WELL PLACED FOR WELLBEING

Partnering for Healthier and More Connected Communities in East Gippsland (2017-2021)

Adopted November 2017
East Gippsland Shire Council and the Municipal Public Health and Wellbeing Advisory Partnership acknowledge the Gunaikurnai, Monero and the Bidawel people as the Traditional Custodians of the land that encompasses East Gippsland Shire. We pay our respects to all Aboriginal and Torres Strait Islander people living in East Gippsland, their Elders past, present and emerging.

If you would like to access this document in another format or language, please contact the East Gippsland Shire Council on 03 5153 9500.

Collaborators

Thank you to those organisations involved in the development of this document.

AFL Gippsland
Apprenticeships Groups Australia
Bairnsdale Regional Health Service
Buchan Bush Nursing Centre
Cann Valley Bush Nursing Centre
Centrelink
Community Housing Limited
Dargo Bush Nursing Centre
Disability Advisory Committee (East Gippsland Shire Council)
Djillay Ngalu
East Gippsland Water
East Gippsland Primary Care Partnership
Ensay Bush Nursing Centre
Federation Training
Gelantipy Bush Nursing Centre
Gippsland and East Gippsland Aboriginal Cooperative
Gippsland East Local Learning and Employment Network
Gippsland Lakes Community Health
Gippsland Primary Health Network
Gippsland Women’s Health
GippSport
Headspace
Latrobe Community Health Service – Gambler’s Help
Mallacoota and District Health and Support Services
Omeo District Health
Orbost Regional Health
Save The Children Australia
Swifts Creek Bush Nursing Centre
Uniting Victoria Tasmania
Quantum Support Services
VicHealth
Victoria Police
Victorian Department of Health and Human Services
Victorian Department of Education and Training
Within Australia
Work Solutions Gippsland
Yoowinna Wurnalung Healing Service
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In introducing *Well Placed for Wellbeing - Partnering for Healthier and More Connected Communities in East Gippsland (2017-2021)* I am mindful that we are living in both challenging and exciting times and that with those challenges there come opportunities for positive change.

This process of change is most successful when everyone works collectively to develop actions that meet those challenges. To do this we must build on our strengths and capabilities as individuals, organisations and communities to address health inequities whilst also ensuring that there is recognition of the resilience of our communities and their capacity to adapt to change.

Through the process defined by the Victorian Government for developing this Municipal Public Health and Wellbeing Plan, we have examined evidence provided by our health institutions, listened to our community organisations and our community. We have collectively developed strategic directions that describe the outcomes we seek to achieve, to make East Gippsland a more liveable, connected and healthy region, a place in which we can all thrive.

The story that all this evidence tells us is that we place great value on our natural environment and the personal connectivity within our communities.

We also know that we have a large percentage of people aged over 60 years and that number is growing, making us the third highest rating municipality in Victoria for people in this age group. We are looking strategically into how we will best support and work with such a significant change to our population in order to make us an age-friendly community.

The evidence also tells us we have challenges within our communities and across age groups and places. Some of these relate to the incidences and effects of family violence, the use of drugs and alcohol within our communities and our level of healthy eating and obesity. Whilst these are indicators that are a cause for concern across the state, East Gippsland is showing higher than average rates in all of these indicators.

Collaboration has been a key factor in the successful development of this plan and I wish to thank all the members of the Advisory Partnership and the East Gippsland Primary Care Partnership for providing the guidance and commitment to the planning process and the work that lies ahead.

*Well Placed for Wellbeing-Partnering for Healthier and More Connected Communities in East Gippsland (2017-2021)* looks to address many of these concerns through a focus on greater activity by a range of agencies, including Council, at the level of where people live, which we call ‘place planning’.

We also intend to pursue more effective partnerships with our community organisations, the Aboriginal and Torres Strait Islander communities and other levels of government. We will collectively work together to establish where we need to provide specific programs and activities and how we can make gradual and sustainable changes across the broader community, towards a healthier, more connected future.

I urge all our community leaders and members to show leadership and work collaboratively on changing the adverse health indices for our region.

Cr Joe Rettino
2. HOW TO USE THIS DOCUMENT

Well Placed for Wellbeing has been developed as a high-level strategy style document to guide the actions, focus and endeavours of many organisations with an interest in health and wellbeing. It will be complemented by an Action Plan that will assist to focus our efforts and ensure that the document stimulates positive change in our communities. The document will mean different things to different organisations and is intended to be used by multiple agencies, groups and individuals across East Gippsland.

AS A COMMUNITY MEMBER

It’s time to get involved! This document can be used by anyone in the community who wants to help make East Gippsland an even more wonderful place to live. There will be opportunities to help design, and participate in local action across all priority areas over the next four years.

No matter how you are involved in your community, this document may be used to guide the development of activity or create new opportunities to work together. This is also a chance for us to make sure we are all heading toward the same outcomes at the same time.

As the complementary action plan is developed there will be opportunities and we will be actively seeking local community members, community and sporting groups and others to help us identify some of the ways that they can contribute to implementation actions.

AS A COMMUNITY ORGANISATION

This document gives a clear sense of what the community has prioritised for the health and wellbeing of East Gippsland. It recognises that there is already great activity occurring and provides a new opportunity to strengthen this action by involving everyone, ensuring that we’re all heading toward the same outcomes at the same time, and reinforcing each other’s work. More broadly, Well Placed for Wellbeing provides a platform for organisations to develop collaborative local actions with members of the community.

There are templates included in this document to assist with documenting local activity, aligning with other local actions and identifying new opportunities for collaboration and ideas. Community organisations are a vital part of achieving the desired outcomes within the document, as well as developing, implementing and monitoring the resultant actions.
**AS A GOVERNMENT AGENCY**

*Well Placed for Wellbeing* gives government agencies a clear understanding of the outcomes that the East Gippsland community is seeking to achieve, and how that aligns with current government strategy and programs.

Government agencies will also be involved in advising on local action and collaborations and can use this document to influence their own organisational plans, programs and activity.

**AS EAST GIPPSLAND SHIRE COUNCIL (COUNCIL)**

Council provides a key role in guiding local partners (the Advisory Partnership) through the development, implementation, monitoring, and review of *Well Placed for Wellbeing*. This is a role ascribed to Local Government Authorities by the Victorian government.

Council will use *Well Placed for Wellbeing* to support local collaborative action, guide the development of Council’s future activity and identify new partnership opportunities. Council will also have a strong role in the implementation of the plan as:

- An advocate on behalf of the community;
- A provider of infrastructure;
- A facilitator and supporter of services and programs;
- A provider and funder where essential service and program gaps exist; and
- As a statutory regulator.

*Well Placed for Wellbeing* is recognised as being one of the key strategic documents that influences Council’s own organisational planning (the Council Plan) and the activity of council over the next four years.

*Well Placed for Wellbeing* provides council with the umbrella under which to develop and review many of its functional plans and activity, to ensure that this effort and resources is focused on achieving the health and wellbeing outcomes described in this document.

![Figure 1 – Well Place for Wellbeing as an influencer on Council activity](image-url)

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<tr>
<th>Advocacy</th>
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<th>Infrastructure</th>
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<td>Examples of Work</td>
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<td>Playground and sports grounds provision</td>
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3. SOME IMPORTANT POINTS BEFORE WE START

In developing the Plan, we reviewed a lot of what we already know about East Gippsland and ensured that this research and evidence was used to shape the document. Much of this research is summarised in Appendix Two. Some of the most important features of our community that have influenced Well Placed for Wellbeing are described below.

WE HAVE AN AGEING POPULATION

By 2020 over 40% of our population will be over 65

East Gippsland is an attractive place for those looking for a change of pace later in life, migrating to our beautiful waterways and open spaces from across the country. This, coupled with the fact that people are living longer in general, means that the population of East Gippsland is older than the Victorian average, and getting older.

East Gippsland has been identified as one of the highest per capita ageing populations in Victoria, and one of the fastest growing. Almost 40% of the East Gippsland community will be over 60 by 2020.

It is therefore critical that any action implemented locally is developed collaboratively with people aged over 65 as well as organisations who support and care for these communities in East Gippsland.

WE HAVE A STRONG ABORIGINAL COMMUNITY

At the 2016 census, 2.9% of people living in East Gippsland identified as Aboriginal and/or Torres Strait Islander (1,288 people); this is high compared to Gippsland (1.8%) and Victoria (0.8%).

Aboriginal people from East Gippsland have a strong connection to culture and community. It is essential that this document recognises the impacts of historical events on the wellbeing of local Aboriginal people. It is critical that Well Placed for Wellbeing provides opportunities to strengthen collaborative action in addressing these impacts and works with Aboriginal people and organisations to make sure any action meets the needs of our local Aboriginal communities.

We know that in East Gippsland Aboriginal people’s life expectancy is significantly lower than the general population, the rate of disability is higher than the general population and across Victoria hospitalisation rates are higher for Aboriginal people for most causes. Therefore, Well Places for Well Being aims to assist overcome the unacceptable health disparity and health outcomes for our Aboriginal population.
WE HAVE A LARGE NUMBER OF PEOPLE LIVING WITH A DISABILITY

According to the most recent census (2016), 10.8% of the East Gippsland population (16-64 years) receive the disability support pension. This is high compared to Gippsland (8.8%) and double the Victorian rate (5.3%). This supports additional evidence that shows there are 2,692 people in East Gippsland with a profound or severe disability.

It is critical that Well Placed for Wellbeing is implemented in collaboration with local disability advocacy and support groups to ensure future action meets the needs of people living with disability from across East Gippsland.

WE ARE SPREAD OVER A LARGE AREA INTO A NUMBER OF SMALLER COMMUNITIES OR PLACES.

East Gippsland is the second largest local government area in Victoria by area. The population of approximately 44,000 is spread across this region with upwards of 100 individual communities.

This creates a challenge when creating an environment that supports the health and wellbeing of the whole community. There are vast differences between these communities, each with their own strengths and weaknesses. It is essential to recognise that a one size fits all approach is not appropriate and consideration of the individual qualities of communities must be taken into account.

Well Placed for Wellbeing is developed with the needs of local communities at its core. In responding to the key wellbeing issues across the region, actions will be developed with people from these communities. It is critical that community led, local action reflects local needs and the characteristics of the local community. A place-based approach ensures that action aligns to the unique characteristics of each community across East Gippsland.

Appendix 1 shows how we have divided East Gippsland into separate places that recognise these different communities and needs. As action plans are developed these will recognise the diversity of these different places and reflect the needs of different places in the actions.
4. HOW WAS THIS DOCUMENT DEVELOPED?

Council is required, under the Victorian Public Health and Wellbeing Act 2008 (Sec 24-27) to develop a four-year Municipal Public Health and Wellbeing Plan.

Recognising that there are many individuals, groups and agencies with an interest and responsibility in the health and wellbeing of our community Council joined with the East Gippsland Primary Care Partnership (EGPCP) to share a Partnership Facilitator to facilitate greater engagement between primary health services and Council during the development of the plan. This role ensured that the plan was developed as a collaborative process and will also assist with shaping the Plan’s implementation.

The development of Well Placed for Wellbeing has been undertaken using a mix of desktop research, consultation and collaborative workshops. These workshops with key stakeholders with an influence on health and wellbeing have set the strategic direction of the document and provided input into all elements of the plan as it’s been developed, reviewed and refined. Over 20 agencies have been involved in these workshops.

Recognising that not everyone can attend meetings, more specific one-on-one engagement sessions were held with some community sectors and groups, including aboriginal elders.

Broader community input was also sought with a draft copy of Well Placed for Wellbeing made available for community comment. An online survey was also provided for Well Placed for Wellbeing as part of this broader consultation.

In addition to this consultation, development of the plan has relied heavily on existing research information that is already held by many agencies throughout East Gippsland. This research has been used to identify the areas that actions will focus on for the next four years. A summary of this research is provided as Appendix 3 – Health Determinant Data.

The consultation process used to develop Well Placed for Wellbeing will be continued throughout its’ four-year implementation cycle; as will the collection, analysis and response to research data.
5. HOW DO WE MAKE POSITIVE CHANGE?

All those involved in the development of Well Placed for Wellbeing have recognised that we need to work with an agreed focus to positively change the health and wellbeing of our communities. This is an opportunity to work together to create sustainable, long lasting change.

COLLABORATION IS A KEY TO SUCCESS

The best outcomes happen when we all work together.

From identifying problems to creating new solutions, recognising that everyone has a role to play is critical. This is a chance for us to collaboratively identify, design and implement action together.

It is also essential that we recognise the great work that is already taking place. There are many local individuals, groups and organisations working hard to ensure that we all live well. It is now time for everyone, across all sectors and businesses to be part of strengthening local action together to ensure we get the best outcomes we can.

Well Placed for Wellbeing recognises that some actions can be undertaken collaboratively by multiple agencies, whilst other actions may rest with a single agency or group. Whether it is a collaborative or individually led action, the important factor is that it is contributing towards the agreed priorities set in this document.

FOUNDATIONS OF WELLBEING – THE PRINCIPLE OF SUPPORTING HEALTHY COMMUNITIES

There are a range of other important social, economic and environmental factors that determine our health and wellbeing. These influence many of the differences between groups in the community. These include community participation, adequate employment, levels of stress, experiences in early life, and access to food, transport and housing, amongst others. Many of these factors are already targeted in a range of strategies and actions developed by Council and others. Well Placed for Wellbeing won’t duplicate these existing strategies, but will strengthen action to enhance community wellbeing.

Both community participation and the recognition of the underlying factors influencing wellbeing outcomes needs to be at the centre of addressing the priority areas identified in this document. Change will only occur if both of these elements are considered when identifying future action.
6. LEGISTLATIVE REQUIREMENTS WE NEED TO CONSIDER

Well Placed for Wellbeing has focused on selecting the key areas that are significant for East Gippsland to focus on over the next four years. These priority areas are discussed in detail in Section 9 of this document. However, we also need to recognise that there are some legislated areas that the plan must address, these are discussed below.

**FAMILY VIOLENCE**

The Victorian Royal Commission into Family Violence identified 227 recommendations to end family violence. Recommendation 94 states that council’s ‘report on the measures they propose to take to reduce family violence and respond to the needs of victims’ when preparing the Municipal Public Health & Wellbeing Plans (this document).

**CLIMATE CHANGE**

According to the Victorian Climate Change Act 2010, Local Government has responsibility to ensure ‘decision makers have regard to climate change’ through the Municipal Public Health & Wellbeing Plan (this document). This includes an understanding of climate change issues in the local catchment, identifying actions to facilitate adaptation and aligning priorities that are affected by climate change.

**PUBLIC HEALTH**

Under the Victorian Public Health and Wellbeing Act 2008 (Sec 24-27), Council is required to ‘seek to protect, improve and promote public health and wellbeing within the municipal district’. Council is also required to provide opportunities for ‘facilitating and supporting local agencies whose work has an impact on public health and wellbeing’.

Therefore, Well Placed for Wellbeing has an emphasis on both the four identified key priority areas, with consideration given to the legislated actions and activity that needs to be continued or commenced to support the broader principle of Supporting Healthy Communities.
7. PRIORITIES FOR THE NEXT FOUR YEARS

Four wellbeing issues have been identified as priorities for East Gippsland over the next four years:

1. Safe families and communities;
2. Being active and eating well;
3. Protecting our health (Reducing harmful alcohol and drug use); and
4. Resilient and connected communities

These four priorities or strategic directions were identified by a group of local leaders from across the East Gippsland region (the Advisory Partnership) and was based on feedback provided by local community members, as well as evidence from national, state and local data.

Underpinning all four priority areas and the document itself, is a commitment to the principle of Supporting Healthy Communities. This is a foundation theme that runs throughout the document and is the foundation upon which all four priority areas rest. This too is the area of the plan which will support legislated action and other important actions that require continuation, commencement, or enhancement.

The four priorities identified in this plan are considered to be some of the most complex social issues of our time. It is essential that these complex problems are met with complex solutions, which means we must consider the social and environmental factors that underpin wellbeing.

The four priorities are aligned with the Victorian Public Health and Wellbeing Plan 2015-2019 and the Victorian Health and Wellbeing Outcomes Framework (2016). The priorities are also linked to the East Gippsland Shire Council Plan for 2017-2021. These linkages are further demonstrated when each of the priorities are examined in more detail in the next section.

Focusing on these four areas does not exclude or diminish the importance of other significant social and wellbeing issues identified in the Victorian Health and Wellbeing Plan. Most issues of significance to East Gippsland will be addressed under the four key areas. Many of the actions are also anticipated to address more than one of the priority areas. Where a priority need is not able to be linked to one of the four key areas it will be placed under the umbrella “Supporting Healthy Communities” principle.
8. HOW WILL WE KNOW IF THINGS HAVE CHANGED?

Well Placed for Wellbeing seeks to address priority areas that are incredibly complex. This complex nature means that change occurs slowly, potentially over years or decades, and as such are not easily attributable to one particular action or initiative. This, in turn, means that measuring results is challenging.

In addition to this challenge, the data required to assess the results is across multiple locations or communities. Therefore, determining what and how to monitor will be an important step in the action planning and implementation work.

To monitor the progress of East Gippsland in the identified health and wellbeing priority areas a framework of short term and long terms outcome measurements (what has changed) has been established, as well as measurement of community outputs (what actions have been undertaken).

The use and collection of measures is discussed more in the implementation section of this document and Appendix Three provides some of the high level measures that will support the review of Well Placed for Wellbeing’s implementation and success. These measures have been compiled using existing national, state and local government data. Each of these indicators aligns directly with each of the four Priority Areas within the plan and specifically replicates indicators from within the Victorian Public Health and Wellbeing Outcomes Framework, 2016.
In addition, local shared progress measures will provide an indication of shorter-term local changes that are expected. These local measures will give us a sense of how these issues are going locally. There are changes we will be looking for and we need a way of determining if those changes have occurred (or not). These will be identified by the end of 2017 and will be used to track local changes in real time. This will help us decide if the actions that are implemented are making a difference.

Partners will collectively review all data sets for each Priority Area bi-annually (minimum). This will provide an opportunity to review progress, and re-assess local action to ensure activity reflects the needs of each community.

Annual updates will be available for community information and submitted to the Victorian Department of Health and Human Services. A review of the implementation process will also be considered on an annual basis. This will ensure that the implementation of the plan over the next four-year period meets the needs of the community and local collaborative partnerships. This will be adapted as required.
9. OUR PRIORITY AREAS OF FOCUS

PRIORIT AREA 1: SAFE FAMILIES AND COMMUNITIES

What is it and why does this matter?

We want an East Gippsland where families are free from abuse and violence, and communities are safe for people of all ages, cultures and abilities.

The evidence we have collected is briefly summarised in the info-graphics on this page, with more detailed information about the evidence that supports the priority area detailed in Appendix Four (Health Determinant data). This data together with the indicators outlined in Attachment Three demonstrate why this area needs to be a priority focus for East Gippsland over the next four years.

EAST GIPPSLAND HAS:

2,304 family incidents per 100,000

The second Highest rate in Gippsland

much higher than Victoria (1,129) – 5th highest in Victoria out of 79 LGAs

868 family incidents where children are present per 100,000.

The second highest rate in Gippsland

More than double Victorian rate (388)

Approximately 40% of incidents

a teenage fertility rate (live births by mothers <19 years) of 23.3

Higher than Gippsland (20.8)

>2x More than 2x the Victorian rate (10.4)

almost 2x (777 per 100,000) of sexually transmitted infections in 12-17 year olds than Victoria (385.3)
What we will do¹:

» Reduce prevalence and impact of family violence
» Reduce prevalence and impact of abuse and neglect of children
» Increase sexual and reproductive health

These targets will become the foundation for the future action plans that will support implementation of Well Placed for Wellbeing described in section 10.

What are our long-term measures?

We will know if we have achieved these by using state and national measures identified in Appendix 2 – specifically:

» Rate of children who were the subject of child abuse and neglect substantiation
» Rate of incidents of family violence recorded by police
» Family violence index (to be determined)
» Notification rate of newly acquired HIV
» Proportion of people testing positive for Chlamydia
» Notification rate for gonorrhoea
» Proportion of adolescents who practice safe sex by using a condom
» Notification rate of newly acquired hepatitis C
» Birth rate for young women 15–19 years.

(As identified in the Victorian Public Health and Wellbeing Outcomes Framework)

Some of the local changes we will be looking for:

» Increased community awareness that family violence is morally and legally wrong,
» Increased awareness of the signs of family violence and how to access available support for those affected
» Increased community awareness of the appropriate responses to family violence
» Improved support for groups at high risk of accidental injury, violence, abuse or neglect
» Parents are better equipped to practice good parenting
» Reduction in the gap between genders in family decision making
» Increased gender equity in those taking on community leadership roles
» Power gap in gender relations is reduced
» Infrastructure and facilities are conducive to public safety
» Families especially vulnerable families, feel better equipped to support the development of pre-school children
» Parental engagement in children’s education is increased
» School-aged children and their families are more able to access out of school services

Links to Council Plan

» Part 1 – Strong communities

Links Victorian Public Health and Wellbeing Plan

» Preventing violence and injury

¹ These indicators link directly with the indicators within Victorian Public Health and Wellbeing Outcomes Framework, 2016
PRIORITY AREA 2: BEING ACTIVE AND EATING WELL

What is it and why does this matter?

We want an East Gippsland where communities are supported to be physically active and healthy with improved access to good nutrition at all stages of life.

The evidence we have collected is briefly summarised in the info-graphics on this page, with more detailed information about the evidence that supports the priority area detailed in Appendix Four (Health Determinant data). This data together with the indicators outlined in Attachment Three demonstrate why this area needs to be a priority focus for East Gippsland over the next four years.

- **7.4%** of the East Gippsland population ran out of food at least once in the past 12 months.
- **Similar to Gippsland (6.8%)**
- **high compared to Victoria (4.6%)**

**East Gippsland** (19.0%) and **Wellington** (20.6%) share the **highest daily consumption** of sugar-sweetened soft drinks in Gippsland almost **2x** the Victorian average (11.2%)

The percentage of people reporting heart disease (9.0% of adults) is among the **highest in the state**, as is the rate of cancer incidence. This is high compared to Gippsland (7.0%) and Victoria (6.9%)

- **East Gippslanders average 2.4 serves of vegetables per day, higher than the Victorian average.**
- **9.1%** of babies in East Gippsland were **low birth weight babies**
- **42%** of the population are **physically active on 4 or more days per week**

The highest rate in Gippsland and **higher than Victoria** (6.6%)
What we will do:
» Increase healthy eating and active living
» Reduce overweight and obesity

These targets will become the foundation for the future action plans that will support implementation of Well Placed for Wellbeing described in section 10.

What are our long-term measures?
We will know if we have achieved these by using state and national measures identified in Appendix 2 – specifically:
» Proportion of adults, adolescents and children who consume sufficient fruit and vegetables
» Mean serves of fruit and vegetables for adults, adolescents and children
» Proportion of adults, adolescents and children who consume sugar-sweetened beverages daily
» Discretionary food consumption of adults, adolescents and children (to be determined)
» Proportion of infants exclusively breastfed to 3 months of age
» Proportion of adults, adolescents and children who are sufficiently physically active
» Proportion of journeys that use active transport
» Proportion of people participating in organised sport (to be determined)
» Proportion of adults sitting for seven or more hours on an average weekday
» Proportion of adolescents and children who use excess electronic media for recreation
» Proportion of adults, adolescents and children who are overweight and obese

(As identified in the Victorian Public Health and Wellbeing Outcomes Framework)

Some of the local changes we will be looking for:
» Community has improved access to healthy eating options
  » In schools
  » In community organisations and sporting clubs
  » In public facilities such as hospitals
  » In workplaces
  » In local shops and markets
» Community is better informed about healthy eating options
» It is easier for the community to be physically active in public spaces
» Community has greater access to water in public places
» Community has access to a greater range of options for organised physical activity
» Community members are better informed about the range of physical activity options available

Links to Council Plan
» Part 1 – Strong Communities

Links Victorian Public Health and Wellbeing Plan
» Healthy Eating and Active Living

2 These indicators link directly with the indicators within Victorian Public Health and Wellbeing Outcomes Framework, 2016
PRIORITY AREA 3: PROTECTING OUR HEALTH (REDUCE HARMFUL ALCOHOL AND DRUG USE)

What is it and why does this matter?

We want an East Gippsland where communities and individuals are supported to reduce the harm from alcohol, drugs and tobacco.

The evidence we have collected is briefly summarised in the info-graphics on this page, with more detailed information about the evidence that supports the priority area detailed in Appendix Four (Health Determinant data). This data together with the indicators outlined in Attachment Three demonstrate why this area needs to be a priority focus for East Gippsland over the next four years.

Bairnsdale was included among the top seven regional Significant Urban Areas in Victoria with the greatest increase in drug use and possession incidents between 2011 and 2015.

(25.9%) of East Gippsland residents were identified as being at risk of short-term harm from alcohol in a given month.

27% of East Gippsland adult males are smokers

The highest rate in Gippsland (21%) Much higher than Victoria (18%)

13% of adult East Gippsland residents consume alcohol at least weekly at levels likely to cause harm

Higher than Gippsland (11%) Higher than Victoria (9%)
What we will do:

» Reduce Harmful Alcohol and Drug Use

These targets will become the foundation for the future action plans that will support implementation of Well Placed for Wellbeing described in section 10.

What are our long-term measures?

We will know if we have achieved these by using state and national measures identified in Appendix 2 – specifically:

» Proportion of adults, adolescents and children who are overweight and obese
» Proportion of adults and adolescents who consume excess alcohol
» Proportion of adults and adolescents using an illicit drug in the past 12 months
» Rate of alcohol, prescription drug or illicit drug related ambulance attendance

(As identified in the Victorian Public Health and Wellbeing Outcomes Framework)

Some of the local changes we will be looking for:

» Sports clubs increasingly encourage moderate alcohol consumption
» Community is more aware of the effects of illicit drug use
» Community is more aware of the effects of alcohol
» Parental modelling of moderate alcohol consumption is improved
» Community is less accepting of underage alcohol consumption
» Community is more aware of support available for families and individuals impacted by drug and alcohol consumption.
» Drug users have greater access to support
» Families of drug users have greater access to support
» Community access to alcohol consumption is reduced
  » Through sports clubs
  » Through workplaces
  » Through retail outlets

Links to Council Plan

» Part 1 – Strong Communities

Links Victorian Public Health and Wellbeing Plan

» Reducing harmful alcohol and drug use
» Tobacco free living

3 These indicators link directly with the indicators within Victorian Public Health and Wellbeing Outcomes Framework, 2016
**PRIORITY AREA 4: RESILIENT AND CONNECTED COMMUNITIES**

**Why does this matter?**

We want an East Gippsland where communities and individuals are more socially connected, have greater capacity to accept and adapt to change, and are more accepting of diversity and cultural differences.

The evidence we have collected is briefly summarised in the info-graphics on this page, with more detailed information about the evidence that supports the priority area detailed in Appendix Four (Health Determinant data). This data together with the indicators outlined in Attachment Three demonstrate why this area needs to be a priority focus for East Gippsland over the next four years.

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Just over three quarters (75.7%) of residents felt that they live in a **close-knit neighbourhood significantly more** than the Victorian estimate (61.0%).

14% of people in East Gippsland report **high or very high psychological distress**

Higher than Gippsland (12%)

Higher than Victoria (11%)

30% of East Gippsland adolescents report being bullied

Highest rate in Gippsland

Higher than Victoria (18%)

86.7% The proportion of East Gippsland residents who agreed that people in their neighbourhood are **willing to help each other out**

Significantly more than the Victorian estimate (74.1%)
What we will do:

» Improve mental wellbeing
» Increase connection to culture and communities
» Increase the proportion of workforce aged people working or actively looking for work
» Increase adaptation and resilience to the impacts of climate change
» Healthy and sustainable environments
» People Centred approaches

These targets will become the foundation for the future action plans that will support implementation of Well Placed for Wellbeing described in section nine.

What are our long-term measures?

We will know if we have achieved these by using state and national measures identified in Appendix 2 – specifically:

» Proportion of adults and adolescents with psychological distress
» Proportion of adolescents with high level of resilience
» Proportion of children living in families with unhealthy family functioning
» Proportion of adults who belonged to an organised group
» Proportion of adults who attended or participated in a cultural or arts activity
» Proportion of adults connected to culture and country
» Excess death during extreme heat and heatwaves
» Community resilience (to be determined).

(As identified in the Victorian Public Health and Wellbeing Outcomes Framework)

Some of the local changes we will be looking for:

» Stigma associated with mental illness is reduced
» Greater access to mental health support
  » Through improved transport
  » Through improved information
  » Through increased services
» Greater engagement of Non-Aboriginal community with Aboriginal activities and events
» Communities have increased opportunities to create connections
» Greater community acceptance of diversity within the community
» Community is more aware of climatic events and impacts on community and individual households
» Communities are better equipped to adapt before, during and after climatic events
» Job seekers feel better equipped to use their skills and qualifications to find employment
» Student and parent aspirations increase
» School better meets community needs

Links to Council Plan

» Part 1 – Strong Communities

Links Victorian Public Health and Wellbeing Plan

» Improving mental health
**10. HOW DO WE DO THIS (IMPLEMENTATION)**

*Well Placed for Wellbeing* is a high-level strategy. To effect change it needs to be supported by an action plan that community groups, individuals, health and wellbeing agencies and Council can all commit to.

Developing this Action Plan is the first implementation focus for *Well Placed for Wellbeing*.

The Advisory Partnership have developed a process that will be used to develop, implement and monitor the action planning activity which is represented diagrammatically below:

Some actions will be undertaken in collaboration, whilst others can be undertaken by individual agencies. Some agencies will have actions across all four priority areas and multiple locations; whilst others may be focused on one specific area or place.

The result will be a documented series of actions that can be locally measured and assessed against either a priority area or a Place. This is the first time a place-based filter will be applied to health and wellbeing planning in East Gippsland.

A range of draft action planning tools have been developed as part of preparing *Well Placed for Wellbeing* to assist with the next stage of implementation. These are provided as Appendix One.

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
<th>Phase 6</th>
<th>Phase 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Placed for Wellbeing (sets strategic direction)</td>
<td>Mapping of planned work against priority areas and gap analysis</td>
<td>Identification of Key Actions (including agencies and groups involved, timeframes and measures)</td>
<td>Development of overarching Action Plan</td>
<td>Identification of Measures that support the Action Plans</td>
<td>Measurement Analysis and Monitoring</td>
<td>Annual review, amendments and celebration of successes</td>
</tr>
</tbody>
</table>

*Advisory Partnership*
APPENDICES
## APPENDIX ONE: HOW DO WE MAKE SURE WE HAVE THE RIGHT ACTIONS?

The matrix below may be used to assist with mapping local actions for each district within East Gippsland (see Appendix 2). It can also be used to track relevant measures both in the place they are carried out and the stage of life that they are occurring. The matrix may also help identify gaps or duplication of action in certain areas.

<table>
<thead>
<tr>
<th>Strategic Direction (Goal)</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Babies &amp; children starting well</th>
<th>Resilient young people</th>
<th>Healthy adulthood</th>
<th>Active and healthy ageing</th>
<th>Consideration of our Aboriginal community</th>
<th>Recognising and supporting diversity and social inclusion</th>
<th>New action plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Families and Communities</td>
<td>Eg: People in East Gippsland live free from abuse and violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Developed with the East Gippsland community</td>
</tr>
<tr>
<td>Being Active and Well</td>
<td>Eg: People in East Gippsland have good physical health</td>
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<tr>
<td>Reduce harmful alcohol and drug use</td>
<td>Eg: People in East Gippsland experience less harm as a result of alcohol or drug use</td>
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</tr>
<tr>
<td>Resilient and Connected Communities</td>
<td>Eg: People in East Gippsland have good mental health</td>
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</tr>
</tbody>
</table>
The table below provides a sample template for those implementing action. This may be used for annual action plans for the next 12 months and beyond.

<table>
<thead>
<tr>
<th>Local change we are looking for</th>
<th>How do we know it’s changed?</th>
<th>What actions do we need to change this?</th>
<th>Who will do this?</th>
<th>When?</th>
<th>Have we made a difference?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taken from each Priority Area</td>
<td>Yet TBD – December 2017</td>
<td>Yet TBD – June 2018</td>
<td>Yet TBD – June 2018</td>
<td>Yet TBD – June 2018</td>
<td>To be completed bi-annually</td>
</tr>
</tbody>
</table>

For example:

Community has greater access to healthy eating options

- In schools
- In community organisations and sporting clubs
- In public facilities such as hospitals
- In workplaces
- In local shops and markets

Community is better informed about healthy eating options

It is easier for the community to be physically active in public spaces

Community has greater access to water in public places

Community has access to a greater range of options for organised physical activity
APPENDIX THREE: LONGER TERM MEASURES

The indicators and measures outlined in the table below will be used as a starting point for measuring longer-term outcomes and the impact of work undertaken to implement Well Placed for Wellbeing. These measures have been compiled using existing national, state and local government data - much of which is only collected on an irregular basis or as part of census data (i.e. every four years). As work continues on the implementation of the document, this high-level data will be supplemented by the collection and sharing of more localised data that many of the Advisory Partnership members may already hold.

The data is presented by indicator, with each of these indicators aligning directly with each of the four Priority Areas within the plan and specifically the ‘what we will do’ section of each priority. “What we will do” directly replicates indicators from within the Victorian Public Health and Wellbeing Outcomes Framework, 2016.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
<th>Measures</th>
<th>Measure detail</th>
<th>Data Dictionary reference</th>
<th>Comments about the data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease developmental vulnerability</td>
<td>Proportion of children at school who are developmentally on track</td>
<td>Proportion of children at school who are developmentally on track on all five domains of the Australian Early Development Census</td>
<td>3.1.1.1</td>
<td>By region, LGA, SLA triennially</td>
<td></td>
</tr>
<tr>
<td>Decrease homelessness</td>
<td>Proportion of people who are homeless</td>
<td>Proportion of people who meet the statistical definition of homelessness</td>
<td>2.2.1.1</td>
<td>By metro/rural (ARIA) every 5 years By region by request to ABS</td>
<td></td>
</tr>
<tr>
<td>Increase labour market participation</td>
<td>Unemployment rate</td>
<td>Unemployment rate</td>
<td>3.2.1.1A</td>
<td>By LGA every 5 years By State monthly</td>
<td></td>
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<tr>
<td></td>
<td>Proportion of young people engaged in full time education and/or work</td>
<td>Proportion of young people 17-24 years who are engaged in full time education and/or work</td>
<td>3.2.1.2</td>
<td>By state every 4 years By LGA by request to ABS</td>
<td></td>
</tr>
<tr>
<td>Reduce prevalence and impact of abuse and neglect of children</td>
<td>Rate of children who were the subject of child abuse and neglect substantiation</td>
<td>Rate of children who were the subject of child abuse and neglect substantiation</td>
<td>2.1.1.1</td>
<td>By state and LGA annually</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
<th>Measures</th>
<th>Measure detail</th>
<th>Data Dictionary reference</th>
<th>Comments about the data source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce prevalence and impact of family violence</strong></td>
<td></td>
<td>Rate of incidents of family violence recorded by police</td>
<td>Rate of incidents of family violence recorded by police</td>
<td>2.1.2.1</td>
<td>By LGA annually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family violence index (to be determined)</td>
<td>Family violence index (to be determined)</td>
<td>2.1.2.2</td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Increase sexual and reproductive health</strong></td>
<td><strong>Virtual elimination of HIV transmission by 2020</strong></td>
<td>Notification rate of newly acquired HIV</td>
<td>Notification rate of newly acquired HIV</td>
<td>1.1.7.1</td>
<td>By region annually</td>
</tr>
<tr>
<td>Source: Commonwealth Government of Australia 2014, Seventh national HIV strategy 2014–2017</td>
<td>Proportion of people testing positive for Chlamydia</td>
<td>Proportion of people testing positive for Chlamydia</td>
<td>Proportion of people testing positive for Chlamydia</td>
<td>1.1.7.2</td>
<td>Sentinel population annually</td>
</tr>
<tr>
<td></td>
<td>Notification rate for gonorrhoea</td>
<td>Notification rate for gonorrhoea</td>
<td>Notification rate for gonorrhoea</td>
<td>1.1.7.3</td>
<td>By region annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of adolescents who practice safe sex by using a condom</td>
<td>Proportion of adolescents who practice safe sex by using a condom</td>
<td>Proportion of adolescents who practice safe sex by using a condom</td>
<td>1.1.7.4</td>
<td>By state and region VCAMS (DET) Biennial</td>
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<tr>
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<td>Notification rate of newly acquired hepatitis C</td>
<td>Notification rate of newly acquired hepatitis C</td>
<td>Notification rate of newly acquired hepatitis C</td>
<td>1.1.7.5</td>
<td>By region annually</td>
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<tr>
<td></td>
<td>Birth rate for young women 15–19 years</td>
<td>Birth rate for young women 15–19 years</td>
<td>Birth rate for young women 15–19 years</td>
<td>1.1.7.6</td>
<td>By Region (plus others) annually</td>
</tr>
<tr>
<td><strong>Increase healthy eating and active living</strong></td>
<td>Proportion of adults, adolescents and children who consume sufficient fruit and vegetables</td>
<td>Proportion of adults who consume sufficient fruit and vegetables</td>
<td>Proportion of adults who consume sufficient fruit and vegetables</td>
<td>1.3.1.1.A</td>
<td>By LGA triennially depending on breakdown</td>
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<tr>
<td></td>
<td>Proportion of adolescents 10–17 years who consume sufficient fruit and vegetables</td>
<td>Proportion of adolescents 10–17 years who consume sufficient fruit and vegetables</td>
<td>Proportion of adolescents 10–17 years who consume sufficient fruit and vegetables</td>
<td>1.3.1.1.B</td>
<td>By state and region VCAMS (DET) biennial</td>
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<tr>
<td></td>
<td>Proportion of children 4–12 years who consume sufficient fruit and vegetables</td>
<td>Proportion of children 4–12 years who consume sufficient fruit and vegetables</td>
<td>Proportion of children 4–12 years who consume sufficient fruit and vegetables</td>
<td>1.3.1.1.C</td>
<td>By state and region VCHWS DET triennial</td>
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<tr>
<td></td>
<td>Mean serves of fruit and vegetables for adults, adolescents and children</td>
<td>Mean daily serves of fruit in adults</td>
<td>Mean daily serves of fruit in adults</td>
<td>1.3.1.2.A</td>
<td>By LGA depending on breakdown</td>
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<tr>
<td></td>
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<td>Mean daily serves of fruit in adolescents 10–17 years</td>
<td>Mean daily serves of fruit in adolescents 10–17 years</td>
<td>1.3.1.2.B</td>
<td>By state and region VCAMS (DET) biennial</td>
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<td>Indicators</td>
<td>Targets</td>
<td>Measures</td>
<td>Measure detail</td>
<td>Data Dictionary reference</td>
<td>Comments about the data source</td>
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<td>Mean daily serves of fruit in children 4–12 years</td>
<td>1.3.1.2.C</td>
<td>By state and region VCHWS DET triennially</td>
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<td>Mean daily serves of vegetables in adults</td>
<td>1.3.1.2.D</td>
<td>By LGA Annual or triennial depending on breakdown</td>
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<td>Mean daily serves of vegetables in adolescents 10–17 years</td>
<td>1.3.1.2.E</td>
<td>By state and region VCAMS (DET) biennially</td>
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<td>Mean daily serves of vegetables in children 4–12 years</td>
<td>1.3.1.2.F</td>
<td>By state and region VCHWS DET triennially</td>
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<tr>
<td>Proportion of adults, adolescents and children who consume sugar-sweetened beverages daily</td>
<td>Proportion of adults who consume sugar-sweetened beverages daily</td>
<td>1.3.1.3.A</td>
<td>By LGA Annual or triennial depending on breakdown</td>
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<td></td>
<td>Proportion of adolescents 10–17 years who consume sugar-sweetened beverages daily</td>
<td>1.3.1.3.B</td>
<td>By state and region VCAMS (DET) biennially</td>
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<td></td>
<td>Proportion of children 5–12 years who consume sugar-sweetened beverages daily</td>
<td>1.3.1.3.C</td>
<td>By state and region VCAMS (DET) biennially</td>
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<tr>
<td>Discretionary food consumption of adults, adolescents and children (to be determined)</td>
<td>Discretionary food consumption of adults (to be determined)</td>
<td>1.3.1.4A</td>
<td>To be determined</td>
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<td></td>
<td>Discretionary food consumption of adolescents (to be determined)</td>
<td>1.3.1.4B</td>
<td>To be determined</td>
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<tr>
<td></td>
<td>Discretionary food consumption of children (to be determined)</td>
<td>1.3.1.4C</td>
<td>To be determined</td>
<td></td>
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<tr>
<td>Proportion of infants exclusively breastfed to 3 months of age</td>
<td>Proportion of infants exclusively breastfed to 3 months of age</td>
<td>1.3.1.5</td>
<td>By 4 regions annually</td>
<td></td>
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<tr>
<td>Indicators</td>
<td>Targets</td>
<td>Measures</td>
<td>Measure detail</td>
<td>Data Dictionary reference</td>
<td>Comments about the data source</td>
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<tr>
<td>10 per cent increase in sufficient physical activity prevalence of adults by 2025 from 2011-12 baseline</td>
<td>Source: World Health Organization 2013, <em>Global monitoring framework on noncommunicable diseases</em></td>
<td>Proportion of adults, adolescents and children who are sufficiently physically active</td>
<td>Proportion of adults who are sufficiently physically active</td>
<td>1.3.1.6.A</td>
<td>By LGA Annual or triennial depending on breakdown</td>
</tr>
<tr>
<td>20 per cent increase in sufficient physical activity prevalence of adolescents by 2025 from 2014 baseline</td>
<td>Source: State Government of Victoria, Education State</td>
<td>Proportion of adolescents 10-17 years who are sufficiently physically active</td>
<td>1.3.1.6.B</td>
<td>By state and region VCAMS (DET) biennially</td>
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<tr>
<td></td>
<td></td>
<td>Proportion of children 5-12 years who are sufficiently physically active</td>
<td>1.3.1.6.C</td>
<td>By state and region VCHWS DET triennially</td>
<td></td>
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<tr>
<td>Proportion of journeys that use active transport</td>
<td></td>
<td>Proportion of journeys that use active transport</td>
<td>1.3.1.7</td>
<td>Regional centres – every 4-5 years</td>
<td></td>
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<tr>
<td>Proportion of people participating in organised sport (to be determined)</td>
<td></td>
<td>Proportion of people participating in organised sport (to be determined)</td>
<td>1.3.1.8</td>
<td>To be determined</td>
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<tr>
<td>Proportion of adults sitting for seven or more hours on an average weekday</td>
<td></td>
<td>Proportion of adults sitting for seven or more hours on an average weekday</td>
<td>1.3.1.9</td>
<td>By region annually By LGA triennially</td>
<td></td>
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<tr>
<td>Indicators</td>
<td>Targets</td>
<td>Measures</td>
<td>Measure detail</td>
<td>Data Dictionary reference</td>
<td>Comments about the data source</td>
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<tr>
<td></td>
<td>1.3.1.10.A</td>
<td>Proportion of adolescents and children who use excess electronic media for recreation</td>
<td>Proportion of adolescents 10–17 years who use electronic media for recreation for more than two hours per day</td>
<td>By state and region VCAMS (DET) biennially</td>
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<td></td>
<td></td>
<td></td>
<td>Proportion of children 5–12 years who use electronic media for recreation for more than two hours per day</td>
<td>1.3.1.10.B</td>
<td>By state and region VCHWS DET triennially</td>
</tr>
<tr>
<td><strong>Reduce overweight and obesity</strong></td>
<td>Five per cent decrease in prevalence of overweight and obesity in adults by 2025 from 2011–12 baseline</td>
<td>Proportion of adults, adolescents and children who are overweight and obese</td>
<td>Proportion of adults who are overweight or obese (measured)</td>
<td>1.3.2.1.A</td>
<td>By region annually, By LGA triennially, By SEIFA (disadvantage index) &amp; ARIA (remote index) triennially</td>
</tr>
<tr>
<td></td>
<td>Five percent decrease in prevalence or overweight and obesity in children by 2025 from 2011-2012 baseline</td>
<td></td>
<td>Proportion of adults who are overweight or obese (self-report)</td>
<td>1.3.2.1.B</td>
<td>By LGA, Annual or triennial depending on breakdown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Proportion of adults who are obese (measured)</td>
<td>1.3.2.1.C</td>
<td>By region annually, By LGA triennially, By SEIFA (disadvantage index) &amp; ARIA (remote index) triennially</td>
</tr>
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<td></td>
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<td></td>
<td>Proportion of adults who are obese (self-report)</td>
<td>1.3.2.1.D</td>
<td>By LGA, Annual or triennial depending on breakdown</td>
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<td></td>
<td>Proportion of children 5–17 years who are overweight or obese (measured)</td>
<td>1.3.2.1.E</td>
<td>By SEIFA (disadvantage index) &amp; ARIA (remote index) triennially</td>
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<td></td>
<td></td>
<td></td>
<td>Proportion of children 5–17 years who are obese (measured)</td>
<td>1.3.2.1.F</td>
<td>By SEIFA (disadvantage index) &amp; ARIA (remote index) triennially</td>
</tr>
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<td></td>
<td>Proportion of children 5–17 years who are overweight or obese (measured)</td>
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<td></td>
<td></td>
<td>Proportion of children 5–17 years who are obese (measured)</td>
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</tbody>
</table>

Based on: World Health Organisation 2013, *Global monitoring framework on non-communicable diseases*
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
<th>Measures</th>
<th>Measure detail</th>
<th>Data Dictionary reference</th>
<th>Comments about the data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce harmful alcohol and drug use</td>
<td>10 per cent decrease in excess alcohol consumption by adults by 2025 from 2014 baseline</td>
<td>Proportion of adults and adolescents who consume excess alcohol</td>
<td>Proportion of adults who consume alcohol at lifetime risk of harm</td>
<td>1.3.4.1.A</td>
<td>By LGA triennially</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Proportion of adults who consume alcohol at risk of alcohol-related injury on a single occasion at least monthly</td>
<td>1.3.4.1.B</td>
<td>By LGA triennially</td>
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</tr>
<tr>
<td></td>
<td>10 per cent decrease in excess alcohol consumption by adolescents by 2025 from 2014 baseline</td>
<td>Proportion of adolescents 12–17 years who consume alcohol at least monthly</td>
<td>Proportion of people 14 years and older using an illicit drug in the past 12 months</td>
<td>1.3.4.1.C</td>
<td>By state biennially</td>
</tr>
<tr>
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<td></td>
<td>By request by region to DET</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rate of alcohol, prescription drug or illicit drug related ambulance attendances</td>
<td>1.3.4.2</td>
<td>By state triennially</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rate of alcohol-related ambulance attendances</td>
<td>1.3.4.3.A</td>
<td>By state, metro/rural &amp; LGA annually</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rate of prescription drug-related ambulance attendances</td>
<td>1.3.4.3.B</td>
<td>By state, metro/rural &amp; LGA annually</td>
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<td>Rate of illicit drug-related ambulance attendances</td>
<td>1.3.4.3.C</td>
<td>By state, metro/rural &amp; LGA annually</td>
</tr>
<tr>
<td>Indicators</td>
<td>Targets</td>
<td>Measures</td>
<td>Measure detail</td>
<td>Data Dictionary reference</td>
<td>Comments about the data source</td>
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<tr>
<td>Increase mental wellbeing</td>
<td>20 per cent increase in resilience of adolescents by 2025 from 2014 baseline</td>
<td>Proportion of adults and adolescents with psychological distress</td>
<td>Proportion of adults who report high or very high psychological distress</td>
<td>1.2.1.1.A</td>
<td>By region annually By LGA triennially</td>
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<td></td>
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<td>Proportion of adolescents 10–17 years who experience psychological distress</td>
<td>Proportion of adolescents 10–17 years who experience psychological distress</td>
<td>1.2.1.1.B</td>
<td>By state and region VCAMS (DET) biennially</td>
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<td>Proportion of adolescents with high level of resilience</td>
<td>Proportion of adolescents 10–17 years with high level of resilience</td>
<td>1.2.1.2</td>
<td>By state and region VCAMS (DET) biennially</td>
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<td>Proportion of children living in families with unhealthy family functioning</td>
<td>Proportion of children living in families with unhealthy family functioning</td>
<td>1.2.1.3</td>
<td>By state and region VCHWS DET triennially</td>
</tr>
<tr>
<td>Increase connection to culture and communities</td>
<td></td>
<td>Proportion of adults who belonged to an organised group</td>
<td>Proportion of adults who belonged to an organised group</td>
<td>4.1.1.1</td>
<td>By LGA triennially</td>
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<tr>
<td></td>
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<td>Proportion of adults who attended or participated in a cultural or arts activity</td>
<td>Proportion of adults who attended an arts activity in the last three months or cultural activity in the last 12 months</td>
<td>4.1.1.2</td>
<td>By region every 4 years</td>
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<tr>
<td></td>
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<td>Proportion of adults connected to culture and country (to be determined)*</td>
<td>Proportion of adults connected to culture and country (to be determined)</td>
<td>4.1.1.3</td>
<td>To be determined</td>
</tr>
<tr>
<td>Increase adaptation to the impacts of climate change</td>
<td></td>
<td>Excess death during extreme heat and heatwaves</td>
<td>Excess death during extreme heat and heatwaves</td>
<td>5.1.2.1</td>
<td>By metro/rural and region annually and 3 year rolling average</td>
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<td></td>
<td></td>
<td>Community resilience (to be determined)</td>
<td>Community resilience (to be determined)</td>
<td>5.1.2.2</td>
<td>To be determined</td>
</tr>
</tbody>
</table>
APPENDIX FOUR: HEALTH DETERMINANT DATA

The following range of data assists and informs decisions based on evidence gathered from many sources. It provides a resource for future evidence based decisions and covers a wide range of indicators particular to the East Gippsland community. Further information can be obtained through the sources referenced at the end of this section. (Source: Gippsland Primary Health Network, 2016)

Key Health Determinant Data for East Gippsland

Population

East Gippsland has a population of 45,040 (2016) which will increase to 46,902 in 2021 and 51,435 in 2031; an annual growth rate of 1.1% (2016 - 2021). This is lower than the Gippsland rate of 1.4% and Victorian rate of 1.7%. 1

33.3% of the East Gippsland population are aged 60 years or older; 39.9% are 25-59 years; and 26.9% are 24 years and under. The highest proportion of people aged 60 years or more is very high compared to Gippsland (27.3%) and Victoria (20.6%). 1

Forecast age structure – 5 year age groups

East Gippsland Shire – Total persons

2011 2026 2036

There are 1,723 people in East Gippsland with a profound or severe disability. 3

East Gippsland’s population density of 2.0 people per square km is low compared to Gippsland (6.3) and Victoria (24.8). 1

3.8% of the population identify as Aboriginal and/or Torres Strait Islander (1,351 people); high compared to Gippsland (1.8%) and Victoria (0.8%). 2

East Gippsland has a fertility rate of 2.4 children per woman; the highest of Gippsland LGAs and higher than Victoria (1.8). 2

East Gippsland has a teenage fertility rate (live births by mothers <19 years) of 23; higher than Gippsland (21) and over double Victoria (10). 2

34 WELL PLACED FOR WELLBEING
## Socio-economic Information - Disadvantage

The SEIFA measure of socio economic disadvantage for East Gippsland is 958; the second lowest in Gippsland and low compared to Victoria (1010). (Note: a low score means more disadvantage).

### Income, Employment and Housing

- The equivalised median income of $798 is lowest in Gippsland; and lower than Victoria ($1,216).

- East Gippsland has 759 age pension recipients per 1,000 eligible population; high compared to Gippsland (750) and Victoria (694).

- 8.3% of 16-64 year old East Gippsland residents receive an unemployment benefit; high compared to Gippsland (7.2%) and Victoria (4.9%)

- 17.3% of children under 15 are in jobless families; high compared to Gippsland (16.6%) and Victoria (12.7%).

- 10.9% of East Gippsland families have a low income or are welfare dependent; similar to Gippsland (10.8%), but high compared to Victoria (8.7%).

- 10.8% of the East Gippsland population (16-64 years) receive the disability pension; high compared to Gippsland (8.8%) and over double than the Victorian rate (5.3%).

- Rental stress is common in East Gippsland (30% of low income households) compared to Gippsland (28%) and Victoria (25%).

### Other Socio-economic Information

- 17% of school leavers participate in higher education; low compared to Gippsland (19%) and Victoria (36%).

- 28% of people over 15 years are volunteers; higher than Gippsland (25%) and Victoria (19%).

- 20% of the East Gippsland population live within 800m of public transport; lower than Gippsland (35%) and much lower than Victoria (74%).

- 10.9% of the East Gippsland population ran out of food at least once in the past 12 months; similar to Gippsland (10.8%) and high compared to Victoria (8.7%).

### Crime

- East Gippsland has a crime rate of 8,251 total offences per 100,000 (2013-14); higher than the Victorian rate (7,490).

- East Gippsland has 2,304 family incidents per 100,000; the second highest rate in Gippsland, and much higher than Victoria (1,129).

- East Gippsland has 868 family incidents where children are present per 100,000; the second highest rate in Gippsland and over double the Victorian rate (388).

- East Gippsland has 64.2 alcohol related family violence incidents per 10,000 population (2012-13); the second highest in Gippsland and more than double the Victorian rate (26.7).

- The rate of substantiated child abuse is 15.5 per 1,000 population (2010-11); high compared to Gippsland (13.8) and Victoria (6.7).

- Bairnsdale was included among the top seven regional Significant Urban Areas in Victoria with the greatest increase in drug use and possession incidents between 2011 and 2015.
### Causes of death/disability

The top cause of death in East Gippsland is malignant cancer, followed by cardiovascular disease, chronic respiratory diseases, un-intentional injuries and neurological and sense disorders. 4

The top five causes of disability in order are neurological and sense disorders, mental disorders, malignant cancers, chronic respiratory disease and cardiovascular disease. 4

East Gippsland has a significantly higher rate of premature deaths (0-74 years) for males (351 per 100,000, age-standardised) compared to Australia (299).3 The rate for specific conditions was also significantly higher than Australia for: 3

- Lung cancer; 27 compared to Australia (21)
- COPD; 12 compared to Australia (8)

The alcohol related death rate in East Gippsland is 2.5 per 10,000 (2012); high compared to Victoria (1.5). 6

### Health Status

Male life expectancy is 78.4 years and female is 83.3 years; lower than Victoria, 80.3 and 84.4 years respectively. 2

- 18% of people in East Gippsland report fair or poor self-assessed health; high compared to Gippsland (15%) and Victoria (16%). 2
- 28% of people in East Gippsland report high blood pressure; high compared to Victoria (24%). 2
- 9.0% of adults in East Gippsland report heart diseases; high compared to Gippsland (7.0%) and Victoria (6.9%). 2
- 6.4% of people in East Gippsland report osteoporosis; higher than Gippsland (5.3%) and Victoria (5.3%). 2
- 14% of people in East Gippsland report high or very high psychological distress; higher than Gippsland (12%) and Victoria (11%). 2
- 8.3% of adults report poor dental health; high compared to Victoria (5.6%). 2

There were 1.9 pertussis notifications per 1,000 (2013); high compared to Gippsland (1.6) and Victoria (0.8). 2

East Gippsland had a low rate of chlamydia; 2.2 notifications per 1,000 people compared to Gippsland (3.3) and Victoria (3.5%). 2

East Gippsland had 774 malignant cancers diagnosed per 100,000 people; high compared to Gippsland (631) and Victoria (522). 2

East Gippsland has 99 unintentional injuries treated in hospital per 1,000 people; higher than Gippsland (94) and Victoria (59). 2

East Gippsland has 4.7 intentional injuries treated in hospital per 1,000 people; higher than Victoria (3.1). 2

East Gippsland has 170 asthma admissions to hospital per 1,000 people for 20-44 year old; very high compared to Victoria (87). 2

East Gippsland has 45 alcohol related ambulance attendances per 10,000 people (2012-13); high compared to Victoria (34). 2

East Gippsland has 18.5 alcohol related emergency department attendances per 10,000 people (2012-13); high compared to Victoria (13.8). 2
East Gippsland has 10.8 alcohol and drug treatment clients per 1,000 people (2011-12); high compared to Gippsland (9.3) and Victoria (5.8).

2.4% of the East Gippsland population (or 1,391 people) are predicted to have dementia in 2020; the highest rate in Gippsland and much higher than Victoria (1.6%).

<table>
<thead>
<tr>
<th>Children</th>
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<tbody>
<tr>
<td>9.1% of babies in East Gippsland were low birth weight babies; the highest rate in Gippsland, and higher than Victoria (6.6%).</td>
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<tr>
<td>13.6% of children are developmentally vulnerable on two or more domains; high compared to Gippsland (11.7%) and Victoria (9.5%).</td>
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<tr>
<td>5.9% of children have emotional or behavioural problems at school entry; high compared to Victoria (4.3%).</td>
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<tr>
<td>19% of children have speech or language problems at school entry; high compared to Gippsland (17%) and Victoria (14%).</td>
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<tr>
<td>East Gippsland has the highest rate of children attending 3-year-old Maternal and Child health checks at 78%, compared with 66% for Gippsland and 64% for Victoria.</td>
</tr>
<tr>
<td>17.3% of children under 15 are in jobless families; high compared to Gippsland (16.6%) and Victoria (12.7%).</td>
</tr>
<tr>
<td>The rate of children in out of home care is 8.3 per 1,000 population in East Gippsland; slightly lower than Gippsland (9.9) but high compared to Victoria (4.6).</td>
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<tr>
<td>30% of East Gippsland adolescents report being bullied; the highest rate in Gippsland and much higher than Victoria (18%).</td>
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<tr>
<th>Health Behaviours</th>
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<tr>
<td>27% of East Gippsland adult males are smokers; the highest rate in Gippsland (21%); and much higher than Victoria (18%).</td>
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<tr>
<td>56% of East Gippsland residents do not meet the dietary guidelines for fruit and vegetables; the highest rate in Gippsland, and higher than the Gippsland and Victorian rate (51%).</td>
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<tr>
<td>Consistent with the rest of Gippsland, East Gippsland has 45% participating in bowel cancer screening; higher than Victoria (36%).</td>
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<tr>
<td>Breast screening and cervical cancer screening rates for females 50-69 follow the bowel cancer screening trends.</td>
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<tr>
<td>13% of adult East Gippsland residents consume alcohol at least weekly at levels likely to cause harm; higher than Gippsland (11%), and Victoria (9%).</td>
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<th>Service use / access</th>
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<tbody>
<tr>
<td>East Gippsland has 4.3 GP attendances per person; low compared to Gippsland (5.6) and Victoria (5.5).</td>
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<tr>
<td>East Gippsland has 0.13 after hours GP attendances per person; low compared to Gippsland (0.15) and Australia (0.31).</td>
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<tr>
<td>East Gippsland has a GP practice open for 10-30 hours in the afterhours period located in Lakes Entrance and GP operated Urgent Care Centres in Orbost and Omeo.</td>
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</tbody>
</table>
There is a very high rate of HACC clients aged 0-69 years in East Gippsland at 419 per 1,000 target population, compared to Gippsland (221) and Victoria (142). The rate of HACC clients aged 70 or more is also high at 554 per 1,000 target population, compared to Gippsland (513) and Victoria (408). 2

10.8 clients per 1,000 population receive alcohol and other drug services in East Gippsland, high compared to Gippsland (9.3) and Victoria (5.8). 2

East Gippsland has 556 hospital inpatient separations per 1,000 population; high compared to Gippsland (455) and Victoria (420). 2

12% of inpatient separations for East Gippsland residents are in a private hospital, very low compared to Gippsland (20%) and Victoria (39%). 2

East Gippsland has 416 emergency department presentations per 1,000 population, high compared to Gippsland (380) and Victoria (259). 2

East Gippsland has 207 primary care type presentations to the emergency department per 1,000 people; high compared to Gippsland (188), and Victorian (108). 2

East Gippsland has 18.5 alcohol related emergency department presentations per 10,000 people; high compared to Victoria (13.8). 6

The ambulance call out rate of 20 per 1,000 people in East Gippsland (Code 3 low acuity) is high compared to Gippsland (18) and Victoria (8). 8
REFERENCES


8. Ambulance Victoria data, using POLAR Explorer for the analysis (January 2016)


12. Victorian Royal Commission into Family Violence

13. Victorian Climate Change Act 2010


15. Aboriginal Health and Wellbeing Strategic Plan – Discussion guide 2016