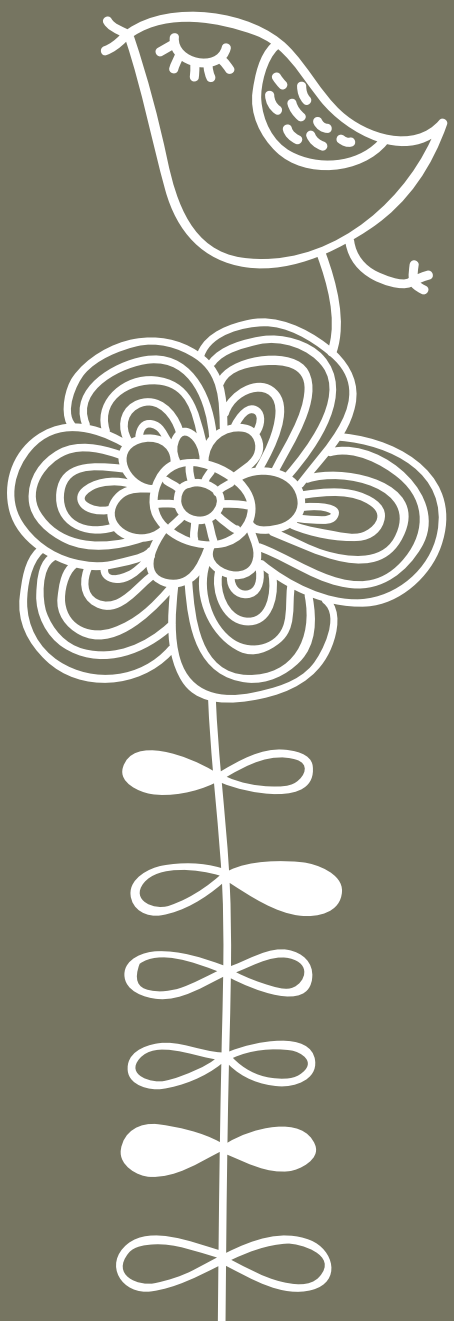
City of Yarra Health Plan (2009 – 2013)

Health and Wellbeing in the City of Yarra 2009 – 2013



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1. Overview

1.1 Yarra wasn't always like this

Children born in 2009 can expect to live for 79 years if male and 84 if female. Today, for every 1,000 people living in Yarra less than six people die each year. A child born today has less than a 0.5% chance of dying in the first year.

In the 21st century, the main causes of death and poor health in Yarra are cancers linked to smoking or poor diet, diabetes and heart disease linked to a lack of physical activity, injuries and illness and death associated with drug use and abuse, similar to the rest of Victoria.

But it wasn't always like this. Imagine a time when:

Alexandra Parade was an open drain, with rubbish and waste washed down to the Yarra River in the rain. Abattoirs, tanneries and wool washeries line the river. And the Yarra is Melbourne's main source of water.

- Council pays a bounty on dead rats
- Mattresses are placed outside and washed down with boiling water to kill the lice
- A 2-3 room house typically has 10 or more people living in it. Houses often don't have running water or baths, and toilets are just holes dug in the backyard
- A new-born infant had a 13% chance of dying in the first year
- In each year 28 out of every 1,000 people died
- Infectious diseases such as: diphtheria, scarlet fever, whooping cough, typhoid, tuberculosis, measles, respiratory and gastro-intestinal infections, are rife.

Times have changed…

1.2 Health and wellbeing are core business for Council

Most of the improvements in the health and wellbeing of people living in Yarra today is due to the environment Council has provided. The provision of services such as: the first sewerage system, storm water, roads, enforcing building standards and conditions, waste management, animal control, inspecting food premises, land use planning and enforcement, made a dramatic difference to residents' quality of life.

Council's role in improving health and wellbeing is also through the provision of universal services and facilities such as maternal and child health services, child care services, activities and spaces for young people, services for older residents, ensuring access for people of all abilities, and the provision of local parks, libraries and leisure centres.

In 2009 climate change is acknowledged as a serious challenge. The potential effects of climate change within Yarra in coming decades include more frequent and severe heatwaves, storms and drought. This may have health impacts for example, increased illness and deaths from heatwave. Council works to mitigate the impact of climate change and extreme weather within its role as a local government and with its partners for example through the Yarra Environment Strategy (2008) and the Yarra Heatwave Plan (currently in development).

Most of these services, and the infrastructure Council builds and maintains, are not in isolation from other levels of government or from local services and agencies. Joint funding, partnerships and legislative or regulatory provisions are common across each area.

Together these activities continue to promote the health and wellbeing of people in Yarra.

1.3 A social model of health

In the past, most illness, injury and disease in Yarra was not due to individual bad luck or chance but was the outcome of unhealthy environments and behaviour. These have been improved through a united effort on public health. Today there are different health issues although essentially they too have underlying social causes or determinants, which would improve through coordinated effort.

A consistent and significant difference in life expectancy is found between the 20% least disadvantaged and the 20% most disadvantaged people in Victoria. For males this is a three to four year difference in life expectancy, and around two years for females.

Foremost among these key determinants are poor access to secure housing, employment, education and income. People living in poor socio-economic conditions often have higher rates of smoking and alcohol consumption, and lower levels of physical activity.

Social exclusion is another underlying determinant of poor health, with many Yarra residents not able to access services or participate in their community as easily as others. In the 2006 Census over 2,500 residents reported needing assistance in their core everyday activities, more than 6,000 residents speak little or no English, and 18% of households live on a weekly income of below $500.

Major social, economic or environmental changes impact some residents more than others, particularly those living in disadvantage. Coping with extreme weather, climate change, economic downturn, increasing prices for utilities, attaining housing (both rental and purchasing) and food, is more difficult for those with the least resources.

Many people will also suffer high levels of stress due to social exclusion and disadvantage which is likely to have a negative impact on their health and wellbeing. Violence, criminal and anti-social behaviour, discrimination or racial abuse can all lead to people not feeling safe in their community and poorer health.

Consideration of the social determinants of health helps Council to work at reducing the causes of ill health. By tackling the determinants of health, Council helps re-position the idea that health is individually or bio-medically determined to a view that health is socially, politically and environmentally determined. This is particularly relevant in Yarra given that it has some of the highest levels of disadvantage in Victoria.

A summary of the social determinants of health is included – refer to Attachment 2.

1.4 Disadvantage in Yarra

Whilst poor diet is a common problem across Australia, other health issues and behaviours are strongly correlated with disadvantage. Unlike most municipalities, Yarra's population sits largely at both ends of the socio-economic scale.

At one end, according to Australian Taxation Office figures, Yarra has the fifth highest average, as well as median (middle value), wage in Victoria.

At the other end, almost 9% of Yarra's population lives in areas with an index value below 650 compared to only 0.6% of Australia's population according to the Disadvantage Index from the Australian Bureau of Statistics, Social Indexes For Areas (SEIFA).

Yarra is home to around 8,000 residents living in public housing, the highest number for a municipality in Victoria. With a fast growing Victorian population, and little new public housing funded by the Commonwealth in the last ten years, existing public housing has been given to those most in need. Consequently, there are now more people living in disadvantage in public housing.

The World Health Organisation (WHO) considers that consistent and avoidable differences in health are unjust in any society. In Yarra, Indigenous Australians and people living in disadvantage consistently have poorer health.

Council's efforts to improve health of the whole community include this understanding of the role of disadvantage as a cause of health inequalities.

1.5 National priorities are local priorities

In 2008 the National Preventative Health Taskforce set four targets for Australia to be the healthiest country by 2020. The Taskforce found that reducing obesity, rates of smoking, harmful consumption of alcohol and the gap between Indigenous and non-Indigenous health would have the greatest impact on Australia's health.

The Taskforce noted that 32% of Australia's illness was caused by:

> "smoking, obesity, harmful use of alcohol, physical inactivity, poor diet and the associated risk factors of high blood pressure and high blood cholesterol".

Further, obesity, alcohol and tobacco account for the significantly different health status between Indigenous and non-Indigenous Australians, rich and poor and city dwellers and rural / remote Australians. All three factors have a negative impact on growth and development during foetal and infant life as well as health in later years.

These national priorities, with the addition of improving mental health, match Victorian Government's priorities and the evidence uncovered in Yarra's Health Status Report (2009). The State priorities are:

- promoting physical activity and active communities
- promoting accessible and nutritious food
- promoting mental health and wellbeing
- reducing tobacco-related harm
- reducing and minimising harm from alcohol and other drugs
- safe environments to prevent unintentional injury, and
- sexual and reproductive health.

1.6 Health priorities for Yarra

At a local level, Yarra City Council has set four priorities to drive improvements in the health of the community over the next four years.

1. **Healthier eating and a physically active community**
2. **Reducing the harm from alcohol, tobacco and other drugs**
3. **Improving mental health**
4. **Improving the health of Indigenous Australians.**

Focusing on these four priorities will ensure the greatest improvement in Yarra's health and wellbeing. Other health issues are also important to the lives of Yarra's residents, but the evidence and research indicates that Council can have the most impact by giving priority to the four priority areas.

1.7 Priority populations

Council will ensure that implementation of the Health Plan targets key population groups that may be excluded or experience barriers to community activities and health initiatives, including:

- people living in long term disadvantage
- Indigenous Australians
- people living with a disability
- people from diverse cultural backgrounds, and
- women.

2. What is a Municipal Public Health Plan?

2.1 Health Act

Acknowledging the successful intervention of local government in improving the health of their communities, the Victorian Parliament has legislated through the Public Health and Wellbeing Act (2008) requiring all Councils to produce a Municipal Public Health Plan (MPHP). Within a year of a full Council election, each local government must:

- examine the health status and determinants of their municipality
- identify goals and strategies to achieve maximum health
- involve the community in health planning, and
- specify how Council will partner with government and agencies.

2.2 Evaluating Yarra's Municipal Public Health Plan 2005-2008

Yarra City Council undertook an evaluation of its previous Municipal Public Health Plan (MPHP 2005-08). Key findings from the evaluation included that Council:

- elevate the strategic influence of the MPHP to drive organisational change
- continue to use the social model of health and "Environments for Health" frameworks
- to engage key Council areas in integrated planning
- undertake specific health initiatives for target population groups
- shift the MPHP towards an external focus by seeking out community partners
- ensure the MPHP goals and objectives are measureable and adequately reported against
- engage and communicate with both Council and community to increase understanding of health issues and how Council is addressing them, and
- ensure resourcing for health initiatives is supported by the Council's annual planning and budget processes.

In 2007 the Victorian Auditor General undertook an audit of health promotion in Victoria, particularly the *Go For Your Life* program and 6 Municipal Public Health Plans. The main finding from this audit was the difficulty in evaluating whether the programs or Plans had been effective and valuable.

MPHPs were criticised in the audit for lacking any real performance measurement or evaluation criteria: commonly MPHPs set up a 'to do' list of actions for the life of the MPHP and at the end of the Plan it was only possible to identify whether the action was done.

Councils had no criteria to assess whether the actions had improved health in their municipalities.

Our Partners

Council has valued the contribution to the development of this Municipal Public Health Plan (known as The Health Plan) by the members of the MPHP Advisory Group, and other community and government partners.

In Yarra there is a dedicated community service sector that works with Council and the community to improve health and wellbeing. Council will continue to work with its partners to develop the Implementation Plan for the Health Plan and to ensure best practice approaches are taken to health issues.

2.3 Yarra's Health Plan 2009-2013

2.3.1 Focus

Yarra City Council takes a more strategic approach with this Municipal Public Health Plan, by focusing on fewer areas in order to have a greater effect. Over and above the many valuable services Council delivers, this MPHP will target the four health issues that have the greatest long-term benefits to health.

In this Health Plan, Council recognises that it has a finite capacity to address all the health and wellbeing issues experienced by the community.

Council has:

- identified the priority health issues
- who these issues are most relevant to, and
- how it can best work within its roles to address these health issues.

Council seeks to focus the majority of its attention on the prevention of ill health rather than its treatment.

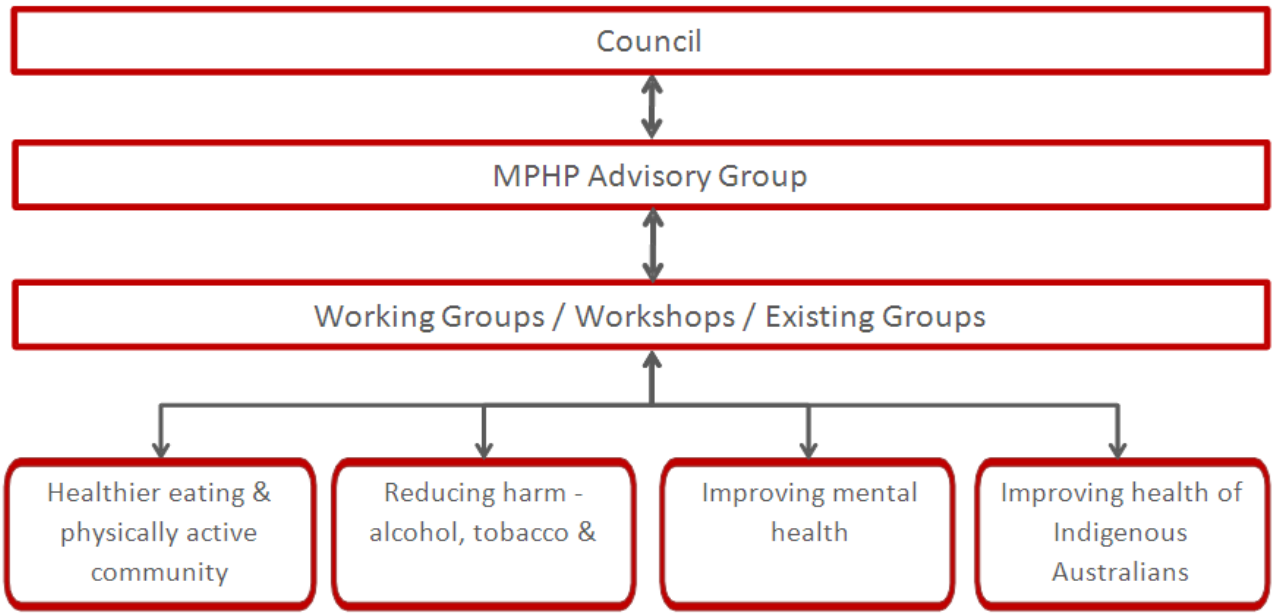
An important function of the Health Plan is to influence associated Council strategies and policies, in recognition of the findings of the evaluation of the previous MPHP, and the Victorian Auditor General's review.

2.3.2 Process

Initially the Yarra's Health Plan 2009-2013 comprises three documents:

- the Health Status Report: an assessment of Yarra's health issues and an examination of the underlying determinants of Yarra's health issues
- the Health Plan 2009-2013: a statement on Council's focus for the next four years, and
- the Year One Implementation Plan: an initial set of activities Council will undertake.

The Health plan sets out Council priorities. The next stage will be for Council to bring together relevant service providers and agencies, community groups and leaders, as well as government departments to work on the most effective ways to address the priority health issues in Yarra.
Council will form working groups, run a major community workshop and use existing networks or forums to identify how best to respond to the local health priorities over the coming four years.



3. Priority One

Healthier eating and a physically active community

3.1 *Understanding the health issue*

Improving diet and physical activity levels is where Council can have the greatest impact on health regardless of age or background. Surveys at a national and state level show many people have low levels of physical activity and few eat the recommended daily amount of vegetables and fruits.

Poor diet and inactivity impact more on some communities than others. Unhealthy eating and inactivity often occur alongside smoking, higher rates of alcohol consumption and drug use, and poor mental health.

Key health facts in Yarra

- Heart disease is Yarra's highest cause of avoidable deaths and stroke is the tenth highest. Congestive cardiac failure is Yarra's sixth highest cause of avoidable hospitalisation
- Diabetes is Yarra's highest cause of avoidable hospitalisations
- Cancers are among Yarra's leading causes of avoidable deaths, with many related to unhealthy eating and insufficient physical activity
- Cellulitis, an infection associated with diabetes and inactivity, is a top cause of avoidable hospitalisation
- Dental conditions are Yarra's fourth highest cause of avoidable hospitalisation
- Iron deficiency anaemia is the tenth cause of avoidable hospitalisation and is also associated with diet.

3.2 *Priority populations*

Yarra's priority populations in relation to this health issue are:

1. Indigenous Australians
2. people experiencing socio-economic disadvantage, including people in inadequate housing, homeless people and single women with children
3. some migrant and newly emerging communities
4. children
5. people living in isolation or experiencing psychological distress, and
6. people living with a disability, those in poor health or unpaid carers who may face barriers to physical activity and healthy eating.

3.3 *Policy and research*

Research shows that a good diet and physical activity reduces the risk of conditions such as heart disease and type 2 diabetes, and also improves the health of people with these diseases.

The National Preventative Health Taskforce has set one of its four national targets including to 'halt and reverse the rise in overweight and obesity' by 2020.

Excess body weight is a reliable predictor of higher mortality and morbidity. However, high rates of diabetes in people who are not overweight or obese indicate that nutrition is a serious health concern across the whole population.

According to the 2007-08 National Health Survey only 7% of Australian males and 10% of females met the healthy eating guidelines of five or more serves of vegetables per day, although more met the guidelines of two or more serves of fruit (46% of males and 56% of females).

The 2007 Victorian Population Health Survey found that 60% of people surveyed from the North-West Metropolitan Region met guidelines for the level of physical activity. The Survey also found that physical activity was lower for the most disadvantaged in the community.

This priority is further supported by policies at the State, regional and local levels, including:

- the inclusion of 'promoting accessible and nutritious food' and 'physical activity' in Victorian Department of Health (formally Department of Human Services), (2007) Health Promotion priorities
- the North Central Metropolitan Primary Care Partnership of which Yarra is a member, has healthy weight as one of its two priorities, and
- Yarra City Council will adopt the Physical Activity Report Card in 2010 which will guide Council's efforts to increase physical activity.

3.4 Health determinants

3.4.1 Healthy eating

Long term disadvantage and healthy eating

It is recommended that adults eat five serves of vegetables and two serves of fruit per day in order to maintain good health. In addition, diets should be low in saturated fat, sugar and salt and high in fibre, with moderate amounts of protein.

While there is no doubt that the more socially advantaged may not be eating well, the experience of disadvantage involves more critical barriers to eating well. Council will work with its partners to address this. Factors such as the cost of healthy food, ability to transport it to the home, knowledge of healthy food, cooking skills and proper cooking facilities, are all linked to long term disadvantage. In addition, addictions to alcohol, tobacco and other drugs can mean that money available to the household funds the addiction instead of food.

Stress and work and healthy eating

For the more advantaged, long work hours, commuting times and the availability of convenience and fast food may decrease consumption of nutritious food.

Financial stress and food insecurity also impact on food patterns. Casual and shift work that is low paid and unstable can make it harder for people to spend time and resources on planning, purchasing and preparing healthy food.

Social exclusion and healthy eating

Eating a healthy diet may not be a priority for those trying to cope with violence and/or abuse on an ongoing basis. The experience of violence and discrimination can limit choices and people's ability to move around, leading to isolation and lack of participation in community life.

Similarly, those experiencing housing stress or homelessness have limited spaces to store and cook food. Cheap fast food outlets can be an easier option.

Environmental impacts and healthy eating

The cost of food is rising, in part due to climate change. Many fresh foods may be less available and more expensive as a result of climate events such as droughts in Australia and other parts of the world. Increasing fuel costs mean it is more expensive to transport food and these costs are passed on to the consumer. While there is a growing industry in organics, slow food and interest in growing your own, but the cost and availability of land may be a limiting factor for many.

3.4.2 Physical activity

Long term disadvantage and physical activity

Regular physical activity plays an important role in heart health and healthy weight and can help people to maintain good mental health. The Health Status Report (2009) shows that over half of Yarra's population do not do enough physical activity to get these benefits.

Disadvantage can play a role in inactivity if organised and formal exercise is not available or unaffordable and where transport costs make venues inaccessible. The cost of equipment for example, uniforms, shoes, or a bicycle may prevent involvement in physical activities.

Stress and work and physical activity

While physical activity can help to relieve stress and improve mental health, psychological stress can prevent people having time or motivation to be physically active. Walking and running are low or no cost ways to be active, but fears about public safety can prevent people from leaving their homes. The work environment can affect people's level of physical activity as long work hours, shift work, sedentary and unstable work can leave little time and opportunity for physical activity.

Social Exclusion and physical activity

The experience of violence and discrimination can prevent people from being mobile. Getting out of the home or making time to be physically active may be difficult. Some forms of sport or exercise are not accessible for cultural reasons such as women not able to swim with men present. Sporting environments may exclude people through entrenched codes of behaviour and attitudes.

Environmental impacts and physical activity

The cost of maintaining open and public space has increased due to the impact of drought. Ability to use grounds or parks may be diminished in extreme weather conditions. In a heatwave, physical activity may be risky. Lack of knowledge about how to stay healthy in hot weather can lead to serious and sudden health problems especially for those at higher risk such as older adults and young children.

3.5 Council Plan 2009-2013

Strong support for giving priority to healthier eating and a physically active community is found in Yarra's Council Plan.

Under the section Serving Yarra's Community are strategies to:

- "Ensure access to a range of quality recreational and sporting places, spaces and activities" and to
- "Improve community facilities to support local services and community activity".

Under Ensuring a Sustainable Yarra are strategies to:

- "Encourage local food production and community gardens" and
- "Ensure access to a high quality 'green' open space network aiming for fully accessible features".

Keeping active

3.6 Focus for Council

When evaluating the work in each year of the MPHP and subsequently developing the next year actions Council will work to:

- influence the affordability of healthy food and making healthy food more available
- contribute to healthy food 'literacy', that is, knowing what to buy, how to store it and how to cook
- encourage local food production
- celebrate food and experimenting with food from a variety of cultures
- support low cost options for physical activity
- support active transport initiatives
- target key 'settings' such as schools, child care centres and aged care centres to improve nutrition and physical activity
- address perceptions of safety to support community use of open spaces for walking, running and cycling
- foster inclusive and welcoming sporting environments and
- support culturally appropriate forms of physical activity.

3.6.1 Work we can continue

Working to improve healthier eating and a physically active community we will continue to:

- register all food premises in the municipality and maintain a database of all food outlets. The database has the potential to be used to disseminate information about healthy food choices
- improve and promote our leisure facilities and recreation activities to support greater community participation (as part of the Yarra Physical Activity Plan)
- build and improve our open and public spaces to be inviting and accessible, thus increasing community use of these spaces (as part of the Yarra Open Space Strategy)
- build and improve our walking and bicycle paths to make it easier and safer for residents to travel more sustainably
- conclude the Welcome to Yarra Sports project. This VicHealth funded 'Respect and Responsibility" project aimed to develop young players to have respectful relationships on and off the playing field
- improve Council's services to be more accessible and supportive of active and healthier lifestyles
- link the priority of healthier eating and a physically active community to the Council's Community Grants program of Council, and
- continue to provide Maternal and Child Health services which include education and awareness of good nutrition for mothers, babies and children.

3.6.2 New work

In working to support healthier eating and a physically active community we will:

- bring together local services and agencies to identify the best way forward for Yarra
- facilitate the ability of residents to grow their own fruit and vegetables by developing guidelines for the management of community gardens
- propose initiatives targeting communities most at risk, and
- work in partnership with local services, sharing resources and setting performance measures.

4. Priority Two

Reducing harm from alcohol, tobacco and other drugs

4.1 *Understanding the health issue*

Alcohol, tobacco, prescription and illegal drugs have a significant impact on the health and wellbeing of many of Yarra's residents, and have a major impact on the sense of safety and community amenity in Yarra.

While smoking rates have declined, smoking remains a leading cause of premature death in Yarra and of admissions to hospital. Excessive alcohol consumption has both the short-term impacts of violence, injury and property damage as well resulting in long-term diseases. Prescription and illegal drugs can lead to overdoses as well as long-term health problems. Drug use and abuse are far more prevalent among the disadvantaged and linked to poorer mental health.

Key health facts in Yarra

- Yarra has the second highest level of alcohol-related assaults in Victoria and twice its rate of alcohol-related Emergency Department presentations
- alcohol related conditions are the fourth highest cause of avoidable deaths in Yarra, and alcohol contributes to poor mental health, cancer and stroke
- lung cancer is the second highest cause of avoidable deaths in Yarra, chronic obstructive pulmonary disease, including emphysema is the fifth cause, and
- other drugs are associated with high suicide, crime, poisoning and injury rates, sexually transmitted and blood-borne infections, and major mental illnesses.

4.2 *Priority populations*

Yarra's priority populations for the purposes of the MPHP are:

1. Indigenous Australians
2. people in socio-economic disadvantage, including inadequate housing, single women and children
3. some migrant and newly emerging communities
4. young adults, and
5. people in psychological distress or with depression.

4.3 *Policy and research*

The National Preventative Health Taskforce (2008) set two of its four national targets to 'reduce the prevalence of daily smoking to 9% or less' and to 'reduce the prevalence of harmful drinking for all Australians by 30%' by 2020.

The Victorian Department of Health sites 'reducing tobacco-related harm' and 'reducing and minimising harm from alcohol and other drugs' in its 7 health promotion priorities.

Key issues and challenges are highlighted in the following data.

4.3.1 Tobacco Facts (National Preventative Health Taskforce)

- Between 1975 and 1995, a 30% decline in smoking is estimated to have prevented 400,000 premature deaths and saved over $8.4 billion in costs
- The decline in deaths due to lung cancer and chronic obstructive pulmonary disease (COPD) is associated with the drop in smoking rates
- 1 in 5 pregnant women report smoking during pregnancy

- Children in disadvantaged areas are at far greater risk of being exposed to passive smoking
- It has been estimated that at least 18% of Australians aged 14 years and over smoke.

4.3.2 Alcohol Facts (National Preventative Health Taskforce)

- 72.6% of Australians drink at safe levels with no long-term risk to health, while 20.4% drink at levels of short-term risk or high risk at least once a month
- Alcohol consumption accounts for 3.2% of Australia's total burden of disease and injury
- Risky levels of alcohol consumption impact on the health system, workplace productivity, road accidents, crime and feelings of safety
- The number of Victorian liquor licences has increased from below 4,000 in 1986 to over 16,000 in 2006.

4.3.3 Drugs Facts (Victorian Drug Statistics Handbook, 2007)

- Victoria's needle and syringe program has grown from just over 400,000 needles and syringes distributed and 36% returned in 1990, to 6.7 million distributed in 2005 and 57% returned
- Between 1998 and 2005 the cities of Melbourne and Yarra had 'substantially more' ambulance attendances for heroin overdoses than any other LGAs
- Deaths from poisoning, as well as hepatitis and liver cancer (which include deaths from drug overdoses and misuse) rate as the ninth and eleventh highest cause of avoidable deaths in Yarra
- During 2005-06, 51,254 courses of treatment were delivered to 26,540 clients in Victorian specialist alcohol and drug services. In 39% of the courses of treatment delivered to clients alcohol was identified as the presenting primary drug of concern, followed by cannabis (25%) and heroin (18%)
- Drug cultivating, manufacturing and trafficking offences in Yarra decreased by 16.7% to 200 offences in the year to 2007-08
- Drug possession and use offences increased by 15.4% to 780 offences in the year to 2007-08. (Police operations targeting drug offences have contributed to the higher rates).

4.4 The health determinants

Long term disadvantage and alcohol, tobacco and other drugs

Links between social disadvantage and the prevalence of alcohol, tobacco and drug use are well documented. The experience of poverty, poor housing, low educational achievement and psychological stress all contribute to the use of drugs as a coping mechanism. While people rely on these substances to ease social and economic distress, alcohol dependence, for instance, can further contribute to disadvantage. This may impact on relationships, the ability to work and lead to anti-social behaviours.

Stress and work and alcohol, tobacco and other drugs

Alcohol, tobacco, prescription and illicit drugs have had a role in the management of stress, anxiety, depression and other mental health disorders. Ongoing use of any or several of these substances can seriously impact on health over time. Dependency on these legal or illicit drugs to manage stress is in some ways culturally acceptable in Australia. Workplace stress or job instability can contribute to the use of substances as a coping mechanism. Research suggest that the prevalence of alcohol outlets, bars, clubs and pubs in Yarra and its proximity to the CBD, means many of Yarra's activity centres have a focus on alcohol. The density of alcohol outlets has led to increased assaults and amenity issues for residents and venue patrons.

Social exclusion and alcohol, tobacco and other drugs

The experience of social exclusion can foster the use of alcohol and other drugs as a means of providing relief from the circumstances of poverty, stress, marginalisation, social isolation, discrimination and violence. Alcohol and other drugs can also be used as a tool for social inclusion. Cultural norms support these

situations, with the promotion of drug use, including alcohol and tobacco, as socially acceptable, backed up by marketing campaigns.

Environmental impacts and alcohol, tobacco and other drugs

Drinking alcohol in extreme heat can have detrimental health impacts as can the use of the other drugs.

Homeless people may be at additional risk if engaged in drinking or drug use during extreme conditions such as heatwave.

4.5 Council Plan 2009-2013

In talking about health and wellbeing, the Council Plan notes:

- "Yarra has the second highest level of alcohol related assaults in Victoria as well as high levels of alcohol-related Emergency Department presentations (almost twice the State level). Research is suggesting that a higher density of liquor licences in a given precinct increases the problems from alcohol
- consequences of illicit drug use are a significant local health issue whilst drug dealing and associated crime have a major impact on perceptions of safety and amenity of local areas" and
- "Council will continue to work with its partners to develop evidence-based approaches to reducing alcohol related harm. This will include working with community health services and Victoria Police, advocacy to the State Government as well as working through the IMAP group (four inner urban Councils) to develop a regional approach to managing the negative impacts of alcohol."

4.6 Focus for Council

When evaluating the work in each year of the MPHP and subsequently developing the next year actions Council will work to:

- monitor alcohol and drug use statistics and impacts, such as: assaults, intimate partner abuse and impacts on community amenity
- promote social alternatives to the use of alcohol, tobacco and drug use
- take a partnership approach to impact community safety perceptions
- gain a greater understanding of the gendered impacts of tobacco, alcohol and other drugs by considering gender disaggregated data
- promote Council as a positive organisational role model through alcohol-free events and a smoke-free workplace, and
- advocate to and work with, other levels of government to influence larger issues such as the extent of cultural acceptance of alcohol and smoking and advertising of these products.

4.6.1 Work we can continue

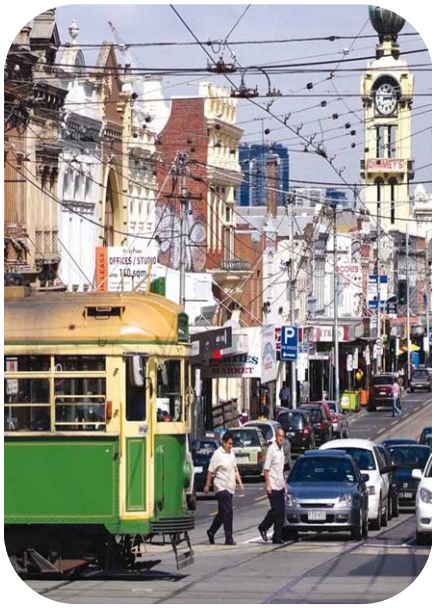
In reducing and minimising the harm from tobacco, alcohol and other drugs Council will continue to:

- apply Yarra's Planning Scheme to prevent over-concentration of licensed venues
- continue to enforce the Tobacco Act to minimise harm caused by through both education and enforcement, including reducing sales of tobacco to minors
- work with the IMAP group to address the negative impacts of alcohol
- support the coordination of local services through the work of the Yarra Drug and Health Forum including updating the Safer Yarra Plan (to be completed in 2010)
- work with public drinkers, including some in the Aboriginal community, to minimise alcohol related harm and offer alternative and culturally appropriate activities, and
- link the priority to the Community Grants program of Council.

4.6.2 New work

In reducing and minimising the harm from alcohol, tobacco and other drugs Council will:

- identify new ways to minimise the harm from alcohol, tobacco and drugs on families, young people and older people with improved support through Council's Family and Children's Services and Aged and Disability Services branches and through local services
- support local agencies in lobbying State and Federal Governments for appropriate funding and programs in Yarra
- develop a policy position around what Council can do to minimise the harms from Electronic Gaming Machine (EGM) gambling, recognising that gambling occurs largely in licensed premises and clubs. Draw on the Productivity Commission report of October 2009 and the findings on harm reduction. This will support a proposed Planning Policy for assessment of EGM applications, and
- assess the potential impacts of changes to licensing arrangements of EGMs as a priority and in work with other local governments in the region.



Reduce harms

5. Priority Three

Improving mental health

5.1 *Understanding the health issue*

Poor mental health is a major contributor to poor health and wellbeing. Illnesses such as depression and anxiety impact to different degrees on a large section of the community, either directly on the individual or indirectly on families, friends, neighbours and colleagues.

Poor mental health tends to be linked to broader disadvantage such as lower levels of education and participation in the workforce, difficulty securing housing and the experience of homelessness, higher rates of excessive alcohol consumption, smoking, use of illicit, and misuse of prescription, drugs and other health issues such as diabetes and heart disease. However mental health can affect anyone in the community.

Key health facts in Yarra

- suicide is the third highest cause of avoidable deaths in Yarra
- depression is the second highest 'burden of disease' in Yarra accounting for 7% of poor health, while generalised anxiety disorder is the eighth highest; both rates are higher than for Victoria
- poor mental health is associated with other conditions, such as heart disease, lung cancer and poisoning, owing to associated stress and risky behaviours, and
- Yarra is estimated to have higher rates of the less prevalent conditions, of schizophrenia and borderline personality disorder, compared to Victoria.

5.2 *Priority populations*

Yarra's priority populations in relation to this health issue are:

1. people experiencing socio-economic disadvantage, including inadequate housing, the homeless, single women and children;
2. Indigenous Australians
3. some migrant and newly emerging communities
4. victims of discrimination and abuse, including racism, and
5. people with addictions, including drugs and gambling.

5.3 *Policy and research*

1 of the 7 health promotion priorities of the Department of Health is 'promoting mental health and wellbeing'. The North Central Metropolitan Primary Care Partnership also has mental health as one of its two priorities.

Key issues and challenges raised in the Victorian Mental Health Reform Strategy include:

- an estimated 19% of Victorians are affected by a mental health problem in any 12 month period. Only 12% are estimated to seek help
- 12% of those affected are estimated to have a mild to moderate problem; 4% to have a moderate to severe illness; and 3% to have severe mental illness
- of those with a psychiatric disability, only 28% were in the workforce - the lowest labour force participation rates of any disability group
- people with severe mental illness have a significantly higher rate of physical health problems including major chronic conditions - heart disease, diabetes and cancer
- US research shows that mental health service consumers die on average 25 years earlier than the general population

- mental illness is the largest single contributor of disability burden in the population, and accounts for 70% of the disease burden in young people
- at least 30% of public mental health consumers also experience harmful drug and alcohol use
- almost half of those brought into police custody have some history of mental illness and 17% are current clients of public mental health services
- at least 30% of people who are homeless have identified having mental health problems. Over half report having developed their mental health problems after becoming homeless
- groundbreaking work conducted in Victoria has shown that intimate partner violence contributes significantly to the burden of disease associated with anxiety, depression, eating disorders and suicide in women
- according to the Australian Bureau of Statistics (2005), women represent nearly 90% of reported rapes and 76% of reported sexual assaults
- high job stress has been found to be a factor in a significant proportion of cases of depression in men and women in paid employment
- people with mental illness are 59 times more likely to be victims of theft, around 10 times more likely to be victims of violent crime or violent sexual assault, and 6 or 7 times more likely to be the victim of homicide than the general population, and
- a VicHealth review of 47 population-based research studies addressing discrimination, found an association between racial and ethnic discrimination and mental illness in 38 of the 47 studies.

5.4 *The health determinants*

Long term disadvantage and mental health

Low paid work; limited educational achievement, low income, and poor housing are associated with the experience of disadvantage and limit opportunities and the ability to exercise self determination. These factors contribute to mental health issues such as depression and anxiety. Children from lower socio-economic backgrounds, have higher rates of mental health problems than their more affluent counterparts.

Children with mental health problems, who grow up in disadvantaged areas and have less access to early intervention, are at risk of becoming adults with undiagnosed poor mental health with entrenched and often negative ways of behaving and coping.

Stress and work and mental health

Ways to cope with stress can become mental health problems, for instance women who experience partner violence are at higher risk of depression and anxiety leading to other issues such as misuse of alcohol and other drugs. Racial discrimination and violence contributes to isolation and stress and increases risk of mental health problems. Workplace stress and unstable work can compromise the ability to cope and affect mental health and well being.

Social Exclusion and mental health

Loneliness, lack of mobility, the experience of violence and discrimination all contribute to poor mental health. Older people living alone, for instance are at risk of poor mental health if they do not have supportive relationships or practical support to make everyday living manageable. Similarly those with a disability can be isolated in their homes and disengaged from their local community. Social stigma attached to groups such as homeless people or drug users, can lead to their further exclusion from mainstream culture and contribute to a lack of engagement and isolation.

Recent research into the health impacts of racism and discrimination are of particular note for Yarra's populations.

Studies have consistently demonstrated that people who are socially isolated or disconnected from others have between 2 and 5 times the risk of dying from all causes compared to those who maintain strong ties with family, friends and community.

Consultations with residents from Yarra's high rise estates support the findings of the research that inclusion is a strengthening and protective factor for good mental health.

Environmental impacts and mental health

Experience of a heatwave or a series of heatwaves can have wide reaching impacts on health including death, dehydration, increase of disease, impacts on cardio-vascular health, increased injury and burns. While these health impacts are serious in themselves, there are also secondary impacts on mental health and overall functioning. Research has indicated for instance, that violence is more likely to occur in extreme heat situations in addition to the exacerbation of other mental health conditions such as depression and incidence of suicide. In Yarra, there are a number of populations who are particularly vulnerable in a heatwave such as elderly or isolated residents, those living in inadequate housing, Indigenous Australians, newly arrived and culturally and linguistically diverse groups and those living in disadvantage.

Council's preparedness in the event of a heatwave aims to improve how well the community will cope and adapt to the extreme weather conditions.

5.5 Council Plan 2009-2013

Council set two relevant strategies under Serving Yarra's Community:

- "to be a leader in local government, ensuring social justice principles are fundamental to our community services" and
- to "encourage social inclusion through understanding and addressing local needs."

5.6 Focus for Council

When evaluating the work in each year of the MPHP and subsequently developing the next year actions Council will aim to:

- contribute to community understanding of poor mental health in order to remove the stigma often associated with it
- focus family support services on helping families to develop positive coping strategies and resilience
- actively support the inclusion of marginalised community members in programs and services
- work with local community groups and residents to prepare their homes and other important buildings in the event of a heatwave in conjunction with action taken in the Green House Action Plan
- explore opportunities through the Yarra Giving Centre for a broad range of volunteers to support other residents
- foster civic engagement and cultural opportunities for social contact
- support opportunities for older people and those with disabilities to connect and provide mutual social support, and
- take a partnership approach to the prevention of violence against women.

5.6.1 Work we can continue

Working to improve mental health we will continue to:

- build the capacity of Council's human services - early childhood, family support, youth services, aged services and disability services - to connect residents with the appropriate services

- support local service providers - understanding local needs, lobbying for local services and bringing together agencies to coordinate and prioritise services

- advocate for affordable housing and continue Council's participation in affordable housing projects
- support festivals and events that celebrate and recognise Yarra's diverse communities
- implement the UNESCO Coalition of Cities Against Racism 10 Point Commitment to address discrimination and racism in the community
- support programs that provide health and recreation options to Aboriginal community members to support good mental health
- support projects that address violence against women such as White Ribbon Day
- work with key networks and committees to improve health and safety e.g. Local Safety Committee, Yarra Drug and Health Forum, Neighbourhood Renewal, Domestic Violence Network, Yarra Aboriginal Support Network, Inner Melbourne Action Plan and the Licensees Forum, and
- link the Mental Health priority to the Community Grants program of Council.

5.6.2 New work

Working to improve mental health Council will:

- develop a better understanding of local issues, the service sector and community needs and consider service mapping as a key support to Council and community organisations
- prepare a Heatwave Plan to better equip Council and the community to adapt and stay well in the extreme heat
- ensure that planning for the Indigenous Australian community incorporates the mental health needs of some community members and violence prevention
- build on the work of the Sexual Violence Taskforce Action Plan to ensure women's health and wellbeing is supported by the work of Council, and
- bring together local service providers and community groups to identify how we can better support people with poor mental health to access appropriate services.

6. Priority Four

Improving the health of Indigenous Australians

Credits: photographer Bill Poon and Multicultural Arts Victoria

6.1 Understanding the health issue

Research has consistently shown a considerable difference in life expectancy, risk factors and the health status of Indigenous Australians compared to non-Indigenous Australians. As most Indigenous people live in towns and cities this poor health is not simply an issue of remoteness to services or rural living conditions.

Yarra's Aboriginal and Torres Strait Islander population is small according to the 2006 Census (252 people), although local Aboriginal services report that many more people travel into Yarra for social activities, events and to access services.

Although this community is small, Yarra City Council has the opportunity to contribute its part in what is recognised as the major national health challenge for the nation: 'closing the gap' in life expectancy of Indigenous Australians. It is likely Council's role will be to continue its partnerships with local community groups and agencies, working to celebrate Yarra's Aboriginal heritage and addressing the complex and long-term disadvantage of some members of Yarra's Aboriginal community.

Key health facts for Yarra's Indigenous population

- Currently there is a 17-year life expectancy gap between Indigenous and non-Indigenous people in Australia
- 75% of Indigenous Australians live in urban and regional locations across Australia
- Indigenous Australians in Yarra live predominantly in public housing, with individuals having a median weekly income close to half the Yarra average
- Innovative, local community initiatives have highlighted the multiple, complex health needs of some Indigenous community members in Yarra
- The health needs of Indigenous Australians in Yarra seem consistent with national trends, of having the worst health outcomes in the nation. A recent evaluation of the Billabong BBQ program and the pilot Smith Street Health Outreach Project in Yarra, confirm this.

6.2 Policy and research

Governments across Australia have committed to addressing Indigenous health. The National Preventative Health Taskforce in 2008 set as one of its four national targets "contributing to the 'Close the Gap' target for Indigenous people". The Taskforce notes: "For Indigenous people, health status is not just a matter of position in the social gradient, as for the general population. Irrespective of socio-economic status or geographical location, Aboriginality itself is associated with poor health. Specific recognition of culture, as a major social determinant of Indigenous health, is important when designing preventative health programs to contribute to 'Close the Gap' targets."

"The poor nutrition and lack of physical activity which contribute to obesity and the use of tobacco and alcohol are embedded in a complex social, historical and political context, marked by processes of intergenerational powerlessness, poverty and social exclusion.

There is a strong association between obesity, tobacco and alcohol use and these social determinants of health. Therefore, addressing the broader social determinants of health – including poverty, lack of education and social exclusion – is a critical element in a broader strategy to tackle obesity, tobacco and alcohol in the Indigenous community.

In the current context of high levels of chronic disease in Indigenous communities, obesity, tobacco and alcohol make significant contributions to the burden of sickness, injury and death in these communities. Together, these factors contribute to almost a quarter of the 'health gap'."

At its July 2009 meeting, the Council of Australian Governments (COAG) reaffirmed Indigenous health as a national priority and noted the importance of all governments working together. A commitment was made to develop a national strategy for service delivery including:

- "targeting of existing and future investments in housing, homelessness, education, employment, health and early childhood services
- local need and place-based approaches enabling initiatives to be delivered in a manner appropriate to needs in a particular location, and
- strengthened Indigenous capacity, engagement and participation to promote a strong and positive view of Indigenous identity and culture and strengthening individual, family and community wellbeing and capacity as a necessary impetus to improved access to, and take-up of, services."

The Federal Government released a new policy statement in February 2009, 'Closing the Gap', which set out its priorities. Key issues included:

- 38% of Indigenous people are under the age of 15 (19% for non-Indigenous), while only 3% of Indigenous people are aged over 65 (13% for non-Indigenous)
- whilst Indigenous children aged 3 to 5 years of age living in very remote areas are significantly less likely to attend a preschool than those living in other areas of Australia, those living in major cities are in fact only slightly more likely to attend preschools than those who are living in regional or remote localities
- infant mortality for Indigenous infants in the 2002-06 period was 12.3 deaths per 1000 live births, compared with 4.2 deaths for non-Indigenous infants
- in 2006, year 12 completions for Indigenous Australians were 45.3%, compared to 86.3 % for non-Indigenous (i.e. Year 11 to Year 12)
- at the time of the last Census (in 2006), around 48% of the Indigenous workforce-aged population was in employment. This compares to 72% for other Australians - a gap of 24 % and
- a VicHealth review of 47 population-based research studies addressing discrimination, found an association between racial and ethnic discrimination and mental illness in 38 of the 47 studies.

Credits: photographer Bill Poon and Multicultural Arts Victoria

6.3 *The health determinants*

Indigenous Australians experience disproportionately high levels of long term social and economic disadvantage. This disadvantage impacts on day to day circumstance and life experience such as levels of stress, poor mental health, unemployment or unstable employment, financial hardship, lower educational attainment and social exclusion. Indigenous Australians have experienced extreme disadvantage over a prolonged period and this is evidenced by the significantly lower life expectancy for both women and men in this population group. Each of the health determinants applies to Indigenous Australians and needs to be addressed across all

levels of government in partnership with Indigenous people and organisations to achieve change. Improving the health of Indigenous Australians in Yarra has been identified as a focus in each of the other three health priorities. The social determinants of health for Indigenous Australians are explored further as follows.

Long term disadvantage and Indigenous health

The socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander peoples compared with other Australians places them at greater risk of exposure to smoking and alcohol misuse, and other risk factors such as exposure to violence. (Australian Institute of Health and Welfare, 2008)

In Yarra, there are Aboriginal people living in extreme disadvantage which is long term or even lifelong. This may be as a result of being from the Stolen Generation which has had an impact on educational attainment, levels of employment and the experience of poor mental as a response to loss and grief. The experience of family violence and street based violence is high for this group.

Stress and work and Indigenous health

Poor mental health is related to disadvantage, discrimination, post-traumatic stress, isolation and disenfranchisement.

In Victoria Indigenous people have the worst self-reported health status, including high Kessler scores of distress (Fair Health Facts, 2009). This type of distress can manifest as depression, anxiety and anger.

Opportunities to work may be affected by long term stress and disadvantage, including experiences of racial discrimination. The chance to work is one of the most common requests and issues identified by Aboriginal residents in Yarra, and are recognised as a pathway out of disadvantage.

There are also many Indigenous Australians who work in Yarra in the many Aboriginal organisations based here and in local community services and Council. High levels of stress have been observed and reported among workers whose role is to support those who are more disadvantaged in the Aboriginal community.

Social exclusion and Indigenous health

Social exclusion, disadvantage, racial discrimination, educational attainment, poor and unstable housing affects some in Yarra's Aboriginal community.

Environmental impacts on Indigenous health

For Aboriginal people in Yarra who spend most of their time outdoors, the effects of both extreme cold and heatwaves are significant. People drinking in the outdoors require protection from extreme heat and cold. Homeless people and those in unstable housing will be at greater risk.

6.4 *Council Plan 2009-2013*

The Strategic Objective of *Supporting a Diverse and Dynamic Yarra* identifies the link between a diverse and vibrant community and a dynamic and successful local economy. A strong sense of neighbourhood and identity, including celebrating our Indigenous heritage, is central to our diversity.

Acknowledgement is also made of Council's work to improve the health and wellbeing of Yarra's Aboriginal community, particularly the partnerships with local agencies and service providers. One of the key strategies is to:

- "Recognise and celebrate our cultural heritage and diversity".

6.5 *Focus for Council*

When evaluating the work in each year of the Health Plan to improve the health of Indigenous Australians and in developing the next year actions we will aim to:

- support State and Federal health promotion initiatives to improve Indigenous health
- identify funding opportunities and support local organisations to access new funding

- collect and analyse data, such as gender specific data, to gain a deeper understanding of working with Yarra's Indigenous population
- maintain relationships with key stakeholders in State and Federal governments to take opportunities to improve the health and wellbeing of Aboriginal community members, and
- support positive relationships between Aboriginal community members and local residents and businesses, through initiatives that bring the community together.

6.5.1 Work we can continue

In working to improve the health of Indigenous Australians we will continue to:

- celebrate Yarra's Aboriginal heritage and culture, as can be seen in the Fitzroy Aboriginal Plaques Project and the public art project in Smith Street
- work with Aboriginal communities, local agencies, and State Government to address local health and wellbeing issues such as those manifesting in Smith Street
- offer community grants with a health and wellbeing focus and promote to Aboriginal organisations and community group
- fund local organisations to deliver health and recreation projects that support Aboriginal community members in Yarra and in particular the Parkies (Aboriginal people who identify as belonging to a specific group and calling themselves Parkies)
- support and participate in the Yarra Aboriginal Support Network
- convene the Aboriginal Advisory Group as a vehicle for engaging with community, providing advice to Council and empowering Yarra's Aboriginal community, and
- engage with Aboriginal residents, organisations and Elders to ensure Council's work to improve health and wellbeing is respectful, culturally appropriate and empowers Aboriginal people.

6.5.2 New work

Working to improve the health of Indigenous Australians we will:

- develop a new Aboriginal Partnerships Plan, building on the success of the previous Plan
- support initiatives of the Smith Street Community Plan 2009
- monitor the implementation of Local Law 8, prohibiting drinking in public places, and
- support funding bids including for partner organisations to support the vision of community and Council for a resilient, healthy, empowered and engaged Indigenous community in Yarra.

7. The Health Plan Implementation Principles

The Health Plan strategies will be implemented through activities that occur across the whole of Council and in the community. In line with the Health Act (2008) requirements and the MPHP 2005-2008 Evaluation Report findings, Council will use the following high level principles in delivering the Health Plan over the period, 2009-2013.

7.1 Principles

The Council will apply the following principles in relation to health and wellbeing:

7.2 Partnerships

The Health Plan describes Council's role in addressing the health priorities, with the Health Status Report providing an evidence base for action.

Council will work in partnership with its community, other levels of government, and community organisations to address the priority health issues. The Health Plan strategies include working with and supporting the many community organisations that have a role in the delivery of health services, programs and projects in Yarra.

The Health Status Report draws on a range of data and is supported by consultation with Council's partners, survey results, research findings and other government policies which all provide insights into the health and wellbeing of the Yarra community.

Council's evaluation of the Health Plan (2009-2013) will be developed with the Department of Health (DoH) through a regional project and this will include collaboration with other local governments. Ongoing consultation and engagement with the Yarra community is one way Council will know if the Health Plan is making a difference.

8. Development of the MPHP Evaluation Strategy

An Evaluation Strategy will be developed during Year One of the Health Plan (2010). The Evaluation Strategy will be split into two parts:

8.1 Evaluation of the Health Plan Priorities

Council will evaluate its work in relation to the four identified health priorities. The evaluation will focus on understanding and measuring the impact of Council's work in the medium and long term. It will also facilitate the process of learning over the four years of this Health Plan and help refine actions to achieve maximum benefit. This part of the Health Plan Evaluation Strategy will cover the life of the plan, applying specific evaluation tools at key milestones.
Activities associated with the evaluation of the Health Plan Priorities are explored as hypothetical examples in the section that follows.

8.1.1 The development of overarching goals for each health priority

This activity will involve creating goals that set specific health targets that can be measured.

This is known as *outcome evaluation* and will assess whether the goal has been achieved. The *outcome evaluation* will take place in Year 4 (2013) of the Health Plan.

Hypothetical Example – Outcome Evaluation

Objective	Increase consumption of fruit and vegetables by 25% by 2013 for children in Yarra.
Possible Evaluation Techniques	Refer to Yarra statistics from the Victorian Population Health Survey for benchmark.
	Carry out a before-and-after self reporting survey with a specific population group (households with children) in the community to assess change and impact.

8.1.2 The development of specific objectives under each goal

Objectives need to be measureable so Council can assess the *impact* of the objective i.e. is it making a difference? The *impact evaluation* will take place in Year 3 (2012) and Year 4 (2013).

Hypothetical Example – Impact Evaluation

Objective	Increase the number of primary schools in Yarra offering a breakfast club from five to ten schools by 2012.
Possible Evaluation Techniques	Conduct a desktop survey of breakfast clubs in primary schools in Yarra to establish baseline.
	Re-measure in 2012 to establish increase and effectiveness.

8.1.3 Development of specific strategies or actions under each objective

The actions under the objectives are measured by asking the question: “have we done what we said we would do?”

This is a *process evaluation* and will take place in Year 2 (2011), Year 3 (2012) and Year 4 (2013).

Hypothetical Example – Process Evaluation

Action Strategy	Include funding for primary school breakfast clubs as part of the 2011 and 2012 Community Grants Program.
Possible Evaluation Techniques	Measure whether breakfast clubs were highlighted as a priority in the Community Grants Program.
	Assess how well schools were targeted and supported to apply for these grants and number of new programs funded or programs extended.

8.2 Evaluation of the Health Plan Principles of Intent

This project will evaluate the principles of intent of the Health Plan through internal (cross Council) and external (with the Municipal Public Health Plan Advisory Committee and external partners) qualitative evaluation.

This component of the Evaluation Strategy will measure how well the principles of intent have been used in implementing the Health Plan. This evaluation will also assist when planning the next Health Plan and will take place in Year 4 of the implementation of the Health Plan (2013).

8.3 Support to develop Health Plan Evaluation Strategy

Yarra City Council will be supported by the North and West Region Public Health Unit of the Department of Health in developing the Health Plan Evaluation Strategy.

The *MPHP Evaluation Initiative Phase 2* pilot project aims to assist local governments in the North and West Metropolitan Region to build capacity to develop high standards of evaluation in MPHP (Health Plan) planning and delivery.

9. Guide to further information

9.1 Health Plan Documents

The **Health Status Report** details the available local health data and highlights the key health issues for Yarra. The Health Status report also examines Yarra's health issues, the underlying social determinants of these and the current health policy context.

9.2 Key health resources and links

Australian Bureau of Statistics, 2009, **National Health Survey: Summary of Results 2007-08**
Australian Government, 2009, **Closing the Gap on Indigenous Disadvantage: The Challenge for Australia**

Australian Institute of Health and Welfare, **subject matter - Indigenous – http://www.aihw.gov.au/indigenous/index.cfu**

Department of Health, **Integrated Health Promotion Resource Kit – http://www.vic.gov.au/healthpromotion/evidence_res/integrated.htm**

Department of Human Services, 2009, **Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-19**

Department of Human Services, 2009, **Fair Health Facts**

Department of Human Services, 2008, **Local Solutions for Public Drug Use: An investigation into community responses to public injecting in Victoria**

Department of Human Services, 2009, **The Victorian Drug Statistics Handbook 2007: Patterns of drug use and related harm in Victoria**

Marmot, M & R Wilkinson, 2003, **the Social Determinants of Health – The Solid Fact (2nd Edition), WHO**

National Preventative Health Taskforce, 2008, **Australia: the healthiest country by 2020**

Victorian Auditor General's Office, 2007, **Promoting Better Health Through Healthy Eating and Physical Activity**

Victoria Police, 2009, **Crime Statistics 2007-08**

WHO, **Healthy Cities Program – http://www.who.int/en/**

UNICEF **http://www.childfriendlycities.org/**

10. Attachments

Directions for action in year one are outlined in the following table. As stated above a full action plan will be developed in consultation with partners.

10.1 Attachment One - Year One Directions

To address the health priorities and social determinants in the delivery of universal and targeted services, with a focus on disadvantage.		
1.	**Engage community partners in action to achieve identified health outcomes.** *In recognition of the knowledge, skill and action on health issues undertaken by the many Yarra community organisations and agencies, Council will:*	Establish a work plan for each health priority area with the purpose of: • supporting a coordinated response to specific health issues and the determinants; • pooling resources and skills to address specific health issues; • exploring funding opportunities and areas for collaboration; • ensuring that data, research and best practice knowledge relating to specific health issues and risk groups is current and of high quality; and • using best practice knowledge to inform decisions about interventions to address health priorities and determinants and make available to the sector. Ensure that the priority health issues are priorities of the Community Grants program.
2.	**Build the ability and capacity of Council to address priority health issues** *Council will develop its organisational capacity to plan for and respond to health and wellbeing priorities in the municipality by*:	• using the Environments for Health Framework (DHS) and Health Promotion Principles to work on priority health issues and their determinants, across Council; • facilitating cross organisational action towards addressing priority health issues and their determinants, through the annual planning processes; • supporting the consideration of priority health issues and their determinants in service reviews as they arise (such as the Disability Action Plan and the Safer Yarra Plan); • using the Research and Policy Network to facilitate internal awareness of the priority health issues and their determinants; • conducting workforce development to enhance skills and knowledge such as access and inclusion training, cultural awareness training, anti-violence and anti-harassment training and supporting healthy living for staff from across the Council; and • developing and implementing an **Evaluation Strategy** for the Health Plan 2009-2013 to report and measure both the impact of the Health Plan on specific health issues and the processes undertaken.

To address the health priorities and social determinants in the delivery of universal and targeted services, with a focus on disadvantage.		
3.	**Advocacy, representation and communication on key health issues** *Council will undertake advocacy and representation utilising the evidence on health issues in Yarra and:*	• work with partners to strengthen representation and advocacy, for example local businesses, community health, welfare sector, Victoria Police and the legal sector; • advocate for resources to address the equity issues impacting on the health and wellbeing of Yarra residents; • ensure participation of the non-English speaking community members by providing multi-lingual materials and interpreting services when needed; • demonstrate the significant disadvantage in Yarra, use the evidence base in submissions and funding applications; • work with the inner region local governments on issues of the natural, economic, built and social environments to achieve better health outcomes (IMAP, inclusionary zoning, alcohol policy and gambling); • continue to support advocacy campaigns to improve health and wellbeing in Yarra (examples: Smith Street social support, homelessness, gambling and affordable housing); and • provide information on health issues and the determinants alongside Council's work in health and wellbeing through vehicles such as the E-bulletin for businesses, Yarra News and Council's website.

10.2 Attachment Two - The Social determinants of health

Understanding the social, economic and environmental factors over which individuals have limited control but which influence health and wellbeing.	
1. Social gradient	Life expectancy is shorter and most diseases are more common for those at the less advantaged end of the social ladder.
2. Stress	Stressful circumstances make people feel worried, anxious and unable to cope, is damaging to health and may lead to premature death.
3. Early Life	A good start mean supporting mothers and young children, the health impacts of early development and education last a lifetime.
4. Social exclusion	Life is short where quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives.
5. Work	Stress in the workplace increases the risk of disease and people who have more control over their work have better health. Includes type of work, management styles and social relationships.
6. Unemployment	Job security increases health and wellbeing and job satisfaction. Higher rates of unemployment, including insecure jobs and underemployment, cause more illnesses and premature death.
7. Social Support	Friendship, good social relations and strong supportive networks improve health and home, at work and in the community.
8. Addiction	Individuals often turn to alcohol, drugs and tobacco as an escape from adversity and stress.
9. Food	A good diet and adequate food supply, including costs and access to fresh and healthy foods are central to promoting health and wellbeing.
10. Transport	Health transport means less driving and more walking and cycling, backed up by better public transport[1]
11.Gender	The way men and women experience health services differs and interventions can influence health outcomes.
12. Sexuality and discrimination	Discrimination based on race, ethnicity, gender, sexual preference and disability are embodied in inequalities of health .
13. Personal health practices and coping skills	Developing personal skills can assist people to gain a sense of empowerment and more control over their lives.

[1] Marmott M, Wilkinson RG, eds, 2nd edition, WHO 2003

10.3 Attachment Three - The Social determinants of health

The DHS Integrated Health Promotion Resource Kit cites these risk and protective factors affecting health and wellbeing.

Protective Factors							
Healthy Conditions and Environment	Safe physical Environments	Supportive economic environments	Regular supply of nutritious food and water	Restricted access to tobacco and drugs	Healthy public policy and organisational practice	Provision for meaningful employment	Provision of affordable housing
Psychosocial factors	Participate in civic activities and social engagement	Strong social networks	Feeling of trust	Feeling of power and control over decisions	Supportive family structures	Positive self esteem	
Effective health services	Provision of preventative services	Access to culturally appropriate services	Community participation in the planning and delivery of health services				
Healthy lifestyles	Decreased use of tobacco and drugs	Regular physical exercise	Balanced nutrition	Positive mental health	Safe sexual activity		

Risk Factors							
Risk conditions	Poverty	Low social status	Dangerous work	Polluted environment	Natural resource depletion	Discrimination	Power hierarchy
Psychosocial factors	Isolation Loss of meaning	Lack of social support	Poor social networks	Low self esteem	High self blame	Low perceived power	Abuse
Behavioural risk factors	Smoking	Poor nutrition	Physical inactivity	Substance abuse	Poor hygiene	Being overweight	Unsafe sex
Physiological risk factors	High blood pressure	High cholesterol	Release of stress hormone	Genetic factors	Altered levels of biochemical markers		