

Inner East and Outer East Primary Care Partnerships Population and Place Profile

Discussion Paper: Research findings and Preferred Population and Place Profile Model April 2009



Outer East Health
& Community Support Alliance



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Part One – Background

1 Introduction to research

“The need and demand for clear scientific evidence to inform and support the health policymaking process are greater than ever.¹”

1.1 Project rationale

The Department of Human Services (DHS) has allocated funds to the Inner East Primary Care Partnership (IEPCP) and Outer East Primary Care Partnership (OEPCP) to assist in the preparation of their Integrated Health Promotion Plans. The funds will be used to assist the PCP's in the collection of data and information within a sound evidence base that will inform the development, implementation, monitoring and evaluation of these plans and fulfilment of the health priority action in the future. Integrated Health Promotion Plans provide information about planned action and reports on how the implementation of the strategies in the plans will facilitate the PCP's in their primary roles. These roles include strengthening partnerships, achieving integrated health promotion, maximising service coordination and managing chronic disease.

Symplan Consulting was engaged by the OEPCP and IEPCP to prepare a Population and Place Profile that will inform the preparation of their forthcoming and future Integrated Health Promotion Plans. The purpose of the Population and Place Profile is to provide a strong evidence base within which health priorities are set and strategic actions addressing these priorities are formulated.

This Discussion Paper presents the findings from the literature review and stakeholder engagement processes, and presents the preferred model that will guide the preparation the Population and Place Profile. The recommendations presented in this Discussion Paper will direct the way in which the data and information traditionally used to prepare Health Promotion Plans is collected, presented, organised and applied by those responsible for planning for health and wellbeing at the regional level.

A detailed Executive Summary of the this Discussion Paper is available.

1.2 Purpose of research

The primary purpose of the research process is to assist the OEPCP and IEPCP to reorient their activities and resources towards new and emerging health priorities present at the regional level. The Discussion Paper will make recommendations on the most practical and appropriate framework within which research and data collection can be managed by all those responsible for delivering health care services at the regional and local levels.

A secondary purpose of the research is to assist the OEPCP and IEPCP in their advocacy and collaboration roles, particularly in relation to the ongoing refinement of the priority setting within which health care is planned for and delivered at the regional level. This is becoming increasingly important in a dynamic strategic environment that is characterised by multiple stakeholders who are responsible for addressing complex health issues.

2 Defining the ‘Population and Place Profile’

Community Health Plans, also known as Integrated Health Plans draw on a body of data and information that describe the community's existing health and wellbeing status. These data and information encompass a range of facts and figures describing indicators that determine a community's health and wellbeing. For the purposes of this Discussion Paper, two key determinants have been identified. These are:

¹ World Health Organisation (2003) *Social Determinants of Health. The Solid Facts* WHO 2nd Edition p5

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Population: the socio-demographic and socio-economic profile that affect individual and community health and wellbeing such as demographic structure, their income and earning potential, employment levels, cultural religious and ethnic diversity, how the population will grow, lifestyle behaviours

Place: aspects of the physical environment (built and natural) that have a major influence on individual and community health and wellbeing such as access to public transport and the extent to which the built and natural environment supports healthy lifestyles, the health of the natural environment.

Together the **people** and **place** are understood to be the 'catchment' that is covered by the Eastern Metropolitan Region of Victoria.

3 Research process and methodology

This Discussion Paper is the first of two reports that will be prepared. It completes the first and second stages of the research process, as depicted in Figure 1 below. *Stage 3 Prepare Population and Place Profile* will be conducted within the framework of the findings and recommendations presented in this Discussion Paper.

3.1 Literature review

The literature review component of the research served to identify current and best practice principles relating to the preparation of health profiles and strategic planning documents. The literature review involved a desktop study of appropriate research and policy documents that describe current practices guiding the collection, collation, analysis, interpretation and application of health data and information at the global, national, regional and local tiers of government. A full list of documents researched is included in Appendix 1.

The scope of the literature review covered:

- PCP strategic planning documentation and related literature;
- DHS strategic planning documentation and related literature;
- National and international public health policy and research, particularly that provided by the World Health Organisation;
- The scope and content of the Municipal Public Health Plans of the seven local government areas included within the Eastern Metropolitan Region of DHS; and
- Relevant literature relating to the determinants of health, measurement of health and wellbeing and frameworks guiding health planning at a national, state, regional, metropolitan and local level.

3.2 Consultation

Two focus groups were held with key stakeholders in the Eastern Metropolitan Region during the preparation of the Findings Report. The purpose of the focus groups was to envision a preferred framework within which data and information could be collected and presented. A full list of stakeholders who participated in the focus groups is included as Appendix 2.

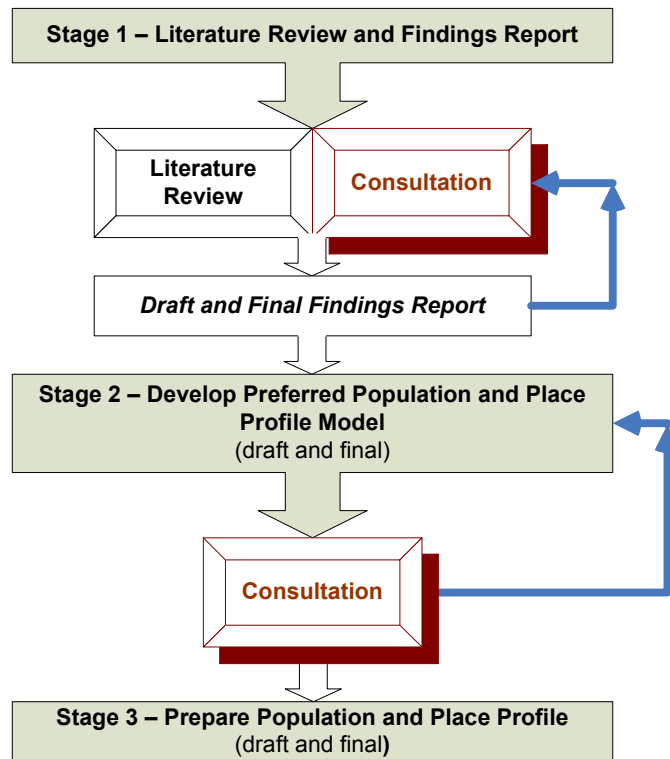
The topics of discussion during the focus group included:

- The role that health profiles play in planning for health and wellbeing.
- Existing sources of health and wellbeing data.
- Barriers and enablers associated with the collection, collation, analysis and interpretation of health and wellbeing data and information.
- Strengths and weaknesses of the health profile models currently being used by local authorities.

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- Vision for a preferred Population and Place Profile at the regional level.

Figure 1 - Research Process



3.3 Structure of the report

The Discussion Paper is structured as follows:

Executive summary

Part One – Background

1. Introduction to the research
2. Defining the 'Population and Place Profile'
3. Research process and methodology

Part Two – Findings

4. Introduction
5. Overview of Primary Care Partnerships
6. Contextual framework
7. Drivers of change
8. Priority settings
9. Special interest groups and associated 'lenses'
10. Determinants of health and wellbeing
11. Indicators of health and wellbeing
12. Health profile typologies
13. Use of data
14. Conclusions - towards a preferred health profile

Part Three –Population and Place Profile

15. Introduction
16. Principles

17. 'Architecture' of Population and Place Profile
18. Conclusions and recommendations

Appendices

3.4 Conceptual Framework

The conceptual framework presented below serves as a glossary of terms and provides for a measure of understanding of the main ideas, definitions and terms used by the wide range of key stakeholders involved in the process. This conceptual framework was developed from the literature review and nominations made by the stakeholders during the focus groups.

A list of acronyms is included for easy reference.

CONCEPT	UNDERSTANDING
Accessibility	<p>The extent to which a place or service is available to everyone in a community. Accessibility can be determined by mental and emotional health status affected by factors such as lack of confidence, language and culture.</p> <p>Accessibility differs from mobility. Mobility refers to the movement of goods and people whereas accessibility refers to the ease with which individuals and communities are able to source basic needs such as health care, affordable food, affordable housing. Accessibility is a function of the extent to which a service or facility is affordable, appropriate, within easy walking or commuting distance.</p>
Avoidable mortality	<p>Unnecessary and untimely deaths from diseases for which effective public health and medical interventions are available. An excess of deaths is an indication of shortcomings in the healthcare system that require further attention.²</p>
Baseline data	<p>Baseline data describe the status quo. They are usually collected at the commencement of a research project, serving as a reference point. They describe a range of social, economic and environmental characteristics of communities such as age, health status, employment, education, air quality. They may be compared to a 'you are here' sign on a map, indicating where communities are at with regard to their health and wellbeing status. Baseline data consist of a range of indicators that are derived from both quantitative and qualitative data and information sourced from statistics and feedback from the community.</p>
Benchmark data	<p>Benchmark data describe the needs and aspirations with regard to a community's health and wellbeing status. Healthy public policy seeks to reduce and minimise the differential between baseline and benchmark data.</p>
Burden of Disease	<p>The burden of disease is a measurement of the gap between a population's³ current health and the optimal state where all people attain full life expectancy without suffering major ill-health⁴.</p>
Catchment	<p>The geographic area that are the subject of the data collection and strategy formulation processes. Two primary catchments are relevant to this research;</p> <p>The regional catchment is defined by the Eastern Metropolitan Region of DHS and includes the seven local authorities.</p> <p>The local catchments are defined by the municipal boundaries of the seven</p>

² http://www.health.vic.gov.au/healthstatus/avoidable_mortality.htm

³ <http://www.health.vic.gov.au/healthstatus/bod.htm>

⁴ Smith, B.J.; Tang, CK, Nutbeam, D.; (2006) *WHO Health Promotion Glossary: new terms*

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	local authorities
Chronic disease	<p>Health problems where treatment focuses on long term management of symptoms rather than cure.</p> <p>Most deaths occur at the end of a chronic disease pathway.</p>
Community profile	<p>A community profile is a set of data that describes the socio-economic and socio-demographic characteristics of a community.</p>
Cultural partnerships	<p>Engaging a wide range of people and interests in thinking, reflecting and taking action on building stronger, more vital communities through partnership based approaches. The outcome of effective cultural partnerships is greater understanding between diverse cultures and communities⁵.</p>
Data (demographic)	<p>Data refers to the facts and figures that describe the community and its characteristics. The data can be quantitative or qualitative.</p> <p>Quantitative data is derived predominantly from statistics and uses numbers and values as descriptors.</p> <p>Qualitative data is derived predominantly from people, and uses words, texts and stories as descriptors. Anecdotal data, which are a subset of qualitative data, describe people's emotions, needs and aspirations.</p> <p>In many instances qualitative and quantitative data may appear to be contradictory.</p>
Data (shared)	<p>Data that are commonly accessible by all partners.</p>
Data source	<p>A data source is the original 'place' from which the data are obtained. Typical sources of quantitative data are ABS statistics, Burden of Disease Data, Police records, hospital admissions, immunisation rates. Typical sources of qualitative data are surveys, focus groups, public meetings and interviews.</p>
Disability adjusted life years (DALY)	<p>The Disability Adjusted Life Years (DALY) is a measure of the disease burden in a population combining the loss of years of life due to premature mortality and the loss of healthy years of life due to disease or injury. One DALY can be thought of as one lost year of healthy life. The DALY is a so-called health gap measure. This means that the burden of disease is measured as the gap between the current health status of the population and an ideal where everyone lives into old age, free of disease or injury. The term disability is used quite broadly, in this sense, to include all departures from complete health due to disease or injury.</p>
Disadvantage	<p>A measure of equity regarding access to goods and services, social and financial wellbeing.</p>
End of life care	<p>End of life care is care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support⁶.</p>
Environments for	<p>The Environments for Health Framework is framed within the Social Model of Health which acknowledges that optimal health and wellbeing is</p>

⁵ <http://www.culturalpartnerships.org/> accessed 15th April 2009

⁶ National Council for Palliative Care, UK, 2006 courtesy of Bruce Rumbold, Direction, a Trobe University Palliative Care Unit, School of Public Health

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Health	determined by factors other than individual genetics and biology. The Environments for Health Framework was developed by the Department of Human Services and the Municipal Association of Victoria to assist Councils achieve maximum health and wellbeing for their communities. The framework is based on the principle that the four environments for health, namely the social, economic, natural and built environments are key determinants of individual and community health and wellbeing
Evidence-based health promotion	Evidence based planning draws heavily on a foundation of data and information to support its strategic interventions. It can be simply expressed as 'Facts not fads'. Formally it can be defined as "The use of information derived fm formal research and populations" ⁷ .
Family violence	Domestic or family violence occurs when one partner in a relationship attempts to dominate and control the other by physical or psychological means. This type of violence bay involve a wide range of behaviours, including physical, sexual, spiritual, verbal, emotional, social or economic abuse. It is conceptualised as an abuse of power within a relationship, or after separation ⁸
Health	Health is defined by the World Health Organisation as: ".. a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination of race, religion, political belief or economic and social condition".
Health priority	Health priorities traditionally reflect the major health challenges that frame the resource allocation and strategic planning processes. They are understood to be aspects of health selected for special attention.
Health promotion	Health promotion may be defined as "the process of enabling people to increase control over, and to improve, their health." It involves the application of strategies that create supportive environments and individual resilience. Social marketing is an integral part of health promotion strategies. Effective awareness campaigns are based on sound evidence, target vulnerable groups and involve collaborative inter-agency planning.
Incident case	Incident cases are defined as those people who developed a disease or sustained an injury for the first time in 2001.
Indicators	Indicators are commonly expressed as statistical values or rates associated with a key economic, social, health or environmental trend such as employment and unemployment rates, population growth rates, percentages of males presenting at hospitals with respiratory illness or proportion of landfill waste attributable to the demolition of houses. Being expressed as rates and percentages, indicators are useful in providing good comparative information such as the difference between the rates of heart disease between men and women, or the different recycling rates between local government areas.
Integrated health promotion	A process whereby agencies and organisations from a wide range of sectors and communities in a catchment work in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.

⁷ Smith, B.J.; Tang, CK, Nutbeam, D.; (2006) *WHO Health Promotion Glossary: new terms*

⁸ Nicholas, R. (2005) *The role of alcohol in family violence* Australasian Centre for Policing Research, Commissioner's Drugs Committee p3

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Lens	A focus on the health and wellbeing of the needs, aspirations or issues of a specific cohort within the community.
Life course epidemiology	The study of long term effects on later health or disease risk of physical or social exposures during gestation, childhood, adolescence, young adulthood and later adult life. Life course epidemiology attempts to integrate biological and social risk processes rather than draw false dichotomies between them ⁹ .
Mental health	Mental health refers to emotional, psychological and spiritual wellbeing. A mental disorder is a diagnosable illness that significantly interferes with an individual's thought processes, feelings or ability to socialise. Examples of some common illnesses are depression, anxiety, substance use disorders, eating disorders, psychosis and dementia ¹⁰ .
Municipal Public Health Plan	Municipal Public Health Plans identify and assess the actual and potential public health dangers and issues affecting a community. They include strategies and actions that seek to prevent or minimise these dangers and issues, in order to enable people living, working or studying in in a municipality to achieve optimal health and wellbeing ¹¹ .
Needs assessment	Support through planning and understanding of needs for undertaking integrated health promotion. Needs assessment also refers to the process of priority setting and problem definition undertaken collectively by a number of agencies.
Palliative care	The right to support that enables dignity and quality of life and freedom from suffering at the end of life, right from diagnosis till death
Pillars of Wellbeing	Eight, ranging from community health to access to housing and economic capacity Place based approach A place based approach interprets and applies strategies and priority settings to locality that displays specific health and wellbeing challenges.
Place based disadvantage	Socio-economic and socio-demographic disadvantage that is manifest at a local level due to a range of factors such as poor public transport, poor access to services and facilities, inadequate access to affordable housing and food insecurity. In many circumstances the measure of disadvantage within the locality does not reflect the overall measure of disadvantage for the municipality with a result that the place based disadvantage may be easily overlooked.
Prevalent case	Prevalent cases are those people who at any point in time (during the year 2001) had the condition regardless of when it first affected the individual.
SEIFA index	The SEIFA measures the level of disadvantage in any given area is used to identify "pockets" of disadvantage in a local authority. The indices are based on a range of social and economic factors such as household income, rent and mortgage payments, education levels, occupation, household and dwelling size. The index is derived from the most current ABS Census of Population and Housing. The lower the score, the higher the level of disadvantage. The Australia wide average has been fixed at approximately 1000. In general, areas with scores below 1000 are relatively

⁹ Kuh, D.; Ben-Shomo, Y.; Lynch, J.; Hallqvist, J.; Power, C. (2003) Life course epidemiology *Epidemiol Community Health* Vol 57, p778

¹⁰ VicHealth (2005) *A plan for Action 2005-2007. Promoting Mental Health and Wellbeing*

¹¹ Monash Municipal Public Health Plan 2007-2010

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disadvantaged and those above 1000 are relatively advantaged.

Settings

The physical and geographic location of a specific initiative and strategic action such as neighbourhood renewal.

Settings approach

A planning framework that focuses on bringing about organisational and practice changes to create a more health promoting environment e.g. healthy cities, health promoting workplaces.

Social capital

Community networks and activities build assets for societies. These assets, otherwise know “social capital” provide a community with the personal, relational and organisation resources that improve the quality of life and address social problems. Strong social capital is evident in communities with informal networks, organisations that are action-oriented and activities that foster community engagement and participation. Where social capital is strong trust, mutual obligation and cooperation create a sense of belonging, responsibility and common motivation to solve common problems

Social determinants of health

Factors that influence health that are outside the health/medical field. The ‘causes of the causes’ of ill health. It involves looking beyond sedentary lifestyles as the cause of heart disease, and determining why modern westernised culture is characterised by such lifestyle behaviours.

Also understood to be the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces such as economics, social policies and politics¹².

Upstream interventions

Strategies and actions that deal with population wide influences on health, such as policies surrounding income distribution, education, housing, social networks, work environments, food supply transport and pollution

Wellbeing

Individual wellbeing is a function of how happy and satisfied people are with their life or with aspects of their life such as their job, their health, their financial stability or their spiritual fulfilment¹³.

Wellness

Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realisation of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one’s role expectations in the family, community, place of worship, workplace and other settings¹⁴.

Years lived with a disability (YLD)

Years Lived with Disability are the morbidity component of the DALY that captures the burden in a population due to years lived in less than full health. It represents the years of healthy life lost due to living with disability, disease or injury, adjusted for severity.

Years of life lost (YLL)

Years of Life Lost are the mortality component of the DALY determined by the remaining Life Expectancy at the age of death.

3.5 Acronyms

ABS

Australian Bureau of Statistics

AIHW

Australian Institute of Health and Welfare

¹² courtesy of Bruce Rumbold, Director, a Trobe University Palliative Care Unit, School of Public Health

¹³ ABS (2002) 4160.0 *Measuring Wellbeing: Frameworks for Australian Social Statistics* p7

¹⁴ Smith, B.J.; Tang, CK, Nutbeam, D.; (2006) *WHO Health Promotion Glossary: new terms*

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AMI	Acute myocardial infarction
ATSI	Aboriginal and Torres Strait Islanders
BoD	Burden of Disease
BPD	Borderline Personality disorder
CI	Confidence Interval
CHP	Community Health Plans
COPD	Chronic Obstructive Pulmonary Disease
DALE	Disability Adjusted Life Expectancy
DALY	Disability Adjusted Life Years
DHS	Department of Human Services
DHS	Department of Human Services
EGM	Electronic gaming machine
EMR	Eastern Metropolitan Region of DHS
ERP	Estimated resident population
GAD	General anxiety disorder
IDDM	Insulin Dependent diabetes mellitus
IEPCP	Inner Eastern Primary Care Partnership
IHD	Ischaemic Heart disease
LE	Life Expectancy
LGA	Local Government Area
LGA(s)	Local Government Area(s)
MPHP	Municipal Public Health Plan, also known as community wellbeing plans
NIDDM	Non- Insulin Dependent diabetes mellitus
OEPCP	Outer Eastern Primary Care Partnerships
PCP	Primary Care Partnership
PHIDU	Public Health Information Development Unit
SARS	Severe acute respiratory syndrome (SARS)
SEIFA	Socioeconomic Indices for Areas
WHO	World Health Organisation
YLD	Years Lived with Disability
YLL	Years of Life Lost

Part Two – Findings

4 Introduction

Part Two – Findings describes the outcomes of the research process. It summarises the findings from the literature review and the discussions held with stakeholders during the stakeholder engagement process. It also incorporates feedback on the draft Discussion Paper that was circulated to stakeholders.

5 Overview of Primary Care Partnerships

5.1 Role and scope of primary care partnerships

Primary Care Partnerships (PCP's) consist of voluntary alliances between a range of service providers or members that plan for and deliver health services across Victoria. Primary Care Partnership members include a range of organisations such as Divisions of General Practice, hospitals, community health centres, health services, universities, schools, sporting clubs, churches, charities and government and non-government organisations. The key outcome of participation in a PCP is enhanced relationships and enhanced community health and wellbeing. Through collaboration PCP's inform the allocation of resources at a regional level.

PCP's provide a platform for integrated health promotion. Integrated health promotion involves collaboration between agencies in neighbouring areas to address priority health and wellbeing issues within their own community. This approach to planning for health acknowledges the interdependence of agencies and the fact that people will travel between localities according to their needs and the availability of services. Integrated health promotion therefore crosses boundaries, and involves agencies with common target groups such as young people and common goals such as increasing participation in physical activity. The outcomes of integrated health promotion include increased participation in healthy lifestyle programs, development of a best practice framework, consolidated actions, efficient and effective targeting of resources and transparent use of funds, research that can identify actual health needs, capacity building and better self-management of health, establishment of common planning framework.

There is evidence to show that the PCP partnership approach strengthens the human service system and improves the delivery of human services¹⁵.

5.2 Priorities

The four key priorities for **PCP's** in Victoria are:

1. Partnership development
2. Integrated health promotion
3. Service coordination
4. Integrated chronic disease management

CHP's focus on one or more of the following health priorities identified by the **Victorian State Government**:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm

¹⁵ State Government of Victoria (undated) *Primary Care Partnerships are making a difference* p2

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5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health
8. Neighbourhood Renewal Sites (as of 2007)

Since the inclusion of the eighth priority, there is more emphasis on collaborating with Neighbourhood Renewal agencies and other place based agencies within local governments that have neighbourhood renewal areas within the municipality. This collaboration enables the PCP CHP to be effective in accessing communities that are experiencing specific local disadvantage.

PCP's are also being encouraged to address the social and economic impacts of communities affected by drought¹⁶.

5.3 Community health plans

PCP's are required to prepare Community Health Plans and Community Health Implementation Agreements as part of their funding arrangements. These plans are updated on an annual basis.

5.3.1 Related organisational plans and health profiles¹⁷

Health providers and other agencies that operate within the IEPCP and OEPCP catchment produce individual organisational plans that focus on their priorities and specific mandates e.g. health profiles produced by the Public Health Information Development Unit for each Division of General Practice (PHIDU).

One of the most significant and common health profiles and health plans that inform the development of CHP's is the municipal public health plan (MPHP), both of which focus on local areas and empower local communities to collaborate on key health and wellbeing issues.

MPHP's manage community health and wellbeing at the local government level. They operate at strategic level within the framework of the social model of health and the four environments for health.

CHP's function as more operational plans containing specific collaborative strategies that strengthen the primary care service system at the sub-regional level. They incorporate a vision and cover health promotion activities, service coordination, advocacy, community needs and capacity building. CHP's are informed by a number of other plans prepared by the following partner organisations, including:

- Local government (MPHP's, Council Plans and Municipal Strategic Statements)
- Community Health Service Plans
- GP's associations
- Divisions of General Practice
- Hospitals
- Schools, child care centres, police, sports clubs and retail businesses¹⁸

¹⁶ State Government of Victoria (2006) *Guidelines for completing the Community Health Plan and community Health Plan Implementation Agreement CHPIA) templates* p4

¹⁷ Adapted from State Government of Victoria (undated) *Planning Together: Community Health Plans and Municipal Public Health Plans* Department of Human Services p2

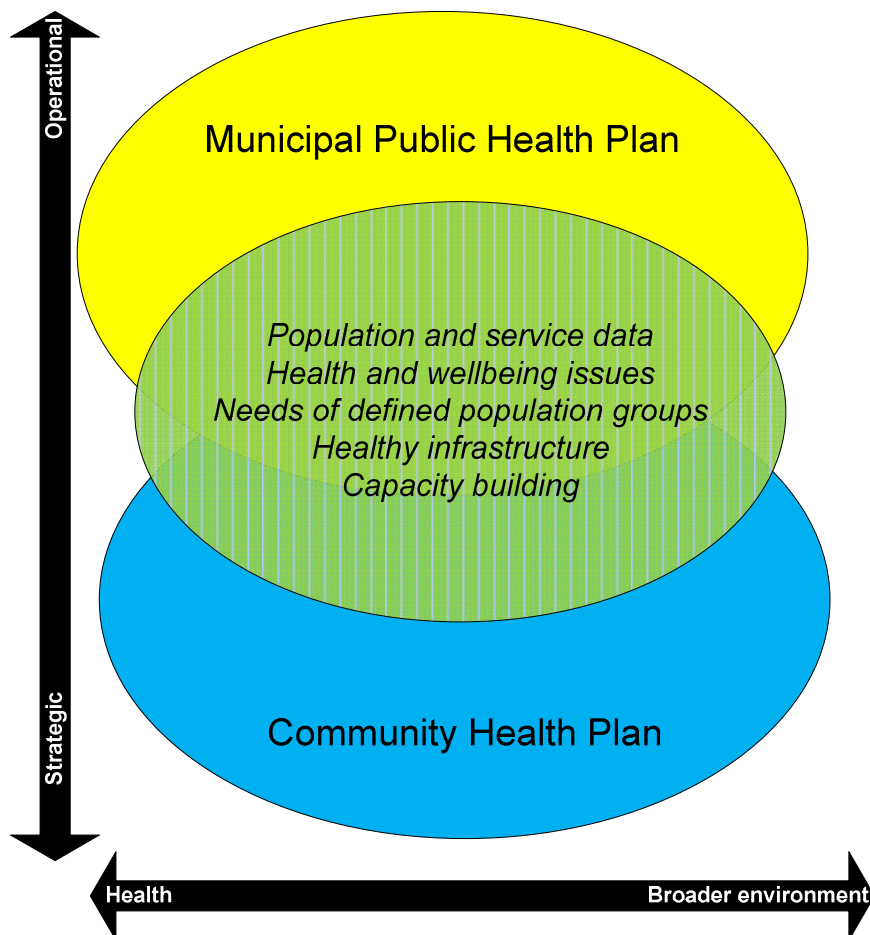
¹⁸ State Government of Victoria (2005) *Integrated health promotion. A better way to health* Department of Human Services p2

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Although CHP's are informed to a large extent by MPHP's they also provide an important regional context within which MPHP's are prepared. MPHP's and CHP's are complementary and it is therefore important to avoid duplication of consultation and data collection at the local level.

Figure 2 below depicts the interrelationship between CHP's and MPHP's.

Figure 2 - Relationship between CHP's and MPHP's¹⁹



5.3.2 Outer East PCP Community Health Plan

The Outer East PCP is referred to as the Outer East Health and Community Services Alliance. Its CHP focuses on engagement, debate and joint decision making between community consumers and carers. This enhances the potential for outcomes to be more effective and responsive to community needs. The vision stresses the importance of partnerships, integrated evidence base and a consumer focused approach. Its values are integrity, trust, respect and responsiveness.

The specific priorities outlined in the CHP are:

- **partnerships** that are flexible and robust, engage with relevant stakeholders, facilitate improved quality and maximise opportunities for networking, coordinating, cooperating and collaborating;
- **integrated health promotion** that focuses on mental health and wellbeing through social inclusion, freedom from violence and discrimination and access to economic resources;

¹⁹ Adapted from State Government of Victoria (undated) *Planning Together: Community Health Plans and Municipal Public Health Plans* Department of Human Services

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acknowledgement that mental health and wellbeing and equity are influenced by gender and other factors such as migration, age, culture and ethnicity;

- **service coordination** that promotes the use of the e-referral process; increased engagement of Divisions of General Practice and general practitioners; enhanced service access models and 'Care in Your Community' through the delivery of locally accessible and integrated health services, some of which may be provided in non-hospital settings; and
- **integrated chronic disease management** involves caring for people with chronic disease through collaboration between multiple health care providers in a range of settings.

The OEPCP Health Profile (draft) covers demographic profile, labour force, income, socio-economic disadvantage, and extent of concession card holders.

The specific indicators used are:

- demographic characteristics
- social characteristics
- health characteristics
- special needs
- special issues

The health profile uses the following continuum of care:

- not at risk
- at risk
- symptomatic
- acute

5.3.3 Inner East PCP Community Health Plan

Following the merger with the Boroondara PCP, the Inner East PCP became the largest PCP in Victoria in terms of the population it serves.

The IEPCP Community Health Plan is entitled *Achieving Collaborative Advantage*, its mission focussing on partnerships. It is structured around the four priorities or program areas. These are defined as follows

- **partnership development** that seeks to address fragmentation in service delivery and encourage informed local debate;
- **integrated health promotion** that focuses on capacity building and increased quality, an example of which is a 'whole of communities falls prevention project';
- **service coordination** that strives to improve health outcomes and service provision through streamlined access to better integrated health services; emphasis on techniques and technologies that enhance efficiency such as the electronic Service Coordination System; and
- **integrated chronic disease management** that acknowledges that most people suffering from chronic diseases live in the community, not in hospitals or institutions and therefore that treatment occurs predominantly in a non-hospital context.

The CHP acknowledges the importance of ongoing leadership, agency commitment and resourcing.

5.4 Discussion

A review of the role and scope of PCP's, their related organisational plans and the scope of their health profiles indicates that these documents are informed to a very large extent by the four priorities namely partnership development, integrated health promotion, service coordination and integrated chronic disease management. There is a strong focus on the benefits of the e-referral system and the need to apply the 'lenses' when interpreting the data and information.

Although the related organisational plans cover much of the same scope, it is important to avoid duplication in the collection of data and information.

6 Contextual framework

6.1 Geographic context

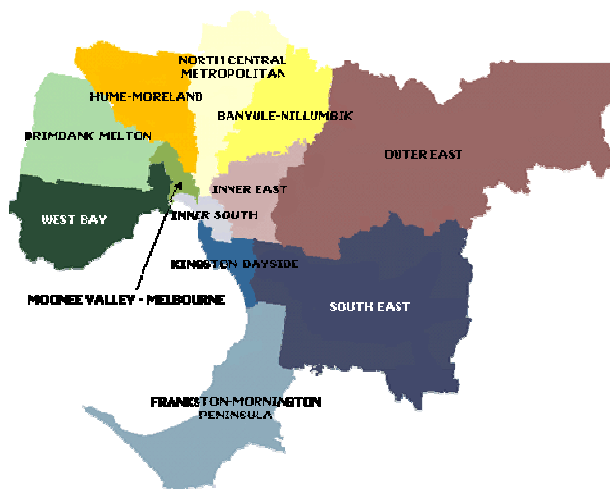
The IEPCP and OEPCP fall within the Eastern Metropolitan Region (EMR) of the Department of Human Services (DHS). These PCPs are two of thirty one PCPs in Victoria, eleven of which cover Metropolitan Melbourne.

The OEPCP incorporates the local government areas of Maroondah Shire Council, Shire of Yarra Ranges and City of Knox.

The IEPCP incorporates the local government areas of Manningham City Council, Whitehorse City Council, City of Monash and Boroondara City Council.

Figure 3 below illustrates that the Outer East PCP covers a significant geographic area. The Inner East PCP incorporates one of the largest populations.

Figure 3 - Geographic location of IEPCP and OEPCP²⁰



6.2 Policy context

The policy context within which PCP's pursue the four priorities is framed by a number of priorities defined at the global, national, state, regional and local government levels.

6.2.1 Global

The World Health Organisation is increasingly focusing on primary health care. The principles and reforms that will assist the WHO in orienting its focus towards primary health care

²⁰ <http://www.health.vic.gov.au/pcps/webpages/index.htm#region>

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acknowledge the importance consolidating the values of primary health care, and the expectations of citizens and the challenges that face health programs. These reforms include:

- **Universal coverage** reforms that ensure that health systems facilitate equity and social justice with respect to universal access and social health protection;
- **Service delivery** reforms that reorientate actions toward the provision of health services that meet people's needs and expectations and are both more relevant and responsive to priorities. This involves putting "people at the centre of health care"²¹, ensuring that the health care system is responsive to community endorsed needs and aspirations, and responds to fears and issues;
- **Public policy** reforms that create healthier communities through the integration of public health actions with primary care and incorporate a range of national and transnational public health interventions; and
- **Leadership** reforms that engender a culture of inclusive, participatory, negotiation based leadership.

The WHO reiterates the need for a sound evidence base that is driven by local conditions and contexts.

Concerns with primary health care have led to the following principles²²:

- universal access to healthcare and social health protection;
- inclusion of everyone in the community;
- comprehensive responsiveness to people's needs and expectations, spanning the range of risks and illnesses;
- promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards;
- facilitation of access to and appropriate use of technology and medicines;
- engagement of civil society in policy dialogue;
- pluralistic health systems operating in a globalised context;
- steering the growth of resources for health towards universal coverage;
- joint learning and global solidarity;
- primary care as coordinator of a comprehensive response; and
- adequate investment.

The WHO has further acknowledged the importance of focussing on 'People Centred Health Care' rather than merely on a range of priorities and service delivery outcomes.

'Now the approach is 'people centred health care' – people want health systems to deliver care that respects their needs and preferences, respects their desire to participate in decisions about their health care and healthy policy development, and provides accurate information that supports such participation. Concerns over the quality and responsiveness of health care have also led to a growing interest in how to use the contributions of individuals, families and communities in health care decision-making'²³.

²¹ World Health Organisation (2008) *The World Health Report 2008 . Primary Health Care. Now More Than Ever* WHO pxii

²² World Health Organisation (2008) *The World Health Report 2008 . Primary Health Care. Now More Than Ever* WHO pxv

²³ World Health Organisation (2007) *People at the Centre of Health Care* WHO [accessed 12th November 2008 p12

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This concept involves a balanced consideration of values, needs, expectations, preferences, capacities and health and wellbeing of all constituents and stakeholders of the health care system²⁴. These constituents and stakeholders encompass all 'people' involved in the health care system, not just the users. The 'people centred approach' embraces four domains as described in Figure 4 below.

Figure 4 - The WHO "People Centred Approach" to health planning



- **individuals, families and communities** –the point where health care is experienced;
- **health practitioners** – where the health care is delivered;
- **health care organisations** – where health care is facilitated, creating the conditions that enable the health practitioners to delivery health care; and
- **health systems** – where health care is overseen and governed, where decisions are made, policies and programmes developed, standards and competencies set and health resources allocated.

6.2.2 National

The Australian Institute of Health and Welfare (AIHW) is responsible for reporting to Parliament on the health of the nation. It promotes 'evidence-based policy'²⁵, and suggests that health information is about²⁶:

- assessing the level and distribution of the health of populations;
- measuring the level, distribution and influence of determinants;
- monitoring and appraising health interventions;
- quantifying the inputs to the health system;
- furthering knowledge through research and statistics;

²⁴ World Health Organisation (2007) *People at the Centre of Health Care* WHO [accessed 12th November 2008 p26

²⁵ Australian Institute of Health and Welfare (2008) *Australia's Health 2008* p

²⁶ Australian Institute of Health and Welfare (2008) *Australia's Health 2008* p13

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- evaluating the performance of the health system; and
- understanding the interrelationships of all of the above.

6.2.3 State and regional

The two primary social policy frameworks guiding Victorian health programs are *Growing Victoria Together* and *A Fairer Victoria*.

The key priorities that underpin ***Growing Victoria Together*** are:

- high quality, accessible health and community services;
- building friendly, confident and safe communities;
- a fairer society that reduces disadvantage and respects diversity; and
- greater participation and more accountable government.

This policy framework focuses on addressing local disadvantage. It encourages innovative service delivery, acknowledging²⁷:

- the existence of regional communities;
- the need to sustain essential and support services; and
- that early intervention and prevention facilitate a high health status and prevent crime.

A Fairer Victoria also focuses on addressing local disadvantage, highlighting the following priorities:

- the importance of early years support for children and families most at risk;
- increasing and facilitating engagement in education and employment, particularly for young people at risk;
- improving health and wellbeing by reducing health inequalities and promoting wellbeing; and
- promoting liveable communities by strengthening neighbourhoods and local communities.

Victoria's health policy framework consists of a number of other strategies and programs including Care in Your Community, Community Health Services – creating a healthier Victoria, Improving Victoria's oral health, HealthSMART Victoria's whole of health information and communication strategy, General practice Strategy, and Chronic Disease Management Program Guidelines.

The Victorian strategic planning framework within which PCP's operate is depicted graphically in Figure 5 below.

Figure 5 - State policy context for Victorian primary health programs

²⁷ State Government of Victoria (2004) *Primary Care Partnerships strategic directions 2004-2006* p5

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Key features of these other strategic policy documents include:

- promoting planning and investment in the delivery of integrated community based health care that is based on a single set of area-based planning principles, informed by a single set of planning principles and supported by area-based planning networks;
- delivery of people (individual and family) centred health care; and
- use of enablers such as information and communication technology and partnerships to support community based planning.

Community Health Plans prepared by the PCP's are considered an important tool in the implementation of the visions and principles enunciated in these plans.

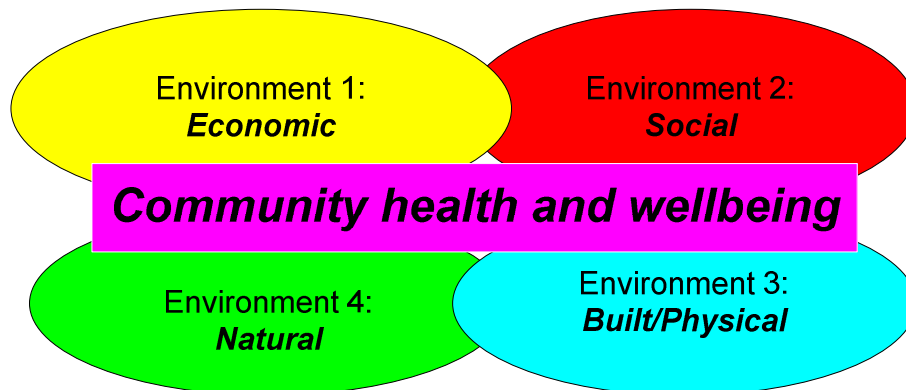
6.2.4 Local

Planning for health and wellbeing at the local government level is guided by *Environments for Health*, the Department of Human Services health planning policy framework. This framework is based on the 'Social Model of Health' that acknowledges that health and wellbeing are also determined by a range of non-physiological and medical factors. These factors, classified into four 'environments' include:

- **physical and built environment** within which we live, work, learn, play, travel and shop;
- **economic environment** that determines access to worthwhile employment, affordable housing and affordable food;
- **social environment** that determines the extent to which we are able to form meaningful relationships through participation and engagement in community events and activities; and
- **natural environment** that determines the health of our water, soil, air and food systems.

The Social Model of Health is depicted graphically in Figure 6 below.

Figure 6 - The 'Social Model of Health'²⁸



Local governments in Victoria are required by the Public Health and Wellbeing Act 2008 to prepare municipal public health plans every four years. These MPHP's describe a range of actions that are intended to maximise the local community's health and wellbeing. They are one of the three statutory planning documents prepared at the local government level, the other two being the Council Plan and the Municipal Strategic Statement.

6.3 Discussion

A review of the contextual framework indicated that there are a number of common themes that underpin the policies and strategies implemented across all sectors and levels of government. These include:

- a need to address inequalities in access to health services;
- a strong emphasis on the need for a sound evidence base that produces current and comparable information and not just raw data;
- responsiveness to individual needs and aspirations with respect to health and wellbeing status;
- focus on areas of disadvantage and those most at risk;
- attention to integrated planning and policy formulation;
- the need for ongoing collaboration and partnerships;
- strong leadership; and
- transparent and deliberate stakeholder engagement.

These themes and topics arising from the contextual framework will be used to guide the identification of suitable indicators and strategic actions in the following stages of the research process.

7 Drivers of change

The health planning policy framework operates within, and is influenced by, existing and emerging trends and changes that affect planning for health and wellbeing at every level. The following trends, or 'drivers of change', were identified during the literature review²⁹ and stakeholder engagement:

²⁸ Adapted from Department of Human Services, State Government of Victoria (2001) *Environments for Health* September 2001

²⁹ World Health Organisation (2007) *People at the Centre of Health Care* WHO p4

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DRIVER OF CHANGE	IMPLICATION	INDICATIVE IMPACT ON HEALTH AND WELLBEING
Globalisation	Major geopolitical and economic events such as terrorist attacks and the global financial crisis directly affect local economic stability, the allocation of resources to infrastructure development and building, transfer of communicable diseases, employment etc.	<p><i>Increased rates of depression, mental illness, self-harm.</i></p> <p><i>Reduced capacity to access health care.</i></p> <p><i>Information and knowledge transfer.</i></p> <p><i>Expanded opportunities for employment</i></p> <p><i>Demand for and supply of scarce resources such as water, agricultural land</i></p> <p><i>Increased market for purchasing and selling produce</i></p>
Technological change and innovation	Activities such as marketing, data collection	<p><i>Increased efficiencies in e-referral systems.</i></p> <p><i>Easier access to electronic data and information.</i></p> <p><i>Shortage of skills in use of data and technology.</i></p> <p><i>Competing technologies and simultaneous use of old and new technologies can affect the use of data</i></p>
Ease of travel	People, goods, technology and communicable diseases are able to travel with greater ease and speed.	<p><i>Increased demand for immunisation.</i></p> <p><i>Emergence of new health issues such as DVT</i></p>
Urbanisation	Unprecedented growth in urban areas, increased demand for number and choice of health care services, pressure on scarce natural resources and land, car dependent cities characterised by urban sprawl, pressure on the ecological and social environment through consumerism (landfill), pollution, dependence on fossil fuels	<p><i>Inadequate access to appropriate and affordable health care.</i></p> <p><i>Sedentary lifestyles.</i></p> <p><i>Increases in rates of road accidents and fatalities, asthma, obesity</i></p> <p><i>Unequal distribution of wealth, health and wellbeing</i></p> <p><i>Marginalisation of those not accustomed to urban environments</i></p>
Climate change	Drought, fires, increase in air pollution, increase in food insecurity.	<p><i>BMI's that are in excess or below idea.</i></p> <p><i>Respiratory illnesses</i></p> <p><i>Injuries associated with waste water recycling</i></p>

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Physical injury because of fires³⁰

Heat related death and disease

Infectious disease transmission through vectors such as insects

Mental and physical health and wellbeing associated social dislocation and stress caused by drought

Ageing population

People are living longer and growing older, having an impact on scope and extent of chronic disease, changes in health priorities

Inadequate access to appropriate health services

Size, capacity and health care needs of voluntary sector.

Migration

Shifts in demand for range and scope of health services

Lack of awareness of available health care services

Social isolation due to transience, particularly in inner city areas

Changing workforce

Geographic spread of workforce changing, increase in service industry sector, postponement of retirement, increase of women in the workforce, increase in demand for green labour, increase in urban unemployment, shortage of skills in regional areas

Work life balance

Demand for upskilling

Housing

Decrease in household size (including increase in lone person households), housing affordability, housing stress

Increase in homelessness, social isolation

³⁰ http://www.apo.org.au/linkboard/results.chtml?filename_num=237046

8 Health Priorities

8.1 Introduction

Health priorities identified at a number of different levels inform the strategic planning framework within which PCP's operate in Victoria. Priorities³¹ range from basic necessities such as accessibility, affordability, safety and quality to higher order expectations such as responsiveness, flexibility and choice, health promotion, transparency, accountability³².

The following health priorities are relevant.

8.2 Scope of health priorities

8.2.1 Global

The WHO Healthy Cities Programme³³ engages with over 1,200 cities and towns from thirty European Countries that are currently focussing on four core themes:

1. Healthy ageing
2. Healthy urban planning
3. Health impact assessment
4. Physical activity and active living

The Programme covers most aspects of public health, focussing on a number of topics including ageing, air, alcohol consumption, children and young people, community participation, drugs, environmental health, housing, mental health, non-communicable diseases, nutrition, physical activity, poverty, sexual health, smoking, transport and violence.

Policy areas cover urban planning, urban governance, social care, socioeconomic determinants of health, sustainable development, health care policy and planning, health impact assessment, environmental health, equity and health, city health and development and children and young people.

The WHO has recognised that patients are seeking access to clear, concise and intelligible information, effective treatments, emotional support, empathy and respect, continuity of care and smooth transitions, attention to physical and environmental needs, and involvement of family and other caregivers in the care experience³⁴. These needs and aspirations may be understood as follows:

- **Accessibility** which may defined as available, adequate, acceptable and affordable, it is determined by adequate information and knowledge, language, socio-cultural and religious background;
- **Affordability** affects the quality of health care and can increase the likelihood of unsafe health care, influenced by equity, location, transport, time off work, childcare;
- **Safety** refers to protection from adverse reactions;
- **Quality** refers to content, i.e. adherence to guidelines and practice recommendations and process, efficiency, timeliness and coordination, quality assurance, and individual's perception of good quality health care; and

³¹ World Health Organisation (2007) *People at the Centre of Health Care* WHO [accessed 12th November 2008 p12

³² World Health Organisation (2007) *People at the Centre of Health Care* WHO [accessed 12th November 2008 p12

³³ <http://www.euro.who.int/healthy-cities> accessed 10th November 2008

³⁴ World Health Organisation (2007) *People at the Centre of Health Care* WHO [accessed 12th November 2008

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- **Satisfaction** which is influenced by respect for values, preferences, and expressed needs; coordination and integration of care; information, communication and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; transition and continuity.

8.2.2 National

The following **National Health Priority Areas**³⁵ focus on diseases or conditions that have a major impact on the health of all Australians and those that are seen to offer potential for significant health gain. These include:

- cardiovascular health and stroke;
- cancer control;
- mental health, with a focus on depression;
- injury prevention and control;
- Diabetes Mellitus;
- asthma; and
- arthritis and musculoskeletal conditions

The **National Health Priority Areas** are endorsed by the Commonwealth and all State and Territory governments. These priorities cover prevention and early detection, treatment, rehabilitation, palliative care and research.

Specific attention³⁶ will also be paid at the national level to addressing binge drinking amongst young Australians, increasing immunisation, indigenous health, childhood obesity, advanced cancer carer support³⁷ and cardiovascular disease risk assessment, minimising risks posed by communicable disease threats particularly those entering Australia through vulnerable border regions, increasing participation in sport.

8.2.3 State

The Victorian Health Promotion Priority Setting for 2007-2012 has identified eight priorities. The PCP health promotion work is focused on one or more of these health promotion priorities³⁷:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health
8. Neighbourhood Renewal sites were also confirmed as one of the priority settings for health promotion practice from 2007.

8.2.4 Regional

Figure 7 below depicts the number of PCP's in Victoria that chose to address the above priorities in their Community Health Plan between 2006 and 2009.

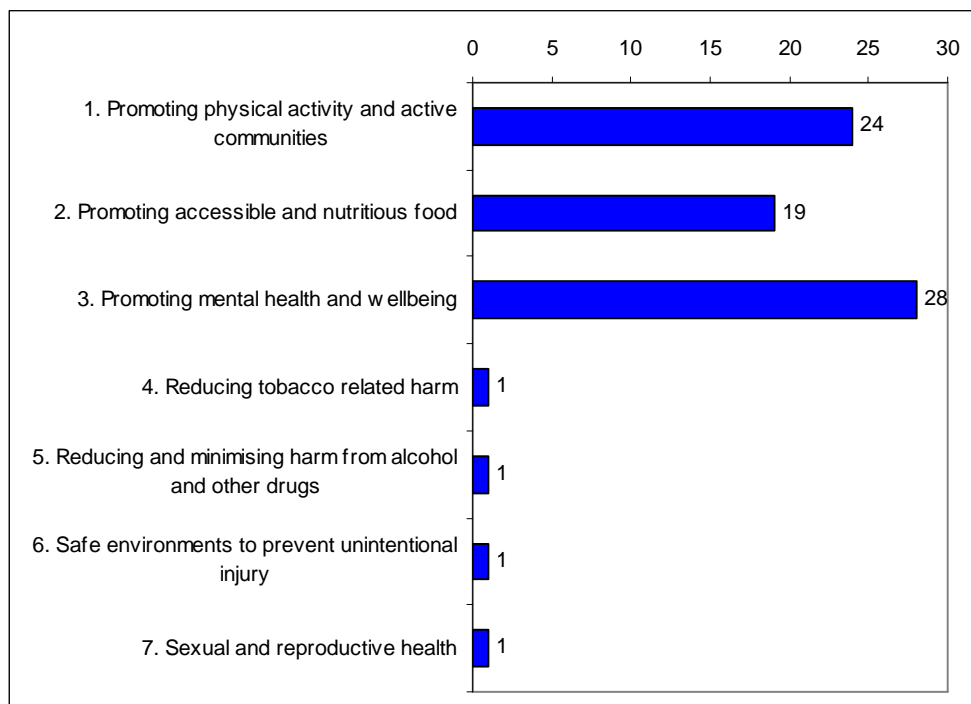
³⁵ Sourced from www.health.vic.gov.au/nhpa/ [accessed 9th December 2008]

³⁶ Department of Health and Ageing (2008) *Annual Report 2007-2008*

³⁷ http://www.health.vic.gov.au/pcps/hp/priority_setting.htm [accessed 30th October 2008]

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Figure 7 - Priorities addressed by Victorian PCP's, 2006-2009³⁸



8.2.5 Local

A review of the MPHP's prepared by the seven local authorities in the region indicated that the following health priorities are being addressed at the local government level:

- environments that support physical activity, safety;
- mental wellbeing and social connectedness including strong families, participation in community sports;
- environmental sustainability;
- healthy weight;
- healthy lifestyles and behaviours, including drugs and alcohol;
- affordable housing;
- access to public transport;
- access to services and facilities, including recreation and leisure, community care;
- a healthy and sustainable natural environment; and
- integrated planning, coordination and collaboration.

8.3 Discussion

The above description of health priorities addressed at the global, national, state, regional and local level highlights the fact that, whilst some priorities are common at all levels, there are others that are specific to particular contexts.

³⁸ http://www.health.vic.gov.au/pcps/hp/priority_setting.htm [accessed 30th October 2008]

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Common themes include:

- physical environments that support healthy lifestyles;
- chronic disease prevention and management;
- mental health and wellbeing, focussing on social inclusion and community connectedness; and
- addressing substance abuse, including tobacco smoking, alcohol and drugs.

Issues that have been identified in the literature but not been reflected in the above priorities include:

- problem gambling (to be included in healthy lifestyles);
- social sustainability (this represents a broader focus of social inclusion and community connectedness);
- environmental sustainability (with particular attention being paid to the impact of climate change on health and wellbeing);
- affordable housing;
- food security; and
- a more direct focus on appropriate and accessible health services and facilities.

These priorities will be used to inform the structure of the Population and Place Profile and the scope of the strategic actions within the Community Health Plan.

9 Special interest groups and associated ‘lenses’

The following special interest groups and related categories were identified during the research process. They have been selected from a range of special interest groups identified in the literature and from discussions held with stakeholders during the engagement process.

These special interest groups will inform the identification of ‘lenses’ that will provide focus on the particular health and wellbeing needs of small groups within the community. This list of special interest groups can be used when attempting to gain an indepth understanding of health status and potential inequities.

For example when assessing the severity of asthma within a community, it is likely that attention will be paid to age, gender, geographic location and lifestyle behaviours. Similarly, when assessing the health impacts associated with increasing unemployment, it is likely that attention will be paid to geographic location, socio-economic status, culture and ethnicity.

Special interest group/ lens	Indicative categories
Age	<ul style="list-style-type: none"> • Children (0-4) • Children (5-14) • Young adults (15-24) • Older people (65-74 and 75+)
Gender/sexual orientation	<ul style="list-style-type: none"> • Male • Female • Same sex • Transsexuals
Socio-economic status	<ul style="list-style-type: none"> • Socio-economic disadvantage • Limited literacy and numeracy • Financially dependent • Homeless (primary, secondary or tertiary)

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Culture and ethnicity

- Those at risk of homelessness
- People living in public housing or insecure housing
- Relatively low education and employment participation
- Those caught up in the cycle of poverty and disadvantage
- Recipients of Centrelink welfare payments
- Overseas born people
- CALD
- Indigenous
- Refugees

Geographic location

- People in rural and remote areas
- People living in urban settings
- People living in and around activity centres
- Proximity to supporting health, recreation, shopping, transport, social, leisure, employment, education etc facilities

Health status

- Chronic disease
- Physical disability
- Intellectual disability
- Specific groups that display health inequities
- Those engaging in risky lifestyle behaviours
- Those requiring end of life care

Other

- Prisoners
- ADF members and veterans
- Carers

10 Determinants of health and wellbeing

10.1 Introduction

Determinants of health and wellbeing may be understood to be the ‘causes of the causes’, or a web of causes that form pathways or chains that affect health³⁹.

Individual and community health and wellbeing are determined by a number of factors. Quality of life and longevity are influenced by individual human biology (age, gender, genetics), lifestyle, environmental factors and health interventions.

Determinants consist of both risk and preventative factors. Behaviour and lifestyles such as tobacco smoking and low levels of physical activity, and socio-economic status and level of disadvantage are commonly known as risk factors. Influences such as high fruit and vegetable intake and regular exercise are referred to as protective factors because they reduce the likelihood of ill health⁴⁰.

These risk and protective factors, or ‘determinants of health’ can describe and predict patterns in health and wellbeing, and explain why certain groups within the community have a particular health status. Health promotion and prevention strategies are based on an understanding of these determinants of health and wellbeing.

³⁹ Australian Institute of Health and Welfare (2008) *Australia's Health 2008* p110

⁴⁰ Australian Institute of Health and Welfare (2008) *Australia's Health 2008* p109

10.2 Conceptual frameworks for determinants of health and wellbeing

There are a number of different paradigms that describe determinants of health and wellbeing. These are discussed below.

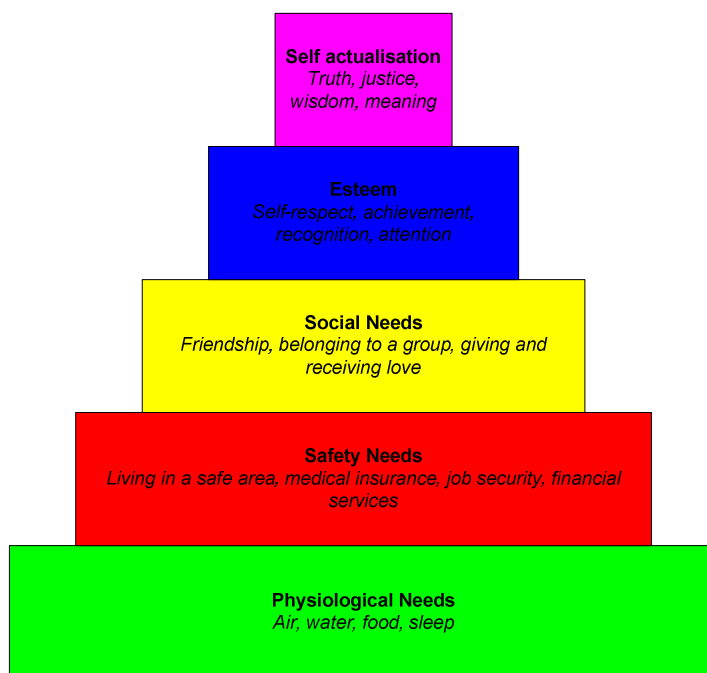
10.2.1 Maslow's Hierarchy of Basic Needs

Maslow's Hierarchy of Basic needs is a common framework representing categories of needs that, once fulfilled, enable an individual to attain higher order needs.

This hierarchy is depicted in Figure 8 below. The determinants within each level of the hierarchy have been adapted for this context as follows:

- **physiological needs:** clean air, clean and adequate water, food security;
- **safety needs:** supportive environments, employment and educational outcomes, access to health care;
- **social needs:** social inclusion, community connectedness, volunteering, transport;
- **esteem:** stakeholder engagement, access to appropriate services and facilities; and
- **self-actualisation:** access to information, equity.

Figure 8 - Maslow's Hierarchy of Basic Needs⁴¹



10.2.2 World Health Organisation Social Determinants of Health

“The field of the social determinants of health is perhaps the most complex and challenging of all. It is concerned with key aspects of people’s living and working circumstances and with their lifestyles. It is concerned with the

⁴¹ http://www.envisionsoftware.com/Management/Maslows_Needs_Hierarchy.html#Social_Needs [accessed 10th December 2008]

health implications of economic and social policies, as well as with the benefits that investing in health policies can bring⁴².”

The social determinant of health model looks beyond a medical model, arguing that economic and social policies influence the way in which resources are allocated. It suggests too that health policy encompasses a range of economic and social interventions, all of which reflect societal values and priorities.

The following nine social determinants were originally conceptualised by the World Health Organisation⁴³:

1. The need for policies to prevent people from falling into long term disadvantage.
2. The relationship between health and the social and psychological environment.
3. The importance of ensuring a good environment in early childhood.
4. The dangers of social exclusion.
5. The impact of work on health.
6. The problems of unemployment and job insecurity
7. The role of friendship and social cohesion.
8. The effects of alcohol and other drugs.
9. The need to ensure access to supplies of healthy food for everyone.
10. The need for a healthier transport system.

This conceptualisation of the determinants of health and wellbeing has been developed further by the World Health Organisation⁴⁴. It is now understood that the causes of health inequalities and poor health are a function of a complex system that operates at a range of levels, extending from the global and national to the regional and local levels. The WHO proposes that macro changes that occur at the global scale such as financial stability, climate change and changes in infectious disease patterns have a direct impact on the health and wellbeing status of local communities.

The most current thematic conceptualisation of the social determinants of health by the WHO now includes the nine ‘Knowledge Networks’ organised around the following themes⁴⁵:

1. Globalisation
2. Health Systems
3. Urban Settings
4. Employment Conditions
5. Early Child Development
6. Social Exclusion
7. Women and Gender Equity
8. Measurement and Evidence
9. Priority Public Health Conditions

The WHO report⁴⁶ evaluates the role that individual socio-economic status and propensity to adopt particular lifestyles play in determining health status. It is therefore acknowledged that risky

⁴² World Health Organisation (2003) *Social Determinants of Health. The Solid Facts* WHO 2nd Edition p5

⁴³ World Health Organisation (2003) *Social Determinants of Health. The Solid Facts* WHO 2nd Edition

⁴⁴ World Health Organisation(2007) *Achieving Health Equity: from root causes to fair outcomes* Commission on Social Determinants of Health Interim Statement p17

⁴⁵ World Health Organisation(2007) *Achieving Health Equity: from root causes to fair outcomes* Commission on Social Determinants of Health Interim Statement p17

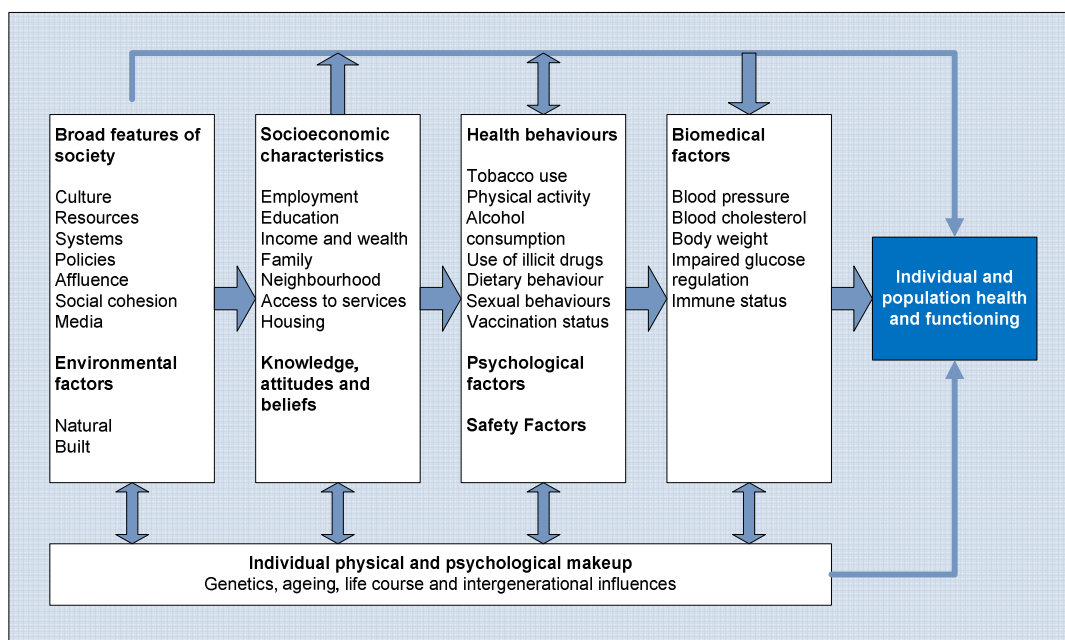
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behaviours such as alcohol consumption, tobacco smoking, consumption of salts, fats and sugars are determined to some extent by a range of socio-economic factors such as education and type of work. The conclusion has therefore been reached that responses to risky and damaging lifestyle behaviours should encompass multi-level intersectoral action⁴⁷ between policy makers, health care providers and consumers.

10.2.3 Australian Institute of Health and Welfare

Figure 9 below illustrates the conceptual framework devised by the AIHW. It makes specific mention of an individual's biomedical, physical and psychological makeup. This medical conception acknowledges however that individual health and wellbeing status also influence population health and wellbeing status, particularly in relation to health behaviours. It is based on the notion that the broad features of society and environmental factors can influence the other group i.e. people's socioeconomic status i.e. their levels of education and employment. It suggests that both these factors can influence people's lifestyle behaviours, the psychological wellbeing and their safety, all of which can in turn influence biomedical factors.

Figure 9 - AIHW conceptual framework for determinants of health⁴⁸



10.2.4 Australian Bureau of Statistics Wellbeing Areas of Concern

The following eight 'Wellbeing Areas of Concern' developed by the ABS provide the framework for the social statistics used to measure wellbeing. Those areas of wellbeing that reflect the categories in Maslow's Hierarchy of Basic Needs are marked with an asterisk.

1. Support and nurture through family and community*
2. Freedom from disability and illness
3. Realisation of personal potential through education

⁴⁶ World Health Organisation(2007) *Achieving Health Equity: from root causes to fair outcomes* Commission on Social Determinants of Health Interim Statement p29

⁴⁷ World Health Organisation(2007) *Achieving Health Equity: from root causes to fair outcomes* Commission on Social Determinants of Health Interim Statement p31

⁴⁸ Australian Institute of Health and Welfare (2008) *Australia's Health 2008* p111

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4. Satisfying and rewarding work both economic and non-economic
5. Command over economic resources, enabling consumption
6. Shelter, security and privacy, through housing*
7. Personal safety and protection from crime*
8. Time for access to cultural and leisure activities

These determinants recognise the interdependence of the “aspect of life contributing to wellbeing” that broadly reflect the key determinants of health and characteristics of a healthy city described in *Section 6.2 Policy Context* above. These wellbeing “areas of concern”, were defined by the ABS due to the extent to which they contribute to individual wellbeing and are significant to the many dimensions of human existence.

10.2.5 Public Health Information Development Unit

The Public Health Information Development Unit (PHIDU) assists the Department of Health and Ageing in the development of public health data, data systems, determinants and indicators. It focuses on the development and publication of small area statistics that monitor inequality in health and wellbeing⁴⁹. These profiles are used by Divisions of General Practice in their planning.

The PHIDU has identified the following determinants of health and wellbeing⁵⁰:

- social support networks;
- employment and working conditions;
- social environments;
- physical environments;
- geographical isolation;
- personal health practices;
- healthy child development;
- ageing and disability;
- biology and genetic endowment;
- health services; and
- gender and culture.

10.2.6 Department for Victorian Communities

The Department of Victorian Communities initially identified the following determinants of community strength, health and wellbeing⁵¹:

- healthy, safe and inclusive communities;
- dynamic, resilient and fair economies;
- sustainable built and natural environments;
- culturally rich and vibrant communities; and
- democratic and active citizenship.

⁴⁹ <http://www.publichealth.gov.au/> [accessed 10th December 2008]

⁵⁰ Public Health Information Development Unit (2005) *Population health profile of the Whitehorse Division of General Practice* Population Profile Series: No. 46 PHIDU

⁵¹ Victorian Community Indicators Project (July 2006) *Measuring Wellbeing, Engaging Communities*

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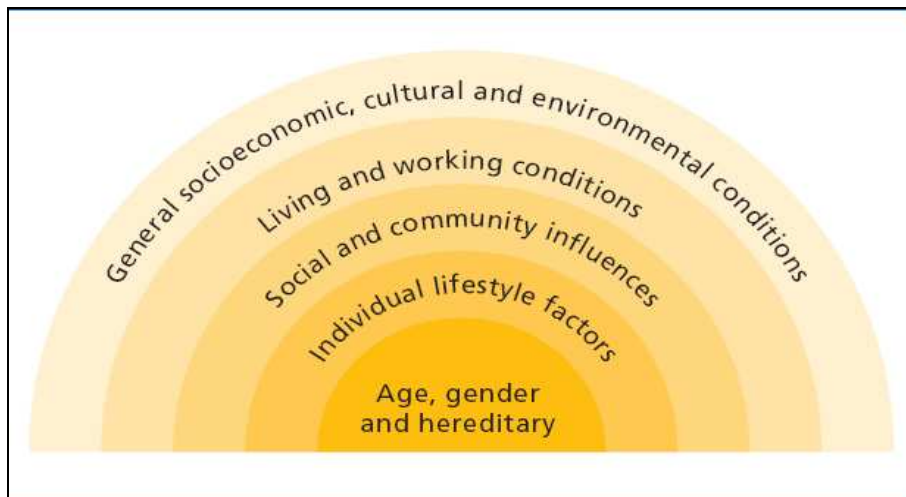
This conceptualisation has been developed⁵² by the principles that underlie network theory that suggest that healthy communities need a balance of three types of social connection:

- close personal networks with families and close friends;
- broader associational ties and community networks established through work, interest groups and school, etc; and
- governance networks consisting of networks of decision-makers, participation in communal life, community engagement.

10.2.7 VicHealth

VicHealth has developed a resource⁵³ for local governments to guide them in their statutory roles with regard to planning for health and wellbeing. Within this resource, they have conceptualised the key determinants of health as illustrated in Figure 10 below. This conceptual model acknowledges that an individual's health and wellbeing are determined by a range of social and economic factors in addition to age, gender and heredity.

Figure 10 - VicHealth determinants of health and wellbeing⁵⁴



The Victorian Health Promotion Foundation has identified the following social and economic determinants of **mental health and wellbeing**⁵⁵:

Social Inclusion:

- supportive relationships;
- involvement in community and group activities; and
- civic engagement.

Freedom from discrimination and violence:

- valuing of diversity
- physical security

⁵² State Government of Victoria (2008) *Indicators of Community Strength: a framework and evidence* Department for Victorian Communities

⁵³ VicHealth (2002) *Leading the Way. A Resource Guide for Councillors.*

⁵⁴ VicHealth (2002) *Leading the Way. A Resource Guide for Councillors* p6

⁵⁵ State Government of Victoria (2005) *A Plan for Action 2005-2007 Promoting Mental Health and Wellbeing* Victorian Health Promotion Foundation p13

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- self determination and control of one's life

Access to economic resources:

- work;
- education;
- housing; and
- money.

VicHealth has identified the following '**settings for action**' that frame the development of strategies⁵⁶:

- housing;
- transport;
- community services;
- education;
- workplace;
- arts;
- sports and recreation;
- health; and
- justice.

These settings for action may be managed by the corporate, public, local government and academic sectors.

10.2.8 VicLanes⁵⁷

The Victorian Lifestyle and Neighbourhood Environmental Study was a multilevel study of food-purchasing, physical activity and alcohol consumption in fifty areas in Melbourne. Detailed information was collected from the environment on walkability, availability of recreational areas and facilities, access to healthy food and common alcoholic beverages. The research sought to identify how the social and economic status of different geographies of individuals and communities affect health inequalities between and within communities. The findings of the study concluded that people living in more disadvantaged areas have poorer health and are less likely to participate in physical activity and healthy eating.

It focused on how individual and area-level characteristics shape three important health behaviours, namely household food purchasing, physical activity and alcohol consumption.

The VicLanes research concluded that the following determinants contribute to social and economic inequalities in health:

- social networks and social capital;
- behaviour and practices;
- geographic location.

⁵⁶ State Government of Victoria (2005) *A Plan for Action 2005-2007 Promoting Mental Health and Wellbeing* Victorian Health Promotion Foundation p13

⁵⁷ http://www.kcwhs.unimelb.edu.au/research/themes_projects/sei/viclanes [accessed 10th December 2008]

10.2.9 Environments for Health

The Environments for Health Framework that underpins the way in which local governments plan for health and wellbeing is based on the Social Model of Health (refer to Figure 6 above) This framework focuses specifically on those determinants over which local governments have influence. These determinants are categorised as follows:

Physical environment: transport, roads, housing, built form, amenities, neighbourhood design, recreation facilities.

Social environment: demographics, ethnicity, social capital, community connectedness, social inclusion, lifelong learning, art and culture, perceptions of safety, participatory democracy.

Natural environment: climate, geography, air quality, natural disasters, climate change, food production, farming practices, water quality, native vegetation.

Economic environment: economic policy, industrial development, employment, resources.

10.3 Discussion

A review of the various frameworks for the determinants of health and wellbeing has highlighted that fact that individual and community health status is influenced by a complex web of both physiological and environmental factors. Certain of the frameworks focus on socio-economic factors while others focus on biomedical and physiological characteristics. Other than VicLanes and the Social Model of Health, there is little discussion of the way in which the built, physical and natural environments influence health and wellbeing. Although the frameworks outlined above focus on different determinants, they all broadly address the impact of lifestyle behaviours and how they affect health and wellbeing.

The frameworks outlined in this section are all structured differently, depending on the role and scope of the sector that they represent. It is considered that the ranking presented in Maslow's Hierarchy of Basic Needs is a useful paradigm as it prioritises the needs and determinants, and provides a useful understanding of the interdependencies and interrelationships of these needs and determinants. The ABS Wellbeing Areas of Concern are useful in the breadth of determinants they cover and the fact that ABS data commonly used by agencies planning for health and wellbeing are collected broadly within this framework.

It is important that, regardless of its structure, the Population and Place Profile integrate all the various determinants in order to provide an holistic understanding of the 'causes of the causes', i.e. those factors that together will determine individual and community health and wellbeing.

11 Indicators of health and wellbeing

11.1 Introduction

The multifaceted nature of health and wellbeing suggests that the measurement of wellbeing is a complex task involving the analysis of a range of quantitative and qualitative data available to health care service providers. These data are commonly referred to as 'indicators' and are understood to be "measures of something that matter, an important issue or policy"⁵⁸. Indicators may also be referred to as baseline data⁵⁹.

Indicators are commonly expressed as statistical or quantitative values or rates associated with a key economic, social, health or environmental trend such as employment and unemployment rates, population growth rates, percentages of males presenting at hospitals with respiratory illness or proportion of landfill waste attributable to the demolition of houses. Their numeric format

⁵⁸ Wiseman, J., Heine, W., Langworthy, A., McLean, N., Pyke, J., Raysmith H., Salvaris, M., (2005) *Measuring wellbeing, engaging communities. Victorian Community Indicators Project Discussion Paper* VicHealth, MAV, VLGA, Swinburne, Victoria University p6

⁵⁹ Refer to Section 3.4 Conceptual Framework for a definition of baseline data

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means that they are useful in providing good comparative data and information such as the difference between the rates of heart disease between men and women, or the different recycling rates between local government areas.

Health status is typically measured by quantitative indicators such as mortality rates, burden of disease, unemployment, educational attainment, food security, homelessness, domestic violence and assault notifications, and accident statistics. However, it may also be measured by self-reported health status which presents a subjective evaluation based on a person or group's special needs and aspirations with regard to their individual health and wellbeing and sense of satisfaction. There is growing acceptance amongst policy makers of the ability of indicators to describe qualitative measures such as the strength of social capital, people's perceptions of safety, personal health and wellbeing status and a prediction of the ability to raise funds, if required. These qualitative indicators can support quantitative indicators that measure club memberships, crime rates, burden of disease and personal loans.

11.2 Conceptual frameworks for measuring health and wellbeing

11.2.1 Burden of Disease⁶⁰

The Burden of Disease data identify the leading causes of death, disease and disability in a community. They also predict the rates of these causes to 2030. The data are described by age, gender, geographic distribution and income group.

These are categorised as follows:

- **Group 1:** Communicable, maternal, perinatal and nutritional
- **Group 2:** Non-communicable (cancers, diabetes, cardiovascular, endocrine disorders, psychiatric disorders, musculoskeletal, genitourinary, skin, oral)
- **Group 3:** Injuries (unintentional and intentional)

11.2.2 Public Health Information Development Unit⁶¹

PHIDU collects data on the following indicators:

Socio-demographic profile

- Population (annual change; by age and sex, non-English speaking born: resident in Australia for five years or more/ for less than five years; poor proficiency in English)
- Socio-economic status (single parent families, Indigenous, full-time participation in secondary education at age 16, unemployment rate, labour force participation, female labour force participation, households receiving rent assistance, dwellings: rented from the state housing authority; no motor vehicle, computer use at home, internet use at home, summary of the socioeconomic ranking: Index of Relative Disadvantage)

General medical practitioner (GP supply, population per GP)

Immunisation (Childhood immunisation at ages 0 to 6 by provider type)

Premature mortality in 0 to 74 years olds (Circulatory system diseases: total; ischaemic heart disease; cerebrovascular disease – stroke; cancer: total; cancer of the trachea, bronchus & lung; respiratory system disease: total; chronic lower respiratory disease; injuries and poisonings; suicide; motor vehicle accidents; other causes: diabetes mellitus)

⁶⁰ <http://www.health.vic.gov.au/healthstatus/bod.htm> - Victorian Health Information Surveillance System and Burden of Disease Data

⁶¹ <http://www.publichealth.gov.au/publications/population-health-profiles-of-the-divisions-of-general-practice.html> [accessed 10th December 2008]

Chronic diseases and risk factors

- Estimates of chronic diseases and injury (respiratory system diseases: total; asthma; circulatory system diseases; diabetes type 2; Injury event; mental & behavioural disorders; musculoskeletal system diseases: arthritis: total, osteoarthritis, rheumatoid arthritis; osteoporosis in females)
- Estimates of measures of self-reported health (Very high psychological distress levels [K-10] ; Fair or poor self-assessed health status)
- Estimates of selected risk factors (overweight / obese males; overweight / obese females; smokers; physical inactivity; high health risk due to alcohol consumed)

11.2.3 Australian Institute of Health and Welfare

The AIHW has identified the following indicators⁶² that can be used to measure **health**:

- cancer;
- cardiovascular disease;
- diabetes;
- chronic kidney disease;
- chronic respiratory diseases;
- arthritis and other musculoskeletal disease;
- dementia, mental health problems and illness;
- oral health problems;
- injury; and
- infectious disease.

It has further identified the following indicators of **welfare**⁶³:

- healthy living;
- autonomy and participation; and
- social cohesion.

11.2.4 Victorian Population Health Survey 2006

The Victorian Population Health Survey 2006 focuses on developing the health surveillance capacity of the Department of Human Services. It has identified the following indicators that can be used to measure health and wellbeing:

- self-reported health and selected health conditions (self-rated health, body mass index, asthma and diabetes psychological distress);
- social support, community participation and attitudes (attendance at community events, group membership, volunteering, help from friends/family/neighbours, attitudes towards multiculturalism and feeling valued by society);
- health and lifestyle (fruit and vegetable intake, alcohol consumption, smoking, vitamin supplements, and physical activity, drinking water and milk consumption, wearing of sunglasses, application of sunscreen, food security, self-initiated preventative measures such as screening); and

⁶² Australian Institute of Health and Welfare (2008) *Australia's Health 2008*

⁶³ Australian Institute of Health and Welfare (2008) *Australia's Welfare 2007*

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- health status (obesity among adults, asthma, diabetes, psychological distress, eye health, deafness, arthritis, cancer.)

11.3 Health profiles of local government MPHP's

The health profiles that informed the seven MPHP's in the region structured the indicators of health and wellbeing in different ways, as follows:

Maroondah

- demographics (age, household type);
- health status (life expectancy, self report health and wellbeing status, disease and illness, chronic disease, disability, premature death, lifestyle and physiological risk factors);
- social and economic environments (health inequities, SEIFA, education, work, unemployment, income, financial stress, gambling, food, community connectedness);
- personal and community safety (perceptions of safety, crime rates, family violence); and
- natural and built environment (open space, air and water, housing, transport).

Manningham

- geography and demographics
- natural and built environment (open space, recreation, industrial, business and retail, air quality, water quality, waste management, transport, housing)
- social environment (community participation and social capital, social disadvantage, safety, crime, injuries, communicable disease, child abuse and neglect, fire, lifestyle behaviours – including pet ownership)
- economic environment (employment and unemployment, income levels, per business sector)
- illness and disease (cardio-vascular, cancer, mental disorders, asthma)

Monash

- geography and demographics (age, gender, indigenous, CALD, birth rate, family structure and households, disability, education)
- physical [natural/built] (open space and recreation, industrial/retail/business, air quality, water quality, noise, waste management, ecological sustainability, transport, housing)
- social environment (community participation and social capital, social disadvantage, safety/security, lifestyles and behaviour, service delivery and availability)
- economic environment (employment, unemployment, income levels, business retail/industry/recreation)
- illness and disease (cancer, cardiovascular disease, injuries, mental disorders)

Shire of Yarra Ranges

- geography and demographics (age, gender, population projections, CALD residents, country of birth, language, disability, births, family structure, education and Indigenous residents);
- natural and built environment (open space and recreation, air quality, noise, water quality, energy usage, waste management, transport, housing and homelessness);
- social environment (capacity building, social capital, community strength, social advantage and disadvantage, safety and security, lifestyle and behaviour, service access and availability);

- economic environment (employment and unemployment, income, business (retail, industry and tourism); and
- Illness and disease (Burden of Disease).

11.4 Discussion

The indicators outlined above are structured broadly around quantitative measures of a community's socio-demographic profile (age, gender, ethnicity etc); socio-economic status (income, education, employment etc); and actual and self-reported health status (rates of communicable, non-communicable and chronic disease, quality of life).

There is increasing importance being placed on the role that qualitative indicators play in gaining an holistic understanding of the complex nature of individual and community health status. These qualitative indicators describe individual and community fears, needs and aspirations with regard to their health and wellbeing. These qualitative indicators are useful when interpreting and collating the quantitative data and statistics, and can provide useful knowledge with regard to what is considered in 'layman's terms' to be optimal health and wellbeing.

It is important therefore that the data and information in the Population and Place Profile incorporate a range of both qualitative and quantitative indicators, and that these are synthesised through careful interpretation and application.

12 Health Profile Typologies

12.1 Introduction

This section describes a number of different ways in which existing health profiles are currently structured. It discusses the existing health profile models used by the local governments in the region and other agencies involved in delivering health services at a global, national, state and regional level.

12.2 Overview of typologies

12.2.1 Determinants of health based profile

The **Knox MPHP** is structured around eight 'pillars of health' that are considered to uphold community health and wellbeing. These 'pillars' translate into the following locally defined interconnected 'determinants of health'.

1. Affordable housing;
2. Drugs and alcohol;
3. Safety;
4. Public transport;
5. Strong families;
6. Education;
7. Community care; and
8. Recreation and leisure.

The goals, objectives and actions in the **Maroondah MPHP** are structured around the social determinants of health which have been identified as:

- a safe community;
- healthy lifestyles;

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- enhancing community connections; and
- protecting and improving the environment.

Manningham has identified the following determinants of health in its health profile:

- the natural environment (e.g. air, water, vegetation, landscape);
- the built environment (e.g. roads, buildings, housing, recreation space);
- the socio-economic status of community members (e.g. income, employment, culture, social supports, sense of belonging and self worth);
- lifestyle and behaviour of community members (e.g. physical activity, what people eat, smoking, alcohol and drug use, gambling);
- service access and availability (e.g. education, health, transport, leisure, entertainment); and
- characteristics of the community (e.g. age, gender, genetics, attitudes and beliefs).

12.2.2 Determinants and indicators based profile

These health profiles have a strong relationship between the determinants and indicators of health. They facilitate the use of both qualitative and quantitative data to describe the range of factors or health issues that determine individual and community health and wellbeing. The qualitative data incorporated in this model describe community and individual needs, aspirations, goals and values with regard to individual health and wellbeing⁶⁴. The Melton Shire Council health profile is an example of this model. The quantitative data are supported by qualitative data obtained during the consultation process into a commentary that formed the basis on which the priorities and strategic actions were defined.

The ABS Wellbeing Areas of Concern describe the “concern a society has with the wellbeing of its citizens”.⁶⁵ The categories used by the ABS are very closely related to their conception of the determinants of health as depicted in Figure 11 below.

⁶⁴ ABS (2002) 4160.0 *Measuring Wellbeing: Frameworks for Australian Social Statistics* p7

⁶⁵ ABS (2002) 4160.0 *Measuring Wellbeing: Frameworks for Australian Social Statistics* p7

Figure 11 - ABS Wellbeing 'Areas of Concern'⁶⁶

Aspects of life contributing to wellbeing	Wellbeing “Areas of concern”
Support and nurture through family and community	<i>Family and community</i>
Freedom from disability and illness	<i>Health</i>
Realisation of personal potential through education	<i>Education and training</i>
Satisfying and rewarding work both economic and non-economic	<i>Work</i>
Command over economic resources, enabling consumption	<i>Economic resources</i>
Shelter, security and privacy, through housing	<i>Housing</i>
Personal safety and protection from crime	<i>Crime and justice</i>
Time for access to cultural and leisure activities	<i>Culture and leisure</i>

The Boroondara health profile is structured broadly on the ABS Wellbeing Areas of Concern. It is called the *Social Profile of Boroondara* which is intended to be a companion document to Council’s 2006 Census Community Profiles. This document provides a more detailed analysis of the relevant socio-economic, health and welfare data that describes the Boroondara community. It is organised into chapters that broadly reflect the eight wellbeing ‘areas of concern’, as defined by the ABS when measuring wellbeing. These chapters cover:

- population overview
- family and community;
- housing;
- health;
- education and training;
- crime and safety;
- culture and leisure; and
- work and economic resources.

The key difference between categories within the ABS Wellbeing Areas of Concern and the Boroondara health profile are the inclusion of a population overview and the combination of work and economic resources.

⁶⁶ adapted from ABS (2002) 4160.0 *Measuring Wellbeing: Frameworks for Australian Social Statistics* p7

12.2.3 Social model of health based profile

Monash, Maroondah and Manningham have been informed by the social model of health and have structured their data and information around the four *Environments for Health*; namely social, built, natural and economic.

The following adaptations to the *Environments for Health* have been made:

- inclusion of a fifth category, namely illness and disease that is drawn predominantly from the Burden of Disease data;
- combination of the built and natural environments;
- retention of the economic and social environments as separate categories; and
- establishment of a linkage between geography and demographics, separating demographics from the social environment and creating a separate category.

12.2.4 Interrelated hierarchical profile

The frameworks devised by the AIHW and VicHealth (refer to Section 10.2 above) represent a set of interrelated social, physical, biomedical, environmental and economic determinants, arranged in a hierarchy. This hierarchical interdependence reflects Maslow's Hierarchy of Basic Needs.

12.3 Evaluation

Three of the four health profile typologies outlined above were evaluated by the stakeholders during the focus groups. The evaluation presented in Figure 12 below elaborates on the points raised during the focus groups. Those points made by the stakeholders are presented in italics.

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Figure 12 - Evaluation of health profile typologies

Health profile typology	Strengths	Weaknesses	Observations and recommendations
Determinants of health i.e. WHO social model of health framework	<ul style="list-style-type: none"> • permanent • international • new ones are conscious of community values • new ones are more focussed • incorporates lifestyle behaviours but doesn't cover all of them e.g. gambling • functions as a consistent global framework that can be adapted at the regional or local level but still have some meaning at the national or global level 	<ul style="list-style-type: none"> • if not familiar with terminology and evidence base, they may be difficult to understand and use • misses cultural lens • does not place enough emphasis on built environment • does not include food • hard to put get snapshot of special needs • does not include social cohesion or community engagement • does not take account of strategic planning framework • excludes natural environment 	<ul style="list-style-type: none"> • The PHIDU determinants of health (refer to Section 12.2.5 above) are more inclusive
Determinants and indicators model i.e. ABS Wellbeing Areas of Concern	<ul style="list-style-type: none"> • makes provision for inclusion of qualitative data • potential to include Victorian Health Population data within the categories • categories are distinct 	<ul style="list-style-type: none"> • does not include transport, mobility and accessibility or built environment • can be too issues or priorities focussed rather than outcomes focussed • does not take account of strategic planning framework • excludes natural environment 	<ul style="list-style-type: none"> • potential to extend 'housing' into the built environment • infrastructure could be a stand alone category or could be included in the built environment • Include accidents under 'crime and safety' category • useful to have framework similar to ABS as most of the qualitative data are derived from the ABS
Social model of health i.e. DHS four environments	<ul style="list-style-type: none"> • supports the 'whole of government approach' that is adopted at the local government level 	<ul style="list-style-type: none"> • does not include the cultural and spiritual determinants of health • does not support the collection of 	<ul style="list-style-type: none"> • useful framework on which to develop goals, objectives and strategies

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<p>for health</p>	<ul style="list-style-type: none"> • <i>simple</i> • <i>familiar</i> • <i>useful strategic planning tool that can be applied across council departments</i> • <i>useful for built environment professionals</i> • <i>transparent</i> • <i>good as an intervention framework</i> • facilitates consideration of broader strategic planning framework • only one that includes natural environment 	<p><i>data</i></p> <ul style="list-style-type: none"> • <i>results in overlapping data</i> • difficult to identify linkages between different four environments • risk for each environment to be addressed individually by different sectors • does not support integrated health planning model 	<ul style="list-style-type: none"> • useful 'checklist' to ensure that all four environments for health are covered • four environments for health can form basis on which goals, objectives and actions are based, within each of the priority action areas • potential for four environments to be developed into detailed determinants
<p>Interrelated hierarchical model</p>	<ul style="list-style-type: none"> • hierarchical structure could frame structure of health profile • encompasses • identifies importance of addressing emotional needs 	<ul style="list-style-type: none"> • not a true health profile model • does not take account of strategic planning framework • excludes natural environment 	<p>physical and economic needs are considered foundations for social/emotional needs</p> <ul style="list-style-type: none"> • interrelated approach has potential to be developed into an integrated approach

12.4 Discussion

The evaluation of the health profile typologies by the stakeholders concluded the following:

- The typologies did not cover transport, mobility and accessibility sufficiently.
- Housing was not adequately covered but could be included in the built environment.
- Infrastructure needs to be incorporated but could also be included in the built environment.
- Accidents need to be included in the ABS Wellbeing Areas of Concern category of 'crime, justice and safety'.

The general evaluation concluded that it is useful to have distinct categories of determinants, but that these should be framed strategically to enable a move away from health issues and priorities towards enhancing health and wellbeing. In order to strengthen the evidence base that underpins the Community Health Plans and health profiles, it is important to identify suitable indicators that reflect the scope of the determinants.

Although it was concluded that the Social Model of Health is more useful as a strategic planning document than a health profile framework, it is important that the preferred Population and Place Profile incorporate all four environments for health. It is also important that the preferred Population and Place Profile enable the collection and application of data and information in the context of the prevailing strategic planning framework.

13 Use of data

This section describes the datasets that are commonly used by member agencies during their health planning processes.

13.1 Sources of data

The literature review and discussions held during the focus groups indicated that the following data sources are typically used by the stakeholders.

Agencies

- DPCD and Department of Victorian Communities
- DHS
- ABS
- DEECD (kindergarten enrolments)
- EPA
- VLGA
- Centrelink
- Community Indicators Victoria

Data sets:

- ABS Census of Population and Housing (Community Profiles, Quickstats)
- SEIFA
- i.d. Consulting community profiles for each local government area
- Victoria in the Future
- VLGA social statistics

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- Australian Early Development Index
- Burden of Disease

Secondary sources of data:

- Women's Health East
- Primary care partnerships
- EPA
- Service providers addressing special needs such as disability, homelessness. These service providers also obtain qualitative data from client satisfaction surveys
- Club memberships (for sports and recreation planning)
- General practitioners' records of childhood immunisation
- Strategic planning documents prepared by local governments (e.g. MPHP, Council Plans, housing strategies), PCP's, DPCD (e.g. Melbourne 2030/Melbourne@5million)

13.2 Issues with data collection and use

The following issues regarding the collection and use of data were raised by the focus group participants:

- *Requires a lot of skill.*
- *Currently there is a lack of a shared sense of purpose with the result that data and information are not shared across the agencies.*
- *"There is currently duplication and bureaucratic madness when it comes to the processing of data".*
- *It is time intensive.*
- *There is a situation of 'analysis paralysis' at the local government level.*
- *Often data are only at the regional level and do not facilitate local/small area analysis.*
- *Not knowing what other agencies need to know and therefore what to include in our health profile.*
- *Hard to stay up to date.*
- *Health profiles can be 'massive documents'.*
- *Data profiles are presented using different languages.*
- *Challenge is knowing what is important and what is not.*
- *Hard to know where to get the data.*
- *Data are not available at the 'small area' level. On the other hand, some of the data are too specific.*
- *Difficult to obtain data on specific needs or specific interest groups such as CALD communities, age groups that cross defined cohorts*
- *Data that describes sensitive issues such as homelessness, family violence is difficult to obtain from agencies such as DHS and Centrelink, but is nevertheless important for planning.*

14 Conclusions - Towards a preferred health profile model

This section draws on the findings from the description and evaluation of the health profile typologies presented above, providing the framework within which the Population and Place Profile will be developed.

14.1 Principles

The Population and Place Profile has been developed in accordance with the following principles.

- The need for a strong evidence base which informs the collection and analysis of anecdotal evidence.
- The need for the Profile to facilitate strategic planning across the four environments for health.
- The need for the Profile to maximise sustainability across the four environments.
- The document will provide a resource produced by a regional agency that is to facilitate integrated health planning and promotion at the regional level.
- The importance of ethics in the collection, analysis, interpretation and application of data and information.
- It will be used predominantly by people who are not formally trained in data collection. Their skills lie in analysis, synthesis and application of data.
- The preferred model will be used by a range of agencies that are structured differently, have different priorities, address different needs and perform different roles. It was generally agreed that the Profile would not be 'all things for all people' but would be effective if it was simple, flexible and robust, and responsive.
- It must be outcome focussed, and not merely describe health issues and outputs. This can be achieved by interpreting the findings of the data collection and analysis, and developing a set of actions that address the health issues and support the priority framework.
- The overarching outcome is optimal mental and physical health and wellbeing and that this outcome is central to and inherent in each of the determinants. It therefore follows that discussions address how each of the determinants affect mental and physical health and wellbeing.

14.2 Role and objectives

There was general agreement amongst the participants that the Population and Place Profile must go beyond 'number crunching' and provide a sense of the emerging health issues and priorities and effective strategies and actions that can promote optimal health and wellbeing. It should strive therefore to:

- meet the needs of the service agencies;
- avoid duplication of effort;
- facilitate comparison between data;
- produce current data;
- be efficient, user friendly, usable by different disciplines (planners, engineers, health care workers);
- fill gaps;
- address emerging issues and priorities;

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- facilitate integrated health promotion;
- facilitate sharing of data and collaboration;
- facilitate integration of different models and scales, different time scales, different domains, different regions;
- facilitate catchment planning;
- raise awareness of emerging issues and priorities;
- assist in priority setting;
- facilitate evaluation; and
- provide a focus on the physical location of inequalities and disadvantage in order to enable actions to be targeted to these areas.

14.3 Vision

The following 'vision' was developed together with the stakeholders during the focus groups. The components of this 'vision' will be developed into criteria that will inform the design and evaluation of the preferred Population and Place Profile.

14.3.1 Scope

- cover both place based and regional settings;
- include lenses that reflect 'hard to reach' and 'invisible' communities, special needs;
- incorporate analysis and interpretation;
- must be able to capture rich data;
- focus on strengths and capacities;
- assets based;
- reflect transitions across life stages; and
- enable time/trend analysis of data.

14.3.2 Structure

- reflect key determinants of health and wellbeing;
- informed by the framework described in *Section 10.2 Conceptual frameworks for determinants*;
- facilitate ongoing updating of information and data by virtue of its flexibility;
- function as an electronic web-based resource that enables interactive analysis and interpretation of the data;
- be available in a hard copy;
- facilitate access to raw data through linkages to primary data sets; this is important to enable the users to compare data or source more detailed data on a specific issue; and
- include baseline data and indicators that assist in measuring and understanding health impacts and evaluating the effectiveness of interventions.

14.3.3 Content

- include a discussion of ethics in data collection, interpretation and application;

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- describe determinants of and indicators of health and wellbeing;
- include a list of lenses;
- include list of stakeholders and partners;
- enable a cross-referencing system/capability;
- include time series to demonstrate trends;
- include case studies and best practice examples;
- provide both qualitative and quantitative data;
- provide links to other data sources;
- include quality of life data;
- include benchmarking and indicators;
- incorporate a glossary of terms/conceptual framework;
- enable access to metadata;
- include a set of 'how to' resources such as templates of surveys, letters etc;
- include a methodology and guidelines for data collection, management etc;
- include a user guide;
- include maps; and
- include discussion or issues papers that address emerging issues and priorities and that can be tailored specifically to support strategic planning. These issues papers could be structured around the four environments for health that was agreed to be a useful planning and strategic development tool.

14.3.4 Management

There was some discussion regarding which parts of the Population and Place Profile should be publicly available and which should be available just for the partners. The participants acknowledged that some of the data and information dealing with sensitive issues is confidential and should remain as such. There was a suggestion that the partners could have a memorandum of understanding about what data are shared and what are for internal use.

There was further discussion regarding whether access should be free or whether there should be a fee or licence for use of the data.

There was general agreement in relation to the following:

- must have a champion who is experienced in data collection and management
- be continually updated
- could be managed by a 'steering committee' consisting of representatives from the agencies
- by someone who is experienced in data management

Part Three - Population and Place Profile Model

15 Introduction

Part Three – Preferred Population and Place Profile Model describes the framework within which the Population and Place Profile will be prepared. It outlines the proposed scope and content, and the way in which it will be structured and managed. Each of these components has been informed by the findings from the literature review and the discussions that took place during the stakeholder engagement focus groups.

Specific attention has been paid to the ‘vision’ for a preferred Population and Place Profile, developed during the focus groups (please refer to *Section 14.3 Vision* above) and a set of principles that have been derived from the literature review.

16 Principles

The development of the Population and Place Profile Model has been guided by the following principles:

1. **Understanding health and wellbeing** Health and wellbeing are determined by a complex web of determinants that together influence individual and community health status. There is a close relationship between mental and physical health and wellbeing.
2. **Principles of healthy public policy** Incorporation of the three principles of public health policy and importance of embedding each of these principles into the strategic action. These principles are health promotion, prevention of ill health and early intervention.
3. **Evidence based planning** The evidence base that drives planning for health and wellbeing is derived from both qualitative and quantitative data and information. These data and information are sourced from a diverse range of indicators that measure both real and perceived health and wellbeing status. The evidence produces the knowledge that provides the planners with an insight into fears, needs and aspirations regarding individual and community health and wellbeing. All stakeholders should have equal access to this evidence, and information about existing services and facilities. Data collection processes are to be guided by strong ethical frameworks.
4. **Collaboration and sharing** Strong partnerships and sharing of resources enhance efficiency and effectiveness of health programs and interventions. This includes the sharing of key learnings between stakeholders, creating opportunities for collaboration and supportive planning and priority setting processes amongst local and regional organisations. The WHO has identified these partners as individuals, families and communities; health practitioners; health care organisations and health systems (refer to Section 6.2.1. for more information)
5. **Focus on outcomes not outputs** The overarching vision and outcome is optimal health and wellbeing for all sectors of society. The profile must go beyond a discussion of current health status and recommend a range of strategic actions that together will address health inequities and enhance access to health services across the region.
6. **Acknowledgement of strategic and contextual framework** Planning for health and wellbeing at the regional and sub-regional level occurs within a broader strategic framework that seeks to address existing and emerging health issues and priorities. This contextual framework is constantly changing, and is expected to address place based health issues and those that are experienced at a state, national and global level.

17 ‘Architecture’ of Population and Place Profile

17.1 Role of Population and Place Profile

The Population and Place Profile will function as a ‘clearing house’ for data and information collected by all public and private sector agencies collaborating to achieve optimal health and wellbeing for individuals and the community. These agencies operate at the national, state, regional, sub-regional and local level.

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Although the Population and Place Profile is intended for use by all these agencies, its primary role will be to inform the development of the Community Health Plans prepared by the Inner and Outer Eastern Primary Care Partnerships. It is therefore expected that reference will only be made to specific geographies that display particular characteristics such as pockets of disadvantage or concentrations of health issues. However, it is intended that the Population and Place Profile will direct the reader to data sources that can provide more specific detail, if required.

17.2 Scope of Population and Place Profile

The Population and Place Profile will include a range of different data and information sources that underpin each strategic outcome and associated strategic action.

The **determinants of health and wellbeing** will be used to describe the range of factors that influence the health and wellbeing components contained within the strategic outcomes. These determinants will provide the rationale and theoretical framework on which the strategic outcomes are based

The **evidence base** will consist of a range of different types of data and information. These include:

- Quantitative data (indicators and baseline data) derived from statistical data sets such as those provided in Appendices Three and Four
- Qualitative data that is obtained from a range of community engagement processes that include previous studies, client satisfaction surveys, statutory planning processes etc.

The **strategic actions** will include a number of recommendations that will guide the implementation of each strategic outcome.

17.3 Structure of Population and Place Profile

The Population and Place Profile is structured around seven *Strategic Outcomes* as depicted in Figure 13 below.

Figure 13 - Structure of Population and Place Profile



17.3.1 Strategic Outcomes

The Population and Place Profile is structured around seven strategic outcomes. These strategic outcomes incorporate the elements of the frameworks described in Section 10.2 above, but are structured predominantly around the ABS Wellbeing Areas of Concern framework and the WHO Social Determinants of Health. They also incorporate the natural and built environments and include specific reference to access to transport and housing, all of which are considered to be significant determinants of health and wellbeing.

The strategic outcomes have been ranked in accordance with Maslow's Hierarchy of Basic Needs (refer to Figure 8 above) as it is considered to present an appropriate order that reflects the interrelationship between the determinants.

The determinants have been redefined into the following strategic outcomes that form the structure of the Population and Place Profile:

Strategic Outcome One	• <i>Resilience in the face of illness and disability</i>
Strategic Outcome Two	• <i>Sustainable, safe and supportive built and natural environments</i>
Strategic Outcome Three	• <i>Safe and secure communities</i>
Strategic Outcome Four	• <i>Support and nurture through strong family and connected, inclusive communities</i>
Strategic Outcome Five	• <i>A healthy work-life balance with satisfying and rewarding work, both paid and unpaid</i>
Strategic Outcome Six	• <i>Redressing disadvantage and enhancing access to affordable and appropriate housing</i>
Strategic Outcome Seven	• <i>Realisation of personal potential through education, knowledge, attitudes and beliefs</i>

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The discussion surrounding each strategic outcome will cover the following topics:

- The specific determinants of health and wellbeing that influence the strategic outcome.
- The data and information that provide the evidence base for each of the strategic outcomes.
- The elements of the contextual framework i.e. the health priorities, health issues, reference to the environments for health and principles of healthy public policy and relevant policies in the strategic planning framework (as detailed in *Section 6 Contextual Framework* above) that are of relevance to the strategic outcome.

This discussion will incorporate a range of 'lenses' that provide an understanding of the strategic outcome in terms of each of the health needs of each of the special interest groups identified in Section 6 above.

Figure 14 below describes the synergy between the strategic outcomes and the frameworks for the determinants of health.

Figure 14 - Synergy between strategic outcomes and the frameworks for determinants of health

Strategic Outcome	Synergy with other frameworks for determinants of health				
	ABS Wellbeing Area of Concern	WHO Social Determinant of Health	Maslow's Hierarchy of Basic Needs	Social Model of Health	VicHealth
1. Resilience in the face of illness and disability	Health	The effects of alcohol and other drugs	Physiological Needs	Social environment	Individual lifestyle factors Age, gender and hereditary
2. Sustainable, safe and supportive built and natural environments	Not applicable	The need to ensure access to supplies of healthy food for everyone The need for a healthier transport system	Safety Needs	Built environment Natural environment	Living and working environment
3. Safe and secure communities	Crime and justice	Non applicable	Safety Needs	Social environment Built environment	Living and working environment
4. Support and nurture through strong family and connected, inclusive communities	Family and community	Danger of social exclusion The role of friendship and social cohesion The relationship between health and the social and psychological environment The importance of	Social Needs	Social environment	Social and community influences

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		ensuring a good environment in early childhood			
5. A healthy work life balance with satisfying and rewarding work, both paid and unpaid	Work Time for access to cultural and leisure activities	The impact of work on health The problems of unemployment and job insecurity	Esteem Self-actualisation	Economic environment Social environment	General socio-economic, cultural and environmental conditions
6. Redressing disadvantage and enhancing access to affordable and appropriate housing	Economic resources Housing	The need for policies to prevent people from falling into long term disadvantage	Esteem Self-actualisation	Economic environment	General socio-economic, cultural and environmental conditions
7. Realisation of personal potential through education, knowledge, attitudes and beliefs.	Education and training	Non applicable	Esteem Self-actualisation	Social environment	Social and community influences

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Figure 15 below describes the components of each of the strategic outcomes in the Population and Place Profile, including a discussion of the determinants, indicators and indicative data sources.

Figure 15 - Components of Population and Place Profile

PCP strategic outcome for optimal health and wellbeing	Determinant	Indicator	Data Source (indicative only⁶⁷) Refer to Appendices Three and Four for full list of data sources and linkages
1. Resilience in the face of illness and disability	Biology and genetic endowment Positive lifestyle choices and personal health practices Equitable access to services Affordable services Appropriate services (gender, age, ethnicity, culture, lifestages etc) Suitably located services Biomedical factors Food security	Drugs Alcohol Tobacco smoking Physical activity Sexual behaviours BMI Disability Chronic disease Communicable disease Immunisation rates Self-reported and perceived health status	Immune status Burden of Disease Community Health Plan Dataset Community Wellbeing Indicators Consumer Affairs Victoria (liquor outlets) Health Status Hospital Services Report Life Expectancy of Victorians Regional Matters Social statistics State and Regional Matters Victoria Victorian Ambulatory Care Sensitive conditions Victorian Commission for Gaming Regulation (gambling) Victorian Population Health Survey (factsheets and selected findings) Victorian Infectious Disease Bulletin WHO Weekly Epidemiological Record

⁶⁷ These data sources are accurate at the time of preparing this document. They should be checked for accuracy on a regular basis.

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PCP strategic outcome for optimal health and wellbeing	Determinant	Indicator	Data Source (indicative only⁶⁸) Refer to Appendices Three and Four for full list of data sources and linkages
2. Sustainable, safe and supportive built and natural environments	Access to culture and leisure Neighbourhood design Public and community transport Built form Urban settings Road network Pedestrian and cycle network Climate change Biodiversity	Air pollution Water pollution Water usage Water recycling Soil quality Recreational use Private transport patterns Public transport patterns Physical amenities Shade facilities	Biodiversity interactive map Community Wellbeing Indicators Environmental Indicators Victoria Environmental Reporting Tool EPA Monitoring Report Regional Matters State and Regional Matters Victoria Suburbs in Time VicRoads Principal Bicycle Network Weather Patterns and Climate
3. Safe and secure communities	Safety and protection from crime	Accidents and injuries Crime and assaults Family violence Physical abuse Sexual abuse	Crash Stats Victoria Police Crime Statistics Victoria Police Road Statistics
4. Support and nurture through strong family and connected, inclusive communities	Social capital Social connectedness Geographic isolation Community engagement Active citizenship	Socio-demographic profile (existing and projected) Work life balance Participation in social activities Mental health issues	Accessibility and Remoteness Index of Australia ABS Basic community profiles and snapshots Centrelink Community Health Plan Dataset i.d. Consulting Community Snapshot

⁶⁸ These data sources are accurate at the time of preparing this document. They should be checked for accuracy on a regular basis.

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			<p>Department of Immigration and Citizenship</p> <p>Indicators of Community Strength</p> <p>Interactive socio-demographic and economic mapping</p> <p>Know Your Area</p> <p>Metlink</p> <p>Quickstats</p> <p>Regional Matters</p> <p>Social Statistics</p> <p>State and Regional Matters Victoria</p> <p>Social and Economic Index for Areas</p> <p>Suburbs in Time</p> <p>Towns in Time</p> <p>Travel to Work</p> <p>Victorian in the Future</p> <p>Victorian Population Bulletin</p> <p>Whereis</p>
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PCP strategic outcome for optimal health and wellbeing	Determinant	Indicator	Data Source (indicative only⁶⁹) Refer to Appendices Three and Four for full list of data sources and linkages
5. A healthy work-life balance with satisfying and rewarding work, both paid and unpaid	Voluntary sector Employment participation	Rates of volunteering Employment participation rates Under, over and unemployment Labour force participation of migrants	Australian Business Register Australian Taxation Office Australian Workplace unemployment figures ABS Basic community profiles and snapshots Centrelink Community Wellbeing Indicators Industry Reports Interactive socio-demographic and economic mapping Local Learning and Employment Networks Social Statistics State and Regional Matters Victoria Social and Economic Index for Areas

⁶⁹ These data sources are accurate at the time of preparing this document. They should be checked for accuracy on a regular basis.

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PCP strategic outcome for optimal health and wellbeing	Determinant	Indicator	Data Source (indicative only⁷⁰) Refer to Appendices Three and Four for full list of data sources and linkages
6. Redressing disadvantage and enhancing access to affordable and appropriate housing	Local/area based disadvantage Affordability Suitability Flexibility Location in relation to health, leisure, social, recreational, and community services Design	Mean weekly income (individual and family) Household expenditure patterns Components of household wealth Housing and rental stress Median house and rent price Homelessness Older people's accommodation Housing tenure	Archicentre Centrelink Community Wellbeing Indicators Consumer Affairs Victoria (liquor outlets) DHS Rental Report and Summary of Housing Assistance Programs DHS Rental Report and Summary of Housing Assistance Programs Domain Guide to Property Values Housing and Residential Land Housing Statistics i.d. Consulting Community Snapshot Interactive socio-demographic and economic mapping Local Learning and Employment Networks Regional Matters

⁷⁰ These data sources are accurate at the time of preparing this document. They should be checked for accuracy on a regular basis.

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			Social and Economic Index for Areas Social Statistics State and Regional Matters Victoria Suburb Property Profiles Suburbs in Time Towns In Time
PCP strategic outcome for optimal health and wellbeing	Determinant	Indicator	Data Source (indicative only⁷¹) Refer to Appendices Three and Four for full list of data sources and linkages
7. Realisation of personal potential through education, knowledge, attitudes and beliefs.	Education Self-esteem Information Communication Freedom from discrimination	Engagement of people with a disability Education participation rates Education attainment Weekly expenditure on education	Community Wellbeing Indicators Local Learning and Employment Networks Social Statistics State and Regional Matters Victoria Victorian Multicultural Commission

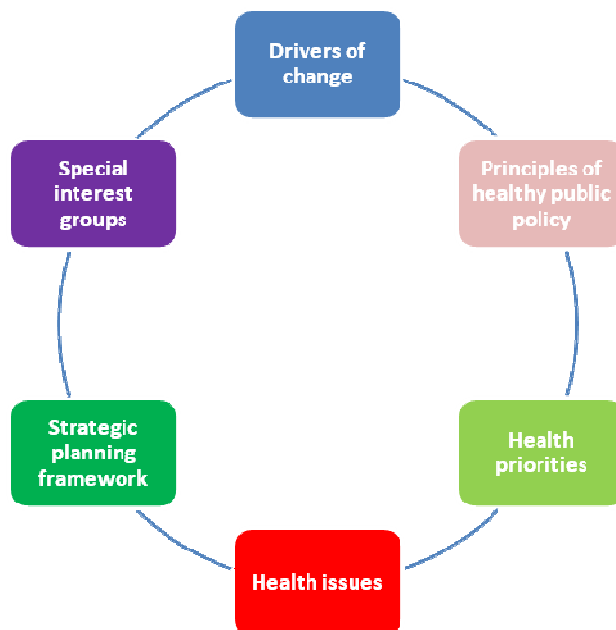
⁷¹ These data sources are accurate at the time of preparing this document. They should be checked for accuracy on a regular basis.

17.3.2 Contextual framework

The contextual framework of the Population and Place Profile consists of the following elements, as outlined in *Section 6 Contextual Framework* above:

It is anticipated that the Population and Place Profile will be influenced by the following factors that, together, form the contextual framework within which planning for health and wellbeing occurs at the sub-regional and regional level. This contextual framework is detailed in Sections 6, 7, 8 and 9 above.

Figure 16 - Contextual framework



17.3.3 Issues papers

The structure of the Population and Place Profile will enable the users to prepare a list of issues papers that address the impacts of the drivers described in Section x above on health and wellbeing. Where appropriate these issues papers consolidate a number of different strategic outcomes, focussing on the health and wellbeing needs of special interest groups through the relevant lenses.

An example of an issues paper could be one that addresses the impacts of climate change on health and wellbeing. This issues paper could consolidate the following strategic outcomes:

Strategic Outcome 1 Resilience in the face of illness and disability (impact of drought on mental health and wellbeing, impact of violence on women’s mental and physical health and wellbeing)

Strategic Outcome 2 Sustainable, safe and supportive built and natural environments (clean and adequate water, recycling of water)

Strategic Outcome 4 Support and nurture through strong family and connected, inclusive communities (geographic isolation in times of need)

Strategic Outcome 5 A healthy work-life balance with satisfying and rewarding work, both paid and unpaid (impact of drought on the agricultural sector, health and wellbeing needs and aspirations of volunteers)

Strategic Outcome 6 Redressing disadvantage and enhancing access to affordable and appropriate housing (housing affordability, homelessness)

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Strategic Outcome 7 Realisation of personal potential through education, knowledge, attitudes and beliefs (youth disengagement, education needs of newly arrived migrants)

In the interests of consistency, the issues paper could cover the following suggested range of topics covered by each strategic outcome:

- The specific determinants of health and wellbeing that influence the strategic outcome.
- The data and information that provide the evidence base for each of the strategic outcomes.
- The elements of the contextual framework i.e. the health priorities, health issues, reference to the environments for health and principles of healthy public policy and relevant policies in the strategic planning framework (as detailed in *Section 6 Contextual Framework* above) that are of relevance to the strategic outcome.

The commentary could similarly incorporate the ‘lenses’ that address the health and wellbeing needs of the special interest groups identified in Section 9 above. It is envisaged that the issues papers would include a set of strategic actions and recommendations that may be drawn from the Population and Place Profile and other relevant strategic planning documents.

17.4 Presentation

It was agreed that the Population and Place Profile would function predominantly as a web based resource that would, in principle, be available to the broader community. It is likely that this decision will be reviewed once the Population and Place Profile is finalised at which point it can be determined which data sets should remain confidential.

The commentary will include references and linkages to all primary data and information sources to enable users to obtain more detailed information, should they require it. These references should be provided in accordance with standard citation and referencing protocols.

It is also recommended that the Population and Place Profile provide guidance on where to obtain more specific localised data for use by those addressing place based health issues.

As the Population and Place Profile is likely to be a comprehensive document that contains significant detail, it may be necessary to produce a summary document that outlines the key determinants and indicators of each strategic outcome. This summary document could be produced as both an electronic and hard copy, and disseminated to the broader community.

17.5 Management

Although there was general agreement that the Population and Place Profile ought to be managed by a single entity, it was not decided who this entity should be. It is likely that Profile will be initiated and implemented by a partnership between the OEPCP and IEPCP as it will be used directly to inform the development of the joint Community Health Plan in 2009. It will therefore be necessary to review this decision following this research and development phase.

However, the following principles will guide the management of the Population and Place Profile:

- The data sources need to be updated on a continual basis. It is suggested that users of the Profile be requested to report any data that is missing, outdated or new.
- The entity or individual that manages the Population and Place Profile need be familiar with data collection and maintenance processes, but not necessarily with the principles of planning for health and wellbeing.

18 Conclusions and recommendations

The preferred Population and Place Profile outlined in *Section 17 'Architecture' of Population and Place Profile* above will guide the collection, collation, synthesis, interpretation and application of the data and information that will be used to prepare the Community Health Plan. The following recommendations will guide the future direction of the Population and Place Profile:

1. The preferred Profile be circulated to all key stakeholders for review and comment, prior to its finalisation.
2. Initially, data and information ought to be collected outside the framework defined by the seven strategic outcomes. This is necessary in order to facilitate the integration of data and information across each of the strategic outcomes and ensure that the widest range possible of indicators is presented. Once the data and information are collected, they can be categorised according to which strategic outcome they best suit. It is likely, however, that some indicators may be relevant to a number of different strategic outcomes. The users of the Population and Place Profile may choose to include the indicators under different strategic outcomes, or specific categories according to individual needs and the outcomes of their organisation.
3. The Population and Place Profile be promoted and marketed as a public resource that serves to address health priorities that are defined at a statewide and regional level. It is further intended that the Profile will be used to a large extent by local governments who are responsible for addressing place based health and wellbeing issues. However, due to the scope and role of the Profile, it will not be practical to provide a range of comprehensive data and information for small areas. Nevertheless, the Profile will be structured in such a way to facilitate access to these data by those agencies and sectors should they require it.

Appendices

Appendix One – Bibliography and references

- ABS (2002) *4160.0 Measuring Wellbeing: Frameworks for Australian Social Statistics*
- ABS (2006) *National Health Survey: Summary of Results. Australia Catalogue 4364.0*
- AHURI (2004) *Research and Policy Bulletin Issue 49, December 2004* [accessed from <http://www.ahuri.edu.au/publications/projects/p30156> 15th November 2008]
- Australian Institute of Health and Welfare (2008) *Australia's Health 2008* [sourced from <http://www.aihw.gov.au/publications/aus/ah08/ah08.pdf> 5th November 2008]
- Australian Institute of Health and Welfare (2008) *Australia's Welfare 2007* [sourced from <http://www.aihw.gov.au/publications/aus/aw07/aw07.pdf> 5th November 2008]
- Boroondara Municipal Public Health Plan 2003-2006
<http://www.boroondara.vic.gov.au/community/information/wellbeing> accessed 17th October 2008
- Department for Victorian Communities (2005) *Getting to know your community – A guide to using local data* State of Victoria
- Department of Health and Ageing (2008) *Annual Report 2007-2008*
- Department of Human Services *Planning Together: Community Health Plans and Municipal Public Health Plans* [accessed 30th October 2008 from <http://www.health.vic.gov.au/pcps/publications/planning.htm>]
- Department of Human Services, State Government of Victoria (2001) *Environments for Health* September 2001
- Healthy Living in Manningham. Manningham Municipal Public Health Plan 2005-2008*
- Inner East Primary Care Partnership (2007) *Inner East PCP Partnership Plan*
- Kavanagh, A., et al (2007) *Place does matter for your health* VicLanes [accessed from http://www.kcwhs.unimelb.edu.au/research/major_research_programs/VicLANES/publications 10th December 2008]
- Knox Community Health and Wellbeing Strategy 2003-2006
- Knox Community Health and Wellbeing Strategy 2003-2006 Summary
- Manningham City Council (2003) *The Manningham Health Status Profile*
- Maroondah Health, Safety and Wellbeing Plan*
- Monash Health and Wellbeing Profile 2007*
- Monash Municipal Public Health Plan 2007-2010*
- Nelson, B, Kabooliban, L, and Carver, K (2003) *The Concord Handbook: How to Build Social Capital Across Communities*, The Concord Project, UCLA School of Public Policy and Social Research, USA
- Ontario Healthy Communities Coalition (OHCC) (1999) *Pathways to a Healthy Community. An Indicators and Evaluation Tool Kit*
- Outer East Health and Community Support Alliance *Community Health Plan 2006-2009*
- Public Health Information Development Unit (2005) *Population health profile of the Whitehorse Division of General Practice* Population Profile Series: No. 46 PHIDU
- Shire of Yarra Ranges Community Wellbeing Plan 2007-2010*

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Shire of Yarra Ranges Community Wellbeing Profile

State Government of Victoria (2004) *Primary Care Partnerships strategic directions 2004-2006*

State Government of Victoria (2005) *Integrated health promotion. A better way to health*
Department of Human Services [accessed 30th October 2008 from
<http://www.health.vic.gov.au/pcps/hp/index.htm>]

State Government of Victoria (2006) *Guidelines for completing the Community Health Plan and community Health Plan Implementation Agreement CHPIA) templates*

State Government of Victoria (2007) *Indicators of community strength at the local government area level in Victoria 2006* Department for Victorian Communities

State Government of Victoria (2007) *Victorian Population Health Survey 2006. Selected Findings*
Department of Human Services

State Government of Victoria (2008) *Indicators of Community Strength: a framework and evidence* Department for Victorian Communities

State Government of Victoria (undated) *Planning Together: Community Health Plans and Municipal Public Health Plans* Department of Human Services

State Government of Victoria (undated) *Primary Care Partnerships are making a difference*

State Government of Victoria (undated) *Public Health Branch policy and funding guidelines 2006-2007 and 2008-2009 (2008-2009 update)* Primary Health Branch, Department of Human Services

State Government of Victoria *Health Promotion Activities for PCPs 2006-2009 – Summary of PCP community Health Plans* [accessed 30th October 2008 from
http://www.health.vic.gov.au/pcps/hp/priority_setting.htm]

VCIP. (2006) *Measuring Wellbeing, Engaging Communities. Developing a Community Indicators Framework for Victoria*

VicHealth (2002) *Leading the Way. A Resource Guide for Councillors.*

Victorian Auditor-General (2007) *Promoting Better Health Through Healthy Eating and Physical Activity*, Victorian Government Printer, June 2007

WCHS Health Development Team and Olive Aumann *Integrated Health Promotion Plan 2006-2009* Whitehorse Community Health Service

Wiseman, J., Heine, W., Langworthy, A., McLean, N., Pyke, J., Raysmith H., Salvaris, M., (2005) *Measuring wellbeing, engaging communities. Victorian Community Indicators Project Discussion Paper* VicHealth, MAV, VLGA, Swinburne, Victoria University

World Health Organisation (2003) *Social Determinants of Health. The Solid Facts* WHO 2nd Edition [accessed from <http://www.euro.who.int/document/e81384.pdf> 10th November 2008]

World Health Organisation (2007) *People at the Centre of Health Care* WHO [accessed 12th November 2008 from <http://www.wpro.who.int/NR/rdonlyres/C82BF00A-DF76-4174-A8F9-F68E417138C7/0/PEOPLEATTHECENTREOFHEALTHCAREPopularBook.pdf>]

World Health Organisation (2008) *The Global Burden of Disease Update 2004*
http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf 10th December 2008]

World Health Organisation (2008) *The World Health Report 2008 . Primary Health Care. Now More Than Ever* WHO [accessed 10th November 2008 from
http://www.who.int/whr/2008/whr08_en.pdf]

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World Health Organisation (2007) *Achieving Health Equity: from root causes to fair outcomes*
Commission on Social Determinants of Health Interim Statement [accessed 29th November 2008
from http://whqlibdoc.who.int/publications/2007/interim_statement_eng.pdf]

World Health Organisation, Constitution, 1994

Appendix Two – Stakeholders

The contribution made by the following stakeholders during the community consultation is gratefully acknowledged:

Outer Eastern PCP Focus Group, 12th November 2008

NAME	ORGANISATION
Sharon Baker	Knox City Council
Leanne Skipsey	IEPCP
Elizabeth Day	Women's Health East
Sophy Attiam	ORG / OEPCP
Nick White	Shire of Yarra Rangers
Rebecca Haig	Maroondah City Council
Carol Barber	Ranges CHS
Vivian Tee	Moorandah City Council
Barb Harling	Women's Health East
Belinda Juchno	Eastern Rangers GP Association
Annette Rudd	Know Community Health
Darele Prout	DHS – Eastern Region
Raymond Burnett	DHS EMR
Christine Farnan	DHS EMR
Deborah Cocks	OEPCP
Bruce Rumbold	LaTrobe University
Deborah Kottek	EMR Palliative Care Consortium
Darlene Swan	Knox City Council
Bernie Durkin	EACH
Maggie Palmer	EACH
Pauline Connel	-
Jacky Close	OEPCP
Bonnie Rosen	Symplan Consulting

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Inner Eastern PCP Focus Group, 25th November 2008

NAME	ORGANISATION
Sarah Carpenter	Greater Monash GP Network
Sacha L'Huillier	Melbourne East GP Network
Nicole Meinig	City of Monash
Jan Mattrow	Whitehorse CHS
Jacky Close	OEPCP
Linda McKinnon	-
Katherine Collette	-
Michelle Hollingsworth	DSE
Jo Mahen	-
Yath Yoeum	
Jeff Herd	DHS
Jo Birkett	City of Boroondara
Jan Moore	Deakin University Burwood
Fran James	Monash Link Community Health
Bonnie Rosen	Symplan Consulting

Appendix Three – Useful websites

DATASET	WEB ADDRESS
ABS Census of Population and Housing	www.abs.gov.au
Bicycle Victoria	www.vicroads.vic.gov.au > bicycles and pedestrians > developing bicycle networks (principal bicycle networks, metropolitan trail networks, municipal bicycle networks, rail trails)
Burden of Disease	http://www.health.vic.gov.au/healthstatus/bod.htm - Victorian Health Information Surveillance System and Burden of Disease Data
Community Health Planning Datasets	www.health.vic.gov.au >community health > chpds > index.htm.
Community Indicators Victoria	www.communityindicators.net.au >data framework
Crashstats	www.crashstats1.roads.vic.gov.au
Environmental Protection Agency	http://www.epa.vic.gov.au/land/docs/PSR-2Feb09.pdf
Indicators of Community Strength	www.dpcd.vic.gov.au > research and publications > indicators of community strength
Melbourne Access Point	http://www.melbourneaccesspoint.com
SEIFA scores and maps	www.abs.gov.au >SEIFA See also www.dpcd.vic.gov.au >urban and regional > demographics > socio-economic index for areas
Victoria in the Future	www.dpcd.vic.gov.au >urban and regional research> demographics> victoria in the future
Victorian Local Governance Association	www.vlga.org.au >library > social statistics

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Appendix Four – Indicative Data Sources

NOTE: THIS LIST IS INDICATIVE ONLY AND IS UPDATED ON A CONTINUAL BASIS. USERS MIGHT FIND THAT DATASETS ARE NO LONGER AVAILABLE OR ARE NOT AVAILABLE AS PER THE LINK BELOW

DATA SET	DESCRIPTION	SOURCE	ACCESS
<i>Accessibility and Remoteness Index of Australia</i>	The Accessibility and Remoteness Index of Australia (ARIA) describes how accessible areas are to services and resources. It has a simple six – category descriptor for localities (highly accessible, accessible, moderately accessible, remote and very remote). ARIA is a general purpose measure and does not describe access to a particular service. It is a useful and convincing way to indicate disadvantage based on poor access to services.	www.health.gov.au >research and statistics >health statistics >accessibility/remoteness index of Australia If you go to www9.health.gov.au/aria/aria/ainpt.cfm and insert a postcode or SLA, you will be presented with a score for your particular locality.	Free online
<i>Australian Business Register</i>	This dataset quantifies the number of businesses in a local area, by industry division, with turnover of more than \$50,000 per year.	www.abs.gov.au ABS catalogue number 8136.0.55.001	Nominal fee
<i>Australian Business Register</i>	This website provides access to the publicly available information provided by businesses when they register for an Australian Business Number. This information includes ABN status, entity names, entity types, main business locations, trading names and GST status. It can be used to determine the size of the business, how long it has been operating and its location.	www.abr.business.gov.au >advanced research	Free online
<i>Australian Taxation Office</i>	This dataset provides the personal tax details for each of the postcodes within Victoria. This information can be used to prepare detailed comparisons at a postcode level of the disposable income. Specific information includes: <ul style="list-style-type: none"> • number of taxable and non-taxable individuals • taxable income 	www.ato.gov.au >booklets and publications >taxation statistics >editions >detailed tables and descriptions >table 3 Part B Victoria	Free online

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	<ul style="list-style-type: none"> • mean taxable income • total imputation credits • net tax and net mean tax, including ratio • gross interest • gross tax • net rent • net capital gain • total income or loss • total tax offset and credits • net business income/loss • salary or wages • medicare levy and surcharge • total work related expenses • benefits and payments • hecs 		
Australian Taxation Office, Taxable Income	<p>This data set provides statistics on taxable income for individuals by state and postcode. The aggregate data describes the number of taxable individuals, their average income, net tax, tax ratios, capital gains, deductions, HECS debts, Medicare levy and other information.</p> <p>These data provide a broad measure of relative income at postcode level on non-census years.</p>	<p>www.ato.gov.au >booklets and publications >taxation statistics >editions</p>	<p>Free on-line pdf, excel or CSV format.</p> <p>CD-Rom version available from the ATO on request.</p>
Australian Workplace	<p>The Small Area Labour Markets report (quarterly reports) provides Estimates of the number of unemployed persons and unemployment rates at a statistical local area and also estimates the main labour market aggregates for the 19 Department of Employment and Workplace Relations (DEWR) labour market regions. These data are provided for each quarter of the previous year, and enable comparisons for statistical local areas within the municipality. Specific information includes:</p> <p>Unemployment Unemployment rate Labour force</p>	<p>www.workplace.gov.au >publications >research and statistics >small area labour markets ></p>	<p>Free online PDF format</p>

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<i>Australian Workplace unemployment figures</i>	Quarterly Small Area Labour Markets reports present estimates of the number of unemployed persons and unemployment rates for each statistical local area.	www.workplace.gov.au >research and statistics >labour market analysis >small area labour markets	Free online
<i>Basic Community Profile and Snapshot</i>	<p>This resource provides an overview of the community at a range of different levels such as local government area, statistical division, suburb or postal area⁷². The excel spreadsheet has a number of worksheets. These worksheets provide specific information such as age, gender, household size and a number. They also provide various data sets that combine social, demographic, cultural and economic data such as such as age by gender, individual income by gender, family composition by gross family income, industry of employment by occupation.</p> <p>The Basic Community Profiles and Snapshots do not provide data that enable comparisons between the different Censuses as the data is derived from the most recent Census.</p>	www.abs.vic.gov.au > basic community profile www.macedonranges.vic.gov.au >Shire Profile and Statistics www.vlga.org.au >library > social statistics	Free online in excel format Free reports and local analyses at town and shire level
<i>Biodiversity Interactive Map</i>	Provides information on extent of biodiversity in a region.	www.dse.vic.gov.au > interactive maps (on right hand side)	
<i>Burden of Disease</i>	The burden of disease measures the gap between current health status and an ideal situation in which every one lives into old age free of disease and disability. As such it indicates the unfinished health agenda, identifying areas in which additional health gain could be made.	www.health.vic.gov.au >health status of Victorians >Burden of Disease	Free online
<i>Burden of Disease Estimates LGA's 2001</i>	<p>Local community health planning requires information regarding the health status of the population. Information is available for Victoria and also at the level of the local government area and region on the disease burden and underlying risk factors. This includes the most important causes of death, as well as, estimates of the disease burden of the 50 most important diseases and injuries.</p> <p>This site provides access to burden of disease estimates for broad disease</p>	www.health.vic.gov.au >health status of Victorians >Burden of Disease >search BOD estimates	Free online

⁷² Postal areas approximate but are not an exact match of post code areas.

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	<p>group and/or for specific diseases for Victoria, its local government areas and regions, by sex and up to nine age groups. Where relevant, text descriptions that give meaning and assist in the interpretation of this data is also provided. Methodology on how the estimates were made and links to other relevant web sites, for more information, are available at all times while at this site.</p> <p>Comparative information at a local government level can be found on the following:</p> <ul style="list-style-type: none"> • life expectancy • disability adjusted life years (DALY) • years of life lost (YLL) • years lived with disability • incident cases (YLD) • prevalent cases • DALY rates • YLL rates • YLD rates • ranking of deaths and top 50 causes • ranking of DALY and top 50 causes • ranking of YLL and top 50 causes • ranking of YLD and top 50 causes <p>NOTE : Data available for 2001 Census only</p>		
<p>Centrelink</p>	<p>Centrelink provides a number of different benefits to the community including aged and disability pensions, family payments, New Start, Youth Allowance and rental assistance payments.</p> <p>The number of recipients of these benefits can be used as a measure of unemployment which is an indicator of the health of the local and regional economy.</p> <p>Data can be requested directly from Centrelink on the type of payment, the age and gender of the recipient and the postcode within which they reside.</p>	<p>www.centrelink.gov.au >contact us</p>	<p>Data can be requested from Centrelink</p>
<p>CLUE Census of Land Use</p>	<p>The Census of Land Use and Employment (CLUE) is a unique and valuable research tool that can help you make informed, effective and efficient decisions for your business. CLUE provides comprehensive information</p>	<p>www.melbourne.vic.gov.au > about Melbourne ></p>	<p>Free online Excel format</p>

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<p>Economics</p>	<p>about land use, employment and economic activity across the entire City of Melbourne.</p> <p>If you have an interest in the City of Melbourne, or would like to compare your statistical community profile with the City of Melbourne, CLUE online provides information on a range of economic and business activities such as:</p> <ul style="list-style-type: none"> • Industry structure and type (ANZSIC code and number of establishments or business locations); • Floorspace type and use (Office, retail, industrial, accommodation, entertainment, office vacancy rates etc); • Employment type and status (Full time, part time, casual, contractor, male & female); • Building information (Number of floors, gross floor area, lettable area, etc); • Venue and capacity measures (café seats, education seats, child care spaces, rooms, off street car parking spaces, residential dwellings, student dwellings, student beds, theatre/ stadium seats, conference & meeting seats, gaming machines etc); • Spatial distribution (Maps, CLUE blocks, regions and suburbs). 	<p>research > CLUE</p>	
<p>Community Health Plan Dataset</p>	<p>The Community Health Plan Data Sets (CHPDS) are intended to support Primary Care Partnerships (PCPs) in developing their Community Health Plans. The Data Sets are also widely used by Community Health sector in assisting their service planning.</p> <p>The CHPDS contains up-to-date socio-demographic and health services utilisation data and the layout has also been modified to accommodate the current and historic data sets. The data tables provide information by local government area and comparisons across multiple levels, including state and regional comparisons. Relevant information regarding the data sources is included in each table.</p> <p>Due to licensing and copyright issues for some population data, access to the online CHPDS will be limited to authorised users.</p>	<p>www.health.vic.gov.au >communitiy health > chpds > index.htm.</p>	<p>Due to licensing and copyright issues for some population data, access to the online CHPDS will be limited to authorised users.</p>

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<i>i.d. Consulting Community Snapshot</i>	includes all local government areas and provides a socio-demographic snapshot of the community based on the latest ABS Census. The data is available at a state and LGA level	www.id.com.au >community snapshot	Free online
<i>Community Wellbeing Indicators</i>	Can prepare individualised community wellbeing reports that provide comparative summaries of a specific indicator for local government area, region or zone. It is also possible to create a 'spotlight' report for	www.communityindicators.net.au >wellbeing report>local government www.communityindicators.net.au >data framework	Free online Membership free
<i>Consumer Affairs Victoria</i>	This dataset provides information on the number and location of liquor outlets in an area. Access is provided to each liquor licence providing information on the type of liquor licences, hours of operation, operating conditions, licensee and nominee.	www.consumer.vic.gov.au >liquor >types of licences	Free online
<i>Crash Stats</i>	This resource provides all local area crash statistics, enabling the user to compare between local authorities, and obtain accident statistics for a particular location in a local authority.	www.crashstats1.roads.vic.gov.au	Free online
<i>Department of Human Services (Rental Report)</i>	The Rental Report provides a quarterly summary of Victoria's private rental market conditions and trends.	www.dhs.vic.gov.au >divisions >housing >office of housing >rental report	Free online PDF format
<i>Department of Human Services (Summary of Housing Assistance Programs)</i>	This dataset provides information on the number of public housing dwellings by local government area by one of eight types (separate house, semi-detached house, low-rise flat, medium density flat, high-rise flat, moveable unit, rooming house, other). This document includes descriptions and statistics on housing assistance activities during the year, including comparative information with the previous year.	www.dhs.vic.gov.au >housing >office of housing >summary of housing assistance	Free online
<i>Department of Immigration and Citizenship</i>	This dataset provides general information about migration trends (immigration and emigration).	www.immi.gov.au >publications research and statistics >statistics >	

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Department of Immigration and Citizenship	<p>This dataset provides a settlement reporting facility that allows users to customise a query for a particular time period using the following variables:</p> <ul style="list-style-type: none"> • English proficiency by migration • family size distribution • migrant and refugee numbers • sex by age by group • state distribution • top 10 countries of birth • top 10 languages spoken • top 10 local government areas • top 10 migration categories • top 10 religious • top 20 countries by birth by migration stream 	<p>http://www.immi.gov.au >living-in-australia >/delivering-assistance/settlement-database >settlement reporting facility</p>	<p>Free online. PDF format or via email.</p>
Environmental Indicators for Metropolitan Melbourne	<p>This dataset provides information on:</p> <ul style="list-style-type: none"> • population density • area of municipality • air emissions • air quality • beach and bay • biodiversity • buildings • greenhouse • litter • open space • transport • waste • water 	<p>www.aius.org.au >indicators</p>	<p>Available as a booklet from the website.</p>
Environmental Reporting Tool	<p>Environmental Reporting Tool Provides longitudinal and latitudinal coordinates to help locate habitat</p>	<p>http://www.environment.gov.au/erin/ert/epbc/imap/map.html</p>	
EPA Air Monitoring Report 2005 and Victoria's Air Quality report and data	<p>This report provides information at a regional level about the relative air quality, based on variables that include levels of carbon monoxide, visibility, nitrogen dioxide, sulphur dioxide and airborne micro particles</p>	<p>www.epa.vic.gov.au >air >air monitoring >air monitoring report 2005</p>	

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tables 2005			
Expanded Community Profile	This provides more detailed information than the Basic Community Profile.	www.abs.vic.gov.au >expanded community profile	Free online Excel format
Guide to Property Values	<i>A Guide to Property Values 2007</i> , is an annual publication providing comprehensive, independent property sales information based on figures from Valuer-General Victoria. The guide includes median sale prices in every suburb for houses, units and vacant blocks; statistics on municipality trends and state-wide totals. Figures also cover rural, commercial and industrial properties.	www.land.vic.gov.au	Some information is free electronically
Health Status	This dataset provides details at a regional and local government level on the burden of disease. It can be manipulated to provide details on age and gender, and for specific causes of illness.	www.health.vic.gov.au >health status of Victorians >burden of disease > Iga's and regions 2001 >search estimates >	Free online
Health Status of Victorians (2005)	This report, entitled, entitled <i>Your Health: A report on the health of Victorians</i> provides selected public health indicators. Some time series and cross sectional data identify changes in health status at a state-wide and small-area consists of 5 sections: <ul style="list-style-type: none"> • Section 1: General health status (life expectancy, avoidable mortality, ambulatory care sensitive conditions, self reported health) • Section 2: Health related behaviours (risk factors including smoking, nutrition, alcohol and physical inactivity) • Section 3: Health priority areas (national health priorities and communicable diseases) • Section 4: Environmental and social health (air quality, volunteering, income, employment, crime rate, housing) • Section 5: Health inequalities (aboriginal health, SEIFA) 	www.health.vic.gov.au >healthstatus	Free online
Hospital Services Report	The Hospital Services Report was introduced in 1995 in order to provide information about the quality of Victoria's Public Hospital system. This was replaced by the Your Hospitals report in July 2004.	www.health.vic.gov.au >hsr	Free online PDF format

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	This website contains all previous versions of the Hospital Services Reports from November 1996 to September 2004.		
Housing and residential land	This dataset provides information on the key indicators of the future supply of housing, namely dwelling approvals, lots released and lots in subdivision plans.	www.dse.vic.gov.au >urban and regional >residential land bulletin	Free online PDF format
Housing statistics	Table 5.10 of this report provides a summary of housing stock by dwelling type and local government area. The report provides detailed descriptions and statistics on housing assistance activities during the year including comparative information with the previous year.	www.dhs.vic.gov.au >divisions >housing >office of housing search Summary of Housing Statistics	Free online
Indicators of community strength	<p>Before being incorporated into the Department of Planning and Community Development, the Department of Victorian Communities⁷³ developed a set of Indicators of community strength. The indicators examine Victorian's ability to get help when needed, their participation in a range of community activities (such as volunteering and parental participation in schools) and community attitudes around life in their local area (such as safety and tolerance).</p> <p>These indicators are a subset of the Community Wellbeing Indicators produced by Community Indicators Victoria.</p>	www.dpcd.vic.gov.au >research and publications >indicators of community strength	Free online PDF format for each local government area
Know Your Area	<p>This dataset contains a wide variety of data on local areas in a summarised format. It is a useful first contact for data at a suburb, local government, regional or state level. It provides data on population projections, land release and dwelling approvals, income, transport, water consumption, household and dwelling statistics, labour force status. The database can be searched by states, capital cities, state regions, local government areas, statistical local areas, suburbs.</p> <p>This dataset can also provide comparative information between statistical</p>	www.dse.vic.gov.au > research > know your area	Free online

⁷³ The community indicators project was initiated and managed by the Department of Community Indicators before being incorporated under the Department of Community Development. All documents and content that were published by the former Department of Victorian Communities (DVC) have been linked to the DPCD website for historical accuracy. Many of its functions are now the responsibility of the Department of Planning and Community Development.

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	local areas, local government areas.		
Life expectancy of Victorians	<p>Life expectancy at birth is the expected average life span of a child born, if prevailing mortality rates would continue indefinitely into the future.</p> <p>Life expectancy is a useful measure to compare the mortality experience between populations geographically or over time. Significant variations have been found when compared to the Victorian average for both males and females. The columns labelled 'sig' show the statistical significance of the results. H = life expectancy at birth significantly higher than Victorian average and L = life expectancy at birth significantly lower than Victorian average * a statistically significant change in life expectancy between the two periods</p> <p>Comparative data on life expectancy may also be found by using the 'Search BoD Estimates'. Refer to the Burden of Disease dataset above.</p>	<p>www.health.vic.gov.au >health status of Victorians >life expectancy at birth: Victoria 2001-2005</p>	<p>Free online Excel spreadsheets</p>
Local Learning and Employment Networks (LLEN'S)	<p>The Victorian Government has established 31 LLEN'S, each of which covers one or more LGA's.</p> <p>The Shire of Macedon Ranges belongs to the Central Ranges LLEN which includes the local authorities of Macedon Ranges, Mitchell and Murrindini</p>	<p>www.llen.vic.gov.au</p>	<p>Free online</p>
Measuring Remoteness: Accessibility/ remoteness Index of Australia	<p>The paper describes a geographic approach to measuring the concept of remoteness and the creation of a standard classification and index of remoteness that covers the whole of the country. The ARIA index is a valuable tool that can be used in policy development, implementation and evaluation to assist in targeting of programs to the various regions of Australia.</p> <p>An ARIA index is provided for each statistical local area in Australia, based on accessibility to a wide range of goods, services and opportunities for social interaction.</p> <p>The categories are defined as follows:</p> <ul style="list-style-type: none"> • Highly Accessible (HA) 0-1.84 • Accessible (A) 1.84-3.51 • Moderately Accessible (MA) 3.51-5.80 • Remote (R) 5.80-9.08 	<p>www.health.vic.gov.au >rural health >rural health promotion</p>	<p>Free online</p>

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	<ul style="list-style-type: none"> • Very Remote (VR) >9.08-12 		
Metlink	This resource provides guidance on all forms of public transport across Melbourne and Victoria. It can be used to calculate travel time, ease of travel, ability to use different modes of transport, availability and frequency of public transport.	www.metlinkmelbourne.com.au	Free online
Quickstats	This dataset is based on the ABS Census of Population and Housing. It provides summary a range of information on the demographic, socio-economic, household structure, dwelling type and tenure at a local government, state and national level.	www.censusdata.abs.gov.au search quickstats	Free online
Regional Matters	This dataset highlights issues of concern regarding the impact of change on regional areas. It comprises demographic social, economic and environmental information under the themes of population, jobs and industry housing, road and rail transport, health services, education and water sources	www.information.vic.gov.au >resources>regional matters	Free online in PDF format
Rental report	This dataset provides a range of information relating to affordable lettings, comparative rents per dwelling type, new lettings per statistical region, rental affordability, affordable lettings by dwelling type and region, median rents by local government area, rental affordability by local government area	www.dhs.vic.gov.au >housing >office of housing search Rental Report	Free online
Social statistics	The Social Statistics Data Base provides local area statistics, enabling the user to compare the locality with other municipalities. The data are predominantly based on the 2006 ABS Census. Datasets include: <ul style="list-style-type: none"> • socio-demographic and economic summaries of municipalities, townships and suburbs • regional profile builder that describes the social and population profile of a region • birth by place, age, municipality • building construction • businesses by number , size, type and postcode area • crime rates by number, rate and category 	www.vlga.org.au >library >social statistics	Free online in excel and links to other external websites

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	<ul style="list-style-type: none"> • disability by rates, level and age group • disadvantage by SEIFA classification • tertiary education participation by type of institution • employment trends of residents • family relationship in household by number of persons by relationship • family violence incidents • gambling indicators • health by burden of disease and disability • house and land prices by municipality, suburbs and towns • housing rental costs and rent related poverty • immunisation rates • Indigenous residents by municipality • language and birthplace • migrant settlement • population by estimated resident population, forecasts and estimates, older persons • retail trade and turnover by sector • social security payments by type and postcode • transport and travel to work patterns • unemployment levels, rates and trends • happiness • youth disengagement 		
<p><i>State and Regional Indicators, Victoria</i></p>	<p>This resource provides the following information</p> <p><u>Summary Contents</u></p> <p>State Comparison Summary of Statistical Indicators Population Estimated Resident Population Health and Safety Household Preparedness for Emergencies Hospitals Roads</p>	<p>www.abs.vic.gov.au > statistics >view by catalogue number and name: 1367.2 - State and Regional Indicators, Victoria, Jun 2008</p>	<p>Free online Excel spreadsheets</p>

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	<ul style="list-style-type: none"> Road Condition Work and Income <ul style="list-style-type: none"> Civilian labour force by region Employed Persons by Industry Employed Persons by Occupation Part-time Workers Duration of Unemployment Average Weekly Earnings State Final Demand <ul style="list-style-type: none"> State Final Demand Price Indexes <ul style="list-style-type: none"> Consumer Price Index House Price Indexes Construction <ul style="list-style-type: none"> Building Approvals Engineering Construction Activity Tourism <ul style="list-style-type: none"> Tourist Accommodation Agriculture <ul style="list-style-type: none"> Livestock Slaughtering and Meat Production Trade <ul style="list-style-type: none"> Balance of Trade Trade by Commodity Major Trading Partners Environment <ul style="list-style-type: none"> Air quality Water resources 		
<p>Socio-economic Index for Areas (SEIFA)</p>	<p>This product describes the welfare of Australian communities at a number of different scales including postcode, statistical local area, local government area, state, regional and national level.</p> <p>The SEIFA measures the level of disadvantage in any given area and is used to identify 'pockets' of disadvantage in a local authority. The indexes are based on a number of social and economic factors such as household income, rent and mortgage payments, education levels, occupation, household and dwelling size. The lower the score, the higher the level of disadvantage. The Australia wide average has been fixed at approximately</p>	<p>www.abs.gov.au >SEIFA</p> <p>See also www.dpcd.vic.gov.au >urban and regional > demographics > socio-economic index for areas</p>	<p>Free online Excel format</p>

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	1000. In general, areas with scores below 1000 are relatively disadvantaged and those above 1000 are relatively advantaged. The SEIFA for Victoria is 1014.59 and for Australia is 1002.17.		
Suburbs in Time	<p>This data set provides a snapshot of time-series data for Melbourne suburbs for the 1981, 1986, 1991 and 1996 Australian Census of Population and Housing. The analysis section looks at demographic and socio-economic changes that have occurred across Melbourne's suburbs over this period.</p> <p>NOTE: As at August this data set has not been updated to incorporate the 2006 Census Data. However, you can obtain access to the 2006 ABS Census Data from this website.</p>	<p>NOTE: The Department of Planning and Community Development and Department of Sustainability and Environment Websites are currently being updated.</p> <p>Try www.dpcd.vic.gov.au > research and publications > research and other information > suburbs and towns</p> <p>You might also like to go to the general DPCD website and search "Urban and Regional Research" as this will take you to the same page.</p>	Fee online
Travel to Work	This Fact Sheet provides links to geographic areas that have been studied in terms of travel to work patterns.	www.abs.gov.au > ausstats > search journey to work data	Purchase from the ABS
VicNames	In recognition of people's attachment to geographic place names, the Geographic Place Names Act 1998 - the legislation that makes provision for the naming of places and features - encourages greater community involvement in the place naming process through the Guidelines for Geographic Names. New names and changes to existing names of geographic places and features are generally made by naming authorities such as local councils, but the names of significant places, for example The Twelve Apostles, are determined centrally by specially convened	www.land.vic.gov.au > vicnames	

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	<p>Geographic Place Names Advisory Committees.</p> <p>The Register of Geographic Names, VICNAMES, holds more than 200,000 road and place names including landscape features such as mountains and rivers, bounded localities such as suburbs, towns, cities and regions, and physical infrastructure such as roads, reserves and schools. You are invited to log on to VICNAMES to search for all registered place names in Victoria or track the progress of proposed names that have been submitted to the Registrar of Geographic Names for approval.</p>		
Victoria in the Future	<p>Victoria in Future 2008 is the current population and household projections for the Victorian State Government. Victoria in Future 2008 covers: the period 2006 to 2036 for the Statistical Divisions in regional Victoria; the period from 2006 to 2026 for the 79 Local Government Areas (LGAs) that make up Victoria; and the period of 2006 to 2056 for total Victoria, regional Victoria and Melbourne. The projections were published in December 2008.</p> <p>Total projected populations are currently available for Victoria, Melbourne, Regional Victoria, and Local Government Areas. Further analysis will be released progressively and presentations will be available online in early 2009</p>	<p>www.dpcd.vic.gov.au >urban and regional planning> demographics> victoria in the future</p>	Free online in excel, powerpoint and PDF Format
Victoria Police Crime Statistics	<p>This dataset provides information on:</p> <ul style="list-style-type: none"> • Family violence per region • Total offences per postcode • Crime statistics and types of offences at a state, regional and divisional level 	<p>www.police.vic.gov.au >about victoria police >statistics >crime statistics</p>	Free online
Victoria Police Road Traffic statistics	Road fatalities at a regional, district and local government area level	<p>www.police.vic.gov.au >about victoria police >statistics >traffic statistics</p>	Free online
Victorian Ambulatory Care Sensitive conditions	The Victorian Ambulatory Sensitive Conditions Study is updated annually by the Chronic Disease Surveillance and Epidemiology Section of the Department of Human Services (DHS). These fact sheets present analyses of ACSCs for the DHS regions/PCP partnerships and Victoria as a whole using the Victorian Admitted Episodes Dataset (VAED) from 1993–94 to	<p>www.health.vic.gov.au >health status of Victorians >ambulatory care sensitive conditions ?update 2004-</p>	Free online PDF format

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	2004–05. Data is provided on the most common causes of hospital admissions for each of the DHS regions, and local government areas within each of the regions.	2005	
Victorian Commission for Gaming Regulation	This dataset provides information on the number and density of electronic gaming machines in a local authority, and the exact location of each electronic machine gaming venue. These data describe expenditure/losses, and can be compared at a local, municipal, regional or state level.	www.vcgr.vic.gov.au >industry information	Free online
Victorian Multicultural Commission	The Victorian Multicultural Commission (VMC) has produced the Population Diversity in local Councils Victoria report. Section 4 of this report compiles the ABS Census of Population and Housing, 2006, and provides information for major regional and regional local government areas. This report also provides maps. Specific information includes: <ul style="list-style-type: none"> • population diversity • birthplace by gender • language other than English by gender • top 10 religious by gender • top 10 ancestries by gender 	www.multicultural.vic.gov.au >population diversity in local councils >	Free online PDF format
Victorian Population Health Survey	The Victorian Population Health Survey is an important component of the population health surveillance capacity of the Department of Human Services. The annual survey series is an ongoing source of high quality information on the health of Victorians. Information in the report is presented on health and lifestyle, including physical activity, smoking, alcohol consumption, intake of fruit and vegetables, selected health screening, adult obesity, asthma and diabetes prevalence, psychological distress and social networks. Fact sheets are provided for all of the DHS regions.	www.health.vic.gov.au >health status > vphs	Free online
Victorian Population Health Survey 2005	These documents selected findings of It also provides regional fact sheets for each of the DHS regions on the	www.health.vic.gov.au >health status of Victorians >Victorian population health	Free online PDF format

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Regional Fact Sheets	<p>following:</p> <ul style="list-style-type: none"> • physical activity, healthy eating and overweight/obesity • patters of health, wellbeing and community strength • smoking and alcohol consumption 	survey >current report – 2005 survey >regional fact sheets	
Victorian Population Health Survey 2005 Selected findings	<p>The Victorian Population Health Survey 2005 collected a wide range of information relating to the health of the adult Victorian population and the determinants of that health. It is structured around the following themes:</p> <ul style="list-style-type: none"> • Health and lifestyle • Self-reported health and selected health conditions • Obesity among adults • Asthma • Diabetes • Psychological distress • Social support, community participation and attitudes 	www.health.vic.gov.au >health status of Victorians >Victorian population health survey >current report – 2005 survey	Free online PDF format
Whereis	<p>Whereis can provide an indication of the travel times and relative accessibility to community and health services, places of employment, educational institutions. The travel times are relevant to motorised vehicles, including trucks, cars (private and taxis) and motor cycles. Travel times are also available for those travelling on foot.</p>	www.whereis.com	Free online

Appendix Five – Indicative scope of Population and Place Profile

Strategic Outcome: Support and nurture through strong family and community.

Determinants of supportive, nurturing and strong families and communities

Community networks and activities build assets for societies. These assets, otherwise known as “social capital” provide a community with the personal, relational and organisational resources that improve the quality of life and address social problems. Strong social capital is evident in communities with informal networks, organisations that are action-oriented and activities that foster community engagement and participation. Where social capital is strong trust, mutual obligation and cooperation create a sense of belonging, responsibility and common motivation to solve common problems⁷⁴.

An individual's perception of their health and wellbeing is positively related to certain aspects of social capital, including trust, involvement in voluntary organisations and neighbourhood interaction⁷⁵. In addition, strong social capital also has a positive impact on educational and employment outcomes, deriving benefits to both job seekers and local business sectors, as well as limiting crime and violence and improving the welfare of children⁷⁶.

In addition to reducing social isolation and strengthening social networks, engaging in communal life encourages physical activity and may assist in addressing health issues such as arthritis, respiratory disorders, obesity and diabetes.

Social isolation affects both mental and physical health and wellbeing. People who have inadequate opportunities to engage in communal life may become lonely and experience depression and anxiety. This can cause a range of physical health issues including coronary heart disease, gastrointestinal disorders and hypertension, and may result in people engaging in risky behaviours including substance abuse, smoking and gambling.

Evidence base

The Community Indicator's Survey indicated that the Shire's community reported feeling less part of the community, less inclined to volunteer, lower rates of participation in civic engagement, and less able to acquire social support than their Victorian and Australian counterparts. The Shire's community further reported a relatively low acceptance of diverse cultures which is reflected in the findings that particular groups within the community find it difficult to integrate and experience difficulty in finding social support. These factors point to relatively low rates of social capital and social connectedness in the community, perhaps due to the high commuting rates and the fact that the community is growing and changing at a rapid rate⁷⁷.

⁷⁴ Nelson, B., Kabooliban, L., and Carver, K (2003) *The Concord Handbook: How to Build Social Capital Across Communities*, The Concord Project, UCLA School of Public Policy and Social Research, USA p9

⁷⁵ Australian Government, Department of Transport and Regional Services, Bureau of Transport and Regional Economics (2005) *Focus on Regions No. 4 Social Capital, Information Paper 55* p16 <http://www.btre.gov.au/PublicationSearchSimple.aspx> accessed 31st July 2007

⁷⁶ Australian Government, Department of Transport and Regional Services, Bureau of Transport and Regional Economics (2005) *Focus on Regions No. 4 Social Capital, Information Paper 55* <http://www.btre.gov.au/PublicationSearchSimple.aspx> accessed 31st July 2007 pp16-17

⁷⁷ Community Indicators Victoria (2007) *Self Reported Health* accessed electronically from <http://www.communityindicators.net.au>

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The Burden of Disease data indicates that the Shire's community has an above average rate of depression amongst both males and females, and migrants from non-English speaking backgrounds. This may be attributed to social isolation and loneliness⁷⁸.

The Shire's car ownership rates confirm that its residents are heavily dependent on private transport. Those without private motor cars living in areas not well serviced by public transport and social infrastructure may become socially isolated from the wider community networks operating in the larger centres.

The findings indicate that 80% of the working population travels outside the Shire to access employment. Long commuting times and absences from home may contribute to the social isolation and loneliness of both commuters and their families.

Discussions that took place during the focus groups indicated that there are limited opportunities for social engagement, particularly for the youth, people living with chronic diseases, older people, young parents, migrants and people with disabilities. This was attributed, in part, to the lack of affordable and accessible public and community transport between the Shire's main centres. It was also felt that members of the Indigenous community lack opportunities to integrate within mainstream community groups, and that there they have insufficient social support. A significant shift in the Shire's socio-demographic profile will result from an increase in the percentages of lone person households in the next 15 years.

These issues suggest that loneliness and social isolation are going to continue to be significant issues that need to be addressed by the Municipal Public Health Plan 2008-2012.

Strategic actions

Social networks can be strengthened through participation in sporting, leisure, arts and cultural events. The physical and natural environment can facilitate community connectedness through the provision of places and spaces that encourage social interaction. These include affordable and appropriate venues for meetings and events such as community gardens, libraries, municipal swimming pools and neighbourhood houses.

Financial resources need to be allocated to the provision of support for community groups. The creation of databases describing existing volunteer resources, stakeholder and community support groups can assist in disseminating information about existing support networks and opportunities to engage in community activities.

Social isolation can be effectively addressed through the provision of public and community transport that is accessible, affordable and caters for the needs of those groups with limited mobility. Access to existing social and community networks can be enhanced through the creation of shared paths that connected the community with its local destinations and existing transport hubs.

Strategic directions can provide ongoing support for networking opportunities provided through the number of community and neighbourhood houses provided throughout the Shire.

⁷⁸ Department of Human Services, State Government of Victoria, (2003) *Patterns of health, wellbeing and community strength North and West Metropolitan Region*