



**WEST  
WIMMERA  
SHIRE COUNCIL**



# **Municipal Public Health & Wellbeing Plan 2017 - 2021**

*The best of country living*



# WEST WIMMERA SHIRE COUNCIL

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## WEST WIMMERA SHIRE COUNCIL

### From the Mayor

On behalf of West Wimmera Shire Council, I am pleased to present our Municipal Public Health & Wellbeing Plan for 2017-2021.

Our Shire is home to some 4,000 people with diverse health and wellbeing needs within a rural and regional setting. This Plan seeks to support our residents by protecting, improving and promoting public health and wellbeing for current and future generations.

**Councillor Bruce Meyer, Mayor**

### From the CEO

The Municipal Public Health & Wellbeing Plan for 2017-2021 has direct links to the recently adopted Council Plan 2017-2021, which states “West Wimmera Shire values its resident population and its wellbeing. This will be demonstrated through the promotion of viable and sustainable communities, the retention of the current population and support to grow communities”.

Through this Plan, Council will continue to work towards creating an environment which is supportive of residents’ health and wellbeing by developing health policies and programs, enforcing public health standards, facilitating and supporting local agencies, providing immunisation services and ensuring that the Shire is maintained in a clean and sanitary condition.

Council also plans to advocate on behalf of the community to reduce the gaps in service delivery for various health-related issues and community connectedness issues. Examples of this include promoting better access to mental health services, providing mental health first-aid training, and assisting in improving public transport links across the region.

**Mr David Leahy, CEO**



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Picture 1. West Wimmera Shire Council Region



## Community Vision Statement

Our West Wimmera communities are healthy, thriving, diverse, harmonious, prosperous and self-sustaining, with regional and global connectivity.

## West Wimmera Shire Council Values

1. West Wimmera Shire values its resident population and its wellbeing. This will be demonstrated through the promotion of viable and sustainable communities, the retention of the current population and support to grow communities.
2. West Wimmera Shire values good governance and transparent decision making. Supporting Community Groups and advocating on their behalf will enable open dialogue to occur with residents.
3. Representing the whole of West Wimmera is valued highly by Councillors. Eliminating any perception of a geographical divide will greatly benefit everyone.
4. A connected community, both via transport infrastructure and modern digital technology that enables us to be connected to the world for business and education.
5. Partnerships (locally, regionally and with government) are valued as a way of ensuring sustainable service delivery.



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### West Wimmera Shire Locality

West Wimmera Shire is situated along the Victoria - South Australia border is truly the "Land of Diversity" - diversity of land use and suitability, business enterprise opportunities, climatic conditions and country lifestyle, as well as the 21st century technology opportunities available to people and businesses in metropolitan and regional cities.

Noted for its natural attractions and many unique and exciting country events West Wimmera Shire boasts generous open spaces, low density housing, complemented by significant natural vegetation and several lakes including Lake Wallace in Edenhope.

We offer some of the most envied qualities of rural living in Australia - space, freedom, climate and opportunity with some of the best farmland in the state.

Our Shire is approximately 9,108 square kilometres with a population of 3,897 (2015, Appendix 3). It is centrally located in the South Eastern Australian "food bowl" between Melbourne and Adelaide and stretches along the Victorian and South Australian borders from the Big Desert in the North to Chetwynd in the South.

The main townships are Edenhope and Kaniva with smaller rural areas including Harrow, Goroke, Serviceton, Dergholm and Apsley.

Along with all areas of Australia, the Wimmera is experiencing climatic changes. This is showing an ongoing increase in average temperature, with more days over 30 degrees Celsius in the summer months. Evidence predicts an overall decline in average rainfall, but heavier downfalls and an increased risk of flash flooding when rainfall does occur.

### What is a Municipal Public Health and Wellbeing Plan?

The Victorian Public Health and Wellbeing Plan 2015-2019 contains the Victorian Government's health and wellbeing strategies to achieve the best possible health and wellbeing for all Victorians. Local government Public Health and Wellbeing Plans play an important part of the health and wellbeing strategy for Victoria.

Linked to the Victorian Public Health and Wellbeing Plan, and obliged by section 26 of the *Public Health and Wellbeing Act 2008*, Council's Municipal Public Health and Wellbeing Plan (MPHWP) outlines Council's strategy for community health and wellbeing. The *Public Health and Wellbeing Act 2008* requires that a Municipal Public Health and Wellbeing Plan include the following:

- include an examination of data about health status and health determinants in the municipal district;
- identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing;
- specify measures to prevent family violence and respond to the needs of victims of family violence in the local community;



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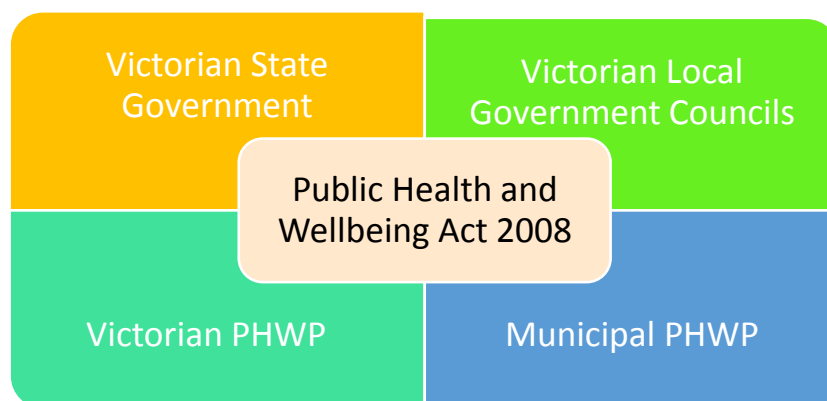
- provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan;
- specify how the Council will work in partnership with the Department of Health and Human Services (DHHS) and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.

The Municipal Public Health and Wellbeing Plan must-

- be consistent with the Council Plan;
- be consistent with the Municipal Strategic Statement prepared under section 12A of the Planning and Environment Act 1987;
- consider the Victorian Public Health and Wellbeing Plan;
- be evaluated annually.

Embracing the challenge to create significant health and wellbeing policy in the face of competing priorities coupled with diminishing fiscal resources, West Wimmera Shire Council's Municipal Public Health and Wellbeing Plan documents health and wellbeing priorities relevant to the local communities, Council's Plan 2017-2021 and the Victorian Public Health and Wellbeing Plan 2015-2019.

Figure 2. Public Health and Wellbeing Plan Documents and Author Responsibility





### Victorian Public Health and Wellbeing Plan 2015-2019 Scope and Policy.

The Victorian Public Health and Wellbeing Plan provides guidance and direction for health and wellbeing strategies and goals necessary to achieve the Victorian health and wellbeing vision. There is a strong focus on prevention, the determinants

of health and wellbeing, and whole of government approach. The complexity of health and wellbeing planning to effectively target health challenges has been partly ameliorated with strategic methods that are informed by a life course approach, and the alignment of health and wellbeing priorities for action and platforms for change with health and wellbeing outcomes.

*A Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age.*

*Victorian Public Health and Wellbeing Plan 2015-2019.*

There is a strengthened focus on outcomes though the monitoring of health data and health indicators. Victorian health and wellbeing strategy involves allocating defined actions to identified health and wellbeing challenges and monitoring the outcomes. Short and long-term monitoring will reveal progress towards the health and wellbeing vision. Changes in health and wellbeing indicators and data can demonstrate the impacts of health and wellbeing strategies and policy.

#### *Victorian Health and Wellbeing Challenges*

The Victorian Public Health and Wellbeing Plan acknowledged that health inequalities can result from, or lead to, other life inequalities. Housing, education, employment, transport and service accessibility, domestic violence and nutrition are examples of health and wellbeing inequities that may be experienced by people consistently or occasionally during their life. The greatest health and wellbeing improvements can be realised among the most disadvantaged groups.

#### *Life Course Approach*

Avoidable chronic illness and associated health inequalities must be addressed across all stages of life to facilitate lasting positive health impacts. There are four main life stages identified by the Victorian Public Health and Wellbeing Plan.

The development of West Wimmera Shire public health and wellbeing priorities considered the four life stages:

- Starting well
- Resilience in adolescence and youth
- Healthy adulthood



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- Active and healthy aging

As well as developing public health and wellbeing priorities to be relevant across the lifecycle, the priorities need to consider local demographics and challenges. West Wimmera Shire has an aging population. Our public health and wellbeing priorities emphasises the needs of our aging population.

### *Health & Wellbeing Platforms for Change*

Three unique but related platforms for change have been identified to provide affected communities with guidance as to the areas where health and wellbeing interventions can be targeted. Communities can prioritise health and wellbeing according to their specific needs, with the platforms providing a guidance framework.

Healthy and sustainable environments, place-based approaches and person-centred approaches have guided our West Wimmera public health and wellbeing priorities. We are looking towards the future to provide West Wimmera with the kinds of infrastructure, natural and built, that supports active and healthy living, and to welcome exiting and new community members to utilize all that is available.

As a rural and regional area, West Wimmera Shire has unique challenges compared to the metropolitan areas of Victoria. For example, access to health and wellbeing services is a challenge for communities that are geographically fragmented and have limited resources. Access issues such as these have been considered within our public health and wellbeing priorities.

Ultimately, it is the West Wimmera Shire people who are the core recipients of local public health and wellbeing priorities. From the positive health and wellbeing outcomes identified for Victorians, local outcomes have been extrapolated for the people of West Wimmera Shire. Developed strategies consider implementation needs, including human, infrastructure and other resources, responsible agencies, advocacy and individual involvement.

### *Victorian Health & Wellbeing Priorities for Action*

The health and wellbeing priorities recognise that many diseases and conditions share common risks, determinants and protective factors. The Victorian priorities for action have informed our West Wimmera Shire public health priorities. This has been further informed by community consultation. We asked residents what they considered to be priority issues, and sought evidence of change in these areas.

*The link between poor health and poverty is clear: those with the least resources suffer more from avoidable illness and reduced life expectancy, often across generations. These inequalities are particularly evident for Aboriginal Victorians.*

*Victorian Public Health and Wellbeing Plan 2015-2019*





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## Health & Wellbeing Outcomes Summary

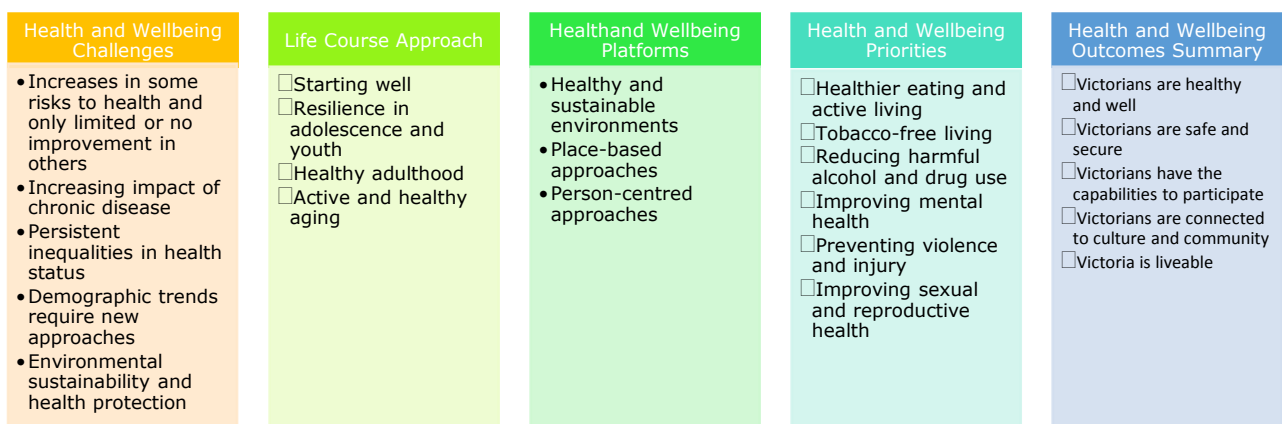
Post 2008, the Victorian Public Health and Wellbeing Plans establish a stronger focus on outcomes, targets and accountability. The Victorian Government creates health and wellbeing targets based on World Health Organization targets, providing real and measurable goals.

The Outcomes Framework is the long-term program that monitors changes in Victorian health and wellbeing data and indicators. The Outcomes Summary shows five areas formed from grouping over 30 data national and Victorian data sources.

The outcomes have been created to allow for health and wellbeing changes to be monitored, and changes in health and wellbeing indicators to be linked to health and wellbeing strategies. Short term and long-term monitoring will reveal changes in health and wellbeing indicators. Victorians will be able to see changes in health and wellbeing brought about by health and wellbeing strategy, policy and actions.

West Wimmera Shire Council has used health and wellbeing data to inform our health and wellbeing priorities, and to review our previous municipal public health and wellbeing plan. Our local area shares similar preventable disease burdens with Victoria and the rest of the nation. We want to be able to monitor our local health and wellbeing progress in the short term and long term, and having health and wellbeing priorities that can be measured will allow us to do that. It is also important that the local outcomes can be linked to local strategies and programs, and we have also kept this in mind when developing our local health and wellbeing priorities.

Figure 3. Victorian Health and Wellbeing Priorities and Outcomes





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### Council's Role in Health and Wellbeing

Council has direct and indirect roles and responsibilities for health and wellbeing *protection, prevention and promotion*. The *Public Health and Wellbeing Act 2008* states that Council must seek to protect, improve and promote public health and wellbeing in the municipality by:

- 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;
- initiating, supporting and managing public health planning processes at the local government level;
- developing and implementing public health policies and programs within the municipal district;
- developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected;
- 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;
- co-ordinating and providing immunisation services to children living or being educated within the municipal district;
- ensuring that the municipal district is maintained in a clean and sanitary condition

### What is West Wimmera Shire Council already doing for Municipal Public Health and Wellbeing?

#### *Partnerships*

West Wimmera Shire Council relies on partnerships and resource sharing to provide some of the health and wellbeing opportunities.

*"It is recognised that WWSC has a leadership role in actively supporting and assisting its partners in implementing public health and wellbeing goals and objectives"*

Collaborative health partnerships achieve outcomes for the community by sharing skills and knowledge and pooling resources to focus on joint outcomes and to eliminate duplication.

The partnership and collaboration between WWSC and Wimmera Primary Care Partnership (PCP) is essential for the health and wellbeing outcomes for the region.

The Wimmera Primary Care Partnership is made up of twenty-seven-member agencies, including local government, welfare, disability, primary health care, health services, social services and education. We have four health services spread over fourteen campuses and two bush nursing centres. The Wimmera Primary Care Partnership region covers some 28,041 square kilometres and services a population of 38,375



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including the Local Government Areas of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City. (Wimmera PCP, 2017).

As West Wimmera Shire Council continues to improve our health and wellbeing IQ, we will seek to improve linkages with our strategies and plans with that of our partners strategies and plans. As we implement and review this MPHWP, we will continue to look for ways to improve partnerships and links for the next MPHWP for 2021-2025.

There are three main focuses of our health and wellbeing partnerships:

1. Support existing and emerging health and wellbeing programs provided by our health and wellbeing partners.
2. Identify new health and wellbeing initiatives with our health and wellbeing partners.
3. Identify potential new health and wellbeing partnerships.

West Wimmera Shire Council also has partnerships within the local community. Volunteer services are integral to the West Wimmera Shire community, and are rightly acknowledged. Essential services such as the Edenhope Community Car and the Kaniva Volunteer Taxi Service are possible only because of the generosity of the local community members.

### *Statutory tasks and core responsibilities.*

As we execute many of our statutory responsibilities we work to create healthy and sustainable environments. These duties focus on protecting the community from communicable disease, public health risks and environmental harm. Although not every health and wellbeing responsibility is directly addressed in the municipal public health and wellbeing priorities, they do impact on health and wellbeing, and represent a significant portion of West Wimmera Shire Council's public health and wellbeing capacity. These are classed as 'core functions' of Council and range from enforcement of legislation through to health education and promotion. Examples include:

- Managing and implementing immunisation programs, and tracking immunisation rates. West Wimmera Shire community has some of the best childhood immunisation rates in the nation.
- Investigating and resolving nuisance and pollution incidents, food borne outbreaks and food complaints.
- Educating the community about vector borne illness or food safety during emergency and recovery.
- Food and water sampling.
- Inspecting and registering public health risk premises, cooling towers and accommodation, and fixed, mobile and temporary food premises.
- Implementing Domestic Waste Water Management Program.
- Implementing Mosquito Management Program.

The progression of 'Target 10,000' will require Council to establish efficient and effective systems and policies to adapt to the predicted increase in core function tasks.



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As population grows and density changes in residential areas, the incidence of public health and environmental nuisance may increase. Council will plan and adapt to increased nuisance management as population increases. Maintaining immunisation rates alongside incremental population growth will require planning. Confidence that healthy environments are inspected and maintained by Council is important for community satisfaction and population growth projects.

### *Community services and health related services*

Council has existing services and programs linked to health and wellbeing outcomes. Supporting childhood literacy, for example, links to improving literacy rates, and higher literacy rates are linked to better health and wellbeing outcomes.

In the area of Child and Family Council offers services in early learning including the Let's Read Program; maternal and child health clinics, and immunisation services.

Youth services include FreeZA and The Push, to support social inclusion for youth in regional and rural areas. There is also the Mates mentoring program and eHeadspace counselling service.

## West Wimmera Shire Health Services

### *Health services*

Kaniva is serviced by *West Wimmera Health Service (WWHS)*, and has a hospital and associated services, and ancillary services visiting from Nhill (WWHS's headquarters). Obstetrics services are provided at Nhill, as are a limited number of visiting specialists.

Kaniva has a Doctors surgery and a pharmacy within the township, but no dentist. The nearest public dentist is within the townships of Nhill or Bordertown.

Edenhope is serviced by the *Edenhope & District Memorial Hospital*, which provides Accident & Emergency, Acute Care, Surgery, Aged Care and a range of Community Health and support services.

Kaniva & Edenhope operate 24 hrs Ambulance branches. These are run by professional paramedics who are supported by volunteer community officers (ACO's). These branches provide service to the whole of West Wimmera Shire.

Prenatal and postnatal care is provided at hospital, with no maternity services available at the hospital but Maternal and Child Health Services through the Shire are available. This also impacts on the accuracy of population figures between census dates, due to the morbidity outside of our shire and the reporting practices. Edenhope is serviced by a Doctors surgery and a pharmacy, as well as a dentist that services both private and public patients

*Goroke Community Health Centre* serves the small community of Goroke, and is part of the West Wimmera Health Service. Doctor's visit twice a week from other nearby towns, and a wide variety of other services are provided at set intervals.



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*Harrow Bush Nursing Centre* provides district nursing, accident & emergency nursing, visiting GP services and other ancillary services at set intervals.

The Harrow Bush Nursing Centre also encourages other activities which impact the health and wellbeing of the community, such as Book Club, Men's Shed, Neighbourhood House, Kinder Gym, Line Dancing, and Singing Group.

### *External Health Services*

Community members may have to make specialist appointments in Horsham, Ballarat, Mt Gambier (SA), as well as Melbourne and Adelaide. This can be difficult for those unable to drive, but services are available to assist with this, such as the community car service.

### *Maternal & Child Health*

The Shire has a highly dedicated maternal and child health nurse who provides a service to new mothers, including regular health checks for babies and small children, home visits where required, immunisation, referral to other services such as postnatal depression groups, and a listening professional ear. The dedication of the maternal and child health nurse sees the West Wimmera have high immunisation rates throughout the shire.

### *Home & Community Care*

Home and Community Care (HACC) is provided through both the Shire and local health services, aiding the frail aged and other people with disabilities in their homes. Meals on Wheels are provided as part of this service.

### *Men's Shed*

Council supports the ongoing work of the Men's Sheds with there being four groups within the Shire at Edenhope, Kaniva, Goroke and Harrow. Providing men in the shire a place to get together and work on projects with there being opportunity to discuss men's health issues at these informal gatherings as well.

## Preparing West Wimmera Shire Council's Municipal Public Health and Wellbeing Plan

Information comes from different sources to inform our MPHWP. We have reviewed the previous MPHWP, identified our health and wellbeing partnerships, reviewed strategic and other plans, and examined relevant health and wellbeing data.

### *Linking MPHWP with Council's Other Plans*

When creating policies and plans, Council must demonstrate relationships between various local and state plans. Included in this requirement is the linking of municipal public health and wellbeing plans with local and state plans.



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Section 26 of the *Victorian Public Health and Wellbeing Act 1997* states that the Municipal Public Health and Wellbeing Plan must-

- be consistent with the Council Plan;
- be consistent with the municipal strategic statement prepared under section 12A of the Planning and Environment Act 1987;

West Wimmera Shire Council's Strategic Objectives are centred around community, recognising that the strength of the community relies on the health and wellbeing of individuals, and that improvements for the community can affect positive change for the region.

*Maintaining or improving the total quality of life for the residents of West Wimmera.*  
*WWSC Council Plan 2017-2021*

By focusing on improving the quality of life for the residents of the community, the *Council Plan* is linked to the Municipal Public Health and Wellbeing Plan. Health inequalities can result from, or lead to, other inequalities. Remote settings exacerbate other health indicators, which is the reality for the communities of West Wimmera Shire.

Current demographics and population projections reveal the region's population decline and the changing demographic profile (Appendix 2 & 3). Accomplishing the vision to increase the West Wimmera Shire population, cultivating stable and sustainable communities, will address direct and indirect challenges arising from current population decline. Referencing 'Target 10,000' in our public health and wellbeing priorities demonstrates the interdependency of population demographics and public health and wellbeing outcomes.

In developing the West Wimmera Shire Council Plan 2017-2021, the West Wimmera Shire Council has identified strategic priorities for the community.

### **West Wimmera Shire Council Strategic Objectives from *West Wimmera Shire Council Plan 2017-2021***

A proactive, well governed, professional and financially sustainable organisation that encourages community participation.

Meaningful partnerships to support advocacy priorities and service provision.

Quality sustainable community services and infrastructure.

Building on our agricultural and business strengths and supporting economic development.

Thriving, safe and diverse local communities.

Participating in activities that address health and wellbeing issues.

Providing access to and promoting the natural environment.



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The West Wimmera Planning Scheme contains Council's Municipal Strategic Statement (MSS). The MSS is a statement identifying the overall planning and development approach for the local area and this is another local strategic policy relationship that must be considered during the development of the MPHWP.

Sustainable economic, social and environmental perspectives drive the local development approach. Sustainable approaches are vital to a region that is tackling declines in

*West Wimmera Shire Council applies an integrated approach to land use planning which considers sustainable economic, social and environmental perspectives.*  
*Municipal Strategic Statement, WWSC*

population and fiscal resources, and sustainability is consistently present across the West Wimmera Shire Council plans. The MPHWP priorities integrate with the local development approach. Any Shire development designed and developed during the next four years will consider how it can support the public health and wellbeing priorities. Infrastructure identified as necessary for achieving public health and wellbeing priority outcomes will consider the MSS to ensure development occurs in line with the intentions.

In addition to the Council Plan and MSS, West Wimmera Shire Council Municipal Public Health and Wellbeing Plan links to other strategic plans, internally and with partnership stakeholders.

### **West Wimmera Shire Council Plans and Partnership Plans Linked to MPHWP**

Domestic Waste Water Plan

Domestic Animal Management Plan 2017-2021

Communities of Respect and Equity (CoRE) Regional Plan 2016-2020

Economic Development Action Plan 2016-2018

Economic Development Strategy

Edenhope and District Memorial Hospital IHP Action Plan 2017-2021

Edenhope and District Memorial Hospital Strategic Plan 2017-2021

Emergency Management Plan

Municipal Public Health and Wellbeing Plan 2013-2017

Recreational Trails Strategy

Social Infrastructure Study – Aspley Edenhope

Social Infrastructure Study – Goroke Harrow

Social Infrastructure Study – Kaniva District

\*Early Years Plan – currently being reviewed for renewal

\*Improved Liveability of Older People – currently being reviewed for renewal

\*Youth Services Plan – currently being reviewed for renewal



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Home and Community Care Common Diversity Plan

Home and Community Care Common Standards Improvement Plan

\*West Wimmera Shire Council Access and Inclusion Plan - Draft

West Wimmera Shire Council & Edenhope Hospital Active Service Model

Wimmera Primary Care Partnership Strategic Plan 2017-2021

Wimmera Southern Mallee Health Prevention Strategic Plan 2017-2021

\*As Council plans become updated and developed they can be linked to the MPHWP and the MPHWP can identify them during the annual review process.

### *Health and Climate Adaptation*

The community impact of climate change requires local climate action from Councils to ensure local services for infrastructure, development and planning, public and environmental health can meet the changing demands. The Victorian *Climate Change Act 2017* requires key government decision makers to 'have regard to climate change' when making certain decisions. The relationship between climate change and public health and wellbeing is reflected in Council's responsibilities and the requirement to have the two strategic plans linked.

Victorian communities will experience the impacts of climate change in many ways, such as: changing frequency and severity of weather events including rainfall patterns and amounts, increased frequency and intensity of summer heat waves, increased frequency and intensity of bushfires, changes in seasonal patterns of temperature and rainfall, and changes in flood and storm patterns and intensity; and indirectly as the built and natural environments react and respond to the changing weather patterns and climate. Examples of indirect climate change can include, but are not limited to: increased rates and changing locales of vector born illness, increased heat-stress for vulnerable populations, increased pressure on energy infrastructure, planning and development challenges for coastal and inland water regions.

Two local examples of climate change impacts include:

- the aging WWSC population at risk of heat-stress.
- the WWSC environment and population affected by the changing frequency and intensity of bushfire, drought and flood.

WWSC incorporates climate adaptation strategies into local area policies and planning. For example, the *Emergency Management Plan* reflects climate adaptation strategies as part of the processes around emergencies, such as bushfires and floods. The Mosquito Control Program in partnership with the DHHS is an example of a proactive partnership response to an increased risk - the increased risk of mosquito borne illness.





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### *Addressing Domestic Violence in Our Communities*

Recommendation 94 from the *Royal Commission into Family Violence Report*, states that councils “report on the measures they propose to take to reduce family violence and respond to the needs of victims”. Family violence and municipal public health and wellbeing planning guides from DHHS identify several ways in which Council can proactively address family violence:

- local leadership
- planning
- developing facilities and creating safe public environments
- service provision and
- as an employer and procurer.

West Wimmera Shire Council supports the work of Women’s Health Grampians (WHG) and is in partnership with WHG through the CoRE Alliance (Communities of Respect and Equality). The 2016-2020 CoRE Regional Plan, the *Plan to Prevent Violence against Women and their Children in the Grampians Region* identifies Wimmera Councils as having some of the highest rates of reported domestic violence in Victoria. With support through the Alliance, West Wimmera Shire Council will work towards a safe and equitable society by reducing the rates of domestic violence in our community.

Gender inequity is recognised as the key precursor to domestic violence and West Wimmera Shire Council will continue to look for opportunities to embed gender equity in the Council workplace and to promote gender equity in the local community. By participating in the Act@Work program established by WHG, West Wimmera Shire Council will be a leading advocate for gender equality in the West Wimmera Shire community.

### *Evaluation and Recommendations from Municipal Public Health and Wellbeing Plan 2013-2017.*

Addressing preventable disease continues to be a priority for all Australian and the community of West Wimmera Shire is no exception. These health and wellbeing objectives are enduring and to effect positive change can take many years. As such relevant health and wellbeing priorities from the 2013-2017 MPHWP have been refined and continued into the 2017-2021 MPHWP.

Economic stimulus and population growth persist as prevailing issues for the region identified in key Council documents including the Council Plan 2017-2021. This is maintained in the 2017-2021 MPHWP.

The strategies from West Wimmera Shire Council Municipal Public Health and Wellbeing Plan 2013-2017 have been evaluated (Appendix 1). Activities have been achieved in areas of core business. Some of the strategies to effect change for community health and wellbeing have been difficult to measure. Measurable outcomes are important to



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indicate change. The Victorian Government has identified measurability as an important quality of MPHWP. As such, the 2017-2021 MPHWP has included more measurable actions.

### *Community engagement*

For the 2017-2021 MPHWP West Wimmera Shire Council sought to engage the community via anonymous survey. Council has used the information to inform the development of public health and wellbeing priority actions, reflecting the community's ranking.

Survey sheets were mailed to West Wimmera residents as identified by Council's database. Electronic access to the survey was made available through Council's website. The survey was available during April and May 2017.

One hundred and ten (110) people responded to Council's survey. Twenty respondents utilised the electronic access for the survey, available on Council's website. The remainder chose the hard copy survey and returned the completed survey to a designated survey collection point in the West Wimmera community. Most respondents were female (70%). Half of the respondents were aged 65-84 years (51%) (Appendix 3. Graphs 1 & 2).

The respondents were asked to rank public health and wellbeing issues in order of importance. Analysis of 110 survey results identified the following order of importance, from most important to least important, of public health and wellbeing issues. (Appendix 3. Graph 3).

### **Public health and wellbeing priorities from community survey**

Most important	1. Healthier Eating and Active Living
	2. Improving Mental Health
	3. Reducing Harmful Alcohol and Drug Use
	4. Preventing Violence and Injury
	5. Tobacco Free Living
Least Important	6. Improving Sexual and Reproductive Health

Just over a quarter (27.52%) of respondents stated they felt '*informed*' or '*very informed*' about Council's public health and wellbeing programs, leaving nearly three quarters (72.48%) of respondents feeling '*somewhat informed*' or *less* (Appendix 3. Graph 4.).

Less than a quarter of respondents (21%) felt that Council was '*very*' or '*extremely effective*' at addressing public health and wellbeing issues at the local level, with nearly eighty percent (80%) of respondents feeling that Council was '*somewhat effective*' or *less* (Appendix 3. Graph 5).



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Forty-nine (49) respondents provided comments to the comment question: “*Do you have -any comments or suggestions about public health and wellbeing at the local government level that you would like to share with West Wimmera Shire Council?*”.

Just over a quarter of the comments (26%) were about Council’s communication and broader engagement. Generally, respondents identified communication about Council’s public health and wellbeing responsibilities as an area for improvement (Appendix 4. Graph 6).

Respondents commented on aging population, healthy eating and physical activity, and mental health as important issues for Council. Some respondents suggested increased individual ownership of preventable risk factors (e.g. obesity) was needed.

Resource constraints limit the action Council can take to address the broader issues, but Council will continue to look for opportunities to respond over the course of the 2017-2021 MPHWP. As an example, programs for community citizen engagement may offer opportunities to improve information flow between Council and the community, and is one area that may be explored to address some of the broader survey issues.

### Health and Wellbeing Data

West Wimmera Shire health and wellbeing data is examined to guide the development of local health and wellbeing priorities for the duration of the WWSC MPHWP 2017-2021. As well as guiding health and wellbeing priorities the examination of health data can indicate effectiveness of health and wellbeing policy and action by identifying changes in data and indicators. For example, smoking rates have reduced for the WWS population since the last MPHWP (Graph 2).

#### *The People of West Wimmera Shire Community*

West Wimmera Shire has a declining, aging and homogenous community profile (Social Health Atlas 2016 and ABS 2011). It is predicted that the WWSC population is in decline and the population data supports this. The WWSC population has declined by six and a half percent between 2011 and 2015.



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Nearly a third of the population is 65 or older. People aged 45-64 currently make up forty-seven percent (47%) of the population. In twenty years this group will add to the 65+ group.

Graph 1. Declining population of West Wimmera Shire 2011 compared to 2015 (Social Atlas of Australia 2016 & WWSC MPHWP 2013-2017)

89.4% of the West Wimmera Shire Community is Australian born (Social Health Atlas 2016).

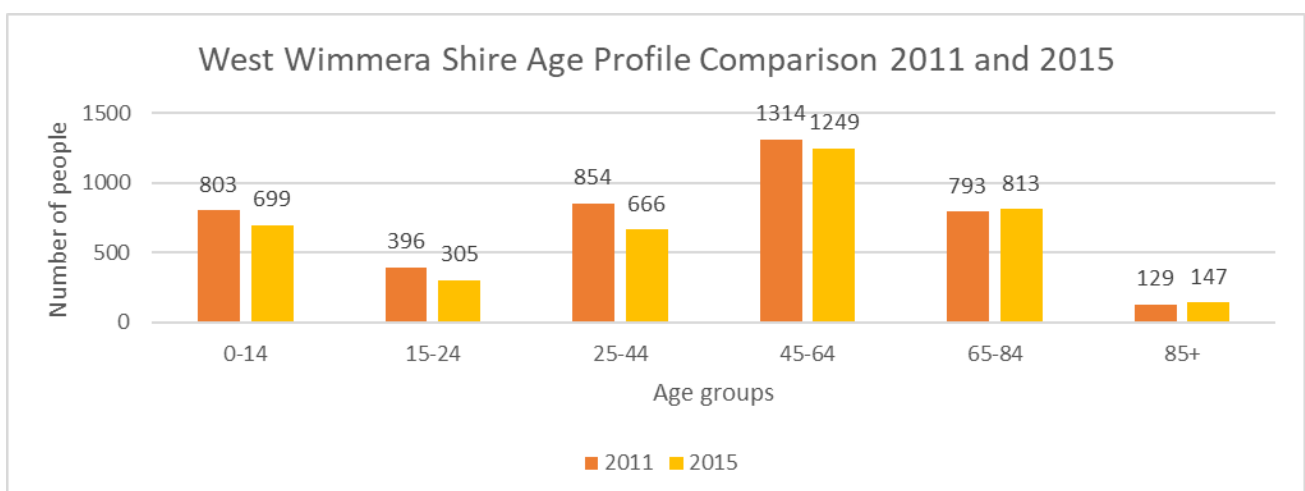
Less than 1% of the population identify as Indigenous (Social Health Atlas 2016).

### *Health and wellbeing of the West Wimmera Shire People*

Health data included in WWSC MPHWP 2013-2017 has been compared to health data included in WWSC MPHWP 2017-2021. It is possible to note some changes in community health and wellbeing indicators.

The decline in smoking rates for the WWS community is a positive change. The percentage of the WWS community identifying as smokers has decreased since the last MPHWP, from 24.4% to 14.6%.

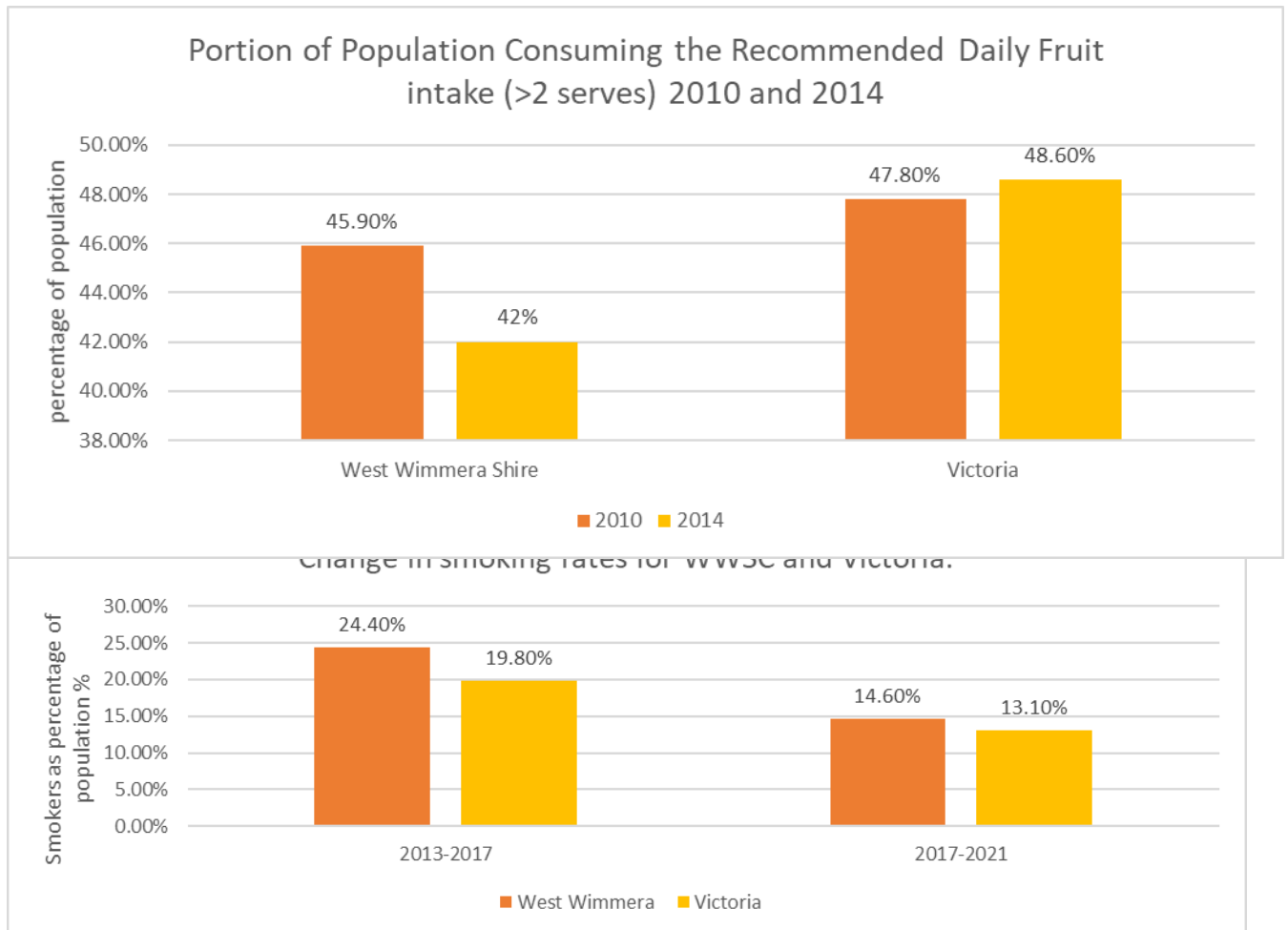
Dietary changes in the WWS community since the last MPHWP have seen a decrease in the percentage of the WWSC population consuming the recommended daily intake of fruit (>2 serves), and an increase in the percentage of the population consuming the recommended daily intake of vegetables (>5 serves).





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Graph 2. Change in smoking rates 2011 compared to 2015 (West Wimmera PCP Health Profile)

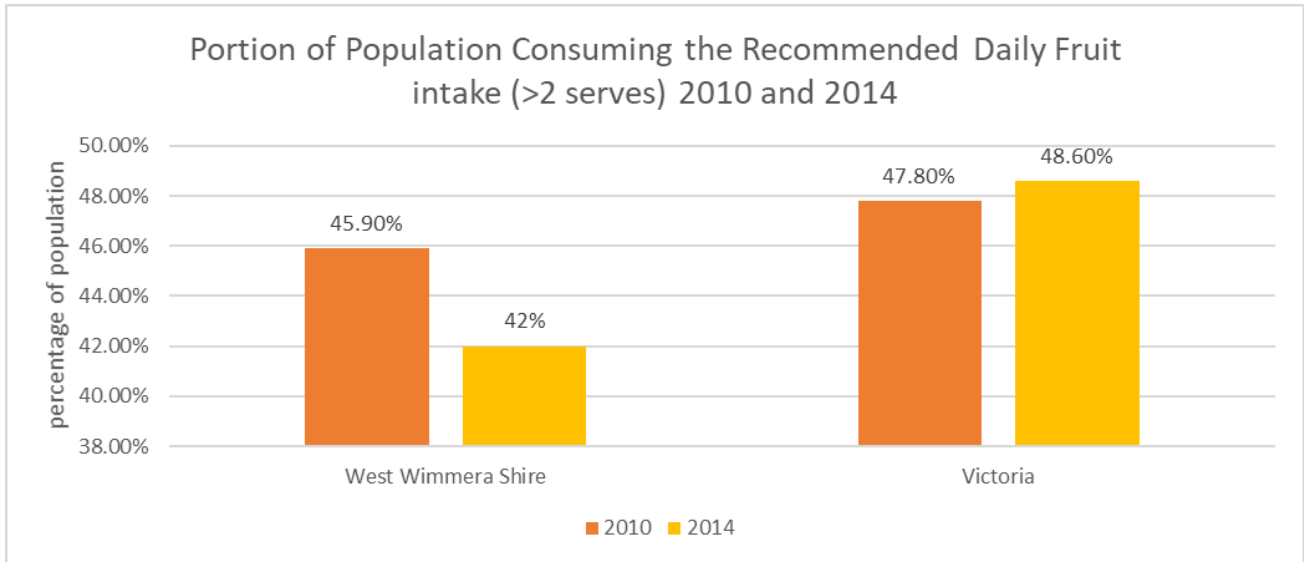


Rates of enteric disease in WWSC are greater than the Victorian average. The rates of WWSC enteric illness were greater in 2011-2012 than they were for 2015-2016. (Graph 6).

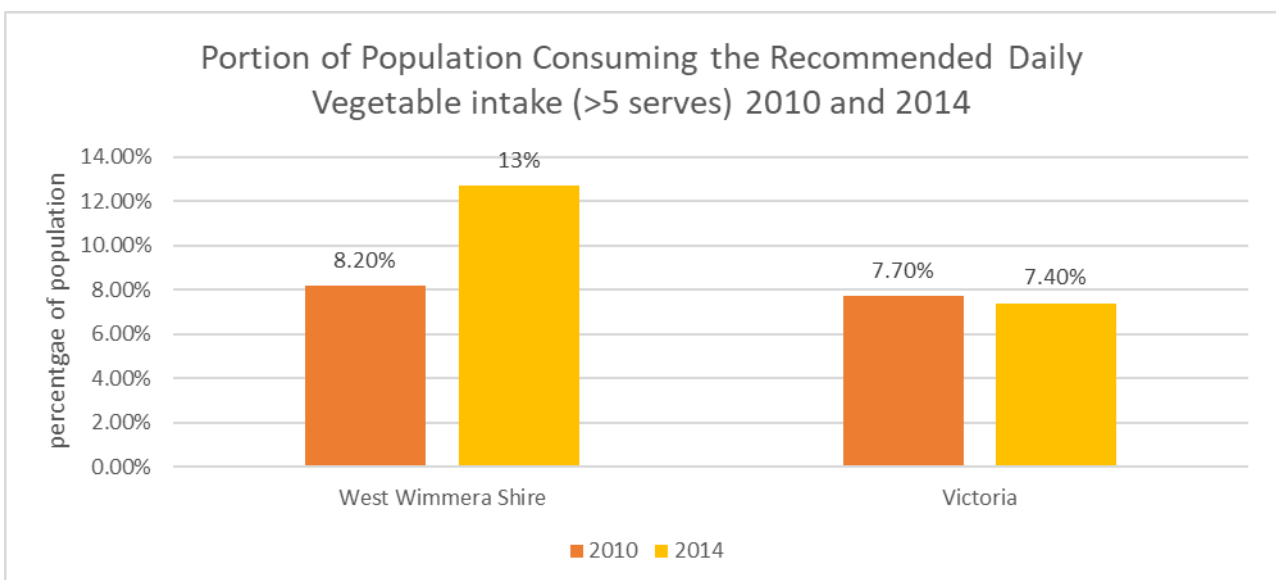


# WEST WIMMERA SHIRE COUNCIL

Graph 3. Portion of Population Consuming the Recommended Daily Fruit Intake 2010 and 2014 (West Wimmera PCP Health Profile)



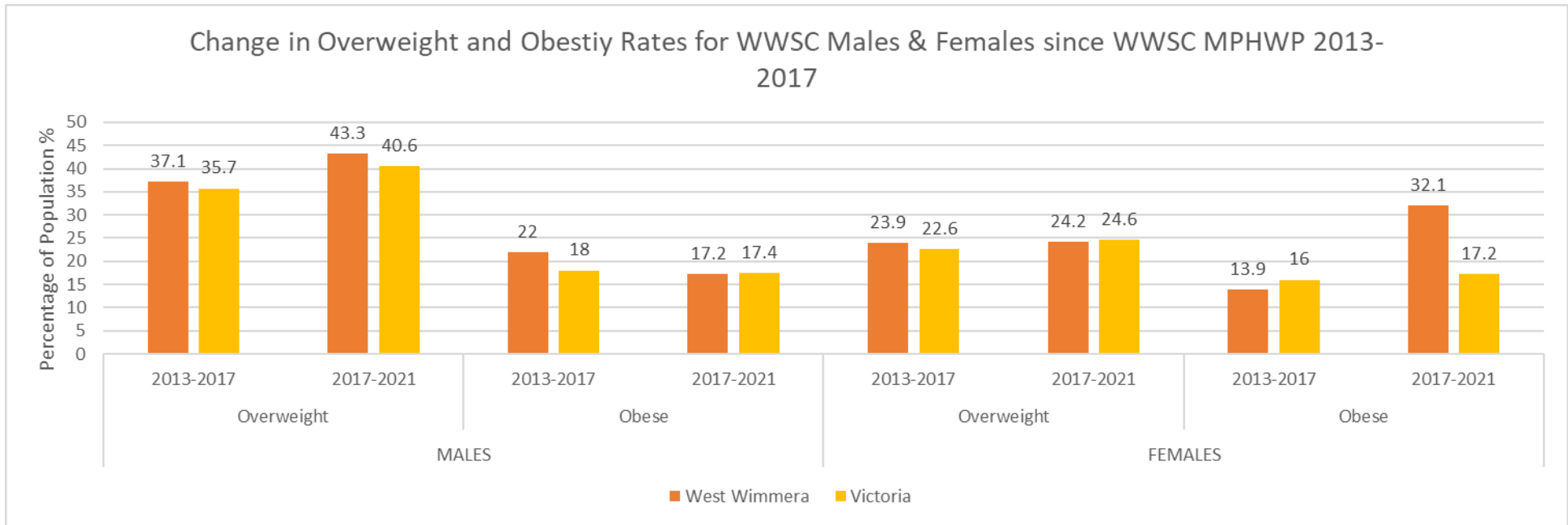
Graph 4. Portion of Population Consuming the Recommended Daily Vegetable Intake 2010 and 2014 (West Wimmera PCP Health Profile)



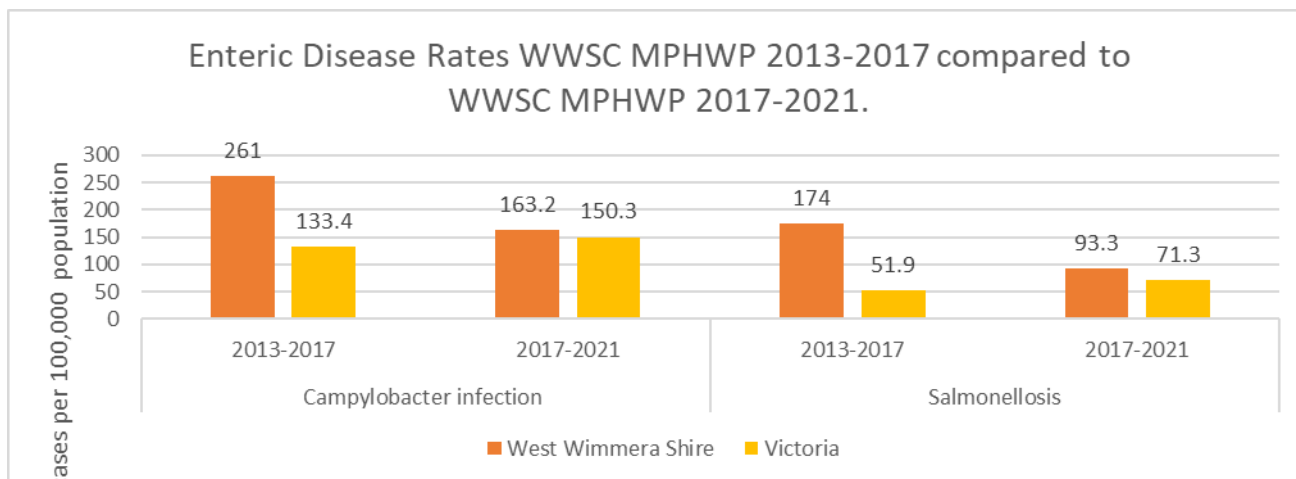


# WEST WIMMERA SHIRE COUNCIL

Graph 5. Change in Male and Female Overweight and Obesity Rates WWSC MPHWP 2013-2017 data compared to WWSC MPHWP 2017-2021 data.



Graph 6. Comparison of enteric disease rates (West Wimmera PCP Health Profile)



In the health and wellbeing sphere there are areas where the West Wimmera Shire community are doing just as good or better than the Victorian averages and rates, and there are areas that need addressing.

Daily consumption of vegetables by the WWSC community is below the daily recommended intake (>5 serves) for eighty-three percent (83%) of the population (Appendix 2. Graph 10). The portion of the WWS community consuming the recommended daily intake of vegetables has increased since the last WWSC MPHWP, from 8.2% to 12.7% (Appendix 2. Graph 10).

Daily consumption of fruit is below the daily recommended intake (>2 serves) for more than half (58%) of the WWS population (Appendix 3. Graph 11). This figure has changed slightly since the last WWSC MPHWP 2013-2017 when it was 54.1% of the community not eating the recommended daily serves of fruit (Appendix 2. Graph 11).

The percentage of the WWSC community that consume sugar sweetened drinks daily is slightly higher than the Victorian average (12.6% to 11.2%) (Appendix 3. Graph 15). The amount of soft drink consumed by WWS 'soft-drink drinkers' is less than the Victorian average at 567mL and is also the lowest in the region. (Appendix 2 Graph 16). WWS population average daily water consumption exceeds Victorian average, 1.38L compared to 1.25L (Appendix 2. Graph 17).

Over sixty percent (60%) of the WWS community is overweight or obese (Appendix 2. Graphs 13 & 14) and rates have increased since the writing of the WWSC MPHWP 2013-2017 (Appendix 2. Graph 4).

The people of WWSC have jobs that are less likely to be sedentary than Victorians (Appendix 3 Graph 20.). The WWS population is more likely to sit for longer periods (> 8 hours) during weekdays rather than weekends (Appendix 2. Graphs 18 & 19).



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WWSC population has a slightly higher rate of smokers than the Victorian average, fourteen percent (14.6%) compared with thirteen percent (13.1%). (Appendix 2. Graph 12). The smoking rate for the WWS population has reduced since the writing of the WWSC MPHWP 2013-2017, falling from twenty-four percent (24.4%) to fourteen percent (14.6%) (Appendix 2. Graph 2).

Rates of high cholesterol and high blood pressure are higher in WWS population than the Victorian (Appendix 2. Graph 22.). 36.3% of WWS population have high cholesterol compared to 33.4% Victorians, and 30% high blood pressure compared to 25.9% for Victorians (Appendix 2. Graph 22.)

It is a similar situation for lifetime heart disease and stroke risk (Appendix 2. Graph 23). WWS population had a lifetime risk of 7.4 and 3.3 for heart disease and stroke, compared to Victorian population rates of 7 and 2.4 (Appendix 3. Graph 23).

Preventable mortality rates are higher for the WWS community compared to Victoria in the areas of cancer, lung cancer, respiratory disease, heart disease and circulatory disease (Appendix 2. Graph 21).

Hospital admissions are greater for the WWS community compared to Victoria (Appendix 2. Graph 30). And self-reported health status is lower for West Wimmera people compared to Victoria and the regional rates (Appendix 2. Graph 29). The same is true for self-reported dental health status (Appendix 2. Graph 24.)

Alcohol consumption is having an impact on the WWS community, with both short term and Lifetime risk of alcohol related harm affecting a greater proportion of the WWS than the Victorian community. The increased rates of alcohol related harm in the WWS community is one of the greatest in the region (Appendix 2. Graphs 26 & 27)

Fewer West Wimmera Shire residents report high or very high levels of psychological stress compared to Victoria, 9.4% compared to 12.6% (Appendix 2. Graph 34) though the lifetime prevalence rates for anxiety and depression are greater in west Wimmera than Victoria. West Wimmera females are 20 per cent more likely to experience anxiety and depression than Victorian females. Compared to their male counterparts West Wimmera females are more than twice as likely to experience anxiety and depression (Appendix 2. Graph 35.).

West Wimmera does immunisation well and has some of the highest rates of immunisation in the country (Table 1 & 2).



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Table 1. Childhood immunisation rates 2014-2015. West Wimmera PCP Health and Wellbeing Profile 2016.

**Children fully immunised (2014-15)**

	12 -<15 months		24 -<27 months		60-<63 months	
<i>West Wimmera</i>	45	95.70%	41	100.00%	47	97.90%
<b>Victoria</b>	<b>69,386</b>	<b>91.20%</b>	<b>68,893</b>	<b>89.60%</b>	<b>70,418</b>	<b>92.60%</b>

Table 2. HPV immunisation rates 2014, females 12-13 years. West Wimmera PCP Health and Wellbeing Profile 2016.

**Children fully immunised 2014**

<b>Location</b>	<b>No.</b>	<b>%</b>
<i>West Wimmera</i>	61	95.10%
<b>Victoria</b>	<b>49,891</b>	<b>78.30%</b>

Most people in WWS do not live near public transport services (Appendix 2. Graph 33). And 28% of the community have experienced transport difficulties at least annually (Appendix 2 Graph 32.). WWS community members are more likely to live alone compared to Victorians (Table 3)

Table 3. Lone households in West Wimmera Shire, surrounding regions and Victoria. 2011. West Wimmera PCP Health and Wellbeing Profile 2016.

**Proportion of lone person households (2011)**

	<b>Number</b>	<b>% of all occupied dwellings</b>
<i>Hindmarsh</i>	741	13.90%
<i>Horsham</i>	2,269	12.60%
<i>West Wimmera</i>	571	14.50%
<i>Yarriambiack</i>	936	14.50%
<b>Victoria</b>	<b>476,872</b>	<b>9.60%</b>



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## West Wimmera Shire Council Municipal Public Health and Wellbeing Plan 2017-2021

Despite the transport challenges the community has some of the highest rates of volunteer and community participation (Table 4) in the state. And perhaps because of the transport challenges and community participation rates, nearly three quarters of West Wimmera residents report being able to rely on their neighbour for help when they need it (Appendix 2 Graph 31).

Table 4. Community participation indicators (2011-12). West Wimmera PCP Health and Wellbeing Profile 2016.

<i>Type of participation</i>	<b>West Wimmera</b>	<b>Victoria</b>	<b>Hindmarsh</b>	<b>Horsham RC</b>	<b>Yarriambiack</b>
<i>Attended a local community event in last 6 months</i>	85.6	<b>55.3</b>	78.8	68.7	79.8
<i>Member of sports group</i>	43.8	<b>26.5</b>	41.8	42	43.8
<i>Member of religious group</i>	21.2	<b>18</b>	26.4	22.4	24.1
<i>Member of school group</i>	25.5	<b>12.5</b>	14.2	12.1	18.6
<i>Member of professional group</i>	19.7	<b>24</b>	9.8	15.1	28.1
<i>Member of other community/action group</i>	40.8	<b>18.7</b>	34.2	34	35.9
<i>Member of organized groups that has taken local action</i>	47.9	<b>25.8</b>	42.4	46.8	56.6
<i>Volunteers (once a month or more)</i>	62.3	<b>33.9</b>	49.9	51.2	51.8
<i>Actively involved in children's school</i>	22.1	<b>14.2</b>	17.5	14.1	19.5
<i>On decision making board or committee</i>	38.4	<b>17.8</b>	28	22.3	34.8
<i>Feels valued by society (yes, definitely response)</i>	60.5	<b>52.6</b>	62.2	64.4	56.9



## Implementing West Wimmera Shire Council Municipal Public Health and Wellbeing Plan 2017-2021

### *Public Health and Wellbeing Working Group*

As part of a continuous improvement philosophy, West Wimmera Shire Council seeks to actively improve our health and wellbeing IQ. As part of this evolution we are creating a Public Health and Wellbeing Working Group.

The group will meet bi-annually to review the progress of the MPHWP. The group will also be responsible for overseeing the mandatory annual review process. Subsequent amendments and updates to the MPHWP will also be managed by the working group.

### *Timeframes for Implementing Public Health and Wellbeing Priorities*

The actions outlined in the Plan will be implemented over three years, followed by a review process to inform the development of the 2021-2025 MPHWP.

### *Partnerships*

As West Wimmera Shire Council continues to improve our health and wellbeing IQ, we will seek to improve linkages with our strategies and plans with that of our partners strategies and plans. As we implement this MHWP and undertake the reviews, we will continue to look for ways to improve partnerships and links for the next 2021-2025 MPHWP. Identifying more opportunities for resource sharing with our current and potential partners will be part of this process.



## Priority Settings for Action for West Wimmera Shire Council

### Health & Wellbeing Priority 1

#### HEALTHY LIVING

##### *Targets*

1. Increase healthy eating and water consumption for children, youth and adults by 2021.
2. Increase levels of sufficient physical activity for children, youth and adults by 2021.

##### *Reasoning*

To ensure West Wimmera Shire population is on the pathway to achieving the targets set by the Victorian Public Health and Wellbeing Outcomes Framework.

1. 5 per cent decrease in prevalence of overweight and obesity in adults and children by 2025.
2. 10 per cent increase in sufficient physical activity prevalence of adults by 2025
3. 20 per cent increase in sufficient physical activity prevalence of adolescents by 2025

Currently, more than half of West Wimmera Shire community is not consuming the recommended daily intake of fruit and vegetables.

Sedentary lifestyles are present in the community, where people sit for more than 7 hours a day.

More than 60% of the West Wimmera Shire population is overweight or obese,

and these rates are increasing not decreasing.

##### *Challenges*

Fresh fruit and vegetable access and affordability are genuine barriers for the West Wimmera Shire population.

Reduced access and opportunities to participate in organised physical activities can be a barrier to increasing physical activity for the West Wimmera Shire community.

##### *Measures*

- Adult daily fruit and vegetable consumption.
- Adult daily water and soft drink consumption levels.
- Overweight and obesity rates
- Proportion of adults, adolescents and children who are sufficiently physically active.
- Proportion of people participating in organised sport
- Proportion of adults sitting for seven or more hours on an average weekday Monitor levels of physical activity.

##### *Actions*

- Identify regulatory and other ways Council can influence the availability of healthy food in preference to unhealthy food.
- Identify healthy lifestyle education opportunities with health service partners.
- Identify solutions to activity access barriers e.g. all access abilities for walkways and pathways, and all-weather access for pre-schools.
- Work with local stakeholders, including local rowers and producers,



## West Wimmera Shire Council Municipal Public Health and Wellbeing Plan 2017-2021

to address barriers to the availability of healthy food and identify opportunities to reduce the barriers.

- Work with local stakeholders to address barriers to participation in physical activity particularly for vulnerable groups and people from diverse backgrounds.
- Work closely with partners on trialling initiatives for healthy living.
- Promote the benefits of physical activity and active modes of transport through key messages and information sharing ~any movement is good.
- Implement healthy workplace programs and environments to reduce sedentary behaviour and promote active lifestyles.

Early Years – partnership leader and action implementation

Maternal & Child Health - partnership leader and action implementation

Home & Community Care - partnership leader and action implementation

Youth Services - partnership leader and action implementation

Environmental Health – partnership support and action support

PHW Working Group – review of progress.

### *Key Partnerships*

West Wimmera Shire will work closely with our partners to progress the Healthy Living goals.

- Wimmera PCP members
- Health service providers
- Community groups
- Schools
- Local food growers and producers

### *What are we already doing?*

The portion of West Wimmera Shire population consuming the recommended daily intake of vegetables has increased since the last MPHWP.

Connecting with partners to share ideas and resources for addressing healthy eating.

### *Responsibility*

Councillors & Mayor- advocacy



## Health & Wellbeing Priority 2

### REDUCING HARM

#### *Targets*

1. Reduce the rates of domestic violence for West Wimmera Shire and contribute to the reduction in domestic violence rates so that West Wimmera region no longer has some of the highest rates of domestic violence, for 2021.
2. Improve awareness of gender inequality as a precursor to domestic violence, for 2021.
3. Continue the decrease in smoking rates for adolescents and adults for 2021.
4. Reduce alcohol consumption rates by 5% for adolescents and adults by 2021.

#### *Reasoning*

1. To meet objectives of the CoRE Alliance to address issues of gender equity, and drivers of domestic violence.
2. To ensure West Wimmera Shire population is on the pathway to achieving the targets set by the Victorian Public Health and Wellbeing Outcomes Framework.
  - i. 30 per cent decrease in smoking by adolescents and adults by 2025.
  - ii. 10 per cent decrease in excess alcohol consumption by adolescents and adults by 2025.

Family violence is a Victorian priority, identified for action at all levels of government. West Wimmera Shire, like the rest of the country has family violence levels that are too high.

Alcohol is impacting the health of over 60% of the West Wimmera community, with this group having increased lifetime risks of alcohol related harm.

West Wimmera Shire population has a smoker rate higher than the Victorian average, though this has dropped since the 2013-2017 MPHWP.

#### *Measure*

- Domestic violence incidents as recorded by police for West Wimmera Shire and the region.
- Increased gender equity awareness and improvements as reflected in reflected in annual surveys (Act@Work).
- Health risk levels due to alcohol consumption.
- Adult smoking rates.

#### *Actions*

- Support gender equity in the workplace and promote it in the community, in line with Council's leadership statement creating a workplace culture that supports respectful relationships.
- Support Act@Work actions to ensure ongoing sustainability of gender equality at Council, as part of social responsibility and leadership in the region.
- Support businesses and the community to comply with recent amendments to Victorian anti-smoking laws.
- Collaborate with community sports groups to identify social marketing messages to alter accepted discourse of alcohol as a 'reward'.

#### *Key Partnerships*



## WEST WIMMERA SHIRE COUNCIL

### West Wimmera Shire Council Municipal Public Health and Wellbeing Plan 2017-2021

West Wimmera Shire will work closely with our partners to progress the Reducing Harm goals.

- CoRE Alliance
- Wimmera PCP members
- Community groups & clubs
- Schools
- DHHS

#### *What are we already doing?*

Progressively implementing and embedding gender equity into Council's decision-making processes.

The portion of West Wimmera Shire population identifying as smokers has reduced since the last MPHWP.

WWSC conducts tobacco seller compliance inspections.

WWSC supports and promotes existing alcohol and drug support services and counselling services at schools.

#### *Lead Responsibility -Gender Equity*

Advocacy and lead by example for:

Councillors & Mayor

All Council Staff

PHW Working Group – review of progress.





## Health & Wellbeing Priority 3

### INCLUSIVE AND SUPPORTIVE COMMUNITIES

#### *Targets*

Increase connection to culture and communities for adolescents and adults for 2021.

#### *Reasoning*

Living regionally limits opportunities to access mental health support services. West Wimmera Shire community has greater lifetime prevalence of anxiety and depression compared to Victorian average. West Wimmera Shire females are more than twice as likely to experience anxiety and depression than their male counterparts.

Social connectedness can support community members who are experiencing mental health issues, and with reduced access to structured services for rural and regional communities, social connectedness may be even more important.

#### *Measures*

- Self-reporting surveys:
  - Belong to an organised group
  - Feel part of the community
  - Can get help from friends, family and neighbours when needed
  - Proportion of (community) who attended or participated in an event or activity
- Community acceptance of culture diversity.
- Volunteer and community participation rates.

- Mental health support service access rates.
- Mental health prevalence rates.

#### *Actions*

- Identify opportunities to increase access to mental health services, in person and online.
- Continue to support community events in conjunction with community groups, health services, associations and schools.
- Within Council implement workplace practices that foster greater social inclusion by working closely with partners in trialling workplace health and wellbeing initiatives.
- Promote greater use of open spaces and parks to create opportunities for social engagement.
- Work with local stakeholders to identify connectedness opportunities for vulnerable groups in community.
- Support community initiatives that increase opportunities for social inclusion.
- Implement Council's upcoming Access and Inclusion Plan, to improve access to building and public spaces

#### *Key Partnerships*

West Wimmera Shire will work closely with our partners to progress the Inclusive and Supportive Communities goals.

- Wimmera PCP members
- Mental health service providers
- Community groups & clubs
- Volunteer activities and organisations.
- Schools



## What are we already doing?

Despite increased likelihood of disconnection there is an existing culture of neighbourhood support with nearly three quarters of West Wimmera residents reporting they can rely on their neighbour if they needed help.

West Wimmera Shire Council supports and promotes existing mental health support services. e.g. Talk to a mate and Mental Health First Aid program, Uniting Care Rural and Remote Officer.

Despite West Wimmera Shire residents experiencing transport barriers, especially for public transport, the community has some of the state's highest rates of volunteering and community participation.

Implementing Social Infrastructure Assessment Strategies and Projects.

### *Responsibility*

Councillors & Mayor- advocacy

Home & Community Care - partnership leader and action implementation

Youth Services - partnership leader and action implementation

PHW Working Group - review of progress.



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Edenhope Hospital and WWSC Shared Active Service Plan 2015-2016

Edenhope Hospital Diversity Plan 2015-16

Grampians Region Diversity Population Data Report 2015 – 2016

Home and Community Care (HACC) Diversity planning and Practice Implementation Review 2015

Social Health Atlas of Australia 2016, PHIDU

West Wimmera Shire Council – Council Plan 2017-2021

West Wimmera Shire Council – Diversity Planning 2015-2016

West Wimmera Shire Council - HACC Improvement Plan June 2015

West Wimmera Shire Council - Municipal Public Health and Wellbeing Plan 2013-2017

Wimmera Primary Care Partnership Population Health Profile – October 2016, Nancy Vaughan, October 2016 Wimmera Primary Care Partnership, Horsham, Victoria.

Wimmera Primary Care Partnership – Workshop 1-4.

Wimmera Primary Care Partnership [online] <http://wimmerapcp.org.au>



## WEST WIMMERA SHIRE COUNCIL

### ATTACHMENTS

#### Appendix 1. Evaluation of West Wimmera Shire Council Municipal Public Health and Wellbeing Plan 2013- 2017.

GOAL: Promote and Maintain Food Safety

STRATEGY	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURE AND TIMEFRAME	Evaluation
Ensure all class 1,2 and 3 food premises are inspected annually	EHO	DHHS	Quarterly DHHS reports Will occur annually through life of plan	Completed.
Complete required annual food sampling program	EHO	DHHS OMIC Australia (analysis lab)	Quarterly OMIC sample statements. Will occur annually through life of plan	Completed.
Promote DHHS Streatrader website for temporary and mobile food businesses to ensure compliance with registration	EHO	Local Business Owners Community groups running markets	All mobile/temporary food businesses at events will be registered	Completed.
Promote food safety in council newsletter and social media	EHO	Health Services	Relevant article in newsletter each Spring	Completed.
Prepare a hard copy 'Emergency Food Procedures' document for times of emergency and incident management	EHO	Community food providers	To be completed before 2013/2014 summer, updated annually	Completed.



## WEST WIMMERA SHIRE COUNCIL

### GOAL: Create, Promote and Maintain Healthy Environments

STRATEGY	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURES AND TIMEFRAMES	Evaluation
Ensure all beauty, hair and accommodation premises are registered and inspected annually	EHO	Business proprietors DHHS	Occurs annually, measured by number of inspections completed	Completed.
Ensure installation of septic tanks are in accordance with the EPA guidelines	EHO	Plumbers LCA assessors Shire Building Inspector	Ongoing, number of tanks installed	Completed.
Respond to nuisance complaints under the Public health and Wellbeing Act	EHO	Shire Communities	Complaints registered in Health manager system, occur as required	Completed.
Promote awareness of mosquitoes and the transmission of infections, by utilizing shire newsletter	EHO	Health Services	Concentrate in lead up to and through summer time. Measure by evidence of promotional materials being dispersed	Completed.
Promote heatwave health to community with a target to vulnerable populations	EHO HACC	Health Services Schools Sporting Clubs Community Groups	Ongoing through hot months with review of annual heatwave plan throughout cooler months	Completed.



## WEST WIMMERA SHIRE COUNCIL

### GOAL: Promote and Encourage Healthy Eating

STRATEGIES	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURES AND TIMEFRAMES	Evaluation
Raise awareness of healthy food choices available to the community through social media	EHO	Food Businesses Supermarkets Schools	Increased consumption rates as detailed in Vic Health Population Health Survey. Yearly/ongoing	Completed.
Increase people's knowledge of preparing healthy foods	EHO	Health Services – Dietician School groups	Increased consumption rates as detailed in Vic Health Population Health Survey. Yearly/ongoing	Completed.
Council to ensure healthy meal options are available in the delivery of its Meals on Wheels program	HACC	Health Services	Health Service Dietician's accreditation. Ongoing	Completed.
Encourage schools to promote healthy eating through regular classes and other programs such as Stephanie Alexander Kitchen Garden Program	Youth Officer	Shire Schools	Increased consumption rates as detailed in Vic Health Population Health Survey. Yearly/ongoing	Completed.



## WEST WIMMERA SHIRE COUNCIL

GOAL: Increase and Strengthen Partnerships with Health Services

STRATEGIES	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURES AND TIMEFRAMES	Evacuation
Meet with Health Services to discuss shared programs and services offered to the community.	GMCCS	Health services	Twice yearly meetings to occur	Completed.



## WEST WIMMERA SHIRE COUNCIL

### GOAL: Increase the Physical Activity Levels of Shire Communities

STRATEGIES	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURE AND TIMEFRAMES	Evaluation
Promote physical activities offered within the shire through use of shire newsletter	EHO	Health services Sporting Clubs	Increased participation. Measured through club and school participation numbers	Completed.
Develop and improve new and existing recreational facilities and programs	EHO	Community Groups	Evidence of further facilities, Playground Audit. Ongoing	Completed.

### GOAL: Provide Tobacco Education and Surveillance

STRATEGY	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURE AND TIMEFRAME	Evaluation
Complete routine inspections and complete 6 monthly reports to Municipal Association of Victoria(MAV) in accordance with service agreement	EHO	MAV, DHHS Business proprietors	Reports lodged each 6 months and grants from MAV received	Completed.  *Smoking rates reduction since 2013-2017 MPHWP

### GOAL: Maintain High Levels of Immunisation Rates

STRATEGY	SHIRE DEPARTMENT	OTHER PARTNERS INVOLVED	MEASURES AND TIMEFRAMES	Evaluation
Continue to promote and support the Maternal and Child Health Services within the shire	MCHN	Schools Kindergartens	Quarterly statistics provided by MCHN. Ongoing	Completed.





## WEST WIMMERA SHIRE COUNCIL

GOAL: Promote the Benefits of Increased Social Connection

STRATEGIES	SHIRE DEPARTMENT	OTHER PARTNERS	MEASURES AND TIMEFRAMES	Evaluation
Work in partnership with service clubs to promote the benefits of involvement in the community	GMCCS	Service Clubs Sporting Clubs Western Victoria Volunteers	Volunteer rates. Ongoing	Completed.
Encourage and support community access, participation with alternative activities by advertising through newsletter	GMCCS	Service Clubs Recreational Clubs	Participation rates in community groups. Ongoing	Completed.
Continue to acknowledge the work that is completed by volunteers in the shire	GMCCS	Western Victoria Volunteers	Nominations and support for Volunteer awards. Ongoing	Completed.



## WEST WIMMERA SHIRE COUNCIL

GOAL: Provide Services and Activities to Address Mental Health in a Regional Setting

STRATEGIES	SHIRE DEPARTMENT	OTHER PARTNERS	MEASURES AND TIMEFRAMES	Evaluation
Provide school focused youth counselling sessions for students and parents	Youth Officer	Schools Local families Counselling services / psychologists	Once per 2 years	Completed.
Support the work of Wimmera Uniting Cares Rural and Remote Engagement Officer	EHO GMCCS	Health Services	Referral numbers. Ongoing	Completed.
Promote and support the Men's Sheds within the shire as a place for men to gather	EHO GMCCS	Men's sheds Local men	Grant application numbers. Ongoing	Completed.
Provide and support counselling services to assist with hardship through fire/flood/drought and other emergencies	GMCCS	Health Services Counselling services	Referral Numbers to Counselling Services.	Completed.

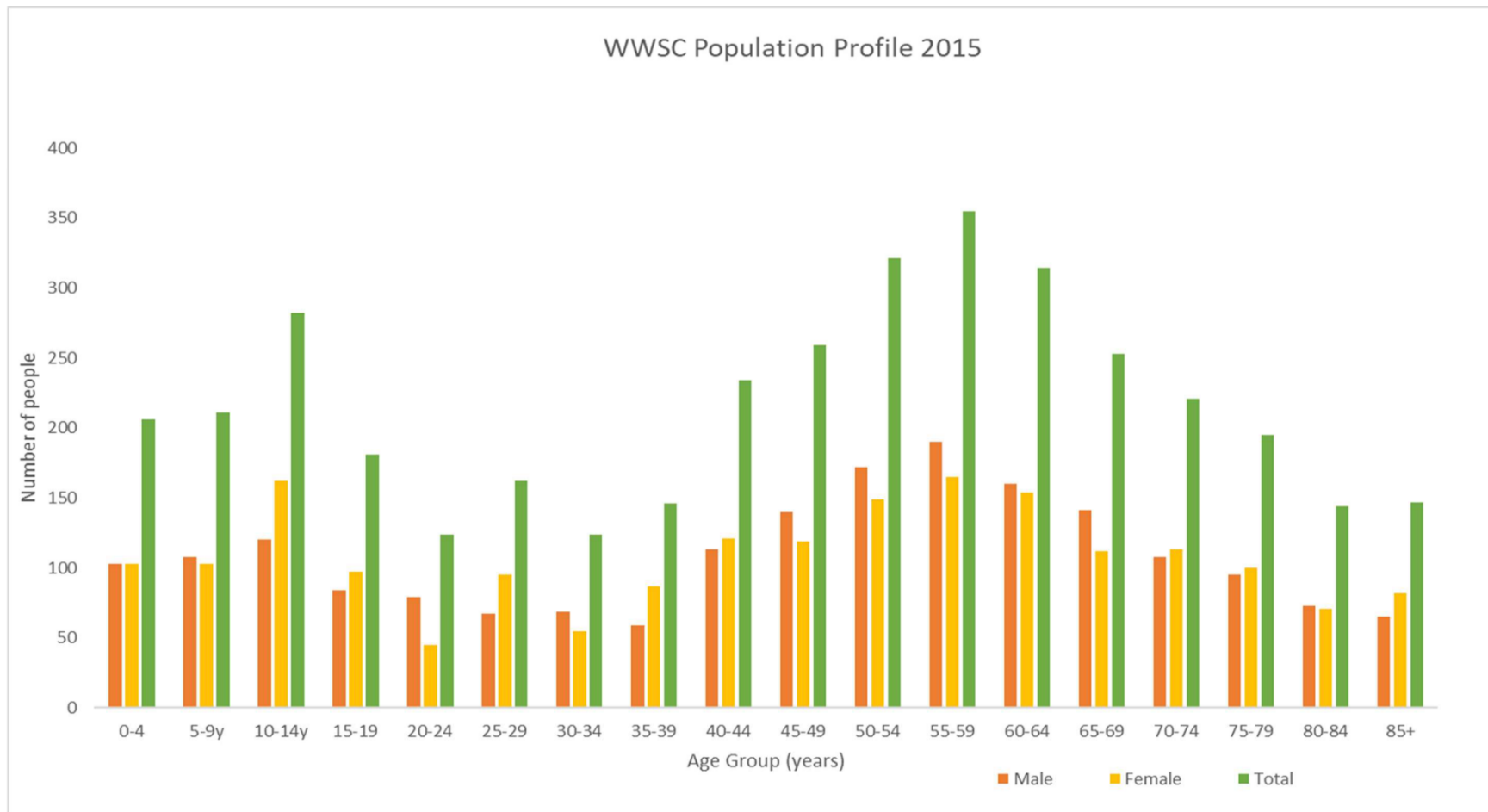
GOAL: Support Education and Employment Opportunities for Young People within the Shire

STRATEGIES	SHIRE DEPARTMENT	OTHER PARTNERS	MEASURES AND TIMEFRAMES	Evaluation
Continue to provide awards to the three secondary colleges within the shire.	EACEO	Local Secondary Colleges	Yearly award presentation.	Completed.
Work with schools to identify youth not engaged with education or employment.	Youth Officer	Local Schools	Referrals to and from the Youth Officer. Ongoing	Completed.



# WEST WIMMERA SHIRE COUNCIL

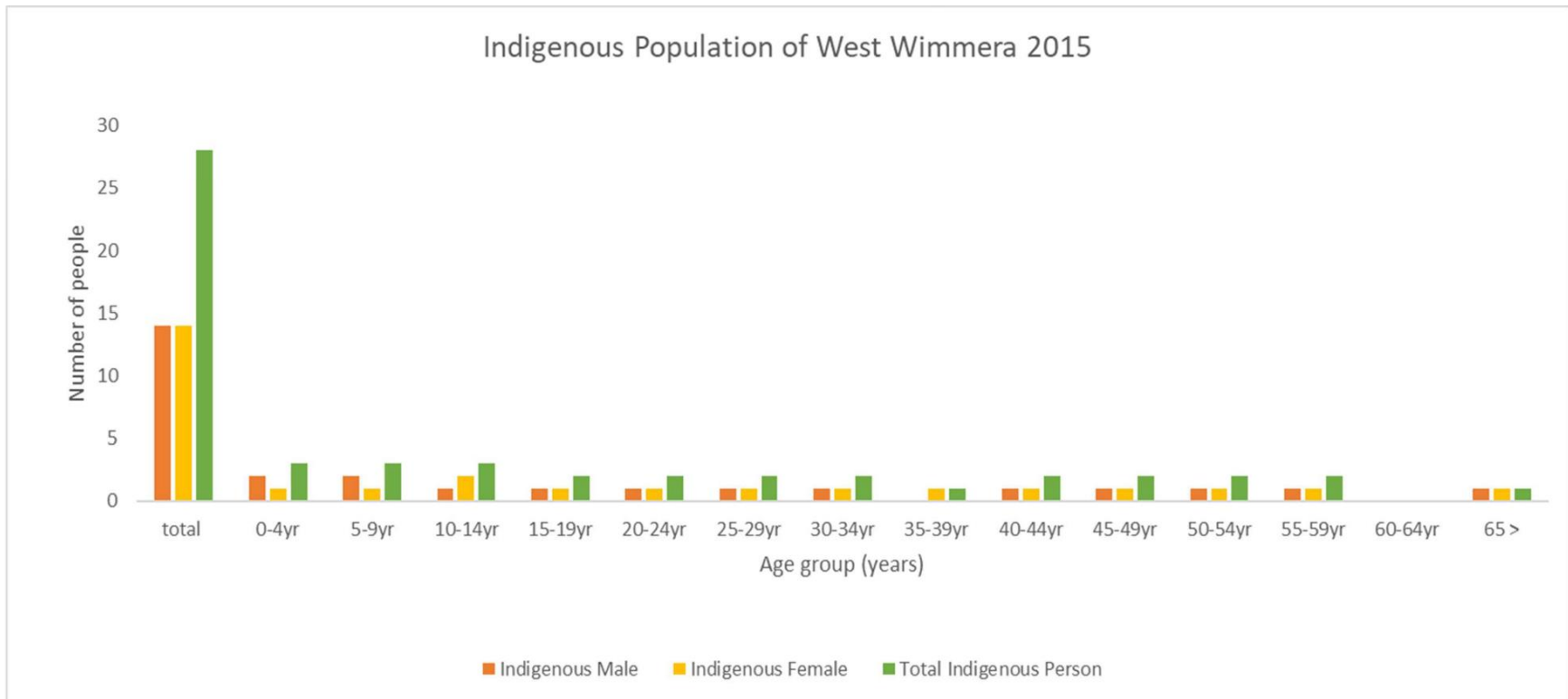
## Appendix 2. West Wimmera Shire Health and Wellbeing Data



Graph 6. West Wimmera Shire Council population profile 2015. Social Atlas of Australia 2016.



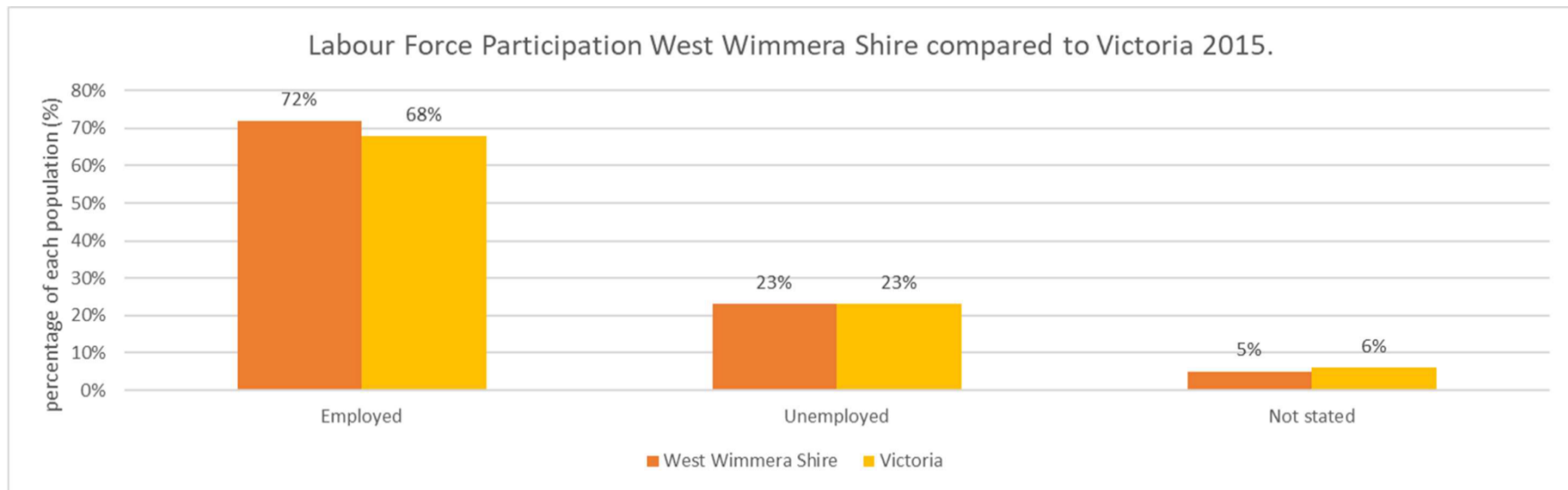
## WEST WIMMERA SHIRE COUNCIL



Graph 7. West Wimmera Shire Council Indigenous Population 2015. Social Atlas of Australia 2016.



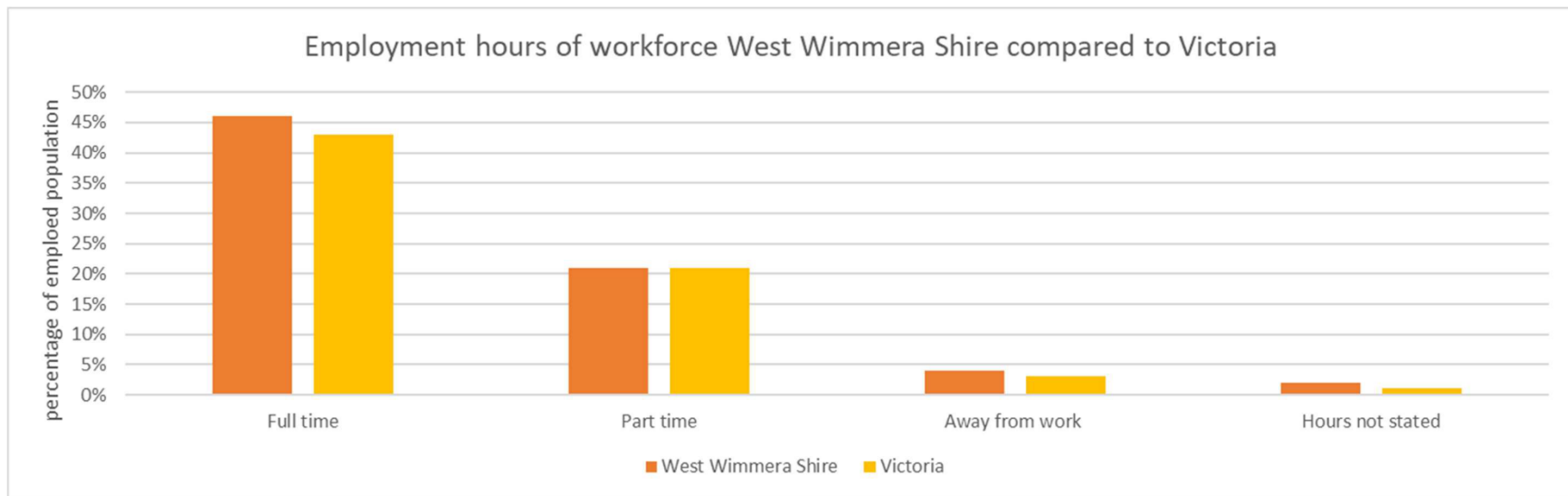
## WEST WIMMERA SHIRE COUNCIL



Graph 8. Labour Force Participation West Wimmera Shire compared to Victoria 2015. Social Atlas of Australia 2016.



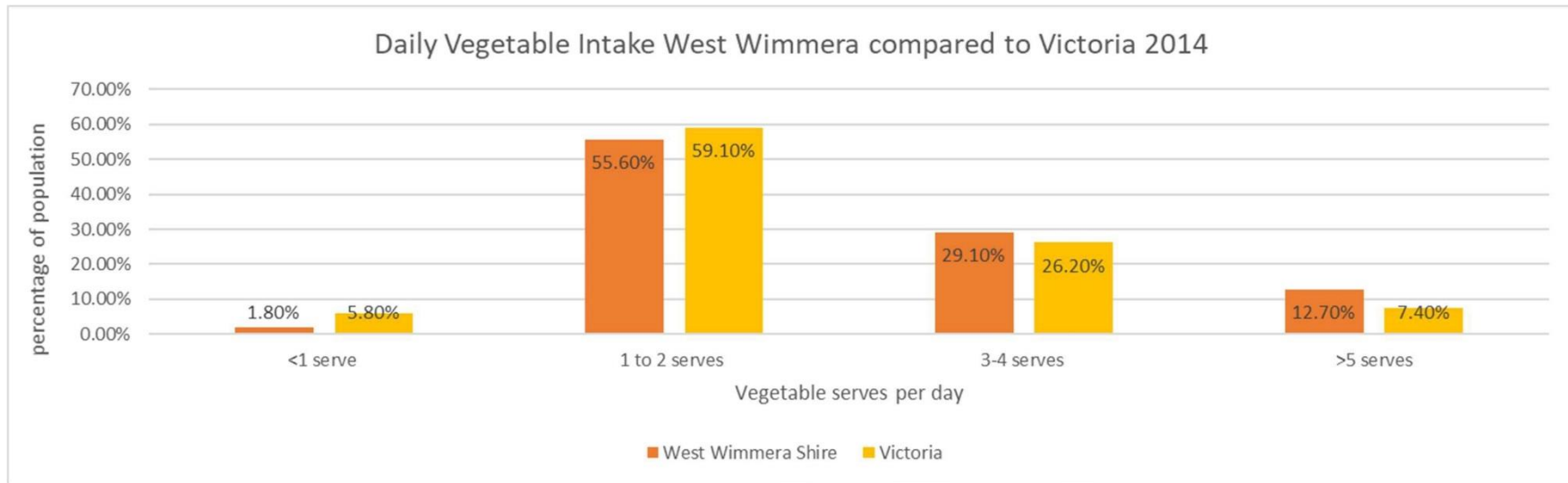
## WEST WIMMERA SHIRE COUNCIL



Graph 9. Employment hours of workforce West Wimmera Shire compared to Victoria 2015. West Wimmera PCP Health and Wellbeing Profile 2016.



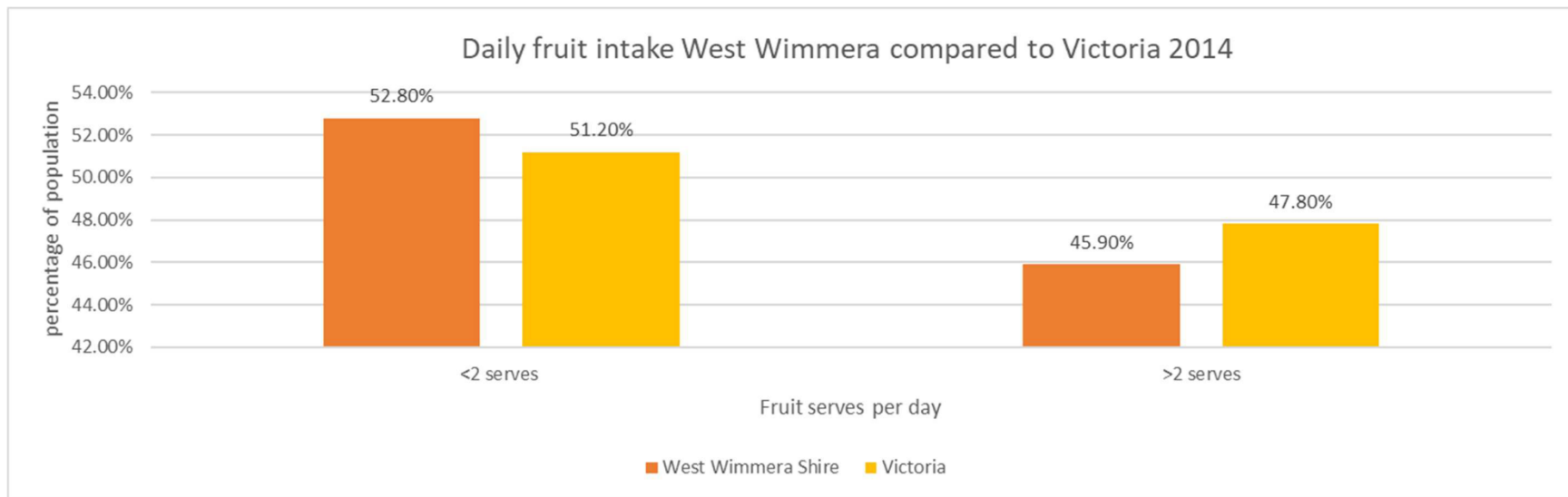
## WEST WIMMERA SHIRE COUNCIL



Graph 10. Daily Vegetable Intake West Wimmera Shire compared to Victoria 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



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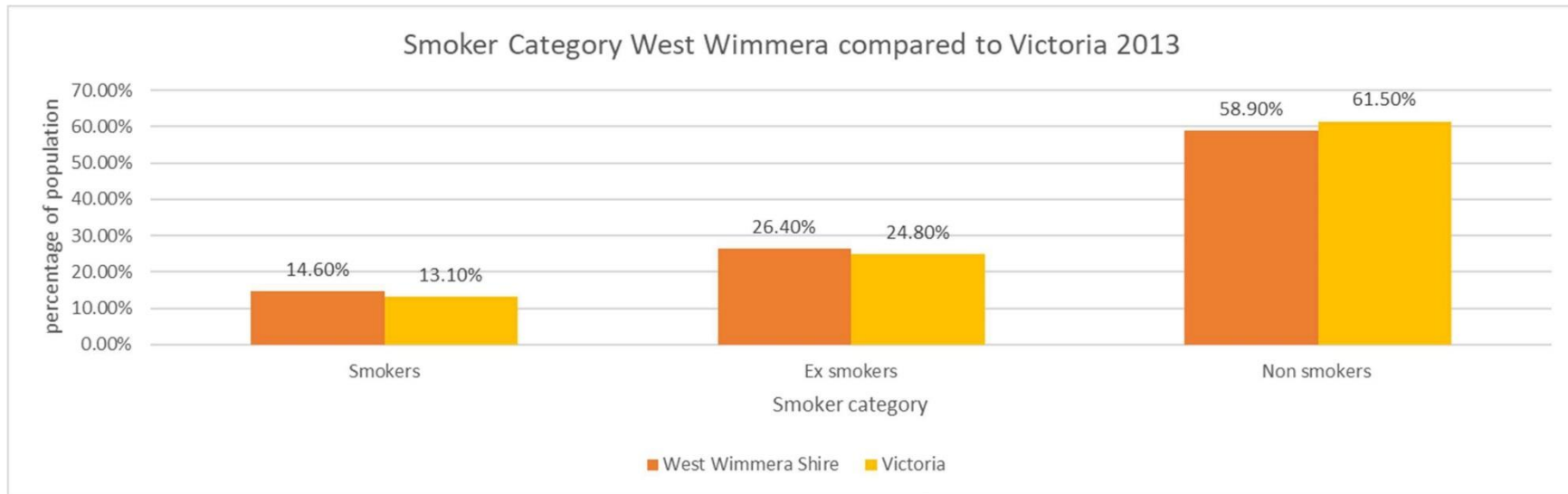


Graph 11. Daily Fruit Intake West Wimmera Shire compared to Victoria 2014. West Wimmera PCP Health and Wellbeing Profile 2016.





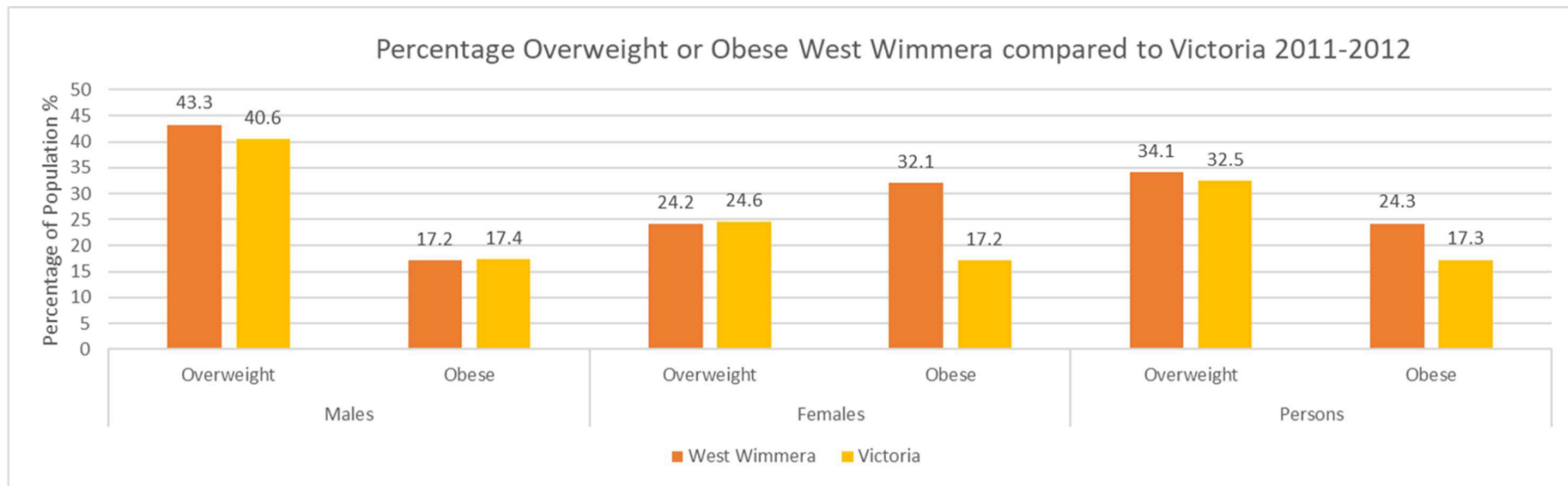
## WEST WIMMERA SHIRE COUNCIL



Graph 12. Smoker Category West Wimmera Shire compared to Victoria 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



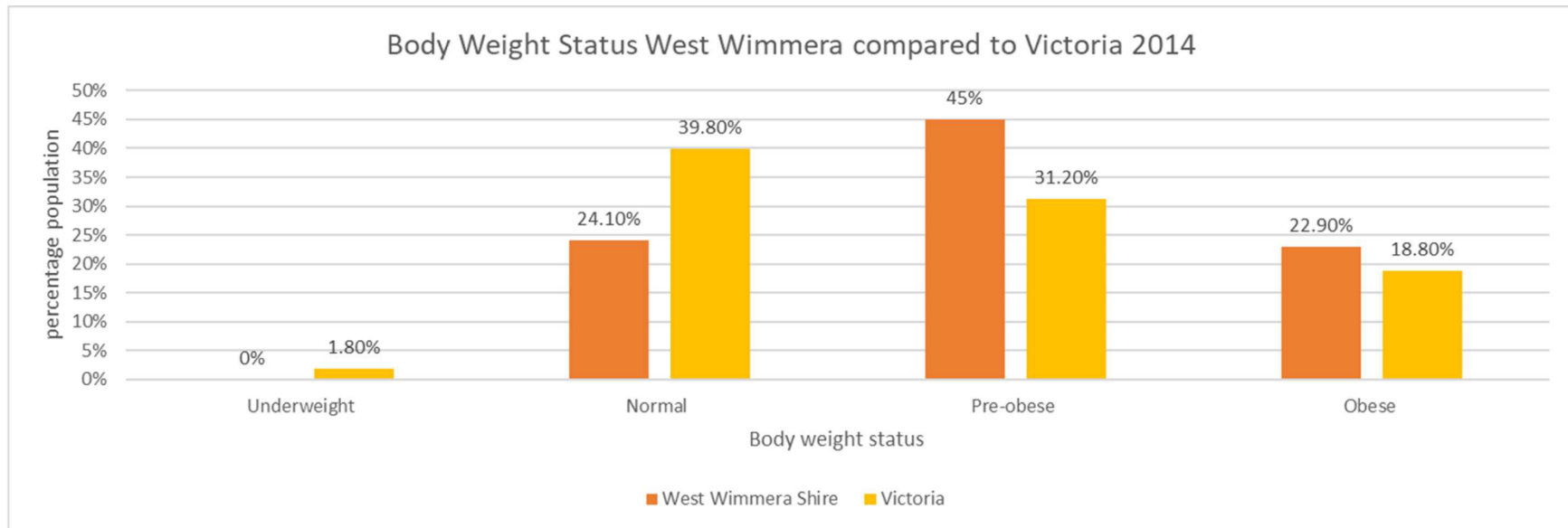
## WEST WIMMERA SHIRE COUNCIL



Graph 13. Percentage Overweight or Obese West Wimmera Shire compared to Victoria 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.



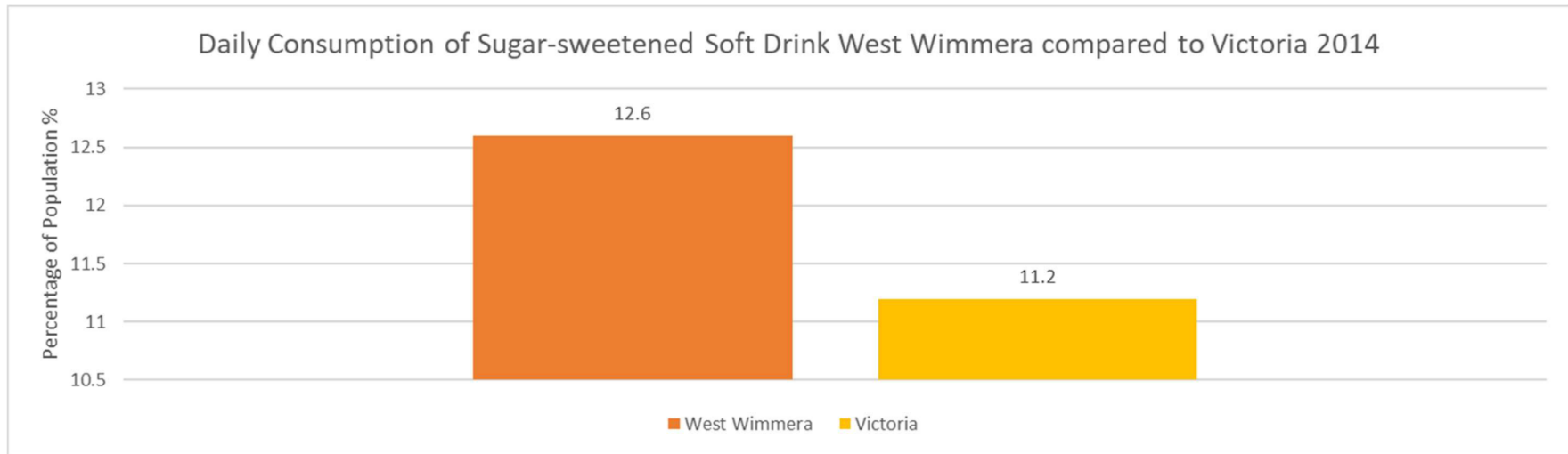
## WEST WIMMERA SHIRE COUNCIL



Graph 14. Body Weight Status West Wimmera Shire compared to Victoria 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



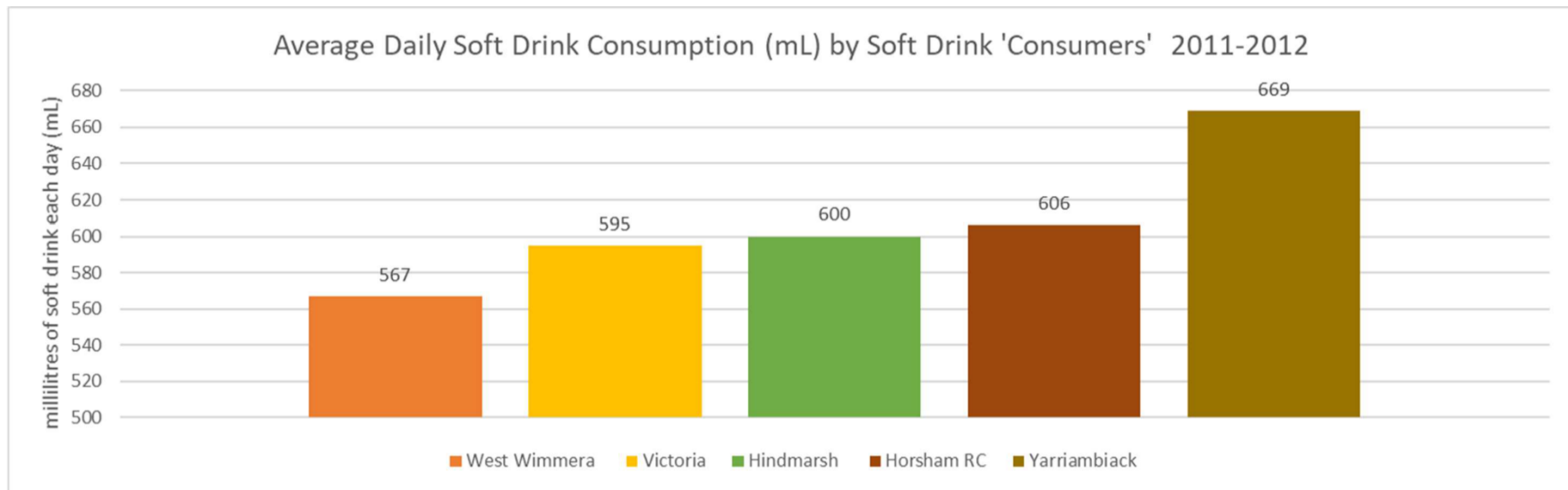
## WEST WIMMERA SHIRE COUNCIL



Graph 15. Daily Consumption of Sugar-sweetened Soft Drink West Wimmera compared to Victoria 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



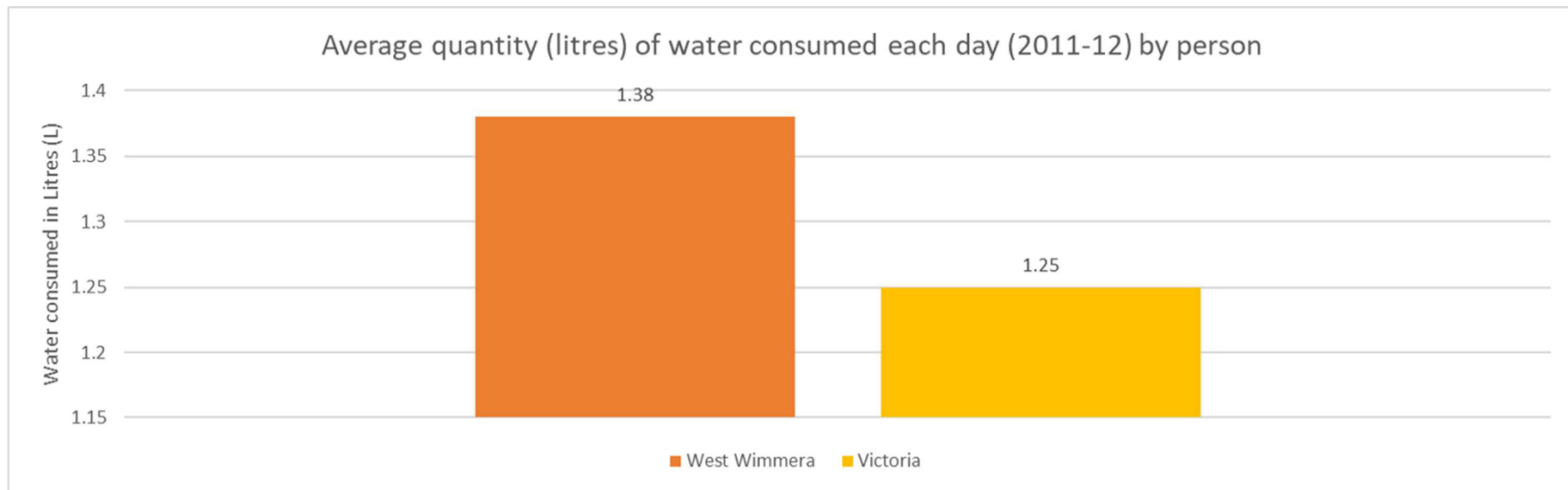
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Graph 16. Average Daily Soft Drink Consumption (mL) by Soft Drink 'Consumers' 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.



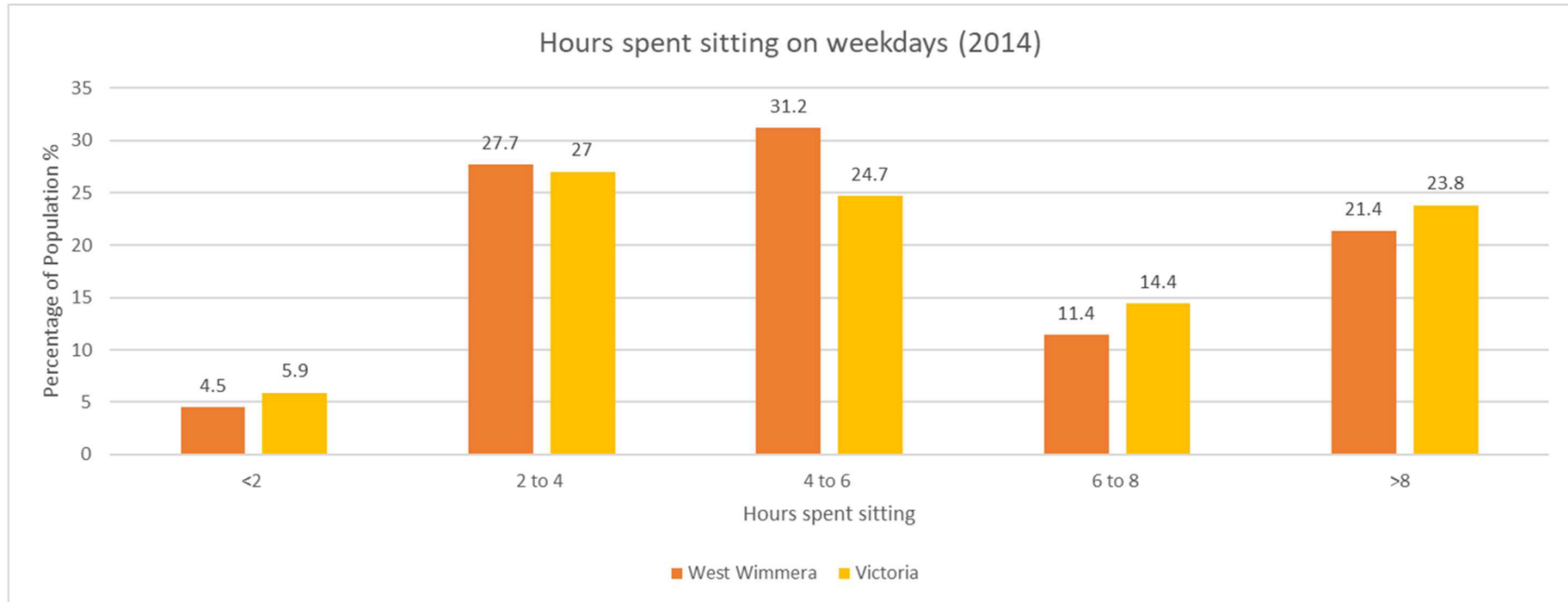
## WEST WIMMERA SHIRE COUNCIL



Graph 17. Average quantity (litres) of water consumed each day (2011-12) by person. West Wimmera PCP Health and Wellbeing Profile 2016.



## WEST WIMMERA SHIRE COUNCIL



Graph 18. Hours spent sitting on weekdays 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



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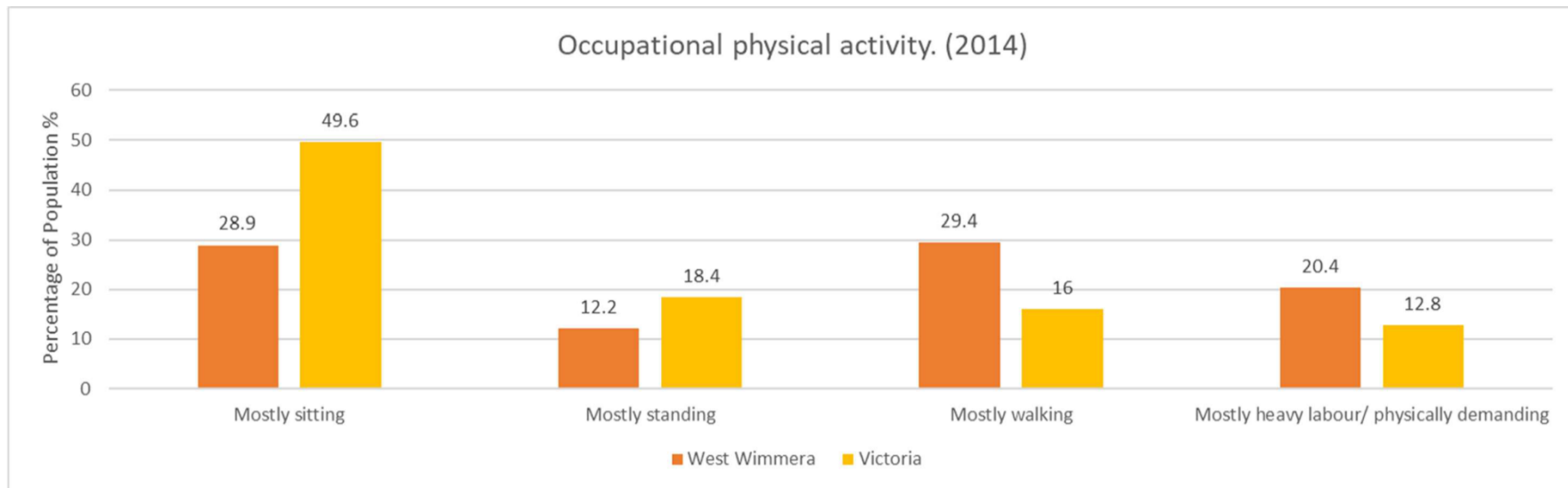


Graph 19. Hours spent sitting on weekends 2014. West Wimmera PCP Health and Wellbeing Profile 2016.





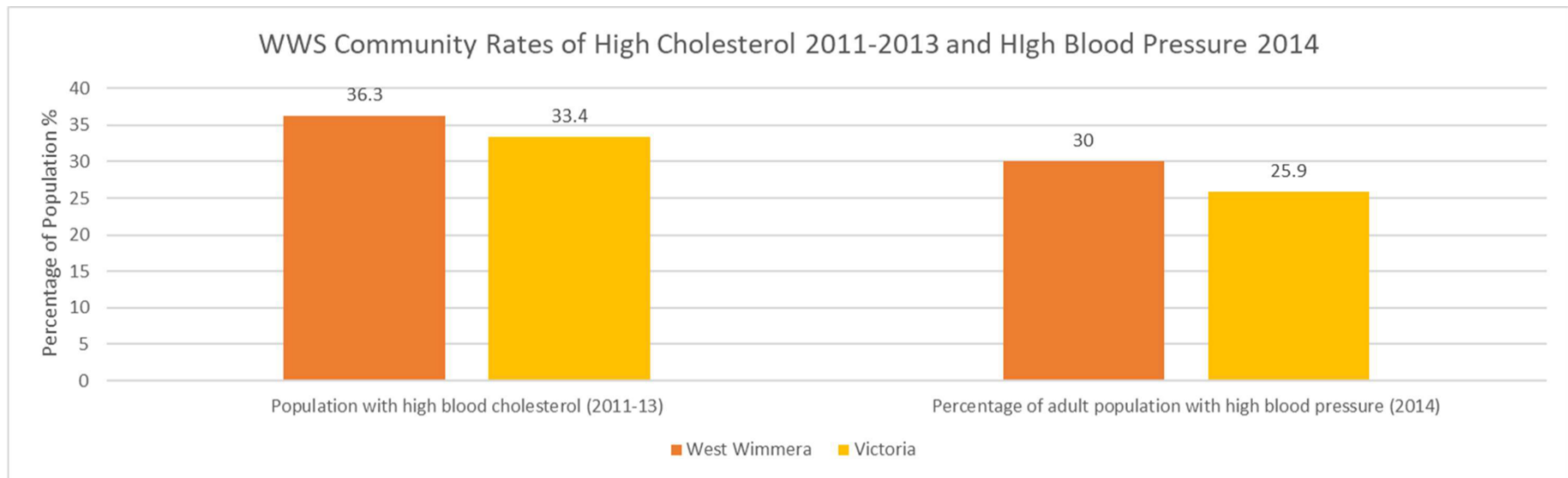
## WEST WIMMERA SHIRE COUNCIL



Graph 20. Occupational physical activity 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



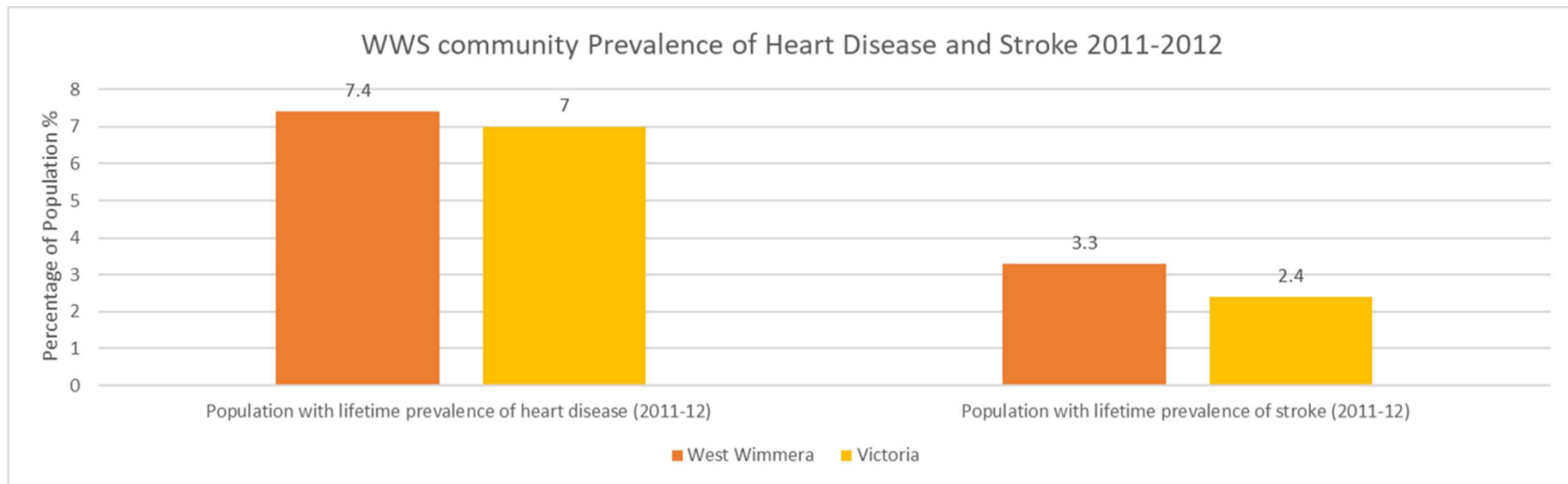
## WEST WIMMERA SHIRE COUNCIL



Graph 21. WWS Community Rates of High Cholesterol 2011-2013 and High Blood Pressure 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



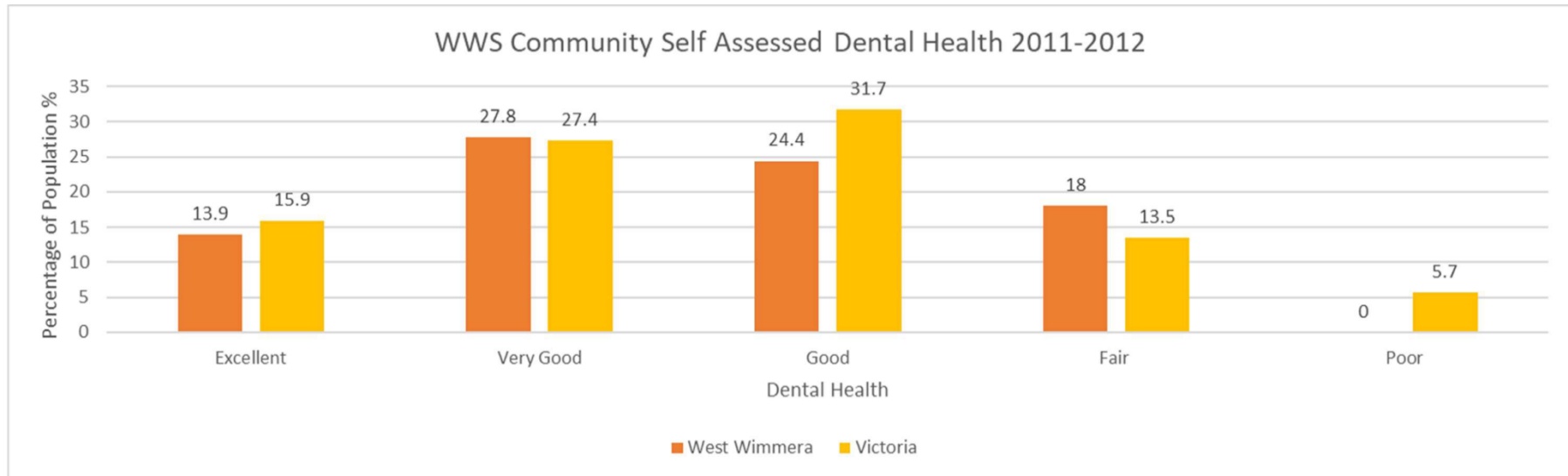
## WEST WIMMERA SHIRE COUNCIL



Graph 22. WWS Community Prevalence of Heart Disease and Stroke 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.



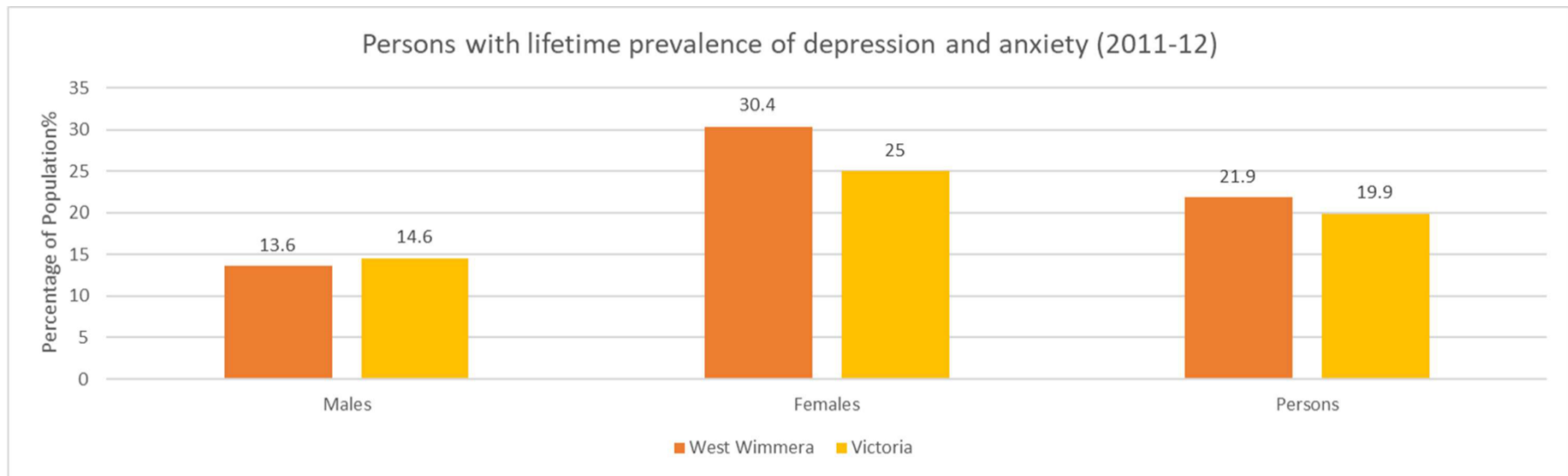
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Graph 23. WWS Community Self Assessed Dental Health 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.



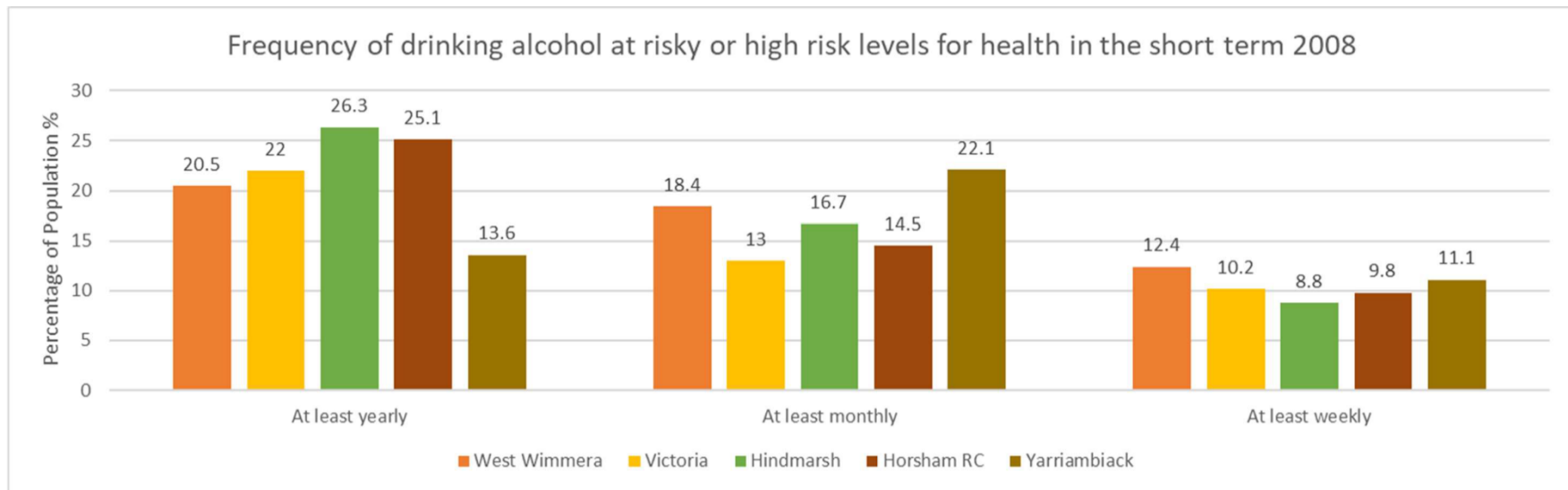
## WEST WIMMERA SHIRE COUNCIL



Graph 24. WWS Persons with lifetime prevalence of depression and anxiety 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.



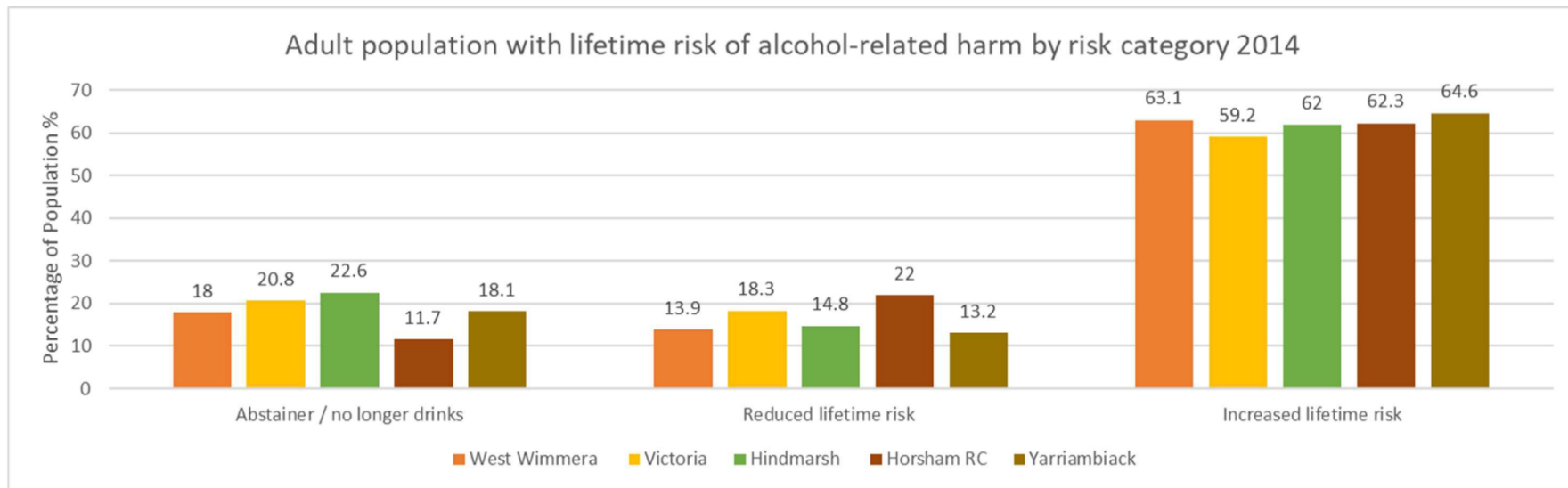
## WEST WIMMERA SHIRE COUNCIL



Graph 25. WWS Population Frequency of drinking alcohol at risky or high-risk levels for health in the short term 2008. West Wimmera PCP Health and Wellbeing Profile 2016.



## WEST WIMMERA SHIRE COUNCIL



Graph 26. WWS Adult population with lifetime risk of alcohol-related harm by risk category 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



## WEST WIMMERA SHIRE COUNCIL

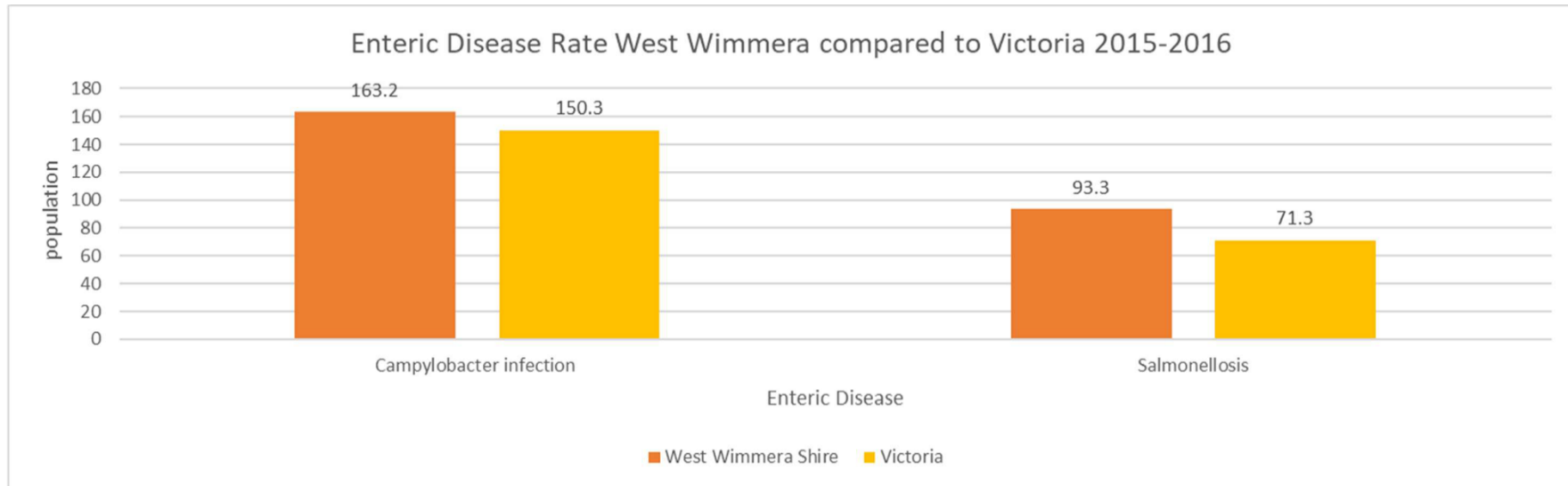


Graph 27. Self-Reported Health Status 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.





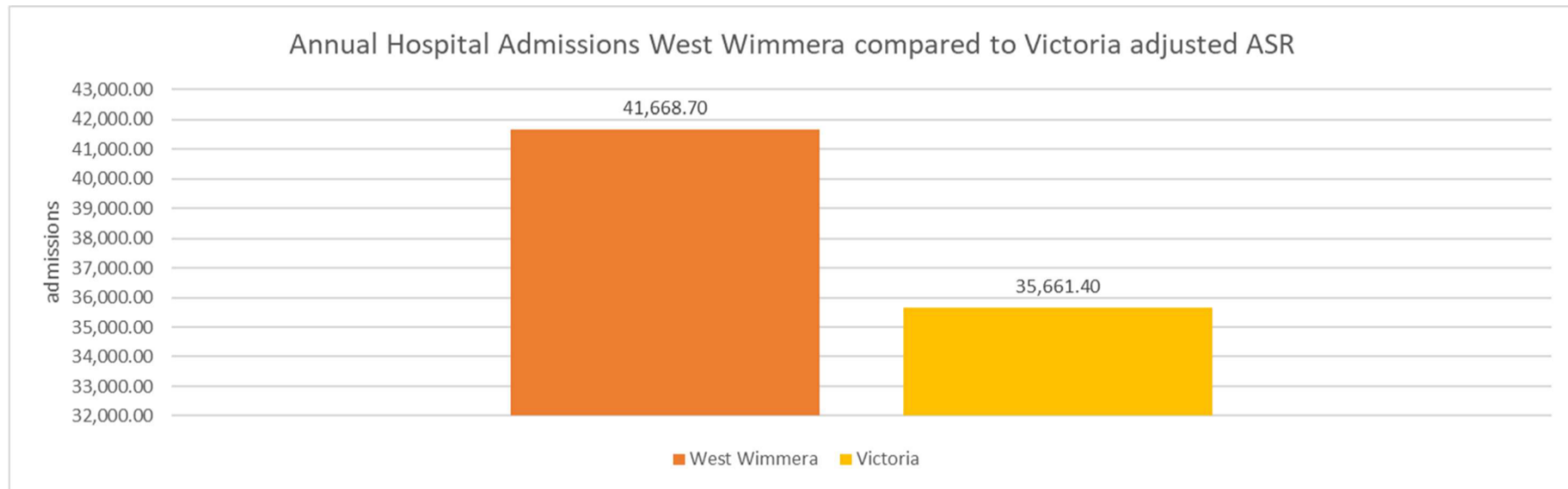
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Graph 28. Enteric Disease Rate West Wimmera compared to Victoria 2015-2016. West Wimmera PCP Health and Wellbeing Profile 2016.



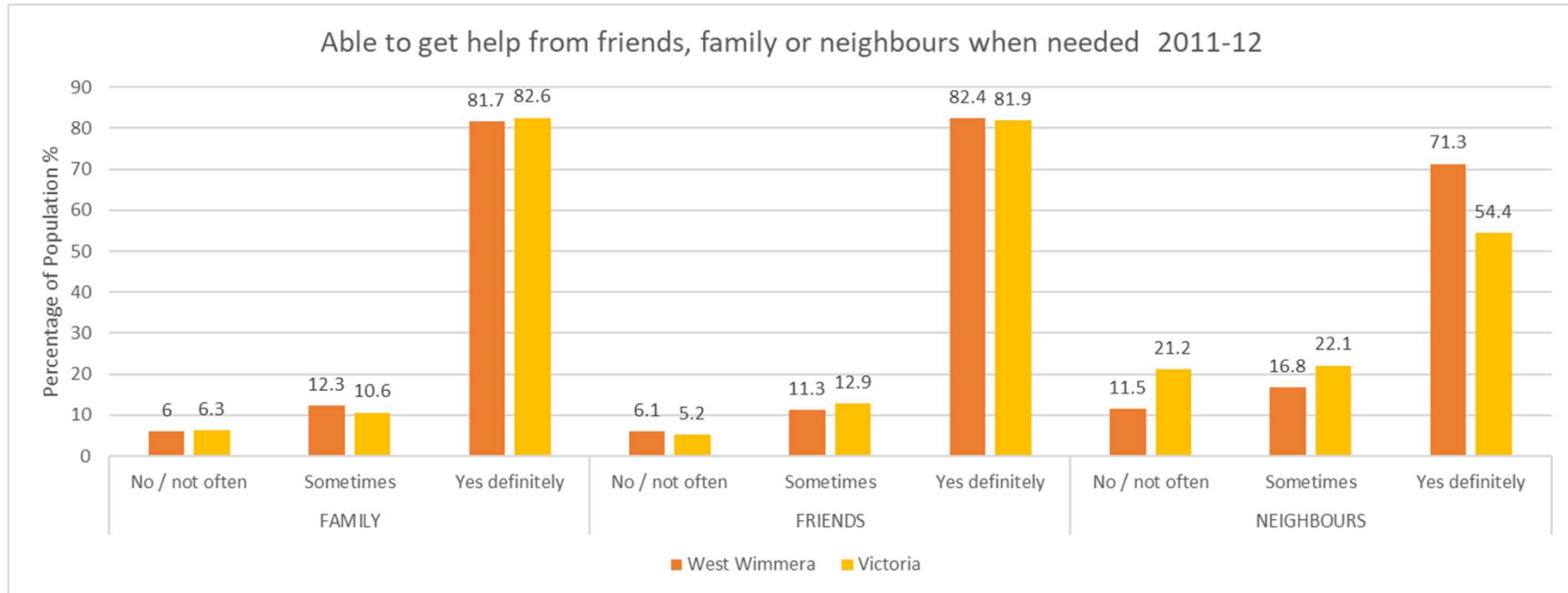
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Graph 29. Annual Hospital Admissions West Wimmera compared to Victoria. Social Health Atlas of Australia 2016.



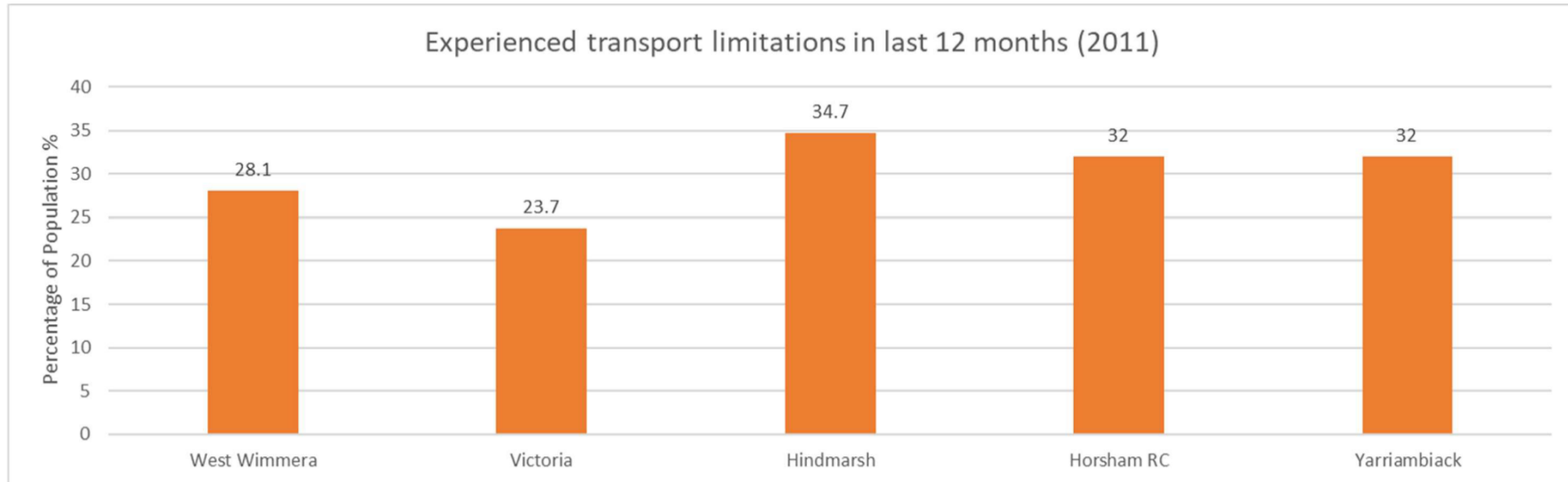
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Graph 30. Able to get help from friends, family or neighbors when needed 2011-12. West Wimmera PCP Health and Wellbeing Profile 2016.



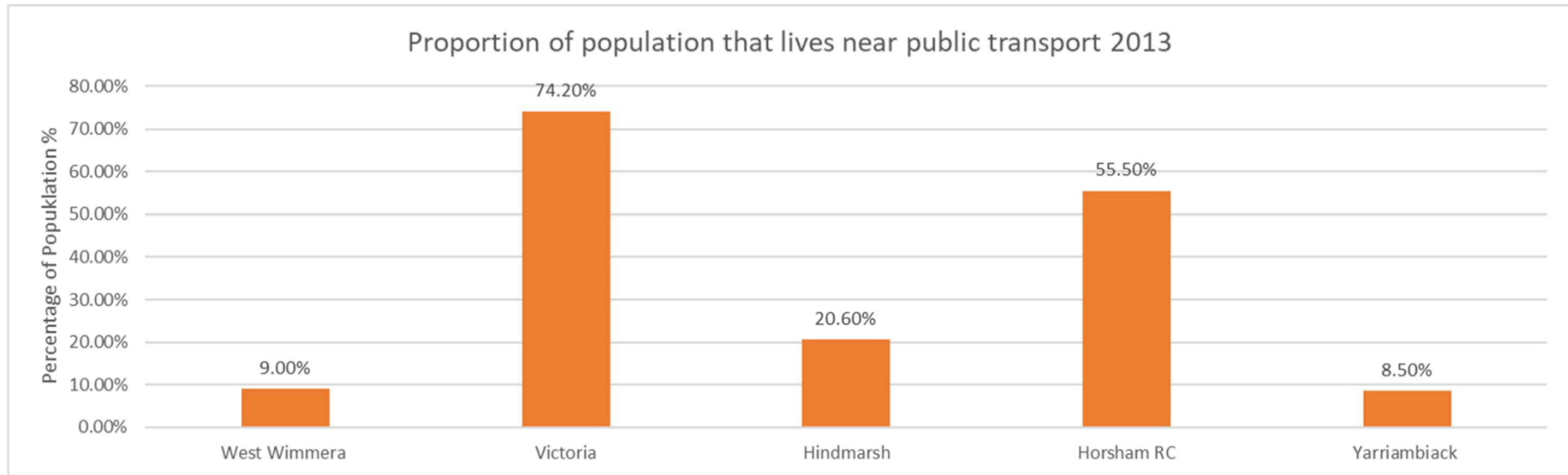
## WEST WIMMERA SHIRE COUNCIL



Graph 31. Experienced transport limitations in last 12 months 2011. West Wimmera PCP Health and Wellbeing Profile 2016.



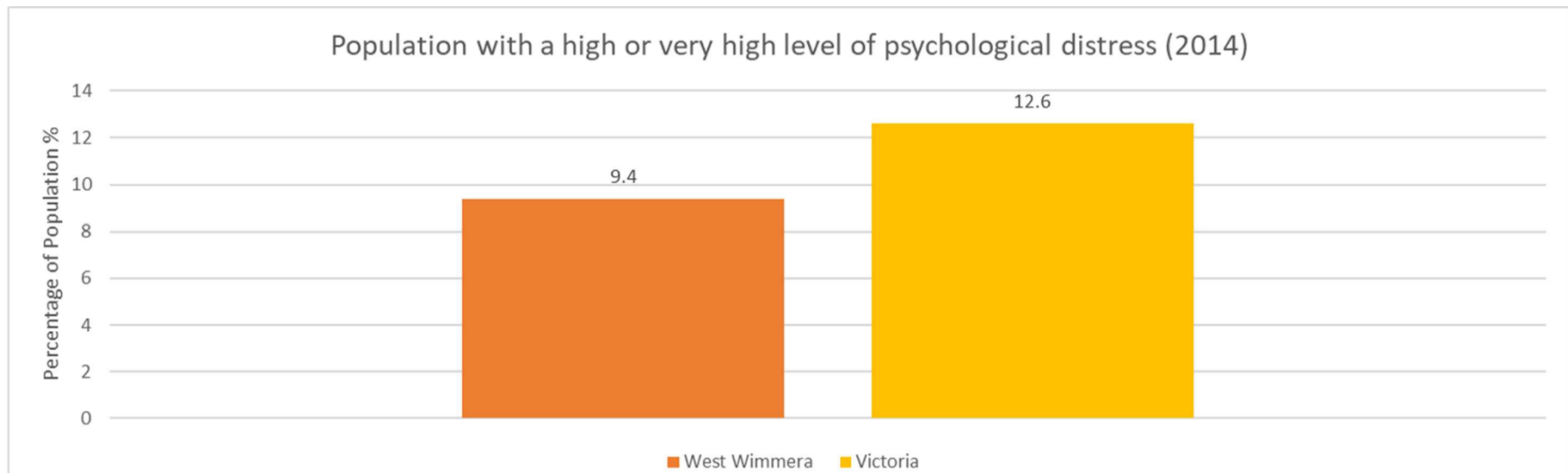
## WEST WIMMERA SHIRE COUNCIL



Graph 32. Proportion of population that lives near public transport 2013. West Wimmera PCP Health and Wellbeing Profile 2016.



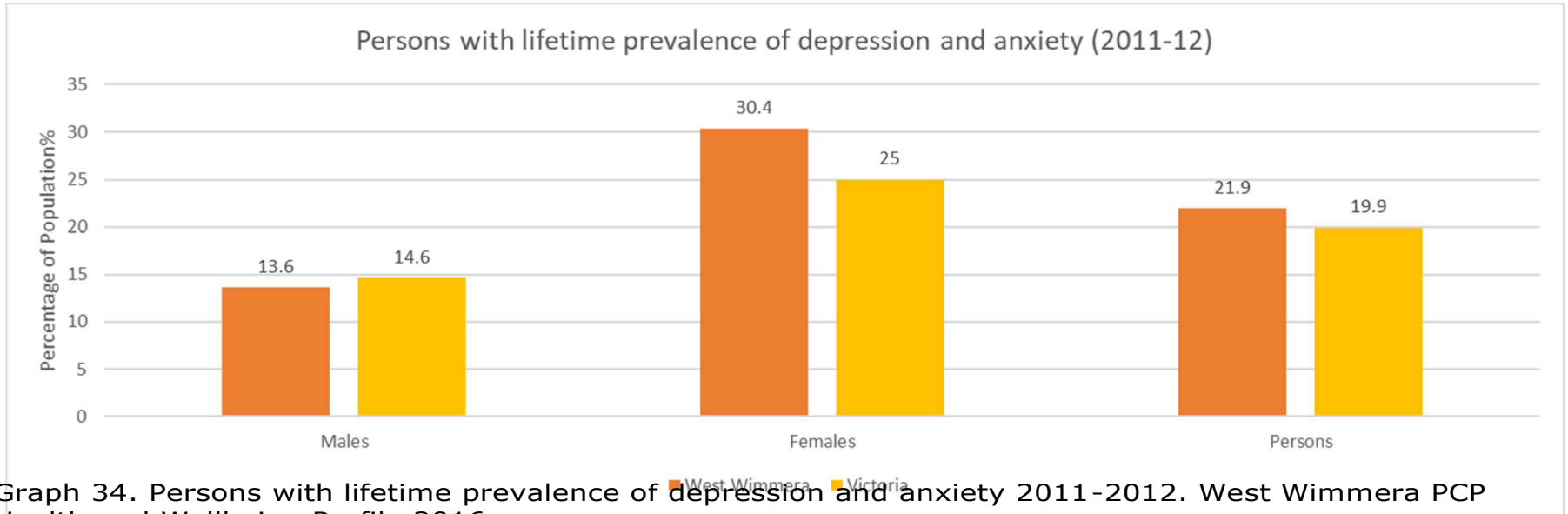
## WEST WIMMERA SHIRE COUNCIL



Graph 33. Population with a high or very high level of psychological distress 2014. West Wimmera PCP Health and Wellbeing Profile 2016.



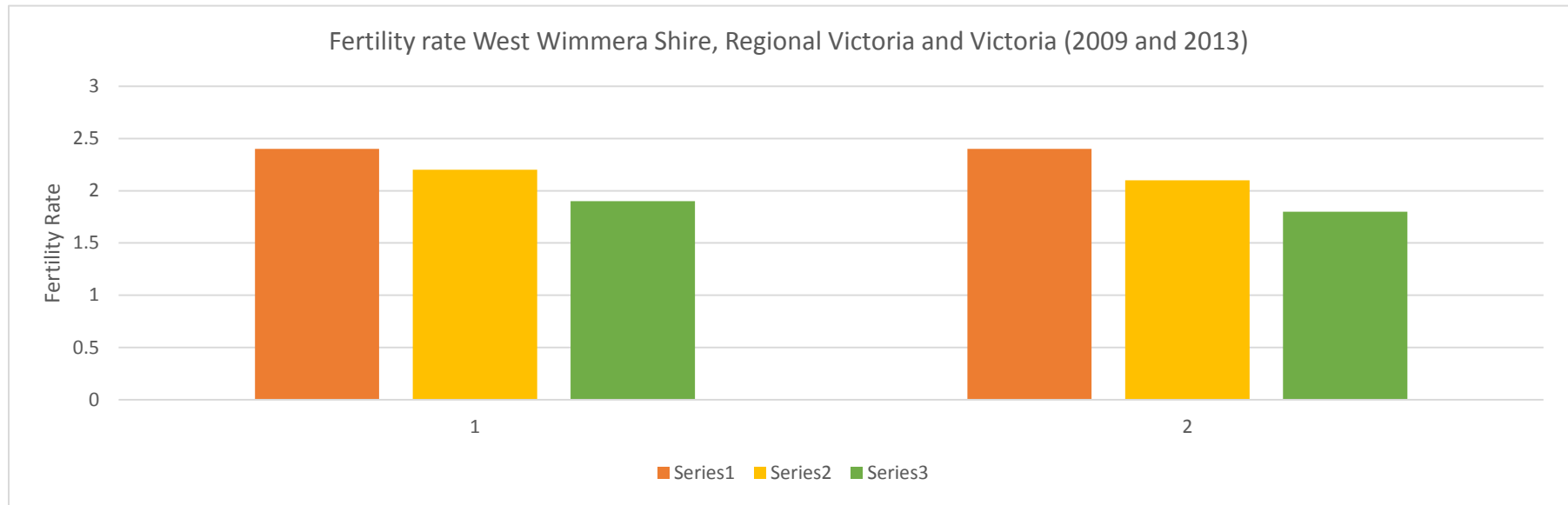
## WEST WIMMERA SHIRE COUNCIL



Graph 34. Persons with lifetime prevalence of depression and anxiety 2011-2012. West Wimmera PCP Health and Wellbeing Profile 2016.



## WEST WIMMERA SHIRE COUNCIL



Graph 35. Fertility rate West Wimmera Shire, Regional Victoria and Victoria (2009 and 2013) West Wimmera PCP Health and Wellbeing Profile 2016

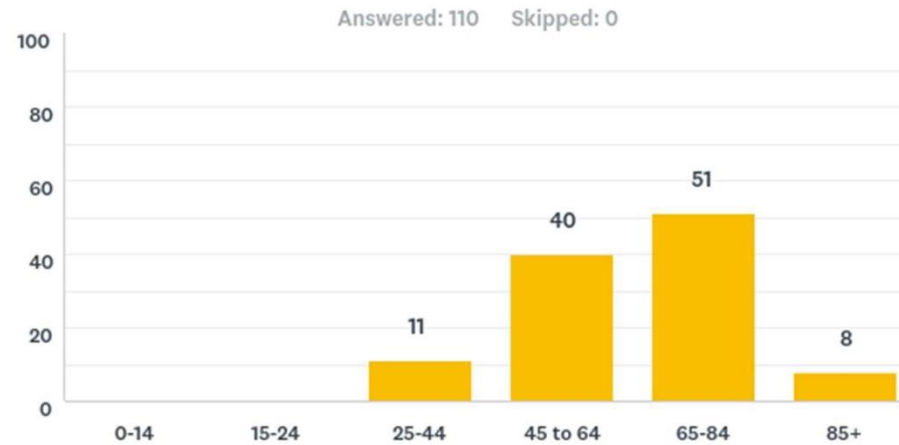




# WEST WIMMERA SHIRE COUNCIL

## Appendix 3. Results from WWSC Municipal Public Health and Wellbeing Plan Community Survey 2017

### Q1 What is your age?



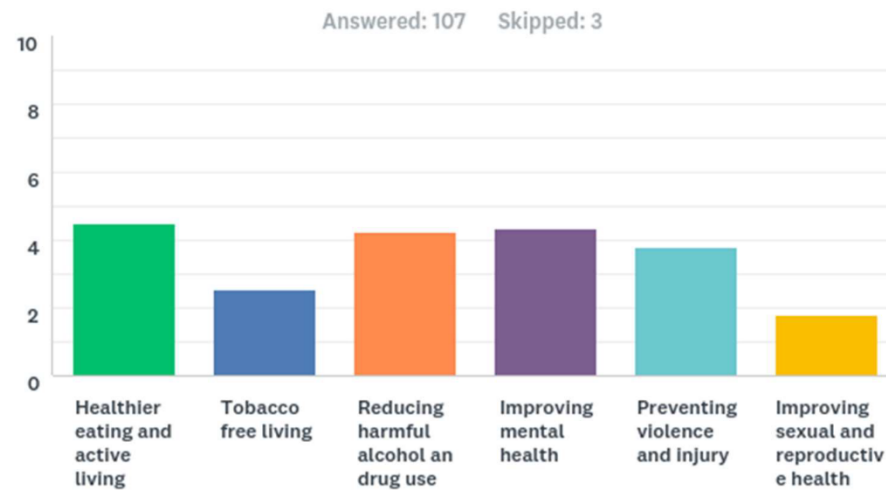
### Q2 What is your gender?





## WEST WIMMERA SHIRE COUNCIL

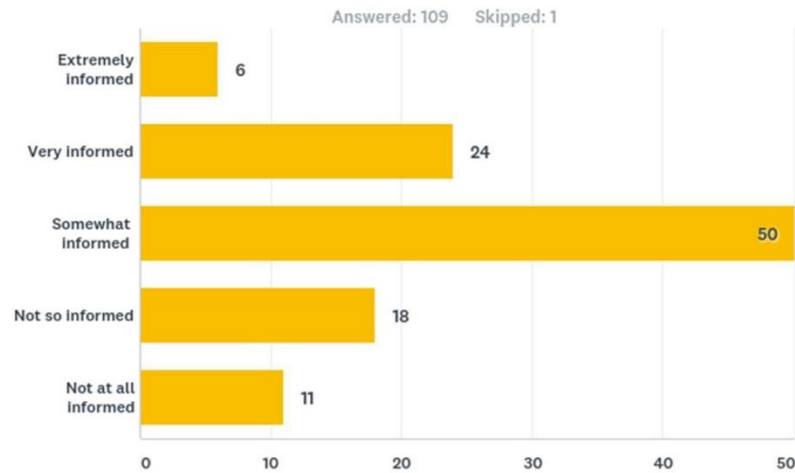
**Q3 Rank the health and wellbeing issues listed in order of importance to you, from most important to least important.**





## WEST WIMMERA SHIRE COUNCIL

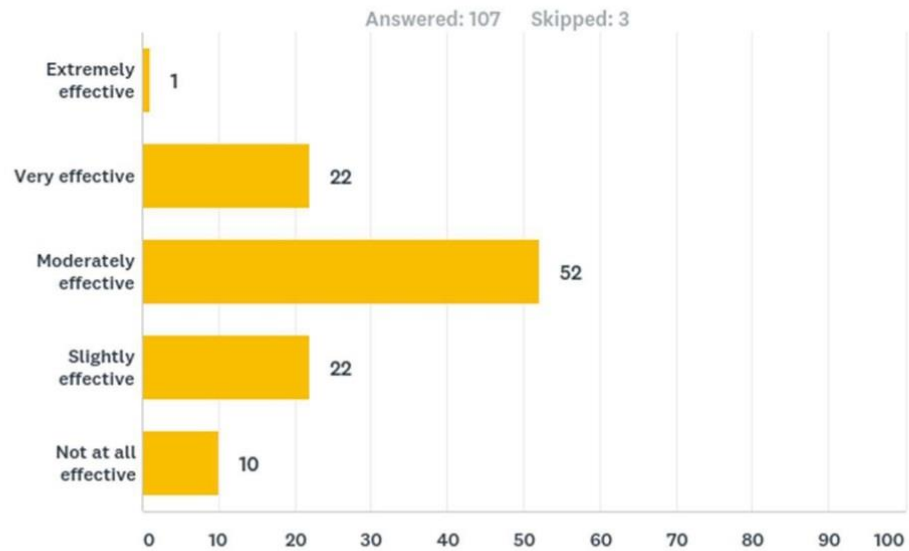
**Q4 Overall, how informed do you feel about the public health and wellbeing activities and programs offered and supported by West Wimmera Shire Council?**





## WEST WIMMERA SHIRE COUNCIL

**Q5 Overall, how would you rate the effectiveness of West Wimmera Shire Council at addressing public health and wellbeing issues at the local level?**





## WEST WIMMERA SHIRE COUNCIL

Q6 Do you have any comments or suggestions about public health and wellbeing at the local government level that you would like to share with West Wimmera Shire Council?

A selection of comments from the community survey.

- How do you inform the ratepayers about what you are doing? I have no idea what is being done! I wasn't aware the shire did health and wellbeing initiatives and programs.
- I am not fully aware of what the shire provides or what WW health provides. Improved communication and publicity to connect all members of the community. Do we need to do more to connect new residents in the community?
- Instead of always addressing the problems we need to be addressing the causes. More promotion of healthy living is needed.
- Mental health, violence and racism to be addressed. "Active living" is a legitimate area for council action, in such areas as the provision of parks and gardens, playing fields, and sports centres. I think obesity is a massive problem in this shire and the biggest risk to the wellbeing of the community.
- Work in partnership more effectively between Shire, Hospital & schools.

\* NB Over a third (36%) of respondents' comments were not directly related to municipal public health and wellbeing, and were either outside of Council's jurisdiction (e.g. hospitals) or were about other matters (e.g. allegations of environmental nuisance).