



Obesity Prevention Platform for Melbourne's Eastern Region

Charter and Roadmap for PreventionEAST.Lab

28 February 2020

Developed for the Inner East and Outer East Primary Care Partnerships



Funded and supported by the Department of Health and Human Services

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Introduction

“The three greatest threats...are obesity, undernutrition and climate change”

- *The Lancet*

In Melbourne’s Eastern Metropolitan region, two in three residents are now overweight or obese. Current prevention efforts are not abating this “silent disaster”. Prevention efforts at the community level in the Eastern Region predominantly rely on single, often time-limited, funding streams.

At present, our prevention efforts do not allow for concerted and sustained intervention that will significantly improve population health outcomes. Population health data, international and Australian research, and activity, as well as local stakeholder insights tells us that an alternative approach is urgently needed.

In view of this, the Inner East Primary Care Partnership (IEPCP) and Outer East Primary Care Partnership (OEPCP), with Victorian Department of Health and Human Services funding contracted Health Futures Australia (HFA) to ***develop a regional Prevention Platform through an Innovation Lab that unites and aligns local leaders in the East, which incubates innovation and builds capability for transformational system change.*** The HFA team worked with the project partners from July 2019 to the end of January 2020.

This work builds upon Phase 1, completed in March 2019, which deeply engaged leaders, and scoped an initial proposition: *“How might we design a prevention platform that significantly and sustainably reduces the prevalence of obesity in the Eastern Region?”*

PreventionEAST.Lab commenced to: **CODESIGN, INCUBATE and host INNOVATION; UNITE, INSPIRE and ENGAGE local leaders; and IDENTIFY and UNLOCK FUNDING.**

The objectives for Phase 2 were set: Implement a Prevention Innovation Lab that unites and aligns local leaders in the East, acts as an incubator for innovation and capacity building for transformational system change.

The primary aim was to co-design a long-term, multi-level and dynamic Platform to reverse and impact obesity across the communities of the Eastern region of Melbourne. This Platform includes a combination of intensive local community mobilising, the creation and building of new and diverse partnerships of influential community & civic leaders, and systemic prevention actions at scale. It is supported by international health research and complements existing State and local health priorities. The Platform enables multiple approaches and interventions to be linked to a systemic overlay, driving the shared mission for collectively improving health outcomes.

This document describes the core elements of a dynamic, leading and sustainable Obesity Prevention Platform.

Executive Summary

Childhood and adult obesity is increasing globally in countries of high, middle and low income.

A growing body of evidence links obesity to short-term and long-term health, social and economic consequences. The global food system now produces food *en masse* that is high in sugar, salt, fat and flavour enhancers and lower in price. These foods are convenient, easy to access with little preparation required. These foods are marketed to target populations with increasingly effective techniques. The environments people live, learn, work and play in are becoming more conducive to sedentary lifestyles and are increasingly obesogenic.

The combination of these factors has resulted in a chronic energy imbalance of which the outcome is an increasingly obese population globally. Over twenty chronic diseases are associated with being overweight and obese. In Australia, one person is diagnosed with diabetes every five minutes and 85% have type 2 diabetes (adult onset diabetes) which is avoidable.

- **The Eastern region experienced the greatest rate of rise nationally in overweight and obesity in adults in recent years from 58% in 2011-12 to 66% in 2014-15**
- **2 in 3 residents are now overweight or obese across our region**
- **50% of our population are not eating enough fruit and vegetables each day**
- **10% consume sugary drinks each day**
- **50% are not doing enough exercise per week**
- **25% have high blood pressure**

No single approach to date has shown how to reverse this trend.

If we do nothing, younger generations are forecast to have a lower life expectancy.

The Eastern Region is designing a response to this crisis: the “Platform” to prevent obesity and overweight that launches population health into the hands of community and civic leadership.

It sets aspiration and direction and guides how we will work, learn, and evolve together.

It enables innovative funding models for a sustained approach so change can take hold and the health of our community will be foremost valued.

The Platform is a supported, level space where all participants are equally valued. It is whole of community designed and led and within it people and ideas can come together to improve health outcomes across the Eastern region – more specifically to reduce and prevent obesity in new ways.

The Platform does this by focusing on the systemic drivers of obesity. It then supports taking systemic action, together with stakeholders, to create sustained, long-term improvements that deliver better health outcomes for our community.

The Platform is a mechanism to activate community and civic leadership. It sets aspiration and direction, frames stewardship of our initiatives, guides how we will work together, gives shape to our investment and action priorities, and provides a basis for ongoing systemic learning, measurement and evaluation.

Key Recommendations

Framing and focus

- In response to stakeholders, re-frame to a focus on wellbeing through healthy population initiatives like tackling obesity. This could include the language of a “Wellbeing region” or “Wellbeing community”, for example.
- It might be timely for the PreventionEAST.Lab to now invest in target setting by community stakeholders (place-based) in a Phase 3 effort for wellbeing, a healthy population, and overweight and obesity.
- Consider the work of the Lab across two levels of system transformation: the Eastern Region/al level, and targeting areas within the region (given the size and complexity of the region) – participants don’t necessarily identify as citizens of the Eastern region, they do identify at the municipal level i.e. their municipality, for example “Boroondara – Wellbeing Community” or “Wellbeing Boroondara”.

Stewardship

- Continue the Lab Core Team, with increased commercial representation, to be chaired by a community leader/s, to provide strategic leadership and guidance to and oversee the delivery of the Lab Phase 3.
- Establish a Lab Supporting Network – comprising stakeholders engaged so far, “plus one” where each stakeholder invites someone in the community they see as influential.
- Consider establishing a “Stewardship Council” (or other agreed term) to steward the Platform and support it to flourish from a strategic perspective, and to ensure the guiding principles are driving behaviour, decisions and actions. This could be the next step from the Core Team.

Communication, project leadership and learning

- Ensure the Lab uses social innovation methodologies and is hosted by a capable entity/ies able to traverse population health and wellbeing, system complexity, agile leadership, and social innovation.
- Utilise a digital communications platform to develop a PreventionEAST.Lab – e.g. Mighty Networks, increasing effective and dynamic communication capability and interconnection between stakeholders.
- Introduce a learning program for Lab participants in social innovation learning, population health leadership, and social enterprise skill development, building the Lab toward a socially enterprising future and funding model.

Strategy

- Invest in a systemic transformation strategy, the ‘Platform’, to build leadership capability and the mechanisms to drive systemic change through a portfolio of initiatives (see Platform).
- Continue building and supporting the Core Team and broader Lab partners, continue to build the Lab, making deep engagement and co-design the usual business.
- Establish dynamic and regular Lab events: Ideas Incubators across the calendar year as a way to encourage and harness innovation in the East and bring new ideas to life for potential funding and implementation.
- Support and enable mini labs to focus on initiatives generated by Lab, follow on with those already identified by stakeholders such as sustainable wellbeing financing and healthy choices leadership across systems.

Tools and capture techniques

- Develop and deploy a suite of tools and capture techniques for knowledge and insight gathering and evaluation.
- Develop a program and system logic to guide investment and evaluation.

Future financing of the Lab – its work and systemic initiatives

- Utilising the strength of the Core Team partners – develop funding submission/s sourcing a range of community wellbeing and impact investment funding streams e.g. VicHealth, Impact Investing Australia.
- The Lab Core Team should be guided to design, prototype, experiment and iterate, with a new community-shared and owned financing mechanism in which government partners or seeds but shares risk with many investors.
- Consider creating community/municipal level and regional level Health and Wellbeing Trusts for sustained investment in systemic primary prevention initiatives.

Background, Purpose and Methodology

Background

Across the Eastern region of Melbourne over sixty six percent of the population is overweight and obese. Current prevention efforts are not abating this “silent disaster”. Prevention efforts at the community level predominantly rely on a single (and often time limited) funding stream.

The current situation and approach does not allow for concerted and sustained intervention that will significantly improve population health outcomes. International and national research as well as local consultation tells us that an alternative approach is desperately needed.

In view of this, the IEPCP and OEPCP contracted Health Futures Australia (HFA) to work with community leaders to design an obesity prevention Platform for and with the communities of the region. The primary aim is to implement a Prevention Innovation Lab that unites and aligns local leaders in the East, as an incubator for innovation and capacity building for transformational system change.

This alternative approach has been co-designed by an emergent stakeholder group from across the East. Driven by the Lab Core Team, a “Platform for Prevention” has been shaped and includes a combination of intensive local community mobilising, the creation and building of new and diverse partnerships of influential community and civic leaders, and systemic prevention interventions at scale. It is supported by international research and complements existing State and local health priorities. The Platform for Prevention enables multiple approaches and interventions to be linked to a systemic overlay driving the shared mission for collectively improving health outcomes.

Purpose

The purpose of the project was to facilitate, enable and support collective regional cross-sector leadership and innovation that co-designs a new approach to support health and wellbeing and prevent chronic disease.

A key requirement in the co-design of the Platform involved the engagement and education of relevant stakeholders including the community to establish:

1. a shared understanding of the issues that lead to obesity and poor health;
2. joint ownership of solutions; and
3. the degree of capacity and willingness to implement a longer- term obesity strategic platform.

Who was involved?

The project involved a broad range of parties with different and complementary roles. These included:

Project Steering Group

The Project Steering Group was led by Tracey Blythe, Executive Officer IEPCP. It comprised a small group of DHHS and IEPCP & OEPCP staff. It was convened by the IEPCP to provide oversight, insight and direction to the project.

IEPCP & OEPCP Project Team

The Project Team provided project support and logistics, research, local insights and knowledge about the context within the Eastern region.

Health Futures Team

The Team was led by Dr Shelley Bowen of Health Futures Australia, included Project Lead Jon Anstey and logistical project support by Tanya Hetherington.

PreventionEAST.Lab Participants – key stakeholders

Stakeholder engagement occurred in a number of ways:

- Through intensive one to one dialogue interviews of diverse community leaders and follow-up conversations;
- Through the multi-stakeholder workshops conducted throughout 2019;
- Through small group and one on one meetings and discussions between project leads and the Lab Core Team to test the Platform ideas and identify resourcing and funding opportunities;
- Engagement by participants with their own organisations and networks; and
- The establishment of a self-determined Lab Core Team comprising influential representatives from Deakin University, Bendigo Bank, Belgravia Leisure/Foundation, The Gawler Cancer Foundation and Eastern Health.

Methodology and Key Project Elements

The core methodological components or project elements applied in this project were as follows:

Co-design

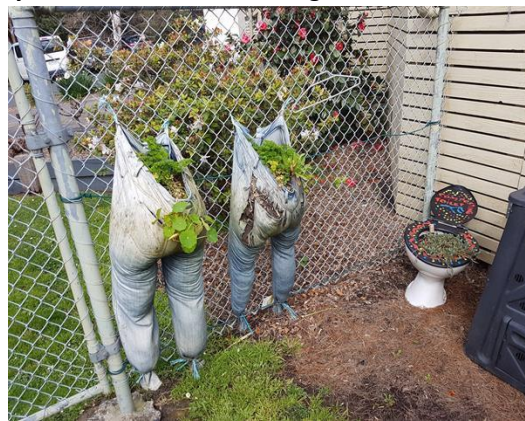
The key project elements were articulated by HFA in the tender proposal project plan. Within this scope HFA worked with the Project Team and Core Team to co-design key aspects of “how” the project elements would be implemented in a way that was unique and specific to the local needs and requirements.

Dialogue interviews

An early stage of the methodology overall is to listen carefully to the different perspectives and viewpoints of the range of key stakeholders across the region. These stakeholders were identified and shortlisted by the Project Team.

A total of 8 in-depth conversational interviews with leaders from across the system took place. The interviews were recorded in confidence and synthesised into themes that highlighted the variety of perspectives on health and obesity across the East.

Images: Photos of Dialogue Interviewee’s Community Garden in The Dandenongs



An interview synthesis report was created which “mirrored” back the differences and patterns and identified the common ground for action. The result of this process was an unusually candid and reflective look at the situation – what is and has been happening and what is needed in the future. The interviews were also the starting point for community interaction and involvement with the Platform. Many of the interviewees were very interested in the process and commented on the insight and value of the interviewing process. The report was also a key input to the workshops that followed. In particular, the synthesis views informed the “system leverage points” analysis that is fundamental to the work of the Platform. The image below captures key themes in a different way, derived using software that highlights key synthesis report themes.

Image: Illustration of key synthesis report themes



Stakeholder Co-Design Workshops

A crucial element of the collaborative community engagement and platform co-design process involved three workshop sessions. The participants in the workshops were selected from Phase 1 and Phase 2 interviewees and stakeholder lists as well as a broader group of stakeholders identified by the IEPCP. The workshops were designed to take the participants on a journey of building their collective understanding of the obesity current situation – what is happening and what is driving the current circumstances, their view of what can and must be done together and separately to make a difference, and to co-design the future Platform for Prevention – something that is specific to the East, systemic, long-term, engaging and inclusive. The participants are to thank for much of the content and focus of the Platform design in this report.

Lab Workshop, 22 October 2019



Potential Core Team Roles and Responsibilities

Purpose:

- To be the container for the change for the collective.
- Maintain vision - keep focus
- Align with Guiding Principles
- Connection point
- Robustly engage with community to co-create
- Capacity building
- Enable policy line of sight

Roles/responsibilities:

- Enable design and innovation
- Measure what is treasured
- Support the influencers and community
- Energise existing and new groups
- Prevention entrepreneurship (money and policy)
- Listen to community to co-create, enable dialogue and ownership
- Having crucial, robust conversations
- Be a respectful disruptor
- Brave, responsive, agile
- Build and maintain trust
- Bring the pieces together to create the whole

Key Tasks:

- Maintain transparent communications
- Keep community constantly a part of daily activity
- Build capacity of others
- Maintain strategic view – drive systemic leverage points
- Hold influencers and volunteers close
- Capture and share and use knowledge
- Harvest and generate ideas and factors for co-design
- Support movements through connecting, building, capacity, listening and evolving
- Create opportunities for dialogue
- Make the invisible visible
- Make decisions for effective action
- Be responsive
- Provide timely communications

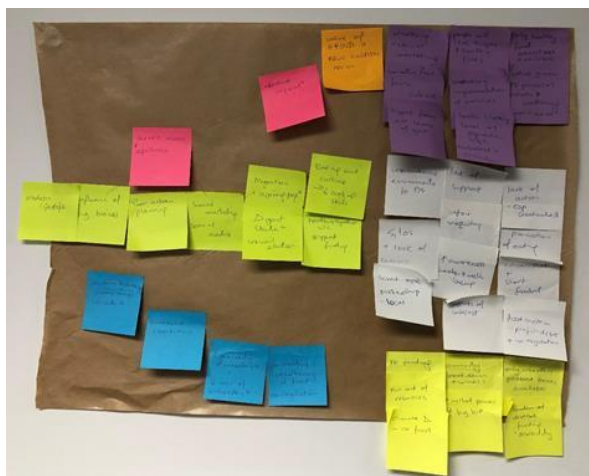
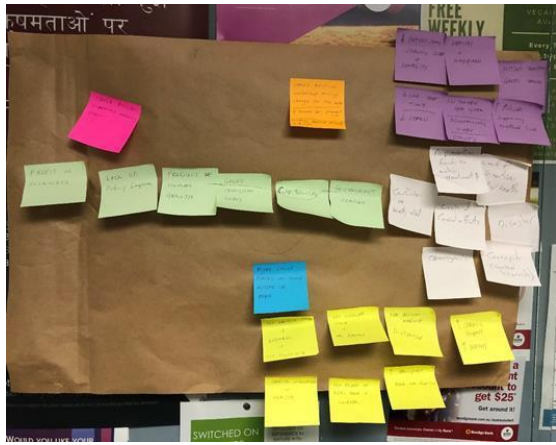
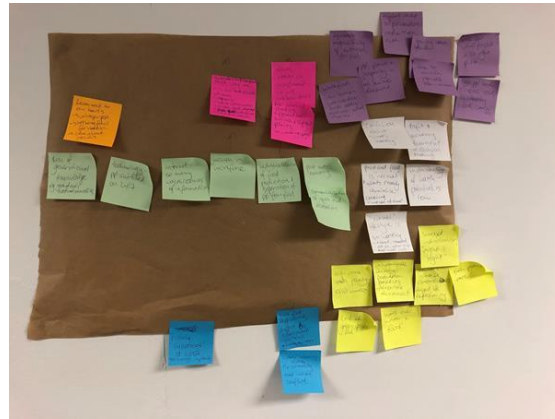
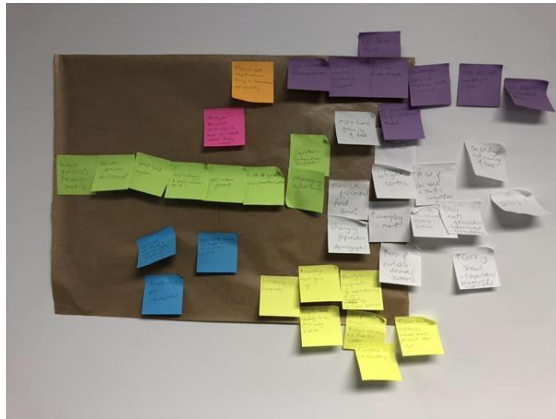
Dinner, Dialogue, Design Lab, 13 November 2019



Market of Ideas Forum, 11 December 2019



Future Backwards Samples, Market of Ideas Forum, 11 December 2019



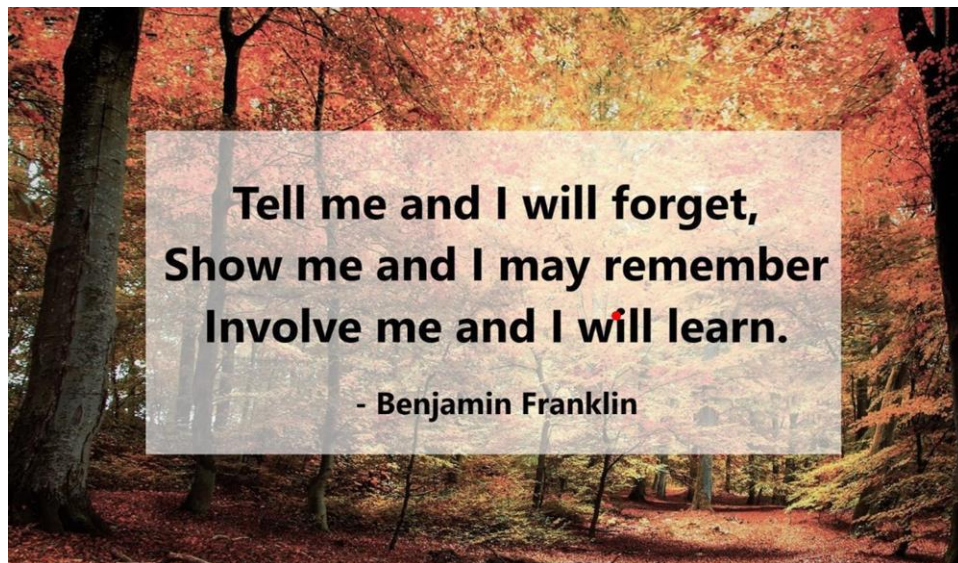
“Thank you for organising the Summit and Forum. It was a wonderful event! Thank you also for the opportunity to contribute during the panel discussion.”

- Participant

Learning Journeys

Learning journeys are visits to significant people, projects, and places through which a team can develop a shared, grounded understanding of the system they want to influence. Between workshops, learning journeys were undertaken. Learning journeys allow the co-design team an opportunity to explore first-hand and together the system’s many dimensions and thereby better understand what has gone on and is going on. The learning journeys included visiting such places as Eastern Health to explore their leadership of healthy choices for food across their many campuses, and were regarded as very visceral and powerful ways of deepening one’s understanding of the reality of the situation. It is from this new awareness that alternate ways of perceiving, thinking and acting can (and did) emerge.

Image: The significance of learning through learning journeys



Key Stakeholder Engagement

As mentioned above, this early project on design already started a very strong stakeholder engagement process with a microcosm of the wider community. It provided an example and possible template for at least some of the stakeholder engagement required in the next phases of work. Dozens of people have been involved to date through the methodology described above – either directly or indirectly. This report also points out the types of stakeholder groups requiring further involvement as the Platform design begins.

“Please save my seat at the table. I am very keen to join you all...in any way I can going forward. Please send my deep support to the other lunatics who will change the world”

Participant

Complexity Context

Possible Multiple Causal Elements

Obesity is a serious and multifactorial chronic condition. On current prevalence trajectories, almost half of the world's population will be overweight or obese by 2030 (McKinsey 2014). At present, almost 2.6 billion people are overweight or obese globally of a population of 7.6 billion (Global Nutrition Report 2017). In Australia 1 in 4 (25%) children and almost 2 in 3 (63%) adults are now overweight or obese. In the words of Margaret Chan, Director General of the World Health Organisation "obesity is a slow-motion disaster".

Obesity results in a significant burden to the Australian economy, with the total cost of the preventable chronic disease burden attributable to obesity in Australia in 2011-12 estimated to be \$8.6 billion (in 2014-15 dollars) (PWC 2015). This total figure includes \$3.8 billion in direct costs and \$4.8 billion in indirect costs. These costs include comorbidities associated with obesity such as diabetes, heart disease and cancer (but do not include depression).

As well as the physical and psychological consequences of obesity for the individual, obesity places a major economic burden on healthcare systems and employers. If no further action is taken to curb the growth in obesity, PWC (2015) predicts that there will be a total of \$87.7 billion of additional direct and indirect costs to Australia accumulated across the 10 years to 2025.

Diabetes is a main cost driver. According to the Baker IDI (2012) the total annual cost of Type 2 diabetes is \$6 billion in Australia, and the annual healthcare cost per person with diabetes ranges from \$4,025 to \$9,645. In 2008 Access Economics estimated that the economic cost of Type 2 diabetes because of being obese is \$8.3bn, for cardiovascular disease \$34.6bn, osteoarthritis \$5.7bn and cancer \$9.7bn (Access Economics 2008).

Implementing a set of selected obesity interventions would be a positive investment with a benefit cost ratio (BCR) of 1.7 in a conservative, ten-year model resulting in a benefit of \$2.1 billion for Australia (PWC 2015).

At the current rate of increase up to 3 million Australians over 25 years will have diabetes by 2025 with estimates that eliminating obesity from the population would potentially reduce the incidence of type 2 diabetes by over 40% (Baker IDI 2012).

Global and Australian targets

Two Australian jurisdictions have set targets for the prevention of overweight and obesity:

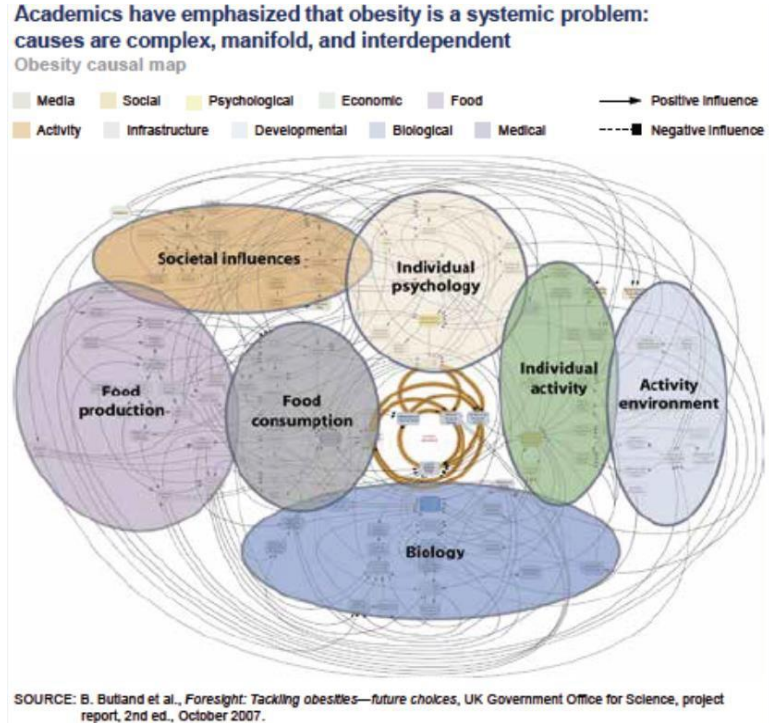
- NSW Premier's Priority proposes a target for NSW of a 5% reduction in childhood obesity by 2025; and
- Victorian Government target is a 5% decrease in the prevalence of overweight and obesity by 2025.

Further, one Victorian region has also set a target of a 5% reduction in overweight and obesity and associated risk measures, a 5% increase in healthy eating and physical activity, and a 10% reduction in sugar sweetened beverage consumption (Central Highlands Regional Partnership). The World Health Organisation (WHO) has set the year 2025 as a target attainment year for achieving current objectives, noting that obesity and diabetes has been on the rise since the 1980s. The WHO target is to halt the growth in obesity, return to and maintain the 2010 obesity prevalence levels. It is estimated that the obesity prevalence rate in Australia in 2010 was 26 per cent. If Australia were to return to a prevalence rate of 26 per cent in 2025, that would mean 1.6 million fewer obese people and an estimated ten-year cumulative benefit of \$10.3 billion by 2025 (PWC, 2015).

It might be timely for the PreventionEAST.Lab to now invest in target setting by community stakeholders in a Phase 3 effort.

Obesity: a complex array of causal elements

Obesity is a systemic problem with its causes complex, manifold and interdependent. Foresight UK (2007) (See figure) illustrated that a person's health is influenced by a range of biological, social and environmental factors, including genetics, education, income, location, employment, urban planning, living conditions and experiences of discrimination, for example. Social pressures, through advertising of unhealthy foods, and a lack of leisure time, for example, also contribute to make protective behaviours such as eating well and being physically active difficult to maintain.



Strategies and experience here and elsewhere

The starting point: understanding and addressing complexity

Chronic disease is highly complex, and its prevention requires a response that addresses this complexity in careful and integrated ways. Reos Partners defines complexity in three ways:

Social complexity – is present where actors have diverse interests and perspectives. Their understanding of the situation is different, they do not agree on a solution to the problem, and often do not agree on what the problem actually is. There is no single person, organisation or authority that “owns” the problem, nor can one single person, organisation or authority solve the problem on their own.

With challenges of high social complexity, it is impossible for experts and authorities to solve the challenge alone, no matter how hard they try nor how many experts are involved. While experts and authorities are important ingredients, generating new solutions requires the involvement of a whole-system group of stakeholders.

The second type of complexity is called *dynamic complexity*. Dynamic complexity is characterised by the causes and effects of the challenge being far apart in time and space and inter-dependent. The situation is dynamic and changing, actors cannot clearly see the full effects of their actions in the short-term. One action can have many impacts – intended and unintended.

With challenges of high dynamic complexity, it is impossible to effectively tackle the problem in a piece-by-piece way. No matter how hard we might ideally try to break the challenges of chronic disease into smaller parts and tackle each part separately, the inter-connectedness of the problem will not go away. A systemic approach is essential.

The third type of complexity is called *generative complexity*. Generative complexity is characterised by the current and future state being uncertain, unpredictable and undetermined. There is no real certainty in the situation, we cannot accurately predict what will happen next, nor is there a ready-made solution to apply.

With challenges of high generative complexity, there is no precedent answer. While learning from isolated past mistakes and successes is useful, no degree of mining our past efforts will provide an adequate solution for the future. Something new must be created.

It can be argued that characteristics of each of the three types of complexity are present in the challenge of chronic disease prevention. No single solution creates enough impact to reverse obesity: only a systemic, sustained, comprehensive portfolio of cumulative initiatives, delivered at scale and over time is likely to be effective in tackling overweight and obesity. The WHO has stated that obesity *can* be prevented through multi-sectoral action that simultaneously addresses different sectors that contribute to the production, distribution and marketing of food, while concurrently shaping an environment that facilitates and promotes physical activity (Bauman et al 2016; WHO, 2013).

Learning from experience, building on insights

An innovative systems-building approach to prevention is required; the focus is to create collective population impact on complex factors contributing to lifestyle related risk for chronic disease. No single intervention will be enough. Complex, multi-intervention and whole of community approaches are needed across the social, physical activity, food and community systems that influence the development of chronic disease (see previous figure – Butland et al., 2007).

The solution requires innovation comprising the establishment of new primary prevention system “soft” infrastructure that aims to assist the at-risk majority of the population to stay well. This requires an unprecedented level of cross-portfolio cooperation and coproduction in collaborative relationships with local communities and all tiers of government. It requires a commitment to collective impact on the systemic drivers that influence health.

The systemic leverage points for change that have been identified by the group place non-health sector authorities, insurers, local government, communities, education settings, businesses and workplaces at the forefront of primary prevention system infrastructure, influencing people in the places where they live, work, learn and play. System impacts (the prerequisites for population social and health impacts) are through re-configuration of existing resources, supplemented with new resources delivered differently to improve the way things are done.

Obesity and its links to multiple chronic diseases and spiralling health costs have a substantial weight of evidence to show that there are huge returns to be gained from successful prevention investment if population levels of obesity can be stalled and eventually reversed. The most vulnerable and prevention amenable population group is children. The incidence of childhood overweight and obesity is unevenly distributed across society, with children from low socioeconomic backgrounds at greatest risk. This can have a profound and enduring impact on these children’s lives (see NCOSS 2016 for a summary of evidence).

Children who are overweight or obese are often socially marginalised are at greater risk of poor health and perform less well at school. As adults, they are more likely and to experience social, educational and financial disadvantage. And being more likely to remain overweight as adults, they will be predisposed to a range of health conditions. Ultimately, they will have a shorter life expectancy (NCOSS 2016).

Tackling obesity in Melbourne’s Eastern region in the coming years will require a significant paradigm shift, with substantially enhanced investment for a comprehensive set of initiatives, delivered at scale and sustained for the decade (Bauman et al, 2016; WHO, 2013; McKinsey 2014). It may have the opportunity to initiate the development of new social impact investment opportunities that realise the potential savings to individuals, businesses, communities and society from reversing the current obesity trend in the city.

This effort will require unprecedented community mobilisation and leadership across the region, enabled by this Platform.

Action at the team level

The Lab Project Team will need to select a portfolio of effective interventions and initiatives to deliver population health change, and steward safe to fail experimentation and prototyping for new innovations. This selection may include the delivery of interventions which have already been proven to have an effect in relation to the desired result (e.g. increase healthy eating behaviours) or new strategies may be developed and trialled at a small scale. If proven to be effective, these can be scaled up across the Platform.

This requires looking at the vision, goal, target and measures within the initiative and selecting strategies with the greatest potential to achieve those goals. A range of methods and tools can help support the selection of 'interventions' that are likely to drive *system*, *environmental* and *individual* health impacts. Interventions that can provide multiple benefits either across outcome areas and across intervention levels (i.e. individual, community, environmental, policy) can be particularly valuable.

Image: Illustrative quotes from dialogue interviews



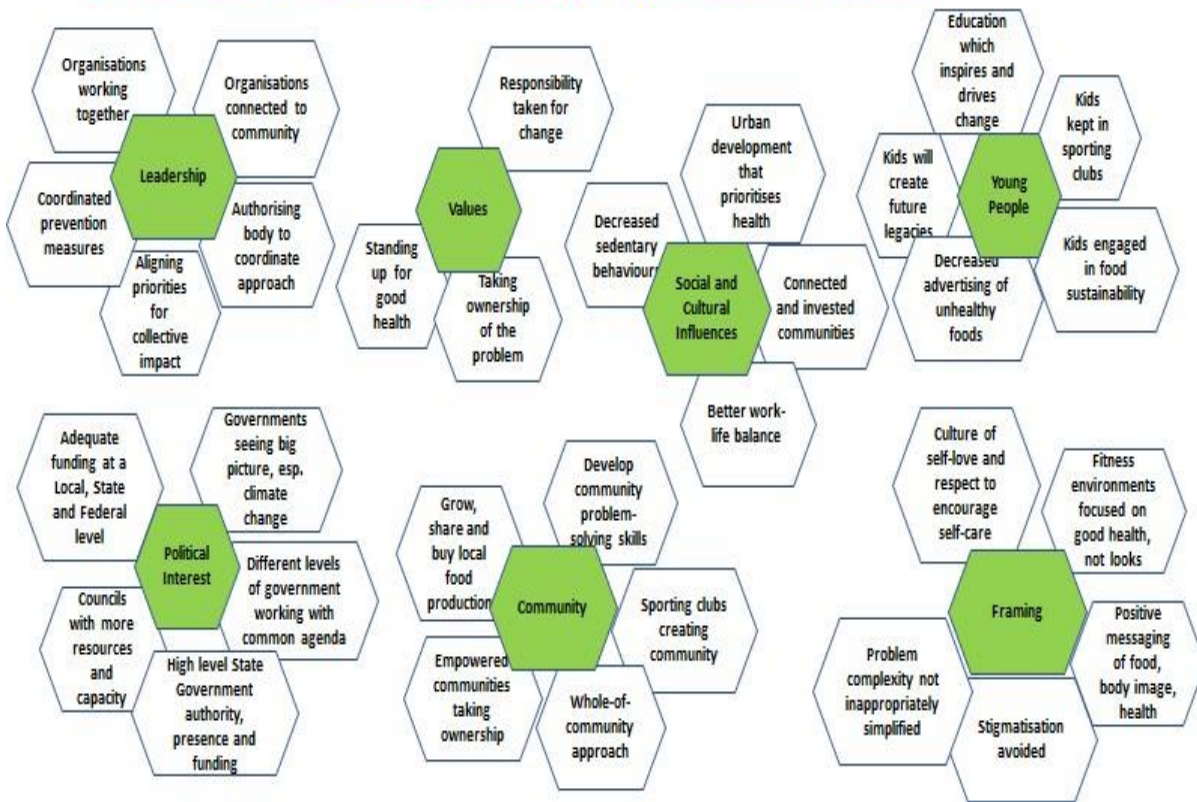
System leverage points

In advancing this work, system leverage points were identified. These are places within a complex system (a corporation, an economy, a living body, a city, an ecosystem) where a small shift in one thing can produce big changes in everything. These leverage points emerged from the dialogue interviews and lab workshops during Phase 2.

System Leverage Points

The following graphic illustrates the system leverage points identified from the dialogue interviews, expert input and workshop participants, and reviewed by participants during at the Market of Ideas Forum on 11 December 2019. The central green hexagons represent where leverage exists and strategic direction within the broader system. The surrounding white hexagons provide supporting activities, points of focus and other aspects of the point of leverage.

Inner and Outer East 2019: Leverage Points in System

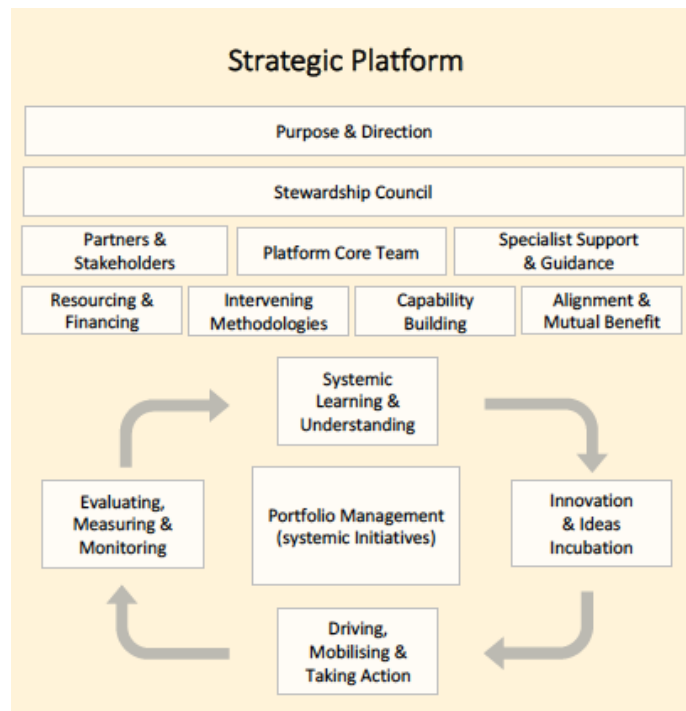


Platform Overview

The Oxford Dictionary describes a platform as “a raised level surface on which people or things can stand.” As such, the Platform for Prevention is a supported, even space (whole of community designed and led) within which people and ideas can come together to ongoing improve health outcomes across the Eastern Region – more specifically to reduce and prevent obesity in a new way.

The Platform does this by focusing on the systemic drivers of obesity and together with key stakeholders across the East, taking systemic action to create sustained, long-term improvements that deliver better health outcomes for our community.

The Platform is a mechanism to activate community and civic leadership. It sets aspiration and direction, frames stewardship of our initiatives, guides how we will work together, gives shape to our investment and action priorities, and provides a basis for ongoing systemic learning, measurement and evaluation.



The diagram above provides a graphic representation of the Platform. The four top “layers” form the stability of the platform and contain the key building blocks for creating a sustainable, multi-year prevention platform for the Eastern region.

The dynamic diagram (depicting the arrows) beneath the four layers reflects the key initiatives and broad types of work enabled and supported by the Platform. Each element of the Platform is described in more detail in the next section of this report (Strategies and Implementation).

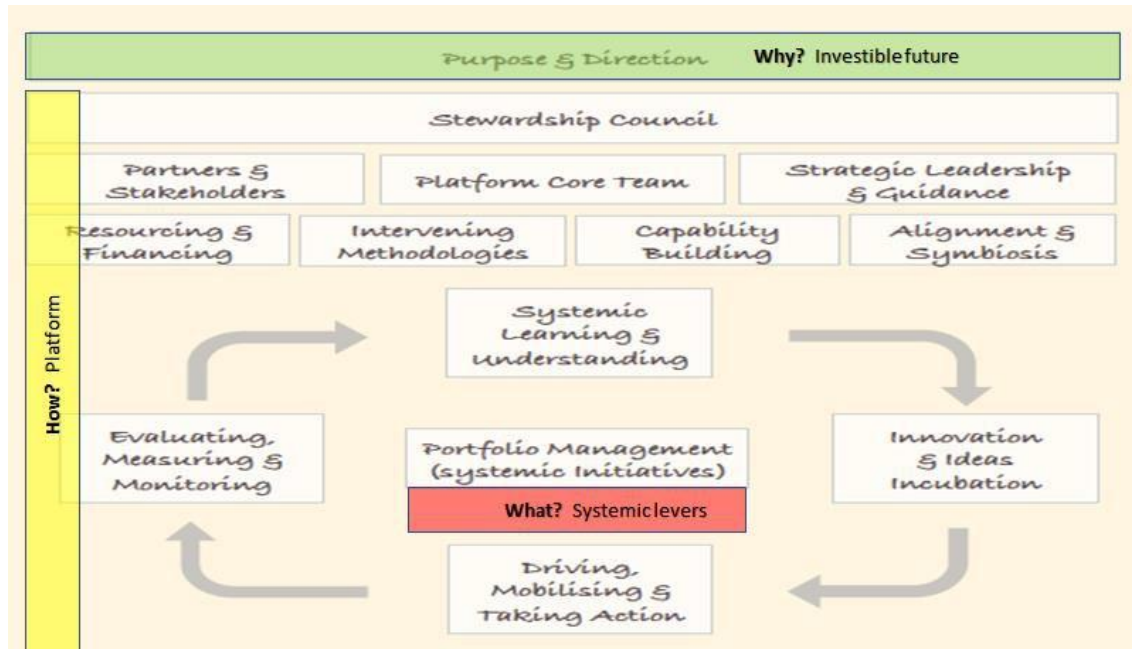
“And in fact, partnerships are hard but the strength in partnership once you can develop the longer-term thinking, the greater good, the commitment to greater good, and the rising above the petty politics. If you can work through those elements, there’s absolute strength in partnerships”.

- Participant

Strategy and Implementation

The following section of the report presents the Platform for Prevention (Obesity). Starting from the top of the Platform diagram (below) and working down to the bottom. As referred to in the Platform overview, the top four “layers” of the platform represent the key building blocks for creating a sustainable, multi-year prevention platform for the Eastern Region and the five elements at the bottom of the diagram reflect the dynamic key initiatives and broad types of work enabled and supported by the Platform itself.

Platform for Prevention (Obesity) for the Eastern Region of Melbourne – PreventionEAST.Lab



Purpose and Direction

This first layer of the platform contains the core elements that define the basis upon which the prevention platform was established - its core purpose, longer-term vision for the future, the mission, a more specific health related goal with associated target and measures, as well as the guiding principles which direct and guide how the platform is governed, lead and operated. All else flows from this primary layer.

While obesity and overweight may be the original purpose and early focus for the platform, the overarching purpose and direction of the Platform could be focused on the positive and generative side of health and wellbeing. That is, the vision could focus on overall health and wellbeing that could include (over the longer-term) the remit of the Platform to tackle a range of chronic diseases and health related challenges across the East.

It is also important that within the broader purpose and direction, the Platform is targeted enough in the shorter-term strategies and goals it focuses on in order to enable focused effort and attention on key challenges, as well as effectively track and measure health improvements. There may be one or more strategic imperatives being actioned at any one time. The early, shorter-term area of focus is obesity.

Example: A Proposed Goal, Target and Measures

Vision	To create a wellbeing region.
Goal	To activate community and civic leadership to increase physical activity and healthy eating across the Eastern Region.
Target	A 5% reduction in the prevalence of overweight and obesity in children and adults by 2025 (2011-12 baseline).

Measures

- A 5% increase in the amount of people meeting physical activity guidelines across the Eastern region;
- A 5% increase in the amount of people meeting healthy eating guidelines across the Eastern region;
- A 10% reduction in sugar-sweet beverages consumption across the Eastern region.

Communities across the region could determine their own targets as part of a place-based design, with a supportive facilitated process to set their own target and measures to achieve.

Strategies and Actions

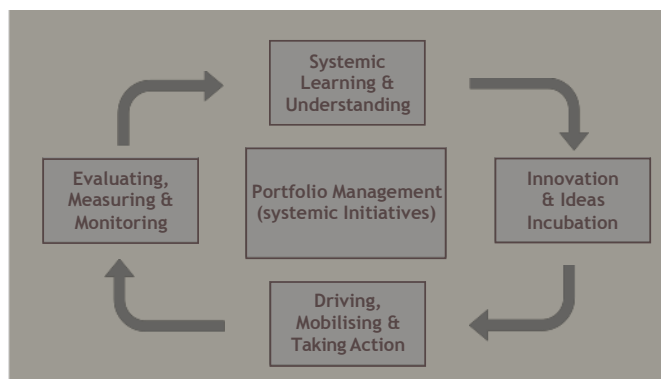
Portfolio Management (of systemic initiatives)

Over time the platform will provide the space to convene an ongoing suite of integrated, systemic initiatives that in concert will make significant, positive impacts on health indicators. Initiatives will vary in timeline, impact and scale – some will endure and some will be time-specific. The management of this suite of initiatives as a portfolio provides a strategic lens to manage integration, investment returns, health impacts and make informed systemic and strategic decisions. This is a crucial and fundamental element of driving long-term systemic change and eventual transformation.

These initiatives will be discrete pieces of work in their own right (with strategic priorities, objectives, measures, initiative names, key stakeholders, narratives, communications etc.), but at a higher level will integrate with and leverage off other strategically important initiatives in the portfolio that together and separately will help drive systemic change and improvement in measurable and sustained ways.

The capacities needed to steward, lead and manage this portfolio will be an important imperative for the platform to track its impact measures (including health, social, financial return measures) over time.

By referring to the Platform diagram, it can be seen that the systemic initiatives are centred within four other elements. These four elements support the decision-making process to determine which initiatives become part of (and/or remain within) the Platform initiative portfolio.



As example, a number of systemic initiatives which emerged during Phase 2 that could commence in Q1 2020 are:

- Community social finance, given cost/benefit economics (e.g. Bendigo Bank, Rotary);
- System leadership (e.g. Eastern Health, Carrington Health);
- Youth wellbeing/resilience (e.g. SALT, Education Dep, Hills Frontier);
- University leadership (eg. Deakin, Monash);
- Government contracting (e.g. Local Government's); and
- People/human-centred social connectedness (e.g. Yarra Valley Water, Thriving Communities Partnership, The Gawler Cancer Foundation, Belgravia Leisure/Belgravia Foundation, Upper Yarra Body Image Group).

Implementing Strategies and Actions

Intervening Methodologies

Addressing challenges of high complexity requires unique intervention design, a comprehensive suite of interventions, scaling, methodologies and approaches designed specifically for this purpose. Traditional approaches to linear intervention design and problem solving are insufficient. Provision and application of a wide range of intervention design, methods and approaches is provided through the Strategic Leadership and Guidance partner and then co-designed and tailored alongside the Platform/Lab Core Team, Stewardship Council, partners and stakeholders as required.

In essence, these methodologies are designed to specifically tackle challenges of high complexity (systemic, social and generative complexity). Particularly, high complexity and diversity across the East and related specifically to chronic health and its determinants.

Alignment & Mutual Benefit

Tackling systemic health challenges and reaching the population health target and measures proposes a new collective effort. Existing plans and funding are in place for the specific and separate initiatives of multiple organisations. The Platform for Prevention aims to work with willing organisations to find and leverage new and more efficient ways to align the work and resources in a symbiotic way to produce measurable health gains with and for the community.

The alignment across the municipality is proposed to be undertaken with the municipal, state and international targets and plans such as, the Municipal Public Health and Wellbeing Plans, the Victorian State Public Health and Wellbeing Plan & Outcomes Framework and the WHO Global NCD Targets & Action Plan 2025.

A core aim of the Platform is not to discredit, duplicate or compete with existing organisations on health outcomes, but rather to create a foundation for helping all involved deliver better outcomes separately AND together. The aim is to enable shared support for impact and make it easier and more effective to reach health targets in ways that might not otherwise be possible. This requires a different mindset and new way of working together in the service of creating a healthier Eastern region.

Systemic Learning & Understanding

Better understanding the systemic complexity surrounding obesity and chronic disease prevention in the Eastern region is difficult and dynamic. It is also crucial to make sure action is being effectively targeted for the greatest positive outcome. Drawing on a range of information sources from local constituents, population health data, systems thinking methods and international research and activity, the focus of this area of work is “sense making” to help identify leverage points of high impact to make sure that actions and initiatives are yielding the greatest return on investment and to ensure initiatives are “on track”.

Such sense making is powerfully exemplified and demonstrated in the immersive experience of participants in methods including the “future backwards” exercise, in which participants used the system levers as a basis to made sense of the question, “Australia’s Healthiest Region: what does it look like?”, at the Market of Ideas Forum on 13 December 2019.

Real-time learning and reflection enables us to amplify what works and focus resources for the greatest positive impact. The health scenario in the East is not static in a way that can be observed and assessed at one point in time. Our understanding of living systems is never complete and finished. Learning is ongoing and integrated into the Platform as the people and health context changes and moves over time.

Within the co-design workshops, the team spent considerable time drawing out the systemic drivers or leverage points that are influencing the health of the population of the Eastern region. This process was based on the approach of Peter Senge (the professor and father of systems thinking from MIT) and Otto Scharmer, Presencing Institute, also out of MIT. These systemic drivers are crucial to the ongoing direction and focus of the Platform to ensure actions and initiatives taken are focused on impacting key systemic drivers with the most leverage in shifting the system that is currently supporting poor chronic health outcomes. The Platform/Lab Core Team will also need to consider the relationship between causal drivers and how they in combination have the potential to make significant systemic change. The Portfolio Management of these initiatives will help to leverage these relationships to maximise the positive health impact across the initiatives.

Innovation and Ideas Incubation

Addressing challenges of high complexity often requires new ways of seeing, thinking and doing. Innovation and Ideas Incubators provide an opportunity for partners and multi-stakeholders across the community to step out of their day-to-day environments, share their ideas, challenges and passions in a space that helps explore opportunities to bring these ideas to life through prototypes and workable initiatives, or to reshape or transform the ideas into initiatives of higher leverage and impact.

It could be envisaged that the Platform runs a series of ideas incubators across each calendar year as a way to encourage and harness innovation and bring new ideas to life for potential funding and implementation. The Strategic Leadership & Guidance team or Lab Core team can work with the Platform Core Team to design, drive and implement this element of the Platform. Over time, it will be the ideas from this incubation process that will form the suite of initiatives within the strategic portfolio that is managed by the Platform.

The first of these sessions could take place early in 2020, allowing further members of the Eastern region and communities to be engaged and involved, as well as providing the Lab Core Team with key ideas to enable and support in due course.

Driving, Mobilising and Taking Action

Part of the role of the Platform in general is to activate community leadership to take action on health – to “build the movement” toward a healthier system. It involves enabling unprecedented leadership, communication and engagement with the community and stakeholders to ensure individual and collective action is taking place for the best impact possible.

Movement building is a core, ongoing and pro-active role of both the Platform Core Team and the Stewardship Council as both groups work to activate community interest and engagement in different ways and at different levels.

Another key part of this element involves where required the expert facilitation of the teams taking action to ensure the approach, direction, thinking and actions are driven towards high impact.

Backbone Support, Management and Administration

Specialist Support and Guidance

The Platform is a powerful, new type of strategic initiative trying to do something in the East that has not been done before. While there are able and capable people, mistakes will inevitably be made as it learns and improves in its innovative endeavours. Within this context, it is prudent to learn from others' errors (and successes) rather than our own if possible.

Working alongside an external team with a significant depth of experience, who have worked through similarly complex challenges from a variety of contexts in a range of geographies (domestically and globally) is a crucial and enormously valuable addition to the Platform, at least in its early years until it builds sustained credibility and capacity. The ability to learn about what works and doesn't (and why) in addressing multiple, complex challenges globally will be invaluable.

The support includes a range of forms including: strategic leadership and guidance, strategic planning and methodological expertise, strategic process design, architecture and process facilitation, executive coaching, professional adaptive leadership development, building local process expertise and learning from others who have a depth of experience in addressing challenges of high complexity (social, dynamic and emergent) both in public and population health contexts and complex global challenges.

The role of the specialist guides is to partner with the Platform to provide unique high-level strategic and systemic design, technical, networking and methodological expertise, process design and facilitation. The strategic leadership and guidance team will work collaboratively alongside the Core Team and with the Stewardship Council to guide, support, and build local capability and actions.

Platform/Lab Core Team

The Core Team is essentially the executive layer of the platform that along with the Stewardship Council sets and agrees strategy and then takes responsibility and accountability for the ongoing execution of the strategy and operation of the Platform in conceptually the same way that an executive and operational team would function with a board of directors. The Core Team is responsible for getting things done.

In essence, the primary purpose of the Core Team is to execute the strategy and operation of the Platform under agreed with the Stewardship Council and to do so in a way that embodies the Guiding Principles of the Platform. It is the "face" of the Platform in many ways and the primary connection point with the wider community and stakeholder groups. Its primary roles are to incubate the Platform itself in the early years and along with the Stewardship Council be guardians of this new way of thinking, working, relating and delivering. It will require tenacity, bravery and carving a new way of working within an environment that may not always be willing to shift.

"We're not working in a systems approach. So we talk systems, we use the word but there's no systems approach. We don't bring the right people in at the right time."

- Participant

Partners and Multi-Stakeholders

The power and future success of the Platform is its ability to engage, harness and convene the community (organisations, agencies, authorities and individuals) in collaborating and co-creating new solutions to address the systemic health challenges that matter.

A key guiding principle of this platform and a primary need in addressing challenges of social complexity is multi-stakeholder participation. While involving health experts is an important ingredient in tackling challenges of high social complexity across the community, expertise alone is insufficient (otherwise the current health problems would be largely solved). Something else is needed. Collaborative, collective effort is required across key actors and stakeholders from the East. The collaborators are likely to differ in membership across different initiatives of the Platform and membership should be carefully considered at each point. It is not enough to include just a few familiar voices and perspectives in the solution building process – varied and diverse voices, including those not often heard must be considered in the process. The Lab Core Team is a very positive direction here already from Phase 2.

As well as stakeholders involved in solution-building, there is also the capacity to include partner organisations and supporters in a variety of ways. These partner organisations contribute value to the Platform in the form of resource (such as, provision of expertise, guidance, sponsorship, in-kind and financial backing) because they see reciprocal value to themselves or to the community in terms of improving health and social outcomes.

Capability Building

Over time, it is important that the Platform is able to understand, develop and expand capability for leading, executing and scaling effective population health interventions and new innovations for addressing complex challenges impacting health. This capability needs to be built first within the Core Team, Partners and Stakeholders. This can be supported by the Strategic Leadership and Guidance capability.

Capability building applies to individual, organisational and system-level capabilities and capacities to work on and achieve change to complex challenges. Underpinning this are some critical foundational learning and thinking, such as:

- Open inquiry
- Learning not teaching
- Safe to fail experimentation to encourage innovation
- Understanding complexity, human systems and systemic change

For the individual ‘prevention change agent’ operating across the region this means a heightened awareness of yourself in the local system, how you role-model, the influence you have and how you use it, how you lead, operate, critically think and be mindful for yourself and others.

Organisational-level capability building focus on culture creation that supports innovation, learning and leading. A “culture plan for the system” was signalled as a strategy to capture, steward and ensure a focus on how organisations would respond to the challenge of obesity prevention and build cultures of change, emergence and leadership.

The system-level capabilities see navigating complexity as the “new way” – an approach for change at every level of the system. Systemic capabilities are bold and adaptive leadership, collective leadership, systems thinking, public and population health policy and practice, movement building and community mobilizing.

Engagement in the Platform will provide significant opportunity for incidental learning and capability building.

Governance

Governance Model Options

Effective governance is important to any organisation or body. Governance can be defined as the way the rules, norms and actions are structured, sustained, regulated and held accountable. The approach and degree of formality of this governance depends on a variety of internal and external factors.

The purpose and design of the Platform is new and unique, and its model of governance should reflect this.

The Platform is being established and designed to tackle complex challenges involving numerous stakeholders, new methods of collaborating, working systemically, and trying to do something new – something not achieved successfully in the past. While good governance is important and for the Platform should include formal corporate governance (such as effectively managing finance, risk and compliance), these standard forms of governance alone are not enough.

More is required of those governing the Platform – it needs to be actively nurtured and in incubated in a wider environment that may not immediately understand or appreciate its value. As such, stewardship of the Platform is the most important and valuable role of those who govern it.

Above and beyond the formal governance requirements (such as finance and risk), the primary purpose and value of the “Stewardship Council” (or other agreed term) is to steward the platform and enable it to flourish from a strategic relationship, strategic funding and strategic perspective, and to ensure the guiding principles are driving behaviour, decisions and actions.

Because that is fundamentally what the war on obesity is telling people...“You are wrong”, “You need to change”, not accepting that we live in an ‘obesogenic environment’

If there is coordination it’s typically at the service delivery end, which is fantastic, but it’s never in the range of prevention type measures

The Council’s role is to provide the right independent oversight and stewarding environment and find ways for the Platform to be as successful as possible. This involves strong and respected connections within the community, business savvy as well as entrepreneurship and strategic creativity. Its members should have the experience and capacity to collectively excel in the duties of the Council. It is important in this context that the Stewardship Council not be housed within one existing organisation but be established independently with representation from a breadth of organisations/stakeholders. Establishing this community independence with respected and objective community leaders and members is important to its ongoing success.

While the primary purpose and value of the Stewardship Council are clear, there are options for “how” the Stewardship Council is established and built, run and maintained over the longer term. For all options however, the above-mentioned role and value should be strongly retained.

Option 1: Utilise the Core Team as a basis for populating and building the Stewardship Council. Establish this group for a short, fixed term of up to one year. During this period, work to determine how this Council best operates, how its credentials for independence and representation can be established in the eyes of the community, the specific capabilities it needs to fulfil its tasks and who should form this Council at the commencement of the one year period. After which, roles are selected independently from the Core Team and “outside” applicants based upon merit, capability and other pre-determined criteria.

Option 2: The Core Team work over the coming 2-3 months to set up the foundations, position descriptions/responsibilities, skill sets, guiding documents (and other aspects from Option 1) for the Stewardship Council, and recruit additional members to take over these roles in Q2-Q4 2020.

Option 3: The Platform Core Team, and Strategic Leadership and Guidance Team co-design and build the foundations for establishing the Stewardship Council in early to mid-2020. This could be done in a collective workshop setting as an early component of Platform implementation.

Resourcing and Financing

National Investment Context

Australia needs to generate significant, additional investments in interventions to achieve the WHO’s 2025 target of reducing obesity to 2010 levels, coordinated through a new Community Prevention Financing Mechanism, which provides appropriate risk-adjusted rates of return to different investors (“Mechanism”).

Nationally, such investments could generate ten-year cumulative benefits of \$10.3B by 2025.

The cost of obesity was \$11.8B/year in 2017-18:

- \$5.40B/year in direct costs (eg. healthcare);
- \$6.40B/year in indirect costs (eg. lost productivity, tax).

However, the \$2.0B/year that governments spend to prevent chronic disease is fragmented and ineffectual.

How much coordinated prevention spending is enough to tackle overweight and obesity?

In Victoria alone, the budget was \$150M in 2012-14, through HFA’s predecessor, Healthy Together Victoria (“HTV”). HTV led prevention nationally, implementing population-level, community-as-systems interventions (“CSIs”) in 14 Victorian Local Government Areas (“LGAs”).

HTV’s funding was abruptly cut in 2014, as part of \$80.0B federal budget cuts. Government funding is necessary, but not sufficient.

Accordingly, the Mechanism needs to include:

- Governments, departments, health services and councils, but not as the sole “decision-maker” (contra McKinsey 2014, Deakin University 2018);
- (Re)insurers, employers, businesses, individuals, families and carers (PWC 2015);
- Philanthropists;
- Institutional investors, superfunds, banks and “unusual suspects” like airlines.

Collectively, these financiers can:

- Play the “long game”, given the time-to-effect required for complex population health interventions to sustain effort and achieve impact at community level;
- Grow the “finance pie”, not least by reducing the politico-economic problem of perceived opportunity costs to government.

Like obesity and overweight, prevention financing is a “wicked” problem. Politically, cost savings may only materialize long-term, across electoral cycles. Financially, discount rates, contribution/attribution and other issues impede action.

Fundamentally, Australia needs a “social market” in health and wellbeing with strong supply/demand signals, to allow investors to appropriately cost risk and return. As a social enterprise, HFA intends to build this social market.

The Mechanism would:

- Help create this market, allowing better risk/return pricing;
- Align risk with whole of community and society investment;
- Shift emphasis from government short-term “project” funding alone.

Platform Funding Opportunities, Options and Sources

Within this national context, the proposed target of the platform is “a five percent reduction in the prevalence of overweight and obesity in children and adults across the community by 2025” through the attainment of agreed measures including increased physical activity and healthy eating, and a reduction in sugar sweetened beverage consumption. A financial strategy and funding mechanism for the Platform which ensures adequate and sustainable funding tied to attainment of measures to 2025 is crucial. Innovative financing options and adequate resourcing is a key role of the Stewardship Council and the Platform Core Team.

Achieving this target demands looking for more innovative financing mechanisms and leveraging investment flows for multiple wins in multiple sectors. An integrated view of investment across the community will be crucial if we are to deliver on the intended outcome. New forms of investment and new investors are required to adequately finance prevention to ensure population health attainment to 2025.

A number of proto-typable investment concepts emerged during Phase 2 of the Lab, relating to a potential Bendigo Bank/Rotary investment platform, Eastern Health private partner value proposition, strategic scaling of The Gawler Cancer Foundation and Sport and Life Training, as well as innovative initiatives being undertaken by Belgravia Leisure, including social enterprise incubation.

Three levels of configuration of prevention funds/investment:

1. **Existing resources approach** – requires reallocation and re-prioritisation of resources already focused on prevention. This can mean freeing up existing prevention dedicated resources to work in a collective (shared measures, monitoring, funding) approach across the community. This approach is often assumed as the most realistic but does not account for the limited resources available in the community that are dedicated to primary prevention. This approach requires considerable and agile prevention resources already in the local system, available for and flexible in use ie. not tied to capacity/people and priorities.

Unless funds aren’t tied they aren’t available rendering this option robbing “Peter to pay Paul”. Further, this approach focusses on health services as the only line funded agencies to deliver primary prevention. When funds are available or can be readily made available in a co-contribution model of investment, this approach is most valuable, but in isolation health services cannot generate the impacts required across the community, they can however leverage co-contributions or risk sharing approaches with broader investors in prevention.

Efforts on financing of prevention are better placed on increasing the local funding pool for prevention for sustainable time periods and time-to-effect to ensure evaluation of impacts and health outcomes.

2. **New funds investment approach locally garnered** – recognizing the many stakeholders that influence, can intervene and benefit from population health improvement is the premise for this shared approach to funding. New types of partners with interest in prevention are invited to contribute as part of a broad partnership model across the community boundaries in question. Contributions range from “in-kind”, targeted sponsorship e.g. social marketing campaign, to overall funding partner.

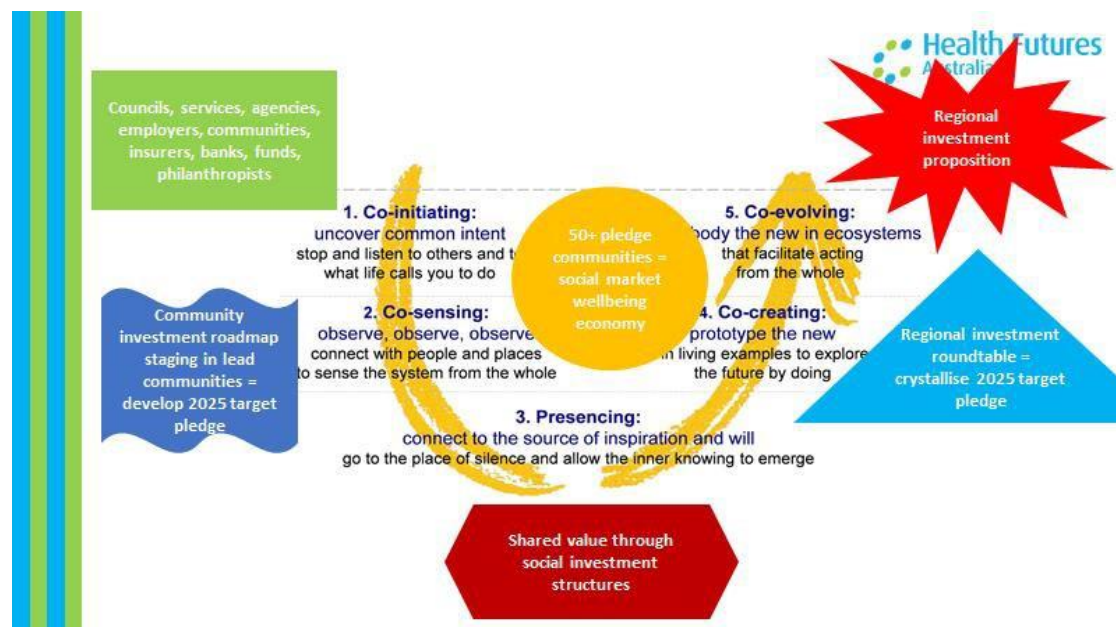
3. **External investment approach** – connecting and partnering with state, national or global efforts to drive change that have the potential for health impact specifically or as part of a broad remit for change.

There are two levels of engagement:

- A linked partnership with broader groups in which there is values and goals alignment and potential for health outcomes; and
- Look to partner with and be part of a broader state or national network for community action on the prevention of obesity such as the Health Futures Australia’s Healthiest Communities Initiative –
- “Wellbeing Communities”. Melbourne’s Eastern region is a site for intervening – whole of community approach, part of a broader network of communities and larger investment portfolio.

The “Health Futures Finance U” provided the basis for the discussion on such points at the Dialogue, Design Lab on 13 November 2019, refer diagram.

Figure 1: Health Futures Financing U



These elements of the “Health Futures Finance U” are as follows:

- Co-initiating: In-depth dialogue interviews with finance, community and health leaders, to discern the state of thinking;
- Co-sensing: Regional sense-making sessions with interviewees/stakeholder leadership teams, based on dialogue interview synthesis report, to help build alignment as to current/future target maturity within “funders roadmap”, as the basis for financing interventions towards 2025 pledge targets;
- Presencing: Prevention business/finance leadership/entrepreneurship labs and prototyping, to socialise financing instruments, build business cases, etc;
- Co-creating: Regional business/finance roundtables, to crystallise the proposed financing arrangements for interventions towards 2025 pledge targets, as prioritised in business cases;
- Co-evolving: (1) Final regional business cases; (2) Final regional finance proposals/prospectuses, to generate significant, additional investments in prevention interventions.

Within the context of a modified “mini-lab” version of this “Health Futures Finance U”, the participants at the Dialogue, Design Lab on 13 November 2019 discussed the “Logan Together” initiative, as pioneering

Australian example of the potential of a sophisticated community-based platform that leverages systemic investment (Logan Together Case Study – Appendix 1).

Shared Measurement, Monitoring and Evaluation

Approach to Measurement, Monitoring and Evaluation

Defining the measurement of the PreventionEAST.Lab will need to be undertaken alongside the initiatives roll out in 2020 plus. The Platform aims to be evidence-based and evidence-generating given the emergent nature of complex systems. Agreed measures will be defined as early robustly as possible, with openness for new and more important measures that were unknown at the start to emerge over time. Inevitably measures and their subsequent monitoring and evaluation will be important for potential funding as well as for ensuring the Platform is making a difference. A focussed goal, target and three starting measures are proposed for further input and iteration with stakeholders (refer Purpose and Direction).

Five stages are overviewed to guide the measurement, monitoring and evaluation of the Lab effort, with stage Five focused on measurement.

This is a complex system enabling effort that requires an embedded, practitioner-friendly evaluation framework that spells out the operational logic, developmental evaluation techniques, applied evaluative thinking, process evaluation techniques, and outcome evaluation. This approach will generate evidence on whole of community approaches to obesity prevention making sense of the impact of initiatives, provide information to iterate, redirect, improve and scale for greater impact. Modelling of health and economic impacts will also be crucial for attracting additional investment and resources.

Outlined is the recommended process for developing a learning and evaluation framework to build, monitor, strengthen and evaluate the complex intervention approach of the PreventionEAST.Lab. It is expected this serves as a guide only and that the processes, tools and guides outlined are adapted to over time to suit the local context. The general evaluation process follows the below:

Stage One

Define what success looks like. Development of an **operational logic** of the steps and change processes used to explain how the initiative might work.

Stage Two

Test/build assumptions through **developmental evaluation** techniques.

Stage Three

Use research and knowledge available to **evaluate strategies/interventions** which are likely to drive system change for improve population health. This stage involves asking:

- a. What evidence of intervention effectiveness is available to guide our decision-making?
- b. What is the suitability of the evidence informed interventions, based on our context?
- c. How are interventions likely to influence individuals, settings, communities and the system?

Stage Four

Examine how strategies/interventions are being implemented using **process** and **developmental evaluation** Techniques.

Stage Five

Assess the efficacy of the complex intervention (**summative evaluation**). Identify summative measures and data sources with the proposed summative evaluation measures for Health and Wellbeing identified as important for collection e.g. chronic disease risk factors; health and wellbeing indicators; systems structures; built environments.

Applying this approach from the investment perspective, the Platform's impact could be evaluated and measured by employing a range of methodologies, including multi-layered outcome frameworks that effectively serve individuals and organisations and, ideally, systemic improvement.

The range of methodologies – as well as the sophistication in their application – is growing along with social finance. Overall, responsible investment is significant in the Australian finance sector. It is becoming the expected minimum standard of good investment practice in Australia. The market continues upward, with assets under management growing 13% in 2018 to \$980 billion. This represents 44% of total professionally managed assets, which now sits at \$2.24 trillion, according to the Australian Bureau of Statistics.

In the Platform context, to be effective, the development of the relevant methodologies must be collaborative and inclusive, cognisant of the shared purpose of all participants, as well as being sensitive to different drivers.

Specifically, the methodologies may include:

- Social Return on Investment (SROI);
- GRI Guidelines, Social Accounting;
- Most Significant Change;
- Third Sector Performance Dashboard;
- SE Balanced Scorecard;
- Results Based Accountability;
- Project Logic and Developmental Evaluation.

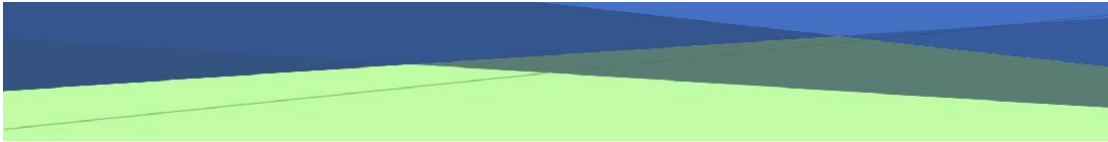
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Appendices

Appendix 1: Proposition, Roadmap, Charter – Workshop Discussion Version



PROPOSITION, CHARTER, ROADMAP IMPROVING THE HEALTH AND WELLBEING THROUGH OBESITY PREVENTION IN THE EASTERN REGION OF MELBOURNE



Discussion Draft 5 Nov 2019

CONTEXT AND BACKGROUND

The Inner East PCP and Outer East PCP, supported by Department of Health and Human Services funding, has enabled Health Futures Australia (HFA) to undertake an engagement and deep design exercise to scope what is possible and needed to become a leading health and wellbeing region in Australia.

Data indicates that 1 in 3 citizens in our region are overweight or obese and that these rates are continuing to rise. These data are part of a global trend with a crisis now ensuing at huge cost to society. Obesity is now a critical global issue, requiring a comprehensive intervention strategy rolled out at scale.

Initial work informing this proposition has involved in depth dialogue interviews and follow up labs and workshops with multiple Senior Executive Leaders from across a range of sectors¹ to capture perspectives on the challenge: current thinking, concerns, and future aspirations for the prevention of overweight and obesity.

- **The Eastern region experienced the greatest rate of rise nationally in overweight and obesity in adults in recent years, 58% in 2011-12 to 66% in 2014-15**
- **2 in 3 residents are now overweight or obese across our region**
- **50% of our population are not eating enough fruit and vegetables each day**
- **10% consume sugary drinks each day**
- **50% are not doing enough exercise per week**
- **25% have high blood pressure**

This document represents a way forward for the Region in order to reduce the increasing prevalence of overweight and obesity and impacts on health and wellbeing.

The Proposition has evolved through discussions and has been tested through a series of experimental interventions and methods over 2019, into the Charter/Roadmap for an innovative, dynamic and unified platform for action, matched with sustained investment in a future regional economy for wellbeing.

THE BRIEF: “How might we design a prevention platform that significantly and sustainably reduces the prevalence of obesity in the Eastern Region?”

¹ Senior executives and community leaders from: Bendigo Bank, Deakin and Monash Universities, Yarra Valley Water, Thriving Communities Partnership, Eastern Health, Carrington Health, The Gawler Foundation, Sport and Life Training, Belgravia Leisure, YMCA, Bluecross Community and Residential Services, Upper Yarra Body Image, Hills Food Frontier, VicRoads, Department of Education and Training, City of Manningham, City of Monash, City of Knox, Boroondarah Council, Mooroodah Council, Yarra Ranges Council.

AT A GLANCE

Key emergent messages from our conversations with community leaders:

- LEADERSHIP, LONG TERM COMMITMENT AND UNIFIED APPROACH NECESSARY GIVEN THE FUNDAMENTAL CHANGE REQUIRED.
- POLITICAL DISINTEREST IN SOMETHING SO PROFOUNDLY AND UNFAIRLY AFFECTING OUR COMMUNITIES AND REGIONAL ECONOMY – DO WE TACKLE THIS OR CREATE A NEW APPROACH THAT IS REGIONAL?
- WE ARE ALL SO BUSY AND TIME POOR. WHAT DO WE DO ABOUT OUR ORIENTATION TO SOCIETY AND OUR “TOO BUSY” WAY OF LIVING?
- THERE SHOULD BE A FOCUS AND CLEAR MESSAGING – THERE ARE SO MANY CONFLICTING MESSAGES OUT THERE.
- WHO SHOULD WE TARGET? FOR BEST GAIN - IS IT CHILDREN OR NEW PARENTS?
- WHAT DO WE VALUE INDIVIDUALLY AND AS A COMMUNITY? HOW DOES THIS SHAPE OUR HEALTH AND WELLBEING?
- THIS IS DEEPLY PERSONAL – HOW DO WE FRAME THIS CHALLENGE? IS OBESITY THE RIGHT LANGUAGE?
- We need to ACT NOW!

WHAT WE KNOW – OBESITY IS COMPLEX

We know that obesity is a complex, systemic, multi-causal problem. Over the last 50 years we have seen an increasing decline of physical activity, combined with more widely available and cheaper food, and a huge increase in highly processed, high sugar foods and beverages. Psychological stimuli such as stress as well as epigenetic triggers are also major contributors.

Today, obesity is one of the top 3 global social burdens generated by humans.² We have created conditions that are now adversely affecting the health and well-being of our people, conditions that are actually in many cases leading to disability and premature death at huge cost to society. We can no longer afford to rest with treatment alone, significant preventative interventions are required.

The majority of interventions so far have focussed on individual responsibility and have sadly been ineffective on their own. The body's choice for high energy foods is a force to be reckoned with! So while education and personal responsibility are important elements of any initiative they are not sufficient on their own. Additional interventions are needed that rely less on conscious choices by individuals and more on changes to the environment, food systems, and societal norms to make healthy choices easier.

Given the complexity of the challenge, no individual sectors in society, whether they are governments, retailers, consumer-goods companies, restaurants, employers, media organisations, educators, health-care providers, or individuals, can address obesity effectively on their own.³

To create change requires a major 'system shift'. Rather a systemic, multi-layered and sustained portfolio of initiatives spanning individual through to environmental, political and societal actions. We know we must act with speed and at significant scale to have impact (see fig 1 below).⁴

² McKinsey Global Institute, Overcoming obesity: An initial economic analysis, 2014

³ McKinsey Global Institute, Overcoming obesity: An initial economic analysis, 2014

⁴ McKinsey Global Institute, Overcoming obesity: An initial economic analysis, 2014, p10

SHIFTING TO A WELLBEING REGION

As engaged leaders with a commitment to health and wellbeing there is much that can be done even within your own domains and workplaces, and networks, as well as across communities to initiate and sustain **system change**.

To ensure progress is made this work requires “systems leadership” that generates system change over time. Systems leaders play a critical role working in and across complex and interconnected environments.

While there is no doubt that obesity is a complex, systemic issue with no simple solution, we should not feel that it is all too hard. We need a combination of top down and bottom up activity with mobilisation at the local and regional level to begin to gain traction. We need to ensure our citizens can speak to the need for change and ensure our politicians and policy makers hear our message so that we are working towards the creation of a system that supports and nurtures health and well-being for the long-term, we need to shift from small term and small scale projects to sustained wide-scale intervention. To support this work and we need to build leadership capability and alignment, through collaboration and incentives – and this is core to the proposed way forward herein.

Figure 1: Areas to intervene to prevent obesity, McKinsey 2014



A VISION FOR A BETTER FUTURE

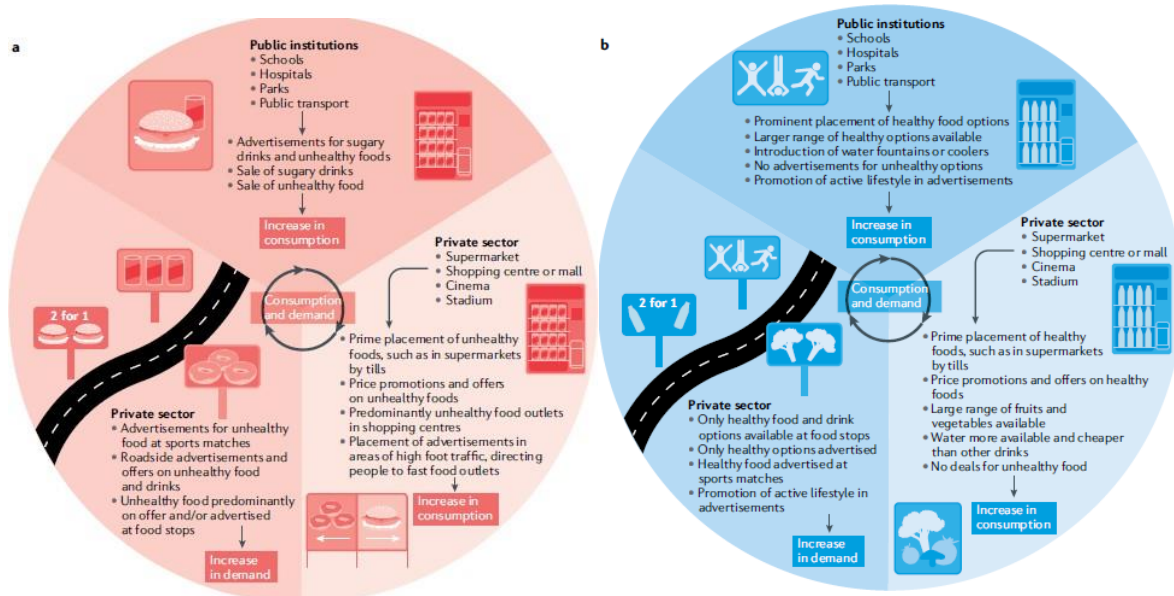
We believe that there is a better future where decisions are made that prioritise the health and wellbeing our communities and environments. Where systems change is possible, and supported, and being healthy is the new normal.

- “[We need to] think of it from an integrated planning perspective...and really be open to those different lenses and make sure we look at decisions from a social perspective, an environmental perspective and an economic perspective.” - Local leader.

SHIFTING THE CURRENT SYSTEM - WHAT DOES A DIFFERENT SYSTEM LOOK LIKE?

The large-scale transition we are working towards to create a healthier society is both an outcome and a process. This means taking a complexity-based approach to social change, looking at many aspects of systems impacting our health and wellbeing - economic, political, psycho-cultural, ecological - and working together from different locations in the system to address root causes.

As an example, given the impact of the food on our wellbeing, *how might we work together to transform the food system from its unhealthy state (figure a) to a healthy state (figure b)?*



Source: Peeters, A. Perspectives. Nature Reviews, Endocrinology, 2018.

“Working with people in communities and helping them, develop problem-solving skills you need to give time for

“There is a desire to see the way some of this work is funded, to be changed and I think leadership in the community health space has probably not been as strong as some would like as well. Which is an opportunity”

“Advertising, advertising, advertising. Whether it's Maccas or any of those take-away food companies, investing huge amounts of money.”

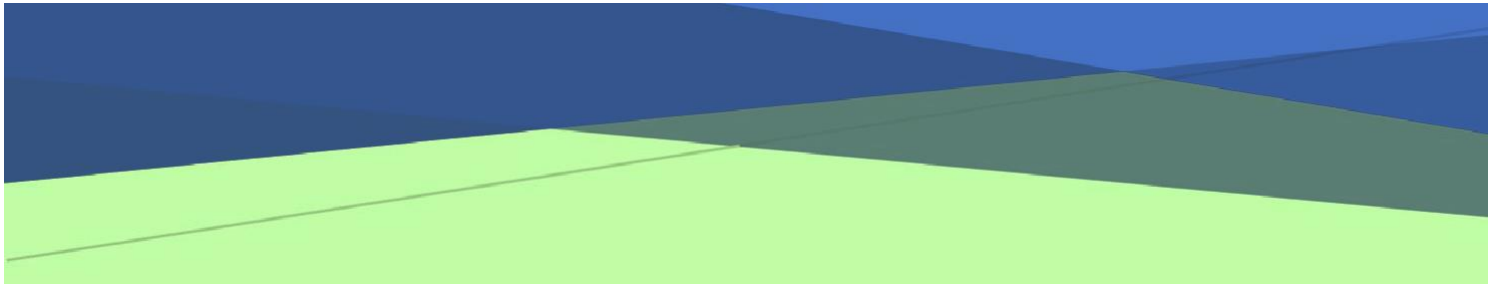
“We now know walkability is key to community health and sustainability and yet we have fundamentally failed at that with our planning over the last 30 years.”

“Public transport, one of our biggest challenges is Melbourne's public transport, it's got to become a true alternative to the car and it's not quite there yet.”

“When you look at our demographics and socio economic status, we have pockets of hardship, but I think those are often forgotten. Because on the whole, it's a fairly affluent community with rising house prices etc. But there certainly are real issues.”

“I'm suffering from the consequences of not doing things. I can see it so clearly now what I should've done. But I'm probably my own worst enemy still. I still drink bottled sugarless drinks just to get the taste. I'm probably classic of 95%, if not more, of the population that just don't do enough about it. Somehow, we've got to try and change that.”

“I work in the city now. So my personal choices is, I have to get up at 4:30 to go to the gym, if I'm going to do it, because I'm going to sit in the car for at least three hours a day.”



THE STRATEGY

Implement a Prevention Innovation Lab that unites and aligns local leaders in the East, as an incubator for innovation and capacity building for transformational system change.

Enable and support collective regional cross-sector leadership and innovation that co-designs a new approach for supporting health and wellbeing and prevention of chronic disease.

Outcome: The region has found a new normal with increased healthy food provision, healthy environments, messaging, consumption, and a decrease in rates of obesity and associated chronic disease in the coming years.

Impact: Leverage points for systems change in the obesogenic environment are identified and innovative actions occur.

OBJECTIVES 2019

1. **Build a cohort of engaged leaders and active change agents, and unlock their leadership capability in systems change for wellbeing.**
2. **CODESIGN, INCUBATE and host INNOVATION by the group to UNITE for collective advocacy and to connect with other networks, individually or as a group, to strengthen and extend the reach of IMPACTS on the obesogenic environment.**
3. **INSPIRE and ENGAGE broader community leaders and leadership to build momentum and mobilise around health and wellbeing action.**
4. **IDENTIFY and UNLOCK FUNDING - scope potential funders and investors, and design a sustainability platform.**

“For any good change to take effect, you kind of need the burning platform. You really need to be clear you need pressure for change”

“Ultimately if we want to see change we’ve got to be ready to take some risks.”

“An opportunity is partnering and collaborating with the council, it’s great to be known as a region. ... this could be our food and activity region”

Key Emerging Themes

- Community social finance (eg. Bendigo Bank, Rotary), given cost/benefit economics
- Youth wellbeing/resilience (eg. SALT, Education Dep, Hills Frontier)
- University leadership (eg. Deakin, Monash)
- System leadership (eg. Eastern Health, Carrington Health)
- Government contracting (eg. Local government's)
- People/human-centred social connectedness (eg. Yarra Valley Water, Thriving Communities, Gawler Foundation, Belgravia Leisure, Upper Yarra Body Image)

INSPIRING CASE STUDY/stakeholder map

- Logan Together, Logan Child Friendly Community Consortium Trust + Bendigo Bank Boroondara Youth Foundation

Next steps

- preventionEAST.Lab – Dinner, Design and Dialogue – Wednesday 13 November
- preventionEAST.Lab – Market of Ideas Forum – Wednesday 11 December

preventionE

Welcome



The Lab is new, it's a place and space for community and business

leaders across the East of Melbourne to come together and re-

imagine our

**region being the healthiest it
can be, for everyone.**



Our "outcome" focus is the abatement of the rapidly rising rates of obesity across our region.





DID YOU KNOW

IN THE EAST OF MELBOURNE

STATISTICS

We had the fastest rate of rise of obesity in the nation in the past 12 months.

RESIDENTS

2 in 3 residents are now overweight or obese.

OUR CHILDREN

1 in 4 children are overweight or obese.

COST

We are contributing to a national cost of obesity of \$8.6 billion a year, rising to \$87.7 billion by 2025 (PwC 2015).

The **objectives** of this Obesity Prevention Platform include:

- Creating a platform to stimulate ongoing engagement and dialogue amongst community leaders about obesity prevention;
- Supporting local leaders to mobilise change and improve the health and wellbeing of the local community;
- Hosting an Innovation Lab where leaders with diverse experience and expertise so they can unite, connect and co-design a new and exciting way forward towards a healthier future.

**OUR REGION, OUR
COMMUNITIES, NEED
YOUR LEADERSHIP**

WHAT WILL YOUR LEGACY BE?

We invite you to be part of a movement for change to design a new way forward to significantly reduce the prevalence of obesity in the East.



OUR WORK TOGETHER HAS JUST BEGUN.....

12 MONTHS AGO -
PHASE 1

We started "deep dialogues" with
community and business leaders.

DECEMBER 2018

Leaders came together to explore
the system holding the problem in place.

2019 -

Our work continues through wider
engagement.

PREVENTIONEAST.LAB



**A PROPOSITION
EMERGED...**

"ULTIMATELY IF WE
WANT TO
SEE CHANGE WE'VE GOT
TO BE READY TO TAKE
SOME RISKS."

"FOR ANY GOOD
CHANGE TO TAKE
EFFECT, YOU KIND OF
NEED THE BURNING
PLATFORM."

"AN OPPORTUNITY IS
PARTNERING WITH
THE COUNCIL ...
THIS COULD BE OUR
FOOD AND ACTIVITY
REGION."

INSIGHTS

**FROM DIALOGUES
WITH LEADERS**



OUR PATH WAS SET

BUILD


a cohort of engaged leaders and active change agents;

UNLOCK

their leadership capability in systems change for wellbeing.

CODESIGN < INCUBATE< INNOVATE< DESIGN
< IMPACT< INPSIRE< ENGAGE< UNLOCK



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THE COMMUNITY
WANTS TO
ACT, BUT
ACKNOWLEDGES
THIS IS COMPLEX



2019


WE CAST THE NET
WIDER ... MORE DIALOGUES,
MORE CONVERSATIONS, MORE
INQUIRY




**NOW OUR WORK
GETS TOUGH...**

How might we design a
different future?





HOW MIGHT WE
ENSURE
OUR WORK IS
"INVESTIBLE"



HOW MIGHT WE
KEEP STAKEHOLDERS
ENGAGED IN
THE LAB?



EMERGING THEMES FOR OUR PROPOSITION

COMMUNITY SOCIAL FINANCE

(eg. Bendigo Bank, Rotary), given cost/benefit economics

UNIVERSITY LEADERSHIP

(eg. Deakin, Monash)

LOCAL GOVERNMENT CONTRACTING

(eg. LGAs)

YOUTH WELLBEING/RESILIENCE


(eg. SALT, Education Dep, Hills)

SYSTEM LEADERSHIP

(eg. Eastern Health)

PEOPLE/HUMAN-CENTRED SOCIAL CONNECTEDNESS

(eg. Thriving Communities, Gawler Foundation, Belgravia)



TO REALISE WHAT'S POSSIBLE

JOIN US





FOR MORE INFORMATION:

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Pending Events

- PREVENTION LAB #2
Design & dialogue dinner
- 6PM Wednesday 13 November
- SAGE HOTEL RESTAURANT
- F5 Eastland Shopping Centre •
Maroondah Hwy RINGWOOD

OBESITY PREVENTION SUMMIT

- 9AM WEDNESDAY 11
December
- DEAKIN UNIVERSITY,
BURWOOD
- Invitations to follow - register
through Eventbrite

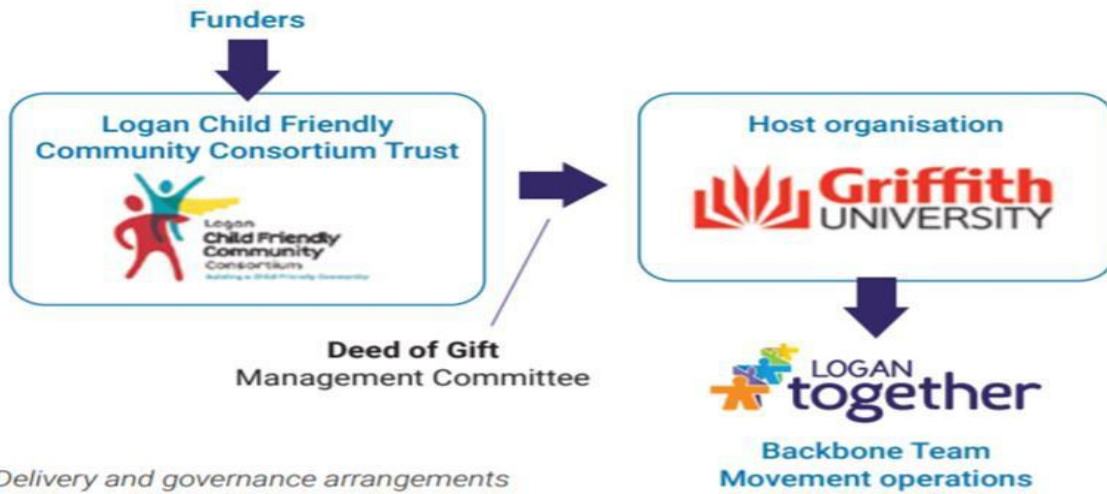
Appendix 3 - Logan Together Case Study – Context, Platform, Investment, Levers – Dinner, Dialogue Design Lab, 13 November 2019



OUR 2016/2017 FUNDERS



Prevention (Obesity) Platform for the Eastern Region of Melbourne



Delivery and governance arrangements

