



**CENTRAL GOLDFIELDS SHIRE
MUNICIPAL PUBLIC HEALTH AND WELLBEING
PLAN 2013 – 2017**

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Councillors' Message

Central Goldfields Shire Council's vision is for a 'community with choice' within all quality of life aspects.

We are pleased to present the **Central Goldfields Shire Council Municipal Public Health and Wellbeing Plan 2013-2017** as a framework for enhancing the health and wellbeing of the community.

Health and wellbeing is about more than just physical health and depends on a combination of social, environmental, economic and cultural attributes. It includes quality of life, feeling connected to your community, emotional health, work-life balance, access to facilities and services, cultural acceptance and happiness. Council understands that for a healthy and vibrant community, our residents need to enjoy good health and wellbeing.

Central Goldfields Shire is committed to working with the community and partner agencies to address the emerging challenge we face from the increased prevalence of preventable chronic diseases. We are shifting the focus to healthy lifestyles and supportive environments that address behaviours that are linked to lifestyle related chronic disease such as nutrition and insufficient physical activity by encouraging and promoting prevention and improving the environments where people live, learn, work and play to create lasting solutions for healthy living.

This Plan supports our community and residents reaching their full potential, and aims to progress Council's previous work by adopting a more holistic approach to addressing health and wellbeing in the community. This will be achieved by working collaboratively with stakeholders and the community to address some of the broader social, cultural and economic factors that affect health and wellbeing, as well as the aspects of our environment that support people to lead healthy lives and adopt healthy behaviours.

Council is proud of this Plan and excited about the possibilities of this approach to helping Central Goldfields Shire be a 'community with choice'.

Mayor,

Cr Barry Rinaldi

Executive Summary

The Municipal Public Health and Wellbeing Plan 2013 -2017 demonstrates how Central Goldfields Shire will work to improve the health and wellbeing of the local community over the next four years.

The plan fulfills the requirements of the Victorian *Public Health and Wellbeing Act 2008* that all Councils in Victoria prepare and adopt a Municipal Public Health and Wellbeing Plan within 12 months of Council elections. It also meets the requirements of the Climate Change Act 2010 by having regard to climate change.

A number of developments have impacted on the way governments and communities are seeking to influence health. Whilst we enjoy one of the best health systems in the world, we are increasingly aware of the impact lifestyles are having on health through the increasing prevalence of preventable chronic diseases. In particular, an increase in people being overweight or obese is linked to worrying health trends in cardiovascular disease, diabetes, osteoarthritis and some cancers.

We can significantly reduce chronic disease by working together to promote healthy lifestyles and improving the environments, in which people live, learn, work and play. Programs for individuals are useful, but their benefits are often only short-term. To permanently slow the growth of chronic disease, and to create lasting improvements in the health and wellbeing of people and communities, we need to develop a prevention system that is coordinated, responsive, sustainable, and that complements our healthcare system.

Central Goldfields Shire has embraced innovative community approaches to improve community health and wellbeing outcomes. Central Goldfields Shire is committed to leading local action to develop and deliver tailored evidence-based interventions that are shifting the focus of health planning from service delivery to prevention. These interventions will target the underlying causes of chronic disease, including smoking, poor nutrition, alcohol misuse and physical inactivity. This involves working with local communities, schools and workplaces to take action on health.

This plan profiles the community's health and identifies how Central Goldfields works to improve health and wellbeing and identifies priorities for action.

Community-level action enables an intensive and targeted prevention effort that responds to local needs and reflects local infrastructure, networks, programs and planning processes. This approach is designed to create better and longer lasting improvements in the health and wellbeing of the people of Central Goldfields.

PART ONE:

Introduction: A Framework for Health and Wellbeing in Central Goldfields

The Central Goldfields Municipal Public Health and Wellbeing Plan 2013 – 2017 demonstrates how Council intends to develop a healthier community over the next four years. The vision is to shape a healthy community that works together to sustain good health, respond to new and emerging issues and promote equitable health outcomes. Improving the health and wellbeing of the community is everyone's business from the individual to the broader community.

This plan builds on the Public Health and Wellbeing Plan 2009 – 2013 and Council and community responses to the health and wellbeing priorities identified in the Central Goldfields Shire Council Plan 2013-2017 which is the framework for council planning, key strategies of the Shire and community stakeholders that influence and impact positively on community health and wellbeing.

The Central Goldfields Health and Wellbeing Plan 2013 – 2017 identifies and addresses the health and wellbeing of people who live, work, learn, play, do business and build relationships in Central Goldfields Shire. Using this approach as a guide, an action plan will be developed annually to outline the specific ways key priorities will be addressed by Council and the health and wellbeing sector which is made up of a wide range of organisations operating at the state, regional and local levels across Central Goldfields.

WHAT IS HEALTH AND WELLBEING?

Health and wellbeing is about more than physical health. It includes things like quality of life, feeling connected to your community, emotional health, work-life balance, cultural acceptance and happiness.

“Health is the state of complete, physical, mental and social wellbeing and not merely the absence of disease or infirmity.” (World Health Organisation)

“Wellbeing has been defined as the condition or state of being well, contented and satisfied with life. Wellbeing has several components including physical, mental, social and spiritual.” (Department of Health, 2013).

“Health and Wellbeing are determined or influenced by a wide range of factors including individual, social, cultural, economic and environmental.”(World Health Organisation, 2008).

The Victorian Public Health and Wellbeing Plan 2011-2015 defines Wellbeing as a “term reflecting a subjective view of wellness that is more than the absence of disease or illness. Wellbeing incorporates broader concepts such as better living conditions, improved quality of life and community connectedness.” (Department of Health, 2011).

Consistent with the Victorian Public Health and Wellbeing plan, Central Goldfields Shire places particular focus on working with the community, and strengthening partnerships so important to maintain and enhance wellbeing. (Central Goldfields Shire, 2013) Council identifies key concepts in health and wellbeing including ‘environments for health’ and the ‘social determinants of health’ as important factors shaping the health of the community.

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (WHO, 2013).

Social, economic and environmental factors include: employment and housing; schools and education; social connections; conditions of work and leisure; and the state of housing, neighbourhoods and the environment. (Department of Health, 2013)

THE ROLE OF LOCAL GOVERNMENT IN HEALTH

“Local government is therefore ideally placed to develop, lead and implement policies to influence many determinants of health” (Department of Health, 2011).

Local government as the closest level of government to the community is well placed to lead public health efforts required and to maximise its impact on health local government needs to work with many other partners, taking into account their priorities for action.

The Victorian Local Government Act 1989 acknowledges the important role Council plays in planning. Included in this are responsibilities to improve the overall quality of life of people in the local community. This responsibility is reinforced by the *Victorian Public Health and Wellbeing Act 2008 (PH&WB Act)*.

The *PH&WB Act* reinforces the statutory role of councils to ‘protect, improve and promote public health and wellbeing within the municipal district’ (s24). The *PH&WB Act* is central to Victoria’s public health legislation. It seeks to achieve the highest attainable standard of public health and wellbeing by: protecting public health and preventing disease, illness, injury, disability or premature death; promoting conditions in which people can be healthy; and reducing inequalities in the state of public health and wellbeing.

The *PH&WB Act* specifies Councils role in traditional health functions such as immunisation and sanitation. The *PH&WB Act* also requires Councils to create an environment that supports the health of the local community and strengthens the capacity of the community and individuals to achieve better health.

The *Environments for Health* framework has been influential as a guide for current thinking about health and wellbeing and the capacity of local government to shape environments to be supportive of health and wellbeing. This includes all the ways in which the social, economic, natural and built aspects of the world around us have an impact on health and quality of life.

The role of Local Government includes: providing leadership by establishing strategic objectives and monitoring progress; planning for and providing services for the local community; ensuring resources are managed responsibly and efficiently; and regularly consulting with the community in relation to service provision

Council has a broad role in health promotion; the provision of health services, for example immunisation, early childhood and home and community care services; and other services such as libraries. Council is also responsible for: a range of planning activities; management of the environment and public spaces within the shire; public and social infrastructure such as roads; and public services such as emergency management.

Council is well placed to develop, lead and implement local policies to influence many determinants of health. These policies include actions in areas such as transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities, and creating safe public places. They address the broad social and economic determinants of health that impact our communities and demonstrate how local councils promote health through shaping the environment to impact positively and influence the health and wellbeing of all residents and visitors.

In Central Goldfields Shire, Council recognises that good health is determined not only by individual life style choices but also by things like access to housing, education, transport, access to services, employment, early life experience and social exclusion, to name just a few. As the level of government closest to the people, the infrastructure and services councils provide can and do directly promote and enhance the health of the community.

THE MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN

The Municipal Public Health and Wellbeing Plan is recognised as a key strategic planning mechanism for public health and wellbeing at the local community level.

‘Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy. Public Health focuses on prevention, promotion and protection rather than on treatment, on populations rather than individuals, and on the factors and behaviour that cause illness and injury’ (Department of Health, 2013)

The Central Goldfields Health and Wellbeing Plan aims to encourage the people of Central Goldfields to live healthier lives and create environments that foster good health. Overarched by the Central Goldfields Shire Council Plan 2013-2017, the MPHWP has a strategic focus to assist at a local level in shaping a healthy community that works together to sustain good health, respond to new and emerging issues and promote equitable health outcomes.

Many of the challenges in improving health and reducing inequalities in health are common across Victoria; however they are exacerbated in rural communities such as Central Goldfields. These challenges include an ageing population and increases in lifestyle related chronic and complex conditions. These challenges call for new approaches, collaboration across government and between sectors and a new way of thinking of the health system in the context of building and strengthening the prevention system.

The PH&WB Act requires that in addition to addressing local needs and context the Health and Wellbeing Plan needs to:

- Have regard to the state plan;
- Draw on evidence, involve the community; and include evaluation to improve planning and coordination;
- Promote a collaborative approach including how Council will work in partnership with the Department of Health and other agencies undertaking public health initiative, projects and program;
- Be consistent with the Council Plan and the Municipal Strategic Statement.

This plan will build on the achievements of the previous MPHWP giving consideration to the overall impact on health and wellbeing of factors originating across any or all of four environmental dimensions – built, social, economic and natural.

The plan will give consideration to climate change and will encompass the significant work of the CGSC Environmental Sustainability Action Plan 2012-2020.

STRATEGIC POLICY CONTEXT

The Central Goldfields Shire Council Plan 2013-2017 is the major overarching policy document for the shire. The Council Plan sets out the long term view of where the Council wants the community to be during its term, the vision, and a number of values which will underpin all the things it does.

Along with the Health and Wellbeing Plan the Council Plan and the Municipal Strategic Statement Planning Scheme are required by legislation for the municipality.

All three are important strategic documents that influence the current and future growth and development of the shire.



Central Goldfields Council Plan 2013-2017

The Council Plan sets out the main areas of activity that will remain common over the term of the Council. These are the themes and they broadly relate to the four core areas for action: community and culture; economy and growth; built and natural environment; processes and governance

Vision

“To be a community with choice”

Quality of Life Criteria

Council has established 8 Quality of Life Criteria for Central Goldfields which underpin the themes and actions in the Council plan over the next four years.

1. Community participation / capacity: The method and style of ongoing involvement, encouragement and support of individuals, groups and organisations in the planning, development and management of the local community, and community capacity building of leadership, knowledge, skills and diversity.
2. Healthy Lifestyles: Understanding the health issues that affect the community, supported by appropriate research and a commitment to improvements to health and health services.
3. Economy: Expanding and diverse economic activity providing enhanced employment opportunities.
4. Facilities and services: The amenities and programs that the community has access to, both locally and regionally including public infrastructure (eg education), and, goods and services (eg retail).
5. Natural and built landscapes: The aspects of the shire which create an environment enhanced through natural and built elements (including a range of options).

6. Arts, culture and heritage: Valuing and embodying the community's unique culture; valuing heritage both in building and places; acknowledging festivals and events which celebrate these dimensions; encouraging and recognizing the arts in all their forms.
7. Community safety/support: Daily living happens in a safe and secure environment, and there is genuine regard for fellow community members.
8. Strategic planning: The community determines its future, underpinned by robust planning processes.

Themes

Council focus is on these four broad interrelated areas and themes:

Community and culture

Foster community connectedness and social capital, and services which improve people's health and wellbeing

Economy and growth

Encourage and support economic activity, particularly that which facilitates employment in the community

Built and Natural environment

Value, conserve and enhance the rich built and natural heritage and environment

Processes and governance

Implement strong, clear and transparent corporate governance, strategies and actions

Council is committed to delivering outcomes under each of these themes and will work in partnership with the community and stakeholders. Council has identified its challenges and opportunities, both social and economic, and has strategies in place to address these whilst continuing to provide quality services and community infrastructure. Strategies link to each of the themes and build on efforts to address community needs in key documents and plans. These are further reflected in this Municipal Public Health and Wellbeing Plan.

Council is one of 12 Healthy Together Communities working as part of the state's Healthy Together Victoria approach to enabling all Victorians to enjoy better health through a systems approach to prevention and aims to facilitate greater collaboration between the participants in the preventive health system.

Municipal Strategic Statement

The Central Goldfields planning scheme is a document which guides Council's decision making on the use, development and protection of land within the Shire. While the planning scheme is required to implement planning policies that are set at state level, an important part of the document is also to express Council's land use planning vision. This is achieved through the inclusion of the municipal strategic statement (MSS) and local planning policies. The MSS is a concise statement of the key strategic planning, land use and development objectives for the municipality and the strategies and actions for achieving the objectives, while local policies are a statement of intent or expectation.

Council, as the responsible planning authority, is currently in a process of review of the planning scheme. A report has been adopted by Council which details various recommendations to improve the format, content and application of the Central Goldfields planning scheme. In relation to health and wellbeing of the municipality, particular themes such as settlement, environmental risks (bushfire, flood, climate change, contamination), natural resource management (agriculture, water quality), built environment (environmentally

sustainable development principles), transport (encourage sustainable transport options), infrastructure are noted as relevant. The review report details recommendations such as: Recognise the Central Goldfields public health and wellbeing plan and develop strategies to ensure consideration of health and wellbeing outcomes in planning decisions, particularly in structure plans and development plans. The review of the Central Goldfields planning scheme is currently in a redrafting phase and a draft version of the MSS will be put out for public consultation in the near future. Once a reviewed planning scheme is adopted and approved it is anticipated that Council's key strategic documents will encompass and give direction as to the implementation of the best possible health and wellbeing of the current and future residents of the Shire.

Regional

Central Goldfields is situated on the boundary of two of the state's regions – Loddon-Mallee and Grampians. The Shire has a history of working effectively across the two regions, with various tiers of government and stakeholders across sectors in recognition that the community is situated between the regional centres of Ballarat and Bendigo. The *Loddon Mallee Regional Strategic Plan – Southern Region* and the *Central Highlands Regional Strategic Plan* both outline priority areas of work that impact upon and influence the health and wellbeing of Central Goldfields Shire and its regional neighbours. The Plans identify key strategic directions and aspirations for communities across both regions that affect the economy, the environment and the way of life of the people. The Plans identify the importance of working together to maximise opportunities and manage future growth and change in a way that strengthens and protects the environments for health. Regional forums initiate projects that find ways to link state departments and local government authorities in a place-based approach to local issues. Regional forums have also established health and wellbeing committees to focus attention on tackling social, economic and environmental disadvantage.

Regional collaboration also occurs through mechanisms such as the Central Victorian Primary Care Partnership and more recently the Grampians Medicare Local.

State

The *Victorian Public Health and Wellbeing Act 2008 (PH&WB Act)* reinforces the statutory role of Councils to 'protect, improve and promote public health and wellbeing within the municipal district' (s24). The PH&WB Act is central to Victoria's public health legislation. It seeks to achieve the highest attainable standard of public health and wellbeing by:

- protecting public health and preventing disease, illness, injury, disability or premature death
- Promoting conditions in which people can be healthy
- reducing inequalities in the state of public health and wellbeing

The Act clarifies the respective roles and responsibility of local and state government regarding public health and wellbeing planning and the functions of Councils.

The Act makes explicit the matters a MPHWP needs to address, such as the evidence behind the plan, community consultation practices and to specify how Council will work in partnership with the department and other agencies (s.26(2)). It must also include an annual review process.

The *Victorian Public Health and Wellbeing Plan 2011-2015* was the state's first public health plan aimed at improving the health and wellbeing of Victorians by engaging communities in prevention, and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and levels of government.

The development of prevention communities is a key action of the state plan through the prevention community model, known as Healthy Together Victoria. Healthy Together provides a coordinated framework.

Healthy Together Grampians Goldfields is one of 12 Healthy Together sites working as part of the state's Healthy Together Victoria approach to enabling all Victorians to enjoy better health through a systems approach to prevention and aims to facilitate greater collaboration between the participants in the preventive health system. Core to its purpose is encouragement of all Victorians to engage with family, friends and their communities to make positive changes that improve their quality of life.

The Victorian Health Priorities Framework 2012-2022 further articulates the aim of the Victorian Government to have a system that is more effectively planned for the changing needs of Victorians and one that has the capacity and capability to deliver innovative, informed and effective healthcare that is responsive to people's needs. In rural and regional Victoria, this will be delivered through improved collaboration and interaction between providers at the regional level, with a greater emphasis on supporting evidence-based patient pathways and support for communities to be healthier. (Department of Health, 2012)

People who live outside large urban centres have higher mortality rates and greater prevalence of risk factors for ill health (such as smoking, excessive alcohol use, poor diet and less physical activity) than their urban counterparts. The data in the *Rural and Regional Health Plan: Technical Paper* confirms this trend in Victoria, along with a projected increase in most chronic diseases including depression and anxiety, cancer and diabetes in rural and regional areas over the coming decade.

National

At the National level, Victoria partners with other jurisdictions and the Commonwealth to develop and implement national policy and programs. The National Partnership on Preventive Health (NPAPH) is an initiative of the Commonwealth and State and Territory Governments through the Council of Australian Governments that is reaching Central Goldfields through the Healthy Communities Initiative and Healthy Together. The NPAPH provides a significant commitment by all parties to preventive health. The aim of the agreement is to tackle the emergence of preventable lifestyle related chronic diseases in particular through rising rates of overweight and obesity. Medicare Locals are a national strategy impacting on community and population health.

International

The World Health Organisation has lead the world on understanding what influences health and how governments can be supported to address the social factors leading to ill health and health inequities. In 2005, the Commission on Social Determinants of Health was established. In 2011, the Rio Declaration was adopted at the World Conference on Social Determinants of Health, which called on governments to act. These include: Adopt improved governance for health and development; Promote participation in policy making and implementation; Further reorient the health sector towards promoting health and reducing health inequities; Strengthen global governance and collaboration; Monitor progress and increase accountability.

PART TWO

Profile: A Snapshot of Central Goldfields Shire

Central Goldfields Shire is located two hours from Melbourne at the geographical centre of Victoria and within an hour of the main provincial cities of Ballarat and Bendigo. The shire covers some 1,550 square kilometre and has a residential population of 12,496 (ABS, 2011).

Maryborough is the Shire's major business centre with a population of around 7,500. Other towns in the shire include Bealiba, Carisbrook, Dunolly, Majorca, Talbot, Bownevale-Timor and the rural districts around these centres.

Population growth since 2001 has been negative, while low per annum growth is projected to 2022. The population in Central Goldfields is **much older** than the Victorian average, with more than 50% of the population aged 45 or older, and nearly a quarter aged 65 or above.

The percentage of Aboriginal and Torres Strait Islanders is above average, but cultural diversity is low, with 3.1% born in a non-English speaking country, and 1.9% speaking a language other than English at home.

The June quarter 2013 **unemployment rate is 9.1%, the highest in the state**, and the **median household income is the lowest**. Rental and mortgage stress are above average, despite relatively low median house prices and high rental affordability. There is a higher than average rate of **car ownership, but over 62% are more than 10 years old, the highest of all LGAs**.

Central Goldfields has **the highest percentage of low birth weight babies and children vulnerable on one or more domain**. The breast feeding rate is well below average, although childhood immunisation is above average.

The rate of disability support pension recipients is **three times the state average**, and Central Goldfields is also **the highest of all LGAs for Age pension** recipients.

Rates of asthma, type 2 diabetes, cancer, and alcohol consumption are higher than average. **The rate of avoidable deaths is the highest in the state**. Around 25% report fair or poor health and 16.4% report a high degree of psychological distress. Inpatient separations are well above average, with only 15% in a private hospital. Urgent Care Centre emergency presentations are well below average however GP type attendances at the Urgent Care Centre are high. GP attendances are above average, as are drug and alcohol clients.

Central Goldfields has the **highest rates of people with at least one of the four major health risk factors – smoking, harmful use of alcohol, physical inactivity and obesity** in the state.



SNAPSHOT OF STATISTICS

Measure	Shire	Victoria
Median age	48	37
Males	49.6% – 6,203	
Females	50.4% - 6,293	
Families	3,384	
One parent families	18.1%	15.5%
Aged 45 to 64 years	29.8%	24.8%
Over 65 years	24.7%	14.2%
Australian born	91.9%	68.6%
Aboriginal population	1.2%	0.7%
SEIFA (Socio-Economic Indexes for Areas) Index of relative socio-economic disadvantage	905 - Rank 2	1009.6
SEIFA Index of relative socio-economic disadvantage and advantage	888 - Rank 2	
SEIFA Index of Economic Resources	927 - Rank 2	
SEIFA Index of Education and Occupation	895 - Rank 1	
Median personal income	\$373	\$562
Median Household income	\$685	\$1,216
Unemployment rate – (based on Small Area Labour Markets, June Quarter 2013)	9.1%	
Unemployment rate - (based on 2011 Census)	6.7%	5.4%
Female life expectancy	82.2	84.4
Male life expectancy	77.5	79.3
Higher education qualification (CGS lowest in the state)	20.6%	45.7%
Persons who did not complete year 12	70.1%	43.7%
Avoidable deaths due to all causes per 100,000	229	158.2
Avoidable deaths from suicide and self-inflicted harm per 100,000	14.5	11.0
Avoidable deaths due to repertory diseases per 100,000	19.7	8.4
Avoidable deaths caused by cardio vascular disease	75.5%	39.8%
Cancer Incidence per 100,000	780.8	513.2
Cancer incidence - females	671.5	454.3
Cancer incidence - male	899.5	573.4
Breast cancer screening participation	54.2%	54.7%
Cervical cancer screening participation	52.4%	60.7%
Bowel Cancer screening participation	38.1%	37.1%
Current smokers	15.1%	15.7%
Current smokers - female	22.2%	16.9%
Current smokers - male	21.8%	21.4%
Overweight or Obese Adults	64.3%	48.6%
Overweight Adults	39.6%	32.5%
Obese Adults	24.9%	17.3%
Overweight - females	39.0%	24.6%
Obese - females	21.8	17.2%
Overweight - males	40.3%	40.6%
Obese - males	28.1%	17.4%
Proportion of population with Type 2 Diabetes	7.5%	4.8%
Rate of asthma	14.9%	10.7%
Consumption of alcohol risk of short term harm	13.1%	10.2%
Drug and alcohol patients per 1,000	9.9	5.1
Adults not meeting fruit and vegetable consumption guidelines	66%	51%
Females not meeting fruit and vegetable consumption guidelines	37.5%	41.9%
Males not meeting fruit and vegetable consumption guidelines	59.6%	54.8%
Food Insecurity	11.1%	5.6%
Adults meeting sufficient physical activity time to obtain a health benefit	63.9%	63.9%
Females not meeting sufficient physical activity time to obtain a health benefit	28.2%	27.2%
Males not meeting sufficient physical activity time to obtain a health benefit	16.5%	27.5%
Psychological distress reported high/very high per 1000	16.4	11.4
Family incidents where police requested to attend per 1,000	12.7	9.1
Children developmentally vulnerable on in one or more domains (CGS ranked 1)	35.7%	20.3%
Admission rate for dental conditions for children 0-4 years	12.9	4.9
Low birth weight babies	11.3%	6.6%
Infants fully breast fed at 3 months	38.5%	51.8%
Children fully immunised at 24-27 months	97.2%	93.4%
Registered Mental Health clients per 1000	13.2	10.3
Short term alcohol risk	44.5%	45.3%
Long term alcohol risk	2.3%	3.3%
Home and Community Care clients (rate per 1,000 people aged 70+ yrs)	393.1	368.3
Volunteering	25.2%	19.3%
Perceptions of safety – walking alone at night	80.6%	70.3%
Home Internet Access – access from home	60.5%	79.7%

***Note – Refer to Appendices, 2011 Census data and CVHA Community Profile for reference details**

HEALTH AND WELLBEING OVERVIEW

- Strongest demographic in the shire is the age bracket 74-80 making up 16.4% of the population.
- Median weekly household income: \$685 (Australian Bureau of Statistics, 2013).
- Central Goldfields has a high measure of unemployment at 6.7% (ABS, 2013).
- Central Goldfields has the highest number of recipients of the age pension in Victoria with 881 recipients per 1,000 eligible people. The state average is 704.5.
- Central Goldfields ranks 3rd in the state with 11.1% of the population were faced with food insecurity compared to 5.6% as the state average (Department of Health, 2013).
- Central Goldfields ranks number 1 in the latest Socio-Economic Indexes for Areas.
- Projected increase of 448 new households by 2016.
- 91.9% of the population were born in Australia.
- Life expectancy is lower in Central Goldfields than State average.
- Highest reporting figure for avoidable deaths per 100,000 population.
- Records of family incidents are higher in Central Goldfields than Victorian average; 12.7 verses 9.1 per 1,000 population.
- Central Goldfields ranked number 1 among Victorian LGA's for low birth weight babies with 11.3% babies born weighing less than 2.5kg, (including live and stillborn).
- Fully immunised children at 24-27months are above State average; 97.2% versus 93.4%.
- Central Goldfields Shire has the highest number of children that are developmentally vulnerable in one or more domains with 35.7% of children compared to 20.3% for Victoria, and for two or more areas CGS is fourth in the state with 17.9% compared to 10.0%.
- The number of people living in the community with severe or profound disability, rather than in long-term residential care, is 6.9%, nearly double that of the state (3.8%), ranking number one in the state (Department of Health, 2013).
- The percentage of females over the age of 18 years who are current smokers is significantly higher at 22.2% than the Victorian measure of 16.9%. For males the CGS figure is much closer to the Victorian measure at 21.8% compared to 21.4%.
- 63.4% of people responded that they would support a smoking ban in outside seating areas. This is lower than the state measure with 69.8% supporting the ban.
- Central Goldfields Shire – Maryborough was ranked 1 at 64.6% and Central Goldfields Shire – Balance at 63.7% was ranked 2 in Victoria of all SLA's with the highest rates of people with at least one of the four major health risk factors – smoking, harmful use of alcohol, physical inactivity and obesity compared to the state average of 53.6.

Community Capacity

Demographics

The population of Central Goldfields is 12,496.

The population has dropped by 403 people since the last census (Australian Bureau of Statistics, (ABS) 2013). The Central Goldfields population is predicted to reach 13,257 by 2016, an increase of about 465 people from 2011 population figure of 12,792. This growth includes 448 new households (Department of Planning and Community Development, 2013).

The latest data indicates that 4,126 people (32.2%) of the population are currently over 60 years of age and it is predicted that by 2016 this figure will increase to 4,739 people (35.7%),

The strongest demographic in Central Goldfields are those in the age bracket of 70-84 years representing 16.4% of the population (DPCD, 2012).

Culture & Diversity

The average community connection score for Australians is 70. In 2007, in Central Goldfields the average community connection score was 74.5 (Community Indicators Victoria, 2011).

91.9% of the population were born in Australia. The next most common birthplace was the United Kingdom with 4.8% (Department of Health, 2013). English is the most common spoken language, with 98.1% of the population only speaking English.

The results for 'community acceptance of diverse cultures' was lower than the state average at 32.9% compared to 50.6% (Department of Health, 2013). Though 82.5% of residents reported they believe that cultural diversity is beneficial for community. (Community Indicators Victoria, 2011). There are no humanitarian arrivals as a percentage of new residents (Department of Health, 2013).

The total of criminal offences per 1,000 people was 64.0. This measure is lower than the state average of 70.6 (Department of Health, 2013).

Of those that are employed, 45.1% reported having an adequate work-life balance compared to the state average of 53.1% (Department of Health, 2013).

Family and Household Compositions

Households in Central Goldfields are predominantly families, accounting for 63.7% of total households in the Shire. Couples with no children make up 46% of the population. There are 33.7% single/lone households and 2.7% reside in group households (Australian Bureau of Statistics, 2013).

One parent families make up 17.8% of all the families in Central Goldfields Shire. Of these single parents, 17.0% were male and 83.0% female (Australian Bureau of Statistics, 2013).

70.2% of respondents reported sharing a meal with family at least 5 days a week (Department of Health, 2013).

Records of family incidence are higher in Central Goldfields than the state average, with a rate of 12.7 per 1,000 people. Victorian figures are 9.1 (Department of Health, 2013).

Infants and Children below 4 years of age

Central Goldfields ranks 77th for infants fully breast fed at three months with 38.5%, compared to 51.8% for the Victorian average. This has dropped significantly since the previous Department of Health survey with a measure of 48.7%. Immunisation percentages however, are above the State average with children fully immunised at 24-27 months at 97.2%, compared to 93.4% (Department of Health, 2013).

Children and Adolescents

Recent data shows that 60.3% of children in Victoria are not meeting physical activity recommendations (Department of Health, Victoria, 2012). 65.6% of children aged 5-12 years in the Loddon Mallee Region were reported to meet the recommended levels of physical activity (Department of Education and Early Childhood Development, 2010).

2010 data shows that 34.7% of children are meeting the recommended vegetable and fruit intake. Currently the average children's vegetable intake is at 2 serves a day, compared to the recommended 2.5 serves a day and fruit consumption falls slightly short of recommendations at 2.3 rather than 2.5 (Department of Health, 2012). The 2009 figures for Loddon Mallee Region indicates that for children aged 4-12 years, 34.5% are consuming enough fruit and vegetables to meet the recommendations (Department of Education and Early Childhood Development, 2010).

Central Goldfields Shire has the highest number of children that are developmentally vulnerable in one or more domains with 35.7% of children compared to 20.3% for Victoria,

and for two or more areas CGS is fourth in the state with 17.9% compared to 10.0% (Department of Health, 2013).

21.3% of adolescents in the Loddon Mallee region were meeting the recommended intakes of fruit and vegetables, compared to 19% for Victoria (Department of Education and Early Years, 2011).

Housing

90.5% of occupied dwellings in Central Goldfields Shire are separate houses. 85% of private dwellings are occupied. Social housing makes up 4.6% of all dwellings in Central Goldfields (Australian Bureau of Statistics, 2013),

Housing prices, for both owners and renters, are lower than compared to the rest of the State. The median house price in 2010 for CGS was \$187,500 compared to \$380,000 for Victoria (Department of Health, 2013). The median rental price for a 3 bedroom home is reported being \$230.00, compared to \$320.00 for the Victorian average (Department of Health, 2013). Despite the lower mortgage and rental costs, mortgage and rental stress in Central Goldfields is higher than the State average (Department of Health, 2013). 13.4% of residents are spending 30% or more of their gross wage on rent or mortgage payments, compared to 17.7% of Victorians (Community Indicators Victoria, 2011).

Sustainability

Central Goldfields Shire Environmental Sustainability Plan 2012-2020 has been designed to involve community members contributing and taking responsibility for environmental outcomes in their community. The Environmental Sustainability Action Plan focuses on energy, waste, water, transport, land use, food quality and security, ecosystem enhancement and environmental security.

37% of household kerb waste collected in Central Goldfields was recycled in 2009-2010 compared to the Victorian average of 43% (Community Indicators Victoria, 2012).

The household garbage yield is 375.4% compared to 472.0% for the state. The household recycling diversion rate is 32.4% for GCS compared to 42.8% for the state (Department of Health, 2011).

Climate

The mean minimum temperature is 17.3° C and the mean maximum temperature is 24.8° C. The total annual rainfall is 580ml.

Water

Supply of drinking water in Victoria is generally very satisfactory, with E-coli water quality standards being met by 99.2% of supplies in 2007-08 (Department of Health, 2010). The Central Goldfields Municipal Strategic Statement includes direction for the protection of water quality in the Loddon and Avoca catchments (Central Goldfields Shire, 2006).

Admission rates for dental conditions for children 0-4 years in Central Goldfields are 12.9 compared to 4.9 for Victoria. 10% of Victorians live in areas where the water supply is not yet fluoridated including Central Goldfields. The dental health of Central Goldfields residents will benefit when the rollout of fluoridation becomes available locally in 2014.

Central Goldfields residents have a higher percentage of residents collecting waste water than the state average; 45.4% compared to 41.3% (Community Indicators Victoria, 2011). These figures have nearly halved since the last survey in 2007.

The Environmental Sustainability Plan 2012-2020 includes targets to reduce water use per capita, reduce water waste and increase the recycling of water (Central Goldfields Shire, 2012).

Central Goldfields has been part of the Central Victoria Solar City research study, testing the effectiveness of various energy efficient products and services (Central Goldfields Shire, 2011).

The Environmental Sustainability Steering Committee has developed a Business Energy Security Demonstration Project. Maryborough will also be home to a new site for Australian Renewable Energy Park (Central Goldfields Shire, 2012). Central Goldfields Shire Council has an Emergency Management Plan including the Municipal Flood Recovery Plan 2011-2012 and Bushfire Management Plan 2012-2015.

Education

There are 5 kindergartens and 8 schools in the Central Goldfields Shire. In total 24.3% of people are attending an educational institution. This consists of 28.1% in primary school, 25.4% in secondary school and 11.1% in a tertiary or technical institution (Australian Bureau of Statistics, 2013).

In comparison to the State figures for attaining national minimum standards, Year 9 students in Central Goldfields are below the Victorian average in reading, writing and numeracy (Department of Health, 2013).

Education outcomes fall significantly short of Victorian averages, with 70.1% of residents not completing year 12. ranking 79th in the state with the lowest percentage at 20.6% of residents having completed a higher education qualification (Department of Health, 2013).

Employment

It is estimated that there are 3,781 jobs located in Central Goldfields Shire (Regional Development Australia, 2012). The majority (92%) of the Central Goldfields population reported being employed, with 51.7% of the population reporting being in full time employment, 34.0% were employed part time. 6.7% reported being unemployed. The Victorian state average for unemployment is 5% (ABS, 2013).

Of those that are employed, the highest reported occupations were; technician and trades workers (16.9%), labourers (16.1%), managers (13%), professionals (11.9%), sales workers (11.4%), community and personal service workers (9.9%), and machinery operators and drivers (8.1%) (Australian Bureau of Statistics, 2013).

Other professions included: 5.3% in hospitals, 5.1% printing and printing support services, 5.0% in school education, 4.8% supermarket/ grocery, and 4.5% sheep, beef cattle and grain farming (Australian Bureau of Statistics, 2013).

Income

Central Goldfields Shire is ranked as number 1 on the SEIFA index (ABS, 2013). The median personal weekly income is \$381.00 compared to the state average of \$561.00 (ABS, 2013).

43.3% of Central Goldfields Shire residents' gross weekly income is less than \$600 a week and 1.7% of residents' gross weekly income is over \$3,000 (ABS, 13) For families who had two incomes, the median income for those with no children was \$1,281 and for those with children, it was \$1,596 (ABS, 2013).

Although manufacturing jobs are the highest recorded occupations, those who work in health care and social assistance recorded the highest wages and salaries in the Shire at \$39,145M, just over \$5M more than those employed in manufacturing jobs (Regional Development Australia, 2012).

Central Goldfields has the highest number of recipients of the age pension in Victoria with 881 recipients per 1,000 eligible people. The state average is 704.5 (Department of Health, 2013).

Economics

Industry in Central Goldfields - True Foods, development of a new industrial subdivision

Retail - MKM, Aldi, Woolworths, IGA, McDonalds, KFC

The total output for Central Goldfields Shire through industry is \$877,133M. Manufacturing accounts for the largest economic output by industry for Central Goldfields Shire, with a total output of \$240,851M (Regional Development Australia, 2012).

The total of regional exports is \$278,761M and the total regional imports is \$272,266M. Manufacturing recorded the highest figures for both regional export and import with \$158,068M and \$130,366M respectively (Regional Development Australia, 2012).

The total value-added by Central Goldfields is \$404,703M. This is 3.23% of the total Value added economy of the Loddon Mallee Region (Regional Development Australia, 2012).

The Gross Regional Product for Central Goldfields Shire was measured as \$453,030M. This equates to \$36,254 per Capita GRP and \$119,818 per worker GRP (Regional Development Australia, 2012).

Physical Environment

Infrastructure and Amenities

Station Domain- including Community Hub, open space and playground.

2 retirement villages

78.4% of residents reported that they had easy access to recreational and leisure facilities (Department of Planning and Community Development, 2010) and 83.3% of the population reported that Central Goldfields has a pleasant environment, nice streets and well planned, open spaces (Department of Health, 2012).

100% of Central Goldfields Shire residents felt safe walking alone during the day, compared to the Victorian State average of 97.0%, and at night, 80.6% of CGS residents felt safe compared to 69.3% of Victorians (Department of Health, 2013).

Health

Both male and female life expectancy is lower in Central Goldfields than the State average. For males, the life expectancy is 77.5 years in Central Goldfields and 80.3 for Victoria. For females, the life expectancy is 82.2 compared to 84.4 for the State (Department of Health, 2013).

Self-reported health status: Excellent/ Very good 40.7%, Good 41.2%, Fair/Poor 18.0% (Department of Health, 2013).

Central Goldfields ranked 3rd in the State for people reporting fair or poor health, with 25% compared to Victorian average of 18.3%. Males were significantly more likely to have this response with 28.2%, compared to female response of 22.9%. The State averages were 17.5% and 19.2% respectively (Department of Health, 2013).

Central Goldfields had the highest reporting figure for avoidable deaths per 100,000 people aged 0-74 years, with 229 compared to 158.2 for Victoria (Department of Health, 2013).

Central Goldfields is at number 3 in the State for highest occasions of inpatient separations per 1,000 people, with 610.9 compared to 425.5% for the State (Department of Health, 2013).

Central Goldfields ranked number 1 among Victorian LGA's for low birth weight babies, with 11.3% babies born weighing less than 2500g, including live and stillborn (Department of Health, 2013).

Condition	Central Goldfields Shire	State
Asthma	14.9%	10.7%
Type II diabetes	7.5%	4.8%
Overweight or Obese	50.6%	48.6%
Females overweight or obese	45.1%	40.3%
Males overweight or obese	53.7%	57.2%
Cancer rate per 100,000	7.8%	5.1%
Ambulatory care sensitive conditions (acute) per 1,000	15.4%	14.5%
Ambulatory care sensitive conditions (chronic) per 1,000	26.1	17.0
Ambulatory care sensitive conditions vaccine preventable admissions per 1,000	0.5	0.8
Notifications of Pertussis	3.3	1.6
Notifications of Influenza	0.1	0.6
Notifications of Chlamydia	1.9	3.5

Table: Health conditions CGS compared to State

Figures for overweight and obesity in CGS: Males: overweight 40.3% (Vic- 40.6%), obese 28.1% (Vic- 17.4%); Females: Overweight 39.0% (Vic- 24.6%), Obese 21.8% (Vic- 17.2%). Prevalence of overweight and obesity in Central Goldfields is 64.3%.

Adults overweight (Vic-32.5%); Obese (Vic-17.3%).

The incidence of cancer in Central Goldfields per 100,000 people is 7.8%, much higher than the state average of 5.1%. Females 6.7% (Vic - 4.5%), and males 8.9% (Vic - 5.7%) (Department of Health, 2013). Of the deaths due to cancer in those aged 0-74 years of age, 61.2% of these are avoidable per 100,000 population (Department of Health, 2013).

Cancer type	Central Goldfields Shire	Victoria
Breast Cancer	54.2%	54.7%
Cervical Cancer	52.4%	60.7%
Bowel Cancer	38.1%	37.1%

Table: Cancer screening participation rates

Females with an intellectual disability are less likely to have had a Pap smear or mammogram in the previous 2 years than Victorian females without an intellectual disability (Department of Health, 2011b).

Central Goldfields has the 3rd highest reporting for Diabetes Type II in Victoria with 7.5% compared to 4.8% (Department of Health, 2013).

Psychological distress level based on Kessler 10 score: low 67.8%, moderate 20.4%, high/very high health 9.2%

State measures for reports of high/very high levels of psychological distress were 11.4%. Central Goldfields ranked 4th with 16.4%.

There are 13.2 per 1,000 people registered as mental health patients (Department of Health, 2013).

People with an intellectual disability are more likely to have depression and are also more likely to seek help for a mental health problem (Department of Health, 2011b).

Aged and Disability Characteristics

The number of people living in the community with severe or profound disability, rather than in long-term residential care, is 6.9%, nearly double that of the state (3.8%), ranking number one in the state (Department of Health, 2013).

Due to long term health condition/s, disability lasting more than six months, or old age, 9% of Central Goldfields' residents need assistance in one or more of the three core activity areas of self care, mobility and communication compared to Victorian measures of 5%. These figures rank Central Goldfields number 2 in the state (Department of Health, 2013).

There are less aged (high) care places, 27.3 per 1,000 eligible population, in CGS compared to 42.2 in Victoria, ranking Central Goldfields as 74th in the state.

Available low care places in CGS is similar to State, 46 and 45.7 per 1,000 respectively (Department of Health, 2013).

Health Behaviours

Physical Activity

Physical activity levels; 5.8% of the population are classed as sedentary, 24.4% have insufficient time and sessions of physical activity and 63.9% of the population participate in sufficient time and sessions, which for this figure is equal to that of the state (Department of Health, 2013).

Central Goldfields residents are more likely than the state average to meet physical activity levels, with 21.7% reporting that they do not meet recommended physical activity guidelines compared to 27.4% for Victoria (Department of Health, 2013).

Females were close to the Victorian average of 27.2% with 28.2% not meeting recommended guidelines, but males measured 16.5% compared to the Victorian average of 27.5% (Department of Health, 2013).

Central Goldfields residents were less likely to spend seven or more hours a day sitting, on a usual weekday, than the Victorian average (21.4% compared to 32.6%) (Department of Health, 2013).

People with an intellectual disability are nearly three times less likely to meet recommended physical activity levels than the general population of Victoria (DH, 2011b)

Fruit and Vegetable intake

Compliance with fruit and vegetable intake guidelines was below the State average in Central Goldfields Shire.

It is estimated that only 3.3% of the population are meeting the guidelines for both fruit and vegetable intake; 5.8% meeting the recommended vegetable intake; 30.1% meeting the fruit guidelines and 66.4% are not meeting either guideline (Department of Health, 2013b).

Current data indicates that the average intake of vegetables in Central Goldfields Shire is 2.54 serves a day, and the number of serves of fruit consumed a day is 1.70 (Department of Health, Victoria. 2012).

49.8% of Central Goldfield's residents reported not consuming the recommended intake of fruit and vegetables, which is only slightly higher than the state measurement of 48.2% (Department of Health, 2013).

Food insecurity

Central Goldfields ranks 3rd in the state with 11.1% of the population faced with food insecurity compared to 5.6% as the state average (Department of Health, 2013).

Soft Drink

CGS residents reported similar daily of intakes of soft drink consumption 13.4% in CGS compared to 12.4% in Victoria (Department of Health, 2013). People with an intellectual disability are three times more likely to drink soft drinks when thirsty, compared to the general Victorian population (Department of Health, 2012b).

Smoking

Number of smokers in Central Goldfields for 2011-2012 is estimated to be 15.1% (Department of Health, 2013b)

There is a slightly higher percentage of smokers in Central Goldfields compared to the State, with 21.6% of people over the age of 18 responding as current smokers. Victoria's average was 19.1% (Department of Health, 2013).

63.4% of people would support a smoking ban in outside seating areas. This is lower than the state measure with 69.8% supporting the ban (Department of Health, 2013).

The percentage of females over the age of 18 years who are current smokers is significantly higher at 22.2% than the Victorian measure of 16.9%. For males, the CGS figure is much closer to the Victorian measure at 21.8%, compared to 21.4% (Department of Health, 2013).

Alcohol and other drugs

Short term risk of alcohol-related harm in residents of Central Goldfields; 18.1% of people abstain from alcohol, 37.3% are at low risk of alcohol related harm and 44.5% have a high risk of experiencing short-term alcohol related harm. Long-term risk of alcohol related harm; Abstainer 18.1%, low risk 79.0% and high risk 2.3% (Department of Health, 2013b).

Central Goldfields residents are at a slightly higher risk of short-term harm from consumption of alcohol with 13.1% compared to the Victorian measure of 10.2%. (Department of Health, 2013). The number of people who had purchased alcohol in the past seven days was significantly less than the state average, with 32.2% compared to 36.3%. Residents in Central Goldfields who purchased liquor in the previous week spent \$11 less than the average Victorian on packaged liquor, \$34 compared to \$45 and \$9 less on liquor at a licensed premises, \$36 compared to \$45 (Victorian Health Promotion Foundation, 2011).

There are 10 drug and alcohol patients per 1,000 population in Central Goldfields compared to the Victorian average of 5.1, though usage and possession offences per 1,000 people is below state average with 2.8% compared to 3.4% (Department of Health, 2013). Locally, incidences of drug offences rose from 25 in 2010-2011 to 36 in 2011-2012 (Victoria Police, 2012).

Service and Facilities

The Medicare Local for Central Goldfields is Grampians and the Primary Care Partnership is Central Victoria Health Alliance. There are two hospitals/health services, eight schools and there are the least amount of people with private health insurance in the State (Department of Health, 2013).

There are 0.93 general practitioners per 1,000 people in Central Goldfields compared to the Victorian average of 1.18 (Department of Health, 2013). There are 0.40 dental sites per 1,000 people in CGS, compared to 0.21 for Victoria.

The number of pharmacies measures 0.16 per 1,000 compared to Victoria with 0.20. Compared to the State measurement of .56, Central Goldfields has a higher number of allied health service sites per 1,000 people, with 0.72 (Department of Health, 2013).

Central Goldfields falls last in the State for the percentage of households with broadband internet at home with 53.2%, compared to the average 72.6% in Victorian households (Department of Health, 2013).

78% of the surveyed population indicated they believe that there are good facilities and services within the Central Goldfields Local Government Area (Department of Health, 2013).

Transport

9.3% of the population have a commute that is a minimum of two hours a day. A total of 69.3% of Central Goldfields residents used cars as the method of travel to get to work. Of these, 63.3% drove themselves and 5.6% travelled as a passenger. Other methods used to get to work include; walking 5.6%, truck 1.4%, bicycle 1.1% and public transport 0.9% (Australian Bureau of Statistics, 2013).

47.5% of Central Goldfields residents live close to public transport (Department of Health, 2013). There is limited access to rail transport to Ballarat and Melbourne, with one train departing Maryborough every morning and one returning in the evening. There are V/line coach services that run to Castlemaine, Bendigo and Ballarat. There is Transport Connections Goldfields which is a bus service operated by Maryborough Transit. The bus runs Monday to Saturday.

There are 637 motor vehicles per 1,000 people in Central Goldfields, 62.6% of these vehicles are over ten years old, which is the highest measure for the State. 7.5% of households do not own a motor vehicle (Department of Health, 2013).

PART THREE

Health and Wellbeing Planning in Central Goldfields

Background

Effective planning for a healthy community requires a mix of interventions or strategies delivered in a range of settings. Consistent with the Victorian Public Health and Wellbeing Plan, domains for action include: Keeping people well; protecting the health of Victorians; strengthening preventive healthcare. Settings include: local communities and environments, workplaces, early childhood services, education and health services.

Central Goldfields Shire has embraced innovative community approaches to improve community health and wellbeing outcomes, having been one of the first local government areas to deliver the Healthy Communities Initiative in Victoria. Since 2011 Council has been working with an alliance of organisations to develop a series of shire wide, community driven approaches to improve social, education, and health outcomes for children, youth and families through the Go Goldfields Action Plan. Central Goldfields Shire Council is also leading one of 12 Healthy Together Communities working locally as part of the State's Healthy Together Victoria approach to enabling all Victorians to enjoy better health through a systems approach to prevention that aims to facilitate greater collaboration between the participants in the preventive health system. Core to its purpose is encouragement of all Victorians to engage with family, friends and their communities, to make positive changes that improve their quality of life.

Developing the new Plan 2013 – 2017

To maximise its impact on health, local government needs to work with many other partners, taking into account their priorities for action. Health Planning is also shaped by the policy and legislative context set by other levels of government and the evolving understanding of how best to influence health at the population level.

Council plays an important role in the community. It has the legislated responsibility to improve, promote and protect public health and does this through a number of activities within the Council Plan, and other strategies which fit within the environments for health.

Council is committed to working in partnership with other stakeholders in the community to tackle issues and, by being strategic in our approach, we can ensure that health and wellbeing is considered with every decision that we make.

Environments for Health

Dealing with chronic health conditions after they appear does little to prevent the onset of the conditions if the environments in which people live, learn, work and play gives them little choice or support.

The Victorian Government has established a framework for municipal public health planning known as the Environments for Health framework. It is an approach to health planning which recognises that the health and wellbeing of our communities is affected by factors originating across any or all of four environmental dimensions: built, economic, natural and social.

The BUILT environment: encompasses access to housing, shops, playgrounds, sports facilities, roads, footpaths, community facilities and transport infrastructure.

The ECONOMIC environment: includes secure employment, socio-economic status, income levels and ability to afford necessities like food and shelter.

The NATURAL environment: includes access to open spaces including parks, reserves, bushland, gardens and creeks, clean air and water.

The SOCIAL environment: takes into account our connection to the community, education choices and pathways, a sense of belonging and acceptance, community support services, feelings of safety, access to arts & cultural programmes, quality of relationships, recreation and leisure choices.

Table 1: Examples of the influence of environmental dimensions on health issues

Issues	Environmental Dimensions			
	Built	Economic	Natural	Social
Immunisation	Provision of immunisation facilities Physical access	Cost of services		Demographic distribution of services
Food safety	Structural integrity of food premises	Cost of healthy food	Impact of salinity, drought, urbanisation and climate change on food quality	Food standards to meet community expectations Education for food handlers
Community safety/injury prevention	Quality of curbs, footpaths, street lighting, public transport, traffic management, pedestrian crossings	Cost of infrastructure maintenance and improvement	Environmental hazards	Perceptions of safety Risk-taking behaviour by age, gender, ethnicity Farming practices Traffic signalling that favours cars over pedestrians
Mental Health	Provision of urban planning features, housing, parks, roads and transport options that foster access, belonging and social inclusion	Cost of community building initiatives Community facilities and support programs Art and cultural programs	Employment Economic policy eg rural decline	Presence of natural vegetation to promote recreation, leisure, and 'contact with nature'
Tobacco	Access to point of sale Smoke-free venues Advertising and displays	Cost of tobacco products Employment Rural economy	Pollution from cigarette butts	Education
Planning and Design	Encourage and promote ESD in planning stages of development Encourage and promote sub design and layout that encourages pedestrian traffic	Settlement patterns to make best use of existing infrastructure Urban sprawl	Protection of good quality agriculture land to ensure food supply. Protection of open potable water supplies	Inclusive decision making

PART FOUR

Priorities for Health and Wellbeing

Guiding Principles for health and wellbeing -

We will be guided in our health and wellbeing planning and decision making by the following principles. These principles reflect the Council values identified for the next four years.

Address the environmental, social and individual determinants of health - Consider the basic needs that impact on health, including housing, education and employment.

Embrace an equity approach aimed at reducing social and health inequalities and disparities of access - Help individuals, families and community groups benefit from living, learning and working in a health promoting environment.

Consideration of diversity - Be sensitive to differences and adapt strategies to accommodate this.

Community participation - Encourage people to have a say about what influences their health and wellbeing and what would improve it.

Empower individuals and communities - Help people and communities identify the resources necessary to take control of their own lives.

Base activities on the best available data and evidence - Adopt evidence based strategies that target the whole population as well as specific population sub groups, particularly those facing the greatest barriers.

Work in partnership - Work with others across multiple sectors to impact on health.

Consider health impacts of climate change - Build awareness and understanding of the health and social impacts of climate change.

Identifying Health and Wellbeing Priorities

Building on the health profile, a range of different consultations has informed planning. Council and community priorities, strategies and partnerships have identified common themes raised in the development of this plan.

STARTING A CONVERSATION ABOUT HEALTH AND WELLBEING

In starting a conversation about health with the community and partner organisations, it is evident that Council has a leadership and strategic role to play in the provision of strong and supportive environments for health across many sectors via a range of forums.

Conversations around health and well-being, internally and with the community, enabled broad discussions. The understanding that the environment, being socially connected, having the capacity to buy healthy food and feeling supported by every level of the community, was evident.

Achieving the priorities described in this Municipal Public Health and Wellbeing Plan 2013-2017 will be challenging and will only be possible by working together in a coordinated and supportive way. Therefore it does not list every partner required or every action needed to create a healthier community. Instead it describes the way that we can work together on various actions to help achieve the health and wellbeing priorities identified

Council is committed to taking the lead planning role in relation to the Municipal Public Health and Wellbeing Plan, however, implementation and creating a healthier community requires the commitment and involvement of everyone who lives, works or has an

involvement with the community, including but not limited to individuals, community groups, health care providers, police and emergency services, the education sector, businesses and employers, state and federal agencies.

The development of the Municipal Public Health and Wellbeing Plan 2013-2017 involved a number of steps. A review of the Central Goldfields Shire Municipal Public Health and Wellbeing plan 2009-2013 was undertaken; this included exploring the current policy context and considering implications for the next planning cycle.

A municipal scan was conducted to inform the plan. Data was identified from available sources and considered in order to establish a sound understanding of the Central Goldfields community and inform the development of the Health Profile. The scan provides an examination of evidence and data describing the health and social status of residents within the municipality and explores the key social, economic, and environmental factors that influence these outcomes.

Where there is information available and comparisons are useful, benchmarking has been undertaken to see how this municipality compares at a national, state and regional level.

Community engagement and input from staff across Council further informed the plan. In consideration of strategies and reports of Council, health issues identified in reports and key documents was considered and incorporated into the development of this draft plan.

Council endorsement of a final plan will follow community feedback on this draft plan.

The Central Goldfields community recognise that environmental factors and social connections enhance their wellbeing and impact on their quality of life, with residents reporting a higher than average level of satisfaction with their life as a whole. There are indications of community concerns over increasing rates of illness, health conditions and access to health care services. Access to healthy food is of concern to people as is evident by food security responses and low rates of consumption of vegetables and fruit. There is good support for community food initiatives.

The low income levels in the community confirm that capacity to pay for leisure and other activities is pressured, however, participation in physical activity in the Shire is equal to the state average, and a high proportion of residents feel safe walking alone, both during the day and night.

WHAT ARE WE DOING NOW?

There are many different ways that we work to improve health and wellbeing and respond to local needs. For council, this work is consistent with the focus of the Victorian Public Health and Wellbeing Plan, falling into the categories of Health Protection, Keeping People Well and Strengthen Preventive Health.

Health Protection

Health protection activities ensure that risks to the health of the community are identified, investigated and controlled without delay, with a focus on protecting public health and preventing disease, illness, injury, disability or premature death. There are legislative and regulatory mechanisms that guide our role in protecting public health.

Tobacco Act 1987

Food Act 1987

Childrens Services Regulations

Home and Community Care Act 1985

Council works in the community to uphold regulations and minimise risks to the community through implementation and monitoring. Environmental Health Officers and Local Laws Officers protect the safety and amenity of local neighbourhoods.

- Safe and Healthy Environments
- Licencing and regulation
- Communicable disease prevention and control
- Immunisation
- Food Safety
- Incident and emergency management and response
- Partnerships
- Childrens Services

Keep People Well

Escalating rates of chronic disease place a burden on the community, yet many of these conditions are able to be prevented. Healthier behaviours of not smoking, drinking in moderation, being physically active and having a healthy diet are known to significantly reduce mortality risks. The influences on health are many and complex, operating at individual, societal and systematic levels, and at different stages of wellbeing.

Health can be promoted by both increasing the factors that build our wellbeing and protect our health, and reducing the factors that put us at risk of illness and expose us to threats to our wellbeing (Department of Health 2011). Ensuring people stay well through support and understanding of the importance of control over healthy behaviours and the factors that impact on their health.

- Healthy lifestyles
- Healthy environments
- Connected, creative and strong communities

Strengthening Preventive Health Care

Detecting illness early and providing access to early care and treatment primarily benefits the individual, but it also has wider benefits when a sufficient proportion of the population is screened and treated. Screening, early detection and early intervention are important features of the health care system.

COUNCIL STRATEGIES, POLICIES AND PROGRAMS

Key strategies, policies and programs exist that will continue to influence and guide Councils' work:

- Aged and Disability Services Strategy
- Arts & Culture Strategic Plan
- Asset Management Plans
- Bicycle Strategy Plan
- Business Continuity Plan
- Carisbrook Urban Design Framework
- Central Goldfields Employment Strategy
- Communications Strategy
- Community Infrastructure Plans
- Community Safety Strategy
- Destination Central Goldfields - Strategic Tourism Plan
- Disability Action Plan
- Domestic Animal (Dogs and Cats) Management Plan
- Domestic Waste Water Management Plan
- Dunolly Urban Design Framework
- Early Years Plan
- Economic Development Strategy
- Events Management Plan
- Family Violence Strategy
- Geographic Information System Strategy
- Go Goldfields Great Outcomes Action Plan
- Greenhouse Gas Reduction Strategy
- Heritage Development Strategy
- Human Resources Strategy
- Information Technology Strategic Plan
- Maryborough Urban Design Framework
- Municipal Emergency Management Plan
- Municipal Fire Prevention Plan
- Municipal Strategic Statement
- Playground Strategy
- Problem Gambling Policy
- RACV Energy Breakthrough Emergency Management Plan
- Rating Strategy
- Recreation Reserve Master Plans
- Recreation Strategy
- Road Management Plan
- Road Safety Strategy
- Stormwater Management Plan
- Strategic Approach to Managing Weeds
- Sustainability Action Plan
- Sustainable Water Use Plan
- Swimming Pool Safety Assessment & Safety Improvement Plan – Maryborough (Indoor & Outdoor), Dunolly and Talbot
- Tourism Plan
- Waste Education Plan
- Waste Management Plan
- Water Management Plan – Pools - Maryborough (Indoor & Outdoor), Dunolly and Talbot
- Workforce Development Strategy

WHAT DO WE PLAN TO DO?

Over the next four years, Central Goldfields Shire will take action to improve the health and wellbeing of the community. Based on the best available evidence and in collaboration with partners committed to working towards a healthier community, Central Goldfields Shire will be guided by this plan, and other key strategies, to achieve health and wellbeing for the community.

A commitment to health and wellbeing is a key platform for Council and will be reflected in Council decision making.

Supportive environments and communities are fundamental in shaping people's choices. Individual responsibility can only have its full effect where people have access to a healthy lifestyle, and are supported to make healthy choices.

To ensure that work in the community is effective and efficient, we will adopt a systems approach to address the community needs and support healthy places and healthy people.

Following research, consultation and prioritisation, the health and wellbeing issues for Central Goldfields Shire were identified and formed into four priority areas. These four priority areas will provide the framework for the Health and Wellbeing Plan 2013-2017.

Priority 1: Supporting healthy eating

Priority 2: Increasing participation in physical activity

Priority 3: Safe connected communities

Priority 4: Reducing tobacco use and harm from alcohol misuse

It is acknowledged that these issues are not the only issues impacting on the health and wellbeing of the Central Goldfields community.

It is also acknowledged that these priority areas and issues do not sit in isolation from each other, and are intrinsically linked.

The intention of this plan is to further promote collaborative work practices towards achieving better health and wellbeing outcomes for the Central Goldfields community.

Priority 1: Supporting Healthy Eating

Goal 1: To reduce the high rates of obesity and overweight

Goal 2: To increase access to safe and nutritious food.

Healthy eating is fundamental to good health, as is access to safe and nutritious food. Better nutrition can significantly improve health and wellbeing of individuals and the population, as well as decrease chronic disease and associated health care costs.

The World Health Organisation defines overweight and obesity as "abnormal or excessive fat accumulation that may impair health". Body mass index (BMI) – the weight in kilograms divided by the square of the height in meters (kg/m²) – is a commonly used index to classify overweight and obesity in adults. WHO defines overweight as a BMI equal to or more than 25, and obesity as a BMI equal to or more than 30. WHO mobilises the range of stakeholders who have vital roles to play in shaping healthy environments and making healthier diet options affordable and easily accessible.

Healthy eating is associated with obesity and linked to increased risk of developing cardiovascular disease, diabetes, stroke and some cancers. Unhealthy eating can also affect memory, performance at school and work, and cause tooth decay.

Healthy food needs to be available, accessible and affordable.

Why is supporting healthy eating a public health and wellbeing priority?

- 64.3% of adults in Central Goldfields are overweight or obese. This is higher than the state average of 49.8%. 25% of children are now overweight or obese in Victoria.
- Obesity levels are higher in areas of socioeconomic disadvantage. Central Goldfields' SEIFA ranking is 1 in terms of Index of relative advantage and disadvantage in the state.
- Only 5.8% of adults in Central Goldfields consume the recommended intake of vegetables, with 30.1% consuming the recommended intake of fruit.
- 66% of adults in central Goldfields do not meet either the recommended daily intake of fruit or vegetables.
- 39% of infants were reported as fully breastfed at 3 months of age in Central Goldfields, which is lower than the state average of 52%. This significantly increases their risk of poor oral health outcomes
- Unhealthy eating and low fruit and vegetable consumption contribute to high blood pressure, high blood cholesterol and high rates of obesity. These risk factors cause up to 16% of the burden of disease in Australia.
- Compared to the Victorian average of 4.9, the admission rates for dental conditions in children aged 0-4 years in Central Goldfields is 12.9.
- It has been estimated that inadequate vegetable and fruit intake is responsible for 30% of coronary heart disease, 20% of gastrointestinal cancer and 14% of stroke.
- The Standardised Morbidity Ratio (SMR) for Central Goldfields for heart attack (STEMI and NSTEMI) Unstable Angina and Heart Failure is the highest in Victoria.
- The SMR for STEMI over the five-years from 2007-08 to 2011-12 was 1.82. This means hospital admissions for STEMI in Central Goldfields were 82% higher than expected, given its population size and age distribution.
- Hospital admissions for NSTEMI were 22% higher than expected; 20% higher for Unstable Angina; and 16% higher for Heart Failure.

- 11.1% of people in Central Goldfields reported being food insecure, which means they ran out of food on at least one occasion in the past 12 months and could not afford to buy more. Food insecurity can affect physical, mental and social wellbeing, and contribute to chronic disease and obesity over the longer term.
- Local issues identified as barriers to accessing nutritious food include the high cost of healthy food; low density of nutritious food outlets and transport challenges.
- Local food production contributes to the economy and impacts on access to nutritious food.
- Increased access to healthy food through sustainable food solutions fosters social connection and boosts community participation.

What will Council be doing?

Work to improve the supply of, and access to, a variety of affordable, safe and nutritious food in the community

Support healthy eating and drinking initiatives to achieve health benchmarks

Support healthy eating initiatives through Healthy Together

Support the development of a local food network to identify and address local food issues

Ensure Council demonstrates leadership on local food security issues

Strengthen partnerships across Council, producer, retailer and community groups to work towards addressing local barriers to eating healthy

Demonstrate leadership by incorporating healthy eating in Council policy and plans

Priority 2: Increasing participation in physical activity

Goal 1: To improve the physical health of our community by supporting people to engage in physical activity where they live, learn, work and play

Physical inactivity is a major modifiable risk factor for a range of conditions, including cardiovascular disease, type 2 diabetes, some cancers, osteoporosis, depression and anxiety, and falls among the elderly. Physical activity improves cognitive function in the elderly, prevents weight gain and maintains current body weight, and in conjunction with healthy eating, promotes weight loss. The evidence suggests that health benefits accrue with increasing levels of physical activity and that the protective effect occurs at every age. (Department of Health 2013b) Regular physical activity is considered a key factor in supporting a healthy population.

Local Governments can make it easier for people to be physically active by addressing the design of the built environment, and provision of safe and supportive environments for activity to occur in structured and unstructured settings.

National Guidelines for Physical Activity for Adults are:

1. Think of movement as an opportunity, not an inconvenience.
2. Be active every day in as many ways as you can.
3. Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days.
4. If you can, also enjoy some regular, vigorous activity for extra health and fitness. (Australian Government, 1999)

Why is increasing participation in physical activity a public health and wellbeing priority?

- Physical inactivity has been estimated to cost Australia more than \$719 million a year, and accounts for:
 - 6.6% of the burden of disease and injury, rating 2nd after tobacco smoking
 - 22% of heart disease, 11% of stroke, 14% of diabetes and 10% of breast cancer
- Increasing participation in physical activity and reducing time spent sitting, may:
 - Promote health and prevent the onset of disease
 - Improve individuals' self-confidence and social connections
 - Improve wellbeing of workers
 - Generate economic benefit
- Physical inactivity contributes to the the increasing levels of childhood and adult obesity
- 40.3% of males in Central Goldfields are overweight and 28.1% of males are Obese
- 39% of women in Central Goldfields are overweight and 21.8% of women are Obese
- Nearly a quarter of people in Central Goldfields do not meet physical activity guidelines. Males are more active than females.

What will Council be doing?

Ensure environments for physical activity are safe, inclusive and accessible.

Create opportunities for people to participate in active travel, sport and active recreation

Ensure environments for physical activity are safe, inclusive and accessible

Develop partnerships to reduce duplication and strengthen sport and active recreation opportunities

Strengthen community connections through sport and active recreation

Support the provision of quality sport and active recreation opportunities

Support physical activity initiatives through Healthy Together

Advocate, plan and develop transport, road and pedestrian networks and connectivity between, and within, communities

Manage the shared use of public space for active recreation

Implement the Central Goldfields Shire Recreation Plan

Provide a range of facilities and programs across the municipality

Implement Recreation Reserve Master Plans

Maintain Council assets

Encourage healthy by design principles into existing and future growth areas

Priority 3: Safe Connected Communities

Goal 1: To increase social connectedness

Goal 2: To improve social cohesion

Goal 3: To provide safe and supportive environments for health

Creating safe, supportive and sustainable environments through addressing access to health services, community safety, housing, transport, climate change and other environmental issues is important to individual and community wellbeing.

Our social connections comprise people we know; the friends we confide in, our families, our neighbours, the sports clubs or community groups we belong to, our workplace, and the community we live in. The need to belong, be connected and engaged is linked to mental health and wellbeing.

By providing opportunities for people to connect with others, join a group and be engaged in local activities, Council can improve the mental health and wellbeing of residents.

Communities with high levels of social cohesion, including participation by individuals in community organisations and activities, typically have better health than those with low levels.

Council promotes and supports the provision of services and infrastructure that provide opportunities for individuals to participate in community life.

Mental illness is one of the leading causes of death in Australia and is a national health priority.

New technology is an emerging media for connecting communities.

Why is safe and connected communities a public health and wellbeing priority?

- People in Central Goldfields consider the natural and built environments make a difference to their health.
- Safe, friendly environments for people to connect were consistently emphasised, and the physical environment is seen as important to mental wellbeing.
- Social cohesion may protect the mental health of people living in disadvantaged areas.
- Social support can buffer the effect of an adverse event or stressful life circumstance.
- Central Goldfields has the highest rate of men and women with Mental health and behavioural problems with just under 14 per 100, compared to Victoria with 9.9 men per 100 and 11.6 women per 100 (PHIDU, 2013).
- Central Goldfields has the highest rate of women with Mental health and behavioural problems, almost 14 per 100, compared to Victoria with 9.9 per 100 (PHIDU, 2013).
- There are opportunities for social connections through involvement in community activities such as volunteering, participating in physical activity and arts and cultural activities.
- Recreation and leisure providers and arts and community events provide people with a strong sense of belonging to the local community.
- 25.2% of people in Central Goldfields volunteer with 42.9% volunteering at least once a month.
- 80.6% of Central Goldfields residents feel safe walking alone at night.
- 60.5% of people in Central Goldfields have Internet access at home (ABS).

- 21.1% of people reported using social networking to organise time with friends/family
- Adequate work- life balance for people working in Central Goldfields is 45.1%
- People who are socially isolated are more likely to experience low self-esteem and depressive symptoms, and also have a higher risk of coronary heart disease.
- Social connectedness can lead to increased morale for older people and has been shown to reduce hospital admissions, increase independence and delay the need for permanent care.
- Social cohesion can protect the mental health of people living in disadvantaged areas.
- Young people's engagement with creative activities can lead to better academic outcomes, improved levels of self-esteem and a reduction in alcohol and drug consumption.
- More Australians are living alone, compared to previous generations. 33.7 % of Central Goldfields residents live alone.
- Psychological distress is an important risk factor for risk factors of drinking, smoking and drug use. It has also been directly linked to a number of diseases and conditions such as fatigue, migraine, cardiovascular disease, injury, obesity, depression and anxiety.

What will Council be doing?

Foster community resilience

Strengthen existing community engagement processes, to enable community involvement in planning and decision making

Build and support community spaces that provide opportunities for social connection

Build opportunities for participation in community across the life span

Create opportunities to build community pride, belonging, participation and achievement

Ensure access and equity for all groups in the community

Support activities that build community and social networks

Strengthen Council's connection with the community

Support diverse community, arts and cultural events

Implement Go Goldfields Great Outcomes

Encourage, support and recognise volunteers in the community

Encourage and promote access to public and community transport

Foster a 'whole of community' approach to community safety

Provide municipal emergency and fire prevention services

Work in partnership with Police and relevant stakeholder to address community safety

Advocate and support partners in their provision of health services and quality care to the community

Support education and learning

Manage and maintain public places for community use

Demonstrate leadership for organisations to be health promoting

Priority 4: Reducing tobacco use and harm from alcohol misuse

Goal 1: To reduce the harmful impacts of tobacco

Goal 2: To reduce the harms from alcohol misuse

Council plays an essential role in protecting the health of the community through actions such as the enforcement of the Tobacco Act 1987, promotion of smoke-free outdoor areas and the provision of bins to reduce cigarette butt litter. Council can implement strategies to discourage smoking, help smokers smoke less and prevent uptake by young people by enforcing laws on tobacco sales.

Supply, demand and consumption of alcohol are driven by a range of social, economic, geographical and historical factors. Councils can contribute to the reduction of alcohol-related harm by controlling alcohol availability through planning decisions and associated activities, promoting safer drinking cultures, and building local partnerships that will bring about change.

Why is reducing tobacco use and harm from alcohol misuse a public health and wellbeing priority?

- Smoking remains one of the leading preventable causes of many cancers, cardiovascular and other respiratory diseases.
- Exposure to second-hand smoke increases the risk of chronic and fatal health conditions, including cardiovascular disease, heart disease and lung cancer.
- Children, infants and unborn babies are particularly vulnerable to second-hand smoke and associated health risks including Sudden Infant Death Syndrome (SIDS), lower birth weight, lung and respiratory infections.
- Smoking rates in Central Goldfields reflect 22.2% of females and 21.8% of males smoke.
- Avoidable deaths due to respiratory diseases are high in Central Goldfields.
- 44.5% of adults in Central Goldfield with short term alcohol risk and 2.3% with long term alcohol risk.

What will Council be doing?

Promote and encourage alcohol and tobacco-free events and activities

Actively contribute to policy reviews, public discussions and advocate in matters relating to alcohol misuse

Ensure the enforcement of regulations in accordance with the Tobacco Act 1987

Continue to participate in programs that restrict Tobacco Sales to minors

Support National and State campaigns aimed at reducing smoking and reducing harm from alcohol misuse and substance abuse

Work with community agencies to share information and work together on action related to harmful alcohol use

Promote and encourage smoke-free environments

Support smoking reduction initiatives through Healthy Together

Enforce local laws relating to alcohol control

Monitoring and Review

An *Action Plan* will be developed to guide the implementation of this Plan. The *Action Plan* will detail specific initiatives to meet the objectives and strategic directions listed under each of the priority areas. Actions will be integrated across Council and reported as part of a regular cycle to Council.

The Health and Wellbeing Plan will be reviewed bi-annually to identify progress and a report prepared for Council and Stakeholders.

An annual action plan for the following year will be developed following the 12 month review, with consideration given to the current needs of the community and any emerging health and wellbeing issues identified to ensure the Plan remains relevant.

The development and review of the Plan will be the responsibility of Corporate and Community Service, with implementation and reporting the responsibility of all Council as well as relevant community partner agencies.

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