



City of Casey

HEALTH AND WELLBEING STRATEGY

2021-25

[CASEY.VIC.GOV.AU](https://casey.vic.gov.au)

Statement of Acknowledgement

The City of Casey proudly acknowledges the traditional owners, Casey's Aboriginal communities and their rich culture and pays respect to their Elders past, present and future. We acknowledge Aboriginal people as Australia's first peoples and as the traditional owners and custodians of the land on which we work and live.

Diversity Statement

The City of Casey is home to a remarkable diversity of cultures, languages, faiths, identities, landscapes, and stories. From our first Australians to our most recent arrivals and every wave between, the City of Casey welcomes and represents all community members and their respective ambitions to live healthy, rewarding, and happy lives. These intersecting and overlapping community stories form Casey's collective identity and contribute to its evolving, rich history. We recognise this diversity as our strength and we aim to share, nurture, and celebrate it.

EXECUTIVE SUMMARY

The City of Casey *Health and Wellbeing Strategy 2021-25* outlines the health and wellbeing priorities for City of Casey over the next four years. The Strategy builds upon strengths from the previous plan and is a key strategic roadmap to maintain and improve public health and wellbeing at a local level.

The Health and Wellbeing Strategy meets the requirements of the Public Health and Wellbeing Act 2008 and has been developed alongside the *City of Casey Council Plan 2021-25* as one of five domain strategies providing an integrated strategic planning framework for Council.

The Strategy has been developed in close consultation with the local community and through collaboration with a wide range of agencies, partners, and stakeholders.

It details six health and wellbeing priorities ('health domains') for the Casey community:

1. Alcohol, drug and tobacco use
2. Climate change and health impacts
3. Family violence and gender inequality
4. Healthy eating and food security
5. Mental wellbeing and social inclusion
6. Physical activity and active living

The Strategy also identifies key responsibilities and actions that will enable Council to drive systems change, innovation, and new partnerships critical to supporting community health and wellbeing. The required changes identified are grouped across five strategic themes:

- Resilient, safe and connected places
- Innovative and responsive models of service and connection
- Community research and data
- Health and wellbeing impact across the life course
- Bold and progressive leadership

Implementation of the Strategy will be driven by annual action plans which will be designed and delivered in partnership with key stakeholders. Progress against the action plan will be monitored, with reports made to Council and the community on the achievements.

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MESSAGE FROM THE CHAIR OF ADMINISTRATORS

As the Chair of Administrators at the City of Casey it gives me great pleasure to present the City of Casey's *Health and Wellbeing Strategy 2021-25*.

Our ambition is that everyone in the Casey community has opportunities to lead happy and healthy lives. This strategy sets the direction for achieving this ambition, building on the great strengths within our community, as well addressing as the complex challenges and causes that lead to poor health outcomes.

The COVID-19 pandemic has highlighted and exacerbated many existing health and wellbeing challenges. Strategy priorities address these very challenges such as deteriorating mental health, increased food insecurity, rising family violence incidents, and increased consumption of drugs and alcohol. This has all occurred within the context of the increasing threat to health of climate

change. The strategy foregrounds the ongoing impacts of COVID-19 by developing resilient local communities with strong social infrastructure.

Through extensive community engagement for Casey's *Long-Term Community Vision 2031*, the *Council Plan 2021-2025*, and the present strategy, residents have told us that they value and wish to strengthen our inclusive and diverse community, creating a truly safe place in which to belong. The strategy details our commitment to inclusion and diversity. We recognise that each community - whether defined by place, culture, identity, or age - has its own unique strengths and challenges that impact upon health and wellbeing. We must continually assess, engage, and improve our approaches to these diverse community needs. In addressing issues such as place-based socioeconomic disadvantage, service barriers for our culturally and

linguistically diverse community members, unemployment of younger people, poor mental health outcomes within our LGBTIQ+ communities, or the digital exclusion of older residents, we must recognise the groups impacted and, wherever possible, codesign solutions with communities.

The strategy sets the direction for an inclusive, healthy, and connected community, providing a framework for targeted responses to our most critical health challenges. It also details how Council will work in direct partnership with other levels of government, local community groups and outreach services to support positive health and wellbeing.

Thank you to our many community and sector partners who were involved in the development of the strategy and who will play an ongoing role in its implementation: enliven, Monash Health, Women's Health in the South

East, Department of Families, Fairness and Housing and Department of Health and the many other organisations that contributed throughout and will be critical to our success.

I look forward to seeing this exciting work progress over the next four years.



Noelene Duff PSM
Chair of Administrators
City of Casey

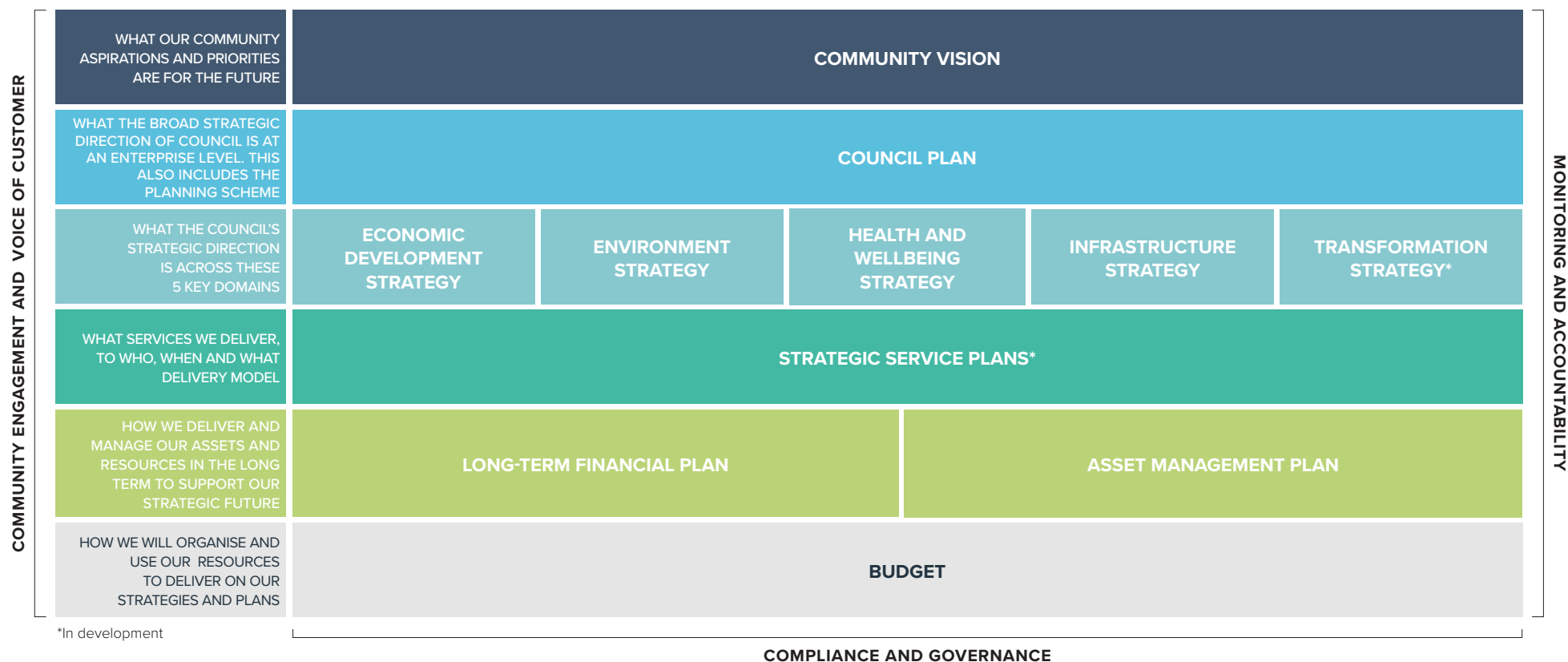
OUR INTEGRATED STRATEGIC PLANNING FRAMEWORK

The Health and Wellbeing Strategy is a leading component of Council's Strategic Planning Framework. It will help Council plan, direct resources, and foresee risks and opportunities in relation to health and wellbeing outcomes.

The Strategy will enable alignment of services and programs that maximise impact for the health and wellbeing of the Casey community. The Strategy development is informed by the community vision and aligns strongly with the City of Casey *Council Plan 2021-25* and Organisational Strategy.

Integration across Council's five key Domain Strategies will ensure effective collaboration across the organisation and provide platforms to develop high-impact partnerships with service providers, community organisations and other levels of government, which is critical to the Strategy's success.

The following illustration demonstrates Council's Integrated Strategic Planning Framework.



LEGISLATIVE AND POLICY CONTEXT

The Health and Wellbeing Strategy delivers on the legislative requirements of the *Victorian Public Health and Wellbeing Act 2008* and provides an overarching strategic framework for Council and public health sector organisations to work towards positive health and wellbeing outcomes for the broader population, whilst identifying specific areas for improvement to meet the needs of those groups in the community experiencing poorer health and wellbeing.

Local health and wellbeing priorities are influenced by a range of public policy, with different levels of responsibility, funding and regulation at all tiers of government. The development of the Health and Wellbeing Strategy has been guided by international, national, state and local policies and frameworks.

Council's State-legislated obligation to develop a Municipal Public Health and Wellbeing Plan (MPHWP) is fulfilled by this Health and Wellbeing Strategy 2021-25 and this title will be used in place of 'MPHWP'. As per the Public Health and Wellbeing Act 2008 (Vic.) the Strategy must:

- involve community in the Strategy's development, implementation, and evaluation
- identify key health and wellbeing priorities for the municipality through examination of health and wellbeing data
- specify how Council will work in partnership with the Department (of Health) and other agencies to accomplish the goals and strategies
- specify measures to prevent family violence and respond to the needs of victims of family violence in the local community.

Within this 2021-25 cycle, the development of the Strategy must also have regard to:

- the State Health and Wellbeing Plan 2019-23 and be reviewed annually and amended (if necessary)
- *Local Government Act 2020*
- *Gender Equality Act 2020*
- *Climate Change Act 2017*.

The broader policy context in which the Health and Wellbeing Strategy has been developed is illustrated in the following table.

*Victorian Public Health Plan Priorities

- Increasing active living
- Increasing healthy eating
- Improving mental wellbeing
- Reducing tobacco-related harm
- Reducing harmful alcohol and drug use
- Preventing all forms of violence
- Tackling climate change and its impact on health
- Reducing injury
- Improving sexual and reproductive health
- Decreasing the risk of drug resistant infections in the community

^VicHealth Priorities

- Encourage regular physical activity
- Promote healthy eating
- Improve mental wellbeing
- Prevent tobacco use
- Prevent harm from alcohol

INTERNATIONAL

- WHO Ottawa Charter for Health Promotion 1986
- UN Millennium Development Goals

NATIONAL

- (Draft) 10 Year National Preventive Health Strategy

STATE

- Victorian Public Health and Wellbeing Plan 2019 – 2023*
- VicHealth Action Agenda for Health Promotion 2019 – 2023^
- Koolin Balit 2012 – 2022
- Integrated Health Promotion Plans

LOCAL

- City of Casey Health and Wellbeing Strategy

COMMUNITY ENGAGEMENT

The Strategy was developed through extensive research, community and sector engagement to ensure that it reflects and responds to the needs of the Casey community.

In 2020, City of Casey undertook three rounds of community surveys to understand the impact of the COVID-19 pandemic on the Casey community. The survey responses illustrated that the pandemic had magnified and exacerbated health and wellbeing issues for Casey such as financial hardship, housing stress, declining mental wellbeing, food insecurity and difficulties in accessing health services.

In September 2020 Council launched the Shape Your City engagement program to help guide the development of the *Long-Term Community Vision 2031*, *Council Plan 2021-25*, Budget, and key Domain Strategies, including the Health and Wellbeing Strategy. In the second phase of consultation, more than 6,600 community members shared their views on the future of Casey.

The top three community aspirations were that a future Casey could be described as:

- a truly safe place without crime (35 per cent)
- clean and friendly with more open and green space (26 per cent)
- an inclusive and diverse community (14 per cent)

Following this, 30 community members deliberated on decisions about infrastructure and service delivery in Casey. As part of this, an online workshop was held to introduce the key principles of health and wellbeing and discuss how these apply to key health and wellbeing issues.

From May to July 2021 input was gained from Council staff and 45 organisations operating in Casey to further shape the Strategy.

Community and stakeholder insights informed the principles (see following page) that have guided the Strategy's development and will underpin the approach for implementation and evaluation.

“Council must continue to work with culturally and linguistically diverse communities in the next four years especially in the aftermath and recovery from the COVID-19 pandemic, to foster cohesiveness within our community as it relates to diverse faiths and cultures.”

Casey Multi-Faith Network, Health and Wellbeing Strategy consultation

“Feeling connected to or included in one's local community is fundamental to good mental health. People should not have to leave the community they live in to feel like they belong.”

Casey Rainbow Community, Victorian LGBTQ+ Strategy Submission

“We need to understand the diversity of older people – motivation, access, physical barriers – and design programs to target the various underlying factors that contribute to digital exclusion.”

Reflection from Digital Equity Framework focus group

“Community outreach to more isolated areas of the City of Casey with special consideration for services that focus on youth and victim/survivors of family violence.”

Anonymous, Health and Wellbeing Strategy consultation

“We need more social and leisure activities that aren't based in alcohol and gambling venues. Also, more activities available in the evenings.”

Anonymous, Health and Wellbeing Strategy consultation

KEY PRINCIPLES**Health equity**

we strive for the absence of unfair and avoidable differences in health across groups and places and recognise that different groups may require different levels and types of support.

**Primary prevention**

we seek to address the social determinants of health before illness occurs. This includes systems and structural change in social, economic, environmental, and built environments.

**Community engagement**

we carry out the work with the community at every stage, seeking to deeply understand the underlying issues and gain insight into what actions will be effective.

**Evidence-informed**

we research and evaluate, seeking out best practice interventions that have worked elsewhere and learn from and share our local successes and failures.

**Partnership driven**

we recognise our role within the broader system and know change can only occur through greater alignment and collaboration across external and internal contexts.



HEALTH AND WELLBEING DATA AND INSIGHTS

A DIVERSE AND GROWING POPULATION

The City of Casey is a growing and diverse community. The most recent population estimate for the City of Casey is 380,531 with pre-pandemic forecasts predicting this to grow to approximately 550,000 by 2041.¹ The largest overall increase in persons over the next ten years is forecast to be in the parents and homebuilders age group (35-49 years). The fastest rate of growth is in older people and retirees (65+ years) with the growth rate double that of those 0-14 and 15-64 years. This reflects an ageing demographic for which the City of Casey must prepare.²

The most recent population estimate for Aboriginal and Torres Strait Islander peoples within Casey is 1,941 or 0.6 per cent, with largest populations in Cranbourne, Doveton, and the coastal villages.³ Almost a third of Casey's population were born overseas in non-English speaking countries and almost 40 per cent speak a language other than English at home. The three largest birthplaces of recently arrived residents in 2016 was India, Afghanistan and Sri Lanka. Casey has over 100 faith groups represented and a growing number of community members who are Muslim, Buddhist, or Hindu.⁴



380,531 → 550,000

2021 population

predicted population
growth by 2041



31%

of Casey residents were born overseas
in a non-English speaking country



1,940

Aboriginal and Torres Strait Islander people
call Casey home



36%

of Casey residents speak a language
other than English at home



100+ FAITHS

are represented in Casey

As of June 2021, Casey was home to nine per cent of Victoria's asylum seeker population, living mostly in Doveton/ Eumemmerring, Hampton Park, Hallam and Endeavour Hills. Asylum seekers are mainly aged between 26-45 and are predominantly men⁵. An estimated 5.6 per cent of Casey's adult population identify as part of LGBTIQ+ communities, representing around 15,000 residents.⁶

An estimated one in seven Casey residents live with some form of mild to severe disability. One in twenty live with a profound or severe disability where assistance with everyday tasks is required.⁷ The proportion of people living with a disability increases in older age cohorts. Many older people living with a disability live alone, the number of women being double that of men. Ten per cent of the Casey population care for a person living with disability. Six per cent of women are primary carers compared with two per cent of men.⁸

Whilst this overview is only a snapshot of Casey's diversity, it illustrates the complexity of the health planning context in which we must represent various and overlapping experiences and needs. There are significant health and wellbeing challenges that disproportionately impact some segments of community and in accordance with our commitment to health equity, there are priority populations that require specific, and at times additional, supports.



15,000

of adult population identify as part of LGBTIQ+ communities



5%

of population live with a profound or severe disability

10%

of population care for a person living with disability

AN ESTIMATED ONE IN SEVEN CASEY RESIDENTS LIVE WITH SOME FORM OF MILD TO SEVERE DISABILITY. ONE IN TWENTY LIVE WITH A PROFOUND OR SEVERE DISABILITY WHERE ASSISTANCE WITH EVERYDAY TASKS IS REQUIRED.



HEALTH AND WELLBEING INSIGHTS

The Strategy has been informed by research into local health data. The data reveals significant health challenges for the Casey community with the municipality trialling the Victorian benchmark on several key health measures.⁹ Over a quarter of the Casey population rate their health as either ‘poor’ or ‘fair’ (alternative selections are ‘good’, ‘very good’ or ‘excellent’). Self-reported health is considered a reliable indicator of a person’s health status and Casey has one of the highest ‘fair/poor’ rates found across Victoria.¹⁰

Health data suggests most Casey adults do not consume adequate vegetables, a fifth consume excessive take away food, and half do not undertake adequate physical activity. Rates on these measures are amongst the poorest found across Victoria. In the first wave of the COVID-19 pandemic there was a positive impact for many on health behaviours with an increase in people reporting healthier food habits (15 per cent) and physical activity (26 per cent), whilst having a negative impact on others, with increased takeaway food

consumption (24 per cent) and consumption of alcohol (17 per cent), tobacco, and other drugs (4 per cent).¹¹

Almost a fifth of adults report high levels of psychological distress which has intensified during the COVID-19 pandemic, with two in five residents reporting a decline in mental wellbeing. A variety of factors have led to this decline with concerns regarding COVID-19 health impacts, reduced social contacts, and increased financial pressures all contributing.¹²

Casey has the highest number of family violence incidents across Victoria with more than 13 callouts per day.¹³ During the pandemic five per cent of residents felt ‘neutral’ or ‘unsafe’ from family violence with the rate of incidents increasing by 18 per cent in the final quarter of 2020 compared with the same time the previous year.¹⁴

Increased gender equality and respectful relationships are integral to reducing levels of family violence. There are higher levels of support for gender equality in the Metropolitan south east compared with Casey and women fare poorly in Casey on many indicators of gender equality.

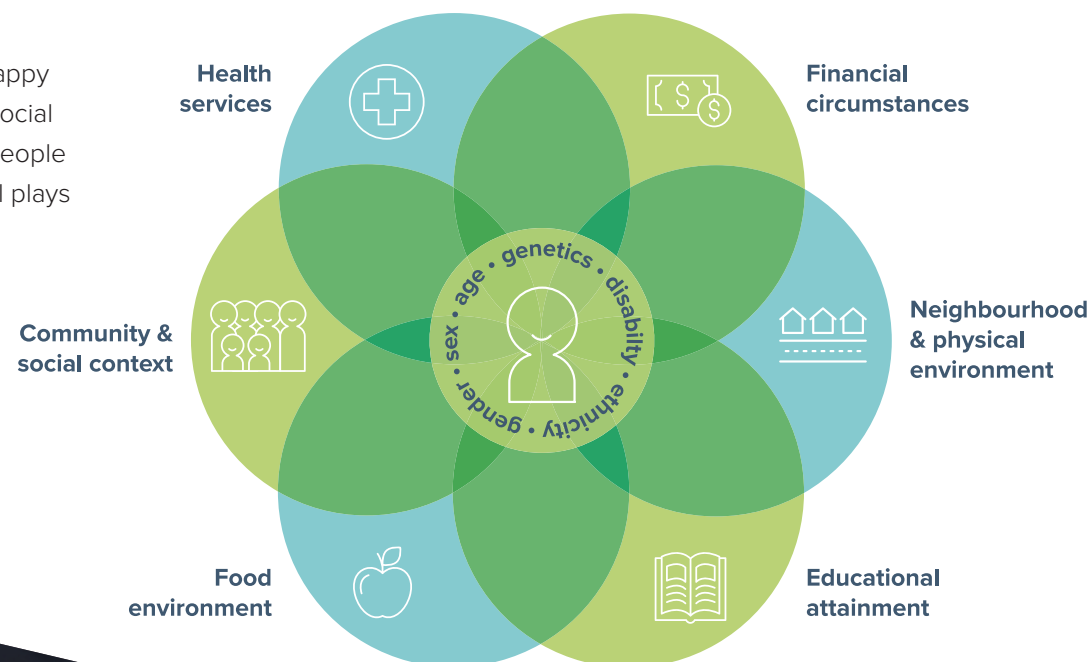
These health outcomes represent symptoms of broader issues and causes. In developing health responses, we recognise that factors such as socio-economic position, early life, social exclusion, employment and work, housing and homelessness and the built and natural environments can strengthen or undermine the health of individuals and communities. These are known as the social determinants of health (see diagram on following page).

For example, eating healthy food involves more than just making healthier choices. A person’s financial circumstances (affordability), ability to get to healthy food outlets (accessibility), where they live (availability), and the knowledge and skills required to have a healthy diet

HEALTH & WELLBEING OUTCOMES (% OF ADULT POPULATION) - 2017	CASEY	VICTORIA
Self-reported health is fair/poor	26%	20%
Psychological distress is high or very high	19%	15%
Inadequate physical activity	51%	44%
Consume recommended quantity of vegetables per day	3.5%	5.4%
Meeting neither fruit nor vegetable consumption guidelines	56%	52%

(food literacy) impact their ability to eat well. Coordinated action on all these aspects is needed to improve healthy eating outcomes for the community. Action on healthy eating also has climate change co-benefits. A healthy and sustainable food system can significantly reduce greenhouse gas emissions from food production, transport and waste.¹⁵

An important way of maximising opportunities for a healthy and happy population is by addressing the social determinants of health in which people grow, live, work, and age. Council plays a role in influencing the broader determinants of health through activities such as service design and delivery, social cohesion initiatives, public health education, and advocacy.



IN DEVELOPING HEALTH RESPONSES, WE RECOGNISE THAT FACTORS SUCH AS SOCIO-ECONOMIC POSITION, EARLY LIFE, SOCIAL EXCLUSION, EMPLOYMENT AND WORK, HOUSING AND HOMELESSNESS AND THE BUILT AND NATURAL ENVIRONMENTS CAN STRENGTHEN OR UNDERMINE THE HEALTH OF INDIVIDUALS AND COMMUNITIES.

STRATEGIC THEMES AND HEALTH DOMAINS

The Strategy focuses on six key health priorities that respond to the above research and the broader determinants of health (called Health Domains).

HEALTH DOMAINS

The Health Domains are key health challenges that confront Council, services, and the community. They are: physical activity and active living, healthy eating and food security,

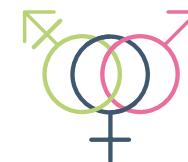
climate change and health impacts, mental wellbeing and social inclusion, alcohol, drug and tobacco use, family violence and gender equality.



Alcohol, drug and tobacco use



Climate change and health impacts



Family violence and gender equality



Healthy eating and food security



Mental wellbeing and social inclusion



Physical activity and active living



STRATEGIC THEMES

The Strategy also identifies approaches that will enable a whole-of-organisation impact in public health (called Strategic Themes). The Strategic Themes seek to organise our systems and approach to better effect change now and into the future. They are:

Resilient, safe and connected places:

Place-based practice leads to strong and resilient local networks and neighbourhoods with relevant services, amenities and increased social cohesion.

Innovative and responsive models of service and connection:

Attract greater service presence and offer more opportunities for social and service connection including leveraging emerging digital technologies with equitable access.

Community research and data:

Integration and analysis of key research and datasets to determine community needs across the municipality and inform decision-making.

Health and wellbeing impact across the life course:

Integrate a life course approach to health and wellbeing and coordinate interventions across Council departments.

Bold and progressive leadership:

Pursue and 'go big' on high value social impact items and quit low value activity. Take the lead on initiatives that contribute to greater inclusion and belonging for our community.



INTEGRATION OF STRATEGIES FROM HEALTH DOMAINS AND STRATEGIC THEMES

Strategies from both the strategic themes and health domains are integrated to provide a holistic framework to improve health, wellbeing and equity in Casey. The table below and on the following page outlines the overall framework for the Strategy.

It details both the strategic themes for systems change and the priority domains for action on health and wellbeing. These will form the foundation for implementation through annual action plans (this is further detailed in implementation section).

Use the following strategies key to identify where each sits across the five themes.

Strategies Key:

- Physical Activity & Active Living [PA+AL]
- Healthy Eating & Food Security [HE+FS]
- ▶ Climate Change & Health Impacts [CC]
- ◆ Mental Wellbeing & Social Inclusion [MW+SI]
- * Alcohol, Drug & Tobacco Use [AOD]
- ▲ Family Violence & Gender Inequality [FV+GE]
- Systems Change [SYSTEMS]

RESILIENT, SAFE AND CONNECTED PLACES	INNOVATIVE AND RESPONSIVE MODELS OF SERVICE AND CONNECTION	COMMUNITY RESEARCH AND DATA	HEALTH AND WELLBEING ACROSS THE LIFE COURSE	BOLD AND PROGRESSIVE LEADERSHIP
* Strengthen and support capacity of community settings, including early childhood services, schools, sports clubs, events and workplaces, to respond to alcohol, drug and tobacco issues [AOD]	■ Strengthen the capacity of the emergency food relief sector to provide food that is fresh, healthy, and culturally appropriate [HE+FS]	* Develop research partnerships to explore new and emerging alcohol, drug and tobacco issues [AOD]	▶ Lead initiatives for communities to co-design local solutions to support preparedness and resilience in at-risk groups [CC]	* Support local and regional partnerships and collaboration [AOD]
▶ Support local and regional partnerships to plan and resource community climate resilience work [CC]	◆ Work with local and regional partnerships to support community members to have the resources, opportunities, and capabilities to learn, work, engage and have a voice [MW+SI]	▶ Improve the local evidence base and monitoring of climate related health impacts [CC]	◆ Support communities to co-design innovative programs, events and activities [MW+SI]	▲ Lead a strategic approach to family violence prevention and gender equality [FV+GE]
■ Support the development and implementation of policies and programs that promote food security in at-risk groups [HE+FS]	● Co-design innovative programs and initiatives that support participation of those least likely to be physically active [PA+AL]	▲ Improve the local evidence base and monitoring of data related to gender equality and health [FV+GE]	○ Embed social impact valuations in Council decision-making [SYSTEMS]	◆ Support the integration of the principles of access and inclusion into the policies and programs of Council, Council partners and community organisations [MW+SI]
■ Support access to healthy food and drink options in public settings including schools and early childhood services, sport and recreation, events and workplaces [HE+FS]	● Engage with community members and sector partners to co-design service referral pathways and identify advocacy agenda [PA+AL]	■ Support community skills and knowledge in healthy food preparation [HE+FS]	○ Strengthen alternative approaches to health and wellbeing, including arts-based practice and social prescribing [SYSTEMS]	◆ Develop a whole-of-Council approach to gambling harm [MW+SI]

RESILIENT, SAFE AND CONNECTED PLACES (CONTINUED)	INNOVATIVE AND RESPONSIVE MODELS OF SERVICE AND CONNECTION (CONTINUED)	COMMUNITY RESEARCH AND DATA (CONTINUED)	HEALTH AND WELLBEING ACROSS THE LIFE COURSE (CONTINUED)	BOLD AND PROGRESSIVE LEADERSHIP (CONTINUED)
<ul style="list-style-type: none"> ◆ Activate community facilities and spaces to promote accessibility, connection and inclusion [MW+SI] 	<ul style="list-style-type: none"> ● Develop virtual platforms to augment existing opportunities for social connection [SYSTEMS] 	<ul style="list-style-type: none"> ● Establish shared knowledge ecosystem of community needs in central research hub [SYSTEMS] 	<ul style="list-style-type: none"> ● Partner with Strategic Service Planning to integrate best practice in health and wellbeing in Council service design [SYSTEMS] 	<ul style="list-style-type: none"> ● Define and leverage Council's role as a leader on changes within the sector (e.g. reforms, royal commissions) [SYSTEMS]
<ul style="list-style-type: none"> ● Co-design with the community, inclusive open space, playgrounds, and nature play spaces [PA+AL] 	<ul style="list-style-type: none"> ● Increase digital equity to future-proof participation in community life [SYSTEMS] 	<ul style="list-style-type: none"> ● Align health and wellbeing metrics to external framework [SYSTEMS] 		<ul style="list-style-type: none"> ● Embed understanding and value of Aboriginal and Torres Strait Islander culture, knowledge and history within organisation to drive equitable decision-making [SYSTEMS]
<ul style="list-style-type: none"> ● Strengthen the social context of place development by integrating organisational-wide place-based principles and practice (link to Infrastructure Strategy) [SYSTEMS] 	<ul style="list-style-type: none"> ● Establish a framework to attract Community Service Organisation to Casey [SYSTEMS] 	<ul style="list-style-type: none"> ● Build and strengthen an organisational culture of research, evaluation, and reflective practice [SYSTEMS] 		<ul style="list-style-type: none"> ● Embed deep understanding regarding intersectionality and equity within Council systems and drive progressive community dialogue [SYSTEMS]
<ul style="list-style-type: none"> ● Support community-led COVID-19 pandemic recovery and strengthen public health response for current and future disease prevention [SYSTEMS] 		<ul style="list-style-type: none"> ● Align strategic environment internally and externally towards shared objectives and evidence [SYSTEMS] 		<ul style="list-style-type: none"> ● Address persistent and emerging employment vulnerability by leveraging Casey's strategic regional economic advantage in the strongest recovering employment sectors (i.e. Education and Training and Healthcare and Social Assistance) [SYSTEMS]
<ul style="list-style-type: none"> ● Create safe and inclusive neighbourhoods and improve perceptions of community safety through social cohesion initiatives with a particular focus on areas with high rates of crime, and ensuring the perspectives of women, young people, LGBTIQ+ and CALD communities are considered [SYSTEMS] 	Strategies Key: <ul style="list-style-type: none"> ● Physical Activity & Active Living [PA+AL] ■ Healthy Eating & Food Security [HE+FS] ▶ Climate Change & Health Impacts [CC] ◆ Mental Wellbeing & Social Inclusion [MW+SI] * Alcohol, Drug & Tobacco Use [AOD] ▲ Family Violence & Gender Inequality [FV+GE] ● Systems Change [SYSTEMS] 			

HEALTH DOMAINS

This section details the outcomes sought within the health domains, how we plan to get there, and how we will monitor progress. As the 'systems change' strategies outlined above are our enablers towards health domain improvements, they will not be fully expanded on here.



LONG-TERM OUTCOME SOUGHT

Reduced harm from alcohol, drug, and tobacco use.

HOW WE WILL MONITOR CHANGE

Alcohol - lifetime risk:
proportion (%) of adult (18+ years) population, by lifetime risk of alcohol related harm

Alcohol - single occasion:
proportion (%) of adult (18+ years) population, by risk of injury from a single occasion of drinking

Smoking:
proportion (%) of adult (18+ years) population, by smoking status

Illicit drugs:
Rate of Illicit drug-related hospital admissions per 10,000 population

Pharmaceutical drug harm:
Rate of pharmaceutical drug-related hospital admissions per 10,000 population

HEALTH DOMAIN 1: ALCOHOL, DRUG AND TOBACCO USE

How we will make a difference

STRATEGIC OBJECTIVE	STRATEGIES
1.1 Foster a positive alcohol culture in the Casey community	> 1.1.1 Support local and regional partnerships and collaboration
1.2 Develop innovative responses to alcohol, drug and tobacco issues and build sector capacity	> 1.2.1 Develop research partnerships to explore new and emerging alcohol, drug, and tobacco issues
	> 1.2.2 Strengthen and support capacity of community settings, including early childhood services, schools, sports clubs, events and workplaces, to respond to alcohol, drug and tobacco issues

Policy that supports action on alcohol, drugs and tobacco harm

- The National Drug Strategy 2017–2026
- City of Casey Events Policy
- City of Casey Community Safety Strategy
- City of Casey Community Local Law 2018
- Enliven South Eastern Melbourne Alcohol and Other Drugs (AOD) Catchment Based Plan 2019-2021
- City of Casey Liquor Licensing at Council Recreation Reserves Policy



LONG-TERM OUTCOME SOUGHT

Reduced health impacts resulting from climate change.

HOW WE WILL MONITOR CHANGE

Community knowledge of the health impacts of climate change:
(Council survey)

Hospital emergency presentations:
climate change related health conditions (thunderstorm asthma, heat conditions)

HEALTH DOMAIN 2: CLIMATE CHANGE AND HEALTH IMPACTS

How we will make a difference

STRATEGIC OBJECTIVE	STRATEGIES
2.1 Support communities to build resilience and mitigate the health impacts of climate change	<div>> 2.1.1 Support local and regional partnerships to plan and resource community climate resilience work</div> <div>> 2.1.2 Improve the local evidence base and monitoring of climate related health impacts</div>
2.2 Develop place-based initiatives to support community adaptation to climate change	> 2.2.1 Lead initiatives for communities to co-design local solutions to support preparedness and resilience in at-risk groups

Policy that supports action on climate change and health

- The Victorian Climate Change Act 2010
 - City of Casey Biodiversity Strategy
 - City of Casey Sustainability Plan
 - City of Casey Community Emergency Resilience Plan 2017 – 2021
- City of Casey Municipal Emergency Management Plan
 - City of Casey Municipal Fire Management Plan
 - City of Casey Integrated Transport Management Plan
- City of Casey Mosquito Management Plan
 - City of Casey Green Wedge Management Plan
 - City of Casey Community Facilities Framework
 - City of Casey Pandemic Plan
 - City of Casey Climate Change Action Plan (TBD)



LONG-TERM OUTCOME SOUGHT

Reduced family violence and increased gender equality.

HOW WE WILL MONITOR CHANGE

Family violence: number and rate per 100,000 population of family violence incidents by local government area

Perception of safety: percentage of adults (gender disaggregated) that felt safe walking alone in their local area after dark

Paid employment: percent of females, aged 20-64 years in paid employment

Income disparity: median weekly income, females aged 15-64 years, male aged 15-64 years

Unpaid work at home: median hours unpaid work performed at home, aged 20-79 years (gender disaggregated)

Sole parents: percent of sole parents who are female

Poverty: living in poverty (gender disaggregated)

HEALTH DOMAIN 3: FAMILY VIOLENCE AND GENDER EQUALITY**How we will make a difference****STRATEGIC OBJECTIVE****STRATEGIES**

- | | |
|--|--|
| <p>3.1 Embed a culture of non-violence, respect and gender equality across Council and the community</p> <p>3.2 Drive regional leadership and advocacy on gender equality and family violence prevention</p> | <p>> 3.1.1 Improve the local evidence base and monitoring of data related to gender equality and health</p> <p>> 3.2.1 Lead a strategic approach to family violence prevention and gender equality</p> |
|--|--|

Policy that supports action on family violence and gender equality

- *The National Plan to Reduce Violence against Women and their Children 2010 – 2022*
- *Gender Equality Act 2020*
- *Ending Family Violence: Victoria's Plan for Change*
- *The Free From Violence – Victoria's Prevention Strategy*
- *Safe and Strong: A Victorian Gender Equality Strategy*
- *Roadmap for Reform: Strong families, Safe children*
- *Preventing Violence Together Strategy 2021-2025*
- *Regional Reproductive Health Strategy – Good Health Down South 2018 -2021*
- *City of Casey Gender Equality and Prevention of Family Violence Strategy (TBD)*



LONG-TERM OUTCOME SOUGHT

Increased healthy eating and food security.

HOW WE WILL MONITOR CHANGE

Fruit and Vegetable:
proportion (%) of adult (18+ years) population, by compliance with NHMRC fruit and vegetable consumption guidelines

Sugar sweetened soft drinks:
percentage of adults who consumed sugar-sweetened soft drinks every day

Take-away meals or snacks consumption:
proportion (%) of adult population who eat take-away meals or snacks

Food Security:
percentage of adults who ran out of food and could not afford to buy more in the last 12 months

HEALTH DOMAIN 4: HEALTHY EATING AND FOOD SECURITY

How we will make a difference

STRATEGIC OBJECTIVE

- 4.1 Support access to local, healthy, culturally appropriate, and affordable fresh food
- 4.2 Support community members to make healthier food and drink choices

STRATEGIES

- > 4.1.1 Support the development and implementation of policies and programs that promote food security in at-risk groups
- > 4.1.2 Strengthen the capacity of the emergency food relief sector to provide food that is fresh, healthy, and culturally appropriate
- > 4.2.1 Support community skills and knowledge in healthy food preparation
- > 4.2.2 Support access to healthy food and drink options in public settings including schools and early childhood services, sport and recreation, events and workplaces

Policy that supports action on healthy eating and food security

- City of Casey Urban Rural Interface Design Framework
- City of Casey Community Gardens Policy



LONG-TERM OUTCOME SOUGHT

Improved mental wellbeing and social inclusion.

HOW WE WILL MONITOR CHANGE**Psychological distress:**

proportion (%) of adult (18+ years) population, by level of psychological distress

Psychological distress:

proportion (%) of adult (18+ years) population, diagnosed with anxiety or depression

Psychological distress:

proportion (%) of adult (18+ years) population, by self-reported health status

Psychological distress:

proportion (%) of adult (18+ years) population, by satisfaction with life

Psychological distress:

participation in unpaid voluntary work

Hospital emergency presentations and admissions for mental health conditions (various)

HEALTH DOMAIN 5: MENTAL WELLBEING AND SOCIAL INCLUSION**How we will make a difference****STRATEGIC OBJECTIVE****STRATEGIES**

- | | |
|--|--|
| 5.1 Develop place-based initiatives that support social inclusion and community participation of at-risk groups | > 5.1.1 Support communities to co-design innovative programs, events, and activities |
| 5.2 Embed a culture of respect, inclusion and celebration of diversity in Council and the community | > 5.2.1 Activate community facilities and spaces to promote accessibility, connection and inclusion
> 5.2.2 Support the integration of the principles of access and inclusion into the policies and programs of Council, Council partners and community organisations |
| 5.3 Support partnerships to address the underlying drivers of mental ill-health in Casey community | > 5.3.1 Work with local and regional partnerships to support community members to have the resources, opportunities, and capabilities to learn, work, engage and have a voice
> 5.3.2 Develop a whole-of-Council approach to gambling harm |

Policy that supports action on mental wellbeing and social inclusion

- Victorian LGBTIQ Strategy (draft)
- City of Casey Child Safety Policy
- Social Housing and Homelessness Funding and Policy.
- City of Casey Neighbourhood Houses and Community Learning Centres Policy
- City of Casey Volunteer Participation Policy
- Casey's Future – A Plan for Children, Young People and Families 2017-2021
- City of Casey Arts and Cultural Development Strategy 2018-2022
- City of Casey Events Policy



LONG-TERM OUTCOME SOUGHT

Increased physical activity and active living.

HOW WE WILL MONITOR CHANGE**Physical activity:**

proportion (%) of adult (18+ years) population, by physical activity status

Sedentary behaviour:

Proportion of adult population, by time spent sitting on an average weekday

Active Transport:

modes of travel, walkability, distance to public transport

HEALTH DOMAIN 6: PHYSICAL ACTIVITY AND ACTIVE LIVING**How we will make a difference****STRATEGIC OBJECTIVE****STRATEGIES**

- | | |
|---|--|
| 6.1 Develop a range of inclusive physical activity opportunities | > 6.1.1 Co-design innovative programs and initiatives that support participation of those least likely to be physically active |
| 6.2 Plan and develop neighbourhoods to support people to be physically active in their daily life | > 6.2.1 Co-design with the community, inclusive open space, playgrounds, and nature play spaces |
| 6.3 Enhance access to health services to support healthy and active living for all community members | > 6.3.1 Engage with community members and sector partners to co-design service referral pathways and identify advocacy agenda |

Policy that supports action on physical activity and active living

- | | | |
|--|--|---|
| • <i>Sport 2030 National Sports Plan (Sport 2030)</i> | • <i>VicHealth Physical Activity Strategy 2018-2023</i> | • <i>City of Casey Walk and Ride in Casey Strategy 2019-2041</i> |
| • <i>Sport and Recreation Victoria (SRV) Active Victoria 2017-2021</i> | • <i>City of Casey Sport and Physical Activity Strategy 2021-2025</i> | • <i>City of Casey Open Space Strategy 2015</i> |
| | • <i>City of Casey Sport Cycling Strategy</i> | • <i>City of Casey Activity Centres Strategy 2019 and Integrated Transport Strategy</i> |
| | • <i>City of Casey Leisure Facilities Development Plan (2014-2018) and Policy 2017</i> | • <i>Casey Aquatic Facilities Strategy 2019-2041</i> |



IMPLEMENTATION, EVALUATION AND GOVERNANCE

IMPLEMENTATION

The Strategy will be implemented through annual partnership action plans over the next four years. The Action Plan will bring to life the integrated strategic framework outlined above by providing direction on annual collaborative projects to respond to the key health challenges in Casey as well as projects that will enable a whole-of-organisation impact in public health.

An internal Development and Implementation Group, made up of key leaders in the Community Life Division, will work to ensure there are opportunities for strategic alignment between Council departments, support ongoing community engagement and develop structures across Council that will ensure the success of the work across the life of the Strategy.

The community will play an ongoing and active role in the implementation and evaluation of the Strategy. This will be done through Councils, existing community reference groups and targeted engagement to ensure all members of Casey's diverse community have a voice in the development of local projects and programs.

Implementation of the Health and Wellbeing Strategy will be supported by place-based equity and cultural diversity toolkits developed by Council, to ensure that the objectives and principles are embedded across Council work areas and are sustainable.



MONITORING AND EVALUATION

Monitoring of long-term health and wellbeing outcomes in Casey will be done using indicators and measures identified for each of the health domains. Trending of these indicators over time, benchmarked to state and regional data, will be publicly available on a Council health and wellbeing data dashboard. Work will also be undertaken to identify gaps in health data and better understand the issues at a local level. Data will be updated on the dashboard as it becomes available through validated and reliable state data sets.

Short and medium-term impact of project activities, identified in the annual action plans, will be evaluated to assess changes occurring in line with the project objectives and to identify any unintended effects. An annual review of project activities and outputs from the action plan will be undertaken to monitor how effectively projects are being implemented, to make changes accordingly and inform the next annual action plan.

Evaluation methodology for projects will be developed collaboratively within the partnership groups responsible for project implementation. A final evaluation will take place at the end of four years to review the strategy, identify key achievements and areas of community change, as well as opportunities for the future. Evaluation findings will be shared with the community.

GOVERNANCE

A Health and Wellbeing Strategy Leadership Group has been established to provide advice to Council on public health and wellbeing matters. The group has oversight of the development of the Strategy and includes senior managers from within Council and from government and public health partners including the Department of Families, Fairness and Housing, Department of Health, enliven, Monash Health and Women's Health in the South East.

The leadership group will continue to meet bi-annually during the life of the strategy to oversee implementation, share information and experiences, and identify opportunities.



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