

Municipal Public Health and Wellbeing Plan

2021-25




Northern Grampians Shire Council
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Message from the Mayor

Northern Grampians Shire Council's Municipal Public Health and Wellbeing Plan 2021-25 is a key document in Council's forward planning for our shire and is tied to a strategic set of plans informed by our Vision and Council Plan.

We are at the beginning of a new term of Council and while this four year plan, like the plans that have preceded it, seeks to meet the legislative responsibilities of the State Government's *Public Health and Wellbeing Act 2008*, it is also clearly a reflection of who we are as a community and what we need to do as a council to provide a good quality of life for everyone.

Being healthy is not just about avoiding disease and illness; it is intrinsically linked to our capacity to enjoy life. Nothing has provided us with a better indicator of this relationship between health and wellbeing than the Coronavirus pandemic. The privations we have all endured physically, mentally, socially and for many, financially, in the past 18 months in an effort to keep our community safe and well, not to mention our tremendous vaccination uptake, is a testament of how dearly we value this.

Health is about how we live as individuals and in society and managing the effects of contributing forces on our health such as extremes in our environment, drugs and alcohol, access to quality education, income, nutrition and care – the whole, multifaceted and complex picture. Improved health outcomes support better economic, educational and social outcomes and conditions.

The Plan is Council's response to the importance of health and wellbeing. It provides an overview of our current situation and proposes a strategy for addressing local issues and delivering improvements that help us to thrive. The steps we take over the next four years will respond decisively to community and health agency concerns. This framework and summary for the overall directions and priorities for the MPHWP and how we implement these priorities over the next four years will be outlined in detail in the Action Plan. This will be developed in consultation with a range of stakeholders – community members, service providers, State Government representatives and Council officers.

Local Government has a critical role in public health and wellbeing – in fact, almost all of Council's responsibilities have public health and wellbeing at its core - from the collection of garbage and management of waste, to the maintenance of parks and gardens, provision of community facilities and activities, construction of roads to protect community safety, land use



Mayor, Cr Murray Emerson
Northern Grampians Shire Council

planning, and delivery of community services, such as home care and early childhood education and care.

I will sign off by thanking everyone involved in this process for their contribution and commitment to work with Council and the community on this plan. We place tremendous importance on your engagement with this document and fulfilling the community vision of a shire where you can "Love where we live".

A handwritten signature in black ink, appearing to be 'Bulmer', written in a cursive style.

Introduction

Good health and wellbeing are important to everyone. This helps us all to contribute to our communities and to make Northern Grampians a place where everyone loves to live.

Governments have an important role to play in supporting the health and wellbeing of the community. This includes being proactive in creating safe and healthy environments, supporting access to the services that people need to reach and maintain their optimum health and working with communities to enable everyone to feel welcome and to participate in a range of activities and community life, education, and economic activity.

As the closest level of government to the community, local government plays a critical role in building and maintaining healthy communities and creating environments that support people who live, work and study in our community to be healthy, and enjoy a positive sense of wellbeing. Northern Grampians Shire Council's commitment to this is reflected in the *Northern Grampians Shire Community Vision 2041*, developed with the community, and the priorities of the *Council Plan 2021-25*.

The *NGSC Municipal Public Health and Wellbeing Plan 2021-25* (MPHWP) builds on the work undertaken in previous Council plans and the work of other organisations, government authorities and departments, and businesses who work in the municipality. These organisations have worked with Council to assess the data that describes the key health and wellbeing concerns of our community and to develop our vision and priorities. Importantly, the Action Plan that outlines the specific activities that we will undertake to achieve our vision for a healthy community will be developed and implemented together. Our progress in relation to these will be reviewed by Council annually.

Defining health

Health is much more than not being ill. The World Health Organisation defines health as:

*"....a state of complete physical, mental and social wellbeing. [It] is a fundamental human right and ... the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector."*¹

The context

The Victorian *Public Health and Wellbeing Act 2008* requires all local governments in Victoria (LGAs) to prepare a Municipal Public Health and Wellbeing Plan (MPHWP) every four years. It is a key planning document for Council.

Local government's role in public health is extensive and is set out in several Acts of Parliament (see Figures 1 and 2). It is also guided by the priorities outlined in the *Victorian Public Health*

and Wellbeing Plan 2019-23, four of which are specified by the Victorian Government for inclusion in the MPHWP.

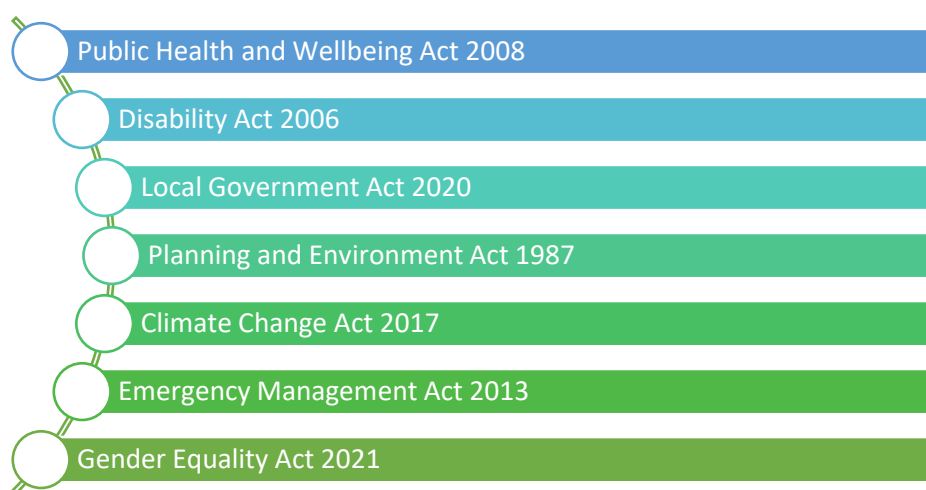
The MPHWP develops further the priorities of the Council Plan, focussing on improving the health and wellbeing of the whole community over the next four years.

A note about the data

The MPHWP has been informed by data from various sources. Most of these data were collected before the COVID-19 pandemic and subsequent lockdowns in 2020-21, which have been proven to have had significant effects not only on psychological wellbeing but on all aspects of health and wellbeing.

The Legislative Context

Figure 1: Legislation that underpins the Municipal Public Health and Wellbeing Plan



Requirements of a Municipal Public Health and Wellbeing Plan

Figure 2: Requirements of the Public Health and Wellbeing Act 2008 for Municipal Public Health and Wellbeing Plan



Being guided by our community

The *Northern Grampians Community Shire Vision 2041* drives the vision and priorities for this MPHWP. This is

To love where we live

Connecting the health and wellbeing plan with other Council plans

Aligned to its legislative responsibilities, four key documents inform and guide Council's actions and priorities, outlined in the Council Plan. These are:

- Northern Grampians Shire Community Vision
- Long term Financial Plan
- Municipal Public Health and Wellbeing Plan
- Municipal Strategic Statement.

Several other plans and strategies outline specific goals and strategies necessary to achieve the community vision and Council's goals. These guide the day-to-day work of Council officers and inform the business plans for each area of Council. These include the Economic Development Strategy, Asset Plan, Waste Management Strategy and Open Space, Sport and Recreation Strategy (see Figure 3).

Council Goals

Four goals are outlined in the Council Plan. These are:

- Enhance lifestyle and community
- Boost economic growth
- Provide sustainable infrastructure
- Improve organisational effectiveness

The MPHWP is an action to assist Council to achieve its goal of "Enhance lifestyle and community". Consistent with legislative responsibilities, Council will monitor the implementation of the MPHWP through formal annual reporting.

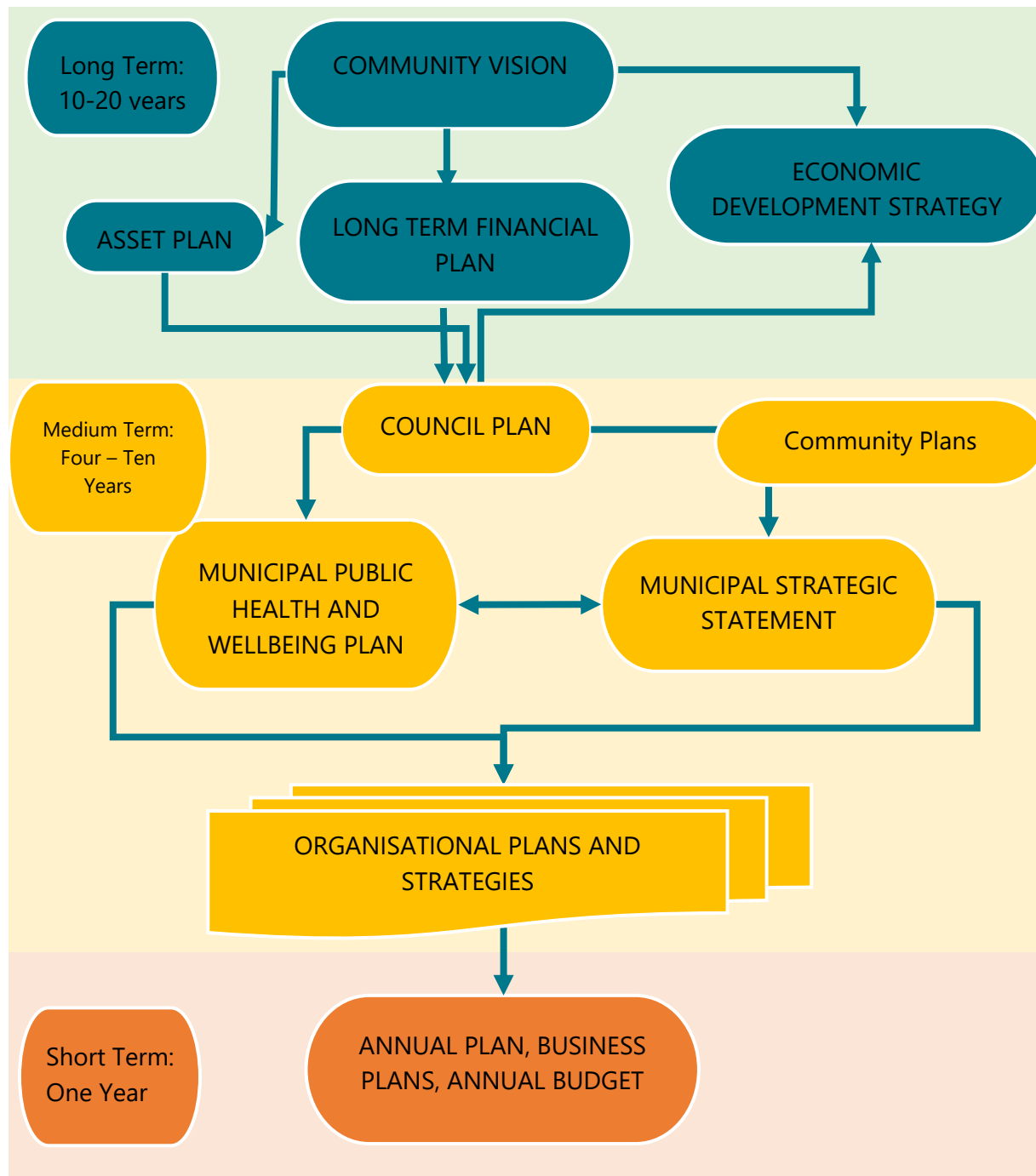
Structure of the Municipal Public Health and Wellbeing Plan

The MPHWP has three parts:

- **The Plan:** key strategic directions and an overview of the key data and issues to be addressed throughout the life of the Plan
- **Supporting documentation:** detailed analysis of the data and supporting evidence that has informed the key directions

- **Action Plan:** a detailed operational plan that will guide the implementation of the MPHWP over the next four years. This document will also outline the key milestones and performance indicators.

Figure 3: Northern Grampians Shire Council Planning Framework



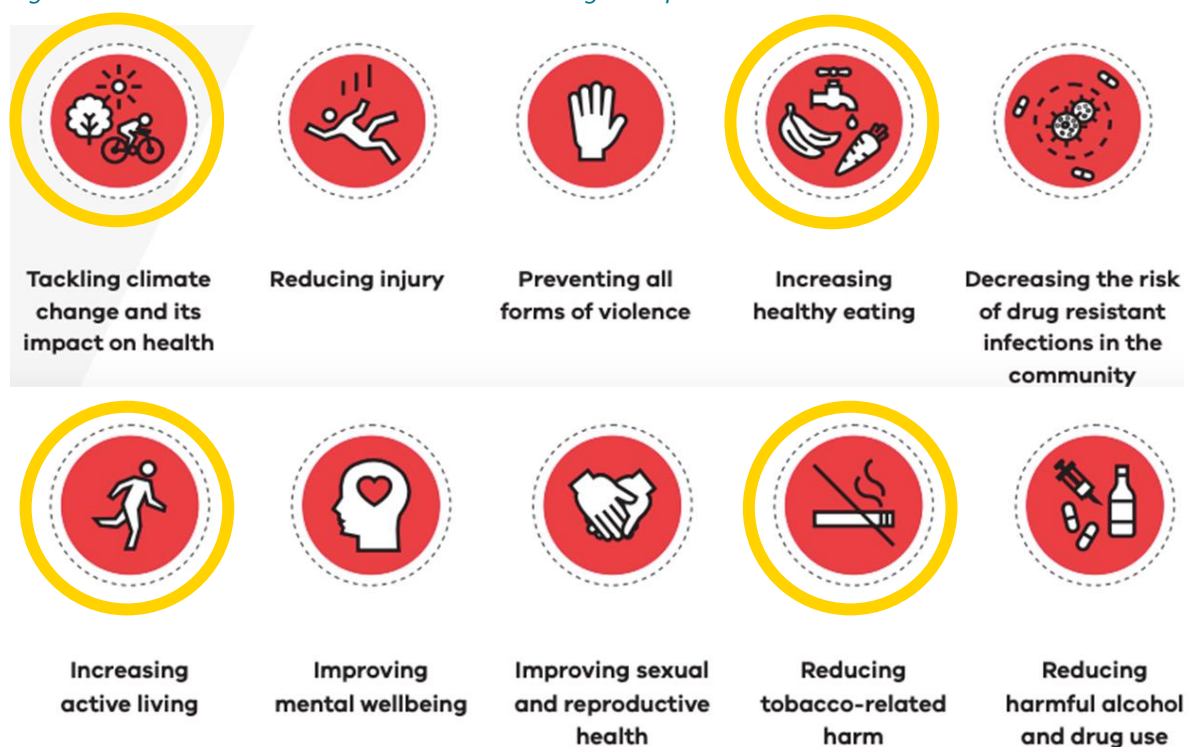
Victorian Public Health and Wellbeing Plan Priority Areas

The *Victorian Public Health and Wellbeing Plan 2019–2023* is the overarching policy framework for improving public health and wellbeing in Victoria. Ten priorities are identified, based on issues that contribute the greatest to the burden of disease and health inequalities, and emerging threats or challenges to the public's health and wellbeing. Ten priorities are highlighted in the Victorian Public Health and Wellbeing Plan with additional focus identified for the following four priorities for the four years of the MPHWP (see Figure 4, circled priorities). These are:

- tackling climate change and its impact on health
- increasing healthy eating
- increasing active living
- reducing tobacco-related harm.

These inform our priorities within Northern Grampians. The impact of COVID-19 is also an important consideration.

Figure 4: Victorian Public Health and Wellbeing Plan priorities



Source: *Victorian Public Health and Wellbeing Plan 2019–2023*

Family violence

Following the Royal Commission into Family Violence in 2015, the Victorian Government developed *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women: First Action Plan 2018–2021* which outlines specific actions to be undertaken by the Victorian Government. These will guide Council's actions in the MPHWP.

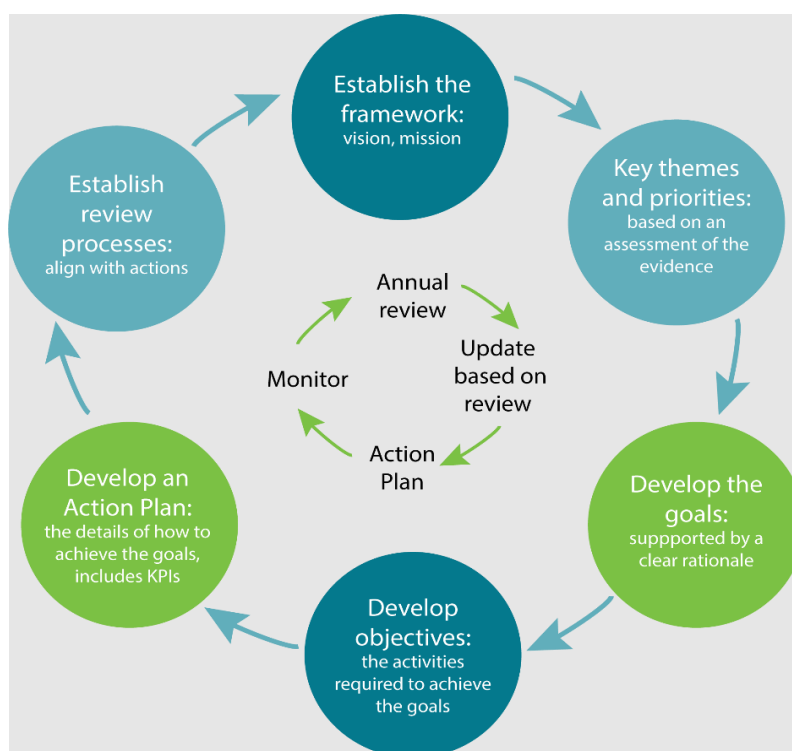
Our approach

Our actions to improve the health and wellbeing of our community over the next four years have been developed through:

- Analysis of the health and wellbeing data and information about our communities
- Assessment of relevant policy and research
- Listening to our community
- Engaging organisations that work to support our residents to be healthy, well and safe
- Working with staff across Council to bring together an integrated approach to our work and our actions to achieve the community vision.

The process for developing and reviewing the MPHWP is shown in Figure 5.

Figure 5: *Process of developing and reviewing the Plan*



Working with partners to achieve our goals

Working with community and our partners who support our residents is critical to achieving our goals. We have also formed a partnership with VicHealth to assist us to engage with children and young people and this will support our work over the next four years.²

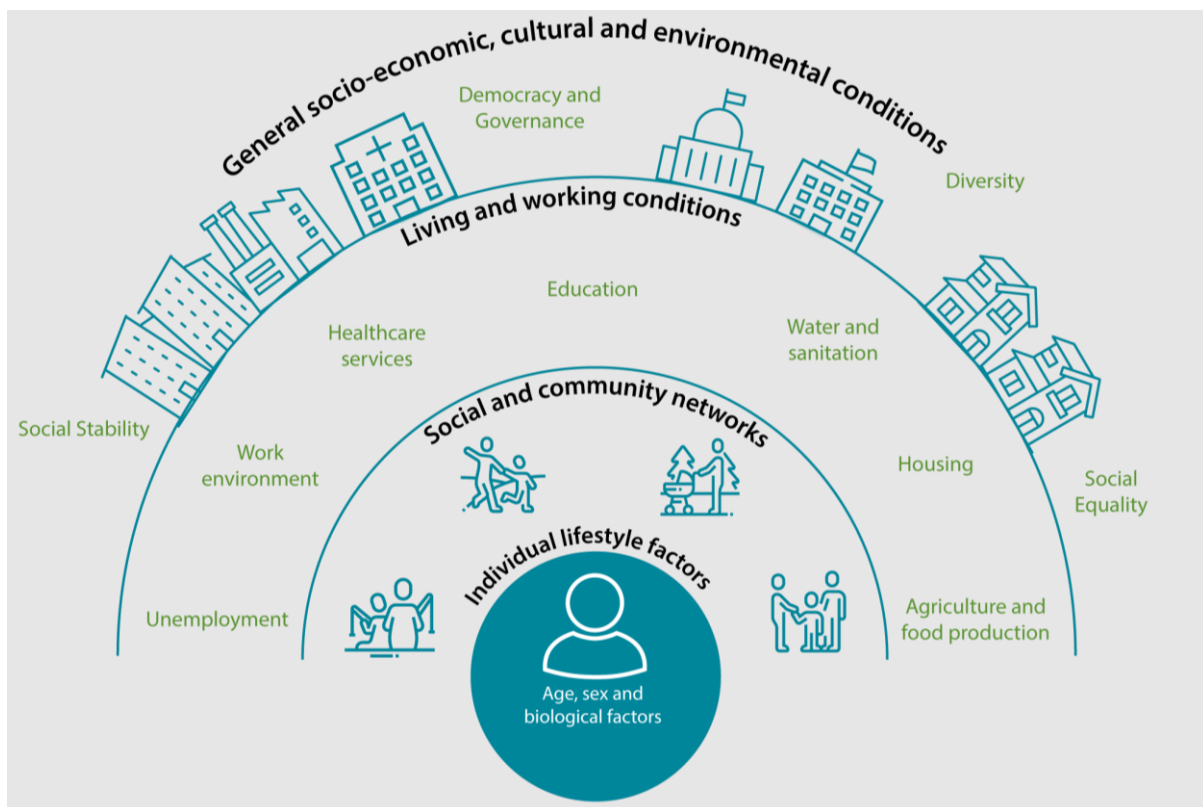
Importantly, as we develop the Action Plan, we will develop specific working groups to design and deliver projects. These will focus on the goals of the MPHWP and include community members, service providers, NGSC staff and State Government partners.

Factors that influence health

Several factors influence the health of individuals and communities. These are the “determinants of health”. These factors are many and complex and the interaction of the factors is critical. These factors can be described as protective – those which have a positive effect on health and wellbeing, and risk factors - those which can have an adverse effect on health and wellbeing. Broadly, the determinants of health fall into five main categories:

- Social and economic environment
- Physical environment
- Health services
- Personal health practices
- Individual capacity and coping skills (see Figure 6).

Figure 6: *Determinants of health*



Source: *Adapted from Victorian Public Health and Wellbeing Plan*

Significant research in Australia and internationally has identified several major contributors to health and wellbeing³. These include:

- *A fairer society*: those who live with greater social and economic disadvantage are more likely to experience ill health and poorer access to health services
- *Rural and remote communities*: data shows that people living outside of major cities, including regional cities in Australia, have higher rates of hospitalisations, deaths and injury
- *Health systems*: access to health services that are timely and affordable is critical. Data shows that people living in rural and remote communities have poorer access to, and use of, primary health care services
- *Public health crises – COVID-19 and major environmental events*: the impacts of some of these events are known, such as the respiratory conditions developing because of bushfires. However, we are still in the early stages of understanding the impact of COVID-19 on individuals and the community
- *Healthy, liveable communities*: this includes low-density urban design, neighbourhood walkability, access to green and public spaces and play spaces, an effective transport system including well-maintained and safe roads, and accessible public transport, reliable and safe drinking water and wastewater services and availability of affordable and suitable housing
- *Social connectedness*: strong social networks have been found to benefit physical and mental health, through practical and emotional help and support
- *Climate change*: impacts on health, food production and access to water
- *Positive employment*: the psychosocial stress caused by unemployment has a strong impact on physical and mental health and wellbeing
- *A strong education system*: education both promotes and protects children's and young people's health and wellbeing and through life-long learning, supports skill development, social networking and self-esteem for adults
- *Positive start in life*: the foundations of adult health are laid in-utero and during the early childhood period. The different domains of early childhood development—physical, social/emotional and language/cognition—strongly influence school success, economic participation, social citizenship and health.

Figure 7: *Understanding the determinants of health – a story*

Understanding the determinants of health - a story

"Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the street near his house and there was some sharp, jagged steel there that he fell on.

But why was he playing in the street?

Because his neighbourhood is run down and there isn't a park nearby. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?

Because his parents can't afford to live somewhere else.

But why can't his parents afford somewhere else to live?

Because his dad is unemployed, and his mum is sick.

But why is his dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?"

Source: adapted from Health Canada, 2003

Our community's views of health and wellbeing

Our future directions have been informed by the views of our community and our partners and reflect their concerns and aspirations for the future. Figure 8 shows the factors that were identified that influenced health and wellbeing in NGSC.

Figure 8: Factors that impact on health and wellbeing in Northern Grampians

Contributing factors	Harmful factors
<p>Liveability, including safety, a strong sense of community and access to beautiful natural spaces, including access to:</p> <ul style="list-style-type: none"> • parks, community gardens, local produce and food share programs • community services • goods and services <p>Access to good primary schooling</p>	<p>The impact of climate change, including water insecurity</p> <p>Poor mental health</p> <p>Lack of population growth</p> <p>Migration of young people</p> <p>Social isolation</p>
Opportunities for improvement	Barriers and challenges
<p>Locally based post-secondary education</p> <p>Provide dedicated bike lanes</p> <p>Increased community events i.e., cultural events</p> <p>Increased support for small business</p> <p>Improved transport to and around the Grampians</p> <p>Increased tourism</p> <p>Natural renewable energy options</p> <p>Designated space for young people</p> <p>Zoning i.e., industrial vs residential</p>	<p>Limited job opportunities and skills shortage</p> <p>Limited housing supply, specifically for renting</p> <p>Limited education opportunities across the population</p> <p>Affordable childcare including after-school care</p> <p>Access to medical services</p> <p>LGBTQI+ acceptance</p> <p>Telecommunication connectivity issues</p>

Comparing our community to Victoria, the NGSC community:

- Is significantly less culturally diverse and has a higher proportion of older residents that is anticipated to grow over the next five years
- Has twice the proportion of people who identify as Aboriginal or Torres Strait Islander

Education and Employment:

- Lower proportion of people completing secondary school and attaining post-secondary qualifications
- Higher proportions of young people who are disengaged from school and employment with twice the proportion of young people aged 20-24 years not having completed year 10 or higher
- Significantly lower levels of literacy and numeracy across all levels tested (NAPLAN data)

General Health

- Higher proportion of people rated their health as poorer and had a chronic disease
- Higher proportion of people had diseases that could be related to individual lifestyle choices, such as smoking, poor diet and lack of exercise
- Higher birth rate for young women aged 20-24 years

Mental health

- Higher proportion of people felt welcomed and part of the community
- Death rate by suicide was significantly higher but about the same proportion of people seeking assistance for mental health concerns
- Higher proportions of children and young people felt nervous and anxious, and unable to speak to someone about how they felt
- 15% of secondary students and 10% of primary students felt little or no hope for their futures, with just 25% of secondary students feeling hopeful (2021 data)

Access to health services

- Significantly higher proportions of people rated their access to general health and specialist health services as poor

Family violence

- Higher proportions of family violence incidents were reported to the police and higher proportions of 18–24-year-olds were affected by family violence, with reported incidents of family violence increasing by 25.6% from 2020 to 2021

Healthy eating

- Lower proportions of people are eating healthy food and about the same proportion are physically active
- Significantly higher proportions of young people under 18 years consume alcohol
- More than double the proportion of Year 12 males used illegal drugs

Climate change

- Expected increases in daily maximum temperature of 0.9 to 1.8°C by 2030
- Rainfall will continue to be very variable over time, but over the long term is expected to continue to decline in winter and spring with extreme rainfall events expected to become more intense on average through the century.

Our Priorities

Our Vision

Northern Grampians – where communities are thriving healthy and welcoming

Our Goals

Goal One: Improving mental health and wellbeing

Rationale

Our residents have told us that they are concerned about the mental health and wellbeing of our community, with particular concern being raised about our children and young people. This concern is well-founded, with recent data showing that our children and young people are experiencing high levels of feeling little or no hope, higher levels of nervousness and anxiety than their Victorian counterparts and feeling unable to speak to someone about how they felt. We also know that the isolation from family, friends and other support networks for our older residents as a result of COVID-19 management strategies is likely to have negatively affected their mental health. This may also lead to a reduction in physical activity or increased use of alcohol and other drugs across the whole of our community.

We also know that there are higher proportions of people in our community who are living with disabilities than across Victoria and that often, these residents experience poorer health outcomes and lower levels of social inclusion which in turn, impacts their mental health and wellbeing.

At the same time, there is significant research about how we can best support individuals and our communities who are experiencing poor mental health. We also know that a higher proportion of people in NGSC felt welcomed and part of the community. This provides an important base on which to build our future.

Goal Two: Increasing access to health services

Rationale

Australia-wide data shows that people living in rural and remote communities have poorer access to, and use of, primary health care services. We also know that access to timely and affordable health services is critical to support people to improve and maintain their health and wellbeing.

Council has an important role in advocating for increased access to services for our communities and working in partnership with local service providers to develop innovative approaches to health care and advice for everyone.

Goal Three: Reducing family violence

Rationale

Family violence incidents reported to police are, and continue to be, proportionately higher in NGSC than across Victoria. There are also higher proportions of 18–24-year-olds affected by family violence. Significantly, over the past year, reported incidents of family violence increased by 25.6% (from 2020 to 2021). At the same time, anecdotal evidence from local service providers indicates that there are few housing options for women and children who are seeking to leave violent relationships and over-stretched support services. Additionally, Council has a legislative responsibility to address family violence in the MPHWP.

Opportunities exist for Council to play an important role in advocating for local services, promoting respectful relationships and analysing our activities through a gendered-lens as important preventive approaches.

Goal Four: Increasing healthy eating and active living

Rationale

Residents in NGSC experience poorer health than other people across Victoria. This includes a higher incidence of diseases that could be related to individual lifestyle choices, such as smoking, poor diet and lack of exercise. There are also substantially higher levels of alcohol consumption by young people under 18 years and higher levels of self-reported illegal drug use by Year 12 students. At the same time, our community values the assets that contribute to improving health and wellbeing and active living – safe and welcoming communities, libraries, swimming pools, parks and gardens, access to food share programs.

Opportunities exist for NGSC to continue to work in partnership with VicHealth to engage children and young people in developing projects to improve healthy eating and physical activity. Opportunities also exist through our approach to building age-friendly communities to engage older people in similar programs.

Goal Five: Act on climate change

Rationale

Our community is concerned about the impact of climate change. A survey of Wannon voters (our Federal electorate) showed that 65% believe that the federal government needs to be doing more to address climate change and 75% believe greater climate action will help nature and wildlife survive extreme weather. The research also tells us that we can expect our climate to change significantly, with increased temperatures and extreme rainfall events.

Our community is interested in exploring renewable energy sources and improving access to water supply.

Implementation of the MPHWP

Action Plan

This document provides the framework and summary of the evidence for the overall directions and priorities for the MPHWP. How these priorities are implemented over the next four years will be outlined in detail in the Action Plan. This will be developed in consultation with the range of stakeholders – community members, service providers, State Government representatives and Council officers.

The Action Plan will bring together the critical activities and priorities of Council into a clear framework, specifying the strategies, activities, outputs and anticipated outcomes. It will also identify who will lead particular projects – internally and externally – and the resources required for each strategy. The framework is illustrated in Figure 9.

Figure 9: MPHWP Action Plan framework

Strategy	Activities	Lead (responsible person)	Outputs (including timeframe)	Anticipated outcomes (including Key Performance Indicators)

A whole of community plan

The MPHWP includes actions to improve the health and wellbeing of everyone in our community. The data show that the concerns vary across age cohorts and thus, the actions required to address these concerns, and the approach to engagement also needs to vary.

To ensure that the approach is comprehensive, the Action Plan will include specific projects and activities focussed on the various age cohorts, as well as particular groups, such as people who are living with a disability. This approach will also encourage and support service providers who work with particular age cohorts and in specialist areas to contribute more proactively to the delivery of the MPHWP.

Partnerships and Governance

A working group will be established for each goal. These groups will be comprised of interested community members, local service providers and Council officers and establish a detailed action plan with support from Council officers.

An annual report will be prepared for Council on the progress of each goal.

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Appendix One: More information about our community

Population



In 2020 the Northern Grampians Shire was home to 11,403 people. Since 2016, the population has declined by 167 people.

In 2016:

- **1.6%** of the population identified as Aboriginal and Torres Strait Islander, twice the percentage in Victoria - 0.8%
- **A higher proportion of people** in Northern Grampians Shire were born in Australia (**87.5%**) compared to Victoria - 64.9%
- Fewer people (**3.2%**) spoke a language other than English at home than in Victoria - 25.9%
- **33.2%** of the population were aged 60 years and over Vic 21.0%, Regional Vic 27.3%⁴

In 2021:

- 3,035 people in the Northern Grampians were aged 65 years or older. This number is predicted to grow to 3,385 by 2031.⁵

Education



In 2016, of the population aged 15 or older:

- **33%** had completed Year 12 or equivalent Vic 54.4%
- **9.8%** had completed a Bachelor or Higher degree Vic 24.3%
- **48.9%** had no formal qualification Vic 39.6%⁶

Employment



In 2021:

- **10.2%** of the local labour force were estimated to be Job Seeker recipients⁷
- **3.5%** unemployment rate (March)⁸

Across all local industries, employment pre-COVID is estimated at 4,940 jobs and in March 2021 is estimated at 4,928 (-0.2%).

In 2016:

- **68%** of people aged 15–64 years participated in the labour force Vic 72%
- **\$931** was the median household weekly income Vic \$1,419
- **\$423.55** was the median weekly income of individuals aged 65 years or older Vic \$436.67⁹

Socio-economic disadvantage

In 2016, Northern Grampians Shire was the **6th most disadvantaged** Local Government Area (LGA) in Victoria on the Index of Relative Socio-economic Disadvantage (IRSED).¹⁰

Living with Disability

In 2016:

- **8%** of the local population had a severe disability Vic 5%, Regional Vic 6%
- **78%** of residents aged 70 or over had a disability Vic 75%
- **8.6%** of Aboriginal and Torres Strait Islanders living in the community had a severe or profound disability Vic 9%¹¹



In 2020:

- Northern Grampians Shire had 283 active NDIS participants with an approved plan
- **66%** of active NDIS participants with an approved plan were aged 25 or older Vic 44%
- **46%** of active NDIS participants with an approved plan primary disability: Intellectual disability and down syndrome Vic 21%
- **36%** of active NDIS participants with an approved plan have a low level of function Vic 28%¹²

General health in our community

In 2017, in Northern Grampians Shire:

- **27.4%** rated their health as **fair or poor** Vic 20.3%
- **29.0%** self-reported their dental health as **fair or poor** Vic 24%¹³

Chronic Disease

In 2017, **32.7%** of respondents had two or more chronic diseases, more than 1 ¼ times the proportion of Victorians - 25%

Premature or avoidable death rate 2013-17 (per 100,000 population)

(Refers to deaths caused by diseases that are influenced by individual lifestyle behaviour.)

These data show that overall, the NGSC population is not as healthy as the Victorian population.

Overall:

By disease:

- | | |
|----------------------------------|---|
| • 347.3 Males Vic 267.3 | • 46.7 Circulatory system diseases Vic 31.9 |
| • 235.6 Females Vic 169.6 | • 126.6 Cancer Vic 94.4 |
| | • 22.7 Avoidable deaths from accidental injuries Vic 13.1 |
| | • 7.9 Avoidable deaths from Diabetes Vic 4.8 ¹⁴ |

Mental health and wellbeing in our community



Satisfaction with life

In 2017:

- **22.6%** of residents rated satisfaction with life as **low or medium** Vic 20.5%¹⁵



Community Connections

In 2020, in Northern Grampians:

- **83.8%** agreed that *'I feel welcome here'* Vic 80.9%
- **78.0%** agreed that *'I feel part of my community'* Vic 69.5%¹⁶

Psychological Distress & Mental Ill-health



In 2017:

- **22.6%** rated their satisfaction with life as low or medium Vic 20.5%
- **18.8%** had high or very high levels of psychological distress Vic 15.4%
- A higher proportion (**18.5%**) had sought professional help for a mental health problem compared to Victoria - 17.6%
- **28.6%** had been diagnosed with depression or anxiety Vic 27.4%
- The proportion of females experiencing depression or anxiety (**37.7%**) was almost double that of males (**19.8%**), although similar to Victorian rates – 33.6% female, 37.7% male¹⁷



Between 2013-17:

- The rate of death from suicide was **15.3 per 100,000**, 5.2 higher than Victoria - 10.1
- **94 per 100,000** hospitalisations for intentional self-harm injuries Vic 105
- **33%** of hospitalisations for intentional self-harm injuries were male and **66%** were female, the same proportions reported in Victoria

Children and young people

In 2021, of children in Grade 3 to Year 12:

- **41%** of females and **25%** of males felt nervous, anxious or on edge Vic 35% of females and 24% of males
- **38%** of females and **14%** of males felt unable to control worrying Vic 32% of females and 22% of males
- **62%** of females and **57%** of males felt that they were unable to talk about things if they became upset Vic 54% of females and 50% of males¹⁸

Over 2019 – 2021, of children in the St Arnaud and Stawell cluster:

- **10%** of primary school students and **15%** of secondary school students felt **little or no hope**
- **57%** of primary and **59%** of secondary school students felt **some hope**
- **32%** of primary and **25%** of secondary school students felt **very hopeful**¹⁹

In 2016:

- **8.7%** of young people aged 15-19 were disengaged (not in paid employment or enrolled in formal education) Vic 5.2%
- **21%** of those aged 20-24 were disengaged (not in paid employment or enrolled in formal education) in 2016 Vic 12%
- **22%** of 20-24-year-olds had completed year 10 or less – Vic 10%
- **71 per 1,000** was the birth rate for women aged 20-24, 1 and a half times the rate in Victoria – 28 per 1,000 ²⁰

Access to health services in our community

In 2020:

- **34.9%** rated their access to general health services as poor, more than 3 times the proportion of Victorians - 10.5%
- **50.9%** rated their access to mental health services as poor Vic 18.9%
- **45.8%** rated access to specialist services as poor Vic 19.0%²¹

In 2018, the Northern Grampians Shire had:

- **15.3** full-time equivalent General Practitioners, **5** General Practices
- **2** Public Hospitals, **0** Private Hospitals
- **1** Aboriginal Community-Controlled Health Organisation²²

During the stakeholder workshops held in September 2021, several anecdotal issues were raised:

- Access to free public diagnostic testing was limited, and in many cases payment was required for services such as x-ray imaging and blood tests within the shire.
- Waitlists for free public health services such as physiotherapy and occupational therapy were long, with waits up to or exceeding 6 months.

COVID-19 in our community

The 2020 Vic Health COVID-19 Survey conducted first in March to June 2020, and then again in July to October 2020, identified stark differences between the experiences of communities facing hardship and the wider population. Those experiencing the most significant health and wellbeing impacts relevant to the Northern Grampians Shire compared to the Victorian population overall included:

- Young people aged 18-35 years old
- People on low incomes
- People who are unemployed
- People with a self-reported disability
- Aboriginal and Torres Strait Islander people

From pre-pandemic (2017) to the first wave of the COVID-19 pandemic:

- The proportion of individuals experiencing low-medium life satisfaction increased from 20% to **49%**
- The average subjective wellbeing score (out of 100) dropped from 77 to **65**

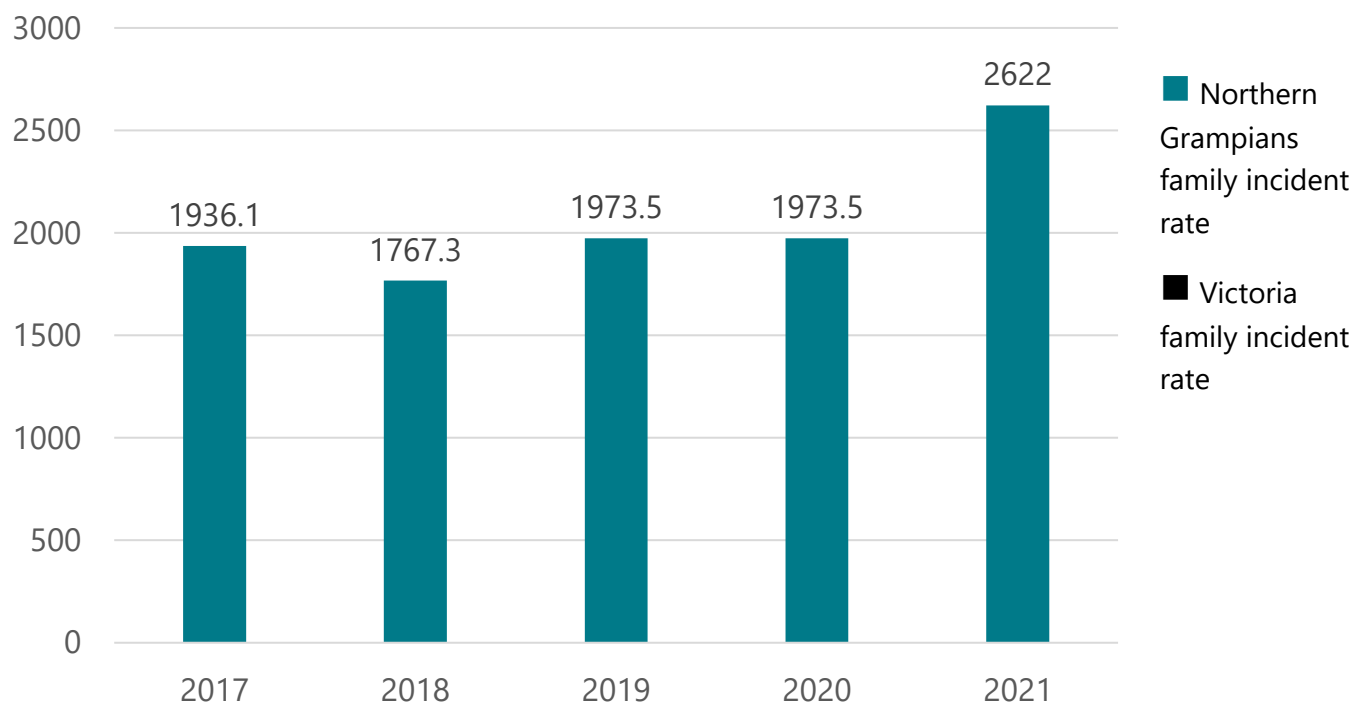
Between the first and second waves of the COVID-19 pandemic, the proportion of Victorians who:

- Experienced financial hardship dropped from **24%** during the first, to **18%** during the second wave
- Ran out of food decreased to **5%** during the second wave from **7%** during the first wave
- Relied on low-cost unhealthy food decreased to **18%** during the second wave from **23%** during the first wave
- Experienced low-medium life satisfaction increased from **49%** during the first wave to **53%** in the second wave
- Experienced poor social connection increased from **23%** during the first to **29%** in the second wave²³

Family violence in our community

- In 2017 in NGSC, there was a higher proportion of incidents of family violence incidents reported to police than for Victoria - **6.2%** in Northern Grampians Shire compared to 5.4% across Victoria²⁴
- Breach of family violence order was the most common criminal offence in Northern Grampians, with 81 offences recorded.
- In 2019 the proportion of 18-24-year-olds affected by family violence was **21%**, much higher in Northern Grampians Shire compared to the state average Vic 13%
- In 2021, **reported family violence incidents increased by 25.6%** from 238 in 2020 to **299** incidents in the Northern Grampians.²⁵ (Refer Figure 10)

Figure 10: Northern Grampians family incidents rate per 100,000 population



Healthy eating and active living in our community



Healthy Eating

In 2017:

- **59.2%** of respondents did not eat enough fruit and vegetables Vic 51.7% whilst **only 5.3%** of respondents ate enough fruit **and** vegetables to meet consumption guidelines Vic 3.6%
- An average of **1.4** serves of fruit per day of the recommended **two** Vic 1.6 and **2.1** serves of vegetables per day of the recommended **five** were consumed Vic 2.2
- **19.3%** drank **sugar-sweetened soft drinks** daily, almost double the proportion reported in Victoria - 10.1%

Food Security

- **16%** of respondents said that they were not always able to access a **variety** of healthy food Vic 10%
- **23%** said that they were not always able to access **suitable quality** healthy food Vic 14%²⁶

Physical Activity

In 2017:

- **51.9%** *did* do sufficient levels of physical activity Vic 50.9%
- **44.7%** *did not* do sufficient levels of physical activity to meet physical activity guidelines Vic 44.1%
- **66.2%** participated in any non-organised physical activity Vic 70.5%
- **19.7%** participated in any organised physical activity Vic 28.7%
- **0.7%** cycled to work Vic 1%, and
- **6.8%** of respondents walked to work Vic 4%²⁷

Alcohol and illegal drug use

The data indicate significantly higher proportions of young people in NGSC consuming alcohol under the age of 18 years and using illegal drugs than for the whole of Victoria.

In the first half of 2021:

- **65%** of males and **79%** of females in **year 11** drank alcohol Vic 40% and 46%
- **92%** of males and **87%** of females in **year 12** drank alcohol Vic 52% and 62%
- **8%** of males and **9%** of females in **year 11** used illegal drugs Vic 16% and 12%
- **More than double** the proportion of males in **year 12** in Northern Grampians Shire used illegal drugs (**50%**) compared to Victoria (**19%**) **13%** of females in year 12 used illegal drugs Vic 12%²⁸

In 2017 respondents to VicHealth Population Survey indicated:

- **53%** of adult respondents were at increased risk of alcohol-related injury on a single occasion, 10% more than the Victorian proportion - 43%
- **24.7%** agreed that getting drunk now and then is ok – Vic 27.9%

Tobacco smoking

In 2017:

- **20.2%** of the population were current smokers Vic 20.9%

In 2012-14:

- **34.5%** of mothers smoked during pregnancy Vic 15.0%

Climate change in our community

Climate change projections for Wimmera Southern Mallee



By 2030, increases in daily maximum temperature of 0.9 to 1.8°C are expected

Rainfall will continue to be very variable over time, but over the long term is expected to continue to decline in winter and spring. Extreme rainfall events are expected to become more intense on average through the century.

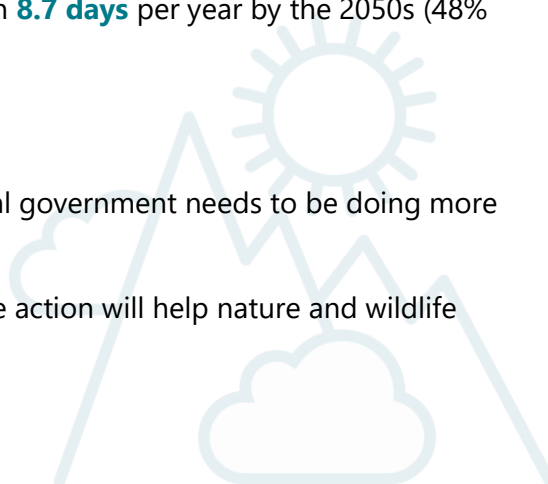
By the 2050s, the climate of Horsham could be more like the current climate of Deniliquin.

If emissions are high, by the 2050s:

- Maximum temperatures could increase by a median of **2.2°C**
- Minimum temperatures could increase by **0.8°C** by the 2030s and **1.5°C** by the 2050s
- **In 2090**, rainfall could decrease by up to **26%** annually, and **32%** in spring.
- The number of fire days where the Forest Fire Danger Index is greater than the 95th percentile is predicted to increase by a median **8.7 days** per year by the 2050s (48% increase)²⁹

In 2021:

- **65%** of Wannon voters believe that the federal government needs to be doing more to address climate change
- **75%** of Wannon voters believe greater climate action will help nature and wildlife survive extreme weather³⁰



Endnotes

- 1 WHO, 1946
- 2 A detailed description of our VicHealth partnership is outlined in the supporting documentation.
- 3 WHO, 2008, AIHW, 2020, Victorian Government, 2019
- 4 Australian Bureau of Statistics, 2017.
- 5 Department of Environment, Land, Water and Planning, Victoria. 2020
- 6 Australian Bureau of Statistics, 2017.
- 7 Department of Social Services, 2021
- 8 Australian Bureau of Statistics, 2021
- 9 Australian Bureau of Statistics, 2017.
- 10 Australian Bureau of Statistics, 2017.
- 11 Australian Bureau of Statistics, 2017.
- 12 National Disability Insurance Agency, 2020
- 13 VAHI. 2018.
- 14 Australian Bureau of Statistics, 2021
- 15 Grampians Pyrenees Primary Care Partnership, 2020
- 16 University of Canberra, 2021.
- 17 VAHI. 2018.
- 18 Resilient Youth Australia, 2021.
- 19 Resilient Youth Australia, 2021(b)
- 20 Australian Bureau of Statistics, 2017.
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- 22 Western Victoria Primary Health Network, 2020.
- 23 VicHealth, 2020.
- 24 Department of Health, Victoria. 2018.
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- 27 VAHI, 2018.
- 28 Resilient Youth Australia, 2021.
- 29 Clarke JM, Grose M, Thatcher M, Round V & Heady C. 2019.
- 30 Australian Conservation Foundation, 2021