Municipal Public Health and Wellbeing Plan

2013-2017

October 2013

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AKNOWLEDGEMENTS

The Northern Grampians Shire Council Municipal Public Health & Wellbeing Plan 2013–2017 was developed collaboratively by:

- Northern Grampians Shire Council
- East Wimmera Health Service
- Grampians Community Health
- Grampians Pyrenees Primary Care Partnership
- Stawell Regional Health

EXECUTIVE SUMMARY

The Northern Grampians Shire Council Municipal Public Health and Wellbeing Plan outlines the strategic direction for the Northern Grampians Shire Council health and wellbeing programs and initiatives over the next four years. The plan outlines four key priority areas that will be addressed to improve the health and wellbeing of the local community.

Our knowledge and understanding of health and wellbeing is constantly evolving with new evidence becoming available to guide action planning. With this in mind, annual action plans will be developed through partnerships across Council and in collaboration with the Northern Grampians Shire Planning Group, to address the strategic objectives to be achieved.

The plan will guide and influence other strategic documents to help deliver services that target health needs in our community. The plan will be monitored throughout the four year implementation period. The results of the reviews will help to inform future Municipal Public Health and Wellbeing Plans.

On behalf of Council, I commend the development of the Municipal Public Health and Wellbeing Plan. We are fortunate to have a wide range of services, support and expertise on offer across the health sector. Council, together with our partners, all have an important role to play in ensuring a healthy and well community.

Cr Wayne Rice
Mayor
Northern Grampians Shire Council

1   INTRODUCTION

1.1   Purpose of the Northern Grampians Shire Council Municipal Public Health and Wellbeing Plan

The purpose of the Northern Grampians Shire Municipal Public Health and Wellbeing Plan 2013-2017 (the Plan) is to demonstrate how the Northern Grampians Shire Council will support initiatives to improve the health and wellbeing of the local community over the next four years. Refer to Appendix 3 for map of municipality.

The plan aims to capture the health and wellbeing status of our community and present a plan in partnership with local health providers and community organisations to ensure the health needs of the community are addressed.

The plan fulfills the requirements of the Victorian Government *Public Health and Wellbeing Act 2008* that requires all Victorian Councils to prepare a Municipal Public Health and Wellbeing Plan within 12 months of Council elections.

The Northern Grampians Shire Council Municipal Public Health Plan (MPHWP):

- includes an examination of data about health and health status and health determinants in the municipal district
- identifies goals and objectives based on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- provides for involvement of people in the local community in the development, implementation and evaluation of the Plan; and
- specifies how the Council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and objectives identified in the MPHWP.

The plan also meets the requirements of the *Climate Change Act 2010* by having 'regard to climate change' through strategies addressing the health impacts of climate change on the community.

1.2 What makes us healthy?

Being healthy has historically been seen as freedom from disease, if you weren't sick, then you were considered healthy. This perspective on health is changing. While everyone agrees that absence from illness is a primary component of being healthy, it doesn't however indicate anything about your state of wellbeing.

More recently, governments and communities have come to understand that health and wellbeing are determined or influenced by a wide range of individual, social, cultural, economic and environmental factors (Commission of Social Determinants of Health 2008).

This is reflected in the commonly accepted definition from the World Health Organisation, which defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Evidence shows that the conditions in which we live, learn, work and play have an enormous impact on our health. While people have a personal responsibility to take care of themselves and their health, a range of social determinants such as access to employment, education, housing, social connections, transport, and food security, may also affect our health. Our life experiences also influence our health and wellbeing.

The Victorian Public Health and Wellbeing Plan 2011-2015 defines Public Health as:

'What we, as a society, do collectively to assure the conditions in which people can be healthy.'

'Public health focuses on prevention, promotion, and protection rather than on treatment, on populations rather than individuals, and on the factors and behaviours that cause illness and injury.'

There is a growing evidence base demonstrating the relationship between environment and health status; for example, the links between the natural and built environments, physical activity, chronic disease, obesity and mental health and wellbeing. The Victorian Government's Environments for Health Municipal Public Health Planning Framework (Department of Human Services 2001) was developed to assist Local Governments in developing their Public Health Plans.

It outlines the four environments for health as:

- Built
- Social
- Economic
- Natural

The Built environment: encompasses access to housing, shops, playgrounds, sports facilities, roads, footpaths, community facilities and transport infrastructure.

The Social environment: takes into account our connection to the community, education choices and pathways, a sense of belonging and acceptance, community support services, feelings of safety, access to arts and cultural programs, quality of relationships, recreation and leisure choices.

The Economic environment: includes secure employment, socio-economic status, income levels and ability to afford necessities like food and shelter.

The Natural environment: includes access to open spaces including parks, reserves, bushland, gardens and creeks, clean air and water.

1.3   Council's Role

Local governments have a critical role in facilitating better community health and wellbeing outcomes due to the diverse range of services delivered by Council.

The MPHWP 2013-2017 is a plan for the future of Northern Grampians Shire, it reflects an increased level of interest in how local government can act as an 'agent for change' in influencing environments and communities in ways that support health and wellbeing outcomes.

The MPHWP 2013-2017 describes the ways in which Northern Grampians Shire Council will work to positively impact on the health of our local community. Priorities and objectives in the plan focus on the core roles of local government in health protection, promotion and prevention, as depicted in diagram 1 below.

Diagram 1 depicting the areas of health which are the focus of the Municipal Public Health and Wellbeing Plan.

Municipal Public Health and Wellbeing Plan focus				
Promotion	Prevention	Early intervention	Treatment	Rehabilitation

Population ←——————————————→ Individual
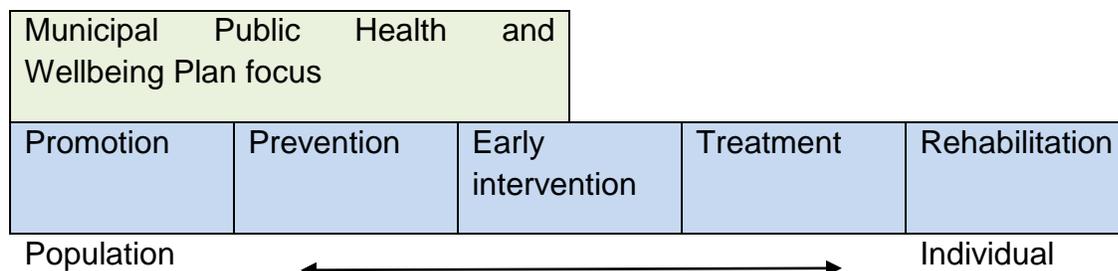
The Victorian Public Health and Wellbeing Plan 2011-2015 recognises that local government is well placed to develop, lead and implement local policies to influence many of the determinants of health in areas such as roads, parks, waste, land use, recreation and cultural activities, emergency event preparation, response and recovery and creating safe public places.

The MPHWP also recognises that Council has legislative requirements in relation to:

- Protect and support health and wellbeing through immunisation, communicable disease prevention and control, environmental health, food safety, public health incidents, tobacco controls and emergency response.

1.4   Policy Context

National Policy

The Council of Australian Governments, the peak intergovernmental forum in Australia, is currently pursuing a reform agenda aimed at improving economic and social participation, strengthening the national economy, creating a more sustainable and liveable Australia, delivering better health services and closing the gap in Indigenous disadvantage.

The Commonwealth Government is also working with States and Territories to address the rising prevalence of lifestyle-related chronic diseases and to encourage healthy lifestyles. This includes a commitment of $872 million as part of the National Partnership Agreement on Preventive Health (NPAPH).

There are a number of key policy documents driving the health protection and prevention efforts across local, state and federal levels.

National Partnership Agreement on Preventive Health 2008

The National Partnership Agreement on Preventive Health (NPAPH) was announced by the Council of Australian Government (COAG) on 29 November 2008. On 28 June 2012, the NPAPH was extended by three years to June 2018.

The NPAPH aims to address the rising prevalence of lifestyle related chronic disease by laying the foundations for healthy behaviours in the daily lives of Australians through settings such as communities, early childhood education and care environments, schools and workplaces.

State Policy

Victorian Health Priorities Framework 2012-2022

The framework's purpose is to lay out a clear, coordinated agenda for the future of the entire Victorian health system. It provides principles to guide decision making and prioritisation of innovation, investment and actions.

The framework is the basis for three supporting plans including the Rural and Regional Health Plan. The Rural and Regional Health Plan outlines how the Victorian Government will implement the Victorian Health Priorities 2012-2022 in rural and regional areas. The purpose of this plan is to identify key actions that will drive the delivery of services in rural and regional areas that are more responsive to people's needs. The key issues identified in the plan are:

- Population growth in some areas will result in a need for more services
- The healthcare system will be under increased pressure to address the growing prevalence of chronic disease in the community
- Improved ability of existing community-based services is needed to deal with the impacts of population growth on the health care system.
- Innovate service models will need to be developed to address the increasing demand for health services i.e. tele-health

Victorian Public Health and Wellbeing Plan 2011-2015

The Victorian Public Health and Wellbeing Plan 2011-2015 examines the health and wellbeing of the State and provides four priority settings for major action over the life of the Plan:

- Local communities – focusing on increasing participation and the role of local councils
- Workplaces – including health promotion in the workplace and supporting agencies such as VicHealth and programs like WorkHealth to instigate change
- Early Childhood and education – promoting schools and kindergartens as a focus for supporting healthy living
- Health services – increasing opportunities for health promotion across the sector and encouraging health providers to support health and wellbeing through more than just direct care.

The Victorian Public Health and Wellbeing Plan 2011-2015 highlights nine priority issues for promoting the health of Victorians:

- Healthy eating
- Increasing physical activity
- Controlling tobacco use
- Improving oral health
- Reducing misuse of alcohol and drugs
- Promoting sexual and reproductive health
- Promoting mental health
- Preventing injury
- Preventing skin cancer

VicHealth Action Agenda for Health Promotion 2013-2023

The Action Agenda presents a vision for the next decade and outlines the work that VicHealth will undertake to create a Victoria where everyone can enjoy better health. They have established a 10-year horizon, with associated goals and three-year priorities to guide their work with five strategic imperatives—promote healthy eating; encourage regular physical activity; prevent tobacco use; prevent harm from alcohol; and improve mental wellbeing.

These policy documents are an important mechanism for supporting the identification of health priorities and subsequent strategies for the Northern Grampians Shire Council.

1.5   Climate Change

The Victorian *Climate Change Act 2011* represents the State Government's response to climate change issues and addresses both mitigation and adaptions issues. Section 14 of the Act requires key government decision makers to 'have regard to climate change'. For Municipal Public Health and Wellbeing Plans, this means considering the impacts of climate change within the determinants of health. Local communities will be affected by future climate change in many ways. In particular, through decreased rainfall, heat waves in summer and increased severity and frequency of emergency events such as floods, storms and bushfires.

Likely challenges for local government may include:

- Increased number of assets failing due to heat stress (from building cooling systems to road surfaces)
- Higher rates of infectious and water borne disease
- Increased heat-related stress and mortality among aged and 'at risk' populations
- More pressure on storm water systems
- Faster deterioration of buildings
- Increased insurance costs
- Reduced availability of sporting fields
- Changes in land use affecting employment and population centres

These impacts will have consequences for our services including infrastructure, recreation, health, planning, natural resource management, food security and water services.

Northern Grampians Shire currently plans for the impacts of severe weather events through the Heatwave Mitigation Plan, Municipal Public Health Plan, Emergency Management Plan and the Sustainable Living Strategy.

1.6   Planning Context

The functions of local government are complex so there are a number of strategic plans in place to inform Council's decision making.

The Municipal Public Health and Wellbeing Plan is one of many plans prepared and implemented by Council. It is influenced by legislations, state, regional and local plans and community planning as depicted in diagram 2 below.

Diagram 2 represents the links to the Municipal Public Health and Wellbeing Plan
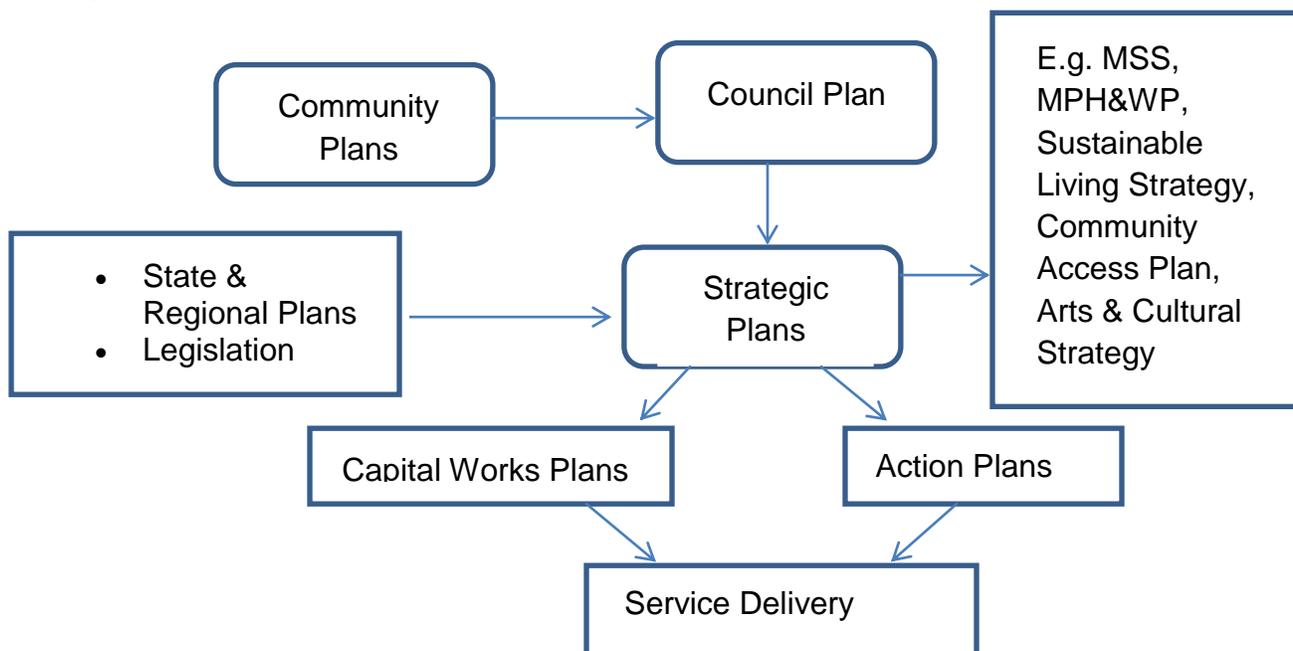
Northern Grampians Shire Council Municipal Public Health and Wellbeing Plan (the Plan) will inform the development of other strategies and policies to ensure that they relate to the health and wellbeing priorities of the Shire. This ensures that the health needs of residents are promoted and represented across Council's planning framework and through service delivery.

2   METHODOLOGY

2.1   How was the MPHWP developed?

Northern Grampians Shire Planning Group

To ensure a collaborative and integrated plan the Northern Grampians Shire Planning Group was established. This group comprises internal and local external stakeholders (listed below) who were identified as having high interest/high influence in the development of the MPHWP and implementation of the endorsed Northern Grampians Shire Council Municipal Public Health and Wellbeing Plan (the Plan). It is intended for

this group to continue once the MPHWP has been endorsed to support, drive and monitor the implementation of the Plan including the development and implementation of action plans.

Key stakeholders involved:

- Grampians Pyrenees Primary Care Partnership
- Stawell Regional Health
- Grampians Community Health
- East Wimmera Health Service
- Women's Health Grampians

Literature and Data Review

International, national, state and local policy was reviewed, including the Victorian Public Health and Wellbeing Plan 2011-2015, to gain an understanding of the current policy and political context.

Local health and wellbeing data was then collated and analysed to develop a Northern Grampians Health Profile and build a picture of the prominent health and wellbeing issues impacting on the community.

Community engagement

The development of the Northern Grampians Shire Council Plan 2013-2017 allowed for community engagement. Feedback in relation to health and wellbeing issues identified during the development of the Council Plan 2013-2017 was channeled through to the development of this plan. Concurrently key stakeholders involved in the provision of health services were also undergoing their own strategic planning processes, including obtaining community input. This information also influenced the MPHWP.

Priority Setting

The criteria for priority setting in relation to key health issues considered the following:

- prevalence and impact of preventable diseases
- data related to risk factors such as smoking, healthy eating and physical activity levels
- data related to the broader determinants of health including access to employment, education, amenability to change, social connection and civic participation opportunities
- whether the issue disproportionally affects some members of our community more than others

- alignment with community priorities identified through the community consultation and engagement process
- partnerships and opportunities
- resources and capacity of Council and partner organisations on whether to act on a priority or whether to undertake an advocacy role

3   PRIORITIES

3.1   Northern Grampians Shire Health and Wellbeing Profile

A data profile of health and wellbeing in Northern Grampians Shire is shown in Appendix 1. The profile is derived from various data sets and compares a number of local health and wellbeing indicators with the state average. The health and wellbeing profile provides an analysis of the status of health and wellbeing in Northern Grampians Shire. The profile identified two key health issues for Northern Grampians; Healthy Eating and Mental Health.

3.2   Priorities for Northern Grampians Shire

The MPHWP is aligned with the Council Plan 2013-2017 to:

1. Improved the social and economic viability of the shire

2. Delivered targeted projects and core services

Key health issues identified for the MPHWP 2013-2017 are:

Healthy Eating and Mental Health

These will be addressed within the four key priority areas below:

1. **Connected Communities**
2. **Healthy and Safe Built Environments**
3. **Accessible Services**
4. **Healthy and Active Lifestyles**

Over the next four years, these priorities will be addressed by taking action within Council through existing plans and strategies and embarking on new identified initiatives.

These priority areas will also provide a platform to build new external partnerships within the municipality as well as continuing to work with those already established.

These priorities are not exclusive; they are interconnected and overlap in their impact on health and wellbeing. The priorities are also aligned with priority health issues at the state and federal level.

PRIORITY AREA 1 - CONNECTED COMMUNITIES

Goal:

Engaged, vibrant and inclusive communities that provide opportunities for participation to enhance wellbeing

Objectives:

1.1   Create safe, inclusive and accessible environments for all

1.2   Promote gender equity and equal and respectful relationships

1.3   Stimulate and support opportunities to participate in a range of activities that build community and social networks

1.4   Support a healthy community and business mix, increasing opportunities to live, work and play in Northern Grampians

1.5   Strengthen and build partnerships to achieve a collaborative approach to health and wellbeing

Related Plans and Strategies:

- Community Access Plan
- Arts and Cultural Strategy

- Municipal Early Years Plan
- Sustainable Living Strategy
- Draft Youth Strategy

PRIORITY AREA 2 - HEALTHY AND SAFE BUILT ENVIRONMENTS

Goal:

Safe, liveable and sustainable built environments that consider community opportunities and needs

Objectives:

2.1   Consider health outcomes when undertaking land use planning and urban design

2.2   Plan and create infrastructure that promotes community health and wellbeing and quality service provision

2.3   Minimise the impacts of climate change on our built, natural and social environments and particularly on vulnerable population groups.

Related Plans and Strategies:

- General Local Law
- Fire Prevention Plan
- Sustainable Living Strategy
- Heatwave Mitigation Plan
- Waste Management Plan
- Emergency Management Plan
- Draft Open Space, Sport & Recreation Strategy

PRIORITY AREA 3 - ACCESSIBLE SERVICES

Goal:

Equity of access to services for all people in our community

Objectives:

3.1 Ensure all groups in the community are supported to access a range of relevant, quality services and programs that support health and wellbeing

3.2 Foster partnerships with health services to identify and minimise barriers to achieve and maintain good health for priority population groups

Related Plans and Strategies:

- Community Access Plan
- Municipal Early Years Plan
- Seniors Participation and Care Plan
- Draft Open Space, Sport & Recreation Strategy

PRIORITY AREA 4 - HEALTHY AND ACTIVE LIFESTYLES

Goal:

Communities embracing healthy lifestyle choices with opportunity for physical activity and healthy eating

Objectives:

4.1   Ensure environments for physical activity are safe, inclusive and accessible

4.2   Create and promote opportunities for people to participate in active travel, sport and active recreation

4.3   Improve access to and utilisation of affordable, nutritious, safe and culturally appropriate foods

4.4   Develop partnerships to reduce duplication, address the social determinants of health and achieve better health and wellbeing outcomes for the community

Related Plans and Strategies:

- Arts and Cultural Strategy
- General Local Law
- Municipal Early Years Plan
- Sustainable Living Strategy
- Draft Youth Strategy

4   PARTNERSHIPS

4.1   Northern Grampians Shire Planning Group

The Victorian Department of Health has aligned planning cycles so that community health, women's health services, primary care partnerships and councils can better align their priorities and planning for integrated health promotion.

This plan builds on existing collaborations and relationships with strategic partners and provides for opportunities to share priorities and action to improve health and wellbeing.

As part of a commitment to an integrated planning approach to health and wellbeing, and to maximise health resources and avoid duplication, Northern Grampians Shire, Grampians Pyrenees Primary Care Partnership, Grampians Community Health, Stawell Regional Health, East Wimmera Health Service and Women's Health Grampians worked together as Northern Grampians Shire Planning Group, to develop cohesive strategic priorities in their organisations' health and wellbeing plans. An integrated approach and common priorities will add value to planned work and greater capacity to achieve desired outcomes, avoiding duplication and clarifying roles and responsibilities.

It is Council's aspiration that this group continues to expand to include a wider cross section of organisations encompassing all of the environments for health.

The Northern Grampians Shire Planning Group will also have an accountability role as it will be involved in the implementation, evaluation and review of the plan. It will meet on a quarterly basis to monitor the effectiveness of the strategies and actions adopted.

5   IMPLEMENTATION

The Northern Grampians Shire Municipal Public Health and Wellbeing Plan 2013-2017 is a living document. Each year, through partnerships across Council and in collaboration with the Northern Grampians Shire Planning Group, an annual action plan will be developed against each of the priorities/goals/objectives. Health and wellbeing is constantly evolving so having an annual plan provides the flexibility to adapt to the changing environment and to work collaboratively, using current available evidence to guide action planning.

Council will take the lead and facilitate conversations, advocate on local issues and develop strategies and programs that are within Council's domain. It will also work strongly in partnership with new and existing key organisations and community groups to meet the changing needs of the community. Actions will be addressed through existing and new internal plans, policies and strategies, and will ensure Council remains at the forefront of change within the municipality.

6 EVALUATION

Evaluation of the Plan is a requirement of the *Public Health and Wellbeing Act 2008*. It also provides a platform for learning about what has been successful, what can be done better, or highlight gaps in resources and services. Evaluation also provides transparency and accountability for the community. An evaluation strategy will be developed to guide the process, using a number of qualitative and quantitative mechanisms to assess the impact of the Plan on the health and wellbeing of the community.

The Plan will be monitored throughout the four years by the internal Council staff and the Northern Grampians Shire Planning Group. The purpose will be to ensure that the plan is implemented, monitored, evaluated and reported on. Meetings will be held quarterly and progress on the implementation will be provided to Council on an annual basis, in accordance with the statutory requirement of Council under the *Public Health and Wellbeing Act 2008.*

There will be opportunities throughout the course of its implementation for people to provide feedback. The community will also be asked to evaluate the plan at the end of the four years and to again contribute their health and wellbeing priorities for the development of the next MPHWP 2017 – 2021.

Six months before the end of the four year life of the plan a full review will be conducted in accordance with the evaluation framework outlined in Table 1.

Table 1 Evaluation Framework

Planning statements	Deliver....	Measured by...........	Answers the question...
Goals	Long-term benefits	Outcome evaluation	Have we achieved the change we sought?
Objectives	Medium-term or intermediate benefits	Impact evaluation	Are we having the influence we expected?
Strategies	Short-term or immediate benefits	Process evaluation	Are we doing what we said we would do?

Evaluation framework for Municipal Public Health and Wellbeing Plans (from: Department of Health Southern Metropolitan Region 2012, A practical guide to conducting annual reviews of Municipal Public Health and Wellbeing Plans. State Government of Victoria, Melbourne)

7   ACRONYMS

COAG	Council of Australian Governments
DHS	Victorian Department of Human Services
DOH	Victorian Department of Health
EWHS	East Wimmera Health service
GCH	Grampians Community Health
GPPCP	Grampians Pyrenees Primary Care Partnership
HACC	Home and Community Care
MAV	Municipal Association of Victoria
MCH	Maternal and Child Health
MEMP	Municipal Emergency Management Plan
MPHWP	Municipal Public Health and Wellbeing Plan
MSS	Municipal Strategic Statement
NGS	Northern Grampians Shire
NPAPH	National Partnership Agreement on Preventive Health
SEIFA	Socio Economic Indices for Areas
SDoH	Social Determinants of Health
SRH	Stawell Regional Health
WHG	Women's Health Grampians
WHO	World Health Organisation

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Northern Grampians Shire

Municipal Public Health and Wellbeing

Data to inform the development of health plans, programs and services in the region

Version 2: April 2013

1. Introduction

The Victorian Public Health and Wellbeing Plan sets the prevention agenda for the state for 2011-2015. Local Government is charged with developing Municipal Public Health and Wellbeing Plans which tackle this agenda in the local setting. To aid this process, this document sets out data from a variety of sources, specific to the Northern Grampians Shire, according to the nine priority areas identified in the Victorian Public Health and Wellbeing Plan.

In summary, the data explored in this paper points to a number of areas of concern in the Northern Grampians Shire which warrant greater investigation, these include:

Obesity

Nutrition

Mental health

Dental health for young people

Chlamydia

These areas need to be explored in greater depth to gain a better understanding of how they play out in the region through local surveys, stakeholder interviews and community consultation processes. From this analysis, health promotion activities can then be developed, tailored to specific issues, impacts and target populations.

2. Health Status

In general, the 2008 Victorian Population Health Survey indicates that a significant proportion of the Northern Grampians population reported fair or poor health with obesity featuring as a major health issue. The tables below explore this further.

Health Status	Northern Grampians	LGA Rank	Victoria
Percentage of persons reporting fair or poor health status	21.2%	16	18.3%
Percentage of females reporting fair or poor health status	23.0%	8	17.5%
Percentage of males reporting fair or poor health status	18.1%	46	19.2%

Victorian Population Health Survey 2008, Department of Health 2010 (GPPCP 2012)

Health Status	Northern Grampians	LGA Rank	Victoria
Percentage of persons overweight or obese	53.0%	39	48.6%
Percentage of females overweight or obese	47.5%	29	40.3%
Percentage of males overweight or obese	58.9%	42	57.2%

Victorian Population Health Survey 2008, Department of Health 2010 (GPPCP 2012)

3. Priority 1: Increasing Healthy Eating

Healthy eating is the foundation of a healthy population and a productive workforce. Better nutrition can significantly improve the health and wellbeing of individuals and the population, as well as decrease chronic disease and associated healthcare costs for society.

A key factor impacting on obesity and diet-related disease is the increased consumption of food and drinks high in fats, salt and sugar, served in larger portion sizes and of greater energy density (Department of Health 2011a). At risk groups include; Aboriginal

people, those from refugee or migrant backgrounds, people with an intellectual disability and people with a mental illness (Department of Health 2011a).

Health Status

Data indicates that Northern Grampians Shire has a relatively high proportion of the population who do not meet fruit and vegetable guidelines, as shown in the table below. Notable is the high percentage of females who do not meet the guidelines as compared to the state average.

Health Status	Northern Grampians	LGA Rank	Victoria
Percentage of persons who do not meet fruit and vegetable dietary guidelines	54.1%	11	48.2%
Percentage of females who do not meet fruit and vegetable dietary guidelines	51.5%	5	41.9%
Percentage of males who do not meet fruit and vegetable dietary guidelines	55.5%	42	54.8%

Victorian Population Health Survey 2008, Department of Health 2010 (GPPCP 2012)

Data also indicates:

In Northern Grampians, 6.4 of 1000 residents ran out of food in the previous 12 months and couldn't afford to buy more, the Victorian average being 5.6. Quality and cost were the most reported reasons why people may not have the foods they would like (Department of Health 2011b). Females are also more likely to have experienced food insecurity than males and residents aged 25–34 years reported the highest rate of food insecurity (Department of Health 2011b).

In Northern Grampians, 49.3% of infants are fully breastfed at three months compared to the Victorian average of 51.4% (Department of Health 2011b).

A greater proportion of Northern Grampians residents, being 72.9%, shared a meal with their families at least five days a week compared to the Victorian average of 66.3% (Vic. Health Promotion Foundation 2012).

13.1% of Northern Grampians persons consume soft drink daily as compared with the Victorian average of 12.4% (Vic. Health Promotion Foundation 2012).

4. Priority 2: Increasing Physical Activity

Regular physical activity is a key factor in supporting a healthy population. Good urban design is focused on creating places which encourage public activity through improved walk-ability, access to parks, sporting grounds and open spaces. Green spaces also contribute to enhanced mental health and wellbeing, and help to strengthen a sense of community by providing venues for relaxation, community celebrations and sporting competition (Department of Health 2011a).

Physical inactivity is associated with an increased risk of ill-health and death, and has been linked to increased rates of overweight and obesity, CVD, some cancers, and depression (Department of Health 2011a).

Health Status

Northern Grampians data shows that overall the rate of residents who do not meet physical activity guidelines is slightly higher than the state average. Males appear to be the significant population group contributing to this figure, as shown in the table below.

Health Status	Northern Grampians	LGA Rank	Victoria
Percentage of persons who do not meet physical activity guidelines	28.8%	20	27.4%
Percentage of females who do not meet physical activity guidelines	23.5%	58	27.2%
Percentage of males who do not meet physical activity guidelines	33.7%	7	27.5%

Victorian Population Health Survey 2008, Department of Health 2010 (GPPCP 2012)

Data also indicates:

In 2011 23.8% of Northern Grampians residents spent seven hours or more sitting down as compared to the Victorian average of 32.6% (Vic. Health Promotion Foundation 2012)

Across Victoria people aged 19-24 yrs. reported the highest amount of physical activity and people aged 65 yrs. and over reported the least amount of physical activity (Department of Health 2011b).

25% of children are overweight or obese, a significant increase from 5% in the 1960s. Based on past trends and in the absence of effective interventions, by 2025 this figure is likely to increase to 33% (Department of Human Services 2008a).

5. Priority 3: Controlling Tobacco Use

Smoking in Victoria costs approximately 4,000 lives and $5 billion annually (Department of Health 2011a). Whilst progress has been made in reducing the overall prevalence of smoking, it remains the leading avoidable cause of cancers, respiratory, cardiovascular and other diseases (Department of Health 2011a).

Smoking in some subgroups also appears to be an issue needing action. For example Aboriginal smoking rates are substantially higher than in the general population. Other subgroups with high smoking prevalence include people living in low socioeconomic areas, prison populations, homeless people and people living with a mental health condition. An ongoing reduction in the involuntary exposure to second-hand smoke by non-smokers, including children, is also an important issue (Department of Health 2011a).

Health Status

In the Northern Grampians, data shows that overall the rate of residents who are current smokers is slightly lower than the state average across the population.

Health Status	Northern Grampians	LGA Rank	Victoria
Percentage of persons 18+ who are current smokers	17.5%	57	19.1%
Percentage of females 18+ who are current smokers	16.8%	52	16.9%
Percentage of males 18+ who are current smokers	18.0%	57	21.4%

Victorian Population Health Survey 2008, Department of Health 2010 (GPPCP 2012)

Data also indicates:

66.8% of Northern Grampians persons support a smoking ban in outside dining areas as compared to the Victorian average of 69.8% (Vic. Health Promotion Foundation 2012).

6. Priority 4: Improving Oral Health

Oral health is a significant issue with tooth decay Victoria's most prevalent health problem. More than half of all children and almost all adults are affected (Department of Health 2011a). Moderate or severe gum disease is the fifth most common problem affecting a large proportion of the population.

Dental hospitalisation is the highest cause of preventable hospitalisations in people aged under 20. In addition, oral disease is the second most expensive disease group, with direct treatment costs in Victoria of over $2 billion annually (Department of Health 2011a). Oral diseases are a key marker of disparity, with people in low-income households having over three times the impact of poor oral health on their quality of life compared with those in high-income households (Department of Health 2011a).

Health Status

Compared to 2006-2007, the admission rate for dental conditions for Northern Grampians populations has decreased slightly as shown in the table below.

ACSC admission rates* (per 1000 persons) for dental conditions

Year	Northern Grampians	Rural Victoria	Victoria
2006-07	5.82	3.52	2.72
2007-08	4.63	3.87	3.02
2008-09	3.88	3.70	3.05
2009-10	5.54	3.90	3.03

*Victorian Health Information Surveillance System 2012   * Rate per 1,000 persons   # Age-standardised to Victorian population 2006*

(GPPCP 2012)

Data also indicates:

In 2009-2010 Northern Grampians had a significantly higher dental caries admission rates at 15.87 per 1000 persons, for population aged 0-14 years, than the Victorian average being 5.46 (GPPCP 2012). This highlights the need for an increased focus on dental health, particularly for young people.

7. Priority 5: Reducing Misuse of Alcohol and Drugs

In 2006 there were 765 alcohol related deaths in Victoria (Department of Health 2011a). The consequences of risky drinking on health, productivity and public safety are significant. Evidence suggests that the use of alcohol is causing acute health consequences in key population groups such as young women. Heavy drinking among young adults is rising significantly – from approximately 25 per cent in 2002 to over 40 per cent in 2009 (Department of Health 2011a). These consequences extend beyond the individual drinker, with passive drinking adversely impacting others through, for example, increased exposure to violence, and foetal alcohol syndrome.

Illicit drug use and pharmaceutical drug misuse are also of growing concern within the community. Emerging trends such as analogue drugs (chemical and herbal products that mimic the psychoactive effects of illegal drugs) and increases in cocaine, hallucinogen and cannabis use highlight the significance of drug related issues nationwide (Department of Health 2011a).

There are also increased risks to mental health from cannabis use, with research indicating that cannabis use is associated with the development of mental health problems, even without a family history of mental illness (Department of Health 2011a).

Health Status

Figures presented in the below tables indicate that the volume and yearly frequency of alcohol consumed in the Northern Grampians Shire is slightly less than the state average. Figures for monthly and weekly frequency are however slightly higher.

Consumption of alcohol at risky or high risk levels for health in the *short term** (2008)

Location	%
Northern Grampians	42.3
Regional Victoria	*51.7*
Victoria	**45.2**

Victorian Population Health Survey 2008, Department of Health 2010   *Includes those who consumed alcohol at risky or high risk levels weekly, monthly or yearly (GPPCP 2012)

Frequency of drinking alcohol at risky or high risk levels for health in the *short term (2008)*

Location	At least yearly	At least monthly	At least weekly
	%	%	%
Northern Grampians	16.4	14.1	11.8
Regional Victoria	*Not available*	*Not available*	*Not available*
Victoria	**22.0**	**13.0**	**10.2**

Victorian Population Health Survey 2008, Department of Health 2010 (GPPCP 2012)

Data also indicates:

The proportion of Northern Grampians residents who purchased alcohol in the past week (36.1%) was consistent with the state average (36.3%) (Victorian Health Promotion Foundation 2012).

Compared to the Victorian average (9.7) Northern Grampians had a significantly higher rate of alcohol related family incidents (30.6) and serious road injuries (5.2 as compared to 3.4)(GPPCP 2012).

During 2009/10 Northern Grampians had the largest number, being 10.5 per 1 000 population, of Alcohol and Drug treatment clients in the Grampians region, the Victorian average being 5.3 (Department of Health 2011b).

In 2008 Northern Grampians had a significantly higher rate of drug possession offences (5.6) per 1000 population than Victoria (1.9) (Department of Health 2011b).

Heavy drinking among young adults is rising significantly from approximately 25 per cent in 2002 to over 40 per cent in 2009 (Department of Health 2011b).

In 2010, cannabis use was highest among those aged 18–29 years in Victoria, with 20.4 per cent of this population group having used cannabis at least once during the previous 12 months (Department of Health 2011b).

8. Priority 6: Promoting Sexual and Reproductive Health

Sexual health needs change throughout life and are influenced by a range of factors including: gender; literacy; social attitudes; freedom from coercion, discrimination and violence; and access to information, services and support.

There have been a number of changes in social and sexual behaviour in Australia over the past decades that demand new responses and approaches. Age of first sexual intercourse has reduced with the median age being 16 years for both women and men (Department of Health 2011a). Contraceptive use at first intercourse has increased significantly from less than 30 per cent in the 1950s to over 90 per cent in the 2000s (Department of Health 2011a).

Although contraceptive use has increased, sexually active young people face the risks of unplanned pregnancy and sexually transmissible infections (STIs) (Department of Health 2011a). Efforts to prevent STIs, and efforts to reduce unintended pregnancy need to include long term focused efforts on those most at risk.

Health Status

Between December 2010 and 2011, compared to the Victoria average, Northern Grampians had lower rates of Chlamydia, Gonococcal infection and Syphilis (GPPCP 2012). Chlamydia however, has increased significantly in the past 4 years in the Shire, rates per 100 000 increasing from 6 in 2007 to 27 in 2012 (Women's Health Grampians 2012a).

Teenage Birth Rates in the Northern Grampians has increased from 20.9 per 1000 females in 2006 to 26.5 in 2008. These rates are significantly higher than the Victorian average being 10.6 in 2008.

Northern Grampians has the highest participation rate for pap screening in the region with 71.9% of women between 50 – 69 yrs participating, this is comparable to the state average (GPPCP 2012). Grampians participation by age groups shows 20–29 years is the predominantly 'under-screened' population and 50-69 years show better rates of screening (Women's Health Grampians 2012a).

9. Priority 7: Promoting Mental Health

Mental illness is the largest single contributor to the disability burden in Victoria, and accounts for 70 per cent of the disease burden in young people (Department of Health 2011a). The estimated cost of mental health problems to Victorian society is $5.4 billion a year. Those living with mental illness frequently suffer the additional burden of stigma, prejudice and discrimination, which can further hinder social participation and recovery.

Risk factors include violence, race-based discrimination, socioeconomic status, poor body image, trauma and workplace-related stress. People's mental health can also be protected by a range of factors such as the extent to which they are included in society, connected to others and resilient.

Differences in mental health status within population groups are also apparent, for example those with low socioeconomic status and Aboriginal people are particularly at risk (Department of Health 2011a).

Health Status

Data indicates that mental health within the Northern Grampians Shire is a significant issue. The table below presents the number of avoidable deaths which are likely to be related to mental health problems.

Avoidable deaths at ages 0 to 74 years: suicide and self-inflicted injuries (2003-2007)

Location	No.	Rate*
Northern Grampians	9	15.3
Regional Victoria	*822*	*13.3*
Victoria	**2,628**	**11.0**

*Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 * average annual rate per 100,000 population (indirectly age-standardised) (GPPCP 2012)*

Mental Health Clients: In 2010/11, there were 558 mental health clients in the GPPCP region, representing 1.8% of the estimated resident population, the Victorian average being 1.1% (GPPCP 2012).

Data from Women's Health Grampians indicates depression affects 36.7% of females in the Grampians region as compared to 29.8% across Victoria (Women's Health Grampians 2012a).

Mental Health Care Plans: In 2009/10, the rate of Mental Health Care Plans prepared by GPs in the Northern Grampians was lower than other regions (GPPCP 2012).

Compared to the Victorian average, Northern Grampians had a higher proportion of residents who reported community involvement. Examples include; attendance at local events, volunteering, parental participation in schools and feeling valued by society (Department of Health 2011b).

Data also indicates:

In Victoria's most recent population health survey, 24.5 per cent of women and 15 per cent of men reported being diagnosed with anxiety or depression (Department of Health 2011b).

For all Victorians, suicide is a leading cause of injury-related death, even ahead of traffic accidents (Department of Health 2011a).

Nationally, suicide rates are up to five times higher for some Aboriginal populations (Department of Health 2011a).

10. Priority 8: Injury Prevention

Injury has the sixth highest burden of disease in Victoria (Department of Health 2011a). Prevention focuses on identifying the causes of injury and eliminating or reducing exposure to these causes. Strategies may include increasing safety measures in the environment, promoting safety devices, and addressing factors that influence individual behaviour (Department of Health 2011a). Responsibility for injury prevention rests with a number of government departments, statutory authorities and the community and business sectors, emphasising the need for inter-sectoral collaboration.

Health Status

Data indicates:

Intimate partner violence, including physical, emotional and sexual violence, is the leading contributor to death, disability and ill-health in Victorian women aged 15–44 (Department of Health 2011a).

Falls were the leading cause of injury admissions and emergency department presentations in Victoria, accounting for more than one third of all hospital treated injury cases in 2009. The direct hospital costs associated with treating falls in 2009 was over $200 million (Department of Health 2011a).

Sporting-related injuries also appear to be increasing: in the eight year period from July 2002 to June 2010 the frequency of hospital-treated sports injury rates increased by an annual estimate of six per cent, and 60 per cent overall (Department of Health 2011a). In addition to the direct costs of treatment, the effects of sports injuries and the fear of injury are also significant barriers to increasing participation in sport and physical activity.

11. Priority 9: Skin Cancer Prevention

Skin cancer places a significant burden of disease on the community. In 2009, 2 396 new cases of melanoma were diagnosed in Victoria, and 317 people died from the disease (Department of Health 2011a).

The main types of skin cancer are basal cell carcinoma (67 per cent of skin cancers), squamous cell carcinoma (31 per cent) and malignant melanoma (two per cent) (Department of Health 2011a). While malignant melanoma is the least common form of skin cancer, it is the most deadly.

Sun exposure is the primary cause of skin cancer in Australia. UV-emitting tanning devices are also carcinogenic to humans, with the risk of melanoma increased by 75 per cent when the use of tanning devices starts before age 30 (Department of Health 2011a).

Health status

Data indicates that Northern Grampians residents are generally less likely to exhibit sun protective behaviours with 40.1 percent of residents usually wearing hat and sunglasses when out in the sun, as compared to 41 percent of all Victorians, whilst this is not a big difference it is a figure that is significantly lower than the rest of the region (Department of Health 2011b).

12. Social Determinants of Health

Data highlights some key characteristics of the Northern Grampians in regards to the social and economic factors that shape the way people live.

SEIFA: Northern Grampians ranks 6th most disadvantaged Local Government Area in Victoria, and 8th in Regional Victoria, according to the Index of Relative Socio-economic Advantage and Disadvantage (SEIFA). The communities of St Arnaud and Stawell ranked particularly low, indicating higher levels of disadvantage (GPPCP 2012).

Welfare: In December 2011, Northern Grampians had a higher proportion of population (within the designated age group) receiving Centrelink payments, compared to the Victorian average, for the below listed schemes (GPPCP 2012):

Age Pension and Carer Payment

Newstart Allowance

Disability Support Pension (highest in the GPPCP region)

Health Care Card Holders

Parenting Payments

Youth Allowance

Employment: In 2006 the unemployment rate in the Northern Grampians Shire was 7.2%, 1.7% higher than the state average being 5.5% (Department of Health 2011b). The December 2011 quarter unemployment rates for Statistical Local Areas within the GPPCP region were lower than the Victorian average (GPPCP 2012).

Income: In 2011 Northern Grampians had a higher proportion of households that earned a negative or nil income as well as an income of between $1 and $999 per week, the median household weekly income in 2006 was $702 as compared to the state average being $1022 (GPPCP 2012).

Homelessness: In 2006, a higher proportion of all GPPCP residents (not visitors) were living in a caravan, cabin or houseboat (GPPCP 2012).

Transport Limitations: The 2007 Community Indicators Victoria Survey indicates 18.4% of Northern Grampians respondents had experienced transport limitations in the previous year. This is compared to the state average of 20.3% (GPPCP 2012).

Crime: In 2010/11, compared to Victoria, Northern Grampians had a significantly higher rate of crimes against persons, particularly assaults. Compared to Victoria, all GPPCP LGAs had a lower rate of crimes against property. Within the region however, Northern Grampians had the highest rate. Northern Grampians also had a high rate of other crimes, being more than double the Victorian figure (GPPCP 2012)

Data from Women's Health Grampians indicates Northern Grampians has the highest rates of family violence in the region, the number of family violence incidents in Northern Grampians increasing by 130% between 2006-2007 and 2011-2012. Child protection substantiation rates for children 0-8 years and for adolescents have also remained consistently high (Women's Health Grampians 2012b).

Education: In 2006, compared to Victoria, Northern Grampians had a higher proportion of population aged 15-19 years who were not involved in any work or study activities at all (disengaged) with 24.1% disengaged as compared with 19.9% across Victoria (GPPCP 2012).

Further, 70.5% of school aged children did not complete year 12 as compared to 51.3% across Victoria Department of Health 2011b).

13. References

Department of Health 2011a, Victorian Public Health and Wellbeing Plan 2011-2015, State Government of Victoria, Melbourne.

Department of Health 2011b, Victorian Population Health Survey 2008, State Government of Victoria, Melbourne.

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Victorian Health Promotion Foundation 2012, Ararat LGA Profile, VicHealth Indicators Survey 2011, Melbourne.

Women's Health Grampians 2012a, Rural Women's Health: Grampians Region Sexual and Reproductive Health, Presentation, Ararat.

Women's Health Grampians 2012b, Violence against Women in the Grampians region: Policy, initiatives and a snapshot of data Ballarat.

APPENDIX 2

Current Council Publications

Budget 2013-14

Council Plan 2013- 17

User Fees & Charges 2013-14

Strategic Resource Plan 2012-16

Annual Report 2011-12

Community Access Plan 2008-12

Municipal Public Health Wellbeing Plan 2009 - 13

Arts & Cultural Strategy 2008-12

Community Newsletters

General Local Law 2012

Drainage of Land Local Law 2006

Roadside Vegetation Management Plan 2008-11

Municipal Fire Prevention Plan 2008

Municipal Early Years Plan 2012-15

Seniors Participation & Care Plan 2008-11

Asset Management Policy

Road Management Plan 2007

Domestic Animal Management Plan 2012-2016

Meeting Procedure Local Law 1/2009

Fraud Control Plan

APPENDIX 3

Northern Grampians Shire Council
Map of Recommended Option
Seven Councillors, Four Wards

Ward	Councillors	Voters	Deviation	Area (sq km)
Central	1	1,534	+1.86%	2,728.43
Kara Kara	2	3,091	+2.66%	1,762.96
South West	1	1,495	-0.73%	1,209.68
Stawell	3	4,420	-2.19%	26.627
Totals for all Electorates	7	10,540	-2.19% to +2.66%	5,727.69
Average per Councillor		1,506		818.24

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