



Health Plan 2013-2017

"Helping communities flourish through health promoting environments"

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VIETNAMESE

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City of Yarra, Municipality Map



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Acknowledgement of Country

Yarra City Council acknowledges the Wurundjeri people as the Traditional Owners of the country within the council's boundaries. Today they remain the custodians of the cultural heritage of this land. Yarra City Council also acknowledges that many Aboriginal and Torres Strait Islander people have lived, worked and contributed to the cultural heritage of Yarra

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1. Overview

Under the Victorian Public Health and Wellbeing Act 2008 (the Act), local government is required to take responsibility for public health and wellbeing planning on behalf of its community. Council is obliged to develop a municipal public health and wellbeing plan every four years under the Act.

The Yarra Health and Wellbeing Plan 2013-2017 (Health Plan) is a significant strategic document which sets the health priorities for the municipality and informs Council actions that are designed to improve the health and wellbeing of residents.

In the development of the 2013-2017 Health Plan Council has produced the following documents:

- A Health Status Report, which presents a range of information related to the health and wellbeing of Yarra residents. It is a companion document to the Health Plan and informed planning priorities,
- An Update on Activities and Reflection on progress at the Beginning of Fourth and Final Year of the Plan, which reflects on the issues and populations prioritised in the 2009-2013 Health Plan, and the works undertaken to improve health and wellbeing,
- A literature review around guiding public health and wellbeing planning, and
- An evaluation framework which presents a customised program logic model to be applied to strategies and activities of the Health Plan, and a tool for analysing and evaluating completed program logic models.

As highlighted by evidence outlined in the [Health Status Report](#), there are a number of priority populations within Yarra, including people living in long term disadvantage, Indigenous Australians, people living with a disability, people from diverse cultural backgrounds, and women.

Due to the significant community safety issues in Yarra, other population groups are also given special consideration. These include people who inject drugs, persons experiencing homelessness and housing insecurity.

People in these groups may be excluded or experience barriers to health and social services and community participation. It has been demonstrated in other communities, that the concentration of limited resources on those population groups most impacted by diseases (especially preventable diseases) can have the greatest impact on reducing the total burden of disease.

Health promotion activities happen every day across numerous branches and plans within Council. In recognition of this, the draft Health Plan now provides a more comprehensive narrative of how Yarra works in a health promoting way while also maintaining our historic, correct and effective

focus on priority population and those issues presenting the most pressing challenge to community health and wellbeing.

The vision of the Health Plan 2013-2017 is:

“Helping communities flourish through health promoting environments”

The priorities and directions for the Health Plan 2013-2017 are:

Health Promoting Environments	<ul style="list-style-type: none">• Promote mental health and wellbeing by creating opportunities for people to be involved in and connect with their community.
Assist in reducing the burden of chronic diseases by increasing people's ability and desire to choose active transportation including walking, cycling and public transport.	<ul style="list-style-type: none">• Assist in reducing the burden of chronic diseases by promoting physical activity through participation in sport and recreation activities• Protect community health and wellbeing by protecting our environment
Community Safety	<ul style="list-style-type: none">• Create a safe environment, Council and partners will raise awareness and develop initiatives to address violence and its impact on individuals.
Reducing the Harms from Alcohol, Tobacco and Other Drugs	<ul style="list-style-type: none">• Reduce the negative social impacts resulting from alcohol misuse in the community• Reduce the impacts of illicit drug use in the community• Reduce rates of smoking in the community
Closing the Gap on Indigenous Health	<ul style="list-style-type: none">• Council acknowledges the negative impacts of racism and discrimination on institutional and personal relationships between Indigenous and non-Indigenous people in Yarra and is committed to achieving the best outcomes for Indigenous people.

Evaluation is the process taken to determine the worth, effectiveness, efficiency and significance of something. Councils have a legislative requirement to evaluate their Health Plans and as such, the Plan and its strategies will be evaluated iteratively and upon completion using the [Evaluation Framework](#). This framework provides a customised program logic model to be applied to strategies and activities, as well as an easy to use tool for evaluating practical project and programs.

2. Legislative and Policy Context

2.1. Federal Policy Context

The National Preventative Health Taskforce was established in 2008 and given the challenge to develop the National Preventative Health Strategy. In 2009 the Federal Government launched the National Preventative Health Strategy, *Australia: The Healthiest Country by 2020*. The Taskforce identified the need to tackle the burden of chronic disease currently caused by obesity, tobacco, and excessive consumption of alcohol (National Preventative Health Taskforce 2008). In addition to this, a key strategic direction of the National Preventative Health Strategy relates to closing the gap on Indigenous health.

The Commonwealth recognised the need to make healthier choices easier choices; helping to reduce barriers and aid healthier choices. The aims of the Commonwealth strategy are to implement actions that help people maintain or achieve a healthy weight, prevent smoking and exposure to tobacco smoke, and limit intake of alcohol to safe levels.

The impetus for these National priorities is also reflected locally. For example, currently smokers account for almost a fifth of people aged 18 years and over in Yarra, and 16% of residents aged 18 years and over are at risk from short term harm from alcohol (Victorian Department of Health 2008).

2.2. State Policy Context

At a State level, public health and wellbeing sits within the legislative and regulatory framework of the Victorian Public Health and Wellbeing Act 2008 (the Act).

The Act requires local government to take responsibility for public health and wellbeing planning on behalf of its community. The Act seeks to achieve the highest attainable standard of public health and wellbeing by:

- protecting public health and preventing disease, illness, injury, disability or premature death,
- promoting conditions in which people can be healthy, and
- reducing inequalities in the state of public health and wellbeing.

The Victorian Public Health and Wellbeing Plan 2011–2015 was developed in accordance with the requirements of the Victorian Public Health and Wellbeing Act 2008, to identify public health priorities for Victoria.

The Plan focuses on prevention and identifies ways for partners within the state to work. This includes strengthening local government capacity to develop and implement public health and

wellbeing plans. The priority issues identified for promoting the health of Victorians are in line with national priorities and include increasing healthy eating, reducing misuse of alcohol and drugs, increasing physical activity, promoting sexual and reproductive health, controlling tobacco use, promoting mental health, improving oral health, preventing injury, and preventing skin cancer.

In addition to this, Community Health Centres' integrated health promotion planning cycles are now aligned with the Health Plan planning cycle from 2013-2017. These plans outline how community health centres work in health promoting ways, and contribute to the achievement of the State Plan through supporting the Health Plan.

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3. Health Planning in Yarra

Council has a key opportunity to improve the health and wellbeing outcomes of the whole community through its roles in:

- **Supporting citizens' voice and participation** in informing Council's own and other's policy, planning and engagement of service users in service delivery,
- **Leading and partnering** with others to strengthen responses to the health and wellbeing needs of the community's. This involves action across policy, planning, service delivery and advocacy,
- **Meeting of council responsibility** to respond to the health and wellbeing needs of the community through its own policy, planning and service provision activity, and
- **Contributing to and building the evidence** for required policy, planning and service delivery directions.

The statutory role of Council in relation to public health matters, to 'protect, improve and promote public health and wellbeing within the municipal district', is reinforced under the terms of the Act. Under the Act of 2008, Council is required to develop a Municipal Public Health And Wellbeing plan which:

- includes an examination of data about health status and health determinants in the municipal district,
- identifies goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing,
- provides for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan, and
- specifies how the council will work in partnership with the Victorian Department of Health and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.

The Yarra Health and Wellbeing Plan 2013-2017 (Health Plan) is a significant strategic document. It sets the health priorities for the municipality and informs Council actions that are designed to improve the health and wellbeing of residents.

3.1.1. A Snapshot of Yarra

This snapshot was compiled from a variety of data and statistical sources including Australian Bureau of Statistics (ABS) census data, Victorian Department of Health state and municipality level information. For a comprehensive look at the health status of Yarra residents, please refer to the [Health Status Report](#).

Yarra is a vibrant inner-city municipality, wrapped around the north and east of Melbourne's Central Business District. On its south and east Yarra is bordered by the Yarra River and Merri Creek, the west borders Melbourne's sport and entertainment precinct, the world heritage-listed Exhibition Building and gardens, and further north Princes Park.

Yarra has 235 hectares of open space, equating to around 34 square metres of open space per person. Large historical gardens are located in Edinburgh Gardens in North Fitzroy and Darling Gardens in Clifton Hill. Yarra has three leisure centres, 19 sports grounds, 3 bowling clubs and a golf course.

The City of Yarra is home to a high proportion of residents living with socio-economic disadvantage, in what is otherwise a relatively affluent municipality.

The total population of Yarra in 2011 was 78,592. The median age for Yarra residents was 33 while the median age for Australians is 37. Despite the younger age demographic, Yarra still has an ageing component to the resident population, although small relative to other municipalities.

According to the 2011 Census there were just over 300 Aboriginal and Torres Strait Islander people in Yarra, with equal numbers of males and females. However, local Aboriginal services report that many more people travel into Yarra for social activities, events and to access services.

In Victoria, Aboriginal Australians experience poorer health outcomes than non-Aboriginal Australians in almost every measure of health, which results in a significant gap in life expectancy.

Almost a fifth of Yarra residents come from countries where English is not the first language, and almost a quarter speak a language other than English at home.

There is a large community of people with Vietnamese ancestry in Yarra. The top five ancestries nominated by residents in Yarra were English, Australian, Irish, Scottish and Italian. Emerging population groups in Yarra include people from Indonesia, Turkey, Singapore, Somalia, Croatia, Sri Lanka, Poland, Netherlands, Egypt, South Korea, Macedonia, Colombia, Eritrea, Spain, Chile, Taiwan, Malta, Iran and Lebanon.

There are a range of housing options for residents in Yarra, however as an inner city suburb, the main housing options tend to be medium to high density dwellings with separate dwellings on smaller blocks. Residential land in the inner city is at a premium and tends to influence the types of development and the types of households that move to Yarra and stay.

More people rent their homes in Yarra and levels of home ownership are low. In addition to this, Yarra has the highest concentration of social housing of any municipality in Victoria.

When compared to the Greater Melbourne Statistical Division (SD), Yarra had a higher proportion of residents holding formal qualifications in 2011, that is to say bachelor or higher degrees, Advanced Diploma, and Diploma and Vocational qualifications. A high percentage reported completing schooling to Year 12 (over two thirds of residents) when compared to Greater Melbourne SD (just over a half).

The number of people in the Yarra labour force increased by 11.6% between the Census of 2006 and 2011. The size of Yarra's labour force in 2011 was 45,198 persons, comprising two-thirds of the population aged 15 years and over. Over two thirds of the labour force worked full time and just under one third worked part time. The distribution of household earnings in Yarra shows great disparity between high and low income households.

As mentioned previously, Yarra's community has a unique demographic make-up with many people living at the very lowest end of the socio-economic scale and many at the highest end of the scale. This brings specific challenges for inclusion and participation.

Many in the community experience discrimination on the basis of ethnicity, sexual preference, religion, disability, age or gender. Isolation and the experience of discrimination can compound problems and decrease people's health and wellbeing and perception of personal safety.

3.1.2. Yarra's Commitment to the Social Model of Health

Health and wellbeing is more than the treatment of illness. It is also more than the absence of illness. It is about living people living well and flourishing. That means:

- a community which enjoys high levels of positive physical and mental health and low levels of illness and disease,
- children being safe, nurtured and thriving,
- young people are resilient, secure and supported in their successful transition to adulthood,
- confident and capable families where relationships are strong and healthy,
- communities where diversity is acknowledged and valued,

- people participating - having a voice and able to develop their own solutions and shape and inform policy and services that impact on their lives,
- communities that recognise inequality and work hard to support all in the community to have access to the means and supports required to lead a healthy life,
- access to material basics – food, water, shelter, money and work, and
- people feeling free from harm, and free from the threat of harm.

Another important aspect of health and wellbeing thinking is the capacity to have a sense of control over one's life and to be able to make choices. Strategies to strengthen health and wellbeing should include effort directed towards individuals and communities being active participants and agents in their own health and wellbeing.

In thinking about health and wellbeing attention has to be given to the social determinants of health - the conditions in which people are born, grow, live, work, play and age. They are sometimes referred to as 'the causes of the causes' because they are the underlying reasons why people experience poor health and wellbeing.

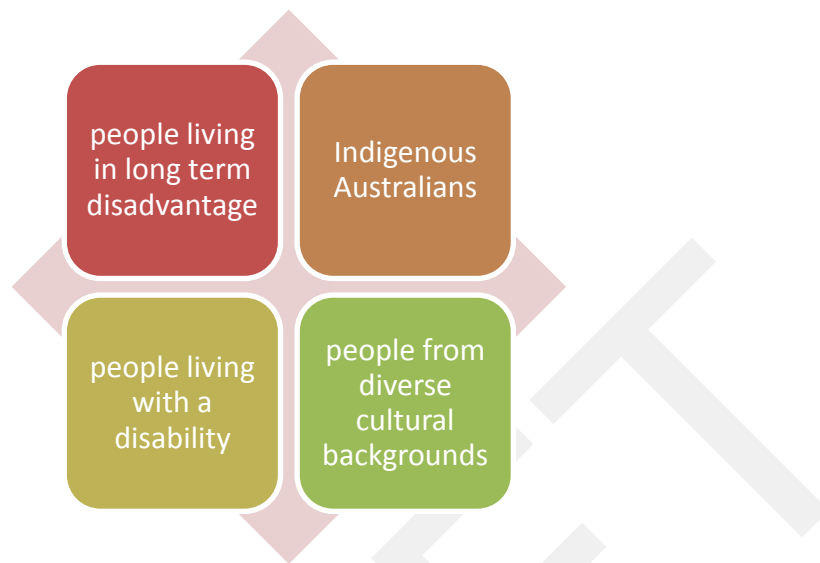
Social determinants of health



(Wilkinson & Marmot, 2003)

Such thinking means focussing on health and wellbeing prevention and promotion strategies for all in the community. It also means paying attention to health inequity and the basic human right of all to health. For that right to be realised particular attention has to be given to those most vulnerable to missing out on enjoying good health and those most at risk of not living well and flourishing.

In Yarra the same groups have again been identified as at risk of social exclusion and are once more priority populations for extra reach:



3.1.3. Health and Wellbeing across Council

The Health Plan has been designed so it aligns with Council's Municipal Strategic Statement and the 2013-2017 Council Plan.

Yarra's Municipal Strategic Statement is Council's strategic plan for land use development. It includes long term visions for managing land use, the built form, transport and environmental sustainability.

While the Health Plan was being developed, Council was also developing the 2013-2017 Council Plan. The Council Plan focuses on enhancing services and facilities and identifying new projects that will improve Yarra's liveability.

The Council Plan establishes five strategic objectives:

- celebrating Yarra's uniqueness,
- supporting Yarra's community,
- making Yarra more liveable,
- ensuring a sustainable Yarra, and
- leading local government.

The first four objectives emphasise the importance Council places on the health and wellbeing of its community. While the Health Plan is directly concerned with the health and wellbeing of the community, a range of other Council plans also support health and wellbeing.

Health and wellbeing are also reflected in the following key strategies, plans and policies:

- Yarra Environment Strategy 2013-2017
- Early Years Strategy 2013-16
- Middle Years Strategy 2013-16
- Youth Policy 2013-16
- Positive Ageing Action Strategy 2013-16
- Disability Action Plan 2010 - 2013
- Strategic Transport Statement 2012 - 2016
- Road Management Plan 2013 - 2017
- City of Yarra Bicycle Strategy 2010-2015
- Yarra Sports and Physical Activity Strategy
- Safer Yarra Plan 2011-2014
- Multicultural Policy 2010-2014
- Yarra Council's Reconciliation Action Plan 2012-2014
- Building a Respectful Community – Preventing Violence against Women – A strategy for the Northern Metropolitan Region of Melbourne 2011-2016

Aside from the development of a four year plan, Council has a range of other relevant obligations and responsibilities. For instance, Council needs to act consistently with State, Commonwealth and International legislation such as the Disability Discrimination Act 1992, the Victorian Charter of Human Rights and Responsibilities, and United Nations human rights conventions that Australia is party to.

The diagram overleaf shows the relationship between the Municipal Strategic Statement, Council Plan, Health Plan, and other aligned plans.

Relationship between the Municipal Strategic Statement, Council Plan, Health Plan, and other aligned plans



3.1.4. The 2009-2013 Municipal Public Health and Wellbeing Plan

The four priorities from the 2009-2013 Health Plan were: healthier eating and a physically active community; reducing the harm from alcohol, tobacco and other drugs; improving mental health; and improving the health of Indigenous Australians. This suite of matters were chosen due to their significant adverse impact on the community, especially the identified priority populations, which were: people living in long term disadvantage, Indigenous Australians, people living with a disability, people from diverse cultural backgrounds, and women.

Reviewing the Health Plan provided an opportunity to establish whether this key strategic document meaningfully represented the health promoting work of Council.

Three-quarters of actions from this Health Plan were implemented with the highest implementation rates being in alcohol and other drugs, Indigenous health and capacity building; whereas implementation rates were lower within the goals of Increase Healthy Eating and Levels of Physical Activity and Improve Mental Health.

Implementation rates by goal for the Health Plan 2009-2013



In reflecting on the 2009-2013 Health Plan, a number of stakeholders expressed disappointment that it did not adequately cover the broader social determinants of health and the broader community. However, over that same time Council provided many services and completed many projects to benefit of all of the community but these were just never listed in the Health Plan.

It has been determined that future Health Plans should provide a more overarching framework for population health and guide directions practice for the whole-of-Council and its partners. Consequently, the 2013-2017 Health Plan envelopes a much broader range of strategies and

activities delivered by our diverse workforce (e.g. from empowering communities through grants and neighbourhood houses, to promoting physical activity through better cycling infrastructure to reducing illicit drug use impacts through efficacious harm minimisation programs).

Further reflections upon the Health Plan can be found in the report, [MPHWP 2009-13: Update on Activities and Reflection](#).

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4. Working Smarter

The following principles guide the decisions on priority areas to focus on for the life of this plan. They are based on taking human rights and a social determinants of health approach to health and wellbeing planning.



The Health Plan is about improving how Council works in a health promoting way; that is, enabling people to increase control over, and to improve their health. It is about improving quality of life by acting on the causes of illness and by addressing the determinants of health.

In the development of the 2013-2017 Plan Council has drafted the following documents:

- A Health Status Report, which presents a range of information related to the health and wellbeing of Yarra residents. It is a companion document to the Health Plan and informed planning priorities,
- An Update on Activities and Reflection on progress at the Beginning of Fourth and Final Year of the Plan, which reflects on the issues and populations prioritised in the 2009-2013 Health Plan, and the works undertaken to improve health and wellbeing,
- A literature review around guiding public health and wellbeing planning, and
- An evaluation framework which presents a customised program logic model to be applied to strategies and activities of the Health Plan, and a tool for analysing and evaluating completed program logic models.

Council has assembled key background and contextual information including local, state and federal policy, council's own policies, research evidence, local community characteristics and trends and mapping of existing services, resources and arrangements for collaboration and coordination.

Council has also engaged local community stakeholders in the process of developing the Health Plan through a range of approaches to identify local issues of importance and local needs, priorities and capacities.

Over the course of the 2013-2014 Health Plan, Council will focus on building and maintaining relationships with key stakeholders.

Council will facilitate links between Council units and partner agencies in the Government and non-Government sector around the implementation of projects that enhance health and wellbeing. Council convenes the Health Plan Advisory Committee with representatives from State Government departments, Inner North Metro Medicare Local, Primary Care Partnerships and other local service providers who, together, oversee delivery of the Health Plan. The Advisory Committee is chaired by a Councillor and made up of a wide range of professionals from across Yarra's health and community sectors. This Committee will be maintained but refined and strengthened.

Council will also negotiate with the Inner North West Melbourne Medicare Local and Inner North West Primary Care Partnership to reflect strategies that matter most to the Yarra community, and provide localised health data as it becomes available through Council's website. In addition to this, Council will work to strengthen relationships with key community partners such as the Australian Catholic University, St Vincent's Hospital, and Epworth Hospital amongst others.

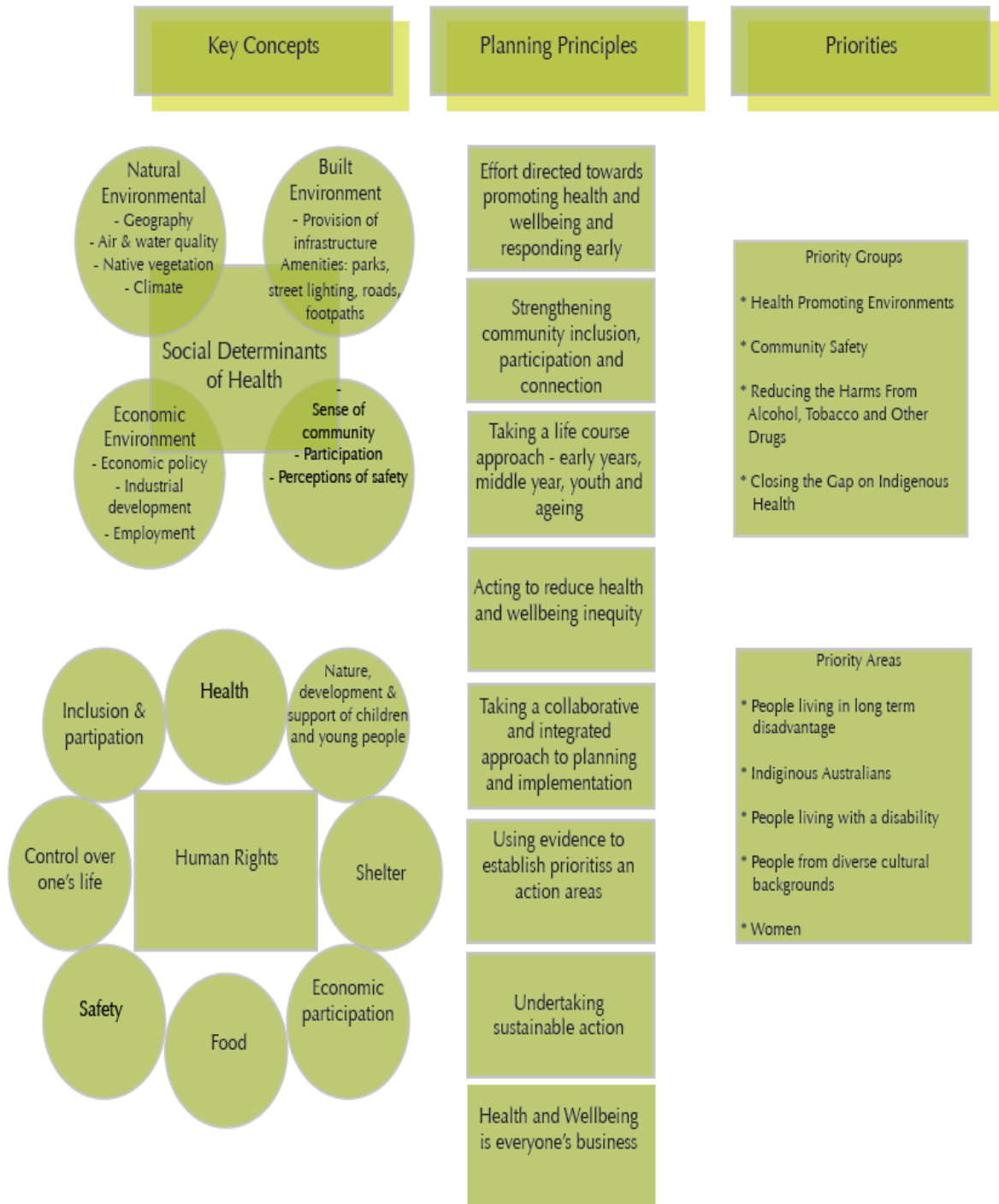
Councils have a legislative requirement to evaluate their Health Plans. As such, it is the analysis of the process taken to develop and or implement the Health Plan, and its impacts. The accompanying [Evaluation Framework](#) presents a customised program logic model to be applied to strategies and activities of the Health Plan, and a tool for analysing and evaluating completed program logic models.

A program logic model is a systematic, visual way to present a planned project. It includes identification of context, resources, goals, and outcomes, and attempts to demonstrate the theory underpinning the project. It is to be completed prior to implementation of the project and when the project is finished, is used to analyse, evaluate and report on findings. Effective evaluation also contributes to the evidence base used to inform the subsequent health plan.

Reports on activities outlined in the Health Plan will be generated quarterly using Council's reporting software. Implementation plans will be developed each year, and the Health Plan will be reviewed annually with the results reported to Council.

Health and Wellbeing Framework

Vision: "Helping communities flourish through health promoting environments"



5. Priorities 2013-17

Health promotion activities happen every day across numerous branches and plans within Council. In recognition of this the draft Health Plan now provides a more thorough narrative of how Yarra works in a health promoting way while also maintaining our historic, correct and effective focus on priority population and issues presenting the most immediate challenge to community health and wellbeing.

The Health Plan is not, nor should it be an exhaustive list of all health promotion activity in Yarra. Rather, the Health Plan provides an opportunity for Council to prioritise and drive forward its ambitions with regards to health and wellbeing.

The City of Yarra Health and Wellbeing Plan 2013-2017 outlines the key areas Council will pursue to support the achievement of the vision. The Health Plan provides a means for Yarra to prioritise and progress strategies and actions contributing to the health and wellbeing of the Yarra Community.

The vision of the Health Plan is for health, wellbeing and quality of life to flourish within Yarra.

5.1. Priority 1: Health Promoting Environments

More than one hundred years ago, urban conditions were a breeding ground for infectious disease epidemics. Disease rates dropped dramatically through the implementation of infrastructure such as fresh water and street sweeping. Today's epidemics are chronic diseases such as obesity, diabetes, strokes and cancers. Leading risk factors accounting for 80% of deaths include physical inactivity, unhealthy diets, tobacco and harmful use of alcohol.

In planning for health and wellbeing, Council needs to consider the overall impact of factors originating across any or all of four environmental dimensions: built, social, economic and natural. Local government has a long history of having improved local environments through public health initiatives.

Individual decision-making is better supported where people have access to healthy lifestyle choices. Individual level behavioural characteristics and environments that are conducive to good health are equally important. Evidence shows that supportive environments and communities encourage healthier lifestyle choices and progress healthy food choices and physical activity at the individual level.

In addition to this, climate change has also been recognised by the Commonwealth and State as an area of the utmost importance for health. The many consequences of climate change that affect the natural environment have a resulting impact on health. The range of direct and indirect climate

change impacts affect Victorian communities through severe weather events such as flooding, heatwaves, increased frequency and intensity of storms, as well as greater air pollution and higher urban temperatures, which pose the greatest threats.

These climatic changes also have the potential to impact health, disproportionately affecting the most vulnerable groups in the community such as the elderly and infirm, babies and infants, and people with existing health conditions. The direct effects of higher summer temperatures and heatwaves, increase the risk of respiratory problems, affect water quality, and produce higher levels of food and water borne disease. There are many areas where improving health is entirely compatible with increased sustainability, such as in promoting walking and cycling as a means of transport.

5.1.1. Directions and Strategies

Aim 1: Promote mental health and wellbeing by creating opportunities for people to be involved in and connect with their community.

Direction	Strategy	Indicators
1. Provide the infrastructure, resources and leadership to support community development and strengthening.	<p>Continue to provide funding for small-to-medium sized projects and initiatives that respond to the social, cultural, recreational, economic and environmental needs of Yarra residents through the Community Grants Program.</p> <p>Continue to support the libraries and neighbourhood houses to play a crucial role in delivering community strengthening through lifelong learning programs and activities for all Yarra residents</p>	<p>Yarra residents feel like their needs are being met.</p> <p>Yarra residents feel a part of their community.</p>
2. Empower the multicultural communities of Yarra	Implement the Yarra City Council Multicultural Policy	Multicultural communities are able to communicate with, and

	2010-14, including: championing rights to civic and community participation for residents experiencing social disadvantage; ensuring that residents, businesses and visitors from diverse cultural backgrounds can communicate with Council effectively and engage in civic life and decision-making; and coordination of skills training program for CALD communities to assist them in understanding and navigating systems and processes of local governance.	feel a part of, the Yarra community. Diverse communities are valued within Yarra.
3. Support community participation through community festivals and events.	Continue to deliver annual events including 'Fiesta' Johnston Street, 'Lunar' Victoria Street, Harvest Collingwood estate, Leaps and Bounds Music Festival, Gertrude Street Projection Festival, Homemade Festival, Where the Heart is and The Village at Edinburgh Gardens.	Yarra residents are able to attend regular festivals and events.

Aim 2: Assist in reducing the burden of chronic diseases by increasing people's ability and desire to choose active transportation including walking, cycling and public transport.

Direction	Strategy	Indicators
1. Create the most bicycle friendly city in Australia and increase the numbers of those	Implement the City of Yarra Bicycle Strategy 2010-2015, with focuses on: separate	Increased number of Yarra residents cycling as a mode of

cycling in Yarra.	cyclists from moving motor vehicles by improving local streets for cycling and increasing the number and safety of on-road and off-road bicycle paths; and understanding cyclist behaviour and encourage safe cycling practices; encourage better end of trip facilities.	transport. Residents feel safe cycling within Yarra.
2. Provide a physical environment where walking is safe, convenient, secure and attractive means of getting around Yarra.	<p>Maintain and extend footpaths and walking paths, ensuring walking routes are as connected as possible and walking facilities are built to the appropriate standard for the range of pedestrians in the community.</p> <p>Continue to promote Yarra's Neighbourhood, Environment and Heritage Walking Maps.</p> <p>Continue to provide opportunistic guided Cultural and Heritage walks.</p> <p>Revisit the 2005 strategy Encouraging and Increasing Walking utilising resources such as VicHealth's Developing a Walking Strategy: A Guide for Councils (2013).</p>	<p>Increased number of people walking as a means of getting around Yarra.</p> <p>Residents feel safe walking around Yarra.</p>
3. Assist in reducing unhealthy sun exposure and the	Continue to implement Yarra Open Space and Recreation	Increased number of people utilising natural and artificial

incidence of skin cancer in the community.	Shade Policy 2011 including: educating the community and open space users of issues relating to UV, sun exposure and skin cancer; and providing natural shade in parks sustainably through tree planting and where appropriate and necessary through artificial shade incorporating environmentally sustainable materials and design.	shade.
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Aim 3: Assist in reducing the burden of chronic diseases by promoting physical activity through participation in sport and recreation activities

Direction	Strategy	Indicators
1. Provide sport and physical activity opportunities for the whole-of-community.	<p>Upgrade and refresh Leisure Centres, sports and recreation facilities and grounds to meeting growing demands.</p> <p>Complete the 2008 Yarra Sports Strategy and develop and implement the New Yarra Sports and Physical Activity Strategy by 2014 to meet the ongoing needs of Yarra residents and address ways that Council can improve its infrastructure, facilities, services and programs to encourage more people to enjoy the physical and social</p>	<p>A variety of sport and physical activities are accessible in Yarra.</p> <p>Increased number of people exercising within Yarra.</p>

	benefits of exercise.	
2. Increase participation in organised sport and fitness for women, people from CALD backgrounds, people from vulnerable and disadvantaged backgrounds	Continue to deliver and develop the Yarra Leisure Community Programs, that includes the: Community Membership Program, Asylum Seeker and Homeless Membership, The African Children's Swimming Program, Barrawarn Traineeship, Collingwood Estate Gym, Cerebral Palsy Program, Living Longer Living Stronger, Parkies Golf, Reclink Community Golf, Striving for Maximum Strength, Women Making Waves and Everyrun.	More people in Yarra's priority groups are participating in sport and recreation.

Aim 4: Protect community health and wellbeing by protecting our environment.

Direction	Strategy	Indicators
1. Ensure access to a high quality 'green' open space network aiming for fully accessible features	<p>Protect heritage and the Yarra River corridor.</p> <p>Manage competing demands for use of public and green open space.</p> <p>Continue to identify opportunities to convert road spaces and laneways for parks or improved pedestrian spaces.</p>	<p>Good access to green open space within Yarra.</p> <p>Increased green open space is available within Yarra.</p>

	<p>Increase amount of public and open space in areas with least access, in accordance with the Open Space Strategy.</p> <p>Advocate to protect green and open spaces on Yarra's public housing estates.</p> <p>Seek to achieve more communal private open space within large developments.</p> <p>Respect Indigenous land management, seeking opportunities to strengthen the connection between the knowledge of traditional owners and the way it manages land in Yarra.</p>	
2. Achieve a high standard of urban design	<p>Manage change in Yarra's built form and activity centres through community engagement, land use planning and appropriate structure planning processes.</p> <p>Improve disability access to community amenities and built environment.</p> <p>Protect Council assets through effective proactive construction management.</p>	<p>Change is managed across Yarra's built form and activity centres.</p> <p>People with disabilities are able to access community amenities and the built environment.</p> <p>Council assets are protected.</p>

<p>3. Address climate change locally through the efficient use of resources by the Council and the community and build resilient communities that can respond to the challenges of climate change.</p>	<p>Implement the Sustainable Transport Communications Plan and Behaviour Change Campaign to increased use of sustainable transport in Yarra leading to less air pollution, less congestion, improved community health and safety.</p> <p>Become a Food Sensitive City by increasing the number of community food growing spaces and food assets and increased engagement in local food cultivation by local community members.</p> <p>Work to increase the proportion of planning applications that incorporate Environmentally Sustainable Design and Accessibility Design principles.</p> <p>Engage residents in such programs as Greener Houses Growing Greener Neighbourhoods deliver via the neighbourhood house network.</p> <p>Continue the Neighbourhood Sustainability Connect Program to assist Yarra residents to connect with the people and places around them to create</p>	<p>Good access to sustainable transport within Yarra.</p> <p>Community members feel engaged and connected around issues and programs relating to climate change.</p> <p>Increased number of planning applications incorporating Environmentally Sustainable Design and Accessibility Design principles.</p> <p>Increased management of the effects of heat on the community.</p>
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	<p>collective action for sustainability.</p> <p>Support and enhance existing natural resource management programs and actions.</p> <p>Maintain an up to date Heatwave Strategy and activate the strategy when minimum temperature over a prescribed duration are likely to impact on the health of a community.</p>	
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5.2. Priority 2: Community Safety

Perceptions of how safe their neighbourhood is, is closely related to people's overall level of satisfaction with their community. Holding negative perceptions about their neighbourhood can lead to people being socially excluded because it can deter people from building and maintaining social networks in their local area, and from accessing local services and recreational facilities.

The evidence, related to perceived levels of safety rather than actual levels of crime, has been shown to influence activity levels within neighbourhoods. For example parents who consider their neighbourhood to be unsafe are likely to put greater constraints on their child's activities.

In Yarra, there were 1433 recorded crimes against the person per 10,000 population in 2012 compared to 1134 in the Northern & Western Metro Region and the Victorian state average of 984.70

There were 9,561 recorded crimes against property per 100,000 population in Yarra in 2012, compared to 6,317 in NMR and the Victorian State average of 4,797.

Perceptions of Safety were measured in the 2011 VicHealth Indicators Survey. Respondents were asked to rate how safe they felt when walking alone in their local area during the day and at night. When walking alone in their local area during the day 93.1% of persons in Yarra reported feeling safe or very safe, compared to the Victorian State average of 97%.

Following on from this, perceived levels of safety at night in Yarra are perhaps surprising. 73.8% of persons in Yarra stated that they felt safe or very safe when walking alone at night, compared to the Victorian State average of 70.3%.

However, further analysis demonstrates a gendered difference in people feeling safe when walking home alone at night. Over half of women felt unsafe walking home alone at night in Yarra compared to a fifth of men.

Over the past 8 years, there has been a 22.3% increase in offences against persons, compared to the Victorian State average of 31.8%. However, from 2010-11 – 2012-13 there actually been a 17% decrease in drug offences across Yarra, which includes a 53% decrease in trafficking offences.

5.2.1. Directions and Strategies

Aim 5: Create a safe environment, Council and partners will raise awareness and develop initiatives to address violence and its impact on individuals.

Direction	Strategy	Indicators
1. Work collaboratively with community groups, police and government and non-government agencies to address critical safety concerns for the community.	Continue to auspice the Local Safety Committee, a joint initiative of Victoria Police and Yarra City Council that brings together representatives of the major agencies and services in the municipality including: the Office of Housing, North Yarra Community Health, North Richmond Community Health Centre, Yarra Drug & Health Forum, Neighbourhood Justice Centre and Department of Health, as well as other agencies where appropriate including Vic Roads, Metropolitan Fire Brigade, and Department of Education &	Yarra residents feel safer within their community.

	<p>Early Childhood Development.</p> <p>Continue to annually collect detailed local data on community perceptions of safety through the Annual Customer Service Survey.</p> <p>Update and implement Graffiti Policy and associated management strategy.</p> <p>Improved management of public spaces, considering Crime Prevention through Environmental Design (CPTED).</p>	
<p>2. Develop a safe community for women and children through the promotion of nonviolent and non-discriminatory social norms.</p>	<p>Continue to raise community awareness of the extent and nature of violence against women and children, including actioning the Building A Respectful Community Strategy and strengthening Council's commitment to and participation in White Ribbon Day.</p> <p>Foster and promote respect and gender equity to the community by demonstrating good practice within Council, evidenced by Family Violence Policies and Procedures that ensure women who experience violence are supported adequately and are able to</p>	<p>Women and children feel safer within Yarra.</p> <p>Women feel valued within Yarra.</p>

	<p>access services.</p> <p>Apply the VicHealth framework for preventing violence against women and children and develop effective methods to inform women from the target populations of their rights (children, young people, Indigenous women, CALD, women with disabilities, GLBTI people, sex workers and disadvantaged communities).</p> <p>Pursue evidence-based strategies to increase reporting of violence by women from culturally and linguistically diverse backgrounds and apply to work in Yarra.</p>	
<p>3. Encourage gender equitable, safe and inclusive communities and organisations.</p>	<p>Through Council's universal services, use effective referral and networking to improve women's' health and wellbeing, and support children and young people to develop healthy relationships.</p> <p>Include the promotion of respectful relationships and the prevention of violence against women and children within the Annual Grants Guidelines.</p>	<p>Women feel safer within Yarra.</p> <p>Women feel valued within Yarra.</p> <p>Increased number of women participating in organised sport.</p>

Implement the Welcome to Yarra Sport Audit program to increase the participation of women in organised sport.
Support women with disabilities experiencing violence.
Better integrate gender equity dimensions into Council policies, plans, strategies and programs.
Develop a Women's page on the Yarra City Council external Website

5.3. Priority 3: Reducing the Harm from Alcohol, Tobacco and Other Drugs

Alcohol

Alcohol is the world's third largest risk factor for disease burden. The impact of alcohol consumption on disease and injury is largely determined by two dimensions; the volume of alcohol consumed and the pattern of drinking.⁹⁴ Patterns of consumption, such as binge drinking, create significant public health and safety problems, not just in Yarra, but in urban centres throughout the western world.

Alcohol was the most widely used drug by Victorians in 2007, particularly among males. Yarra residents were significantly more likely to have purchased alcohol in the previous week compared with the Victorian average.

The proportion of 15–17 year olds in Yarra who reported drinking alcohol in the last 30 days was 66.6%, one of the highest recorded of any Victorian Local Government Area (LGA).

Ambulance attendances relating to alcohol continued to be highest in the inner city LGAs of Yarra, Melbourne, and Port Phillip.

The percentage of persons at risk of short-term harm from alcohol consumption in Yarra was 16%, compared to 10.2% for Victoria.

Tobacco

The WHO reports that tobacco use kills nearly six million people a year worldwide. By 2020, this number is calculated to increase to 7.5 million, and account for 10% of all deaths.

Smoking rates have dropped considerably for the general population. In 2013 only 13 percent of Victorians smoke regularly compared with 21 per cent in 1998 (Cancer Council Victoria, 2013). The same cannot be said for social disadvantaged and vulnerable populations. National figures are as follows:

- After adjusting for differences in age structure, people living in areas of most disadvantage were much more likely to be daily smokers (33% of men and 26% of women), compared with those in areas of least disadvantage (12% and 11% respectively).
- The rate of daily smokers for single persons with dependent children is 37% compared with 18% for coupled persons with dependent children.
- People with high/very high levels of psychological distress (31%) were more likely to be daily smokers than people with moderate (22%) or low levels of distress (16%).
- In 2008, almost half of Indigenous Australians aged 18 years and over were daily smokers (45%). After adjusting for differences in age structure, Indigenous Australians were still more than twice as likely to be daily smokers as non-Indigenous Australians (45% compared with 19%).

Melbourne-based research has shown a greatly elevated prevalence of smoking among homeless people (77%), with those who are street homeless reporting higher rates of 93%.

Notably, the proportions of 15–17 year olds in Yarra who smoke are among the highest recorded of any Victorian LGA.

Other Drugs

Yarra was one of five LGAs in metropolitan Melbourne with the highest number of non-fatal benzodiazepine-related ambulance attendances in the period 2007 to 2010.

The City of Yarra has consistently recorded the highest number of non-fatal heroin overdoses for the period 2007 to 2010. However the lowest recorded percentage, across the four years, was in 2010 when one-fifth (20%) of non-fatal heroin overdoses were attended by ambulance in Yarra.

Yarra was ranked second highest LGA in Victoria for offences related to drug usage and possession, at 8.1 per 1,000 population, compared with 1.9 per 1,000 population for Victoria.

5.3.1. Directions and Strategies

Aim 6: Reduce the negative social impacts resulting from alcohol misuse in the community.

Direction	Strategy	Indicators
1. Use the planning scheme to ensure appropriate location and concentration of licensed venues	<p>Review Section 22.9 (LICENSED PREMISES POLICY) of the Local Planning Policy Framework.</p> <p>Continue interdepartmental liaison on Liquor Licence applications.</p> <p>Develop robust Social Impact Assessment Frameworks to assess permit applications for the sale of liquor, both on-premises and packaged.</p>	Appropriate location and concentration of licensed premises
2. Make informed and positive contributions to improve the regulation and enforcement of liquor licenses.	<p>Keep informed of State and Federal policy to reduce alcohol-related harms and seek to leverage the work of other agencies and other levels of government.</p> <p>Investigate ways to better assess the cumulative impact of liquor licenses in entertainment precincts, considering the capacity of precincts, not just venues, to accommodate patrons.</p> <p>Work with the Victorian</p>	Contribute to improved regulation and enforcement of liquor licenses.

	Commission for Gambling and Liquor Regulation, Victoria Police, the Alcohol and Other Drug Sector and members of the food and beverage industry to create better forums (including electronic) to improve policy and practice.	
3. Work with local venues to promote the responsible service of alcohol and maintenance of community amenity in and around premises.	Continue to auspice the Yarra Liquor Licensee Forum attended by local licensees, Victoria Police, VCLGR and the Alcohol and Other Drug Sector.	Maintained amenity in and around venues.
4. Improve the safety of Yarra' night time entertainment precincts by improving amenity and diversifying activity.	Develop the City of Yarra Night Time Economy Strategy, focusing on: improving amenity and precinct functionality through street cleaning, public amenities, traffic management and urban design treatments; and facilitating an increased range of entertainment options for the whole-of-community through strategic land use planning, improved community access to Council facilities and the programming of regular events.	Residents feel safer within Yarra.

Aim 7: Reduce the impacts of illicit drug use in the community.

Direction	Strategy	Indicators
1. Reduce the amenity impacts associated with injecting drug use.	<p>Maintain local amenity through decreasing the presence of discarded needles, syringes and related waste through the Needle & Syringe Collection Contract.</p> <p>Improve the urban design and management of public and private spaces including laneways.</p> <p>Promote the Protocols for the Management of Injecting Drug Use Issues in Yarra and associated resources to improve resident and business confidence in how to respond to people affected by drugs and the safe removal of needles and syringes.</p>	<p>Reduced amenity impacts associated with injecting drug use in Yarra.</p> <p>Residents feel safer within Yarra.</p>
2. Work with government and non-government agencies to promote evidence-based policy and practice to minimise the harms from illicit drug use.	<p>Continue to coordinate the effort of local services, Police and Council through the Yarra Drug and Health Forum.</p> <p>Actively participate in the Whole of Victorian Government Alcohol and Drug Hotspots Project.</p>	<p>Increased coordinated advocacy around the implementation of additional harm reduction strategies in Yarra.</p>

Advocate for the implementation of additional harm reduction strategies in Yarra as a means of improving public amenity and increasing perceptions of safety, and reducing drug related harm, including supporting the peer administered naloxone program and advocating for: extending the hours of needle & syringe programs (NSPs); increasing outreach to people who inject drugs (PWID) during evenings and weekends; enabling peer distributed needles and syringes; and installing syringe vending machines (SVMs).

Aim 8: Reduce rates of smoking in the community.

Direction	Strategy	Indicators
1. Work with peak bodies for adequate resourcing of initiatives that will assist in reducing harms from smoking and supporting communities to de-normalise smoking, especially when children and adolescents are present	Work in partnership with the Municipal Association of Victoria along with Quit Victoria, the Cancer Council and Heart Foundation, to continue advocate to State Government for a state-wide framework and supportive funding to further reduce smoking in outdoor	Decreased number of Yarra residents who smoke.

	areas.	
	Explore positive ways to support the most disconnected and vulnerable in our community to reduce and quit smoking.	

5.4. Priority 4: Closing the Gap on Indigenous Health

Health planning for Indigenous populations in Yarra is consistent with the aims of the national approach, which are: to improve health, education and employment, and close the gap in Indigenous disadvantage.

Factors, such as dispossession, discrimination and past policy and practice, the impacts of the social determinants of health on Aboriginal Australians, and the results of socioeconomic status, such as housing, justice, employment, and education have all impacted upon the health and life expectancy gap of Aboriginal Australians.

The life expectancy for Aboriginal Australians is 67.2 years for males and 72.9 years for females compared with 78.7 years and 83.5 years for non-Aboriginal Australians respectively. This means that the life expectancy gap between Aboriginal and non-Aboriginal Australians is 11.5 years for men and 10.6 years for women.

5.4.1. Directions and Strategies

Aim 9: Council acknowledges the negative impacts of racism and discrimination on institutional and personal relationships between Indigenous and non-Indigenous people in Yarra and is committed to achieving the best outcomes for Indigenous people.

Direction	Strategy	Indicators
1. Promote health equality through the celebration of Indigenous culture	Complete the Yarra Aboriginal Partnerships Plan 2011-2014 that focuses on strengthening partnerships, promoting culture, advocacy, engagement and consultation and anti-	Recognise, promote and celebrate Indigenous culture.

	<p>racism strategies.</p> <p>Implement Yarra City Council's Reconciliation Action Plan 2012-2014, including: Celebrating NAIDOC Week and National Reconciliation Week through the annual Songlines event at the Fitzroy Town Hall.</p> <p>Implement the organisation-wide strategy for cultural awareness training.</p> <p>Continued use of Council's acknowledgement of Traditional Owners at event and in communications.</p> <p>Support connections to cultural precincts (e.g. Gertrude Street) and provide employment opportunities for Aboriginal workers at Council and support community employment opportunities.</p> <p>Work to achieve aims expressed in the Victorian State Government's Close the Gap Statement of Intent (2008)</p>	
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