

An Integrated & Comprehensive Approach to CaLD Health & Wellbeing in the Outer East of Melbourne

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Contents

Executive Summary 01

Introduction 02

A Contemporary Approach
to CaLD Health Promotion 03

Equity & Access for
CaLD Communities 05

Evaluation Methodology 06

Results 08

Conclusion 11

References 12



Executive Summary

A *Cultural & Linguistically Diverse* (CaLD) Health Promotion Portfolio was developed at EACH Social & Community Health (EACH) to enable and facilitate the adoption of a comprehensive, integrated approach to addressing complex CaLD community health needs across Maroondah LGA, Outer Eastern Melbourne.

The EACH CaLD Health Promotion Portfolio has a focus on embedding changes at a systemic level within the health service, community, and school settings; utilising a contemporary approach that emphasises multi-sectoral collaboration, capacity-building for health promotion, evidence-based practice, and sustainability. This work has been enabled through a number of strategic partnerships across the Eastern Metropolitan Region.

Three key projects are highlighted in this report: the creation of an *EACH CaLD Working Group* – an internal reorientation process to strengthen culturally responsive service delivery at EACH; an *Immunisation Advocacy Campaign* to highlight the inequitable distribution of funding for immunisation of newly arriving refugees; and a *Health Promoting School Project* for the primary prevention of mental health issues in newly arrived refugee young people.

These projects report a 41% increase in CaLD access to EACH services; the tabling of an *Immunisation Access Discussion Paper* with Federal Departments and Ministers; and the re-orientation of structures, processes and systems to enhance the safe and supportive environment at an English Language School.

More information can be found at:

www.each.com.au/health-promotion

Introduction

Since 2008 EACH has further expanded into the landscape of CaLD health and wellbeing across the Eastern Metropolitan Region. In addition to delivering a range of CaLD capable programs, an EACH CaLD Health Promotion Portfolio works to address the determinants of inequity in CaLD health outcomes.

Local Maroondah population data clearly indicate an increasing CaLD demographic. From 2006 to 2011 the number of Maroondah residents born overseas increased by 18.2%, and those from a non-English speaking background increased by 37.6%. The largest local CaLD population increases are from the countries of China (+985); India (+755); and Burma (Myanmar) (+698)¹. Correspondingly, EACH service data shows increases in episodes of CaLD client healthcare.

With the large increase in Humanitarian Arrivals to Maroondah, particularly a growing population of people settling from Burma (Myanmar) in the Outer Eastern region of Melbourne², the EACH CaLD Health Promotion Portfolio has focused efforts in Refugee Health.

The health and wellbeing needs of people from refugee backgrounds are greatly impacted by the complexity of the refugee experience. Prolonged periods in refugee camps; experiences of war; the effects of torture and trauma; loss or separation from family members; dangerous journeys; significant deprivation; and lack of access to food, drinking water, basic health care, and shelter; are traumatic experiences that profoundly influence health outcomes³.

Numerous reports identify key refugee health and wellbeing needs across Victoria. These findings are reflected in local consultations with CaLD communities and regional CaLD agencies; and also in the peer-reviewed literature.

Refugee Health and Wellbeing priorities include:

- Infectious and vaccine-preventable diseases;
- Mental health issues;
- Nutrition;
- Maternal health;
- English language development (for access to education, training, and employment – key social determinants of health);
- Safety (particularly from racism and discrimination);
- Social support and connection; and
- Access to services^{3,4,5}.

FIGURE 1: GREGG & O'HARA, 2007, RED LOTUS HEALTH PROMOTION MODEL

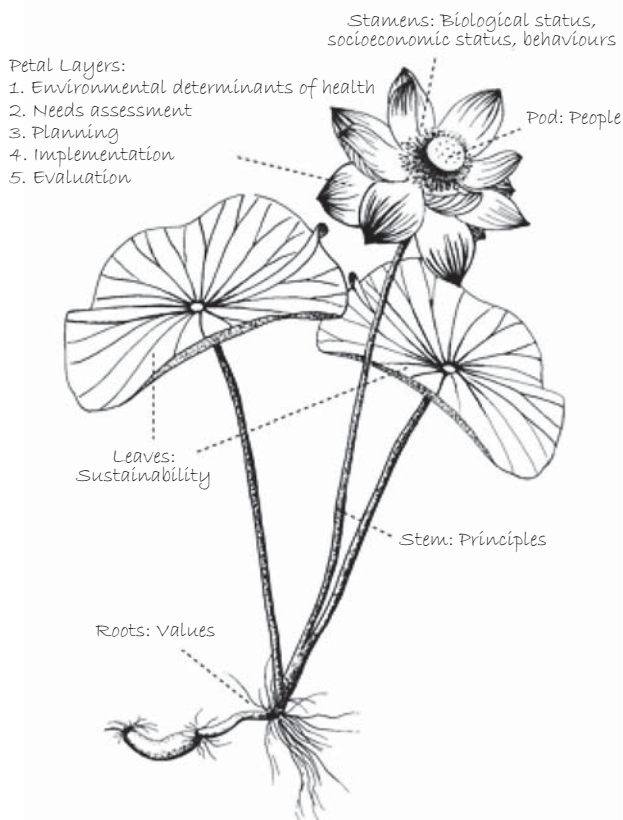
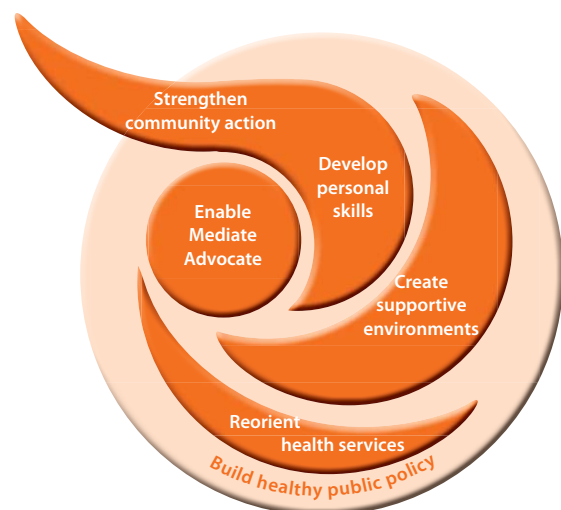


FIGURE 2: WHO, 1986, OTTAWA CHARTER FOR HEALTH PROMOTION



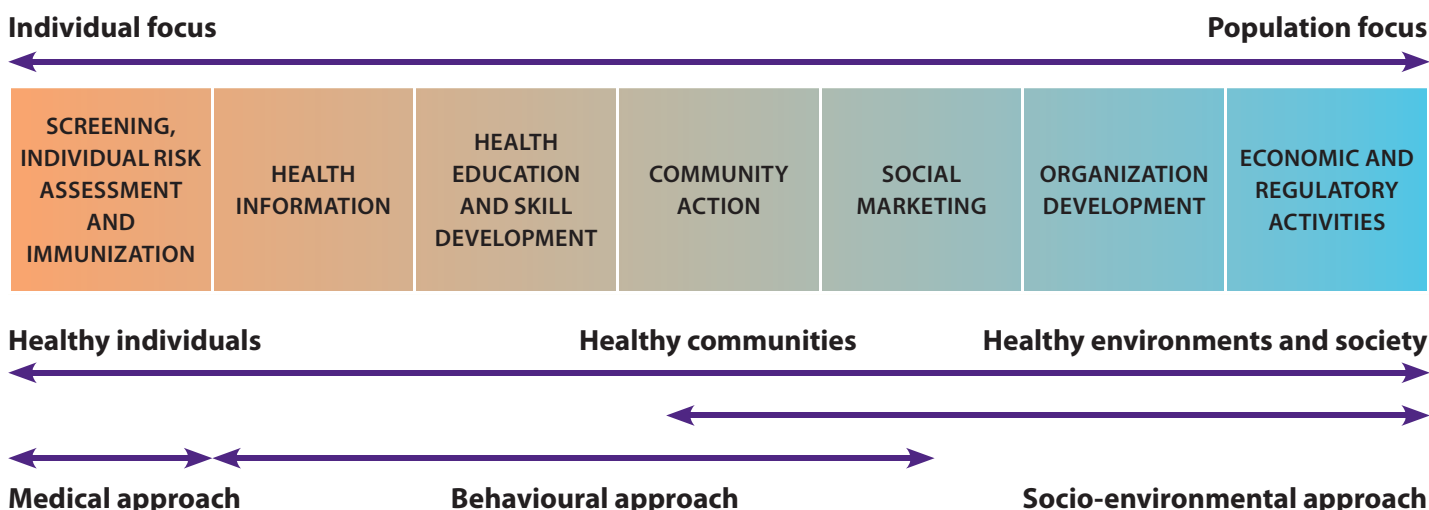
A Contemporary Approach to CaLD Health Promotion

The EACH CaLD Health Promotion Portfolio was initiated in 2008 to facilitate a comprehensive, integrated approach to addressing refugee health priorities across Maroondah. Figure 4: *A Comprehensive Approach to CaLD Health Promotion at EACH* (Page 4) provides an outline of the EACH CaLD Health Promotion Portfolio.

EACH CaLD Health Promotion portfolio efforts are underpinned by modern health promotion principles and processes. More specifically, the *Red Lotus Health Promotion Model*⁶ (refer to Figure 1) provides a system for the explicit application of a values-based approach to practice. This contemporary approach emphasises health equity, multi-sectoral collaboration, capacity-building for health promotion, evidence-based practice, and system level change for sustainability⁶. Additionally, the World Health Organisation *Ottawa Charter for Health Promotion*⁷ (refer to Figure 2) provides strategic guidelines for action to improve the health and wellbeing of CaLD communities. This involves work across the five realms of Developing Personal Skills; Strengthening Community Action; Building Healthy Public Policy; Creating Supportive Environments for Health; and Reorienting Health Services.

Responding to the priority health needs of refugee communities in Maroondah is complex. Multi-sectoral collaboration across the *Spectrum of Health Promotion Action* (refer to Figure 3) is essential to an integrated and coordinated approach for improving the health and wellbeing of CaLD individuals, families and communities. Working across the *Spectrum of Health Promotion Action* has been enabled by stronger internal partnerships at EACH; building efficient working relationships with key agencies in the area (particularly CaLD specific agencies); and involvement in key regional network bodies.

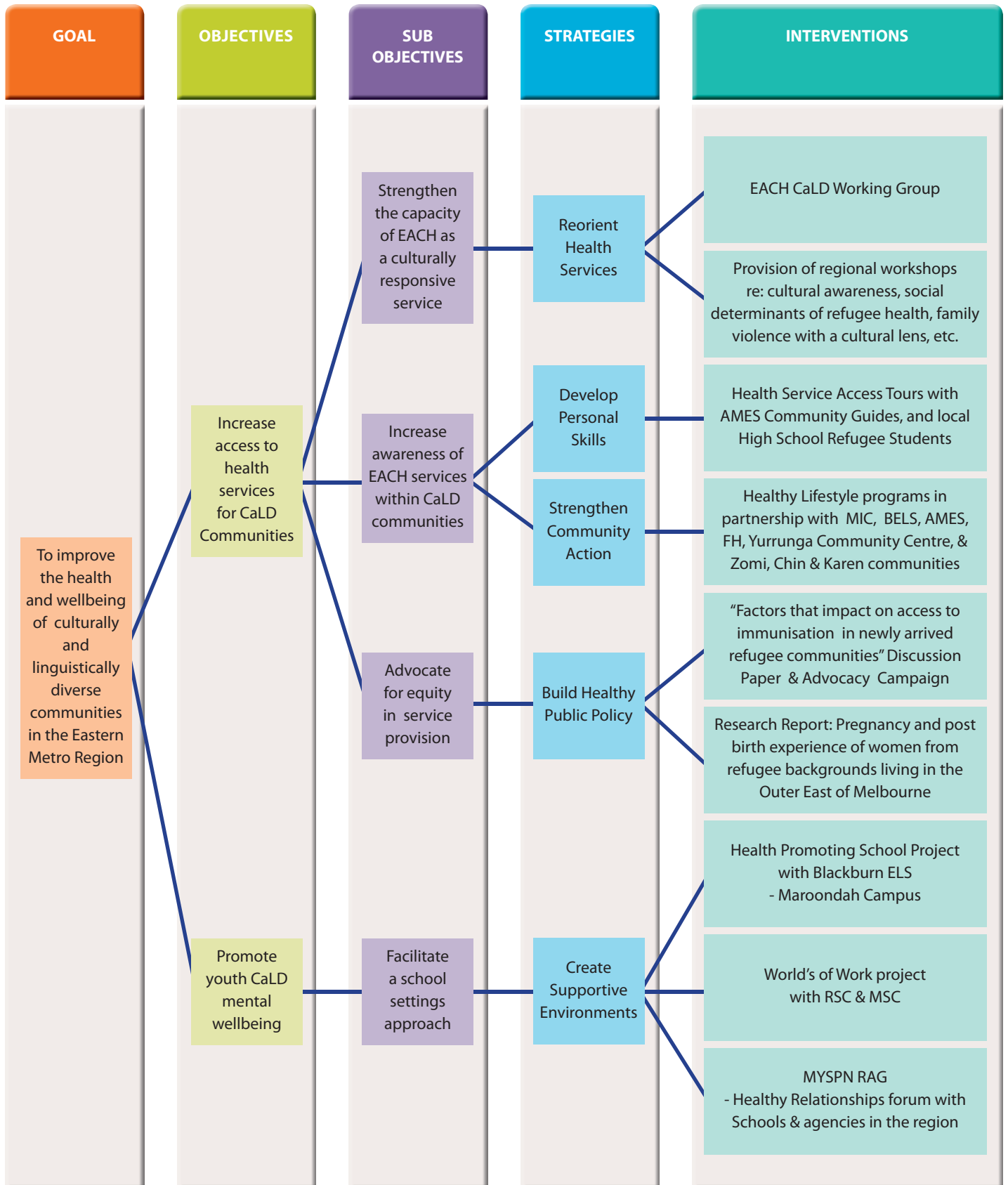
FIGURE 3: WHO, 2006, *SPECTRUM OF HEALTH PROMOTION ACTION*



The EACH Health Promotion Team utilises a socio-ecological approach, and subsequently the CaLD Portfolio has focused on enabling healthy environments for improving CaLD community health and wellbeing – particularly health service, community, and school environments.

The CaLD portfolio aligns with the policy landscape, and corresponds with strategic priority areas as outlined by the Department of Health (*Victorian Public Health & Wellbeing Plan 2011-2015*); the Victorian Health Promotion Foundation (*VicHealth Strategic Priorities 2009-2013*); and Maroondah City Council (*Maroondah Community Wellbeing Plan 2009-2013*).

FIGURE 4: A COMPREHENSIVE APPROACH TO CALD HEALTH PROMOTION AT EACH



Equity & Access for CaLD Communities

The EACH CaLD Health Promotion Portfolio pursues equity in health outcomes and access to health services for CaLD residents in the area. Two portfolio objectives follow in Table 1 and Table 2.

Objective 1:

To increase access to health services for CaLD Communities in Maroondah.

Settings:

Health Service and Community

TABLE 1: TO INCREASE ACCESS TO HEALTH SERVICES FOR CALD COMMUNITIES IN MAROONDAAH.

Sub Objectives	Interventions
Strengthen the capacity of EACH as a culturally responsive service provider	<ul style="list-style-type: none"> ● EACH CaLD Working Group – internal capacity building process to increase the cultural responsiveness of EACH services ● Provision of regional seminars - cultural awareness, social determinants of refugee health, family violence with a cultural lens
Increase awareness of EACH services among CaLD communities in the region	<ul style="list-style-type: none"> ● Health Service Access Tours – familiarisation of local health services with AMES Community Guides, and local High School refugee background students ● Healthy Lifestyle programs in partnership with The Migrant Information Centre, Blackburn English Language School – Maroondah Campus, Foundation House, Yurrunga Community Centre, and the Zomi, Chin and Karen communities.
Advocate for equity in service provision	<ul style="list-style-type: none"> ● Advocacy Campaign & Discussion Paper “Factors That Impact On Access To Immunisation In Newly Arrived Refugee Communities” ● Research Report investigating the “Pregnancy And Post Birth Experience Of Women From Refugee Backgrounds Living In The Outer East Of Melbourne: A Healthy Mothers Healthy Babies Research Report 2011”

Objective 2:

To promote the mental health and wellbeing of young people from a CaLD background.

Setting:

School

TABLE 2: TO PROMOTE THE MENTAL HEALTH AND WELLBEING OF YOUNG PEOPLE FROM A CALD BACKGROUND.

Sub Objective	Interventions
Facilitate a health promoting school approach to creating supportive environments for the primary prevention of mental health issues in CaLD young people	<ul style="list-style-type: none"> ● Health Promoting School Project with Blackburn English Language School - Maroondah Campus ● “Schools in for Refugee’s” in partnership with Foundation House ● Worlds of Work project – supporting training and employment pathways into health and community services for refugee background Secondary students at Ringwood Secondary College and Maroondah Secondary College in partnership with the Outer Eastern Local Learning & Employment Network ● Facilitate a Healthy Relationships forum with schools & agencies in the region

Evaluation Methodology

EACH CaLD Working Group

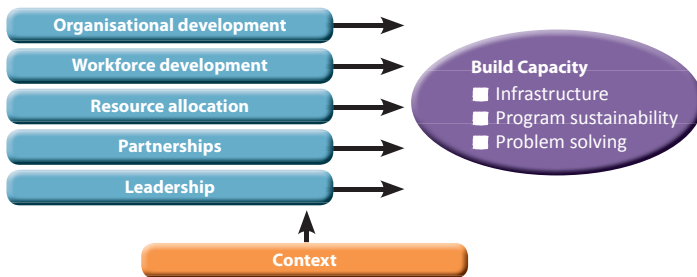
A critical literature review concerning access to health care services for people from CaLD backgrounds found barriers to include:

- Poor awareness of local health services and how the Australian health system operates;
- Language needs - particularly regarding the use of qualified, confidential interpreters for communication, but also including English literacy levels;
- A systemic lack of understanding of the complex issues faced by CaLD communities in the mainstream population, resulting in a lack of culturally sensitive care; and
- Financial constraints⁵.

In an effort to address access barriers organisationally, the CaLD Health Promotion Portfolio formed, and facilitates, the *EACH CaLD Working Group*, comprising representation from all five EACH service areas.

FIGURE 5: NSW HEALTH FRAMEWORK FOR BUILDING CAPACITY TO IMPROVE HEALTH, 2001

Capacity Building Framework



An organisation-wide audit of cultural responsiveness in the domains of Service Planning, Language Services, Consumer Feedback & Consultation, Agency Capacity Building and Marketing & Promotion⁹ was undertaken; coupled with a survey of EACH programs regarding the appropriate use of interpreter services.

The resulting data, together with the NSW Health *Framework for Building Capacity to Improve Health*¹⁰ (Figure 5), informed the development and implementation of a raft of organisation-wide strategies to better enable culturally responsive service delivery at EACH. NSW Health defines capacity building as ‘an approach to the development of sustainable skills, structures, resources and commitment to health improvement in the health sector to prolong and multiply health gains many times over’¹⁰. Evaluation methods for the *EACH CaLD Working Group* Internal Capacity Building Project are presented in Table 3.

TABLE 3: EVALUATION METHODS FOR THE EACH CALD WORKING GROUP INTERNAL CAPACITY BUILDING PROJECT

Sub Objective	Indicator	Methods / Tools
An increase in the proportion of CaLD clients accessing EACH services	50% of Maroondah CaLD population is accessing EACH Services	Statistical Analysis: <ul style="list-style-type: none"> ● ABS ● EACH Trak Care reporting
An increase in EACH staff accessing appropriate interpreter services	Interpreter usage statistics at EACH reflect increasing CaLD statistics at EACH	Statistical Analysis: <ul style="list-style-type: none"> ● EACH Trak Care reporting ● Proportion of EACH staff attending organisational Interpreter training sessions Qualitative Survey: <ul style="list-style-type: none"> ● Time series survey of funding / usage / barriers to interpreter access across Program Areas at EACH
EACH is a welcoming and culturally responsive health service.	EACH has organisational systems in place to ensure cultural responsiveness	Document Review: <ul style="list-style-type: none"> ● CaLD Policy Data Analysis: <ul style="list-style-type: none"> ● Occurrence of ‘Diversity Celebrations’ (Refugee week, Harmony Day etc.) across the organisation Thematic Analysis: <ul style="list-style-type: none"> ● In Depth Interviews of EACH Program Areas focussing upon the Domains of Cultural Responsiveness

Immunisation Advocacy Campaign

Immunisation, as a public health intervention, is acclaimed globally as a cost-effective strategy for protecting the health of individuals, families and communities. Strict guidelines for catch-up immunisation schedules are provided by the Victorian Department of Health¹¹ which propose rigid eligibility criteria that must be met for newly arrived refugees to access immunisations free of charge.

The *Eastern Region Refugee Health Network* and the *Outer East Health & Community Support Alliance* identified a number of newly arrived refugees falling outside of the eligibility criteria; the financial cost of vaccination as a barrier to newly arrived refugee clients in accessing immunisation; and subsequently a cohort not receiving certain vaccinations.

Gould et. al¹² suggest ‘Health Advocacy refers to individual and/or group actions intended to accomplish political commitment, policy support, social acceptance and systems support for a particular health goal or programme’. Utilising Milio’s¹³ conceptual framework to guide advocacy for policy change, in conjunction with the recent Victorian *Department of Health* guideline *Using Policy to Promote Mental Health and Wellbeing: A Guide for Policy Makers*¹⁴ resulted in a structured advocacy process for expanded immunisation eligibility criteria, including free catch-up vaccinations for the refugee population (Table 4).

TABLE 4: EVALUATION METHODS FOR THE IMMUNISATION ADVOCACY CAMPAIGN

Sub Objective	Indicator	Methods / Tools
Newly arrived refugee communities in Victoria receive free catch-up immunisations (including Gardasil, Hepatitis B, Chicken Pox, Meningococcal), as part of settlement program.	Improvements in Refugee Health Immunisation policy to include free Gardasil, Hepatitis B, Chicken Pox, and Meningococcal vaccinations.	<ul style="list-style-type: none"> Develop discussion paper. Number of endorsements of the Discussion paper. Increased/enhanced correspondence and meetings with politicians. Evidence of change occurring in governmental Immunisation Guidelines.

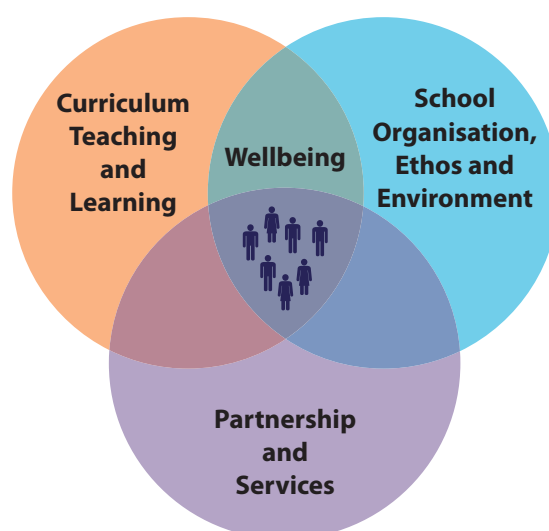
Promoting the Mental Health & Wellbeing of CaLD Young People

Objective 2 of the CaLD Health Promotion Portfolio is to promote the mental health and wellbeing of CaLD young people. This entails utilising a school settings approach to create supportive environments for the primary prevention of mental health concerns.

A close working partnership was developed between *Blackburn English Language School - Maroondah Campus* (BELS), and EACH, to implement a Health Promoting Schools approach (Figure 6). This involves working across the whole school community (with students, families, staff, and wider community) to continually strengthen the schools’ capacity as a healthy and supportive environment for living, learning, playing, and working. The health promoting school approach has been found to improve both health and educational outcomes; and is one in which the needs of the school community are addressed with a range of strategies that fall broadly across three key areas:

- Curriculum, teaching & learning
- School organisation, ethos, and environment
- Partnerships and services¹⁵.

FIGURE 6: WORLD HEALTH ORGANISATION HEALTH PROMOTING SCHOOL MODEL, 2000



In early 2012 a BELS whole-of-staff visioning exercise identified *mental health* and *nutrition* as priority areas for action. A Health Promoting School Committee comprised of leadership staff, teachers, and with input from the *Student Voice* mapped priorities utilising the Victorian Prevention & Health Promotion Achievement Program¹⁶ domains of Healthy Policies; Healthy Physical Environment; Healthy Social Environment; Learning and Skills; Engaging Children Young People, Staff, and Families; and Community Partnerships. Planning action across each of these domains has ensured a coordinated, whole of school approach to the promotion of mental health and wellbeing for newly arrived refugee young people.

TABLE 5: EVALUATION METHODS FOR THE HEALTH PROMOTING SCHOOL PROJECT

Sub Objective	Indicator	Methods / Tools
To increase the proportion of students at BELS Maroondah who feel safe and supported at school	Improvements in student perceptions of school safety	Qualitative survey: ● Time-series survey “Attitudes to school”
The BELS Maroondah school environment protects and promotes health & wellbeing	Health and wellbeing at BELS Maroondah is considered in each of the three HPS Domains ● Curriculum, teaching & learning, ● School organisation, ethos, and environment, ● Partnerships and services.	Quantitative survey: ● Time-series Environmental Audit Qualitative survey: ● Student Nutrition Audit ● Staff Mental Health survey

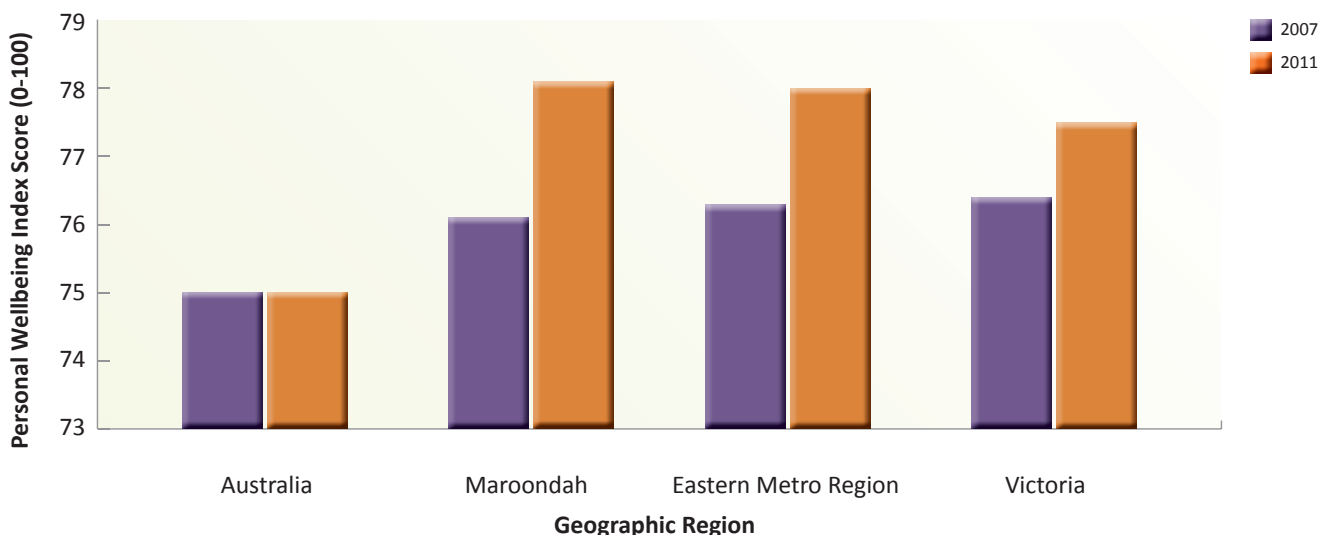
Results

Improved Subjective Wellbeing

The *Maroondah Wellbeing Report* draws upon data from *Community Indicators Victoria*, and measures subjective wellbeing using the *Australian Unity Wellbeing Index*¹⁷. Respondents rated their life satisfaction across a number of domains, including standard of living; health; achievements in life; community connection; personal relationships; safety; and future security. Results were combined into a score (0-100) on the *Personal Wellbeing Index* scale. The *Australian Unity Wellbeing Index* indicates an average score for Australians of approximately 75¹⁷.

In 2007, *Personal Wellbeing Index* scores for Maroondah were 76.1, compared with the Eastern Metropolitan Region at 76.3, and the state of Victoria at 76.4. While 2011 data shows the *Personal Wellbeing Index* for Maroondah at 78.1 (2% increase); the Eastern Metropolitan Region at 78.0 (1.7% increase), and the Victorian State average at 77.5 (1.1% increase)^{17,18} (refer to Figure 7).

FIGURE 7: COMPARATIVE REGIONAL SUBJECTIVE WELLBEING INDICES FOR 2007 AND 2011



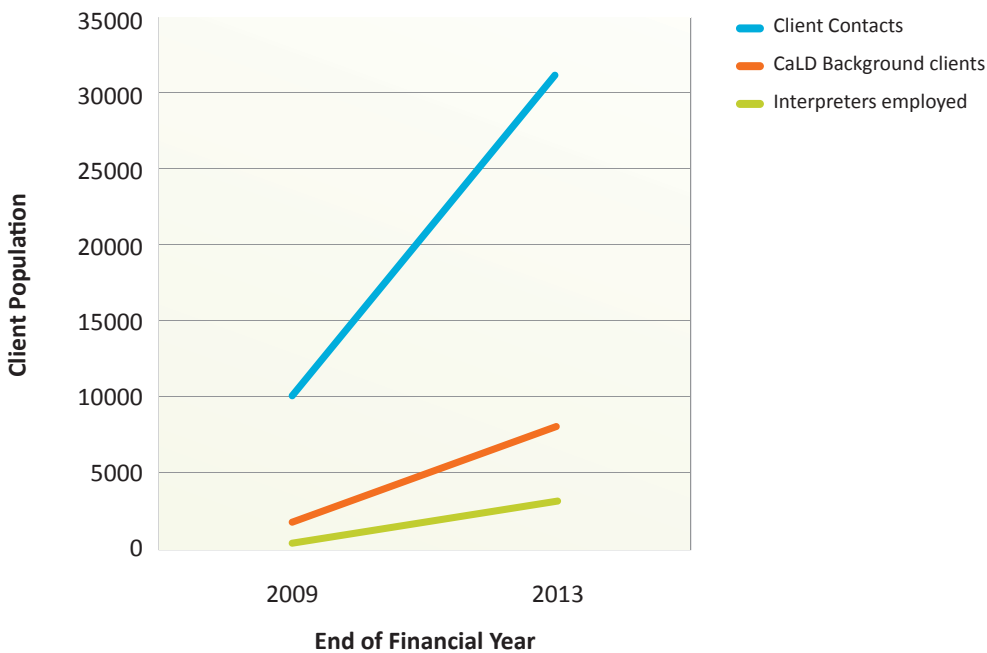
Improved Access to Services and Interpreters

In 2009 EACH service data recorded 10,194 client contacts including 1,935 CaLD clients (9,016 total CaLD population in Maroondah 2006 census); and 598 Interpreter sessions. In 2013, EACH service data recorded 31,184 client contacts, including 8,123 CaLD clients (13,090 total CaLD population in Maroondah 2011 census); and 3,408 Interpreter sessions delivered. These data show a 205% overall increase in EACH clients, including a 319% increase in CaLD clients, and a 469% increase in Interpreter sessions over the past four years (refer to Figure 8).

The reported increase in service uptake by CaLD residents result from a combination of factors, including a significant increase in new CaLD Maroondah residents accessing the EACH *Refugee Health Nursing* program, and a considerable expansion in EACH services and programs into the CaLD community.

In 2009, 21% of the CaLD community in Maroondah were accessing EACH services. By 2013, 62% of the CaLD community in Maroondah were accessing EACH services.

FIGURE 8: EACH CLIENT ACCESS (CALD SERVICES & INTERPRETER UTILISATION) 2009 - 2013



A 2009 EACH *CaLD Working Group* survey found that some EACH programs utilised no funding for interpreters. All EACH programs noted that staff would benefit from further guidance on accessing and utilising interpreter services. Accordingly, the EACH *CaLD Working Group* implemented an *Online Orientation Process* with links to Interpreter information, and an EACH *CaLD Resources Intranet Page* with information and training tools regarding the use of Interpreters. The EACH *CaLD Working Group* also worked with EACH Human Resources to advocate for whole-of-staff training in the use of interpreters.

Additionally, the EACH *CaLD Working Group* initiated a range of cultural celebration events across the organisation, including numerous *Taste of Harmony* celebration events and annual *Refugee Week* celebration events.

The EACH *CaLD Working Group* is now moving into an evaluative stage of the program cycle. The focus of this evaluation will be to determine whether *CaLD Working Group* initiatives have made a difference to EACH service delivery practices.

Equity in Resource Distribution

The *Eastern Region Refugee Health Network* (ERRHN) and the *Outer East Health & Community Support Alliance* (OEHCSA), *Immunisation Sub Committee* explored refugee access to immunisation. This involved a review of the regional Refugee Health Nurse clinic statistics; a review of the Local Council Area (Maroondah City Council) Immunisation clinic statistics; and a critical analysis of the literature regarding the barriers to health care for refugee communities.

Liaison with the *Department of Health* (Eastern Region) resulted in the development of a discussion paper titled *Factors that Impact on Access to Immunisation in Newly Arrived Refugee Communities: Eastern Region Refugee Health Network perspectives*.

The discussion paper clearly outlines the findings of the research, and makes four detailed recommendations:

1. Compare the local data regarding uptake of catch-up vaccinations, against state-wide data.
2. Understand the refugee's perspective of the experience of accessing immunisations.
3. Identify barriers to health care at both local and state-wide contexts.
4. Evaluate the cost-effectiveness of delivering cost-free catch-up immunisations to newly arrived refugees.

These recommendations are endorsed by OEHCSA, the *Migrant Information Centre* (East Melb), AMES, the *Eastern Community Legal Centre*, the *Centre for Multicultural Youth*, the *Communities Council on Ethnic Issues*, and EACH. The discussion paper was widely distributed to the Refugee Health Fellow at the *Royal Melbourne Hospital*, the *State Wide Refugee Nurse Facilitator*; the Acting Manager of *Communicable Disease Prevention & Control Section* - Victorian *Department of Health*; the *Department of Immigration and Citizenship*; and the Federal Member for Deakin.

Resultant discussions provided an opportunity to engage with policy influencers and decision makers; and facilitated enhanced advocacy for a more equitable distribution of public health funding. The *Immunisation Sub Committee* has been advised that the issue is currently being raised with the Federal Minister for Health.

Promoting & Protecting the Mental Health of CaLD Young People

The *Blackburn English Language School* – Maroondah Campus (BELS) hosts approximately 130 students, the majority of which derive from refugee or refugee-like backgrounds. Refugee young people complete a 12 month intensive program in English Language at BELS before transitioning to mainstream schooling.

The *Adolescent Health & Wellbeing Survey* (2009) found that 42.7% of adolescents in Maroondah had recently experienced bullying; this is roughly equivalent to the Victorian average 44.6%¹⁹.

An outcome evaluation of the *Health Promoting Schools Project* will involve a review of *Adolescent Health & Wellbeing Survey* data against data from the annual BELS *Attitudes to School Survey*. This survey collects student data from Year 5 to Year 12, with particular reference to bullying and perceived safety issues at school.

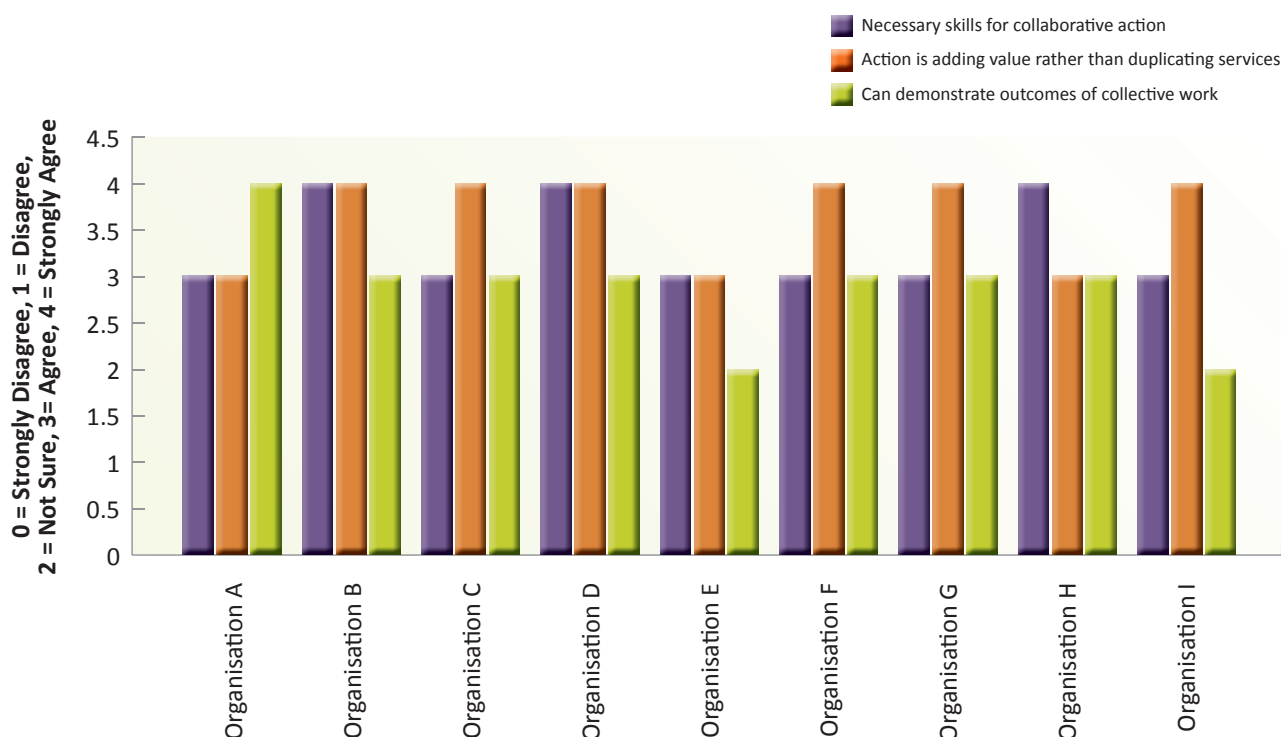
An impact evaluation will assess the effectiveness of changes to the school environment in promoting health & wellbeing. To date, the *Health Promoting School Committee* has facilitated:

- Improvements to the Food Bank;
- Health texts purchased for an updated health curriculum, at both Primary and Secondary levels;
- Physical activity and play equipment purchased for both Primary and Secondary levels;
- A wellbeing policy review, regarding mental health and illness statements;
- Planning of a Staff Professional Development strategy – particularly regarding appropriate responses to mental illness manifested as behaviours in the classroom, and referral pathways to Mental Health services in the region;
- Creation of a Memory Garden - A whole of school garden art therapy project to design and develop a quiet place of reflection; and
- *Student Voice* initiatives to address safety at school, including a Reading Club, and lunchtime singing and dancing.

Partnerships for an Integrated Approach

A *Partnership Analysis*, undertaken with external agencies attending the *Eastern Region Refugee Health Network*, monitored the effectiveness of regional CaLD focused working partnerships. The majority of partners agreed that partner organisations have acquired the necessary skills for collaborative action; there exists a participatory decision-making system that is accountable, responsive, and inclusive; and that local partnerships can demonstrate and document the outcomes of collective work (refer to Figure 9).

FIGURE 9: RESULTS OF EASTERN REGION REFUGEE HEALTH PARTNERSHIP ANALYSIS



Conclusion

Since 2008 the EACH CaLD Health Promotion Portfolio has adopted a contemporary approach to addressing complex CaLD community health needs across the Maroondah LGA. Focusing upon determinants of refugee inequity and access, the EACH CaLD Health Promotion Portfolio has worked to embed change at systemic levels within health service, community, and school settings.

Perhaps the most salient finding of this work to date is the significant 41% increase in access to EACH health services by CaLD communities in Maroondah.

It is expected that key impact data for the *EACH CaLD Working Group*, the *Immunisation Advocacy Campaign*, and the *Health Promoting School Project*; will inform a more thorough analysis of improvements to the health and wellbeing of CaLD communities in the Eastern Metropolitan Region, over the next one to two years.

The EACH CaLD Health Promotion Portfolio interventions, when viewed in the context of the range of regional projects undertaken across the *Spectrum of Health Promotion Action*; showcase an adaptive, integrated, comprehensive, and sustainable approach to improving the health and wellbeing of CaLD communities across the Maroondah LGA.

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More information can be found at:
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