

Leading the Way

Councils creating healthier communities

Prompting
Questions

POPULATION HEALTH AND WELLBEING

Population strategies are designed to create healthy environments: living and working conditions in which people can thrive.

When designing population strategies, it is also important to identify resources that can be used to grow a stronger and healthier community. This includes organisations and leaders, volunteers, educational institutions and libraries, health and community services, recreational facilities and sporting clubs and local businesses.

It is also important to remember that most council areas are made up of a number of different kinds of communities – some large, others small, some homogeneous and others diverse. The answers to the following questions might be quite different for the different areas within the council boundaries.



PROMPTING QUESTIONS

- What is the population profile of the community in terms of age, family and household composition, geographic distribution, health status and cultural diversity? Is the population growing, declining or staying the same?
- Are there environmental hazards in the area? Water, air or soil pollution from industrial or agricultural practices? Are there unsafe roads or footpaths that pose dangers? Is there substandard housing?
- Are there built or natural features in the area that discourage participation and access – e.g. dilapidated spaces and places, roads with heavy traffic and noise, places with poor pedestrian access, poor visibility, bad lighting?
- Are residents actively involved in planning for the future? What opportunities and supports exist to encourage residents to participate in planning and decision-making?
- Does council actively facilitate community interests in creating their own groups and support structures?
- What is the economic situation – average per capita income, inequalities and gaps between the rich and poor?
- Are there good jobs appropriate to the skills and interests of the community? Are jobs located close to where people live? Is the education and training available appropriate to the employment market?
- Are there accessible and safe recreational areas for people of all ages?
- Is there a strong sense of community? How inclusive is the community? Are there social networks, and high levels of trust and reciprocity?
- Are there strong community, sports, cultural and religious organisations in which people can participate?
- Is information about healthy lifestyles and health and community services widely available and appropriate to the population?

THE HEALTH AND WELLBEING OF OLDER PEOPLE

In many people's minds, ageing implies illness, disability and a high need for services, especially hospitals and nursing homes. It is important to remember that the vast proportion of older people (65 years plus) are healthy and can stay that way if their physical, social and economic environments are suitable e.g. shopping centres are accessible, footpaths are safe and appropriate transport and other services are available.

Older people represent a huge potential resource to the communities in which they live. They have knowledge, skills and experience to contribute to planning for the future, solving community problems and providing support for others.

For the minority of the population that is frail and suffering from chronic illness or disability, there are approaches to service delivery and care that can help them maintain their independence and remain in their community of choice.



PROMPTING QUESTIONS

- What is the proportion of older people in your community?
What is their social and health profile?
- Are there appropriate health and community services for older people, given their social and health profile?
- What local spaces, buildings and landmarks reflect older people's interests?
- Are there opportunities for older people to contribute their accumulated knowledge and experience to the community? Is their participation as volunteers and community leaders valued and acknowledged?
What opportunities and supports exist for their participation in planning and decision-making?
- Are public places accessible and safe for older people? Do they feel welcome and safe in public spaces?
- Are there older people who are isolated from community life?
Why? What is being done to link them to the rest of the community?
- What recreational and cultural activities are designed for older people?
- What linkages are made between generations? Are there intergenerational programs or activities in the community?
- What support is available for frail elderly people to help them to keep living in the community?
- What support is available to the carers of frail elderly people to assist them in their caring role?
- Are services linked so that people can readily get the services they need?

THE HEALTH AND WELLBEING OF YOUNG PEOPLE

Young people are generally described as between the ages of 12 and 25.

This is a broad age group made up of those attending school, college, and university, those employed, unemployed and under-employed, and those from differing family and relationship situations; it also includes people with varying incomes, and, importantly, adolescents making the transition to adulthood.

Young people can be a particularly vulnerable group in the community, as they face various life changes, but have limited life experiences and varying degrees of maturity to deal with them.

Where broad measures are not enough, young people might experience family and relationship breakdown, escalate risk-taking behaviour, find themselves without adequate food and shelter, or suffer depression and anxiety.

Young people are a group with enormous potential, and hold the leadership and the future of the community in their hands. The experiences of people during this stage of their lives will determine how they contribute to their communities in the future.



PROMPTING QUESTIONS

- How many and where are the young people in your area, and what are their characteristics – such as age and gender?
- Where are the places young people feel a sense of belonging? Where do they like to 'hang out'? Why are these places important to them?
- What are the education/training, employment and income opportunities for young people in the area?
- Are there any barriers to young people having access to healthy and nutritious food?
- What opportunities are there for young people to be involved in recreational and entertainment activities?
- How do young people develop and maintain friendships and relationships?
- How are young people encouraged and supported to participate in the community, and provide input into decisions affecting your area?
- Is there a need for services and support for young people in your area who may:
 - be homeless or needing accommodation?
 - be using or abusing drugs or alcohol?
 - be exposed to violence or abuse?
 - need information/support on sexuality, pregnancy or family planning?
 - need suicide or other counselling?
- Do young people actually use existing services?
Are the services linked so that they can readily get the services they need?
- What action has council taken in relation to any gaps in services?
- What council programs and policies are in place to help create a more supportive environment for young people at risk?
 - Social support programs
 - Employment
 - Volunteering
 - Friendship networks
 - Social skills
 - Rental support
- Who else has an interest in young people, and what scope is there for council to work together with them? How do your council programs and policies work with other local, State and Federal initiatives for young people?

THE HEALTH AND WELLBEING OF KOORIS

There is overwhelming evidence that the health and wellbeing of Indigenous Australians does not compare favourably with the non-indigenous population. Kooris, for example, suffer higher rates of diabetes and heart disease and have shorter life spans.

These problems exist in the context of poor employment and education prospects and past and continuing racist and discriminatory practices.

Kooris have a great deal to contribute to their own communities and to the broader communities they live in. Making this possible means listening to Koori views and creating opportunities for self-determination, self-management and access to both indigenous and mainstream services.



PROMPTING QUESTIONS

- What is the size and location of the Koori population?
- What is their health and wellbeing status, in general? Are they suffering disproportionate burdens of specific diseases, injuries, disabilities and/or social problems?
- Are there specialised health and community services and programs designed with and for Kooris? Are Kooris encouraged and supported to develop and manage their own services?
- Do Kooris have access to mainstream services? Are there any barriers?
- How are Kooris supported to engage in traditional cultural practices? What Aboriginal languages are taught in your municipality?
- What landmarks and places have Koori significance? To what extent do non-Koori people understand and appreciate the significance of these places?
- How is Reconciliation reflected in council policies and programs? What activities bring Koori and non-Koori people together to demonstrate a commitment to Reconciliation?
- What opportunities exist for Koori people to have a meaningful say in planning and decision-making?
- Are there appropriate education and training programs designed to lead to employment for Kooris?
- Are there Koori-run organisations that can provide social support and networks? Do these organisations provide links to mainstream opportunities – education, jobs, recreational and social?
- Is there affordable housing that is designed with Koori lifestyle and culture in mind?

THE HEALTH AND WELLBEING OF PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

Australia is a culturally and ethnically diverse nation. Since white settlement over 200 years ago, migration from all over the world has added to an already diverse indigenous population. For the purpose of this work, diversity is understood to describe the fact that Australians have different cultural, religious and language backgrounds, and they naturally differ in age, gender, race, colour and disability. This diverse population presents huge challenges and opportunities.

Ensuring that services are accessible and appropriate for a range of people, who may speak different languages and have vastly different values and cultural practices, is an important and essential goal. Sometimes this requires special programs (e.g. counselling for victims of torture and trauma) and significant outreach efforts (e.g. recruiting non-English-speaking women to have regular pap smears and breast checks). In all instances, it means training staff in mainstream services to understand the special needs of Australia's diverse communities.

In order to develop appropriate and accessible services, representatives of culturally and linguistically diverse groups must be involved in the planning and monitoring of responsive services.



PROMPTING QUESTIONS

- What is the ethnic, linguistic and cultural make-up of the community? Is there a dominant culture, language or ethnicity?
- To what extent does the community promote itself as a diverse community? In what ways is its diversity expressed?
- How well does the built environment present opportunities for members of ethnic and cultural groups to participate in the full range of economic, social, cultural and recreational activities in the community?
- To what extent are members of ethnic and cultural groups in the community consulted and involved in community planning and decision-making? How do they participate?
- Has there been an attempt to identify the specific priorities and needs of the ethnic populations in the community? What are the strengths and resources they have to offer?
- Who is delivering services, planning services and forming policy? To what extent can multicultural groups impact on service planning and delivery and policies?
- How are groups assisted to do this? For example, are interpreters freely available? Are consultations undertaken in languages other than English? Are reference groups composed of diverse stakeholders?
- To what extent do people of different ethnic, linguistic and cultural backgrounds participate in the significant activities of your community? For example, who attends your Australia Day Celebrations? What is the ethnic background of people attending football matches, maternal child health centres, public meetings to discuss traffic management, or community safety initiatives such as Neighbourhood Watch?
- Is there widespread participation in (and celebration of) ethnic cultural activities?
- Are there strong ethnic community organisations in which people can participate?
- Are council services responsive to the unique needs of specific ethnic and cultural groups? Are services culturally appropriate? Are there special services to meet unique needs?
- Are council services staff encouraged to participate in cultural awareness and communication training? Is this training regularly available?

THE HEALTH AND WELLBEING OF PEOPLE WITH DISABILITIES

People with disabilities make up 19% of the population. They are from all age groups, ethnic backgrounds and socio-economic groups, and live in all areas. Types of disability include physical, intellectual, psychiatric, sensory and acquired brain injury. Some people are born with a disability and others acquire them through accidents, chronic illnesses, age-related health issues and other factors.

Barriers exist in employment, education, accommodation, support services, mainstream services, recreation, access to information and access to the built environment. Disabling environments and attitudes often impact more on a person than a specific impairment. Providing good accessible services and facilities for people with disabilities often means better access for others too – for example, parents with prams, people coping with temporary injuries, people with limited literacy in English etc.

People with disabilities have the right to participate in everything on offer to everyone else. To achieve a truly inclusive community, disability-related barriers must be overcome.

It is important to recognise people with disabilities as contributors to the community, not simply service consumers.



PROMPTING QUESTIONS

- What are your community's attitudes towards disability?
- How well does the built environment present opportunities for people with disabilities to participate in the full range of economic, social, cultural and recreational activities in the community?
- What services, transport and supports allow adults with disabilities to live independently in the community and situation of their choice?
- Is there a range of housing and support alternatives to accommodate people with physical or intellectual and psychiatric disabilities?
- Do people with disabilities participate actively in community planning and decision-making? What training and support is provided to encourage this?
- How meaningful is their inclusion and participation in consultations, surveys and focus groups that gather information for planning purposes?
- Are disability-related barriers identified and addressed as a matter of course in the design/content of all consultation processes? (Are mainstream committees, focus groups and advisory groups inclusive of people with disabilities, able to meet their needs in physical access to buildings, attendant care support, AUSLAN interpreters, transport etc?)
- Are recreation and leisure opportunities available to people with disabilities so that they can have a choice of attractive, affordable and age-appropriate leisure experiences?
- Does the community have adequate supports for carers of children and adults with a disability?
- Do people with disabilities have their own voice in community deliberations and decision-making? Are there processes to facilitate the direct input from people affected by disability in the community? (Disability Advisory Committee, disability advocacy organisations etc)
- Do local media feature positive stories about people with disabilities or do they tend to perpetuate negative or outdated stereotypes?
- What opportunities exist for people with disabilities to develop networks, friendships and a social life alongside people who do not have disabilities?

THE HEALTH AND WELLBEING OF PEOPLE WITH MENTAL ILLNESS

The prevalence of mental illness, especially depression, is increasing in communities in Australia and around the world. While health systems struggle to deal with people who experience severe mental illness such as schizophrenia, bipolar illness and personality disorders, many mild or moderate conditions go undetected. However, mild problems can easily escalate into major mental illnesses, which are debilitating for individuals and families.

There is still a stigma attached to mental illness that prevents people from seeking appropriate help and that discriminates against those who display behaviours associated with mental, social and emotional problems.

Additional difficulties are posed by the frequency of people with mental illness also having drug and alcohol problems. This complexity requires multidisciplinary and well-coordinated approaches to service delivery, care and support.



PROMPTING QUESTIONS

- What is your community doing to promote mental wellbeing? Are there 'early warning systems' in schools and workplaces, for example? Are populations identified as 'high risk' targeted for interventions (e.g. teenage single mothers, who are highly susceptible to post-natal depression)?
- Does the built environment promote a sense of place, of safety, of belonging, of aesthetics, participation and community pride?
- Are there efforts to improve the community's understanding and acceptance of people with mental health problems? How is this reflected in council policy?
- Is information about mental health, mental illness, prevention and treatment options readily available in the community?
- Does the community encourage and facilitate support groups for people with mental illness?
- Are there adequate services for people with acute problems? Are these services easily accessible? Are they integrated with other services to reduce stigmatisation?
- Are there multidisciplinary approaches for people with multiple problems, such as mental illness, alcohol abuse and drug addiction? Is there collaborative support between services and programs?
- What support is available for children whose parents suffer from mental illness?
- What support is available for families who have a mentally ill member?

THE HEALTH AND WELLBEING OF ECONOMICALLY DISADVANTAGED PEOPLE

The impact of poverty on health is inescapable. Those at the bottom of the income scale are more likely to suffer illness, disability and premature death than those at the top of the economic hierarchy. There is also ample evidence that large gaps between the 'have's' and the 'have-not's' increases the vulnerability of those on the lower end of the socio-economic scale.

Therefore, the challenge is to provide both a safety net for individuals and families in crisis, and springboards that allow them to establish and maintain economic stability and security. Together, these will increase the opportunities for people to maximise their potential.



PROMPTING QUESTIONS

- What is the socio-economic profile of the community?
- What support do 'high risk' populations (e.g. long-term unemployed and young single parents) receive?
- Are there financial barriers to using council services? Do customer service approaches support people to negotiate the payment of debts to council?
- Does the council support initiatives to improve the economic sustainability of households, such as food cooperatives, bartering and community gardens?
- Does the council use its own purchasing power to provide jobs and income for the most economically disadvantaged in the community?
- Are there programs that provide access to flexible and affordable education opportunities?
- Is the council doing all it can to attract and maintain businesses that provide good, well-paid jobs?
- Does the council support low-interest loan programs to enable low-income residents to start their own micro-businesses?
- Is there affordable and secure accommodation for low-income families?
- Has the council worked with the community to map its assets and resources that could be used to generate economic activity?
- Does the council have a firm commitment to reducing economic inequalities? How is this reflected in policies and plans?