



VicHealth LETTER

HEALTHY ENVIRONMENTS EDITION

APRIL 2013 ISSUE NO. 36

Healthy choices?

The influence
of supermarkets
on our health

ALSO IN THIS ISSUE

SPORTS CLUBS' ROLE IN
PROMOTING HEALTH

WORKPLACES MAKING
A DIFFERENCE

WORLD OF HEALTH
PROMOTION POSTER



Message from the Chair

Welcome to the 'healthy environments' edition of the VicHealth Letter

Creating positive changes to help make the healthy choice the easy choice is a key focus for VicHealth. We are pleased to have the opportunity to work in partnership with others to improve the health of all Victorians.

Over the past 25 years, we've made great progress in preventing illness before it occurs in Victoria, but there is a huge task ahead.

In 2012 the release of the Victorian Population Health Survey (2010), based on research of 7,500 adults, pinpointed priority areas for health promotion.

It showed Victorians are not eating enough fruit and vegetables, and more Victorians are becoming obese or developing type 2 diabetes.

It also showed that while smoking rates have decreased, there are still almost 4,000 Victorians who die each year from tobacco-related illness.

These figures underline the importance of VicHealth's mission, showing that there is much work to be done to address the conditions that influence health and wellbeing, and successfully prevent ill health.

We are currently assessing VicHealth's future health priorities by exploring the broader environment and emerging issues, while being mindful of lessons from the body of health promotion work to date.

Now, in our 25th year, we are looking to a renewed strategic direction.

Our 2013–2016 Strategic Plan will set a direction for the most important areas of health promotion in the coming years.

VicHealth's leadership role and focus will continue to complement the work of public and private health bodies. Through these partnerships we will advance efforts in illness prevention, and mitigate the costs and burden to the health system.

At the same time, we will continue to drive high-quality research and trial leading models for change to benefit all Victorians.

It's an exciting time for everyone involved in health promotion and we look forward to working with our current partners, and new partners, to deliver meaningful outcomes for the state of health in Victoria in 2013 and beyond.

Mark Birrell
Chair of the Board

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CEO's foreword

Every day, our health is influenced by places in which we live, learn, work and play. This is why creating healthy environments is critical to our wellbeing and is the purpose of VicHealth's work in this area.

Our refreshed edition of the *VicHealth Letter* provides an insight into the links between health and the environment that are beyond the obvious.

As highlighted in our cover story on page 6, 'The changing view of what matters in health', someone's social and economic condition has a significant impact on their health. There are other factors that also influence the choices people make when it comes to the way they live and VicHealth supports their efforts to achieve and maintain health. We need to do more, especially when it comes to the diet of Victorians, which cuts to the core of some of our state's most damaging and expensive health issues, such as obesity and cardiovascular disease.

'The impact of urban planning on our wellbeing' article on page 10 outlines how where we live also impacts the lack of physical activity our children get and how often we exercise. Good urban design can encourage people to be more active, socially connected and eat better.

Many Victorians connect at sports clubs and VicHealth's Healthy Sporting Environments project aims to make these places healthier, more family-friendly and inclusive environments. In the article 'Health through community' we explore how this program's benefits are likely to filter to the broader community, offering significant public health benefits over the long term.

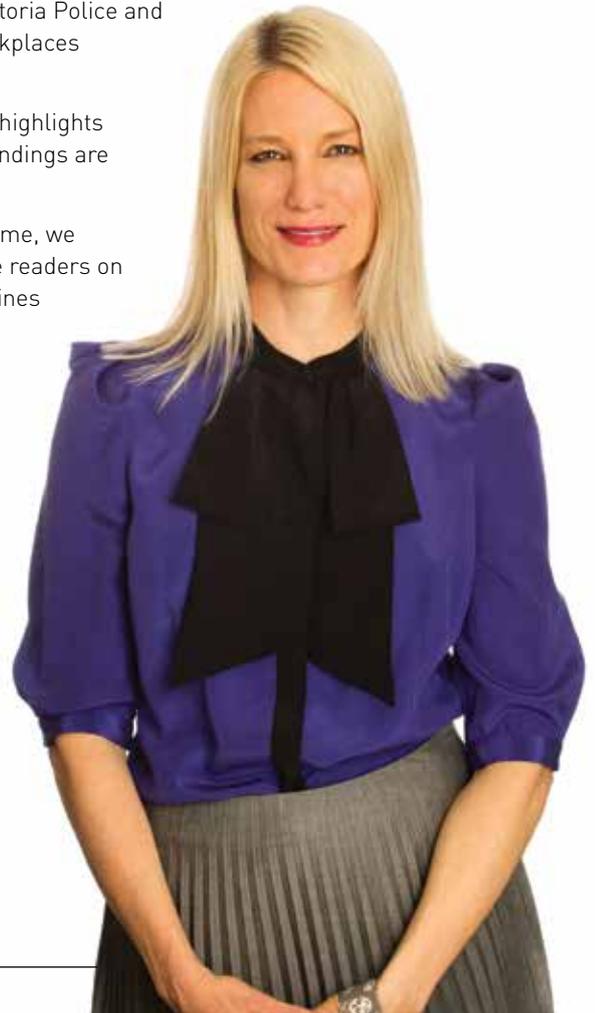
The work environment can also adversely affect Australians' mental wellbeing as reported in our piece 'Healthier workplaces for healthier communities' on page 16. The psychosocial work environment – which might include stressors such as bullying or discrimination – has emerged as the leading contributor to occupational poor health. VicHealth is working with organisations such as Victoria Police and the YMCA on projects that we hope will prevent workplaces contributing to ill health.

In this issue, we also feature the recently launched highlights from the VicHealth Indicators Survey and how the findings are helping shape health plans across the state.

VicHealth prides itself on innovation. For the first time, we feature a 'World of Health Promotion' poster to take readers on a tour of some of the innovative work making headlines internationally. We also present a round-up of our recent research on page 20.

As always, the *VicHealth Letter* continues to highlight the most current and significant developments in health promotion and we hope you enjoy reading this edition.

Jerril Rechter
Chief Executive Officer



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We need to do more, especially when it comes to the diet of Victorians.





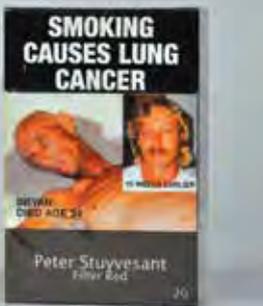
Pictured: (from left) Celebrating VicHealth's 25th Anniversary at Melbourne's Government House, Chair of the VicHealth Board Mark Birrell, Victorian Minister for Health The Hon. David Davis MLC, Governor of Victoria, His Excellency The Hon. Alex Chernov AC QC, Mrs Elizabeth Chernov, VicHealth CEO Jerril Rechter and Shadow Minister for Health Mr Gavin Jennings.

VicHealth celebrates a quarter of a century of promoting health

In November 2012 VicHealth marked 25 years of raising Victoria's profile as a leader in health promotion, both nationally and internationally.

Since the passing of the landmark *Victorian Tobacco Act 1987* and creation of the world's first health promotion foundation funded by taxes on tobacco, we have made remarkable contributions to improving health.

Today our role is even stronger as we support a breadth of innovative programs and organisations in response to a dynamic health environment.



Plain packaging a historic step towards a smoke-free generation

VicHealth welcomed the news of Australia becoming the first country in the world to require tobacco products to be sold in plain packaging.

Pictures of diseased body parts, sickly babies and dying people now cover 75 per cent of each packet, and tobacco industry logos, brand imagery, colours and promotional text are now banned.



Victorian kids walk the globe six times during Walk to School

It was another step in the right direction for VicHealth when our Walk to School campaign in October 2012 encouraged Victorian primary pupils to use their feet to travel to and from school. A total of 11,425 students from 55 schools took part across the state and walked a combined 241,115 kilometres – six times around the circumference of the earth.



Solarium ban in Victoria

Together with the Victorian Government and others, including the Cancer Council Victoria, VicHealth helped shape a healthier future for the next generation with new legislation banning solariums in the state within the next two years.

An estimated 281 cases of melanoma and 43 deaths are caused by solariums in Australia every year. There are more than 10,000 new cases of melanoma and 1,400 deaths in Australia each year*

*Cancer Council Victoria



Victoria's health promotion champions

At the Victorian Health Promotion Awards, eight extraordinary Victorian organisations were formally recognised as the state's champions of promoting good health and wellbeing.

The Awards were held at a special celebration in December 2012 at Melbourne's Government House.

Pictured above: (from left) One of the founders of VicHealth, Dr Nigel Gray AO, accepts a special award of leadership in health promotion from His Excellency the Honourable Alex Chernov AC QC, Governor of Victoria.

Meet Jerril Rechter

VicHealth's chief executive officer, Jerril Rechter, has extensive experience in leadership across the areas of government and the not-for-profit sectors. She has served on various state and national boards and committees. Most recently, she worked as a World Health Organization Temporary Advisor and has joined the International Network of Health Promotion Foundations as a board member.



What made you want to get into health promotion?

Health has always been part of my constitution and my passion is to create healthy communities. For many years I have been responsible for developing policies and funding initiatives for people's wellbeing, and I am pleased to continue this work at VicHealth. It is great to be part of an organisation that has made such a profound impact in influencing and supporting a healthier way of life. It's also very inspiring to work with people who share my enthusiasm for making positive changes for everyone's benefit.



What are some of your favourite resources to keep you up-to-date?

Professionally it's great to have access to information from many of our fantastic partners but I also check in regularly with the WHO, HP International, MPR health and Better Health Channel websites. I have subscriptions to Harvard and Stanford University, which always have interesting academic developments. I love the way Flipboard and NPR gather my favourite feeds and Trendwatching brings the 'new' into focus from a creative viewpoint. I've also just finished reading a terrific book by Eric Ries called *The Lean Startup* about creating innovation in the workplace.



How do you personally create a healthy environment for yourself?

From childhood I have been a high-achieving athletic person, so I'm committed to keeping active and eating well. Enjoying my job and the people I work with plays a big role in my happiness. I think being socially connected is important to staying positive as is having an uncluttered home and work space. I have two dogs, a passion for windsurfing and gym work, all of which combine to provide stable pillars in what we all know is an increasingly busy life.



Can you give us examples of places that inspire you and why?

Anderson Inlet at Inverloch is a place that both inspires and challenges me. I love to windsurf because it forces me to stay in the moment while being alert to extraneous powers that try to send me out to sea – good life lessons really! The Museum of Old and New Art [MONA] in Hobart is not only a physically inspiring building but has singlehandedly managed to redefine the cultural experience. I am also a huge fan of the MCG, which evokes emotion and passion in fans or players no matter what sport or team they follow.



Your favourite VicHealth project and why?

The depth and breadth of our work is exciting and the possibilities of what we can achieve are significant. I enjoy working with leaders in the business world to implement such simple measures in the workplace that can help change people's health. Our Creating Healthy Workplaces program is very important as most working-age Australians spend about one-third of their waking lives at work. There's so much to achieve in this area, which is why it's such an exciting space for VicHealth to be in.



Who is a role model for you and why?

There are many fantastic people that I talk to and bounce ideas off. But one of my early mentors saw a potential in me when I couldn't and gave me an opportunity which I grabbed with both hands. Since then I've always tried to encourage good ideas and good people. Building the next generation is a really important role for CEOs and I'm grateful to have had that lesson early in my career.

Despite the sophistication of our healthcare system and our high living standards, we are a country facing some serious health problems. The future of health is not just about treatment. It is also about changing the way we live today to prevent the burden of chronic disease in the future.

How do we consider health today? The current accepted definition of health is that of the World Health Organization (WHO), which says health is 'a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity.'

But this definition is under threat from critics who say that it sounds more like happiness than health and, is unachievable and impractical.

This is where our concept of health is headed – towards an understanding that the environment in which we live is vitally important to our health and wellbeing.

VicHealth CEO Jerril Rechter, explains.

"The premise is that what people experience in their day-to-day lives, be it advertising or the built environment or the way they interact with it, has an impact on their health," she says.

"Certainly an individual is responsible for his or her own choices, but there are many factors that influence what choices people make. And those factors are all around you and influencing you where you live, learn, work and play.

"VicHealth is trying to influence the structure of those environments. We're carrying out a range

THE CHANGING WHAT MATTERS

An alternative definition gaining favour says that 'health is a dynamic state of wellbeing characterised by a physical, mental and social potential, which satisfies the demands of a life commensurate with age, culture and personal responsibility. If the potential is insufficient to satisfy these demands, the state is disease.'¹

This definition takes into account the reality that we all age, live in a specific culture rather than in a vacuum, and each have different individual expectations of our health. It allows for the fluctuations of life. But it still allows for the impact of the social and economic environment on health. You might be pain-free, and with no diagnosable medical condition, but if you're living in cramped conditions, surrounded by concrete and noise, without work, with little money, and socially isolated, then you're unlikely to feel healthy.

of programs – some led by VicHealth and some in partnership with others.

"In the long run, we're trying to make the healthy choice the easy choice."

VicHealth's method of work differs slightly depending on the environment it's trying to influence. It is doing great work in creating healthy sporting environments (see page 12) and healthy built environments (see page 10).

And it is heavily involved in improving the supply of healthy food to Victorians. Obesity is increasing, with about 60 per cent of Australian adults now overweight or obese. Many things contribute to this, but one is poor diet, with the average adult consuming about 40 per cent of their calories from junk food.² Chips, soft drinks, energy drinks, energy foods, cakes, biscuits ... they all play a part. And many of them are marketed using terms such as 'family friendly', 'fun' and 'time-saving'.

A man with short brown hair, wearing a light blue button-down shirt and dark trousers, stands in a supermarket aisle with his arms crossed. He is looking towards the camera. The background shows shelves stocked with various soft drinks, with a green sign above one of the shelves that says "soft drinks".

“ Supermarkets in more disadvantaged areas gave considerably more shelf space to snacks and soft drinks than those in more advantaged areas. ”

VIEW OF IN HEALTH

Pictured: Dr Adrian Cameron, senior research fellow in the Centre for Physical Activity and Nutrition Research at Deakin University, is in the early stages of a significant research program into energy-dense snack foods.

Dr Adrian Cameron, senior research fellow in the Centre for Physical Activity and Nutrition Research at Deakin University is in the early stages of a significant research program into energy-dense snack foods. He and colleague Dr Lukar Thornton have carried out the first comprehensive audit of supermarket snack food by looking at 35 Coles and Woolworths stores in Melbourne.

The research found that exposure to energy-dense snack foods and soft drinks in Melbourne supermarkets varied strongly by the wealth of the neighbourhood in which they trade. Supermarkets in more disadvantaged areas gave considerably more shelf space to snacks and soft drinks than those in more advantaged areas, even after differences in store size were taken into account.

"We don't know how much of an impact shelf space and promotions at checkouts and end-of-aisle displays have on diets, but we do know that these are advertising techniques designed specifically to increase purchasing and consumption. We are in the planning stages of a project that will measure the impact of these promotions on what people eat," Dr Cameron says.

Other research from Melbourne has found that more well-off neighbourhoods had better access to supermarkets, whereas poorer areas had more access to fast food outlets.³

The influence of Coles and Woolworths on the Australian diet can't be underestimated, Dr Cameron says. More than 65 per cent of all food spending occurs in supermarkets, and the duopoly has about 68 per cent market share. So roughly speaking, half of all food in Australia is bought in one of these two stores.

"Supermarkets will argue that they only stock what consumers want, but the relationship between the retailer and the customer is dynamic – it is true that retailers respond to consumer demand, but they also directly influence demand through their decisions of what to stock and how to display and promote it," Dr Cameron says.

"What appears in a supermarket is entirely the decision of the retailer. Influencing what customers buy is a major promotional tool used by retailers to get what they ultimately want – increased sales and market share. The bigger and more sophisticated the retailer, the better they are at this.

"Supermarkets are also influenced by payments from suppliers for promotional displays and shelf space. Large multinationals such as Coke and Cadbury/Schweppes are most able to afford these, meaning their products are hard to miss. Of interest, we saw almost 30 per cent more shelf space allocated to Coca Cola in Melbourne supermarkets in disadvantaged areas."

In the long run, regulation may be needed – either self-regulation or government regulation. One example of self-regulation is in the Netherlands, where the largest supermarket chain removed all snack food from its checkouts in response to a report by the Dutch Consumers' Federation. Recent research shows that industry self-

regulation regarding marketing of junk food to children has failed, with the executive manager of the Obesity Prevention Coalition [funded by and in partnership with VicHealth], Jane Martin, calling for government legislation.

"Legislation to comprehensively restrict junk food marketing and advertising would be one of the most effective and cost-effective ways to address the childhood overweight and obesity crisis," she says.

Improving the diet of Victorians is vital to VicHealth. It is a principal funder and supporter of the Food Alliance, which argues that a strong regional food economy with a healthy and sustainable food system is a key issue for Victoria's Metropolitan Planning Strategy.

Anthony Bernardi, Nutrition Manager at the Heart Foundation Victoria, explains the link and the Heart Foundation's support of the issue.

"Cardiovascular disease is Victoria's biggest killer," he says. "The modifiable risk factors are well known – smoking, high blood pressure, high cholesterol, physical inactivity, overweight and obesity, and low consumption of fruit and vegetables."

While many of those involve personal choices, one way to influence healthier options for people is to encourage local governments to think about their role in food. Local governments have an opportunity to integrate planning for food in the Municipal Public Health and Wellbeing Plans and the Municipal Strategic Statements, which are being reviewed this year.

The Heart Foundation sees this as an opportunity for councils to secure physical and financial access to healthy food for residents, recognise the potential of local food economies and protect agricultural land.

Is Victoria healthy?

Well, yes and no. The first results from the Australian Health Survey⁴ suggest that Victoria is about as healthy as the rest of Australia. The survey shows that 59 per cent of Victorians rate their health as excellent or very good. But only 23 per cent have no current long-term health condition, and 39 per cent have three or more long-term health conditions. About 62 per cent are overweight or obese, 66 per cent are sedentary and only 5.2 per cent eat the recommended amount of fruit and vegetables each day.

VicHealth has developed a range of other indicators of health, and has reported on these in the VicHealth Indicators Survey 2011 (see page 18).

But there are other simpler ways to measure the health of a city or state. Dr Ben Rossiter, executive officer of Victoria Walks (also funded by VicHealth), sees children as the canaries in the cage, and he's not seeing enough of them around. Incidentally, a three-year study has been funded by VicHealth and the Parenting Research Centre which will examine the impact of parental fears on childrens' physical activity, among other things.



"You should see children playing in the streets, walking to their friend's place, walking to school and shops, stopping and talking, riding their bikes," Dr Rossiter says. "And we're just not seeing that – the streets are a bit bare of children."

Rossiter believes there is a long way to go before Victoria could be called healthy.

"We are just not active enough throughout the day. We might have spurts of activity, but we have too much completely sedentary time. We need structural change to make walking part of everyday life."

The future

What of the future? There are two aspects to this question to consider – what approach should we take? And where should our focus be?

On the question of the approach to take, there are some interesting new concepts emerging in health promotion literature, one being that efforts to improve health will be significantly influenced by the rise of behavioural economics, as shown by the popularity of books such as *Freakonomics: A rogue economist explores the hidden side of everything*⁵ and *Nudge: improving decisions about health, wealth, and happiness*⁶.

Behavioural economics is, in some ways, a post-hoc examination of how marketing works. It examines why we behave as we do, especially in the commercial or consumer environment. Nudge theory, which in its simplest form says you can change people's behaviour by providing them with easy options, draws on behavioural economics and adds a very practical twist. Social marketing is not that different. To some extent, these academic disciplines and approaches all rely on a common thread – that to change a person's behaviour, it helps to understand them as a

// You should see children playing in the streets, walking to their friend's place, walking to school and shops, stopping and talking, riding their bikes... And we're just not seeing that – the streets are a bit bare of children. //

person and to draw on what matters to them, rather than to you. And to create environments – social environments, economic environments, built environments – that cultivate health. That is the future of improving health in relation to individuals.

Clearly there's more work to be done when it comes to improving our daily lives, especially the daily lives of those most disadvantaged by our social, economic and built environment. It is clear that reducing health inequity will have benefits across the board and improving those lives will no doubt improve the lives of others around them.

VICTORIANS ARE HIGHLY URBANISED, CLOSE TO THREE-QUARTERS OF VICTORIA'S 5.62 MILLION PEOPLE LIVE IN MELBOURNE, AND OF THE REST, MOST ARE CENTRED IN ONE OF HALF A DOZEN REGIONAL CITIES.¹

THE IMPACT OF URBAN PLANNING ON OUR WELLBEING

THE CENTURIES-LONG TREND OF urbanisation is continuing, with Melbourne growing at a faster rate than the rest of the state. Of the 10 fastest growing local government areas in Australia, four are in Melbourne's urban fringe – Wyndham (population up 7.8 per cent in the year to June 2011), Whittlesea (up 5.6 per cent), Melton (up 5.6 per cent) and Casey (up 2.3 per cent).

Evidence of the importance of the urban environment to human health is growing. A recent review by Kent et al.² found that:

- » the built environment can support physical activity
- » the built environment can connect and strengthen communities
- » the built environment can provide equitable access to healthy food.

But this all depends on how the built environment is constructed. For example, research shows that, quite naturally, people prefer short trips to long trips and are more likely to use active transport (walk or cycle) than the car, if distances are short. A common approach is to increase urban density to reduce distances. But the evidence suggests this is not enough – there needs to be increased density, mixed use and micro-design elements in combination to influence levels of physical activity.³

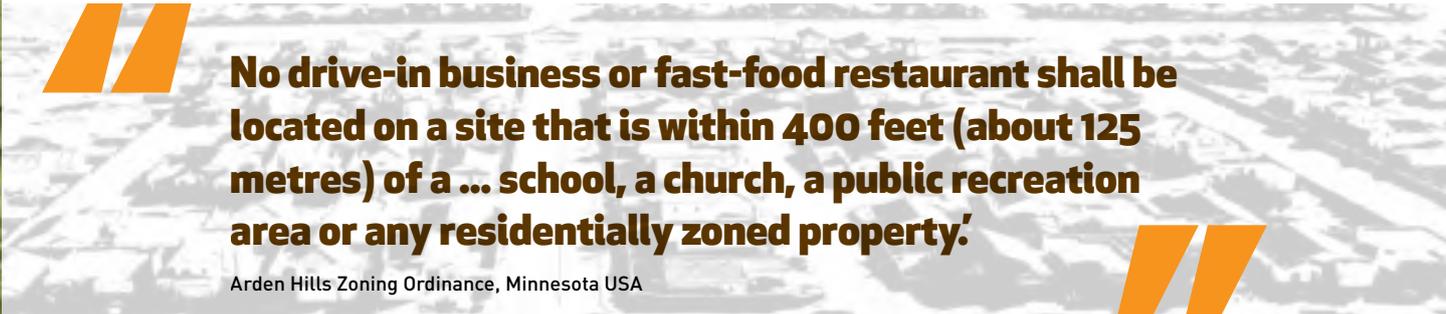




Good urban design can connect and strengthen communities, particularly clever planning of public open spaces. In welcoming spaces – well lit, protected from wind, with sun or sun protection, depending on the climate – friends and families arrange to meet and more people take the time to connect. Kent et al. also argue that chance encounters while waiting for a bus, walking along a footpath or sitting on a bench can start a conversation which contributes to a sense of community.

So, for example, streets are laid out on a grid, rather than in cul-de-sacs, as research has shown this encourages people to walk and cycle more freely. Footpaths are wide and well lit, encouraging feelings of safety and multiple use. No home is more than 300 metres from open space, some of which have sports facilities. Interconnected walking tracks, bike paths and streets link the community. There is a neighbourhood centre and a community garden.

The development is proving popular, with property group Colliers International rating it one of the most successful recent house and land projects in Melbourne.⁵



No drive-in business or fast-food restaurant shall be located on a site that is within 400 feet (about 125 metres) of a ... school, a church, a public recreation area or any residentially zoned property.’

Arden Hills Zoning Ordinance, Minnesota USA

There is also good evidence that convenience plays a part in food choice.⁴ Logically, ensuring that healthy foods are more available to all and that unhealthy foods are less readily available should shift a population’s food choices over time.

At a recent forum in Melbourne, public health academic Dr Karen Lee said Victoria should give supermarkets tax breaks to open in suburbs with poor food choice. In New York Dr Lee provides support to the Food Retail Expansion to Support Health (FRESH) tax and zoning incentive, which is an initiative to promote the establishment and retention of neighbourhood grocery stores in underserved communities in New York City.

Dr Lee said cities can use tax incentives for supermarkets to locate in ‘food desert’ areas and increase access to healthy food.

“One of the requirements of FRESH is a dedicated amount of area in the store that is for fresh food, including fresh produce, and we did not get push back on that [from supermarkets],” she said.

Elements of good urban design and more have come into play in the housing estate Selandra Rise. The result of a collaboration starting in 2008 between Stockland, VicHealth, the Planning Institute of Australia (Victorian Division), the Growth Areas Authority and the City of Casey, Selandra Rise is a new development in the growth region of south-eastern Melbourne which aims to make it easier for its residents to be healthy.

The new development was planned from the outset to include diverse and affordable housing, with a mix of housing options supported by retirement living and aged care facilities. It aims to deliver local employment opportunities. And it also aims to contribute to a healthy and socially engaged community.

The idea is not new – on different continents, in different eras, utopian designers supported by government goodwill or private pockets have long sought to create the conditions for ideal societies.

But a significant difference here is that the result of implementing this vision will be examined in detail. An RMIT research fellow funded by VicHealth will study Selandra Rise’s progress for five to seven years. Should there be the expected benefits – a healthier and more engaged community – then there will be evidence to show that urban design can make a significant difference to people’s health and wellbeing.

But one point sometimes forgotten is the particular needs of children. Whitzman and Mizrahi⁶ argue that children are often neglected in discussions of urban planning and making cities liveable. These researchers are part of a small group who are documenting and analysing the experiences of children in cities. They argue that children living in high rises are too often living in wastelands, with inadequate and unfriendly public spaces. However, those who live in the most common alternative – private single-dwelling accommodation – too often have little freedom of movement. Whitzman and Mizrahi argue for the creation of more child-friendly spaces to allow children freedom to visit public places where they, and their parents, feel comfortable.

In Victoria the planning act governs the development of our cities and towns, with the guidelines not making a direct reference to health matters. VicHealth’s vision is to support government planners to make health the first consideration in new housing developments and hopes Selandra Rise will set the benchmark.

HEALTH THROUGH COMMUNITY

After an incident of cyberbullying in 2009 between two members, Otway Districts Football Netball Club experienced one of their most difficult internal issues and decided it was time for a change.

“We sat down and said this is not good enough, it can't go on,” says Peter Hickey, former club president and member of 13 years.

“That led to the two members being suspended from playing [netball]. We'd never suspended anyone before. It probably cost us a game of netball and a spot in the finals. But the club took a stand and said no, this is not going to happen anymore.”

The club was one of the 78 clubs participating in VicHealth's Healthy Sporting Environments demonstration project [HSEDP] – an initiative to support sports clubs to become healthier, welcoming and more inclusive.

Since then, with the support of Leisure Networks, the club has been committed to making positive changes, including establishing a cyberbullying policy. They also received a significant grant from Colac Otway Shire and are now making plans to upgrade their courts and change rooms.

Peter said many other bigger clubs applied for the same grant and were unsuccessful and he attributes their success to their growing reputation throughout the area as an extremely family-friendly club that values safety, inclusion and diversity.

A year into HSEDP, Peter sums up the impact the project has had on Otway Districts Football Netball Club by saying, “it's not just about the senior men's football team anymore, it's about everyone now.”

Now 250 clubs can get involved

Following the success of the Healthy Sporting Environments demonstration project, VicHealth is giving another 250 sporting clubs in rural and regional Victoria the same opportunity.

VicHealth is rolling out the \$3.3 million Healthy Sporting Environments program through the state's nine Regional Sports Assemblies (RSAs), which are receiving applications

from clubs ranging from football and netball to hockey, BMX, basketball and cycling.

Chair of Regional Sport Network Victoria (the representative body for RSAs) and Valley Sport executive officer, Shane Hughan, says the standard of participating clubs varies. One “brave and courageous” club is concerned about its reputation for drunkenness, obscene language and poor sporting performance.

“It's not a great family environment and it has potential to fold,” he says.

“They are starting from a long way back, but hopefully this program will provide the building blocks the club needs to survive and prosper.”

What the program offers

VicHealth's Manager, Healthy Environments, Sue McGill, says the two-year program offers training, education and support as clubs work at their own pace through the following six modules:

- » responsible use of alcohol
- » healthy eating
- » reduced tobacco use
- » UV protection
- » injury prevention and management
- » fostering an inclusive, safe and supportive environment for women and girls, Aboriginal Victorians and people from culturally diverse backgrounds.

Clubs consider which aspects of their culture they would like to change, and are supported as they set standards, draft policies and implement them. Many are motivated by the rare opportunity this provides to improve their reputation and build membership, with the ongoing support of RSA officers.



“The premise of the program is that if you make changes so that people experience a healthier club environment that will result in greater levels of participation,” Ms McGill says. “That’s not something sporting clubs always do.”

The demonstration project was managed by Linda Connor from the Barwon region RSA, Leisure Networks. She says some of the 78 clubs in the trial made such significant improvements that they can apply for sponsorship and funding from other sources, for the first time.

“Many clubs have really blossomed through this project,” she says, explaining that it supports time-poor volunteers to achieve valuable new skills, such as developing and implementing policy.

Broad impact

Ms Connor says the program’s benefits are likely to filter to the broader community, offering significant public health benefits over the long term.

“If healthy messaging and respectful behaviour occurs at a junior level, many kids will stay with clubs throughout their life and become members of the school, work, business and broader community,” she says.

“So we might have 300 members in a club, but the messaging continually gets reinforced in all areas of their community.”

She says participating clubs have the potential to improve the mental health of communities too, when they’re places where people can socialise and feel connected.

What clubs changed

Ms Connor says the program allows clubs to address their individual needs. One club adopted a flexible uniform policy, enabling headscarfs to be worn, while others set up buddy systems and appointed welcoming officers.

Many wrote membership booklets, outlining club values and policies on issues like smoking and spectator behaviour. Some sold homemade soup and salad rolls at the canteen, as an alternative to deep-fried dim sims.

Clubs may be eligible to receive discretionary support from RSAs to help them meet specific needs, such as first aid kits or courses. For instance, the Valley Sports RSA assisted 24 club members to complete TAFE’s Responsible Service of Alcohol training.

Respecting differences

Ms Connor says some clubs played in rainbow-coloured socks to show their support for the International Day Against Homophobia and Transphobia – a simple gesture with significant population health implications.

“Young people will look at that and say there are clubs around that will be safe to go to,” says Ms Connor.

“We know that discrimination has been found to be linked to depression, increased use of drugs and alcohol, social isolation.”

Meanwhile, VicHealth is implementing another community-based initiative which focuses entirely on building a more inclusive society that respects differences.

The Localities Embracing and Accepting Diversity (LEAD) program relies on tailored approaches to prevent discrimination and support people from a diverse range of cultures.

The pilot program is being implemented by the City of Whittlesea and the City of Greater Shepparton. The councils are working to ensure their policies and cultures support cultural diversity and prevent discrimination. The councils are also implementing programs to help local workplaces, sporting clubs and schools achieve the same.

Innovative health promotion activities are improving the lives of people from all over the world and in this section we present some of the groundbreaking projects we find inspiring.

World of Health Promotion



Public health researchers in the US have explored the use of digital technology as a tool in auditing neighbourhood environments.

The study, published in the American Journal of Preventative Medicine, evaluated the feasibility, including barriers and limitations, of using Google Street View to audit neighbourhood environments.

A neighbourhood's activities and physical features have implications for the health of its residents and this tool allows researchers to conduct 'virtual' audits of a neighbourhood's characteristics without the need to travel for field work.

The study found a high correlation between the 'virtual' audits of a neighbourhood's characteristics using Google Street View and field studies. The authors concluded that this can be a cost-effective and less intrusive alternative to field studies.

USA

CANADA

A social media campaign created by Sexual Assault Voices of Edmonton [SAVE] targeting potential offenders and addressing sexual assault without victim-blaming is being attributed to a decrease in the number of reported sexual assaults in Vancouver.

The 'Don't Be That Guy' campaign is being applauded for not aiming prevention efforts at potential victims of sexual assault and instead directing the message to potential perpetrators.



Ciclovía, a unique event pioneered in Bogota [Columbia], which increases opportunities for and participation in physical activity, is now a global movement. More than 100 cities in 20 countries throughout the Americas have introduced 'Ciclovía', which shuts off miles of streets to cars on Sundays and opens the roads for non-motorised traffic.

COLUMBIA

UK

Health campaigners welcomed the move by the UK Department of Health for all major supermarkets UK-wide to adopt 'traffic-light labelling'.

The aim is to make it much easier for consumers to quickly tell the fat, salt, sugar, saturated-fat and calorie content of particular foods through green, amber and red colours seen on traffic lights.

The campaign is part of the 'Change4Life' scheme.

INDIA

'Magic Bus' reaches marginalised kids with economic vulnerabilities and teaches skills and life lessons through sports. The program forms partnerships with government, the private sector and communities to encourage children to stay in, or return to, school and are coached in areas that enhance their employability.

PHILIPPINES

The Philippine government plans to increase health care funding after introducing a new tax on cigarettes and alcohol. According to the government, the country of 100 million has the highest incidence of smoking in the region, with tobacco-related diseases costing the country 177 billion pesos (\$4.3 billion) in 2011.

Until the new tax, cigarette companies enjoyed one of the lowest tobacco taxes in Southeast Asia.

AFRICA

'Alive & Kicking' is a social enterprise that manufactures sports balls in Kenya, Zambia and Ghana. It uses the continent's passion for football to boost local economies, provides children with the right equipment to play with and uses sport as a tool for raising health awareness.

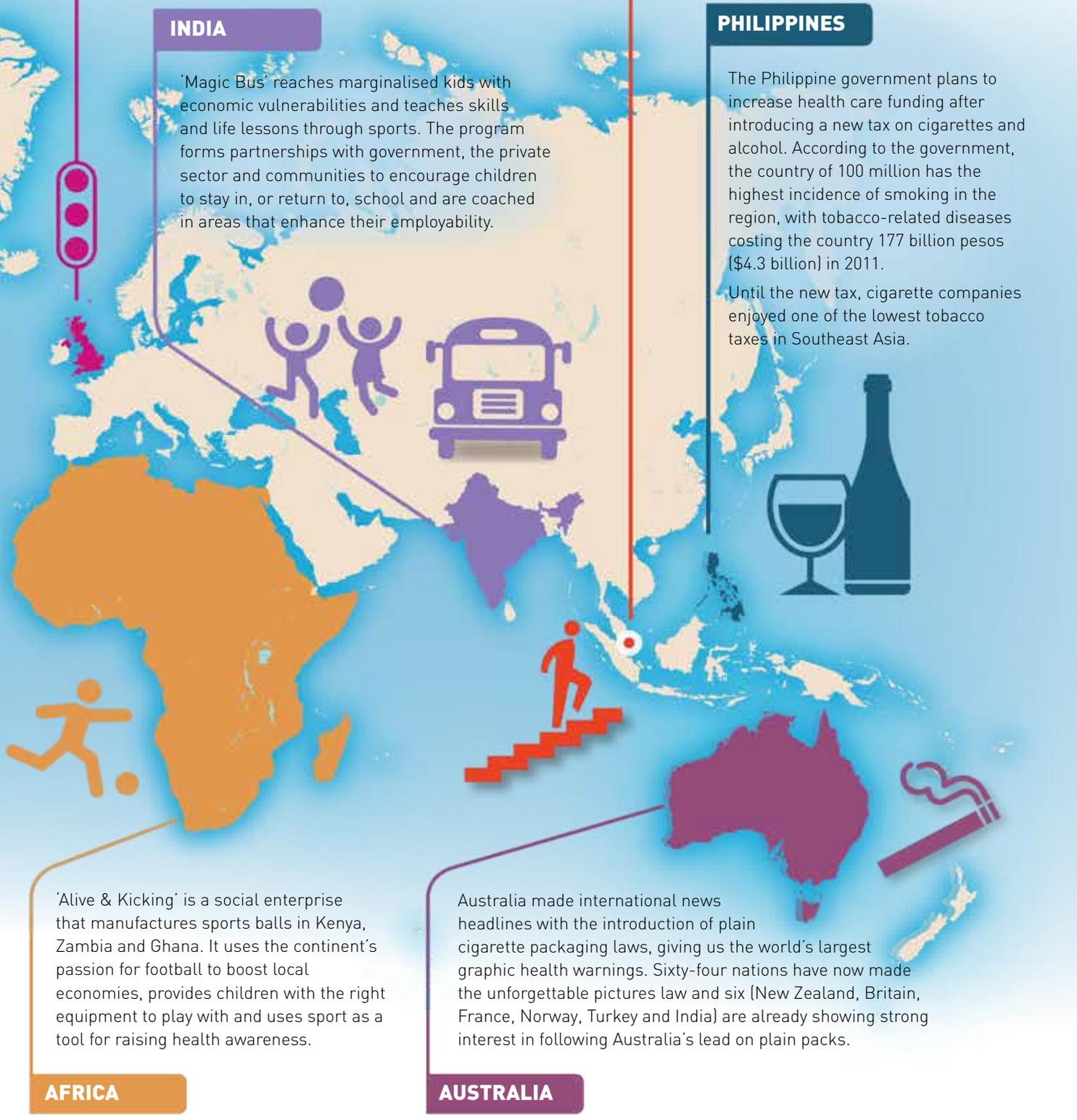
AUSTRALIA

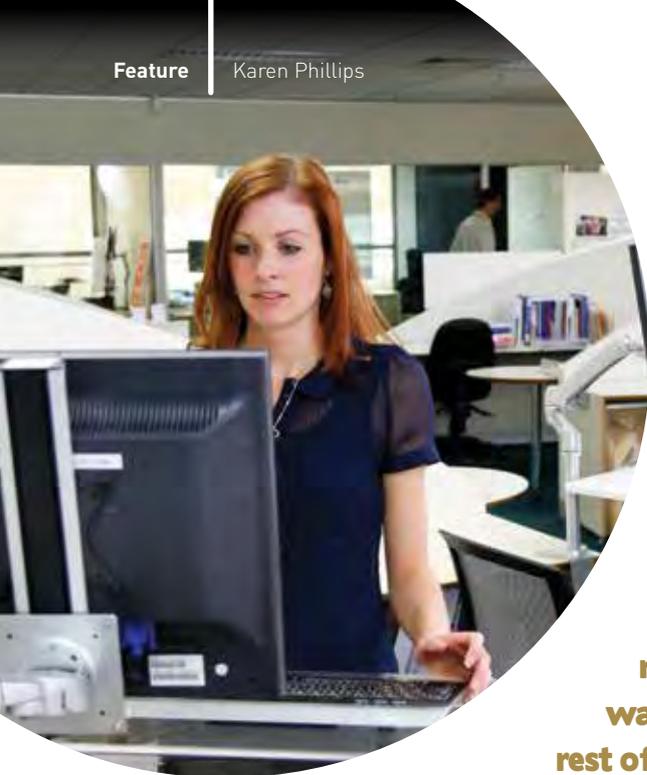
Australia made international news headlines with the introduction of plain cigarette packaging laws, giving us the world's largest graphic health warnings. Sixty-four nations have now made the unforgettable pictures law and six (New Zealand, Britain, France, Norway, Turkey and India) are already showing strong interest in following Australia's lead on plain packs.

SINGAPORE

A Singapore study has found an excellent way of incorporating physical activity into regular routine – encouraging the use of stairs during daily commutes.

Findings showed an increased number of people chose to climb stairs instead of using escalators when prompted by signs at an experimental train stations. After the banners were removed, the number of stair climbers dropped.





HEALTHIER WORKPLACES FOR HEALTHIER COMMUNITIES

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It sounds ideal to follow current health guidelines and spend at least 30 minutes a day, five days a week, in reasonably vigorous physical activity.¹ But all that running, walking or gym work may be undermined if we spend the rest of our time slumped at our desks.

PROFESSOR DAVID DUNSTAN is an expert in the impacts on health of prolonged sitting – particularly the type of sitting that’s common to the ever-increasing number of office-based workers. Now, as part of VicHealth’s Creating Healthy Workplaces program, Professor Dunstan is investigating how a reduction in prolonged sitting might improve employee health and wellbeing within Victorian workplaces.

The project is one of five being introduced across Victorian workplaces as part of VicHealth’s \$3 million Creating Healthy Workplaces program, launched by the Minister for Health, The Hon. David Davis, MLC in April 2012 to improve health in Victorian workplaces.

Project manager Irene Verins says the first part of this program focused on producing international evidence reviews into five factors linked to workplace ill health. Each review examined how stress, violence against women, alcohol, race-based discrimination and prolonged sitting at work contribute to chronic disease.

On the basis of these evidence reviews, five pilot projects were designed to test what strategies might prevent this potential harm. Thousands of Victorian employees in organisations such as Victoria Police and YMCA Victoria are participating in the pilot projects, working with leading academics to increase knowledge of how changing attitudes and influencing behaviours can improve the health of employees.

Ms Verins says that with most working-age Australians spending about one-third of their waking lives at work,² it is logical that workplaces are a great setting for action on health.

It also follows that building new knowledge, developing evidence-based tools and techniques for improving healthy practices within the workplace might contribute to the good physical, emotional and psychological health of

working Australians. Evidence shows that both mental and physical wellbeing are influenced by working conditions,³ with impacts potentially affecting co-workers, managers and businesses as a whole, not to mention families and communities.⁴ The psychosocial work environment – which might include stressors such as bullying, discrimination or sexual harassment – has emerged as a leading contributor to occupational disease.⁵

As LaMontagne and Keegel found, work has “the potential both to promote and to harm health through a wide variety of pathways.”⁶

“We know that many Victorians spend a large amount of time at work,” adds Ms Verins. “We also know that workplace culture and working conditions can influence health. Now we can test some of the ideas that exist and boost the knowledge in those areas in which there is little evidence.”

Ms Verins says the economic savings of health promotion activities are not always apparent to employers at the beginning of such projects. “But we will be promoting that prevention measures are good for their businesses and can lead to increased productivity and a range of other benefits.”

“What’s exciting about these projects is that they comprise many partnerships and that testing of new strategies is occurring in real-life workplaces,” she says.

One project, based within Victoria Police and Eastern Access Community Health, has leading workplace stress experts Associate Professor Tony LaMontagne of the University of Melbourne’s McCaughey Centre and Associate Professor Andrew Noblet of Deakin University working to identify the sources and effects of stress, and to develop and assess the effectiveness of a range of stress-reduction tools and strategies.

As one of the authors of the *Reducing stress in the workplace* evidence review, Associate Professor LaMontagne found that depression due to ‘job strain’ costs the Australian economy \$730 million a year.⁷ The review found stress

affects staff turnover, absenteeism, ability to focus on work, and accident and injury rates, with corresponding impacts on healthcare costs and compensation premiums.

"We now know a lot about many of the factors that cause stress in the workplace," Ms Verins says. "What we need to learn more about is how to change the conditions of work that cause that stress. How do we change the working environment in a company or business to mitigate that effect?"

"We are hoping to develop principles and strategies that will address and alleviate stress and that can be transferred to other workplaces in Victoria and elsewhere."

A second project – the *Y Respect Gender Project* at YMCA Victoria – aims to build a workplace culture that promotes equal and respectful relationships between men and women and increases women's representation in leadership positions, with the ultimate long-term aim of preventing violence against women before it occurs.

VicHealth special projects coordinator Emily Maguire says that in the 12 months since the project began, the YMCA has conducted a staff survey, prepared a discussion paper on women's representation and leadership, and

Dr Streker says research has found a link between experiences of racism and mental illness. These experiences can also lead to absenteeism, lower productivity and other stress-related health problems.

"We're not just looking at obvious forms of discrimination, but less obvious forms, such as people not being invited to job interviews because of their names," he says.

In the sedentary behaviour project, office workers in seven Department of Human Services (DHS) sites across Melbourne – the majority of whom deal with client calls and complaints – are being encouraged to spend parts of their day standing at height-adjustable work stations.

"More and more occupations are reliant on computer interaction with prolonged periods of sitting at a desk," says Professor Dunstan, whose most recent research indicates office workers spend 75 to 80 per cent of their working hours sitting.

He says there is mounting evidence that such behaviour can contribute to ill health, but little evidence of the health and



// We're really starting to see staff at YMCA Victoria gain a greater understanding of the causes of violence against women, and act as champions in their workplace. //

begun reviewing its policies and procedures from a gender perspective.

"We're really starting to see staff at YMCA Victoria gain a greater understanding of the causes of violence against women, and act as champions in their workplace by having conversations that raise awareness about the positive impact that an equitable workplace can have," Ms Maguire says.

Dr Peter Streker is manager of a third project, aimed at developing policies and practices to increase diversity in Victorian workplaces. Race-based discrimination in the workplace affects almost one in five Australians, with Indigenous Australians and those born overseas from a non-English-speaking background most at risk.⁸

The project aims to identify ways to address and remove overt and covert racism from Victorian workplaces, "so that everyone has equal opportunity to go to work without fear of discrimination", Dr Streker says. The project involves the Victorian Equal Opportunity and Human Rights Commission, Adult Multicultural Education Services (AMES), organisational development company Insight SRC and two workplaces.

economic benefits of changing a predominantly inactive culture.

The amount of time the workers spend standing and sitting is being recorded with instruments that avoid the need for self-reporting. In addition, pre- and post-intervention medical and productivity assessments will demonstrate any health and productivity impacts of the new work stations. Working conditions are also being addressed by different levels of the workplace, to reduce the amount of time spent sitting.

Less than a year since the DHS project was introduced, project coordinator Sevasti Athinotis says behavioural change supporting healthier activity in the workplaces has been observed.

"People are making more of an effort to be more mobile, and are adopting other healthy behaviours as well – drinking more water, choosing healthier foods.

"Workers are also reporting that they feel more capable of dealing with upset customers when they're standing – that they feel empowered and more in control, and consequently less stressed," Ms Athinotis says.

An indication of our health

VicHealth's wellbeing survey provides a valuable tool to help shape a healthier future in Victoria.

FOR POINT COOK RESIDENT LOREN

Bartley, her health and the health of her family are not determined by visits to the doctor, but where they live.

The mother of three says poor urban planning in Point Cook results in more time spent in the car and difficulty accessing recreational amenities, which impacts negatively on their wellbeing.

"We have two cars because my husband has to drive to the station as there are no transport provisions to get there. It takes 40 minutes just to get to the station and on a bad day, up to two hours to get to work.

"He's always tired and by the time we do our regular family stuff he's completely exhausted. There's usually not enough time to exercise. Some days he misses having dinner with the family and sometimes he doesn't see the family at all," Mrs Bartley said.



It takes 40 minutes just to get to the station and on a bad day, up to two hours to get to work.

The Bartleys' experience is all too common.

The VicHealth Indicators Survey released last year (November), found that many Victorians struggle with work and time pressures, which are often exacerbated by long commutes. Lack of time also impacts sleep, sharing family



meals and spending time with family and friends.

The 2011 survey interviewed more than 25,000 Victorians aged over 18 years in each of the state's 79 Local Government Areas [LGAs] and focused on the social determinants of health.

Topics covered include: wellbeing; alcohol; smoking policy; work; life and time; healthy eating and sedentary behaviour; green space and safety; community engagement; social attitudes that influence health; and arts and new media.

VicHealth's Environments for Health executive manager Dr Bruce Bolam said the ramifications of time pressure are particularly profound.

"Healthy living takes time – to cook and eat together, exercise and sleep. This research shows how difficult it is for many Victorians – particularly those living in outer metropolitan Melbourne – to have enough time for a healthy lifestyle.

"We need a long-term vision for urban planning that goes beyond simply building houses on new estates, to one that creates environments where it's easier to be healthy," Dr Bolam said.

The survey findings will not only help shape health plans for local councils but also help identify emerging social trends and issues.

Victorian Local Governance Association CEO, Maree McPherson, said the survey highlights some of the challenges and opportunities, and supports the work they will be doing with councils in the future.

"We will be encouraging decision makers to ensure that issues around health and wellbeing are integrated across all major plans and strategies.

"The data from the survey is the bread and butter of people who do municipal health and wellbeing planning but there's certainly an audience beyond them that will benefit from the information," Ms McPherson said.

The City of Whittlesea is in the process of drafting their population health profile, which will inform the development of their Municipal Public Health and Wellbeing Plan [MPHWP] 2013–2017.

The City of Whittlesea health planning team leader Philippa McLean said the survey findings will be integrated into the MPHWP and has generated strong interest across all the council's departments, including advocacy, family and youth services, community services and transport planners, Healthy Together Whittlesea and Community Cultural Development teams.

Ms McLean said the findings add another layer of knowledge to the complex interrelated web of factors which create "health" because the data is analysed from a range of sources and presents more relevant information.

"We're a diverse community and find one of the problems doing the health profile is that very often data is only available at statewide or regional level, which is why having this survey at a LGA level is great.

"Findings highlighted areas where the City of Whittlesea's results were significantly less favourable than the Victorian average (inadequate sleep and lack of time for friends) which will be priorities for further exploration in stakeholder consultations we will be running," Ms McLean said.

A snapshot of health in Victoria

Those sharing a family meal 5+ nights each week were more likely to report very good to excellent health

89% have internet access at home

Men [44%] were significantly more likely to have purchased alcohol than women [29%]*

*reported in the seven days prior to survey

Seven in 10 survey participants supported extending the smoking ban to outdoor dining areas

High rates of daily soft drink consumption between 25 and 34-year-olds

Those residing in growth areas had the poorest outcomes for green space use

Better wellbeing was reported by those with a university degree, no reported disability and earned an annual income of \$100,000+

More than 37% of males and 28% of females sit for seven hours or more per day

People who commuted 2 hours or more daily were likely to:

- agree they lacked time for friends and family
- agree they were under time pressure
- report sleeping less than 7 hours

34% of Victorians reported volunteering on at least a monthly basis

For more information, please refer to the full report of the VicHealth Indicators Survey 2011 at www.vichealth.vic.gov.au/indicators



Together with the Indicators Survey, VicHealth has also developed a series of local government action guides that councils may consider when preparing their Municipal Public Health and Wellbeing Plans and other strategies.

The guides outline recent research and some ideas for local action on ten public health topics:

- » reducing health inequalities
- » preventing violence against women
- » improving Aboriginal health and wellbeing
- » supporting healthy eating
- » increasing participation in physical activity
- » reducing tobacco use
- » increasing social connections
- » reducing harm from alcohol
- » reducing race-based discrimination
- » protecting Victorians from skin cancer

To view specific guides in each area visit www.vichealth.vic.gov.au/localgovernmentguides

Pictured: Point Cook resident Loren Bartley with her three children on the impact on commuting times and poor urban planning on her family's health.



Drinking cultures and social occasions – public holidays and sporting events

VicHealth published two reports in 2012 showing harms from alcohol peaking during public holidays or sporting events and generally rising the day before.

In the public holidays study, data collected from 2000 to 2009 for metropolitan Melbourne* showed significant increases in acute intoxication, injuries due to assaults and traffic accidents in the lead-up to public holidays during the warmer months, with Australia Day as the worst for assaults and drunkenness in those aged under 25. The other significant day for similar harms is ANZAC Day.

The sporting events study reported significant increases in alcohol-related harms in the lead-up to major sporting events particularly before Melbourne Cup Day and the Australian Football League Grand Final.

Both reports provide valuable information for resource allocation and funding during these celebratory occasions. More importantly, the data could guide prevention and education initiatives to minimise harms from risky drinking behaviours, especially among young Victorians.

READ THE REPORTS: www.vichealth.vic.gov.au/alcohol_misuse_pubs

*data from ambulance attendances, hospital emergency department presentations, hospital admissions, police, serious road incidents



Mental health impacts of racial discrimination in Victorian Aboriginal and CALD communities

In 2009 VicHealth established the Localities Embracing and Accepting Diversity (LEAD) program to trial a coordinated approach to supporting diversity and reducing race-based discrimination at the community level. LEAD aimed for a result in long-lasting cultural and attitude changes.

At the start of the program, research was carried out to ascertain the level of racism in four Victorian localities and its impacts on mental health.

The results showed that in the past 12 months before the survey a high level of racism was experienced by those interviewed: Aboriginal Victorians [97 per cent] and CALD communities [63 per cent]. Many participants had more than one experience of racist incidents or remarks, in various settings such as in shops, at work or school, public transport, and sports.

The survey included a psychological distress test that indicated their risk of mental illness. The findings showed that those who experienced the most racism also recorded the most severe psychological distress scores.

These findings corroborate previously published evidence showing that targets of racism are at greater risk of developing a range of mental health problems such as anxiety and depression.

Summaries of the survey (each for Victorian Aboriginals and CALD communities) are available at: www.vichealth.vic.gov.au/discrimination

The LEAD program has been implemented by two Victorian councils, supported by a social marketing campaign 'See Beyond Race'.

READ MORE: www.vichealth.vic.gov.au/LEAD



Victorian print media coverage of violence against women

This study reviewed nearly 2500 articles in the Victorian press describing local and overseas incidents of violence against women. It found current Victorian press coverage of this issue to be substantially less problematic than in other countries. In particular, it found a lower prevalence of 'victim-blaming'. University of Melbourne researchers Violeta Politoff and Professor Jenny Morgan have included some areas for strengthening of reporting, given that the media plays an important role in the way the public understands issues such as this, and shaping attitudes.

READ THE REPORTS: www.vichealth.vic.gov.au/pvaw_printmedia

Reporting on violence against women is fraught with complexities. To assist media professionals in contextualising coverage and to prompt the inclusion of information about services for victims, VicHealth and Domestic Violence Victoria recently developed a resource regarding reporting on violence.

FIND OUT MORE: www.vichealth.vic.gov.au/reportingVAW

Would you say or do something if you heard a sexist joke about women?

According to a VicHealth research report, bystanders are hesitant in stopping sexist behaviour.

The report found that one in three Victorians have witnessed sexism and discrimination against women during the past year, but less than half said or did something to stop it.

A further one in 10 also said they wanted to intervene, but did not say or do anything to show they disagree with sexist attitudes.

In addition, sexist behaviour is considered more acceptable in social

environments than in workplaces or sports clubs.

These are some findings from this world-first study funded by VicHealth and conducted by Dr Anastasia Powell and the Social Research Centre. It provides evidence that while many in the Victorian community recognise unacceptable behaviour towards women, individuals and organisations can do more to respond and promote gender respect and equality.

READ THE REPORTS: www.vichealth.vic.gov.au/pvaw_bystander_report

Also watch VicHealth's video summarising the research: www.vichealth.vic.gov.au/pvaw_bystander_vg

COMMENT THE RESEARCH/POLICY NEXUS



Dr Lisa Thomson, Manager – Knowledge for Health, VicHealth

In order to understand public health problems and make good decisions, policy makers and practitioners need the best evidence to inform their work. Research undertaken by academics and other practitioners can detail what interventions are successful in maintaining health and wellbeing. These can be found in both large and small scale studies.

The relationship between research and policy/practices is not always linear but where possible, research evidence should always be used to drive policy solutions. It is important that research findings are presented in a realistic manner and in a format that can be readily applied and understood by policy makers.

The relationship between researchers and policy makers/practitioners works best when collaborative partnerships are forged. This means that both parties have a vested interest in generating evidence to inform the decision-making process and to evaluate the outcomes and impact of programs.

» From your experience or knowledge how can researchers and policy makers/practitioners improve their working relationship? Have you come across good examples of policy needs being translated into answerable research questions, or research results that are accessible and usable for policy makers?

[HAVE YOUR SAY vichealth.qhub.com]

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Heather Wiseman, author of 'Health through community' is a freelance journalist.

Karen Phillips, author of 'Healthier workplaces for healthier communities' is a freelance journalist.

Images

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Pictured: Thelma Wakelam at Selandra Community Place in Selandra Rise – a housing estate developed in collaboration with VicHealth. Selandra Rise aims to make it easier for residents to be healthy (story from page 10).



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