



An equity lens over Healthy
Together Victoria

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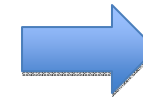
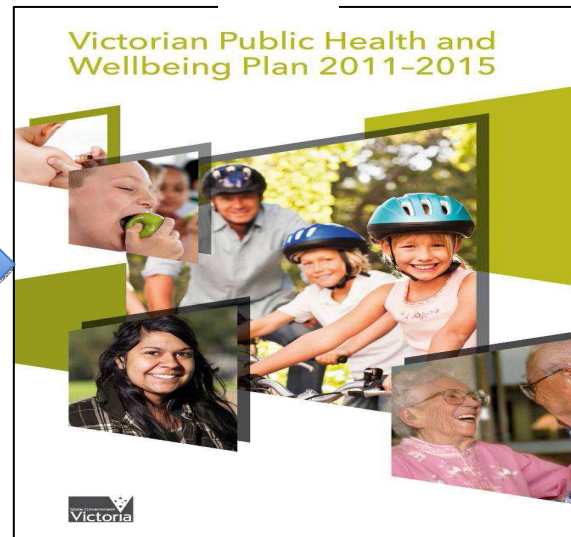
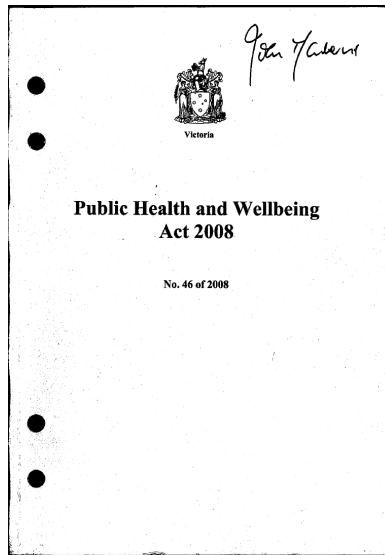
Prevention and Population Health
Branch



Purpose of today's presentation

- To provide an overview of the Equity Focused Health Impact Assessment (EFIA) of Healthy Together Victoria
- To encourage you to reflect on health equity within your own work, wherever you are in Victoria's prevention system

Legislative and policy context for health equity in prevention in Victoria



A Key objective of the State Public Health and Wellbeing Act (2008) is to:

- ‘...achieve the highest attainable standard of public health and wellbeing by reducing inequalities in the state of public health and wellbeing.’

New developments in health equity

The social determinants of health inequities: the layers of influence





Rapid Equity Focused Impact Assessment (EFIA) of HTV



- Statewide level
- Three HTC's – Wodonga, Whittlesea, Greater Dandenong

Steps in the Rapid EFIA

- Literature review
- Population Health profiles
- SCOPING** - Establish reference groups
- Conduct assessment & develop recommendations**
- Reflect assessment back to reference groups
- Draft and **finalise report**



Conducted by:
Centre for Primary Health Care and Equity, UNSW.

Statewide reference group

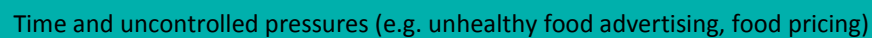


Narrowed focus to:

- Collaboration and partnerships
- Workplace settings

Beginning of the journey...





Degree of agency required to influence behaviour change

		Agentic (individuals required to make independent choices)	Agento-structural (structural changes facilitate healthier choices)	Structural (structural arrangements altered to the extent that individual choice, in a given context, is removed)
Environment at level where action is taken	Micro (Schools, worksites, clinical or home)	<ul style="list-style-type: none"> • Social marketing • Healthy eating campaigns in schools • Signage encouraging healthier options (eg. taking stairs instead of lift) • Workplace nutrition education programs 	<ul style="list-style-type: none"> • Community gardens • Healthier food in canteen • Workplace design to encourage incidental exercise • School-based programs focused on growing and cooking food 	<ul style="list-style-type: none"> • School canteen policies restricting unhealthy food • Increase in PE time at school • Removal of vending machines containing unhealthy food and drink at workplaces
	Macro (National, state or community level)	<ul style="list-style-type: none"> • Social marketing • Population wide distribution of healthy eating or physical activity guidelines 	<ul style="list-style-type: none"> • Fiscal policy • Mandatory food labeling • Whole of community interventions • Reduction of SSB portion sizes • Urban design to increase green space and bike paths • Regulate density of fast food restaurants • Tax credits to businesses that offer wellness programs 	<ul style="list-style-type: none"> • Restrictions on marketing of unhealthy food • Food procurement policies based on nutritional standards in government settings • Food reformulation

“The evidence suggests a greater focus on interventions and policies including structural change is most likely to prevent obesity in those with greater disadvantage.”

Associate Professor Anna Peeters, Baker IDI



Further information

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