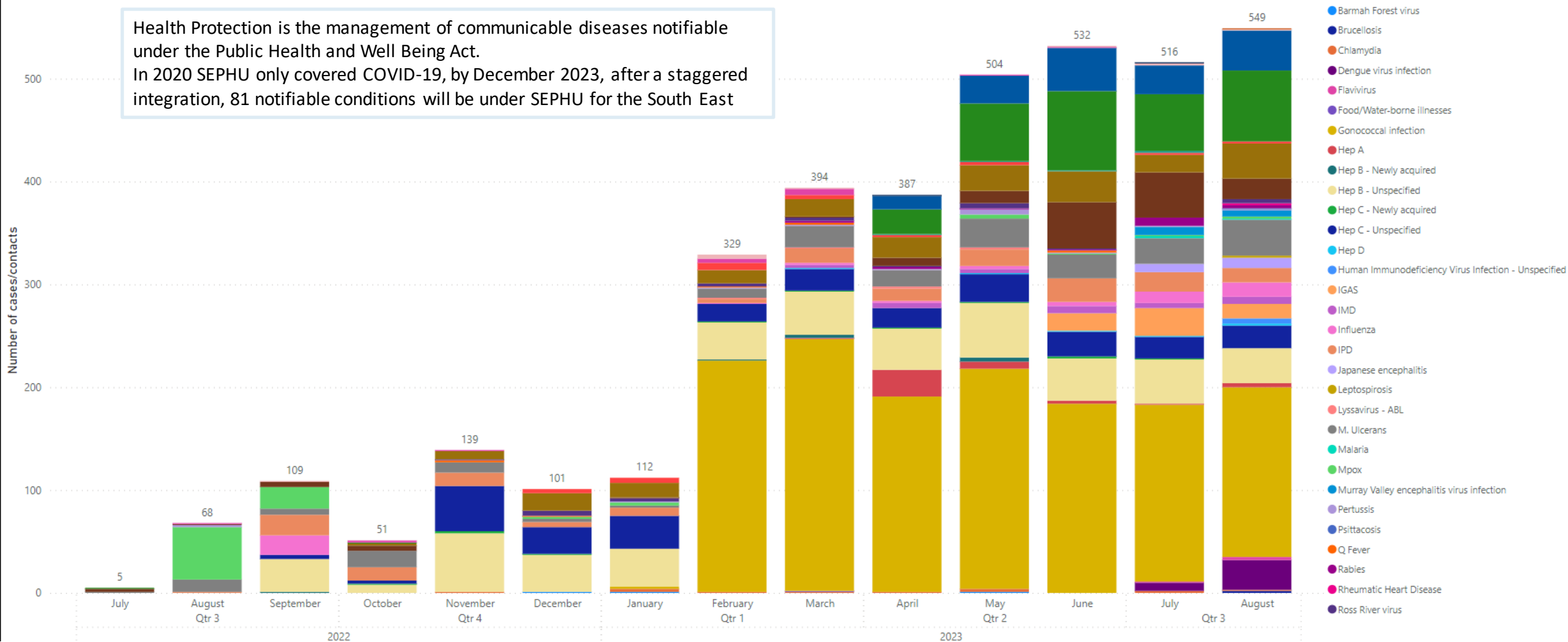
Communications and Community Engagement

SEPHU has three key functions:

- **Health Protection** – management of notifiable conditions and communicable disease outbreaks (e.g., vaccine preventable diseases, blood-borne viruses, sexually transmitted infections etc)

- **Disease Prevention** – reducing the risk of disease or injury before it occurs (e.g., falls prevention, vaccination)

- **Health Promotion** – enabling individuals to increase their control and improve their health (e.g., delivering education at school and sporting clubs)

- SEPHU's functions are underpinned by **research and evaluation** and **communications and community engagement** to ensure that SEPHU's activities are relevant to the community it serves and informed by best practice and population health data.

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Health Protection – Communicable Diseases Prevention and Control - CDPC

Health Protection is the management of communicable diseases notifiable under the Public Health and Well Being Act.
In 2020 SEPHU only covered COVID-19, by December 2023, after a staggered integration, 81 notifiable conditions will be under SEPHU for the South East

CDPC – Examples of what we have done

RACF outbreaks

177 RACFs with ~14,000 residents in catchment

789 COVID-19 outbreaks

120 (15%) High risk

>10,000 residents with COVID-19

Average of 13 resident cases per outbreak

Resident hospitalisations rate reduced from 51% to 5.6% when locally managed

Resident case fatality rate reduced from 29.1% to 5.8% when locally managed

Residential in-reach

>1,500 RACF residents supported

>100 residents per month treated since October 2021

Daily consultant led rounds implemented

Working closely with Palliation service as required

Supports

PPE provided

Rapid antigen test distribution

Hepa filters sourced

Vaccination support

Antiviral access

7 days a week urgent services provided

Data completeness for cascade of care, unspecified hepatitis B, Oct 2022– March 2023
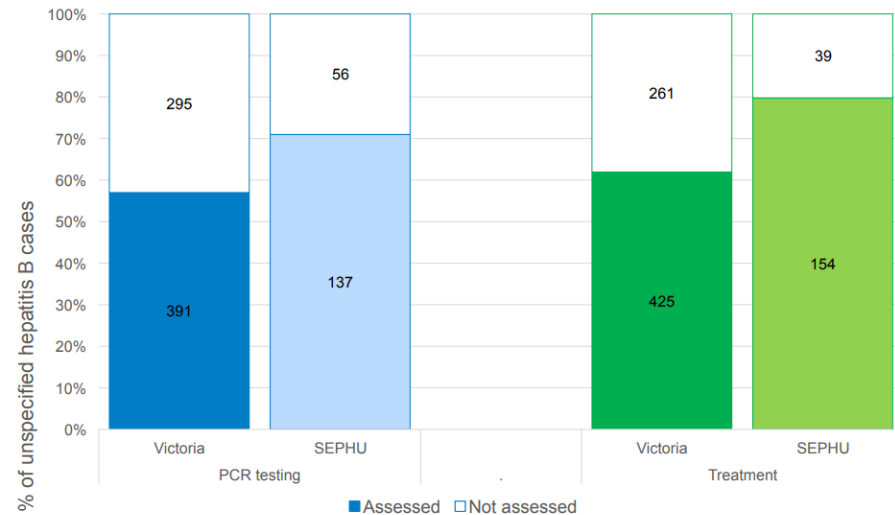
Mpox (Monkeypox) vaccinations are now available

Vaccinations are now available for people at high-risk of contracting mpox (monkeypox).

Mpox (monkeypox) is a disease caused by infection with the Mpox virus. It does not easily spread between people, as it usually requires prolonged physical or intimate (skin-to-skin) contact with an infectious person.

Monash Health's South East Public Health Unit is continuing to work with health partners in the south east of Melbourne to deliver free vaccinations to people at high-risk of contracting mpox (monkeypox).

The functions of the South East Public Health Unit

Health Protection	Health Promotion	Disease Prevention
The prevention and control of threats to health from communicable diseases and the environment.	Enabling individuals and communities to increase control over and improve their health.	Reducing the risk of disease or injury in the population before it occurs.

Research and Evaluation

Communications and Community Engagement

SEPHU has three key functions:

- **Health Protection** – management of notifiable conditions and communicable disease outbreaks (e.g., vaccine preventable diseases, blood-borne viruses, sexually transmitted infections etc)

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- SEPHU's functions are underpinned by **research and evaluation** and **communications and community engagement** to ensure that SEPHU's activities are relevant to the community it serves and informed by best practice and population health data.

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Prevention and Population Health Catchment Planning

Development of a catchment plan in partnership with regional bodies, funded agencies and local government and community organisations. Using data and a health needs assessment to identify priorities for place-based health promotion, primary prevention and early intervention

Catchment planning includes:

Needs assessment and engagement

Leverage existing knowledge and resources.
Consider:
•Demographics
•Health status and wider determinants
•Program participation
•Needs identification

Implementation design and coordination

The LPHU population health catchment plan is intended to have an implementation focus with shared priorities, intervention and outcomes

Monitoring and evaluation

LPHUs and partner organisations will share responsibility for monitoring outcomes

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Victorian Priorities

The core plans and strategies that set Statewide health priorities for LPHU population health catchment planning are:

- The *Victorian **public health and wellbeing plan** 2019-23*, required by the *Public Health and Wellbeing Act 2008.*

- The *Victorian **Cancer Plan** 2020-2024* required by the *Improving Cancer Outcomes Act 2014*.

A range of more specific strategies and plans have been developed that will inform interventions:

- ***Healthy Kids, Healthy Futures****: Victoria's five-year action plan to support children and young people to be healthy, active and well*

- *The Victorian **sexual and reproductive health and viral hepatitis** strategy 2022-30* (September 2022)

- *Victorian **Cancer Screening** Framework Strategic Plan (2022-26)* (available September 2022)

- *Victorian Action Plan to Prevent **Oral Disease** 2020 – 2030*

- *Ageing well in Victoria: An action plan for **strengthening wellbeing for senior Victorians** 2022-2026*

- *Victoria's **Climate Change** Strategy and Adaptation Plans*

In line with the priority functions established with health services with LPHUs, **the focus of prevention funding** will be on **preventable chronic disease and modifiable risk factors**.

- Initiatives will be focused on collective outcomes for the catchment, reinforcing actions and interventions delivered by partnering agencies.

- Where possible, work should integrate co-benefits across priorities, for example climate change and health considerations.

** Work is also being explored to develop a prototype **value based pathway for cardiovascular disease** which can inform LPHU planning over time.

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Health Service Responsibilities and Priorities

Decreasing hospital admissions by improving community care

Falls prevention
Improved community care
Improved detection of disease

Cardiovasular disease

Increased presentations post-COVID
Modifiable risk factors
Victorian Heart Hospital

Reproductive and Maternal Health

Expanding programs
Fertility
Immunisation
Pregnancy outcomes

Priority Populations

Refugee Health
Indigenous Health
Aged Care
Disability
CALD

Mental Health AOD

High ED presentations
Alcohol
Other drugs of dependance

Child and Adolescent Health

Hospital admissions
Immunisation
Alcohol
Other drugs of dependance

Excellence in Timely Care

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Greater Dandenong

Colour coding of indicators (compared to VIC average)

| Lagging | Leading or on par | Not scored |

Select SEPHU LGA / VIC

Greater Dandenong ⌄

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Population demographics and socio economic indicators

Population	Projected change (25/26)	15-64 year olds	65+ year olds	IRSD Decile	Poverty (ran out of money for food)	Homeless
152,071	1.2%	67.6%	14.1%	1	12.9%	1.3%

Priority populations

Overseas born (Number)	Overseas born (%)	Language other than English	Aboriginal and Torres Strait Islander people (Number)	Aboriginal and Torres Strait Islander people (%)	75+ who live alone	People with severe disability who live in the community
93,828	62%	68%	608	0.4%	29.5%	5.2%

Physical wellbeing

Fair/Poor health	Fair/Poor dental health	Avoidable deaths - All causes	Avoidable deaths - Cancer	Avoidable deaths - Cardiovascular disease	Avoidable deaths - Respiratory disease	Two or more chronic diseases	Hospitalisation rate due to falls 65+ (per 100k pop)	Dementia (per 1,000 pop)
20.1%	35.5%	244	22.5	43.4	9.5	20.1%	3,358.2	16.10

Mental wellbeing

High/Very high psychological distress	Diagnosed with anxiety or depression	Self harm (per 100k pop)	Avoidable deaths - Suicide/Self harm
24.0%	18.9%	99.3	8.2

Child and adolescent wellbeing

Low birth weight babies	Children vulnerable on 2 or more domains	Children fully immunised (12-<15 mnths)	Children fully immunised (24-<27 mnths)	Children fully immunised (60-<63 mnths)
6.9%	14.2%	91.4%	90.4%	91.3%

Modifiable behavioural risk factors

Obese people	Not meeting physical activity guidelines	Not meeting fruit or veg consumption guidelines	High blood pressure	Current smokers (2020)	Family violence (per 1,000 pop)	At increased lifetime risk of alcohol related harm	Drug usage & possession (per 1,000 pop)
18.8%	58.5%	55.0%	28.4%	20.1%	15.4	41.3%	8.9

Screening and vaccination

Bowel cancer screening	Breast cancer screening	Cervical cancer screening	COVID-19 vaccination: Dose 3% (16+)	COVID-19 vaccination: Dose 4% (60+)
33.7%	45.8%	55.2%	64%	41%

Health services accessed

Experienced a barrier to health care access (due to cost)	AOD Treatment Services (per 1,000 pop)	GP attendances (per 1,000 pop)	ED presentations (per 1,000 pop)
2.5%	4.6	6,858	273

South East Public Health Unit

Colour coding of indicators (compared to VIC average)

| Lagging | Leading or on par | Not scored |

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Population demographics and socio economic indicators

LGA	2021 Resident population	Projected annual growth (25/26)	15-64 year olds	65+ year olds	IRSD Decile	Poverty (ran out of money for food)	Homeless
Bayside (C)	101,306	0.8%	61.4%	21.2%	10	2.4%	0.2%
Cardinia (S)	118,194	3.6%	64.8%	12.6%	8	5.7%	0.2%
Casey (C)	365,239	2.2%	66.4%	10.8%	7	4.3%	0.4%
Frankston (C)	139,281	0.6%	64.8%	16.6%	6	7.6%	0.4%
Glen Eira (C)	148,908	0.8%	66.2%	16.3%	10		0.3%
Greater Dandenong (C)	158,208	1.2%	67.0%	15.7%	1	12.9%	1.3%
Kingston (C)	158,129	0.8%	64.2%	18.5%	9	3.5%	0.3%
Monash (C)	190,397	0.6%	66.2%	18.2%	9	5.3%	0.4%
Mornington Peninsula (S)	168,948	0.6%	56.5%	27.2%	8	6.9%	0.2%
Port Phillip (C)	101,942	1.9%	75.1%	13.5%	10	7.7%	1.0%
Stonnington (C)	104,703	1.3%	71.5%	17.0%	10		0.3%
VIC	6,503,491	1.4%	65.2%	16.8%		5.9%	0.4%

Priority populations

LGA	# people born overseas (2021)	% People born overseas (2021)	Language other than English	Aboriginal and Torres Strait Islander people (number)	Aboriginal and Torres Strait Islander people (%)	75+ who live alone	People with severe disability who live in the community
Bayside (C)	27,435	27.1%	15%	269	0.3%	38.9%	2.8%
Cardinia (S)	27,776	23.5%	12%	1,145	1.0%	29.8%	3.3%
Casey (C)	153,793	42.1%	38%	2,395	0.7%	27.4%	3.5%
Frankston (C)	29,767	21.4%	12%	1,679	1.2%	37.9%	4.0%
Glen Eira (C)	55,037	37.0%	33%	411	0.3%	39.2%	3.5%
Greater Dandenong (C)	92,014	58.2%	68%	615	0.4%	29.5%	5.2%
Kingston (C)	50,501	31.9%	27%	722	0.5%	35.1%	3.7%
Monash (C)	116,526	61.2%	53%	522	0.3%	28.8%	3.6%
Mornington Peninsula (S)	29,840	17.7%	6%	1,724	1.0%	22.2%	4.0%
Port Phillip (C)	33,737	33.1%	23%	514	0.5%	44.2%	2.6%
Stonnington (C)	32,974	31.5%	25%	363	0.3%	40.2%	2.6%
VIC	1,951,837	30.0%	28%	65,646	1.0%	50.0%	3.9%

Comparing indicators across SEPHU LGAs
Physical wellbeing | Mental wellbeing

Colour coding of indicators (compared to VIC average)

| Lagging | Leading or on par | Not scored |

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Physical wellbeing

Local Government Area	Fair/Poor health	Fair/Poor dental health	Avoidable deaths - All causes	Avoidable deaths - Cancer	Avoidable deaths - Cardiovascular disease	Avoidable deaths - Respiratory disease	Two or more chronic diseases	Hospitalisation rate due to falls 65+ (per 100k pop)	Dementia (per 1,000 pop)
Bayside (Vic.)	8.7%	19.8%	157	23.9	19.2	5.5	24.7%	4,264.6	23.50
Cardinia	14.3%	28.6%	229	30.0	28.4	7.8	28.4%	3,861.2	12.20
Casey	16.3%	28.2%	210	27.9	35.4	8.0	31.0%	3,771.3	11.20
Frankston	16.6%	25.0%	253	33.9	39.6	13.1	28.1%	4,414.7	16.40
Glen Eira	12.2%	17.9%	187	27.1	27.8	3.6	20.6%	3,755.3	18.50
Greater Dandenong	20.1%	35.5%	244	22.5	43.4	9.5	20.1%	3,358.2	16.10
Kingston (Vic.)	15.0%	22.6%	207	33.1	30.9	5.7	21.6%	3,899.9	19.40
Monash	13.3%	23.4%	159	21.1	20.4	3.4	22.5%	3,550.9	20.00
Mornington Peninsula	13.0%	26.0%	209	32.1	28.2	6.6	28.4%	4,334.5	25.00
Port Phillip	13.2%	20.2%	217	28.2	31.3	7.8	18.6%	3,913.9	11.00
Stonnington	10.1%	19.7%	168	29.7	21.6	4.0	19.2%	3,390.3	16.60
Victoria	15.6%	24.4%	220	28.6	33.7	8.0	25.5%	3,659.4	16.40

Mental wellbeing

Local Government Area	High/very high psychological distress	Diagnosed with anxiety or depression	Self harm (per 100k pop)	Avoidable deaths - Suicide/Self harm
Bayside (Vic.)	14.1%	23.0%	87.2	0.0
Cardinia	20.3%	29.8%	59.8	8.8
Casey	25.5%	27.0%	75.8	7.1
Frankston	24.4%	34.9%	196.8	12.9
Glen Eira	18.1%	21.1%	84.1	4.7
Greater Dandenong	24.0%	18.9%	99.3	8.2
Kingston (Vic.)	23.7%	22.8%	75.3	5.0
Monash	22.3%	16.4%		
Mornington Peninsula	26.2%	29.0%	162.6	15.7
Port Phillip	27.4%	24.6%	177.7	8.8
Stonnington	20.1%	24.1%	81.9	0.0
Victoria	23.4%	27.4%	100.9	9.3

Comparing indicators across SEPHU LGAs
Child and adolescent wellbeing | Modifiable behavioural risk factors

Colour coding of indicators (compared to VIC average)

| Lagging | Leading or on par | Not scored |

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Child and adolescent wellbeing

Local Government Area	Low birth weight babies	Children vulnerable on 2 or more domains	Children fully immunised (12-<15 mnths)	Children fully immunised (24-<27 mnths)	Children fully immunised (60-<63 mnths)
Bayside (Vic.)	5.9%	4.5%	94.3%	92.7%	94.0%
Cardinia	6.1%	10.0%	92.8%	92.4%	95.7%
Casey	6.4%	11.9%	94.8%	92.1%	94.6%
Frankston	6.4%	9.9%	92.0%	94.8%	95.9%
Glen Eira	5.8%	5.5%	93.8%	93.5%	92.6%
Greater Dandenong	6.9%	14.2%	91.4%	90.4%	91.3%
Kingston (Vic.)	5.9%	6.4%	95.8%	93.9%	96.2%
Monash	6.4%		91.2%	94.4%	94.4%
Mornington Peninsula	5.5%	9.8%	92.7%	94.1%	91.6%
Port Phillip	5.7%	6.0%	95.6%	89.9%	88.0%
Stonnington	5.8%	3.9%	94.0%	93.9%	89.8%
Victoria	6.3%	9.9%	93.8%	93.0%	94.8%

Modifiable behavioural risk factors

Local Government Area	Obese people	Not meeting physical activity guidelines	Not meeting fruit or veg consumption guidelines	High blood pressure	Current smokers (2020)	Family violence (per 1,000 pop)	At increased risk of alcohol-related harm	Drug usage & possession (per 1,000 pop)
Bayside (Vic.)	14.0%	46.7%	34.6%	20.6%	14.8%	6.4	50.5%	2.0
Cardinia	29.7%	54.0%	46.4%	23.4%	15.2%	14.1	42.7%	3.5
Casey	25.6%	55.0%	53.7%	27.0%	17.9%	14.8	36.9%	3.7
Frankston	27.7%	55.2%	44.1%	28.6%	21.2%	20.4	44.6%	8.8
Glen Eira	17.0%	54.2%	54.8%	22.9%	8.6%	6.6	45.7%	3.1
Greater Dandenong	18.8%	58.5%	55.0%	28.4%	20.1%	15.4	26.0%	8.9
Kingston (Vic.)	15.3%	54.9%	43.1%	22.8%	15.6%	9.5	45.1%	4.2
Monash	17.0%	55.1%	48.1%	27.1%	10.4%	7.2	36.7%	2.7
Mornington Peninsula	20.7%	55.2%	48.8%	28.7%	17.2%	12.8	52.9%	4.3
Port Phillip	13.7%	37.0%	48.4%	15.5%	13.8%	10.4	55.3%	7.4
Stonnington	12.8%	48.9%	44.9%	23.3%	11.9%	6.3	54.0%	6.2
Victoria	20.9%	54.0%	48.6%	25.9%	16.4%	12.7	42.5%	5.0

Comparing indicators across SEPHU LGAs
Screening and vaccination | Health services accessed

Colour coding of indicators (compared to VIC average)

| Lagging | Leading or on par | Not scored |

Screening and vaccination

Local Government Area	Bowel cancer screening	Breast cancer screening	Cervical cancer screening	COVID-19 vaccination: Dose 3% (16+)	COVID-19 vaccination: Dose 4% (60+)
Bayside (Vic.)	38.2%	52.5%	74.0%	80%	72%
Cardinia	35.6%	50.8%	58.2%	67%	58%
Casey	32.8%	48.5%	57.7%	66%	48%
Frankston	32.2%	46.3%	55.4%	67%	56%
Glen Eira	33.2%	52.5%	64.9%	71%	61%
Greater Dandenong	33.7%	45.8%	55.2%	64%	41%
Kingston (Vic.)	36.4%	51.6%	62.0%	71%	59%
Monash	38.0%	50.4%	58.1%	69%	54%
Mornington Peninsula	38.6%	52.4%	65.0%	75%	69%
Port Phillip	34.1%	45.2%	62.7%	62%	62%
Stonnington	35.1%	46.4%	66.5%	66%	68%
Victoria	37.6%	52.0%	71.0%	71%	59%

Health services accessed

Local Government Area	Experienced a barrier to health care access (due to cost)	AOD Treatment Services (per 1,000 pop)	GP attendances (per 1,000 pop)	ED presentations (per 1,000 pop)
Bayside (Vic.)	1.0%	2.9	4,791	226
Cardinia	1.6%	3.9	5,952	294
Casey	1.7%	3.8	6,721	271
Frankston	1.9%	6.8	6,585	309
Glen Eira	1.3%	2.6	5,176	173
Greater Dandenong	2.5%	4.6	6,858	273
Kingston (Vic.)	1.6%	2.9	4,791	228
Monash	1.6%	2.0	5,489	185
Mornington Peninsula	1.6%	4.5	5,996	284
Port Phillip	1.5%	6.0	4,527	228
Stonnington	1.2%	3.5	4,368	160
Victoria	1.6%	5.2	5,889	267

Priority Area: Decreasing tobacco and vaping use

Rationale: Tobacco use is a major public health challenge, causing significant harm, vaping is increasing with as yet unknown harm

Indicators

Local Government Area	Current smokers	People with high blood pressure	Doctor diagnosed - Heart disease	Doctor diagnosed - Stroke	Diagnosed with 2 or more chronic diseases
Bayside (Vic.)	14.8%	20.6%	5.9%	0.9%	24.7%
Cardinia	15.2%	23.4%	6.4%	2.9%	28.4%
Casey	17.9%	27.0%	5.8%	3.7%	31.0%
Frankston	21.2%	28.6%	7.0%	2.3%	28.1%
Glen Eira	8.6%	22.9%	7.2%	2.0%	20.6%
Greater Dandenong	20.1%	28.4%	6.6%	2.2%	20.1%
Kingston (Vic.)	15.6%	22.8%	7.9%	2.2%	21.6%
Monash	10.4%	27.1%	6.4%	1.6%	22.5%
Mornington Peninsula	17.2%	28.7%	7.3%	2.8%	28.4%
Port Phillip	13.8%	15.5%	9.9%	1.6%	18.6%
Stonnington	11.9%	23.3%	4.1%	2.1%	19.2%
Victoria	16.4%	25.9%	6.7%	2.4%	25.5%

Heat map key compares LGA data to Victorian averages: Red = lagging; White = equivalent or leading

E-cigarettes/Vaping:
Victorian adults – 2022 compared to 2018-19*

- Significant increase in prevalence and use
- Current users doubled from 3% to 6%
- More than half of current users are less than 30 years old
- 25% of current users have never smoked
- 33% of 14-17 year olds have vaped at least once^

Outcome measures: Short to medium term

Awareness including:
- Number of individuals in target populations reached,
- Number of partner organisations and key stakeholders engaged, Number of programs evaluated
- Number of workplace policies changed

Current Activities (from council plans 2022)

- 56 activities relate to decreasing tobacco use
- 11% of all activities
- Only 3 relate to vaping

Settings and partnerships: Opportunities

- Target priority populations including multicultural and young adults, Build on established programs and partnerships
- Evaluate and improve outcomes for existing activities
- Adapt for other LGAs

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Priority Area: Reducing falls

Rationale: Falls are a major cause of injury for older people and a leading cause of injury-related hospitalisations

Indicators

Local Government Area	Hospitalisation rate due to falls (65+)	Adult females who do not meet physical activity guidelines	Adult males who do not meet physical activity guidelines	% of the population who are 65 years or older
Bayside (Vic.)	4,265	53.9%	41.8%	24.4%
Cardinia	3,861	57.2%	50.4%	11.7%
Casey	3,771	60.3%	48.7%	10.1%
Frankston	4,415	56.6%	53.5%	15.2%
Glen Eira	3,755	54.7%	53.7%	14.7%
Greater Dandenong	3,358	61.4%	53.6%	14.1%
Kingston (Vic.)	3,900	56.4%	48.3%	16.8%
Monash	3,551	59.4%	50.5%	16.5%
Mornington Peninsula	4,335	62.8%	48.3%	24.1%
Port Phillip	3,914	40.7%	33.0%	11.7%
Stonnington	3,390	51.9%	46.4%	14.7%
Victoria	3,659	56.1%	52.0%	15.2%

Heat map key compares LGA data to Victorian averages: Red = lagging; White = equivalent or leading

Falls are preventable:
- Falls are not inevitable and many older people can be prevented from falling
- Some risk factors for falls are relatively easy to change and, where falls occur, injury severity can be reduced

Outcome measures: Short to medium term

Awareness including:
- Number of individuals in target populations reached
- Number of partner organisations and key stakeholders engaged
- Number of aged care policies changed
- Reduction in hospitalisation rate due to falls at health services

Current Activities: (from council plans 2022)

- Only 3 activities relate to reducing injury
- Less than 1% of all activities
- 8 others are active living programs targeting older adults
- No council programs that aim to prevent injury from falls

Settings and partnerships: Opportunities

- Target aged care and disability support organisations
- Collaborate with National Centre for Healthy Aging (NCHA), Victorian Falls Prevention Alliance and other aged care peak bodies
- Build on current programs and partnerships
- Adapt for other LGAs

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Priority Area: Improving cervical cancer screening and HPV vaccination

Rationale: Cervical cancer accounts for 0.4% of all cancer related deaths in Victoria in 2020, screening and vaccination help reduce disease burden

Indicators				
Local Government Area ▲	Cervical cancer screening participation	Doctor diagnosed - Cancer	Avoidable deaths (<75), per 100k population - cancer	STIs (Rates per 100k pop)
Bayside (Vic.)	74.0%	7.1%	23.9	423
Cardinia	58.2%	10.2%	30.0	525
Casey	57.7%	13.2%	27.9	383
Frankston	55.4%	8.8%	33.9	757
Glen Eira	64.9%	6.6%	27.1	577
Greater Dandenong	55.2%	6.7%	22.5	451
Kingston (Vic.)	62.0%	5.8%	33.1	430
Monash	58.1%	8.9%	21.1	391
Mornington Peninsula	65.0%	8.6%	32.1	389
Port Phillip	62.7%	9.5%	28.2	1,460
Stonnington	66.5%	7.1%	29.7	1,570
Victoria	71.0%	8.1%	28.6	615

Heat map key compares LGA data to Victorian averages: Red = lagging; White = equivalent or leading

Improving sexual and reproductive health:

- Cervical cancer prevention services can be integrated into existing family planning or sexual and reproductive health service delivery platforms
- Rapidly expand "screen and treat" programs and mitigate cervical cancer burden

Outcome measures:

Awareness including:
- Number of individuals in target populations reached
- Number of partner organisations and key stakeholders engaged
- Number of cervical cancer screening programs delivered
- Number of HPV vaccines delivered to hard to reach groups

Current Activities:

- Only 8 relate to improving sexual and reproductive health
- 2% of all activities
- No activities that target screening and vaccination services
- No activities that target young people for HPV vaccination

Settings and partnerships:

- Target women and adolescents in migrant and multicultural communities
- Integrate into and build on current family planning and sexual health service programs and partnerships
- Adapt for other LGAs

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Priority Area: Increasing active living

Rationale: More than half of all Victorians do not meet Australian physical activity guidelines and are at increased risk of developing chronic conditions

Indicators

Local Government Area	Females not meeting physical activity guidelines	Males not meeting physical activity guidelines	Doctor diagnosed - Heart disease	Diagnosed with two or more chronic diseases	Avoidable deaths (<75), per 100k pop - CVD
Bayside (Vic.)	53.9%	41.8%	5.9%	24.7%	19.2
Cardinia	57.2%	50.4%	6.4%	28.4%	28.4
Casey	60.3%	48.7%	5.8%	31.0%	35.4
Frankston	56.6%	53.5%	7.0%	28.1%	39.6
Glen Eira	54.7%	53.7%	7.2%	20.6%	27.8
Greater Dandenong	61.4%	53.6%	6.6%	20.1%	43.4
Kingston (Vic.)	56.4%	48.3%	7.9%	21.6%	30.9
Monash	59.4%	50.5%	6.4%	22.5%	20.4
Mornington Peninsula	62.8%	48.3%	7.3%	28.4%	28.2
Port Phillip	40.7%	33.0%	9.9%	18.6%	31.3
Stonnington	51.9%	46.4%	4.1%	19.2%	21.6
Victoria	56.1%	52.0%	6.7%	25.5%	33.7

Heat map key compares LGA data to Victorian averages: Red = lagging; White = equivalent or leading

Physical activity prevents chronic disease:

- Regular physical activity helps improve overall health, fitness, and quality of life
- Reduces risk of chronic conditions like type 2 diabetes, cardiovascular disease, many types of cancer, depression and anxiety, and dementia

Outcome measures: Short to medium term

Awareness and intelligence gathering including:
- Number of individuals in target populations reached
- Number of partner organisations and key stakeholders engaged, Number of programs evaluated
- Number of outcome measures developed

Current Activities (from council plans 2022)

- 95 activities relate to increase active living
- 21% of all activities
- Distributed across all 11 LGAs
- Supported by a large number of partner organisations
- Many target priority populations including CALD communities

Settings and partnerships: Opportunities

Understand and improve
- Map, evaluate, consolidate and refine current activities
- Develop short term outcome indicators
- Redirect programs to target high needs populations (demographic and geographic)

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South East Public Health Unit

SEPHU's role in delivering its catchment plan

1 — **Foster collaboration –** Aligning activities across our catchment to achieve bigger impact.

2 — **Provide coordination –** Leveraging existing investments and activities.

3 — **Maintain a population-based focus –** Tailoring initiatives to our local context, incorporating the community voice, with a focus on equity

4 — **Undertake research and evaluation –** Building our evidence-base to deliver evidence driven interventions.

5 — **Support data driven solutions –** Ensuring the initiatives undertaken by SEPHU and partners can be informed and supported by population data.

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SEPHU will continue working towards achieving the following four activities in 2023.

**SEPHU Strategy
2024-2029**

- Current state consultations to commence in September to understand current and future public health challenges faced by our catchment and opportunities for SEPHU to provide support.

- Expected completion by December 2023, with formal launch in 2024.

**Catchment plan implementation
2023-2029**

- Awaiting for approval from Department of Health.

- Planning for initiation for initial two priorities, with immediate focus on establishing partnerships and understanding existing initiatives implemented across the catchment.

SEPHU relocation

- Relocation of SEPHU from Monash Health to a dedicated site (700 Springvale Road) in November 2023.

**Evaluation framework
2024-2029**

- Current state consultations to commence in September to understand stakeholder expectations, factors required for successful implementation of an evaluation framework and types of indicators / metrics that can be used.

- Expected completion by April 2024.

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