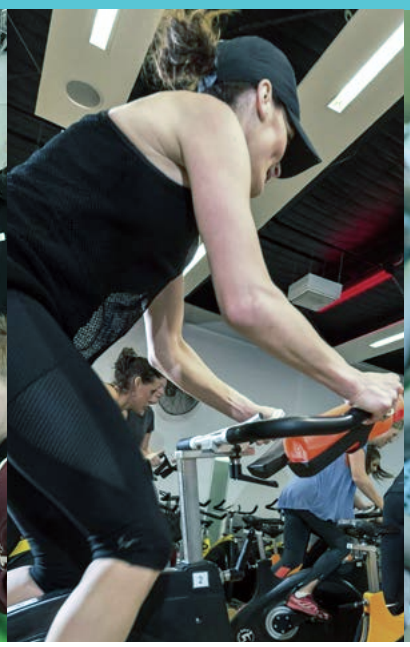
Integrated Municipal Public Health and Wellbeing Plan &
Health Promotion Funded Agencies Health Promotion Plan






2017-21 Healthy Wellington

Building Wellbeing Together

“Healthy Wellington 2017 – 2021 is an important strategic plan that promotes collaborative action towards improving the health and wellbeing of our community.”

Wellington Shire Council, Wellington Primary Care Partnership, Yarram District Health Service and Gippsland Women’s Health are pleased to introduce the Integrated Municipal Public Health and Wellbeing Plan & Health Promotion Funded Agencies Health Promotion Plan, referred to as Healthy Wellington 2017 - 2021.

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1

Strategic Plan

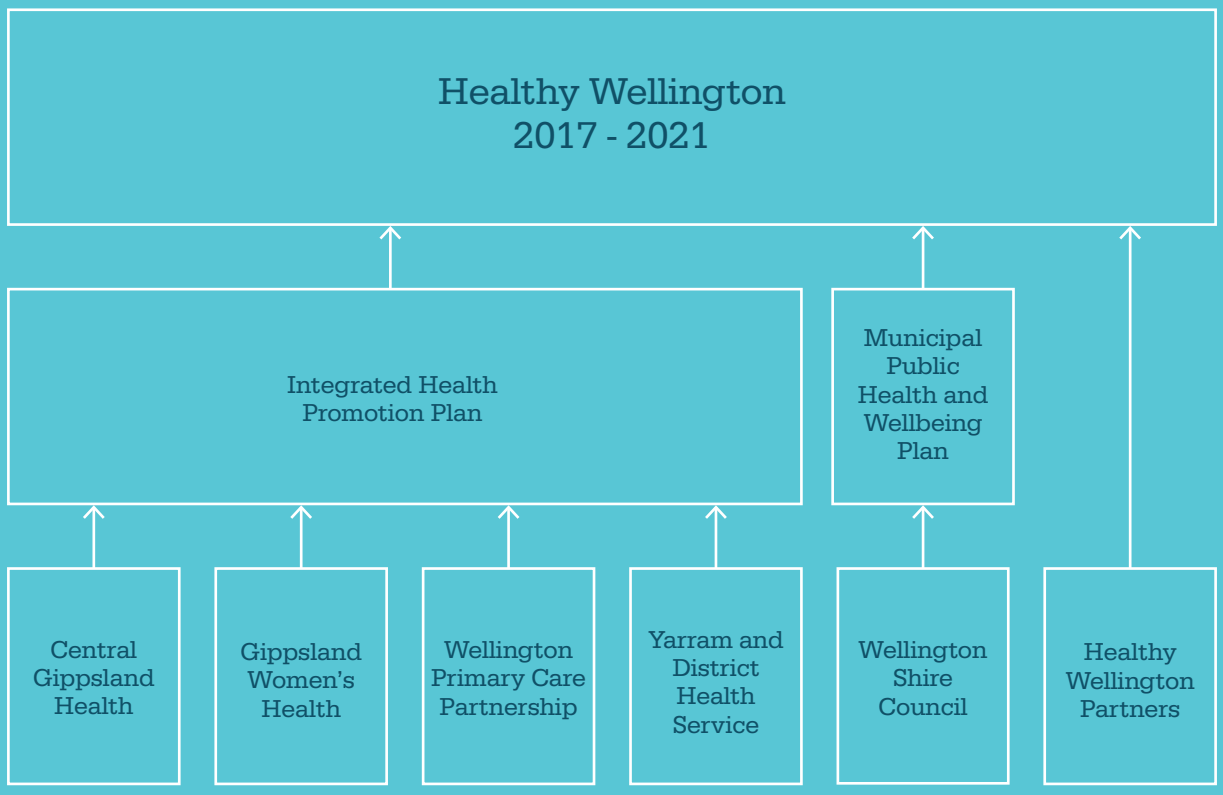
Introduction

The Wellington Shire Council and Wellington Primary Care Partnership, through the Healthy Wellington Action Group, have developed Healthy Wellington 2017 – 2021.

Healthy Wellington 2017 – 2021 is both the:

- Wellington Shire Council's Municipal Public Health and Wellbeing Plan; and
- The Health Promotion Strategic Plan for health promotion funded agencies in Wellington. These include Central Gippsland Health, Gippsland Women's Health, Wellington Primary Care Partnership and Yarram and District Health Service.

Healthy Wellington 2017-2021
Partnership Structure



While Healthy Wellington Plan 2017 – 2021 meets the strategic planning requirements of the above organisations, the plan is owned and driven by members of the Healthy Wellington Action Group.

Healthy Wellington 2017 - 2021 has been developed through a process of reviewing our population data, local policies, and consulting with our community.

Wellington Shire Council and Wellington Primary Care Partnership have led the process, engaging with our community and local organisations. With our community and partners, we identified the following health priorities in Wellington Shire:

Priority Area 1

Improve mental wellbeing with a focus on:

- **1a** Increase resilience
- **1b** Improve social connection and inclusion
- **1c** Decrease harm from alcohol and other drugs
- **1d** Decrease harm from gambling

Priority Area 2

Improve gender equality with a focus on:

- **2a** Improve gender equity
- **2b** Decrease violence against women and their children
- **2c** Increase sexual and reproductive health

Priority Area 3

Improve healthy living with a focus on:

- **3a** Increase physical activity and healthy eating
- **3b** Decrease smoking

Priority Area 4

Address climate change with a focus on:

- **4a** Increase capacity for climate change adaptation
- **4b** Improve community resilience and municipal relief and recovery planning in the event of extreme weather and or a natural disaster

As a collective we will prioritise activities in these priority and focus areas over the next 4 years. Each focus area will have an annual action plan, aligned with resource allocations, emerging directions and funding opportunities.

This strategic document provides the framework for an integrated approach to addressing the public health and wellbeing needs within Wellington Shire.

Our integration is characterised by:

1	Shared outcomes and measures
2	Shared resources and expertise
3	Reduced duplication
4	Building organisational and resource capacity

Healthy Wellington 2017 - 2021 will consist of two key documents:

Healthy Wellington Strategic Plan 2017 - 2021 which comprises the following three sections:

Strategic Plan

- Improve mental wellbeing
- Improve gender equality
- Improve healthy living
- Address climate change.

This document includes how we plan to evaluate and report on progress on the strategic document and annual action plans.

Theory research and references

This document includes all the relevant information that was used to develop the Strategic Plan and Annual Action Plans, such as guiding theory for public health planning, research and references.

Municipal scan

This document includes a report on the population health data for Wellington Shire. Data was collated from several government databases. Decisions on priority and focus areas was influenced by this data report.

Annual Action Plans

Each focus area will have an action plan that will be reviewed annually. The plan will list the strategies that we will work on that year to meet the overall goal or outcomes.

For each of the focus areas, the action plans will detail;

- Reporting responsibilities (annual and quarterly).
- Which agencies and groups will be working in this focus area.
- What support may be provided through the Healthy Wellington Partnership to assist in the facilitation of any project or working groups.
- What support may be provided through the Healthy Wellington Partnership to ensure evaluation measures are in place to determine the impact of initiatives completed.
- Whether there is a key agency leading collective work.

Action plan development will be completed with consideration to resource allocations and funding opportunities, and will include any new and emerging issues related to the focus areas that are identified with partner organisations and or community.

Partnership

Healthy Wellington 2017 – 2021 acknowledges that effective public health planning cannot be done by local government or the health sector alone.

It requires a collaborative approach by all concerned.

Working in partnership will ensure our work is aligned and we share the same goals in improving the health and wellbeing of people in Wellington Shire.

Partners of Healthy Wellington 2017 – 2021

Include (but are not limited to) those shown below:

Community
Individuals, community and special interest groups

- Community Planning Groups
- Early Learning Centres
- Faith Based Groups
- Neighbourhood Houses
- Primary and Secondary Schools
- Service Clubs
- Sporting Groups
- Wellington Access and Inclusion Advisory Group
- Wellington Early Years Network
- Wellington Liquor Accord
- Workplaces

Health Sector

- Central Gippsland Health
- Gippsland Primary Health Network
- Gippsland Women's Health
- Latrobe Community Health Service
- Latrobe Regional Hospital
- Ramahyuck District Aboriginal Corporation
- Wellington Primary Care Partnership
- Yarram and District Health Service

Local Government

- Wellington Shire Council
- Partnership with the 5 Councils within Gippsland

Government Departments

- Department Education and Training
- Department Health and Human Services
- Department of Environment, Land, Water and Planning
- Department of Premier and Cabinet
- Victoria Police
- VicRoads

Community Sector

- GippSport
- Quantum Support Services
- Uniting
- The Salvation Army

Delivery of Healthy Wellington

A successful Healthy Wellington 2017-2021 will be based upon appropriate support structures and resources being put in place by the integrated partnership.

The Healthy Wellington Action Group currently exists as a governance group and has members from Wellington Shire Council, and organisations in the health and community sector. Its role is to govern the implementation of Healthy Wellington 2017 - 2021. Working groups will be formed to lead initiatives and individuals will be involved to provide expertise.

The Healthy Wellington Action Group has identified that the success of the partnership at the end of the four-year period will be characterised by:

- Retention and growth in the number and variety of partners
- Awareness within the community of the work of Healthy Wellington 2017 – 2021
- An engaged community that is driving planning and actions
- Strong collaboration having occurred

The Healthy Wellington partnership will allocate staff resources to the following roles / responsibilities to ensure the delivery of outcomes through the integrated partnership:

- Partnership facilitation - including Healthy Wellington Action Group and relevant working groups.
- Evaluation plans - ensuring the collection of impact and outcome measures for the work that is completed.
- Delivery of direct projects / initiatives where gaps are identified.
- Reporting to funding bodies and the community.
- Marketing - promoting what is being done, progress and success.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Action Areas

Healthy Wellington 2017 – 2021 will have five 'Action Areas' within each of the focus areas.

These action areas were identified by members of Healthy Wellington Action Group as areas where we can influence. We are also using several theories and concepts to guide the work that we undertake.

Refer to Section 2 for more information about our guiding theories and concepts.

Action Area 1	
Building healthy public policy	
Definition	Policy is a formal statement, made by a person or organisation with power to do so. Having formal policies can guide practice for a group, workplace and broader community.
What will Healthy Wellington 2017 - 2021 do?	We will identify opportunities to establish or influence policy, at the municipal level as well as within settings that address health and wellbeing.
Theory that will guide our work:	**Public health model** Policies developed should have either a large scale reach (impact on the broader population) and or be focussed on target/ priority populations. Policy development can also be informed through a tertiary intervention approach.

Action Area 2	
Create supportive physical environments	
Definition	Research has shown that the physical environment made up of natural and built structures where people interact can have a significant impact on health and wellbeing.
What will Healthy Wellington 2017 - 2021 do?	We will strive to make changes to the physical environment to remove barriers, promote and support the health of the community.
Theory that will guide our work:	**Placed based focus** Identify townships where there are gaps in the physical environment to enhance health and wellbeing outcomes (including gaps in accessibility). **Settings focus** Utilise a settings based approach by changing the physical environment within the places that we live, work and play.

Action Area 3	
Achieve capacity building within environments	
Definition	Creating supportive and health promoting environments can have a major impact on health and wellbeing.
What will Healthy Wellington 2017 - 2021 do?	We will endeavour to build the capacity of individuals within our settings to positively alter the social environment and norms.
Theory that will guide our work:	**Settings focus** Identify priority settings most impacted by the health issue and or settings where there is already work happening around particular health issues. Utilise a settings based approach by changing the culture and norms within the places that we live, work and play. **Public health model** Build capacity in settings where there is large scale reach and or settings where people are most at risk of the health issue. **Social determinants of health** Ensure that the social determinants of health are considered in capacity building initiatives. **Systems thinking approach** Help to identify the barriers to healthy behaviour.

Action Area 4	
Community voice and advocacy	
Definition	Advocacy is an activity by an individual or group which aims to influence decisions within political, economic, and social systems.
What will Healthy Wellington 2017 - 2021 do?	We will work to raise the profile of our health priorities, promoting community action and advocacy within Wellington.
Theory that will guide our work:	**Public health model** Awareness and education to focus on large scale population reach with varying messages to target those most at risk. **Social determinants of health** This will be a focus when striving to create community led voice to change the culture and norms towards health issues.

Action Area 5	
Programs and events	
Definition	Programs are interventions for individuals or groups which focus on promoting health and wellbeing. Events are activities which connect the community, promoting key health and wellbeing messages.
What will Healthy Wellington 2017 - 2021 do?	We will support program and service delivery to address those at risk or experiencing ill health. Events will promote and celebrate our priority areas to the community.
Theory that will guide our work:	**Social determinants of health** Ensure that the social determinants of health are considered in the development and delivery or all programs and events. **Public health model** Focus on supporting a universal intervention approach to program development within Wellington. **Systems thinking approach / mapping** Identify of how the social determinants of health impact on program participation and access. **Settings focus** Programs delivered to focus on people developing protective behaviours.

Wellington Shire Council and Wellington Primary Care Partnership will take the lead in facilitating the Healthy Wellington Action Group, as well as relevant working groups responsible for implementing particular action plans.

Shared Outcomes and Measures

Healthy Wellington 2017 – 2021 defines an outcome as a 'result' or 'what we want to achieve'. As part of Healthy Wellington 2017 – 2021, we will have shared outcomes, ensuring all involved are working towards the same goal.

As much as possible we will also work towards having shared outcome measures. These outcome measures have been taken from the 'Victorian Public Health and Wellbeing Outcomes Framework' 1, and will be used to measure change in the community's health and wellbeing over time.

Results of some of the data shows Wellington Shire is performing well compared with the state average. However, within the plan we still want to work on improving on these figures to achieve our shared outcomes.

We have aligned our targets with those set in the Victorian Public Health and Wellbeing Outcomes Framework. Where no target has been set in the framework document, we have determined targets based on desired improvement.

Targets

Targets are calculated as an increase or decrease of the current measure.

For example, a 5% increase of a current measure of 30 equates to a target of 31.5.

The shared measures will be shown in the below format within each priority area:

Priority Area

What do we want to achieve?

Focus Area

To achieve our priority, what do we need to focus on?

Shared Outcome

What shared outcomes/s are we working towards achieving?

Shared Measure

What shared measures/s are we working towards achieving?

Current Measure

What is the current data of the measure telling us?

Target for 2021

What are we aiming for?

Lenses

Population health work can impact and affect people of different demographics in different ways. The diversity of our community means that many considerations need to be applied to our work.

Organisational systems, including policies, plans, programs, services and communication, can cause or lead to discriminatory effects and inequity in access, or may reinforce harmful stereotypes.

To ensure our work is not further causing inequities in health, it is important to look through certain lenses.

When looking through a lens, this can mean involving people from particular population groups to determine how their experience of heath and health services can vary.

The lenses which will be applied throughout the work of Healthy Wellington 2017 – 2021 include:

Aboriginal and Torres Strait Islander

Culturally and Linguistically Diverse (CALD)

Age - Early Years, Youth and Older Adults

Disability

Gender

Lesbian Gay Bisexual Transgender Intersex Queer (LGBTIQ)

Roles and Functions of Agencies

Organisations and groups associated with Healthy Wellington 2017 – 2021 will have different roles and responsibilities when it comes to implementing the Plan.

Below is a summary of the roles and responsibilities. An organisation or group's role in a priority or focus area may change over time. Changes will be reflected in the annual action plans.

Provider	=	Delivering services
Funder	=	Funding other organisations to deliver services
Regulator	=	Regulate activities through legislation
Partner	=	Forming partnerships and strategic alliances with other parties in the interests of the community
Facilitator	=	Assisting others to be involved in activities by bringing groups and interested parties together
Advocate	=	Promoting the interests of the community to decision makers and influencers.

43,747

Population

10,817

Square km

Wellington Shire Demograp

974

SEIFA Index

In the Socio-economic Indexes for Areas (SEIFA), which is a measure of socio-economic advantage and disadvantage across Australia, Wellington Shire has a score of 974.

Scores less than 1000 indicate greater disadvantage and lack of advantage in general.

Towns within the shire vary in SEIFA, with Yarram (918) and Wurruk (954) scoring lower than Sale (974) and East Sale (1070), highlighting pockets of greater disadvantage within our shire.

Wellington scores similarly in other SEIFA indexes which measure access to economic resources (eg. housing) and education and occupation (eg. skilled vs. unskilled occupations, high qualifications etc.).

Wellington is neither one of the most advantaged or disadvantaged regions in Australia (2017)[3].

There are more people with disability in Wellington, who require care and /or financial support compared to the Victorian average, and fewer care options for aged residents.

People aged over 45 are overrepresented in the community, and people aged 15-44 years old are underrepresented.

Our population is growing slower than the Victorian average, and is projected to increase by 0.7% in 2014-2024 (2015)[2].

Wellington has a large percentage of the population identify as Aboriginal and or Torres Strait Islander, but little cultural diversity.

Wellington Shire is situated in the Gippsland region, of the State of Victoria, Australia.

19.4%

Born Overseas

ohics

Higher Education Qualifications

Wellington Shire	25.5%
Victoria Average	45.7%[2]

Income less than $400 per week

Wellington Shire	44%
Victoria Average	39.9%[2]

Speak Language other than English at home

Wellington Shire	13.1%
Victoria Average	32.1%

> Wellington is facing a range of health and wellbeing challenges

In planning for Healthy Wellington 2017 – 2021, consideration has been made for promoting health at every stage of life, and promoting health for Wellington's most disadvantaged groups, including Aboriginal and Torres Strait Islanders, people living with disability and women.

All of these groups experience poorer social outcomes associated with inequity and discrimination.

Feedback from Community and Stakeholders

Community engagement for Healthy Wellington 2017- 2021 commenced in early 2016 with engagement activities for the development of Council Strategies incorporating health and wellbeing as a focus.

The strategies include:

- Wellington 2030 Community Vision
- Council Plan 2017-2021
- Wellington Community Early Years Plan 2017-2021
- Wellington Shire Council Community Engagement Strategy 2017-2020
- Wellington Shire Council Access and Inclusion Plan 2017-2022
- Wellington Youth Strategy 2017 - 2020

During the various engagement activities, the community identified a range of health and wellbeing priorities such as:

...support our community to be safe, resilient, healthy, active, connected, accepting of diversity and having access to appropriate and sustainable services and facilities.

This feedback was used to assist in choosing the priority and focus areas for Healthy Wellington 2017 – 2021.

A draft Healthy Wellington 2017 – 2021 Strategic plan was developed in June 2017. For a period of 8 weeks from July to September 2017, a community engagement process was undertaken to receive feedback on the draft plan, and suggestions for the action plans.

Engagement activities included:

- A community survey, approximately 500 were completed.
- 'Pop up' stalls at existing community events and community network meetings (such as U3A, Carers Groups and Sale Park Run).
- Community lunch and workshop at Yarram.
- 'Pop up' Survey boxes at Libraries, Neighbourhood Houses and Health and Community Services.
- Public Submission process.

Overall the feedback provided from the community was positive with strong support for the priority and focus areas chosen with key themes in the comments being:

- Focus on developing skills in our children and youth, and creating more partnerships with schools.
- Community identified and valued 'resilience' and 'social connection and inclusion' as a protective factor for the other focus areas in mental wellbeing.
- Community safety was important in relation to the community issues of 'alcohol and drugs' and 'gambling'.
- Community felt equality needed to be in the community, workplace, sporting clubs and schools.
- Accessibility and inclusion was critical in all priority areas.
- Community recognised the links between mental wellbeing and healthy living, and how addressing one will also benefit the other.

Overall the feedback received will continued to be used to further develop the annual action plans.

Priority Area 1

Improve Mental Wellbeing

Focus Areas

1a	Increase resilience.
1b	Improve social connection and inclusion.
1c	Decrease harm from alcohol and other drugs.
1d	Decrease harm from gambling.

Good mental health is defined as more than just the absence of mental illness. It is a positive state of wellbeing which includes feeling good and functioning well.

According to the World Health Organisation, mental health is a state of wellbeing in which a person can:

- Cope with the normal stresses of life
- Work productively
- Realise their potential
- Contribute to the community[4]

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 mental health. Mental health is an essential ingredient of individual and community wellbeing and significantly contributes to the social, cultural and economic life of Victoria[5].

Building healthy and resilient communities that promote social inclusion and economic participation is the fundamental building block of social and emotional wellbeing. Good mental health is also important to a thriving community. As all people experience varying levels of need related to mental health at different times during their lives, the protective factors for good mental health need to be enhanced and supported.

Improving mental wellbeing in Wellington encompasses addressing risk factors for mental health including social isolation and exclusion, natural disasters, lack of access to education and employment, insecure employment, alcohol and other drugs misuse, and harm from gambling.

Within the priority area of mental wellbeing, we acknowledge the complexity and interconnection between several focus areas. However, for clear strategic direction for Healthy Wellington 2017 – 2021 we have chosen four focus areas.

1a

Focus Area

Increase resilience.

What is resilience?

Resilience is the ability to cope or 'bounce back' after negative events, difficult situations, challenging or hard times and return to almost the same level of wellbeing. It is also the ability to respond to difficult situations and still thrive[6].

Why do we need to focus on resilience?

Wellington Shire has a higher percentage of residents who experience anxiety and depression, compared to the state average. By focusing on building individual resilience, including people who experience mental health issues, we can empower people in our community to bounce back from difficult situations.

Wellington residents have experienced various natural disasters over recent years including flooding (Avon River 8.8m) and bush fires (Aberfeldy 85,193ha, Jack River 2,870ha)7. The need to be resilient to cope after natural disasters was a high priority in the feedback provided to develop the Wellington 2030 Community Vision, Version 2.0.

Changes to employment and income in local industries (Dairy, Hazelwood Power Station, ASH Timber Mill) are also resulting in pressure on local communities. These pressures support the need to improve community resilience in the Wellington population. Individuals in our community are also affected by economic pressures which are leading to higher levels of family stress and lower levels of household income.

The table below identifies the key statistics that have also influenced the selection of the focus area of resilience.

Resilience Strengths in Wellington

Wellington Shire	Victoria Average	
84.3%	74.2%	Perceptions of Neighbourhood – people willing to help each other (2015)[8]
86.3%	79.7%	Proportion of adults able to get help from friends (2014)[9]
57.8%	53.1%	Percentage of persons with adequate work life balance (2014)[2]
80.5%	79.1%	Perceptions of Neighbourhood – people can be trusted (% agree) (2015)[8]

Resilience Weaknesses in Wellington

Wellington Shire	Victoria Average	
31.0%	35.2%	Proportion of adults who definitely feel there are opportunities to have a real say on important matters (2014)[9]
22.4%	18.0%	Proportion of children who report being bullied Year 7 to 9 (2015)[10]
76.9%	81.6%	Proportion of adults able to get help from family (2014)[9]
27.1%	24.2%	Prevalence of depression and anxiety (2014)[11]

1a

What do we want to achieve?

Priority Area 1 Improve Mental Wellbeing
Focus Area 1a: Increase Resilience

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Increase mental wellbeing	Proportion of adults and adolescence in Wellington with high/very high psychological distress	Wellington Shire 11.7% (2014) Vic 12.6%[11]	Decrease by 15% (9.95%)
Increase mental wellbeing	Proportion of children in Wellington at school entry whose parents report high levels of family stress in the past month	Wellington Shire 11% (2014) Vic 9.9%[15]	Decrease by 15% (9.35%)

What else is influencing our work?

State:

VicHealth's direction is to build partnerships between young people, sports, arts, workplaces, education and government to increase resilience and social connection. VicHealth have a particular focus on building resilience in young people.

Government policies and tools focusing on these priorities include National Mental Health Policy 2008, School-wide Positive Behaviour Support Framework, The Education State and Child Safe Standards.

Local:

The Wellington Shire Council Plan 2017 - 2021, specifically:

- Enhance resilience in our towns and our communities (Community theme).

1a

Action Areas	Healthy Wellington 2017 – 2021 future direction
 Policy	Support the development and implementation of policies that build resilience in our community.
 Physical environment	Influence the development of our settings that increase likelihood of community resilience.
 Capacity building within environments	Strengthen and support capacity building within our settings to increase the likelihood of resilience. Support lead agencies as they up skill their workforce to deliver resilience activities and support services to individuals and families in our community.
 Community voice and advocacy	Continue to engage with the community to promote messages on how to build resilience in individuals and community.
 Programs and events	Support the development and implementation of programs, events and resources that promote building resilience.

1b

Focus Area

Improve social connection and inclusion.

What is social connection and inclusion?

A socially inclusive society is one where all people feel valued, their differences are respected, and their basic needs are met so they can live with dignity. Social networks can provide social support, social influence, opportunities for social engagement and meaningful social roles as well as providing access to resources and intimate one-on-one contact.[12]

Why do we need to focus on social connection and inclusion?

In Wellington, there is a high population of residents:

- Living with high levels of psychological distress
- Living with severe and profound disability
- Experiencing social isolation
- Requiring assistance with core daily activity

Few people live near public transport which reduces their access to services and opportunities to engage with others.

The need to recognise and respect Aboriginal and Torres Strait Islander cultural values is a priority of Wellington 2030 Community Vision Version 2.0 13. The Council Plan 2017-2021 sets Council actions to enhance social connection and inclusion including to:

- Ensure our facilities, services and events promote inclusivity, social connectedness and accessibility
- Support and encourage community groups to deliver a diverse range of programs and events,
- Develop strategic partnerships to support young people and the Aboriginal community.

The table below identifies the key statistics that have also influenced the selection of the focus area of social connection and inclusion.

Social Connection and Inclusion Strengths in Wellington

Wellington Shire	Victoria Average	
80.5%	71.9%	Perceptions of Neighbourhood – people can be trusted (% agree) (2015)[8]
26.4%	19.4%	People who help as a volunteer (33 in LGA) (2014)[2]
66.5%	62.3%	Proportion of children who report feeling connected to school Year 7 to 9[14]

Social Connection and Inclusion Gaps in Wellington

Wellington Shire	Victoria Average	
18.5%	17.3%	People with high/very high level of social isolation (2014)[9]
26.6%	73.9%	People who live near public transport (2014)[2]
41.2%	35.9%	People aged over 75 years who live alone (16 in LGA) (2014)[2]

1b

What do we want to achieve?

Priority Area 1 Improve Mental Wellbeing
Focus Area 1b: Increase Social Connection and Inclusion

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Increase connection to culture and communities	Proportion of adults who belong to an organised group - Sport	Wellington Shire 30.5% (2014) Vic 25.6%[11]	Increase by 5% (32.03%)
Increase connection to culture and communities	Proportion of adults who belong to an organised group - School	Wellington Shire 25.7% (2014) Vic 13.6%[11]	Increase by 5% (26.99%)
Increase connection to culture and communities	Proportion of adults who attended a local community event	Wellington Shire 75.2% (2014) Vic 58.9%[11]	Increase by 5% (61.85%)
Increase access to social support	Life satisfaction of adults	Wellington Shire 91.9% (2014) Vic 92.4%[11]	Increase by 1% (92.81%)
Increase access to social support	Proportion of adults who feel valued by society	Wellington Shire 47.8% (2014) Vic 35.5%[11]	Increase by 5% (50.19%)

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Increase educational attainment	Proportion of year 9 students at the highest level of achievements in math and reading	Wellington Shire (2016) Math 4.2% Reading 5.5% Vic Math 8.4% Reading 5.3%	
Increase labour market participation	Unemployment rate	Wellington Shire 5.2% (2011) Vic 6.3%[2]	Reduce by 5% (4.94%)

1b

What else is influencing our work?

State:

The state-wide direction from the Victorian Public Health and Wellbeing Plan includes promoting acceptance of diversity and social inclusion to build resilient and connected communities.

Local:

The Wellington Shire Council Plan 2017 - 2021, specifically:

- Celebrate, recognise and acknowledge our diverse community and improve social connections among youth, aboriginal and aged communities. (community theme)

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Support the implementation of plans and policies that guide practice in social connection and inclusion within our environments. Provide strategic direction to communities to assist them in facility planning to enable growth in participation in activities which enable social connection and inclusion.
Physical environment	Influence the development of environments, such as community facilities and community spaces that are designed to promote accessibility, connection and inclusion.
Capacity building within environments	Strengthen and support capacity building within individuals, groups and communities to be more socially inclusive. Improve people's access to educational and employment opportunities which provide a broad choice of local training, education and holistic learning and development options.
Community voice and advocacy	Actively empower the community by delivering messages which promote a better understanding of social connection and inclusion.
Programs and events	Support the development and implementation of programs, events and resources in the community that promote the importance of social connection and inclusion.

1c

Focus Area

Decrease harm from alcohol and other drugs.

What is harm from alcohol and other drugs?

Excessive alcohol consumption can lead to an increase in risk of alcohol-related harm including cardiovascular disease, decreased life expectancy, anxiety and depression, reduced productivity in the workforce and absenteeism, accidents, and violence.[16]

VicHealth defines alcohol culture as the way people drink including the formal rules, social norms, attitudes and beliefs around what is and what is not socially acceptable for a group of people before, during and after drinking.[17]

Harm from drugs occurs when an individual develops a pattern of misuse which causes damage to their physical and/or mental health and some drugs can trigger the onset of a pre-existing mental illness.[18]

Why do we need to focus on preventing harm from alcohol and other drugs?

In Wellington, data shows significantly higher drug use and possession offences than the rest of Victoria. This may reflect increased drug use in the community. Alcohol measures clearly show increased alcohol consumption and increased short and long term alcohol related harm in Wellington.

- Drug usage and possession offences per 1000 population 5.6 (Vic 5.1; 23 in LGA) (2014) [2]
- Proportion of the adult population with increased lifetime risk of alcohol related harm 76.0% (Vic 59.2%) (2014) [11]
- Clients that received Alcohol & drug Treatment Services per 1,000 population 6.8% (Vic 5.0%, 19 in LGA) (2014) [2]

What do we want to achieve?

Priority Area 1 Improve Mental Wellbeing
Focus Area 1c: Prevent harm from alcohol and other drugs

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Reduce harmful alcohol and drug use	Proportion of our community at risk of short-term harm each month	Wellington Shire 34% (2015) Vic 29.4%[8]	Decrease by 5% (32.3%)
Reduce harmful alcohol and drug use	Proportion of our community at very high risk of short-term harm each month	Wellington Shire 15.5% (2015) Vic 9.2%[8]	Decrease by 5% (14.73%)
Change Alcohol culture	Proportion of our community who believe getting drunk every now and then is OK	Wellington Shire 30.9% (2015) Vic 27.9%[8]	Decrease by 5% (29.36%)
Change Alcohol culture	Proportion of adults and adolescents who consume alcohol at lifetime risk of harm	Wellington Shire 76.0% (2014) Vic 59.2%[11]	Decrease by 5% (72.2%)
Reduce illicit drug use	Rate of illicit drug-related ambulance attendances	Wellington Shire 338 per 100,000 population (2016) Vic 476 per 100,000 population[19]	Decrease by 2.5% 330 per 100,000 population

1c

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan includes:

- Developing strategies across government to reduce the risk of short-term harms due to the misuse of alcohol, and minimise the chronic health problems associated with long term unhealthy drinking patterns.
- Improve alcohol and drug education in schools and access to early intervention services for people with alcohol and drug use issues.

The direction of VicHealth has a strong focus on alcohol culture, including de-normalising risky drinking in high-risk groups, settings and subcultures.

Within Wellington Shire there are two liquor accords in place to reduce harm from alcohol.

Action Areas	Healthy Wellington 2017 – 2021 future direction
 Policy	Develop and implement policies, within our community, which address minimising impacts of harmful alcohol and drug use and support those directly affected.
 Physical environment	Provide community facilities which support socially inclusive activities. These community facilities will be an alternative to licenced alcohol venues or are venues which are proactive in addressing alcohol and drug related issues.
 Capacity building within environments	Work in partnership with settings to address alcohol and drug misuse. Settings will be supported to identify appropriate harm minimisation interventions that best meet the needs of their participants.
 Community voice and advocacy	Advocate for cultural change in attitudes towards excess alcohol use and drug use. Actively empower the community by delivering messages which promote a better understanding of harm from drug and alcohol misuse.
 Programs and events	Support the development and implementation of programs, events and resources in the community that educate and inform on the impacts of harmful alcohol and drug misuse.

1d

Focus Area

Decrease harm from gambling.

What is harm from gambling?

Most Australians find gambling to be a harmless pastime. However, some people are unable limit the time or money spent on gambling[20]. Harm from gambling can occur when a person's gambling activity leads to harm to family functioning and intimate relationships, emotional and financial difficulties, and can be associated with family violence[21]. Harm from gambling is not just about losing money. Gambling can affect a person's whole life[22].

Gambling harms are a social issue of similar significance to major depressive disorder and alcohol misuse and dependence. Studies suggest that this burden of harm is mainly due to damage to relationships, emotional/ psychological distress, health, and financial impacts.[23] Gambling related harm can occur in low and moderate risk gamblers.

Why do we need to focus on harm from gambling?

In the 2015-16 financial year in Wellington, more than $21.74 million was lost through electronic gaming machines in Sale, Maffra and Yarram. The average adult in Wellington spends $669.45 on electronic gaming machines each year, nearly $100 more than the average Victorian. In addition to this, only a small section of our community uses electronic gaming machines, which means the financial burden is not shared equally across the community[2].

The burden of gambling is made greater by other gambling options such as online gaming and wagering which are reported to be equally popular in Wellington, but have no formal measurement or data available.

What do we want to achieve?

Evidence of people experiencing harm from gambling is not available at a local government level other than for losses to electronic gaming machines (EGM). The losses to EGMs is not an accurate measure for harm from gambling as it does not take into account other forms of gambling, including keno, sports betting and wagering. Healthy Wellington 2017 – 2021 acknowledges the limitation of only focusing on this measure, and will advocate for more data to be collected.

Priority Area 1 Improve Mental Wellbeing
Focus Area 1d: Decrease harm from gambling

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Decrease harm from gambling	Gaming machine loss per adult (annual)	Wellington Shire $669.45 (2016)[24] Vic $553	Decrease by 5% ($635.98)

1d

What else is influencing our work?

State-wide direction comes from the work of Victorian Responsible Gambling Foundation[25], which includes:

- Increase engagement of parents and young people on the topic of gambling to better educate them on the risks of gambling and ways to prevent harm.
- Interrupt the normalisation of gambling, particularly within sport and through new online technologies.
- Enable earlier intervention and engagement with Gambler's Help services and improve the effectiveness of treatment programs.
- Increase/ continue engagement with industry and other stakeholders to foster responsible gambling environments.

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Ensure policies support a reduction in harm from gambling. Promote policies which provide support to those directly impacted by harm caused by gambling.
Physical environment	Provide community facilities which support socially inclusive activities. These community facilities will be an alternative to licenced gaming venues or are venues which are proactive in minimising harm caused by gambling.
Capacity building within environments	Work in partnership with settings to address harm from gambling. Settings will be supported to identify appropriate harm minimisation interventions that best meet the needs of their participants.
Community voice and advocacy	Advocate for cultural change in attitudes towards gambling and sports betting. Advocate for environments that support alternatives to gambling. Actively empower the community by delivering messages which promote a better understanding of gambling harm.
Programs and events	Provide community education (particularly to those vulnerable to harm from gambling) about the impacts of gambling and wagering. Ensure appropriate support is accessible to all within our community.

Priority Area 2

Gender Equality

Focus Areas

2a Improve gender equity.

2b Decrease violence against women and their children.

2c Increase sexual and reproductive health.

What is equity and equality?

Equity is giving everyone what they need to be successful.
Equality is treating everyone the same or providing the same help to everyone.

Equity and equality are two strategies that are used to produce fairness. But fairness can only work if everyone starts from the same place and needs the same help [26].

In regard to gender equity and gender equality - in order for women to have gender equality (or be treated equal to men), we need to make sure they start from the same place as men.

Therefore we need to work towards achieving equity for women before we can achieve gender equality.

Within the priority area of gender equality, we acknowledge the complexity and interconnection between several focus areas. However, for clear strategic direction for Healthy Wellington 2017 – 2021 we have chosen three focus areas.

2a

Focus Area

Improve gender equity.

What is gender equity?

The World Health Organisation recognises gender equity as "more than formal equality of opportunity, gender equity refers to the different needs, preferences and interests of women and men. This may mean that different treatment is needed to ensure equality of opportunity.

Gender equity is often used interchangeably with gender equality, but the two refer to different, complementary strategies that are needed to reduce gender-based health inequities". It often requires women-specific programs and policies to end existing inequalities[25].

Healthy Wellington 2017 – 2021 acknowledges the gap in current data collected to measure gender equity.

Why do we need to focus on gender equity?

In Wellington, gender inequality is evident in higher rates of family and sexual violence, and disparate social outcomes in education and employment between women and men, particularly for people not working as managers or professionals.

28.5% of the Wellington community held low levels of support for equal relationships between males and females (represented by a low gender equality in relationships score). This is lower than Victorian estimate of 35.7%. VicHealth based this measure on the Gender Inequality in Relationships Scale, which asks respondents about their level of agreement with the following statements, "Men should take control in relationships and be the head of the household" and "Women prefer a man to be in charge of the relationship".

What do we want to achieve?

Priority Area 2 Gender equality
Focus Area 2a: Increase gender equity

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Increase gender equity	Low gender equality score (Defined by VicHealth as low level of support for equal relationships)	Wellington Shire 28.5% (2015) Vic 35.7%[8]	Increase by 10% (31.35%)

2a

What else is influencing our work?

The Victorian government have stated their future direction in 'Safe and Strong: A Victorian Gender Equality Strategy'[27]. This includes strategies to:

- Address the economic dimensions of gender equality
- Model workplace gender equality in the public sector
- Progressively introduce gender impact analysis in policy, budgets and service delivery
- Leverage purchasing and funding to influence change
- Measure progress against preliminary targets
- Work towards change across a range of settings

'Change the Story' details a national approach to preventing violence against women and their children through addressing gender equity by:

- Promoting women's independence and decision-making in public life and relationships
- Fostering positive personal identities and challenge gender stereotypes and roles
- Strengthening positive, equal and respectful relations between and among women and men, girls and boys
- Promoting and normalising gender equality in public and private life

Action Areas	Healthy Wellington 2017 – 2021 future direction
 Policy	Support the development and implementation of policies using a gender equity lens.
 Physical environment	Create physical environments which do not restrict individuals due to gender.
 Capacity building within environments	Strive to create and celebrate settings where rigid gender norms are challenged, women's independence & leadership is promoted and respectful relationships are endorsed.
 Community voice and advocacy	Raise local voices to counter the drivers of gender inequity. Advocate for cultural change in attitudes towards rigid gendered roles.
 Programs and events	Support programs that promote women's leadership, education and participation to address gender inequality.

2b

Focus Area

Decrease violence against women and their children.

What is violence against women?

Violence against women is defined as any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. Gender based violence is violence specifically 'directed against a woman because she is a woman or that affects women disproportionately'. It can occur in homes, in social and recreational contexts, on the street, in workplaces, schools or online, and at the hands of perpetrators either known or unknown to the victim[29].

Violence against women can include:

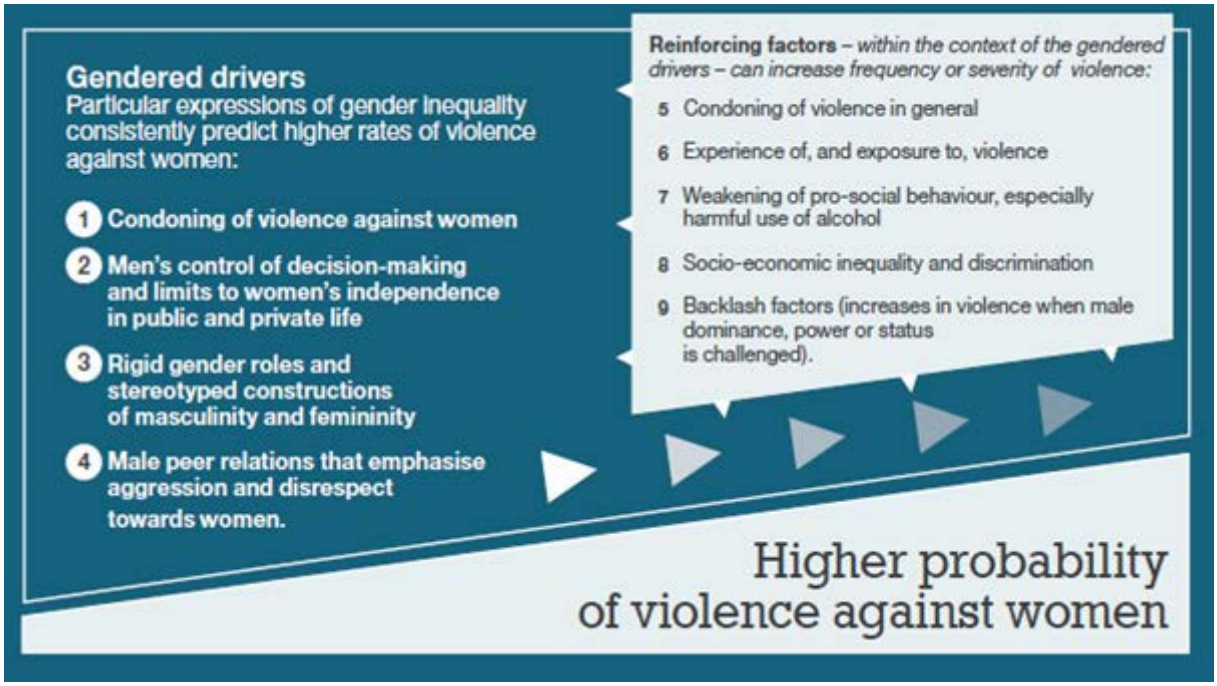
- Psychological Abuse
- Economic Abuse
- Emotional Abuse
- Physical Abuse
- Sexual Abuse

Violence against women occurs across the whole community; however certain groups of women experience much higher rates of male violence than others. These groups include women with disabilities, Aboriginal women, women in rural and remote areas, and immigrant and refugee women[28].

Why do we need to focus on preventing violence against women and their children?

Wellington residents experience a high rate of reported family violence incidents. We have higher than the Victorian average child protection investigations and assessments as indicated below:

- Child protection investigations completed per 1,000 eligible population 32.8% (Vic 19.4%, 12 in LGA) (2014)[2]
- Child protection substantiations per 1,000 population eligible population 17.5% (Vic 11.4%, 17 in LGA) (2014)[2]
- Child FIRST assessments per 1,000 eligible population 16.1% (Vic 10.1, 29 in LGA) (2014)[2]



An explanatory model of violence clarifies what constitutes violence against women and explores the gendered nature of this violence. It identifies the drivers of violence, together with a number of reinforcing factors, as summarised in the graphic above.

2b

What do we want to achieve?

Priority Area 2 Gender equality

Focus Area 2b: Decrease violence against women and their children

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Reduce prevalence and impact of family violence	Rate of incidents of family violence recorded by police	Wellington Shire 18.9 per 1000 (2014) Vic 12.4 per 1000[2]	Decrease by 10% (17 per 1000)

What else is influencing our work?

Royal Commission into Family Violence report was release March 2016 with a total of 227 recommendations. A commitment by Victorian government to adopt all the recommendation has resulted in several changes including legislation and policy change.

This focus area, links to Recommendation 94 'Councils to report on their proposed measures to reduce family violence and respond to victims'.

'Change the Story' details a national approach to preventing violence against women and their children through:

- Challenging the condoning of violence against women [27]

Victorian Department of Education and Training has committed to a focus on 'Respectful Relationships' within schools [30].

2b

Action Areas	Healthy Wellington 2017 – 2021 future direction
 Policy	Support the development and implementation of government and workplace policies that guide practice in supporting victims of family violence and preventing violence against women and their children.
 Physical environment	Influence and support the development of environments which are safe and inclusive to reduce the likelihood of violence against women and their children.
 Capacity building within environments	Drive capacity building within our settings to challenge the drivers of violence against women and their children. Encourage organisations to build employee capacity and have the tools to respond appropriately to incidents of disclosure of violence against women.
 Community voice and advocacy	Raise the community voice for the prevention of violence against women and their children.
 Programs and events	Support the development and implementation of programs, events and resources in the community that educate and inform on the drivers of violence against women and their children. Support programs which provide assistance to those at risk of or are subject to violence.

2c

Focus Area

Improve sexual and reproductive health.

What is sexual and reproductive health?

Sexual health is an important element of health and wellbeing. Sexual health requires respect, safety and freedom from discrimination and violence. It is critically influenced by power dynamics, gender norms and expectations and is expressed through diverse sexualities [32].

Sexually transmissible infections and blood-borne viruses place a significant burden on the Victorian community [11].

Healthy Wellington 2017 - 2021 acknowledges the close relationship between sexual and reproductive health and gender equity. Healthy Wellington 2017 – 2021 will focus on sexual health in regard to safe sex being a protective factor for sexually transmitted infections and unplanned pregnancy.

Why do we need to focus on sexual and reproductive health?

The local 2016 YOUth Speak survey reports that 61% of respondents aged 16-18 years, and 92% of respondents aged 18-25 were sexually active [31]. Elevated teenage fertility and chlamydia notification rates suggest that young people lack access to, or lack the motivation or understanding to use contraception effectively, to prevent pregnancy and sexually transmitted infections.

What do we want to achieve?

Priority Area 2 Gender equality
Focus Area 2c: Improve Sexual and Reproductive Health

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Increase sexual and reproductive health	Proportion of people testing positive for Chlamydia	Wellington Shire 307.2 per 100,000 adults(2014) Vic 330.7 per 100,000 adults[2]	Decrease by 10% (276.5 per 100,000 adults)
Decrease teenage pregnancy	Birth rate for young women 15 – 19 years	Wellington Shire 18.1 per 1000 (2014) Vic 10.4 per 1000[2]	Decrease by 10% (16.29 per 1000)

2c

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan is to promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice (including planned, safe and healthy pregnancy and childbirth) [1].

Gippsland Women's Health is the lead agency for the Gippsland Sexual and Reproductive Health Strategy 2013-2017. This is the second Sexual and Reproductive Health Strategy for Gippsland and is guided by a Reference Group comprising workers from health services, community agencies and the Department of Education and Early Childhood Development.

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Support the development and implementation of policies which encourage positive and respectful approaches to sexual health.
Physical environment	Deliver actions to ensure essential resources, including information and contraception, are accessible to all in our physical environment.
Capacity building within environments	Work towards creating environments which promote respectful relationships and encourage safe sex.
Community voice and advocacy	Raise the community voice for equitable access to resources and education on sexual and reproductive health, particularly focusing on at risk populations.
Programs and events	Deliver and support programs which educate on both sexual and reproductive health and encourage safe practices.

Priority Area 3

Improve Healthy Living

Focus Areas

3a Increase physical activity and healthy eating.

3b Decrease smoking.

In order to address some of the key causes of poor health in Wellington, we will strive to improve healthy living in Wellington. This is a broad concept, however in the context of Healthy Wellington 2017 - 2021 it will relate to three focus areas.

The approach to these health issues will be based on the guiding concepts previously discussed, however will be addressed using a more in-depth systems thinking approach.

Systems thinking provides a way to examine complex problems, considering the bigger picture and context of those problems.

Systems thinking is a relatively new concept in health promotion field, however has stimulated a way of working which challenges collectives to consider the whole 'system' and identifying points of greatest impact.

Systems thinking has strong concepts of community development, encouraging the community to find their point of influence in the systems and make change where possible.

Systems thinking is characterised by the following approaches:

- Conceptualising and mapping all the parts and interconnected elements of the issue.
- Examining potential leverage points for impacting the issue and testing the outcomes, both positive and negative, from different intervention options.
- Identifying approaches to impact the issue that recognise the complexity of the system.
- Implementing changes to influence the issue, and reflecting on effects and revising strategies [33].

3a

Focus Area

Increase physical activity and healthy eating.

What is physical activity and healthy eating?

This priority area includes promoting diets which are healthy, sustainable and are safe in line with the Australian Dietary Guidelines. A nutritious diet and adequate food supply are central for promoting health and wellbeing.

Excess intake, particularly of 'discretionary foods', contributes to the risk of obesity, cardiovascular diseases, diabetes, some cancers and dental caries. A diet in line with the Australian Dietary Guidelines will help reduce the risk of overweight and obesity, heart disease and certain cancers.

Poor levels of physical activity and high levels of sedentary behaviour are major risk factors for ill health and mortality from all causes.

People who do not do sufficient physical activity have a greater risk of other health issues, including:

- Cardiovascular disease
- Colon and breast cancers
- Type 2 diabetes
- Osteoporosis

Being physically active is also a protective factor for mental and musculoskeletal health and reduces other risk factors such as overweight, high blood pressure and high blood cholesterol.

A healthy diet and physical activity are important protective factors for a healthy weight, as well as many other health conditions mentioned [11].

Why do we need to focus on physical activity and healthy eating?

Wellington is following the national trend of increasing rates of overweight and obesity in the population which is a major area of concern. Increasing physical activity and healthy eating will act as major protective factors for the community.

- Percentage of persons reporting type 2 diabetes 6.6 (Vic 5.0; 7 in LGA) (2014)[11]
- People with food insecurity 6.1 (Vic 4.6; 20 in LGA) (2013)[2].

In 2012 Wellington Shire Council developed a Walking and Cycling Strategic Plan that has resulted in a significant increase in funding allocated to walking and cycling infrastructure. This strategic document guides what is built and continues to be helpful when improving Wellington's physical environment to increase walking, cycling and active transport [34].

What do we want to achieve?

Priority Area 3 Improve Healthy Living

Focus Area 3a: Increase physical activity and healthy eating

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Increase healthy eating and active living	Proportion of adults, adolescents and children who are overweight and obese	Wellington Shire 54.1% (2014) Vic 50.0%[11]	Decrease by 2.5% (52.75%)
Increase healthy eating and active living	Proportion of adults, adolescents and children who consume sufficient fruit and vegetables	Wellington Shire 52.6% (2014) Vic 48.6%[11]	Increase by 10% (57.86%)
Increase healthy eating and active living	Proportion of adults, adolescents and children who consume sugar sweetened beverages daily	Wellington Shire 20.6% (2014) Vic 11.2%[11]	Decrease by 10% (18.54%)
Increase healthy eating and active living	Proportion of adults, adolescents and children who are sufficiently physically active	Wellington Shire 43.8% (2014) Vic 41.4%[11]	Increase by 10% (48.18%)

3a

What else is influencing our work?

State:

The State-wide direction from the Victorian Public Health and Wellbeing Plan is:

- Promote consumption of healthy, sustainable and safe food consistent with the Australian dietary guidelines.
- Support healthy food choices to be the easier choices for all Victorians by working across the entire food system.
- Encourage and support people to be as physically active as often as possible throughout their lives. Strategies may include active transport (such as walking or cycling to work), neighbourhood design that promotes activity and social connectedness and participation in sport and recreation.
- Encourage interaction with nature in Victoria's parks and open spaces[1].

Local:

The Wellington Shire Council Plan 2017 - 2021, specifically:

- Maintain friendly, safe communities providing opportunities for residents to lead healthy and active lifestyles. (community theme)

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Support the development and implementation of policies that promote healthy eating and physical activity.
Physical environment	Influence the development of our settings that increase access to opportunities for physical activity for all in the community. Influence the development of our settings that increase access to healthy food options, and restrict access to unhealthy food options.
Capacity building within environments	Strengthen and support capacity building within our settings to increase the capacity to provide healthy options of food and physical activity.
Community voice and advocacy	Continue to engage with the community to promote messages of healthy eating and physical activity.
Programs and events	Support the development and implementation of programs, events and resource that promote healthy eating and physical activity.

3b

Focus Area

Decrease smoking.

What is smoking?

Smoking rates have had significant improvements over the past 30 years, and Australia is experiencing an incredible culture change to counter the drivers of smoking.

Tobacco still accounts for 25% of all deaths and is strongly linked to stroke and cardiovascular disease. It is a major cause of poor health [11].

There is still a significant proportion of our population who continue to smoke on a daily basis. The rate of decline has not been experienced equally. Vulnerable groups are over represented in smoking statistics, highlighting a need for a more specific and targeted approach to increasing smoking cessation in Wellington. These vulnerable groups include 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 [11].

What do we want to achieve?

Priority Area 3 Improve Healthy Living Focus Area 3a: Decrease smoking			
Shared Outcome	**Shared Measure**	**Current Measure**	**Target for 2021**
Reduce smoking	Proportion of adults who smoke daily	Wellington Shire 14.3% (2014) Vic 9.8%[11]	Decrease by 15% (12.16%)

3b

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan is to:

- Continue to further reduce smoking rates with the ultimate aim of achieving a tobacco-free Victoria.
- Continue legislative and non-legislative approaches to tobacco reform, such as smoking cessation support, in order to continue the downward trend in smoking rates.
- Focus on smoking cessation support at the community level (via hospitals, GPs and community health services).
- Target smoking cessation measures for those groups with disproportionately high smoking prevalence, particularly Aboriginal Victorians [1].

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Develop policies to support smoke-free settings, provide support to those who want to quit smoking and reduce harm from secondhand smoke exposure.
Physical environment	Support the development of smoke-free settings.
Capacity building within environments	Strengthen and support capacity building within our settings to increase the capacity to provide smoking cessation support.
Community voice and advocacy	Continue to engage with the community to promote messages of smoking cessation.
Programs and events	Support the development and implementation of programs, events and resource that promote smoking cessation.

Priority Area 4

Address Climate Change

Focus Areas

4a Increase capacity for climate change adaptation.

4b Improve community resilience and municipal relief and recovery planning in the event of extreme weather and or a natural disaster.

What is climate change?

Climate change refers to a statistical significant change (or trend) in climate over many decades. [35] Changes are directly or indirectly attributed to human activity and include an increase in extreme weather events and long-term changes to weather patterns.

Specific environments will be impacted by changing climate which will impact on individual and community's health and wellbeing.

Why do we need to focus on climate change?

Local government and health agencies are on the frontline in dealing with the impacts of climate change. They are well positioned to understand local circumstances and build resilience, to involve and communicate with the local community, and to support vulnerable people. [36]

Global warming has already taken place. Australia has warmed by 0.9°C since 1950, and some effects have already occurred including decreased cool season rainfall, more hot days, and increases in extreme weather. Australia's CSIRO and Bureau of Meteorology have released climate projections for future emission scenarios. [36]

Climate projections for the West Gippsland Region include an increase in average temperatures with more hot days, less rainfall and more frequent and heavy rainfall events, increased frequency of drought, decline in snow, harsher fire weather, higher sea levels and more frequent storm surge. [37]

Within the priority area of climate change, we acknowledge the complexity and interconnection between several focus areas. However, for clear strategic direction for Healthy Wellington 2017 – 2021 we have chosen two focus areas.

Built Environment

Potential impacts of climate change

Damage or loss of built environment and public infrastructure (e.g. roads, drains, parks, waste facilities, sports area, urban forest, etc)

Potential health and wellbeing impacts

Public services may be restricted. Reduced social connectivity, and decrease in individual/ community wellbeing.

Natural Environment

Potential impacts of climate change

Climate change may decrease the natural environment's capacity to act as a buffer and limit negative impacts.

Increase in environmental degradation.

Loss of biodiversity and changing landscapes (i.e. more weeds and pests).

Problems with water quality and security.

Potential health and wellbeing impacts

The natural environment provides benefits for local communities and degradation will cause economic hardship and personal anxiety.

People have a cultural connection to the natural environment, and will grieve change and loss.

Decrease quality. Increase risk of water borne disease.

Economic Environment

Potential impacts of climate change

Problems with reliability of food security.

Changes to rural communities due to seasonal conditions and economic pressures.

Problems with water quality and security.

Potential health and wellbeing impacts

Increase cost of food, and decrease availability of fresh produce leading to negative health impacts

Loss of income, social connections, family support and decrease in wellbeing. Increase in anxiety, suicide and psychological trauma.

Increase in cost of water will cause economic hardship.

Social Environment

Potential impacts of climate change

Increase in pollutants and allergens.

Changing patterns of disease.

More extreme temperatures.

Potential health and wellbeing impacts

Increased risks to human health will increase pressure on health services. This may reduce quality and accessibility of healthcare, particularly for vulnerable people.

4a

Focus Area

Increase capacity for climate change adaptation.

What is climate change adaptation?

Climate change adaptation is the ability of natural or human systems to prepare for actual or expected changes in the climate to minimise harm, act on opportunities or cope with the consequences. [38]

Why do we need to focus on climate change adaptation?

Climate change poses significant risks to our economies, communities and the natural environment. Each risk will affect individual people and communities in varying degrees, and impacts will amplify existing pressures. Impacts of a changing climate are likely to be felt most acutely by those people who can least afford to bear them.[38]

Adaptation responses should be a collaborative response with shared responsibility. The level of priority given to each risk and adaptation response needs to consider the immediacy of the threat, the resources available, the vulnerabilities of the location, and community expectations. Some effects of a changing climate may require immediate planning and action; other risks may present extreme risks that are highly unlikely to occur, and other risks may not require a response until sometime in the future.

The climate is a dynamic system, therefore, there may be changes to the risks over time and shifts in community views, knowledge, resources and capacity. Adaptation strategies are strongly linked to building community resilience and all actions need to consider changing circumstances and be flexible, appropriate and capture emerging opportunities. [36]

What do we want to achieve?

Priority Area 4 Address Climate Change

Focus Area 4a: Increase capacity for climate change adaptation

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Demonstrate leadership and build capacity for adaptation	Please refer to annual 'Sustainability snapshot' for specific measures that link to the progress of capacity of climate change adaptation. *(This resource is currently being developed).*	-	-

4a

What else is influencing our work?

National:

The Australian Government is reviewing its climate change policies to take stock of Australia's progress in reducing emissions, and ensure the Government's policies remain effective in achieving Australia's 2030 target and Paris Agreement commitments.

State:

On 23 February 2017, the Climate Change Bill 2016 was successfully passed by the Victorian Parliament to create the Climate Change Act 2017.

The Victorian Government has also released the first, Victoria's Climate Change Adaption Plan 2017 – 2020. Within this plan, the priorities are:

- More effectively manage risks to the Government's own assets and services from climate change;
- Help the community to understand and manage the risks and impacts of climate change; and
- Encourage adaptation action across all policy areas and sectors of the economy [38]

Local:

The Wellington Shire Council Plan 2017 – 2021, specifically:

- Build resilience in our communities and landscapes to mitigate risks from a changing climate (natural environment theme); and
- Enhance resilience in our towns and our communities (Community theme). fiona.owen@gwhealth.asn.au [36]

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Support the development and implementation of government policies that guide practice in sustainable living, and climate adaptation / mitigation.
Physical environment	Improve biodiversity values on Council managed land. Support agricultural business and community groups with sustainable agriculture and adaptation strategies.
Capacity building within environments	Implement and support the delivery of programs that promote sustainable living and climate adaptation / mitigation. These programs can be delivered across different settings such as early childhood sector, schools and workplaces.
Community voice and advocacy	Continue to engage with the community to raise awareness of the importance of sustainable living to adapt to and mitigate climate change in our communities. Advocate and promote environmental sustainable design principles.
Programs and events	Support the development and implementation of programs, resources and events that educate the community on sustainable living and climate adaptation.

4b

Focus Area

Improve community resilience and municipal relief and recovery planning in the event of extreme weather and or a natural disaster.

The Victorian Community Resilience Framework for Emergency Management supports "the capacity of local communities to be ready to withstand, and recover from an emergency, using community, social and business networks to raise awareness, share responsibility and build self-reliance to strengthen resilience." [39]

What is relief and recovery planning?

Relief and recovery are responsibilities that require collaboration and coordination shared between individuals and communities, non-government organisations (NGOs), businesses, governments at all levels and government agencies. [40]

In the Wellington Shire, relief and recovery planning is led by the Municipal Emergency Management Planning Committee. [41]

Relief and recovery planning supports communities to successfully deal with the impacts of an emergency, such as a bushfire or flood. In the social, built, economic and natural environments, it helps to build cohesion and resilience to better cope with emergencies. [42]

Why do we need to focus on relief and recovery planning in the event of extreme weather and or natural disaster?

Over the years, relief and recovery planning has transitioned from implementing a set of activities during relief and recovery phases of an emergency, to focusing on working towards achieving outcomes.

These outcomes include:

- Wellbeing – the safety, security, physical and mental health of individuals, families, and their community, including the most vulnerable.
- Liveability – the continuity, restoration and reconstruction of essential services, critical infrastructure and community infrastructure, to enable the functioning of a community.
- Sustainability – the reconnection, re-establishment and integration of local social and economic systems and networks.
- Viability – social and economic systems provide opportunities for growth, renewal and innovation.
- Community connection – Community systems and networks are understood, informed and work together to participate in planning and leading recovery through to long-term community resilience. [42]

Direct Health Impacts	Indirect Health Impacts
Increases in bushfires may cause property loss or damage, psychological and physical distress, injury or death.	Increase in the number and intensity of bushfires may lead to respiratory illness due to increased exposure to smoke. Increase anxiety and psychological trauma where property damage, income and social networks are affected.
Increases in major flooding may cause property damage, psychological and physical distress, injury or death.	Increase in the number of major floods may lead to increased anxiety and psychological trauma where property damage, income and social networks are affected. Respiratory illness due to greater exposure to air pollutants from moulds and increases in mosquito-related illnesses.
Extreme heat events can cause physiological effects in response to thermal stress. **Climate change is already increasing the intensity and frequency of heatwaves in Australia.**	As temperatures rise, so does the risk of contracting a heat related illness, a medical condition that results from the body's inability to cope with heat and cool itself. If left untreated, a heat illness can lead to serious complications, even death.
Extended periods of serious or severe rainfall deficiency causing drought can cause physiological effects in response to downward pressure on farm incomes which flow through to service industries and rural communities.	Drought may increase depression, anxiety and psychological trauma in communities where incomes and social networks are affected.
Research has demonstrated a strong correlation between natural disasters and the increase in incidence and severity of domestic violence, and alcohol/substance abuse.	Extreme weather events causing bushfires, floods, windstorms and drought can change the face of communities with people having to leave their land or change the way they farm.

4b

What do we want to achieve?

Priority Area 4 Address Climate Change
Focus Area 4b: Decrease the impacts of climate change on individual and community health and wellbeing

Shared Outcome	Shared Measure	Current Measure	Target for 2021
Decrease the impacts of climate change on individual and community health and wellbeing	Excess death during extreme heat and heatwaves	Wellington Shire: 12-18 January 2014) 11 deaths [43] Wellington Shire: (12-18 January 2011-2013 average) 7 deaths [43]	Zero excess deaths attributed to extreme weather and or natural disaster.

What else is influencing our work?

State:

The Victorian Government and Emergency Management Victoria have developed the 'Community Resilience Framework' which includes a guide on how state and local emergency services will work towards relief and recovery planning[39]. The framework includes seven characteristics, and the following characteristics link closely with health and wellbeing:

- Safe and well – Personal health and Wellbeing, Personal and community safety;
- Connected, inclusive and empowered - Community connectedness, Service availability and accessibility;
- Sustainable built and natural environment - Open greenspace;
- Culturally rich and vibrant - Arts and cultural activities, Leisure and recreation; and
- Reflective and aware - Emergency management and mitigation plans, Responsibility and self-organisation.

Local:

The Wellington Municipal Emergency Management Planning Committee has developed a number of emergency plans, structures and processes for the prevention of, the response to and the recovery from emergencies including:

- Municipal Emergency Management Plan;
- Municipal Relief & Recovery Plan;
- Municipal Fire Management Plan;
- Municipal Heat Health Plan;
- Municipal Flood Emergency Plan; and
- Municipal Influenza Pandemic Plan.

The Wellington Shire Council Plan 2017 – 2021, specifically:

- Enhance resilience in our towns and our communities (community theme); and
- Build resilience in our communities and landscapes to mitigate risks from a changing climate (natural environment theme).

4b

Action Areas	Healthy Wellington 2017 – 2021 future direction
Policy	Support the development and implementation of government policies that guide practice in relief and recovery planning within Wellington Shire. Support the development of emergency plans and policies that support local communities to adapt and minimise the health impacts of extreme weather events.
Physical environment	Ensure appropriate risk and mitigation strategies are in place to maintain key infrastructure during extreme weather events.
Capacity building within environments	Build community resilience within townships to appropriately prepare, respond and recover from emergencies.
Community voice and advocacy	Continue to engage with the community to raise their awareness on appropriate response and recovery from emergencies.
Programs and events	Support the development and implementation of programs, events and resources that educate and inform on appropriate actions during extreme weather and or natural disaster.


EMERGENCY
ACTION CARD

Evaluation and Reporting

Due to being an integrated plan, Healthy Wellington is accountable to a range of stakeholders.

These stakeholders include:

- Individual organisations
- Healthy Wellington Action Group
- Wellington Shire Councillors
- Department of Health and Human Services (DHHS)
- Wellington Community

While utilising the Outcomes Framework to measure change over time, these indicators are a long-term measure. To ensure our work in on track and to share this with stakeholders Healthy Wellington will meet accountability requirements in a number of ways.

Healthy Wellington 2017 – 2021 will strive to be transparent and accountable, ensuring the action we undertake results in a positive impact on the Wellington Community. This accountability will include reporting on activities undertaken, successes and impacts measured.

The success of Healthy Wellington 2017 – 2021 will not be based solely on the outcome measures. Success will also be based on the Healthy Wellington Partnership, defined by:

- Retention and growth of number and variety of partners
- Community awareness of work of Healthy Wellington 2017-2021
- Community is engaged and driving action planning
- Strong collaboration having occurred

Annual Reporting to DHHS, Councillors and Partner Organisations

We will compile an annual report to DHHS, which will incorporate a range of evaluation methods and requirements.

DHHS requirements:

Health Promotion Funded Agencies are required to report to DHHS on an annual basis on actions implemented, with a focus on impacts measured. These reports are to meet the current reporting guidelines provided by DHHS for Health Promotion Funded Agencies. Municipal Public Health and Wellbeing Plans are also required to be reported to DHHS and the associated requirements will be incorporated into this report.

For other areas in the action plans, the requirements of reporting will be less stringent, acknowledging the different evaluation capabilities within partner agencies. Reporting will capture the story, using case studies where appropriate.

To meet these accountability requirements to DHHS and partner organisations, Healthy Wellington 2017 – 2021 will collate an annual report, highlighting achievements, impacts measured and outputs where appropriate.

Quarterly Reporting to Healthy Wellington Action Group (HWAG)

The purpose of the HWAG is to ensure, development implementation and evaluation of the Healthy Wellington 2017 – 2021 Plan. To provide this guidance progress on annual action plans will be reported to HWAG on a quarterly basis. These reports will identify strengths as well as barriers, with the intention to improve progression. Quarterly reporting will also go to relevant working groups.

Community Commitment

Above all else, Healthy Wellington 2017 – 2021 acknowledges that we are accountable directly to the Wellington community. Throughout the implementation of this strategic document, we will share achievements and impacts back to the community, through a variety of means. This communication will be ongoing, and will be written with language appropriate to the audience.

This commitment by all partners will ensure that we continue to remain accountable to our community.

2

Theory, Research and References

Theory

This document provides details into the theories and research which will guide the implementation of Healthy Wellington 2017 – 2021.

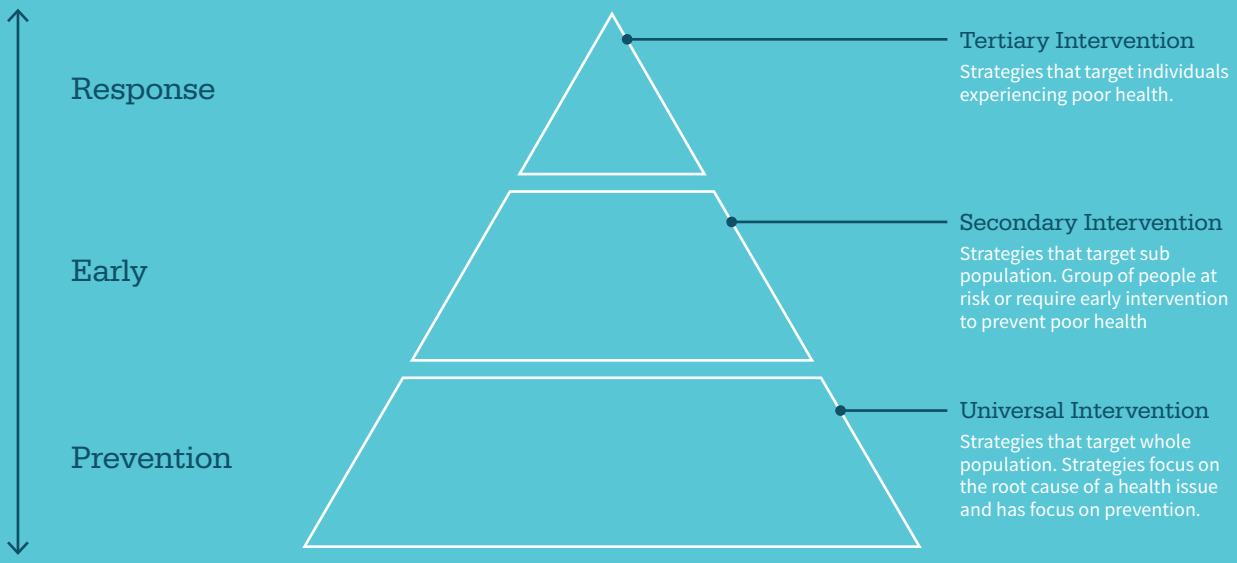
What is Public Health Planning?

Public Health and Health Promotion is a proactive approach to improving the health and wellbeing of a population. Public health goes beyond the health system and takes into account the factors which lead to poor health outcomes for the community. It is a proactive approach to the health of the community, strengthening protective factors and reducing the factors which cause poor health. This is further explained through the Public Health Model.

Public Health works behind the scenes to protect health, prevent illness and promote the wellbeing of all in a community. Public health can be defined as "policies, programs and safeguards to protect maintain or promote the health of the community at large, and prevent or reduce the incidence of disease, injury or disability within the community" [44].

Addressing public health is not a simple solution for the whole of a community; it requires consideration to the disparities in health and wellbeing between different social groups. Research shows that there are subgroups within our population who do not enjoy the same level of health as the general population, which can be further addressed with acknowledgement to the social model of health.

Public Health Model



The framework for Healthy Wellington 2017 – 2021 incorporates a Public Health Model with a strong focus on universal and secondary intervention to address the causes of poor health and wellbeing. Due to the diversity of partners involved, strategies implemented to address our priority areas will move along the spectrum of the public health model dependant on the nature of the organisation leading the work.

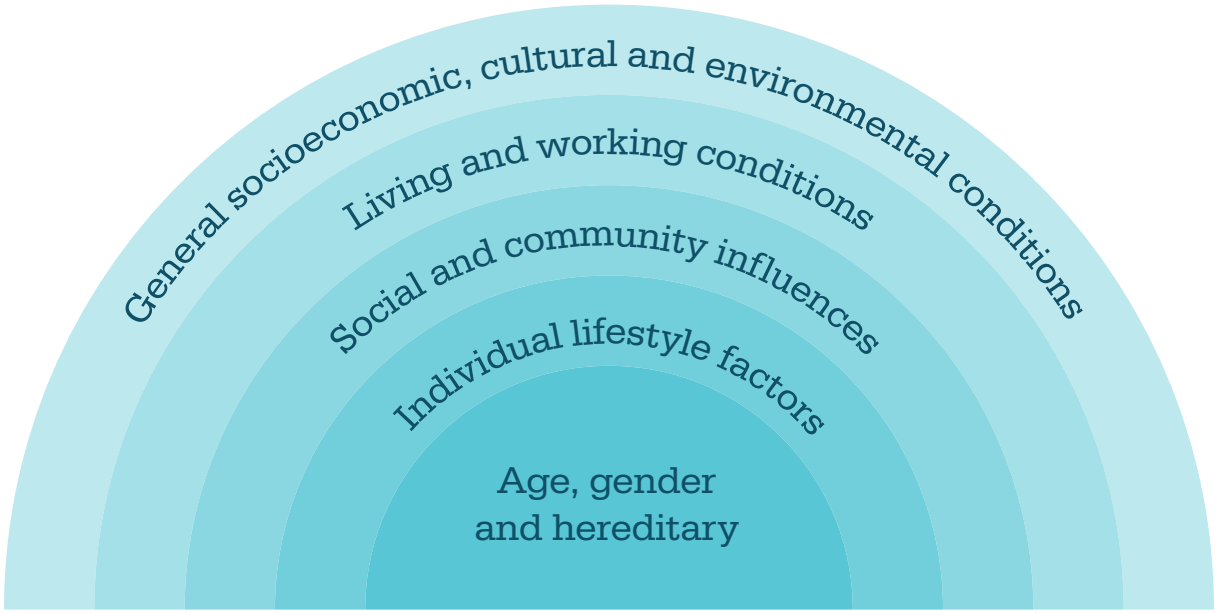
Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions[45]. Healthy Wellington 2017 – 2021 recognises that improving health requires involvement from those outside of the health sector.

Community Development

Healthy Wellington 2017 – 2021 will utilise existing strengths in community development practices in the implementation of Healthy Wellington 2017 – 2021. Community development involves changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. Community development practitioners work alongside people in communities to help build relationships with key stakeholders and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality[46].

Health Promotion and Community Development are similar in their understanding that social conditions affect health & well-being and in the appreciation that a Community Development approach is most effective to build community capacity for long-term change.



Social determinants of health

Evidence on the close relationship between living and working conditions reinforces how our health is influenced by the social environment. Factors such as income, education, conditions of employment, power and social support act to strengthen or undermine the health of individuals or communities. Due to the influence on health these factors are known as the 'social determinants of health'[47]. Healthy Wellington 2017 – 2021 will take into account the social determinants of health when identifying strategies to implement.

Lenses

Population health work can impact and affect people of different demographics in different ways. The diversity of our community means that many considerations need to be applied to our work. Organisational systems, including policies, plans, programs, services and communication, can cause or lead to discriminatory effects and inequity in access, or may reinforce harmful stereotypes. To ensure our work is not further causing inequities in health, it is important to look through certain lenses. When looking through a lens, this can mean involving people from particular population groups to determine how their experience of heath and health services can vary.

The lenses which will be applied throughout the work of Healthy Wellington 2017 – 2021 include:

- Aboriginal & Torres Strait Islander
- Culturally and Linguistically Diverse (CALD) Individuals
- Age
- Disability
- Gender
- LGBTIF

Place-based

Place-based and 'whole of community' approaches recognise the important role location plays in health and wellbeing. In recognising that people and places are connected inter-related and that the places where people spend their time play an important role in shaping their health and wellbeing, action can be delivered with the local context considered. A place-based approach enables us to take comprehensive action within and across the range of settings in Wellington to promote health and wellbeing [1].

Settings focus

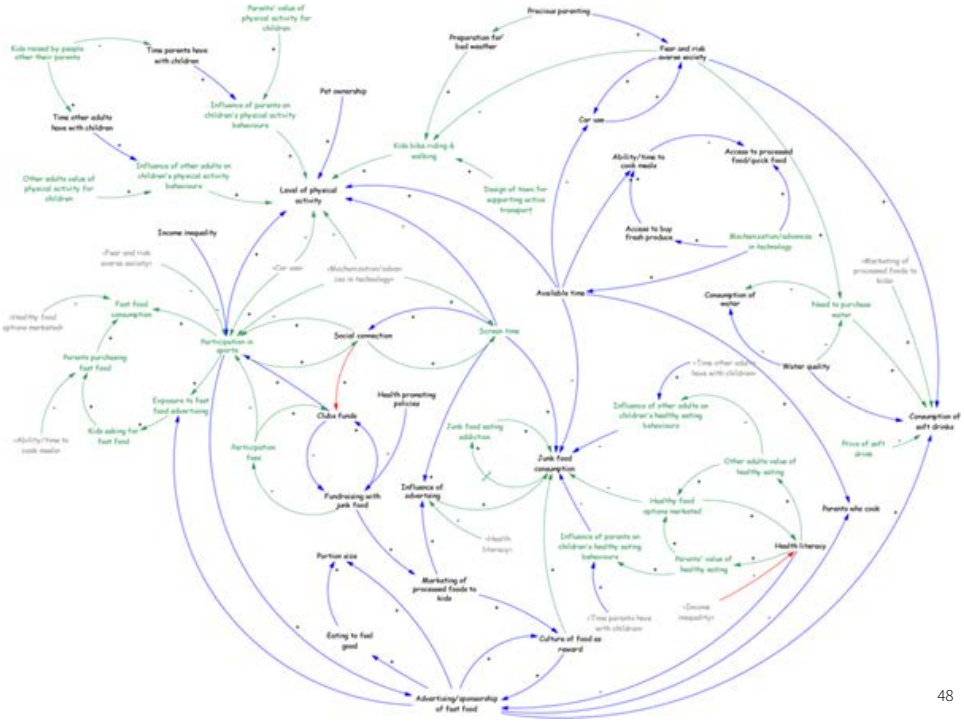
Healthy Wellington 2017 – 2021 will have a focus on settings as a place of influence. Throughout this document 'settings' will be used to represent the key environments where people live, learn, work and play. These include, but are not limited to:

- Early childhood care settings and schools,
- Workplaces & Organisations
- Community groups
- Sporting clubs, sports, recreation, social and leisure spaces
- Health, family and community services
- Art and cultural spaces
- Media

Integrating systems thinking:

'Systems thinking' takes into account that public health problems are complex and are not caused by a single factor. By using a systems perspective Healthy Wellington 2017 – 2021 can acknowledge that many points in a system can be altered to create change, calling for an integrated top-down and bottom-up approach. By looking at the whole 'system' Healthy Wellington 2017 - 2021 is able to address an issue from a multitude of angles and a range of action areas, creating a greater impact.

Below is an example of a systems map to demonstrate how systems mapping highlights the complexities of a health area.



48


Diversity
Social Club Expo
STEP
YOUTH SUMMIT

Outcomes Framework

Healthy Wellington 2017 – 2021 is focused on achieving better outcomes for Wellington Shire residents. For that reason we will be utilizing the Victorian Public Health and Wellbeing Outcomes Framework (Outcomes Framework) [5].

The Outcomes Framework provides an approach that helps understand and measure whether the actions being delivered are having a real and lasting impact on people's lives. The Outcomes Framework is a collation of a comprehensive set of indicators drawn from multiple data sources. These indicators will help us track whether our efforts are improving the health and wellbeing of Victorians over time.

By utilising the Outcomes Framework, Healthy Wellington 2017 – 2021 will strive to create a shared vision for our community, using agreed upon shared outcomes indicators to measure our success.

It is important to note that there are limitations in the data available within particular priority areas. To overcome this, we will focus on ensuring local evaluation on actions being delivered.

Research

National, state and local policy context

When developing Healthy Wellington 2017 – 2021, a review of the following national, state and local policies was conducted:

National

Australian Dietary Guidelines 2013

Australia's Physical Activity and Sedentary Behaviour Guidelines July 2014

Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia 2015

Fifth National Mental Health Plan 2017 - 2022

National Climate Resilience and Adaptation Strategy 2015

National Drug Strategy 2017-2022

National Health and Medical Research Council – Alcohol guidelines: reducing the health risks 2016

National Mental Health Policy 2008

National Strategy on Binge Drinking 2013

National Tobacco Strategy 2012-2018

State

Absolutely Everyone: State Disability Plan 2017-2020

Department of Education and Training - Education State

Department of Health and Human Services 2017, *Inequalities in the social determinants of health and what it means for the health of Victorians: findings from the 2014 Victorian Population Health Survey*, State of Victoria, Melbourne

Department of Health and Human Services - Racism in Victoria and what it means for the health of Victorians 2017

Department of Health – Using policy to promote mental health and wellbeing: a guide for policy makers 2012

Ending family violence: Victoria's Plan for Change 2016

Free From Violence: Victoria's Strategy to Prevent Family Violence and all Forms of Violence Against Women 2017

Municipal Public Health and Wellbeing Planning: Having Regard to Climate Change 2012

Physical Activity, Sport and Walking: VicHealth's Investment Plan (2014-18)

Roadmap for Reform: Strong Families, Safe Children. The first steps. 2016

Royal Commission into Family Violence Report 2016

VicHealth Action Agenda for Health Promotion

VicHealth Behavioural Insights and Gender Equality

VicHealth Tobacco Strategy 2016-19

Victorian Public Health and Wellbeing Outcomes Framework

Victorian Public Health and Wellbeing Plan 2015-2019

Victoria's Multicultural Policy

Youth Policy: Building Stronger Youth Engagement in Victoria

Local

Central Gippsland Health Service Plan 2012 - 2022

Central Gippsland Health Service Strategic Plan

Wellington Shire Council Plan 2017-2021

Gippsland Close the Health Gap Plan

Gippsland Medicare Local Strategic Plan

Gippsland Prevention of Men's Violence Against Women (PMVAW) Strategy

Gippsland Sexual and Reproductive Health Promotion Strategy 2013-2017

Gippsland Women's Health Strategic Plan

Ramahyuck District Aboriginal Corporation Strategic Plan

Wellington 2030 Community Vision 2.0

Wellington Best Start Action Plan

Wellington Community Early Years Plan 2017-2021

Wellington Primary Care Partnership Strategic Plan including service coordination and integrated Chronic disease management

Wellington Shire Council Municipal Emergency Management Plan

Wellington Walking and Cycling Strategy

Yarram and District Health Service Strategic Plan

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3

Municipal Scan

Summary

Summary of Wellington Shire Municipal Scan.

For further information on each of the areas please refer to the full Scan.

Priority Area	Prevalence	LGA Data	Trend
Taken from VPHWP	*Is the problem widely experienced? Ie. % of Wellington population affected*	*Compared to State*	*Is this issue improving, remaining the same or getting worse?*
Healthier eating and Active living	34.0% persons pre-obese (Vic 31.2%) ranked 27 out of 79 LGAs & 20.1% obese (Vic 18.8%) ranked 40 out of 79 LGAs (2015)[1].	↑ Above state average	↓ Worse
Tobacco-free living	14.8 % of Wellington population over 18 years smoke (Vic 13.1%) (2015)[1].	↑ Above state average	↑ Improving
Reducing harmful alcohol and drug use	Drug usage and possession offences 5.6 people per 1000 population (Vic 5.1) ranked 23 out of 79 LGAs (2015)[1]. 76.0% of the Wellington adult population with increased lifetime risk of alcohol related harm (Vic 59.2%) (2015)[1].	↑ Above state average	↓ Worse
Improving mental health	11.7% percentage of persons in Wellington reporting high/very high degree of psychological distress (Vic 12.6%) ranked 40 in LGAs (2015)[1]. Prevalence of depression and anxiety in Wellington is 27.1% (Vic 24.2%) (2014)[2].	↑ Above state average	↓ Worse

Priority Area	Prevalence	LGA Data	Trend
Taken from VPHWP	*Is the problem widely experienced? Ie. % of Wellington population affected*	*Compared to State*	*Is this issue improving, remaining the same or getting worse?*
Preventing violence and injury	Family incidents per 1000 population is 18.9* (Vic 12.4) ranked 12 out of 79 LGAs (2015)[1]. Intentional injuries treated in hospital per 1,000 population is 6.7* (Vic 3.0) ranked 2 in LGAs (2015)[1].	↑ Above state average	↓ Worse
Improving sexual and reproductive health	Teenage fertility rate (per 1000 women aged 15-19) is 18.10* (Vic 10.28) ranked 20 out of 79 LGAs (2015)[1]. Notifications of chlamydia per 1,000 females aged 20-24 years is 22.0 (Vic 18.4) (2014)[22].	↑ Above state average	↓ Worse

Introduction

Healthy Wellington 2017 – 2021 is an integrated document of the 'Municipal Public Health and Wellbeing Plan' and health promotion funded agencies, 'Health Promotion Strategic Plan'.

November 2010	Victorian government election
September 2011	Victorian Public Health and Wellbeing Plan
October 2012	Local Government Elections
June 2013	Council Plans
October 2013	MPHWPs
November 2014	Victorian government election
September 2015	Victorian Public Health and Wellbeing Plan
October 2016	Local Government Elections
June 2017	Council Plans
October 2017	MPHWPs

When preparing for the next Municipal Public Health and Wellbeing Plan six interdependent planning stages will occur. The first four stages will occur over a 12-month planning period and the remaining two within a four-year implementation and evaluation period.

What is a Municipal Scan?

A municipal scan provides a preliminary understanding of the health and wellbeing status of the community and the determinants that contribute to this status. It needs to consider the context of other local, state and national health policy and issues.

The municipal scan alone will not provide the information needed to identify priorities however, it can indicate the areas where further analysis and discussion with stakeholders and the community needs to occur to identify priorities.

To perform this municipal scan, a variety of measures regularly used to measure health and illness in a population were examined, to build an understanding of the health challenges facing our community.

Primarily, data from the following sources was used (other sources have been used and referenced in the document);

- Victorian Government Data: LGA Profile 2015[1],
- The Victorian Population Health Survey 2014[2],
- The 2016 Australian Census3 and Australian Bureau of Statistics 2011[4],
- The VicHealth Indicators Surveys from 2011[5] and 2015[6].

While there are many additional government reports and data sources which could be included in the scan, many draw on the original data from these primary sources, and therefore were not included. Effort was made to include as much gendered data as possible, where it was available.

To provide an evidence base with which to inform and develop Wellington Shire Council's 2017-2021 Municipal Public Health and Wellbeing Plan, data has been presented alongside the health priorities from the Victorian Population Health and Wellbeing Plan 2015-20197. The Victorian Population Health and Wellbeing Plan 2015-2019 must be used as a guide when planning and selecting health priorities for Wellington's next Municipal Public Health and Wellbeing Plan.

To give an indication of the local context, this scan focussed on identifying health and wellbeing areas in which Wellington's performance was better or worse than the state average. These areas were identified by indicators which either varied from the state average by a statistically significant amount, or ranked in the top or bottom 20 (out of 79) of Victorian LGA rankings.

The top and bottom 20 state LGA rankings were considered to identify more favourable and less favourable measures, considering whether measures were framed in positive or negative language. For example, it is most favourable for measures which are framed positively, eg. 'Percentage of 19-year-olds completing year 12' to have a ranking in the top twenty, and least favourable to be ranked in the bottom 20. Conversely, for measures which are negative eg. 'Gambling machine losses per head of adult population', it is least favourable to rank in the top 20, and most favourable to rank in the bottom 20.

Top and bottom 20 rankings which are favourable, and statistically significant measures which indicate a strength are highlighted green, for clarification. Measures written in grey are not statistically significant, but provide supporting evidence.

Reference Key	
✓	Areas in which Wellington Shire is doing well against the State average
*	Statistically significant as determined by Victorian Population Health Survey OR ranks within the top or bottom 20 LGAs.
Frequently Used References (Please refer to Reference Page for full list)	
1	Victorian Government Data: LGA Profile 2015[1]
2	The Victorian Population Health Survey 2014[2]
3 & 4	The 2016 Australian Census[3] and Australian Bureau of Statistics 2011[4]
5 & 6	The VicHealth Indicators Surveys from 2011[5] and 2015[6]

Wellington Shire

Wellington Shire is located about 212km east of Melbourne in the Gippsland Region. Wellington is a large LGA, covering 10,817km^2, with nine major towns based around the largest community, Sale.

The population of Wellington is growing more slowly than the Victorian average, and is projected to increase by 0.7% in 2014-20241.

In the Socio-economic Indexes for Areas (SEIFA), which is a measure of relative socio-economic advantage and disadvantage across Australia, Wellington has a score of 961 (in the index of relevant socioeconomic advantage and disadvantage). Scores less than 1000 in this index indicate relatively greater disadvantage and lack of advantage in general. Wellington scores similarly in other SEIFA indexes which measure access to economic resources (eg. housing) and education and occupation (eg. skilled vs. unskilled occupations, high qualifications etc.). Wellington is neither one of the most advantaged or disadvantaged regions in Australia[4].

Our Population

Compared to other municipalities in Victoria, Wellington has a larger Aboriginal and Torres Strait Islander community, and little cultural diversity.

The proportion of residents born overseas is 19.4%; 13.1% of residents speak a language other than English at home, compared to the Victorian average of 32.1%. People aged over 45 are overrepresented in the community, and people aged 15-44 years old are underrepresented.

There are more people with disability in Wellington, who require care and/or financial support compared to the Victorian average[1]. Consideration must be given to these vulnerable groups in public health and wellbeing planning, to ensure improved outcomes for all, including the most disadvantaged[7].

Population by Age[3]

Age	% of Total Wellington Population	% Total Victorian Population
0-14 years	17.7%	18.2%
15-24 years	10.9%	13.0%
25-44 years	22.7%	28.6%
45-64 years	28.5%	24.6%
65-84 years	17.9%	13.4%
85+ years	2.4%	2.2%

Diversity, economic and employment characteristics

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Aboriginal and Torres Strait Island population[3]	1.5%*	0.8%	-
Percentage of population born overseas[3]	19.4%	35.1%	-
Percentage speaking a language other than English at home[3]	13.1%	32.1%	-
Percentage of families headed by one parent[3]	14.3%	15.3%	-
Percentage of families headed by one parent (Who is Female)[3]	82.6%	82.2%	-
Percentage of families headed by one parent (Who is Male)[3]	17.4%	17.8%	-
Full-time equivalent students[1]	15.6%	N/A	-
Unemployment rate[4]	5.2%	6.3%	48
Percentage of individuals with income of less than $400 per week[1]	44.0%	39.9%	48
Median weekly personal income for people aged 15 years and over[3]	$562	$644	

Aged and Disability Characteristics[1]

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Percentage of people with need for assistance with core activity	6.0%	5.0%	25
People with severe and profound disability living in the community (all ages)	4.9%	4.0%	23
People receiving disability services support (Per 1,000 population)	32.7*	8.9	1
Disability support pension recipients (Per 1000 eligible population)	75.3	51.3	28
Age pension recipients per 1,000 eligible population	756.7	???	36

Victoria's population health and wellbeing priorities

The Victorian Population Health and Wellbeing sets out six health priorities to guide action over the next four years across the state.

Selection of these priorities by the Government recognises that many diseases and conditions are interrelated, sharing common determinants, protective and risk factors, and that focussing on these common factors will allow prevention measures to improve outcomes across a range of physical and mental health conditions.

The six priority areas are discussed below, considering the local context.

1. Healthier eating and active living

Poor diets and physical inactivity are major risk factors for ill health and mortality from all causes, particularly cardiovascular disease, diabetes, obesity, and cancer. 10.5% of Australia's total burden of disease is due to dietary risks, and 4.6% is due to physical inactivity. High body mass index, is responsible for an additional 8.5% of the disease burden[8].

Local data suggests that Wellington residents experience increased chronic disease related risk factors, particularly associated with poor diets. Wellington residents appear to be more active at work than Victorian counterparts, sit less, and are more likely to achieve recommended physical activity guidelines. Fewer Wellington residents however, walk for transport, so are less likely to participate in incidental physical activity by transport.

The Wellington Primary Care Partnership ('WPCP'), Central Gippsland Health Service ('CGHS'), Yarram and District Health Service ('YDHS'), and the Gippsland Primary Health Network ('Gippsland PHN') are all key external stakeholders who prioritise work in this area. The Gippsland PHN has identified 'lifestyle factors' for disease as a key area for influence in their priorities for 2016-20189. In the national context, projections of the prevalence of chronic diseases are rapidly increasing beyond the capacity of health services to manage. As such, even though local data does not show Wellington falling significantly behind the state average, the impact of poor diets, high BMI, and physical inactivity cannot be disregarded at a local level, and preventative measures should be supported.

Healthy Wellington

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
People reporting poor dental health[1]	6.1%	5.6%	33
Proportion of children (aged 0-5) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	30.0	31.0	-
Proportion of children (aged 6-8) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	55.0	57.0	-
Proportion of children (aged 9-12) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	65.0	64.0	-
Proportion of children (aged 13-17) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	65.0	70.0	-
Proportion of adults (aged 18-24) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	70.0	83.0	-

Healthy Eating

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Proportion of adults (aged 25-44) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	87.0	92.0	-
Proportion of adults (aged 45-64) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	96.0	98.0	-
Proportion of adults (aged 65+) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC)[10]	100	97.0	-
Proportion of the adult population who consume sugar sweetened beverages daily[2]	20.6*	11.2	7
Proportion of the adult population who consume sugar sweetened beverages daily, once or several times per week[1]	41.4*	30.7	-
Proportion of adult population who never eat takeaway meals or snacks[2]	12.7*	16.6	-

Healthy Eating

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
	Percentage of population with low food security[1]	6.1*	4.6	20
	Percentage of population who ran out of food and could not afford to buy more (female)[11]	6.5	6.8	-
✓	Percentage of population who ran out of food and could not afford to buy more (male)[11]	1.7*	5.2	-
✓	Percentage of persons who share a meal with family at least 5 days per week[5]	74.4*	66.3	15
	Proportion of population who met both fruit and vegetable consumption guidelines[2]	2.9	4.4	-
	Proportion of population who do not meet with fruit and vegetable consumption guidelines[1]	52.6	48.6	26
	Proportion of females who do not meet with fruit or vegetable consumption guidelines[1]	50.4*	43.4	7
	Proportion of males who do not meet with fruit or vegetable consumption guidelines[1]	53.1	54.0	55
	Percentage of the population consuming 2+ serves fruit daily[2]	43.5	47.8	-

Physical Activity

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
✓	Percentage of people who do not meet physical activity guidelines[1]	50.0*	54.0	60
✓	Percentage of females who do not meet physical activity guidelines[1]	53.8	56.1	44
✓	Percentage of males who do not meet physical activity guidelines[1]	47.6	52.0	59
	% population physical activity status 'sedentary'[2]	3.7	3.6	-
✓	% population physical activity status 'insufficient time and/or sessions'[2]	47.0	50.4	-
✓	% population physical activity status 'sufficient time and sessions'[2]	43.8	41.4	-
	% population physical activity status 'sufficient time and sessions' (female)[11]	57.9	59.7	
	% population physical activity status 'sufficient time and sessions' (male)[11]	54.8	61.0	
✓	Percentage of persons who sit for at least 7 hours per day[5]	20.5*	32.6	69
✓	Predominant type of physical activity (sitting) undertaken at work among those employed[2]	34.8*	49.6	-

Physical Activity

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
	Predominant type of physical activity (standing) undertaken at work among those employed[2]	15.9	18.4	-
✓	Predominant type of physical activity (walking) undertaken at work among those employed[2]	27.1	16.0	-
✓	Predominant type of physical activity (heavy labour/physically demanding work) undertaken at work among those employed[2]	15.9	12.8	-
	Proportion of adult population who walked for transport for trips longer than 10 minutes on one day in the preceding week[2]	3.2*	7.3	-
✓	Proportion of adult population who walked for transport for trips longer than 10 minutes on 2-3 days in the preceding week[2]	21.9	16.8	-
	Proportion of adult population who walked for transport for trips longer than 10 minutes on 4+ days in the preceding week[2]	11.7	18.1	-
	Proportion of adult population who did not walk for transport for trips longer than 10 minutes at all in the preceding week[2]	62.8	57.4	

Overweight and Obesity

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Percentage of persons overweight[1]	34.0	31.2	27
Percentage of females overweight[1]	22.7	24.3	48
Percentage of males overweight[1]	44.8*	38.4	19
Percentage of persons obese[1]	20.1	18.8	40
Percentage of females obese[1]	21.4	17.2	30
Percentage of males obese[1]	17.8	20.4	53
Proportion of adult population with BMI 'underweight'[2]	1.4	1.8	-
Proportion of adult population with BMI 'normal'[2]	35.9	39.8	-
Proportion of adult population with BMI 'pre-obese'[2]	34.0	31.2	-
Proportion of adult population with BMI 'obese'[2]	20.1	18.8	-


Walk
to
school
Walk
to
school

Chronic Disease

Contributed to by poor diets and physical inactivity, as well as smoking [2], use of alcohol and drugs[3]

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Avoidable deaths per 100,000 population, 0-74 years, due to cancer[1]	28.2*	23.8	18
Avoidable deaths per 100,000 population, 0-74 years, due to cardiovascular disease[1]	26.3	23.0	39
Avoidable deaths per 100,000 population, 0-74 years, due to respiratory disease[1]	10.5	8.1	25
Percentage of persons reporting type 2 diabetes[1]	6.6*	5.0	7
Prevalence of type 2 diabetes[2]	5.9%	5.3%	-
Percentage of persons reporting high blood pressure[1]	29.1*	25.9*	15
Percentage of persons reporting heart disease[1]	7.0	6.9	36
Prevalence of heart disease[2]	7.3%	7.2%	-

Chronic Disease

Contributed to by poor diets and physical inactivity, as well as smoking[2], use of alcohol and drugs[3]

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
	Cancer incidence per 1,000 population[1]	6.2	5.2	33
	Cancer incidence per 1,000 females[1]	5.2	4.8	43
	Cancer incidence per 1,000 males[1]	7.1	5.6	30
	Prevalence of cancer[2]	6.7%	7.4%	-
✓	Percentage of breast screening participation[1]	56.2%*	52.0%	17
	Percentage of cervical cancer screening participation[1]	57.5%*	61.5%	61
✓	Percentage of bowel cancer screening participation[1]	41.8%	37.6%	22

2. Tobacco-Free Living

Smoking is a significant contributor to the national burden of coronary heart disease, lung cancer and chronic obstructive pulmonary disease[8].

There is an increased prevalence of smoking in Wellington, particularly among males, aged 18 and over, when compared to the rest of Victorians, although smoking rates have dramatically decreased nationally over the last 30 years[12].

It should be noted however, that on a national level, decline in smoking has not been experienced evenly across the population. Disadvantaged and vulnerable populations, for example people who experience psychological distress, people who live in rural areas, people on low incomes and people with lower levels of education (all of which are particularly relevant to the local context) have higher smoking rates, and bear a greater burden of smoking related morbidity and mortality[7].

Smoking

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Prevalence of smoking[2]	14.8	13.1	-
Prevalence of ex-smokers[2]	26.4	24.8	-
Prevalence of non-smokers[2]	58.0	61.5	-
Percentage of persons, 18+ who are current smokers[1]	14.8	13.1	33
Percentage of females, 18+ who are current smokers[13]	14.3	12.9	33
Percentage of males, 18+ who are current smokers[13]	25.0*	18.5	15
Percentage of population who smoke daily[2]	14.3*	9.8	-

3. Reducing harmful alcohol and drug use

Harmful alcohol and drug use is associated with crime, violence, injury, loss of life, road traffic accidents, mental illness, and suicide. Long-term regular alcohol consumption is also related to some cancers and heart disease[7].

In Wellington, data shows significantly higher drug use and possession offences than the rest of Victoria. This may reflect increased drug use in the community. Alcohol measures clearly show increased alcohol consumption and increased short and long term alcohol related harm in Wellington. The Trends in Alcohol and Drug Related Ambulance Attendances in Victoria 2012-2013 report shows upward trends in the number of drug related attendances, for almost all drugs, by ambulance from 2011-2013 in regional Victoria[14].

One strategy in Healthy Wellington 2013-17 Social Connections and Inclusion priority focussed on preventing alcohol consumption, through the delivery of educational programs in schools[15]. It is likely that consumption of alcohol and drug use among young people will become a greater priority area in Wellington's Youth Strategy 2017-2020.

Reducing harmful alcohol and drug use

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Drug usage and possession offences per 1000 population[1]	5.6	5.1	23
Rate of drug offences per 100,000 population[16]	617	499	25
People at increased risk of alcohol-related harm on a single occasion of drinking[1]	52.5%	42.5%	21
Drug and alcohol clients per 1000 population[1]	6.9*	5.0	19
Proportion of the adult population who abstain or no longer drink alcohol[2]	9.3%	20.8%	-
Proportion of the adult population with increased lifetime risk of alcohol related harm[2]	76.0%	59.2%	-
Proportion of adult population at increased risk of alcohol-related injury on a single occasion[2]	52.5%	42.5%	-
Proportion of residents who agree getting drunk every now and then is okay[17]	30.9	27.9	

4. Improving mental health

A person's level of mental wellbeing is a culmination of many factors, in addition to the presence or not of a clinical mental impairment or illness. A person's physical health, social circumstances, environment and interactions with their community play significant roles in determining mental wellbeing[7].

The data below suggests that while people feel safe and supported in their neighbourhoods in Wellington, psychological distress is high, as is the prevalence of clinical depression and anxiety.

Healthy Wellington 2013-17 took a broad primary prevention approach to mental health through the Social Connections and Inclusion Priority, which focussed on enhancing community connections for vulnerable groups, particularly people with disability. Rural Access and GippSport are significant local partners working in this space.

Improving mental health

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
	Percentage of persons reporting high/very high degree of psychological distress[1,2]	11.7%	12.6	40
	Prevalence of depression and anxiety[2]	27.1%	24.2%	-
	Registered mental health clients per 1000 population[1]	14.8	11.9	33
✓	Percentage of persons with adequate work life balance[1]	57.8%	53.1%	11
✓	Perceptions of Neighbourhood – people willing to help each other (% agree)[5]	84.3*	74.1	-
✓	Perceptions of Neighbourhood – this is a close knit neighbourhood (% agree)[5]	76.5*	61.0	-
✓	Perceptions of Neighbourhood – people can be trusted (% agree)[5]	80.5*	71.9	-
✓	Percentage who help as a volunteer[2]	26.4%	19.3%	33
	People aged over 75 years living alone[1]	41.2%*	35.9%	16

Improving mental health

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
	Females aged over 75 year living alone[1]	71.8%	73.9%	54
	Males aged over 75 years living alone[1]	28.2%	26.1%	26
	High/very high levels of social isolation among adults[18]	18.5%	17.3%	-
	People who live near public transport[1]	26.6%	73.9%	-
✓	Proportion of adults who belong to an organised group - Sport[18]	30.5%	25.6%	-
✓	Proportion of adults who belong to an organised group - School[18]	25.7%	13.6%	-
✓	Proportion of adults who attended a local community event[18]	75.2%	58.9%	-
	Life satisfaction of adults[2]	91.9%	92.4%	-
	Proportion of adults who feel valued by society[2]	47.8%	51.4%	-
	Proportion of adults who definitely feel there are opportunities to have a real say on important matters[18]	31.0%	35.2%	-

Improving mental health

	Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
✓	Proportion of adults able to get help from friends[18]	86.3%	79.7%	-
	Proportion of adults able to get help from family[18]	76.9%	81.6%	-
✓	Proportion of children who report being bullied Year 7 to Year 9[26]	22.4%	18.0%	-
	Proportion of children who report feeling connected to school Year 7 to Year 9[27]	66.5%	62.3%	-
	Proportion of children at school entry whose parents report high levels of family stress in the past month[28]	11%	9.9%	-

Inside mental health: Gaming

Use of gaming machines increases social isolation (associated with poor mental health), financial insecurity and disadvantage[19] . In 2015-16 financial year in Wellington, more than $21.74 million was lost through electronic gaming machines in Sale, Maffra and Yarram[20]. The average adult in Wellington spends $657.00 on gaming machines each year, nearly $100 more than the average Victorian. In addition to this, only a small section of the population uses gaming machines, and therefore bear a substantial annual financial burden.

Furthermore, the burden of gaming is exacerbated by other gaming mediums, online gaming, TAB etc. which are reported to be equally popular in Wellington, but have no formal measurement or data available.

Gambling

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Gaming machine losses per head of adult population[1]	$657*	$553	15

5. Preventing violence and injury

Violence and injury includes family violence, street and community violence, workplace injury, falls injury associated with suicide and transport-related injury[7].

With the Royal Commission into Family Violence, family violence has become a major priority for the Victorian Government. Family violence has profound impacts, which disproportionately affect women and children, and is mostly perpetrated by men[7].

Conversely, street violence primarily affects men, and perpetrators are most often other males[7].

In Wellington, family incidents, sexual offences and violent offences are all more common that in the rest of Victoria. Significant numbers of intentional and unintentional injuries are treated in hospital, although a relatively small proportion of these are due to falls.

Prevention of Violence Against Women and Children was a priority area of Healthy Wellington 2013-17. Strategies in this area focussed on primary prevention by raising awareness of gender inequality as a primary driver of violence against women, and up skilling early years services to identify and respond to violence against children. Gippsland Women's Health and Uniting Care Gippsland are key agencies working in this area.

To work effectively in crime prevention (particularly street and community crime), the Healthy Wellington partnership should engage with the police and justice sector, including agencies such as Victoria Police.

Preventing violence and injury

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Total offences per 1000 population[1]	102.8*	82.6	14
Family violence incidents per 1000 population[1]	18.9*	12.4	12
Rate of sexual offences per 100,000 population[16]	683	207	N/A
Rate of stalking, harassment, and threatening behaviour per 100,000 population[16]	469	211	N/A
Rate of violent offences per 100,000 population[16]	2769	1265	5
Unintentional injuries treated in hospital per 1,000 population[1]	112.2*	61.0	8
Intentional injuries treated in hospital per 1,000 population[1]	6.7*	3.0	2
✓ Percentage of unintentional injuries due to falls[1]	31.6	38.7	69

5. Improving sexual and reproductive health

Sexual health is a vital element of health, though sexual health seeking behaviour is easily influenced and often prevented by social taboo, gender norms and power dynamics[7].

The local 2016 YOUth Speak survey reports that 61% of respondents aged 16-18 years, and 92% of respondents aged 18-25 were sexually active[21]. Elevated teenage fertility and chlamydia notification rates presented below suggest that young people lack access to, or lack the motivation or understanding to use contraception effectively, to prevent pregnancy and sexually transmitted infections.

Sexual and reproductive health was not included in the 2013-2017 MPHWP, but is emerging as an important issue in the community. In 2016, council approved the installation of one free condom vending machine in the future Port of Sale Cultural Hub, however the political climate is such that the Council could contribute further to sexual health in the Shire, considering the rollout of the Respectful Relationships curriculum in Victorian schools in 2017. Gippsland Women's Health, Central Gippsland Health Service and Yarram and District Health Service prioritise work in this area locally.

Improving sexual and reproductive health

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Teenage fertility rate (per 1000 women aged 15-19)[1]	18.1*	10.4	20*
Notifications of chlamydia per 100,000 population[1]	307.2	330.7	30
Rates of chlamydia notifications per 1,000 females, aged 15-19 years[22]	14.5	10.5	-
Rates of chlamydia notifications per 1,000 females, aged 20-24 years[22]	22.0	18.4	-

Other issues in Wellington

Gender equity and disability inclusion are two other health issues in Wellington that are significant, and closely related to the health outcomes of women and people with disability in our community.

Principles related to gender equality and inclusion of people with disability should be applied across all work done as part of the Municipal Public Health and Wellbeing Plan.

Inclusion of people with disability

People living with intellectual, physical and sensory impairments face additional barriers in participating in community life, education and employment, while experiencing poorer health outcomes and often reduced access to healthcare[25]. These barriers are exacerbated in rural areas, where lack of services, public transport etc. further reduce an individual's opportunity to engage in community life.

4.9% of Wellington residents (approx. 2000 individuals) experience severe and profound disability living in the community[1].

Inclusion of people with disability

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Percentage of people with need for assistance with core activity[1]	6.0%	5.0%	25
People with severe and profound disability living in the community (all ages)[1]	4.9%	4.0%	23
Disability support pension recipients (per 1000 eligible population) [1]	75.3	51.3	30

Gender Equity

Gender inequalities and harmful gender stereotypes can have negative impacts on health and wellbeing for both men and women[23]. For example, sexist behaviours and attitudes which objectify and value the physical image of women perpetuate violence against women, and ideals around masculine stoicism, or 'being tough' can impact negatively on the mental health of men, resulting in alarmingly high rates of male suicide in Australia[24].

Gender equality is related to sexual and reproductive health, and violence and injury, as discussed above. More broadly, gender issues also influence women's and men's ability to participate in general healthy behaviours. For example, women may be unable or reluctant to participate in physical activity and sport due to caring responsibilities, body image concerns, personal safety fears, lower SES/income, being time poor (from engaging in addition unpaid work – housework, meal preparation care giving etc.) [11].

In Wellington, gender inequality is evident in higher rates of family and sexual violence, and disparate social outcomes in education and employment between women and men, particularly for people not working as managers or professionals. Great disparity in outcomes is evident between women experiencing general disadvantage, for example those who are unemployed or earn less that $400/week.

A focus of the 2013-2017 MPHWP was the Prevention of Violence Against Women and Children, which allowed strong partnerships to be formed between Wellington Shire Council and Gippsland Women's Health, GippSport (Women in Sport) and Uniting Care. Outcomes were achieved in increasing the reach of prevention of violence activities, and thus community awareness of the prevalence, causes, and impacts of violence against women was improved. In some ways, the focus on prevention of violence specifically prevented broader action in gender equality. For example, the working group did not have the ability to contribute to sexual and reproductive health, or respond to community feedback related to LGBTIQA inclusion and equality.

Inclusion of people with disability

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Percentage of females with income less than $400 per week[1]	52.5*	47.1	18
Percentage of males with income less than $400 per week[1]	35.1	32.1	33
Proportion of families headed by a single parent who is female[1]	82.1	82.8	43
Proportion of families headed by a single parent who is male[1]	17.9	17.2	37
Percentage of females aged 22-24 who are not employed or enrolled in education[16]	22.0%	-	-
Percentage of males aged 22-24 who are not employed or enrolled in education[16]	13.5%	-	-
Percentage of females aged 20-64 who are in paid employment[16]	65%	-	-
Percentage of males aged 20-64 who are in paid employment[16]	74%	-	-
Percentage of employed females working as managers and professionals[16]	34.3%	-	-
Percentage of employed males working as managers and professionals[16]	32.2%	-	-
Rate of sexual offences per 100,000 population[16]	683*	207	N/A

Victorian Public Health and Wellbeing Plan

Considerations for health at all ages in Wellington:

Starting Well

Children's early experiences have significant impacts on their learning, development, health and future prospects. Developing and supporting positive health knowledge and behaviours in children is likely to achieve lasting, lifelong benefits for health and wellbeing[7].

Children in Wellington are at increased risk of child abuse, resulting in higher than average rates of child protection orders, and a larger number of children living in out of home care. Children are also developmentally vulnerable, and are much more likely than their Victorian counterparts to experience, emotional, behavioural, speech or language problems at school entry.

Key partners to the 2013-2017 MPHWP, UnitingCare Gippsland, Wellington Best Start and Central Gippsland Health Services work in this area, alongside the Council's Early Years Project Officer.

Consideration for health at all ages in Wellington			
Age	**Wellington Measure**	**Victorian Measure**	**LGA Rank (Out of 79)**
✓ **Percentage of year 9 students who attain national minimal standards in numeracy[1]**	97.1%	95.6%	24
Percentage of year 9 students who attain national minimal standards in literacy[1]	91.8%	92.0%	36
People 19 years old having completed year 12[1]	75.1%*	88.2%	72
People who did not complete year 12[1]	63.9%*	43.7%	20
People who completed a higher education qualification[1]	25.5%*	45.7%	67

YOUth Speak 2016 Results[21]

Age	Wellington Measure	Victorian Measure	LGA Rank (Out of 79)
Percentage of respondents looking for work	35%	-	-
Percentage of respondents who did not have difficulty finding work	41%	-	-
Percentage of respondents who want to live in Wellington in the future	25%	-	-
Percentage of respondents who do not want to live in Wellington in the future	32%	-	-
Percentage of respondents who are not sure if they want to live in Wellington in the future	43%	-	-

Healthy adulthood

Adulthood can be a time of significant transition for individuals establishing and ending relationships, having families, growing careers etc.

Those who experience long term unemployment face disadvantage and subsequent negative impacts on their health and wellbeing, and those who become parents face growing stressors and responsibilities associated with parenting[7].

In Wellington, general health services, maternal and child health services and community service organisations exist to support adults in times of transition.

Healthy and active ageing

Wellington is home to a growing older population. It has a larger and growing population of older people when compared to Victoria. As such, healthy ageing, which enables older people to remain active and participating in community life is important to prevent disengagement and deterioration of health and wellbeing[7]. There is little age-specific data available, but anecdotally, we know healthy ageing is an important issue in Wellington.

In 2016, Wellington received funding from the Department of Health and Human Services to implement a series of Age Friendly projects that support social connections, inclusion and participation for older people living in Wellington. These community led projects are being implemented in 2017.

Conclusion

Wellington is facing a range of health and wellbeing challenges.

There is existing evidence which supports Wellington's action in all the six Victorian health priorities.

In planning the new Municipal Public Health and Wellbeing Plan, consideration must be made for promoting health at every stage of life, and promoting health for Wellington's most disadvantaged groups, including Aboriginal and Torres Strait Islanders, people with disability and women, who experience poorer social outcomes associated with inequity and discrimination.

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