

Star Health

Health Promotion Report

2017-2021



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Definitions and Abbreviations

Definitions:

- Early Learning Service: includes both long-day care and kindergartens

Acronyms:

- AP: Achievement Program
- BE: Being Equal Program
- CP: Consumer participation
- DVRCV: Domestic Violence Resource Centre Victoria
- ECS: Early Learning Services
- GE: Gender Equity
- HL: Health literacy
- RRRR: Rights Resilience and Respectful Relationships (in Education)
- S4M: Smiles 4 Miles Program
- SH: Star Health
- SHIP: Social Health and Inclusion Port

Introduction

This report represents the work of Star Health's Health Promotion Team from July 2017 to June 2021, across our catchment of the Cities of Port Phillip and Stonnington. Our health promotion work over these four years aligned with the Victorian Public Health and Wellbeing Plan with three key strategic focus areas:

- *Gender equity*: promoting gender equity at every stage of life and supporting women's participation.
- *A healthy start*: creating health promoting settings and environments for children and their families.
- *Adolescence and youth*: promoting protective factors and reducing risk factors for the healthy development of adolescents and young adults.

Over the last four years there was a substantial expansion and shift in focus beyond our previous four-year plan, which had a significant geographic focus on the Port Melbourne community through the Social Health and Inclusion Port (SHIP) project. Gender equity became a new area of work and as a result required a focus on building the Health Promotion Team's skills and knowledge in this area, as well the development of new partnerships and relationships. Our focus on children and young people also required a level of capacity building, particularly the development of knowledge and skills in engaging schools and early learning services in whole-of-setting approaches, including the Achievement Program. We scaffolded on our existing knowledge, skills and relationships that had been developed through our delivery of the Smiles 4 Miles program and SHIP's work with Port Melbourne Primary School.

A significant aspect of our team's capacity building for these new strategic focus areas, was to build new relationships and partnerships with other organisations who were working towards similar goals. This included linking into regional and state-wide gender equity and prevention of violence against women partnerships led by Women's Health in the South East (WHISE), Southern Melbourne Primary Care Partnership (SMPCP) and Domestic Violence Resource Centre Victoria (DVRCV). In addition, we were involved in establishing a regional network of community health services who work with education settings on health and wellbeing initiatives.

Working in collaboration with the community and other organisations has been a central approach to our work over the last four years. This was an approach that we established through SHIP, where we had a Community Committee of residents and organisational representatives who oversaw the direction of the project. We have continued to embed this approach by facilitating committees and working groups that oversee and guide our work including the Communities That Care (CTC) Stonnington Community Committee, the Being Equal Network, Star Health's Gender Equality Implementation Group, Community Participation Committee and Health Literacy Working Group. We have learnt that effective collaborations require time and resources to build trusting relationships, create common understanding of the issues and goals for change, and to develop processes for working together. We found that one of the key limiting factors in this collaborative work is that many other organisations are not well resourced to engage in change work, as they are often strictly funded for the delivery of direct services. Therefore, an important facilitator of our collaborative approaches is providing other organisations with access to resources, such as funding and training, that help facilitate their participation.

Over the last four years we have also utilised new approaches to our work including systems thinking, an outcomes-focus and a whole-of-setting approach to our work. Our use of whole-of-settings approaches included our expansion of the Smiles 4 Mile program to more early learning services, our work with these settings and schools on the Achievement Program, our work with schools on the Respectful Relationships whole-of-school approach, our development of a gender equity program for early learning services and our gender equity work at Star Health. This work, along with our consumer participation and health literacy work at Star Health, gave us important insights into organisational change processes. This work highlighted the need to be flexible and adaptive and be willing to tailor whole-of-settings approaches to the needs of each

organisation. We also learnt that taking change beyond the ‘early adopters’ of new practice can be challenging. This was both staff early adopters within an organisation and early adopter organisations.

Education settings, particularly early learning services and schools, have been key settings for our work over the last four years because of our focus on children and young people. One of the key lessons from working with these settings is the importance of building relationships with education settings based on understanding their needs and supporting them to understand prevention and whole-of-setting approaches. This approach, based on building trust and respect, meant that we often needed to start working with them on smaller projects before tackling larger whole-of-setting initiatives. We also found that engaging with schools was particularly challenging as they have limited resources and a very busy agenda. We had the most success with working with schools where there was a clear mandate for the work (such as with Respectful Relationships), substantial resourcing for schools, and when we had a clearly defined role to support schools.

Systems thinking, and related systems change practices, were new to our Health Promotion Team. Over the four years we worked on building our knowledge and skills of these approaches, as well as testing and trialling them on different areas of our work. We found that using these approaches helped us to gain a better understanding of the systems we were trying to change, the outcomes in the system that we were working towards and how our interventions contributed to change in the system. We found that in the priority areas in which we had a strong understanding of the change and outcomes we were working towards, such as gender equity and family violence, it was easier to measure and evaluate the contribution we were making to community level change. We also found it challenging to introduce systems thinking practices to some of our collaborative work. CTC Stonnington highlighted that systems thinking approaches were very foreign for partner organisations who focused on direct service delivery to the community, with staff within these organisations having limited time and space to commit to understanding complex issues.

Over the last 18 months, the COVID-19 pandemic had significant impacts on our health promotion work both in terms of our ability to progress with strategies and a shift in focus for some of our work. These impacts included:

- Initial redeployment of health promotion staff time to supporting the establishment of Star Health’s COVID-19 response. This involved providing support with COVID-19 communications, advice and support with community engagement strategies for high-risk accommodation settings and supporting the establishment of outreach COVID-19 testing for high-risk populations.
- A shift to online delivery for many of our programs, working groups and committees. While this was challenging it also provided opportunities to try new approaches, particularly with our delivery of the parenting programs Tuning into Kids and Tuning into Teens.
- A decreased capacity of some partners and settings to engage and progress with our work with them. This was particularly the case with early learning services and schools who were significantly impacted by COVID-19 restrictions.
- An increased focus for our consumer participation and health literacy work on supporting Star Health’s COVID-19 High Risk Accommodation Response (HRAR) program.

The lessons, skills, knowledge and relationships we have built over the past four years provided us with a strong sense of direction for our next four-year health promotion plan. In particular:

- Continuing to have strong focus on children and young people with a focus on The First 1000 Days and the families and broader community that surround children and young people.
- Continuing to work with early learning services and schools, recognising they may have limited capacity to engage due to the COVID-19 pandemic.
- Using the gender equity skills and knowledge we have gained to apply a gender lens across all our health promotion work.
- Using the skills and knowledge we have gained through our consumer participation work at Star Health to further extend and diversify the way we use co-design as part of health promotion work.
- Developing our understanding of the systems we are trying to change in order to have a strong outcomes focus for our change efforts.

- Using flexible and collaborative approaches to work with settings and communities which involve spending time to understand the issues they are facing and to design initiatives and solutions that meet their needs.
- Allowing scope to work on short-term or pilot initiatives that support relationship building and the trialling of new approaches.

The following sections of this report provide an overview of the strategies, outcomes and lessons from our six priority areas of work:

- Gender Equity and Family Violence
- Mental Health
- Healthier Eating and Oral Health
- Tobacco, Alcohol and Other Drugs
- Health Promoting Education Settings
- Inclusive and Responsive Health Services

Gender Equity and Family Violence

Key populations: Children, young people and parents **Settings:** Early learning services, schools and workplaces

Our decision to focus on gender equity and family violence was a result of the opportunities that arose from Victoria's Royal Commission into Family Violence. The Royal Commission contributed to a growth of awareness of the need to tackle gender inequality, as a prevention approach to family violence, as well as the availability of funding and resources to support this work. This included [Our Watch's Change the Story Framework](#), which was a key resource that guided our work in this area.

As this was a new area of work, an initial key focus was to build the capacity of the Health Promotion Team and to identify where to focus our efforts. This included undertaking training and connecting to networks aimed at tackling gender equality and family violence, including the Domestic Violence Resource Centre Victoria's (DVRCV) Partners in Prevention, the Southern Metropolitan Region Preventing Violence Together Network and Southern Melbourne Primary Care Partnership's Family Violence Working Group. We also undertook scoping of potential areas of work, including working with workplaces and schools, as well focusing on population groups such as women with disabilities.

We decided on having a key focus on tackling gender equity and family violence for children and young people. This aligned with our strategic focus on a healthy start, recognising that ideas about gender are developed during childhood. We were able to utilise our existing experience working with early learning services and schools and build on opportunities that resulted from the roll out of Respectful Relationship curriculum across Victoria. This included an opportunity to support schools with their whole-of-school approach to Respectful Relationships. We also identified a gap in support for early learning services to take a whole-of setting approach to gender equity, and as a result developed and piloted the *Being Equal* program.

Our additional key area of focus was promoting gender equity at Star Health. The decision to focus internally was based on our understanding that workplaces are a key setting for achieving gender equity. We believed it was important that Star Health was working towards a gender equitable workplace if we were promoting gender equitable workplaces to other organisations. Our organisational change work was supported by short-term social marketing approaches aimed at promoting community understanding of gender equity and actions that can be taken to achieve gender equity. This included promotion of the 16 Days of Activism and Game Jam a project which created electronic games that promoted gender equity.

Our work in this area over the last four years highlighted the benefits of having a strong outcomes framework, in this case the Change the Story Framework, to guide and support the alignment of change efforts across a range of organisations and sectors. Our work with schools on Respectful Relationships has highlighted the benefits of having a clear mandate for health promotion teams to work with schools on health and wellbeing issues, and for schools to have access to the resources and funding to enact change. Our organisational change work with early learning services, schools and workplaces built our skill and understanding of how to apply a gender lens to range of different contexts and this is an approach we are committed to applying to all our health promotion work moving forward.

Outcomes

Key outcome	Measures			
Early learning services and schools are committed to addressing gender inequities and promoting respectful relationships.	Proportion of early learning services in Stonnington and Port Phillip participating in Being Equal.			
	June 2018: N/A	June 2019: 5 out of 63	June 2020: 13 out of 63	June 2021: 12 out of 63
	Proportion of schools in Port Phillip and Stonnington that have completed the Respectful Relationships baseline assessment.			
	June 2018: N/A	June 2019: no data	June 2020: 22 out of 53	June 2021: 30 out of 55
Early learning services and schools are challenging gender stereotypes and promoting respectful relationships.	Proportion of schools in Port Phillip and Stonnington that are participating in the whole-school approach to Respectful Relationships (Source: Department of Education Bayside Peninsula Region)			
	June 2018: N/A	June 2019: 18 out of 53	June 2020: 22 out of 53	June 2021: 55 out of 55
	Proportion of early learning services in Port Phillip and Stonnington that have completed the Being Equal Year 1 milestones.			
	June 2018: N/A	June 2019: 3 out of 63	June 2020: 5 out of 63	June 2021: 8 out of 63
Workplaces are addressing family violence.	Proportion of schools in Port Phillip and Stonnington have completed a Respectful Relationships Action Plan.			
	June 2018: no data	June 2019: no data	June 2020: 5 out of 53	June 2021: 9 out of 55
	Proportion of early learning services participating in Being Equal have a Family Violence Policy and Procedure.			
	June 2018: N/A	June 2019: N/A	June 2020: 5 out of 13	June 2021: 11 out of 12



Supported **11** early learning centres to develop a family violence policy and procedure.



Recruited **12** early learning centres to the Being Equal program, reaching **1153** children and **229** staff.



Supported the development of **13** electronic games focused on gender equality.

Summary of Strategies 2017-2021

Strategy	Duration and status
Gender equity capacity building: We built the capacity of our Health Promotion Team to work in the areas of gender equity, prevention of violence against women and family violence through participation in a range of activities. This included training in family violence, gender equity, Respectful Relationships, Our Watch's Change the Story Framework, and healthier masculinities; and participation in four communities of practice at state-wide and regional level. We also worked on building the capacity of our Health Promotion Team to apply a gender lens to all our work.	July 2017 – Ongoing Focus on applying a gender lens to our health promotion work
Regional Preventing Violence Networks: We participated in and supported the Southern Melbourne Primary Care Partnership's Family Violence Working Group and the Southern Metropolitan Region Preventing Violence Together Network to implement regional strategies. These included a pilot organisational mentoring program, testing and implementing a Workplace Gender Equality e-learning module, and collecting and promoting stories about sexism and gender stereotyping for the 16 Days of Activism Active Bystander Campaign in 2018.	November 2017- Ongoing
Respectful Relationship Critical Friends: We explored and tested the role for community health in supporting primary and secondary schools in Port Phillip and Stonnington to implement the Respectful Relationships whole-of-school approach. Our work in this area contributed to the establishment of the WHISE/DET RR Critical Friends Network which provides a framework and legitimacy for community health to support schools. Through the Critical Friends Network we are supporting 4 primary schools in our catchment to work through the whole-of-school approach.	December 2017- Ongoing Continue to support local schools via the Critical Friends Network
Being Equal: We developed and piloted a whole-of-setting model for early learning services to promote gender equity and respect. The initial Being Equal pilot was developed in 2018 with five early learning centres and was based upon Our Watch's Change the Story Framework and the RR whole-of-school approach. We undertook an evaluation of the pilot to better understand the progress of the pilot centres and to identify the most important elements of the model needed to support future implementation, including with the additional seven centres recruited in 2020. Two team members presented and shared lessons from Being Equal program at a regional forum.	July 2018 – Ongoing Explore options for future implementation
Gender equity in the early years workshops: Supporting our work in Being Equal we delivered a number workshops on gender equity in the early years. This included a <i>Challenging Gender Stereotypes</i> forum attended by 25 parents, an active bystander 2-part webinar for 25 educators as well five online sessions for 36 educators and 68 parents delivered in partnership with Jesuit Social Services, Jess Sanders and Body Safe Australia on healthier masculinities.	July 2019- June 2021 Completed
Gender Equity @ Star Health: We led work with staff and consumers at Star Health to embed gender equity practices in our workplace and in our service delivery. We supported the establishment of Star Health's Gender Equality Implementation Group (GEIG) to guide this work. The GEIG oversaw work using the Our Watch Workplace Equality and Respect standards and tools to: audit Star Health's current processes and	July 2017 – Ongoing

<p>practices; develop a family violence policy and gender equity statement of commitment; to provide training gender equity and family violence training to staff; review and implement supports for breastfeeding; develop processes for applying a gender lens to Star Health's services; and support women's leadership.</p>	<p>Continue to contribute to Gender Equality Implementation Group</p>
<p>Workplace Gender Equity: As result of our experience working at Star Health to promote workplace gender equity, we sought to share our experience with other workplaces. This has included participating in the Bayside Peninsula Gender Equality Workplace Community of Practice and providing advice and support to a small number of organisations in our local area.</p>	<p>June 2020 – July 2021 Will not progress with at this stage</p>
<p>16 Days of Activism: Since 2017 we have been involved in promoting Women's Health in the South East's 16 Days of Activism Campaign annually to Star Health staff and community partners.</p>	<p>November 2017- Ongoing</p>
<p>Game Jam: We partnered with the Port Phillip Council and Girl Geek Academy to bring together 38 participants to develop 13 electronic games that focused on gender equality. The games were promoted at a Game Jam After Party attended by 100 people, the 2019 Melbourne PAX Gaming Convention and were made available online for free on itch.io and Girl Geek Academy websites.</p>	<p>July 2019-December 2019 Completed</p>
<p>Scoping of gender equity in local sports clubs: Our scoping of this area identified a lack of commitment and a coordinated strategy to promote gender in sports clubs across Port Phillip and Stonnington. As a result, we decided not to progress with work in this area. However, we did advocate for Port Phillip Council to collect gender disaggregated membership and participation data in clubs as part of leasing arrangements and promoted opportunities for female participation via Star Health communications.</p>	<p>July 2017-June 2018 Did not progress</p>
<p>Scoping of gender equity for women with disabilities: Our scoping of possible strategies for promoting gender equity for women with disabilities suggested that we did not have the expertise or resources to effectively work in this area.</p>	<p>July 2017- June 2018 Did not progress</p>

Mental Health

Key populations: Children, young people and their parents

Settings: Schools and community services

Our mental health priority emerged from the continuing work of our two community partnership projects, the Social Health and Inclusion Port (SHIP) project and Communities That Care (CTC) Stonnington. SHIP focused on community-based factors including social connections and community resilience in Port Melbourne, while CTC Stonnington prioritised the social and emotional development and wellbeing of children and young people in the City of Stonnington.

Our work on SHIP over the last four years focused on the key community priorities identified by the SHIP Community Committee, this included building community connections, and supporting community voice and action. We led initiatives that built community identity and connections including *PORTogether*, a community arts capacity building program, and two youth mural projects. We also supported resident-led projects and facilitated opportunities for the community to come together to have their say.

As the backbone organisation of CTC Stonnington, we worked with partner organisations to identify and explore issues impacting on children and young people's health and wellbeing and to develop community-based interventions to address these issues. Specifically, we identified a need and interest in finding community-wide approaches to supporting the social and emotional learning of children and young people. We supported this by trialling and evaluating existing approaches such as the Berry Street Education Model at a local primary school and the GameAware program, a healthy gaming program. We also supported the community-wide roll out of two programs, Tuning to Kids and Tuning into Teens, and Emotional Regulation and Impulse Control (ERIC). Both programs focussed on building the capacity of adults to support the social and emotional learning of children and young people.

This emergent approach to mental health was based on the need for community-based, collective impact approaches to be guided by local issues and the interests and skills of the people and organisations involved. We found success in engaging community partners in this work by starting with understanding their issues and needs, then finding ways to support them. This included connecting them with funding, training and other organisations who could support their work.

There were also significant challenges related to this approach. It takes considerable time, resources and commitment to build truly collaborative efforts. We found it was especially hard to engage organisations in collaborative work when many are strictly funded for direct service delivery and lack the experience or skills in prevention approaches. Our emergent approach meant we didn't have a clear theory of change or idea of the outcomes we were working towards in the initial stages of work. This meant we were not able to identify community-wide measures of change for this mental health priority.

We believe mental health will continue to be a key priority in the continuing COVID-19 pandemic and recovery, particularly for children and young people. As a result, we feel we may have a role in supporting local efforts including working with early learning services and schools on initiatives.

Outcomes



Attracted **\$115,000** of funding for CTC Stonnington initiatives for children and young people.



Enabled **65** teachers and **25** youth and family workers to be trained in emotional regulation and impulse control.



Delivered **5** PORTogether programs with a total of **78** participants.



Supported the delivery of **12** Tuning into Kids and Teens programs reaching **155** parents/carers in Stonnington.

Summary of Strategies 2017-2021

Strategy	Duration and status
Tuning into Kids and Tuning into Teens: Tuning in Kids and Tuning into Teens are 6-8 week evidence based, emotion-focused parenting programs developed at the University of Melbourne. We funded 28 workers across a range of organisations to be trained as facilitators in Tuning into Kids and Teens. We co-ordinated the recruitment and delivery of 12 Tuning into Kids and Teens training programs across Stonnington, reaching 155 people. Prompted by COVID-19 we have developed and trialled different program delivery models including online delivery and a three-session webinar program.	March 2018- Ongoing Continue to ensure that facilitators offer throughout 2021 and explore future options
Emotional Regulation and Impulse Control (ERIC): ERIC is a competency-based model developed by Deakin University to build the capacity of those in the youth sector to support young people to develop emotional regulation skills. We worked with Deakin University to trial using this clinical model in community-based settings. This included training 65 teachers at Presentation College Windsor (since closed) and 25 family and youth workers from Uniting, Star Health, the Inner Melbourne Vet Cluster, and Stonnington Middle Years and Youth Services. Further work was done with Stonnington Middle Years and Youth Services to develop a comprehensive approach to use at their community hub on the Horace Petty Estate in Prahran. More recently, we signed a contract with Deakin to allow two workers from Uniting and Stonnington City Council to be trained to deliver training to other workers in the community. These ERIC trainers went on to train 14 Hub and Uniting staff in June 2021, and 14 teachers from Windsor Primary School in July 2021.	July 2018- Ongoing Complete evaluation of implementation in community settings
Understanding social and emotional wellbeing: We worked with the CTC Stonnington community partners to develop an understanding of the issues related to the social and emotional wellbeing of children and young people in Stonnington. This included mapping of the local issues related to social and emotional wellbeing, and developing an outcomes map related to the adult support for children and young people's social and emotional wellbeing. The progress of this work was slowed due to COVID-19 and staff changes.	July 2019- Ongoing Review our role in this work as part of future planning
CTC Stonnington Youth Voice: The Youth Voice was developed as a forum for young people to have say in CTC Stonnington, other local initiatives, and for the young people to lead action in the local community. This group of 12 young people met monthly to discuss issues and to work on initiatives together. Youth Voice initiatives included developing a short video highlighting the mental health issues facing young people and a family trivia night with 77 attendees. A representative of the Youth Voice also participates as a member of the CTC Stonnington Community Committee.	July 2017- Ongoing

<p>Evaluation of Berry Street Education Model: We supported Windsor Primary School to evaluate their implementation of the Berry Street Education Model, an evidence-based model which provides strategies for teaching and learning that engage students with unmet learning needs. The school had introduced the model in 2017 to address engagement of vulnerable/disadvantaged students and wanted support to review its implementation at the school. We worked with the school to collect quantitative and qualitative data (including interviews with teaching staff and students) and the evaluation findings and recommendations were provided to the school in an evaluation report.</p>	March 2018- January 2019 Completed
<p>Evaluation of GameAware program: GameAware is a program aimed at supporting young gamers to develop healthy gaming habits. We funded the delivery of a program for eight students and their parents at Christian Brothers College, a school that had identified gaming as an issue for its students. We undertook an evaluation of this program to better understand program impacts, the issues for young people related to gaming and the potential for CTC Stonnington to further support to roll out the program in Stonnington. An evaluation report with recommendations was provided to the CTC Stonnington Committee and the decision was made to not proceed with further implementation of the program.</p>	July 2018- December 2018 Completed
<p>Social media and device use research pilot: We worked with Deakin University to engage a local primary school to participate in a research pilot of strategies to support parents to mitigate the potential social, psychological, and developmental harms related to children's online social media use. The school did not end up participating due to delays and changing priorities.</p>	April 2018-June 2018 Did not progress
<p>Social Health & Inclusion Port (SHIP): We continued our support of the SHIP project, including the SHIP Community Committee, which oversaw a range of community-based initiatives including:</p> <ul style="list-style-type: none"> - five PORTTogether programs focused on developing participant skills in film, documentary making, writing, magazine making and podcasts. - two mural projects in partnership with 90 Degrees to design and paint murals with local youth in two parks in Port Melbourne. - three online "Community Conversations" in collaboration with Rotary Port Melbourne to bring residents together to envisage a stronger Port Melbourne post-COVID. - Continued support for resident-led projects including Little Free Libraries, Lagoon Reserve Planting Morning and Rochelle's Bike Ride Tours. <p>More recently we transitioned the functions of SHIP into other Port Melbourne based initiatives including a Port Melbourne Rotary led 'Town Teams', a group aimed at bringing together community, local business leaders and council to plan various local projects.</p>	July 2017- December 2020 Continue to offer limited support to Port Melbourne Town Teams Group
<p>Intergenerational Project (IG): We worked with Bubup Womindjeka Family and Children's Centre to develop, deliver and evaluate a program that enabled older people to connect with pre-school children. The program was a finalist in the 2020 Victorian Early Years Award Community partnerships category.</p>	January 2018- June 2018 Bubup Womindjeka continuing to run program
<p>Pilot of Healthy Minds, Positive Values and Positive Identity (MVI): We participated in a project steering group that partnered with Albert Park College to use the 2017 Resilient Youth Survey data and mapping of current activities to design, deliver and evaluate a student- led Healthy Minds, Positive Values and Positive Identity (MVI) program to students, teachers and parents. Eight student leaders delivered 32 sessions to 543 participants including Year 7 & 8 students, teachers and parents. The pilot program led to the development of a common language for discussing resilience within the school, a new student-led wellbeing program that was embedded into the school and program resources that were shared with other local schools.</p>	January 2019– December 2019 Completed

Healthier Eating and Oral Health

Key populations: Children, parents and public housing residents

Settings: Early learning services, primary schools, youth and children's hubs/adventure playgrounds, sports and recreation facilities

Our focus on healthier eating and oral health was built on our successful community-wide roll out of the Smiles 4 Miles program, a whole-of-setting approach to children's oral health. As a result, most of our work in this area focused on childhood, knowing that this is a key stage for shaping eating and oral health habits. We were able to use our experience and skills in this area to build complementary approaches to the Smiles 4 Miles focus on early learning services. This included working with primary schools, children and family services hubs, and sports and recreational facilities.

Our continued implementation of Smiles 4 Miles across Port Phillip and Stonnington resulted in an increase in the number of services registered with the program. In 2017, nine early learning services registered with the program, increasing to 24 early learning services in 2021. While this growth in Smiles 4 Miles allowed us to reach a greater number of children and families, it did put pressure on staff capacity to support a much larger number of early learning services. The COVID-19 pandemic also created a significant reduction in the capacity of early learning services to work towards the program benchmarks. As a result, we will refocus on a more targeted approach to this program by concentrating our support on early learning services that have children more vulnerable to poor oral health.

After recognising that our focus on working with early learning services may miss engaging vulnerable children and their families who do not attend early education, we began working with local children and family services hubs, including adventure playgrounds. This work involved delivering healthy eating and oral health sessions, along with dental screenings, for children and their parents. More recently we started to explore how we could work with these children and family services hubs to take a more whole-of-setting approach to healthy eating and oral health. However, the cessation of funding for outreach screening in Port Phillip and the COVID-19 pandemic slowed down progress on this strategy.

We sought to extend our work to schools by engaging with a small number of schools on healthier eating and oral initiatives. We worked with three primary schools on initiatives including lunch-box audits, kitchen garden programs, cooking programs, healthy eating and oral health messaging to families, and developing healthy eating and oral health policies. Due to school's initial resistance to undertake a whole-of-setting process, such as the Achievement Program, we focused on building trust and understanding supporting them with these smaller initiatives that could contribute to a whole-of-setting approach.

Through our work in this area we have learnt that whole-of settings approaches can provide a clear and comprehensive framework for working with many settings, however the ability of these settings to engage in real and meaningful change is limited by their time and resources. Aiming to reach as many settings as possible without using a health equity lens, can mean that change efforts are not focussed on where they are most needed. A focus on settings, such as early learning services and schools, can also miss the key influence of other environments, such as the home environment and neighbourhoods, on children's health and wellbeing. Our future work in this area will focus on building a stronger understanding of the community levels changes needed to support healthier eating and oral health locally. As well as building a more targeted, health equity focussed approach to our current initiatives.

Outcomes

Key outcome	Measures				
Early learning services and schools in Stonnington and Port Phillip are committed to addressing healthy eating and oral health.	Proportion of early learning services in our catchment are registered with Smiles 4 Miles.				
	<i>Baseline June 2017: 8 out of 63</i>	<i>June 2018: 9 out of 63</i>	<i>June 2019: 24 out of 63</i>	<i>June 2020: 28 out of 63</i>	<i>June 2021: 25 out of 63</i>
	Number of children in Stonnington and Port Phillip reached through Smiles 4 Miles.				
Early learning services in Stonnington and Port Phillip provide access to healthier food and drinks and limit access to discretionary foods.	<i>Baseline June 2017: 971</i>	<i>June 2018: 1442</i>	<i>June 2019: 2409</i>	<i>June 2020: 2536</i>	<i>June 2021: 2018</i>
	Proportion of early learning services in our catchment with menus that meet Healthy Eating Advisory Service guidelines.				
	<i>Baseline June 2017: 6 out of 8</i>	<i>June 2018: 8 out of 9</i>	<i>June 2019: 13 out of 15</i>	<i>June 2020: 11 out of 28</i>	<i>June 2021: 7 out of 25</i>
Early learning services and schools in Stonnington and Port Philip embed healthy eating into their learning opportunities.	Proportion of Smiles for Miles early learning services with current Healthy Eating & Oral Health policies that meet best practice guidelines.				
	<i>Baseline June 2017: 8 out of 8</i>	<i>June 2018: 8 out of 9</i>	<i>June 2019: 14 out of 24</i>	<i>June 2020: 12 out of 28</i>	<i>June 2021: 7 out of 25</i>
	Proportion of Smiles 4 Miles early learning services that have met the learning experiences requirements.				
	<i>Baseline June 2017: 8 out of 8</i>	<i>June 2018: 8 out of 9</i>	<i>June 2019: 14 out of 24</i>	<i>June 2020: 12 out of 28</i>	<i>June 2021: 7 out of 25</i>



Engaged **28** early learning services in the Smiles 4 Miles program.



Delivered **33** healthy eating and oral health education session, reaching around **500** children and their families.



Worked with **3** primary schools on healthy eating and oral health initiatives.

Summary of Strategies 2017-2021

Strategy	Duration and status
Smiles 4 Miles: We continued to deliver Dental Health Service Victoria's Smiles 4 Miles Program to early learning services across Stonnington and Port Phillip. Over the four years we grew the number of services we worked with from 9 to a peak of 28 services.	July 2017- Ongoing Review program
Healthier eating and oral education: We continued to deliver healthier eating and oral health education activities to children and their families through school holiday programs at the Stonnington Children and Youth Services Hub at Horace Petty public housing estate and through Port Phillip's adventure playgrounds in St Kilda and South Melbourne. Over the four years we ran 33 sessions with each session engaging between 15 and 30 children and their families. Engagement in these activities was supported by dental screenings delivered by Star Health Dental. In 2018 we ceased the education activities at adventure playgrounds due to the City of Port Phillip cessation of funding Star Health's dental screening program.	July 2017- Ongoing Review our role in delivering of education sessions
Healthy eating and oral health at primary schools: We worked with three local primary schools on healthy eating and oral health initiatives, aligning with the Achievement Program's whole-of-setting approach. We supported a funding application for a kitchen garden program, completed lunch box audits, promoted healthy eating and oral health messages to families, and developed healthy eating and oral health policies.	July 2018- Ongoing Re-engage schools later in 2021
Whole-of-setting approaches to healthier eating and oral health: Through our delivery of oral health and healthy activities at the Hub at Horace Petty Housing, we identified an opportunity to take a whole-of-setting approach to healthier eating and oral health at the Hub. While initial discussions were positive, significant progress was not made due to competing demands of the Hub staff and the impacts of COVID-19. We plan to restart this work in 2022.	July 2018-Ongoing Re-engage with the Hub
Healthy Eating Shared Measures: We participated in efforts to develop regional shared measures for healthy eating in early learning services.	January 2020- Ongoing
Healthy Choices in sport and recreation retail facilities: Through the Southern Melbourne Primary Care Partnership (SMPCP) Healthy Eating Working Group, we contributed to the SMPCP 'nudge trials' project. We supported a fridge nudge at Harry's Kiosk in the Harold Holt Swim Centre. During the nudge trial, sales of 'green' drinks increased by 11% and sales of 'red' drinks decreased by 63% at Harry's Kiosk. Building on the work of this trial we met with City of Stonnington's Leisure & Recreation team to promote embedding Healthy Choices into the planning of the new <i>Percy Treyaud Leisure Centre</i> .	January 2019- December 2019 Completed

Tobacco, Alcohol and Other Drugs

Key populations: Young people and their parents, Aboriginal and Torres Islander community

Settings: Supported Residential Services (SRS's), nightclubs, Star Health

This priority area brought together several initiatives. Our continued smoking cessation work, Communities That Care (CTC) Stonnington's focus on young people's alcohol consumption, and the PARTi project, an initiative to reduce the harms related to drug use in nightclubs. As a result, this priority area did not have an overall focus for change with related outcomes and measures.

Our smoking cessation strategies were a continuation of long-standing work to support marginalised groups, particularly the Aboriginal and Torres Islander community, to become smoke-free. This work is based on the knowledge that while smoking rates in Australia have reduced dramatically, there are still population groups that have higher smoking rates and require more targeted approaches. We worked with Supported Residential Services (SRSs) to promote smoke-free environments; offered smoking cessation supports to vulnerable groups in community settings; and provided capacity-building to Star Health staff so that they can provide brief interventions and referral to smoking cessations services as part of routine care. This work has provided us with important insights into the value of building tailored services and supports in the community to ensure equitable service access, as well as the need for marginalised communities to be front and centre in the delivery of these services.

CTC Stonnington's focus on adolescent alcohol consumption was initially based on the opportunity offered by Deakin University to undertake work on their Smart Generation Program. This program is aimed at delaying young people's first drink until the age of 18 years old, through student education sessions in schools, parent engagement via take-home information, and supply monitoring of packaged liquor outlets' sales to minors. Due to the lack of traction with this program we shifted our focus to understanding underage alcohol supply and culture in local sports club, as well parental attitudes to underage drinking. These initiatives created a better understanding of the attitudes and issues in Stonnington related to alcohol consumption and highlighted the lack of significant issues and concerns about young people's alcohol use in the local community. As result we decided to not pursue further initiatives in the area.

PARTi, an initiative funded by the Department of Health and Human Services to reduce the harms related to drug use in nightclubs near Chapel Street, was a peer-led model targeting both nightclubs owners and staff, as well as reaching peers with harm reduction messages. Through our support of this project we gained important insights into the value of peer-led models which draw on lived-experience, as well as harm-reduction and safe use approaches to substance use.

Our initiatives in this priority area have either ceased or responsibility for leading them has been handed over to other areas of Star Health. We will continue use the knowledge and lessons gained from this work to inform our other health promotion initiatives, including future opportunities to support targeted smoking cessation work.

Outcomes



Administered a survey to **155** parents on their attitudes to underage alcohol consumption.



Undertook monitoring of underage alcohol sales in **36** packaged liquor outlets in Stonnington.



Provided **72** Aboriginal and Torres Islander people with regular outreach support to quit or reduce smoking.



Increased by **30%** the smoking cessation referrals from Star Dental Team.

Summary of Strategies 2017-2021

Strategy	Duration and status
Smoking cessation workforce development: We provided support and training to a range of staff at Star Health, enabling them to have conversations with clients about smoking and to refer to smoking cessation services. This included the Resourcing Health and Education in the sex industry in Victoria (RHeD) team, that works with sex-workers, the ante-natal social worker and the Dental Team. The work with the Dental Team was particularly successful leading to a significant increase in referrals from the team to smoking cessation services.	July 2018-June 2021 Strategy now funded via Star Health's clinical care services
Smoking cessation outreach work: We continued this long-term strategy of undertaking community-based work to provide smoking cessation support to vulnerable groups. A key focus was the Aboriginal and Torres Strait Islander community as well as to people with mental health conditions. This strategy included a smoking cessation worker visiting local Aboriginal and Torres Islander community gatherings (Womindjeka BBQ and Our Rainbow Place), attending women's yarning groups at Wijna Ulupna Women's Recovery Centre and running a Life Beyond Cigarettes program for Star Health clients with mental health challenges. The outreach visits and groups ceased in January 2020 due to the COVID-19 pandemic.	July 2017- December 2019 Strategy now funded via Star Health's clinical care services
Smoke-free environments in SRSs: We continued our work with seven SRSs and a rooming house to support the proprietors and staff to promote a smoke-free environment and support residents to access smoking cessation services. This included a smoking cessation worker conducting twice yearly smoking cessation visits which in 2017/18 provided support to 85 residents (35 received nicotine replacement therapy, 16 reduced their cigarette intake and 6 became smoke free). Responsibility for this work was handed over to the Star Health's SRS Support Team in July 2018.	July 2017-June 2018 Work now led by Star Health's SRS Team

Needs analysis of smoking cessation support for sex workers: Initial scoping work undertaken with Star Health's RhED Team suggested there was not the interest and resources to progress this work. This however led to the smoking cessation worker providing skills development training to RhED staff in providing smoking cessation support to clients.	July 2017-June 2018 Did not progress
Smart Generation Social Marketing Program: We supported Deakin University to implement their Smart Generation social marketing program in two schools, Christian Brothers College (CBC) and Presentation College Windsor (PCW), in Term 3 2018. The program involved teacher-led classroom units and take-home resources for parents. The feedback from the schools suggested there was issues in engaging students in the content of the program as it was already covered in Year 7 and 8 health and wellbeing curriculum.	July 2018- June 2019 Ceased
Smart Generation: Community Monitoring and Mobilisation: We worked with Deakin University to undertake supply monitoring of Stonnington packaged liquor outlets in 2017 and 2018. This involved secret shoppers, who appeared under the age of 25, attempting to buy alcohol without proof of age identification. This was supported by letters to store managers and licensees as well as media coverage. The three rounds of monitoring of the 36-37 liquor outlet suggested that the intervention did not have a significant impact on the compliance rates, resulting in the discontinuation of this strategy.	July 2017- December 2018 Ceased
Alcohol culture in sports clubs: In partnership with Deakin University, we completed an alcohol culture audit and alcohol supply monitoring of sporting clubs in Stonnington in late 2018. Six clubs agreed to participate in an alcohol culture survey, with 65 respondents and 15 clubs were covertly supply-monitored during game time. The results showed a high level of compliance due to many clubs already having policies prohibiting the sale of alcohol during game time, as well as limited evidence of alcohol culture issues. As a result, we decided not to pursue further work in this area.	July 2018-June 2019 Did not progress past initial scoping
Understanding parental attitudes to alcohol: CTC Stonnington sought to engage Stonnington parents to understand the attitudes and beliefs that underpin parental supply of alcohol to children under 18 years of age. We did this by administering an alcohol attitudes survey, completed by 155 parents, and running a values workshop with 12 parents, facilitated by Common Cause Australia. The results of the work were compiled in a report that was used by the CTC Stonnington Community Committee to inform future efforts.	July 2019- February 2020 Completed
PARTi Project: We supported the implementation of the PARTi project, a two-year initiative funded by DHHS, to reduce harm related to drug use in nightclubs around Chapel Street. This work was led by peer workers who designed and delivered harm reduction and safer use training to nightclub and security staff from five venues. In addition, they developed peer-focused harm reduction strategies based on the survey results of 227 nightclub patrons. This strategy included delivering a harm-reduction training session to 30 peers and the delivery of harm reduction messages via two online platforms, Instagram (Sesh.Ed) and Facebook, reaching over 7,000 followers. Funding for this program was extended in 2020 and moved to Star Health's Harm Reduction Team.	July 2018-June 2020 Project now sits with Star Health's Harm Reduction Team

Health Promoting Education Settings

Key populations: Children and their families **Settings:** Early learning centres and primary schools

Education settings, including early learning services and schools, are important environments for influencing the health and wellbeing of children and their families. For this reason, they have played a significant role in our strategic focus on the children and young people over the last four years. Several initiatives in our other priority areas have targeted these settings including Being Equal, Respectful Relationships and Smiles 4 Miles.

Our work on this priority area focused on working with early learning services and schools to take a whole-of-setting approach to health and wellbeing issues, using the Achievement Program framework. This was supported by a communication strategy to provide early learning services and schools in our catchment with regular health and wellbeing information about training opportunities, funding and examples of change. Regular e-newsletters helped in promoting and recruiting to our initiatives, such as Being Equal and our gender equity in the early years parent workshops. A key support for our work in this area has been participation in the regional network of health promoters working on the Achievement Program. This provided an important forum for learning from others, co-ordinating approaches, as well as providing feedback to the Cancer Council on improvements that could be applied to the Achievement Program.

Over the four years we had significant success working with early learning services in our catchment on the Achievement Program. We supported 16 of our Smiles 4 Miles services to register for the Achievement Program through our strong relationships and trust gained over time. This was supported by centres being able to get recognition for the healthy eating and oral health benchmark area.

We also made efforts to engage schools, mainly primary schools, in the Achievement Program. We have had less success with this, with only three schools in the catchment signing up to the Achievement Program and none of them gaining recognition for health benchmark areas. We found that schools are often very busy with a range of programs, with feedback from schools highlighting that the Achievement Program requirements seemed daunting. We have had more success working with schools on the Respectful Relationships whole-of-setting approach, where there is a government requirement for them to participate. As a result, we focussed our efforts on working with a small number of primary schools on initiatives related to healthy eating and oral health in order to build our relationship with them, and increase their capacity to undertake a whole-of-setting approach (see the Healthier Eating and Oral Health section).

Our experience engaging early learning services and schools in the Achievement Program aligns with state-wide Achievement Program data. This data shows that a smaller proportion of schools are registered than early learning services, and that a smaller proportion of the registered schools have been recognised of achieving health areas than early learning services.

The COVID-19 pandemic further limited the readiness of schools to engage with the Achievement Program and limited our engagement with early learning services to progress through the Achievement Program. We believe that education settings will continue to be an important focus for influencing the health and wellbeing of children and young people. We recognise that with the continuing COVID-19 pandemic and ongoing recovery period, it is likely that early learning services and schools will have reduced capacity work with us, a key consideration for our team moving forward.

Outcomes

Key outcome	Measures				
Early learning services and schools are committed to taking a whole-of-service approach to health and wellbeing.	Proportion of early learning services in our catchment are signed up to the Achievement Program.				
	Baseline June 2017: 13 out of 63	June 2018: 18 out of 63	June 2019: 23 out of 63	June 2020: 39 out of 63	June 2021: 45 out of 63
Early learning services and schools are using a whole-of-service approach to health and wellbeing.	Proportion of schools in our catchment* are signed up to the Achievement Program.				
	Baseline June 2017: 1 out of 55	June 2018: 1 out of 55	June 2019: 1 out of 55	June 2020: 2 out of 55	June 2021: 3 out of 55
Early learning services and schools are using a whole-of-service approach to health and wellbeing.	Number of early learning services in our catchment who have been recognised for at least one area in the Achievement Program.				
	Baseline June 2017: 1 out of 63	June 2018: 1 out of 63	June 2019: 7 out of 63	June 2020: 14 out of 63	June 2021: 19 out of 63
Early learning services and schools are using a whole-of-service approach to health and wellbeing.	Number of schools in our catchment who have been recognised for health and wellbeing areas in the Achievement Program.				
	Baseline June 2017: 0 out of 55	June 2018: 0 out of 55	June 2019: 0 out of 55	June 2020: 0 out of 55	June 2021: 0 out of 55



16 Smiles 4 Miles Services also registered with the Achievement Program.



Supported **10** early learning services to progress with the Achievement Program.



Sent **65** e-newsletters to local early learning services and schools.

Summary of Strategies 2017-2021

Strategy	Duration and status
<p>Achievement Program in early learning services: We used the relationships we had built with early learning services through Smiles 4 Miles to support them to register with the Achievement Program with 13 services registered when we started and 45 by June 2021. By June 2021 16 Smiles 4 Miles early learning services were also registered with the Achievement Program. We worked with 10 early services to progress through the Achievement Program and receive recognition for health areas.</p>	<p>July 2017- Ongoing Review how we use the Achievement Program as part of our work with early learning services.</p>
<p>Achievement Program in primary schools: We worked to develop strategies to engage with primary schools on the Achievement Program, with only one primary school registered when we started out. Feedback from the school suggested that the requirements of the Achievement Program seemed overwhelming to schools, limiting uptake of the program. As a result, we worked with a small number of schools using a whole-of-setting approach, focused on the health and wellbeing priorities they were interested in, but not requiring them to sign-up to the Achievement Program (see Healthier Eating and Oral Health section of this report).</p>	<p>July 2017- Ongoing Review how we use the Achievement Program as part of our work with schools.</p>
<p>Education e-newsletter: As part of our engagement with early learning services and schools we have a regular e-newsletter that is disseminated to an average of 72 recipients across Stonnington and Port Phillip. These e-newsletters include information about the programs we run, health and wellbeing information, training and funding opportunities and case studies of the work that education settings are undertaking in our catchment.</p>	<p>December 2017-Ongoing</p>
<p>Health Promoting Schools Roundtable: We have participated in the quarterly Health Promoting Schools Roundtable that was established to bring together health promotion practitioners working with schools and early learning services to develop effective collaborative approaches to working with these settings on the Achievement Program and other whole-of-service approaches contributing to improving health and wellbeing.</p>	<p>July 2018- Ongoing</p>

Inclusive and Responsive Health Services

Key populations: Star Health clients **Settings:** Star Health

Community voice and participation is an important underpinning approach to our work across all priority areas. Our work in this priority area is particularly focussed on ensuring that health services meet the needs of consumers and the community including ensuring that consumers have a say in the development and delivery of services at Star Health. Complementing this has been our focus on health literacy, making sure that Star Health clients are able to access, understand and act on health information. Across these two key approaches we have had a focus on building organisational capacity by providing training, developing tools and resources, and developing clear processes and procedures.

Our work in community participation over the past four years focussed on strengthening our consumer participation approach at Star Health. A review of Star Health's consumer participation program was undertaken in 2018/2019 to identify areas for improvement. The areas for improvement included ensuring there is broader diversity of consumers participating at Star Health and ensuring that these consumers have the training and support so that they can meaningfully participate. We also sought to build a broader range of opportunities for consumers to participate, particularly codesign opportunities. This was supported by building stronger profile for consumer participation at Star Health through communications and resources that support staff to involve consumers.

Our health literacy work focussed on creating an organisational-wide approach to health literacy. This included the establishment of the Health Literacy Working Group, development of tools and resources, testing and embedding of health literacy training, and developing and piloting a clear process for a reviewing Star Health's written client information. This helped to build awareness and understanding of health literacy across the organisation and develop the organisational tools and processes to support staff to make health literacy part of their practice.

While the COVID-19 pandemic impacted our work in this area, we were able to rapidly adapt to ensure that consumer participation and health literacy processes were able to shift online. The pandemic saw a shift in focus over the last 12 months, to ensuring consumer participation and health literacy were at the heart of Star Health's COVID-19 response particularly through the work in high-risk accommodation settings such as public and social housing, and SRSs.

While we have had significant success in building organisational capacity in consumer participation and health literacy, we have had challenges in growing the organisational commitment to these approaches beyond the 'early adopters' of new practice. It has been a challenge to ensure that responsibility for new processes and ways of working are embedded in staff roles across the organisation.

Community participation and health literacy will continue to be approaches that underpin our health promotion work. We will continue to ensure that we engage with those impacted by health issues to understand, design and implement solutions and we will embed the principles of health literacy in our social marketing and communication strategies.

Outcomes

Key outcome	Measures			
Star Health has high quality consumer engagement and health literacy processes.	Proportion of quality standards related to consumer participation and health literacy that Star Health is assessed as exceeding. <small>*Star Health's accreditation occurs every 3 years</small>			
	2017: Not measured	2018: Not measured	2019: 100%	2020: Not measured
Star Health clients can understand, and action health information provided by Star Health.	Proportion of Star Health clients reporting that health workers explained things all the time.* <small>2017: 84.7% 2018: 84% 2019: 84.2% 2020: survey not administered</small>			
	Proportion of Star Health clients reporting that they were always listened to and understood by health workers.* <small>2017: 83% 2018: 87.5% 2019: 83.2% 2020: survey not administered</small>			

* Source: Star Health's Annual Victorian Healthcare Experience Survey



Supported **37** active consumer representatives on committees, working groups and interview panels.



Maintained consumer representation on at least **62%** of all Star Health interview panels.



Reviewed **104** Star Health information resources to ensure they were health literate.

Summary of Strategies 2017-2021

Strategy	Duration and status
<p>Community participation opportunities at Star Health: We continued our support of ongoing consumer participation opportunities such as the Community Participation Committee, consumer representation on working groups and interview panels, and administering the annual Victorian Healthcare Experience Survey. We supported several new and one-off consumer participation opportunities including consumer input into the development of Star Health's Strategic Plan, a review of our alcohol and other drugs program, a submission to the Victorian Mental Health Royal Commission and our COVID-19 High Risk Accommodation Response (HRAR) program.</p>	<p>July 2017- Ongoing Review our role in supporting this work.</p>
<p>Strengthening community participation: In 2019 Star Health undertook a review of consumer participation to identify opportunities to strengthen the program. A total of 26 consumers and 107 clients were surveyed and interviewed. The results of the review were used to develop an implementation plan and a subcommittee of the Community Participation Committee to guide actions. The actions implemented included updating Star Health's Consumer Policy, co-designing a new consumer induction process and manual, developing a consumer buddy system and providing new opportunities for consumer to highlight their role to Star Health staff.</p>	<p>January 2019- Ongoing Review our role in supporting this work.</p>
<p>Capacity building in community participation: A key element of our approach to consumer participation was to build the capacity of staff and consumer to work together effectively. We provided opportunities for consumers to build their skills through attendance at training, conferences and forums. We facilitated staff and consumers learning together through opportunities such as the Southern Eastern Melbourne Collaborative Pairs Project and The Australian Centre for Social Innovation's (TACSI) Codesign Capability Training.</p>	<p>July 2017- Ongoing Review our role in supporting this work.</p>
<p>Health literate written communications: We supported Star Health's commitment to be a health literate organisation by supporting staff to involve consumers in the development of written communications to ensure they were inclusive, understandable and actionable by consumers. We did this initially by offering staff to have their resources reviewed by the monthly Health Literacy Working Group, and subsequently introduced a clear guide, resources and online health literacy review process. These changes saw the number of information resources reviewed increase from 17 in 2017/18 to 35 in 2020/21.</p>	<p>July 2017- Ongoing Review our role in supporting this work.</p>
<p>Health literate two-way communication: We supported Star Health staff to apply health literacy principles to their interactions with clients. We consulted with 187 consumers and 38 staff to better understand communication in these interactions. This led to the development of health-visit tips for consumers, a tip sheet for consumers and staff on using telehealth and training for consumers on using video-conferencing.</p>	<p>July 2018- Ongoing Review our role in supporting this work.</p>

<p>Site audits: We continued to support the Community Participation Committee to undertake annual audits of Star Health's main sites to ensure they meet client needs and to identify opportunities for improvement. One of the key changes that resulted was the installation of improved signage at sites to assist with navigation. Plans to implement a wayfinding guide to further improve navigation are underway.</p>	<p>July 2017 -Ongoing Review our role in supporting this work.</p>
<p>Family Friendly Audit: In 2018 we engaged 13 parents to undertake audits at Star Health's two main sites to find out how friendly and accessible they were to families with children. The results of the audit were used to make recommendations to management and the findings were shared via an article in Star Health's Quality-of-Care report.</p>	<p>May 2018-June 2018 Completed</p>
<p>Physical Activity Program: We continued to support Star Health's physical activity program in 2017/2018. This program provided support for people on low incomes and living with chronic conditions to access physical activity by running low cost or no cost activities, partnering with community sports and recreation facilities to facilitate access to low or no cost activities and working within Star Health to increase referrals into the physical activity program. From July 2018 the funding of this program was funded through clinical care.</p>	<p>July 2017- June 2018 Program now funded directly through Star Health Clinical Care.</p>