



GLOBE
GLOBAL OBESITY CENTRE

Using Systems Thinking to Prevent Obesity in EMR Melbourne

Report 2020 Inner East Primary Care Partnership

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CONTENTS

OVERVIEW	3
WORKSHOPS	4
Workshop one	4
Workshop two	5
Workshop three	8
RECOMMENDATIONS	13
Implementing action	13

Overview

Obesity prevention has been identified as an area of high priority for partners of the Inner East and Outer East Primary Care Partnerships. The Inner East Primary Care Partnership with funding from the Department of Health and Human Services, engaged the Global Obesity Centre (Deakin University) to conduct a series of group model building workshops that would both introduce partner organisations to systems thinking concepts and assist in the identification of underlying causes of obesity, potential areas for action and corresponding actions.

Three workshops were conducted between November 2019 and February 2020, with attendance varying across all workshops. Each workshop ran for approximately three hours.

Workshop	Description	Attendee characteristics
Workshop 1	Develop a causal loop diagram of the problem	Local government leadership
Workshop 2	Develop second causal loop diagram of the problem with additional attendees	Community and health partner organisations of both IEPCP and OEPCP
Workshop 3	Identify actions in response to the problem based on a combined map from workshops 1 and 2, including those who will lead implementation	Combined local government and extended partner organisations

Workshops 1 and 2 were facilitated by Andrew Brown Deakin University's Global Obesity Centre and Steph Ashby from Inner East PCP. Workshop 3 was facilitated by Andrew Brown and Julia Bilton from Carrington healthAbility.

The following report highlights the process that was undertaken, along with outputs as workshops progressed. This includes the final causal loop diagram, levers identified and those individuals and organisations interested in leading implementation of action. The report concludes with recommendations on how to progress with action and how these fit together.

Workshops

Workshop one

This workshop was attended by local government staff from a range of departments across the Eastern Metropolitan Region (EMR) of Melbourne. Councils represented were:

City of Boroondara
 City of Knox
 City of Manningham
 City of Maroondah
 City of Monash
 City of Whitehorse
 Yarra Ranges Shire Council

The brief was for officers to consider the local government jurisdiction - where local government see the impact and have the capacity to effect change.

The following causal loop diagram was created as an output of this workshop.

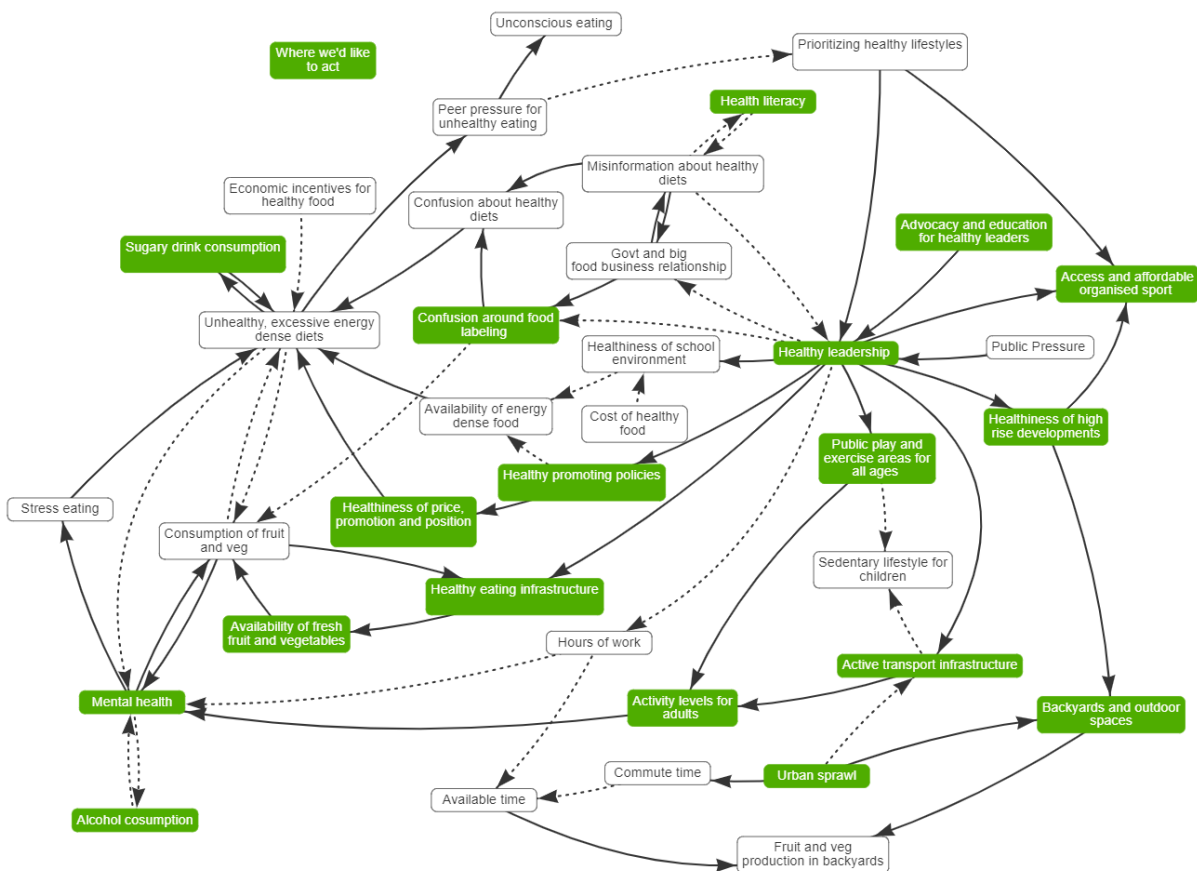


Figure 1: Causal loop diagram developed by local government representatives

Workshop two

The second workshop brought together attendees from community and health partner organisations to develop the following causal loop diagram.

Attendees were also asked to focus on the local region, where local people, organisations and leaders may have capacity to effect change. It was acknowledged that considerable work was being done already.

Representatives were from:

Inspiro

Deakin University

EACH

Upper Yarra Body Image for Wellbeing

Eastern Health

Inner East Primary Care Partnership

Outer East Primary Care Partnership

Access Health and Community

Carrington Health

HealthAbility

Link Health and Community

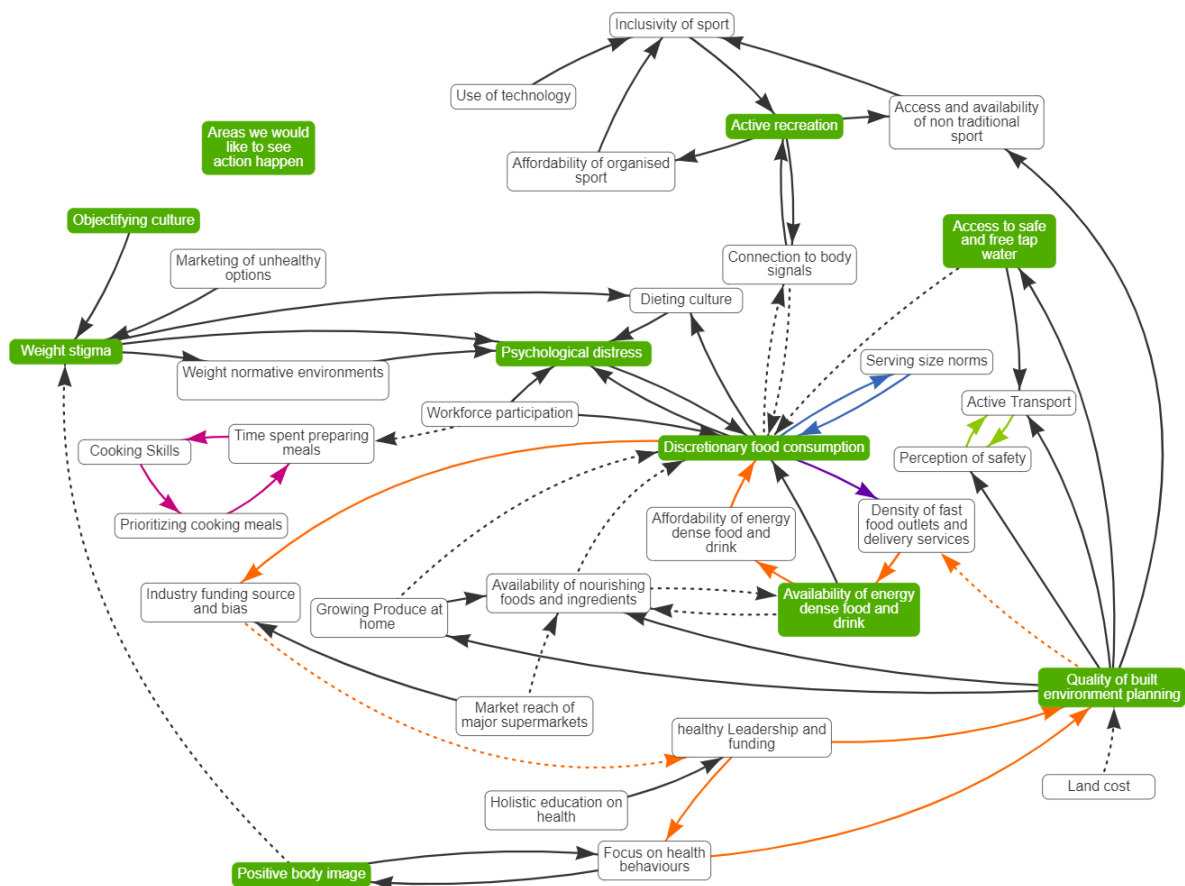


Figure 2: Causal loop diagram developed by health and community partners

In both Figure 1 and Figure 2, variables marked in green were identified as areas that attendees would like to see action happen. These are listed on Table 1 overleaf. Where connections exist between variables, arrows follow on from each other, leading from one variable to the next (for example, *Focus on health behaviours* to *Quality of built environment* to *Density of fast food outlets and delivery services*). In some instances, these join in a complete circle, creating a feedback loop. This helps to identify areas within the problem that may be reinforcing part of the problem (possibly making that part of the problem worse or better), or relationships that are balancing each other out.

Initial feedback loops were identified on the day of the second workshop. These have been highlighted in Figure 2 above using coloured arrows (orange, blue, pink and green). For example, the green arrows show that as an individual increases their *perceptions of safety*, they are more likely to use *active transport*, and as they use more *active transport*, their *perceptions of safety* also increase.

Combining both causal loop diagrams from workshops one and two provided the opportunity to see the problem from multiple perspectives.

A combined causal loop diagram is provided below.

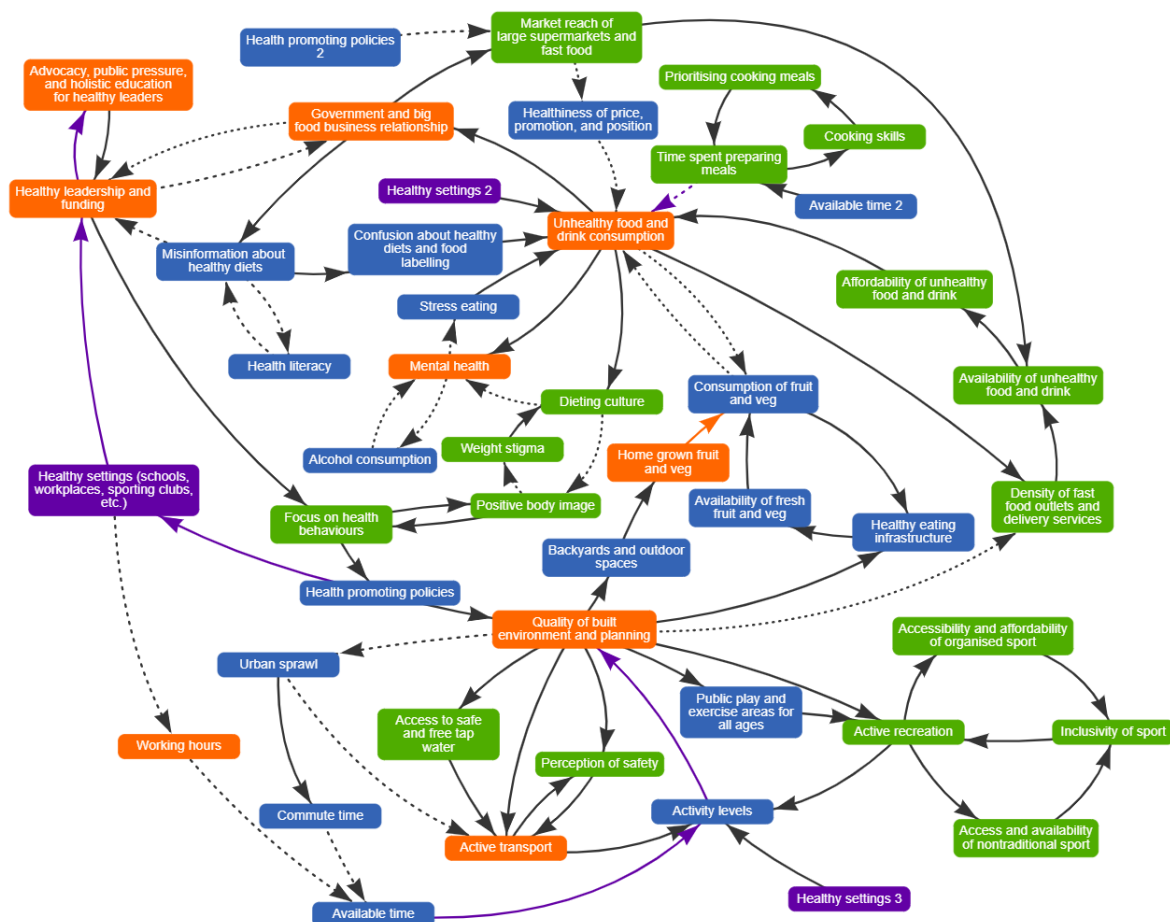


Figure 3: Combined causal loop diagram from workshops one and two

The combined diagram in Figure 3 above shows areas of overlap across both workshops. With different attendees at each workshop, the development of this diagram was an intermediary step to blend contributions from each workshop. Variables coloured blue were identified in workshop one only, with green variables identified in workshop two only. Variables coloured orange were identified during both workshops. Variables and arrows coloured purple were additional variables added to connected and complete the perspectives shared in the two workshops. The finalised diagram and a PowerPoint presentation delving into the themes of the map are included as supplements.

A summary of variables identified in each workshop is provided in Table 1 below. This table highlights major themes from each diagram, with the opportunity to compare and contrast outputs and identify similarities and areas of overlap across both workshops.

Both	Session 1 (Local Government)	Session 2 (Session 2)
Healthy eating	Misinformation about diets	Cooking skills and time
Home grown fruit and veg	Fruit and veg consumption and availability	Availability and affordability of unhealthy food and drink
Mental health & Culture	Alcohol proliferation	Density of fast food outlets
	Stress eating	Dieting culture, weight stigma, body image
		Access to tap water
		Reach of supermarkets
Physical Activity	Urban sprawl	Inclusiveness of PA options
Quality of the built environment	Outdoor spaces	Perceived safety
Active transport	Public play and exercise areas	
Working hours	Available time	
Policy, Leadership and industry	Health promoting policies	
Advocacy		

Table 1: Summary of causes from both workshops

Workshop three

Attendees from the previous two workshops were invited to attend a final, combined third workshop to share ideas and create action. Attendees identified areas on the combined causal loop diagram that they felt held most importance along with areas they had power to influence at the local level. Additional attendees included: The Gawler Foundation, Belgravia leisure, Bendigo Bank, EACH and DHHS.

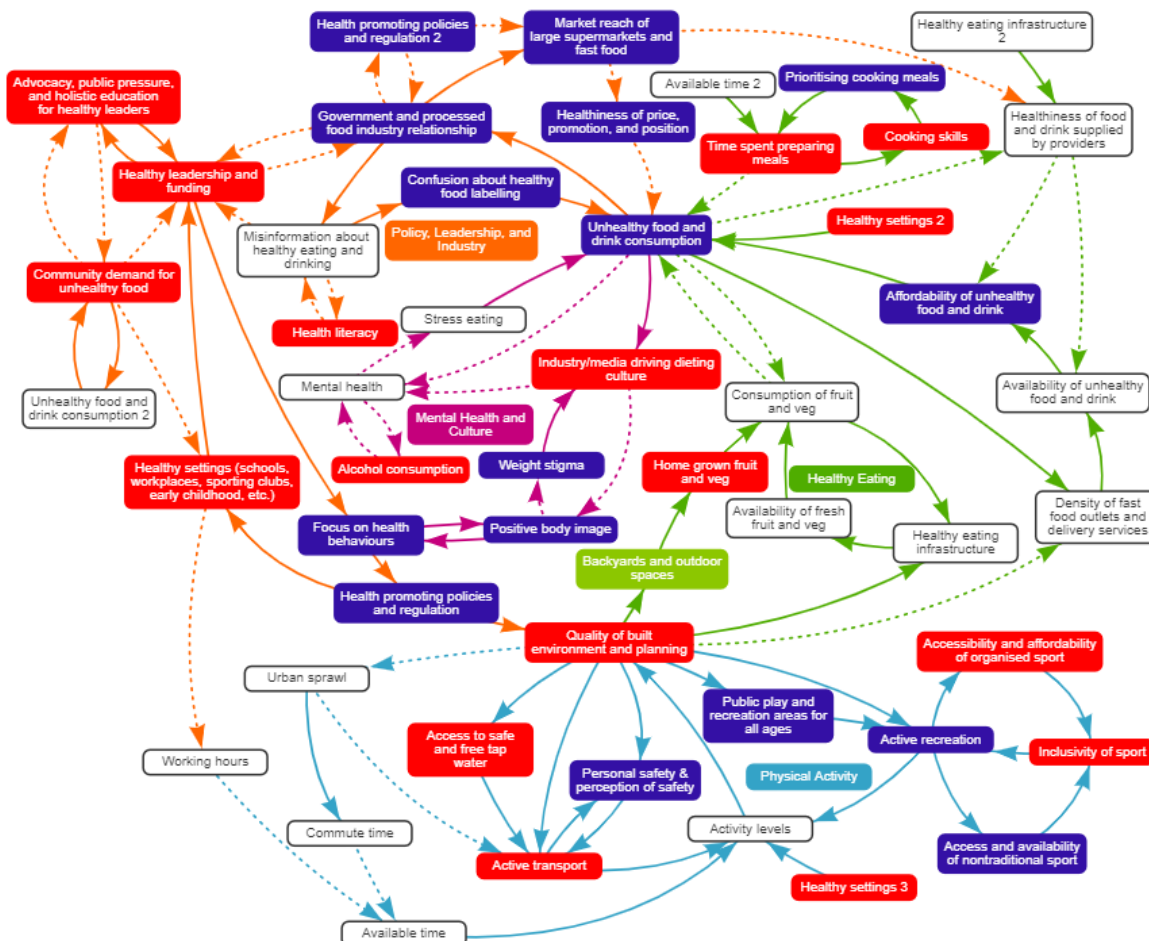


Figure 5: Influence and important areas to act

Workshop attendees were asked to identify where they had power to influence, in addition to areas of the diagram they felt were most important. Figure 5 shows attendees responses.

Variables coloured blue were circled by attendees as the most important parts of the problem.
One green variable was marked by attendees as an area they had power to influence.

Those areas that attendees felt they had both power to influence and were most important have been coloured red. It is important to highlight here that a large number of variables are coloured red. People often discuss obesity as a problem that is too complex to address, but the group that was brought together perceives themselves to have some degree of power over a great deal of the map. *This messaging is important to share to help create momentum.*

Most Important:

Health Promoting Policies and regulation;
Market reach of large supermarkets and fast food;
Government and processed food industry relationship;
Healthiness of price, promotion and position;
Prioritising cooking meals;
Unhealthy food and drink consumption;
Affordability of unhealthy food and drink;
Weight stigma;
Positive body image;
Focus on health behaviour;
Public play and recreation areas for all ages;
Active recreation;
Personal safety and perception of safety;
Access and availability of non-traditional sport.

Most important that can be influenced locally:

Advocacy, public pressure and holistic education for healthy leaders;
Healthy leadership and funding;
Community demand for unhealthy food;
Health Literacy;
Healthy Settings (schools, workplaces, sporting clubs, early childhood);
Alcohol consumption;
Industry driving diet culture;
Home grown fruit and veg;
Quality of built environment and planning;
Access to safe and free tap water;
Active transport;
Time spent cooking meals;
Cooking skills;
Accessibility and affordability of organised sport;
Inclusivity of sport.

Attendees then engaged in roundtable discussion and identified a range of possible actions. After potential actions were developed, actions were prioritised by the group based on a scale of feasibility and level of impact. A summary of this scale is provided below.

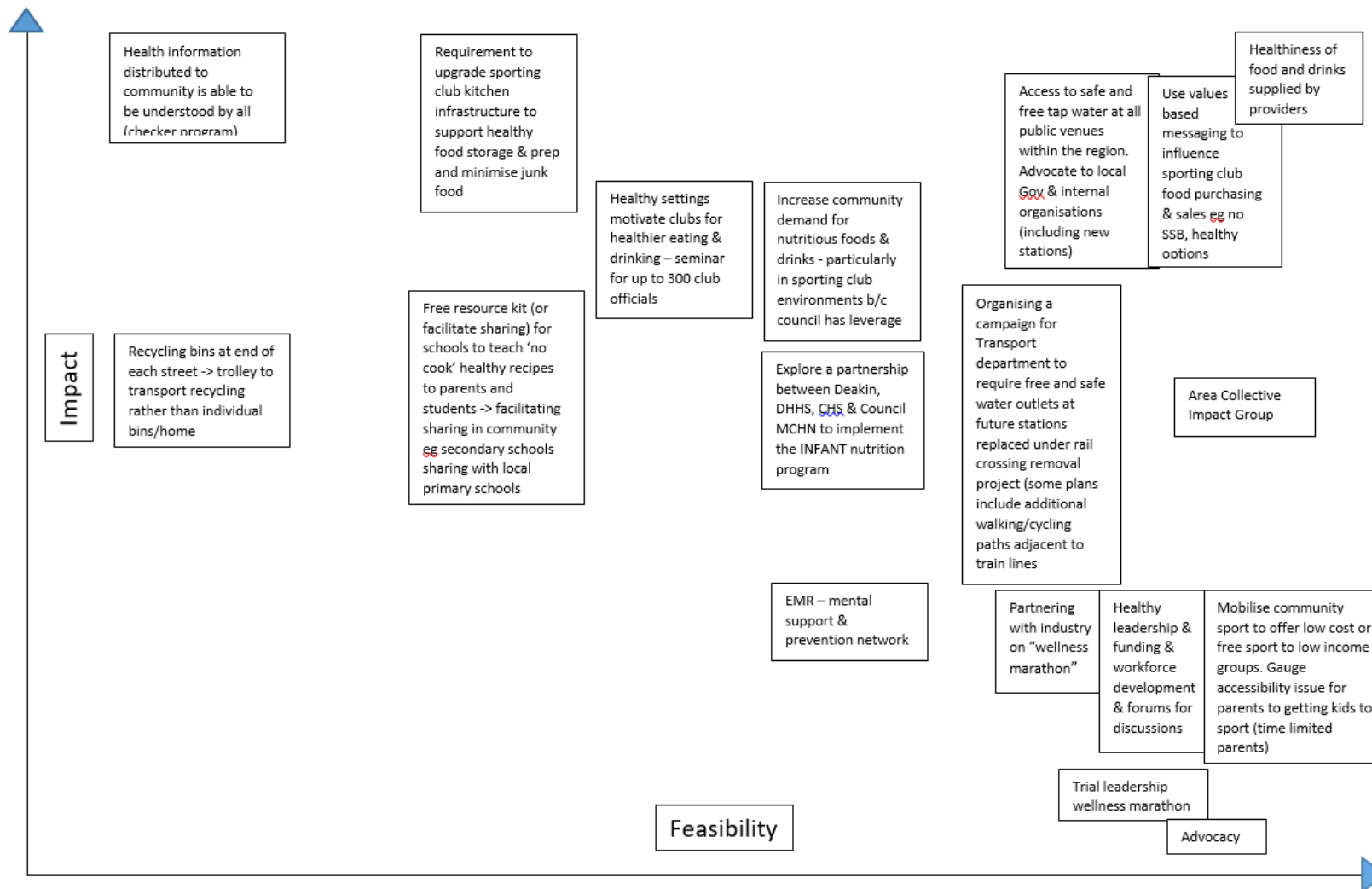


Figure 4: Actions prioritised based on feasibility and impact

After actions had been identified and prioritised, action were grouped into themes. Themes emerged were Messaging, Built Environment, Leadership, Sport and Partnerships.

Attendees had the opportunity to place their name alongside those actions they would be interested in implementing. A summary of action, its corresponding theme, along with individuals and organisations interested in leading implementation of action is presented in Table 2 below.

Theme	Action	Partners signing up
Messaging	Health information distributed to community is able to be understood by all (checker program)	Belgravia leisure - Emma Lowe and Ryan Mifsud
		Inspiro - Tracy Higgins
		Deakin University -Danielle Rees
	Use values based messaging to influence sporting club food purchasing & sales eg, no SSB, healthy options	Tracy Higgins - Inspiro
		OEPCP – Jacky Close
		Eastern Health – Jo Stanford
		City of Boroondara – Sarah Lausberg and Stephanie Leggett
		Dick Menting – Bendigo Bank
		Cat Ross DHHS
	Area collective impacts group – leadership & managers	Tracy Higgins – Inspiro, existing mentor above
		Belgravia leisure - Jeff Walkley
		Eastern Health – Jo Stanford
		Manningham Council – Barb Ryan
		DHHS Outer East & Inner East
		Gawler Foundation -Barry Money -CEO
Built Environment	Access to safe and free tap water at all public venues within the region. Advocate to local gov & within internal organisation & to internal organisations (including new stations)	Alex Salmon – Carrington Health – regarding the community focus within IHP
		Barb Ryan – Manningham Council
		Dick Menting – Bendigo Bank
	Healthiness of food & drinks supplied by providers	Belgravia leisure - Jeff Walkley
	Organising a campaign for Transport department to require free and safe water outlets at future stations replaced under rail crossing removal project (some plans include additional walking/cycling paths adjacent to train lines)	DHHS Outer East & Inner East
		Alex Salmon – Carrington Health
	Healthy leadership & funding & workforce development & forums for discussions	Eastern Health – Jo Stanford
		City of Boroondara - Sarah Lausberg
		Tracy Higgins – Inspiro
		Belgravia leisure - Jeff Walkley
		Gawler Foundation - Barry Money CEO
		Barb Ryan – Manningham Council
		DHHS Outer East & Inner East
	Trial leadership wellness marathon	Belgravia leisure - Jeff Walkley
		Gawler Foundation- Barry Money CEO
Sport	Requirement to upgrade sporting club kitchen infrastructure to support healthy food storage & prep and minimise junk food	City of Boroondara - Sarah Lausberg
		Dick Menting – Bendigo Bank
		DHHS Inner East - Christine Farnan

	Healthy settings motivate clubs for healthier eating & drinking – seminar for up to 300 club officials	OEPCP
		City of Boroondara - Sarah Lausberg
		Inspiro YRC – Tracy Higgins
		Manningham Council - Barb Ryan
		Dick Menting – Bendigo Bank
		DHHS Inner East - Christine Farnan
Partnerships	Increase community demand for nutritious foods & drinks - particularly in sporting club environments b/c council has leverage	City of Boroondara - Sarah Lausberg
		Barb Ryan – Manningham Council
	Free resource kit (facilitate sharing) for schools to teach ‘no cook’ healthy recipes to parents and students -> facilitating sharing in community eg secondary schools sharing with local primary schools	Belgravia leisure - Jeff Walkley
		OEPCP
		EACH – Catherine D’Arcy
	Explore a partnership between Deakin, DHHS, CHS & Council MCHN to implement the INFANT nutrition program	Alex Salmon – Carrington Health
		Kylie Hughes/Christine Farnan DHHS Outer East
	EMR – mental support & prevention network	Tracy Higgins – Inspiro
		Belgravia leisure - Jeff Walkley
		Barb Ryan – Manningham Council
		City of Boroondara - Sarah Lausberg
		DHHS Outer East & Inner East
		Gawler Foundation -Barry Money CEO
	Partnering with industry on “wellness marathon”	Belgravia leisure - Jeff Walkley
		Gawler Foundation -Barry Money CEO

Table 2: Summary of potential actions, themed priority areas with individuals/organisation interested in leading implementation.

Recommendations

Implementing action

Transitioning from defining a problem to implementing action is important and designing a supportive implementation structure can be a detailed process in itself. There are many *ways to progress action, from developing* smaller working groups that oversee action within each theme, *to one group leading implementation of all action*, amongst others. Regardless of the approach, open collaborative effort is critical.

Foundations for a Roadmap:

The following provides suggestions on where to start.

- Begin with those actions that have the **greatest momentum**, for example:
 - *EMR – mental support & prevention network*
 - *Healthy settings motivate clubs for healthier eating & drinking – seminar for up to 300 club officials*
 - *Healthy leadership & funding & workforce development & forums for discussions*
 - *Area collective impacts group – leadership & managers*
 - *Use values based messaging to influence sporting club food purchasing & sales eg, no SSB, healthy options*
- Select actions that may **build on each other**, for example:
 - *Policy, leadership & funding; workforce development: and forums for discussions, alongside Local Area (Regional, catchment or LGA level) collective impacts group – leadership & managers*
 - *Seminar for up to 300 club officials, alongside Use values based messaging to influence sporting club food purchasing & sales eg, no SSB, healthy options.*
- Being mindful of the context is critical. Existing action was identified during the workshops and will continue to be identified. Where actions may already be in place or be starting, bolster existing action where possible.
- Consider the impact of actions and where they fell on the impact and feasibility scale (Figure 4), where the top right corner shows those actions attendees felt had **high impact** and **high feasibility**.
- It may be helpful to cross check these against momentum, links to other action, and current activity. For example:
 - *Healthiness of food & drinks supplied by providers*
 - *Use values based messaging to influence sporting club food purchasing & sales e.g. no SSB, healthy options*
 - *Access to safe and free tap water at all public venues within the region*
 - *Advocate to local gov & internal organisation & internal organisations (including new stations)*
 - *Increase community demand for nutritious foods & drinks - particularly in sporting club environments b/c council has leverage*
 - *Explore a partnership between Deakin, DHHS, CHS & Council MCHN to implement the INFANT nutrition program*

- *Organising a campaign for Transport department to require free and safe water outlets at future stations replaced under rail crossing removal project (some plans include additional walking/cycling paths adjacent to train lines*
- *Area collective impacts group – leadership & managers*
-

Other considerations:

- Begin a conversation about those areas that were marked as important parts of the problem but people may have felt they had little or no power to influence. Consider what additional action may be taken to increase power or influence in these areas.
- Be open to regularly review and adapt actions as the context changes, including identifying and incorporating new actions. For example, if an action is not as feasible as first thought, consider revisiting the actions identified as there may be another action that is more feasible or will have greater impact as time passes.

Appendices:

Selected diagrams -

Physical Activity

Healthy Eating

Mental health and Culture

Policy, Leadership & Industry

