Strategic documents are amended from time to time, therefore you should not rely on a printed copy being the current version. Please consult the Loddon Shire website to ensure that the version you are using is up to date.

This document is available in alternative formats (e.g. larger font) if requested.
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1 MESSAGE FROM THE MAYOR AND CHIEF EXECUTIVE OFFICER

Welcome to Council’s Municipal Public Health and Wellbeing Plan 2017-2021. The Plan is developed in the twelve months following a general council election, and provides an opportunity to revisit the health and wellbeing profile of our community to gain an understanding of the strengths and weaknesses we experience.

We know that our health and wellbeing is influenced by a wide range of issues. In addition to our health related behaviours, it is also about the friendships we have, the social networks in our community, whether we have a job and how we access services where we live.

In developing the Plan, we can clearly link Council’s vision, to be a prosperous, vibrant and engaged community, and mission, to enhance sustainability and liveability, directly with some of the key factors in the social model of health that underpins an individual’s opportunity to experience the best possible health and wellbeing.

As the level of government closest to the people, Councils can play a pivotal role in leading and developing policies, programs and infrastructure with the capacity to advocate for, promote and improve the health of local community members. We will continue to contribute to our community’s health and wellbeing by:

- encouraging a collaborative agency approach which supports the health and wellbeing of members of the community and strengthens the capacity of the community and individuals to achieve better health
- providing and maintaining facilities and public spaces which promote and support social connectedness, inclusive activities and physical activity – three key contributors to health and wellbeing
- initiating, supporting and managing public health planning processes at local government level
- enforcing public health legislation and developing, implementing and enforcing public health policies and programs within the municipal district, and intervening if the health of people within the municipality is affected
- coordinating immunisation services to children living or being educated within the municipality
- ensuring that the municipality is maintained in a clean and sanitary condition.

Council is committed to working collaboratively with the community and partner agencies to focus on some of the key factors that impact our community’s health and wellbeing outcomes. We can significantly reduce chronic disease by working together to promote and support health and wellbeing where people live, learn, work and play.

On behalf of Loddon Shire Council we would like to thank the many people who have contributed in the development of this plan. We would like to acknowledge Council’s contributing departments for their input and our partners for their involvement in the identification of strategic directions and priorities for health and wellbeing in Loddon.

Council is proud of this plan and the opportunity it provides over the next four years to support our residents to ‘Live Well in Loddon’.

Neil Beattie
Mayor, Loddon Shire Council

Phil Pinyon
Chief Executive Officer
2 EXECUTIVE SUMMARY

Council’s Municipal Public Health and Wellbeing Plan 2017 – 2021 is a key strategic document for Council and other agencies with an aim to improve the health and wellbeing of our community. It sets out the broad mission, goals and priorities identified for the next four years and brings together key stakeholders and partner organisations in collaboration to identify and respond to the main health and wellbeing challenges facing our municipality.

It is intended that the Plan will be a tool for working across a range of local strategies and initiatives, informing other public health planning processes, and avoiding duplication of the planning, implementation, monitoring and review effort at a local level.

It is only by working together that we can have the greatest impact on our community’s health and wellbeing. By working together towards shared outcomes we can provide a more coordinated, integrated, efficient and effective approach in achieving our goals. We would like to acknowledge and thank the many partners for their efforts, insight and cooperation, which has been demonstrated during the development of the plan to date, and for their ongoing commitment.

For a healthy and vibrant community, our residents need to enjoy good health and wellbeing. This underpins everyone’s ability to live a good life. It averts the distress and discomfort of disease, and the costs of treating illness, as well as enabling people to make the most of their lives and maximise their capability to work, learn, play, socialise, volunteer and care for loved ones. A healthier community is more productive, resilient and cohesive.

The social determinants of health are the conditions in which people are born, grow, live, work and age, which influence their health and wellbeing. In Victoria, the higher someone’s income and education level, the better their health tends to be. People on low incomes, people in rural areas and Aboriginal people, on average, have poorer health, die earlier and receive less healthcare than other Australians.1

The Plan builds on the work being undertaken to support health and wellbeing in our community and takes into account, feedback from our community and partner organisations, changes in State and Federal policy and opportunities to implement a best practice approach. It uses a holistic approach in setting high level strategic focus areas with the agreed outcomes to be achieved and details how progress will be measured.

The Plan builds on Council's existing health and wellbeing related strategies and programs, specifically addressing four priority focus areas:

- Good physical health
- Good mental health
- Protect and promote health
- Feel safe and secure

Annual operational plans will be developed in alignment with the requirements of the Victorian public health and wellbeing planning cycle which will detail the actions that will be undertaken in the ensuing twelve months and will identify the varying levels of responsibility, comprising lead, partner and advocate, for partner agencies in implementing each of the actions.
3 ABOUT LODDON

Loddon Shire Council is located in north central Victoria approximately 200kms north of Melbourne and 40km northwest of Bendigo.

It is a ‘community of communities’, comprising a number of towns dispersed throughout the shire including the towns of Bridgewater, Inglewood, Wedderburn, Dingee, Mitiamo, Serpentine, Newbridge, Tarnagulla, Boort, Pyramid Hill and other surrounding towns and communities.

The Shire encompasses a total land area of approximately 6,700 square kilometres and is a predominantly rural area.

It has a rich agriculture and goldfields heritage and abounds with natural assets including forests, rolling hills, rocky outcrops, rivers and lakes.

The Shire enjoys a Mediterranean climate with warm summers and fine sunny winter days. The average rainfall in the Shire is approximately 500mm.

Within the Loddon Shire there is a rich and diverse Aboriginal cultural heritage which includes 925 registered Aboriginal cultural heritage sites and 14 registered Aboriginal historic places (data from AAV Aboriginal Heritage Register). These heritage values consist mainly of scarred trees, stone artefact scatters, earthen mounds, stone features, associations with honorary correspondent depots or stations and a small number of burial sites, quarries, collections and an art site. These Aboriginal cultural heritage values are mainly found in association with past and present natural drainage lines and water features such as rivers and lakes, lunettes, high ground, sandy deposits and remnant native vegetation. Documentation of the sites is currently limited, but significant sites are known to be in the vicinity of Lake Boort, Mount Korong, Kooyoora, Pyramid Hill and Kow Swamp. There are also numerous sites along the Loddon River.

OUR DATA

The most recent sources have been used to provide a snapshot of Loddon, and in some cases this will be 2011 Census data. The 2016 Census data commenced release on 27 June 2017, and where new data has become available during the development of the plan, it has been included. Other Census data, still to be released, will be included in the first annual review of the plan.

Appendices: Loddon data screens

A copy of the data analysis used during the agency consultation is available on Council’s website: http://www.loddon.vic.gov.au/Live/Health-and-wellbeing
WHO ARE WE

After many years of declining population the 2016 census data showed a slight increase of 57 from the 2011 Census period. With a reduction trend of 341 and 377 in the previous two census periods factored into calculations, we can consider the population increase to include a retention of 350 residents - a turnaround of approximately 400 residents. In 2011 the population in Loddon was projected to decrease by 8% between 2016 and 2031. With the release of the final Census data some months away, it is unknown if the recent change in the population trend will impact on the longer term population projections.

Our proportion of men and women remains almost equal at 51% male and 49% female.

The age structure of Loddon Shire Council compared to Victoria shows Loddon has a smaller proportion of residents aged 0-64, and a higher proportion of residents aged 65 plus. It is predicted that Loddon’s 0-64 age group will continue to decline as a proportion of the population as the 65 plus age group continues to increase.

Our average age increased from the last census by one year, from 50 to 51; the same increase experienced across Australia (from 37 to 38). Victoria’s average age remained at 37. For Loddon, this is a significant slowing of the average age increase compared to that experienced in 2011 where the average age increased from 46 (in 2006) to 50.

Our number of residents of Aboriginal and Torres Strait Islander origin continues to increase and at 1.6% in 2016 is higher than Victoria at 0.8%.

2016 Census data shows a little over 20% of our residents were born overseas. The percentage of people born overseas has progressively increased from 7% in 2001. Other than Australia the top five countries of birth included England, Philippines, New Zealand, Netherlands and Germany. The Philippines joined the top five most common countries of birth for the first time in 2016.

HOW WE LIVE

The median weekly household income in Loddon increased from $686 in 2011 to $826 in 2016. A higher increase compared to Victoria in the same period.

In 2016, Loddon comprised a smaller proportion of high income households compared to households across Victoria, and with 36.4% of households earning less than $650 per week, a far higher proportion of low income households than Victoria.

In 2016, 78% or our residents are home owners and a further 16.3% live in rental accommodation. Although half of our residents own their home outright in 2016 compared to a third across Victoria, it is 15% lower than outright owners in Loddon in 2001.

Home owners in Loddon pay less than half on average on loan repayments than home owners across Victoria. An increase of 6.7% in the monthly median loan repayment since 2011 is higher than the Victorian increase of 1.6% in the same period.

Residents in Loddon pay almost a third of the amount in monthly median rental payment than Victoria. The monthly median rental increased in Loddon by 25% since 2011, a higher increase than experienced across Victoria.
WHAT WE DO

In 2011, the most popular occupations for Loddon residents were in the agricultural sector, accounting for nearly 40% of employed residents. A large gap followed with the next four most popular occupations - health, manufacturing, retail and education; collectively accounting for a further 31% of employed residents.

The significance of the agricultural sector as an employer in Loddon is validated when it is compared to 7.8% of employment in regional Victoria and 2.3% across Victoria.

Over half of our employed residents work full time and approximately one third of our employed residents work part time. The number of residents employed full time decreased in the 10 years from 2001, while part time work increased in that time.

Unemployment in Loddon at 6.5% in 2016 was 1.5% lower than 2014, but still remained at a higher level than unemployment across Victoria.

Although the percentage of residents volunteering within Loddon decreased from 2011 to 2016, a higher proportion of Loddon residents nevertheless did voluntary work for an organisation or group compared to volunteering across Victoria. Overall, 31.7% of Loddon residents reported performing voluntary work, compared to 19.2% for Victoria.

OUR FAMILIES

An analysis of family types in Loddon Shire Council compared to Victoria in 2016 shows a similar proportion of lone person households and one parent families.

Across Loddon there was a higher proportion of couples without children, and a lower proportion of family/couple households and couples with children.

Within Loddon the proportion of couples with children has progressively decreased since 2001 and the proportion of couples without children has progressively increased.

The proportion of lone parent fathers has increased slightly since 2011. Just over one quarter of lone parents in 2016 were male.

The average number of children in families in Loddon in 2016 is 1.9. This remains unchanged from 2011 and is higher than the Victorian average in 2016.

Loddon residents experienced a higher rate of separation or divorce in 2016 compared to Victoria, and Loddon experienced an increase in the number of separated or divorced residents since 2011.

HOW WE LEARN

Compared to Victoria, a higher proportion of Loddon residents leave school after the completion of Year 8 to Year 11 with a smaller proportion of residents completing Year 12. In 2011 the proportion of Loddon males completing Year 12 was less than half when compared to Victoria, and the number of Loddon females completing Year 12 was a little over one third less when compared to Victoria.

In 2011, compared to regional Victoria, a smaller proportion of Loddon residents held formal qualifications (Bachelor or higher degree, Advanced Diploma or Diploma or Vocational qualifications).
Within Loddon, more females held a post graduate degree, graduate diploma or certificate, bachelor degree, advanced diploma or diploma, or a certificate level I and II level qualification; more males held a certificate level III and IV level qualification.

Between 2006 and 2011, the proportion of Loddon residents holding a post graduate degree, bachelor degree, advanced diploma or diploma level, or a certificate level III and IV level qualification increased.

The Australian Early Development Census (AEDC) calculated that between 2012 and 2015 there was a significant increase in the proportion of Loddon children classified as vulnerable in the physical health and wellbeing domain.

In 2015 the AEDC profile placed children at school entry level in the ‘developmentally at risk’ percentile across all five development areas, and in the ‘developmentally vulnerable’ percentile in three of the five development areas. The three areas where children have been identified as developmentally vulnerable include physical health and wellbeing, emotional security, and communication skills and general knowledge.

For the first time since 2013, parents of prep entry students reporting one or more concerns with speech or language was proportionately less when compared to Victoria.

**OUR SOCIO-ECONOMIC WELLBEING**

The Social Economic Indexes for Areas (SEIFA) enables an assessment of the wellbeing of Australian communities by using census data to rank areas according to socio economic advantage and disadvantage. The census variables used cover a number of domains that reflect disadvantage, including income, education, employment, occupation and housing.

A lower score on the index means a higher level of disadvantage. A ranking below 1000 indicates disadvantage.

In 2011 our SEIFA index score of 934 (Loddon North 964.7 and Loddon South 922.2) placed Loddon as the fourth most disadvantaged Local Government Area in Victoria.

The individual town SEIFA rating shows that only one community of those listed had a rating above 1000, indicating that most towns in Loddon Shire would be considered as experiencing disadvantage. The town experiencing the most disadvantage in Loddon is Korong Vale followed by Wedderburn, Inglewood and Bridgewater. Five of the six townships listed experiencing the most disadvantage are located in Loddon South.
4 WHAT IS HEALTH AND WELLBEING

The World Health Organization (WHO) defines health in its broader sense as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Wellbeing is a general term for the condition of an individual or group and has several components, including social, economic, mental, spiritual and medical.

The Victorian public health and wellbeing plan 2015-19 notes that there are many aspects that contribute to an individual’s health and wellbeing, including access to quality education, stable employment and good working conditions, secure housing, freedom from violence, safe and sustainable natural and built environments, food affordability, respectful relationships, supportive social networks and services and opportunities to participate in community life.

At a wider community level, health and wellbeing includes:
- a safe and sustainable environment
- an economy that provides resources needed to maintain a healthy lifestyle
- a social environment that supports social interaction and access to services
- a built environment that provides facilities and amenities to support healthy lifestyle practices.

The 2015-2019 Victorian Public Health and Wellbeing Outcomes Framework outlines five overarching domains that provide a transparent approach to monitoring and reporting progress of our collective efforts to achieve better health and wellbeing.
- Victorians are healthy and well
- Victorians are safe and secure
- Victorians have the capabilities to participate
- Victorians are connected to culture and community
- Victoria is liveable

Consistent with this longer term vision, this plan will demonstrate the alignment of the Loddon health and wellbeing priority focus areas within the Victorian Outcomes Framework domains.

THE SOCIAL MODEL OF HEALTH

The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

In Australia, country people are subject to the same types of social disadvantage as can occur in cities (such as lower educational attainment, job uncertainties and unemployment, poor access to appropriate housing etc). However, in rural and remote communities the health effects of this disadvantage are compounded by poor access to communications (such as high speed broadband, mobile phone coverage, public transport) and environmental challenges (such as drought, floods and bushfire).

The Social Model of Health is based on the concept that the social, cultural and environmental factors or determinants are as important in a person’s health and wellbeing as their lifestyle choices, medical history and genetics.
WHAT IS A PUBLIC HEALTH AND WELLBEING PLAN

The Municipal Public Health and Wellbeing Plan (MPHWP) is a key strategic planning tool that aims to maintain and improve public health and wellbeing at a local community level. When developed the plan becomes the pivotal document informing the health and wellbeing priority areas for the next four years.

Council is required to prepare a Municipal Public Health and Wellbeing Plan under the Public Health and Wellbeing Act 2008.

Victorian Public Health and Wellbeing Act 2008

Council is one of a number of agencies who will work collaboratively to meet the objectives in the Plan. Council’s role in Municipal Public Health and Wellbeing is to:

- bring together stakeholders around key public health and wellbeing focus areas
- to lead and facilitate discussions to develop local health and wellbeing priorities
- to support initiatives that promote positive health and wellbeing
- to provide a point of coordination and oversight to plan
- to evaluate the strategies used to meet the objectives of the Plan.
6  LEGISLATIVE & POLICY FRAMEWORK

VICTORIAN GOVERNMENT

PUBLIC HEALTH AND WELLBEING ACT 2008
The Public Health and Wellbeing Act 2008 defines the function of local government to protect, improve and promote public health and wellbeing within the municipal district.

LOCAL GOVERNMENT ACT 1989
The Local Government Act 1989 requires Councils to be accountable to their local communities in the performance of functions, exercise of powers and the use of resources. It is a requirement that the Municipal Public Health and Wellbeing Plan is consistent with the Council Plan.

CLIMATE CHANGE ACT 2010
The Climate Change Act 2010 recognises that responding to climate change is a responsibility of all levels of government. A changing climate may directly or indirectly impact health and wellbeing and as such, the Act requires local government to consider climate change when preparing a Municipal Public Health and Wellbeing Plan.

ROYAL COMMISSION INTO FAMILY VIOLENCE
The government accepted all 227 recommendations from the Royal Commission. In response to Recommendation 94, Councils are required to report on the measures proposed to reduce family violence and respond to the needs of victims. This applies to Councils when preparing the Municipal Public Health and Wellbeing Plan for 2017-21.

PLANNING AND ENVIRONMENT ACT 1987
The Planning and Environment Act 1987 requires local government to prepare a Municipal Strategic Statement (MSS). The Municipal Public Health and Wellbeing Plan must be consistent with the MSS.

AUSTRALIAN GOVERNMENT

NATIONAL HEALTH PRIORITY AREAS (NHPA’s)
NHPA’s are a collaboration between Commonwealth and State and Territory governments, non-government organisations, health experts, clinicians and consumers. It aims to focus public attention and health policy on those areas that are considered to contribute significantly to the burden of disease in Australia.


INTERNATIONAL

WORLD HEALTH ORGANISATION (WHO)
The World Health Organisation is the directing and coordinating authority on international health within the United Nation’s system.

http://www.who.int/about/what-we-do/en/
7 WORKING TO IMPROVE COMMUNITY HEALTH AND WELLBEING

There are many different ways that local government works to improve health and wellbeing. As we undertake our normal operational activities, we perform a range of roles and activities that support community health and wellbeing. Some of these activities fulfil our obligations outlined in the Local Government Act. Other activities are directed through other pieces of legislation, or are funded and directed by other levels of government.

The function of a Council under the Public Health and Wellbeing Act 2008 is to seek to protect, improve and promote public health and wellbeing within the municipal district by—

a) creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health;

b) initiating, supporting and managing public health planning processes at the local government level;

c) developing and implementing public health policies and programs within the municipal district;

d) developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected;

e) facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community;

f) coordinating and providing immunisation services to children living or being educated;

g) ensuring that the municipal district is maintained in a clean and sanitary condition.

### HEALTHY ENVIRONMENT, PEOPLE AND COMMUNITY

- ensuring that the municipal district is maintained in a clean and sanitary condition
- monitoring and approving individual domestic septic systems in areas without sewerage
- rubbish collection and management
- developing and maintaining roads, footpaths, physical structures and facilities
- maintain and manage natural environments – bushland, waterways and open parklands
- land use planning
- emergency planning and response (e.g. fire, flood, extreme heat)
- waste management
- monitoring environmental hazards
- enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected
- investigating public health complaints
- registering premises
- inspecting businesses to ensure compliance with food, hygiene and safety requirements
- provide advice and training for food vendors
- community grants program
- partner with health, community health, education and other organisations and community groups
- facilitate the Loddon Healthy Minds Network
- examining nuisance complaints for noise, smells and smoke
- giving pest control advice, including pests with a potential health impact
- management and control of infectious diseases, micro-organisms and medical conditions
- regulation of public aquatic facilities
- coordinating and providing immunisation services to children living or being educated within the municipal district
- providing areas for formal and informal sport and recreation opportunities including walking tracks, reserves, open spaces, playgrounds and swimming pools
- recreation reserve allocation program
- supporting community and sporting groups to apply for funding to upgrade facilities
- access and inclusion program
- creating infrastructure for social environments – community gathering spaces
- provision of aged, children, youth and family services
- freeza and kool skools programs
- partner with North Central Local Learning & Employment Network on a range of programs and activities
OUR POLICIES, PLANS AND STRATEGIES

The Municipal Public Health and Wellbeing Plan is a strategic document that sits alongside and integrates with the Council Plan and the Municipal Strategic Statement.

Council plan

Municipal Strategic Statement

Other plans and strategies

The health and wellbeing of our community is also supported through other Council policies, plans and strategies.
8 OUR HEALTH AND WELLBEING

Our Community

90.1% of Loddon Shire residents believe people in their neighbourhood are willing to help each other out, compared to 74.1% of Victorians.

Four in every five, or 80.5% of residents, felt that they live in a close-knit neighbourhood, compared to the Victorian average estimate of 61%.

Almost 8 out of 10 or 77.8% of Loddon residents feel safe walking alone in their locality after dark, which is significantly more than 55.1% of Victorians.

Loddon is characterised by a much older population than the Victorian average, with a higher level of relative socio-economic disadvantage, more limited access to health and community services and facilities, higher rates of most chronic disease, higher rates of chronic disease risk factors – most notably tobacco smoking and obesity, and higher rates of deaths and hospitalisations from injuries (intentional and unintentional).

Overall, Loddon has poorer health status than regional Victoria and Victoria averages. This is reflected in the relatively high rates of avoidable and premature deaths, lower median age at death, higher proportion of population with two or more chronic diseases, higher admission rates for chronic ambulatory sensitive conditions and a much higher proportion of residents that rate their health as fair or poor.

The World Health Organisation reports that chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths. Other chronic diseases include arthritis, asthma and mental health conditions.

Loddon’s chronic illness

- highest rate of heart attack in Victoria
- proportion of people with diabetes
- social connectedness - spoke to 1-4 people the previous day
- avoidable deaths from COPD (per 100,000 people)
- avoidable deaths from diabetes (per 100,000 people)
- avoidable deaths from cancers (per 100,000 people)
- avoidable deaths from suicide (per 100,000 people)

Loddon:
- 6.2%
- 15.6
- 15.4
- 17

Victoria:
- 5.1%
- 7.4
- 6.3
- 24
- 11
The most common behavioural risk factors for many chronic conditions include smoking, poor diet and nutrition, harmful consumption of alcohol, physical inactivity and cognitive activity. Behavioural risk factors have the opportunity to be a focus for prevention strategies and interventions.

**Loddon’s behavioural risk factors**

<table>
<thead>
<tr>
<th>Current Smokers</th>
<th>Loddon (%)</th>
<th>Victoria (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol related harm</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
<tr>
<td>Obese or overweight</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
<tr>
<td>Enough Fruit each day</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
<tr>
<td>Enough Veggies each day</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
<tr>
<td>Enough Physical Activity</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
<tr>
<td>No Water Consumed daily</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
</tbody>
</table>

Also contributing are background risk factors including age, sex, level of education and genetic composition.

**Loddon’s background risk factors**

<table>
<thead>
<tr>
<th>Year 8</th>
<th>Loddon (%)</th>
<th>Victoria (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 9</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
<tr>
<td>Year 12</td>
<td>Loddon (%)</td>
<td>Victoria (%)</td>
</tr>
</tbody>
</table>

**Proportion of People aged 50 plus**

| Loddon (%) | Victoria (%) |

**Health and wellbeing of our children and families**

**The number of families on low incomes**

In 2011 9.1% of one parent families in Loddon earned less than $299 per week, a higher proportion than both regional Victoria (6.4%) and Victoria (7%). 3.6% of families with children in Loddon earned less than $399 per week compared to 1.7% in regional Victoria and 1.9% in Victoria.

2016 Census data for family household income levels was not available at the time this report was prepared. We do know that in 2016, 31.9% of Loddon households were considered low income (earning less than $650 per week) compared to 22.9% in regional Victoria and 18.3% in Victoria. Loddon also had a higher proportion of households (12.3%) earning under $399 per week compared to regional Victoria (8.4%) and Victoria (7.6%).
Participation in 4, 8, 12 or 18 month Maternal and Child Health key age and stage visits

Participation rates in the Maternal and Child Health key age and stage visits by Loddon children in 2014/15 varied from high participation in six of the key visits, but with rates for the 4 month, 8 month, 12 month and 18 month key age and stage visits being notably lower than the state average.

<table>
<thead>
<tr>
<th></th>
<th>4mth</th>
<th>8mth</th>
<th>12mth</th>
<th>18mth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>82.5%</td>
<td>79.3%</td>
<td>62.1%</td>
<td>61.4%</td>
</tr>
<tr>
<td>Victoria</td>
<td>94.4%</td>
<td>86.4%</td>
<td>83.4%</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

The number of women who smoked during pregnancy

In 2009-11 28.1% of women in Loddon reported smoking during pregnancy. This is higher than regional Victoria at 17.7% and more than double for Victoria at 11.4%.

Protecting our children

In 2010/11 Loddon had higher rates of child abuse substantiations, children who were the subject of care and protection orders and children who were in out of home care compared to Victorian children.

<table>
<thead>
<tr>
<th></th>
<th>Child abuse substantiations</th>
<th>Child with care and protection orders</th>
<th>children in out of home care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>9.8</td>
<td>7.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Victoria</td>
<td>6.7</td>
<td>5.4</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Children classified as vulnerable in the AEDC physical health and wellbeing domain

The Australian Early Development Census (AEDC) provides a snapshot of early childhood development. The AEDC is completed by teachers as children enter their first year of school. The AEDC measures five areas of early childhood development:

- **Physical health and wellbeing**
  Physical readiness for the school day, physical independence, gross and fine motor skills.

- **Social competence**
  Overall social competence, responsibility and respect, approaches to learning, readiness to explore new things.

- **Emotional maturity**
  Pro-social and helping behaviour, anxious, fearful and aggressive behaviour, hyperactivity and inattention.

- **Language and cognitive skills (school based)**
  Basic literacy, interest in literacy/numeracy and memory, advanced literacy, basic numeracy.

- **Communication skills and general knowledge**
  Storytelling ability, communication with adults and children.

In 2015 Loddon had higher proportions of children classified as developmentally vulnerable in three of the five domains, and developmentally at risk in all five domains compared to Victorian averages. Between the 2012 and 2015 AEDC there was a significant increase in the proportion of children classified as vulnerable in the physical health and wellbeing domain.
School absence days, years prep 1 3 4 6
In 2014 students in Loddon had higher average numbers of annual absent days in all primary school years except Year 5 when compared to Victorian averages.

<table>
<thead>
<tr>
<th></th>
<th>Prep</th>
<th>Yr 1</th>
<th>Yr 2</th>
<th>Yr 3</th>
<th>Yr 4</th>
<th>Yr 5</th>
<th>Yr 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>17.2</td>
<td>20.1</td>
<td>15.0</td>
<td>17.2</td>
<td>18.6</td>
<td>13.5</td>
<td>19.1</td>
</tr>
<tr>
<td>Victoria</td>
<td>14.7</td>
<td>14.5</td>
<td>14.0</td>
<td>13.9</td>
<td>13.8</td>
<td>14.2</td>
<td>14.7</td>
</tr>
</tbody>
</table>

per full time equivalent student (govt schools)

Bullying years 5/6
In 2015, double the students in years 5 and 6 in Loddon reported being bullied compared to students in regional Victoria and Victoria.

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>30%</td>
</tr>
<tr>
<td>Regional Victoria</td>
<td>16%</td>
</tr>
<tr>
<td>Victoria</td>
<td>15%</td>
</tr>
</tbody>
</table>

Accidental injury hospitalisations
In the period 2011-2014 Loddon had a slightly higher rate of unintentional hospital admissions for children aged 0-14 compared to regional Victoria and Victoria.

<p>| | |</p>
<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>1349</td>
</tr>
<tr>
<td>Regional Victoria</td>
<td>1312</td>
</tr>
<tr>
<td>Victoria</td>
<td>1202</td>
</tr>
</tbody>
</table>

Average annual rate per 100,000 2012 ERP

Dental health
The proportion of Loddon residents who visit dental health professionals is much lower than Victorian averages. In 2014-16 Children aged 6-12 years and adults accessing public dental health services had a much higher average of missing, decayed or filled teeth.

In 2011-12 Loddon residents were almost twice as likely to rate their dental health as poor compared to Victoria. Loddon residents were less likely to have visited a dental professional in the previous year and 10% of the residents had not visited a dental health professional in the last 10 years.

Last visit to a dental health professional (2011-12)

<table>
<thead>
<tr>
<th></th>
<th>Less than 12 months</th>
<th>1 to 2 years</th>
<th>2 to 5 years</th>
<th>5 to 10 years</th>
<th>More than 10 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>45.7%</td>
<td>12.7%</td>
<td>25.4%</td>
<td>5.8%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Victoria</td>
<td>57.1%</td>
<td>18.1%</td>
<td>14.0%</td>
<td>5.1%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Hospital admission rates for dental conditions in 2014-15 at 3.7 per 1000 of population in Loddon were higher than regional Victoria at 3.1 per 1000 and Victoria at 2.7 per 1000.
Affected family members in reportable family incidents (Family Violence)

In 2016 the rate of family incidents in Loddon was higher than Victoria and in the year preceding the rate of family incidents in Loddon increased by 31%, compared to an increase of 7% across Victoria.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>Change from 2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>1406</td>
<td>31%</td>
</tr>
<tr>
<td>Victoria</td>
<td>1302</td>
<td>7%</td>
</tr>
</tbody>
</table>

Rate per 100,000 2014 ERP

O f the reported family violence incidents in Loddon, children were present at more than a third of all incidents reported.

9 BRINGING THE PLAN TO LIFE

International, national, state and local policy was reviewed, including the Victorian Public Health and Wellbeing Plan 2015-2019 and the Victorian Health and Wellbeing Outcomes Framework, to gain an understanding of the current policy and political context. Local health and wellbeing data was then collated and analysed to develop our local health profile and build a picture of the prominent health and wellbeing issues impacting the community.

The development of the Loddon Public Health and Wellbeing Plan was informed by:

- a review of the broader policy context
- an examination of data relating to the demographic profile, health status and health determinants in the municipality
- consultation with agencies and council officers delivering services relevant to community health and wellbeing
- consultation with the community
  - 140 surveys mailed at random throughout the municipality
  - 100 surveys provided to senior citizen clubs and planned activity groups throughout the municipality
  - provision of online survey – advertised through mayoral column, website, facebook, kindergarten newsletters and on hard copy surveys
  - ‘Our say’ online forum - advertised through mayoral column, website, facebook, kindergarten newsletters and on hard copy surveys
- a review of relevant consultations previously undertaken by Council
- a review of other relevant strategic documents.

10 OUR PARTNERSHIPS

One of the fundamental principles of health promotion is the importance of partnerships and the role they play in creating environments that allow for healthy communities.

Loddon Shire Council has a strong history of working in partnership and utilising strong networking principles to achieve outcomes both in terms of delivering community projects and those pertaining to health and wellbeing.

This Plan has been developed in consultation with key stakeholders, using data and local knowledge to develop a shared vision for our community, including agreed outcomes and measures.
The success of this plan is based on collaboration and strategic partnerships between government, health, education, community service organisations and community interest groups, such as the Loddon Healthy Minds Network.

Individually, agencies are unlikely to have the capacity to address the range of factors that influence health and wellbeing across the municipality and as such, recognise that partnerships with other key agencies and working together is paramount to maximising health and wellbeing outcomes.

This plan not only fulfils Council’s requirements to build strong partnerships but also satisfies the minimum requirements for prevention and health promotion funded organisations as outlined in The Victorian Government’s Advice for Public Health and Wellbeing Planning in Victoria, which strongly emphasises the need for a collective effort by multiple stakeholders to have an impact on the health and wellbeing of communities.

Council facilitates or participates in a number of partnerships, networks and committees that contribute to our community’s health and wellbeing:
Working together

Council acknowledges the participation of a number of agencies and organisations in the development of shared outcomes and measures to support improvements to our community’s health and wellbeing and encourages the continuation of this collaborative commitment as the Plan is implemented. The list below includes agencies who have been involved initially. It is expected that this list will continue to develop as the annual operational plans are developed and implemented.

Anglicare
Bendigo Community Health Service
Bendigo Health
Bendigo Loddon Primary Care Partnership
Boort District Health
Centre for Non-Violence
Department Education and Training
Department Health and Human Services
Dingee Bush Nursing Centre
Inglewood & District Health Service
Loddon Healthy Minds Network
Loddon Neighbourhood Houses
Murray Primary Health Network
North Central Goldfields Regional Library
North Central LLEN*
Northern District Community Health Service
Sportsfocus
Women’s Health Loddon Mallee

*Local Learning and Employment Network

11 CLIMATE CHANGE

The Victorian Climate Change Act 2010 requires Council to consider and address the impacts of climate change on the determinants of health (natural, built, social and economic).

Local communities can be affected by future climate change in many ways. In particular through decreased rainfall, heatwaves in summer and increased severity and frequency of floods, storms and bushfires. The impacts of climate change on a community’s health and wellbeing can be immediate, short term and long-term. They can be direct and indirect.

Direct impacts are those that occur immediately and suddenly either during or after a significant event and typically affect physical and mental health. Examples might include injury, illness or death caused by events like bushfires, floods, heatwaves or other extreme weather. Trauma may also be considered a direct effect. Generally direct health impacts of a climate change event will be addressed in emergency management response plans such as the Municipal Heatwave Plan and the Municipal Emergency Management Plan.

Indirect impacts occur over time, like the long term social, economic and emotional effects of a drought. Examples might include spread of disease, reduced air quality, or anxiety and other mental illnesses caused by impacts on livelihood during drought. Indirect impacts may cause changes to the determinants of health, the conditions of daily living or may exacerbate existing health vulnerabilities and inequities.

Over extended periods, climate change can change the face of communities with people having to leave their land or change the way they farm. Financial pressure can impact on mental health and wellbeing, and we know that incidences of mental health issues, alcohol misuse, domestic violence, chronic disease and short-term unemployment increase after natural disasters.  

5 6
**Outcome**

Increase the capacity of the community to respond to and recover from emergencies.

**Measures of success**

Support vulnerable people in the community, particularly during extreme weather conditions and during emergencies.

Establish relief and recovery centres/services during and after emergencies (when required).

Review the Loddon Heatwave plan.

Finalise the Loddon Pandemic Plan.

Maintain the Vulnerable Persons Register.

Participate in opportunities related to supporting communities through long term seasonal conditions or development of self-sustaining community resilience.

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**12 CONNECTIVITY**

Throughout the consultations and discussions the importance of connectivity as vital infrastructure to support all aspects of health and wellbeing of the Loddon community was identified.

Reliable and affordable internet and mobile phone coverage is essential:

- for access to aged and disability services
- to enable telehealth
- for access to education and employment opportunities
- for safety in emergency situations
- to reduce isolation and support mental health
- for participation at all levels in today’s society.

Connectivity access raises the issue of equity of opportunity and is required to ensure that a digital divide does not entrench disadvantage in the Loddon Shire. As such connectivity and digital access is a stand-alone priority area.

Analysis of the number of households in Loddon Shire with internet connection compared to Regional Victoria and Victoria shows that there is a lower proportion of households with an internet connection.

In 2016, 62% of households in Loddon had an internet connection, compared with 73.5% in Regional Victoria and 79.6% in Victoria.

Compared to 2011 Census data, Loddon households with internet connection increased by 4% compared to increases of 5.1% in Regional Victoria and 5.3% in Victoria.

* 12.6% of our residents did not indicate an internet connection status.
### What the service providers said....

- access requires internet
- literacy needs the internet
- connectivity – digital access
- information and assistance could be delivered through a variety of platforms
- Telehealth
- internet availability, reliability and quality
- mobile phones/internet – mapping for availability
- IT investment needed

### What the community said when asked what would improve access to the internet....

- NBN coverage
- more reliable and faster connection
- more affordable access
- internet access available in my area

Community survey respondents rated their ability to access the internet from one to five, with five being very satisfactory and one being very unsatisfactory.

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Outcome

**Increased internet and mobile connectivity for Loddon communities**

### Measures of success

- use all available opportunities to advocate for improved internet and mobile technology
- investigate opportunities to create wi-fi hubs in local communities
- reduction in mobile blackspots
13 OUR HEALTH AND WELLBEING PRIORITIES

Based on the available health and wellbeing evidence and supported with agency and community consultation, four key strategic priority focus areas have been identified. Within these strategic focus areas, agreed outcomes and measures will inform the operational plans that will be developed annually to guide the work undertaken collaboratively by the partner agencies.

- **Good Physical Health**
- **Good Mental Health**
- **Protect and Promote Health**
- **Feel Safe and Secure**

The following pages present the evidence and information used to identify the focus areas, the links to our Council Plan 2017-2021 and provides the outcomes and measures of success that will be used to monitor the implementation of this plan.
Good Physical Health

What the statistics tell us….

► the highest rate of heart attack of all 79 LGA’s in Victoria
► the second highest rate of cardiac arrest of the 79 LGA’s in Victoria
► in 2014-15, the rate of potentially preventable hospitalisations for dental conditions (3.7) was higher than the Victorian average (2.7)
► recorded rates of avoidable deaths from diabetes for persons aged 0-74 years are more than double the state average
► the number of residents with diabetes more than doubled between 2001 and 2011
► the rates of avoidable deaths from Chronic Obstructive Pulmonary Disease (COPD) was more than double the Victorian average
► the highest rates of deaths were seen for lung cancer
  the rate of lung cancer deaths was almost four times the state average
► rates of avoidable deaths from cancer for persons aged 0-74 at almost double the state average
► after lung cancer, the next highest rate of deaths was seen for bowel cancer, then prostate cancer
► General Practitioner rates per 1,000 population significantly below the state average
► participation rates for breast cancer screening were lower than the Victorian average
► participation rates for bowel cancer screening at 32.1% were below the Victorian average of 36.5%
► the lowest cervical cancer screening participation rate in 2013-2014 in the Murray Primary Health Network area

What the service providers said….

► increase GP access
► increase dental health services
► encourage ante natal program participation
► align services for best possible start for children
► Telehealth
► internet availability, reliability and quality
► mobile phones/internet – mapping for availability
► IT investment needed

What the community (survey) said….

► 77% told us that improving oral health was very important or important
► availability of health, medical services and aged care facilities were valued by residents
► 85% told us that improving early years literacy levels was very important or important
► 34.5% told us that better access to health and support services would improve their health and wellbeing
► 21.1% told us that better access to health and support services was important to them
► 31.5% told us that they or someone close to them had experienced a significant illness in the last 12 months
### Links to the Council Plan

**Social sustainability**
actively promote policies and activities which facilitate community health, harmony and engagement

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measures of success</th>
</tr>
</thead>
</table>
| **Increase healthy start in life** (including increase in oral health) | **Measured every year**
  - increase attendance at Kindergarten
    - using actual attendance data, not just enrolment data
  - decrease rate of potentially preventable dental hospitalisation for children 0-9 years
  - increase proportion of ages and stages checks for Maternal and Child Health, especially at 2 and 3.5 years
| **Measured every three years**
  - data from AEDI – physical health and wellbeing
| **Local measurement to be developed**
  - increase in early years activities at libraries for families to support increased knowledge of early years development
  - increase attendance at other groups e.g. story time
  - monitor systemic data available from the GP’s in schools program (across all focus areas)
  - identify resources to support/trial new and innovative strategies linked to improved social determinates of health in families (Strong Families Strong Children priority area)
  - strengthen partnerships between organisations involved in early years (Vic Health tool) |

<table>
<thead>
<tr>
<th><strong>Outcome</strong></th>
<th>Measures of success</th>
</tr>
</thead>
</table>
| **Reduce preventable disease** | **Measured every year**
  - decrease prevalence rate of type 2 diabetes in adults
  - increase number of health prevention presentations at schools
  - Increase media/promotion of the health prevention/promotion resources available e.g. libraries and community health services |
Reduce preventable disease (continued)

<table>
<thead>
<tr>
<th><strong>Measured every three years</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>increase cancer screening rates – bowel, breast, cervical</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Measurement period to be confirmed</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>increase GP health plans</td>
<td></td>
</tr>
<tr>
<td>increase number of GP’s in Loddon</td>
<td></td>
</tr>
<tr>
<td>improve GP reporting of cancer screening rates</td>
<td></td>
</tr>
</tbody>
</table>
Good Mental Health

What the statistics tell us….

► the number of residents indicating social connectedness by speaking to one to four people the previous day was 21.2% which is almost as high as the Victorian average.
► the suicide rate (2003-2007) was 16.8 in comparison to a Victorian average rate of 11.0. (average annual rate per 100,000 people)
► in 2009-10, the rate of access per population for Mental Health Care plans in Loddon North was approximately 3,500 and in Loddon South approximately 6,500. This compares with a Victorian rate of approximately 9,000.
► percentage rate of the adult population with a lifetime risk of alcohol related harm in 2014 of 60.6% compared to the 59.2% percentage rate in Victoria.
► the number of drug and alcohol clients per 1,000 population in 2014-15 was 7.5, compared to Victorian figure of 5.0.

What the service providers said….

► engagement, inclusion and socialisation
► focus on young people, new parents, gender equity
► links to physical activity and diet
► reducing culture of being tough, not expressing emotion or accessing services

What the community (survey) said….

► 85% told us that they had attended an event that brought people together, such as a fete, show, festival or other community event
► lack of time, no activities of interest and difficulty finding information about activities were the top three things that stopped people from participating in community activities.
► things that would make it easier to participate in community activities included, having activities not involving sport, having more information about what was available, groups and clubs being more inclusive, lower participation costs.
► some issues impacting on communities included, tolerance and inclusion, drugs and alcohol, isolation, mental health, mental health services and stigma related to mental health illness.
► 76% told us that improving mental health was very important or important to them.
► 75% told us that reducing harmful alcohol use was very important or important to them.
► 87% told us that reducing the impact of illegal drug use on the community was very important or important to them.
► 33% valued having a safe community and 20% valued being close to family and friends.
► 4.6% thought that reducing alcohol intake would improve their health and wellbeing.
► 28.7% thought that more opportunities for inclusive social activities would improve their health and wellbeing.
► 4.5% indicated that they or someone close to them had experience alcohol or drug related problems.
► 62% told us that they had good or excellent opportunities to connect with other people.
► ideas from the community to improve opportunities to connect with others included: encourage inclusion, arts and cultural activities, events after work hours, improve information about available activities.
► some benefits of living in Loddon included: welcoming and connected communities, feeling safe, friendly people and willingness of people to help.
### Links to the Council Plan

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measures of success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social sustainability</strong></td>
<td>actively promote policies and activities which facilitate community health, harmony and engagement</td>
</tr>
<tr>
<td><strong>Community engagement</strong></td>
<td>build relationships and foster community engagement, pride and resilience</td>
</tr>
</tbody>
</table>

#### Outcome

**Increase mental wellbeing**

**Measures of success**

*Measured every three years*

- reduction in proportion of adults who report high or very high psychological distress
- reduction in proportion of adolescents 10-17 years who experience psychological distress
- reduction in percentage of population with lifetime risk of alcohol related harm
- improved results in health outcome surveys

**Local measures to be developed**

- libraries
  - education for youth data
  - data on user memberships
- reduction in percentage of population with lifetime risk of alcohol related harm

**Measure period to be confirmed**

- number of GP’s mental health plans
- increased opportunities for community to receive information about activities
- increase in drug harm minimisation activities
- reduce mental health stigma
- continue to facilitate the Loddon Healthy Minds Network

#### Outcome

**Prevent/decrease suicide**

**Measures of success**

*Measured every year*

- decrease suicide rate
- decrease hospitalisations related to self-harm
Protect and Promote Health

**What the statistics tell us….**

- greater proportion of population that were obese and a much higher proportion classified as pre-obese compared to regional Victorian and Victorian averages
- 23% of the population were current smokers, compared to 15.5% in regional Victoria and 13.1% in Victoria
- 30.1% of residents do no physical activity compared to 19.6% or regional Victorians and 18.9% of Victorians
- 21.9% of residents consumed sugar sweetened drinks daily compared to 11.2% of Victorians
- lower proportion consumed the recommended minimum serves of fruit and vegetables compared to the state average

**What the service providers said….**

- increase healthy eating and active living
- influence community groups around their cultures in relation to alcohol, smoking and healthy eating
- all community events model healthy eating
- greater education on the health/economic impacts of smoking

**What the community (survey) said….**

- more than 60% or residents had used a local park or playground, recreation facility or open space or nature space in the last 12 months
- some benefits of living in Loddon included: access to nature, open air/good climate, access to sporting groups and sports facilities, access to a range of activities
- 88% told us that increasing healthier eating (including food safety and access to health food options) was very important and important to them
- 75% told us that tobacco free living (including reducing environmental tobacco smoke in outdoor public places) was very important or important to them
- 75% told us that reducing harmful alcohol use was very important or important to them
- 75% told us that more opportunities for physical activity were very important or important to them
- 87% told us that reducing the impact of illegal drug use on the community was very important or important to them
- 9.4% rated parks and green spaces and 5.2% rated good cycling and footpath networks in the top three things they value in the community
- 59.8% told us that they would like to increase physical activity to improve their health and wellbeing
- 42.5% told us they wanted to improve their health and wellbeing by losing weight
- 36.8% told us that they would like increased healthy food choices to improve their health and wellbeing
- 5.7% told us they wanted to improve their health and wellbeing by stopping smoking
- 4.6% told us that they wanted to improve their health and wellbeing by reducing their alcohol intake
- when asked what the top three most important things to improve the community’s health and wellbeing: 30% better roads and road maintenance, 20% more footpaths, 12.2% better cycling and footpath networks, 8.9% better recreation facilities
### Links to the Council Plan

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Social sustainability</td>
<td>actively promote policies and activities which facilitate community health, harmony and engagement</td>
</tr>
<tr>
<td>Lifestyle infrastructure</td>
<td>provide quality infrastructure which supports the desired lifestyles of our residents</td>
</tr>
<tr>
<td>Infrastructure, amenities and services</td>
<td>support community needs with high standard infrastructure, facilities, services and programs</td>
</tr>
<tr>
<td>Water security</td>
<td>secure adequate water access which supports lifestyle needs and recreational choices</td>
</tr>
</tbody>
</table>

### Outcome

<table>
<thead>
<tr>
<th>Increase healthy eating and active living</th>
<th>Measures of success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>support the establishment of the Loddon Healthy Eating Active Living (HEAL) network</td>
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<tr>
<td></td>
<td><strong>Measured every three years</strong></td>
</tr>
<tr>
<td></td>
<td>increased proportion of adults/adolescents 10-17 years/children 5-12 years, who are sufficiently physically active</td>
</tr>
<tr>
<td></td>
<td>increased proportion of people participating in organised sport</td>
</tr>
<tr>
<td></td>
<td>decreased proportion of people who use electronic media for recreation for more than two hours per day</td>
</tr>
<tr>
<td></td>
<td>increased consumption of fruit and vegetables</td>
</tr>
<tr>
<td></td>
<td>decrease proportion of adults/adolescents/children who consume sugar sweetened beverages daily</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reduce tobacco use and harmful alcohol and drug use</th>
<th>Measures of success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Measured every three years</strong></td>
</tr>
<tr>
<td></td>
<td>decrease proportion of adults who consume alcohol at lifetime risk of harm</td>
</tr>
<tr>
<td></td>
<td>decrease proportion of adolescents 12-17 years who currently smoke</td>
</tr>
<tr>
<td></td>
<td><strong>Local measurement to be developed</strong></td>
</tr>
<tr>
<td></td>
<td>increase number of smoke free events</td>
</tr>
<tr>
<td></td>
<td>increase access to nicotine replacement</td>
</tr>
<tr>
<td></td>
<td>increase compliance with legislated smoking distances from sports grounds</td>
</tr>
<tr>
<td></td>
<td>increase local role modelling and champions re smoking and harmful alcohol use</td>
</tr>
<tr>
<td></td>
<td>increase GP management plans re smoking</td>
</tr>
</tbody>
</table>
Reduce tobacco use and harmful alcohol and drug use (continued)

- increase number of people accessing drug and alcohol services
- increase number of presentations/programs at local sporting clubs, such as ‘Keys Please’ and ‘Look after your mates’.
Feel Safe and Secure

What the statistics tell us….

► the same proportion of males and females report a low level of support for gender equality in relationships
► a notably lower proportion of males who report a low level of support for gender equality in relationships compared to the Victorian average
► a higher proportion of females who report a low level of support for gender equality in relationships compared to the Victorian average
► a higher proportion of population (96.4%) who feel safe walking alone during the day. Of the women who responded, 94.1% reported feeling safe walking alone during the day, compared to 98.4% of men who responded
► 77.8% of residents feel safe walking alone in their community at night compared to the Victorian average of 55.1%. Of the women who responded, 63.9% reported feeling safe walking alone at night, compared to 91.6% of the men who responded
► males are more likely to report they feel safe walking alone in the day time and much more likely to report they feel safe walking alone at night time
► there has been a 50% increase over four years in family violence police reports
► there has been a 33% increase in family violence police reports in the period October 2015-September 2016
► of the 104 reported incidents of family violence in 2016, 67% of the victims were female
► of the reported family violence incidents, children were present at more than a third of all incidents reported

What the service providers said….

► all of community engagement
► voice of women and children
► ability to grow equality
► include bullying, exclusion, stigma, mental health

What the community (survey) said….

► some benefits of living in Loddon included: feeling safe, community connectedness, people looking out for each other
► at 87%, more people rated prevention of violence and injury, particularly family violence as being very important or important than any other health and wellbeing activity
► 33% told us that a safe community was one of the top three things they valued in a community
► 1.1% told us that they or someone close to them had experience trouble with police in the last 12 months

Links to the Council Plan

► Social sustainability
  ◆ actively promote policies and activities which facilitate community health, harmony and engagement
► Quality childcare services
  ◆ optimise the potential for all residents to pursue employment opportunities and lifestyle choices
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measures of success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children are safe, resilient and free from abuse and family violence</strong></td>
<td><strong>Measured every year</strong></td>
</tr>
<tr>
<td></td>
<td>- improvements in focus areas in mental health questionnaire – schools (young children)</td>
</tr>
<tr>
<td></td>
<td>- improvements in focus areas in annual survey - schools</td>
</tr>
<tr>
<td></td>
<td>- MDI (middle years index) being used by all Loddon schools</td>
</tr>
<tr>
<td></td>
<td>- increase training opportunities for agency staff relating to children experiencing trauma</td>
</tr>
<tr>
<td><strong>Measured every three years</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- improvements in Australian Early Development Census (AEDC) and School Entrance Health Questionnaire (SEHQ) survey results</td>
</tr>
<tr>
<td></td>
<td>- improvement in child protection statistics</td>
</tr>
<tr>
<td><strong>Measures to be confirmed</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- L17 police reports – number of children present at reported family violence incidents</td>
</tr>
<tr>
<td></td>
<td>*this may show an increase in reports as awareness increases</td>
</tr>
<tr>
<td></td>
<td>- prioritisation of Strong Families Strong Children priority areas (across all focus areas)</td>
</tr>
<tr>
<td></td>
<td>- increase opportunities for community participation in gender equity/mutual respect activities (to raise gender equity awareness)</td>
</tr>
<tr>
<td><strong>Services are local and accessible</strong></td>
<td><strong>Measured every year</strong></td>
</tr>
<tr>
<td></td>
<td>- rates of family violence recorded by police</td>
</tr>
<tr>
<td></td>
<td>- rates of attendance at family violence incidents by police</td>
</tr>
<tr>
<td><strong>Local measurement to be developed</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- increased education leading to increased reporting rates to police</td>
</tr>
<tr>
<td></td>
<td>- increased access to knowledge and information in community</td>
</tr>
<tr>
<td></td>
<td>- clear pathways established to allow access to family violence support services</td>
</tr>
<tr>
<td></td>
<td>- reduction in Family Violence re- offending</td>
</tr>
<tr>
<td></td>
<td>- support the development of a Loddon Family Violence Network</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td><strong>Measures of success</strong></td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Improve gender equity in Loddon community</strong></td>
<td><strong>Measure period to be determined</strong></td>
</tr>
<tr>
<td>Leadership</td>
<td>education levels across gender</td>
</tr>
<tr>
<td>Work opportunity/participation</td>
<td>increased access to gender sensitive health services</td>
</tr>
<tr>
<td>Community organisations including sporting clubs</td>
<td>adoption of organisational policies and practices that promote gender equality internally</td>
</tr>
<tr>
<td></td>
<td>application of a gender lens to Council planning processes and service delivery</td>
</tr>
<tr>
<td></td>
<td><strong>Local measurement to be developed</strong></td>
</tr>
<tr>
<td></td>
<td>increased representation of women in media/promotional material across organisations, sports clubs/sports participation and at all levels of leadership, providing positive role modelling for both boys and girls.</td>
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<td></td>
<td>monitor gendered participation rates in occupations (where measurable data is available)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome</strong></th>
<th><strong>Measures of success</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Build capacity in workplaces and the community to identify, prevent and address family violence</strong></td>
<td><strong>Measured every year</strong></td>
</tr>
<tr>
<td>Knowledge</td>
<td>curriculum audits – including monitoring of whole of school gender equity/baseline audit as part of the Respectful Relationship program</td>
</tr>
<tr>
<td>Congruency</td>
<td>MDI – student attitudes</td>
</tr>
<tr>
<td>Capacity</td>
<td><strong>Local measurement to be developed</strong></td>
</tr>
<tr>
<td>Preventing and addressing</td>
<td>number of training programs conducted</td>
</tr>
<tr>
<td></td>
<td>number of organisations participating in violence prevention training</td>
</tr>
<tr>
<td></td>
<td>increased number of people in organisations participating in violence prevention training</td>
</tr>
<tr>
<td></td>
<td>increase in number of students who participate in respectful relationships program</td>
</tr>
<tr>
<td></td>
<td>increase in number of organisations who have undertaken an Organisational Gender Audit</td>
</tr>
<tr>
<td></td>
<td>development and distribution of supporting information</td>
</tr>
<tr>
<td></td>
<td>facilitation of the Strong Families Strong Children network and development of the Municipal Early Years Plan</td>
</tr>
</tbody>
</table>
14 IMPLEMENTATION

This Plan is based on priorities identified in the Victorian Public Health and Wellbeing Plan 2015-2019 with a place based approach which responds to the local context. In doing so it focuses on local needs, local priorities and local solutions which maximise results through enabling and leveraging local networks and partnerships.

The Plan will form a framework which articulates the identified shared priorities and measures for health and wellbeing in the Loddon Shire. An annual operational plan will be developed in partnership with key agencies, partners and stakeholders which identifies the activities and initiatives for the following year.

Health and wellbeing is constantly evolving so having an annual operational plan provides the flexibility to adapt to the changing environment and to work collaboratively, using current available evidence to guide action planning.

Implementation framework:

15 MONITORING, REVIEW AND REPORTING

Section 26 (4) of the Public Health and Wellbeing Act 2008 states that: ‘A Council must review its municipal public health and wellbeing plan annually and if appropriate amend the plan.’ This provides a platform for learning what has been successful, what can be done better, or highlight gaps in resources and services.

To support partner agencies that are funded for prevention and health promotion activities, monitoring, review and reporting will be aligned with the requirements detailed in the ‘Advice for public health and wellbeing planning in Victoria: planning cycle 2017-21’.

An evaluation strategy will be developed to guide the process, using a combination of qualitative and quantitative mechanisms (identified as measures in the plan) to assess the impact of the Plan on the health and wellbeing of the community.

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

The annual review will provide an important chance to reflect and celebrate the achievements of the plan, inform other related plans and policies, strengthen networks and partnerships and inform resource allocation.
who are we

our heritage

the percentage of our people who were born overseas from 2001 - 2016

7%  6.5%  14.3%  20.2%

Top 5 other countries of birth

2.2% England
0.9% Philippines
0.8% New Zealand
0.4% Netherlands
0.4% Germany

in 2016 the Philippines entered the top five most common countries of birth

our population

the proportion of men and women in our population has remained the same in the last three census with only a small change from 2001 with the number of females increasing and males decreasing by 1% each

49%  51%

our age

our average age increased disproportionately compared to Victoria and Australia in 2011

2006  2011  2016

Loddon  Victoria  Australia

the average age increase between the 2011 and 2016 Census was in line with the increase in average age across Australia
in 2011 the population in Loddon was projected to decrease by 8% between 2016 and 2031. This equates to 558 people. Will this change when the 2016 census population trend data is released? The population in Victoria is expected to increase by 28% in the same period.

Age range by percentage of population

**Loddon**

- 0-14: 17% 16% 12%
- 15-64: 50% 57% 48%
- 65+: 24% 27% 40%

**Victoria**

- 0-14: 19% 18% 18%
- 15-64: 67% 66% 63%
- 65+: 14% 16% 19%
How we live

Our median weekly household income increased by 20% from 2011 to 2016 compared to a 17% increase across Victoria in the same period.

- Loddon: $826, 20% increase
- Victoria: $686

Our household income

- 36.4% of Loddon households earn less than $650 per week.
- 20.3% of Victoria households earn less than $650 per week.
- 15.5% of Victoria households earn more than $3000 per week.
- 3.9% of Loddon households earn more than $3000 per week.

Our housing

- 78.2% of Loddon residents are home owners.
- 67.6% of Victoria residents are home owners.
- 16.3% of Loddon residents live in rental accommodation.
- 28.7% of Victoria residents live in rental accommodation.
- Loddon's monthly median loan repayments increased by 6.7% from 2011 to 2016.
- Victoria's monthly median loan repayments increased by 1.6% from 2011 to 2016.
- Loddon's monthly median rental payments increased by 25% from 2011 to 2016.
- Victoria's monthly median rental payments increased by 17% from 2011 to 2016.

The percentage of Loddon residents who own their homes outright down by 15.4% since 2001.

The percentage of Victorian residents who own their homes outright down by 10.6% since 2001.
Volunteers

The percentage of our residents who did voluntary work for an organisation of group

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loddon</td>
<td>34.1</td>
<td>31.7</td>
</tr>
<tr>
<td>Victoria</td>
<td>17.7</td>
<td>19.2</td>
</tr>
</tbody>
</table>

Employment by Industry

Agriculture (including forestry and fishing) as a percentage of employment is significantly higher in comparison to Regional Victoria and Victoria in 2011

- Loddon Regional Victoria: 37.1%
- Victoria: 7.8%
- Regional Victoria: 2.3%

Employment

Since 2001 the number of people in full time employment has progressively decreased while part time employment has progressively increased

<table>
<thead>
<tr>
<th>Year</th>
<th>Full time</th>
<th>Part time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>62.2%</td>
<td>27.1%</td>
</tr>
<tr>
<td>2006</td>
<td>59.9%</td>
<td>28.2%</td>
</tr>
<tr>
<td>2011</td>
<td>57.9%</td>
<td>30.1%</td>
</tr>
</tbody>
</table>

Unemployment

Unemployment in Loddon in 2016 - down from 8% in 2014
Victoria (2016) - 5.8%

6.5%
Average number of children per family
- no change since 2011

In Victoria the average number of children per family reduced from 1.9 in 2011 to 1.8 in 2016

households

family/couple households

- 65% Loddon
- 71% Victoria

lone households

- 14% Loddon
- 10% Victoria

couples

couples with children

- 46% Victoria
- 34% Loddon

couples without children

- 52% Victoria
- 37% Loddon

couples with children in Loddon have progressively decreased by 8.6% since 2001

couples without children in Loddon have progressively increased by 7.4% since 2001

one parent households

13% of our families are one parent families compared to 15% in Victoria

27% of our lone parents are male - up from 25% in 2011
73% of our lone parents are female - down from 75% in 2011

marital status

- 51% Loddon
- 48.4% Victoria

- 14.6% Loddon
- 10.9% Victoria

- 8.2% Loddon
- 5.2% Victoria

- 26.3% Loddon
- 35.5% Victoria

since 2001 the number of our residents who are widowed remained stable, registered marriages decreased by 6% while separations and those not marrying both increased by 3%
in 2015 the AEDC profile placed children at school entry level in the 'developmentally at risk' percentile in all five development areas, and in the 'developmentally vulnerable' percentile in three of the five development areas.

between 2012 and 2015, the AEDC calculated that there was a significant increase in the proportion of Loddon children classified as vulnerable in the physical health and wellbeing domain.

the number of males who completed Year 12 (or equivalent) increased from 20% in 2006 to 22% in 2011.

the number of females who completed Year 12 (or equivalent) increased from 27% in 2006 to 32% in 2011.
17 REFERENCES

1. Putting People Back in the Picture, Victorian Council of Social Services
3. The World Health Organization (WHO)
   http://www.who.int/social_determinants/sdh_definition/en/
   Chronic diseases: http://www.who.int/chp/en/

- Victorian Public Health and Wellbeing Plan 2015-2019
- Victorian health and wellbeing outcomes framework
- Victorian health and wellbeing data dictionary

2011 and 2016 Census of Population and Housing, Basic Community Profiles, ABS 2012

Australian Early Development Census Community Profile for Greater Bendigo and Loddon 2015, AEDC 2016


Socio-economic Index for Areas (SEIFA) 2011, ABS 2013


Loddon schools Middle Development Index (MDI) data

Victorian Population Health survey 2014

VicHealth data
http://www.exploreyourdata.com.au/?utm_source=MAV+bulletins&utm_campaign=5ebbcbf1ce-EMAIL_CAMPAIGN_2016_11_17&utm_medium=email&utm_term=0_a2ddb8ef89-5ebbcbf1ce-82456501