Municipal Public Health and Wellbeing Plan

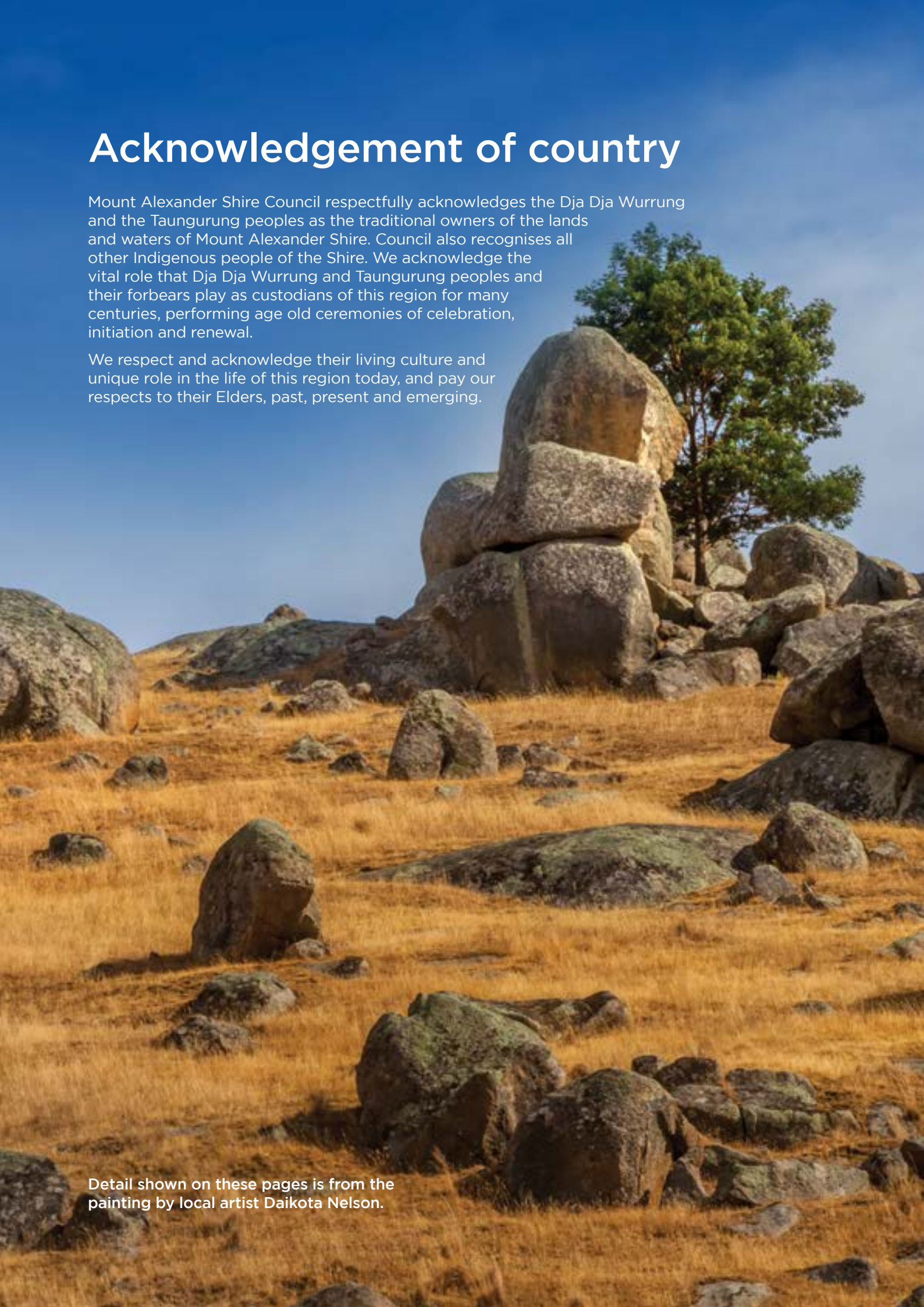
2021–2025

MOUNT ALEXANDER SHIRE COUNCIL

Acknowledgement of country

Mount Alexander Shire Council respectfully acknowledges the Dja Dja Wurrung and the Taungurung peoples as the traditional owners of the lands and waters of Mount Alexander Shire. Council also recognises all other Indigenous people of the Shire. We acknowledge the vital role that Dja Dja Wurrung and Taungurung peoples and their forbears play as custodians of this region for many centuries, performing age old ceremonies of celebration, initiation and renewal.

We respect and acknowledge their living culture and unique role in the life of this region today, and pay our respects to their Elders, past, present and emerging.



Detail shown on these pages is from the painting by local artist Daikota Nelson.

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Mayor's message

Cr AG (Tony) Cordy,
Mayor

On behalf of Council, I am pleased to present the Municipal Public Health and Wellbeing Plan 2021-2025 (MPHWP).

The MPHWP represents a commitment to promoting the health and wellbeing of our community. In doing so, this MPHWP seeks to improve the health and wellbeing outcomes for all community members across Mount Alexander Shire and to help people avoid becoming unwell.

The MPHWP has been developed over many months with extensive public consultation through online engagement platforms, place based consultations, liaison with internal and external stakeholders, and evidence based research.

Ten priorities have been identified in line with the Victorian Government Public Health and Wellbeing Plan 2019-2023, to be addressed over the life of the Plan, with four critical areas of focus. The four areas are: tackling climate change and its impact on health; increasing active living; reducing tobacco-related harm; and increasing healthy eating.

Other priorities include: decreasing the risk of drug resistant infections in the community; reducing injury; preventing all forms of violence; improving mental wellbeing; improving sexual and reproductive health; and, reducing harmful alcohol, and drug use, and gambling harm identified as an eleventh area for inclusion.

The MPHWP recognises the importance of working in collaboration with key partners such as local health providers as well as community groups.

Council will build on existing relationships with local health providers and recognises the important role that community groups play in building strong and engaged communities and promoting health and wellbeing. Together we can make significant gains in improving health and wellbeing in our community and decrease the factors that create health inequalities.

On behalf of Council, I look forward to seeing the many positive impacts that this plan has on our community's health and wellbeing over the coming years.

Cr AG (Tony) Cordy
Mayor

Background

Mount Alexander Shire Council (Council) has developed a Municipal Public Health and Wellbeing Plan (MPHWP) for 2021-2025.

The MPHWP sets out what Council will do to protect, promote and improve community health and wellbeing in the Shire, in partnership with government, health and community service organisations. The Public Health and Wellbeing Act 2008 mandates that Local Governments have a responsibility to protect, improve and promote public health and wellbeing.

The MPHWP identifies a number of health and wellbeing concerns based on evidence and sets out objectives and strategies to address these priorities.

We listened to what the community and stakeholders told us through Shape Mount Alexander and the vision you wanted for Mount Alexander Shire which helped inform the MPHWP. Council has worked closely with members of Healthy Mount Alexander, representing a number of local health and community sector organisations.

Based on priorities set by the Victorian State Government Public Health and Wellbeing Plan 2019-2023, the health and wellbeing priorities have been identified.

The four risk factors of overweight and obesity, unhealthy diet, physical inactivity and tobacco use cause tens of thousands of premature deaths per year and years lived in poor health' as reported by The Australian Prevention Partnership Centre. They suggest small changes to the prevalence of these risk factors will lead to a significant reduction to the health burden and economic costs. Investment in population-wide prevention strategies will result in better physical and mental health outcomes for individuals, communities and society.

"Health and wellbeing is driven by a complex interaction of individual characteristics, lifestyle and physical, social and environment." (Buck et al 2018). "There is a range of wider determinants of health and wellbeing including income, early childhood experiences, gender stereotypes, norms and expectations, education, employment, social inclusion, housing and geography, living and working conditions, quality of air, soil and water, and health systems (World Health Organisation Regional Office for Europe 2014)".

Based on the priorities and focus areas from the Victorian Public Health and Wellbeing Plan 2019-2023, a number of goals and objectives have been identified to work in partnership with key agencies, stakeholders and groups to address the ten health and wellbeing priorities identified below.

Emphasis will be given to the identified four key focus areas to provide additional support and guidance over the next four years. A further seven areas of focus have been mapped with priorities specific to our local needs.

1. **Tackling climate change and its impact on health**
2. **Increasing healthy eating**
3. **Increasing active living**
4. **Reducing tobacco-related harm**
5. Reducing injury
6. Preventing all forms of violence
7. Decreasing the risk of drug resistant infections in the community
8. Improving mental wellbeing
9. Improving sexual and reproductive health
10. Reducing harmful alcohol and drug use
11. Reducing gambling harm

Introduction

The Municipal Public Health and Wellbeing Plan (MPHWP) for 2021-2025 sets out what Council will do in partnership with government, health and community service organisations over the next four years to protect, promote and improve community health and wellbeing in the Shire.

In describing health and wellbeing, we are referring to the conditions in which people can be healthy and well. The World Health Organisation describes health as not only the absence of infirmity and disease, but also a state of physical, mental and social well-being.[i] Wellbeing incorporates broader concepts such as better living conditions, improved quality of life and community connectedness.

The legislative requirement for Council to develop a Municipal Public Health Wellbeing Plan (MPHWP) is specified in Section 26(1) of the Victorian Public Health and Wellbeing Act (2008). All local governments in Victoria are required to develop a MPHWP every four years. This is the first year whereby the MPHWP and the Council Plan are being devised, consulted and engaged with community and stakeholders simultaneously.

The Act specifies that the MPHWP must:

- Include an examination of data and **health status** and health determinants
- Identify **goals and strategies** based on evidence for a community where people can achieve maximum health
- Provide for local **community involvement** in the development, implementation and evaluation of MPHWP
- Specify how the Council will work in **partnership** with other agencies

Council is also required under the Act to:

- **Protect** public health and prevent disease, illness, injury, disability or premature death.
- **Promote** conditions in which people can be healthy.
- **Reduce inequalities** in the state of public health and wellbeing.

The Act requires the MPHWP to be consistent with the Council Plan and the Community Vision, and to have regard for Victorian Public Health and Wellbeing Plan 2019-2023.

Council plays numerous roles when it comes to protecting public health, preventing disease and creating health-supportive environments. It is particularly important to work with our partners to support a healthy community.

The 'health in all policy' approach across all Council business is demonstrated when working with initiatives such as Healthy Heart of Victoria. Better health is central to human happiness and wellbeing. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more[ii] reported the World Health Organisation. Health in all policy work encourages co-design, co-delivery and co-benefits which come from strong relationships with partners to bring about better and equitable health outcomes. These outcomes are then measured and evaluated and for continuous improvement.

Systems thinking allows an understanding of all inter-related parts of a system and the innovation to create solutions from different perspectives. Prevention work requires individuals, communities, organisations and governments to work together', states the Australian Prevention Partnership Centre.[iii] Systems thinking recognises the complexity of health issues and causes for poor health and wellbeing. VicHealth support place-based approaches which recognise key platforms for change.[iv]

In addition, there are social and economic factors that impact on wellbeing, such as access to jobs and education, housing and transport. While Council is not directly responsible for these essential resources, it can influence their provision and accessibility through partnerships and advocacy.

Population

Mount Alexander Shire's historical and cultural significance dates back to the original inhabitants, the Dja Dja Wurrung and Taungurung peoples. We are a predominantly rural Shire located in the Central Victorian Goldfields. Our Shire has many townships and communities, including Castlemaine which is the main population centre and other smaller towns such as Maldon, Chewton, Campbells Creek, Elphinstone, Guildford, Harcourt, Newstead and Taradale.

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In 2021, the total population in the Shire was 20,001, with 9,307 dwellings. In 2016, the median age was 49 years, which is higher than Victoria's median age of 37 years. Children aged 0-14 years make up 20.25% of the population and people aged 65 years and over make up 23.7% of the population.

Population projections suggest that by 2036 the Shire's population of those 65 years and over will increase by 12%, with a decrease in those aged 25-29 years.

In 2016 the Shire's population had an index of relative socio-economic disadvantage (SEIFA) score of 995, ranking it 353rd out of 544 local government areas. This means that the Shire has a level of disadvantage somewhere in the middle in of Victoria's LGAs.

The Dja Dja Wurrung and Taungurung people are recognised as the first peoples of Mount Alexander Shire. As traditional owners, the Loddon Campaspe Healthy Heart of Victoria Active Living Census

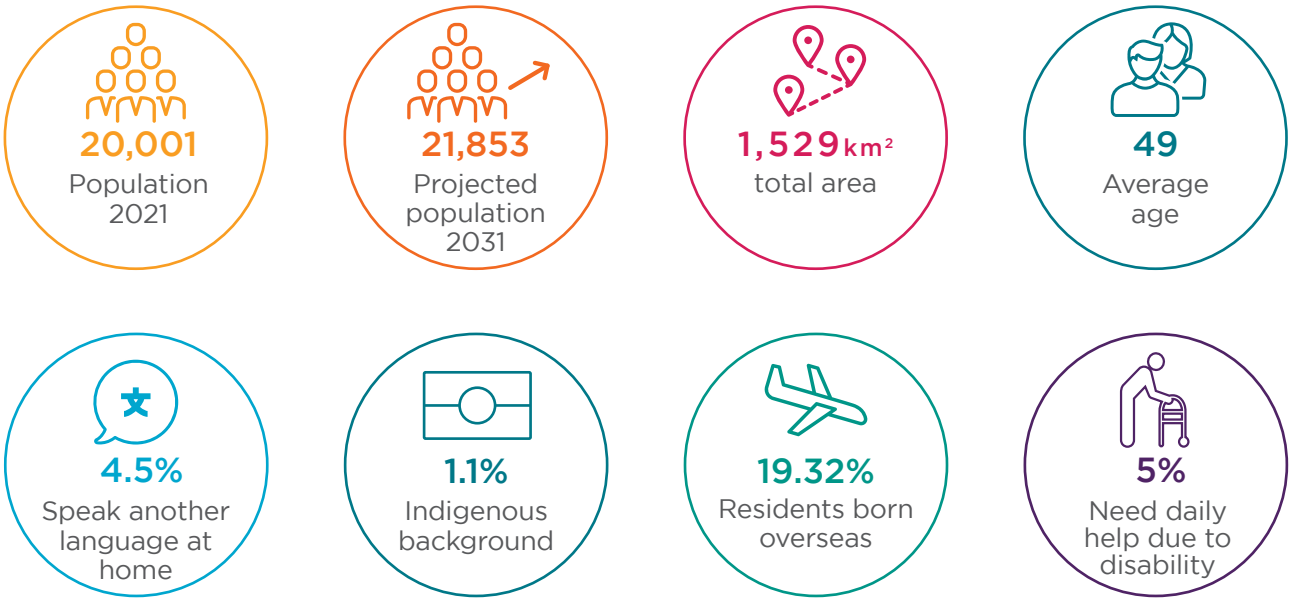
reported health risk factors higher in Aboriginals, as compared to non Aboriginals.

Other minority groups such as those with a culturally and linguistically diverse (CALD) background, though small in number, are at higher risk of detrimental health due to inequities and disadvantage. The Mount Alexander Shire Healthy Heart of Victoria Active Living Census (2019) identified that 14.8% of residents were born overseas, and 3.7% of residents have English as their second language. The 2016 Australian Bureau of Statistics Census reported that 6% of the Mount Alexander Shire workforce spoke little or good English and 4% of the population is reported to speak a language other than English at home, with Mandarin being the most common, followed by Karen.

LGBTQIA+ refers to people who identify as lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual and many other terms (such as non-binary and pansexual). The Loddon Campaspe Healthy Heart of Victoria Active Living Census reported health risk factors higher in LGBTQIA+ population compared to the general population.

Approximately thirty percent of the population is over 60 years of age, with increasing needs as they age. People with disability with mild to profound limitation to core activities of daily life, totalled 1754 as at 2018 and estimated 1803 impacted by 2023.[v]

People



Proportion of population

4.5% 0–4	15.5% 5–19	7.9% 20–29
48% 30–64	14% 65–74	10.1% 75+

State

The Victorian Public Health and Wellbeing Plan 2019-2023 sets out the State Government's aspirations for Victoria's health system and identifies the major challenges. The MPHWP provides a focus to drive coordinated action while supporting local innovation.

Local

At the regional level, Healthy Mount Alexander is an established partnership network of local health and human service organisations working together to find smarter ways of making our service system work better. This will assist the health and wellbeing of our communities is improved including integrated health promotion, and partnership development. This group is convened by Central Victorian Primary Care Partnership (CVPCP), and partners with Mount Alexander Shire Council, Castlemaine District Community Health (CHIRP), Castlemaine Health (CH) and Women's Health Loddon Mallee (WHLM).

Other Shire based health organisations and organisations that collaborate with Council to protect and promote the health and wellbeing of the community are detailed below.

The health priorities[vi] for Castlemaine District Community Health are:

- Diabetes management
- Heart health
- Mental health
- Prevention of chronic conditions and injuries
- Child and youth health
- Asthma
- Women's health
- Drug and alcohol support

Castlemaine District Community Health and Castlemaine Health have been working together over a number of years towards the integration of services. The Minister for Health has formally approved the integration of Castlemaine Health and CHIRP Community Health, effective from Friday, 1 October 2021. Integration of both organisations is supported by an independent review and feedback from staff, consumers, partner organisations and the wider community. The integration will unite staff and services currently delivered by both organisations in order to:

- Enhance access to community health and services across the Mount Alexander Shire.
- Strengthen services to better meet the evolving needs of the community.
- Enhance opportunities for staff development/training/skill sharing and best practice.
- Share the burden of compliance and ensure that funding can be targeted to services and community programs as much as possible.
- Ensure future sustainability.

The health priorities[vii] for Castlemaine Health are to:

- Explore new and more coordinated service models for people with chronic conditions.
- Increase partnership work with local health agencies to maximise resources and increase health promotion activities.
- Expand current early intervention and allied health services to include school aged children.

The strategic focus[viii] of Castlemaine Community House is:

- Supporting marginalised people to have agency so that they are pursuing their interests and can address their issues.
- Deliver accessible services through sharing of knowledge information and skills that enable people to access services.
- Develop meaningful lifelong learning opportunities that are innovative, flexible and supported.
- Advocate on behalf of marginalised and disempowered people.

The health priorities of Central Victoria Primary Care Partnership[ix] are mental wellbeing and social inclusion. Mental wellbeing contributes to healthier lifestyles, better physical health, improved quality of life, and greater social connection and productivity. The environments where we live, work, learn, play and build relationships with others are powerful

influences on mental wellbeing and the prevention of mental illness. Social inclusion means that people have the resources, opportunities and capabilities they need to: learn (participate in education and training); work (participate in employment, or unpaid or voluntary work, including family and carer responsibilities); engage (connect with people, use local services and participate in local, cultural, civic and recreational activities; and have a voice (influence decisions that affect them).

The Victorian Government Department of Health is currently considering the future status of the Primary Care Partnerships (PCP) Program. The PCP Program is currently funded until 31 March 2022. A review of the PCPs was commissioned by the Department of Health with the report released in 2020. The department has been working closely with PCPs to ensure that the high value functions that they deliver are maintained and strengthened as part of a more coordinated and integrated approach to prevention and health promotion in our communities. Once the future of PCPs is known the Healthy Mount Alexander partnership network will need to review roles and responsibilities within the network to ensure that this important partnership is effectively sustained.

The objective of Healthy Mount Alexander is to support the planning, implementation, review and evaluation of the Mount Alexander partnership plan. The priorities are mutually shared amongst the partners.

Women's Health Loddon Mallee key focus areas[x] are:

- Enhance women's health and wellbeing.
- Develop partnerships and relationships to achieve gender equity.
- Strengthen the position of women in our communities to take on leadership roles.
- Strategically position WHLM as a driver of change.

The Healthy Heart of Victoria (HHV) initiative aims to build healthy and resilient communities. The partnership focus is on the reduction of preventable disease, through localised solutions to health and wellbeing. This work is enabling, participatory and community led. HHV leverages local, regional and state stakeholders, aligns with local plans and balances evidence based and flexible approaches. Equity is the main focus supporting the least active and least supported in our communities.

The ELM Network, Every Life Matters is a suicide prevention and awareness group in Mount Alexander, established in late 2016. We are community members and service providers who have been impacted by suicide, who are passionate about mental health promotion and suicide prevention, and who want to strengthen the community we live in. ELM aim to:

- Increase understanding and awareness of suicide and suicide prevention.
- Increase the capacity of the community to look after ourselves and each other.
- Support people bereaved by suicide.

The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family and gender violence and families who need extra support with the care of children. You may need more support with the care of children, e.g. due to money issues, illness, addiction, grief, isolation or conflict. This service is located in Bendigo. Where required the Orange door can support clients face to face through outreach arrangements.

Council

Council has a number of policies, plans and strategies that provide context for its roles and functions regarding health and wellbeing.

The Council Plan 2021-2025, will be adopted by Council in October 2021.

The following outlines the alignment of the MPHWP with key strategic plans such as the Council Plan, the Municipal Strategic Statement and related Council plans and strategies.

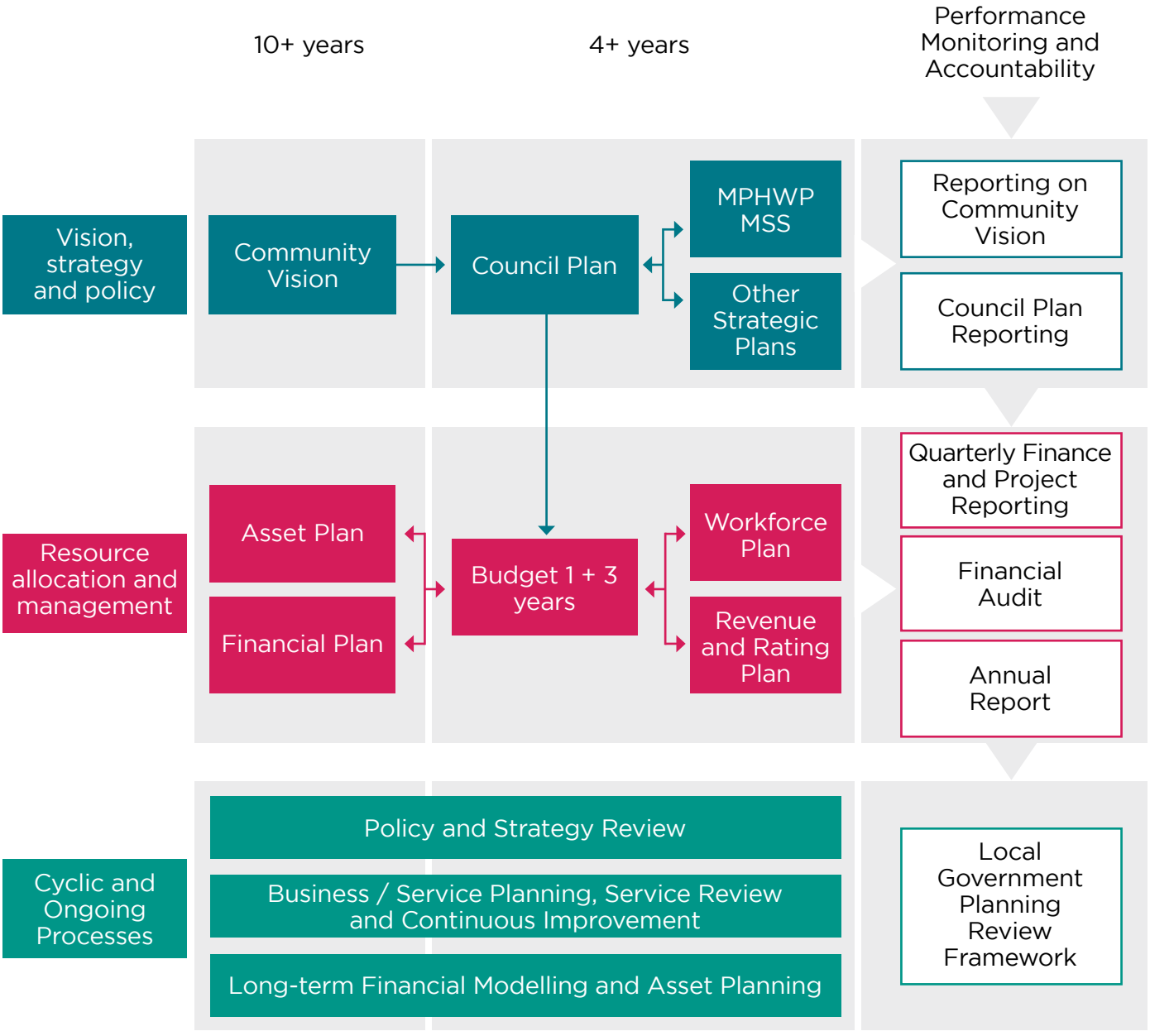


Figure 1. Mount Alexander Shire Council Integrated Strategic Reporting Framework and Co-design Process

The structure of our Council Plan and Community Vision are closely linked documents. But there are several other long-term plans, strategies and legislations which operate alongside them.

Vision - our Community Vision, outlining long-term aspirations for the shire, and the Council's four-year vision, which encapsulates the ambitions of this Plan.

Our principles - three principles which guide how we will work as we deliver on the plan.

Our pillars - three areas of focus which help us take the ambitions of the Community Vision and apply them to our work.

Objectives - outcomes we aim towards under each of our pillars

Strategies - each outcome has several strategies and actions attached to them

Foundational work - core plans, strategies and legislations which underpin work across all our areas of work.

Community vision

Vision	**Working together for a healthy, connected shire**		
Our principles	**We are engaging genuinely with the community**	**We are always improving**	**We are delivering together**
Our pillars	**A healthy, connected and inclusive community**	**An environment for people and nature**	**A resilient and growing economy**
Objectives	Services in our community are accessible and coordinated	We are working locally to address the climate emergency	Our local economy is diverse and resilient
	Our community is inclusive and connected	We are maintaining, improving and celebrating our places and spaces	We are supporting continuous learning and personal growth
	Our community feels safe, regardless of identity or circumstance	Our community is growing in harmony with nature	We are helping businesses make their work simpler and more sustainable
	Our community is physically and mentally healthy	We are focused on the housing affordability challenge in our community	We are attracting and building investment in our cultural and creative community
		We are facilitating managed growth of our towns while protecting natural assets	
Foundational work	**Health and wellbeing Plan**	**Reconciliation Plan**	**Gender Equity Act**	**Climate Change Declaration**	**Disability Access Plan**

Figure 2. Mount Alexander Shire Council Plan and Council Vision

Planning principles

In developing the MPHWP, reference is made to a number of underlying principles that provide scope and focus for how Council can protect, promote and improve community health and wellbeing in the Shire.

Social Determinants of Health

In addition to the definition of health and wellbeing described earlier, an important aspect to consider is that the health of populations is largely determined by factors and conditions that lie outside the domains of the health system.[xi] This concept is referred to as the Social Model of Health, which recognises the effect of the environmental, economic, political, social, cultural and behavioural determinants that impact on the health and wellbeing of communities.[xii]

Evidence consistently shows that there is a clear link between social disadvantage and poor health.[xiii] Therefore actions taken to improve community health and wellbeing must aim to impact on the social determinants of health and their interactions. It is particularly important to consider the local evidence around health and wellbeing status in order to make informed evidence-based decisions for planning purposes.

Figure 3: The wider determinants of health source: Adapted from Dahlgran & Whitehead 1991

How did Council develop the MPHWP?

There are six stages involved in the development, implementation and review over the lifecycle of the MPHWP.[xiv] These are:

1. **Pre-planning**
2. **Municipal scan**
3. **Engagement**
4. **Planning decisions**
5. **Implementation**
6. **Evaluation**

The first four stages have been adopted in developing the MPHWP.

Pre-planning

The pre-planning stage entailed initial scoping of the project, together with establishing project governance structures and involvement of key partners.

Healthy Mount Alexander convened by the Central Victorian PCP, acted as a point of reference in developing the MPHWP.

Healthy Mount Alexander members include:

- Mount Alexander Shire Council
- Castlemaine District Community Health
- Castlemaine Health
- Maldon Hospital
- Central Victorian Primary Care Partnership
- Women's Health Loddon Mallee
- Castlemaine Community House
- Maldon Neighbourhood Centre

The group meets periodically and ensures that the MPHWP is closely aligned with the priorities of local health providers and community organisations.

An internal Project Control Group (PCG) was established, involving key Council staff from the Directorate of Corporate and Community Services.

The internal consultations sought to align development of the MPHWP with organisational policies, plans, projects and priorities as well as enabling a whole of organisation approach to community health and wellbeing.

Municipal Scan

This municipal scan encompassed the collation and analysis of data and indicators regarding the health and wellbeing status of the Shire's population.

The data was sourced from multiple evidence based reports and includes aspects of the 'social determinants of health' model such as access to affordable housing and rates of volunteer participation.

CVPCP released the Mount Alexander Shire Community Profile Summary in April 2021. This summary reported on health and socio-economic data, trends and indicators for the Shire, together with a scan of Federal, State, regional and local plans, strategies and priorities and informed the development of the MPHWP.

The findings from this stage are described in more detail in the next section.

Engagement

Over a number of years Council has undertaken community engagement for a range of strategic priorities and issues. As a result, Council has a clear understanding of what is important to our community and what will impact community health and wellbeing. This engagement continues to be undertaken, so that both existing and emerging needs are understood and acted upon.

Additionally, Council undertook extensive deliberative engagement from February, to August 2021 to inform the Council 10 Year Community Vision and the development of the 2021 – 2025 Council Plan.

Stage One engagement yielded:

- 447 completed contributions via the Shape Mount Alexander online engagement platform
- 240 completed postcards
- 390 completed 1 minute surveys
- 235 full survey responses
- 98 extra contributions (via phone, email and face to face discussions)

Outcomes and feedback from Stage One engagement, enabled Council to collate the community aspiration for the 10 Year Community Vision. Initial feedback and consultation from the community, shows that including people and community is the highest priority area, followed by services, and health and wellbeing for residents across the Shire.

The second round of deliberative engagement asked for more granular detail. Many of the key issues that are important to the community, as summarised below, were strongly influenced by the goals and priorities identified in the Council Plan 2021-2025. These, in turn, have informed development of health and wellbeing priorities and the goals and objectives in the MPHWP.

The collaboration of partners through Healthy Mount Alexander has also been utilised to inform the development of the MPHWP. Engagement undertaken has enabled the determination of evidence based and shared priority areas. This allows effective use of shared resources to achieve positive health and wellbeing outcomes across the Shire.

As the MPHWP seeks to promote a municipal-wide approach to community health and wellbeing, it is important that Council adopt an integrated approach in its role and functions. In addition to the establishment of an internal Project Control Group to drive development of the MPHWP, multiple internal meetings were held in June 2021 to improve staff understanding of what a health and wellbeing plan is, why Council needs to develop a new plan and to identify Council roles and potential strategies to protect, promote and improve community health and wellbeing in the Shire.

We consulted with Murray Primary Health Network in scanning for local data pertaining to the health of Mount Alexander Shire Council residents. This supported determining some of the health priority areas.

Additionally, significant deliberative engagement had previously been undertaken with the community for key Council strategies and projects. We also had the benefit of much work already undertaken with the community to further understand the community needs, gaps and risk factors. Additional consultation was undertaken with specific sub-groups of the population to inform the work and priority areas, taking into consideration bodies of work undertaken around:

Strategic Documents	A healthy, connected and inclusive community	An environment for people and nature	A resilient and growing local economy
Community Vision	●	●	●
MPHWP	●	●	
Disability Action Plan	●		
Walking and Cycling Strategy	●	●	
Reconciliation Plan			
Early Years Plan	●	●	
Middle Years Plan	●	●	
Community Engagement Framework	●	●	
Plan Harcourt	●	●	●
Shine Harcourt	●	●	●
Roadmap to Carbon Neutrality	●	●	
Healthy Heart of Victoria Active Living Census	●	●	
Rating Strategy			●
Resourcing Recreation – A strategic framework for sport and recreation investment in Mount Alexander Shire	●	●	●
Creative State Strategy	●	●	●

Figure 5: Strategy Map taken from Mount Alexander Shire Council Plan 2021-2025

The Healthy Heart of Victoria Active Living Census (ALC) was conducted in May 2019, and was funded by the Healthy Heart of Victoria – a Victorian State Government initiative, aimed at improving health outcomes across the Loddon Campaspe region. The ALC provides important information specific to our communities highlighted a range of health and wellbeing indicators.

Planning Decisions

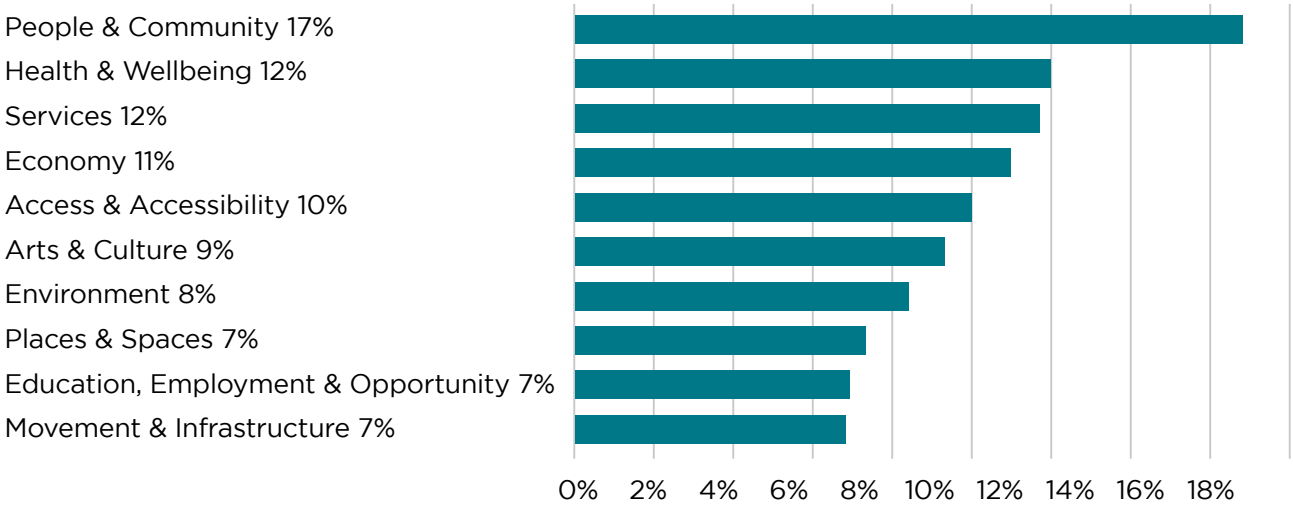
The goals, objectives and strategies for the MPHWP were formulated to address health and wellbeing priorities identified in the 2019-2023 Victorian Public Health and Wellbeing Plan, and also from what we heard from the community. Data and research including that specific to our communities informed the decision making process and consultation undertaken.

Reaching agreement on the health and wellbeing priorities, objectives and strategies required consideration of the following:

- The Council Plan and Community Vision engagement and feedback the determinants, risk factors and issues impacting health and wellbeing identified in the municipal scan.
- Existing and emerging national, state, regional and local health priorities.
- Priorities identified from stakeholder consultation.
- Covid related emerging health issues and impacts.
- Identifying gaps and issues in health and wellbeing.
- Partnership with key stakeholders.
- Applying an equity lens in all the work we do.

The results of this stage are described in more detail in the following section.

Table 1: Three words that should describe the shire and its community in ten years



Your Community, Your Vision, Stage One Engagement Report – Results of stage one; broad community engagement, Mount Alexander Shire Council 2021.[xv]

What are the priorities and how have they been arrived at?

The priority areas have been identified in using the Victorian Public Health and Wellbeing Plan 2019-2023 as well as community feedback. These are:

1. **Tackling climate change and its impact on health**
2. **Increasing healthy eating**
3. **Increasing Active Living**
4. **Reducing tobacco-related harm**
5. Reducing injury
6. Preventing all forms of violence
7. Decreasing the risk of drug resistant infections in the community
8. Improving mental wellbeing
9. Improving sexual and reproductive health
10. Reducing harmful alcohol and drug use
11. Gambling and reducing harm

These health and wellbeing priorities are consistent with State health promotion priorities, as well as those of regional and local health service providers. They provide a basis for objectives and strategies that Council will work on, in partnership with government, health and community service organisations over the next four years.

Local Government's contribution to the promotion, improvement and protection of public health occurs through a myriad of activities including planning processes, environmental monitoring and management, health promotion activities and more traditional public health concerns such as waste management, prevention of infectious diseases, food safety and monitoring drinking quality.[xvi]

How will Council address priorities?

Underpinning each objective, is what Council and its partners are seeking to undertake in order to achieve outcomes noted for each priority area. The objectives relate to key findings from the research and consultation undertaken in developing the MPHWP.

A framework for action

A framework has been developed that outlines how Council and its partners will address the health and wellbeing priorities in partnership with other government departments, health and community service organisations:-

- Objectives (what Council is seeking to do).
- Strategies (how Council will go about it).
- Partners (who Council will work with).
- The role Council will play (lead – initiate and facilitate better health outcomes for all; partner - through collaboration to achieve the health outcome; support – give assistance to achieve the health outcome; advocate – support the development of health outcomes).
- Priority from low to high.
- The year Council and its partners will achieve the strategy.
- How the strategy aligns with other health outcomes and priorities.

The legislative requirements of local government is the development, implementation and evaluation of the Municipal Public Health and Wellbeing Plan. An evaluation strategy, separate to MPHWP, also needs to be resourced and developed. Annual Action Plans are required and will be developed in conjunction with partners. Indicators and measures to monitor progress will be presented quarterly in an annual report.

1. Tackling climate change and its impact on health

The World Health Organisation recognises the impact of climate change on public health. These impacts can be both direct and indirect.

Some of the impacts can include:-

- Vector-borne diseases (those transmitted from vectors such as mosquitos to humans)
- Zoonotic diseases (those transmitted from animals to humans)
- Water-borne diseases (resulting from exposure to harmful algae and pathogenic microorganisms affecting drinking water, recreational water, including aquatic facilities, and water supplied for agricultural and domestic use)
- Food-borne diseases (such as salmonellosis)
- Exposure to contaminants such as mycotoxins in food
- Impacts on the micro and macro nutritional quality of food
- Exacerbation of existing chronic diseases such as cardiovascular and respiratory diseases as a result of higher temperatures, poorer air quality and airborne pollen [xvii]
- Mental health is also a consideration with many individuals affected by grief and concern about their future and the state of the climate. Supporting our community's resilience will bring many health benefits. Figure 5 shows both direct and indirect health impacts due to climate changes.

The impacts of health from climate change align with the determinants of health. Transport, paths/ trails, parks and open space, access to water, waste, land use, housing and urban planning, recreation, employment are all areas that can be impacted by climate change and areas where actions can be taken to mitigate health impacts.

Mount Alexander Shire Council has developed an emissions reduction plan included with the 2020-2025 Roadmap to Carbon Neutrality. This emissions reduction plan sets out Mount Alexander Shire Council's roadmap to carbon neutrality that will lead to zero net emissions for Council operations by 2025.

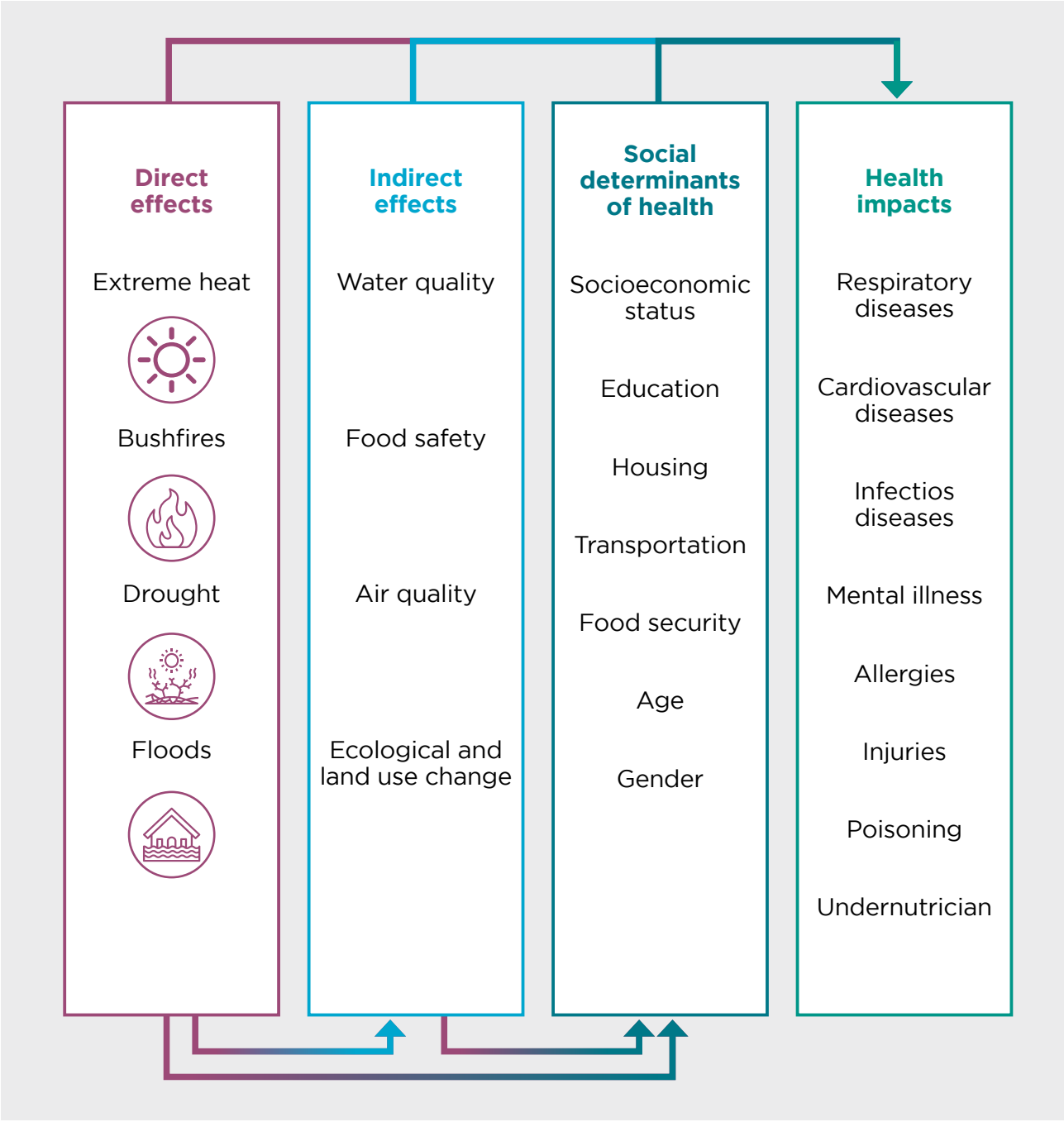


Figure 6: Climate change and health co-benefits

Tackling climate change and its impact on health

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
1.2 Demonstrate leadership and commitment to addressing climate change and its impacts on health within the community, through a strategic approach at multiple levels of decision making across all Council business areas.	1.2.1 Advocate for resourcing to implement climate change and mitigation.	MASC	Lead	Medium	3	2,3,4,7,8
	1.2.2 Implement urban greening and cooling strategies to increase tree canopy cover and vegetation, green walls, roofs, facades, corridors, and public open space.	MASC Department of Transport (Vic Roads) DELWP Landcare	Partner	Medium	3	2,3,4,7,8
	1.2.4 Participate in Elevating ESD (Environmentally Sustainable Development) Targets Planning Scheme Amendment Project to improve the performance of subdivisions, new housing developments, and precinct structure plans to improve a range of healthy living outcomes.	MASC – Planning Team Consortium of Councils (lead by Yarra City Council)	Partner	Low	4	2,3,4,7,8

2. Increasing Healthy Eating

A healthy diet is essential for good health, growth, and development. Healthy eating supports good mental health and social wellbeing. The Australian Dietary Guidelines recommend eating a healthy diet with nutritious foods including vegetables, fruit, lean proteins, low-fat dairy, nuts, seeds and whole-grains, with low intake of discretionary foods that are high in energy, salt, added sugar and fats.

Breastfeeding provides mothers and babies with many benefits and is a key contributor to lifelong health. Australia's infant feeding guidelines recommend exclusive breastfeeding of infants to around six months of age when solid foods are introduced and continued breastfeeding until the age of 12 months and beyond, if both mother and infant wish.[xviii]

Most Australians do not eat the recommended serves of healthy food and drinks. The Healthy Heart of Victoria Active Living Census (2019) highlighted specific local data and outcomes. Only one in six adults meet the daily vegetable consumption guidelines in the Mount Alexander Shire, and the data suggested that people tend to eat more vegetables as they got older. Regarding fruit consumption, only one out of every two adults in Mount Alexander Shire meet the daily recommended consumption guidelines. There were no significant gender differences, however those aged over 70 are most likely to meet the fruit consumption guidelines.

Adults in Mount Alexander Shire drink an average of 4.6 cups of water per day, with only 18% drinking the recommended 8 cups or more. Levels of water consumption declined with age.

Daily consumption of sugary drinks was 10.5%. Those that consumed sugary drinks were also more likely to report poorer general health, lower life satisfaction, overweightness/ obesity, less physical activity, lower fruit and vegetable consumption, and smoking habits

Food security exists when all people, consistently, have physical and economic access to sufficient, safe, nutritious and culturally appropriate food that meets their dietary needs and food preferences for an active and healthy life. When people do not have enough food it affects all aspects of daily life and can severely restrict economic, social and educational participation in the community. The ALC reported that one in thirteen households in Mount Alexander Shire are food insecure and do not have enough to eat. This was particularly high among specific populations such as Aboriginal and/ or Torres Strait Islander people, unemployed people, and those with very low household incomes.

Increasing Healthy Eating

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
2.1 Access to good food and nutrition is important to good health and wellbeing from conception.	2.1.1 Explore programs and partnerships with local food providers to encourage environmentally sustainable business practices and to improve community access to healthy and sustainable food choices, relating to Food and Farming.	MASC	Lead	Medium	3	1,3,8,10
	2.1.2 Advocate for a healthy food system, from soil through to the impacts of food waste management.	COGB MASC CCH Maldon Neighbourhood Centre (MNC) Foodlinks HHV MASG Castlemaine Farmers Market VBLYC	Support/ partner	Medium	3	1,3,8,10
	2.1.3 Develop partnerships to support food security for all households and to improve access to healthy food.	MASC CCH MNC VBLYC Foodlinks HHV MASG Castlemaine Farmers Market	Support/ partner	High	1	1,3,8,10
	2.1.4 Partner with the Bendigo UNESCO Creative City and Region of Gastronomy, as one of the shires that forms part of this region. The four pillars of this program are: 1. Heath, 2. Sustainability, 3. First Nations and 4. Creativity.	MASC City of Greater Bendigo	Support	Medium	3	1,3,8,10

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
	2.1.5 Promote and Support breastfeeding through providing support to women and families and access to safe and welcoming spaces to breast feed.	MASC CHIRP Castlemaine Health	Lead	High	1	3,8
2.2 Ensure improvements in physical and mental health through healthy nutrition.	2.2.1 Promote and support participation in home gardening activities and community gardens, and other recreational activities, which help people to stay healthy and active and increase community connection.	CCH MNC MASC Foodlinks HHV VBLYC Salvation Army	Support/ partner	Medium	1	1,3,5,8,10
	2.2.2 Promote and support participation in the ageing community which highlight healthy eating and increase community connection.	HHV MASC CCH MNC	Support/ partner	Medium	2	1,3,5,8,10
	2.2.3 Promote and support organisations to participate in Healthy Achievement program.	MAS Early Years Steering Group Schools and Castlemaine Secondary College MASC HHV VBLYC	Facilitate	Medium	2	1,3,5,8,10
2.3 Ensure protections for farming and agricultural land are in place to support a local food systems and the health of our community.	2.3.1 Support the long-term sustainability in localised food systems and sources.	DELWP MASC	Support	Medium	4	1,3,5,8,10

3. Increasing Active Living

Increasing active living is a public health priority for Victoria. Mount Alexander Shire Council plays a pivotal role in promoting active living and reducing sedentary behaviour. Increasing participation in physical activity has health, social and economic benefits. The health benefits of regular physical activity include improved physical health, reduced risk of developing major chronic diseases, managing a healthy weight, developing social connections and helping to prevent and manage mental health outcomes.[xix]

In addition, there are many health benefits of physical activity, such as environmental, in the form of active transport; economic by reduced costs in road infrastructure and traffic congestion; and social with greater connections and improved neighbourhood safety.

Trends in participation show a decline in physical activity.[xx] The below data is from the Active Living Census 2019 specific to Mount Alexander Shire:

- 55.3% of respondents from Mount Alexander Shire indicated they wanted to be more active, in-particular:
  - Adults between ages 35-39.
  - Those for whom English is not the main language.
  - Aboriginal and Torres Strait Islander people.
  - People who identify as LGBTQIA+.
  - People with a high education.
  - Those from low income and insecure households.
- 48.5% of the adult population do not meet the physical activity guidelines
- Physical activity declines with age.
- 2 in every 3 people who met the physical activity guidelines report good to excellent general health and wellbeing.
- 56.1% of the adult population at Mount Alexander Shire are overweight or obese.

Increasing Active Living

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
3.1 Supporting the community to take action to get more people physically active	3.1.1 Partner with organisations to consider support programs that increase awareness of, and participation in, health promoting and activities, including active transport and healthy eating for all people.	CH CCH MASC MNC VBLYC MASDAG	Support	Medium	1	1,2,4,5,8, 10,11
	3.1.2 Enhance urban planning and design of the built environment and open spaces to encourage more frequent walking and cycling. This will reduce greenhouse gas emissions and have physical and mental health benefits for the community (including improving the quality, accessibility, and connectivity of existing footpaths, bike lanes and shared trails).	MASC HHV SRV DELWP DOT Mount Alexander Cycling (MAC) MASDAG	Lead	Medium	1-4	1,2,4,5,8, 10,11
	3.1.3 Advocate for continued funding for Healthy Heart of Victoria or an additional initiative for healthy participation in the community.	MASC HHV	Lead and Advocate	High	1	1-11

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
	3.1.4 Explore opportunities to improve access to public and active transport and encourage these options to reduce reliance on private vehicles and associated greenhouse gas emissions.	MASC DOT MASDAG	Lead	Medium	1-4	1,3
	3.1.5 Support sustainable clubs and organisations with a focus on providing programming and services for individuals of all abilities.	MASC SRV Sports focus Sporting Body Good Sports VBLYC	Advocate	Medium	1-4	1,2
3.2 Provide accessible information and support and promote local sport and recreational opportunities in the community	3.2.1 Advocate and support sustainability of sport and recreational clubs and organisations.	MASC Sports Focus Good Sports Sporting Body SRV Community Asset Committees VBLYC	Advocate	Medium	1-4	1,2,4,5,8, 10,11

4. Reducing tobacco-related harm

Reducing tobacco harm is a public health priority for Victoria. Mount Alexander Shire Council plays a pivotal role in supporting programs that encourage smokers and e cigarette users to quit. Reducing monitoring point of sale advertising and promoting smoke free venues can promote and support programs that encourage smokers and e cigarette users to quit.[xxi]

> “High levels of tobacco control activities in the community have contributed to the drop in smoking rates”

In the Loddon Campaspe region 10.6% of the adult population reported current smoking behaviours according to the Active Living Census. Males were more likely to be current smokers than females (12.1% compared to 9.1%), and smoking rates were lower amongst people in older age groups. Most notably, current smoking rates were higher for males aged 18 to 34 (15.5%), 35 to 49 (15.8%), and 50 to 69 (11.9%), compared to those aged over 70 years (3.2%). Current smoking participation rates were noticeably higher amongst members of marginalised population groups.

High levels of tobacco control activities in the community have contributed to the drop in smoking rates among students. These include; public education mass media campaigns, increases in tobacco tax, restrictions on the advertising and sale of tobacco products, smoking bans in public places, plain packaging of tobacco products, graphic health warnings on packs, and an increase in smoke free households with children. Education and tobacco control measures are important so that young people understand the harms of smoking and are less likely to start smoking.[xxii]

Creating more smoke free outdoor spaces to encourage a reduction in smoking. Quit Victoria are urging all Councils to apply smoke free policies to all new outdoor initiatives under a COVID reactivation or recovery plan to ensure the safest possible environment for the public and staff as Victoria recovers from the easing of COVID restrictions.

Quit includes e-cigarettes as part of ‘Going Smoke Free’, due to health risks associated with e-cigarettes, which includes second hand tobacco smoke and the harms associated. No level of exposure to second hand tobacco smoke or e-cigarette is risk free.[xxiii] The below data is from the Active Living Census 2019 specific to Mount Alexander Shire:

- One in 10 adults at Mount Alexander Shire smoke.
- 4000 lives and $2.4 billion each year in direct health care costs.
- 9% of burden of disease is due to smoking.
- Heart disease is a leading single cause death; and smoking is a major risk factor.
- Tobacco smoking is the biggest risk factor for preventable cancer.
- In 2019, the smoking rate among Australians aged 14 years and over was 12%[xxiv]

Reducing tobacco-related harm


Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
4.1 Reduce the percentage of people smoking to ensure improved long term health.	4.1.1 Advocate and support workplace health promotion programs that address the impacts of smoking.	CH MASC	Advocate	Low	1-4	1,2,4,5,8, 10,11
	4.1.2 Educate the community and business about the Tobacco Act 1987 and enforce it with key stakeholders.	MASC	Lead	Medium	1-4	1,2,4,5,8, 10,11
	4.1.3 Seek opportunities to expand smoke free areas in designated sites.	MASC	Lead	Low	4	1,2,4,5,8, 10,11

5. Reducing injury

During the admission year of 2017 to 2018 within Mount Alexander Shire there were 333 falls which resulted in an unintentional hospitalisation. The next highest category of injury was as a result of transport induced injury.[xxv] Additionally, there were 286 occurances of unintentional injury hospitalisations in 2017, with an increase to 333 in 2018.

Between July 2019 and June 2020 there were 383 admissions to hospitals for injury to residents of Mount Alexander Shire. Ninety five percent of these admissions were for unintentional injury, 3% were the result of intentional self-harm and 2% were for injuries sustained through assault, maltreatment neglect, or injuries of other or undetermined intent. Unintentional admissions were highest among those over 85 years, followed by 60 to 64 year olds.[xxvi]

Combining the age groups of 65- 84 and the 85+ has a net of 275 people sustaining injuries and resulting in an unintentional hospital visit in 2018.[xxvii]

In 2019/2020, the most frequent activity being undertaken when injured was leisure including sports activities and cycling which claimed at 325 injuries over all, 38% of those presenting to hospital emergency departments were admitted for further treatment.[xxviii]

Another cause of concern for injuries is the use of ladders around the home. Admissions to intensive care units due to serious head, chest and spinal injuries caused by ladder falls are increasing.

The State Government highlights the need to decrease injury across the population with an emphasis on priority populations, being children aged 0 to 14, young adults 15 to 24 and older adults 65+, Aboriginal Victorians, and rural populations.

There were 81 admissions injuries associated with sport within Mount Alexander Shire during 2018 with between the age of 15 to 64 and males account for three quarters of these hospital admissions based on the place of residence.[xxix]

The State government initiative 'the Achievement Program', provides guidance and support for educational settings to become healthier places. Outcomes include the designing safe environments to prevent unintentional injury and to promote inclusivity. This means creating school and early childhood facilities that promote healthy behaviours, comply with safety guidelines and ensure all students can move around with ease, regardless of their ability. It also means creating an environment that is free from discrimination, bullying and harassment, where all students and staff feel supported and accepted.

Stakeholder feedback has been in support of increasing the safety and accessibility of walking and bicycle tracks, on trails and footpaths.

The importance of play has been highlighted through the work of the Early Years Steering Group and the Let's Play Strategy. The continued actions towards improved wellbeing of children and young people will support healthy physical development. Universal design principles and design considerations in playgrounds and open spaces will minimise risk of injury to the community.

"The importance of play has been highlighted through the work of the Early Years Steering Group and the Let's Play Strategy"

Reducing injury

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
5.1 Decrease preventable injury by reducing the number of falls within the aged care community and resultant hospital admissions.	5.1.1 Proactively work with health agencies regarding falls prevention.	CH MASC MASDAG	Support	Medium	1-4	3,8
	5.1.2 Trial Community Wellbeing bus supporting transport options to access programs, groups, services and facilities and improve health outcomes.	MASC CH HHV CCH MNC MASDAG	Lead	Medium	1	3,8
	5.1.3 Explore opportunities for the installation of a Seniors exercise park within the Shire, with equity, inclusion and access underpinning the design.	MASC CH HHV MASDAG	Lead	Medium	1-4	3,8
5.2 Improve the design of physical environments to ensure accessibility in navigating the Shire	5.2.1 Continue to include rec-ommendations from the Healthy Active by Design, (Heart Foundation).	MASC HHV MASDAG CH	Lead	Medium	1-4	1,2,3,8
	5.2.2 Design in accordance with DDA 1992, footpath renewal program.	MASC MASDAG				

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
	5.2.3 Advocate the Achievement Program within schools and early childhood settings within the Shire.	Early Years Steering Groups MAS Primary Schools CSC Bulortj Children and Youth Network MASC	Advocate	Low	3-4	1,2,3,4,5, 6,8,10
	5.2.4 Design play and open spaces in line with 'universal design' principles.	MASC Early Years Steering MAS MASDAG	Lead	Medium	1-4	3,8

6. Preventing all forms of violence

The Victorian State Government reform around the prevention of family and gendered violence introduced a number of initiatives and improvements.

These included:

- Reforming the court response to family and gendered violence.
- Implementing Dhelk Dja Safe our Way: This initiative relates to strong culture, strong people, and strong families being a ten year agreement for the delivery of family violence services for Aboriginal Victorians.
- Ensuring access to safe, secure and stable housing for survivors of family violence.
- Improving legal assistance access, representation and integration across the family violence system.

The State Government has introduced Multi Agency Risk Assessment Management (MARAM) to address the issues and gaps identified by the Royal Commission into Family Violence, the coronial inquest into the death of Luke Batty and the 2016 Monash Review of the Framework. It ensures services are effectively identifying, assessing and managing family violence risk through a common risk assessment framework (CRAF). The Framework has been established in law under a new Part II of the Family Violence Protection Act 2008. This means organisations that are authorised through regulations, as well as those providing funded services relevant to family violence risk, assessment and management, must align their policies, procedures, practice guidance and tools to MARAM Framework.

A state wide approach to create an effective web of accountability is proposed for perpetrators and people who use violence. It is recognised that we must work towards ensuring long term behavioural change to stop family violence before it starts. The continuation of research and evaluation is critical to reform within family violence.

The Orange Door network is being implemented across Victoria, and seeks to provide an accessible and visible service for people experiencing family violence and children and families in need of support. The development of a dynamic, collaborative and specialist family violence workforce, is critical to embed change at a State level.

Implementing the MARAM at a local level, with Council, will strengthen the relationships between health and education providers and will align with the justice system to assist in the protection of children and their families.

The Orange Door was established in Bendigo in 2020. At this point in time, there is no talk of providing the service locally. This can be an issue for people experiencing family violence, due to travel and financial constraints. Whilst people can receive help via phone, face to face interaction has a far greater impact on developing a relationship with skilled staff to develop a path to a safer environment. An outreach service is currently provided by CHIRP.

Feedback from multiple stakeholders noted that there is a lack of specialist services within Mount Alexander Shire, and even access to GPs can be problematic.

Child Safe standards continue to be a priority for government. Child Safe Standards were implemented in 2016 in Victoria. There is now a national approach being implemented and policy and practice needs to reflect the new national standards.

A new Crime Prevention Strategy for Victoria has recently been released. The Building Safer Communities Program is a key initiative under the Strategy and includes grants and a series of community forums across Victoria. The program's first round of grant funding awarded $4.4 million to support 16 innovative projects to prevent crime and improve community

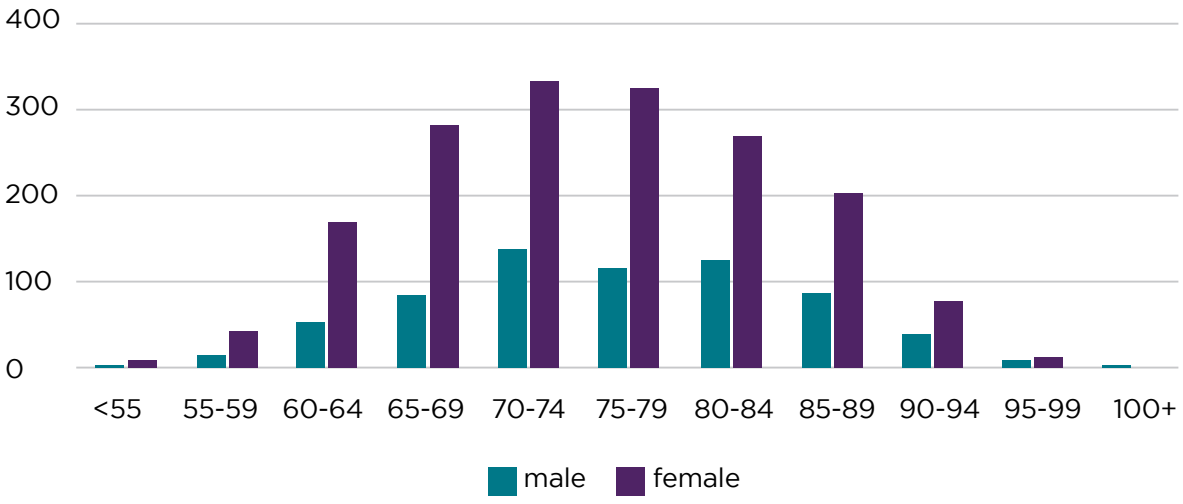
safety. There are further opportunities for funding from the Building Safer Communities Program in 2021 and 2022.

- Two out of five women (41%) have experienced violence from a man known to them.[xxx]
- Partner violence contributes more to the burden of disease for women aged 18-44 years than any other well-known risk factor.[xxxi]
- Violence against women is more likely to occur in the context of unequal relationships between men and women.[xxxii]
- Elder abuse is of significant concern of escalating during COVID. Elder abuse can take the form of physical, social, financial, psychological, and or sexual abuse and can include mistreatment and neglect. It is one of the worst manifestations of ageism and inequality in our society with abuse occurring both in community (or family) settings as well as in institutional settings and is seen as one of the worst manifestations of ageism and inequality in our society with abuse occurring both in community (or family) settings as well as in institutional settings and is seen as greatly as under reported.[xxxiii]
- Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTQIA+) people are not only more likely to experience family violence, but less likely to seek support due to a lack of appropriate crisis accommodation, few perpetrator referral options, distrust of police and other services, and legal and practical discrimination. The mainstream family violence sector must consult with LGBTQIA+ community to extend or modify existing frameworks to target the LGBTQIA+ population.
- 1 in 3 LGBTQIA+ Australians report having been in a relationship where their partner was abusive. Lesbian, Gay and Bi Sexual people are at greater risk of experiencing sexual coercion than heterosexual women. A staggering 62% of transgender males and 43% of intersex females have experienced abuse in their relationships.
- 43% of intersex females have experienced abuse in their relationships.[xxxiv]

There is significant out of proportion gender abuse with older age groups. Elder abuse is one of the few forms of family violence where men who are victims is high and whilst gender should be considered in prevention and intervention work, the significant proportion of male victims indicates that gender inequality is not always the primary driver of elder abuse.[xxxv]

The following graph breaks down the age groups and gender of people seeking advice from Seniors Rights Victoria over a 7 year period from 2012 to 2019.

Table 7: Gender and age for people seeking advice from SRV on elder abuse 2012 to 2019



Recreated from Senior Rights Victoria Age–gender distribution of older person given advice call by SRV 26 August 2020

One percent of callers to Senior Rights Victoria reporting abuse identified as Aboriginal and or Torres Strait Islander which is slightly higher than the Victorian population of 0.8%.The Western Police District highlights the issue around family violence with Mount Alexander Shire seeing a slight reduction in reported cases over the period 2015 to 2020 with 209 down to190 cases. Unfortunately, the emergence of COVID 19 and subsequent lockdowns have likely caused this trend to reverse.

> “...development of a dynamic, collaborative and specialist family violence workforce, is critical to embed change”

Victoria's coronavirus lockdown has contributed to the highest rates of family violence in the state's history. The stay-at-home restrictions had contributed to the increase, which included notable rises in first-time victims and perpetrators of family violence. The data showed reports of abuse in the home rose 6.7 per cent, with more than 88,000 family violence offences reported to police, fulfilling the predictions of family violence from services such as Safe Steps, which warned in April it was expecting an unprecedented spike in incidents due to the state's lockdown.[xxxvi]

The prevention of family violence was researched by National Aging Research Institute, specifically highlighting COVID-19 pandemic response on older age people, found a 38% increase in the number of reports of abuse.[xxxvii]

A literature review conducted in June and July of 2020 found that older people are disproportionately affected by disaster, including in death and injury tolls, and in terms of psychological impacts of disaster. The strongest evidence of abuse exists for financial implications, suggesting that older people are at a greater risk of fraud and scams during a disaster.[xxxviii]

A recent Elder Abuse Forum by the Victorian Health Care Association highlighted that abuse during COVID was considered to have increased. More people were once again living with family members. The changed living arrangements during COVID-saw an increase in drug and alcohol consumption and gambling activities, which then placed vulnerable elderly people at a greater risk of harm. Ageism is a key driver of elder abuse. Blaming between generations is a problem and having communities develop social connections between the generations under a campaign of 'Do it Better Together' could prove effective.

Preventing all forms of violence

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
6.1 Prevent family and gendered violence.	6.1.1 Advocate for the Orange Door to be located within the Shire for enhanced accessibility for people experiencing family and gendered violence.	MASC CH Women's Health Loddon Mallee Centre for Non-Violence Orange door	Advocate	Medium	1-4	5,8,9,10, 11
6.2 Facilitate effective referral mechanisms between key stakeholders.	6.2.1 Align LGA policies and processes with State Government MARAM framework.	MASC MAV DFFH	Lead	High	1-2	5,8,9,10, 11
6.3 Raise the profile of the prevention of violence at events and facilities to ensure safety, access and inclusion for all.	6.3.1 Promote prevention of family and gendered violence at venues and events within the Shire.	MASC CH Asset Management Committees	Partner	Low	3	5,8,9,10, 11
	6.3.2 Plan and design Council venues, facilities and events to ensure they are inclusive, welcoming, relevant, and safe for people in high risk groups.	MASC Indigenous Roundtable MASC Youth Advisory Group (YAG) MAS Early Years Steering Group MASLGTBQAI+ Steering Group CALD MASDAG Aged community	Lead	Medium	3-4	5,8,9,10, 11

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
6.4 Ensure emergency management works towards best practice of prevention of family violence.	6.4.1 Promote and support mental health services for people who may be affected by extreme events and emergencies.	MASC CH DHS CCH MNC	Lead	Medium	2-3	5,8,9,10, 11
6.5 Incorporate gender inclusivity and equity in all decision making	6.5.1 Review existing and new Council policies to ensure incorporation of gender equality.	MASC MASLGBTQIA+ Steering Group	Lead	High	2	5,8,9,10, 11

7. Decreasing the risk of drug resistant infections in the community

Developing drug-resistant infections is one of the most serious threats to human health. Antimicrobial resistance refers to the ability of an infection (caused by bacterium, fungus or virus) to become resistant to the drugs that we use to treat them, such as antibiotics. The emergence and spread of resistant microorganisms is driven by human and non-human antimicrobial drug usage in Australia and overseas. A growing list of infections – such as pneumonia, tuberculosis, blood poisoning, gonorrhoea, and foodborne diseases – are becoming harder, and sometimes impossible, to treat as antibiotics become less effective.[xxxix]

Antibiotics have had prolific use across the globe for decades to fight bacterial infections. Over time the bacteria is incrementally becoming resistant to the antibiotic resulting in bacterial infections being harder to treat.

Antibiotic resistance is rising to dangerously high levels in all parts of the world. New resistance mechanisms are emerging and spreading globally, threatening our ability to treat common infectious diseases. As a semi-rural community with framing, agricultural and viticulture businesses, there is the potential for the area to be susceptible to vector and zoonotic borne disease which will have a significant impact on the local and wider economies.

This is evidenced by the COVID global pandemic where by a zoonotic borne disease has had significant impact to the health and wellbeing of people as well as having a catastrophic impact on the economy:-

- Antibiotic resistance is one of the biggest threats to floral health, food security and development today.
- Antibiotic resistance is one of the biggest threats to global health, food security, and development today.
- Vector-borne diseases (those transmitted from vectors such as mosquitoes to humans) zoonotic diseases (those transmitted from animals to humans). Antibiotic resistance can affect anyone, any age, in any country.
- Antibiotic resistance occurs naturally, but misuse of antibiotics in humans and animals is accelerating the process.
- A growing number of infections – such as pneumonia, tuberculosis, gonorrhoea, and salmonellosis – are becoming harder to treat as the antibiotics used to treat them become less effective.
- Antibiotic resistance leads to longer hospital stays, higher medical costs and increased mortality[xl]

The emergence of viral resistance against any specific and potent drug is virtually inevitable. Drug resistance is costly to the health service, to the patient who fails to gain maximum therapeutic benefit, and for the community in which resistant viruses may be spread. For persistent infections, resistance will develop more rapidly in the face of suboptimal virus suppression, and every attempt must be made to implement appropriate therapeutic regimes. Clear diagnostic and therapeutic guidelines are required on using antiviral agents in primary care against, for example, shingles and influenza. There is an urgent need to clarify the most effective use of antiviral resistance assays in clinical practice.

Decreasing the risk of drug resistant infections in the community

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
7.1 Improved efficacy in the use of antibiotics within the community	7.1.1 Encourage Castlemaine Health to seek funding for an improved awareness program in the efficacy of antibiotics.	CH	Advocate	Low	1-4	1

8. Improving Mental Wellbeing

The State Government of Victoria undertook a Royal Commission into Mental health which found significant and troubling concerns within the current system.

In November 2019, the Commission delivered its interim report. It found that Victoria's mental health system had catastrophically failed to meet expectations and was woefully underprepared for current and future challenges. These include population growth, changing demographics, people's evolving expectations and unexpected disasters. Despite the goodwill and commitment of many people who work in the system, it is hampered by historical and structural challenges that have emerged and persisted over several decades. Underinvestment, poor system planning, limited accountability and disregard for consumers' preferences have ensured good mental health and wellbeing remain a low priority across government and the community. Stigma and discrimination have entrenched this.

The implications for people living with mental illness or psychological distress, families, carers and supporters are stark. An undersupply of community-based services has contributed to an over-reliance on crisis responses and medication. Many people cannot access suitable services, and even when they can, services are difficult to navigate and often do not meet their needs. People are told they are not 'sick enough' to access specialist services. Human rights are breached unjustifiably through excessive use of coercive practices. Families, carers and supporters feel ignored by the system. Suicide continues to have a profound impact across communities.[xli]

Mental health impacts not just the individual but also the wider community. The total burden of a disease on a population can be defined as the combined loss of years of healthy life due to premature death (known as fatal burden) and living with ill health (known as non-fatal burden).

Mental health and substance use disorders contributed 12% of Australia's total burden of disease in 2015, making it the fourth highest disease group contributing to total burden. Of the total burden caused by mental health and substance use disorders, 98% was due to living with the effects of these disorders (AIHW 2019). Mental health and substance use disorders were the second highest disease group contributing to non-fatal burden (23%) after the first-ranked musculoskeletal conditions (25%).[xlii]

Indigenous Australians

There is a substantial difference in the burden of mental health on Aboriginal and Torres Strait Islander Australians compared with non-Indigenous Australians. In 2011, the years of healthy life lost per 1,000 people due to mental and substance use disorders among Indigenous Australians was 2.4 times the rate for non-Indigenous Australians (57.8 compared with 23.6) (AIHW 2016).[xliii]

Key Statistics on Mental Health

From the 2014 to the 2017 people with a mental health or behavioural condition increased by 2.6%. Anxiety related conditions saw an increase of 1.9% in the same time frame resulting in 3.2million Australians diagnosed and one in ten people (10.4%) had depression or feelings of depression, an increase from 8.9% in 2014-15. This is a total of $.8 million people within Australia with a mental health issue.[xliv]

Many lesbian, gay, bisexual, transgender and intersex (LGBTI+) Victorians live healthy, connected, happy and positive lives, but overall LGBTI+ people experience poorer physical and mental health, are more likely to have problems with alcohol and other drugs, and have a higher rate of suicide. LGBTI+ people are also frequently subject to discrimination and can have problems accessing healthcare that's right for them.[xlv]

Causes of Mental Health Issues

The Victorian Government states the leading factors that contribute to poor mental health include:

- Genetic factors. Having a close family member with a mental illness can increase the risk. However, just because one family member has a mental illness does not mean that others will.
- Drug and alcohol abuse. Illicit drug use can trigger a manic episode (bipolar disorder) or an episode of psychosis. Drugs such as cocaine, marijuana and amphetamines can cause paranoia.
- Other biological factors. Some medical conditions or hormonal changes.
- Early life environment. Negative childhood experiences such as abuse or neglect can increase the risk of some mental illnesses.
- Trauma and stress. In adulthood, traumatic life events or ongoing stress such as social isolation, domestic violence, relationship breakdown, financial or work problems can increase the risk of mental illness. Traumatic experiences such as living in a war zone can increase the risk of post-traumatic stress disorder (PTSD). Homelessness may also be a cause or a symptom.
- Personality factors. Some traits such as perfectionism or low self-esteem can increase the risk of depression or anxiety.[xlvi]

Complications of mental illness

Mental illness can attract stigma and discrimination, which can be two of the biggest problems for a person with these disorders e.g. LGBTQI+ Up to 1 in 10 people with mental illness dies by suicide.[xlvii]

Suicide

Nationally, intentional self-harm was the 13th leading cause of death, with the lowest median age at death at 43.9. Nationally, 2019 saw 3318 people die due to self-harm, an increase of 813 from 2010. [xlviii]

Compared to the general population LGBTIQA+ people are more likely to commit suicide. LGBTQIA+ young people aged 16 to 17 were almost three times more likely to have attempted suicide in the past 12 months. LGBTQIA+ young people aged 16 to 17 were almost five times more likely to have attempted suicide in their lifetime. LGBTQIA+ young people aged 16 to 27 are five times more likely and transgender people aged 14-25 are fifteen times more likely to suicide. People with an intersex variation aged 16 and over are nearly six times more likely to suicide.[xlix]

The leading cases of total disease burden experienced by Indigenous Australians are:

- Mental and substance use disorders (19%)
- Injuries (including suicide) (15%)[l]

Understanding Mental Health in a Local Context.

Bendigo Mental Health Services provide the Loddon Campaspe Southern Mallee communities of Victoria with mental health care. They work in partnership with the patient, family and carers to assist and support recovery. They do this through a range of services including outreach.

> “People experiencing poor mental health are also more likely to experience poor physical health, homelessness, have poor oral health, and comorbidities such as chronic disease and alcohol and other drug dependencies”

Murray Primary Health Network (Murray PHN) is funded by the Commonwealth and supports primary health services across 22 Local Government Areas including Mount Alexander Shire. The recent Murray Primary Health Network Needs Assessment 2018-2022 November update, identified key issues across multiple burdens of disease.

The report highlights the Murray PHN region has hotspot areas of low income, high drug and alcohol use, an ageing population and populations who have high rates of trauma such as Aboriginal and Torres Strait Islander peoples and newly arrived humanitarian settlers. People experiencing poor mental health are also more likely to experience poor physical health, homelessness, have poor

oral health, and comorbidities such as chronic disease and alcohol and other drug dependencies. The mental health service sector continues to undergo significant transitions at both the Commonwealth and State level as identified at the recent Royal Commission in Victoria's Mental Health Services to which is impacting on this sensitive population group. The transition to NDIS is presenting some emerging needs for people at risk of, or living with, mental illness.[li]

Evidence as outlined in the Murray Primary Health Network Needs Assessment (2018-2022) falls under the headings of registered mental health clients, mental health overnight hospitalisations, and adult population with high or very high psychological distress. Mount Alexander Shire does not rate as significantly in these categories. However, in 2018-2019 Heathcote- Castlemaine and Kyneton are at 16.64 per 100 people with the population average at 14.7with mental health needs.

The suicide rate in the Murray Primary Health Network area was greater than the state average for most years between 2010 to 2018. At a recent Castlemaine Health visioning workshop, stakeholders indicated that mental health was a significant issue with a high rate of suicide and a higher rate of psychosocial issues, particularly stress and anxiety were prevalent within the community. A high burden of disease around drug and alcohol use, homelessness and family and gender violence were also of concern.

In 2017-2018, the public hospital admissions by principal diagnosis- intentional self-harm, age standardised rate per 100,000 females for the Murray PHN region is 139.7, considerably higher than the Victorian rate of 115.5 per 100,000 females. Greater Bendigo has the highest rate for the Murray PHN region of 210.3 (PHIDU, 2020b)[lii] with no reference to the Mount Alexander Shire/ Castlemaine area. Mount Alexander Shire has 39.9% of females diagnosed with anxiety and or depression.[liii]

In addition to this 28.6% of the population are single person households 65 years and above, and 59.3 percent of the aged care population 65 and above are on the aged care pension,[liv] all potentially reinforcing the links to the number of females with anxiety and depression.

During COVID over the course of a number of lockdowns, there was an increase in social isolation for many people particularly, the older population. This resulted in anxiety and a lack of confidence in leaving their homes even when it was safe to do so. Within Council's Community Wellbeing Services, an increase in frailty and reduced mobility as well as mental health issues, was observed. During COVID Council implemented the Community Activation and Social Isolation (CASI) initiative to assist groups, individuals and businesses as an approach to support community members experiencing the emotional trauma associated with the impacts of the virus.

There is strong evidence linking mental illness with family and gender violence. Many people struggle emotionally, as well as physically, when they feel they have nowhere to go to escape the violence or coercion. The high prevalence of family and gender violence and experiences of abuse among women and men accessing Victoria's mental health services can present especially difficult challenges for service providers.[lv]

Mental health can be a significant barrier to accessing services. Initially, when the National Disability Insurance Scheme (NDIS) was introduced this category was not included. More recently, mental health supports can fall under the NDIS, but it remains difficult to access funding for mental health issues.

The numbers of Mount Alexander Shire residents not participating in the NDIS is anecdotally likely to include a higher proportion of people living with acquired brain injury and psychosocial disability. [lvi] This is often due to a lack of personal insight by the persons living with these disabilities into the impact of their disability on functioning and the episodic nature of the functional impact. Another contributing factor is the likelihood of insufficient diagnosis of the conditions and the more common issue of a poor understanding and description of the functional impact of the disability [lvii].

The Commonwealth Mental Health Programs Monitoring Project report September 2019 which tracked transitions of people from PIR, PHaMs and D2DL into the NDIS report found only a quarter

of people in Commonwealth-funded mental health programs have successfully transitioned to the NDIS. Report author Dr Nicola Hancock said many people who had not yet applied were those most in need of high-level support. For many, it is the severity of their mental illness that is precluding them from engaging in the complex and stressful process required to apply, Hancock said. Service providers repeatedly expressed concern that with reduced supports, this group of Australians will end up depending upon ultimately more expensive acute and clinical mental health services and be at greater risk of ending up in the criminal justice system.[lviii]

Impact of family and gendered violence on mental health

The guide for mental health clinicians on Identifying and responding to family and gendered violence provides information and contacts to assist staff in identifying, responding to, and collaborating on issues of family and gendered violence.

Mental health services have a unique role in responding to family violence and in monitoring the safety of individuals in their care. Women with mental illness can be more at risk of family violence due to higher levels of vulnerability and dependency on their partners, which can often make it difficult for them to leave a violent partner. Disclosures about family violence or incidents of violence by people with a mental illness require sensitive care and management and a coordinated response from the mental health team. Responding effectively to family violence requires supportive and non-judgemental attitudes, knowledge of the long-term consequences of violence, an understanding of appropriate responses, and strong relationships and collaboration with local family violence services.[lix]

The Royal Commission into Mental Health Services within Victoria cited Indicators of community-level mental health risk and protective factors suggest that there is wide variability in communities across Victoria.[lx]

Supporting the mental health and wellbeing of people in rural and regional Victoria, many rural and regional communities across Victoria are characterised by strong social bonds and a spirit of social connectedness.[lxi]

The Commission considers that social prescribing has the potential to strengthen future pathways between mental health and wellbeing services, and the community. [lxii]

Social prescribing is the process of healthcare professionals connecting people with non-clinical community groups and supports. For example, this might entail health professionals referring people to arts and creative activities, social groups, nature-based activities, physical activity, education or volunteering as part of their recovery plan.[lxiv]

A recent workshop undertaken by Castlemaine Community House and Mount Alexander Shire Council attended by multiple stakeholders from the community discussed the notion of 'Social Prescribing' and the significant social and medical benefits possible. Some participants shared their experiences of how this has benefited their lives. Castlemaine GP, Dr. Richard Mayes presented at this workshop and highlighted his personal involvement 'Social Prescribing' and outlined the difference a local dance instructor made to many people. The local dance instructor set up the Silver Tops Dance Class which comprises a number of mature people who have embraced dancing and who are enjoying the benefits of the social inclusion and physical benefits.

On 25 November 2019, the Consumers Health Forum of Australia (CHF) and The Royal Australian College of General Practitioners (RACGP) co-hosted a roundtable on social prescribing, with input from the NHMRC Partnership Centre for Health System Sustainability as the academic partner.[lxv]

One conclusion supported by the RACGP was highlighted as Social prescribing does provide an opportunity to improve health outcomes and increase consumer participation and engagement. The key aspects of a social prescribing model include building trust and relationships, co-designing solutions, having flexibility and place-based approaches, and having strong evaluation frameworks to demonstrate value.[lxvi]

Improving mental wellbeing

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
8.1 Promoting good mental health and wellbeing through prevention strategies.	8.1.1 Advocate for the implementation of the workplace Wellbeing programs such as Achievement Program.	CH MASC Schools Early Childhood Service Providers Sports focus Sporting groups VBLYC	Advocate	Medium	1-4	1,2,3,4,5, 6,8,10
	8.1.2 Work with key stakeholders to support gender, indigenous and CALD communities.	CH Women's Health Loddon Mallee MAS LGBTQIA+ Steering Group MASC Indigenous RoundTable MASC VBLYC MASARG ELM	Partner	Medium	2-3	1,2,3,4,5, 6,8,10
	8.1.3 Advocate and investigate funding opportunities to develop and promote 'Social Prescribing'.	CCH MNC MASC Local GPs CH VBLYC	Advocate/ Partner/ Support	Medium	2-3	1,2,3,4,5, 6,8,10
8.2 Increase awareness and accessibility to mental health services.	8.2.1 Advocate to the State Government and regional providers for improved access to specialist services within the Shire.	CH MASC	Advocate	High	2	1,2,3,4,5, 6,8,9,10
	8.2.2 Advocate for continuance of Children and Family services including generalist counselling.	CH Bendigo Health	Support	Low	1-4	1,2,3,4,5, 6,8,9,10

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
	8.2.3 Build the capacity of the community to work with community and local service providers to develop innovative and localised initiatives that support emerging mental health needs	CH CVPCP MASC VBLYC	Advocate/ Partner/ Support	Medium	1-4	1,2,3,4,5, 6,8,9,10

9. Improving sexual and reproductive health

Sexual and reproduction health statistics highlight concerns for people within the Shire. Untreated sexually transmitted conditions can lead to long term co morbidities if left untreated. Infections can reoccur between partners if not properly treated and unsafe sexual practices continue. It is therefore critically important that correct information is made available to all people regarding sexual and reproductive health.

Sexual and reproductive health is important for everyone. It is not only about physical wellbeing – it includes the right to healthy and respectful relationships, health services that are inclusive, safe and appropriate, access to accurate information testing, treatment, and timely support and services (including access to affordable contraception).

Sexual and reproductive health is important across the entire lifespan. Good sexual and reproductive health involves gender equality, respect, safety, and freedom from discrimination, violence and stigma. It is critically influenced by power dynamics, and gender norms and expectations and is expressed through diverse sexualities.

Research shows children and young people want to talk with their parents or carers about relationships, sex and sexuality. Many parents or carers are unsure of where to start, or may feel uncomfortable about having these conversations. Avoiding the subject will not stop children from having sex or keep them safe. If you're uncomfortable, don't panic, there are useful tools available to help you. If children and young people are given accurate information about bodies, relationships, sex and sexuality they are more likely to make safer choices as they become adults. Being able to talk about these things gives parents and carers an opportunity to discuss their own values about relationships, sex, and sexuality.[lxvii]

Sexually transmissible infections (STIs) and blood borne viruses including human immunodeficiency virus (HIV) continue to impact the health and wellbeing of Victorians, in particular those at greatest risk. The virtual elimination of new transmissions of HIV and Hepatitis B and C in Victoria is a possibility due to the significant advances in prevention, testing, treatment and management.[lxviii]

Recent reports are highlighting a significant increase in sexually transmitted disease across Victoria. An increase in people presenting with vision impairments have been found to have had untreated syphilis resulting in significant eye disease and conditions resulting in vision loss.[lxix]

Mount Alexander Shire currently have 5.86 rates of Syphilis per 10000 males and 2.67 per 10000 males with hepatitis B.[lxx]

> "Sexual and reproductive health is important across the entire lifespan"

Chlamydia rates per 10000 is 11.2 for females and 15.99 for males.[lxxi] This can cause significant long term reproductive issues in particular for women. This bacterium is very common and is often referred to as the silent infection as most are not aware they have the condition. It is more often found in younger people under 25 years of age. It is usually transmitted through unprotected sex and more often than not by having multiple partners.

Chlamydia and gonorrhoea left unchecked can develop Pelvic Inflammatory Disease, chronic pain and infertility in women. When pregnant, this bacterium can be transmitted to the baby during childbirth. Men experience different symptoms in particular pain in the urethra and testes and discomfort when voiding.

Sexual health in the elderly is also an issue. It is often hidden and assumed that the elderly no longer wish to participate in a sexual relationship or live in isolation and not able to engage with a partner. Medical conditions may be a contributing factor to a decline in sexual activity. These may include, chronic pain, diabetes and heart disease.

Age does not protect individuals from sexually transmitted diseases. Older people who are sexually active may be at risk for diseases such as syphilis, gonorrhoea, chlamydial infection, genital herpes, hepatitis B, genital warts, and trichomonas's.[lxxii] Like younger cohorts seeking medical assistance if impacted should be a priority.

Improving sexual and reproductive health

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
9.1 Improve sexual and reproductive health awareness at schools in partnership with key stakeholders	9.1.1 Support promotional activities regarding the prevention of sexually transmitted disease.	CH Women's Health Loddon Mallee Schools MASC	Support	Low	1-4	6,8
9.2 Improve sexual health within the Shire for people of all abilities.	9.2.1 Support key stakeholders to encourage participation, including through gender diverse programs to ensure inclusivity.	CH MASC Women's Health Loddon Mallee	Support	Medium	1-4	3,6,8
	9.2.2 Advocate for funding for gender diverse friendly facilities ensuring inclusivity.	MASC MAS LGBTIQA+ Steering Group SRV	Advocate	Medium	1-4	3,6,8

10. Reducing harmful alcohol and drug use

There is no safe level of drug use. Use of any drug always carries some risk. The long-term effects of regular use of alcohol or other drugs may eventually cause depression, poor memory and brain damage, difficulty getting an erection, difficulty having children, liver disease, cancer, high blood pressure and heart disease. The need to drink more over time to get the same effect physical effect from alcohol increases dependence.[lxxiii]

Australian guidelines recommend no more than 10 standard drinks a week and no more than 4 drinks in one day to reduce the risk of harm from alcohol-related disease or injury.[lxxiv] The Active Living Census revealed that 9.8% of the community drank alcohol every day and that 53.5% of Mount Alexander residents engaged in risky drinking behaviour.

Australia's annual overdose report undertaken by the Pennington Institute in 2020 stated that opioids continue to be the primary group associated with unintentional drug induced death.

There have been substantial changes in the types of opioids since 2001. While deaths involving pharmaceutical opioids have constituted the majority of unintentional deaths since 2004, there has been a dramatic rise in deaths involving heroin since 2012, resulting in heroin deaths overtaking those involving pharmaceutical opioids in 2018.

Benzodiazepines remain the second most common group of drugs identified in unintentional drug induced deaths, though these are predominately identified in polysubstance overdose deaths. Since 2013, there has been a substantial increase in intentional drug induced deaths involving benzodiazepines in Western Australia and Victoria. There has been a sharp rise in deaths involving stimulants (including Methamphetamine in Australia since 2012) which is seen in both regional and urban areas. In contrast the increase in deaths involving antidepressants has been slower.

The Pennington Report goes on to state that drug induced deaths are not confined to illegal drugs or those taken as medicines; alcohol may also be involved in unintentional drug induced deaths. When used in conjunction with other drugs, alcohol may contribute to fatal overdose, or rarely be the sole cause of the unintentional drug induced death. Until recently, alcohol was the third most common drug involved in unintentional drug induced deaths, though recently it has been surpassed by both stimulants and anti-depressants.

The data from Murray Primary Health Network has indicated in 2004 the unintentional drug induced deaths was 20 and in 2018 increased to 43. For Mount Alexander Shire that equates to the rate of 5-7.4 per 100,000 aggregated over the 2014 -2018 period.

Current evidence shows that regions of the brain developing during adolescence are particularly sensitive to even fairly low doses of alcohol. Of the young Australians aged 14-19 years who drink at risky levels, 83% reported being injured as a result of that drinking in the past year. Drinking at an early age or drinking frequently may also lead to alcohol dependency in late adolescence and early adulthood.[lxxv]

The Drug and Alcohol Foundation states that family, domestic or sexual violence often occurs in the context of alcohol and drug use. Alcohol is estimated to be involved in 65% of family violence reported to police and up to 47% of child abuse cases each year across Australia. 21% of Australians aged 14 and over have been verbally or physically abused or put in fear by someone under the influence of alcohol.

Substance use disorders are one of the leading causes of diseases and disability in young people across the world. [lxxvi]

Many contributing factors can influence the uptake of the use of Drug and or alcohol within the community and in

particular within young people, including difficult family environments, low school engagement and peer pressure.

Activities such as participating in organised sports, increasing parental involvement in young people's leisure time, strengthening relationships between parents and parents knowing where their young person is, are all factors that have been demonstrated to have positive effects in reducing alcohol and other drug uses. [lxxvii]

Victorians aged 18 to 24 years of age were more likely to be drinking alcohol at levels consistent with short term harm. [lxxviii] Anecdotal feedback from stakeholders have indicated that there are concerns, since the commencement of the COVID pandemic, of an increase in alcohol consumption amongst some young people. In the VicHealth Coronavirus Victorian Wellbeing Impact Study 2020 the rate of short term harm from alcohol consumption indicated young people aged 18-24 were as high as 17% of the community.

Compared to state averages,20 of the 22 LGAs in the Murray PHN region experience higher risk of harm from alcohol. Alcohol and other Drugs (AoD) use, in tandem with mental ill-health and is a concern for our communities. Research indicates that extreme weather events such as bushfires and floods (combined with the impact of COVID) have been associated with increased mental health issues, alcohol and drug misuse, domestic violence, chronic disease and short-term unemployment. [lxxix]

Respondents to a VicHealth Coronavirus Victorian Wellbeing Impact Study in 2020 were asked for the reasons they were drinking more alcohol during the first lockdown and could select multiple reasons. 43% percent indicated they were bored and 42 % were anxious and or stressed. People living alone were indicatively more likely to cite not having access to places they usually drink as a reason for consuming less alcohol.

Reducing harmful alcohol and drug use

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
10.1 Increase awareness to the community of the risks of drug, alcohol use and smoking.	10.1.1 Engage with Asset Management Committees to assist clubs in alcohol, tobacco, and illegal drug management as well as access to safe transport strategies and mental health resources.	Sports focus MASC Community Asset Committees Victorian Police Recreation organisations	Partner	Medium	1-4	2,3,4,5,6, 8,9,11
10.2 Ensure harm minimisation of the effects Alcohol and other drugs (AOD).	10.2.1 Advocate for the ongoing provision and expansion of AOD outreach services within the community.	Bulortj Children and Youth Network CH Victorian Police Salvation Army	Advocate / Support	High	1	2,3,4,5,6, 8,9,11

11. Reducing gambling harm

Gambling is a common activity in Australia, with prevalence surveys indicating that approximately 63.9% of adults gamble at least once per year (Dowling et al., 2016). While not all gamblers experience harms from gambling, gambling reaching problematic levels has been described as a public health concern due to the wide-ranging consequences (Shaffer & Korn, 2002). These wide ranging consequences are exemplified in the national definition of problem gambling, whereby problem gambling is characterised by difficulties in limiting money and/or time spent on gambling.[lxxx]

Gambling is an important public health issue for Australia [Marshall 2009], with Australians losing more money per capita on gambling than any other country in the world [The Economist 2014]. While gambling is often described as being part of Australia's culture, and a fun and positive activity for the vast majority of Australians [Miller et al. 2016; Thomas & Lewis 2012], research demonstrates that gambling can cause significant harms for individuals, their families and communities [Productivity Commission 2010]. Harm that is caused as a result of gambling is financial hardship, mental health issues and or family violence.

In Australia each year $12 billion is lost on electronic gambling machines (EGMs) which comprises about 50% of Australia's total gambling losses [Alliance for Gambling Reform 2017; Queensland Government 2017]. There are more EGMs per capita in Australia than anywhere in the world, with nearly 200,000 machines in community gambling venues (pubs and clubs). [lxxxi]

In Mount Alexander Shire $8053 was spent per day on poker machines. Over the course of a year the $2,150,043 is spent on pokies. There is only one venue in the Shire with 30 machines. This equates to 1.8 pokies Machine for every 1000 people. [lxxxii]

Today people tend to think of gambling as purely pokies, but this is incorrect. Gambling comprises of horse racing, harness racing, greyhound racing, sports bets, lottery, gaming, raffles and the like with many people having a flutter in hopes of getting out of poverty or hardship or striving for the next best thing in life. However, gambling often only compounds their hardship.

Thoroughbred wagering turnover in Victoria at TABs was $2.910 billion (an increase of $70 million or 2 per cent from 2016–2017). Greyhound racing turnover in Victoria at TABs was $932.35 million (an increase of $25 million or 3 per cent from 2016–2017). In total, Australians bet more than $242 billion in 2017-2018.

- 25.8 billion was spent on racing ($1,340 per capita)
- $181.4 billion was spent on gaming, like casinos and the pokies ($9,419 per capita)
- $11.6 billion on sports betting ($603 per capita) [lxxxiii]

The average person over 18 years in Australia is losing $1,260 per year just on gambling. Gambling harm can encompass the loss of homes, relationships, through to the loss of lives through suicide associated with gambling harm, conveyed Reverend Costello said in December 2019. There can be direct connections between gambling harm and family violence and mental ill-health. There are many more people impacted, it is estimated at least six more people connected to those gambling experience some negative impact.

The statistics above do not appear to include lottery tickets. Roy Morgan gallop poll indicated many people are spending up to $100 on Powerball each week. Finding aggregates of money spent on lottery type gambling has proven elusive.

Adolescent gambling has been associated with negative impacts on school performance and family and peer relationships, depression, and is also correlated with engagement in other risk behaviours such as alcohol and other drug

use. Adolescents today are increasingly exposed to gambling marketing through social media, online advertising and sports coverage, alongside increased accessibility and opportunities to gamble with the rise of internet and smart phone access. [lxxxiv]

The prevalence and correlates of gambling in secondary school students in Victoria, Australia, 2017 stated almost one in three students reported that they had gambled at some time in the past (31%). [lxxxv]

The growth of the gambling industry is associated with a range of poor outcomes and subsequent impacts on health. Gambling is aligned with addiction in and mental health issues. Gambling is linked to family and gendered violence, often with regard to the over spend of household resources and financial struggles. Gambling is also linked to smoking and alcohol use, as many gambling activities are in facilities where access to both is prevalent. Some forms of gambling occurs within settings of significant social activities. In recent times, a significant growth in gambling is the easy access to online gambling in all forms, with most being marketed extensively on all forms of medium at all times of the day.

An alliance of Local Government entities, community services, and peak bodies across Australia have come together to champion the reduction of gambling harm with the aim of advocating for change. Partnering with the Alliance for Gambling Reform will strengthen their position to assist with national and state government reforms in this area.

Reducing gambling harm

Objectives	Strategies	Responsibility	Council role	Prority	MPHWP Year	Aligns with priority areas
11.1 Work to improve the health and wellbeing of people and their families who have gambling problems.	11.1.1 Partner with the Alliance for gambling Reform to better understand the extent of gambling as an issue in the Shire.	MASC Gambling Alliance	Advocate	Medium	2	2,3,4,6, 8,10


BROOKS GENE
ANTIQUE MARKE

How will we know if the priorities have been addressed?

Monitoring progress

Once adopted by Council, an annual implementation plan will be developed that identifies priorities for action for each year of the Municipal Public Health and Wellbeing Plan. This will be reported on and reviewed annually. The implementation plan will be consistent with Council's Annual Plan that is developed each year to implement the priorities in the Council Plan 2021-2025.

Council will continue to work with the Department of Health, local government peak bodies, key stakeholders, Healthy Heart of Victoria and research bodies to support monitoring and reporting on community health and wellbeing.

As we implement the MPHWP, the outcomes framework will enable us to monitor our cumulative impact on changes to health and wellbeing across the Shire. Overall, the outcomes framework is a systematic way of measuring and reporting on longer-term changes, and will allow us to identify emerging trends and potential problems.

Reporting against the measures in the outcomes framework can help answer broad questions such as:

- Are Mount Alexander Shire residents experiencing improved health and wellbeing?
- Which populations and locations are experiencing the greatest and the least improvements to health and wellbeing?
- Is the rate of premature death due to chronic diseases decreasing, and which diseases and conditions are driving the decrease?
- Is the prevalence of risk factors for chronic disease decreasing and are the differences between advantaged and disadvantaged groups improving?
- Is the prevalence of protective factors for health and wellbeing increasing and for whom?

It can also help to answer more specific questions such as:

- Is the number of overweight and obese people increasing more than population growth, and for which age groups?
- What is the distribution of overweight and of obesity by gender and socioeconomic status?
- Is this pattern changing?
- Are children and adults becoming obese at younger ages? Is the smoking rate decreasing?
- For those who do smoke, is there a delay in the age people start smoking?
- Is social cohesion of Victorian communities improving and for which geographic areas? [lxxxvi]

We will evaluate the entire MPHWP at the near completion of the four year cycle. This will support the development of future plans.


Gold
Castlemaine
Daylesford

Partnerships

The development of the MPHWP is premised on an integrated approach to protecting, promoting and improving community health and wellbeing for the Shire's residents. This will require partnerships and strategic alliances with government, health and community service organisations, and communities of interest. A number of networks exist currently, at a local and regional level.

Healthy Mount Alexander, consisting of health and community service organisations, will continue to play an important role in ensuring that Council is able to complement the work of the health and community sectors and partner on funding opportunities, programs and projects.

Other locally based committees and networks, such as the Early Years Steering Group, the Middle Years Network, the Healthy Heart of Victoria initiative and the Healthy Systems Network will enable Council to more effectively support the work of direct service providers for our communities.

Council will continue to convene regular forums to bring together organisations and individuals with common interests, such as the LGBTQIA+ Steering Committee and the Indigenous Roundtable. These forums will continue to inform how Council can best seek to improve health outcomes in collaboration with local stakeholders.

Glossary

MPHWP Municipal Public Health and Wellbeing Plan 2021-2025

MASC Mount Alexander Shire Council

Council Entity

Shire Municipality

WHO World Health Organisation

VPHWA Victorian Population Health and Wellbeing Act

CVPCP Central Victorian Primary Care Partnership

CH Castlemaine Health

CHIRP/ CDCH Castlemaine District Community Health

CCH Castlemaine Community House

ABS Australian Bureau of Statistics

WHLM Women's Health Loddon Mallee

HHV Healthy Heart of Victoria

DALYs Disability Adjusted Life Years

MNC Maldon Neighbourhood Centre

MH Maldon Hospital

MPHN Murray Primary Health Network

NDIS National Disability Insurance Scheme

ALC Active Living Census

DELWP Department of Environment, Land, Water and Planning

EMCC Emergency Management Cluster Councils

DOT Department of Transport

LGBTQIA+ People who identify as lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual & many other terms (such as non-binary & pansexual)

SRV Sport and Recreation Victoria

CSC Castlemaine Secondary College

MARAM Multi Agency Risk Assessment Management

GP's General Practitioners

CRAF Common Risk Assessment Framework

MASDAG Mount Alexander Shire Disability Advocacy Group

COVID Corona Virus Disease

PTSD Post Traumatic Stress Disorder

CASI Community Activation and Social Inclusion

CHF Consumer Health Forum

RACGP Royal Australian College of General Practitioners

NHMRC National Health and Medical Research Council

HIV Human Immunodeficiency Virus

AOD Alcohol and Other Drugs

LGA's Local Government Areas

EGM Electronic Gaming Machines (pokies)

PHAMS Personal Helpers and Mentors

PIR Partners in Recovery

PHIDU Public Health Information Development Unit Torrens University Australia

PCG Project Control Group

MASG Mount Alexander Sustainability Group

PCP4CR Primary Care Partnerships for Community Resilience

MAC Mount Alexander Cycling

VBLYC Victorian Bluelight camp

ELM Every Life Matters

MASARG Mount Alexander Shire Accommodation and Respite Group

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Every effort has been made to ensure all sources of references have been captured throughout the writing of this Plan. It is acknowledged the way an issue of topic is mentioned in the provided references may differ from current practices or localised preferences, however when this has occurred we have respected the author to whom we referenced.

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