



Better Health **Network**

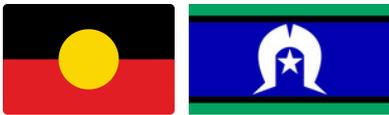
Health Promotion Strategic Plan 2025-2029

Bayside, Glen Eira, Kingston, Port Phillip, Stonnington



Acknowledgment of Country

We acknowledge Aboriginal and Torres Strait Islander people as the first peoples and Traditional Owners and custodians of the land and waterways on which we live, and we acknowledge that sovereignty was never ceded. We honour and pay our respects to Elders past and present.



Thanks to Dave Godden of Living Foresight livingforesight.com.au with supporting the scoping and development of this plan.

Thanks to Lachlan Conboy for creating the two infographics that have helped bring this plan alive.

Introduction

Purpose of this plan

This plan outlines the focus of the work Better Health Network (BHN) will deliver from July 2025 to June 2029 under the Community Health - Health Promotion funding provided by the Victorian Government Department of Health. This work will be delivered by the BHN Health Promotion Team and will support local level action to improve health and reduce health inequities in line with the Victorian Public Health and Wellbeing Plan.

Developing this plan

The process to develop this plan included:

- Reviewing local health and demographic data to identify population characteristics, trends and health issues of concern across the catchment.
- Reviewing state, national and local strategies and plans to ensure alignment and identify opportunities for collaboration.
- Engaging with over 60 stakeholders from 30+ organisations to understand the priorities they are working on and the issues they are concerned about. This included talking to stakeholders from all five local councils in our catchment, community services, schools, and health professionals across BHN.
- Reflecting on existing priorities and progress made over the last four years.

These insights helped shape a plan that is grounded in local realities and aligned with broader health promotion goals.



our community

Population
660,403

2,279
Aboriginal & Torres Strait Islander people

0.4% of total population

Lands of the Bunurong/ Boonwurrung and the Wuredjeri Woi Wurrung peoples of the Kulin Nation



183,053 people
30%
of total population

with at least one
long-term health condition

Top 5 most common long-term health conditions (all ages): mental health condition, asthma, arthritis, heart disease, diabetes.

65+ years 17%

age profile

25-64 years 56%

15-24 years 11%

0-14 years 15%

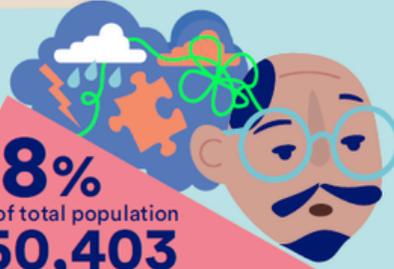


32%
of population
born overseas



8%
of total population
50,403

long-term mental health condition



Glen Eira
12.4%

do less than 150mins physical activity per week



你好 Ciao
Γειά σου
24%
of total population

Speak a language other than English at home

14.1%
Stonnington
experienced discrimination



Glen Eira
23.8%
experienced loneliness

socio-economic percentile



6.8%
Port Phillip



experienced food insecurity
in last year ran out of food and couldn't afford more

97
per 10,000 females in Port Phillip

family violence reports



*Data sources and detail (reference location)

Our community

BHN serves a diverse population of over 660,000 people across the Bayside, Glen Eira, Kingston, Port Phillip, and Stonnington local government areas (LGAs) in Melbourne's inner and south-eastern suburbs. The catchment spans a total area of just over 213 square km, encompassing coastal, urban and suburban environments, which include a range of housing types from high density apartment blocks to areas of lower density detached houses.

Demographic diversity

The BHN catchment is home to people from a wide range of cultural and linguistic backgrounds. Approximately one-third of residents were born overseas, and almost a quarter speak a language other than English at home. Mandarin, Greek, Russian, Italian and Spanish are the most common languages other than English spoken at home. Of the LGAs, Glen Eira has the highest proportion of people born overseas and the highest proportion of people who speak a language other than English at home.

The catchment has a relatively small proportion of Aboriginal and Torres Strait Islander people compared to Victoria as a whole. Kingston and Port Phillip are home to the largest Aboriginal and Torres Strait Islander communities in the catchment. Bayside has the oldest population profile of the LGAs, with 21% of residents aged 65 and above compared to 17% for the catchment as a whole.

Survey data indicates that Port Phillip, Stonnington and Glen Eira all have a higher proportion of LGBTIQ+ adults than the Victorian average.

Socio-economic variation

Socio-economic indicators of advantage and disadvantage vary across the catchment. The majority of suburbs are relatively advantaged compared to other suburbs across Australia, and many areas are amongst the most advantaged locations in the country.

However, there are areas where communities are experiencing significant socio-economic disadvantage. Several of the catchment's most disadvantaged suburbs are in Kingston, whilst Port Phillip has a number areas within the LGA with high levels of disadvantage. Port Phillip also has the highest estimated number of homeless people and the highest prevalence of housing stress.

Health and wellbeing profile



Mental health conditions are the most common diagnosed long-term health conditions in the catchment. Prevalence of long-term mental health conditions is highest in Port Phillip and Stonnington. More than 20% of adults in each of the LGAs except Bayside report experiencing loneliness.



Kingston, Port Phillip and Stonnington have the highest levels of food insecurity in the catchment. As is the case across Victoria, only a small minority of adults across all the LGAs consume the recommended portions of fruit and vegetables.



Levels of sedentary behaviour are high compared to the Victorian average, with more than a third of adults in Glen Eira, Kingston, Port Phillip and Stonnington spending more than 8 hours per day sitting. Around half of adults across all LGAs are not meeting the recommended 150 minutes of activity each week.



Port Phillip, Kingston and Stonnington have the highest rates of reported incidents of violence against women in the catchment. This includes incidents of family violence, intimate partner violence, sexual violence, and stalking, harassment and threatening behaviours.

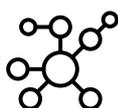


Our purpose and practice principles

Our purpose and practice principles will guide implementation of our actions over the four years of this plan. These principles build on and align with BHN's organisational vision and values as well as the Community Health-Health Promotion Practice Principles. Over the next four years we will continue to focus on building our capability to use these principles effectively in our health promotion practice.

Purpose

We work collaboratively to create thriving and equitable communities that support health and wellbeing for all.



> Shifting systems

We work to understand and shift the intersecting systems that influence community health and wellbeing.



> Community centred

We listen to the diverse voices in our local community and work alongside them to build on their existing assets and strengths.



> Collaborative

We work in partnership with other local stakeholders to build and act on a common vision for change.



> Learning

We are curious and learn from lived experience, as well as practice and research expertise.



> Flexible & innovative

We adapt our work and develop new health promotion initiatives based on local needs and what we learn.

Our partners in change

We work with a wide range of partners to create change across our catchment and beyond. Our key partners include:

- Bayside City Council
- Glen Eira City Council
- City of Kingston
- City of Port Phillip
- City of Stonnington
- Women's Health In the South East
- South East Public Health Unit
- Health service providers at Better Health Network

As part of our commitment to working collaboratively to improving community health and wellbeing we will participate in the South East Prevention Leadership Action Group (SEPLAG) which brings together Community Health-Health Promotion funded agencies to work towards more coordinated and strategic health promotion action across the South East Region.

The members of SEPLAG are:

- South East Public Health Unit
- Better Health Network
- Caulfield Community Health Service
- Kooweerup Regional Health Service
- Monash Health Community
- Peninsula Health
- Women's Health in the South East
- Baker Heart and Diabetes Institute

our settings

our priorities



equitable food environments

health services

community spaces

neighbourhoods

outdoor spaces

education

sports and recreation

digital spaces

social connection & inclusion

movement & active communities

gender equity & prevention of violence

determinants of health

life course

intersectional health equity

our approach

planetary health

Our strategic priorities

We recognise that people's health and wellbeing is determined by the social, economic and environmental conditions where they live and work. This includes factors such as racism and discrimination, housing, employment, social supports, healthcare, pollution and climate change.

Our work focuses on improving health and wellbeing in local communities through influencing the local places and spaces where people live, work, learn and play. The settings we will focus on include:

- **Education:** schools, early childhood education and care settings and out-of-school hours care
- **Sport and recreation settings:** sports clubs and facilities, sport and recreation centres
- **Community spaces:** community centres, neighbourhood houses, libraries, drop-in centres
- **Outdoor spaces:** parks, ovals, playgrounds, beaches, streets and other gathering places
- **Neighbourhoods:** the connected places and spaces in local geographic areas
- **Digital spaces:** social media and other digital spaces where people connect, interact, and share and receive information
- **Health services:** in particular the community health services provided by BHN
- **Workplaces:** the local places people work

These places and spaces influence many different aspects of our health and wellbeing. We recognise different aspects of community health and wellbeing are interrelated and impact each other. Our work to address community health and wellbeing priorities is aligned with efforts of partners at the state and local levels via the Victorian Public Health and Wellbeing Plan and the Municipal Public Health and Wellbeing Plans of each of the five Councils in our catchment.

Our key health and wellbeing priorities are:

Equitable Food Environments

Focus areas:

- Increase access to affordable, nutritionally and culturally appropriate food in the local community
- Increase community resources, knowledge and skills for food growing, cooking and eating
- Shift cultural norms to create and enhance positive relationships between people, food and their bodies

Movement & Active Communities

Focus areas:

- Increase availability and accessibility of sports and recreation activities
- Increase safety and accessibility of spaces for informal movement
- Increase community opportunities to build confidence and skills for movement

Social Connection & Inclusion

Focus areas:

- Reduce discrimination and foster inclusive communities
- Increase connection to community and culture
- Increase community resources, knowledge and skills for mental wellbeing

Gender Equity & Prevention of Violence

Focus areas:

- Increase community resources, knowledge and skills for gender equity and prevention of violence
- Increase understanding of and exposure to respectful relationships

We will work on other health and wellbeing priorities as needed by communities and in alignment with priorities in the Victorian Public Health and Wellbeing Plan.

Innovation areas

In alignment with our practice principles, the BHN Health Promotion Team is committed to being innovative and responsive in our work. As part of this we will explore emerging opportunities and trends that will influence our health promotion work over the next four years and beyond including:

Digital disruption: Considering how the rapid changes in the digital realm will impact our health promotion practice as well as how digital technologies are impacting the health and wellbeing of communities.

Wellbeing economy: Considering how this approach to changing economic and political systems to focus on human and planetary health can be used in health promotion practice. It provides an important basis for exploring how we can work with local government and local business on creating thriving local economies that benefit the health and wellbeing of communities.

We will provide opportunities for health promotion staff to develop their skills, knowledge and practices in these areas. As well as scope opportunities related to areas across our four key health and wellbeing priorities.

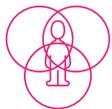
Our approach

Our health promotion work in local communities will be underpinned by the following:



Determinants of health

We know that many of the factors that determine community health and wellbeing sit outside the direct influence of local communities and the health sector. We are committed to advocating for the broader changes needed to improve community health and wellbeing and working with stakeholders outside the health sector.



Intersectional health equity

In working to improve the health and wellbeing of local communities we know that there are inequalities which mean that certain groups within these communities that are more likely to experience poor health and wellbeing outcomes. These inequalities are created by intersecting systems of power and privilege that disadvantage certain groups. This includes but is not limited to:

- Women and girls
- LGBTQIA+ communities
- Multicultural communities
- Aboriginal and Torres Strait Islander communities
- People with disabilities
- Larger bodied people
- Low-income households

In working to address these inequalities we will both look to understand and address the bias, discrimination and systemic exclusion experienced by these communities, as well to adapt our health promotion approaches to meet their needs and address the factors that impact their health and wellbeing.



Life course

We recognise that people have different needs and experiences across their lives from early childhood through to older age, and that positive and negative effects of life experiences on wellbeing can accumulate through the course of our lives. We will ensure that people's changing health needs are considered and addressed through our health promotion work. While we see childhood as a critical stage for influencing population health, we understand the need to support wellbeing at all ages, and recognise the interdependence of health across generations. We are committed to building community connections across current generations and to considering the health of future generations.



Planetary health

We recognise that human health is interdependent with the health of the planet. Community health and wellbeing is influenced by environmental factors such as climate change, biodiversity, and pollution. We are committed to understanding and addressing the environmental factors that influence the health and wellbeing of local communities, and to supporting actions to improve planetary health in our work, particularly where this intersects with our health and wellbeing priorities.



Monitoring & evaluation

We are committed to being accountable to our funders, partners and the communities we serve, and to continuing to improve our health promotion work through comprehensive monitoring and evaluation. This includes:

- Developing Annual Health Promotion Reports that provide an overview of the initiatives implemented, the impacts and outcomes achieved and our key learnings and insights.
- Submitting annual data to the Community Health-Health Promotion Annual Data Collection Webform Portal on healthy eating, active living, and tobacco and e-cigarettes to support state-level evaluation and monitoring.
- Developing and sharing case studies of our health promotion initiatives to support collective learning.
- Undertaking evaluation of health promotion initiatives to understand their impacts and outcomes, and to identify opportunities for improvement or scaling up of change.
- Developing impact frameworks to better support our ability to measure and demonstrate the impact of our work across the community and on our priority areas.