



Community Health

Health Promotion Annual Action Plan

2024-2025



north richmond
community health
Wulempuri - Kertheba

Acknowledgement of Traditional Owners

North Richmond Community Health (Wulempuri-Kertheba) is situated on Wurundjeri land. Staff and Board Members of Wulempuri-Kertheba acknowledge the Wurundjeri people, the traditional custodians of the land we work on.

We respect the land in honour of the Wurundjeri Ancestors, who cared for this land for thousands of years. Wurundjeri Senior Elder Doreen Garvey-Wandin named North Richmond Community Health 'Wulempuri-Kertheba', which means 'staying healthy together' in the Woiwurrung language.

Introduction

The NRCH Health Promotion program sits within the Healthy Communities portfolio, which reports directly to the Head of Community Services.

The Health Promotion team is comprised of three staff:

- Manager Healthy Communities – Chantelle Bazerghi
- Health Promotion Coordinator – Modester Mpofu
- Health Promotion Officer – Maria Jong

In 2024-2025, our Community Health - Health Promotion (CHHP) focus areas will be:

1. **Healthy Eating**
2. **Active Living**
3. **Reducing Tobacco Harm**

To support this work, we are applying two lenses across all our CHHP activities:

- Gender equity
- Climate change

Our Vision

To nurture and build a healthy community through evidence-based health promotion and prevention projects.

Using strength-based principles, NRCH is working with the community to create a place where each person feels that they belong, has meaningful connections to others, feels safe to be themselves and can get the support they need to live a healthy life.



Six key Principles of the Annual CHHP Action Plan

Working at scale

By working collaboratively and in partnerships, our strategies, goals and objectives are intended to achieve longer-term outcomes for sustainability in population health improvements.

Evidence-informed priorities and collaborative planning

This Plan is based on evidence available about health is in alignment with those of government and local partners. One of the outcomes of this approach to planning is to inform future shared strategic planning in 2021-25 across the City of Yarra which will further create collaborative methods of working.

Inequities and the determinants of health

We recognise that the determinants of health influence the health status, behaviours and social issues of all individuals and populations. With our partners, we seek to impact those determinants we can influence. Therefore, while all the programs and projects aim to improve the health and wellbeing of the whole population, more focus is given to supporting vulnerable population groups such as newly arrived migrants, people from Culturally and Linguistically Diverse backgrounds, Aboriginal and Torres Strait Islander people, and communities living in socially disadvantaged locations such as the North Richmond housing estate.

Co-design and community engagement

We recognise that for health promotion work to be effective and sustainable, our communities must be engaged as active partners and stakeholders. NRCH uses the "Concierge model" and this is evident in the employment of Health Promotion Concierges from our public housing estates.

Partnerships and places

We recognise that the work of health promotion and prevention requires strong partnerships working to mutually reinforce the strategies and actions which will deliver outcomes. Working in partnerships enables the maximising of partner resources by leveraging expertise and by implementing mutually reinforcing activities to generate improvements in health outcomes.

Systems change

By looking through the lens of systems change, we will increasingly understand the dynamics of prevention practice across populations and the linkages and relationships necessary to intervene effectively. We acknowledge that complex problems require solutions based on partnerships, engaged communities, mutually reinforcing activities and scaled up actions.



Policy and Planning

Table 1 demonstrates a transparent line of sight to the policy and planning context at state and regional levels for the work of NRCH's health promotion and prevention work, aligning our Community Health - Health Promotion (CHHP) priorities for 2021-2025.

This Strategic CHHP plan is building on priorities and partnerships that are already established to ensure an integrated approach to health promotion across North Richmond Community Health's catchment.

To ensure that our efforts are aligned not only with external partners but also across NRCH, our CHHP work will be strengthened by the health services work undertaken across other areas of the organisation, such as Allied Health and Dental Services, which work along the continuum from primary prevention through to early intervention and chronic disease care.

Table 1: Alignment documents

National Level	Australia's Long Term National Health Plan (Department of Health, Australia, 2019).
State Level	Victorian Public Health and Wellbeing Plan 2023-2027 (Department of Health, Victoria, 2023b).
LGA Level	Municipal Public Health and Wellbeing Plan 2021-2025 (Yarra City Council, 2021a).

Community Engagement

Figure 1 represents NRCH's Community Engagement Strategy with community at the centre and co-design being our core principle when delivering Health Promotion.

Community Engagement Strategy: Community-led and co-designed

Future Directions: Community Engagement Strategy

- Community Engagement Policy
- Community Engagement Plan (Connecting to our service users and community by listening, learning, involving, and empowering community)

Figure 1: Community Engagement Model

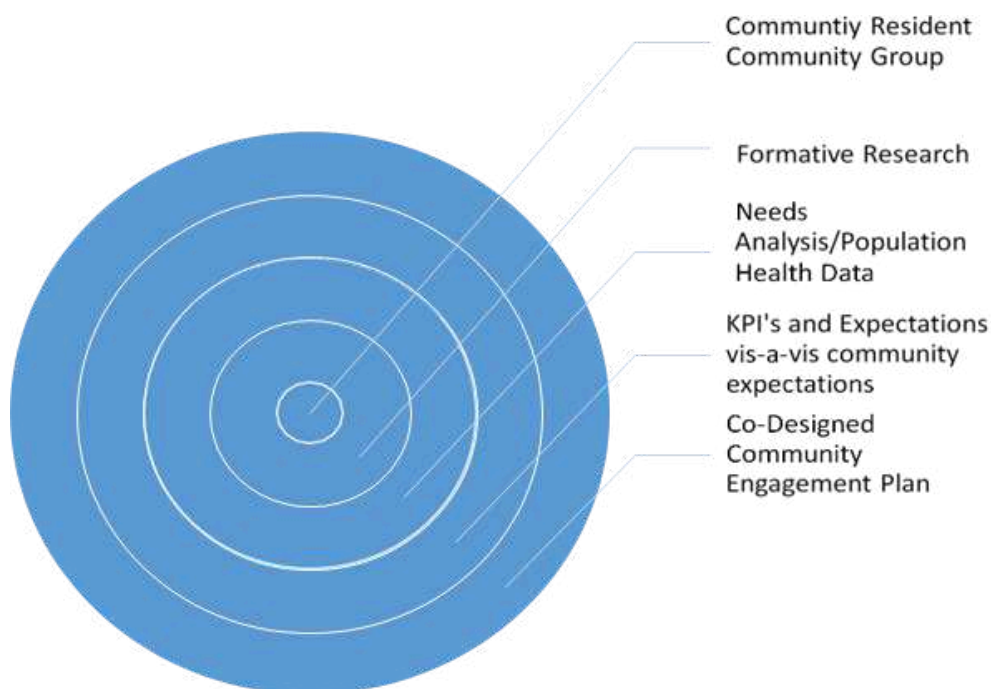


Figure 2: Community members collaborating in co-design



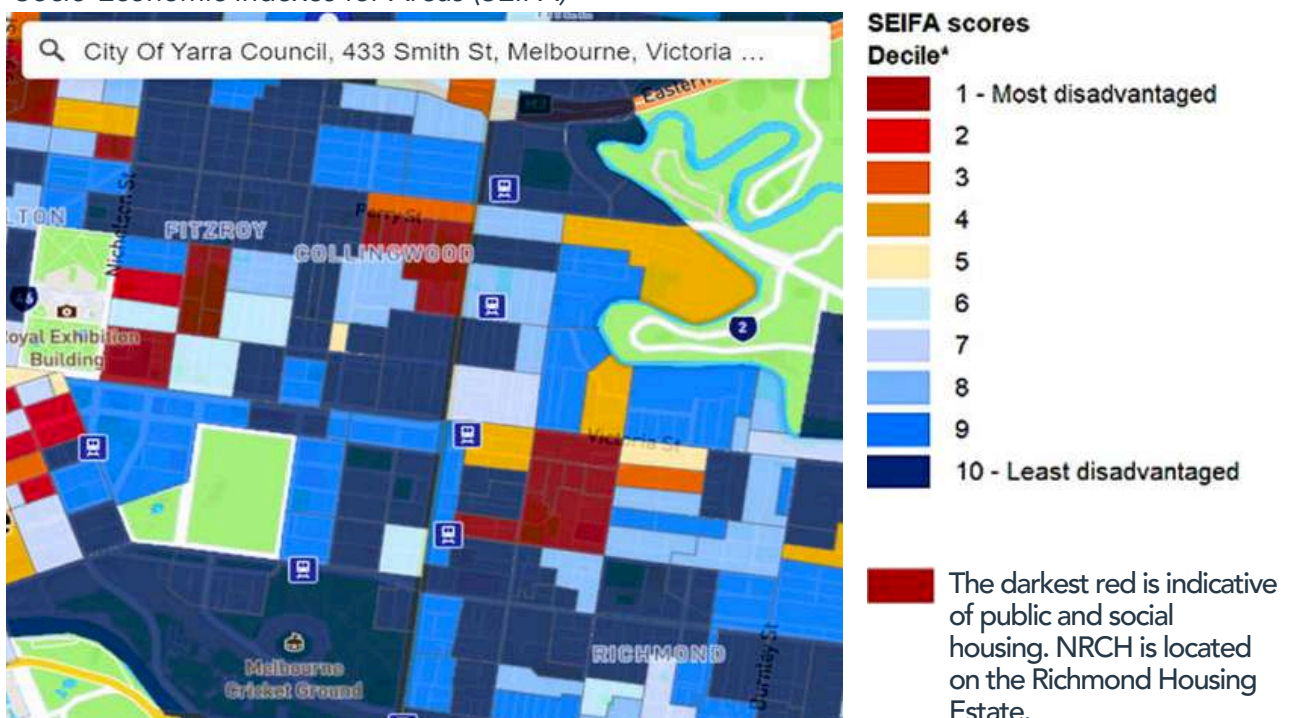
Our Priorities

Public Housing Tenure & Disadvantage

NRCH is located on the North Richmond Housing Estate, the most densely concentrated public housing precinct in the southern hemisphere. In 2021, 8.1% of residents in the City of Yarra lived in social housing, which included public housing, compared to 2.3% in Greater Melbourne (Homes Victoria, 2022a, *Housing Data and Insights*).


The ABS Socio-Economic Indexes for Areas, (Australian Bureau Statistics, 2021b, *SEIFA*) measures the relative level of socio-economic disadvantage based on a range of Census information including low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations. The 2021 Census illustrates that levels of disadvantage in Yarra are highly concentrated in the main public housing areas within Richmond, Collingwood and Fitzroy. For this reason, we focus our efforts on the needs of community members living in public housing in the City of Yarra.

Figure 3: Australian Bureau Statistics Community Profile - People and Households, Socio-Economic Indexes for Areas (SEIFA)



Public housing residents use health services provided by, or funded by government, at a much higher rate than other Victorians. They are five times more likely to access community mental health services, eight times more likely to access drug and alcohol services, and four times more likely to use community health services (Homes Victoria 2022b, SELDR).

Table 2: Data on Health Service accessed from Homes Victoria’s Socioeconomic Linked Data Report - SELDR (2022b)

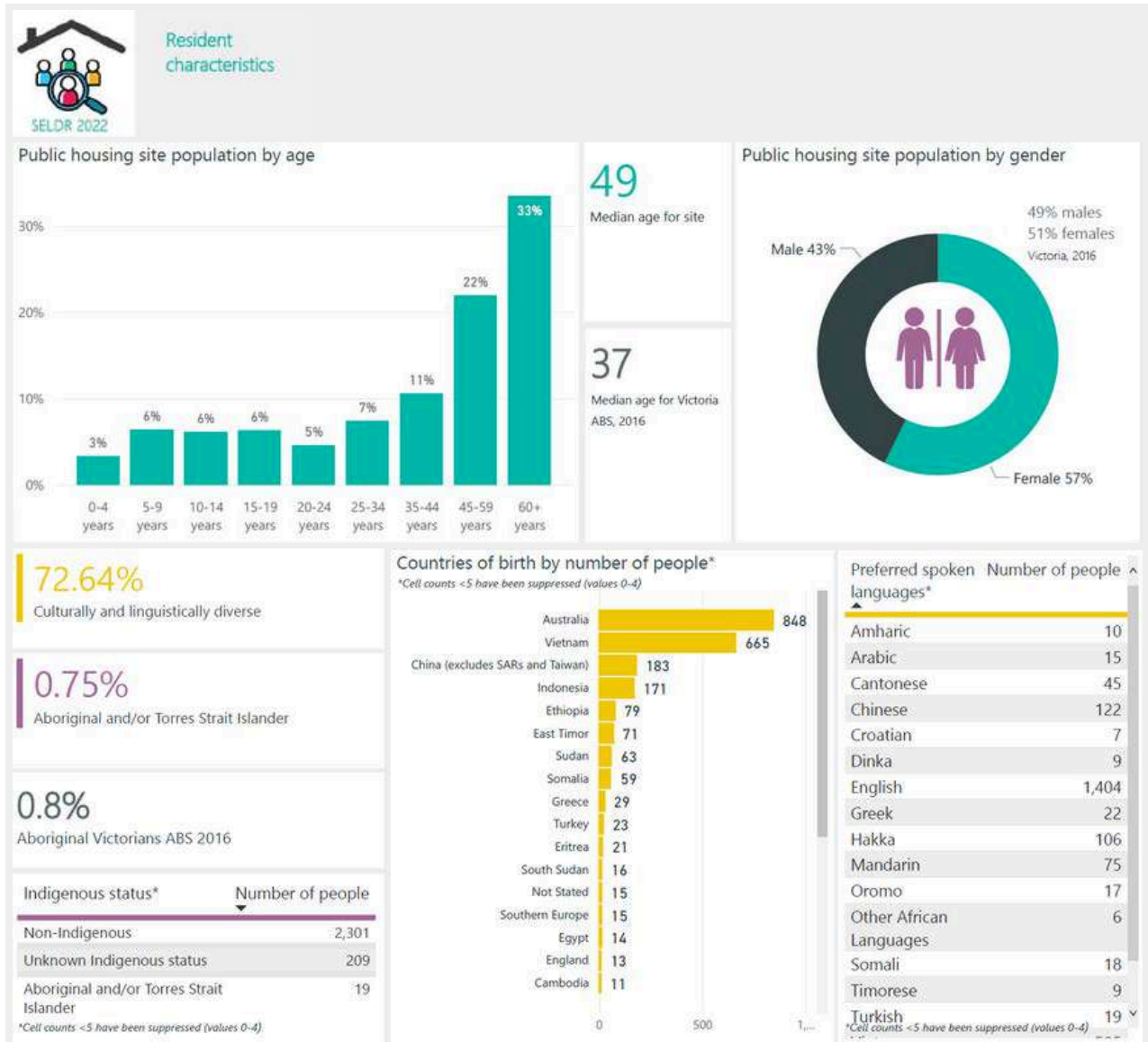
 Health Services accessed 2016-2020	Number of people	Percent of site pop.	State comparison
ED presentation	1,771	23%	25%
Community health	878	35%	9%
Hospital admission - acute elective	681	27%	40%
Hospital admission - acute emergency	585	23%	27%
Mental health community contact	135	5%	3%
Hospital admission - subacute	125	5%	7%
Drug and alcohol	68	3%	1%
Mental health admission	64	3%	1%
Hospital admission - acute other	45	2%	2%

In the City of Yarra, residents experience long-term mental health conditions at a greater rate than other Victorians (Homes Victoria 2022b, SELDR).

Residents living in public housing in the City of Yarra are predominantly from a Culturally and Linguistically Diverse (CALD) background with a high percentage of people born overseas (Homes Victoria 2022b, SELDR).

According to recent data shared by the Department of Families, Fairness and Housing (DFFH), public housing estate residents of North Richmond utilise mental health services six times more than other Victorians and are 5 times more likely to have a mental health admission compared to other Victorians (Homes Victoria 2022b, SELDR), as seen in Table 2.

Figure 4: Yarra Housing Estate data, from Homes Victoria's Socioeconomic Linked Data Report - SELDR (2022b)



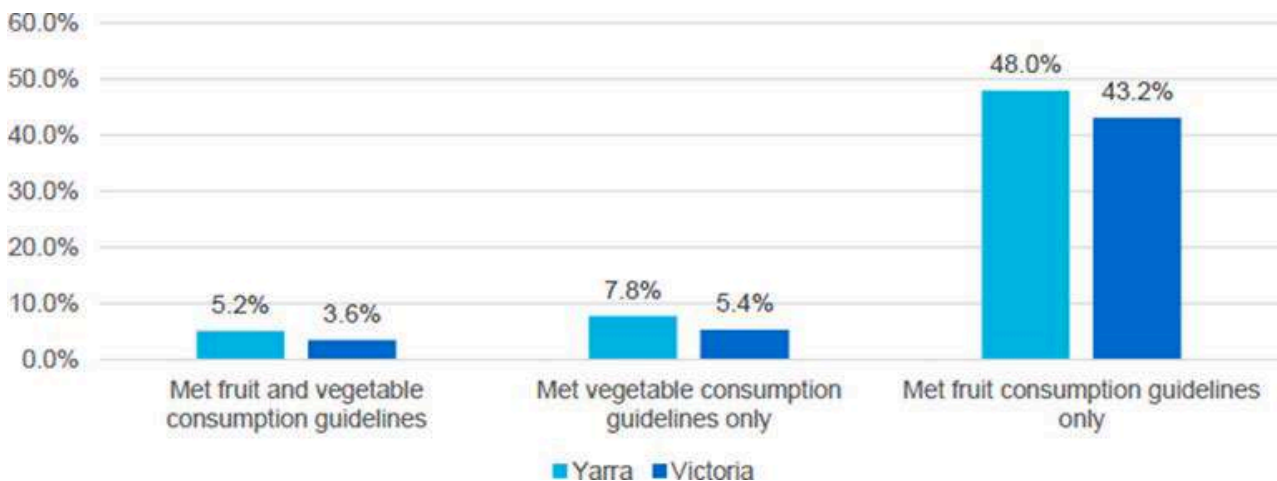
Priority Area 1

Healthy Eating

A healthy diet is a foundation for health, well-being, optimal growth and development. It protects against all forms of malnutrition. An unhealthy diet is one of the leading risks for the global burden of disease, mainly for noncommunicable diseases such as cardiovascular diseases, diabetes and cancer (World Health Organization, 2024). NRCH aims to counteract this problem, while promoting healthy eating opportunities in communities.

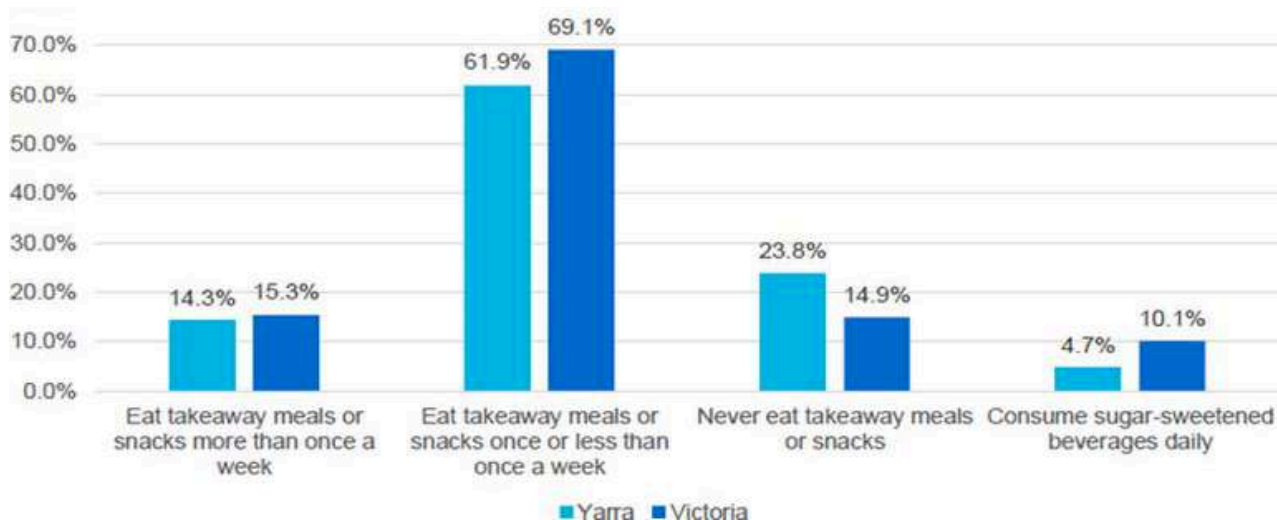
The most recent data from the Victoria Population Health Survey, conducted in 2017 (Department of Health, Victoria, 2022), indicates that 7.2% of Yarra residents experienced food insecurity with hunger, compared to 3.6% of Victorians (Yarra City Council, 2020b, *Yarra's Health and Wellbeing Profile*). This highlights a significant concern for food security in the City of Yarra, with certain population groups at a higher risk of food insecurity. These groups, which include unemployed individuals, single-parent households, low-income earners, rental households, young people, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse individuals, and socially isolated people, are more likely to consume fewer fruits and vegetables and more discretionary foods (Yarra City Council, 2020b, *Yarra's Health and Wellbeing Profile*).

Figure 5: Fruit and Vegetable consumption in City of Yarra compared to the Victorian average in people aged 18 years and above (Yarra City Council, 2020b, *Yarra's Health and Wellbeing Profile*)



In 2020, the demand for food relief increased by 40%, and there was a 28% rise in the number of people experiencing food insecurity for the first time. This was especially evident in disadvantaged communities, such as those living in public housing (Foodbank Melbourne, 2023). NRCH, in collaboration with local services, has played a crucial role in enhancing food security for residents of housing estates and the broader community. Their efforts, under the CHHP Healthy Eating Priority, focus on improving access to and knowledge of culturally appropriate, nutritious, and sustainable food supplies.

Figure 6: Takeaway and sugar-sweetened beverage rates in the City of Yarra compared to the Victorian average in people aged 18 years and above (Yarra City Council, 2020b, Yarra’s Health and Wellbeing Profile).



Priority Area 2

Active Living

Leading an active life improves health and well-being, while preventing and reducing the risk of heart disease, certain cancers, diabetes, musculoskeletal conditions and depression. In the City of Yarra, only 44.1% of residents are meeting physical activity guidelines (City of Yarra, 2021b).

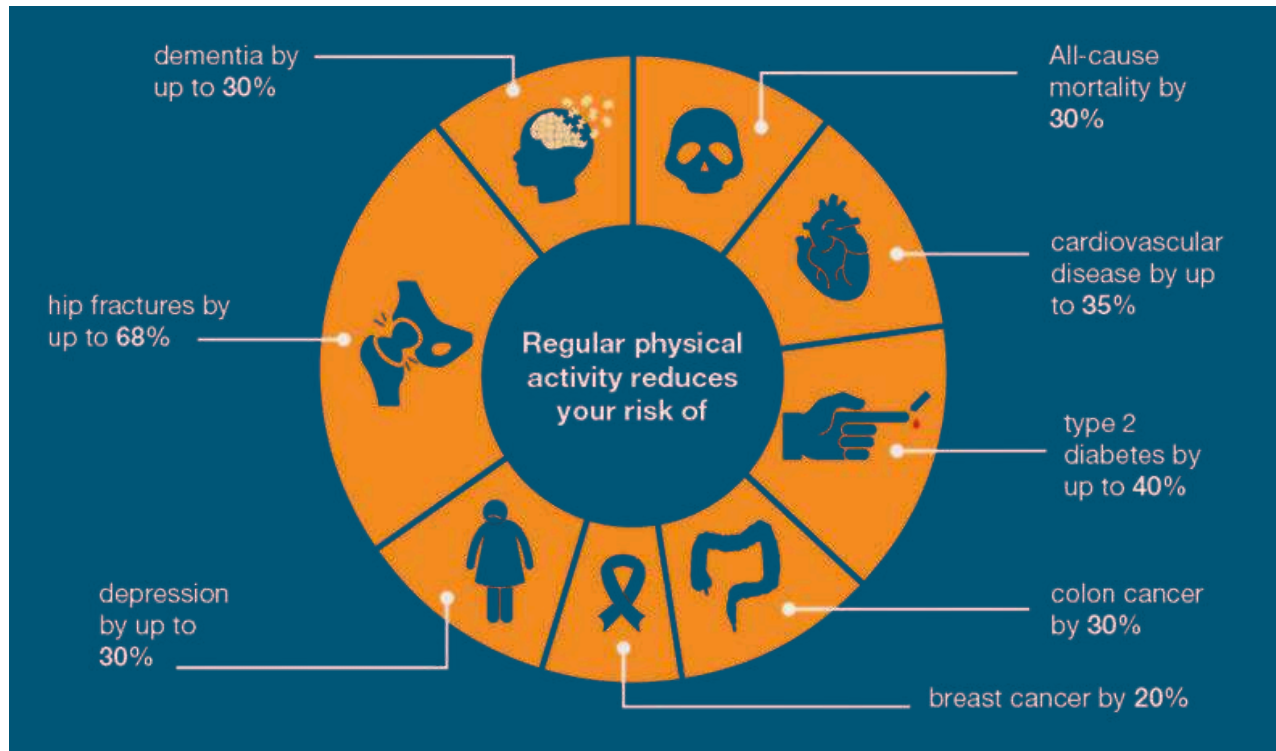
The main barriers to being active include cost/affordability, emotional challenges, social and/or cultural factors, safety concerns, accessibility issues, lifestyle and/or time constraints, lack of awareness and volunteer-related barriers. Additionally, a survey of residents in the public housing estates of Richmond, Collingwood, and Fitzroy revealed that most would be more physically active if they had more opportunities to participate in organised physical activity programs (Heart Foundation, 2020).

NRCH has recognised this public health challenge and is promoting active living among community members, ensuring that all individuals, including those with special needs, disabilities, older adults and people from diverse cultural backgrounds, are encouraged to be involved in active living. Hence, by addressing these barriers, NRCH can reduce obstacles to physical activity while simultaneously promoting a healthier lifestyle and improving overall well-being.

Table 3: Yarra Moves Physical Activity Strategy 2021-31 (City of Yarra, 2021b).

Physical activity levels	Yarra	Vic
Sedentary	2.7%	2.5%
Insufficient	41.4%	44.1%
Active	54.9%	50.9%
Sitting 7+ hours per weekday	40.8%	26.6%
Sitting 7+ hours per weekend day	11.3%	14.1%

Figure 7: The health benefits of physical activity (Health Promotion & Disease Prevention Directorate, 2023).



Priority Area 3

Reduce Tobacco Harm

Tobacco is one of the most widely and legally used drugs in Australia. Among the adult residents of the City of Yarra, 16% are active smokers and 10.7% are currently vaping, which represents the highest prevalence in inner Melbourne (Quit, 2024). This priority area focuses on reducing Tobacco harms, which are a leading cause of disease and death in Australia (Australian Institute of Health and Welfare, 2020).

Multiple studies have found associations between smoking, financial stress, and housing insecurity (Greenhalgh, Scollo & Pearce, 2022). There is growing evidence to suggest that this also extends to young people, with an increased uptake of vaping (Simon et al., 2018). The risks and addictive substances in nicotine, especially in e-cigarettes, are often underestimated, particularly by young people. Given this, a multi-faceted approach is necessary to reduce harm from both cigarettes and e-cigarettes.

To address these concerns, our program offers comprehensive support to help individuals quit smoking and vaping with focus on public housing residents and young people in the City of Yarra. The success of quitting has immediate health benefits and dramatically reduces the risk of smoking-related diseases, whatever the person's age. Quitting before 40 years of age reduces your risk of dying from smoking-related disease by about 90%, compared to someone who continues to smoke throughout their life (Victoria, 2024). This underlines the need and benefit of the Reduce Tobacco Harm initiative.

Figure 8: E-cigarette use and behaviours among Victorian adults in 2022 (Quit, 2022).

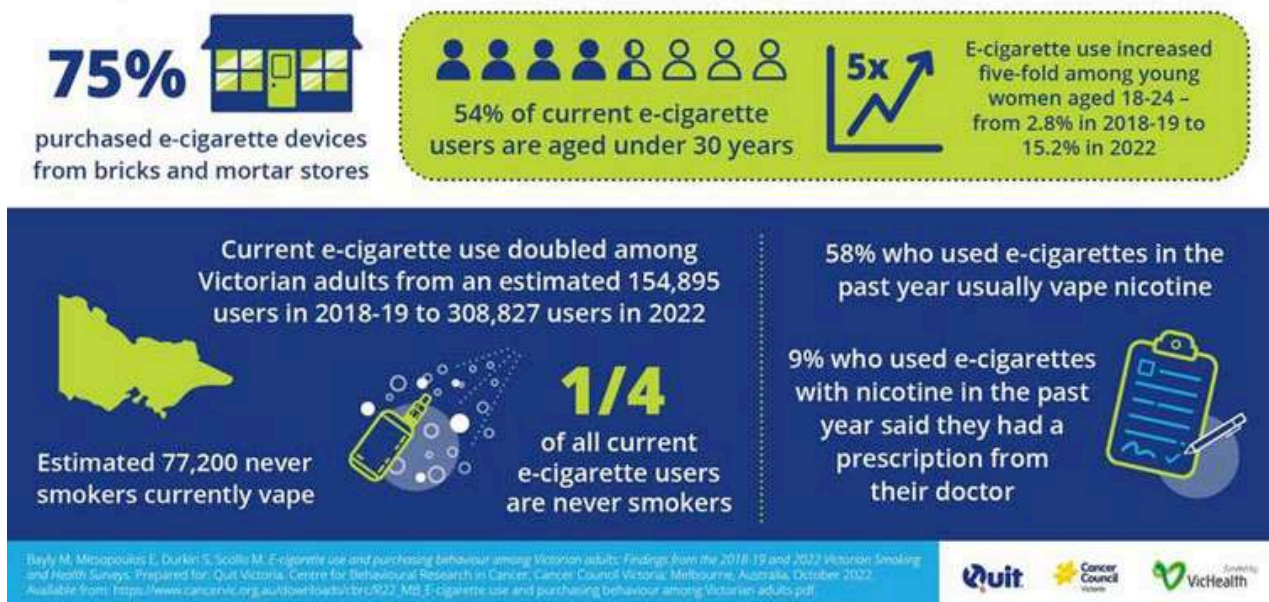
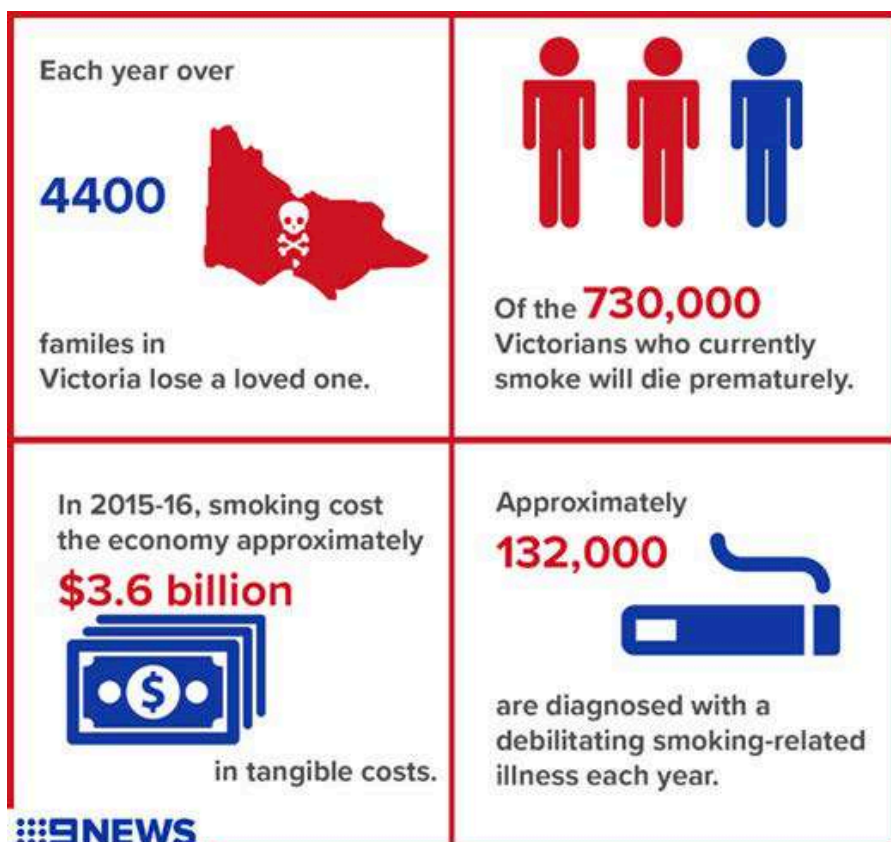


Figure 8: Statistics on the harm of smoking. Cooper, 2018.



1. Healthy Eating

Target Population Groups

- The residents of the City of Yarra
- Public housing residents in the City of Yarra
- City of Yarra schools
- MSIR clients

Settings

- NRCH Community Health Service
- City of Yarra schools

Key Partnerships

- Cancer Council Victoria
- Local schools
- Neighbourhood houses in the City of Yarra
- NRCH Community Health Service
- Yarra Housing Estates - Richmond, Collingwood, and Fitzroy

Planned Objectives

- Information about healthy eating for preventing disease is available to NRCH clients and participants of NRCH community activities.
- Supporting local settings in implementing state-wide health promotion program Vic Kids Eat Well (VKEW)
- Increase access to healthy food options at the NRCH Meeting Place Café, Cultural Catering, and all activities in which NRCH takes part.
- Implement the Healthy Choices framework at NRCH.

Resource allocation - 40% of IHP budget will be allocated to this priority.

Planned initiatives	Indicators of success	Resourcing	Timeframe
<p>Vic Kids Eat Well Deliver VKEW small and big bite changes in local eligible settings</p>	<p>1. Participation Rate Target: 80% of settings participate in the program within the first year. Metric: Number of participating settings who signed up to VKEW.</p> <p>2. Implementation Quality Target: Each setting implements at least 2 small bite and 1 big bite changes. Metric: Average number of small and big bite changes implemented per setting.</p> <p>3. Nutritional Impact Target: 50% reduction in the availability of unhealthy food options in participating settings. Metric: Pre- and post-implementation food availability audits.</p> <p>4. Stakeholder Engagement Target: 90% positive feedback from staff, students, and/or parents. Metric: Survey results with a target satisfaction score of 4 out of 5.</p> <p>5. Behavioural Changes Target: 50% of children report improved eating habits. Metric: Pre- and post-program surveys with children.</p>	<p>Led by CHHP Funded by CHHP</p>	<p>30 June 2025</p>
<p>NRCH Fresh Food Market Richmond Community Market</p>	<p>1. Market Utilisation Target: 100 visitors per month. Metric: Monthly visitor counts.</p> <p>2. Sales and Distribution Target: 100 kg of fresh food sold per month. Metric: Monthly sales records.</p> <p>3. Behavioural Changes Target: 85% of customers report an increase in fresh food consumption. Metric: Survey results with a target score of 4 out of 5.</p>	<p>Led by CHHP Funded by NEPHU and The Community Grocer</p>	<p>30 March 2025</p>

Planned initiatives	Indicators of success	Resourcing	Timeframe
<p>United Cooking Group Weekly group in Richmond for community to share their cultural dishes, learn to cook, and receive nutritional education.</p>	<p>1. Attendance and Participation Target: Minimum 10 participants per weekly session. Metric: Weekly attendance records.</p> <p>2. Engagement and Interaction Target: 90% of participants actively engage in preparing meals and listening to education resources. Metric: Facilitator observation and participation logs.</p> <p>3. Knowledge and Skills Acquisition Target: 70% of participants demonstrate improved nutritional knowledge and cooking skills. Metric: Pre- and post-session surveys and skill assessments.</p> <p>4. Community Building Target: 80% of participants report a stronger sense of community. Metric: Post-session surveys score of 4 out of 5 on community feeling.</p> <p>5. Health Outcomes Target: 50% of participants report an increase in healthy foods consumed in accordance with the Australian Dietary Guidelines. Metric: Follow-up surveys three months after program participation.</p>	<p>Led by CHHP Funded by City of Yarra</p>	<p>30 June 2025</p>
<p>Nutrition sessions at Out-of-School Hours Care settings (OSHC)</p>	<p>1. Attendance and Participation Target: Minimum 10 children per session. Metric: Attendance records for each session.</p> <p>2. Engagement and Learning Target: 80% of children actively participate and show learning progress. Metric: Facilitator observation and pre- and post-session quizzes.</p>	<p>Led by CHHP Funded by CHHP and NRCH Allied Health Program</p>	<p>30 June 2025</p>

Planned initiatives	Indicators of success	Resourcing	Timeframe
<p>Health Information Sessions and Community Meals</p>	<p>1. Attendance and Participation Target: Minimum 60 participants per health information session (11am-12pm), minimum 120 participants per community meal session (12pm-1pm). Metric: Attendance records for each session.</p> <p>2. Engagement and Learning Target: 80% of people actively participate in discussion and raising their health concerns. Metric: Facilitator observation and pre- and feedback after the session.</p> <p>3. Healthy eating – promote healthy food, vegetarian option.</p>	<p>Led by CHHP Funded by CHHP and NRCH Allied Health Program</p>	<p>30 June 2025</p>

2. Active Living

Target Population Groups

- The residents of the City of Yarra
- Public housing residents in the City of Yarra
- City of Yarra schools

Settings

- City of Yarra schools
- Neighbourhood houses in the City of Yarra
- Richmond Youth Hub
- Yarra Housing Estates - Richmond, Collingwood and Fitzroy

Key Partnerships

- Inspiro
- City of Yarra Youth Services
- Local schools
- Reclink

Planned Objectives

- Information about physical activity for preventing disease is available to NRCH clients and participants of NRCH community activities.
- Increase participation in physical activities across Schools in City of Yarra.

Resource allocation - 45% of IHP budget will be allocated to this priority.

Planned initiatives	Indicators of success	Resourcing	Timeframe
<p>Morning Move for Mind in schools Morning Move for Mind (MM4M) is a fantastic program that health promoters use to increase physical activity and improve mental health in primary school kids. Put simply, kids learn a range of wellbeing strategies they can use in their everyday lives all while being active.</p>	<p>1. Participation Rate Target: 20% of students participate in Morning Move for Mind sessions. Metric: Number of participating students / Total students * 100. (E.g., If a school has 400 students, aim for 80 to participate)</p> <p>2. Mental Health Impact Target: 60% of students report improved mood and reduced stress levels. Metric: Pre- and post-program surveys on mood and stress.</p> <p>3. Physical Fitness Improvements Target: 50% of students show improved physical fitness levels. Metric: Fitness assessments conducted at the start and end of the program.</p> <p>4. Teacher and Parent Feedback Target: 85% positive feedback from teachers and parents. Metric: Survey results with a target satisfaction score of 4 out of 5.</p>	<p>Led by CHHP Funded by CHHP</p>	<p>30 June 2025</p>
<p>Incorporate or encourage physical activity into the NRCH Homework Group</p>	<p>1. Participation Rate Target: 50% of Homework Group members participate in physical activities. Metric: Number of participating members / total Homework Group members.</p> <p>2. Satisfaction and Enjoyment Target: 80% of participants enjoy the activities and want to continue. Metric: Survey results with a target satisfaction score of 4 out of 5.</p>	<p>Led by CHHP Funded by City of Yarra</p>	<p>30 June 2025</p>

Planned initiatives	Indicators of success	Resourcing	Timeframe
<p>Support City of Yarra Youth Hub to deliver women-only soccer</p>	<p>1. Participation Rate Target: 30 women participate in the soccer program. Metric: Number of participants enrolled in the program.</p> <p>2. Community Building: Target: 80% of participants report a stronger sense of community and social support. Metric: Post-program surveys score of 4 out of 5 on community feeling.</p>	<p>Led by CHHP Funded by City of Yarra</p>	<p>30 June 2025</p>
<p>Weekly health promotion classes at the NRCH Community Hub for Yarra residents:</p> <ul style="list-style-type: none"> • Zumba • Exercise and Nutrition • Men’s Walking Group • Body Confidence 	<p>1. Participation Rate Target: Minimum 10 participants per weekly exercise class. Metric: Weekly attendance records.</p> <p>2. Health Outcomes Target: 80% of participants report positive health outcomes, such improved fitness, less pain, increased social connection Metric: Follow-up surveys three months after starting the program.</p>	<p>Led by CHHP Funded by CHHP and NRCH Community Hub</p>	<p>30 June 2025</p>

3. Reducing Tobacco Harm

Target Population Groups

- Richmond public housing residents

Settings

- NRCH
- Richmond Public Housing Estate communal spaces – laundries, walkways, foyers, gardens, community rooms

Key Partnerships

- Richmond public housing residents (including QUIT community advocates)
- QUIT Victoria
- VicHealth
- Belgium Avenue Neighbourhood House
- Yarra Youth Services

Planned Objectives

- Promote tobacco-free communal spaces
- Improve compliance with tobacco-free communal spaces
- Empower residents to provide peer support for quitting smoking and vaping

Resource allocation - 15% of IHP budget will be allocated to this priority.

Reducing Tobacco Harm

Planned initiatives	Indicators of success	Resourcing	Timeframe
Deliver 'Reducing Tobacco Harms Project' action plan	<p>1. Participation Rate Target: Minimum 2 QUIT community advocates attend bi-annual meetings; all actions completed by resident advocates. Metric: Bi-annual attendance records; action statements completed by QUIT community advocates.</p> <p>2. Activity Outcomes Target: All public events on the Richmond Estate are smoke free. Metric: Smoke-free signage, QUIT education flyers displayed, facilitator observations and event debriefing notes.</p> <p>3. Health Outcomes Target: Increase knowledge of adults and young people of the health and wellbeing harms of tobacco. Metric: Annual surveys with adults and young people attending events on the Richmond Estate.</p>	Led by CHHP Funded by DFFH	30 June 2025

Other Considerations

To support the work detailed in this plan, we are applying two lenses across all our CHHP activities:

- Gender equity
- Climate change

Gender Equity Lens

To ensure gender equity is promoted and embedded in our organisation, the Health Promotion team is committed to:

- Ongoing membership in the Building a Respectful Community (BRC) alliance and attendance of all meetings, in partnership with the NRCH Counselling and Casework team.
- Supporting key campaigns in the City of Yarra, such as '16 days of activism' and 'Week Without Violence', which is led by the NRCH Counselling and Casework team.
- Actively contributing and support NRCH's Diversity and Inclusion strategy, which is led by the Centre for Culture, Ethnicity and Health.
- Advocating for Active Bystander training to staff and volunteers via WHIN and other providers via the NRCH Health and Wellbeing Working group.

Climate Change Lens

To ensure climate change prevention strategies are promoted and embedded in our organisation, the Health Promotion team is committed to:

- Encouraging composting and recycling at all NRCH events and activities.
- Using only environmentally friendly products in all of our catering, such as recycled paper and Bio Pak.
- Promoting and encouraging recycling at external events and raise awareness through flyers on how to correctly recycle.

References

- 'Australian Institute of Health and Welfare (2020). *Alcohol, tobacco & other drugs in Australia*. <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol>
- Australian Bureau Statistics (2021a). *Census of Population and Housing*. <https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/labour-statistics-concepts-sources-and-methods/2021/methods-four-pillars-labour-statistics/household-surveys/census-population-and-housing>
- Australian Bureau Statistics (2021b). *Community Profile - People and Households, Socio-Economic Indexes for Areas (SEIFA)*. <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>
- Department of Health, Australia (2019). *Australia's Long Term National Health Plan*. <https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan?language=en>
- Department of Health, Victoria (2017). *Victorian Population Health Survey 2017*. <https://www.health.vic.gov.au/population-health-systems/victorian-population-health-survey-2017>
- Department of Health, Victoria (2023a). *Active living*. <https://www.health.vic.gov.au/your-health-report-of-the-chief-health-officer-victoria-2018/healthy-living/active-living>
- Department of Health, Victoria (2023b). *Victorian public health and wellbeing plan 2023–27*. <https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>
- Foodbank Melbourne (2023). *Foodbank hunger report 2022*. <https://reports.foodbank.org.au/foodbank-hunger-report-2022/?state=vic>

References

- Greenhalgh, E. M., Scollo, M. M., and Pearce, M. (2022). 9.5 Smoking and intergenerational poverty. In *Tobacco in Australia: Facts and issues*. Cancer Council Victoria. <https://www.tobaccoinustralia.org.au/chapter-9-disadvantage/9-5-smoking-and-intergenerational-poverty>.
- Health Promotion & Disease Prevention Directorate (2023). *Physical Activity*. https://hpdp.gov.mt/hpu/physical_activity
- Heart Foundation (2020). New survey: 40% of Aussies working from home walking less during lockdown [Press release]. <https://www.vichealth.vic.gov.au/sites/default/files/200430-MR-NAT-Aussies-working-from-home-walking-less-during-lockdown.pdf>
- Homes Victoria (2022a). *Housing Data and insights*. <https://www.homes.vic.gov.au/housing-data-and-insights>
- Homes Victoria (2022b). *Socioeconomic Linked Data Report (SELDR), Social Housing Reform: Housing Policy*.
- Morris, A., Hastings, C., Wilson, S., Mitchell, E., Ramia, G. and Overgaard, C. (2020). *The experience of international students before and during COVID-19: Housing, work, study and wellbeing*. <https://apo.org.au/sites/default/files/resource-files/2020-07/apo-nid307336.pdf>
- Quit (2022). *Alarming rise in e-cigarette usage and purchasing behaviours in Victoria*. [https://newsroom.quit.org.au/news/alarming-rise-in-e-cigarette-usage-and-purchasing-behaviours-in-victoria#:~:text=New%20data%20\(PDF\)%20%5B1,_%2Dcigarettes%20have%20never%20smoked.](https://newsroom.quit.org.au/news/alarming-rise-in-e-cigarette-usage-and-purchasing-behaviours-in-victoria#:~:text=New%20data%20(PDF)%20%5B1,_%2Dcigarettes%20have%20never%20smoked.)
- Quit (2024). *New Victorian data shows highest vaping prevalence in metro areas, highest smoking prevalence in regional areas*. <https://newsroom.quit.org.au/news/new-victorian-data-shows-highest-vaping-prevalence-in-metro-areas-highest-smoking-prevalence-in-regional-areas#:~:text=While%20the%20City%20of%20Yarra,of%20adult%20residents%20currently%20vaping>

References

- Simon, P., Camenga, D. R., Morean, M. E., Kong, G., Bold, K. W., Cavallo, D. A., & Krishnan-Sarin, S. (2018). Socioeconomic status and adolescent e-cigarette use: The mediating role of e-cigarette advertisement exposure. *Preventive Medicine*, 112, 193–198.
<https://doi.org/10.1016/j.ypmed.2018.04.019>
- Victorian Health Promotion Foundation (2020). *VicHealth Coronavirus Victorian Wellbeing Impact Study*. <https://doi.org/10.37309/2020.PO909>
- World Health Organization (2024). *Healthy diet*. https://www.who.int/health-topics/healthy-diet#tab=tab_1
- Yarra City Council (2020a). *Yarra City Council's Yana Ngargna Plan 2020–2023*.
<https://yoursayyarra.com.au/aboriginal-partnerships-plan>
- Yarra City Council (2020b). *Yarra's Health and Wellbeing Profile*.
https://www.yarracity.vic.gov.au/sites/default/files/2024-05/www.yarracity.vic.gov.au/-/media/files/ycc/about-us/public-health-plan/yarra-health-and-wellbeing-profile-2020_26-nov.pdf
- Yarra City Council. (2021a). *Municipal public health and wellbeing plan (Appendix 5)*. In *Council Plan 2021–25* (pp. 74–78)
https://www.yarracity.vic.gov.au/sites/default/files/2024-04/ycccouncilplan_202125webaccessiblerevjan22.pdf
- Yarra City Council (2021b). *Yarra Moves Physical Activity Strategy 2021-31*.
<https://yoursayyarra.com.au/yarramoves/physical-activity-strategy>



north richmond
community health

Wulempuri - Kertheba