2013-2017

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| Strathbogie Shire Council | Healthy Communities Plan |





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# Executive Summary

Good health and wellbeing is essential if communities and individuals are to thrive. Strathbogie Shire Council is committed to creating the right environment for everyone to live a full and healthy life, and is proud of the achievements of our communities as we build on our strengths and tackle our challenges.

This *Healthy Communities Plan 2013-2017* recognises these strengths and challenges and outlines how Council will work with its partners to support good health and wellbeing for all.

This plan builds on our previous health and wellbeing plan. Its actions reflect the key strategies being delivered by Council and our partners. These actions address many of the challenges we face, and in particular the key findings of:

* A rapidly ageing population
* An increasing rate of diabetes, obesity and cardiovascular disease
* Mental health issues
* Pockets of relatively high disadvantage
* Access difficulties to health services and in particular publicly funded health services
* Lack of education and employment opportunities especially for our youth

The plan is framed by 5 key factors and outlines what we have already achieved, and what we plan to achieve over the coming four years. These factors are:

* Healthy spaces and places
* Healthy neighbourhoods
* Healthy lifestyles
* Healthy supports and services
* Healthy economies

Consultation with community members and partners has been undertaken to ensure the plan reflects the needs of the community. The plan will be reviewed annually to ensure the actions are delivered. The collaboration with key service providers will contribute to increased health and wellbeing of the Strathbogie Shire community.

# Why we need a *Healthy Communities Plan*

Strathbogie Shire Council is serious about its responsibility to influence and create a range of healthy environments within the Shire. We accept that we cannot simply deal with illness or ill health after it appears when the environment in which people live or work gives them little or no choice or support. Instead, we must plan in advance to make informed decisions around social, economic and physical environments that directly affect the health and wellbeing of all communities.

To be a healthy community, we must plan to keep people safe, well and capable of living a full life. We need to think about things such as access to health services, availability of housing, being able to get around the community, building opportunities to meet others socially, looking after our environment and having a job. We see good health as an important resource for everyday life, a positive concept that embraces not only a healthy lifestyle but also social and personal wellbeing.

Strathbogie Council recognises that good health is the responsibility of everyone. Our approach to maintaining a healthier community is multi-faceted and involves a range of partnerships. It enables everyday people to increase control over and improve their own health.

All Councils in Victoria are required under legislation to prepare a four year *Municipal Public Health and Wellbeing Plan*. This plan must outline what Councils are going to do to promote good health and prevent ill health in their communities.

These plans provides a framework for other organisations delivering health services within the Shire, to better plan for and deliver their services to improve the health and wellbeing of our residents. Council has entered into a partnership with the Strathbogie Shire Health and Community Services Consortium to provide a vehicle for directly improving our residents’ health and wellbeing. The Consortium comprises Council, Euroa Health, Nagambie HealthCare and Violet Town Bush Nursing Centre. Strathbogie is one of only a few local government areas that do not have a community health service.

Councils must also consider climate change when preparing a *Municipal Public Health and Wellbeing Plan*. This obligation is outlined in S14 of the *Climate Change Act 2010*. Strathbogie Shire Council has a duty to consider specifically the following impacts of climate change:

* Biophysical impacts
* Long and short term economic, environmental, health and other social impacts
* Beneficial and detrimental impacts
* Direct and indirect impacts
* Cumulative impacts

Strathbogie Shire Council has in place a range of plans and strategies to deal with the impacts of Climate Change, including the *Heatwave Plan*; *Carbon Management Response Plan*; *Environmental Strategy*; and *Strengthening Strathbogie in a Changing Climate: Risk Assessment and Adaptation Strategy*.

Specific climate change related health impacts and priorities that are identified will be included in this plan to facilitate adaptation, and ensure alignment across Council’s other areas of responsibility to achieve a coordinated approach to adaptation activities.

Strathbogie’s *Municipal Public Health and Wellbeing Plan* sits alongside other health agencies’ plans including the *Goulburn Valley Primary Care Partnership Integrated Health Promotion Strategic Plan* *2012-2017*; *Hume Region Chronic Care Strategy 2012–20122*; and directly informs the *Council Plan 2013 to 2017*.

Under the *Public Health and Wellbeing Act 2008*, our *Municipal Public Health Plan* (termed *The* *Strathbogie Shire Council* *Healthy Communities Plan*) is also required to provide information about:

* What the Strathbogie Shire community looks like;
* How healthy we are and what health issues we face;
* What Council is going to do in the next four years to address these issues and improve our health;
* Who Council is going to work with to achieve better health outcomes; and
* How Council is going to monitor the performance of this plan.

*The Strathbogie Shire Council* *Healthy Communities Plan* looks at the bigger picture of what is going on in our community that influences, or contributes to, local health problems.

By addressing these concerns through strategic planning, policy making and partnerships, we can build a stronger, healthier community into the future.

# What our community looks like

## We are rural

The Shire of Strathbogie is located in north central Victoria and is named after the Strathbogie Ranges. Strathbogie Shire was created in November 1994 with the amalgamation of the former Shires of Goulburn, Euroa and Violet Town, and part of Seymour. It is predominantly rural in nature with supporting services spread throughout small towns. The region is strongly associated with farming and agriculture and our communities include families whose ancestors originally settled the land in the 1800s.

The municipality includes the localities of Arcadia South, Avenel, Baddaginnie, Bailieston, Balmattum, Boho, Boho South, Creek Junction, Creighton, Creightons Creek, Earlston, Euroa, Gooram, Goulburn Weir, Graytown, Kelvin View, Kirwins Bridge, Kithbrook, Koonda, Locksley, Longwood, Longwood East, Mangalore, Marraweeny, Miepoll, Mitchellstown, Molka, Moorilim, Moormbool West, Nagambie, Nalinga, Pranjip, Riggs Creek, Ruffy, Sheans Creek, Strathbogie, Tabilk, Tamleugh, Tarcombe, Upotipotpon, Upton Hill, Violet Town, Wahring, Whroo and Wirrate.



**Figure 1: Location of Strathbogie Shire in Victoria**

We are proud of the variety of land types the Shire offers for agricultural purposes; our small towns full of built heritage and natural settings, our rural living areas with rich and varied landscapes, and our recreation and tourist areas and facilities. Our economy is based on farming industries which have traditionally been sheep, cattle and wheat cropping; but in recent years the tendency has been to diversify into smaller holdings specialising in more unusual stock such as goats, fine wool sheep, deer and fish, or crops such as herbs, blueberries, grapes, nuts and cherries. We boast extensive vineyards at Nagambie and throughout the Strathbogie Ranges, and host a wide range of intensive cool climate horticultural enterprises. Officially, we have been called the ‘Horse Capital of Victoria’, and are renowned for our leading thoroughbred studs and racehorses.

## We are spread out

Our Shire covers a vast geographical area of 3,302km2. Although we are driven by this large locale, we have a relatively small rate base which provides some challenges for Council. The diverse and spread out landscape takes in a variety of environments including rugged hills, majestic panoramas, spectacular rocky outcrops, magical forests, waterfalls and ferny glades.

Strathbogie’s setting is bounded by the Strathbogie Ranges located to the east, the Goulburn River to the south and the Hume Freeway which runs through the middle of the municipality. The Goulburn Valley Highway also passes through the western part of the Shire. Our position on these major national highways provides ready and convenient access to our towns and rural areas.

To the east and south east are the municipalities of Benalla and Mansfield; Murrindindi and Mitchell to the south; the City of Greater Bendigo and the Campaspe Shire to the west; and the City of Greater Shepparton to the north.

Our residents live predominantly around the four small towns of Euroa, Nagambie, Violet Town and Avenel. Strathbogie Shire’s population as at 30 June 2011 was 9,486. The populations of each of the major districts within the Shire are: Euroa 3166; Nagambie 1548; Avenel 1048; Violet Town 1084. (Australian Bureau of Statistics, 2011)

## We are resilient

In the past few years, people living in the Strathbogie Shire have experienced dry autumns, bushfires, harsh winter conditions, prolonged periods of heat, severe storm damage, low water supplies and the fallout from the economic downturn. Following the drought we experienced floods in 2010 and 2011. In 2012 and 2013, we experienced bush and grass fires. There have been serious implications of these events on the short, medium and long term health and wellbeing of communities. Many people are still recovering financially and emotionally from the impact of these events.

However, there is also a positive feeling of community that exists here; we have the potential to respond and get back on our feet. We feel connected to our community and know that we could get help from family, friends or neighbours if we needed it. We are more inclined to work as volunteers, be involved in community events, participate in local schools and contribute to community decisions than our counterparts in other regional Victorian areas. (Department for Victorian Communities, 2008).

## We are a great place to visit

The Shire of Strathbogie has seen enormous growth in the tourism and event market. Our central location and proximity to Melbourne, good freeway access, water, mountains, wine and gourmet foods have created a new 'playground' within an easy drive of most parts of the metropolitan area. Tourism is a major contributor to our economic, social and cultural wealth. Visitors spend around $29 million per annum within the Shire, and our area attracts 225,000 domestic day and overnight visitors per annum. There are 303 businesses directly linked to tourism in our Shire. The majority of visitors come from Melbourne (69%) for a 1 to2 night stay. (Tourism Research Australia, 2008)

We are ageing

While Strathbogie’s general population growth is stable and predicted to grow at a slower rate than metropolitan Melbourne and other neighbouring Shires, like most parts of Australia, it is ageing. The Shire has the second highest % population of over 60 year olds in Victoria (34.2%) and the fifth highest of over 75 years olds (11.5%). By 2031 the number of 75 year olds and older is predicted to be 19.2% of the population of Strathbogie (Australian Bureau of Statistics, 2011). By 2031 the number of 60 year olds and over is predicted to be 44%. (Department of Planning and Community Development, 2011)

Table 1: Population by five-year age group, 2011 and 2031 (Department of Planning and Community Development, 2011)

Strathbogie has become more popular as a lifestyle and retirement destination for people leaving Melbourne. Over the next 30 years, this shift to an older age profile will accompany declining household size and rising household numbers as family households become 'empty nesters' and are added to by smaller, older, retiree households. This pattern will have a significant impact on the lifestyle and health of the Strathbogie population into the future. As a community, we will need to consider how we can plan ahead for the increasing challenges associated with our ageing population.

How healthy are we?

Council understands that people’s behaviours are shaped by their environment and healthier environments ultimately lead to healthier behaviours. To find out how healthy we are in the Strathbogie Shire compared to the rest of Victoria, Council has looked at a range of statistical reports and data from the Department of Health (DoH), Department of Human Services (DHS), Australian Bureau of Statistics (ABS), Strathbogie Shire Service Coordination Project and Primary Health Care Needs Analysis 2012 and Community Indicators Victoria (CIV). From this information, community priorities have been established by understanding the key health trends in our community. We are then able to make informed decisions about policies and programs that are based on the best local evidence. The Goulburn Valley Primary Care Partnership (GVPCP) is acknowledged as a secondary source of data; however the data are highly reliable. For information about the original source, please contact GVPCP.

## Our strengths

* **We feel part of our community** – A higher percentage of people living in the Strathbogie Shire feel valued by their community when compared with others in the state. The average community connection score for Australians is about 70. People in Strathbogie rate their satisfaction with feeling part of their community as 77.7. We have high rates of participation in volunteering and social connection. (Community Indicators Victoria, 2011)
* **We feel safe** - When walking alone at night, 86.7% of people living in Strathbogie feel safe or very safe compared to 75.4% in the region and a state average of 70.3%. In 2011-12, the rate for crime against the person was 686 recorded crimes per 100,000 population in the Strathbogie Shire compared to 1,090 in the Hume Region and 984 in Victoria. The rate for crimes against property was 2,598 recorded crimes per 100,000 population in the Strathbogie Shire, compared to 4,049 in the Hume Region and 4,797 in Victoria. (Community Indicators Victoria, 2011)
* **We are employed** – Strathbogie’s unemployment rate, as of 2011, sat on 5.9% compared to the state average of 5.4%. Agriculture accounts for nearly a quarter of the labour force in the Shire, followed by manufacturing and construction. We also have a higher percentage of managers and labourers when compared to other Victorian local government areas, and a lower proportion of professionals. Given the fickle nature of the manufacturing and construction industries, and our ageing population of farmers, these employment figures can change significantly in times of economic stress. (Australian Bureau of Statistics, 2011)

* **Our children go to kindergarten** - Research has shown that investment in the early years, in the form of preschool and kindergarten, can have a positive effect on longer term health and wellbeing outcomes. In 2012, Strathbogie had an estimated resident population of 97 4-years olds and a participation rate of 87.6% of children attending kindergarten (Department of Education and Early Childhood Education, 2012)
* **Our children are immunised** - Based on 2013 figures, the percentage of children in Strathbogie Shire aged 12 to 15 months who were fully immunised (88.89) was slightly lower than the Victorian average (90.5%). The number of children aged 24 to 27 months who were fully immunised (85.71%) was below the Victorian average (92.7%).

However, the percentage of children aged 60 to 63 months who were fully immunised in Strathbogie (94.74%) was above the Victorian average (92.4%)(Goulburn Valley Primary Care Partnership, 2011)**.** Given the small total number of children in these age groups, care must be taken when considering percentage of population data and percentage movements at different points in time.

* **We enjoy a good work/life balance** – Work-Life Balance was measured in the 2011 VicHealth Indicators Survey. 67.1% of employed persons living in Strathbogie disagreed or strongly disagreed that their work and family life often interfere with each other, and felt that they had a good balance of work and family compared to the Victorian State average of 53.1%.
* **Our houses are affordable -** Housing affordability is gauged by the percentage of households spending 30% or more of their gross household income on rent or mortgage payments. In the Strathbogie Shire, only 13.1% of households spend more than 30% on housing compared to 17.5% in the Hume Region and the state average of 20.4%. (Community Indicators Victoria, 2011)
* **We are not big gamblers -** Easy access to gaming machines, ATMs and the ability to use machines uninterrupted has been shown as factors influencing the choices of problem gamblers. (Gaming Research Australia, 2010).

The Productivity Commission, in its inquiry report into gambling, found clear links between accessibility to gaming machines and harm from problem gambling. It found the social cost of gambling to the community is significant and any policy measures to reduce harm were worthwhile (The Productivity Commission, 2009).

Children of problem gamblers are 2-4 times more likely to developing a gambling problem themselves. (Gambling Research Australia, 2010).

Strathbogie adults (4.04 per 1,000) have lower electronic gambling habits than their country Victorian (6.65 per 1,000) and Victorian counterparts (6.28 per 1,000). (Victorian Commission for Gambling Regulation, 2009)

In the 2011/12 fin year, Strathbogie Shire had one venue providing electronic gaming with a total of 32 machines. The amount of expenditure for each machine, on average, was $43,575. This compares to $100,327 for Victoria. This equates to $170 expenditure per adult in Strathbogie, compared to $602 per adult across Victoria. These figures however do not include TAB gambling or gambling behaviours that are carried out by Strathbogie residents in neighbouring municipalities. (Victorian Commission for Gambling Regulation, 2012)

For these reasons, it is therefore important for Council to regulate and monitor the number of gaming machines available across the Shire to decrease the negative impacts of gambling on the Strathbogie Shire community.

* **We have a healthy environment** – People living in the Strathbogie Shire generally enjoy a pleasant physical environment with good to very good air quality and visibility. However, days where there are events such as bushfires and dust storms, the quality of the air may be significantly affected. The quality of the drinking water in Strathbogie is also generally very good.



## Our challenges

* **We are living longer and getting older** – Between 2002 and 2006, life expectancy at birth for Victorians increased significantly, by 2 to 4 years, for both males and females, regardless of socio-economic status. (Department of Health, 2006) In rural Victoria, for both males and females, life expectancy is significantly lower than the state estimate. In fact, life expectancy for males living in the Strathbogie Shire (78.4 years) is below the state of average of 80.3 years. Female life expectancy for females in the Strathbogie Shire (82.8 years) is one of the lowest in Victoria, ranked 69/79 LGAs. (Department of Health, 2012)

In 2011, the median age for persons living in the Strathbogie Shire was 50 years compared with 37 years for Victoria and 37 years Australia wide. (Australian Bureau of Statistics, 2011) While longevity is generally viewed in a positive light, it also brings with it increased rates of chronic disease and the health and wellbeing challenges associated with an ageing population.

* **We have high incidence of some diseases** – The Victorian Burden of Disease Study found that rural communities in Victoria have a lower health status than metropolitan areas. (Department of Human Services, 2007) People living in rural Victoria have higher rates of disease burden due to cardiovascular disease, cancer, neurological and sense disorders, chronic respiratory diseases, musculoskeletal diseases and injuries. In 2006, the most common cause of death for people living in Strathbogie was diseases of the circulatory system. (Goulburn Valley Primary Care Partnership, 2011)

Strathbogie shire has the 4th highest rate of diabetes in Victoria out 79 LGA’s. All local government areas have experienced over 150% increase in diabetes prevalence in the past 10 years. (Goulburn Valley Primary Care Partnership, 2011) Circulatory system diseases are the leading cause of death for our men.Chronic obstructive pulmonary disease (COPD) and pyelonephritis were the second and third highest causes of hospital admissions. (Department of Health, 2013)

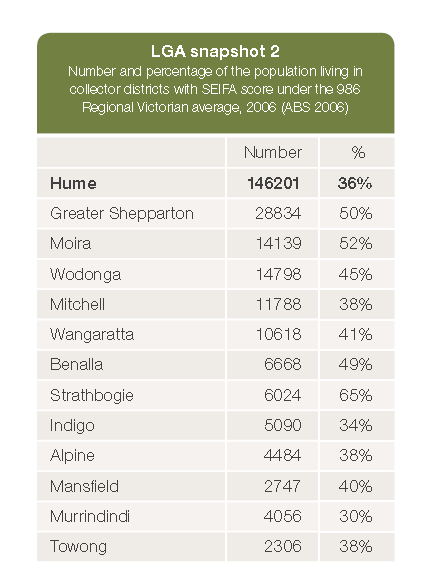
Suicide rates for males in rural and remote communities have increased steadily over the past 20 years, with rates for young males consistently higher in small rural communities than in metro and regional areas. Rural Australia has one of the highest rates of youth suicide in the world. The Disability Adjusted Life Years (DALY) rate for male suicide in Strathbogie (5.6) is higher than Victoria (3.9); and the rate for depression in females is also higher in Strathbogie (8.9) than Victoria (7.1) (Goulburn Valley Primary Care Partnership, 2011)

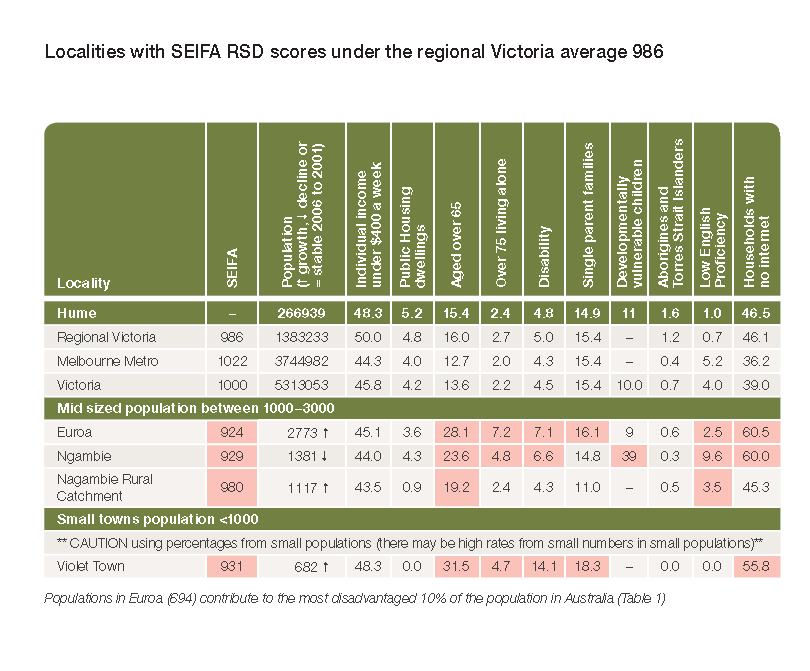
* **We have areas of disadvantage –** The SEIFA Index of Relative Social Disadvantage comes from 2011 Census data such as low income, unemployment, low educational attainment and dwellings without motor vehicles. A low SEIFA score indicates that area is relatively disadvantaged when compared to an area with a higher score. Overall, the Strathbogie Shire is more disadvantaged in terms of socio-economic wellbeing than many local government areas in Victoria, ranking 23 on a scale of 1 to 79 where 1 is most disadvantaged. (Australian Bureau of Statistics, 2011) In fact, our Shire sits within the top 30% for disadvantage in the state.

Median Equivalised Gross Weekly Household Income for Strathbogie was $576, compared to $629 in the Hume Region and the Victorian State average of $749. (Community Indicators Victoria, 2011).

The LGA snapshot below highlights the % population of people within the Strathbogie Shire who are living in areas of relatively high disadvantage, based on 2006 figures. The table shows that Strathbogie has the highest percentage in the region. (Department of Planning and Community Development, 2011)



The table below highlights the relative disadvantage for the main population areas across the Shire. It shows that Euroa, Nagambie and the Nagambie catchment area are significantly more disadvantaged than the average for the state. The table notes that populations in Euroa contribute to the most disadvantaged 10% of populations in Australia. With a lower population base, the data for Violet Town must be used with caution. (Department of Planning and Community Development, 2011)



16% of young people, aged 15-19 are not engaged in work or further education or training. In 2009, 14% of children across the Shire were found to be developmentally vulnerable in their first year of school. (Department of Planning and Community Development, 2011)

Our level of food insecurity is also higher than the rest of the state with 7.0% of people living in Strathbogie saying they have run out of food in the last 12 months and couldn’t afford to buy any more compared to 6.0% Victoria wide. (Community Indicators Victoria, 2011)

The map of Strathbogie Local Government Area in figure 2 below shows the distribution of disadvantage across Strathbogie Shire, based on collection districts. It presents the data in deciles, with the 1st decile being most disadvantaged (in red) and the 9th and 10th deciles being least disadvantaged (in lightest blue). (Department of Planning and Community Development, 2011)

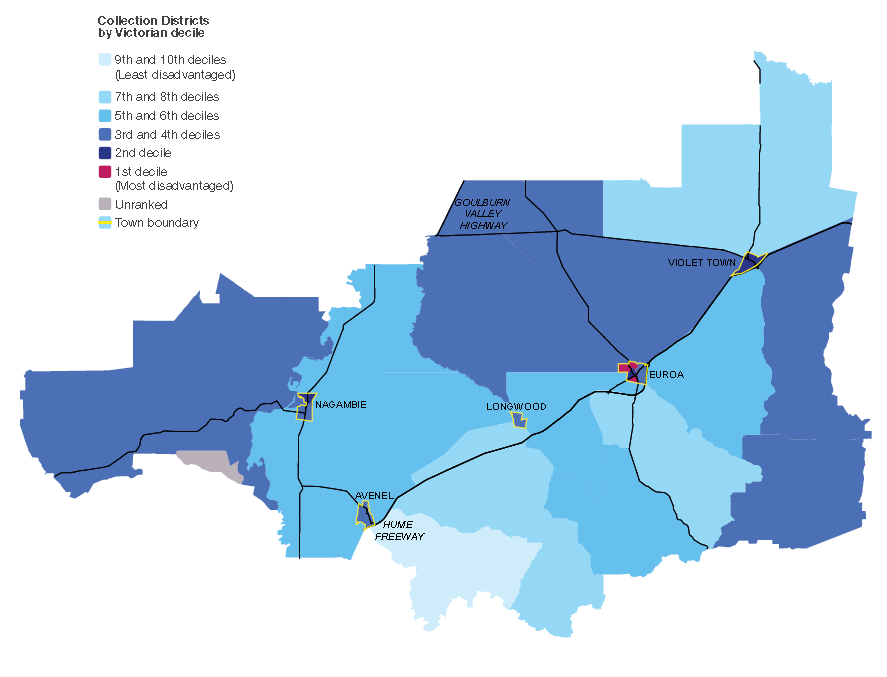


Figure 2 Strathbogie LGA collection districts

* **We find it difficult to access services** – Strathbogie is one of two municipalities in the state (and the only area in the Hume Region) without a public health provider. This causes significant challenges for both health services and residents. Currently, there is a lack of control over local health services as there is no local public asset from which to centrally place them. Thus, services are often fragmented as they are largely delivered through in-reach programs by a range of different providers from outside the Shire. Local health professionals report a lack of information around what services are available. The referral process also concerns professionals as Strathbogie residents often have to leave their Shire and travel elsewhere to seek treatment. This results in people spending local money in neighbouring municipalities. It is also reported that many residents delay seeking health action until it is absolutely necessary due to service inconveniences.

Despite the Strathbogie Shire having an ARIA (Accessibility/Remoteness Index of Australia) or remoteness score of 1.6 indicating it is ‘Highly Accessible’ with relatively unrestricted accessibility to a wide range of goods and services and opportunities for social interaction, there is a lack of adequate infrastructure. (Women's Health Goulburn North East, n.d.) Of particular concern is the lack of broadband and mobile coverage in many areas, the lack of facilities and services such as shops, childcare, schools and libraries, and the lack of access to local sporting and recreational facilities. (Department for Victorian Communities, 2008)

In Strathbogie in 2011, only 69.2% of people lived in houses that had home internet access via a broadband connection compared to the state average of 80.1%. (Community Indicators Victoria, 2011)

Lack of information about and access to relevant health and support services available across the Shire, especially for newcomers, was identified as a major concern by health providers in community consultations in 2009. (McKinnon & Reardon, 2012)

* **We should be more active -** In our region, 21.7% did not meet physical activity guidelines, compared to Victoria (27.4%). 57.5% of the population are overweight/obese compared to (48.6%) for Victoria and Strathbogie ranked 13 out of 79 LGAs (Department of Health, 2013). Regular exercise protects against heart disease and, by limiting obesity, reduces the onset of diabetes. It promotes a sense of wellbeing and protects older people from depression. Only 67.3% of people in Strathbogie say they have easy access to recreation and leisure facilities compared to 78.5% in the Hume Region (Department for Victorian Communities, 2008).
* **We do not eat enough fruit and vegetables** - 50.7% did not meet dietary requirements for fruit and vegetable intake, compared to Victoria (48.2%) (Department of Health, 2013).
* **We are more likely to have oral health problems** - Children who live in rural and regional areas in Victoria are more likely than those living in metropolitan areas to have had toothache, a filling, dental treatment in hospital under general anaesthetic or a tooth extracted because of a dental problem (Department of Human Services, 2007). As there are limited dental services in the Strathbogie Shire, this risk is increased. Fluoridated drinking water helps provide protection against tooth decay. The extension of water fluoridation is a key strategy to reduce the burden of chronic disease and to close a critical gap in the dental health of children living in rural Victoria. (Department of Health, 2009). While much of rural Victoria has a fluoridated water supply, our Shire remains non-fluoridated.
* **We find it difficult to recruit and retain GP’s** - The Rural Doctors Association of Victoria warns that there is a major crisis in progress in rural Victoria. For some time now it has been recognised that there is a mal-distribution of GPs, favouring metropolitan areas and disadvantaging country areas. Towns are losing resident doctors and conditions can be particularly difficult for GPs in towns without hospitals caring for acutely ill patients as in our Shire. In Victoria, the core group of trained and experienced rural GPs is ageing into retirement, with an average age over 50. Present conditions do not encourage recruitment from Victorian Regional GP Training Programs and as a result Australian trained doctors are not entering rural practices in significant numbers (Rural Doctors Association of Victoria, 2012). The availability of full time GPs in the Goulburn Valley catchment is approximately one GP to every 1,275 people. (Goulburn Valley Primary Care Partnership, 2011)
* **Our children don’t participate in all child health assessments** – Child Health Assessments are routinely undertaken by the Maternal and Child Health Service in Victoria to monitor child health and development. Ten visits are anticipated according to key ages and stages until a child reaches 3.5 years of age. Data relating to the activities of the Maternal and Child Health Service are collated on a financial year basis by the Department of Education and Early Childhood Development. The rate of participation for children eligible for an assessment at 3.5 years was 63.5% in Strathbogie in the 2011-12 Office for Children, compared to 70.6% in the Region and the Victorian State average of 64.4%. (Community Indicators Victoria, 2011)
* **Young people don’t stay in our Shire** – Only 9.0% of our total population is made up of young people aged 15 to 24 years (Australian Bureau of Statistics, 2011). The percentage of young people has steadily declined since the 1980s.
* **Young people do not complete their education** – 64.5% of young people do not complete year 12 compared to 43.7% for Victoria and gives Strathbogie a ranking of 17 out of 79 Victorian councils. This is of concern because education is widely understood to be directly linked to socio-economic outcomes. (Department of Health, 2013)
* **Women are financially disadvantaged** – Despite women making up 62.3% of the population of Strathbogie Shire who hold a diploma, degree or higher, they earn significantly less than men and the situation is not improving. In 2011 51.2% of female workers but only 37.4% of male workers had an income of less than $400. For incomes levels over $31,200, in every wage bracket women are significantly under-represented. 29.3% of female workers earn over $31,200 but 46.6% of men earn over this level, despite the higher education levels of women. Given that superannuation is set at a percentage of wages, the level of financial disadvantage carries through to retirement. (Australian Bureau of Statistics, 2011)
* **Women experience family violence**– Violence against women is also recognised as a problem across the state. ABS 2006 data show that close to half of Australian women (40%) have experienced some sort of violence since the age of 15 and just under one third of women (29%) have experienced physical assault. (VicHealth, 2008)

The average number of callouts for family violence incidents in the Strathbogie Shire, for the five year period 2004 - 2009 was 4.09 per 1,000 of population. (Victoria Police, 2010)

The latest data indicate a call out rate for family violence by police, of 5.4 incidents per 1,000. (Department of Health, 2013)

* **Our breastfeeding rates are down** - Based on the 2009/10 figures, the percentage of infants fully breastfed on discharge from hospital in Strathbogie (72.8%) was lower than the percentage fully breastfed on discharge in the Hume Region (76.60%) and lower than the percentage fully breastfed in Victoria (73.1%). (Goulburn Valley Primary Care Partnership, 2011)
* **We are still smoking** – Smoking patterns in Strathbogie reveal that approximately 1 in 5 people over age of 18 smoke (19.8%). (Department of Health, 2013) Smoking can be seen as the main cause, or a significant cause, of many diseases including cancer and cardiovascular disease.
* **We are more likely to binge drink** – The population of people at risk of short-term harm from alcohol consumption is 18.1% which is the second highest in Victoria. (Department of Health, 2013) Alcohol use is widely associated with anti-social behaviours including family violence.
* **We find it difficult to get around** – More people in Strathbogie experience transport limitations than their Victorian counterparts. 27.7% of persons living in Strathbogie had experienced transport limitations in the previous year, compared to 22.6% in the Hume Region and the Victorian State average of 23.7%. Only 12.8% of our population are located near public transport compared to 74% in Victoria. (Community Indicators Victoria, 2011). Local community data from 2009 identified transport connections between towns as a key issue for the Shire.

* **We have more people needing health assistance** - ABS Census data tell us that the proportion of the population in Strathbogie requiring some sort of health assistance is higher when compared to the rest of Victoria. Health assistance is defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age. In 2011, 624 residents of Strathbogie needed assistance in one or more of the three core activity areas due to a long-term health condition, disability or old age. (Australian Bureau of Statistics, 2011)
* **We are concerned about our health** - In 2007, 52.1% of persons living within the Strathbogie Shire reported that their health was either excellent or very good. This was below both the regional and state averages of 54.3%. (Community Indicators Victoria, 2011)
* **We lack cultural diversity** – While many people living in Strathbogie (79.5%) agree that it is a good thing for a society to be made up of different cultures, our community is largely made up of people born in Australia who speak only English. (Community Indicators Victoria, 2011) In Strathbogie 85.3% of people were born in Australia. The most common countries of birth were England 3.2%, New Zealand 0.9%, Germany 0.5%, Netherlands 0.4% and Scotland 0.4%. (Australian Bureau of Statistics, 2011)



* **Climate change** – Council acknowledges that not all people agree with climate change science, however Council needs to maintain alignment with key state and federal policies.

Current Victorian government policy on climate change is based on a range of evidence that suggests our climate is changing. It is predicted that the future climate of our region is expected to be hotter and drier in future. Droughts are likely to increase in frequency by between 10% and 60% by 2070 depending on the rate of emissions. Our Shire is also likely to experience an increase in fire danger and the number of ‘extreme’ fire danger days will generally increase by between 5% and 40% by 2020. This will impact on the agricultural landscape of the region and the health of particularly vulnerable groups within our Shire. Access to water will also continue to be a major issue. (Department of Sustainability and Environment, 2008).

# How we can plan for a healthy future

Health plans were once thought to be only about providing medical care when ill health arose. While this is important, it is only part of the story. Paying attention to the other factors that influence health can help avoid the need for such care. We now know that people’s lifestyles and the conditions in which they live and work strongly influence health. We also know that, along with poor economic circumstances, the social meaning of being poor, unemployed or socially excluded can be harmful to our health. As people, from early childhood onwards, we need to feel valued and appreciated. We need friends, we need to feel useful and we need meaningful work. Without these, we become more prone to depression, drug use, anxiety, hostility and feelings of hopelessness, which all impact on our physical health. We know that by tackling some of these issues and planning ahead for good health, this plan will not only improve health and wellbeing in our Shire, but will also address a range of other social problems that flourish alongside ill health.

## We follow good models

To plan for this, we follow the social model of health as outlined by the World Health Organisation. Our *Healthy Communities Plan* is based on the following beliefs.

* People who are poor and socially excluded are at greater risk of health problems: Our plan embraces those who are poor and discriminated against.
* Stressful circumstances make people feel worried, anxious and unable to cope, damaging their health: Our plan supports programs and initiatives that promote good mental health.
* A good start in life means supporting mothers and young children: Our plan promotes positive environments for early childhood.
* People who have more control over their work have better health: Our plan considers healthy workplaces.
* Unemployment puts health at risk: Our plan supports projects that increase job security and job satisfaction.
* Belonging to a social network makes people feel cared for and improves their health: Our plan encourages the building of social networks within the community.
* Alcohol dependence, illicit drug use and cigarette smoking lead to health problems: Our plan addresses the social circumstances that generate drug use.
* A good diet and adequate food supply are central for promoting health and wellbeing: Our plan advocates for ways of providing healthy food for all.
* Healthy transport means less driving and more walking and cycling, and better public transport: Our plan considers healthier ways to get around the Shire.

The key health promotion actions of the Ottawa Charter further support Strathbogie Shire Council’s approach to healthy communities. Council is committed to building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services.

## We partner with others

The key to successful planning is to understand what issues need to be considered. This is achieved by asking the right questions to the right groups that may experience health and wellbeing inequalities. We have done this by partnering with others in our community. Our key partners in this process have included:

* Goulburn Valley Health
* Euroa Health
* Nagambie HealthCare
* Violet Town Bush Nursing Centre
* Goulburn Valley Primary Care Partnership
* Department of Health

We have also worked with neighbouring Shires with common purpose and shared commitment to deliver projects to improve health outcomes for our communities. Our approach towards planning and service delivery allows Council to work in a leadership role and/or a delivery role.

This plan has clear links with other health agencies’ plans including the *Integrated Health Promotion Plan 2012-2015, for the Goulburn Valley PCP*. This means that we speak the same language and share the same vision so that health initiatives can be rolled out across the Shire in a coordinated and meaningful way.

## We identify key priorities

Enjoying good health and wellbeing is not just good luck; it involves long term planning and community consultation to find practical solutions to local health issues.

In the past, we have used a number of public plans to outline our commitment to health and wellbeing. The Strathbogie Shire now will use this *Healthy Communities Plan* in conjunction with the *Strathbogie Planning Scheme* - *Municipal Strategic Statement* and the *Council Plan 2013 to 2017* to set priorities and identify key strategies to plan for better health outcomes into the future. In this way, we can capture all ‘action areas’ that will impact directly or indirectly on health and wellbeing in the one health plan.

Strathbogie Shire *Council Plan* 2013-2017

Strathbogie Shire Council *Healthy Communities Plan*

*Municipal Strategic Statement*

Other strategies and plans

**Figure 3: Planning responsibilities of local government**

Other strategies that have informed our health priorities include the *Municipal Emergency Management Plan, Heatwave Plan, Hume Strategy for Sustainable Communities, Pandemic Plan, Inclusive Communities Plan, Youth Strategy, Arts & Culture Policy* and *Healthy Children and Families Plan .*

## We think ahead

As a Council, we know that we can directly influence the health and wellbeing of our community by planning and thinking ahead. We can do this by considering:

* Altering our surroundings through buildings, parks and facilities, roads, paths and other infrastructure. This is planning ahead for **healthy spaces and places**;
* Creating opportunities for people to get involved in their community. This is planning ahead for **healthy neighbourhoods**;
* Looking after our way of life so that it continues to nurture us. This is planning ahead for **healthy lifestyles**;
* Increasing ways to access what we have to offer. This is planning ahead for **healthy services and supports**; and
* Providing opportunities for job creation, training and mentoring. This is planning ahead for **healthy economies**.

Given the different needs of our community, it is important that we have a good understanding of our needs and strengths now so we can move into the future. Strathbogie Council’s *Municipal Strategic Statement* clearly outlines plans for a Shire intrinsically linked to the health and wellbeing of its communities. It foresees a Shire that:

* Offers residents a high level of health and safety, resilience and connectedness to their communities;
* Promotes governance, decision-making processes and management that reflect the needs, aspirations and expectations of our community;
* Addresses the principles of access and equity in all areas of development;
* Offers a strategic and sustainable long-term land use direction based on an integrated approach to the natural and built environment;
* Expands long-term employment and economic opportunities whilst continuing to maintain and promote our environment; and
* Provides a place of attraction by integrating sustainable natural resource management into all of our activities.

# What we are going to do

To promote a healthy community across the Strathbogie Shire means planning for action. Our action plan is framed by five key factors. Together, these factors combine to uphold our vision of a strong, healthy community. Each addresses different aspects that affect the health of people in our region.

* Healthy spaces and places
* Healthy neighbourhoods
* Healthy lifestyles
* Healthy supports and services
* Healthy economies

By looking closely at each factor and considering our strengths and challenges, we can plan actions to improve Strathbogie’s public health status over the next four years.

Our vision: A strong, healthy community

# Factor 1: Healthy spaces and places

**Healthy services and supports**

* Partnerships
* Emergency management
* Community health
* Education
* Children & families
* Youth
* Older people
* People with a disability
* Culturally & linguistically Diverse
* People at risk

**Healthy economies**

* Employment and training
* Business development
* New development and innovation
* Access to education, training and employment
* Tourism
* Food security

Key strategies and plans

**Healthy neighbour-hoods**

* Community connectedness
* Community consultation
* Community safety
* Affordable housing
* Volunteers
* Events
* Arts and culture

**Healthy lifestyles**

* Recreation and physical activity
* Healthy eating
* Lifelong learning
* Men’s and women’s health
* Mental health
* Drugs and alcohol
* Dental health
* Breastfeeding
* Immunisation

**Healthy spaces and places**

* Environment protection
* Sustainable development
* Water security
* Transport
* Parks, reserves and gardens
* Pathways
* Playgrounds
* Waste management
* Emergency management
* Community facilities

**Figure 4: Strathbogie Shire Council public health planning framework**

## Why we need healthy spaces and places

We know that healthy communities are shaped by the environments in which people live. How we plan our buildings, parks, facilities, roads and pathways impacts on the way we participate in our community and affects our health and wellbeing. Where we live forms the backdrop to our lives, so it is important that, as a Council, we plan ahead for healthy spaces and places.

## What we have done recently

* Partnered with Mitchell Shire Council to deliver the Hume Sustainable Communities Program
* Partnered with Greater Shepparton City Council and Moira Shire Council to complete a Way finding Strategy to improve way finding signage and access to walking and cycling routes
* Completed improvements to the walking/biking trails at Honeysuckle Creek, Violet Town; Hughes Creek, Avenel; and the Apex trail at Euroa
* Improved the streetscapes of towns in Nagambie, Strathbogie and Euroa
* Upgraded the Avenel recreation reserve
* Upgraded the Violet Town Netball Courts and Tennis Courts
* Completed the Transport Connections Project

## What we will do in the next four years

### Key priorities

1. Continue to plan for Climate Change
2. Continue to upgrade sports, leisure and community facilities
3. Continue to improve accessible amenities

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CEO Chief Executive Officer

CYFC Children, Youth & Families Coordinator

DAC Disability Advisory Committee

DAS Director Asset Services

DCC Director Corporate & Community

DSD Director Sustainable Development

EHO Environmental Health Officer

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|  |  |  |  |
| --- | --- | --- | --- |
| **Key Priority** | **Existing Plans and Strategies** | **Actions** | **Who is responsible** |
| **Upgrade Sports, Leisure and community facilities** | Council Plan 2013-2017 | Upgrade Nagambie, Euroa Memorial Ovaland Violet Town Recreation Reserves | DAS |
|  |  | Upgrade the Euroa Community Cinema | DAS & Cinema Manager |
| **Plan for climate change** | Council Heatwave Plan  Goulburn Valley Health Heatwave Policy  Hume Sustainable Communities Program  Regional Waste Management Strategy  Council Waste Management Plan  Roadside Management Plan | Implement actions from Council’s Heatwave Plan | Management Team |
| Implement Council’s environmental sustainability strategy | DAS & DSD |
| Reduce Council’s carbon footprint by reviewing fleet management practices | DAS |
| Supporting environmental sustainable development over and above the legislative requirement | DSD |
| Work with councils and groups in our region as a member of the Goulburn Broken Greenhouse Alliance to reduce greenhouse gas emissions and adapt to climate change | DAS |
| Implement an organic waste collection service | DAS |
| Lobby government support for sustainability improvements | CEO |
| **Improve accessible amenities** | Council Plan 2013-2017  Inclusive Communities Plan  Walking and cycling strategy 2009  Strathbogie planning Scheme – Municipal Strategic Statement | Support development of walking and cycling routes – Avenel (residential area to schools), Euroa (CBD to Caravan Park; Campbell Street), Strathbogie (Bridge to residential area); Nagambie (reconstruct footpaths post by-pass) and Violet Town (railway station to shopping strip) | DAS & CDO |

# Factor 2: Healthy neighbourhoods

## Why we need healthy neighbourhoods

People have a sense of wellbeing if they are connected to others in their community and feel like they belong. We need to feel safe, work in a meaningful way, earn enough money to live, feel valued and have time to spend with others. By planning ahead, Council can create opportunities for people to actively participate in community life.

## What we have done recently

* Provided small community grants to community and volunteer groups
* Supported the work of local community organisations
* Contributed to community festivals and events
* Received funding for, and implemented, the Youth Engage Program
* Delivered councillor information sessions to the community
* Developed and implemented a community planning model for community action groups
* Provided technology classes to older people
* Negotiated Scooter Recharge points

## What we will do in the next four years

### Key priorities

1. Enhance the feeling of community connectedness and inclusion
2. Build social networks

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1. Build community capacity and support community planning
2. Value cultural diversity including ethnicity and lifestyles
3. Provide young people with opportunities to participate

in community life

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| --- | --- | --- | --- |
| **Key Priority** | **Existing Plans and Strategies** | **Actions** | **Who is responsible** |
| **Enhance the feeling of community connectedness and inclusion** | Community grants program  Community Development Policy  Integrated Health Promotion Plan – Goulburn Valley Primary Care Partnership | Develop and support an arts network and program of activities | CDO |
| Support the development of a Men’s Shed in Nagambie | CDO |
| Support the formation of a University of the Third Age (U3A) in Euroa | CDO |
| Develop an Events Management Policy | MEG |
| **Build social networks** | Community grants program | Review, evaluate and develop community grants to deliver better outcomes for the whole community | CDO |
| **Build community capacity and support community planning** | Community Planning program | Review, evaluate and develop the community planning program to deliver comprehensive community plans | CDO |
|  |  | Support Community Action Groups with their plans | CDO |
|  |  | Provide training for community groups in grant writing; governance; events compliance | CDO & Events Officer |
| **Value cultural diversity including ethnicity and lifestyles** | Home and Community Care program – Diversity plan | Implement actions from the HACC Diversity Plan | ACC |
| **Provide young people with opportunities to participate**  **in community life** | Youth Engage Program | Implement the Youth Strategy | CYFC |

# Factor 3: Healthy lifestyles

## Why we need healthy lifestyles

A healthy community supports healthy choices and a healthy lifestyle. By eating well, participating in physical activity and exercising our brains, we can live longer, feel better about ourselves and strengthen our links within the community. Council has an important role in planning for opportunities that support healthy lifestyles for all community members.

## What we have done recently

* Maintained active membership of the Strathbogie Shire Health and Community Services Consortium (the Consortium)
* In partnership with the Consortium delivered the Improving Liveability of Older People project
* In partnership with the Consortium delivered the Smiles for Miles Program
* Provided a varied and nutritionally sound meals program and encouraged people to cook at home wherever possible
* Provided a comprehensive planned activity group program to encourage healthy eating and physical exercise
* Provided anti cyber-bullying programs for young people and their families
* Provided mental health first aid training for staff

## What we will do in the next four years

### Key priorities

1. Promote regular exercise
2. Encourage healthy eating
3. Improve oral health
4. Promote good mental health
5. Promote early childhood development
6. Promote healthy habits

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| --- | --- | --- | --- |
| **Key Priority** | **Existing Plans and Strategies** | **Actions** | **Who is responsible** |
| **Promote regular exercise** |  | Partner with the Consortium to source funding to deliver projects including Strength training; Tai Chi trainers | CEO, MCD, Consortium |
| **Encourage healthy eating** | Integrated Health Promotion Plan – Goulburn Valley Primary Care Partnership | Objective 1 - By 2017, increase the number of serves of fruit and vegetables consumed by children aged 0-12 and their families in GVPCP catchment | GVPCP |
| Objective 2 - Utilise our cross sectoral partnerships to create supportive environments that encourage healthy eating behaviours in families with children aged 0-12 | GVPCP |
| Conduct surveys to establishbaseline data on fruit and vegetable consumption in children 0-12 | Consortium |
| Partner with the Consortium to source funding to deliver projects, including Cooking for 1or 2 classes | CEO, MCD, Consortium |
| **Improve oral health** |  | Partner with the Consortium to source funding to deliver projects | CEO and MCD |
| Integrated Health Promotion Plan – Goulburn Valley Primary Care Partnership | Continue to implement Smiles 4 Miles in early years settings through a regional approach | Consortium |
| **Promote good mental health** | Victorian Mental Health Reform Strategy 2009 – 2019  Integrated Health Promotion Plan – Goulburn Valley Primary Care Partnership | Partner with the Consortium to source funding to deliver projects including Aged Care Expo | CEO, MCD, Consortium |
| Provide a forum for promoting good mental health through the Disability Advisory Committee | DAC & CDO |
| Participate in activities to implement Act-Belong-Commit campaign | GVPCP members |
| Provide an employee assistance program for all SSC staff and their family members | MOD |
| **Promote early childhood development** | Maternal and Child Health Standards (internal)  Healthy Children & Families Plan | Continue to provide a quality Maternal and Child Health Service | CYFC and MCH Nurses |
| **Promote healthy habits** | Strathbogie Shire Council Enterprise Bargaining Agreement  Public Health and Wellbeing Act 2008 | Provide free Annual health checks for all staff from the Worksafe provider | MOD |
| Increase participation in the Run for Kids program for staff and their families | DCC |
| Implement the Tobacco Activity 2012/15 Agreement | EHO |

# Factor 4: Healthy services and supports

## Why we need healthy services and supports

We know that to be a healthy community, we need access to a range of health and community services. By building partnerships with other organisations and thinking about ways to improve access to our own services, Council can plan for healthier outcomes across the Shire.

## What we have done recently

* Maintained membership of the Strathbogie Shire Health and Community Services Consortium (the Consortium)
* Participated in White Ribbon Day events
* Continued membership of the Hume Region Justice Reference Group Steering Committee
* Membership of the Prevention of Violence Against Women Steering Committee, Women’s Health Goulburn North East
* Completed a Youth Strategy
* Supported Valley Sport and its programs
* Lobbied government to support public beds for Euroa Health

## What we will do in the next four years

### Key priorities

1. Plan for our ageing population
2. Advocate for affordable and accessible health services
3. Support services for children and families

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1. Address violence against women

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| --- | --- | --- | --- |
| **Key Priority** | **Existing Plans and Strategies** | **Actions** | **Who is responsible** |
| **Plan for our ageing population** | Council Plan 2013-2017 | Develop an Ageing Strategy | Consortium |
| Hume Region Health and Aged Care Plan 2012-2018 | Participation in GV Multiagency Network meetings | Consortium |
| Participation in GV Aged Care Planning Group | Consortium |
| **Advocate for affordable and accessible health services** | Council Plan 2013-2017 | Maintain partnership with Consortium | CEO |
| Council Plan 2013-2017 | Maintain membership of the Goulburn Valley Primary Care Partnership and Executive | DCC and MCD |
| Hume Region Chronic Care Strategy 2012-22 | Apply the National Diabetes Service Improvement Framework in Hume Region | Hume Region Chronic Care Steering Committee |
| Economic Development Master Plan (Draft) | Advocate for new and expanded public-funded health services and facilities | CEO |
| **Support services for children and families** | Council Plan 2013-2017 | Support activities to promote family and community harmony | MCH Nurses |
| **Address violence against women** | Council Plan 2013-2017  Hume Region Justice Reference Group Action Plan  The National Plan to Reduce Violence against Women and their Children 2010 – 2022  SSC Enterprise Bargaining Agreement 2012 | Membership of the Steering Committee for the Hume Region Preventing Violence Against Women and Children Strategy 2013-2017; and associated Local Government Sub-Committee | CDO |
| Participate in White Ribbon Day events including White Ribbon Walk; support White Ribbon Day Football Games in the GVFL; highlight White Ribbon Day through town entrance signage; | Council, CEO, CDO |
| Annual update and distribution of “A Right to Respect a Community Responsibility” brochure and information guides | CDO |
| Pilot program to address bystander action in preventing violence | CDO |
| Provide family friendly provisions - balancing work and family commitments | MOD |
| Provide 20 days per year of paid leave for staff who need to access support services | MOD |

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# Factor 5: Healthy Economies

## Why we need a healthy economy

A healthy economy contributes to our health and wellbeing by providing opportunities for us to develop new skills, work or be involved in the community, have enough money to participate in life and have access to goods and services locally. We know that to build a healthy economy Council must encourage economic development through job creation, training, mentoring and providing concessions and rebates for people on low incomes.

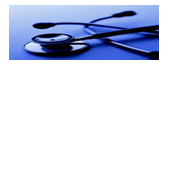
## What we have done recently

* Supported traineeship programs
* Supported the Fairley Community Leadership Program
* Completed an Economic Development Master Plan
* Supported the Euroa Farmer’s Market
* Supported the development of the Euroa Community Garden
* Supported new business developments across the Shire

## What we will do in the next four years

### Key priorities

* Encourage opportunities for women
* Support new business developments across the Shire
* Plan for economic development
* Develop an affordable rating strategy



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| --- | --- | --- | --- |
| **Key Priority** | **Existing Plans and Strategies** | **Actions** | **Who is responsible** |
| **Encourage opportunities for women** | SSC Enterprise Bargaining Agreement | Provide workplace flexibility | MOD |
| Provide greater than minimum requirements under legislation for parental leave for staff | MOD |
| **Support new business developments across the Shire** | Council Plan 2013-2017 | Advocate to relevant State Government departments for extra tourism funding | DSD |
| **Plan for economic development** | Council Plan 2013-2017 | Implement the Economic Development Master Plan | DSD |
| **Develop an affordable rating strategy** | Council Plan 2013-2017  Long Term Financial Plan  2013/2014-2017/2018 Strategic Resource Plan | Continue to consider residents’ capacity to pay when setting council rates | DCC |

# How we plan to keep on track

Strathbogie Shire Council has followed an action planning model in the development of the *Healthy Communities Plan.* This framework has kept the project on track and encouraged a continuous cycle of planning, consultation and evaluation. Future reviews of the *Healthy Communities Plan* will use this model to guide evaluative processes.

**Assessing needs and assets**

* **January 2013**: Appraise Strathbogie Shire Council’s *Municipal Health and Wellbeing Plan 2010-2014* with key partners
* **January 2013**: Collect and analyse data to develop community profile

**Agreeing on a vision**

* **July 2013**: Set future priorities

**Generating ideas and plans for actions**

* **October 2013**: Develop an action plan with key partners

**Enabling action**

* **October 2013**: Adopt *Healthy Communities Plan 2013-2017*
* **Ongoing**: Provide resources to implement actions

**Monitoring and evaluation**

* **Ongoing**: Develop signposts to track the plan’s progress

**Figure 4: Action planning model**

To further ensure Strathbogie’s *Healthy Communities Plan* remains relevant and meets the changing needs of our community, community signposts which identify the success of the plan will be established at the beginning of each action planning period. An implementation working group will be formed to monitor and review the plan on behalf of Council. This will be made up of both service providers and community members. This model highlights the importance of involving our communities actively in identifying needs, defining priorities, taking action, evaluating and monitoring progress so that we can move towards a healthy and sustainable future in the Strathbogie Shire.

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