

# Developing a new framework for promoting health and wellbeing in Victoria

A discussion paper

August 2007

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## 1. Purpose of discussion paper

This discussion paper is focused on establishing a framework that brings together key Victorian health promotion policy initiatives to guide implementation of the health promotion priorities, as well as work to address other important health issues from 2007–2012.

The paper outlines the key considerations for the new framework and aims to articulate an overall vision for health promotion within current government direction for improving health and wellbeing and reducing health inequalities.

In order to prompt discussion amongst interested stakeholders, the paper suggests key components of a system that can be used by the wide range of sectors involved in promoting health and wellbeing, at a local, regional and statewide level.

Feedback regarding the suggestions made in this paper will be collected through two mechanisms during August and September 2007; **consultation workshops and written submissions**. See appendix 1 for workshop details.

Consider the key issues outlined below as you review the paper. They will form the basis of questions for discussion at the consultation workshops and any written submissions. An electronic form outlining specific questions for response via written submission will be available on the DHS Health Promotion website from Monday 27 August to Friday 14 September. Visit <http://www.health.vic.gov.au/healthpromotion/role/index.htm#contribute>

Please be aware that the consultation process will not examine any issues relating to the specific health promotion priorities, it is focused solely on establishing the overarching framework.

### Issues for discussion through the consultation process will include:

- Your organisation's response to the framework
- Use of the framework to develop statewide action plans for the seven health promotion priorities
- Application of the framework to your organisational context
- Statewide capacity building initiatives that may support work on the health promotion priorities

Written submissions addressing the specific questions outlined in the electronic feedback form are welcomed.

If you are unable to access the feedback form (from 27 August), please contact Kellie Horton on (03) 9096 5506 or [kellie.horton@dhs.vic.gov.au](mailto:kellie.horton@dhs.vic.gov.au)

The final date for receipt of written submissions is **Friday 14th September 2007**.

## 2. Introduction

**This section outlines the process for development and implementation of the new framework.**

Health promotion is an increasingly diverse and ever-changing field. While sometimes categorised as a specific sector of the health system, health promotion is more accurately described as a process by which a wide range of individuals, groups and sectors of society can contribute to creating the conditions that support good health for all.

According to the World Health Organisation, **health promotion is the process of enabling people to increase control over, and to improve, their health.**<sup>1</sup>

In Victoria, many different stakeholders are involved in efforts to improve health and wellbeing. Some recognise their work as health promotion and are guided by a range of existing policy initiatives and frameworks. Others may not identify with health promotion at all.

Developing a shared understanding of the factors that contribute to health and wellbeing, and of the actions that can be taken to address them among this range of stakeholders will strengthen capacity to positively influence the health of all Victorians<sup>2</sup>. From within this collective vision, coordination and integration of existing resources for promoting health and wellbeing can be better achieved at a local, regional and statewide level.

The development of a new Health Promotion Framework by the Department of Human Services, in partnership with VicHealth, aims to facilitate these changes in Victoria and create a statewide system that enables effective coordinated planning, delivery and continuous improvement of health promoting actions at a population level.

### About the new health promotion framework

The establishment of statewide health promotion priorities for 2007–2012 has provided an important opportunity to review and revise existing systems for health promotion in Victoria. Feedback regarding support required to effectively implement the priorities was collected from hundreds of participants involved in the priority setting process held in 2006. Development of the new framework will begin to address key issues raised.

The health promotion environment in Victoria has been characterised by significant change over recent years and the framework builds on the strong foundation that has been created over this period. It is envisaged that it will serve the dual functions of more closely bringing together key stakeholders who identify with health promotion, and opening up the process to a wider range of partners through a clear description of their contribution.

The new health promotion framework is not a prescriptive document and is not intended for use in isolation. A range of resources to guide health promotion action currently exists in Victoria. These should be used in conjunction with the new strategic framework, to provide more detailed information regarding application by particular sectors or to priority health issues. It is also important to note that the framework is not a static product; it is expected to evolve over time through the creation of new partnerships, knowledge and experiences.

### Purpose

The framework aims to describe an integrated system and provide a clear context from which organisations within and beyond the health sector can align their approach to improving health and wellbeing. It aims to engage a broad range of partners by moving away from health promotion terminology and making it easier to identify the important contribution of non-health partners.

### Audience

The complex issues associated with making population-wide improvements to health and wellbeing requires collaborative and cross-sectoral strategies. Therefore, the audience for the new framework is very diverse and incorporates six broad groups of stakeholders<sup>3</sup>:

- citizens and communities
- the three tiers of government—Commonwealth, State and Local—which play key roles in developing health promotion policy and resourcing, implementing and evaluating health promotion programs
- VicHealth, which plays a key role in developing innovative responses to existing and emerging health issues and working with government to embed successful strategies into ongoing policy and programs

- organisations that work in settings including community services and health, education, workplaces, housing, transport, justice, arts, sport and recreation
- universities and the academic sector
- non-government organisations (NGOs).

### Application

The framework outlines key components of an integrated health promotion system. This system will be used to address key health issues facing the Victorian population, which include risk factors for chronic disease and underlying societal determinants of health and wellbeing.

A key application of the framework will be guidance on the implementation of recently endorsed health promotion priorities for the state. It will be used to develop **statewide action plans** for each of the seven health promotion priorities and to develop an **overarching systems action plan**, which will aim to strengthen the infrastructure required to support effective, sustainable and equitable action on priority issues.

#### The seven health promotion priorities for 2007–2012 are:

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. Creating safe environments to prevent unintentional injury
7. Promoting sexual and reproductive health.

The overarching aim of the health promotion priorities is to **improve overall health and reduce health inequalities**.

Neighbourhood Renewal sites have been identified as one of the priority settings for health promotion practice from 2007–12.

At this stage, development of the framework is not associated with changes to planning and reporting requirements for health promotion funded agencies and partnerships or local government municipal public health planning. The framework may, however, prove a useful tool for collaborative planning at a local level. The consultation process will explore other potential uses for the framework at a local and statewide level.

### Developmental process

The framework is being developed with a range of partners, both internal and external to DHS. An external Project Advisory Group (PAG) has been established with broad representation from within and beyond the health sector. Membership of this group is included as appendix 2.

The PAG reports to a DHS-based management group, set up to oversee implementation of the statewide health promotion priorities. Both groups have important roles in contributing to the development of the framework.

It is anticipated that the final framework documents will be published in December 2007.

### 3. Framework for moving forward

This section outlines the proposed framework in detail. It includes the framework's:

- Underpinning principles
- Policy context
- Structural elements.

#### 3.1 Underpinning principles

The key features and principles of health promotion underpinning the framework include<sup>4</sup>:

1. Addressing the broader determinants of health
2. Basing action on the best available data and evidence
3. Acting to reduce inequalities and injustice
4. Emphasising active consumer and community participation
5. Empowering individuals, communities and organisations through capacity building action
6. Ensuring an explicit consideration of diversity (including gender, culture, ethnicity, age, disability and sexual orientation)
7. Working in collaboration across sectors to ensure an integrated approach to action
8. Ensuring access for all to health promoting activities.

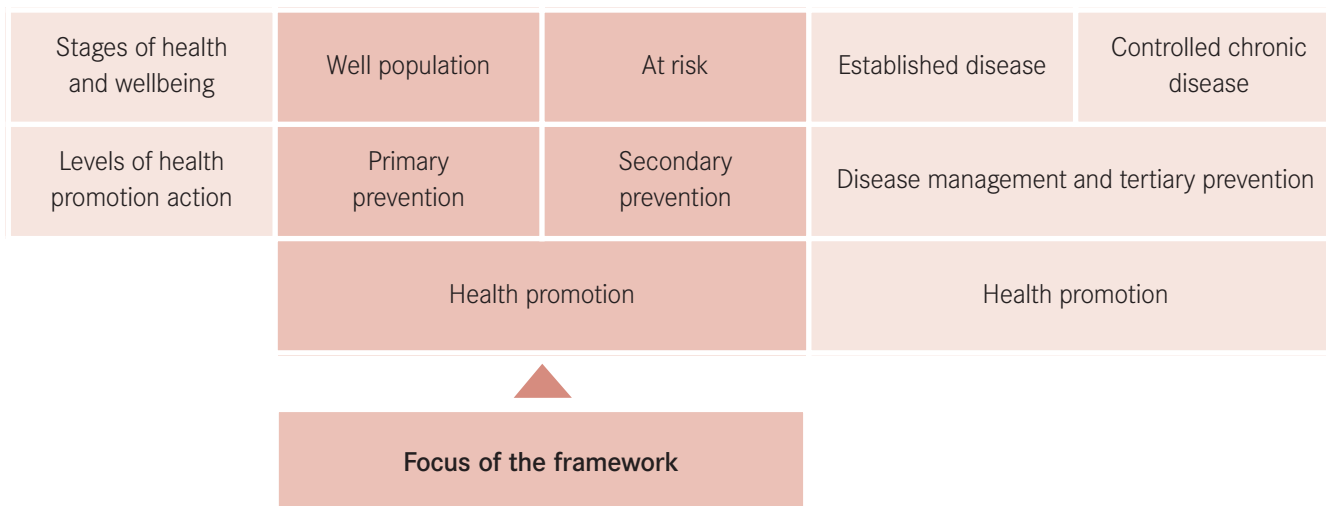
Health promotion is a process that can be utilised by a range of sectors to create the conditions that support good health for all<sup>5</sup>.

The goal of health promotion is to help people stay healthy (by avoiding illness and injury) and to achieve a higher level of wellness<sup>6</sup>. This goal highlights a key feature of health promotion, which is a focus on working with the well population, or those most at risk of poor health before they become ill (see figure 1 below).

This is sometimes referred to as *primary prevention* and basically means that improving the health of people who have existing disease is not the focus of health promotion in this context. The way in which disease is managed and treated can in fact be influenced by health promoting principles, however, these actions are not the primary focus of the framework<sup>8</sup>.

A second key feature of health promotion is that it is concerned with health at a population-wide level<sup>9</sup>. Health and wellness are shaped in a complex environment, far beyond the control of any individual. A common misconception regarding health promotion is that simply changing the attitudes and behaviours of individuals will result in improvements to health and wellbeing. While individual behaviours do play a role in health, they are carried out in the context of a broader environment where social, economic and physical conditions can work to provide support or barriers to health and wellbeing.

Figure 1: Levels of action and stages of health



Source: National Public Health Partnership<sup>7</sup>

In order to be effective, health promotion must identify the full range of conditions that determine health and consequently guide action. While our understanding regarding the environmental or structural causes of health continues to develop over time, we do know that the factors that support health and wellbeing are predominately situated outside the health sector. Often referred to as social or *societal determinants of health*, these include education, employment, housing and social support<sup>10</sup>.

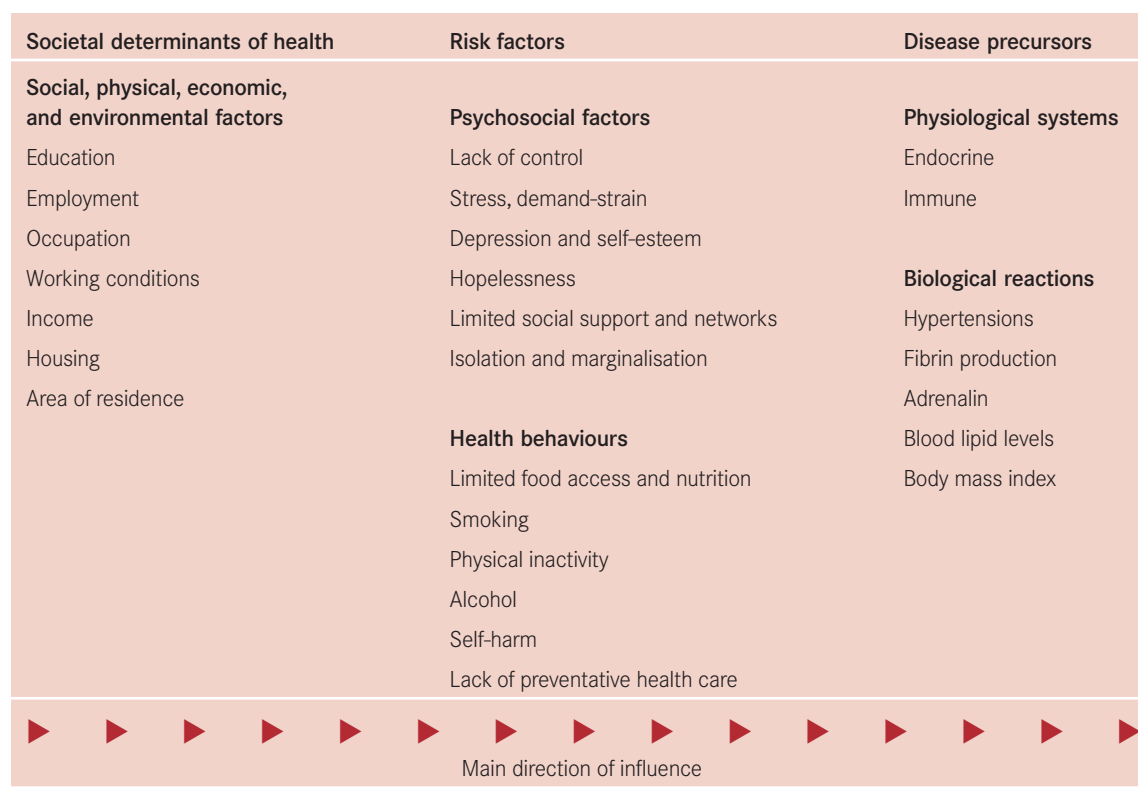
In Victoria, differentials in access to the societal determinants of health and in health status exist between population subgroups. Health promotion efforts should alleviate and not exacerbate these inequalities. The aim of health promotion should not be to eliminate all health inequalities, but rather to reduce or eliminate the differences that result from factors considered by society to be both potentially avoidable and unfair, and which result in significant disease burden among disadvantaged groups.

The mechanism through which limited access to the societal determinants of health results in poor health and disease is through a series of complex interactions occurring along a continuum represented below.

Different groups in society have varying experiences and exposures to the societal determinants of health, which are often referred to as *upstream factors* impacting on health. Restricted access to these factors is strongly linked to the development of specific psychosocial and behavioural risk factors. These *midstream* risk factors, which include behaviours such as smoking, unhealthy eating and physical inactivity, are also unequally spread across different groups in society. Risk factors can cause certain biological reactions that create disease<sup>12</sup>.

Regardless of how it is measured; in terms of access to societal determinants, exposure to risk factors or disease burden, particular groups in the population are consistently disadvantaged in regards to health and wellbeing<sup>13</sup>. Reducing health inequalities across the population requires health promotion to look beyond a focus on equity of

**Figure 2: The relationship between societal determinants of health, risk factors and disease precursors**



Source: NSW Health<sup>11</sup>

access to programs (mainly understood as cultural barriers such as language translation, physical modifications and culturally appropriate service delivery) to include actions which increase equity of opportunity to create good health (by removing economic, social, cultural and geographic barriers), and increase equity of health outcomes.

Using health promotion to address such a wide range of factors can sometimes seem like an overwhelming task. Taking action requires breaking the overall picture into smaller and more manageable pieces through a process of identifying priority issues. These issues can only be identified when a clear understanding of the overall picture has been gained.

Priorities for action in health promotion are commonly framed in three ways, through a focus on key *settings*, *population groups* or *risk factors*. Each provides an entry point for health promotion action to impact on the relationship between societal determinants, risk factors and health status. Most approaches to health promotion will use a combination of these three entry points, and they are often nested one inside the other<sup>14</sup>.

For example, the statewide health promotion priorities in Victoria focus effort on particular risk factors. Within these seven risk factors however, specific population groups and settings will be identified as priorities for action. Therefore, through the focus on physical activity, children may be identified as a group requiring special attention, and schools as the key setting to reach them through. A range of strategies will then be designed to work with children in schools to increase levels of physical activity.

Selection of population groups, settings and strategies requires careful planning and should be based on available evidence regarding effective approaches to health promotion. Ensuring that health promotion efforts work for those most at need first, rather than the other way around, presents a key challenge for these planning efforts. Meeting the dual goals of the statewide health promotion priorities, outlined as improving overall health and reducing health inequalities, will require careful consideration of strategies to overcome the barriers to equity.

### 3.2 The current health promotion environment

Health promotion is a growing feature of the Victorian health system and a key mechanism for implementing policy across government. Many individuals, groups and sectors of society are currently involved in developing and implementing policy and programs aimed at improving the health and wellbeing of the Victorian population.

A range of statewide policy initiatives developed by various DHS program areas, other government departments and external organisations currently guide this action. Key initiatives such as the Primary Care Partnership Strategy, municipal public health planning and ‘Go for your life’ provide a strong basis for promoting health through particular sectors and settings.

VicHealth works with a range of partner organisations to deliver innovative responses to the complex social, economic, cultural and environmental factors that influence the health of all Victorians. VicHealth priority areas for 2006–2009, in which the focus is on funding, developmental work, research, evaluation and advocacy, are guided by their relevance to the vision, mission and aims and objectives of VicHealth. These reflect the Tobacco Act 1987 and are founded on principles of equity.

VicHealth’s health promotion investments address the greatest preventable risk factors for ill health: smoking; lack of physical activity; discrimination, violence and social and economic exclusion leading to mental distress, and poor nutrition. While working to improve the health of all Victorians, VicHealth also works to address the needs of those with the poorest health by targeting many activities and supporting research initiatives on health inequalities.

By mapping the existing landscape for health promotion in Victoria, the links between key initiatives and partners start to become clearer. The requirements of a health promotion framework (or organising structure) that ensures actions and investments are best directed to improve health and wellbeing and outlines opportunities to strengthen health promotion efforts, also begin to be defined.

### Achievements to date

The shift to a more comprehensive and cross-sectoral approach to health promotion began in Victoria in the late 1990's. The introduction of Primary Care Partnerships (PCPs) in April 2000 signalled a significant policy reform for the DHS funded health promotion sector, characterised by a move to 'integrated health promotion'.

Integrated health promotion was defined as the way that a broad range of agencies within a local catchment area work together using a mix of health promotion strategies to address priority health and wellbeing issues. A number of resources have been developed to guide integrated health promotion practice, the most significant being the **Integrated Health Promotion (IHP) Resource Kit**<sup>15</sup>, developed by the Primary Health Branch of DHS in 2003.

The IHP Kit, as it is commonly known, provides direction for primary health funded agencies (Community and Women's Health Services) and Primary Care Partnerships, outlining a common planning framework based on the Ottawa Charter for Health Promotion. The framework is currently used to develop Community Health Plans (by PCPs) and organisational health promotion plans (by Community and Women's Health Services).

The planning framework outlines key steps for quality health promotion practice and specifies five categories of health promotion interventions (based on the Ottawa Charter for Health Promotion), as well as key action areas for building capacity to promote health (see figure 3).

Given the broad range of stakeholders in health promotion, the IHP Kit has proven useful for people involved in planning, implementing and evaluating health promotion programs beyond the primary health sector, such as the Neighbourhood Renewal program.

Another DHS-developed framework that has proven useful in settings beyond its original purpose is the **Environments for Health Municipal Public Health Planning framework**<sup>17</sup>. *Environments for Health* was developed in 2001 to guide contemporary health planning in local government. Since its introduction, the framework has contributed to increased recognition of the key role of local government in promoting health and wellbeing.

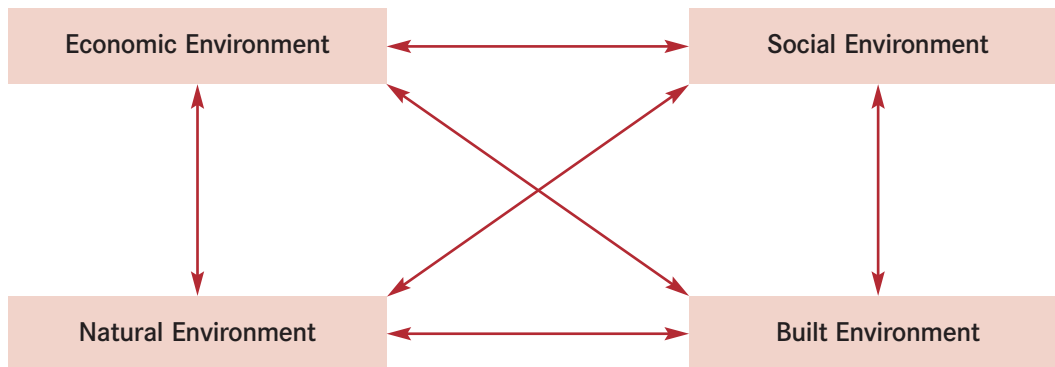
The framework outlines an approach to municipal public health planning that considers the impact on health and wellbeing of factors originating across any or all of the built, social, economic, and natural environments (see figure 4). Improvements in health are achieved by addressing aspects of the four environments that can contribute to ill health, moving beyond a focus on individual attitudes or lifestyle.

**Figure 3: Health promotion interventions and capacity building strategies**



Source: Department of Human Services<sup>16</sup>

Figure 4: Environments that affect health



Source: Department of Human Services<sup>18</sup>

VicHealth developed a companion to *Environments for Health* in 2002 titled **Leading the Way**<sup>19</sup>. The resource package, and related training workshops, was designed to support local government to practically address the key factors impacting on the health of the community through the four environments for health.

The evaluation of *Environments for Health* completed in late 2006<sup>20</sup> highlighted the success of these initiatives in increasing understanding within local government that ‘health promotion’ is a whole-of-council responsibility. There is now recognition of the intersectoral responsibility for health and wellbeing and as such, the importance of incorporating health planning across council departments.

A key challenge in supporting councils to further develop their health planning capacity is providing more practical guidance on the types of strategies that could be implemented by local government and its partners within the four environments, and how to evaluate the effectiveness of these strategies. Better definition of the relationship between various planning requirements such as Municipal Public Health Plans at a local government level and Community Health Plans at a Primary Care Partnership level has also been identified as a need.

### Future challenges

The significant practice change associated with the introduction of *Environments for Health, Leading the Way* and the *Integrated Health Promotion Resource Kit* over the last six years has seen improvements in the capacity of a broad range of stakeholders to promote health and wellbeing. Better planning, delivery and coordination of health promotion is now evident, particularly within specific sectors and settings. There is still a way to go, however, before those gains are seen at a whole-of-system level.

With so many varied stakeholders now involved in funding, developing and delivering policy and programs that impact on health and wellbeing, the links between similarly focused initiatives can be lost. The resulting division between sectors, confusion of roles and duplication of effort can be significant barriers to efforts to improve health and wellbeing.

The recent Auditor General’s review of health promotion and prevention, *Promoting Better Health Through Healthy Eating and Physical Activity*<sup>21</sup>, identifies a practical example of this issue. The audit identified that many positive steps have been taken to address physical inactivity and unhealthy eating as significant risks to good health. However, improving planning and coordination across government and health promotion agencies was identified as an area requiring further attention.

Strengthening this aspect of the state's current approach to health promotion was identified as necessary in order to slow the increase in obesity levels and the occurrence of chronic disease. The potential role of statutory authorities, non-government organisations and local agencies in the effective delivery of whole-of-government initiatives in this area was also highlighted.

'Go for your life' provides an important vehicle through which to further strengthen the promotion of healthy eating and physical activity. The existing strategic plan for 'Go for your life' (2006–2010)<sup>22</sup> outlines a whole of government vision, prioritising key settings and population groups for targeted activities. It also identifies the broad range of activities currently being delivered across government that aim to increase physical activity and healthy eating in the Victorian community.

The statewide action plans for the two health promotion priorities relating to physical activity and healthy eating will be developed in line with the principles and objectives of 'Go for your life'. These plans will provide more detailed information regarding mechanisms that further support the 'Go for your life' initiative and implementation by a wide range of key stakeholders. Using the new framework as a basis for the action plans will provide greater definition and clarity on the key determinants of healthy eating and active living, system support requirements and the contribution of stakeholders within and beyond the health sector.

The new framework is based on existing sector-specific planning frameworks while considering health promotion within the broad mandate of the Victorian Government. Improving coordination and developing and delivering truly integrated plans, can create the conditions to support the best possible health for all Victorians.

### 3.3 Structural elements

The new framework describes a way of organising actions and processes required to create the conditions that support good health. It builds on current strengths within health promotion in Victoria and aims to make it easier for people to work together to improve health and wellbeing.

Another important factor in ensuring the success of the framework is the identification of key mechanisms required to support health promotion action. Effective strategies for improving health and wellbeing are based on standards of practice that relate to the importance of using evidence to

guide action, and measuring outcomes, for example. These mechanisms can be described as *system supports* and they are integral to an overall approach to strengthening efforts to promote health and wellbeing.

The framework consists of:

- Six key components—incorporating health promoting action and system supports
- Five action areas—which are considered across four environments for health and wellbeing
- Three core practices

Figure 5: Overview of the framework

		Environmental Dimensions			
Key components–		Built	Social	Economic	Natural
Health promotion action across five action areas	Policy and program implementation				
	Legislation and policy change				
	Community strengthening				
	Education and skill development				
	Communication and social marketing				
	Preventative health care				
System supports	Individual and organisational development				
	Research				
	Good practice identification				
	Surveillance and monitoring				
	Evaluation				
		Core practices–			
Planning & Coordination		Knowledge exchange		Advocacy	

## Key components

The key components of the framework<sup>23</sup> describe the ‘what’ of promoting health and wellbeing. They outline the main strategies that underpin efforts to create conditions for good health, including the *system supports*. The components are broken down by **health promoting action and system supports**.

### Overview

#### *Health promoting action:*

1. **Policy and Program Implementation:** Design and delivery of multi-level policies and programs using health promotion strategies from across five action areas to support behavioural change and healthy environments.

The **five action areas** outlined below are based on the Ottawa Charter for Health Promotion<sup>24</sup> and will be discussed in more detail on the following page:

- Legislation and policy change
- Community strengthening
- Education and skill development
- Communication and social marketing
- Preventative health care.

#### *System supports:*

Effective health promotion relies on strong infrastructure to support policy and program action. The framework prioritises strengthening the following categories of infrastructure to support health promotion in Victoria over the next five years.

2. **Individual and organisational development:** Developing workforce, community and organisational skills and supports for the promotion of health and wellbeing.
3. **Research:** Generating new knowledge to direct health promotion resources and strategies.
4. **Good practice identification:** Identifying and utilising strategies that are consistent with ‘health promoting’ principles and are based on evidence.

5. **Surveillance and monitoring:** Strengthening systems to track changes in health status, risk factors and societal determinants of health and wellbeing in the Victorian population, which in turn supports planning and evaluation.
6. **Evaluation:** Improved evaluation practice to identify impacts and outcomes of policy and program implementation.

### Description

#### *Health promoting action:*

##### 1. Policy and Program Implementation

Implementation of policy and programs aimed at improving health and wellbeing occurs through a combination of five types of action at a population level.

Each action area is important in its own right, but it is only when strategies from across a number of the five areas are delivered as part of an overall policy or program, that efforts to promote health and wellbeing can be truly effective. This is referred to as implementing a *mix of interventions* in the IHP Resource Kit<sup>25</sup>.

The **five action areas** are:

- **Legislation and policy change:** Involves macro level or structural change, usually in sectors other than health, to address the social, economic and physical environmental factors that contribute to good health.

An example of legislation and policy change aimed at improving health and wellbeing is the recent ban on smoking in pubs and clubs in Victoria. At a local level, the development of an active transport policy by a local school or workplace would also be categorised in this action area.

- **Community strengthening:** Refers to strategies that increase the ability of communities to achieve change in their physical and social environments through collective advocacy and action.

VicHealth’s Walking School Bus Program is an example of a community strengthening strategy, whereby the involvement of community members delivers a range of health, safety and environmental benefits to the local community. The development of community gardens where local residents can come together to grow produce and flowers is another example. Such a strategy

provides increased opportunity for social interaction among residents and increased access to healthy food.

- **Education and skill development:** Acknowledges the role of individual behaviour in health and wellbeing and involves the delivery of strategies that improve knowledge and understanding, attitudes and individual capacity to change within the context of existing structures and environments.

The types of strategies classified as education and skill development can be individual or group-based. An example is the development and delivery of personal finance/budgeting skills workshops through local neighbourhood houses or healthy eating classes in schools.

- **Communication and social marketing:** Involves programs that provide information and advocate for change to influence the attitudes, habits, beliefs, values or behaviours of the population. Is based on movement of target audience from simple awareness to action based on the message provided.

Media campaigns regarding specific issues such as the physical activity messages provided via the 'Go for your life' program, are examples of social marketing strategies. These strategies reach large numbers of the population and can result in positive changes in knowledge and attitudes regarding participation in physical activity.

- **Preventative health care:** Refers to planned and patient-centred care, which is delivered to pre-symptomatic or well individuals within the context of their social circumstances<sup>26</sup>. Includes strategies such as screening, individual risk assessment, immunisation and behavioural counselling.

An example of preventative health care is the provision of support for smoking cessation by General Practitioners. Such support includes brief behavioural counselling as part of a systematic approach that utilises organisational infrastructure such as practice nurses, the QUIT program and nicotine replacement therapy, and considers smoking in the context of the patient's social circumstances<sup>27</sup>.

While evidence suggests that the types of strategies outlined above are somewhat effective in their own right, it is when a range of strategies from across the five action areas are implemented as part of a comprehensive approach, that significant gains can be made in improving health and wellbeing. Strong, cross-sectoral partnerships are the basis of such an approach.

Often, different partners bring to the table expertise in developing and delivering strategies from particular action areas. Local government for example, has a strong mandate for creating public policy, which has significant potential to impact on the conditions that support good health. Similarly, Local Learning and Employment Networks and Neighbourhood Houses have expertise in delivering education and training programs, another key action area.

To ensure that strategies from across the five action areas are aimed at addressing the underlying factors that create health and wellbeing, they should be considered across **four environmental dimensions**; the built, social, natural and economic (as described in the *Environments for Health* framework). The four environments are outlined below:

- **Built environment:** The built environment contains the essential services, or infrastructure, that is needed to keep society operating. This infrastructure is seen as essential to health and includes a broad range of services and features which impact on the way people pass through and utilise buildings and spaces. The built environment determines the 'liveability' of our surroundings. Examples of important features of the built environment include roads and other transport facilities, urban layout, building design, housing density, recreation facilities and the provision of amenities.<sup>28</sup>
- **Social environment:** The social environment describes the structure of relationships between and among individuals in the community. It does not exist within any one individual<sup>29</sup>. A social environment that is equitable and welcoming for all members of the community regardless of age, gender, cultural background or socio-economic status for example, is a requirement for good health and wellbeing. Key aspects of such a social environment include social support, participation in community activities, a sense of place and belonging to a community, arts and culture and perceptions of safety.<sup>30</sup>

- **Natural environment:** The natural environment describes the ecosystems within which we exist. Viable ecosystems sustain life and are the basis of good health. They include renewable and non-renewable goods such as water, air, soil, energy, forests and native vegetation. It also includes changes to the ecosystem as a result of human habitation such as farming practices, climate change and the ozone layer.<sup>31,32</sup>
- **Economic environment:** Access to resources such as work, education and money are the basis of a strong economic environment and are key determinants of good health. For example a literate and well educated population is needed for modern economic development and a healthy workforce enhances productivity<sup>33</sup>. Sustainable and equitable access to resources within a community or population is a key feature of an economic environment that is supportive of health and wellbeing. Because the key determinants of health are based across these four environments, ensuring action aimed at improving health aligns with the dimensions is integral to achieving sustainable and equitable outcomes. Refer to figure 5 for an outline of how the five action areas for policy and program implementation should be considered across the four environmental dimensions.

#### **System supports:**

2. **Individual and organisational development:** Describes the need to build capacity of individuals, organisations and communities to promote health and wellbeing. This occurs through the development of people's skills (through education and training for example) and the development of organisational supports such as policies, structures and systems that acknowledge the value of directing resources to the promotion of health and wellbeing.<sup>34</sup>
3. **Research:** Refers to the importance of continuing to seek information about the determinants of health and wellbeing, and the most effective ways to address them. Building the evidence base for health promotion will support the direction of resources and effort for maximum health gain.

4. **Good practice identification:** Highlights the value of using research and evaluation findings to develop and disseminate practical and user-friendly messages regarding effective, sustainable and equitable strategies for promoting health and wellbeing. Success in this work often relies on the development of partnerships between researchers and practitioners and requires a systematic approach to information collection and distribution to avoid unnecessary duplication.<sup>35</sup>
5. **Surveillance and monitoring:** Acknowledging the need for access to timely and relevant data concerning the health and wellbeing status of the Victorian population.<sup>36</sup> Such information supports the accurate assessment of need in the community and the tracking of changes in health status, risk factors and societal determinants of health and wellbeing as a result of health promoting action.
6. **Evaluation:** Challenging health promoters to strengthen evaluation practice to more clearly identify the short and long term impacts and outcomes of policy and program implementation. This does not negate the importance of assessing the effectiveness of the processes used to develop and implement policy or programs, but places a stronger emphasis on the need to measure changes in health and wellbeing. It is only by demonstrating the value of health promoting action in this way that investment in the area will increase.

#### **Core practices**

In addition to the components described above, the framework comprises three core practices.

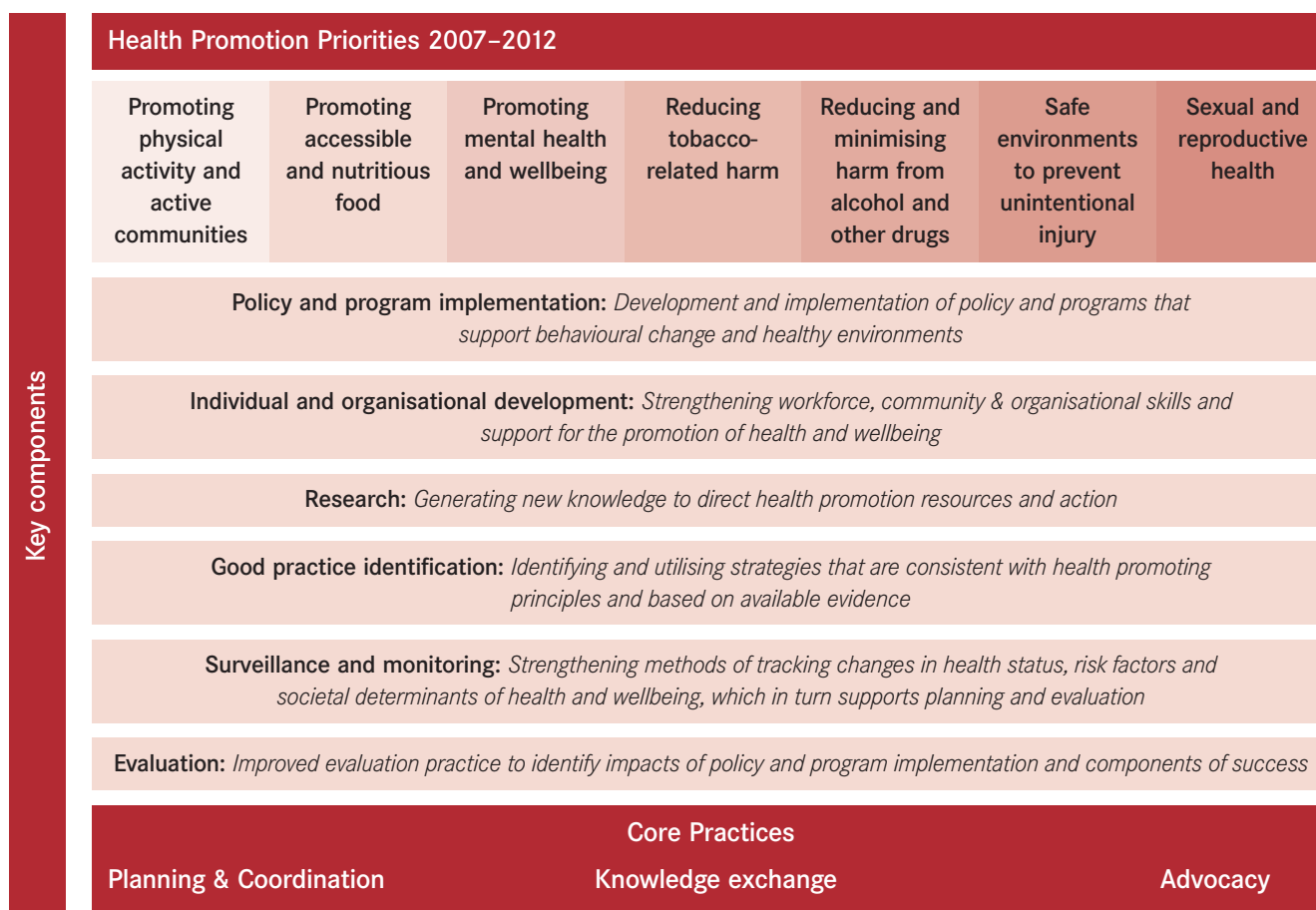
These cut across all six components and describe the 'how' of health promotion.<sup>37</sup> They operate at a local, regional and statewide level and underpin effective operation of the framework:

- **Planning and coordination:** Integrated planning and coordination of activities to reduce duplication and increase effectiveness.
- **Knowledge exchange:** Encouraging and supporting the sharing of information among and between researchers and decision makers.
- **Advocacy:** For the resources, policy and programs required to support quality health promotion at a local, regional and statewide level.

## Actioning the framework

The priority for application of the new framework is the implementation of statewide health promotion priorities for 2007–2012.

Figure 6: The health promotion framework as applied to the seven health promotion priorities



The development of action plans for each priority issue will be guided by the framework to ensure:

- the delivery of coordinated, well supported policy and programs that address the key determinants of health and deliver change for the community.
- strengthened capacity within organisations working to promote health and wellbeing.

Examples of how the framework will be applied to the priorities are provided below.

**Figure 7: The framework for development of the statewide physical activity action plan**

Priority Issue: Promoting physical activity and active communities				
Goal:				
Objectives:				
Population group/s:				
<i>Key components</i>	<i>Environmental Dimensions</i>			
Health promoting action	Built	Social	Economic	Natural
<b>Policy and program implementation:</b>				
Legislation and policy change				
Community strengthening				
Education and skill development				
Communication and social marketing				
Preventative health care				
<b>System supports</b>				
Individual and organisational development				
Research				
Good practice identification				
Surveillance and monitoring				
Evaluation				

Community and societal level change

Organisational change

**Figure 8: Sample components of the mental health and wellbeing action plan**

Please note that the strategies outlined below are provided as examples only and are not indicative of the contents of a statewide action plan for promoting mental health and wellbeing or of an integrated health promotion plan.

Priority Issue: Promoting mental health and wellbeing					
<b>Goal:</b> To improve mental health and wellbeing, particularly for population groups with limited access to the determinants of mental health due to socio-economic circumstances.					
<b>Objectives:</b> <ul style="list-style-type: none"> <li>• To strengthen social and economic participation of people from migrant and refugee backgrounds</li> <li>• To reduce bullying and discriminatory behaviour among children aged 12–17 years</li> <li>• To increase access to education and employment opportunities for young people in rural communities</li> </ul>					
<b>Population group/s:</b> Rural communities, Indigenous communities, Culturally and linguistically diverse communities, Young people, Women, Low-income groups					
	<i>Environmental Dimensions</i>				
Policy and program implementation	Built	Social	Economic	Natural	Community & societal level change
Health promotion action areas:					
Legislation and policy change	Planning for redevelopment of train stations as community hubs to increase public transport patronage, decrease fear of public violence and increase social participation in communities experiencing disadvantage.	Review of policies to increase participation in community activities by people experiencing disadvantage. Development of new Women’s Policy Framework which outlines directions for government including safety and health.	Developing policy to improve education and employment pathways for young people experiencing social and economic disadvantage.	Evaluation and redevelopment of drought response initiatives.	
Community strengthening	Neighbourhood renewal project involving community members in planning and building a community park.	Program promoting positive contact and cooperation between people from migrant and refugee backgrounds and others in the community.	Establishment of community-based catering enterprise offering traditional cuisine from various countries as healthy school lunches to local primary schools.	Projects building the skills and employment capacity of Aboriginal people and supporting the preservation of cultural and environmental heritage through land development.	

	<i>Environmental Dimensions</i>			
<b>Policy and program implementation</b>	<b>Built</b>	<b>Social</b>	<b>Economic</b>	<b>Natural</b>
<b>Health promotion action areas:</b>				
Education and skill development	Building project providing award wage employment and accredited training to public housing tenants.	School based education programs aimed at reducing bullying and other problem behaviour.	Financial literacy training for women, catering for Indigenous and CALD women as well as women in regional and rural Victoria.	Training program providing farming advice and information for lifestyle landholders.
Communication and social marketing		Violence prevention and discrimination prevention community education campaigns.	Communication strategy to raise awareness of the financial and social impacts of problem gambling and encourage those affected to seek help.	
Preventative health care		Opportunistic screening for mood and general wellbeing in patients at risk of depression and anxiety due to social circumstances.		
<b>System support elements</b>				
Individual and organisational development	Provision of evidence based education and training to statewide cross sector organisations via delivery of the VicHealth Mental Health Promotion Short Course.			
Research	Support of research projects focusing on young people, refugees, same-sex attracted young people, women, older people, CALD communities, Indigenous communities, rural communities, workplaces and the arts to inform policy and programs for mental health promotion.			
Good practice identification	Translation of mental health promotion intervention research into policy and practice, identifying models of good practice at the individual, organisational and community level. Development of a centralised communication system to support policy makers and practitioners to access information about good practice and evidence in mental health promotion.			
Surveillance and monitoring	Monitoring of population mental health status at the local level via the Victorian Population Health Survey. Monitoring of local environments that are proven to affect mental health and wellbeing via the Community Indicators Victoria project.			
Evaluation	Development of a suite of indicators and measures of mental health and wellbeing to support project and program level monitoring and evaluation.			

Community & societal level change

Organisational change



## 5. Next steps and further information

The consultation process to further develop the framework will be held from August–September 2007. It is anticipated that the framework will be published in December 2007.

The approach described in the framework will guide action taken to address the seven health promotion priorities for 2007–2012. Further priority-specific resources will be developed during 2007–2008 and will align with the overarching framework. Training opportunities and other events will be held as the documents are released, to support stakeholders to actively use the new resources.

Action plans for each of the seven priorities will be developed in 2007–2008, based on the health promotion system described in the framework. Development of the overall ‘systems support plan’ will also occur in late 2007–early 2008.

Further information on this discussion paper and the upcoming consultation process is available from:

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**This paper and information regarding the health promotion priority setting process is available from <http://www.health.vic.gov.au/healthpromotion/>**

## 6. Appendices

### Appendix 1: Details of consultation workshops

#### Workshop purpose:

To provide an opportunity for discussion and debate on the proposed key components of a new framework for promoting health and wellbeing in Victoria and to gather input for further development and finalisation of the final framework.

#### Workshop schedule:

Date	Time	Venue
Thursday 30th August 2007	12.45pm for registration and lunch 1.30–4.00pm Consultation	Grains Innovation Park 110 Natimuk Road, Horsham
Monday 3rd September 2007	10am for registration, tea and coffee 10.30am–1.00pm Consultation, Lunch to follow	Country Comfort Shepparton 481 Wyndham Street, Shepparton
Thursday 6th September 2007	10am for registration, tea and coffee Consultation 10.30am–1.00pm Lunch to follow 1pm for registration and lunch 2.00–4.30pm Consultation	Victoria University Level 12, 300 Flinders Street, Melbourne
Friday 7th September 2007	12.15pm for registration and lunch 1.00–3.30pm Consultation	Quality Inn, LaTrobe Convention Centre Princes Hwy, Traralgon

Register your interest in attending one of the workshops at least a week prior to the scheduled date by emailing: [health.promotion@dhs.vic.gov.au](mailto:health.promotion@dhs.vic.gov.au)

## Appendix 2: Membership of the Health Promotion & Equity Framework Project Advisory Group

Jennifer Alden	VicHealth
Lauren Cordwell	Health Issues Centre
John Dixon	Pyrenees Shire
Clare Hargreaves	Municipal Association of Victoria
Bernadette Hetherington	Hume Moreland Primary Care Partnership
Sandra Hills	Brotherhood of St Laurence
Maree Kulkens	Moreland Community Health Service
Soo Lin Quek	Department for Victorian Communities
Kate Serrurier	Grampians Pyrenees Primary Care Partnership
Kylie Strong	Cancer Council Victoria
Sonya Tremellen	General Practice Divisions Victoria
John Wiseman	The McCaughey Centre, University of Melbourne
Kellie Horton	Department of Human Services
Holly Piontek-Walker	Department of Human Services
Helen Walsh	Department of Human Services, Barwon South West Region

## Appendix 3: Summary of systems support feedback from Health Promotion Priority Setting Consultations 2006

### What is your organisation's systems and support vision for the next five years?

In your organisation	In your region/partnerships	Statewide
<ul style="list-style-type: none"> <li>Resources for health promotion are increased and made recurrent, enabling longer term strategic planning.</li> <li>Health promotion is recognised and actively supported as core work by management and colleagues.</li> <li>Workforce development opportunities to support health promotion in organisations are readily available to key decision makers. This would include participation from decision makers across sectors.</li> <li>Organisational structures are in place to support practice—budget allocation, including health promotion within strategic plans, position descriptions and performance monitoring mechanisms.</li> <li>Systems are developed to enable ready access to, and continuous opportunity to contribute to, the evidence base. Skills are developed to access and interpret evidence for both problem definition and solution generation.</li> <li>Priority setting frameworks are developed and used within and amongst agencies. Community engagement processes will be central to the problem definition process.</li> </ul>	<ul style="list-style-type: none"> <li>Funding for health promotion is recurrent, enabling long-term strategic planning.</li> <li>Workforce development opportunities, such as the five-day short course, are available.</li> <li>Collaborative partnerships like PCPs operate within and across sectors. Local government will be key players in these.</li> <li>Common planning and reporting processes are established.</li> <li>IHP is entrenched in organisational practice.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership in health promotion in Victoria is obvious.</li> <li>Commitment is demonstrated to cross-government/intersectoral partnerships.</li> <li>A set of underpinning principles guides health promotion and prevention policy and practice.</li> <li>Resource allocation for health promotion has increased.</li> <li>Schematic frameworks like the VicHealth Mental Health and Wellbeing framework are available for each of the other priority issues.</li> <li>Systems are developed to enable ready access to, and continuous opportunity to contribute to, the evidence base for both problem definition and solution generation.</li> <li>There is a central point for ensuring this information is current and accessible. This readily available data will reflect the social determinants of health.</li> <li>There is no short term, tagged, targeted funding—rather, there is recurrent funding to support health promotion action directed at the agreed priorities.</li> <li>Workforce development supporting health promotion priorities and action is available. Health promotion training is included in undergraduate programs, for professions playing a role in social determinants of health.</li> <li>Planning frameworks and evaluation mechanisms are consistent among organisations that fund health promotion.</li> </ul>

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