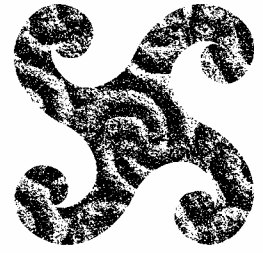


collaborations



# Kingston Bayside Health & Wellbeing

Strategic Directions Paper

2009 - 2013

October 2009



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# 1. Executive Summary

As part of their commitment to an integrated approach to health and wellbeing, the Kingston Bayside Primary Care Partnership, Kingston City Council, Bayside City Council, Central Bayside Community Health Services and Bentleigh Bayside Community Health share a common vision in relation to the potential of working together towards common priorities:

*'The partnership is committed to planning and working collaboratively on identified health and wellbeing priorities to improve the health outcomes of the Kingston Bayside community'*

Local Government, Community Health and the Primary Care Partnership are required by legislative or funding agreements to develop strategic public health / integrated health promotion plans for their communities.

A unique opportunity emerged, that post June 2009 the planning cycles aligned for the first time for each of these five local Kingston Bayside health and wellbeing plans. This presented an exciting opportunity to undertake a truly collaborative planning process, to ensure common health and wellbeing priorities and effective integrated health promotion activity across the catchment.

The focus on integration supports key stakeholders and local agencies to have greater capacity to address key health and wellbeing priorities effectively, and to minimise duplicated, fragmented effort.

The Kingston Bayside Health and Wellbeing Strategic Directions have been developed within the context of national and state priorities and are guided by a strong commitment to working within a social model of health.

*Collaborations: planning with your community* was engaged to undertake the consultation process and support the development of a planning framework in partnership with the Project Steering Committee.

The planning process has included:

- The collation and analysis of demographic and population health profile data for each municipality (undertaken by Martin Bonato and Associates Pty. Ltd)
- A telephone survey of 402 respondents across the municipalities of Kingston and Bayside. The survey sample was randomly generated and monitored to reflect the age profile of both municipalities as closely as possible.
- Nine small group discussions with groups identified by the Project Steering Committee. These discussions targeted the views of young people, families, mature adults and older adults from different cultural and socio-economic backgrounds.
- A face-to-face survey with 13 frail aged clients of Home and Community Care services
- Two planning workshops with representatives from local/regional organisations including government agencies, business / corporate, health and community services to consider the consultation and research findings along with their own experience to identify priority health and wellbeing issues for Kingston and Bayside.

In considering the range of health issues identified, the partnership agencies were asked to identify priorities for the strategic directions based on the following criteria:

- Directions are supported by identified needs
- Actions are evidence based
- Actions that would benefit from a partnership approach
- Actions have the potential to achieve measurable outcomes
- There is existing commitment and capacity within the catchment to deliver

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The Kingston Bayside Health and Wellbeing Strategic Directions for 2009 – 2013 have identified the following three health promotion priorities:

- 1. Promoting mental health and wellbeing**
- 2. Promoting accessible and nutritious food**
- 3. Promoting physical activity and active communities**

A number of other important issues were identified through the planning process and need to be considered when addressing the areas above including:

- Chronic disease
- Access and transport
- Housing
- Environment and climate change
- Economic environment

The following neighbourhoods have been identified as priority areas for action:

- Clayton South / Clarinda
- Chelsea / Bonbeach
- Highett / Hampton East

The following population groups of particular significance have been identified:

- Children and Families
- Young people aged 12-25 years
- Older adults
- CALD
- Homeless
- People with a disability and their carers

It is anticipated that these strategic directions will inform the development of individual agency plans to facilitate coordinated and integrated health planning and avoid duplication to maximise the outcomes of health promotion investment in Kingston and Bayside.

## 2. Introduction

As part of their commitment to an integrated approach to health and wellbeing, the Kingston Bayside Primary Care Partnership, Kingston City Council, Bayside City Council, Central Bayside Community Health Services and Bentleigh Bayside Community Health share a common vision in relation to the potential of working together towards common priorities:

*“The partnership is committed to planning and working collaboratively on identified health and wellbeing priorities to improve the health outcomes of the Kingston Bayside community”.*

## 3. Background

The Kingston Bayside Primary Care Partnership (KBPCP) is an alliance of over forty government, health and support care providers and community organisations providing services to the Cities of Kingston and Bayside.

Local Government, Community Health Services and the KBPCP are required by legislative or funding agreements to develop strategic public health / integrated health promotion plans for their communities.

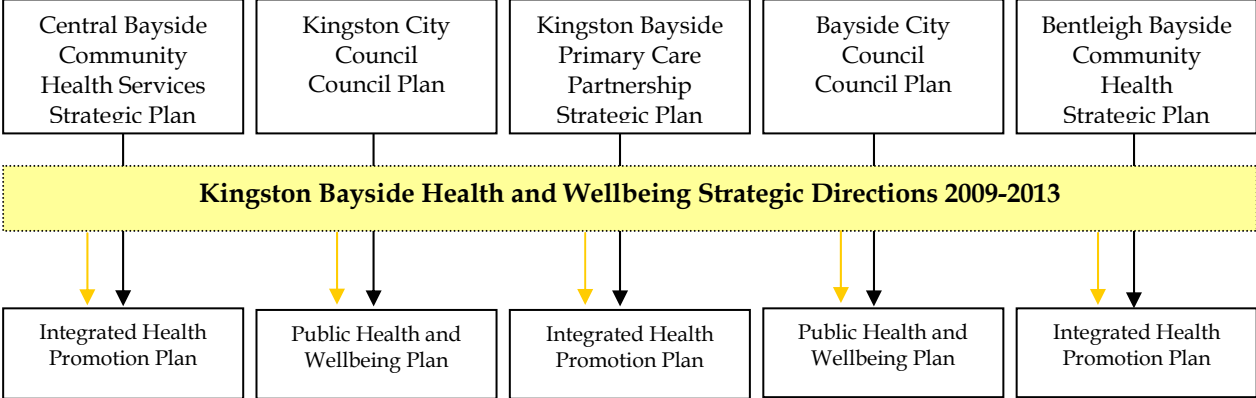
A unique opportunity emerged, that post June 2009 the planning cycles aligned for the first time for each of these five local Kingston Bayside health and wellbeing plans. This presented an exciting opportunity to undertake a truly collaborative planning process, to ensure common health and wellbeing priorities and effective integrated health promotion activity across the catchment.

The focus on integration supports key stakeholders and local agencies to have greater capacity to address key health and wellbeing priorities effectively, and to minimise duplicated, fragmented effort.

In September 2009, a steering committee was established with planning representatives from Kingston and Bayside City Councils, Central and Bentleigh Bayside Community Health Services and the Kingston Bayside Primary Care Partnership. The purpose of this committee was to guide and oversee the development and implementation of a collaborative planning process within Kingston and Bayside.

This paper aims to clearly outline the shared health and wellbeing priorities of partner organisations, facilitate coordinated and integrated health planning and avoid duplication to maximise the outcomes of health promotion investment in the catchment. The document is envisaged to have a lifespan of four years from 2009 – 2013.

**Figure 1.**



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This paper provides an overview of the research and consultation process that has informed the Strategic Directions and outlines the framework developed for future planning partnerships. It is intended that the Strategic Directions provide a way forward on identified priority health and wellbeing issues and focus on key initiatives that can benefit from a partnership approach.

This plan does not seek to replace or duplicate the more detailed planning of individual organisations, rather to complement and build on these individual service plans through strategic partnerships.

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## 4. Policy Context

The Kingston Bayside Health and Wellbeing Strategic Directions have been developed within the context of national and state priorities and key policy initiatives.

### 4.1 National

The Hon, Nicola Roxon MP, Minister for Health and Ageing, announced the establishment of the Preventative Health Taskforce on 9 April 2008.

The taskforce provides evidence-based advice to governments and health providers on preventative health programs and strategies focusing on the burden of disease currently caused by:

- Obesity
- Tobacco
- Excessive consumption of alcohol

More information can be found at [www.preventativehealth.org.au](http://www.preventativehealth.org.au)

### 4.2 Victorian

The Victorian Department of Health requires Community and Women's Health organisations and Primary Care Partnerships to choose at least one health promotion priority from the Victorian statewide health promotion priorities, which are:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health

More information can be found at [http://www.health.vic.gov.au/pcps/hp/priority\\_setting.htm](http://www.health.vic.gov.au/pcps/hp/priority_setting.htm)

### VicHealth

The Victorian Health Promotion Foundation, under the name VicHealth, works with organisations, communities and individuals to make health a central component of our daily lives. Its activity is geared towards promoting health and preventing ill health.

VicHealth's health promotion investments address the greatest preventable risk factors for ill health: smoking; lack of physical activity; discrimination, violence and social & economic exclusion leading to mental distress and poor nutrition. More information can be found at [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

### Go for your life

Go for your life is a Victorian whole of Government initiative which aims to promote healthy eating and physical activity.

More information can be found at [www.goforyourlife.vic.gov.au](http://www.goforyourlife.vic.gov.au)

Kids - 'Go for your life' is managed by Diabetes Australia – Vic and Cancer Council Victoria, and funded by the Victorian Government. Kids - 'Go for your life' encourages healthy eating and physical activity in children through primary schools and early childhood services via the Kids - 'Go for your life' Award Program. More information can be found at [www.goforyourlife.vic.gov.au/kids](http://www.goforyourlife.vic.gov.au/kids)

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## 5. Planning Context

### 5.1 Social Model of Health

The social model of health is a theoretical framework used for considering individual and population health and well being. This framework operates on the belief that improved health and well being is achieved by focusing on the social and environmental determinants of health, in tandem with biological and medical factors<sup>1</sup>.

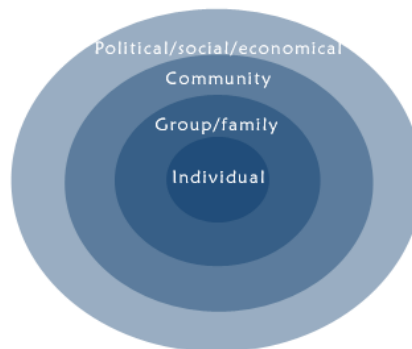
The benefit of working within the social model of health is that it permits individuals and communities to construct their own definition of health and therefore, identify important factors that influence health depending on the specific context<sup>2</sup>.

Underpinning and supporting this conceptual framework is the Alma Ata declaration and the World Health Organisation definition of health:

*'Health is a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity'*<sup>3</sup>

Planners of services that aim to improve health and wellbeing and reduce the burden of preventable disease need to be concerned with the context of broad public policies and environmental influences, group and family influences and the community context<sup>4</sup>.

It is not possible to decide how best to support the improvement of health without understanding this context as illustrated below:



Victorian Department of Human Services (2003), *Integrated Health Promotion resource kit*, Melbourne, Victoria

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## 5.2 Environments for Health

Environments for Health was developed in 2001 to guide health planning in local government. The framework outlines an approach for planning that considers the impact on health and wellbeing of factors originating across any or all of the built, social, economic, and natural environments.

Irrespective of whether the topic is health promotion, urban planning, service development or building community capacity, the framework provides a practical guide to scanning for issues, researching, identifying action and setting priorities.

It is a tool to be used in developing, implementing and reviewing Municipal Public Health Plan (MPHPs) as legislated in the [Health Act](#). This framework aims to ensure that MPHPs can effectively inform other planning processes and avoid duplication of planning effort at a local level.

More information can be found at <http://www.health.vic.gov.au/localgov/mphp.htm>

## 5.3 Integrated Health Promotion

In Victoria, the term '*integrated health promotion*' refers to agencies and organisations from a wide range of sectors and communities in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.

To achieve effective integrated health promotion program delivery in the current Victorian context, the following points should be considered:

- Effective partnerships
- A mix of interventions
- Involvement of a broad range of sectors

A number of resources have been developed to guide integrated health promotion practice, the most significant being the **Integrated Health Promotion (IHP) Resource Kit**, developed by the Primary Health Branch of DHS in 2003.

More information can be found at <http://www.health.vic.gov.au/pcps/hp/index.htm>

## 5.4 Guiding principles

The principals of health promotion underpinning the Kingston Bayside Health and Wellbeing Strategic Directions include:

1. Addressing the broader determinants of health
2. Basing action on the best available data and evidence
3. Acting to reduce inequalities and injustice
4. Emphasising active consumer and community participation
5. Empowering individuals, communities and organisations through capacity building action
6. Ensuring an explicit consideration of diversity (including gender, culture, ethnicity, age, disability and sexual orientation)
7. Working in collaboration across sectors to ensure an integrated approach to action
8. Ensuring access for all to health promoting activities.

More information can be found at [http://www.health.vic.gov.au/healthpromotion/what\\_is/integrated.htm#guiding](http://www.health.vic.gov.au/healthpromotion/what_is/integrated.htm#guiding)

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## 6. Our Approach

The Kingston Bayside Health and Wellbeing Strategic Directions have been developed in consultation with the partnership organisations and based on information and research gathered over a 12 month period.

*Collaborations: planning with your community* was engaged to support the consultation process and develop the planning framework in partnership with the Project Steering Committee.

The process has included collation and analysis of demographic and health profile data, a survey of residents of both municipalities, consultation with key groups and working sessions with key stakeholders. A brief summary of each of these elements is included in this document; more detailed information about this research is available in the *Consultation & Research Summary* May 2009.

### Health Profile

Key demographic and population health data has been collated to inform the planning process. This information includes:

- Key demographic characteristics (e.g. Age profile, household type, future trends)
- Socio-economic index for advantage (SEIFA)
- Burden of disease data
- Hospital admissions data

Section 6 of this report provides a detailed summary.

### Consultation & Research

The consultation and research process was designed with the project Steering Committee, based on perceived information gaps and a desire to identify community values and priorities in relation to health and wellbeing. The process has included three different techniques to generate and gather this information.

- A telephone survey of 402 respondents across the municipalities of Kingston & Bayside. The survey sample was randomly generated and monitored to reflect the age profile of both municipalities as closely as possible.
- Nine small group discussions with groups identified by the Project Steering Committee. These discussions targeted the views of young people, families, mature adults and older adults from different cultural and socio-economic backgrounds. The discussions utilised imagery to prompt conversations and identification of health and wellbeing values and influences.
- A face-to-face survey with 13 frail aged clients of Home and Community Care services

The themes identified in this research have informed the identification of priority health and wellbeing issues for the planning framework. Section 7 of this report provides a detailed summary.

### Planning Workshops

Participants representing a number of local organisations including government agencies, business / corporate, health and community services attended two planning workshops (See Appendix A for a full list of participants). Participants in these sessions considered the consultation and research findings, health profile data and their own experiences to identify priority health and wellbeing issues for the planning process.

These issues were synthesised and refined into key areas for partnership action. The organisations involved have committed to an on-going role in the planning process and will play an active part in the implementation of the Kingston Bayside Strategic Directions 2009 – 2013

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## 7. Demographic and Population Health Overview

The information outlined here was used by the partner agencies to inform the identification of the health and wellbeing priorities that form the focus for the Kingston Bayside Health and Wellbeing Strategic Directions.

### Community profile

The two municipalities are situated on Port Phillip Bay with Bayside located between 8 and 20 kilometres south of the Melbourne CBD and Kingston, between 15 and 34 kilometres south of the CBD. Bayside had an estimated population of 93,000 persons as at June 2007, distributed over an area of 37km<sup>2</sup>. Bayside's population was concentrated around the northern and central suburbs of Brighton East, Hampton, Hampton East, Sandringham and Highett. At June 2007 Kingston had an estimated population of nearly 142,000 persons, distributed over an area of 91km<sup>2</sup>. Kingston's population was concentrated in the suburbs of Cheltenham, Mentone (Moorabbin Airport), Clayton South, Parkdale and Dingley Village.

Census data from 2006 shows that Bayside had a relatively high proportion of older residents aged 55 years and over, with this age group accounting for 29% of total residents (compared to 23% across metropolitan Melbourne). There was a smaller proportion of 15-54 year olds (52%) and a similar proportion of 0-14 year olds (19%), compared to metropolitan Melbourne. The median age for Bayside residents was 41 years. Compared to Bayside, Kingston had a slightly younger population profile (median age of 38 years) with 17% of 0-14 year olds, 56% of 15-54 year olds and 27% aged 55 years and over.

Bayside's population was largely Australian-born (72%) with the main overseas countries of birth being the United Kingdom (7%), New Zealand (2%) and South Africa (1%). Kingston's population was more diverse with 65% Australian-born and a substantially higher proportion of overseas-born persons from non-English speaking countries (20%) including Greece and India.

Bayside was a relatively advantaged area as measured by the ABS Index of Disadvantage. Bayside was ranked third-highest of all 31 metropolitan Melbourne municipalities on the Index meaning it was one of the least disadvantaged in 2006. Of the nine Bayside suburbs, Beaumaris was the least disadvantaged and Hampton East, the most disadvantaged.

Kingston was ranked 17<sup>th</sup> of all 31 metropolitan Melbourne municipalities on the ABS Index of Disadvantage, however its Index score was still higher than the Australian average. Across the suburbs in Kingston Clayton South, Clarinda, Carrum, Chelsea and Bonbeach were the most disadvantaged. Both municipalities had scattered neighbourhoods experiencing disadvantage, which is masked by the affluence across the larger region. Many of these neighbourhoods contained higher proportions of public housing and/or households in housing stress.

In both municipalities nearly 70% of all households were family households, predominately couples without children and couples with children less than 15 years of age. Lone person households comprised a quarter of households across the region, many being older adults aged 55-84 years.

Whilst Bayside is forecast to have minimal population growth over the next ten years, it will experience substantial population growth amongst the 65-74 year cohort (a 39% increase for this age group). Average household size (persons per household) will continue to decrease, with decreasing proportions of couple families with children and increasing proportions of lone person households.

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## **Burden of disease**

The type of disease burden, affecting years of life lost, were similar for the municipalities. The main causes of the burden of disease amongst males were malignant cancers (lung cancer, colorectal cancer and prostate cancer), cardiovascular diseases (heart disease and stroke), unintentional injuries (road and traffic accidents), intentional injuries (suicide) and chronic respiratory disease. For females the main causes of the burden of disease were malignant cancers (breast cancer, colorectal cancer and lung cancer), cardiovascular diseases, neurological and sense disorders (dementia), chronic respiratory disease and unintentional injuries (road and traffic accidents).

## **Hospital admissions**

Hospital admissions for residents of both Bayside and Kingston were commonly for:

- diseases/disorders of the kidney and urinary tract (for example, an admission for kidney dialysis)
- diseases/disorders of the digestive system (for example, colonoscopy or gastroscopy)
- diseases/disorders of musculoskeletal system and connective tissue (for example, knee procedures or hip replacement).

Both Kingston and Bayside's main cause of injury underlying emergency department presentations was falls (of less than one metre) and was disproportionately affecting the elderly population. Kingston residents had an above average hospital admission rate for conditions relating to alcohol/drug use (including alcohol/drug induced organic mental disorders) and burns.

Hospital admissions for mental diseases and disorders were highest for young people aged 15-24 years living in Bayside and in Kingston, for adults aged 25-54 years. For Bayside residents, the number of admissions for mental diseases and disorders rose by 30% between 2006-07 and 2007-08.

The Victorian Department of Human Services monitors hospital admissions for a range of conditions identified as 'ambulatory care sensitive conditions' (ACSCs). These conditions are those for which hospitalisation is thought to be avoidable if there is early management of the condition or another public health intervention. Diabetes complications led to 4,218 admissions for the Kingston-Bayside area in 2004-05, a significantly higher admission rate compared to other common ACSCs. The average number of hospital bed days for diabetes complications was 6.27 days.

## **Disability**

Census data shows that in 2006, 9,078 persons living in Kingston and Bayside reported that they needed assistance in their day to day lives because of a disability, long-term health condition, or old age (4% in each municipality). A further 18,919 persons were carers, providing unpaid assistance to a person with a disability, long term illness or old age (11.7% in Bayside, 10% in Kingston).

More recent data from Centrelink shows that Kingston had 2,643 disability support pension recipients in 2008, whilst Bayside had 2,618 disability support pension recipients.

The main disabling conditions affecting these recipients were:

- psychological/psychiatric conditions (35-36%)
- musculo-skeletal and connective tissue conditions (20%)
- intellectual/learning conditions (14%).

## **Risk factors**

Across the Southern Metropolitan Region, major risk factors contributing to the burden of disease for males were tobacco use, high blood pressure and obesity. For females in the region, the major risk factors were the same but were ranked differently with obesity, high blood pressure and tobacco contributing most to the burden of disease.

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Females in the region tended to have healthier diet than males with a higher fruit and vegetable intake. About two-thirds of both males and females from the region met the guidelines for sufficient time and sessions of physical activity, in line with the Victorian average.

### **General practice**

General practitioner bulk-billing in 2006 was lower for the Bayside area (59.8% in the federal electorate of Goldstein), compared to the Kingston area (75.5% in Isaacs and 78.3% in Hotham). In 2007-08, the Bayside General Practice Network (which covers both Bayside and Kingston) had 1,398 residents per full-time workload equivalent general practitioner - a considerably higher workload than the Australian average of 1,129 residents per general practitioner.

More detailed information is available in:

- Kingston City Council (2009), Health Profile for the City of Kingston, Melbourne, Victoria available at [www.kingstonbaysidepcp.org.au](http://www.kingstonbaysidepcp.org.au)
- Bayside City Council (2009), Health Profile for the City of Bayside, Melbourne, Victoria available at [www.kingstonbaysidepcp.org.au](http://www.kingstonbaysidepcp.org.au)

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## 8. Summary of Consultation & Research

The information outlined here was used by the partner agencies to inform the identification of the health and wellbeing priorities that form the focus for the Kingston Bayside Health and Wellbeing Strategic Directions.

In reviewing the issues raised through the discussion groups and telephone survey a number of important themes were identified.

### Housing

The impact of housing on health and wellbeing manifested in different ways for different groups, this included:

- The impact of homelessness on life choices and life chances, access to services and physical health.
- The impact of housing stress on families.
- The issue of finding affordable and appropriate housing for young mothers, young people and older adults. Changing housing needs at different life stages was an important consideration.
- The location of housing in relation to services and facilities, including transport, education, food, health services, open space and employment.
- The importance of affordable, safe and secure housing in contributing to a positive view of the future.

### Family Cohesion

For most participants in this consultation and research process their relationship with their family was important to their health and wellbeing. The positive and negative aspects of family relationships were discussed including:

- The positive nature and potential of inter generational relationships (e.g. Children and parents, children and grandparents).
- The impact of family separation and dislocation on people of all ages (children, adults and older adults).
- The impact of family conflict and violence on mental health, stability of living circumstances and life choices.
- The additional stress on single parents in having to fulfil multiple roles in a family.
- The impact of the increasing pace of daily life on family relationships, including time for informal interaction and providing support to older generations.
- The interface with the justice system and limited access to support for families experiencing difficulties.

### Access to Healthy Food

Health promotion and prevention messages regarding healthy eating have raised awareness of the implications of eating choices on health and wellbeing. A high number of participants mentioned the challenges of putting these messages into action.

- Challenges of accessing affordable fresh food, particularly for those without access to a car.
- Availability of cheap unhealthy food choices usually easier than healthy fresh food.
- Barriers to storing, preparing and cooking food for those without appropriate housing or life skills.

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## Physical Activity & Public Space

Most participants acknowledged that their level of physical activity had an impact on their health and wellbeing, a range of opportunities for physical activity were mentioned from walking to formal participation in sporting activity.

The physical environment play an important role for many, including access to open spaces (particularly the beach and local parks) and the quality and functions of open space (e.g. play facilities, safety of public environments). A number of issues were raised:

- The importance of informal physical activity as part of a daily routine.
- The social and recreational values of organised sport and clubs.
- The existence value of open space for mental health and sense of wellbeing (people enjoy green environments and the freedom of being at the beach).
- The needs of different life stages require more consideration (e.g. Young mums more likely to engage in physical activity with their children, older adults more interested in informal activities).
- People were generally very satisfied with the safety of public environments, however perceptions of safety a potential barrier to the use of public space for some people.
- Open space needs to be well maintained and located to optimise use and access.
- Low cost recreation opportunities were identified as a gap.

## Sense of Belonging

The sense of feeling part of a community or a place, 'knowing your community' was identified as significant to health and wellbeing. People commented on both a strong sense of connection with others and a sense of social isolation.

- Social isolation is not necessarily linked to age or family type, people of different ages and different family situations reflected on the negative impact of feeling isolated by their circumstances.
- Opportunities to participate in community life and community activities were seen as important to establishing a sense of belonging. There was a strong emphasis on finding others with shared experiences and values. This included community organisations, volunteering, support groups and social/cultural activities.
- The stability of family circumstances and the security of housing seem to have an impact on establishing and maintaining a sense of belonging.

## Sense of Purpose/Sense of Self

People of all ages and circumstances discussed the issue of having a sense of purpose and value and the impact of this on a positive sense of wellbeing.

- Most individuals want to feel that they are making a positive contribution in their families and community, their sense of worth was often related to receiving feedback from others about their role.
- As people change circumstances or move through different life stages, their sense of value and sense of self changes, if a new role or contribution cannot be found people may doubt their value or worth.
- Young people in particular placed a high value of self-expression and celebration of identity.
- Many people linked doubts about their value or sense of worth to their mental health and depression.
- For young people the affirmation of having someone they trust and respect play a constant role in their lives what part of feeling positive about themselves and their future.

---

## Confidence about the Future

Many people discussed their attitude towards the future as it impacted upon their sense of health and wellbeing. This was particularly related to varying levels of certainty about what the future might hold and how people would respond to challenges and change.

- For many people the impact of financial stress on their household was discussed as impacting on mental health and family cohesion,
- Those without secure housing felt that their choices in life were limited until they were in a secure home.
- Some people, particularly young people mentioned the environment and climate change as having an impact on their future, but as something that felt out of their control.
- For those dealing with family breakdown the stress of uncertainty about their family circumstances had a significant impact.
- Employment, housing and education seemed to feature as important platforms to enhance future life choices.

## Affordable & Accessible Services

The consultation process raises a wide range of issues regarding knowledge of and access to health and other public services.

- Whilst there appeared to be relatively good access to information about services by most, there was mention that often important Council run or sponsored local services may go unnoticed due to poor or limited information dissemination. Information about health services in particular was sometimes seen as overwhelming and many wanted a simpler way of gaining information about what was available to them particularly any schemes, benefits or subsidised programs.
- Dental services were frequently seen as unaffordable, with public lists unacceptably long.
- Cost and limited connectivity were a constant theme when discussing public transport. This was the principal mode of transport for many in the community (particularly those more financially or socially disadvantaged as well as younger residents) and a number restricted their travel due to cost. There was also mention made of poor connectivity of services, particularly those running east-west and not into the city.

## Impacts of Alcohol

In many groups and in the survey the impacts of alcohol were specifically mentioned.

- A number of group participants talked about its impacts on their lives and the damage alcohol had caused to them and their families.
- In the survey, younger and older males in particular identified with the statement that alcohol consumption had a negative impact on their household. Several saw the abuse of alcohol consumption as almost culturally embedded into our society. In particular, sporting club culture and some family behaviours were identified as reinforcing alcohol consumption at unhealthy levels. Whilst healthy consumption messages were seen as an important part of public health campaigns, messages that were 'not too extreme' were felt to be most effective across the board.
- Young people in particular seemed to better relate to messages that depicted them as embarrassing themselves in front of peers as having a greater impact on behaviour.
- The role of alcohol as an emotional crutch was specific evidence between alcohol abuse and mental health.

More detailed information is available in:

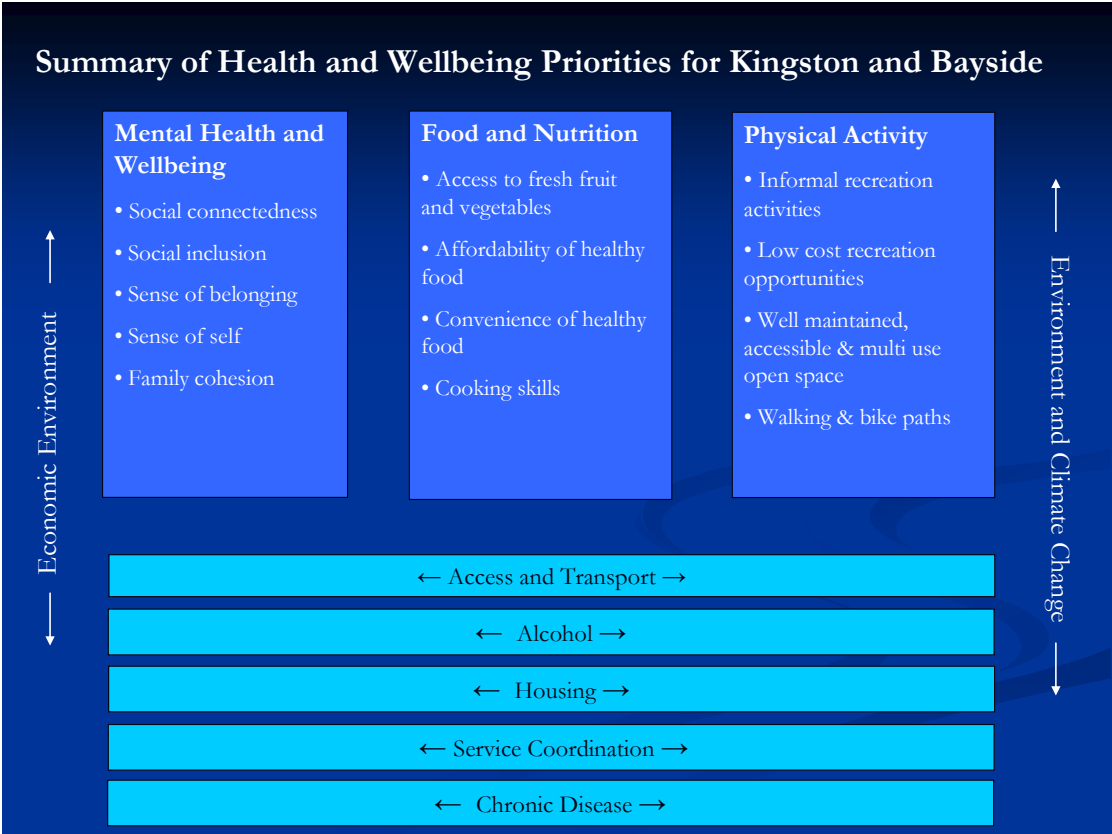
Collaborations (2009), *Kingston Bayside Health and Wellbeing Strategic Plan Consultation and Research Summary*, Melbourne, Victoria available at [www.kingstonbaysidepcp.org.au](http://www.kingstonbaysidepcp.org.au)

# 9. Health and Wellbeing Issues

## 9.1 Summary of identified Health and Wellbeing Issues

In the development of the Kingston Bayside Health and Wellbeing Strategic Directions consideration was given to the identification of key health and wellbeing issues for Kingston and Bayside. These issues have been assessed against the health profile data, community consultation and research, discussed and agreed in the stakeholder planning workshops.

The table below represents a summary of the range of priority issues raised.



## 9.2 Criteria for planning

In considering the range of health issues identified the partnership agencies were asked to identify priorities for the strategic directions based on the following criteria:

- Directions are supported by identified needs
- Actions are evidence based
- Actions that would benefit from a partnership approach
- Actions have the potential to achieve measurable outcomes
- There is existing commitment and capacity within the catchment to deliver

This was a challenging task with much discussion regarding the significance of the different issues identified.

# 10. Strategic Directions

The Kingston Bayside Health and Wellbeing Strategic Directions have identified the following three health promotion priorities:

1. **Promoting mental health and wellbeing**
2. **Promoting accessible and nutritious food**
3. **Promoting physical activity and active communities**

A number of other important issues were identified through the planning process and need to be considered when addressing the areas above including:

- Access and transport
- Alcohol
- Housing
- Service Coordination
- Chronic Disease
- Environment and climate change
- Economic environment

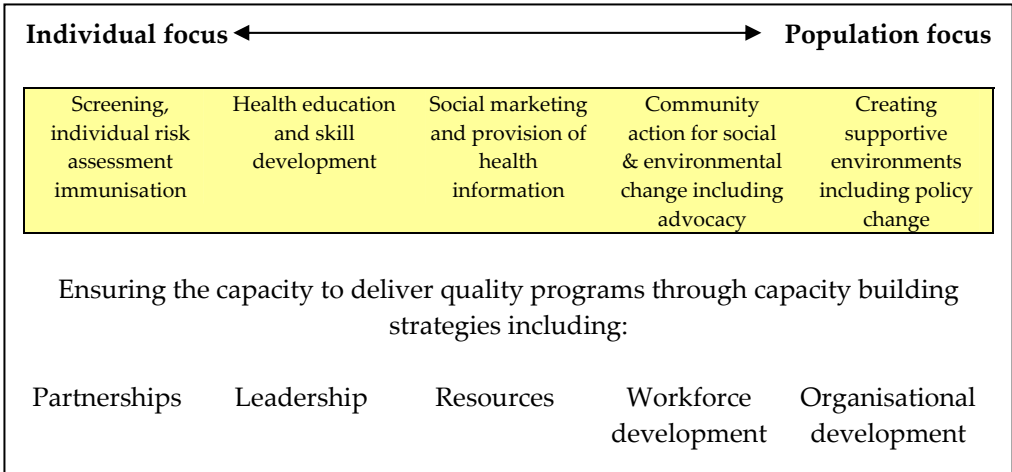
The following neighbourhoods have been identified as priority areas for action in Kingston and Bayside:

- Clayton South / Clarinda
- Chelsea / Bonbeach
- Highett / Hampton East

The following key population groups have been identified as priorities in Kingston and Bayside:

- Children and Families
- Young people aged 12-25 years
- Older adults
- CALD (Culturally and Linguistically Diverse)
- Homeless
- People with a disability and their carers

Local agencies in Kingston and Bayside will in partnership address the priority areas above through the following health promotion interventions and capacity building strategies:



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# 11. Health Promotion Priorities

## 11.1 Promoting Mental Health & Wellbeing

### What is Mental Health?

Mental Health is the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just<sup>5</sup>.

### What do we mean by Mental Health Promotion?

Mental health promotion aims to improve the social, spiritual and emotional wellbeing by creating: supportive living conditions and environments that foster connectedness between people; strength in recovery from illness; and competence and resilience in individuals and communities. Prevention strategies are a core component of mental health promotion<sup>6</sup>.

### Why is Mental Health important for Kingston Bayside?

- Mental disorders were the third main cause of disease burden for Kingston and the fourth main cause for Bayside residents.
- Kingston and Bayside have had a growing number of hospital admissions for mental disorders, with mental health a particular issue for young people (15-24 years).
- Kingston and Bayside both have ageing populations with an increasing number of older adults living alone.
- Issues identified through the community consultation as having a positive impact on people's mental health and wellbeing were: strong social connections, family cohesion, a sense of belonging, a sense of purpose and a sense of value.
- Issues identified through the community consultation as having a negative impact of people's mental health and wellbeing include: social isolation, family instability and family violence, alcohol abuse, access to secure and affordable housing and financial stress.

### What can we do?

As an example – there are a number of approaches that have been shown to increase social connectedness. They build social capital, promote community wellbeing, overcome social isolation, increase social connectedness and address social exclusion. Examples of actions include:

- Local neighbourhood and community renewal programs that focus on community building and regeneration programs
- Social marketing and media campaigns that challenge the stigma and raise awareness of attitudes towards mental health
- Physical activity programs that promote social interaction and connections
- Volunteering and providing structured opportunities for people to do voluntary work for their community
- School based programs for mental health and wellbeing that create supportive environments and connect with school policy
- Workplace mental health promotion
- Community arts programs
- Structure opportunities for participation

More information can be found in:

- DHS (2006), Evidence-based mental health promotion resource, Melbourne, Victoria available at [http://www.health.vic.gov.au/healthpromotion/evidence\\_res/health.htm#mental](http://www.health.vic.gov.au/healthpromotion/evidence_res/health.htm#mental)

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## 11.2 Promoting Accessible and Nutritious Food

### What do we mean by accessible and nutritious food?

Having adequate food to eat is one of the basic elements of human rights<sup>7</sup>. Adequacy entails access to healthy, culturally acceptable, safe foods regularly through local non-emergency sources.

Once adequate access to food is secured, the ability to eat well involves understanding how to choose nutritious food, the cooking and consumption of these foods. It also involves the social and cultural significance of purchasing, preparing, eating and the enjoyment of eating experiences with families, friends and communities<sup>8</sup>.

### What are the barriers to accessible and nutritious food?

Barriers to nutritious food choices are the increasing access and consumption of inexpensive, energy dense, nutrient poor food, a changing food culture including the lack of cooking and growing skills, less time spent preparing and sharing food, increased television viewing times and less time spent with support networks such as family and friends<sup>8</sup>.

### Why is accessible and nutritious food important for Kingston and Bayside?

- Eating well is important for maintaining and protecting health. Good nutrition is closely related to optimal growth, good education outcomes and health throughout life.
- Inadequate fruit and vegetable consumption accounts for just over three percent of the total disease burden in the Southern Metropolitan Region of Melbourne.
- The Victorian Population Health Survey 2007 found that only a small percentage of adult residents in the southern metropolitan region of Melbourne, met the dietary guidelines for vegetable intake and about half met the dietary guidelines for fruit intake. .
- Community consultations recently undertaken in Kingston and Bayside 2009 identified:
  - Challenges in accessing affordable fresh food, particularly for those without a car
  - Availability of cheap unhealthy food usually easier than healthy fresh food
  - Barriers to storing, preparing and cooking food for those without appropriate housing of life skills

### What can we do?

As an example – there are a number of evidence based partnership approaches that have been shown to increase healthy eating within the community. Examples include:

- Community gardens
- Community kitchens
- Organisational / club catering policies
- Skills development sessions and peer education
- Settings based programs that create supportive environments and connect with organisational policies for example working with early childhood services and schools to have fruit and water breaks, edible gardens, and healthy canteens

More information on evidence based interventions can be found at:

<http://www.dhs.vic.gov.au/operations/regional/gippsland/regional-initiatives/health-promotion-in-gippsland>

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## 11.3 Promoting Physical Activity & Active Communities

### What do we mean by physical activity and active communities?

Being active constitutes one of the major components of a healthy lifestyle. There is now strong evidence that regular physical activity provides people of all ages with substantial physical, social and mental health gains throughout life<sup>8</sup>.

Regular physical activity reduces the risk of premature mortality, and the development of the major non-communicable chronic diseases such as diabetes, heart disease, osteoporosis, stroke and some cancers. Physical activity helps prevent obesity and injuries from falls<sup>8</sup>.

It also promotes an increased sense of wellbeing, improved quality of life, can assist in the management of depression and anxiety, increases in mental alertness and enhances self esteem.

### Why is physical activity and active communities important for Kingston and Bayside?

- According to VicHealth physical activity is ranked second only to tobacco in being the most important factor in health promotion and disease prevention in Australia.
- Physical inactivity is responsible for approximately four per cent of the total disease burden in the Southern Metropolitan Region of Melbourne
- The Victorian Population Health Survey 2007 found that only 62 per cent of adult residents in the southern metropolitan region of Melbourne met the physical activity guidelines, 29 per cent were insufficiently active and six per cent were classified as sedentary.
- While the effects of physical inactivity are most prevalent among older age groups, the habit of physical activity is established while young.
- Community consultations recently undertaken in Kingston and Bayside in 2009 identified:
  - The physical environment plays an important role for many, including access to open spaces and the quality and functions of open space
  - Open spaces needs to be well maintained and located to optimise use
  - The importance of informal physical activity as part of a daily routine
  - Availability of low cost recreation opportunities was identified as a gap.

### What can we do?

As an example – there are a number of evidence based partnership approaches that have been shown to increase physical activity and active communities. Examples include:

- Community gardening
- Walking groups
- Accessible routes to walk and cycle
- Active transport including walking, cycling and other means of non-motorised vehicles
- Lunch time physical activity programs
- Settings based programs that create supportive environments and connect with organisational policies for example working with schools and early childhood services to for example promote walking and riding to school.

More information on evidence based interventions can be found at:

<http://www.dhs.vic.gov.au/operations/regional/gippsland/regional-initiatives/health-promotion-in-gippsland>

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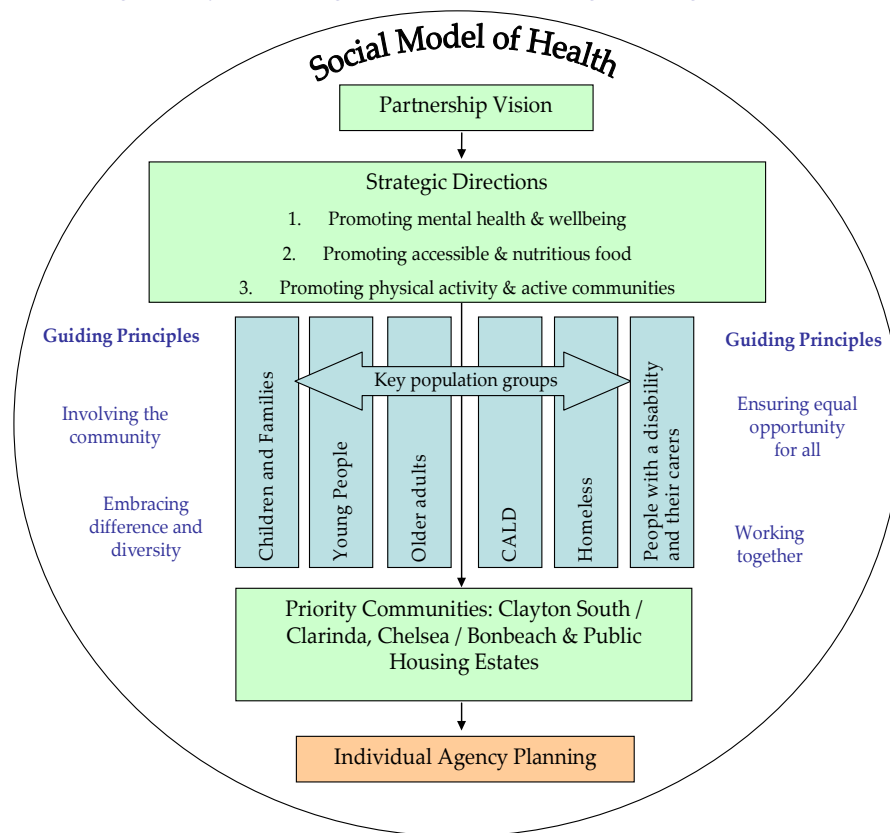
## 12. Where to from here

### 12.1 Planning framework

The Project Steering Committee has worked to integrate current thinking regarding the social model of health and health promotion into a framework to inform future planning and partnership development. This model includes a shared vision of the partnership, the strategic directions including the key health promotion priorities and our key population groups and communities of identified need.

It is anticipated that these strategic directions will inform the development of individual agency plans to facilitate coordinated and integrated health planning and avoid duplication to maximise the outcomes of health promotion investment in the catchment.

Kingston Bayside Strategic Health and Wellbeing Planning Framework



### 12.2 Future action planning

Action planning workshops will be convened for each of the three key identified health promotion priorities with a view to map the existing strength and capacity within the catchment and also shape our directions for 2009- 2013.

The outcomes from these action planning sessions will guide the structure of health promotion working groups to be facilitated by the Kingston Bayside Primary Care Partnership to enable further development and detailed action planning for each of the identified priority areas.

The notes from the action planning workshops will be available at [www.kingstonbaysidepcp.org.au](http://www.kingstonbaysidepcp.org.au) .

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### 12.3 Features of a successful partnership

As part of the stakeholder planning workshops, a session was facilitated to identify the key structures and supports that need to be in place to develop successful partnerships for action. The following strategies need to be considered in the implementation process:

- A communication strategy to ensure all participants are well informed and able to play an active role in the planning process
- An agreement between the partnership organisations outlining the parameters for involvement and resource commitments
- A structure for working groups to pursue the goals identified in relation to the priority health issues
- Outreach to new organisations who have an identified role in supporting the partnership actions
- A structure for monitoring and reporting on achievements and progress
- Communication and behaviour protocol to support productive working relationships.

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## 13. References

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- <sup>1</sup> Keleher H and Marshall B (2002), *A Framework for Strengthening Health Promotion in Community Health*, Deakin University, Melbourne
- <sup>2</sup> Department of Human Services (2004). *Integrated Health Promotion: A Practice Guide for service Providers*, Primary and Community Health Branch, Public Health Group, Victoria [DHS \(2004\) Integrated Health Promotion: A Practise Guide for service Providers: Section 3](#)
- <sup>3</sup> WHO 1958, cited by Wass, A (2000), *Promoting health: the primary health care approach*, Second edition, Harcourt Saunders, Sydney, p.7
- <sup>4</sup> Victorian Department of Health and Community Services (1991), *Promoting health and preventing illness in Victoria*, Melbourne
- <sup>5</sup> VicHealth (1999), *Mental health promotion plan 1999-2002*, Victorian Health Promotion Foundation, Carlton South, Victoria
- <sup>6</sup> From Margins to Mainstream: 5<sup>th</sup> World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders (2008), *The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders*, Melbourne, Victoria
- <sup>7</sup> Universal Declaration of Human Rights, Article 25, paragraph (1)
- <sup>8</sup> DHS (2006) *Project Brief 'Go for your life' Health Promoting Communities: Being Active and Eating Well Demonstration Initiatives Second Phase Call for Submissions*, Melbourne, Victoria

## 14. Appendix A

### 14.1 Stakeholder Planning Workshops

Name	Organisation	20 May 09	16 June 09
Ailsa Gregory	Bayside General Practice Network	✓	✓
Allison Ridge	BAEW Program Manager	✓	✓
Belinda Caruana	Bayside City Council	✓	✓
Brydie Quinn	Southern Health	✓	✓
Carmel Rogers	Paramedic Team Manager, Ambulance Vic	✓	
Cheryl Wilson	Department of Health – Primary Health	✓	✓
Chris Fox	Central Bayside Community Health Service	✓	✓
Danice Kuzmic	Bentleigh Bayside Community Health		✓
Deirdre Martinz	Kingston Bayside Primary Care Partnership	✓	✓
Dianne Holbery	IMPACT Support Services Inc	✓	
Dr. Jim McDonald	Medical Officer of Health	✓	
Eilidh Grigg	Bayside City Council	✓	
Elana Pedersen	Sandybeach Centre	✓	
Elli Wellings	Victoria Police		✓
Emily Boucher	Kingston City Council	✓	✓
Erin Nash	Department of Sustainability and Environment	✓	
Fiona Baxter	Kingston City Council	✓	✓
George Robinson	Central Bayside Community Health Services	✓	✓
Georgia Hills	Kingston City Council	✓	
Geraldina Alvarez-Poblete	New Hope Migrant & Refugee Centre	✓	✓
Grant Findlay	Commonwealth Respite & Carelink Southern Region	✓	
Hannah Croughan	Kingston City Council	✓	
Heath Stenton	Kingston City Council		✓
Heather Bishop	Vic Roads	✓	
Heather Johnson	Bayside City Council	✓	
Jackie Beckman	Bayside City Council	✓	
Jackie Gleeson	Bentleigh Bayside Community Health	✓	✓
Janet Hopkins	ReachOut Mental Health	✓	✓
Jenny Symons	Department of Sustainability and Environment		✓
Joan Andrews	Bayside City Council	✓	
John McMillan	Inner South Community Health Service – SRS		✓

John Turner	Bentleigh Bayside Community Health	✓	
Kerry Hollier	Bayside General Practice Network	✓	✓
Kirsty Brown	Kingston Bayside Primary Care Partnership	✓	✓
Lena Okin	Kingston City Council	✓	✓
Maggie Moulds	Bayside City Council	✓	✓
Margaret Sinnott	Kingston Bayside Primary Care Partnership	✓	✓
Mary Saunders	Monash Division of General Practice	✓	✓
MyTien	Gamblers Help Southern		✓
Naomi Kubina	Central Bayside Community Health Services	✓	✓
Nicole Malina	Kingston City Council	✓	✓
Nigel McGuire White	Victoria Police – Bayside	✓	
Phillip Barelli	Bentleigh Bayside Community Health	✓	✓
Robyn Jenkins	AccessCare Southern	✓	
Shona Callum	AccessCare Southern	✓	
Sue Moulton	Central Bayside Community Health Services	✓	✓
Suzanne Ferguson	Kingston City Council	✓	
Suzie Mavridis	AccessCare Southern		✓
Terry Lazzarotto	Kingston Bayside Primary Care Partnership	✓	✓
Tracey Collins	Gamblers Help Southern	✓	
Viv Sullivan	Bentleigh Bayside Community Health Service	✓	✓
Lorna Stevenson	Longbeach Place	✓	
<b>Total</b>		<b>45</b>	<b>32</b>