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10 August 2015

Hazelwood Mine Fire Board of Inquiry
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Board of Inquiry

Thank you for the invitation to provide input into the reopened Hazelwood Mine Fire Inquiry. The Victorian Health Promotion Foundation (VicHealth) has developed the attached submission focusing on term of reference 7 of the inquiry.

We have included a range of strategies that could potentially be implemented in the Latrobe Valley region, many of which have the potential to mitigate short-term risks, such as respiratory illness. However we see this as an important opportunity to look beyond the immediate impacts of the fire, by creating a coordinated and comprehensive health promotion response that will build a healthy, connected and resilient community.

Therefore our response outlines the benefits of implementing a health promotion response that addresses the social determinants of health and health inequities across a range of priority areas. We have also provided areas for consideration when establishing a Health Protection Zone and a Health Advocate, as well as support VicHealth could provide to those structures.

VicHealth would be pleased to share our knowledge of health promotion and community resilience with the Board of Inquiry at a public hearing, and would welcome the opportunity to work in partnership with the Victorian Government to identify and develop prevention efforts at the state level.

If you would like to follow up on any of the information in our submission, please contact Cassie Nicholls, Senior Policy Development Officer on policy@vichealth.vic.gov.au or 03 9667 1317.

Yours sincerely



Jerril Rechter
Chief Executive Officer

Victorian Health Promotion Foundation (VicHealth)

Submission to the Hazelwood Mine Fire
Inquiry

August 2015

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Executive summary

The Victorian Health Promotion Foundation (VicHealth) commends the State Government and the Hazelwood Mine Fire Board of Inquiry on the reopened inquiry's focus on promoting health in the Latrobe Valley.

This inquiry provides an opportunity to identify actions to support the Latrobe Valley community to recover from the fire, but is also an opportunity to look beyond the short-term recovery to ways in which the community can build its resilience, cohesion and health in the future. VicHealth's submission identifies strategies that can mitigate the short-term impacts, such as respiratory illness, but also the broader activity that is required for long-term health outcomes.

As identified in section 2 of this submission, VicHealth recommends that the Board of Inquiry considers a coordinated and comprehensive primary prevention approach to promote health in the Latrobe Valley, which aims to address the social determinants of health and health inequities. The impacts of the Hazelwood mine fire will exacerbate existing inequities, and the entrenched socioeconomic disadvantage in the Latrobe Valley, particularly in Morwell, presents a clear basis for action that focuses on the underlying drivers of ill health.

Considering that many of these determinants sit outside of the influence of local government and organisations, coordination and ongoing commitment is required from the State and Commonwealth Governments. This action should build upon the existing infrastructure of the Latrobe Valley, with planning and implementation involving local government, health services, industry, agriculture, workplaces, sports, the arts and a broad range of key partners, as well as ongoing and meaningful consultation with the local community.

Section 3 of VicHealth's submission outlines a range of strategies to promote health and build resilience and cohesion across a range of health priorities: promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol, and improving mental wellbeing.

These include existing and past VicHealth programs, examples of local and international best practice, and key considerations for the development of new programs, such as the importance of evaluation and monitoring. We have also outlined areas of VicHealth's work that would add value to the fire recovery efforts, such as behavioural insights approaches and our newly designed Citizens' Jury, which has the potential to actively engage the community in planning processes.

The Board of Inquiry's proposed Health Conservation Zone and Health Advocate present clear opportunities to improve health outcomes in the region. VicHealth strongly recommends that health promotion and a focus on the social determinants of health and health inequities are included in the scope of both. The Health Advocate should take a lead role in the development of the Health Conservation Plan, with community consultation and engagement prioritised. VicHealth also recommends that consideration is given to the core competencies and location of the Health Advocate, and that independence and autonomy are emphasised in the governance of both the Advocate and the Health Conservation Zone.

Planning processes should include clear and realistic targets that reflect the population health priorities, but also articulate a vision for a healthier Latrobe Valley that is shared by residents, all levels of

government, health services and key stakeholders. Further recommendations for the design and implementation of the Health Conservation Zone and Health Advocate are included in section 5.

Section 6 of this submission outlines the support VicHealth could provide the Health Conservation Zone and the Health Advocate. We look forward to discussing this in more detail in the future.

We would be pleased to share our knowledge of health promotion and community resilience with the Board of Inquiry at a public hearing, and would welcome the opportunity to work in partnership with the Victorian Government to identify and develop prevention efforts at the state level.

1. Introduction

1.1 About VicHealth

VicHealth was established by the Victorian Parliament in accordance with the *Tobacco Act 1987* with a mandate to promote good health. VicHealth is a pioneer in health promotion – the process of enabling people to increase control over and improve their health.

VicHealth is an independent statutory authority, operating under a Board that includes three Victorian Members of Parliament. Our funding comes from the Victorian Government via the Department of Health and Human Services, and we report to Parliament through the Minister for Health.

Our primary focus is promoting good health and preventing chronic disease. We work with individuals, communities, organisations and governments within Victoria, nationally and internationally, with VicHealth designated as the World Health Organization (WHO) Collaborating Centre for Leadership in Health Promotion.

1.2 Overview of our response

VicHealth welcomes the invitation to respond to the reopened inquiry. This inquiry provides an opportunity to identify actions to support the Latrobe Valley community to recover from the fire, but is also an opportunity to look beyond the short-term recovery to ways in which the community can build its resilience, cohesion and health in the future.

We have also provided areas for consideration when establishing a Health Protection Zone and a Health Advocate, as well as support VicHealth could provide to those structures.

2. Approaches to address the social determinants of health and health inequities

2.1 A primary prevention approach

The 2014 Hazelwood Mine Fire Inquiry Report highlighted a number of health impacts and health-related concerns from the community, in both the short and long term. Of particular concern was the significant number of vulnerable people within the population that were more susceptible to the effects of the smoke and ash arising from the fire.¹

VicHealth recognises the importance of recovery efforts focusing on the short-term effects of the mine fire, and a range of secondary and tertiary prevention responses to counter physical impacts of the fire, such as respiratory illness.

However, as also noted in the Board of Inquiry's initial report, a focus on the social determinants of health will result in improved health outcomes for the Latrobe Valley community in the short, medium and long term. Therefore, VicHealth recommends that the Board of Inquiry also utilises a primary prevention approach that addresses the social determinants of health. This will likely result in the greatest health gains within the Latrobe Valley, while also mitigating the adverse health impacts from the fire.

As shown in the table below, such an approach will benefit the whole population as well as those that are particularly at risk.²

Level of prevention	Aim
Primary	Create widespread changes that reduce the average risk in the whole population. Reduce particular exposures among identified higher risk groups or individuals.
Secondary	Prevent progression to disease through early detection and intervention.
Tertiary	Reduce the consequences of established disease through effective management of the patient to reduce the progress or complications of established disease and improve patient wellbeing and quality of life.

2.2 Social determinants of health

To effectively improve health across the population and the social gradient of health, action must address the underlying social determinants of health. The conditions in which people live, learn, work and play have a significant effect on physical and mental health outcomes.

¹ Hazelwood Mine Fire Inquiry 2014, *Hazelwood Mine Fire Inquiry Report*, <http://report.hazelwoodinquiry.vic.gov.au/>

² Adapted from National Public Health Partnership 2006, *The language of prevention*, NPHP, Melbourne.

As noted by the [Senate Community Affairs Committee's 2013 report into Australia's domestic response](#) to the WHO's Commission on Social Determinants of Health report, [Closing the gap in a generation](#):

[e]ven in the world's wealthiest countries there are significant discrepancies in life expectancies and health outcomes between groups in society. Research into the correlation between health outcomes and factors such as education and income has led to a growing understanding of the sensitivity of human health to the social environment. Such factors, which include education, gender, power and the conditions of employment, have become known as the social determinants of health.³

VicHealth recognises that many of these determinants sit outside of the influence of local or even state governments. However any action to promote health must recognise the impacts of these determinants and seek to address or mitigate them where possible, through coordination of local, state and federal efforts, both targeted and universal.

For example, the level of unemployment is 6.9% in the Latrobe Valley, compared to 6.0% across Victoria,⁴ and reaches 12.5% in Morwell.⁵ Considering the recent announcement by the ALP at the federal level regarding renewable energy targets, this provides a potential opportunity for the Victorian Government to address entrenched unemployment in the Latrobe Valley region. The region could be prioritised for any infrastructure projects and associated employment related to increased renewable energy use, which will be particularly important considering the region's current reliance on the coal industry for employment.

2.3 Social determinants of health inequity

As well as addressing the social determinants of health, it is important that any recovery and resilience building efforts also address the social determinants of health inequities. Health inequities are socially produced, systematic in their distribution across the population, avoidable and unfair.⁶

There are a range of evidence-based strategies to promote health and prevent disease, as outlined in section 3 of this submission. VicHealth recommends that when implementing these, the Board of Inquiry considers the importance of approaches that address the social and economic determinants of health to effectively and proportionally benefit everyone across the social gradient of health, by addressing those determinants that reduce health inequities.

VicHealth has developed [Fair Foundations: The VicHealth framework for health equity](#)⁷ as a conceptual and action framework to guide policy and practice in promoting health equity. It aims to increase understanding of the social determinants of health inequities, and suggests entry points for action.

³ Senate Community Affairs References Committee 2013, *Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"*, Commonwealth Government, Canberra.

⁴ Australian Government Department of Employment 2015, *Victoria unemployment rate time series*, http://lmip.gov.au/default.aspx?LMIP/LFR_SAFOUR/VIC_LFR_LM_UnemploymentRateTimeSeries

⁵ Australian Government Department of Employment 2015, *Small Area Labour Markets publication*, <https://employment.gov.au/small-area-labour-markets-publication> <https://employment.gov.au/small-area-labour-markets-publication>

⁶ VicHealth 2013, *Fair foundations: The VicHealth framework for health equity*, Victorian Health Promotion Foundation, Melbourne.

Fair Foundations recognises that individuals' health-related knowledge, attitudes and behaviours result from and are responses to their socioeconomic, political and cultural context, social position and daily living conditions:

- The **socioeconomic, political and cultural context** encompasses governance, policy, and dominant cultural and societal norms and values. These exert a deep and powerful influence on health through their impact on social stratification and peoples' daily living conditions.
- The socioeconomic, political and cultural context creates a process of social stratification, or ranking, which assigns individuals to different **social positions**. This process results in the unequal distribution of power, economic resources and prestige. Key markers of social position include educational attainment, occupational status, income level, gender, race/ethnicity, Aboriginality and disability.
- Social stratification means that different social groups have differential exposure and vulnerability to a range of **daily living conditions** – or the circumstances in which they are born, grow, live, work and age. The quality of these conditions affects people's material circumstances, psychosocial control and social connection, and can be protective or damaging to health.
- In conjunction with **individual health-related factors**, these processes and conditions have the potential to create differences in health and wellbeing outcomes such as life expectancy, mortality rates, morbidity rates and self-rated health. These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

2.4 Socioeconomic disadvantage in Morwell and the Latrobe Valley

The Board of Inquiry initial report noted that there were a number of vulnerable groups in the community who were particularly susceptible to the potential adverse health effects of the smoke and ash, namely those with pre-existing cardiovascular and respiratory conditions, pregnant women and unborn children, children and the elderly.

More broadly, the Latrobe Valley area has higher levels of socioeconomic disadvantage compared to the Victorian average. Morwell has recently been identified as one of the most socioeconomically disadvantaged postcodes in Victoria,⁸ and has been consistently reported among the most disadvantaged populations in previous research.⁹ The Board of Inquiry recognised the existing health inequities and poorer health as a potential contributor to poorer health outcomes as a result of the Hazelwood mine fire.¹⁰

⁷ Fair Foundations was developed in 2013 based on the [final report of the World Health Organization's Commission on Social Determinants of Health](#).

⁸ Vinson T, Rawsthorne M, 2015, *Dropping off the edge 2015: persistent communal disadvantage in Australia*, Jesuit Social Services, <http://www.dote.org.au/findings/full-report/>

⁹ Australian Bureau of Statistics 2013, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011*, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001>

¹⁰ Hazelwood Mine Fire Inquiry 2014, *Hazelwood Mine Fire Inquiry Report*, <http://report.hazelwoodinquiry.vic.gov.au/>

The table below outlines some of the key indicators of disadvantage within the Latrobe Valley region.

Indicator	Latrobe	Victoria
Unemployment rate (2015) ^{11,12}	6.9% (12.5% in Morwell)	6%
Median weekly household income (2011) ¹³	\$942	\$1,216
Percentage of population who did not complete year 12 (2011) ¹³	62.4%	43.7%
Percentage of population with higher education qualification (2011) ¹³	24.8%	45.7%
Food insecurity (2011) ¹⁴	7.2%	4.6%
Total criminal offences per 1,000 population (2013/14) ¹⁵	138.5	74.9

Considering that the data above were gathered before the fire, it can be expected that these indicators have been exacerbated by the fire and will deepen the entrenched disadvantage in areas of the Latrobe Valley. VicHealth strongly recommends that the Board of Inquiry recognises the importance of addressing socially produced, avoidable and unfair inequities in health and wellbeing outcomes.

Certain population groups have a significantly higher likelihood of experiencing these inequitable outcomes. VicHealth has developed two evidence-based health promotion resources that provide information and guidance for action to improve the health of specific population groups – Aboriginal and Torres Strait Islander people and people with a disability. They bring together stories of promising health promotion practice from across Victoria and a review of the scientific literature. Along with Fair Foundations, these resources can be used as tools to guide planning and action within the Latrobe Valley:

- [Life is health is life: Taking action to close the gap](#) is designed for people who work in community and women's health services, Aboriginal community controlled health services and local government. It will also be useful to others who are working to close the gap.
- [Enabling Health: Taking action to improve the health of people with a disability](#) is designed for people who work across the disability sector.

The principles and strategies outlined in these documents provide the basis for action that could be undertaken in the Latrobe Valley. It is essential that these strategies are tailored to the specific needs of the local community, recognising both areas of disadvantage and the unique attributes of the community.

¹¹ Australian Government Department of Employment 2015, *Victoria unemployment rate time series*, http://lmip.gov.au/default.aspx?LMIP/LFR_SAFOUR/VIC_LFR_LM_UnemploymentRateTimeSeries

¹² Australian Government Department of Employment 2015, *Small Area Labour Markets publication*, <https://employment.gov.au/small-area-labour-markets-publication> <https://employment.gov.au/small-area-labour-markets-publication>

¹³ Australian Bureau of Statistics 2011, *Census of Population and Housing 2011*

¹⁴ Victorian Department of Health 2014, *Victorian Population Health Survey 2011–12*, <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm>

¹⁵ Victoria Police 2014, *Crime statistics by LGA 2012/2013-2013/2014*, http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72178

Strong partnerships with local health and other service providers and significant community consultation are essential to understanding how strategies should be tailored for the greatest impact. The proposed Health Conservation Zone and Health Advocate will also facilitate this process (see section 5 for further information).

2.5 Coordination of action

Sections 3 and 4 outline potential actions that could be used in the Latrobe Valley to improve health. The majority of the strategies provided focus on improving what the Fair Foundations framework defines as daily living conditions and individual health-related behaviours, due to the constraints of working at the local level. However, many of the drivers of change in the political and social context, which can have the greatest impact on health, are within the remit of the federal government.

Therefore, VicHealth strongly encourages the Board of Inquiry to consider potential coordination of efforts between local, state and federal governments to take action to reduce health inequities so that everyone has a fair opportunity to attain their full health potential.

2.6 Building on the Latrobe Valley's strengths and existing infrastructure

There are many existing health services and programs in the Latrobe Valley that serve to improve the health of the population. These are connected with local residents and are able to build upon the community's inherent strengths, such as the levels of community engagement in the Latrobe Valley, which is higher than the state average.¹⁶

VicHealth recommends that subsequent health promotion activities work together with existing community services and build upon community strengths to address the underlying determinants of health and wellbeing. These include, but are not limited to:

- Gippsland Primary Health Network
- Healthy Together Latrobe and its initiatives
- Latrobe Regional Hospital
- Latrobe Community Health Service
 - Mine Fire Health Clinic
- Access to Allied Psychological Services (ATAPS)
 - Extreme Climactic Events Program
 - Suicide Prevention Service
- GippSport
- Central West Gippsland Primary Care Partnership
- Ramahyuck District Aboriginal Corporation

¹⁶ VicHealth 2011, *VicHealth Indicators Survey Latrobe LGA profile*, https://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Latrobe_VicHealth_factsheet_WEB.pdf?la=en

3. Actions to promote health and build resilience and cohesion

This section outlines potential actions that could be implemented, maintained or scaled up in the Latrobe Valley to improve health and build individual and community resilience and cohesion. Strategies should be tailored to the specific needs of the community for the greatest impact.

We have structured this section in line with VicHealth’s work, which is guided by our [Action Agenda for Health Promotion](#) and our five strategic imperatives:

Promote healthy eating	Encourage regular physical activity	Prevent tobacco use	Prevent harm from alcohol	Improve mental wellbeing
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These areas represent the greatest burden of disease and disability, and where there is the most potential for health gains, particularly in the aftermath of the mine fire. For example, the potential increase in risk of respiratory disease resulting from the fire could be mitigated by action to prevent tobacco use, in combination with other secondary and tertiary prevention activity. Similarly, following the fire, there was community concern that the associated stress could result in an increase in family violence,¹⁷ which is already a significant problem in the Latrobe Valley.¹⁸ Action that addresses these in the short term as well as preventing them from occurring in the long term will greatly benefit the region.

Under each strategic imperative we have outlined the health status and relevant indicators in the Latrobe Valley local government area as compared to the state average prior to the event of the fire. As mentioned previously, it can be expected that many of these will have been exacerbated by the fire and have worsened.

The actions outlined in each area include current or past VicHealth programs, as well as programs from other organisations or key considerations that would be of benefit to the Latrobe Valley community.

Adding benefit to the mine fire response: Behavioural insights approaches

VicHealth’s work in health promotion has provided a wealth of evidence around a broad range of successful strategies. We are now pioneering new approaches to build upon these successes and investigate cutting-edge interventions to address our health priorities.

One aspect of this is to look at the ways in which people make their decisions and investigate whether we can make changes in their environments to help make the healthy choice the easy choice. To do this, our Leading Thinker Dr David Halpern (Behavioural Insights Team, UK) will be working with us to investigate how a behavioural insights approach can promote health, particularly in addressing obesity in Victoria.

VicHealth recommends that the Board of Inquiry and implementation partners consider the potential of these approaches when designing responses to the mine fire in the Latrobe Valley. We would be happy to facilitate a discussion between the Board of Inquiry and the Behavioural Insights Team to investigate potential strategies.

¹⁷ Hazelwood Mine Fire Inquiry 2014, *Hazelwood Mine Fire Inquiry Report*, <http://report.hazelwoodinquiry.vic.gov.au/>

¹⁸ Victoria Police 2014, *Family incident reports – 2009/10 to 2013/14*, http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72311

Adding benefit to the mine fire response: Behavioural insights approaches (cont.)

Background

Behavioural insights bring together ideas from behavioural economics, psychology, and social anthropology. These fields seek to understand how individuals make decisions in practice and how they are likely to respond to options available to them. Their insights enable us to design policies or interventions that can encourage, support and enable people to make healthier choices.

Behavioural insights interventions are usually simple, highly cost-effective, and often yield surprising results.

Dr David Halpern and his [Behavioural Insights Team](#) have a methodological approach with four steps. They begin by defining the outcome they want to see – in the case of obesity, more people making healthy food choices and being active on a regular basis.

The next step centres on understanding how individuals experience the service or situation in question. This understanding allows the Behavioural Insights Team to move to the next stage: building new interventions to improve outcomes. During this third phase, they draw explicitly on their [MINDSPACE](#) and [EAST](#) frameworks, as well as relevant academic studies.

Finally, they test and trial interventions, often using randomised controlled trials that enable them to demonstrate how effective the new intervention is relative to the old way of operating. VicHealth has designed a suite of strategies in partnership with the Behavioural Insights Team, which are currently being delivered as a series of trials.

3.1 Mental wellbeing

Indicator	Latrobe	Victoria
Proportion of population reporting high or very high psychological distress (2011) ¹⁹	13.7%	11.1%
Proportion of population with depression and/or anxiety (2011) ¹⁹	24.1%	19.9%
Family violence incident reports per 1,000 population (2013/14) ²⁰	27.7	11.3

As noted in the Board of Inquiry's initial report, the social and health impacts of the Hazelwood mine fire will have a profound impact on the Morwell and Latrobe Valley community now and into the future. Residents have already reported increased levels of anxiety and depression which they attribute to the mine fire.²¹

¹⁹ Victorian Department of Health 2014, *Victorian Population Health Survey 2011–12*, <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm>

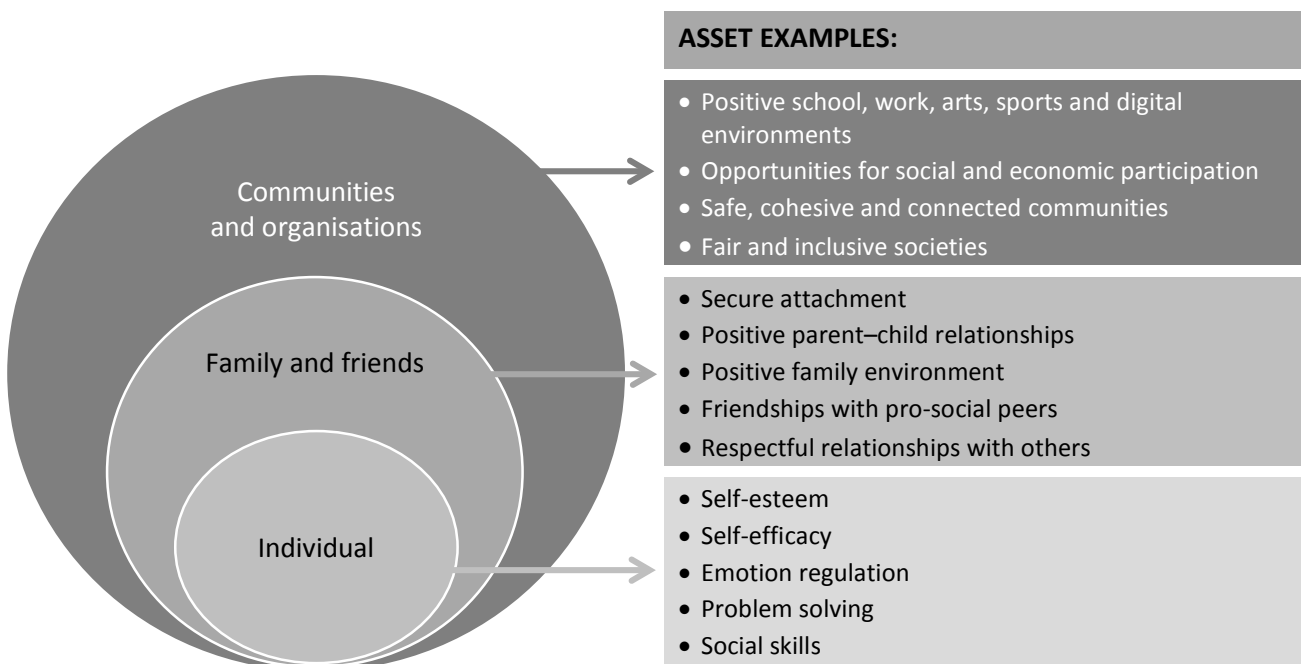
²⁰ Victoria Police 2014, *Family incident reports – 2009/10 to 2013/14*, http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72311

²¹ Hazelwood Mine Fire Inquiry 2014, *Hazelwood Mine Fire Inquiry Report*, <http://report.hazelwoodinquiry.vic.gov.au/>

To mitigate these impacts and prevent their occurrence in the future, VicHealth advocates for the use of population mental health promotion initiatives that increase protective factors associated with mental wellbeing and reduce the risk factors associated with mental illness. Building resilience is a pivotal focus in this work.

VicHealth’s commitment to resilience arises from a substantial body of research that highlights the capacity of individuals to maintain their mental wellbeing despite experiencing significant adversity in their lives. Resilience is an important asset for everyone – people with and without mental illness – as it helps the well to flourish, and build the capacity of those who are at risk of or have mental illness to survive it. Therefore improvements to individual and community resilience have the potential to achieve multiple positive outcomes.

VicHealth recommends that the Board of Inquiry considers initiatives that target a diverse range of assets for resilience, which can strengthen and nurture resilience at the individual, family/friends and community/organisations levels, as shown in the diagram below.



As part of the development of our current mental wellbeing program, we have undertaken a comprehensive review of approaches to building resilience. The report is currently in development, and is available on request to the Board of Inquiry.

While VicHealth does not currently deliver any mental wellbeing programs specifically within the Latrobe Valley region, we have a range of existing and past programs that could be utilised in a health promotion response. These include three site-based programs that promoted mental wellbeing in specific localities:

- The **Generating Equality and Respect Program** is running from 2012 to 2015. It is a world-first program funded by VicHealth and led by a strong and collaborative partnership which is trialling a site-based, saturation approach to primary prevention of violence against women in Melbourne’s south-east. It runs over three and a half years and aims to build respectful and equal relationships, communities and organisations.

- The **Localities Embracing and Accepting Diversity (LEAD) program** ran between 2009 and 2013, developing and testing solutions for reducing race-based discrimination and promoting cultural diversity in two Victorian municipalities – Greater Shepparton and the City of Whittlesea. It involved a strong partnership approach and resulted in the development of a range of tools and resources for use in local government, schools, workplaces and communities.
- The **Localities Enhancing Arts Participation (LEAP) program** ran between 2010 and 2013, with three Victorian local governments utilising arts and cultural activities to increase participation and decrease social isolation within their communities. This innovative program was implemented in Casey, Ballarat and the Central Highlands and Mildura.

Further details on each program are included in Appendix 1.

An additional key area of action that has the potential to benefit the Latrobe Valley community is a focus on building resilience in the school setting. The Department of Education and Training has developed [Building resilience: A model to support children and young people](#). The program aims to build on school and teacher capacity to undertake whole-of-school approaches to enhance students' resilience, optimism, confidence, and social and emotional skills.

3.2 Physical activity

Indicator	Latrobe	Victoria
Percentage of people who do not meet physical activity guidelines (2011/12) ²²	25.0%	32.1%
Percentage of people who sit for at least 7 hours a day (2011) ²³	32.3%	32.6%

Regular physical activity can provide significant gains in health and wellbeing by preventing chronic disease. It can improve mental wellbeing, build social connection, increase productivity and create positive change in the places where we live, learn, work and play.²⁴

Action to address the social, economic and environmental conditions that result in low levels of physical activity can help improve health and wellbeing across the lifespan.²⁵ VicHealth supports policy and action that creates equality of opportunity for Victorians who experience greater barriers to physical activity than others, including those that create environments that are safe, supportive, inclusive and accessible for all.

VicHealth currently delivers a number of physical activity initiatives in the Latrobe Valley area. These range from programs aimed at supporting local sporting clubs with equipment purchases through to partnering

²² Victorian Department of Health 2014, *Victorian Population Health Survey 2011–12*, <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm>

²³ VicHealth 2011, *VicHealth Indicators Survey Latrobe LGA profile*, https://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Latrobe_VicHealth_factsheet_WEB.pdf?la=en

²⁴ Chau, J 2007, *Physical activity and building stronger communities*, NSW Centre for Physical Activity and Health, Sydney.

²⁵ VicHealth 2010, *Participation in physical activity: Research summary*, Victorian Health Promotion Foundation, Melbourne.

with local government to encourage increased community-based physical activity. These programs will continue to be delivered during the time periods shown below to benefit the health of the Latrobe Valley community. We would be happy to discuss these programs further with the Board of Inquiry, or to advise on statewide activity we are currently funding. Further details on each program are provided in Appendix 2.

Regional Sport Program: 2015–2018

VicHealth has a strong history supporting the growth and sustainability of regional sport. The VicHealth Regional Sport Program will support growth in physical activity participation through sport, while also increasing the availability and supply of water in community sport. VicHealth will achieve this by empowering Regional Sports Assemblies to deliver new approaches to get more people healthy through sport.

In the broader Gippsland area, VicHealth will be funding [GippSport](#), which operates across all six local government areas of the region. GippSport works towards increasing participation in community sport as well as developing healthy, safe and welcoming environments for community sport to prosper.

Be Active: 2012–2015

VicHealth, in partnership with Sport and Recreation Victoria, has worked with Latrobe City Council for the past three years to strengthen physical activity outcomes under the Be Active initiative. Be Active looked to address the lack of safe, accessible and inclusive environments restricting people's ability to take part in physical activity.

Be Active has focused on increasing physical activity participation for children, families and older people through new and innovative programs and increasing the numbers of local volunteers contributing to active participation outcomes.

A range of local initiatives have been delivered over the three years to inspire people within Latrobe City Council to get more physical activity into their daily lives.

Community Activation: 2015–2016

Latrobe City Council has been funded to transform a centrally located plaza and road in Tarwin St Morwell. The transformation will focus on changing the space into a plaza with synthetic grass, temporary landscaping, tables/seating, Wi-Fi, and a space for physical activity opportunities. A broad range of community members who visit the area will be engaged in physical activity at the site. The range of physical activity opportunities at the site will be delivered by council and local providers and will include fitness/movement classes (e.g. tai chi, dance), free activities (e.g. giant chess), walks with walking groups, learn to cycle courses, amazing race, tug of war, play equipment, demonstration sports, bocce and music.

Active Clubs Grants: 2014–15

VicHealth is currently supporting 16 local sporting clubs in the Latrobe Valley region through the Active Club Grants program (see Appendix 2 for a list of funded organisations). Clubs have been supported to purchase much needed equipment to expand delivery of physical activity and sporting club initiatives.

Walk to School: 2015

Walk to School is an annual community campaign designed to raise awareness of the physical, environmental and social benefits of active transport, and encourage school children to walk to and from

school more often. Latrobe City Council has been funded to deliver local Walk to School activities and initiatives to support ongoing active travel among local primary school children.

TeamUp: 2015

TeamUp is an innovative and social tool that helps people connect through local physical activities. Available for smartphones and online, the TeamUp app encourages people to find their motivation and get active by connecting with others to take part in sport and physical activity, when and where they want. Latrobe City Council has received funding as part of the local area marketing program for TeamUp, which ran from March to June 2015.

3.3 Healthy eating

Indicator ²⁶	Latrobe	Victoria
Percentage of people not meeting fruit and vegetable guidelines (2011/12)	52.9%	51.1%
Daily soft drink consumption (2011/12)	22.5%	15.9%
Percentage of adults 18+ overweight or obese (2011/12)	60.6%	49.8%
	<i>Percentage obese</i>	<i>23.8%</i>
	<i>Percentage overweight</i>	<i>36.8%</i>
		<i>17.3%</i>
		<i>32.5%</i>

Diet-related illness is one of the greatest contributors to ill health in Australia.²⁷ Considering the indicators provided in the table above, action to promote healthy eating has the potential to greatly benefit the Latrobe Valley, and VicHealth recommends that it is a key part of any health promotion program in the area.

VicHealth advocates for healthy food environments including initiatives to promote drinking water and healthy food choices. We have taken part in research related to healthy eating environments and obesity that provide evidence-based recommendations for governments, communities, schools, parents, and individuals. VicHealth recommends that the Board of Inquiry considers the findings of two key pieces of research that have the potential to guide action in the Latrobe Valley:

- [Negative growth: The future of obesity in Australia](#) suggests that a collaborative, coordinated and multi-level approach involving multiple sectors, levels of government, industry, the community and individuals is required to affect a long-term and multigenerational cultural shift to promote healthy weight.
- [Influencing children's health: Critical windows for intervention](#) focuses on understanding the factors which lead to children becoming overweight or obese, particularly in the school, work, home and neighbourhood environments, and suggestions for intervention.

²⁶ Victorian Department of Health 2014, *Victorian Population Health Survey 2011–12*, <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm>

²⁷ Institute for Health Metrics and Evaluation (IHME) 2013, *GBD Cause Patterns*, Seattle, WA, IHME, <http://vizhub.healthdata.org/gbd-cause-patterns/>

VicHealth has also created the [H3O Challenge](#), a social media campaign that challenges individuals to exchange sugar-sweetened beverages (SSB) for water for 30 days. Given the above-average levels of SSB consumption in the Latrobe Valley, further targeted marketing of the H3O challenge in the area may be of benefit to overall population health. VicHealth would welcome the opportunity to partner with the proposed Health Advocate and Health Conservation Zone to develop further marketing and media strategies of the H3O Challenge in the Latrobe Valley region.

[Food hubs](#) can also encourage health eating by improving access to fresh food in the local area. They provide a direct connection between food producers and consumers, with the food hub collecting the fresh produce and arranging for its distribution, connecting multiple producers to a broader range of customers than a traditional commodity supply chain. Food hubs can also create jobs and strengthen communities and local economies. VicHealth recommends that the Board of Inquiry considers the benefits of building food hubs in the Latrobe Valley. In terms of digital infrastructure, this activity can be supported by the [Open Food Network](#), an open source e-commerce marketplace and logistics platform that enables communities and producers to connect, trade and coordinate movement of food, which was supported by VicHealth's [Seed Challenge](#).

Another area of VicHealth's work in promoting healthy eating is obesity prevention. We are currently undertaking a Citizens' Jury process to help identify possible solutions to stem the growing overweight and obesity epidemic in Victoria. More information on the Citizens' Jury is provided in section 5.

3.4 Tobacco

Indicator	Latrobe	Victoria
Current Victorian smokers (2011/12) ²⁸	19.8%	15.7%*
Support for smoking ban in outside dining areas (2011) ²⁹	66.3%	69.8%

*Note that the most recent estimate of daily smoking rates in Victoria is 12.6%, reflecting the continuing decrease in the smoking rates at the population level. Daily smoking rates are likely to have also decreased in the Latrobe Valley, although a significant gap in smoking rates is likely to persist.

Smoking rates in the Latrobe Valley are among the highest in the state, particularly among women. Due to existing compromised lung function, smokers also represent a group within the population that are at increased of ill health effects due to the mine fire.³⁰ In recognition of this, VicHealth recommends that consideration be given to increasing resources available for tobacco control in the Latrobe Valley.

This includes targeted and whole-of-population approaches through action including:

- whole-of-population tobacco control activity to reduce smoking prevalence in Victoria through education, advocacy, research and smoking cessation services

²⁸ Victorian Department of Health 2014, *Victorian Population Health Survey 2011–12*, <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm>

²⁹ VicHealth 2011, *VicHealth Indicators Survey Latrobe LGA profile*, https://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Latrobe_VicHealth_factsheet_WEB.pdf?la=en

³⁰ Hazelwood Mine Fire Inquiry 2014, *Hazelwood Mine Fire Inquiry Report*, <http://report.hazelwoodinquiry.vic.gov.au/>

- specific targeted programs for hard-to-reach high smoking rate populations, that may be unable or unwilling to quit
- activity to reduce exposure to smoking and the denormalisation of smoking behaviours through supporting smoke-free environments.

VicHealth is a major funder of Quit Victoria, which delivers a comprehensive program of universal and targeted programs across the state. They have also developed the Quit Benefits Model, which assesses the health benefits and health care cost savings associated with quitting smoking. This model found that for every 1000 males chosen at random from the reference population who quit smoking, on average \$408,000 is saved in the first ten years following quitting.³¹

VicHealth recommends that the Board of Inquiry considers the benefits of increased saturation of Quit programs within the Latrobe Valley in response to the mine fire, particularly around smoking cessation (see below). It is important that these approaches are tailored to the specific needs of the community.

There is also an opportunity to trial innovative approaches to address high smoking rates within a population experiencing multiple disadvantages. This could include targeted social marketing and trialling strategies to reduce availability of tobacco in retail outlets. These measures could be trialled in the Latrobe Valley or specific localities within the area, with successful strategies scaled up across the region and statewide. VicHealth would welcome the opportunity to partner with the Department of Health and Human Services, the Health Advocate and other key partners to identify, implement and evaluate such strategies.

Smoking cessation

Considering the high smoking rates in the Latrobe Valley and potential risks to respiratory health from the mine fire, it is important that smoking cessation programs are prioritised in any health response.

There are models for local-level cessation programs that could potentially be implemented in the Latrobe Valley. The [Stop Smoking Service](#) of the National Health Service in the UK provides an intensive support service where smokers get face-to-face support to quit. The model also includes other aspects including referral, training, best practice smoking cessation support, and quality assurance.

The service is based on evidence from multiple randomised controlled trials which shows that face-to-face behavioural support for smoking cessation provided individually or in groups can improve cessation rates and is a highly cost effective way to save lives.³² This model could provide the framework for a smoking cessation program in the Latrobe Valley, which ideally would be complemented by a local social marketing campaign.

The Smoking Cessation Clinic at Colac Area Health is another example of an existing community-based smoking cessation service provided in Victoria. The clinic is facilitated by trained smoking cessation specialists, with both inpatient and outpatient services and education to workplaces and schools. For more information on the program see the [fact sheet](#) on Colac Area Health's website.

³¹ Hurley, SF & Matthews, JP 2007, 'The Quit Benefits Model: a Markov model for assessing the health benefits and health care cost savings of quitting smoking', *Cost Effective Resource Allocation*, vol. 5, no. 2, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1796848/>

³² See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213755/dh_125939.pdf and <http://www.bmj.com/content/347/bmj.f4921>

3.5 Alcohol

Indicator	Latrobe	Victoria
Short term risk of alcohol-related harm: risky or high risk (2011/12) ³³	52.6%	45.3%
<i>Males</i>	59.8%	52.6%
<i>Females</i>	45.9%	38.3%
Long term risk of alcohol-related harm: risky or high risk (2011/12) ³³	4.8%	3.3%
Drug and alcohol clients per 1,000 population (2011/12) ³⁴	12.2	5.8

Unlike other health issues such as obesity and smoking, risky drinking levels do not appear to be associated with socioeconomic disadvantage.³⁵ However, the harms that occur as a result of alcohol misuse are more greatly borne by people from low socioeconomic backgrounds and young people.³⁶

The psychosocial impacts of the Hazelwood mine fire have the potential to contribute to increased alcohol consumption and alcohol-related harm within the Latrobe Valley. This is an addition to the existing background prevalence of short-term risky drinking in the region that is higher than the Victorian average. Given the possibility of increased burden of disease related to alcohol as a result of the fire, VicHealth recommends a multifaceted approach to address the factors that lead to increased alcohol consumption.

This approach would include evidence-based strategies that promote primary prevention of alcohol-related harm, through interventions targeting risky drinking, as well as whole-of-population approaches. These include strategies to challenge the widespread acceptance of intoxication in Victoria and foster a drinking culture that reduces risky drinking and prevents alcohol-related harm. Action to create change needs to occur in a range of settings, including workplaces, sports clubs and communities. An example of a program in a key setting is the Australian Drug Foundation's [Good Sports](#) program. Funded by VicHealth, it is a progressive, three-level accreditation program that helps local sports clubs set standards around alcohol consumption by providing club volunteers with resources, training and guidance. There are currently 49 clubs involved with Good Sports in the Latrobe Valley region, a 73 per cent reach of clubs holding a liquor license in the Latrobe City Council LGA.

Examples of other key strategies include:

- **[Alcohol Cultural Change Project](#)**: In partnership with the State Government, VicHealth has funded research and media campaigns that explore the alcohol culture among Victorians, particularly those aged 16–29. The aims of the project have been to reduce the acceptability of drunkenness among young people to improve our drinking culture and reduce alcohol-related harm. It involved a social marketing

³³Victorian Department of Health 2014, *Victorian Population Health Survey 2011–12*, <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm>

³⁴ Victorian Department of Health 2013, *2012 Regional health Status profiles Gippsland*, <http://docs2.health.vic.gov.au/docs/doc/2012-Regional-Health-Status-Profiles-Gippsland-Region>

³⁵ Australian National Preventive Health Agency 2012, *State of Preventive Health Report 2013*, ANPHA, Canberra.

³⁶ National Preventative Health Taskforce Alcohol Working Group, *Australia: The healthiest country by 2020. Technical Report No 3: Preventing alcohol-related harm in Australia: A window of opportunity*, Preventative Health Taskforce, Canberra; Victorian Drug and Alcohol Prevention Council 2010, *2009 Victorian youth alcohol and drug survey*, Victorian Department of Health, Melbourne.

campaign that aimed to normalise moderate drinking, with a third of people who saw the campaign taking action as a result of the campaign and a third of people reporting they had reduced their drinking levels as a result of it. VicHealth would welcome the opportunity to discuss this program and its potential application in the Latrobe Valley with the Board of Inquiry.

- **Identification and early intervention:** Implementation of screening and brief interventions to address alcohol consumption through emergency department presentations or in the primary health care setting.
- **Drink Safe Community Initiative:** A community-based approach to address binge drinking through education, harm minimisation, health promotion and social marketing. The implementation of such a project would involve local community alcohol and drug services, local government and police to develop and implement a plan incorporating multiple interventions to reduce harm; for example, social marketing programs, community events, community information resources and youth-centred education.
- **Family-based alcohol use prevention program:** Universal family-based alcohol misuse prevention for young people is an effective method for reducing alcohol-related harm. Universal prevention in family settings typically involves supporting the development of parenting skills through support in establishing clear rules and boundaries, nurturing behaviours, and parental monitoring.³⁷ Implementation of such a program could be achieved through the provision of additional funding to existing Alcohol and Drugs services, or as a school-based program.

Alcohol harm reduction also requires legislation, policies and interventions that regulate alcohol pricing, outlet density, marketing and advertising. VicHealth acknowledges that many of these are governed at the state and federal level, which limits the potential for action at the regional level. However, considering the significant impact of these factors, we encourage the Board of Inquiry to investigate opportunities to trial additional measures to reduce alcohol-related harm at the local level, particularly related to alcohol availability.

Research on the relationship between the availability of alcohol and alcohol-related harm has consistently demonstrated that increased availability is associated with increased harms.³⁸ Therefore regulating the physical availability of alcohol (such as trading hours and the number of outlets) can be effective in reducing the impact of this harm on the community.³⁹

Restricting trading hours of licensed venues

There is reasonably consistent evidence that extending trading hours of licensed venues (e.g. pubs, clubs or restaurants) increases violence and other harms, while cutting trading hours reduces it.⁴⁰ Restrictions on trading hours need to be supported by measures including limits on drink sales after midnight, enhanced

³⁷ Foxcroft, DR & Tsertsvadze, A 2011, *Universal family-based prevention programs for alcohol misuse in young people*, Cochrane Library, [doi: 10.1002/14651858.CD009308](https://doi.org/10.1002/14651858.CD009308)

³⁸ National Drug Research Institute 2007, *Restrictions on the sale and supply of alcohol: Evidence and outcomes*, National Drug Research Institute, Curtin University of Technology, Perth.

³⁹ Babor, T, Caetano, R, Casswell, S, et al. 2003, *Alcohol: No ordinary commodity*, World Health Organization, New York and Oxford University Press, Oxford.

⁴⁰ National Drug Research Institute 2007, *Restrictions on the sale and supply of alcohol: Evidence and outcomes*, National Drug Research Institute, Curtin University of Technology, Perth.

security and transport options and strategies that target risky drinking as well as a whole-of-population approach to pricing and taxation.⁴¹

While there has been little research conducted in Australia on the impact of restricting trading hours of packaged liquor outlets (e.g. bottle shops) on alcohol-related harms, the wide availability of cheap packaged liquor has led to a culture of pre-, side- and post-loading, being the drinking of alcohol before entering licensed venues, between licensed venues and after attending licensed venues, respectively. These drinking behaviours have been shown to be associated with alcohol-related harms occurring at night.⁴² VicHealth recommends that regulations require all packaged liquor outlets to close at 10pm, to discourage the opportunistic purchasing of alcohol for these behaviours and to reduce alcohol-related harms.

Outlet density

There is a growing body of evidence that demonstrates strong association between the number of outlets selling alcohol in a particular geographic area and rates of alcohol-related problems, in particular violence.⁴³ VicHealth supports the development of planning policies that prioritise the health and social impacts of alcohol misuse when assessing liquor licensing applications, and we would encourage the Board of Inquiry to recommend that the Latrobe City Council and State Government work in partnership to achieve this.

As mentioned above, increased consumption of alcohol is associated with increased incidences of violence. This link is currently being explored at the Royal Commission into Family Violence in the context of intimate partner relationships. Within that context, VicHealth conceptualises alcohol as a factor that intersects with the underlying determinants of violence against women – that is, gender inequity. Therefore VicHealth recommends that primary prevention approaches are used to prevent violence against women occurring in the first place.

⁴¹ Jones, K, Hughes, K, Atkinson, A & Bellis, M 2010, 'Reducing harm in drinking environments: A systematic review of effective approaches', *Health & Place*, vol. 17, no. 2, pp. 508–518.

⁴² Astudillo, M, Kuntsche, S, Graham, K & Gmel, G 2010, 'The influence of drinking pattern, at individual and aggregate levels, on alcohol-related negative consequences', *European Addiction Research*, vol. 16, no. 3, pp. 115–23.

⁴³ Livingston, M 2011, 'Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms', *Drug and Alcohol Review*, vol. 30, pp. 515–523.

4. Evaluation and monitoring

Ongoing evaluation and monitoring of health initiatives within the Latrobe Valley is essential not only to ensure effectiveness and cost-effectiveness of programs, but to confirm that the health and wellbeing of the population is improving and that health inequities are being addressed. There is a significant opportunity for the Latrobe Valley to serve as an example of best practice in health promotion in a more disadvantaged, rural setting, both within Australia and internationally.

VicHealth commends the Department of Health and Human Services for commissioning the Hazelwood Mine Fire Health Study, led by researchers from Monash University in collaboration with Federation University, University of Tasmania, University of Adelaide, and the Commonwealth Scientific and Industrial Research Organisation (CSIRO). This study will provide significant information regarding the long-term health outcomes related to the mine fire, and act to fill existing knowledge gaps in the area. There exists an opportunity for the Mine Fire Health Study to also act as a source of information for evaluation and monitoring of health initiatives undertaken in the Latrobe Valley.

The [VicHealth Indicators Survey](#) is an additional source of information regarding local level health indicators. It utilises a community health and wellbeing survey that samples each of the 79 Local Government Areas across Victoria. The results of the most recent VicHealth Indicators Survey were released in 2011, with the next iteration of the survey to be sampled in late 2015 and results reported in 2016. Results are provided at the LGA level, such as the [Latrobe LGA Profile](#) released in 2012.

VicHealth strongly recommends that health equity is also a key consideration in any evaluation. Interventions do not impact all people in the same way, so it is important to evaluate the differential impact of interventions, to measure their impact across different groups in the population.⁴⁴ Differential impacts can be positive or negative, and it is vital when planning for equity that potential unintended impacts such as increasing inequity in other areas or increasing stigma are identified in the planning process.

For example, action to ban smoking at playgrounds may have impacts upon levels of physical activity for children of smokers, as smokers may just stop taking their children to the park. To avoid or mediate the unintended consequence as described in this example, a strategy could include ensuring that the smoking ban is implemented in conjunction with range of other measures to support those parents to quit smoking.

⁴⁴ Harris-Roxas, B, Simpson, S & Harris, E 2004, *Equity focused health impact assessment: A literature review*, Australasian Collaboration for Health Equity Impact Assessment, www.healthimpactproject.org/resources/document/Harris-Roxas_B_2004_Equity_Focused_HIA.pdf

5. The proposed Health Conservation Zone and Health Advocate

VicHealth supports the Board of Inquiry's proposal to establish a Health Conservation Zone and appoint a Health Advocate in the Latrobe Valley. Below are some considerations and recommendations to support this action.

5.1 Scope of the Health Conservation Zone and the Health Advocate

VicHealth strongly supports the proposed Health Conservation Zone's focus on health promotion. We recommend that the Health Conservation Zone's scope includes addressing the social determinants of health and health inequities. Similarly, we recommend that the Health Advocate has a strong background in health promotion and an understanding of the importance of addressing the underlying social determinants of health and health inequities. VicHealth would welcome the opportunity to provide ongoing support to strengthen the Advocate's capacity in this area.

5.2 Appointment of the Health Advocate

VicHealth strongly recommends that the appointment of the Health Advocate is prioritised, so that they may lead the establishment of cross-government and cross-sectoral partnerships and the development of the Health Conservation Plan.

5.3 Health Advocate competencies

We support the key competencies outlined in the 'Matters for further consideration' section of the 2014 report, and suggest the following competencies are added to ensure sufficient expertise and legitimacy with the community:

- Knowledge of health promotion (as mentioned previously, VicHealth can support this area).
- Ability to lead effective consultation processes with community members, industry, agriculture, health services, community organisations and all levels of government.
- A preference for an individual who has connections with the Latrobe Valley community, including local knowledge and relationships with key local partners.

5.4 Location of the Health Conservation Zone and the Health Advocate

The Health Conservation Zone must focus on a clearly defined geographic area that is small enough for action to have a significant impact while balancing the need to track population health data changes.

Consideration needs to be given to the physical location of the Health Advocate's office and the secretariat of the Health Conservation Zone, particularly given the importance of their connection to the community and the perception of State Government involvement. VicHealth recommends that both entities are located within the Latrobe Valley, preferably Morwell, for example situated in the Latrobe City Council offices or the community health service.

5.5 Independence and government relationships

While State Government leadership is critical to the success of the Health Conservation Zone, it is also important that both the Zone and the Health Advocate represent the community's needs and expectations. The Health Advocate must remain independent and closely involved in the collaborative governance directing operation of the Health Conservation Zone. Through this independent position, the Health Advocate should work closely with all levels of government to represent the health needs of Latrobe Valley residents in an autonomous and transparent manner.

An example of successful navigation of the tension between government funding/leadership and independence at the local level is the Aboriginal Community Controlled Health Services (ACCHS) model. ACCHS receive state and federal funding, yet under a locally elected Board of Management they are able to maintain independence and autonomy so that they can identify and deliver comprehensive and culturally appropriate healthcare to the communities that control them.⁴⁵

The Health Advocate and the Health Conservation Zone must both retain a direct line of communication with each other, community members, the Department of Health and Human Services (both Regional and Head offices), the Latrobe City Council and all elected officials in the area. VicHealth also recommends that the Commonwealth Government is engaged in the planning, implementation and resourcing of the Health Conservation Zone, particularly considering that many of the social determinants of health are largely within their remit.

5.6 Planning

VicHealth supports the development of an integrated Health Conservation Plan, supported by Victorian Government funding, resources and legislative and regulatory measures. The required elements outlined in the 'Matters for further consideration' section of the 2014 report provide a strong basis for the Health Conservation Zone.

The Plan should include specific targets that reflect the population health priorities in the Latrobe Valley, both in relation to the existing health disparities of the region and those that are likely to be exacerbated by the fire. It should complement the Victorian Public Health and Wellbeing Plan and the Latrobe City Council Municipal Public Health and Wellbeing Plan. This should be supported by a strong evaluative framework that measures progress against each of the targets, with consideration of differential impacts across the population.

Community consultation, led by the Health Advocate, will be essential to ensure that the Plan and its targets reflect community needs and expectations, and that there is buy-in from residents of the Latrobe Valley. This would also build trust and provide a level of empowerment to the local community in deciding and controlling their future – a key aspect of the *WHO Ottawa Charter for Health Promotion*.⁴⁶

We also suggest that the development process for the Plan seeks to engage the non-health sector, including sport, the arts, workplaces, industry, agriculture, schools, media and justice/police. This process

⁴⁵ NACCHO 2015, *About us*, National Aboriginal Community Controlled Health Organisation, Canberra, <http://www.naccho.org.au/about-us/>

⁴⁶ World Health Organization 1986, *The Ottawa Charter for Health Promotion*, WHO, Geneva, <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

could facilitate the establishment of complementary targets that are realistic yet articulate a shared vision for the future of the Latrobe Valley.

Planning processes will need to ensure strategies are integrated and that duplication is minimised. A collaborative planning process would facilitate this, as well as assist in identifying opportunities to pool resources to increase impact.

Engaging the community: Identifying a shared vision and plan for a healthier Latrobe Valley

VicHealth is currently undertaking a Citizens' Jury process to help identify possible solutions to stem the growing overweight and obesity epidemic in Victoria. A citizens' jury is a non-legal process that engages the greater community in the decision-making about a particular issue.

Jury members are everyday citizens who are not required to have a formal or professional understanding of the issue being examined. The jury will be a representative sample of the Victorian public, selected at random. They will be from as many communities, professions, lifestyle groups and demographics as possible. This means that everyday Victorians are truly tackling the issue on behalf of all Victorians. Just like a traditional jury, they will hear evidence submitted by all interested parties regarding different approaches to this issue which they will consider, question and discuss.

This is a pioneering approach in the way government makes decisions and manages difficult community issues. This is because it presents a result that is uncontrolled, unedited, transparent and non-aligned. For more information on VicHealth's Citizens' Jury see citizensjury.vichealth.vic.gov.au

A Citizens' Jury or similar participatory decision-making process would be very useful in the Latrobe Valley, as it would engage a broad range of community members and give them a clear voice in planning processes. This would result in a Health Conservation Plan that articulates a vision for a healthier Latrobe Valley that is shared by the community, the Health Advocate, health services, all levels of government and a broad range of stakeholders. It would also assist in identifying targets and strategies that are supported by the community and reflect their needs.

VicHealth can provide further information on the Citizens' Jury process and its applicability to the Latrobe Valley area.

5.7 Funding

Ongoing and long-term funding from State Government is essential to the success of the Health Conservation Zone and the Health Advocate. VicHealth encourages the Board of Inquiry to seek tripartisan support for the proposed models, and to investigate governance models that ensure that these entities receive ongoing funding outside.

5.8 Capacity building

Planning processes must include a focus on capacity building, particularly within the local community across a wide range of organisations and sectors. This will enable programs to be delivered in the long-term.

5.9 Transformative and positively-framed approaches

A Health Conservation Zone, or any site-specific coordinated activity, has the potential to deliver significant health and community impacts beyond the short-term impacts from the mine fire by addressing entrenched disadvantage in the region. VicHealth encourages the Board of Inquiry to consider the benefits of innovative projects as part of the Zone that can address health risks and also impact on the social determinants of health, particularly employment and income. An example of an ambitious project in a similar community is the [Eden Project](#) in Cornwall, UK. Initially a china clay pit that was near to being closed down, the site was transformed into a series of artificial biodomes housing thousands of plant species. The site is a major tourist attraction for the area, resulting in improved employment levels, productivity, local business growth, community perception, infrastructure and training.⁴⁷

While this model may not be applicable to the Latrobe Valley region, it shows the potential for large-scale projects that transform the community. Major projects that involve financial and in-kind commitment from government, corporate and community partners could present a significant opportunity for economic regeneration and health promotion in the Latrobe Valley.

This type of project also has the potential to foster social cohesion and a sense of hope and optimism in the Latrobe Valley, which the Board of Inquiry's 2014 report recognised as a priority area. Positively-framed approaches, including social marketing campaigns and community development programs, can engage the community, build connections and improve health and wellbeing outcomes.

A successful example of this approach is the [Sons of the West](#) program in Melbourne's west, a community health initiative that aims to support men living and working in the area to lead healthier lives and connect as a community. Driven by the Western Bulldogs, the 12-week program is framed around helping men to 'live better, eat better and get back into the game of life'. It uses a partnership approach to deliver a free program to address a range of health issues, including increasing physical activity and healthy eating, raising awareness of violence against women and mental illness, reducing smoking, and building social cohesion and resilience.

Similarly, from 2001–2005 VicHealth delivered 'Together we do better', a social marketing campaign that aimed to get people thinking and talking about the benefits of participation for mental health. The campaign utilised advertising, media and public relations activity, posters and brochures, a website and email network, and partnerships with community organisations. The campaign was positively framed with the aim of increasing individuals' participation in their community, as well as encouraging organisations and communities more broadly to work together to address barriers to participation. Campaigns can also be used to promote tourism and economic growth, as well as improve residents' and visitors' perceptions of a region, such as the successful '[Glasgow's Miles Better](#)' campaign of the 1980s.

VicHealth recommends that the use of positively-framed approaches and campaigns that engage and empower local communities are considered along with implementation of other health promotion activities in the Latrobe Valley.

⁴⁷ AMION Consulting 2009, *Eden Project evaluation*, <http://www.amion.co.uk/case-studies/eden-project-evaluation/>

5.10 Other models and examples

An example of a place-based initiative that may be of relevance to the Latrobe Valley Health Conservation Zone is the [Natural Health Improvement Zones](#) that were established in Birmingham, UK. They were designed to directly tackle health issues by combining the disciplines of public health, environmental health, transport, arboriculture, urban planning and health promotion. The zones aimed to address a range of key public health concerns including obesity levels, air quality, cardiovascular disease and mental health and to encourage active lifestyles.

Importantly, the Natural Health Improvement Zones are underpinned by strategic planning documents giving them a clear foundation and connection with aligned strategies and actions across the local government area.⁴⁸ This model aligns with the Board of Inquiry's recommended elements of a Health Conservation Zone, including collaboration across government and private services, a focus on prevention and management of chronic disease, and utilisation of an environments-for-health approach.

Similarly, Health Enterprise Zones have been declared in a number of areas in the United States (for example, see the [Maryland Department of Health and Mental Hygiene's page](#)). The Health Enterprise Zones are designed to reduce health disparities among disadvantaged groups and geographic areas, to improve health care access and health outcomes in underserved communities and to reduce healthcare costs and hospital admissions. Like the Natural Health Improvement Zones in Birmingham, the success of Health Enterprise Zones in the United States is based on the formation of sustainable partnerships and community-wide support. A collaborative governance structure involving all community and government partners in decision-making is critical to ongoing success.

In terms of Health Advocate roles, in almost all successful examples they are locally based within a dedicated geographic area. Often this is supported by online or digital resources. For example, the [Health Navigator](#) service in Western Australia supports people living in the Wheatbelt and Great Southern regions to manage chronic conditions and improve health. The WA Health Navigator works with people experiencing diabetes, heart disease, heart failure and long-term lung conditions, works with individuals to 'navigate' the health system and works to develop personal goals for health improvement. Health Navigator coordinators work with community-based general practitioners and other healthcare providers to ensure coordinated care. The service is conducted in person, online or over the phone.

There are a number of Australian examples of health brokers working in Aboriginal and Torres Strait Islander communities providing support to assist individuals and families to access appropriate health services. Urban brokerage models of care have been funded at national and state levels and aim to increase access to mainstream health services.

⁴⁸ Birmingham Health Protection Strategy 2011 and the Air Quality Action Plan 2011, <http://www.birmingham.gov.uk/aqap>

6. VicHealth support

VicHealth is strongly supportive of the Board of Inquiry's efforts and the State Government's commitment to improve the health of the Latrobe Valley community.

VicHealth would be happy to discuss the development of a formal agreement to provide ongoing technical advice to support the efforts of the Health Advocate in the areas of tobacco, alcohol, healthy eating, physical activity, mental wellbeing, healthy equity and research and evaluation.

We look forward to discussing potential areas of support and collaboration with the Board of Inquiry and/or the Health Advocate.

Appendix 1: Mental wellbeing program models – GEAR, LEAD and LEAP

VicHealth has developed three locality-based models to improve mental wellbeing that use a partnership approach to deliver multiple strategies across a range of settings. These may be of relevance to the Board of Inquiry when considering health promotion strategies in the Latrobe Valley.

1. Preventing violence against women: the Generating Equality and Respect model

As mentioned previously, events such as the mine fire have previously been shown to result in a short-term increase in incidences of family violence and violence against women. This will require action across the response spectrum, including crisis response and early intervention, but is an opportunity to also establish a strong primary prevention program in the Latrobe Valley to both mitigate increased risks and to prevent violence from occurring in the first place in the long term.

VicHealth has developed the Generating Equality and Respect Program, a model that may be useful when designing a program in the Latrobe Valley. Drawing from VicHealth's decade of research and activity in preventing VAW, the Generating Equality and Respect Program is a world-first program funded by VicHealth and led by a strong and collaborative partnership. Trialling a site-based, saturation approach to primary prevention in Melbourne's south-east, it strives to reach people where they live, work, study and play.

The program is delivered through a partnership between VicHealth, Monash City Council and MonashLink Community Health Service. Monash City Council and MonashLink are receiving \$1.079 million of funding.

The Generating Equality and Respect Program runs over three and a half years and aims to:

- build communities, cultures and organisations that are gender equitable and that value and support non-violent norms
- foster respectful and equal relationships between men and women
- realise sustainable primary prevention through strong collaboration with established and new partners
- pilot an innovative model for the primary prevention of VAW that is transferable and informs practice.

Distinguishing features are the three-way partnership illustrated through a cross-organisation project team, whole-of-workplace organisational change activities and embedded sustainability.

Across the life of the program activities have taken place in five settings with a focus on the suburb Clayton as the program site. Initiatives include:

- the Baby Makes 3 program, for first time parents delivered through Maternal Child Health Services
- an organisational change program at MonashLink Community Health Service and Monash City Council to promote respect and equality within the workplace, which will be extended into the broader community through the programs and services they deliver
- a suite of training has been delivered to more than 700 participants including the VicHealth Preventing Violence Against Women Short Course and Leaders' Masterclass
- a local Monash Partners in Prevention Network to actively support youth practitioners to deliver good practice respectful relationships education and promote gender equality through their programs and

services. Network members include local teachers, police, school nurses, youth services and community organisations.

- Robert Bosch Australia, a significant employer in Clayton, is a partner in the program and has joined forces with Monash Council, MonashLink Community Health Service and VicHealth to raise awareness of family violence and respectful relationships for its male and female employees. The Clayton headquarters of Robert Bosch Australia is a home for awareness-raising and training activities integrated into existing staff health and HR programs over the next six months.

Evaluation is built into every step of Generating Equality and Respect using a participatory and learning-oriented approach to evaluation, which involves evaluation capacity building strategies to resource and support project workers as key evaluators of their own programs. This is led by the VicHealth Research Practice Leader and builds on the approach used in VicHealth's previous program, *Respect, Responsibility and Equality*, to evaluate the processes and impacts of the program activity.⁴⁹

For more information on the program, see www.vichealth.vic.gov.au/generating-equality-and-respect

2. Reducing race-based discrimination: the Localities Embracing and Accepting Diversity model

VicHealth's Localities Embracing and Accepting Diversity (LEAD) program ran between 2009 and 2013 in a suburban and a regional LGA, and demonstrated how local governments can contribute to reducing discrimination and supporting cultural diversity within local communities and organisations. It is a model that may be useful when designing activity in the Latrobe Valley.

Local government, as the tier of government closest to the community, is key in preventing racism before it occurs and promoting social cohesion. In 2009, VicHealth established the Localities Embracing and Accepting Diversity (LEAD) pilot program, which developed and tested solutions for reducing race-based discrimination and promoting cultural diversity in two Victorian municipalities – Greater Shepparton and the City of Whittlesea.

Both councils also collaborated with representatives of local Aboriginal and culturally diverse communities to ensure that they could confidently act as advocates for their communities.

The landmark Localities Embracing and Accepting Diversity program was run by VicHealth over four years in partnership with and supported by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC), beyondblue, the Municipal Association of Victoria, the Australian Government Department of Social Services and the Lowitja Institute at the University of Melbourne.

The [Localities Embracing and Accepting Diversity \(LEAD\) program: summary report](#) captures the key things we've learnt from the program and provides an overview of the key tools and resources developed through the program.

Tools and resources to address race-based discrimination and support diversity

A number of publications, tools and resources were developed throughout the LEAD implementation and evaluation to support activity to reduce race-based discrimination and support diversity, including:

⁴⁹ Kwok, WL 2013, *Evaluating preventing violence against women initiatives: A participatory and learning-oriented approach for primary prevention in Victoria*, Victorian Health Promotion Foundation, Melbourne.

Workplace Diversity and Anti-Discrimination Assessment Tool

This tool can help review existing policies, procedures and practices to enable organisations to support diversity and address race-based discrimination.

As part of the National Anti-Racism Strategy, the Australian Human Rights Commission, the Diversity Council Australia and VicHealth reviewed and revised the Assessment Tool developed through the LEAD program. [The tool can be found here](#), and [the research that informed the original Assessment Tool can be found here](#).

School-Based Assessment Tool

This tool can help you review existing policies, procedures and practices to enable your organisation to support diversity and address race-based discrimination. [The research that informed the original Assessment Tool can be found here](#).

Anti-racism training

The VEOHRC training developed by LEAD is evidence-based training for reducing race-based discrimination and promoting diversity and can be tailored to meet an organisation's needs. To find out more, contact [VEOHRC](#).

Social marketing and communications

The LEAD program was supported by the [See Beyond Race](#) community awareness campaign. The campaign used a range of media, including television, radio, billboards and print advertisements in local papers and at local bus stops.

Featuring people from Shepparton and Whittlesea areas, the campaign aimed to challenge racial stereotypes and encourage awareness of our common humanity. The stories of people in the campaign were also featured in local newspapers, via a partnership with local media.

3. Utilising the arts for health promotion: the Localities Enhancing Arts Participation program

Between 2010 and 2013 VicHealth funded three Victorian local governments to embark on a multi-year journey that used arts and cultural activities to increase participation and decrease social isolation within their communities.

This innovative program was implemented in Casey, Ballarat and the Central Highlands and Mildura, representing a cross-section of outer-suburban growth corridor, rural/regional and remote municipalities.

LEAP was an evolution of VicHealth's arts engagement programs, and has helped advance current knowledge about the value to health of strengthening sustainable local networks, organisations and partnerships.

The LEAP projects encouraged thousands of people to try something new and dispelled the common myth that the arts is only for a very select few. The projects involved broad sections of the community, including local businesses, and transformed their communities' understanding of the value of art and local artists.

Casey Arts Participation Initiative

The Casey Arts Participation Initiative (CAPI) aimed to create a strategic and planned approach to both the delivery of arts services, as well as the development of arts facilities. This was done to increase the opportunities for community members to participate in the arts; and to use arts to strengthen communities.

CAPI helped to deliver many diverse and innovative arts and cultural projects focusing on art forms such as singing, dancing, literature and photography. Arts participation was used to achieve positive health and wellbeing outcomes and decrease social isolation.

In addition to the direct provision of activities, extensive research into the trends in arts development and facilities was undertaken throughout the three-year CAPI project. This confirmed that the arts are an important component of people's lifestyle.

These outcomes have led to the development of an Arts Development Plan and Arts Facilities Plan which outline Council's strategic approach to the future provision of art activities in the municipality.

Central Highlands LEAP

The Central Highlands LEAP project, led by the City of Ballarat, involved five local councils working together to establish the Central Highland Arts Network and improve the link between grassroots and regional arts delivery. It did this through working to identify community assets and structure support at three levels – local skills development; regional partnerships and collaborations; and virtual/information sharing.

Actions included:

- development of the regional arts network
- creating a region-wide online resource, Arts Atlas, to serve artists, arts organisations, visitors, and community members
- providing direct support to a range of arts activities across participating shires
- sharing resources, information, knowledge and strategies between shires.

The Central Highlands LEAP project improved awareness of and engagement with the arts highlighting a sense of community, participation and involvement. This was particularly evident among community members who experienced social exclusion or isolation.

LEAP Mildura

LEAP Mildura introduced a suite of arts programs across the municipality, geographically Victoria's largest, to increase arts participation. LEAP Mildura is based on the premise that, by working in communities, listening and steadily building networks and relationships, the arts programs that follow will be more likely to succeed in terms of engagement and sustained capacity building.

Based on this premise, LEAP Mildura aimed to reduce the major barrier of distance and cost through the development of partnerships and the implementation of community based art 'making' programs. It also provided accessible facilities and opportunities to talk about, create, make and show art. Finally, LEAP Mildura invested in the professional development of local artists by strengthening networks and providing employment opportunities to 'lead' LEAP activities across the community.

Many participants in LEAP Mildura reported an overall increase in social connection saying they now feel not only much more connected with the community in Mildura but also that their involvement in LEAP helped them to become more involved in other community activities. LEAP reduced the sense of art being only for a select few and enabled conversations and activities to occur in the community that hadn't been possible before.

Appendix 2: Current VicHealth projects in the Latrobe Valley

VicHealth funds a range of statewide projects that benefit the Latrobe Valley. Currently, we fund several programs that include specific local projects within the area, as shown below.

Healthy Sporting Environments 2012–2015

The Healthy Sporting Environments program supports the development of sustainable policies in sporting organisations. This project sought to ensure sporting clubs are viable, sustainable and healthy places through a process of club engagement, based on modules for clubs to assess their current situation and implement gradual change.

Through VicHealth’s Healthy Sporting Environments program, community sport clubs have demonstrated success in providing health and welcoming environments for their participants and the broader community. Clubs across the state were supported to implement policies, programs and practices to ensure that:

- alcohol is served and consumed responsibly
- a variety of healthy food and drink choices are available
- smoke-free venues become the norm
- women and girls, Aboriginal Victorians and people from culturally diverse communities are provided with safe, supportive and meaningful opportunities to participate, free from discrimination and fear of violence
- injury prevention and management is prioritised within clubs
- measures are taken to reduce harmful exposure to UV.

From 2012–2015, VicHealth worked with all nine Regional Sports Assemblies to implement this program across rural and regional Victoria. In Gippsland, VicHealth funded GippSport – an incorporated not-for-profit organisation which operates across all six local government areas of the Gippsland Region. GippSport works towards increasing participation in community sport as well as developing healthy, safe and welcoming environments for community sport to prosper.

GippSport has worked with 50 clubs in the Gippsland region as part of the Healthy Sporting Environments program:

Club	Sport	LGA
Glengarry Cricket Club	Cricket	Latrobe City
Latrobe City Energy	Basketball	Latrobe City
Latrobe Cricket Club	Cricket	Latrobe City
Moe Cricket Club	Cricket	Latrobe City
Monash Soccer Club	Soccer	Latrobe City

Club	Sport	LGA
Morwell Football Netball Club	Football/Netball	Latrobe City
Traralgon City Soccer Club	Soccer	Latrobe City
Traralgon Football Netball Club	Football/Netball	Latrobe City
Traralgon Harriers Athletic Club	Athletics	Latrobe City
Traralgon Tennis Association	Tennis	Latrobe City
Ulinga Gymnastics Club	Gymnastics	Latrobe City
Yinnar Football & Netball Club	Football/Netball	Latrobe City

Regional Sport Program 2015–2018

Building on the learnings of the Healthy Sporting Environments Program, the VicHealth Regional Sport Program has been designed to support growth in physical activity participation through sport, while also increasing the availability and supply of water in community sport. VicHealth will achieve this by empowering Regional Sports Assemblies (RSAs) to deliver smart and clever approaches to get more people healthy through sport.

Through the VicHealth Regional Sport Program RSAs are focusing on:

- developing new opportunities to increase the number of people participating in sport with a particular focus on those currently inactive or who have low levels of physical activity
- making changes to policies and practices to make water the beverage of choice in regional sports clubs, leagues and facilities.

VicHealth will be working with all nine Regional Sports Assemblies to implement this program across rural and regional Victoria. In Gippsland, VicHealth will be funding GippSport, who will be focusing on being leaders in getting more people, more active, more often; being able to experiment in innovative ways; being adaptive to different target needs; building new relationships and strengthening existing ones; and instigating change.

Be Active 2012–2015

VicHealth, in partnership with Sport and Recreation Victoria, worked with Latrobe City Council, over the period 2012–15, to strengthen physical activity outcomes under the Be Active initiative. Be Active looked to address the lack of safe, accessible and inclusive environments restricting people's ability to take part in physical activity.

Phase one of Be Active was primarily focused on the assessment of local policy contexts in order to support and strengthen policy and planning activity. The majority of this work was undertaken in the first year of Be Active and continued into 2013/14.

Phase two of BE ACTIVE focused on increasing physical activity participation for children, families and older people through new and innovative programs and increasing the numbers of local volunteers contributing to active participation outcomes.

A range of local initiatives were delivered over the three years to inspire people within Latrobe City Council to get more physical activity into their daily lives. Some highlights include:

- Contributing to the review of existing Latrobe City Council policies, plans and frameworks including:
 - Latrobe Positive Aging Strategy
 - Latrobe Planning Scheme
 - Latrobe Healthy Urban Design Good Practice Guidelines evaluation
 - Tenancy Agreements & Grant criteria
 - Municipal Early Years Plan
 - OH&S Policy
 - Cultural and Linguistically Diverse Action Plan
- Development of the Tracks, Trails and Paths Strategy (incorporating a review of the Principle Pedestrian/bike networks; development of walking maps and the identification, upgrade and/or implementation of way finding signage).
- Implementation of the Park Walks Program, including working collaboratively with Friends of National Parks groups to ensure sustainability into the future.
- Development of a case study for active travel routes, in conjunction with Yinnar Pre-school.
- Continued work with Bicycle Network Victoria to implement the recommendations from the Latrobe Active Transport survey.
- Support for the establishment of Parkrun Traralgon.
- Actively Ageing in Open Spaces – design and delivery of a neighbourhood park PA program for older people who reside in Traralgon, Morwell and Newborough.
- Assisting community groups to recruit and retain active participants in civic engagement through the use of green spaces – through the Latrobe Active in Nature Project.
- Working together with Latrobe Community Health, and Healthy Together Latrobe to strengthen the Latrobe Health Champions initiative.

Community Activation 2015–2016

The Community Activation Program is a new VicHealth investment that aims to create and activate places within local communities that increase access to opportunities for physical activity and social connection.

Funded projects will be physically and visually transforming a public space or place within their community, then 'activating' it in a variety of ways that inspires and involves local people who are less active to get more physically active.

Latrobe City Council will transform the centrally located plaza and road in Tarwin St Morwell. The transformation will focus on changing the space into a plaza with synthetic grass, temporary landscaping, tables/seating, Wi-Fi, and a space for physical activity opportunities. A broad range of community members who visit the area will be engaged in physical activity at the site.

The range of physical activity opportunities to run at the site will be delivered by council and local providers and will include fitness/movement classes (e.g. tai chi, dance), free activities (e.g. giant chess), walks with walking groups, learn-to-cycle courses, amazing race, tug of war, play equipment, demonstration sports, bocce and music. The site will be transformed in mid-September 2015 and activated until end of January 2016. Council has a clear commitment to permanence of the street closure and features to remain in place.

Motion 2011–2014

VicHealth's MOTION program focused on creative community interventions which increased physical activity and social connection. It aimed to improve people's health by giving them opportunities to get creative, physically active and involved in their local community through the arts.

Ausdance Victoria worked in three regional municipalities including Latrobe. The Alice Project was a major dance event based on the themes and characters of Alice in Wonderland, which was designed to get regional Victorians moving.

The project provided experiences for adults and children alike to ignite confidence and curiosity in physical activity and dance. Activities involved children's dance in public libraries, adult dance opportunities, learn-to-dance footprints in streets, and mass dance events in community spaces. The project aimed to encourage people of all ages to move and dance together in non-traditional places and spaces.

A video on the project can be found here: <https://www.vichealth.vic.gov.au/media-and-resources/video-gallery/the-alice-project>

Active Club Grants: 2014-15

Active Club Grants recognise the important role local clubs/organisations play in increasing physical activity and helping communities stay connected. This year VicHealth provided greater opportunities for clubs to apply for an Active Club Grant by conducting two funding rounds in the 2014–15 financial year.

The Active Club Grants provide funding of up to \$3000 to purchase sports injury prevention and management equipment, and/or essential sporting equipment/items.

Priority is given to applications from clubs/organisations who can demonstrate that an Active Club Grant would increase opportunities for regular physical activity in their community.

Clubs funded in 2014/15 in the Latrobe Valley are:

- 1st Morwell Scout Group

- Churchill Football and Netball Club Inc.
- Falcons 2000 Soccer Club
- Gippsland Gladiators Gridiron Club Inc.
- Gormandale Cricket Club Inc
- Traralgon Hockey Club Inc
- Traralgon Olympians Soccer Club
- Tyers Soccer Club Inc
- Drouin Dragons Soccer Club
- Moe Golf Club
- Morwell Cricket Club
- Morwell Croquet Club Inc
- Morwell Football & Netball Club
- Morwell Netball Association Inc.
- Morwell Tigers Junior Football Club
- Yallourn North Bowling Club Inc

TeamUp 2015

TeamUp is an innovative and social tool that helps people connect through local physical activities. Available for smartphones and online, the TeamUp app encourages people to find their motivation and get active by connecting with others to take part in sport and physical activity, when and where they want.

TeamUp targets Victorian adults who are inactive or somewhat active, with a particular focus on women aged 25–44, as this segment demonstrates particular willingness to take part in organised and social physical activities.

Latrobe City Council has received funding as part of the local area marketing program for TeamUp, which ran from March to June 2015.

Walk to School

VicHealth's Walk to School is a high profile annual community event that encourages primary school students across Victoria to walk to and from school as often as possible during October.

The Walk to School campaign encourages regular physical activity in primary students by supporting them and their families to establish routines incorporating walking, and by supporting primary schools, local councils and communities to integrate walking behaviours into their local settings.

In 2015, Walk to School will be held from 5–30 October 2015. Latrobe City Council has been funded to deliver local Walk to School activities and initiatives to support ongoing active travel among local primary school children.

Good Sports

VicHealth has supported the Australian Drug Foundation’s Good Sports Program for over 14 years. The Good Sports Program aims to change the alcohol drinking culture in Victorian sporting clubs. Participating sports clubs progress through a three level accreditation system focusing on standards of alcohol management.

Through the Good Sports Program the Australia Drug Foundation aims to re-shape the club environment and encourage new behavioural norms among their players, members and spectators.

There are currently 49 clubs involved with Good Sports in the Latrobe Valley region. These are spread across each of the Good Sports levels of accreditation:

Good Sports level	Number of clubs
Level 0	4
Level 1	5
Level 2	8
Level 3	29
Registered	3
Total	49

Data from the Victorian Commission for Gambling and Liquor Regulation indicates there 67 clubs holding a liquor license in Latrobe City Council LGA, therefore Good Sports has a reach of 73 per cent in this LGA.



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