



# Victorian Public Health and Wellbeing Plan (2019–2023) consultation survey

Neighbourhood Houses Victoria response

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# Background

## **Taken from the State Government Engage Victoria website:**

The Public Health and Wellbeing Act 2008 (the Act) aims to achieve the highest attainable standard of public health and wellbeing for the community of Victoria. This includes:

- protecting public health and preventing disease, illness, injury, disability or premature death
- promoting conditions in which persons can be healthy, and
- reducing health inequalities.

To support the implementation of the Act, a State Public Health and Wellbeing Plan is developed every four years.

The current Victorian Public Health and Wellbeing Plan 2015-2019 sets a vision for a Victoria free of the burden of disease and injury, so that all Victorians can enjoy the highest standards of health, wellbeing and participation at every age.

The next Victorian Public Health and Wellbeing Plan (2019–2023) will carry forward this ambitious vision. It will build on significant existing work outlined in the current 2015-2019 plan and increase focus on tracking progress and measuring outcomes using the Victorian public health and wellbeing outcomes framework.

## Survey responses

### **Q1. Reflecting on the current Victorian public health and wellbeing plan (2015-2019):**

#### **a. What are the strengths of the current plan?**

The plan references a broad range of determinates of health and includes references to social connection and community engagement.

## **b. What are the opportunities for improvement?**

There is a significant risk that the lack of Australian data on the contribution of social isolation to total disease burden leads to a failure to address what recent research in Australia and overseas suggests is both a pervasive problem with significant associated health costs, but one that targeted interventions can positively and economically affect.

Recent Australian research has shown that one in four Australians are lonely and that this contributes to ill health. Research has shown the health impact of loneliness can be as significant as smoking 15 cigarettes a day or suffering from obesity.

UK research estimated the health costs of isolation in demand on health services at £5.2 billion.

Furthermore, a UK program has shown that mobilising the community and connecting them with community activities was associated with a 17 per cent reduction in hospital emergency department admissions equal to 5 per cent of the local health budget.

A growing body of research from the UK suggests investing in community connecting activities delivers comparatively low-cost high impact health outcomes.

Victoria already has significant social connection infrastructure including over 400 neighbourhood houses and over 300 Men's Sheds. Both have proven track records in social inclusion. Recent analysis from a 2017 survey of 47,750 participants at Victorian neighbourhood houses showed that 57 per cent identified either meeting new people/making friends and/or spending time with other people as benefits from attending. In addition, these responses were positively associated with reporting improved health as a benefit of attendance. They also suggest that neighbourhood houses are effective in both building social connection i.e. meet new people/make friends and maintaining social connection i.e. spend time with other people. There are over 200,000 visits to a neighbourhood house each week.

With a growing body of evidence suggesting addressing loneliness should be a health priority, the apparent lack of progress on capturing data and defining measures in the outcomes framework for social isolation suggests effective health strategies are being missed. To quote Holt-Lunstad, Robles, & Sbarra (2017), "social connection is largely ignored as a health determinant because public and private stakeholders are not entirely sure how to act".

In short, the plan relies on measures developed some time ago but has no clear strategy for exploring or incorporating alternative and emerging measures.

**Q2. It is proposed that over the next four years we focus on four of the plan's identified priorities by providing additional guidance and direction for coordinated action.**

**Which of the following priorities can your organisation/sector implement actions for (note: you may select multiple priorities):**

**a. Tobacco-free living**

Yes

**If yes, tell us how.**

A recent report from the Mitchell Institute demonstrates the limitations of smoking reduction strategies in some communities within Australia. The need for a localised community development approach to better understand and provide alternative responses to the specific factors at work in these communities is evident.

While neighbourhood houses are not well positioned to deal with nicotine addiction, they can be effective in addressing factors contributing to tobacco use including loneliness, distress, and boredom.

Smoking occurs in a personal, social, cultural and economic context. Community development approaches allow for communities to understand the specific factors that contribute to smoking in their local context and respond more holistically to the factors that contribute to individual uptake and continuation of smoking. The approach can also identify and respond to underlying issues including people's sense of hope, by supporting them on pathways to greater autonomy and participation. This in turn strengthens people's resilience to endure the challenges of quitting and their rationale for doing so while also providing a supportive environment based on supportive relationships.

Neighbourhood houses are very effective at engaging cohorts that are at higher risk of tobacco use, including unemployed, people with disability, low SES and single or isolated individuals using these community development approaches. This capability could support existing tobacco free living approaches by providing an alternative approach while producing a wider range of health benefits.

## **b. Healthy eating**

Yes

### **If yes, tell us how.**

The neighbourhood house sector is already active in promoting healthy eating and supporting food security through a number of mechanisms including:

- Community gardens
- Community Lunches
- Casserole club type activities
- Emergency food relief
- Gardening clubs and classes
- Cooking classes, including specialised men's cooking groups

Neighbourhood houses are constrained by resources and respond to identified need where resources are available.

## **c. Climate change**

Yes

### **If yes, tell us how.**

The neighbourhood house sector is already involved in a number of ways in climate change related activity including:

- Provide cool places in heatwaves
- Strengthening community resilience to disasters
- Social connection and support post emergencies
- Supporting good mental health
- Promoting and producing healthy and sustainable food
- Promoting emission reduction strategies
- Providing community education on climate change and responses

## **d. Respond to antimicrobial drug resistance**

No

### **If no, tell us why.**

The neighbourhood house sector does not have expertise in this area.

**Q3. Please rank the importance (from most important to least important) of the following supports that would assist your organisation/sector to implement the priorities of the next plan (2019-2023).**

Resources for monitoring and evaluation

Guidance on evidence-informed practice

Change to the authorising environment

Platforms to share good practice across the sector

**What other supports or resources would aid your sector or organisation?**

The lack of identified evidence for the health impact of activities to address social isolation should be addressed. The growing body of evidence, especially overseas, suggests that interventions targeting social isolation provide a significant range of improved health outcomes, reduced emergency department presentations and admissions and delivering substantial returns on investment.

Our research shows that 57 per cent of neighbourhood house participants report improved social connection and 24 per cent improved health as a benefit of attending neighbourhood houses.

Better understanding of the health impact and outcomes of neighbourhood house activity through appropriately designed research would establish benchmarks and inform evidence-based practice.

It could also inform the potential value of cross sector collaborations that may enhance health outcomes such as the UK's social prescribing model or the social connectors model from Frome in the UK.

**Q4. How can we balance the need for coordinated action on specific priorities while allowing for local responsiveness?**

While the plan's priorities are targeted at a limited number of contributors to the State's burden of disease; other factors, including social isolation, often contribute to

adoption and maintenance of unhealthy lifestyle choices. Improving people's self-reported social connection, and sense of health and wellbeing are documented outcomes of the neighbourhood house program.

The mobilisation of local community resources in response to local needs and contexts is a key strength of the neighbourhood house sector. Where local activity supports the broader plan goals, the activity should be actively supported.



Neighbourhood Houses Victoria acknowledges the support of its members, partners and the Victorian State Government.

