MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN

2017-2021
Acknowledgement of Traditional Owners

Hepburn Shire Council respectfully acknowledge the Jaara people country, of which members and elders of the Dja Dja Wurrung community and their forebears have been custodians for many centuries. On this land, the Jaara people have performed age old ceremonies of celebration, initiation and renewal. We acknowledge their living culture and their unique role in the life of this region.
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The Municipal Public Health and Wellbeing Plan is an important plan for our community that focuses on improving the health and wellbeing of our residents. Council has a lead role in the development of the Municipal Public Health and Wellbeing Plan, however the delivery of strategies and actions are in partnership with many local organisations and the community. This will ensure that a collective impact approach will be taken to improving the health and wellbeing of our community. This plan has been developed based on the valuable input of various health partners including Hepburn Health, Women's Health Grampians, Central Highlands Primary Care Partnership, members of Hepburn Shire staff and members of the community.

The Municipal Public Health and Wellbeing Plan addresses priority areas in public health within the Hepburn Shire such as Healthy Eating and Active Living, Healthy and Safe Environments, Social Connection and Resilient Communities and Preventing Family Violence. The plan aligns with the Council Plan 2017-2021, the Hepburn Planning Scheme - Municipal Strategic Statement, the Hepburn Health Service Integrated Health Promotion Plan and the Central Highlands Primary Care Partnership Strategic Plan. It is a living document that will receive regular evaluations to ensure that it facilitates delivery of priorities through Councils business planning framework.

I welcome this plan to the Hepburn Shire and look forward to its ongoing success over the period of this Council.

Cr John Cottrell - Mayor Hepburn Shire Council
1. BACKGROUND AND PLANNING CYCLE

THE ROLE OF LOCAL GOVERNMENT IN HEALTH AND WELLBEING

Globally, the burden of disease of non-communicable diseases is growing. Common risk factors include insufficient physical activity, sedentary behaviour, poor diet and obesity. A whole of government approach is needed to improve health in our communities.

Through integrated planning and strategies, efficient governance and effective partnership arrangements, local government can work to address inequalities in social capital, build capacity and enhance the liveability of a municipality, which in turn has long term beneficial population health and wellbeing outcomes.

The traditional roles of Council are now far more dynamic and integrated and require Council to work collaboratively with other agencies and healthcare providers to collectively work to address the social determinants of health that shape health outcomes at both individual and community levels.

A Councils role in health and wellbeing is to “seek to protect, improve and promote public health and wellbeing within the municipal district”

Source: Public Health & Wellbeing Act 2008 (VIC)

The Public Health and Wellbeing Act 2008 requires all government departments and levels of government in Victoria to be responsible for public health and wellbeing. This approach is necessary because the environment in which we live influences many of the factors that affect our health and wellbeing.

The way in which councils set out to achieve this is by developing and implementing a Municipal Public Health and Wellbeing Plan (MPHWP). This plan must:

- Include an examination of data about health status and health determinants in the municipal district
- Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan
- Specify 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 strategies identified in the public health and wellbeing plan

This plan aims to apply an outcomes framework that will provide a clearer sense of direction and will better define how we measure and report on progress. It will guide how we collaborate and improve our collective efforts to achieve better health and wellbeing.
HEALTH PARTNERS

The Municipal Public Health and Wellbeing Plan will focus on more strategic health partnerships with a strong focus on shared priorities. This will ensure that a collective impact approach will be taken to improving the health and wellbeing of the community.

Council acknowledges and values the many partners, who played a role in development of this plan, including:

- Hepburn Health Service
- Central Highlands Primary Care Partnership (PCP)
- Western Victoria Public Health Network (PHN)
- Women’s Health Grampians
- Neighbourhood Houses
- General Practitioners
- Department Health and Human Services (DHHS)
- Sports Central
- Child and Family Services Ballarat Inc (CAFS)

THE PLANNING CYCLE

The Hepburn Municipal Public Health and Wellbeing Plan 2017 - 2021 is a strategic plan that describes how Council and partners will work towards achieving maximum health and wellbeing for our community over the next four years.

The MPHWP has been developed using a solid evidence base established using stakeholder consultation, statistical analysis of current health and wellbeing indicators and outcomes and with regard to the wider strategic environment that impacts upon both individual and community level health and wellbeing.

The development of this MPHWP has followed the following process:
2. FRAMEWORKS FOR DEVELOPMENT

LITERATURE REVIEW

At the beginning of the planning process an evaluation of the Hepburn Municipal Public Health and Wellbeing Plan 2013 - 2017 was carried out, followed by a review of Councils key policies and strategies. An in-depth review of relevant health literature was conducted. This review analysed relevant national, state and local health policies, plans, legislation and frameworks which were used to guide the development of this plan. [2] [3] [4] [5] [6] [7]

The literature review also included a review of various Municipal Public Health and Wellbeing Plans from Councils across Victoria which helped identify best practice approaches to developing this plan.

SOCIAL DETERMINANTS OF HEALTH

Taking a determinant of health approach to municipal public health and wellbeing planning requires looking broadly at the conditions and circumstances which affect the health and wellbeing of individuals and communities. The World Health Organisation defines the Social Determinants of Health as:

"The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequalities - the unfair and avoidable differences in health status seen within and between countries".

ENVIRONMENTS FOR HEALTH

The Department of Health's Environments for Health: Municipal Public Health Planning Framework [8] aligns with the Social Determinants of Health Model and is the conceptual framework that underpins a systems approach to public health planning. The framework highlights that health and wellbeing is affected by factors originating across any or all of four environmental dimensions. These dimensions are listed below with examples for each:

1. Built Environment - place based approaches, living and working conditions, geographic isolation
2. Social Environment - people centred approaches, social connection, gender equity, safe and resilient community
3. Economic Environment - job security, supporting local economy
4. Natural Environment - sustainable environments, climate change, biodiversity, healthy environments
The following table illustrates how a health priority can be affected by the built, social, economic and natural environments:

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<th>Example of Health Priority</th>
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HEALTHY AND SUSTAINABLE ENVIRONMENTS

Healthy environments are critical to the health and wellbeing of the current and future generations. All levels of government, industry and community have a responsibility to support and maintain sustainable, diverse and safe natural and built environments. Where people live has the potential to improve or reduce their quality of life. Supportive built and natural environments can make a place both appealing and healthier to live.

Council’s role in maintaining built environments take into account things such as the design of streets, access to local shopping and recreation facilities, shade and footpaths. Maintaining natural environments include things such as our parks and reserves, playgrounds and open play spaces and biodiversity protection.

Council also has a key role in maintaining a safe and healthy community through the regulatory functions that oversee the management of clean air, good soil quality, clean water, a safe food supply and appropriate management of physical, chemical, biological and radiological hazards.

Natural hazards or emergencies are also part of the environment in which we live. It is important that Council maintains the capacity to act swiftly, and effectively take action when emergencies occur. This includes the investment of time into building resilient communities and supporting disaster recovery.

CLIMATE CHANGE ADAPTATION

The impact of climate change presents serious environmental, economic and health challenges. The *Victorian Climate Change Act July 2011* requires Councils to consider and address the impacts of climate change on the determinants of health (natural, built, social and economic). It is acknowledged that the impacts of climate change on a community’s health and wellbeing can be immediate, short term or long term. Some people within the community will be at higher risk of health problems related to weather and climate change impacts. This includes children, older adults, people with existing medical conditions, people
who work outdoors and those who live in areas most likely to be affected, such as rural and coastal communities. [9]

Hepburn Shire is committed to building resilient communities that are less likely to be affected by major climatic events such as heatwaves, storms and floods. The Council Plan details how Council will respond to climate change through the reduction of energy use, emissions and other resource use, and help the community to adapt to the impacts of increased natural events or emergencies. This will be achieved through the following actions:

- Implement Towards Zero Emissions Roadmap Action Plan including renewable energy generation and reducing Council’s consumption
- Support the community to develop and implement a 100% Community Renewable Stationary Energy Plan
- Implement water efficiency and water saving measures at recreation ovals, gardens and buildings
- Develop and implement vegetation management plans
- Understand flood risks and prioritise works, including waterways obstruction removal and maintenance of flood mitigation infrastructure
- Invest in Recovery, Heatwave and Pandemic Planning for communities across the shire

A WHOLE OF LIFE LENS

It is recognised that not all strategies and actions are best suited to the entire community. For example, the most recent General Social Survey identifies that particular issues emerge as important to people at different times in their lives.

People aged 15-17 years are in the developmental phase of their lives and express that their important issues are having regular contact with family and friends, volunteering and social participation.

Whereas when people aged 18-25 years continue with higher education and transition into paid employment, the levels of support and participation they engage in declines significantly and they are half as likely to have daily face to face contact with family or friends living outside the house.

People aged 25-64 years are often balancing work and family responsibilities and during this time different stressors emerge such as having to provide support and unpaid assistance to family members; or experiencing serious illness or death of a family member or close friend.

As people move into retirement, face to face contact rises again. However, most of these older age groups have a long-term health condition and many assess their own health as fair or poor. People in this stage of life also experience declining rates of participation in sport and physical activity, and declining rates of attendance at cultural events. [10]
It is also acknowledged that inequalities in social determinants such as education, employment, gender, cultural background, housing and early years’ development can lead to health inequalities. For this reason, Council are committed to implementing a variety of actions that ensure services and facilities are accessible to all groups that make up our community.

In seeking to address disadvantage, the strategies and actions of this plan will take into account the needs of different population groups at different stages of life. The plan has given consideration to:

- People caring for children in their early years
- The engagement of our youth
- Our aging population
- Gender equity
- Disability access and inclusion
- Supporting our local economy
Many national, state and local plans, policies and frameworks have guided the development of the Hepburn Municipal Public Health and Wellbeing Plan 2017-2021. These plans have all used detailed research and evidence to inform their priorities and course of action. Municipal Public Health and Wellbeing Plans provide the 'line of sight' between local, regional and state policy.

### Federal Government
*Australia: The Healthiest Country by 2020*
- Alcohol
- Tobacco
- Obesity

### State Government
*Victorian Public Health and Wellbeing Plan 2015-2019*
- Healthier Eating and Active Living
- Tobacco-free living
- Reducing harmful alcohol and drug use
- Improving mental health
- Preventing violence and injury
- Improving sexual and reproductive health

### VicHealth
- Promoting healthy eating
- Encouraging regular physical activity
- Preventing tobacco use
- Preventing harm from alcohol
- Improving mental wellbeing

### Central Highlands Primary Care Partnership
- Healthy Eating and Active Living

### Hepburn
*Municipal Public Health & Wellbeing Plan 2017-2021*
- Healthy Eating and Active Living
- Healthy & Safe Environments
- Social Inclusion & Community Resilience
- Preventing Family Violence
STATE CONTEXT

The Victorian Public Health and Wellbeing Plan 2015 - 2019 has been prepared as required by Public Health and Wellbeing Act 2008. The vision of the plan is for a Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age.

10 Year Plan to End Family Violence 2016 - 2026 is a first release for Victoria. Ending Family Violence: Victoria’s Plan for Change details how the State Government will deliver the 227 recommendations made by Australia’s first Royal Commission into Family Violence and build a new system that protects families and ensures perpetrators are held to account.

Victoria’s 10 Year Mental Health Plan is a 10 year mental health plan aimed to ensure that all Victorians, particularly those who are disadvantaged or vulnerable, experience the best possible health, including mental health, throughout their lives.

Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012 - 2022 sets out the Victorian Governments strategic directions for Aboriginal health over the next 10 years and details what the Department, together with Aboriginal communities, other parts of government and service providers, will do to achieve the government’s commitment to improve Aboriginal health.

Victorian Gender Equality Strategy 2016 is a new gender equality strategy for Victoria, which will guide actions and priorities for the government to work alongside the community towards a common goal of equal social, civic and economic participation for women in society.

Victorian Climate Change Adaptation Plan 2017-2020 sets out the Government’s strategic priorities, measures and responses for adaptation in Victoria over the next four years, as required by the current Climate Change Act 2010.

REGIONAL CONTEXT

Central Highlands Integrated Health Promotion Annual Plan 2017-2018 has a shared vision to work together to provide opportunities and environments which enable all people in Central Highlands to Eat Well and Move More. Their aim is for a 5% increase in the amount of people meeting healthy eating and physical activity guidelines in Central Highlands by 2021. This is supported by the Central Highlands Shared Prevention Areas for Action Strategy Framework.

Communities of Respect and Equality (CoRE) - A plan to prevent violence against women and their children in the Grampians Region 2016 - 2020 has been developed to provide a clear framework for action to prevent violence against women and their children in the Grampians region. This initiative is led by Women’s Health Grampians. All organisations that sign up to the Alliance share the vision of “A safe, equal and respectful society for everyone”. Hepburn Shire has signed up join the Alliance and will use the Taking action to end violence against women and their children - A guide for members of the Grampians Communities of Respect and Equality (CoRE) Alliance, 2016 framework to inform its actions in this priority area.

Hepburn Health Integrated Health Promotion Plan 2017- 2021 identifies three priority areas which are mental wellbeing of youth, mental wellbeing of families with children aged 0 to 5
years and healthy eating and active living. Council recognises the benefit of working in partnership to achieve better health and wellbeing outcomes for our community and will support Hepburn Health Service with their actions wherever possible.

LOCAL CONTEXT
The Municipal Public Health and Wellbeing Plan is a key part of Council’s Integrated Planning Framework and together with the Council Plan it has a strong alignment with the needs of the community.

Hepburn Shire Council Plan 2017 - 2021 was developed after extensive consultation with the community, councillors and staff. The five strategic objectives of the plan are:

1. Quality Community Infrastructure
2. Active and Engaged Communities
3. Sustainable Environment
4. Vibrant Economy
5. High Performing Organisation

The MPHWP aligns with the Council Plan and the Hepburn Planning Scheme - Municipal Strategic Statement. It will be used to inform actions within other strategic documents such as, but not limited to, the Recreation and Open Space Strategy 2016-2021, Walking and Cycling Priority Projects 2016 and Disability Access and Inclusion Plan. The twelve month Municipal Public Health and Wellbeing Action Plan will feed into Councils Business Planning Framework and will be used to inform the budget process and Capital Works Program.
4. CONSULTATION PROCESS

The development of this plan has included extensive consultation with community, staff and health partners. The consultation process included the following:

- Community consultation in conjunction with the Council Plan which included six community drop in sessions that were attended by over 150 people, the 'OurSay' online forum which received 114 responses, and a community conference.
- Health partner consultation included two group workshops which were followed up with extensive one on one consultations
- Hepburn Shire Council staff consultation
- Analysis of community responses from other strategic documents that have strong links to this plan such as the Recreation and Open Space Strategy, Biodiversity Strategy, Youth Engagement Strategy, Walking and Cycling Priority Projects, Community Planning Strategy, Towards Zero Emissions Road Map, Community Plans and Economic Development Strategy

COMMON THEMES

- Improving walking and cycling tracks throughout the shire, with particular emphasis on redeveloping old rail trails
- The retention of the Daylesford cinema in The Rex which provides a social gathering place for the community
- Development of an indoor swimming pool that can be used all year round to provide an inexpensive place to socialise and exercise
- Council to have a role in positive ageing by developing a strategy that supports our aging population
- Provide strong support for local sporting clubs and work together with external organisations to advocate for implementation of various health initiatives within clubs such as gender equity, encouragement of female participation in sport, healthy eating policy, water as the drink of choice
- Increased effort in meaningful community and stakeholder engagement and build stronger partnerships
- Promote, acknowledge and support the great work done by neighbourhood houses throughout the shire who are working to build and sustain resilient communities
- Accessible access to an increased number of parks and outdoor recreation spaces
We would like to see...

- Shaded playground areas at our Lakes
- Toilet and changing facilities at the Creswick Splash Park
- More places for young people to socialise
- A stronger connection to our local environment
- Low-cost facilities for artists or theatre groups
- Better access around ALL of the shire for people with disabilities, people using prams and the like
- Acknowledgement of traditional owners at all Council meetings and events in the Shire
- Development of an LGBTI plan that ensures Hepburn Shire welcomes and celebrates people of all genders and sexualities
- Promotion and maintenance of local environmental attractions
- Council sign up to the state solar panel scheme to allow rebates
- A strong and connected community
- Development Rail Trails that connect local and broader communities
- An indoor pool where children can learn to swim, active people can exercise, elderly or disabled people can gain access to a safe means of therapy or exercise
5. HEALTH PROFILE

DOING WELL

WHAT THE STATISTICS SAY ABOUT HEPBURN SHIRE

9/10
Just over 9 out of 10 people agreed that they feel safe walking alone during the day

69.2%
of people feel safe walking alone after dark compared to 55.1% in Victoria

Our community reported a higher than average resilience score

Crime rates are below average, while rates of volunteering and citizen engagement are well above average

40.9% of people engaged in physical activity four or more days per week which is similar to other Victorians

The most popular non-organised physical activities in Hepburn are:

- Walking 54.3%
- Cycling 11.3%
- Jogging 6.7%

89% are willing to help each other compared to 74% in Victoria

The rate of avoidable deaths from suicide and self inflicted injuries was less than the Victorian average

4.6% of people eat takeaway meals 1 - 3 times per week compared to 10.2% in Victoria
6. HEALTH PROFILE
OPPORTUNITIES FOR IMPROVEMENT

WHAT THE STATISTICS SAY ABOUT HEPBURN SHIRE

- There are a significantly higher than average number of low income households with 45.8% of people earning less than $400 per week.

- 8.8% of people ran out of food at some point in a 12 month period compared to 4.6% in Victoria.

- Female life expectancy is the second lowest of all the LGA's in Victoria.

- 25.3% of people rate their overall health as Fair/Poor compared to 20.3% in Victoria.

- 11.3% of people did not consume water on a daily basis compared to 3.1% in Victoria.

- 52.8% increase in number of reported cases of family violence.

- Childhood immunisation rates are as low as 75% in some age cohorts.

- 53% of people don’t meet Australian Guidelines for fruit and vegetable consumption.

- 50.7% of people don’t do sufficient levels of physical activity.

- 52.5% of people are pre-obese or obese.

- 18.4% participation in organised physical activity compared to 28.7% in Victoria.

- While the overall number of people smoking in Victoria is decreasing, in Hepburn it is increasing.

- 19.8% of people aged 18+ smoke compared to 13.1% in Victoria.

- A slightly higher proportion of the community experiencing psychological distress and mental health issues compared to Victoria.
This plan sets four priorities that will guide action over the next four years. These priorities have been determined based on the review of health related data, community consultation and health partner consultation.

The four priority areas are as follows:

1. Healthy Eating and Active Living
2. Healthy and Safe Environments
3. Social Inclusion and Community Resilience
4. Preventing Family Violence

While these priorities are described separately, there are important relationships between many of the priorities, creating opportunities for action that will improve health and wellbeing in many areas. For example, increasing interaction with nature within Hepburn’s parks and open spaces and increasing participation in sport and recreation make an important contribution to reducing chronic disease risk factors, increasing social inclusion and building strong communities.

Public health is 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 behaviour that cause illness and injury. [9]
8. AMBITIOUS TARGETS FOR OUR FUTURE

In line with regional and state priorities, Hepburn Shire Council is committed to achieving a number of key long-term targets. These targets have been set to bring us closer to current Victorian rates, or in some cases exceed them. The outcomes framework will be used to help us measure and track progress towards these targets.

- 95% coverage for childhood immunisation rates
- Reduce the prevalence of family violence
- 3% increase in sufficient physical activity prevalence of adults
- 10% increase in participation in organised physical activity
- 4% decrease in food insecurity
- 2.5% decrease in prevalence of people who are pre obese/obese
- Halt the rise in number of people smoking
- 6.7% decrease in number of people smoking
- 4.4% increase in fruit and vegetable consumption
- 8% increase in the number of people who consume water on a daily basis
Healthy eating and active living has been selected as a shared prevention priority for the Central Highlands Region. The shared vision is to work together to provide opportunities and environments which enable all people in Central Highlands to Eat Well and Move More.

**Healthy Eating**

A nutritious diet and adequate food supply are central for promoting health and wellbeing. Excess intake contributes to the risk of obesity, cardiovascular diseases, diabetes, some cancers and dental caries. Increased consumption of fruit and vegetables helps reduce the risk of overweight and obesity, heart disease and certain cancers. In Victoria one in four children and two in three adults are overweight or obese. Although Hepburn’s overall percentage of persons overweight or obese is just below the Victorian average, the number of females who are obese are above average (19.7%, Vic = 17.2%).

Hepburn residents are similar to the Victorian estimates in the number of serves of vegetables and fruit consumed on a daily basis. However new Australian dietary guidelines were introduced in 2013, altering some of the serving sizes and recommendations for fruit and vegetable consumption based on sex and age. Latest research indicates that 53% of the Hepburn population are failing to meet these guidelines. This has increased significantly since the last municipal scan which was 46.1% and is higher than the Victorian average which is 48.6%.

Concerning data also suggests that 11.3% of Hepburn residents are failing to consume any water on a daily basis. This is a significantly higher percentage than the Victorian average of 3.1% and will be a strong focus of this plan.

Food security is another area of concern on both a State and local level. It is estimated that 8.8% of Hepburn residents ran out of food at some point in a 12 month period and were unable to access more. This figure is close to double the Victorian average of 4.6% and has also increased since the last municipal scan which was 7.3%. Reasons reported include that some foods are too expensive or of poor quality, difficulty in accessing culturally appropriate food and inadequate or unreliable transport.

**Physical Activity**

There are many benefits to improving levels of physical activity. An increase in physical activity will not only contribute to physical health, it will also contribute to mental health, social connectedness and reducing the risk of osteoporosis, and may assist in reducing or delaying dementia.

The rate of people in Hepburn who do not do sufficient levels of physical activity is 50.7% which is similar to the Victorian average (50.4%). However the number of people in Hepburn who did not do at least one 30 minute session of physical activity per week is higher than the Victorian average (22.7%, Vic = 18.9%).
Of those that are physically active, the most common activity is walking (54.3%) followed by cycling (11.3%) then organised sport through a club or association (9.8%). [13] Participation in organised physical activity in Hepburn is 18.4% which is significantly lower than the Victorian average (28.7%). [13]

STRATEGIC DIRECTION
The following strategies have been developed to promote healthy eating and active living within our community. These strategies will guide how we collaborate and improve our collective efforts to achieve better health and wellbeing over the next four year period.

STRATEGIES
1.1 Support and promote initiatives that contribute to healthy eating and access to affordable nutritious food
1.2 Support and promote initiatives that encourage water as the drink of choice
1.3 Create supportive environments that enable healthy choices by increasing the availability of healthy food options
1.4 In partnership with key stakeholders promote opportunities for increased physical activity
1.5 Support programs that encourage people to be as physically active as often as possible throughout their lives
1.6 Contribute to the design, installation and maintenance of local facilities that promote physical activity and participation in sport and recreation
1.7 Encourage an active community through the design and delivery of well connected walking and cycling networks

WHAT WE AIM TO ACHIEVE
By creating actions that align with these strategies, we aim to:
- Increase access to affordable nutritious food
- Increase consumption of fruit and vegetables
- Increase water consumption and decrease consumption of sugary drinks
- Increase the level of physical activity residents undertake each week
- Increase participation in organised physical activity
POSIBLE OUTCOME MEASURES

The following measures will be assessed in relation to the Hepburn Shire population:

- Proportion who consume sufficient fruit and vegetables on a daily basis
- Proportion who consume water on a daily basis
- Proportion who consume sugar sweetened drinks
- Prevalence of insufficient physical activity
- Participation in organised physical activity
- Obesity and overweight prevalence by gender
Protecting the health of our community is critical in providing safe, healthy environments where all people can reach their potential.

**Tobacco**

Tobacco use remains one of the highest leading causes of death and disease in Victoria. It is linked to stroke, cardiovascular disease, coronary heart disease, lung cancer and chronic obstructive pulmonary disease. International evidence proves that stopping smoking before the age of 40 avoids more than 90% of later risk. Death rates in adults can be reduced by preventing young people beginning to smoke and enabling adults to quit smoking. [9]

The prevalence of smoking in Victoria is continuing to decline. However concerning data suggests that the number of people smoking in Hepburn is increasing, with more people smoking in 2014 compared to 2011. Smoking disproportionately affects disadvantaged population groups, with smoking rates higher among Aboriginal people, people who experience psychological distress, people with a lower level of education, people who live in rural areas and people on low incomes or who are unemployed. In addition, homosexual and bisexual Australians aged 14 years and older were found to be twice as likely to be current smokers in 2010. [9]

**Immunisation**

Immunisation coverage is high in most of Victoria. Most recent figures indicate that 93% of children under five in Victoria are fully immunised for their age. Unfortunately there are some diseases, like measles, that spread very easily throughout the community and immunisation coverage rates of 95% are needed to halt their spread.

Childhood immunisation rates for Hepburn Shire are at an alarmingly low rate. Hepburn's childhood immunisation rates are measured quarterly by three age cohorts (12 months, 2 years and 5 years) and are consistently well below the Victorian average. A full data analysis from between January 2015 to September 2017 highlighted that Hepburn is often in the lowest five Local Government Areas in Victoria. The most recent data indicates that a coverage rate among 2 year olds has dropped as low as 75%.

Secondary school immunisation rates are also very low with only 50% of students receiving all three doses of Human Papillomavirus Vaccine (HPV) and 68% of students receiving vaccine to protect against Diphtheria, Tetanus and Pertussis (whooping cough) via the secondary school vaccination program in 2017.

In addition, vaccine preventable disease data from September 2015 to September 2016 (reported as number per 100,000 people) highlights that Hepburn has had a higher rate of Pertussis (Whooping Cough) than the Victorian average (62, Vic 58.3) and a higher rate of Varicella Zoster - Shingles (55.1, Vic 31) and the rate of Influenza cases in Hepburn was the second highest for the Grampians region. [14]
**Food Safety**

There are approximately 4.1 million cases of food poisoning in Australia every year, resulting in, on average, 31,920 hospitalisations, 86 deaths and 1 million visits to the doctors. Unfortunately there is very limited information available on a local level; however these figures suggest that food safety is a concern for all areas and must be proactively managed.

**Water Quality**

There are a significant number of mineral springs and natural water bodies throughout the shire. Many of these are recognised tourist locations, while others retain a natural recreation setting. It is important that the quality of the water sources and the surrounding area are managed to prevent loss or contamination of these significant natural resources. Any potential contamination from the built environment surrounding waterways is regulated through the Hepburn Planning Scheme. However, natural contaminants can occur, particularly after a significant rain event, therefore regular monitoring is required by the relevant land owner to ensure the ongoing safety.

**Emergency Management**

Emergencies can happen anywhere at any time. They can be caused by severe weather, infectious diseases, industrial accidents or spills, or by intentional acts. When an emergency happens it can threaten public safety, the environment, property, the economy, critical infrastructure and the health of the public. An emergency can also affect a person’s ability to access health care services and the health care systems ability to respond to the situation.

Emergency management is about prevention, preparedness, response and recovery. Being prepared and planning ahead is critical to minimise the risk to the community before, during and after an event. Being prepared for disasters and emergencies is also part of being resilient to climate change. This is especially important for rural communities.

Hepburn Shire is committed to building resilient communities that are less likely to be affected by major climatic events such as heatwaves, storms and floods.

**Perception of Safety**

Just over 9 out of 10 (94.4%) of Hepburn residents agreed that they felt safe walking alone during the day, which is similar to the Victorian estimate (92.5%) and a higher than average (69.2%) reported that they feel safe walking alone within the shire after dark. However it is important to recognise that that males were more likely to report feeling safe, compared with females, particularly for walking alone after dark. Also older Victorians generally felt less safe, compared with all Victorians.
STRATEGIC DIRECTION

The following strategies have been developed to promote healthy and safe environments within our community. These strategies will guide how we collaborate and improve our collective efforts to achieve better health and wellbeing over the next four year period.

STRATEGIES

2.1 Continue to support legislative approaches to tobacco reform
2.2 Encourage and promote smoke free environments within Hepburn Shire
2.3 Use a targeted approach to increase immunisation rates among adults, adolescents and young children who live, work and are educated within Hepburn Shire
2.4 Use a collaborative approach to ensure regular monitoring and communication regarding the quality and safety of our natural water bodies
2.5 Undertake risk based food safety assessments to reduce the risk of food borne illness
2.6 Continue to plan for emergencies, strengthen Council’s capacity to respond and work with community to build resilience

WHAT WE AIM TO ACHIEVE

By creating actions that align with these strategies, we aim to:

- Reduce smoking rates among people over the age of 18 years
- Significantly increase childhood immunisation rates
- Significantly increase secondary school immunisation rates
- Reduce the risk of water or food borne illness throughout the municipality
- Continue collaborative planning for emergencies

POSSIBLE OUTCOME MEASURES

The following measures will be assessed in relation to the Hepburn population:

- Proportion of people in Hepburn who smoke tobacco
- Number of children fully immunised at each age cohort
- Number of Secondary School students immunised through the school immunisation program
- Proportion of Hepburn staff who participate in the staff flu vaccine program
- Total number of food and water borne illnesses investigated within the municipality
MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2017 - 2021

11. PRIORITY THREE: SOCIAL INCLUSION AND COMMUNITY RESILIENCE

This priority area sets out how Council can influence positive mental health outcomes by encouraging social inclusion and building community resilience. Feeling connected to and valued by others, being able to cope with the usual stresses of life, having the opportunity and capacity to contribute to community and being productive are all critical to good mental health.

Mental Illness

Each year one in five people will experience a mental health condition, with 45% of Victorians experiencing mental health conditions over their lifetime. Mental health disorders are a significant cause of disability, with certain population groups at higher risk due to discrimination, social isolation, family violence and stress. Hepburn residents reported a slightly higher than average percentage of psychological distress and mental health issues. High or very high levels of psychological distress were seen in 15% of people (Vic=12.6%), professional help was sought by 18.2% of people (Vic=16%) and 27.5% had been diagnosed with depression or anxiety (Vic 24.2%).

Social Connection and Resilience

Building healthy and resilient communities that promote social inclusion and economic participation is the fundamental building block of social and emotional wellbeing. Hepburn residents have reported higher than average scores in the areas of resilience, perception of safety and willingness to help each other. However, people were slightly less likely to report that they feel valued by society (50.7%, Vic = 52.6%). This was the lowest score for the Central Highlands Region. Adults who don’t feel valued by society or do not trust other people are more likely to report psychological distress, low income and poor or fair self-reported health.

Affordable Housing and Homelessness

Social determinants of health such as income and housing have a large impact on mental health and other health inequalities. In Hepburn the percentage of low income individuals and families is higher than average and median household income is considerably lower. Rates of mortgage and rental stress are among the highest of all LGAs. In addition there is estimated to be 40 homeless people living in the shire.
Inclusive Communities
A number of population groups make up our community, many of which are at increased risk of poorer health outcomes.

Indigenous people experience significantly poorer health outcomes than the general population. On average, they live 10 years less than non-indigenous people. Indigenous health does not only refer to an individual’s physical health but also the social, emotional and cultural wellbeing. There is an increasing body of evidence demonstrating that protection and promotion of traditional knowledge, family, culture and kinship contribute to community cohesion and personal resilience.\(^{[14]}\)

Compared with others, lesbian, gay, bisexual, transgender and intersex people experience higher rates of discrimination and social exclusion, particularly young people, experiencing poorer physical and mental health outcomes within our community.\(^{[9]}\)

Older people and people with disabilities are often faced with negative stereotypes about being frail, out of touch or a burden, which can also have a negative impact on their health and wellbeing.\(^{[17]}\)

Council has a role in supporting inclusive and liveable communities which refers to physical and social environments that enable people of all ages, backgrounds and abilities to actively participate, live safely, have good health and be part of decision making. Environments encompass physical (streets, buildings), social (attitudes and relationships with others), services, political systems and policies.

Positive Ageing
Being healthy and active throughout life will assist people to be healthy and independent as they age. Positive ageing implies people will continue to participate and contribute socially, culturally and economically to the community as they age.

The population in Hepburn is relatively old with more than 50% aged 45 or over. It is important to recognise that Council can make an impact on the health and wellbeing of their older residents by creating supportive environments that enable healthier ageing. The Commonwealth Aged Care Act 1997 defines some populations who have particular care needs that should be taken into consideration. These are Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, veterans, people living in rural and remote areas, people who are homeless and people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI).\(^{[17]}\)

Access and Inclusion
Characteristics such as socioeconomic status, health, ability, status, cultural background, ethnicity, gender, sexual orientation and age may influence the types of places, services and activities that people have access to, or feel welcomed into. Some examples of this are:
- Smaller townships don’t have the same access to public transport as larger towns
• People with mobility aids or parents with prams may be restricted in their physical access to some buildings or community amenities
• People on lower incomes may have limited access to services that are provided for a fee such as allied health services

This can lead to health inequalities and poorer health outcomes for some members of the community.

STRATEGIC DIRECTION
The following strategies have been developed to promote social inclusion and resilience within our community. These strategies will guide how we collaborate and improve our collective efforts to achieve better health and wellbeing over the next four year period.

STRATEGIES
3.1 Support programs that increase social connection and reduce social isolation
3.2 Support and promote programs or events that support inclusive communities
3.3 Develop and implement a positive ageing strategy
3.4 Provide opportunities for mutually beneficial intergenerational interaction
3.5 Build community resilience by supporting initiatives that promote empowerment, engagement, development
3.6 Provide, support or promote initiatives that contribute to improving access, inclusion and equity for all
3.7 Support decisions that improve community access to affordable housing
3.8 Provide quality community infrastructure that encourages community participation across all ages, gender and ability
3.9 Recognise and support volunteering opportunities as an important social connection opportunity

WHAT WE AIM TO ACHIEVE
By creating actions that align with these strategies, we aim to:
• Increase community connections and support
• Increase community and cultural participation
• Increase community resilience
• Increased mental wellbeing
POSSIBLE OUTCOME MEASURES

- Proportion of the population experiencing mental health issues
- Amount of money spent on gaming machines
- Accidental death – suicide rates
- Proportion of people who feel connected to their community
- Number of people that participate in local arts / cultural events
- Perception of Safety
- Increase social connection
12. PRIORITY FOUR: PREVENTING FAMILY VIOLENCE

The effects of family violence are profound and disproportionately impact on women and children. Violence and fear of violence have a strong influence on health and wellbeing. Following the Royal Commission into Family Violence 2015, all councils must now report through MPH&WP on the measures they will take to reduce family violence and respond to the needs of victims.

Australia

The prevalence of violence in Australia experienced by women is high. An national survey found that since the age of 15:

- 1 in 3 Australian women had experienced physical violence
- 1 in 5 Australian women had experienced sexual violence
- 1 in 4 Australian women had experienced physical or sexual violence by an intimate partner \[18\]

Victoria

Family violence is the second largest cause of ill health and early death for all women in Victoria aged 20 – 34. \[9\] In 77% of reported family violence cases, women are the affected family members (victims) and in 76% of cases men are the perpetrators \[12\]. These statistics are similar for Hepburn residents.

Grampians Region

Research indicates that women living in rural and regional areas have an increased risk of family violence and often experience barriers that make it more difficult to report violence. \[18\] These include:

- **Geographic isolation** - rural areas can increase vulnerability due to physical isolation and lack of visibility. Geography can also exacerbate the social isolation. While rural and regional areas are renowned for their close knit community, for those outside those networks it can be particularly isolating.

- **Access to services and support** - it’s more difficult to access formal reporting mechanisms when they are not nearby. Many areas have limited alternative housing options to enable children to remain in their local community which is important for their stability.

- **Conservative attitudes** - for those inside networks based on old school ties, kinship, farming and other associations there can be barriers associated with traditional gender roles that are difficult to challenge.
- **Gun and weapon ownership** - higher levels of weapon ownership can increase the levels of fear experienced by women.

- **Natural disasters** - the experience of natural disasters can increase the risk of family violence. Victims feel less able to report for fear of appearing disloyal to men experiencing stress, and who may have been held up as heroes by their community during disaster response and recovery.

- **Disabilities** - women with disabilities are additionally disadvantaged and isolated in regional and rural locations with limited access to transport and specialist services. In the Grampians regional women are twice as likely to experience violence as those without.

- **Alcohol and Gambling** - there is a strong link between both the consumption of alcohol and gaming machine expenditure and increase in family violence.

### Hepburn Shire

The previous MPHWP reported a 66% increase in the number of family violence incidents in Hepburn Shire between 2006 to 2012. Current data suggests that the numbers of reported cases of family violence incidents are continuing to increase at a steady rate. This is in part due to the improved recording of incidents at Victoria Police.

### Gender Equity

The Royal Commission acknowledged that in order to prevent family violence, we need to address a range of underlying attitudes and social conditions that allow family violence to continue. This includes challenging and changing harmful attitudes towards women and children, promoting gender equality and encouraging respectful relationships. The Royal Commission also recognised that women of diverse backgrounds face greater levels of discrimination and disadvantage, to prevent violence for all women we need to create a culture of equity and non-violence and promote equality with a diverse lens in mind that challenges racism, homophobia and ableism.

### Elder Abuse

Elder abuse is a form of family violence where the victim is an older person. It has been identified as any act occurring within a relationship where there is an implication of trust which results in harm to an older person. Elder abuse perpetrated by an older person's adult son or daughter often involves financial and psychological abuse that causes lasting harm. Older people can also be subject to physical, social and sexual abuse, including intimate partner violence.¹⁷
The CoRE Plan

The Communities of Respect and Equality (CoRE) Plan was developed to provide a clear framework for action to prevent violence against women and their children in the Grampians Region. The plan has a shared vision of "A safe, equal and respectful society for everyone". CoRE is an initiative led by Women’s Health Grampians who are the lead agency for supporting workplaces, clubs and networks to prevent gender based violence. Hepburn Shire has signed up to this plan and in doing so we can move in the same direction, independently and collaboratively within a supportive network to collectively achieve this vision.

STRATEGIC DIRECTION

The following strategies have been developed to prevent family violence within our community. These strategies will guide how we collaborate and improve our collective efforts to achieve better health and wellbeing over the next four year period.

STRATEGIES

4.1 Support, encourage and act on the Communities of Respect and Equality Alliance (CoRE) plan to prevent violence against women
4.2 Support community initiatives which raise awareness of gender equity and/or family violence
4.3 Build a gender-equitable workplace culture supported by policy, training and capacity building opportunities
4.4 Use design principles that enhance safety for all new developments and upgrades of existing community spaces and facilities
4.5 Support provision of infrastructure in public spaces which enhance community safety
4.6 Encourage and promote alcohol and drug free community events
4.7 Maintain a leadership and advocacy role within the community
4.8 Promote information on local support services

WHAT WE AIM TO ACHIEVE

By creating actions that align with these strategies, we aim to:

- Reduce prevalence of family violence
- Increase gender equity
- Create safe and supportive environments
- Increase community safety
POSSIBLE OUTCOME MEASURES

- Incidence rate of reported family violence
- Rate of alcohol and other drug related harm
- Annual amount of money spent on gaming machines
- Increase in communities perception of safety
- Proportion of people who feel safe walking alone after dark
13. IMPLEMENTATION AND MONITORING

IMPLEMENTATION
An action plan has been developed to guide and monitor implementation and progress of this plan. The Municipal Public Health and Wellbeing Action Plan details measurable actions that clearly align with the strategies that have been identified under each priority area of this plan. As documented throughout the Action Plan, implementation is the collective responsibility of various teams within council and will be undertaken collaboratively with a range of health partners. Each action documents the role council will take, whether it is the lead or support, and it will link any relevant plan, strategy or policy. The level of support provided to various actions will depend on the project needs and available resources. Support may be in the form of financial support, resource allocation, information sharing or promotion.

Implementation of this plan will include new mechanisms for coordinating, monitoring and reporting on actions via a revised Performance Reporting System (Knack).

A midyear review will be carried out by the Environmental Health Team to ensure that identified strategies have been actioned and reported.

OUTCOMES FRAMEWORK
This plan aims to follow the Victorian Public Health and Wellbeing Outcomes Framework which provides a new approach to monitoring and reporting on our collective efforts to improve health and wellbeing over the long term.

The Outcomes Framework provides a comprehensive set of public health and wellbeing outcomes, indicators, targets and measures for the major population health and wellbeing priorities and their determinants. Where data is available, the Outcomes framework also enables assessments of health and wellbeing inequalities.

Health and Wellbeing is a complex area that requires a concerted and collective effort across a range of sectors. It can often take many years to see improvements. Measuring progress over shorter term (annually) can show an indication as to whether collective efforts are on track to achieving population outcomes and targets.

The Department of Health and Human Services are currently developing progress measures for selected priorities of the Victorian Public Health and Wellbeing Plan 2015 - 2019. Once they are finalised they will be applied to this plan where possible.
ANNUAL REVIEW

The twelve month Municipal Public Health and Wellbeing Action Plan will be reviewed in October of each year. This review will include an analysis of completed actions and a review of any new health data that is available. The outcomes of this review will be used to inform the actions of the following year.

Consultation with health partners will occur via an annual working group meeting. The purpose of this working group will be to review shared priorities and actions and use this information to inform the actions of the following year.
At the end of this plans cycle a full evaluation will be carried out. This will provide an understanding of the impact council actions are having on local behaviours and on local environments. It will also provide information about what strategies were effective and what may be done differently in the next MPHWP cycle, adding to the evidence base of the next plan.

A municipal scan will be carried out and new health data collected to be used for comparison. Referring to the Outcomes Framework will assist in identifying the most reliable data source.

An evaluation report detailing the findings will be shared with internal and external partners and the community.

The questions below will be considered against a ‘Process, Outcomes and Impact’ evaluation model:

### PROCESS EVALUATION

**Have we done what we said we would do?**

- Determine whether actions have been implemented as intended
- Conduct an internal review of the four twelve month action plans to determine how many action are complete and how many are outstanding
- In consultation with the working group, determine whether Council has supported health partners in the actions that they made a commitment to

### OUTCOME EVALUATION

**Are we having the influence we expected?**

- Measures program effects in the target population by assessing the progress in the outcome measurement that the action is to achieve
- Assess new health data and identify any points of difference - positive or negative
- Assess whether health trends are changing?
- Consider any positive or negative feedback to general strategies or actions of the plan

### IMPACT EVALUATION

**What worked well and what needs improvement?**

- Assesses program effectiveness in achieving its ultimate goals
- Consider participation in Council programs
- Assess which actions may have had the most significant impact
- Consider whether any of the actions were unachievable and why
- Consider any positive or negative feedback to specific programs that were carried out as part of the plan
15. REFERENCES


