Municipal Public Health and Wellbeing Plan
2017 – 2021

'Creating environments that support everyone to lead a healthy life'

The City of Casey acknowledges that we are on the traditional land of the Bunurong and Wurundjeri People and pays respect to all elders past and present.

Council acknowledges the commitment and contribution from the following organisations in the development of this Plan:

- Department of Health and Human Services South Division
- Monash Health
- Women's Health in the South East
- enliven

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Introduction

The City of Casey *Municipal Public Health and Wellbeing Plan 2017 - 2021* provides direction on the priority health and wellbeing focus areas for Council and public health sector organisations in the municipality, to improve the health and wellbeing of all Casey residents.

This Plan is informed by local health and social data, community consultation, consideration of public health evidence, state health and wellbeing directions and the priorities of the City of Casey *Council Plan 2017-2021*.

The key priorities for the next four years are:
1.   Increase Healthy Eating
2.   Increase Physical Activity
3.   Reduce Harm from Alcohol, Drug and Tobacco Use
4.   Improve Mental Wellbeing
5.   Reduce Violence and Injury

Message from the Mayor

The City of Casey is committed to enhancing the health and wellbeing of all our residents.

Through our *2017-2021 Council Plan* and long-term Council Vision we're working to create Australia's most liveable city.

One of the key strategic objectives of our Council Plan is to create an inclusive, safe and connected community and the *Municipal Public Health and Wellbeing Plan 2017-2021* will play an integral role in helping us to achieve that.

This Plan will guide the work of Council and its partners over the next four years to deliver on the priority health and wellbeing issues for our municipality.

We want to create a community where people can live a life free of preventable disease and injury and experience happiness and life satisfaction.

Through this Plan, we will work with our partners and the community to make the City of Casey a place where everyone can lead a healthy life.

Cr Sam Aziz
Mayor
City of Casey

About this Plan

This Plan aims to protect and support the health and wellbeing of the Casey community by focussing on the preventable risk factors that impact on chronic health conditions.

It provides an overarching strategic framework for Council and public health sector organisations to work towards health and wellbeing outcomes through a set of strategic objectives that address underlying social factors.

It sets out specific areas for improvement for the whole population of Casey, and emphasises the needs of certain population groups experiencing poorer health and wellbeing outcomes.

It builds on the successes of the previous *Municipal Public Health and Wellbeing Plan 2013-2017.*

The Plan will guide the development of new policies, strategies, programs, services and advocacy campaigns that promote health and wellbeing. Where these already exist, the Plan will provide guidance for their alignment to the health and wellbeing priorities for Casey.

A leadership group was established to provide support and guidance in the development of this Plan. This group is comprised of senior Council officers and includes representation from the Department of Health and Human Service South Division and funded public health sector organisations (Monash Health, enliven, Women's Health in the South East).

In developing this Plan, a significant amount of engagement and research has been undertaken to ensure that it responds to the health and wellbeing aspirations of the Casey community, reflects priorities at local and state level, aligns with public health sector priorities and applies best practice.

In 2016, the City of Casey conducted its biggest ever community engagement project, Casey Next, to ask residents and our visitors what their vision is for the future of Casey. The findings from this consultation were considered along with a review of local health and social data, the findings from the evaluation of the previous plan, directions from the Victorian Public Health and Wellbeing Plan and the priorities of the City of Casey Council Plan.

From this a set of priority health and wellbeing issues were identified and workshopped with both internal and external stakeholders. The outcomes from this engagement, combined with consideration of public health evidence, resulted in the development of the strategic directions.

An Action Plan will be developed which will outline the specific actions Council and its partners will undertake to deliver on the strategic directions.

Guiding Principles

This Plan is informed by the following principles:

Health equity
To ensure everyone can achieve and maintain good health and wellbeing, all members of the Casey community need to have the necessary knowledge, skills and resources to alleviate any disadvantage experienced by at-risk or vulnerable groups.

Life course
A life course approach recognises the importance of all ages and stages of life to health and wellbeing. At each life stage there are issues that need to be considered, for example during early years, adolescence and older age and at key transition points such as childhood to adolescence and school into employment.

Evidence informed
Actions undertaken to improve the health and wellbeing of the Casey community need to be informed by evidence to ensure they do no harm, are effective, make best use of limited resources, are cost effective, focus efforts on actions most likely to make a positive difference, reach those at-risk or vulnerable and support accountability.

Partnership approach
Many current health and wellbeing issues are the result of complex social problems and no single policy, organisation or program can tackle them in isolation. Partnerships, across diverse sectors and with a wide range of organisations, are important for building and sustaining effort to make improvements in health and wellbeing for the Casey community.

Health impacts of climate change
Climate change can directly or indirectly impact on many areas of health and wellbeing. The impacts of climate change need to be considered in a systematic way for each of the health and wellbeing priorities identified for the City of Casey.

Legislative Requirements

The Victorian *Public Health and Wellbeing Act 2008* (s.24) mandates councils 'to seek to protect, improve and promote public health and wellbeing within the municipal district'. The Act (s.26) requires that councils must prepare and endorse a Municipal Public Health and Wellbeing Plan every four years that identifies key health and wellbeing priorities for the municipality.

Under the Act, a Plan must:
• Be prepared within a period of 12 months of the Council election
• Examine data about local health status and health determinants
• Identify goals and strategies based on evidence for creating maximum health and wellbeing
• Specify measures to prevent family violence and respond to the needs of victims of family violence
• Involve the local community in the development and evaluation of the plan
• Specify how Council will work with the Department of Health and Human Services and other agencies who are undertaking public health initiatives, projects and programs
• Be consistent with the Council Plan and Municipal Strategic Statement
• Have regard to the Victorian Health and Wellbeing Plan.

The *Victorian Climate Change Act 2010* also requires local government to have regard to climate change adaptation in Municipal Public Health and Wellbeing Plan.

Victorian Policy Priorities for Health and Wellbeing

The Plan aligns with the health and wellbeing policy directions of State Government:

• Ending Family Violence Victoria's Plan for Change
• Koolin Balit 2012 - 2022

- Plan Melbourne
- Safe and Strong A Victorian Gender Equality Strategy
- Victorian Aboriginal and Local Government Action Plan
- Victorian Cancer Plan 2016 – 2020
- Victorian Memorandum for Health and Nature 2017
- Victorian Public Health and Wellbeing Plan 2015 – 2019
- Victorian State Disability Plan 2017 – 2020
- Victoria's 10-year Mental Health Plan.

Our Community

The City of Casey is a large and rapidly growing municipality on the outskirts of Melbourne. It covers 410 square kilometres with a diversity of coastal, growth, foothills and established areas.

The City of Casey is described as an Interface Council as it incorporates both the green wedge and the urban growth boundary and bridges the gap between metropolitan Melbourne and rural Victoria, sharing characteristics of both urban and rural communities[1].

The current population is 311,000 and is forecast to grow to 514,021 by 2041[2]. Just over one third of residents (36.3 %) are below the age of 25 years and 10.6% are 65 years and over[3].

Casey is home to the largest number of Aboriginal and Torres Strait Islander residents in Melbourne[4].

Casey is a culturally diverse municipality, with overseas-born residents from more than 150 countries and 120 faiths represented. Overseas born residents constitute 40.5% of residents, with 38% speaking languages other than English[3].

5% (1 in 20) of residents have a disability[3].

Factors impacting on the health and wellbeing of Casey residents

Chronic Disease and Risk Factors

Of all premature death and disability in Australia, chronic disease is the most significant health challenge for the overall population, not only because of health care costs but also the personal, social and economic impacts of these diseases.

Non-communicable[*], chronic diseases account for 85% of premature death and disability, injuries 10% and communicable, maternal, neonatal and nutritional disorders 5%[5]. The largest contributors to non-communicable chronic disease are cancer, musculoskeletal disorders, cardiovascular diseases and mental and behavioural disorders. These conditions are more prevalent in some population groups; this is referred to as health inequality.

For Casey residents throughout their lifetime[6]:
- 9.1% (almost one in 10) will develop heart disease
- 2.2% will have a stroke
- 19% (almost one in five) will develop arthritis.

Much of this burden of disease[*] and injury is potentially avoidable by either preventing the problems before they develop or finding the problems early and treating them.

Many of these chronic diseases share the same risk factors; including poor diet, physical inactivity, smoking, alcohol and drug use, being overweight or obese, high blood pressure, high blood glucose and high cholesterol.

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[*] Definition in glossary

For Casey residents[6]:
- 25.2% (one in four) residents are obese and 29.1% (almost one in three) are overweight
- 27% of residents have been diagnosed with hypertension
- 6.5% of residents have Type 2 diabetes throughout their lifetime.

Social Determinants of Health

Risk factors are strongly influenced by the social, cultural and environmental conditions in which people live.

Enjoying good health and wellbeing is dependent on conditions such as access to quality education, stable employment, secure and affordable housing, freedom from violence, safe and sustainable natural and built environments, access to affordable food, supportive social networks and services and opportunities to participate in community life[7]. These are referred to as the social determinants of health.

An individual's socio-economic status is strongly associated with their state of health; in general, the lower an individual's socio-economic status, the worse their health. In Casey there is a significant range of socio-economic status across suburbs, with some areas being the most disadvantaged in the state to some being the least disadvantaged.

Housing affordability is a significant social problem in the City of Casey with many households struggling to afford to buy their dwelling and others buying but spending a large proportion of their income to service the mortgage. Although the overall relationship between housing and health is complex, financial problems associated with housing costs can place considerable mental and emotional stress on families.

Casey faces numerous transport challenges to keep pace with much needed road and public transport improvements for a rapidly growing municipality. Using public transport increases physical activity and helps reduce the chance of obesity and other health problems related to sedentary lifestyles[8]. Currently most Casey residents travel to work by car.

Casey, as with many other areas in Victoria, is vulnerable to the effects of climate change and its impacts on human health. Extreme weather events can affect people's health either directly, such as through dehydration during heatwaves or indirectly such as an inability to earn an income because of a flood. Some population groups and geographical areas in Casey are more vulnerable to extreme weather events, including people with existing illness, children, older people, low income households, and coastal and fire-prone areas.

Addressing many of these social determinants is the everyday concern of Council through its role as a facilitator, provider and advocate for the Casey community.

Strategic Directions

Council has identified five goals and associated strategic objectives that it will work on in partnership with public health sector organisations, a range of key agencies and the community over the next four years.

The goals represent the long-term changes that Council and its partners will seek to influence over the life of this Plan.

The following section outlines for each goal: the strategic objectives, what the community told us through Casey Next, what the evidence says and Council policies and strategies that are relevant to achieving the strategic directions.

1. Increase Healthy Eating

Strategic Objectives
- **1.1.** Support all residents to make healthier food and drink choices
- **1.2.** Increase availability of healthy food and drink options
- **1.3.** Support sustainable food systems[*]

The community's aspirations
- 'I would increase access to healthy, fresh food for residents with more local grocers and less large supermarkets and takeaway shops.'
- 'A green wedge with access to local produce.'
- A priority improvement for the community is to increase healthy eating options within the Casey community. Suggested ways to do this include: ensuring food at school canteens is nutritious, promoting healthier restaurants and encouraging stores that sell fresh produce.

What the evidence says
Some groups are more likely to have limited or uncertain availability of, or ability to acquire, affordable nutritious, safe, and socially and culturally appropriate foods. These include[9]:
- Indigenous Australians (they experience the greatest impact from diet-related illness)
- Minority cultural groups
- People living with disabilities
- People living in remote and/or socioeconomically disadvantaged areas.

For Casey adults:
- Less than one in ten eat enough vegetables daily (5.7%), compared with the Victorian average (6.4%)[6]
- Only four in ten eat enough fruit daily (42%), compared with the Victorian average (47.8%)[6]
- Males consume less fruit and vegetables than females. Males aged between 25 – 44 years consume the least amount of fruit and those aged 45 – 54 years consume the least amount of vegetables[10]
- The most socio-economically disadvantaged groups have the lowest consumption of vegetables[10]
- One in six consume soft drink daily (15.9%), compared with the Victorian average (11.2%)[6]
- Almost one in four cannot access nutritionally adequate food due to it being too expensive[11].

Other Council Policies and Strategies
- Procurement Policy
- Food Security Policy
- Green Wedge Management Plans
- Child, Youth and Family Plan[**]

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[*] Definition in glossary
[**] To be developed

2. Increase Physical Activity

Strategic Objectives
  2.1. Design and activate neighbourhoods to increase physical activity in daily life
  2.2. Increase participation in active recreation[*], active transport[*] and sport[*]

The community's aspirations
- 'A place that allows people to be active and healthy despite their socioeconomic status.'
- A vision for Casey is a less car dependent community promoting more physical activity through the provision of nature trails and access to open space.

What the evidence says
Some groups are more likely to have low levels of physical activity. These are: women, smokers, people who are obese, people experiencing psychological distress, people who rate their health as poor, the elderly[6], people living in socio economically disadvantaged areas and Indigenous Australians[12].

For Casey adults:
- Just over half don't do the recommended amount of physical activity (51.1%), compared with the Victorian average (50.4%)[6]
- One in five do less than 30 minutes of physical activity a week (21.9%), compared with the Victorian average (18.9%)[10]
- Females are less likely to engage in sufficient physical activity[13]
- One in four spend eight hours or more sitting on weekdays (26.5%), compared with the Victorian average (23.8%)[6]

Other Council Policies and Strategies
- Sports Development and Physical Activity Plan[**]
- Leisure Facilities Development Plan
- Open Space Strategy
- Housing Strategy
- Transport Strategy
- Child, Youth and Family Plan[**]

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[*] Definition in glossary
[**] To be developed

3. Reduce Harm from Alcohol, Drug and Tobacco Use

Strategic Objectives
- **3.1.** Develop a strategic approach to reducing alcohol and drug related harm
- **3.2.** Reduce the availability of packaged liquor in areas that have an existing high concentration
- **3.3.** Expand smoke-free areas and de-normalise smoking

The community's aspirations
- A priority improvement for the community is to address drug and alcohol problems within Casey. A suggested way to achieve this is limiting liquor licenses and removing liquor stores.
- A vision for Casey is a safe place is a place with less crime, robberies, home invasions, drug free, no gangs, reduced violence, graffiti and dangerous 'hoon' drivers.
- A priority improvement for the community is to make parks safer for families with family friendly facilities. For example: all parks should have toilet facilities, should be non-smoking and have BBQ areas where families and friends can sit down to picnic together.

What the evidence says
Some groups are at higher risk of alcohol related harm. These are: males, middle age men (50 – 59 years old), older men (60+ years) and high socio economic status[10,14].

In Victoria, alcohol is the most common cause of ambulance attendances for drug and alcohol related events, followed by prescription drugs and then illicit drugs[14].

In Victoria, cannabis is the most commonly used illegal substance amongst secondary students. Use of Illegal drugs amongst secondary school aged students 'in their lifetime' declined between 1996 and 2011[15].

Nationally, males and people aged 20 – 29 years of age are at higher risk of illicit drug use[16].

Some groups have higher rates of smoking. These are people who live in socio-economically disadvantaged areas, Indigenous Australians, people living with a mental illness, people who are unemployed, people who are imprisoned or experiencing homelessness[17].

For Casey adults:
- One in six smoke (16.3%) and one in eight smoke daily (13.3%), compared with the Victorian average (13.1%, 9.8%)[6]
- One in five are at risk of short-term alcohol related harm (21.3%), compared with the Victorian average (29.4%)[10]
- Half are at increased lifetime risk of alcohol related harm (52.6%), compared with the Victorian average (59.2%)[6]
- More males than females are regular and excessive alcohol drinkers[13]
- Males are the main perpetrators of alcohol-related assaults[14]

Other Council Policies and Strategies
- Community Safety Strategy

- Child, Youth and Family Plan[**]
- Packaged Liquor Policy[**]
- Liquor Licensing at Council Recreation Reserves Policy

[**] To be developed

4. Improve Mental Wellbeing

Strategic Objectives
- **4.1.** Increase social inclusion[*] and community resilience[*]
- **4.2.** Increase community participation[*]
- **4.3.** Support a strategic approach to reducing problem gambling

The community's aspirations
- A vision for Casey is that it is a community that helps each other and is compassionate. This includes supporting those at risk of homelessness and mental health issues.
- A priority improvement for the community is to support and advocate for those with mental health issues and increase access to mental health facilities including youth counsellors.
- A vision for Casey is more opportunities for children to access and enjoy nature and water.
- A vision for Casey is for greater facilities and support for the arts, including music and cultural arts centres.

What the evidence says
Resilience, social inclusion and social connection are key factors that support mental wellbeing.

Some groups experience lower levels of resilience. These include people who are unemployed, have lower annual household incomes, from culturally and linguistically diverse backgrounds, or reside in the most disadvantaged areas. Younger people (18–34 years) have significantly lower resilience[18].

Suicide rates across all age groups are significantly higher in males than females. For intentional self-harm the rate for females is higher than males, particularly in the teen years[19].

Problem gambling is associated with electronic gaming machine density in local areas[20]. Some people have higher expenditure on Electronic Gaming Machines (EGMs). These are people who are unemployed, low income earners and people who have mortgages[21].

In the City of Casey $125 M was spent on EGM's in 2015/16, placing it as the second highest ranked municipality in Victoria for annual expenditure[22].

For Casey adults:
- One in four have had a mental health condition in their lifetime (25%), compared with the Victorian average (24.2%)[6]
- One in five experiences high or very high levels of psychological distress (18.6%), compared with the Victorian average (12.6%)[6]
- The average resilience score is 6.3 out of eight, compared with the Victorian score (6.4)[10]
- Females report higher rates of psychological distress and a higher proportion are diagnosed with anxiety and depression, compared with males[13].

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[*] Definition in glossary

Other Council Policies and Strategies

- Electronic Gaming Machine Strategy
- Diversity, Access and Inclusion Policy
- Inclusive Casey Strategic Framework[**]
- Community Facilities Access Policy
- Community Engagement Strategy
- Community Resilience Plan[**]
- Volunteer Participation Strategy
- Rooming House Strategy
- Casey Cardinia Activation Strategy
- Arts Development Plan
- Child, Youth and Family Plan[**]
- Aboriginal Engagement Plan[**]

[**] To be developed

5. Reduce Violence and Injury

Strategic Objectives

    5.1. Develop a strategic approach to family violence primary prevention[*], and early identification and support

    5.2. Design safe and inclusive public facilities and spaces to reduce intentional and accidental injury

The community's aspirations

- 'Safety particularly for women and kids. In parks better lighting at night time. Casey has good parks, more paths get people out riding a bike.'
- A vision for Casey is when catching public transport residents will feel safe. Safety could be brought about through urban design, lighting and increased frequency.
- A vision for Casey is safety is particularly important for families. Parents want to undertake daily tasks safely with their children. Young people want to be able to travel on public transport and walk to school without fear.

What the evidence says

Family violence is a significant health and wellbeing issue.

Overwhelmingly most victims of family violence are women and children, and the majority of perpetrators are men. The emotional and psychological wellbeing of children can be affected by family violence and in turn can negatively impact their learning and development[23].

Male intimate partner violence contributes more to the disease burden for women aged 18 – 34 years than any other well-known risk factors like tobacco use, high cholesterol or use of illicit drugs[24].

The main contributors to family violence are gender inequality, stereotypical roles of men and women and permissive attitudes towards violence against women[24].

Alcohol is a significant contributing factor to family violence.

Well designed and maintained urban environments are essential for improved safety in the community through: increased community usage of public places, connection and integration of streets and public spaces, reduced opportunities for crime and anti-social behaviour, improved perceptions of public safety, and creating more liveable and sustainable environments[25].

For Casey adults:

- In 2015 – 2016 there was the highest number of family violence incidents in the state[26]
- Almost half have low support for equality within relationships between men and women (44.8%), compared with the Victorian average (35.7%)[10]
- Almost three-quarters of men feel safe or very safe walking alone in their local area at night, compared to just over one-quarter of women[10]

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[*] Definition in glossary

Other Council Policies and Strategies

- Community Safety Strategy
- Gender Equity Action Plan[**]
- Child, Youth and Family Plan[**]
- Family Violence Prevention Strategy[**]

[**] To be developed

Implementation

Action Plan

The Action Plan will comprise of the four-year strategies, annual actions, associated measures of success and partnership commitments, to deliver on the goals and strategic objectives of the Plan.

The development of the Action Plan will be led by Council, commencing in late 2017. The Department of Health and Human Services and funded public health sector organisations will be central to developing and implementing the Plan.

Action planning will consider health equity, a life-course approach, an evidence-informed approach, a partnership approach, environments for health and health adaptation[*] to climate change to ensure that the actions taken will achieve effective health and wellbeing outcomes for the community.

This approach to planning will be guided by Council's:

- Diversity, Access and Inclusion Policy
- Inclusive Casey Strategic Framework[**]
- Accessibility Action Plan[**]
- Community Advisory Committees
- Aboriginal Engagement Plan[**]
- Gender Equity Action Plan[**]
- Child, Youth and Family Plan[**]
- Community Resilience Plan
- Sustainability Plan
- Municipal Emergency Management Plan
- Heatwave Plan

A range of stakeholders from different sectors and community representatives will be included in the development of the Action Plan. These stakeholders include: Council services, community health, primary care partnership, women's health service, State Government, community service providers, community organisations, Victoria Police, community sports clubs, leagues and associations, state sporting associations, elite sports, local business, schools, early childhood services, culturally specific service providers, community, social, arts and cultural groups, libraries, regional alliances, academic providers and health promotion organisations.

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[*] Definition in glossary
[**] To be developed
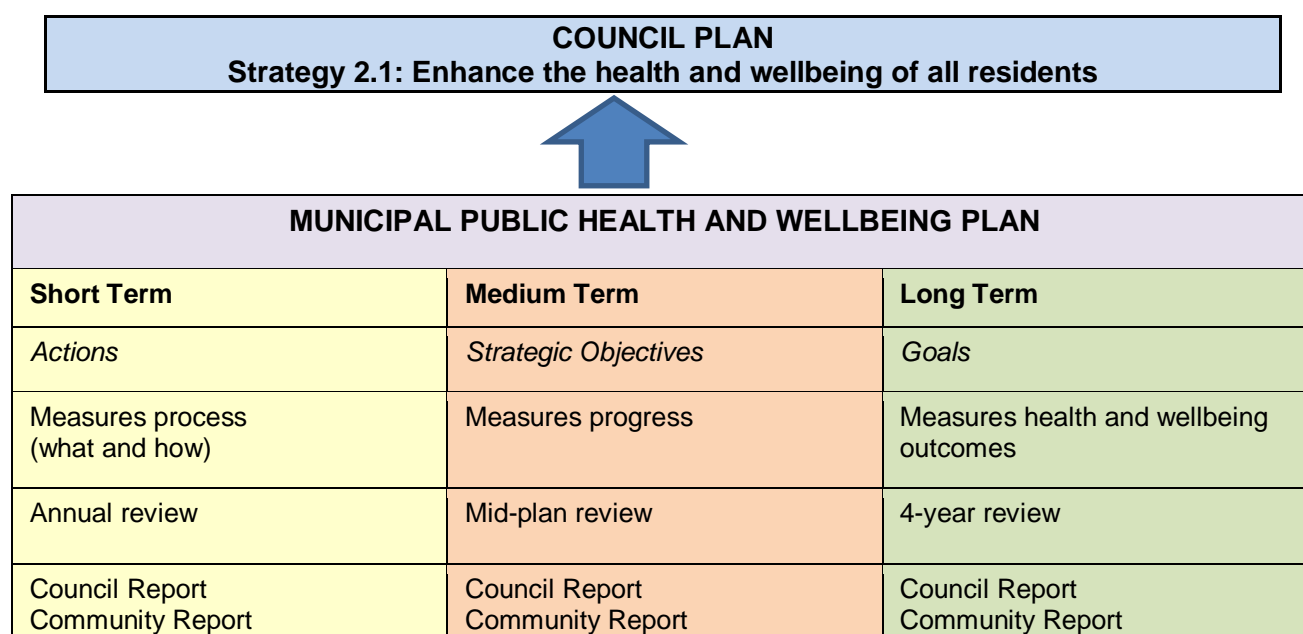
Monitoring and Evaluation

Improving health and wellbeing for the residents of Casey is a long-term ambition. Many of the social determinants of health and wellbeing are complex, inter-related issues and are not solely in the domain of local government to influence.

The five goals in this Plan represent the specific outcomes that Council will seek to influence, in partnership, over the life of the Plan and beyond. Each of these outcomes will be measured by a set of indicators that will be reviewed every four years to provide alignment between action at the local level and the state-wide health and wellbeing directions, and to inform ongoing strategic planning.

Health Outcomes	Indicators
Increase healthy eating	Fruit and vegetable consumption Soft drink consumption Obesity and overweight Food security
Increase physical activity	Physical activity levels Sedentary behaviour
Reduce harm from alcohol, drug and tobacco use	Risk of alcohol harm Drug use Smoking rates
Improve mental wellbeing	Psychological distress Resilience
Reduce violence and injury	Family violence Gender equality Perceptions of safety

Additionally, a set of measures will be developed to assess progress toward the strategic objectives of the plan. It is important that the collective efforts of Council and its partners are monitored to identify the level of positive change being achieved.

The Action Plan will be reviewed annually and a progress report presented to Council and the community.

COUNCIL PLAN Strategy 2.1: Enhance the health and wellbeing of all residents

MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN		
Short Term	**Medium Term**	**Long Term**
Actions	*Strategic Objectives*	*Goals*
Measures process (what and how)	Measures progress	Measures health and wellbeing outcomes
Annual review	Mid-plan review	4-year review
Council Report Community Report	Council Report Community Report	Council Report Community Report

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Glossary

Active recreation	Leisure time, non-competitive, physical activity for example going for a bike ride, kicking a ball, walking, gardening, dancing and performance art.
Active transport	Non-motorised forms of transport involving physical activity, such as walking and cycling.
Burden of disease	The impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators. It is often quantified in terms of quality-adjusted life years (QALYs) or disability-adjusted life years (DALYs), both of which quantify the number of years lost due to disease (YLDs).
Community participation	Involvement in programs, events and services that enhance social connection, for example arts and cultural activities.
Community resilience	A measure of the sustained ability of a community to respond to, withstand, and recover from adverse situations.
Health adaptation	The implementation of strategies, policies and measures that will decrease health vulnerability to current climate variability and future changes in climate.
Family violence primary prevention	Refers to activities and interventions that seek to prevent violence against women before it occurs.
Food system	Includes all activities involved in the production, processing, transport and consumption of food. It operates in a dynamic economic, social and environmental context.
Non-communicable disease	A medical condition or disease that is not caused by infectious agents (non-infectious or non-transmissible).
Place based primary prevention principles	A set of principles that relate to the 'platforms for change' in the Victorian Public Health and Wellbeing Plan.
Social inclusion	The act of making all groups of people within a society feel valued and important.
Sport	Structured, competitive activity