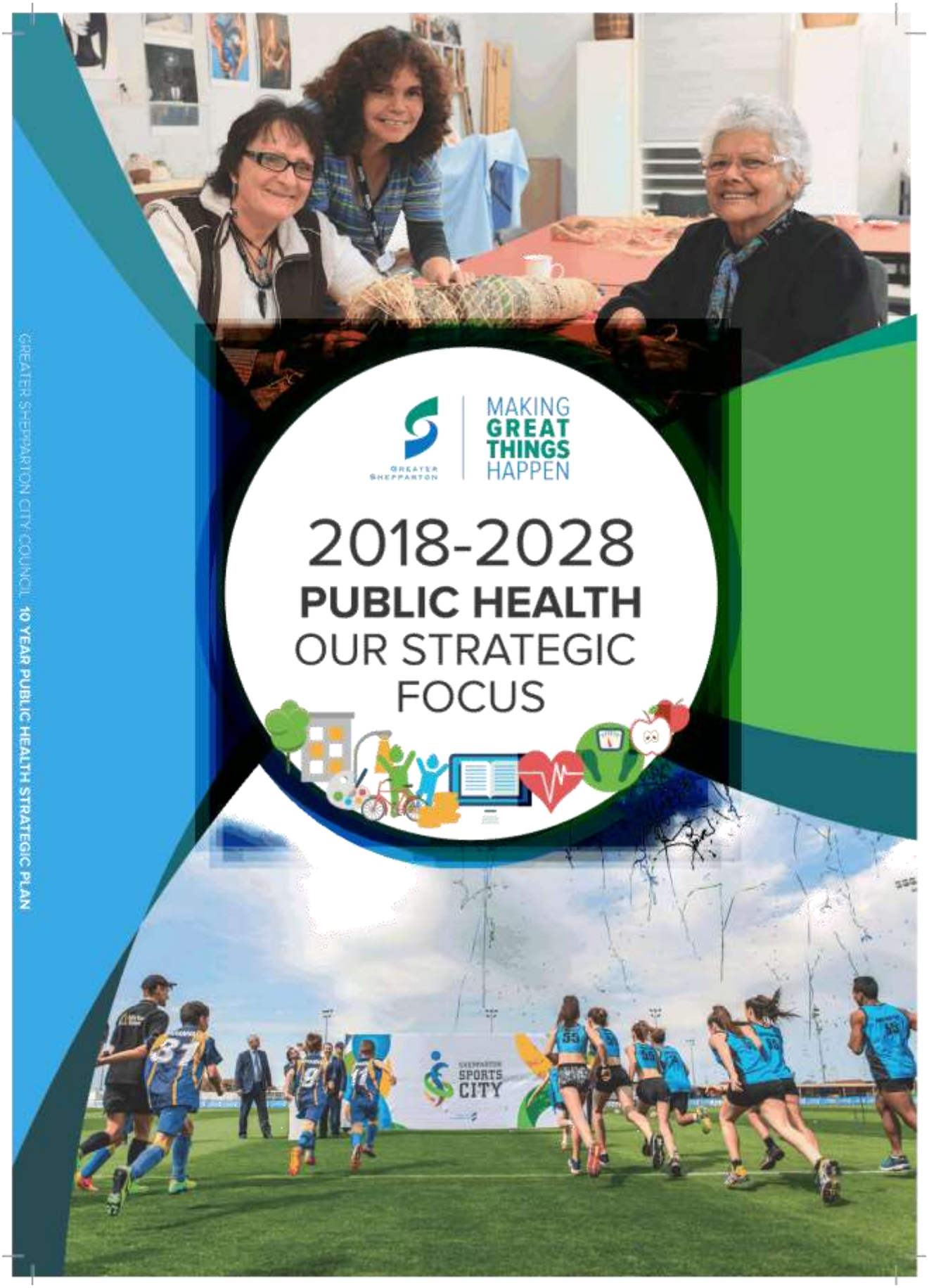
ATTACHMENT TO AGENDA ITEM

Ordinary Meeting

19 March 2019

Agenda Item 7.4	**Endorsement of the Greater Shepparton Public Health Strategic Plan 2018 -2028**
Attachment 1	**Greater Shepparton Public Health Strategic Plan 2018 - 2028 ..... 118**


GREATER SHEPPARTON CITY COUNCIL 10 YEAR PUBLIC HEALTH STRATEGIC PLAN
GREATER SHEPPARTON
MAKING GREAT THINGS HAPPEN
2018-2028
PUBLIC HEALTH
OUR STRATEGIC FOCUS
SHEPPARTON SPORTS CITY

Greater Shepparton City Council
Active Living Department

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Join the conversation:

Feedback is encouraged and clarification available.

The participation, contribution and assistance of the Greater Shepparton Public Health Advisory Committee to develop this Strategic Plan has been acknowledged and appreciated, including many local partner organisations and community member representatives.

Greater Shepparton City Council.
Released August 2017

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Message from the Mayor

It is with great pleasure that Council convenes the Greater Shepparton Public Health Advisory Committee and on behalf of the committee, presents the Greater Shepparton Public Health Strategic Plan.

As chair of the committee, creating an environment that enables people to lead a healthy lifestyle is important. As a community, we strive to make Greater Shepparton a municipality that facilitates increased physical activity, access to affordable healthy food, less reliance on private motor vehicles and thus improved air quality and reduced injury, giving attention to the provision of shade and sun protection, and consideration of how to reduce injury in the urban environment through appropriate design.

Local research and data indicates we need to collectively focus on a diverse range of health and wellbeing indicators, including but not limited to public transport and walkability, prevention of family violence and the prevalence of overweight and obesity.

While Council services were not traditionally considered to be 'health services', they are now acknowledged as delivering clear health benefits to the community. Services including maternal and child health, youth and children's services, aged services, sport, parks and recreation, art and performing arts, tourism and events, economic development, public health planning and services, environmental services as well as a range of community programs and initiatives all encourage our community to lead a healthy lifestyle.

The Greater Shepparton Public Health Advisory Committee, which has representation from primary and community health services, education, transport and business sectors as well as Council representation reflects the importance of health and wellbeing to the overall liveability of our municipality.

Working together across all sectors of our community will ensure a collaborative effort in ensuring we respond to local health issues that impact on our community.

I look forward to working with you all as we strive to create a healthier, welcoming and liveable Greater Shepparton.

Mayor Kim O'Keeffe
Greater Shepparton City Council
Chair Greater Shepparton Public Health Advisory Committee

Executive Summary

Greater Shepparton's Public Health Strategic Plan (Health Plan) is the long term public health strategic planning tool that demonstrates compliance of key statutory requirements of the Public Health and Wellbeing Act 2008 and the Local Government Act 1989.

The Environments for Health Framework 2001 underpin the public health planning approach for local government and is based on a social model for health which recognises the impact of the **social, built, economic** and **natural environment.** The four environments are recognised in the Council Plan 2017-2021.

The Council Plan 2017-2021 incorporates health and wellbeing matters and is the key strategic document that drives Council action and delivery of services.

Greater Shepparton's Public Health Strategic Plan (Health Plan) is the long term public health strategic planning tool that demonstrates compliance of key statutory requirements of the Public Health and Wellbeing Act 2008 and the Local Government Act 1989.

The Health Plan 'tells the story' of our unique Municipality based on an analysis of local demographics, Census data, our Health Status, case studies and health and wellbeing indicators.

The Health Plan health goals help to address local health issues, risks, gaps in services and emerging health needs significant to the Greater Shepparton area to deliver health outcomes into the future.

The Health Plan recognises key public health guiding principles; frameworks and strategic plans, together with Municipal responsibilities, local factors and associated health and wellbeing influences.

Globally the significance of a liveability focus across the life span to improve health outcomes has been addressed in key public health planning tools.

Together with local knowledge evidence informs us that a more liveable environment makes it easier for individuals to make better choices and also results in better local economical returns.

A regional approach utilising the existing Regional Cities Victoria network formed from the top ten regional cities in Victoria delivered a 'Liveability Index' in 2017, resulting with a comparative data set of liveability indicators.

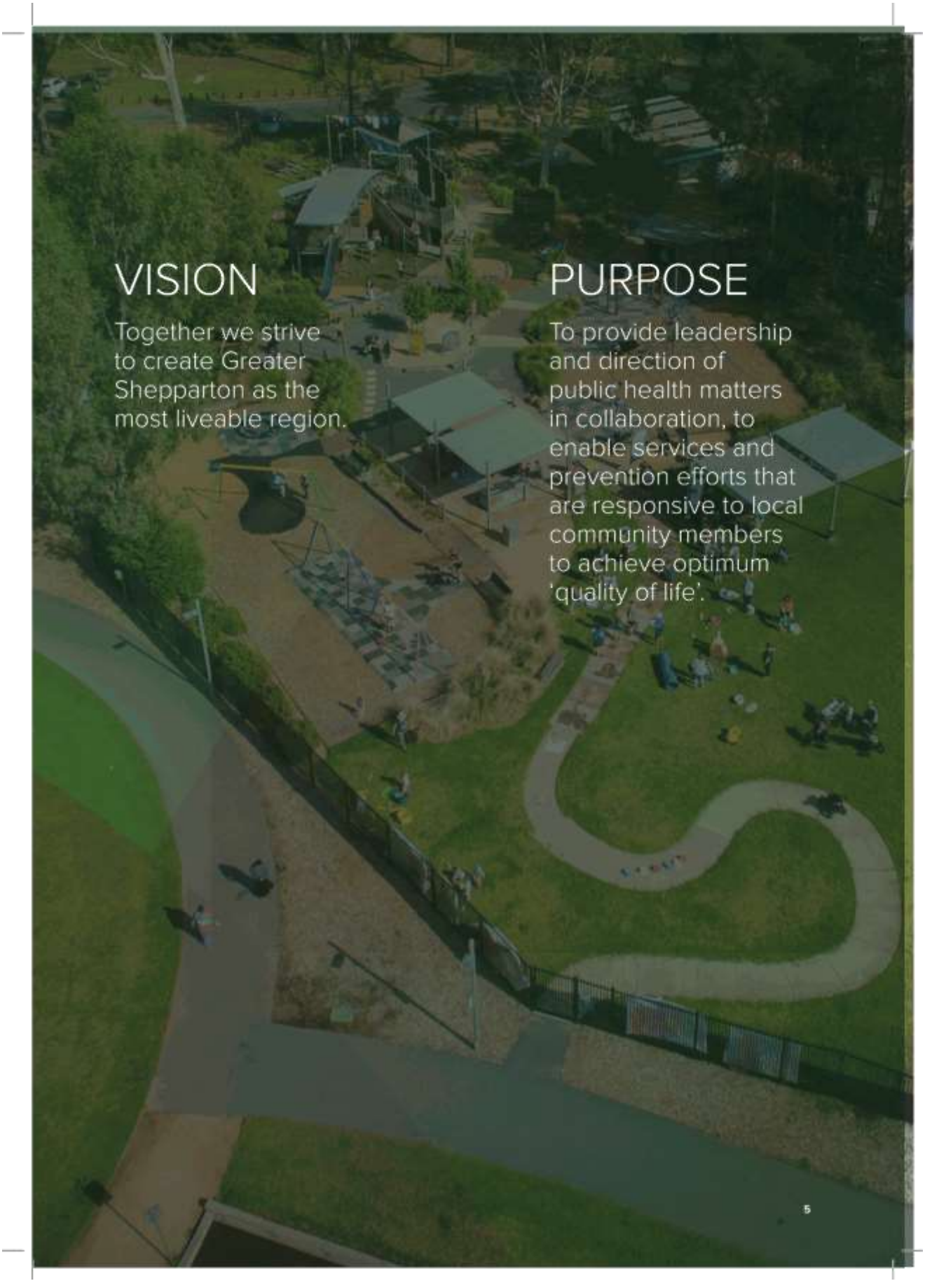
Locally a 'Neighbourhood Liveability Assessment of Shepparton' was completed by RMIT and funded by the Department of Health and Human Services in 2018. This report identified 17 themes of liveability with local measures captured using spatial mapping and provides the potential to compare commonalities on a smaller scale between Shepparton, small towns and local neighbourhoods into the future.

The Health Plan provides the catalyst for action to step forward, to change direction while considering emerging issues, chronic disease management and utilizing a liveability lens to consider health through the life stages. Using the eleven liveability domains specifically for Greater Shepparton a range of health goals are set to drive local action toward future desired outcomes, creating a more liveable region. These liveability domains will underpin the formation of working groups to work collaboratively on local issues.

The Health Plan will inform future public health planning priorities identified in the annual Public Health Implementation Plan that details local action and the development of health prevention models for the term of the Council Plan and into the future.

Consultation and community engagement is a key to public health planning.

Together with strong local and regional partnerships Council will lead and advocate for positive public health change delivering health outcomes for all to achieve optimum 'quality of life'.


VISION
Together we strive to create Greater Shepparton as the most liveable region.
PURPOSE
To provide leadership and direction of public health matters in collaboration, to enable services and prevention efforts that are responsive to local community members to achieve optimum 'quality of life'.
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INTRODUCTION

The World Health Organisation defines health as 'a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity.'

The social determinants of health are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status.

The Health Plan provides the framework for local action to address public health matters. The Plan includinged and considers strategic objectives of the Victorian Public Health and Wellbeing Outcomes Framework, Victorian Public Health and Wellbeing Plan combined with a liveability approach to consider public health equality across the life stages for individuals to achieve optimum quality of life. Planning for public health and wellbeing across a municipality requires a strategic approach, while meeting specific Council responsibilities of the Local Government Act and Public Health and Wellbeing Act.

The 2017-2021 Greater Shepparton Council Plan is the key tool that drives the strategic direction of Council over the next four years and is a requirement under the Local Government Act (1989). The Council Plan incorporates the Municpal Health and Wellbeing Plan (MPHWP) and details objectives to be achieved and to guide decision making, priorities and the allocation of resources by Council to deliver outcomes and services to the community.

The Family violence and municipal public health and wellbeing planning - guidance for local government resulted from recommendation 94 of the Royal Commission into Family Violence. Local Governments are required to report their local action to reduce family violence and respond to the needs of victims in preparing their MPHWP. Preventing violence and injury is one of six priority areas in the Victorian public health and wellbeing plan 2015-2019, that councils are required to give regard to when preparing their municipal public health and wellbeing plan as required by the Victorian Public Health and Wellbeing Act 2008.

Liveability is complex and influenced by an array of factors, depending on an individual's access to the social determinants of health, expectations of an individual and many factors outside of Council's control. Recent work from both a regional and local liveability assessment has provided significant evidence of suitable measures for comparative purposes to inform benchmarks and help to identify local targets for action into the future to bring health equity across the life stages.

Through the development and implementation of a liveability framework, Council will take a lead in providing services, facilities and places of engagement that can positively affect health and wellbeing, for individuals and entire communities. Council will continue to work closely with stakeholders to advocate for funding, new services, programs in partnership, and to support communities to consider what impacts on individual's health and quality of life.

Greater Shepparton

Greater Shepparton is a vibrant, diverse community located approximately two hours north of Melbourne, in the heart of the Goulburn Valley.

The major urban centers of Shepparton and Mooroopna are located at the confluence of the Goulburn and Broken Rivers and at the intersections of the Goulburn Valley and Midland Highways.

The city's population is almost evenly split between the main urban centers of Shepparton and Mooroopna, and the surrounding rural areas, including the smaller townships of Tatura, Murchison, Dookie, Merrigum, Congupna, Toolamba, Undera, Katandra and Tallygaroopna. This split reflects the wide range of lifestyle choices available across the municipality, from small urban blocks close to high quality amenities, through to large working orchards and farms.

Greater Shepparton's diverse and multicultural composition is one of its key qualities, with approximately 15% of residents born overseas.

The city also has a significant aboriginal population, with approximately 3.4% of residents identified as Aboriginal and Torres Strait Islander (ABS 2016).

Dairying and fruit growing are the major primary industries, with the viticulture and tomato industries also showing significant growth. Food processing is a significant secondary industry, with over 30 major food processing related businesses located within two hours of the major urban centres. The large volume of fresh and processed food stuffs produced in the region generates an extremely high number of freight movements. The road transport industry which has grown up to support this freight task is a substantial contributor to Greater Shepparton's economy in its own right and Shepparton is now provincial Victoria's largest truck sales and service centre.

Greater Shepparton has enjoyed strong industrial, business and residential growth over the past 10 years and Shepparton is one of the five fastest growing inland regional centres in Australia. Large food processing and retail developments have provided increased employment opportunities underpinned by this growth.

As a regional hub, Greater Shepparton provides a range of goods and services to a catchment of approximately 160,000 people. This regional role allows the city to support a strong and diverse retail sector and attract national retail outlets which in turn, increase the attractiveness of the city as a retail destination.

The city also enjoys high quality medical services and offers a range of tertiary education opportunities,

Greater Shepparton continues to reinforce its reputation as a key events destination within both the Victorian and national markets. The city has a strong history of attracting major events to the region to boost the local economy. Greater Shepparton City Council along with Federal, State and philanthropic commitment for a new Shepparton Art Museum to be completed by 2020 demonstrates a strong commitment to arts and culture within the region.

A SNAPSHOT OF OUR LIVEABILITY DOMAINS

Arts and Culture

Greater Shepparton residents can safely identify with their culture and identity

Access to Food

Greater Shepparton residents have access to affordable healthy food

Community Participation

Greater Shepparton residents are socially engaged and live in inclusive communities

Crime and Safety

Greater Shepparton residents live in a community that is safe and secure

Health and Social Services

Greater Shepparton residents have good physical health

Housing

Greater Shepparton residents have suitable and stable housing

0.72 domestic daytrip and overnight tourists visiting for arts and recreational activities, per resident

54% of people do not meet the dietary guidelines for either fruit or vegetable consumption

Residents living on the outer northern, southern and eastern areas of town have greater distances (generally above 3km) to access affordable fresh food

23.1% of people volunteer compared to the Victorian average of 20.8%

35.9% of female and **68%** of males feel safe when walking alone in local area at night

58.7% are overweight or obese compared to the Victorian average of 49.8%

38.7% of over 75s live alone. 73.9% are female and 26.1% are male

87% of children between 24 and 27 months are fully immunised

66% of lower income households are spending more than 30% of their total incomes on housing costs

Transport

Greater Shepparton residents have access to safe walking and cycling routes and reliable public transport options

Recreation Facilities and Public Open Space

Greater Shepparton residents have access to quality public open space

Education

Greater Shepparton residents participate in learning and education

Employment and Income

Greater Shepparton residents participate in and contribute to the economy

Sustainable Practices

Greater Shepparton residents have access to sustainable natural environments

54.7% live within 400m of a bus/tram stop or 800m of a train station compared to the Victorian average of 74.2%

7.2% of residents living in a private dwelling have no motor vehicle compared to the Victorian average of 8.4%

1.6% of land zoned for public use within urban areas

36.1% aged 15 years and over have completed Year 12 or equivalent compared to the Victorian average of 54.4%

$588 per person per week is the average income

Over **17,016** trees were planted in the 2017 by 2,771 participants across 44 planting sites

Over **37%** of all kerbside collection waste was diverted from landfill

OUR STRATEGIC FRAMEWORK

2030 Strategy

The City of Greater Shepparton and the Department of Sustainability and Environment have prepared Greater Shepparton 2030, a blueprint for building sustainable economic activity and maximising the quality of life in the municipality over the next 30 years.

This strategy updates the previous City of Greater Shepparton Strategy Plan 1996 which formed the basis for the current Municipal Strategic Statement (MSS). The MSS is the local strategy component of the Greater Shepparton Planning Scheme. The feedback from the community consultation assisted in the development of a vision and direction for following 25 to 30 years positively affecting most aspects of living and investing in our municipality through key themes:

1. Settlement and Housing
2. Community Life
3. Environment
4. Economic Development
5. Infrastructure

Council Plan 2017-2021

As specified in the Local Government Act 1989, Victorian local governments are required to prepare a Council Plan every four years. The Council plan sets the vision and high level strategic objectives for the Council term, guides activity undertaken and monitors the performance of the organisation in achieving its objectives. Section 125 of the Local Government Act 1989 requires the Council to prepare and approve a Council Plan.

The Public Health and Wellbeing Act 2008 reinforces the statutory role of councils to 'protect improve and promote public health and wellbeing within the municipal district' and requires Victorian municipalities to produce a Municipal Public Health and Wellbeing Plan (MPHWP). The MPHWP sets the broad mission, goals and priorities to enable people living in the municipality to achieve maximum health and wellbeing, particularly in the area of health prevention and promotion. Under the Public Health and Wellbeing Act 2008, MPHWP must address the following:

- Consideration of the directions and priorities of the Victorian Public Health and Wellbeing Plan 2015–2019.
- Consistency with Council's corporate plans and Council's land use plans as required by the Municipal Strategic Statement (MSS).

The Council Plan 2017–2021 is based on the key themes of the Environments for Health framework and incorporates the MPHWP. Greater Shepparton City Council obtained exemption from the Department of Health and Human Services to incorporate health and wellbeing matters into the Council Plan, as opposed to developing a separate MPHWP to the Council Plan. The Council Plan, and incorporated MPHWP, is reviewed annually and includes the following themes:

1. Leadership and Governance – provide strong civic leadership, advocacy and good governance in the operation of Greater Shepparton City Council
2. Social – develop resilient, inclusive, healthy communities that make Greater Shepparton a safe and harmonious place to live, work, learn and play.
3. Economic – build a thriving, resilient economy where Greater Shepparton is recognised as a competitive place to invest and grow business
4. Built – provide and support appealing relevant infrastructure that makes Greater Shepparton an attractive, liveable regional city
5. Environment – enhance and promote the clean, green environment that makes Greater Shepparton the unique place it is.

Public Health Strategic Plan

The Public Health Strategic Plan (Health Plan) sets the long term strategic approach to address health and wellbeing issues and achieve health outcomes for every individual to achieve optimum 'quality of life'.

Public Health Implementation Plan

The Public Health Implementation Plan (Implementation Plan) is developed annually and provides the annual strategic direction whereby Council will partner with DHHS and local stakeholders to implement positive health and wellbeing initiatives that address the Health Goals defined in the Public Health Strategic Plan.

Specific targets aim to address emerging population health trends, protect the community, prevent disease and address health dangers to achieve optimum health outcomes for all.

Annual Action Plan and Budget

Council's Annual Action Plan and Budget capture the annual action necessary to achieve the goals of the Council Plan and the resource capacity available.

Council is required to prepare and adopt an annual budget for each financial year in accordance with the Local Government Act 1989 and Local Government (Planning and Reporting) Regulation 2014.

The budget is required to include certain information about the rates and charges to be levied, capital works to be undertaken, the human resources required and other financial information Council requires to make informed decisions.

Department Business Plans

Department Business Plans provide the road map detailing how services and projects will be delivered with key performance indicators used to measure annual achievements.

Annual Report

The Annual Report provides a comprehensive account of Council's achievements, challenges and aspirations for the future. The report details performance against the commitments set in the Council Plan and provides an analysis of our financial performance.

Under the Victorian Local Government Act (1989) each Council is requires to compete an Annual Report.

GUIDING PRINCIPLES

International Influence

World Health Organisation

The World Health Organisation (WHO) was established in 1948 as a specialised agency of the United Nations serving as the directing and coordinating authority for international health matters and public health. WHO has provided clear scientific evidence to inform and support public health policies using the Social Determinants of Health (SDH) to consider key aspects of people's living and working conditions. The SDH address the core causes of ill health, health inequalities and identify the needs of those affected by poverty and social disadvantage.

Social Determinants of Health

To address key health and wellbeing inequalities public health planning needs to consider the social determinants of health (SDH) in which people are born, grow, work, live and age that shape daily life, are impacted by economic policies, social norms, social policies, political systems and the distribution of money, power and resources to improve liveability and health outcomes.

The SDH (Wilkinson & Marmot, 2003) are displayed below:

Social gradient

Life expectancy is shorter and most diseases are more common further down the social ladder in each society

Stress

Stressful circumstances, making people feel worried, anxious and unable to cope, is damaging to health and may lead to premature death

Early life

A good start in life means supporting mothers and young children - the health impacts of early development and education last a lifetime

Social exclusion

Life is short where quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives

Work

Stress in the workplace increases the risk of disease and people who have more control over their work have better health. It includes the type of work, management style and social relationships

Unemployment

Job security increases health, wellbeing and job satisfaction. Higher rates of unemployment, including insecure jobs and underemployment, cause more illnesses and premature death

Social support

Friendship, good social relations and strong supportive networks improve health at home, at work and in the community

Drug dependence

Individuals often turn to alcohol, drugs and tobacco as an escape from adversity to stress

Food

A good diet and adequate food supply including cost and access to fresh and healthy food, are central for promoting health and wellbeing

Transport

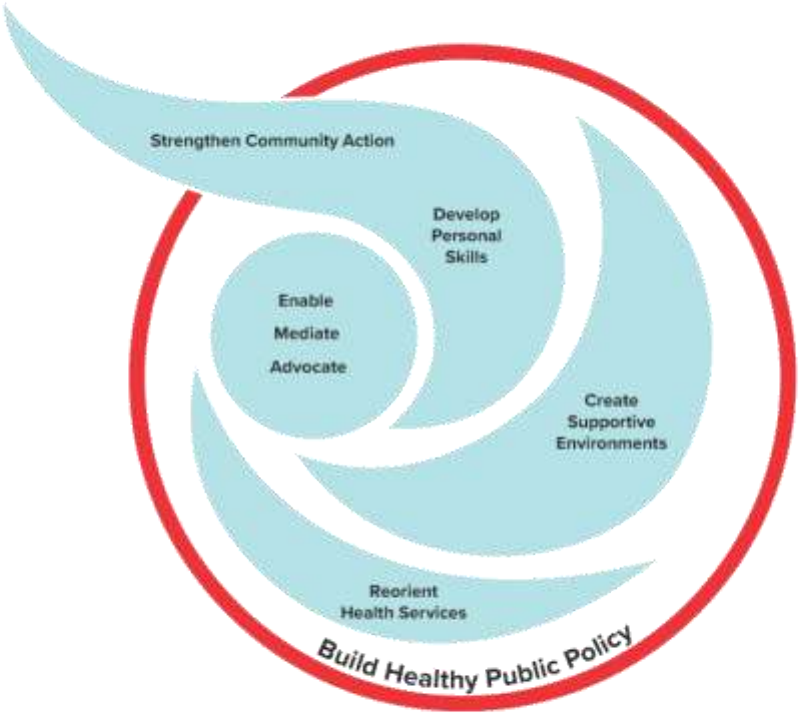
Healthy transport means less driving and more walking and cycling, backed up by better public transport

WHO Ottawa Charter for Health Promotion

First International Conference on Health Promotion, Ottawa, 21 November 1986.

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.



Prerequisites for Health

The fundamental conditions and resources for health are:

- Peace
- Shelter
- Education
- Food
- Income
- A stable eco-system
- Sustainable resources
- Social justice and
- Equity

The Ottawa Charter states that health promotion action means:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services
- Moving into the future

Health in all Policies

The Eighth Global Conference on Health Promotion was held in Helsinki, Finland from 10-14 June 2013, with the theme 'Health in All Policies' (HiAP). HiAP is an approach on health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. It also contributes to sustainable development. HiAP reflects the principles of:

- Legitimacy grounded in the rights and obligations conferred by national and international law
- Accountability of governments towards their people
- Transparency of policy-making and access to information
- Participation of wider society in the development and implementation of government policies and programmes
- Sustainability in order that policies aimed at meeting the needs of present generations do not compromise the needs of future generations
- Collaboration across sectors and levels of government in support of policies that promote health, equity, and sustainability

Jakarta Declaration on Leading health promotion into the twenty-first century

Emphasising the value of settings for implementing comprehensive strategies and providing an infrastructure for health promotion. Healthy cities are regarded as the best known and largest of the settings approaches.

A healthy city is 'one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential'. World Health Organisation 1998, The WHO Health Promotion Glossary, Geneva.

Councils can act as 'community builders' to achieve a strong and healthy community. However, they are not the only ones responsible for achieving this result. The WHO Healthy Cities program considers that a healthy city depends on 'a commitment to improve a city's environs and a willingness to forge the necessary connections in political, economic and social arenas' (WHO 'Types of Healthy Settings').

Other relevant frameworks:
Liveability Victoria International

UN Millennium Development Goals

The United Nations developed eight Millennium Development Goals (MDGs).

These goals are unprecedented efforts to meet the needs of the world's poorest and are considered in all facets of strategic health planning, as listed next.

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National Influence

Local Government Act 1989

The Local Government Act 1989 clearly states the primary objective of each Council is to promote the social, economic and environmental viability and sustainability of the Municipality, to improve the overall quality of life of people in the local community. The Act states that each Council will provide:

- Services and facilities that are accessible and equitable
- An equitable imposition of rates and charges
- Transparency in decision making processes
- Other functions relating to maintaining the peace, order and good government of the municipal district

Public Health and Wellbeing Act 2008

The Public Health and Wellbeing Act 2008 requires Councils to prepare a Municipal Public Health and Wellbeing Plan within 12 months of each general election of the Council to:

- Protect the community
- Prevent disease, illness, injury or premature death
- Improve and promote public health and wellbeing prevention strategies
- Reduce inequalities
- Address environmental health dangers within their Municipal area

Creating Liveable Cities in Australia

Creating Liveable Cities in Australia is the first 'baseline' measure of liveability in Australia's state and territory capitals presented by RMIT. It represents the culmination of five years of research. Liveable communities are good for the economy, social inclusion and environmental sustainability, and promote the health and wellbeing of residents. Liveability encourages affordable housing linked by public transport, walking and cycling paths to workplaces, public open space and all the amenities required for daily living. This report suggests seven domains of urban liveability that can be utilised to promote the health and wellbeing of Australians:

- Walkability
- Public transport
- Public open space
- Housing affordability
- Employment
- Food and alcohol environments

In many cases government planning policies are failing to deliver liveability equitably across our cities, with no Australian capital city performs well across all the liveability indicators. Current policies and guidelines do not appear to be informed by the growing body of evidence about how to achieve healthy, liveable cities.

Other relevant frameworks:

Blueprint for an Active Australia

State-wide Influence

Victorian Health Priorities Framework 2012-2022

The Victorian Health Priorities Framework 2012-2022 reflects the government's commitment to delivering the best healthcare outcomes possible and ensuring people are as healthy as they can be. Both Victorian Priorities Framework 2012-2022; Metropolitan Health Plan and Rural and Regional Health Plan, have adopted the same seven key health priority areas:

- Developing a system that is responsive to people's needs
- Improving every Victorian's health status and health experience
- Expanding service, workforce and system capacity
- Increasing the system's financial sustainability and productivity
- Implementing continuous improvements and innovation
- Increasing accountability and transparency
- Utilising e-health and communications technology

Victorian Public Health and Wellbeing Plan 2015 – 2019

The Victorian Public Health and Wellbeing Plan 2015–2019 outlines the government's key priorities to improve the health and wellbeing of all Victorians. This plan articulates the government's vision for a Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age with six key priority areas:

- Healthier eating and active living
- Tobacco free living
- Reducing harm from alcohol and drug use
- Improving mental health
- Preventing violence and inquiry
- Improving sexual and reproductive health

Victorian Public Health and Wellbeing Outcomes Framework 2016

The Victorian government's release of the Victorian Public Health and Wellbeing Outcomes Framework in October 2016 has become the key document for setting Municipal Health and Wellbeing annual strategies and performance measures to monitor progress over a longer timeframe and recognises that it can take decades to see real improvement or change. The outcomes framework requires Council to report achievement in Year Three of the Council Plan term. The five key domains for action are:

- Victorians are healthy and well
- Victorians are safe and secure
- Victorians have the capabilities to participate
- Victorians are connected to culture and community
- Victoria is liveable

Victorian Gender Equality Strategy 2017

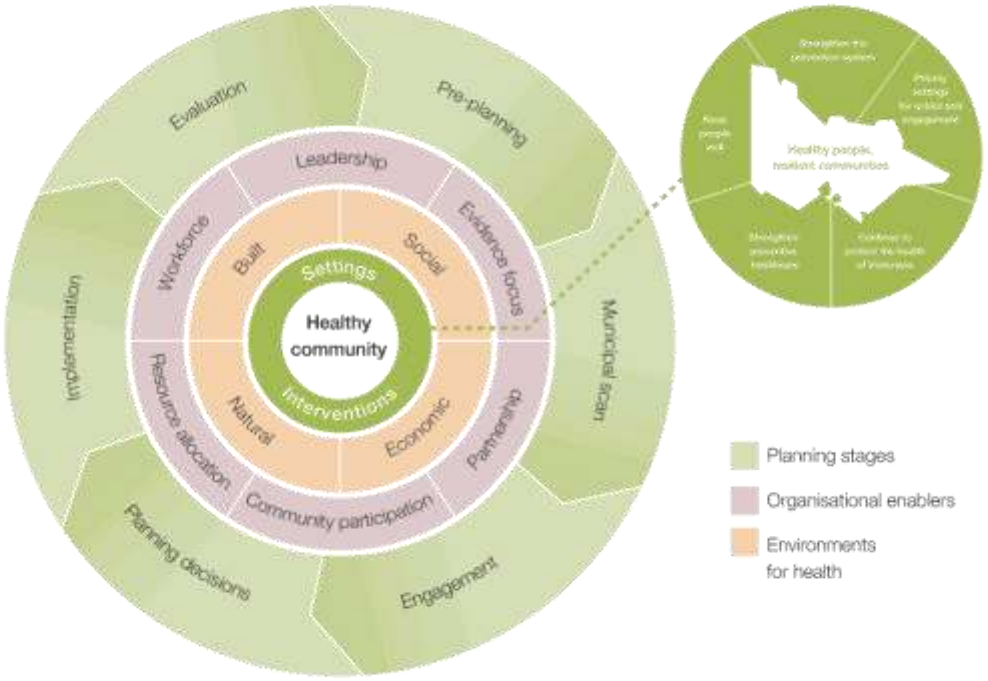
The Department of Health and Municipal Association of Victoria have recently instructed Councils to include family violence/gender equity in all future Public Health and Wellbeing Plans. The Victorian Gender Equality Strategy outlines key focus areas for change as a result of the Royal Commission into Family Violence. This Equality Strategy aims to build the attitudinal and behavioural change required to reduce violence against women and deliver gender equality.

Guide to Municipal Health and Wellbeing Planning 2013

The Department of Human Services have provided this Guide to recognise the experience of Councils in preparing public health plans and acknowledge their achievements over the last decades, noting the benefits of strong local collaborative partnerships. The guide provides councils and their partners with a set of strategic directions and broad priorities within which to develop municipal public health and wellbeing plans.

The emphasis is on local government being close to their community for a more effective local delivery system and is believed to underpin new approaches of how to work together to maximise the potential of preventative health interventions. The guide identifies that public health should focus on prevention, promotion and protection and consider the four environments for health; built, economic, natural and social.

This guide recognises six key stages for public health planning as details in the planning cycle below.



Environments for Health 2001

The Public Health Division of the Department of Human Services, in partnership with the Municipal Association of Victoria, Victorian Local Governance Association, local governments and other stakeholders, developed the Environments for Health (EH) in September 2001 as a Municipal Public Health Planning Framework to promote health and wellbeing through the four Environments for Health; Built, Economic, Natural and Social.

The EH is a planning resource to be used during the development, implementation and review of each Public Health Plan as legislated under the Health Act. The EH encourages strategic level planning, scanning health and wellbeing issues, researching, identifying action, considering impacts and setting priorities to achieve maximum health outcomes.

Environmental Dimensions	Components		Characteristics	Council Action Areas - Examples
Built / Physical	• Transport • Roads • Urban planning outcomes, such as housing • Built form • Amenities: parks, street lighting, footpaths, shops • Permeable neighbourhoods • Recreation facilities: playgrounds, sports facilities		• Liveable	• Land use planning • Industrial development • Transportation • Traffic management • Housing • Recreation • MSS, EES, works approvals
Social	• Demographics • Ethnicity • Sense of place and belonging • Sense of community • Social capital • Social support • Social inclusion or isolation • Lifelong learning	• Gender • Language • Art and culture • Participatory democracy • Community facilities • Perceptions of safety • Globalisation	• Equitable • Convivial	• Community support services • Community safety • Art and cultural development • Library services • Adult education services • Neighbourhood houses • Recreation programs
Economic	• Globalising economy • Economic policy	• Industrial development • Employment • Resources	• Sustainable	• Employment • Income distribution • Community economic development • EES, works approvals • Access and equity
Natural	• Climate • Geography • Air quality • Natural disasters • Global climate change	• Ozone layer • Impact on food production • Farming practices • Water quality • Native vegetation	• Viable	• Water quality • Waste management • Energy consumption

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Age Friendly Cities and Communities

In 2006 COTA, in partnership with the Municipal Association of Victoria, joined WHO as one of two Australian cities in the international project on Age-friendly Cities. An Age Friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. Supporting communities to become age friendly is one of the most effective strategies to promote active ageing. In Age Friendly communities older people live safely, enjoy good health and stay involved. Eight key domains were identified:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

Other relevant frameworks:

Health Planning Toolkit 2011
Leading the Way 2002
Victoria Local Government Women's Charter

Regional Influence

Deloitte Access Economics Liveability Index

In 2017 Deloitte Access Economics collated evidence to inform a comparative assessment of liveability indicators for Regional Cities Victoria (RCV), an alliance of the 10 largest regional Council's in Victoria. The primary objective of the Regional Partnerships is to give regions a stronger voice within State Government and to give them a direct pathway into State Government decision-making processes. Regional Partnerships will bring a whole of government lens to the complex issues facing regional communities and will give regional communities a voice straight into the heart of government.

The continued ability of regional cities to attract and retain residents can only happen if they are desirable place to live in/near, or when they score highly on liveability. It is anticipated that an objective liveability index, spanning multiple relevant criteria, can be used by member councils to highlight their strengths to attract and retain residents to live, work and play, whilst understanding potential opportunities to improve existing liveability performances.

The 24 indicators developed are grouped into seven themes, encompassing the key aspects of liveability with a metric developed for each indicator. Each metric is underpinned by one (or more) publically available datasets across the 10 RCV Local Government Areas (LGAs), Greater Melbourne (or the LGAs that comprise it), and Victoria.

The performance of each LGA for each indicator is also ranked, and assessed relative to Greater Melbourne.

INDICATOR	MEASURE
Human Capital	Labour force, unemployment, income level, tertiary, secondary and primary education.
Physical Capital	Internet, rail, airport, bus, taxi, walkability, vehicle access
Social Capital	Volunteering, giving support, multiculturalism, philanthropy
Health and Safety	Primary and tertiary health, crimes recorded, crime perceptions, gambling, population forecasts, birth rates, gender equality, liquor outlets
Housing Affordability	Housing stress, prices and house price multiple
Visitor Attraction	Visitor attraction
Local Amenities	Retail, higher order retail, arts/recreation, arts/recreation appeal, leisure and culture, natural environment.

GVPCP Catchment Integrated Health Promotion Plan 2017-2021

This collaborative plan identifies the local health promotion priorities of all health and community organisations across Greater Shepparton, Moira and Strathbogie municipalities. The plan is supported by the Goulburn Valley Primary Care Partnership, local Government representatives and guided by the Department of Health and Human Services. Health promotion priority areas for the catchment are healthy eating and active living.

The Hume Strategy for Sustainable Communities 2010-2020

The Hume Strategy for Sustainable Communities 2010-2020 is a 10 year regional strategic framework for long term cooperation and investment through a regional plan and four sub regional plans. The Hume Strategy is set out under five themes; environment, communities, economy, transport and land use.

Local Influence

Council Strategic Plans

Greater Shepparton City Council has a number of strategic plans to be considered when developing this strategic framework and future strategies or plans. Please refer to Appendix One.

Goulburn Valley Health Strategic Plan

Goulburn Valley Health's (GVH) strategic plan provides a framework to guide the future development of health services. GVH's key strategic directions include;

- Empowering your health
- Strengthening services
- Developing staff
- Working with partners

Neighbourhood Liveability Assessment of Shepparton

The application of indicators as evidence to plan for a healthy and liveable regional city. Dr Melanie Davern, Rebecca Roberts and Carl Higgins, Healthy Liveable Cities Group, Centre for Urban Research, RMIT University.

The Healthy Liveable Cities Group at RMIT University completed a Neighbourhood Liveability Assessment of the township of Shepparton early 2018. The research was funded by the Department of Health and Human Services and devised in partnership with Greater Shepparton City Council.

The Healthy Liveable Cities Group provided an assessment of liveability for 114 neighbourhoods or SA1s across the towns of Shepparton (83 neighbourhoods), Mooroopna (19 neighbourhoods) and Tatura (12 neighbourhoods) using 17 themes of liveability.

Measures were developed for the 13 indicators selected that capture key areas for comparison.

INDICATOR	MEASURE
Walkability	Walkability for Transport Index School Walkability
Housing	Proportion of households with income in the bottom 40 percent of the income distribution spending more than 30 per cent of household income on housing costs Proportion of households renting as a per cent of total households
Housing diversity	Number of different housing types present
Public Transport	Proportion of residential dwellings within 400m of a public transport stop Proportion of residential dwellings within 400m of a public transport stop with a scheduled service at least every 60 minutes between 7:00am and 7:00pm on a normal weekday. Closest distance to a train station with connection to a capital city.
Access to Food	Access to supermarkets (average distance to closest supermarket) Access to fast food outlets (average distance to closest fast food outlet)
Access to services of daily living	Average number of daily living types present; measured as a score of 0-3, with 1 point for each category of (convenience store/petrol station/newsagent, PT stop, supermarket) within 1600m network distance
Distance to nearest Public Open Space	Proportion of households within 400m of Public Open Space
Unemployment	People who are unemployed (per cent labour force)
Employment	Proportion of employed people (over 15 years) living and working in same area (SA2 in SA4)
Education	Completion of VCE or equivalent
Access to GPs	Average distance to GP clinic
Access to Services for Older People	Index of Access to Services for older people
SEIFA	Socio-economic Index for Areas – Relative Disadvantage (IRSD)

Other relevant frameworks:

2018 Fairley Foundation Philanthropic Summit Outcomes Document
City of Greater Shepparton Communities for Children Strategic Plan 2015-19
Greater Shepparton's Community Strategy for Children and Young People 2018-2023
GV Health Knowledge Exchange
The State of Greater Shepparton's Children Report 2014

DATA PROFILE

Evidence and analysis of key data sources is captured in three main sections; demographics, health and wellbeing priorities and liveability domains; to inform the current and emerging health status of the municipality.

The data is complemented with local reports which adds depth and 'tells the story' of key health and wellbeing measures.

Analysis of the data aims to provide examples of where our community is thriving, highlight areas of concern that can be addressed collectively, and identify potential data gaps.

The data informs the health goals we strive to achieve over the next 10 years, and will be reviewed annually to ensure the data sources remain current and reflective of changes in health status over time.

1. Demographics

The demographics sections of the report have been captured into the following groups; children and youth; adults and families; older adults; Aboriginal and Torres Strait Islander; Culturally and Linguistically Diverse (CALD); Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Community and People with Disability.

Children and Youth

According to the 2016 Census, 19.9% of the population is aged between 0 and 15, with a larger percentage of persons aged 0 to 4 (6.6% compared to 5.8%). 6.8% of the population is aged 15 to 19 in comparison with 6.1% in Regional Victoria. Attendance rates of children attending maternal and child health checks is 65.4% compared to 64.4% in Victoria. The rate of substantial child abuse per 1,000 population is 10.9 compared to 6.7 in Victoria. The rate of children on child protection orders per 1,000 population is 8.5 compared to 5.2 in Victoria. The rate of children in out of home care per 1,000 population is 7.7 compared to 4.6 in Victoria.

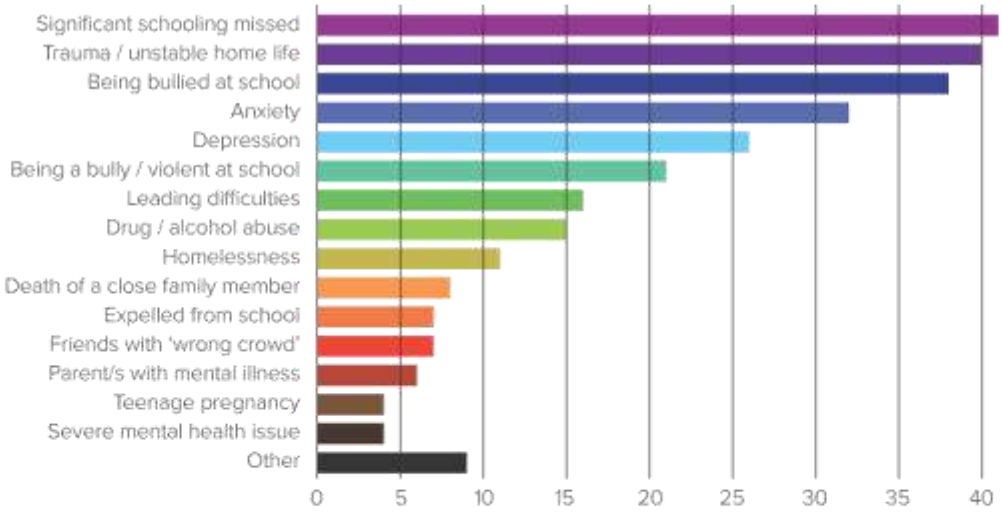
Falling Through the Cracks

The Lighthouse Foundation consulted with 83 local youth to investigate the reasons why significant numbers of young people (aged 12-24) living in the Greater Shepparton area were not participating in mainstream education, employment or training (work or study). Greater Shepparton's population of 63,300 in 2011 reflected 13 per cent or 7,840 were aged between 15-24 years. Key findings include:

- Study or Work: Approximately 30 per cent of 15-24 year olds (or 2,300 young people living in Greater Shepparton) were not currently engaged in work or study (otherwise referred to as being disengaged). The reasons for disengagement for the majority of the young people interviewed were complex and were most commonly attributed to one or more, and often several, of the following factors; trauma in the home, the breakdown of the family unit, experiencing a combination of moderate to severe physical, verbal and online bullying, anxiety issues often linked to the experience of being bullied (at school), significant schooling missed most commonly due to being bullied (at school) over an extended period and/or anxiety issues, anger issues/violence at school leading to the expulsion of the young person, drug and/or alcohol abuse by the young person.
- Bullying: There was a particularly strong correlation between a young person experiencing ongoing bullying in school and also experiencing one or more of the following; trauma in the home and/or, an unstable home life and/or, the family unit was no longer intact. Of the 38 young people interviewed who said they had experienced ongoing bullying at school, 32 had experienced one or more of the abovementioned situations in their home life.
- Feelings of Anger/Violence: There was a particularly strong correlation between being a bully and/or being angry/violent at school and also experiencing one or more of the following; trauma in the home and/or, an unstable home life and/or, the family unit was no longer intact. Of the 21 young people interviewed who said they had anger/violence issues at school or

were the bully at school, 19 had experienced one of more of the abovementioned situations in their home life.

- Feeling supported or not: The majority (34 of the 38 or 89 per cent) of the young people who were bullied did approach the school for assistance to address the issue. The majority (29 of the 38 or 76 per cent) also reported that they felt unsupported by the school when they and/or their parents had reported their concerns and the situation had not been satisfactorily resolved.
- Feelings of Anxiety: Anxiety and depression also appear to be a very real barrier to learning and engagement. Many young people interviewed stated that their anxiety issues prevented them being able to stay in a mainstream school environment and that it led to them missing significant schooling, sometimes for weeks or months at a time. Anxiety was noted as a factor in disengaging for 33 (42 per cent) of the young people interviewed, while depression was mentioned by 26 (33 per cent) of the young people as contributing towards their disengagement.
- School Absence: The most common reason given overall for disengagement was because the young person had missed significant schooling, most commonly due to the factors of experiencing bullying, anxiety/depression, violence/being a bully. Young people also cited 'learning difficulties' and being unable to keep up with their school work, as a reason for missing significant schooling.
- Home environment: Strong themes emerged that youth experiencing a troubled home life predisposes young people to be bullied or bully others. These vulnerable youth find transition to secondary school difficult with large numbers diagnosed with depression or anxiety, unable to cope in mainstream school settings. Alternative settings have merged to cater for this vulnerable cohort, with many expressing keenness to continue to learn. The extent and range of trauma in the home, unable to cope in mainstream education settings, dealing with bullying experiences and regularly going hungry were common in these troubled lives.
- Early Intervention: Early intervention and prevention measures were recommended, rather than relying on clinical and crisis responses.



Falling Through the Cracks, Lighthouse Project November 2016

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Adults and Families

Greater Shepparton has 50.3% of its population aged between 25 and 65 years.

Crossroads One Population Health Study

Crossroads One Study was conducted in 2001-3 which looked at rates of mental health, diabetes, cancer and other chronic health conditions, as well as emergency department, GP and hospital utilisation, across 9,260 adults and their children (approximately 6,000). Key findings from the original Crossroads One Study for the Goulburn Valley were:

- Diabetes was reported at 8.7 per cent of men and 7.5 per cent of women, which was higher than the Australian average
- Undiagnosed diabetes was high (26.3 per cent)
- Goulburn Valley residents recorded higher rates of people with false teeth than the Australian average
- Cardiovascular disease was reported by 13.2 per cent of men and 6.3 per cent of women
- Levels of obesity were higher in the Goulburn Valley (27.9 per cent) than the Australian average
- Residents of small towns were significantly less likely to have a regular GP (86.1 per cent) than residents of Shepparton/Mooroopna (90.9 per cent)
- Residents of small towns reported higher levels of physical exercise (46.0-48.4 per cent reported 150 minutes or more per week) than residents of Shepparton/Mooroopna (39.7 per cent), despite less access to physical activity amenities
- Residents of small towns travelled further for dental treatment, were less likely to have seen a dentist in the past year and were more likely to have false teeth than residents of Shepparton/Mooroopna

Crossroads Two Population Health Study

The Department of Rural Health, University of Melbourne conducted the Crossroads Two Population Health Study in 2016 across Greater Shepparton and Cobram. Crossroads Two will assess the prevalence of key factors contributing to metabolic disease, cancer and mental health conditions in the same population 15 years after the original Crossroads One Study. The changes in diagnosed and undiagnosed condition prevalence, health outcomes and health service access will also be assessed. A key objective of this study is for the data collected to be used to translate the findings into initiatives that may improve health outcomes for Goulburn Valley communities.

Older Adults

Census 2016 reports that as a nation, there are more of us, we're living longer, becoming more urbanised, more diverse, less religious, living closer together, earning more and forming the same type of family unit with early Census releases reporting that 85 is the new 65. Australia's once youthful population is ageing slowly. As our baby-boomer generation 'matures', we find that one in six of us are now over 65. More of us are surviving well into old age, thanks to improvements in diet, public health and medical technology. Our population of centenarians grew to 3,500 in 2016.

Generally, Women are living longer than men. Of those people aged 65 or older, 54 per cent are women and 46 per cent are men. Of those people aged 85 and older, 63 per cent are women and 37 per cent are men.

- Percentage of persons aged 75+ who live alone 38.7 per cent, of those 73.9 per cent are female and 26.1 per cent are male
- Aged care places (high care) per 1,000 eligible population 53.1 compared to 40.9 in Victoria
- Aged care places (low care) per 1,000 eligible population 56.5 compared to 44.4 in Victoria
- Age pension recipients per 1,000 eligible population 757.2 compared to 694.3 in Victoria

Aboriginal and Torres Strait Islander

Around 1.6 per cent of people in Greater Shepparton identified as Aboriginal and Torres Strait Islanders in the 2016 Australian Bureau of Statistics Census. However, anecdotal evidence shows that this is very under-represented, and Greater Shepparton's Aboriginal and Torres Strait Islanders population is actually nearly three times this, with a population of nearly 6,000.

Greater Shepparton comprises 2,186 Aboriginal and/or Torres Strait Islander persons (males 1,083 and females 1,103) living in Greater Shepparton with a median age of 22 compared to non-Indigenous residents with a median age of 40, with 1,812 living in a separate house, 168 in other private dwellings (includes semi-detached, flat, caravan, etc) and 52 in non-private dwellings.

The Greater Shepparton area holds significant Aboriginal cultural heritage, and is amongst the most culturally diverse municipalities in regional Victoria. Historically there were eight tribes that occupied Greater Shepparton, consisting of the Yorta Yorta, Bangerang, Kalitheban, Wollithiga, Moira, Ulupna, Kwat Kwat, Yalaba Yalaba and Nguaria-iliam-wurrung clans, all of which spoke the Yorta Yorta language.

Changing the Paradigm to 'Close the Gap'

Rumbalara Aboriginal Cooperative (RAC) produced an informative discussion paper identifying reasons behind the gap between the health and wellbeing of Aboriginal and Torres Strait Islanders (ATSI) and the general Australian community that may assist many to understand, consider and address their key health challenges into the future. Although Australia has one of the highest rates of life expectancy at 69.1 years for males and 73.7 years for females, the life expectancy for ATSI is about 10 years lower. The discussion paper identified the following seven key health determinants:

1. Cardiovascular Disease
2. Diabetes
3. Kidney Disease
4. Smoking
5. Obesity and Overweight
6. Asthma
7. Mental Health/Mental Illness

Being unwell is the norm: RAC believes that the community we serve and provide services to, presents with a skewed understanding and experience of what wellness and wellbeing is. RAC believe that the community has become so used to living in sub-optimal conditions, that this has become the new norm, and that this encompasses physical, mental, cultural, spiritual, educational, and economic wellbeing. This is because of a historical environment of trauma and disadvantage that has been experienced by multiple generations who have normalised a state of being 'unwell'.

Cultrually and Linguistically Diverse (CALD) Community

The Greater Shepparton region is multicultural and diverse made up of over 30 nationalities, who speak more than 50 languages.

- The 2016 Australian Bureau of Statistics Census (ABS 2016) shows that the population of Greater Shepparton is 65,593 with 14.8% 9,459 individuals of the population identifying as being born in a country other than Australia. Most of these (11.5% of the total population) were born in countries where English is not a first language
- Census 2016 data confirms that the five largest ancestries in the City of Greater Shepparton are Australian 35.1%, English 35%, Irish 11.6%, Scottish 9.5% and Italian 7.7%
- Overall, 76.8% of the Greater Shepparton population speak English only, with 15% speaking a non-english language. The dominant language was Italian 2.1% with others higher than the Victorian average being; Arabic 1.9%, Persian/Dari 1.7% and Punjabi 1.4%
- Data of emerging groups between Census 2011 to 2016 indicate those settling in Greater Shepparton were born overseas in India 397 persons, Afghanistan 198, Taiwan 170 and Phillipines 167.

People With Disability

In 2016, 3,829 people or 6% of the population living in Greater Shepparton reported needing help in their day-to-day lives, which is comparable to Regional Victoria. There were 6,194 carers providing unpaid assistance to a person with a disability, long term illness or old age in 2016 (ABS 2016).

According to Australian Bureau Statistics data (2011) in any community at any one time, 20 per cent of the population has a permanent disability whilst another 6 per cent have a temporary disability. In relative terms this means that one in four people will have a disability. The percentage of people with disability increased as people age – for example 54 per cent of people over 65 years of age have a disability and this increase to 81 per cent for people over 84 years. It is important to recognise that the term 'disability' represents many different personal challenges of impairment. Greater Shepparton has a projected population of more than 62,000. Using the statistics above this indicates that there are currently 12,000 people in the municipality who have a permanent disability, and 3,600 residents who are living with a temporary disability.

The National Disability Insurance Scheme (NDIS) is a significant reform in disability services and is being rolled out nationally, to meet the needs of eligible people with significant and ongoing disabilities and who are under 65 years of age (under 50 for Indigenous). Greater Shepparton is scheduled to commence transition in January 2019 with the full transition to be completed by June 2019. To be eligible for the NDIS an individual must:

- Have a permanent disability that significantly affects their ability to take part in everyday activities
- Be aged less than 65 years
- Meet certain requirements for citizenship.

Current data indicates that of the 233 persons currently accessing Home and Community Care Program for Younger People (HACCPYP) support via council, approximately 70 will be eligible for the NDIS. The indicative funding table provided by the Department of Health and Human Services, indicates that 58 per cent of existing funding will transition leaving council with 42 per cent of current funding to service up to 70 per cent of clients not eligible for the NDIS by 2020 / 21.

LGBTI Community

Many lesbian, gay, bisexual, transgender and intersex (LGBTI) Victorians live healthy, connected, happy and positive lives, but the LGBTI population have poorer health and wellbeing outcomes than other Victorians in some areas. These areas include mental health, suicide, general health, alcohol and other drug use. Social determinants, such as discrimination on the basis of sexual orientation or gender identity and reduced access to appropriate health care, can affect these poorer health and wellbeing outcomes.

2. Health and Wellbeing Priorities

The Health and Wellbeing priorities are informed by the Victorian Public Health and Wellbeing Plan 2015-2019. Key local data identifies how we perform and helps to identify areas of concern. An explanation of why each priority is important for consideration is provided and helps to inform our health goals to improve health outcomes in Greater Shepparton.

Aged and Disability Services

Greater Shepparton City Council has provided assessment and support services under the Home and Community Care (HACC) program since its inception in 1985. The HACC program has supported frail older people, and people with disabilities, to remain living at home with dignity and to support their carers through the provision of a range of integrated, effective, flexible and responsive Home Care services.

- Council provided 20,246 meals on wheels delivered to frail, aged and those convalescing in 2017.
- Over 17,578 hours of domestic assistance were provided, 7,390 hours of personal care and 3,830 hours of respite care provided.

Assessment Services

The State continue to manage the Assessment function on behalf of the Commonwealth for people over the age of 65 years (over 50 for Indigenous) and an agreement exists between council and the State government to deliver this function within Greater Shepparton until June 2020.

Effective from 1 October 2017, the assessment team is now also assessing every client for Community Home Support Program district nursing and allied health services.

Assessment continues to be a funded activity by the State government for persons under the age of 65 years (under 50 for Indigenous) to access the Home and Community Care Program for Younger People (HACCPYP).

Breastfeeding

Breastfeeding is the biological way of providing infants and young children with the nutrients required for optimum growth and development. Australian and international guidelines recommend that infants be exclusively breastfed until around six months of age, and that mothers continue breastfeeding with the addition of appropriate complementary foods for up to two years or beyond.

- Greater Shepparton is striving to be a Breastfeeding friendly city - where women can find the support they need to successfully breastfeed and find comfortable places to breastfeed, a place where professionals come to participate in high quality breastfeeding education, workplaces are encouraged to support breastfeeding, and community members and breastfeeding professionals work together to make Greater Shepparton a great place for breastfeeding
- More mothers in Greater Shepparton are fully breastfeeding their babies upon discharge from hospital compared to the average for Victorian mothers at discharge. However, the proportion of babies who are fully breastfed by their mothers in Greater Shepparton drops below state averages at 3 and 6 months
- At 3 months, 42.5% of infants are fully breastfed compared to 51.4% in Victoria
- At 6 months, 16% of babies are fully breastfed (compared with the state average 34%) and 25% are partially breastfed by mothers in Greater Shepparton (compared with the state average of 16%).

Chronic Disease Management

Chronic diseases affect the quality of life of many Victorians, and can lead to disability and premature death. They also account for a large share of Victoria's healthcare costs.

Chronic diseases can develop and progress differently among people affected, but they have similar characteristics; their cause can be complex, involving many risk factors; they may take a long time to develop; they result in a long illness, which often cannot be cured and they can lead to functional impairment or disability. Effective chronic disease management uses a model of shared care that engages people with a chronic disease as well as service providers. Integrated Chronic Disease Management (ICDM) is to slow the rate of disease progression while maximising health and wellbeing; improve access to quality, integrated multidisciplinary care; facilitate client and carer empowerment through self-management programs and approaches; actively engage general practitioners as part of a multidisciplinary coordinated approach; and reduce inappropriate demands on the acute health care system.

- People reporting asthma 13.7 per cent
- People reporting type 2 diabetes 4.9 per cent
- People reporting high blood pressure 25.4 per cent
- People reporting osteoporosis 4.6 per cent
- People reporting arthritis 19 per cent
- Avoidable deaths among people aged less than 75 years, all causes, per 100,000 population 130.3, Greater Shepparton is ranked 29 of the 79 LGA's
- Avoidable deaths among people aged less than 75 years, cancer, per 100,000 population 28.7, Greater Shepparton is ranked 16 of the 79 LGA's
- Avoidable deaths among people aged less than 75 years, cardiovascular disease, per 100,000 population 25.2, Greater Shepparton is ranked 46 of the 79 LGA's
- Avoidable deaths among people aged less than 75 years, respiratory disease, per 100,000 population 9.2, Greater Shepparton is ranked 40 of the 79 LGA's

Healthy Eating and Active Living

Healthy Eating

A healthy diet is vital for optimal growth, development and health throughout life and contributes to physical vitality, mental health and social wellbeing. The Australian Dietary Guidelines recommend eating a healthy diet with plenty of nutritious foods such as vegetables, fruit, lean protein, low-fat milk, cheese and yoghurt, nuts and seeds and wholegrains; and low in discretionary foods that are high in excess energy (kilojoules), such as salt, added sugar, saturated fat and trans fats which are found in sugar-sweetened beverages and fried foods. Excess intake contributes to an increased risk of obesity, cardiovascular disease, diabetes, some cancers and dental caries.

In Victoria, only one in 20 (6%) adults eat the recommended amount of five serves of vegetables per day, and approximately half (48%), eat the recommended amount of two serves of fruit per day.

Locally, 54% of people do not meet the dietary guidelines for either fruit or vegetable consumption. There is further evidence that people living in areas of high social disadvantage are more likely to be overweight or obese, and to drink greater amounts of sugar-sweetened beverages, in addition, are likely to spend approximately 30% of their weekly income on take away and fast food. The Goulburn DHS area, containing Greater Shepparton LGA, was ranked 7th highest out of 17 DHS areas in 2013 for the proportion of children eating the minimum recommended serves of fruit daily. All DHS areas reported rates of children eating the minimum recommended serves of vegetables daily less than 6%; most less than 4%. In Victoria, the direct healthcare costs attributed to overweight and obesity is estimated at $14.4 billion, annually.

Physical Activity

Low levels of physical activity and high levels of sedentary behaviour (including prolonged sitting) are major risk factors for ill health and mortality. Individuals, who don't participate in regular physical activity, have greater risk of cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically active improves mental and musculoskeletal health and reduces other risk factors such as overweight, high blood pressure, high blood cholesterol, reducing the risk of developing major chronic diseases, managing body weight and developing social connections. In addition to health benefits, there are also environmental, economic and social benefits. Active travel behaviours such as walking and cycling reduce greenhouse gas emissions, pollution and energy use, contributing to environmental benefits. Economic benefits include reducing costs associated with passenger transport, road infrastructure and traffic congestion. Social benefits include increased social connections, improved neighbourhood trust and safety, and reduced crime.

Victorian trends in participation of physical activity and sport demonstrate growth in non-organised participation (70.5%) compared to traditional club-based organised sport (28.7%). Walking continues to be the most popular form of physical activity in Victoria. The Australian Physical Activity and Sedentary Behaviour Guidelines recommend adults aged 18-64 years be active on most, preferably all, days of the week, aiming for 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity.

Half (54%) of Greater Shepparton residents do not meet these recommended guidelines.

Obesity prevention

A Deakin University project Reflexive Evidence and Systems interventions to Prevent Obesity and Non-communicable Disease (RESPOND) led by the NHMRC Partnership Project Grant will trial a whole of community approach in Northern Victoria using systems science to guide planning and implementation and accelerate efforts to prevent childhood obesity.

The five-year project will target more than 30,000 children from birth to 12 years of age across 10 local government areas (LGAs), 14 health services and 116 schools in the Ovens Murray and Goulburn regions of Victoria, including those located in Greater Shepparton, Moira and Strathbogie Shires.

The project is the first stepped-wedge cluster randomised controlled trial of a whole of system childhood obesity prevention approach at scale in Northern Victoria.

Prior to the announcement of the REPOND Grant, a collaborative obesity monitoring program initiated by Goulburn Valley Primary Care Partnership (GVPCP) and the Greater Shepparton Public Health Advisory Committee, with the support and guidance of Deakin University developed a local healthy weight range monitoring program in 2016. A significant part of the research methodology behind this initiative is based on a community led change approach, supported by gaining and using local data in real time, then utilising a systems thinking and collective impact approach to engage the community to lead investment and commitment to long-term change through greater awareness. Primary School students in years 2, 4 and 6 were surveyed and measured to capture their health status, physical activity, nutrition and wellbeing.

- From 62 schools invited across the Goulburn Valley area (GV) 39 participated, being 23 in Greater Shepparton from a possible 36
- A total of 1,616 students participated from the GV
- Of 1,493 students who had complete height and weight measurements recorded 36.3 per cent were classified as overweight or obese; Greater Shepparton (GS) 37.5 per cent, Moira 33 per cent and Strathbogie 29.6 per cent

Results for Greater Shepparton specifically indicated:

- Two serves of fruit per day were consumed by 72.3 per cent of students in GS
- Vegetable intake indicated 14.4 per cent consumed 4.5 serves of vegetables per day
- 12.6 per cent consumed take away two or more times per week
- 54.1 per cent consumed five or more glasses of water per day
- 23.1 per cent consumed one or more sugar sweetened beverages per day
- 16.9 per cent engage in moderate or vigorous physical activity
- 55.6 per cent engaged in two hours or less of screen time daily
- 23.9 per cent use active transport to or from school daily in GS compared to the National average for those aged 6-12 years of 37 per cent

Gambling

Problem gambling is the result of the complex interplay between many different factors. These factors include characteristics of the individual (knowledge, attitudes, beliefs, personality traits, personal experience); the influence of parents, peers and family; social and cultural norms; aspects of the gambling environment, including what gambling is offered, in what setting and how it is marketed, and the broader policy and legislative environment which governs access to and availability of the means to gamble. Gambling doesn't just affect a person's finances, it, can also affect their health. There is a strong link between gambling and mental health, as well as a connection between gamblers smoking or drinking alcohol.

- Venues are located in the most disadvantaged neighbourhoods based on SEIFA, with over $16 million expended on electronic gaming machine (LA)
- Adult population 47,832, Total net expenditure 31,380,787.26, Population (18+) per venue 5,979, Net Electronic Gaming Machine Expenditure per adult 656.06, Electronic Gaming Machine per 1000 (18+) 7 (ABS)

Immunisation

Vaccination protects against infection, saves lives and protects those who are too young or too sick to be immunised. The risk of complications from childhood diseases like measles is much higher than the risks of vaccination. 'No Jab, No Play' is the name of legislation that requires all children to be fully vaccinated unless they have a medical exemption to be enrolled in childcare or kindergarten in Victoria. By law, a child must have an Immunisation History Statement from the Australian Immunisation Register to enrol in primary school.

- Children fully immunised between 24 and 27 months in Greater Shepparton is 87 per cent.
- Children fully immunised between 60 and 63 months is 96.22 per cent

Mental Health and Wellbeing

Mental health and wellbeing are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. Mental wellbeing has been defined as a 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

Levels of mental wellbeing and prevalence of mental illness vary according to socio-demographic and socioeconomic factors, with disadvantaged and marginalised population groups having a higher risk of experiencing mental illness and poor mental wellbeing. While mental wellbeing and mental illness are considered to be distinct concepts, many factors that promote mental wellbeing are also factors that may protect against mental illness. These factors include resilience and social connection. Resilience, social capital and social connection are important for the development and maintenance of mental health and wellbeing. Resilience is a person's capacity to overcome significant challenges or negative life events and successfully return to their previous level of function, avoiding mental ill-health. High levels of resilience are associated with a lower risk of mental health problems and an improved sense of mental wellbeing. Social capital describes the benefits that arise as a consequence of social connections. Developing positive social connections and relationships is essential for optimal development, and provides a wide range of positive physical and mental health outcomes.

- Greater Shepparton has 19.4 registered mental health clients per 1,000 population.

VicHealth Bright Futures Youth Study

VicHealth's Mental Wellbeing Strategy 2015-19 captured the factors set to influence the mental health and wellbeing of youth aged from 12-25 years, recognising that it is a critical period of social and emotional development where youth face serious challenges that may result with a lifelong impact. VicHealth identified the five key factors as a result of their survey findings in the metropolitan area:

- The rising bar
- Out of the shadows
- Global reach
- Overexposure online
- Life's richer tapestry

A survey was co-designed with local education, health and community organisation stakeholders to explore local factors causing poor mental health and wellbeing in Greater Shepparton. The five key health issues identified from survey findings by our local youth were:

- Perceptions of own health; self image, weight, mental health, physical activity
- Social isolation; feeling alone, not connected to community
- Future security; employment, education, housing
- Access to health services; ability to attend, transport, affordability
- Safety; increased lighting, less drugs, more support services, higher police presence

In summary there were 487 survey respondents with key findings:

- Most (49.9 per cent) reside with both parents and although the majority of respondents were happy with what they were achieving in life, they were concerned of their mental wellbeing, weight and level of physical activity
- Respondents reflected high levels of stress and anxiety, inability to cope with negative feelings and there were significant numbers of respondents that indicated a fear of failure.
- More than half of the respondents (54.1 per cent) indicated that they got eight or more hours of sleep, however sleep was interrupted for a variety of reasons including; anxiety (25.3 per cent), distractions by phone/technology (20.2 per cent), homework or study (19.7 per cent), worrying about work or money, with the remaining respondents listing family, friends, nightmares and health as disturbances
- Most respondents indicated that they feel safe and included at home or school, but not in their local community. Less than half of the respondents (39.7 per cent) believe they will still be attending school in five years' time and are attending regularly (80.8 per cent) with only four (0.9 per cent) never attending
- Most respondents were happy with the help they received from others and indicated family, friends and neighbours as the preferred option, with some (17 per cent) indicating they felt uneasy or nervous about talking to support services or concerned of the cost and ability to access services
- Sport or physical recreation groups appear to be the most dominant reason of regular social interaction, however many respondents stated that they have no regular involvement with any organised groups

Headspace Centre Activity Overview Report

Headspace Shepparton provide reports to inform headspace centre staff and lead agencies of the centre's activity, based on client service activity data and local demographics allowing comparison to national averages for the 2015/16 period. Data findings include:

- There were 2,456 clients (young persons aged between 12 to 25 years) that received Occasions of Service at Headspace Shepparton; provision of face to face or over the phone full assessments compared to the National Centre Average of 3,024 in FY 2015
- There were 658 serviced young people in FY 2015
- There were 469 new young people attending in FY 2015; that have received services for the first time during the 12 month period (national Centre Average 466)
- 140 youth returned for services (national Centre Average163) in FY 2015
- Average frequency of visits was 3.7 (national Centre Average 4.4) in FY 2015
- Visits were significantly higher during May and June
- Wait times to access services were similar for both local and national rates
- Significantly higher numbers of females access the services (172 or 67.5 per cent), males (80 or 31.4 per cent) and other (three or 1.2 per cent) (comparative to national rates)
- The highest volume of attendees were aged between 15-17 years
- Majority of attendees (180 or 92.3 per cent) reported having somewhere to live (nationally 89.5 per cent)
- Higher proportion of the attendees were Aboriginal and Torres Strait Islanders (25 or 9.9 per cent) accessed local services than national rates (2,127 or 7.8 per cent)
- Lower proportion of the attendees were Culturally or Linguistically Diverse (CALD) (eight or 3.2 per cent) accessed local services than national Centre Average rates (2,265 or 8.3 per cent)
- Mental health/behaviour is the dominant reason for attending (78.2 per cent), situational less (14 per cent), alcohol and other drugs (3.3 per cent) and vocational assistance, physical health and other being very low (comparative to national Centre Average rates)
- The majority of attendees heard of the service from somebody else
- Nearly half of all attendees (48 per cent) were referred by somebody they know, with many advising it was their idea to seek help (26.4 per cent).

Oral Health

Improving oral health requires access to fluoride (in water and toothpaste), good dental hygiene and regular access to preventative dental care. The major oral disease that cause poor oral health are tooth decay, gum disease and oral cancers. Dental decay is the second most costly diet-related disease in Australia, with an economic impact comparable with heart disease and diabetes. Oral disease is a key marker of disadvantage, with greater levels experienced by people on low income, dependant older people, Aboriginal people, people in rural areas, people with disability, and immigrant groups from culturally and linguistically diverse backgrounds.

Dental Health Services Victoria data for Greater Shepparton from 2014 – 2016 indicates the following:

- The proportion of children presenting with at least one decayed, missing or filled primary teeth (baby) or permanent (adult) tooth, attending public dental services for 0 – 5 years (46 per cent), 6 – 8 years (70 per cent), 9 – 12 years (67 per cent) and 13 – 17 years (74 per cent)
- The proportion of adults presenting with at least one decayed, missing or filled primary teeth (baby) or permanent (adult) tooth, attending public dental services for 18 – 24 years (88 per cent), 25 – 44 years (96 per cent), 45 – 64 years (100 per cent) and 65+ years (100 per cent)
- The average number of decayed, missing or filled primary (baby) and permanent teeth for children attending public dental services for 0 – 5 years (2.53), 6 – 8 years (3.38), 9 – 12 years (2.48), 13 – 17 years (2.87)
- The average number of decayed, missing or filled primary (baby) and permanent teeth for adults attending public dental services for 18 – 24 years (5.37), 25 – 44 years (12.42), 45 – 64 years (19.20), 65+ years (24.84)
- Potentially preventable hospitalisations due to dental conditions for children aged 0 – 4 years from 2013 – 2014 is 5.26 per 1,000 population
- 3.2 per cent of people report poor dental health with 0.2 dental service sites per 1,000 population.

Participation in Screening

Early diagnosis generally increases the chances for successful treatment by focusing on detecting symptomatic patients as early as possible. Early diagnosis improves outcomes by providing care at the earliest possible stage and is therefore an important public health strategy in all settings.

Pap screening data from 2014-2015 showed 58.9 per cent of eligible women in the Greater Shepparton (aged 20-69 years) had a Pap test. This is lower than the Hume region average of 64.0 per cent and the State average of 60.5 per cent for the same time period (Victorian Cervical Cytology Registry, 2014). The Pap test has been replaced with a 5-yearly human papillomavirus (HPV) test for women aged 25 to 74 (National Cervical Screening Program, 2017).

- Cancer Council Victoria, Victorian electorate cancer snapshot (2018) for Shepparton demonstrated 1456 people are living with cancer, 441 people are diagnosed with cancer each year and 153 people die from cancer each year
- The screening rate in Shepparton in comparison for Victoria is breast screening participation rate (2 yearly) is 57% in comparison to 54%, Bowel screening participation (2 yearly) is 43% in comparison to 41%, Cervical screening participation (5 yearly) is 81% in comparison to 83%
- Cancer Council Victoria have set targets to increase cervical screening participation to 88%, Bowel screening participation to 50% and Breast screening participation to 70%.

Preventing Violence and Injury

Preventing family violence is a major priority for the Victorian government. Violence and the fear of violence influence health and wellbeing. There is a strong relationship between the consumption of alcohol and violence. A family incident is defined as an incident attended by Victoria Police where a Victoria Police Risk Assessment and Risk Management Report was completed and recorded.

- Shepparton has the fourth highest number of incidences within the Region, ranked 10 of 79 Local Government Areas with over 900 recorded family violence incidents (LA)
- Family incidents rates are highest in Greater Shepparton with 2,218 per 100,000 that is higher than the Victoria rate of 1,249 per 100,000 population
- In 2017 97 females in Greater Shepparton reported a sexual offence. This was a rate of 15.2 women, per 10,000, which is similar to the Hume region (15.5) and State (13.7) average rates (Crime Statistics Agency Victoria, 2016).

Street and community violence by contrast impacts primarily on men. In 2012, Victorian men were around 90 per cent more likely than women to have experienced physical assault in the previous 12 months. In relation to injury, the leading causes of death in Victoria are falls, suicide, transport and poisoning, while the leading cause of morbidity is falls. About 60 per cent of premature deaths are potentially avoidable; of that about half are fully or partially preventable, including those due to falls and transport-related injury.

A total of six people were killed in road accidents in Greater Shepparton between April 2015 and April 2016. A total of 35 people were seriously injured.

LGBTI

The Royal Commission into Family Violence released 227 recommendations including experiences of lesbian, gay, bisexual, transgender and intersex people and the barriers they face in obtaining services are distinct from those of other victims of family violence. They also differ within these various communities. LGBTI people may also experience distinct forms of family violence, including threats to 'out' them. Although there has been little research into family violence in LGBTI relationships, the existing research suggests that intimate partner violence may be as prevalent in LGBTI communities as it is in the general population. The level of violence against transgender and intersex people, including from parents and other family members, appears to be particularly high. There are a variety of barriers to LGBTI people reporting and seeking help, including homophobia, transphobia and a fear of discrimination. The level of awareness of LGBTI experiences and needs is limited among police, in the courts, among service providers and in the community generally. As a result, LGBTI people can feel invisible in the family violence system.

The Commission recommends the development of LGBTI-specific resources, programs and targeted community education campaigns and identification of research priorities and effective prevention strategies. Measures to encourage service providers to adopt inclusive practices, through a review of the standards for family violence service providers are recommended. In the context of its commitment to review equal opportunity laws, the Victorian Government should also take into account concerns expressed about the potential for discrimination against LGBTI people seeking assistance in relation to family violence.

Injury Profile for Greater Shepparton

The Victorian Injury Surveillance Unit (VISU), located within the Monash University Accident Research Centre (MUARC) provides detailed reports on local hospital admissions and an injury profile for the Greater Shepparton Local Government Area (LGA) using the state-wide collection of data compiled by the Victorian Admitted Episodes Dataset (VAED). VISU aims to reduce the number and severity of injuries in the community through a program of ongoing injury surveillance: identifying hazards, disseminating data and information, supporting research and monitoring trends. VISU is funded by the Department of Health and Human Services (DHHS) Victoria.

Hospital Admissions - Results of analysis:

- Between July 2013 and June 2016 there were 3,261 admissions to hospitals for injury among residents of the Greater Shepparton region, 91 per cent of these admissions were for unintentional injury, 5 per cent were the result of intentional self-harm, 3 per cent were for injuries sustained through assault, maltreatment or neglect, and 1 per cent were for injuries of other or undetermined intent
- The age groups accounting for the most admissions were those aged 85 years or more (10 per cent) and 15-19 year olds (8 per cent)
- Males were over-represented, accounting for 57 per cent of admissions overall. Males were over-represented in most intent groups apart from the intentional self-harm group, which comprised 68 per cent females
- The specific body site most frequently injured was the head (16 per cent), followed by the knee & lower leg (14 per cent)
- The grouped body site most frequently injured was the upper extremity (30 per cent), followed by the lower extremity (27 per cent)
- Fractures were the most common type of main injury (41 per cent), followed by open wounds (10 per cent)
- Falls were the most common cause of injury, accounting for 39 per cent of admissions. The most common types of falls were slips, trips or stumbles (10 per cent of all cases) and other falls on the same level (8 per cent). Next most common were transport injuries (16 per cent), most of which involved car occupants (7 per cent), motorcyclists (4 per cent) and pedal cyclists (2 per cent)
- Injuries most commonly occurred in the home (22 per cent) or on a road, street, or highway (11 per cent). Note that 45 per cent of cases did not specify a location
- The activity being undertaken when injured was most commonly described as sports (11 per cent). Working was also a common activity, either for income (5 per cent) or other types of unpaid work (4 per cent). Note that in 62 per cent of cases the activity was unspecified
- Of those injured and admitted to hospital 64 per cent stayed for less than two days and 28 per cent required a stay of between two and seven days, 7 per cent were admitted for between eight and thirty days, and only 1 per cent required a stay of 31 days or more
- Records indicate 80 per cent of those injured persons were discharged to private residence or accommodation, with 7 per cent transferred to another acute hospital or extended care.

Emergency Department Presentations - Results of analysis:

- Between July 2013 and June 2016 there were at least 18,002 presentations to emergency departments (EDs) for injury among residents of the Greater Shepparton region, with 91 per cent of these presentations for unintentional injury, 3 per cent were the result of intentional self-harm, 3 per cent were for injuries sustained through assault, maltreatment or neglect, and 3 per cent were for injuries of other or undetermined intent
- The age groups accounting for the most ED presentations were 15-19 year olds (11 per cent), followed by 10-14 year olds (10 per cent) and 20-24 year olds (10 per cent)
- Males were over-represented, accounting for 60 per cent of ED presentations overall. As was reported for the admissions data, there was a higher proportion of females (68 per cent) in

the intentional self-harm group presenting to emergency departments

- The specific body site most frequently injured was the wrist and hand (21 per cent), followed by the head (18 per cent)
- The grouped body site most frequently injured among those presenting to emergency departments was the upper extremity (33 per cent), followed by the lower extremity (23 per cent) and the head, face and neck (23 per cent)
- Dislocations, sprains and strains (23 per cent) were the most common type of main injury, followed by superficial injuries (23 per cent) and fractures (16 per cent)
- Falls were the most common cause of injury, accounting for 34 per cent of ED presentations. Next most common were hit/struck/crush injuries (17 per cent)
- Injuries most commonly occurred in the home (47 per cent) or in a sports and athletics area (9 per cent). Note that 11 per cent of cases did not specify a location
- The most frequent activity being undertaken when injured was 'leisure' (60 per cent), followed by sports (9 per cent) and working for income (8 per cent). Note: 9 per cent of cases the activity was unspecified
- Overall 16 per cent of those presenting to hospital emergency departments were admitted for further treatment

Reducing Harmful Alcohol and Drug Use

Alcohol and other drug dependency can be viewed and treated as a chronic illness, although many of the harms associated with alcohol are not about addiction but long-term regular drinking or single occasion risky (binge) drinking. Long-term and regular alcohol consumption, not only binge drinking, is linked to disease, including some cancers and even cardiac illness. Long-term and frequent alcohol use is also a risk factor for alcohol- related dementia and other acquired brain injuries. Some drugs can trigger the onset of a pre-existing mental illness. Alcohol and drug use is also closely associated with a range of mental health issues, and particularly anxiety and depression. Alcohol disorders are the second most commonly diagnosed disorder among those who die by suicide. A risk factor for problematic alcohol and drug use is the experience of trauma and in particular sexual violence. Excessive alcohol and drug use can contribute to the frequency and likelihood of being involved in violence. Recent research has attributed the excessive use of alcohol as a preventable risk factor in some family violence incidents.

- In Greater Shepparton 48.5 per cent of residents are at risky/high risk of short-term alcohol related harm (CP) with 2.8 per cent at risky/high risk ling term alcohol related harm.
- The Goulburn DHS area, containing Greater Shepparton LGA, was ranked 7th lowest out of 17 DHS areas in 2013 for the proportion of children exposed to alcohol in utero (Lighthouse Data)

Sexual and Reproductive Health

Sexual health is an important element of health and wellbeing. Sexual health requires respect, safety and freedom from discrimination and violence. It is critically influenced by power dynamics, gender norms and expectations and is expressed through diverse sexualities. Sexual health encompasses emotional, physical, mental and social wellbeing in relation to sexuality, including the right to respectful, enjoyable and safe sexual relationships free of coercion, discrimination and violence. Reproductive health suggests people can enjoy a responsible, satisfying and safe sex life with decision-making control over their reproductive choices.

- In 2016 the number of live births in Greater Shepparton was 969. The total fertility rate per 1,000 women was 2.2 higher than Australia's total fertility rate of 1.8 babies per 1,000 women.
- Amongst women aged 15 – 19 in Greater Shepparton a rate of 21.3 babies per 1,000 women were born in 2015. This is considerably higher than the Hume region rate of 12.5 and Victorian average of 9.5.
- In the Hume Region, 5.3 per cent of 12 – 14 year old students reported they had sexual intercourse; 29.4 per cent of 15 – 17 year old students reported they had sexual intercourse; 58.9 per cent of these students practiced safe sex by using a condom and 94.6 per cent of sexually active adolescent females have used contraception to avoid pregnancy.
- In Greater Shepparton the Chlamydia rate per 10,000 persons was 22.17 for females and 12.9 for males. For women this is higher than the Hume Region, 15.5 and the Victorian average of 19.4.
- In Greater Shepparton the 2015 IUD insertion rate per 1,000 women aged 15-24 was 5.3 (based on Medicare claims). This rate increased in older cohorts, were 11.3 and 14.7 women per 1,000 aged 25-34 and 35-44 respectively had an IUD insertion. This rate decreased for women 45+, with 4.3 women having the IUD insertion (Women's Health Atlas, 2016). Again, based on Medicare claims, the Implanon insertion rate per 1,000 women aged 15-24 was 45.3. This rate decreased in older cohorts, where 26.2 women per 1,000 aged 25-34 and 13.2 women aged 35-44 had an Implanon insertion. This rate decreased for women 45+, with 3.3 women having the Implanon insertion. Privacy was found to be the most significant barrier to young people purchasing condoms in rural and regional areas.

Social Connection and Inclusion

Our social relationships or the social connections we form at an individual and community level impact on health and wellbeing. There is growing evidence that participation in groups is associated with less psychological distress and good mental health, while volunteering is associated with reduced mortality risk, good mental health, higher levels of self-reported personal wellbeing and neighbourhood wellbeing. Important aspects of social connection include supportive social networks; family, friends and community groups; participation in social activities such as those run by community groups or clubs; civic engagement through community groups, such as church or volunteer, service clubs, and professional or political associations.

According to the Australian Social Inclusion Board, 'a socially inclusive society 'is one in which all Australians feel valued and have the opportunity to participate fully in the life of our society. Achieving this vision means that all Australians will have the resources, opportunities and capability to learn, work, engage in the community and have a voice' (Australian Social Inclusion Board 2009).

There is now strong evidence of the relationship between social isolation and health. Older people who are socially isolated or excluded are more likely to have poorer health, while adolescents who are isolated are more likely to experience depressive symptoms and have lower self-esteem.

Inequalities in the Social Determinants of Health

Inequalities in the social determinants of health and what it means for the health of Victorians – Findings from the 2014 Victorian Population Health Survey is a detailed report released in May 2017 that identifies key comparison areas between rural and metropolitan areas.

Results reflect that a much higher volunteer rate exist in rural areas (59 per cent) in comparison to metropolitan (22 per cent), more women volunteer, and volunteering is associated with better mental and physical health and it has been recognised that participation declines as household income declines.

Volunteering Victoria

Volunteering Victoria provided a detailed report about volunteering rates, barriers and identified benefits in 2015.

ABS 2011 captured data for the first time asking individuals how many hours were spent volunteering and results have been included.

- Number of individuals volunteering in Greater Shepparton 23.1 per cent (10,516 people) compared to Victoria 20.8 per cent (931,544) (ABS 2016)
- People who help as a volunteer in Greater Shepparton 22 per cent (CP, 2018)
- Higher rates of volunteering occurred between 35-64 years of age (Vol Vic)
- Highest rates of volunteering in Victoria occurred in the sport and recreation setting (38 per cent) (Vol Vic)
- Volunteer rates per gender male 21.4 per cent GS compared to Victoria 19.1 per cent, female 24.6 GS compared to Victoria 22.5 (ABS 2016)
- Median number of volunteer hours per year by gender in Victoria; Men 52, Women 62 (Vol Vic)
- Neighbourhood – people willing to help each other 81.1 per cent agree (VicHealth Explore your data)
- Neighbourhood – close-knit neighbourhood 70.1 per cent agree (VicHealth Explore your data)
- Neighbourhood – people can be trusted 72.9 per cent agree (VicHealth Explore your data
- Average resilience rating 6.6 (VicHealth explore your data)
- Low gender equality score 35.7 per cent (VicHealth explore your data)

Sun Protection

Outdoor activity, both recreational and work-related, increases a person's risk of over-exposure to ultraviolet radiation (UVR). It is important to balance the risks of developing skin cancer with spending time outdoors and maintaining an active lifestyle. It is also important to balance the risks of skin cancer from too much sun exposure with maintaining adequate vitamin D levels, which is essential for bone and muscle health in all age groups. Most skin cancer can be prevented by using good sun protection including clothing, hat, sunscreen, shade and sunglasses.

- Cancer Council Victoria Cancer Statistics for Greater Shepparton from 2007 to 2011 demonstrate a total of 31 cases of melanoma diagnosed per year in Greater Shepparton equating to 1.39 per cent of Victorian cases.

Tobacco-Free Living

Tobacco smoking is the biggest risk factor for preventable cancer and is a major risk factor for cardiovascular disease with around one in eight cancer cases and one in five cancer deaths caused by smoking. There is evidence that socioeconomic disadvantage is associated with a higher smoking prevalence, with smoking rates higher among Aboriginal people, people who experience psychological distress, people with a lower level of education, people who live in rural areas and people on low incomes or who are unemployed. In Victoria, smoking costs approximately 4,000 lives and $2.4 billion in direct healthcare costs and lost productivity annually.

- In Greater Shepparton, 13 per cent of people aged 18 years or over are current smokers and 26.9 per cent of women smoked during pregnancy.

3. LIVEABILITY INDICATORS

The Liveability indicators are reflective of those from the Neighbourhood Liveability Assessment of Shepparton developed by RMIT.

Definitions for each liveability indicator are sourced from Creating Liveable Cities in Australia: Mapping urban policy implementation and evidence-based national liveability indicators (October 2017) and Liveable, Healthy, Sustainable: What are the Key Indicators for Melbourne Neighbourhoods? (May 2013) to demonstrate how each indicator collectively contributes to developing a liveable community. Local data has been derived from the Neighbourhood Liveability Assessment of Shepparton, Regional Cities Victoria Liveability Index (November 2017) and VicHealth Indicators Report for Greater Shepparton (2015).

Access To Food

The local food environment helps determine the availability and accessibility of healthy food options, which in turn influences food choices and what people eat: unhealthy diets are a leading cause of chronic disease globally. Having nearby access to a source of healthy food, such as a supermarket, is associated with higher consumption of fruit and vegetables. Food purchasing may also be influenced by the ratio of healthy to unhealthy food outlets. Further, having shops nearby may encourage the use of active transport for shopping trips. Finally, the local alcohol environment has been found to affect health risk factors, particularly in areas of socio-economic disadvantage. For example, higher densities of alcohol outlets are associated with harmful consumption of alcohol and alcohol-related violence. There is evidence of more alcohol outlets and greater harm in more disadvantaged areas.

- RMIT's LA demonstrated poor access to supermarkets and associated fresh fruit and vegetables in the outer areas of town.
- The proportion of persons who had experienced food insecurity in the previous 12 months in Greater Shepparton was similar to the Victorian average.
- Access to fast food is concentrated across the centre of town and centred along the Goulburn Valley Highway. Residents living in central Shepparton and Mooroopna live within close proximity to fast food supermarkets while residents living on the outer boundaries of town must travel up to 15km to access these food outlets.
- Supermarkets are located in the central shopping and activity areas of Shepparton that provide good access (within 800m) to supermarkets for residents living within the centre of Shepparton. Residents living on the outer northern, southern and eastern areas of town have greater distances (generally above 3km) to access affordable fresh food.

Arts, Leisure and Culture

The arts provides a unique expression of what it means to be human, that is fundamental to our nature and affects us all, through all the possibilities of participation in roles as artists, arts workers, practitioners, teachers, students, critics, supporters, and consumers. There is now a well-established empirical evidence base supporting the view that the arts can make a vital contribution to our wellbeing. This can occur across a range of dimensions, from cultural to social and economic, at an individual, community and broader society level. The arts have the potential to bridge our worlds, harness the wisdom of our different views, engage our imagination to explore new ways of thinking, and create experiences that can be shared by all people in our community. Arts initiatives can transform public spaces that may once have been problematic or under-utilised into places that become meaningful and aesthetically pleasing to the communities that use them. The Victorian Neighbourhood and Community Renewal programs that have adopted arts-based engagement approaches have shown that it is possible to both re-engage communities that have been excluded from the political and social mainstream, and create inspirational public space outcomes.

Adopting art-based participation models can also be powerful tool for engaging community debate on the use of public space. When a community becomes involved from the design to realisation phase of a project it can enhance their sense of belonging, encouraging them to become custodians of their local environment.

The greater the range and cultural appropriateness, and the more opportunities to participate in entertainment, leisure and recreation activities, the greater the liveability of an area. Participation builds social cohesion and connectedness, thereby reducing isolation. By building a collective identity, event and cultural facilities also build community strength. Community and cultural events provide a range of socially inclusive activities that contribute to overall community well-being. Both culture and leisure activities assist in developing national identity and forming community networks and bonds crucial to social cohesion. Industries associated with culture and leisure are growth industries and are thus important to Australia's economic wellbeing.

The culture and leisure sector also contribute to economic development through facilitating creativity, innovation, and self-reflection. Most types of arts involvement have a social dimension that is an important basis for building social capital and community identity. The arts, through their communicative power, enhance individual engagement with the world in ways that have both personal and public benefits. These effects are instrumental in that they can open people to life and create the fabric of shared values and meanings that improves the public sphere. Collective artistic activity has the potential to provide a forum for voice, affect social change, or promote a community's unique cultural identity. Participation builds social cohesion and connectedness, thereby reducing isolation. Through building a collective identity, event and cultural facilities also build community strength. Community and cultural events provide a range of socially inclusive activities that contribute to overall community well-being.

- Deloittes – 0.5 per cent of Greater Shepparton residents workforce is are employed within arts and recreational industries similarly to Wodonga, Mildura and Latrobe. Other regional areas scoring higher include Ballarat 1.1 per cent, Greater Bendigo 0.8 per cent, Greater Geelong 0.9 per cent, Horsham 0.9 per cent, Wangaratta 0.6 per cent, Warrnambool 0.9 per cent.
- Deloittes – Greater Shepparton averages 0.72 domestic daytrip and overnight tourists visiting for arts and recreational activities, per resident. This figure is lower than all other regional areas including Ballarat 5.80, Greater Bendigo 2.95, Greater Geelong 1.73, Horsham 1.16, Latrobe 1.33, Mildura 1.04, Wangaratta 2.50, Warrnambool 2.79 and Wodonga 1.37.

Community Participation

Community participation is the active involvement of people from communities preparing for, or reacting to, disasters. True participation means the involvement of the people concerned in analysis, decision-making, planning, and programme implementation, as well as in all the activities, from search and rescue to reconstruction, that people affected by disasters undertake spontaneously without the involvement of external agencies. While the opportunities for community participation may vary greatly from place to place and at different points in the disaster-management cycle, a participatory approach to disaster-related activities should be promoted to achieve sustainable development.

Crime and Safety

Neighbourhood safety and security are important determinants of people's health and wellbeing. When individuals feel safe within their communities, they are more likely to connect with friends, engage with other community members and experience greater levels of trust and social connection. Areas of socio-economic disadvantage are reported to have higher rates of social disorder, such as graffiti, drug use or dealing, theft, burglary and violent crime. When individuals perceive their neighbourhoods to be unsafe, they experience higher levels of anxiety and interactions between members of the community become more limited, placing them at risk of social isolation and mental illness. Neighbourhood safety also influences our physical health and wellbeing by altering how people use, and interact with, the built environment, local amenities, parks and community facilities.

- When walking alone in their area during the day, 99.9 per cent of Greater Shepparton residents felt safe or very safe.
- Only 53.5 per cent of Greater Shepparton residents felt safe or very safe walking alone at night, less than the Victorian average of 70.3 per cent.
- Greater Shepparton - 35.9 per cent of female and 68 per cent of males feel safe when walking alone in local area at night.
- Greater Shepparton had the highest rate of total crime (12,041.3 per 100,000) between January 2011–December 2015, higher than the Victorian rate at the same point in time (8,353.4 per 100,000).

Education

Education is a key determinant of health and liveability, with lower levels of formal education contributing to poorer health outcomes across the life course.

- Greater Shepparton has a kindergarten participation rate of 94.5% compared to 98% for Victoria.
- Across all of the AECD indicators of health, social, emotional, language and communication, 27% of children in Greater Shepparton are vulnerable in one or more of these indicators compared with 22% of children nationally.
- 1 in 11 children in Shepparton enter school with emotional or behavioural problems compared with the Victorian average of 1 in 20.
- 18.5% of children at school entry present with speech or language problems compared to 13.8% in Victoria.
- Primary school students in the Greater Shepparton LGA consistently rank around the bottom 10% of LGAs in Victoria for the percent of students achieving national benchmarks in literacy (NAPLAN).
- Primary school students in Shepparton consistently record higher numbers of absence days per FTE student than the average for government primary school.
- 16.7% of young people in the Goulburn area showed high levels of depressive symptoms and psychological distress.
- Shepparton records a significantly higher number of absence days per FTE student in secondary school than other LGAs in Victoria.
- 26% of young people in Years 7-9 report being bullied in Greater Shepparton, compared with 18% in Victoria. When compared to LGAs across Victoria, reporting of bullying amongst young people in Years 7 – 9 in Greater Shepparton is very high.
- RMIT LA demonstrated low levels of Year 12 or VCE completion rates in young adults between 18 – 24 years with less than 50 per cent of young adults holding this level of education in a number of neighbourhoods.
- The proportion of students in Year 9 in Greater Shepparton who meet or exceed the benchmarks for literacy (87.4 per cent) and numeracy (90.9 per cent) is lower than the Victorian measure for literacy (93.5 per cent) and numeracy (95 per cent).
- Greater Shepparton has a lower proportion of the population, persons aged 15 years and over, (30.9 per cent male and 37.5 per cent females) that have completed Year 12 or equivalent than the Victorian average (50.3 per cent male, 53.1 per cent female).
- There were 337 residents that indicated that they completed year 12 or equivalent, with only 10 reporting they had not attended school.

The Shepparton Education Plan will transform student outcomes, by empowering all students to learn and achieve, experience high quality teaching practices and the best conditions for learning which equip them with the knowledge, skills and dispositions for lifelong learning and shaping the world around them. The first stage of the Shepparton Education Plan is to merge the four current high schools, McGuire College, Mooroopna Secondary College, Shepparton High School and Wanganui Park Secondary College onto the Shepparton High School site including new buildings, a wellbeing hub and more support for students with both high aspirations and more complex needs

Employment and Income

Employment and income is not only good for the economy but is a key determinant of health, and thus are important factors to consider when assessing the liveability of an area. Employment and income indicators are primarily concerned with income and employment levels, the number and type of jobs and job growth, as well as the location and accessibility of employment. RMIT Liveability Assessment (need to reference correctly) demonstrated high levels of local employment across the outer areas of town.

- In 2016, 26,978 people living in Greater Shepparton were employed, of which 60% worked full-time and 37% part-time.
- The most popular industry sectors were health care and social assistance (15.2%), retail trade (11.1%) and manufacturing (10%).
- The most popular occupations were professionals (17.1%), managers (14.5%) and labourers (13.9%).
- Greater Shepparton has an unemployment rate of 6.7%.
- Analysis of the individual income levels in the City of Greater Shepparton in 2016 compared to Victoria shows that there was a lower proportion earning a high income (those earning $1,750 per week or more) as well as a lower proportion of low income persons (those earning less than $500 per week). The median individual income is $588 per week. Overall, 6.0% of the population earned a high income, and 39% earned a low income, compared with 6.9% and 40.2% respectively for Regional Victoria. The 'medium lowest' income quartile was the largest group in 2016, comprising 30% of people aged 15 and over.
- Analysis of household income levels shows there was a similar proportion of high income households (those earning $2,500 per week or more) and a lower proportion of low income households (those earning less than $650 per week). The median household income is $1,163 per week (ABS 2016)

Health and Social Services

Health and social services encompasses access to general practitioners, access to services for older people and access to local amenities. This is essential social infrastructure required for communities. In addition to their importance to liveability, healthcare indicators are also relevant to health and wellbeing outcomes, as access to healthcare is a social determinant of health. (CI)

- Services of daily living are also concentrated across the centre of town. As housing development spreads into the outer northern, eastern, southern and western areas of Shepparton, access to daily living services become harder and more vehicle dependant creating greater pressure on car parking infrastructure with distances that are not conducive to walking or active transport. Similar situation in Mooroopna and Tatura.
- General Practitioners per 1,000 population – 1.4, Greater Shepparton is ranked 14 of the 79 LGA's.
- General practice clinics per 1,000 population – 0.3, Greater Shepparton is ranked 51 of the 79 LGA's.
- Allied health service sites per 1,000 population – 0.7, Greater Shepparton is ranked 58 of the 79 LGA's
- Dental service sites per 1,000 population – 0.2 , Greater Shepparton is ranked 35 of the 79 LGA's
- Access to services (medical centres, community centres, hospitals, libraries, supermarkets, places of worship) are predominantly centrally located, with limited transport available (LA)

Housing Affordability and Diversity

Housing affordability, along with quality, location and density of housing, affects people's health, wellbeing and quality of life, making access to housing a health-equity issue. It has long been understood that poorer-quality housing is linked to poorer mental and physical health. However, housing affordability has become a pressing public policy issue in Australia, leading to construction of lower-cost, low-density housing on the urban fringe, which is poorly serviced by public transport and infrastructure. The car-dependence of these areas makes residents increasingly vulnerable to mortgage stress, in the face of rising oil prices and mortgage interest rates. Conversely, well-designed, well-located, higher-density housing with access to local employment, services and shops, and high-quality public transport, can promote good health by encouraging social connections and active forms of transport.

Housing indicators are concerned with the quality and affordability of housing, as well as population and housing density and the mixture of land uses. Indicators suggest that more liveable areas have a greater mix of land uses, and access to affordable housing relative to income, that is available and adaptable to those in need.

- RMIT's LA demonstrated a large proportion of lower income households (lowest 40 per cent of household incomes) experiencing housing stress and a need for greater housing diversity in the outer areas of town, with diversity only evident in the centre of town.
- A large proportion of neighbourhoods across Greater Shepparton are spending more than 30 per cent of their income on housing. Up to 66 per cent of lower income households (defined as households in the lowest 40 per cent of the income distribution) are spending more than 30 per cent of their gross incomes on housing costs.
- Rental Stress – Greater Shepparton had a higher proportion of households experiencing rental stress (27.9 per cent) than the Victorian average (25.1 per cent)
- Mortgage Stress – Greater Shepparton has 1,004 low income households experiencing mortgage stress is (13.3 per cent) higher than the Victorian figure of 11.4 per cent.
- Received Assistance from Centrelink – Greater Shepparton had the highest proportion of households receiving rent assistance from Centrelink (24.1 per cent), higher than the Victorian rate of 16.4 per cent
- Public Housing Waiting List – The total number of applicants on the public waiting list in Goulburn was 533 in March 2016.
- Social Housing – There were a total of 1,204 dwellings (19.4 per cent of all renting households) in Greater Shepparton that were rented from a State Government Housing Authority, a housing cooperative, or a community/church group. This is higher than the Victorian average of 12.3 per cent.

Sustainable Practices and Protection of our Natural Environment

The natural environment is an underlying determinant of healthy and liveable neighbourhoods. Natural environment indicators cover water quantity and conservation, air and water quality, climate, precipitation, biodiversity, energy consumption, and other environmental impacts of humans.

High quality freshwater is crucial to the health of terrestrial and aquatic ecosystems. The condition of river systems represents an integration of land use activities and is a major input into estuarine and marine environments. Stream health is therefore an effective indicator of wider catchment health and the sustainability of land uses. Safeguarding freshwater systems is essential to providing water for human uses, protecting biodiversity and providing intergenerational equity. Anthropogenic impacts on waterways include reduced flows from diversions, high sediment loads, pollution, removal of riparian vegetation and introduced pests and weed species - all of which exacerbate losses in biodiversity. In urban environments, the protection of waterways depends largely upon improved storm water management. Stormwater may be contaminated by car deposition (oils, fuel, tyre residue) and car washing detergents, grey water and septic tank seepage, illegal discharges, sediments from unsealed roads or road verges, agriculture and building site activities. Urban storm water run-off carry these pollutants into the urban drainage system, which discharge into waterways where it is ultimately carried to the sea. Clean air is cited as a fundamental element in Victoria's Sustainability Framework, "Our Environment, Our Future" (2005) and this indicator provides a measure of the state of the environment in terms of air quality. It is also an indirect measure of population exposure to suspended particles and noxious gases (United Nations, 2003). High population density and the concentration of industry, households, industry power stations and transportation (motor vehicles) exert great pressures on local environments (United Nations, 2003). However, due to prevailing weather patterns and topography, the effects of air pollution may be felt off site, far from where they were generated. Energy use is a major limiting factor on the economy, as well as being an important factor for individual use and community well-being. However, the production and use of most types of energy has environmental impacts in biodiversity and ecological systems. (ABS, 1999).

Whilst society in general is afforded an increased standard of living with the utilization of energy resources, energy production and consumption are also a major source of human generated greenhouse gases, with fossil fuel production responsible for about three quarters of man-made carbon dioxide emissions. Sustainable energy use requires the adoption of energy conservation measures and emissions.

- Over 17,016 trees were planted in the 2017 calendar year by 2,771 participants across 44 planting sites
- Over 37% of all kerbside collection waste was diverted from landfill

Recreation Facilities and Public Open Space

Access to local public open space not only increases the urban liveability of communities by creating convivial, attractive environments, it is also important for the health and wellbeing of people of all ages. Green space helps cool the city and protect biodiversity. Access to public open space, particularly high-quality public open space, also promotes recreational physical activity. There is also evidence that access to high-quality public open space improves mental health. As cities densify, providing more public and semi-private open space is critical for population health and wellbeing, and to increasing biodiversity, particularly as the amount of private open space decline

The amount and type of open space is a key element of urban design and impacts on people's perceptions of 'neighbourliness' and safety. The type of open space also determines the range of recreation and leisure opportunities. Open space is often centred around areas of specific importance such as historic buildings, cultural centres, icons, parks and gardens. Open space acts to cement relationships within our communities and with the natural world. The amenity value of open space can be seen in the high price real estate commands in areas with views, ocean outlooks or surrounding parks and gardens.

Recreation facilities often use large areas of land, sometimes with significant infrastructure and buildings that are dedicated to a specific type or broad range of recreation and sporting activities. The planning of these facilities is especially important given the nature of their size and the number of users or spectators that are likely to use or attend the facility. Facilities that could be categorised as a regional recreation facility include sports stadium, equestrian centres, children's play facilities, aquatic centres and major playing fields incorporating a range of different organised sports such as athletics, tennis, hockey, football, soccer and netball.

- RMIT's LA demonstrated good access to public open space in many neighbourhoods of Shepparton.
- Deloittes – Greater Shepparton has 1.6 per cent of land zoned for public use within urban areas (public parks and recreation zone) compared to Ballarat 8.4 per cent, Greater Bendigo 6.6 per cent, Greater Geelong 7.9 per cent, Horsham 5.2 per cent, Latrobe 8.4 per cent, Mildura 7.2 per cent, Wangaratta 3.8 per cent, Warrnambool 12.7 per cent and Wodonga 9.8 per cent

Public Transport

Access to public transport is an underlying determinant of health. Public transport facilitates access to regional jobs and services, while shorter distances to public transport stops are associated with more transport-related walking, which decreases the risk of obesity. Conversely, there is evidence that for each additional hour spent driving a car, people's risk of obesity increases by around 6 per cent. Motor-vehicle traffic also increases the risk of traffic-related injuries, which are the eighth-leading cause of death and disability globally. Traffic also reduces air quality and is a major source of noise in cities, which is detrimental to mental health.

- RMIT Liveability Assessment (need to reference correctly) demonstrated Greater Shepparton has two train stations with access to capital cities in Mooroopna and Shepparton, and good access to public transport stops within the centre of town. Limited access to public transport and services across the neighbourhoods of town, particularly in Grahamvale, Shepparton East and Orrvale.

Walkability

One significant way to improve people's health and wellbeing is through urban design and planning that create walkable, pedestrian-friendly neighbourhoods. Areas with high walkability have higher residential densities and street connectivity, mixed land-uses and high-quality pedestrian infrastructure. Walkable, pedestrian-friendly neighbourhoods encourage higher levels of walking for transport, by creating shorter and more convenient walking routes between homes and accessible destinations – including jobs, retail and essential infrastructure and services. Given the well-established benefits of a physically active lifestyle in preventing major chronic diseases, increasing walking is an international priority.

- RMIT's LA demonstrated that Shepparton has a walkable centre of town, and good school walkability but only for schools located in the northern end of town.

LIVEABILITY DOMAINS AND HEALTH GOALS

Greater Shepparton City Council has adopted the following definition of liveability.

'A liveable place is one that is safe, attractive, socially cohesive and inclusive, and environmentally sustainable; with affordable and diverse housing linked to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities; via convenient public transport, walking and cycling infrastructure'. (Lowe, 2013)

Liveability is an easily understood interpretation of the social determinants of health as depicted by Dahlgren and Whitehead's (1991) Rainbow Model of the Social Determinants of Health.

'Individuals are at the centre with a set of fixed genes. Surrounding them are influences on health that can be modified. The first layer is personal behaviour and ways of living that can promote or damage health; for example the choice to smoke or not-Individuals are affected by friendship patterns and the norms of their community. The next layer is social and community influences, which provide mutual support for members of the community in unfavourable conditions. But they can also provide no support or have a negative effect. The third layer includes structural factors: housing, working conditions, access to services and provision of essential facilities.' Dahlgren and Whitehead (1991)

The Health Goals have been developed under each of the Environments for Health Framework 2011 and Liveability Domains to drive the key strategic focus of Greater Shepparton's Public Health effort.

Annually key strategies and action will be detailed in the Public Health Implementation Plan.

Health Goals have been informed by the Council Plan (CP), Local Government Area's Departmental Business Plans (LGA), Goulburn Valley Health and Wellbeing Community Profile 2016 (GVCP), Victorian Public Health and Wellbeing Outcomes Framework (OF) and the Neighbourhood Liveability Assessment for Shepparton (LA) produced by RMIT, 2018. Baseline targets of the OF are derived from the Victorian Public Health and Wellbeing Plan 2015-2019. Spatial map findings of the LA define benchmarking evidence.

Other data sources specific to a domain have been noted in full.

Greater Shepparton have chosen the following 11 Liveability Domains:

1. Access to Food
2. Arts and Culture
3. Community Participation
4. Crime and Safety
5. Education
6. Employment
7. Health and Social Services
8. Housing
9. Recreation Facilities and Public Open Space
10. Sustainable Practices
11. Transport

Liveability Indicator: **Arts and Culture**

Outcome: Greater Shepparton residents can safely identify with their culture and identity (OF)

Target:

1. Increase Greater Shepparton's annual visitor attraction rates from baseline 959,900 (Tourism Research Victoria)
2. Showcase local indigenous culture and heritage as a primary strength of Greater Shepparton including investment in indigenous public art, tours on the Goulburn River and providing further linkage to the new SAM precinct (LGA)
3. Promote and position Greater Shepparton as Regional Victoria's and Australia's sports events capital (LGA)
4. Promote community participation in arts and cultural activities (LGA)

Liveability Indicator: **Access To Food**

Outcome: Greater Shepparton residents have access to affordable healthy food

Target:

1. Increase access to fresh affordable healthy food within 1600m of residential areas (GVCP)
2. Decrease the prevalence of food insecurity from baseline 5.4 per cent (GVCP)

Liveability Indicator: **Community Participation**

Outcome: Greater Shepparton residents are socially engaged and live in inclusive communities (OF)

Target:

1. Increase the proportion of residents reporting community participation (volunteering, member of organised groups and/or local action groups, parental participation in schools, member of boards/committees, attendance at local events, participation in organised sport) (GVCP)
2. Increase the proportion of residents feeling part of the community and connecting with others through social and support networks (GVCP)
3. Advocate for reliable internet access. 26.6 per cent of private dwellings have no internet connection (GVCP)

Liveability Indicator: **Crime and Safety**

Outcome: Greater Shepparton residents live in a community that is safe and secure (OF)

Target:

1. Decrease the rate of incidence of family violence incidents recorded by police per 1,000 population from baseline of 22.6 (OF & GVCP)
2. Decrease the rate of discrimination occurrences on the basis of sexual orientation or gender identity (Royal Commission into Family Violence)
3. Decrease the rate of total offences per 1,000 population from baseline of 119.4 (OF & GVCP)
4. Decrease premature mortality from road traffic accidents per 100,000 from baseline 10.1 (OF & GVCP)
5. Increase the proportion of adults feeling safe walking in their street at night from baseline of 55 per cent (OF & GVCP)

Liveability Indicator: **Health and Social Services**

Outcome: Greater Shepparton residents have good physical health (OF)

Target:

1. Decrease the proportion of adults sitting for seven or more hours on an average weekday (OF)
2. Decrease the proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy from baseline 26.9 per cent (OF & GVCP)
3. Decrease the proportion of babies born of low birth weight from baseline 7 per cent (OF & GVCP)
4. Decrease the proportion of children exposed to alcohol in utero from baseline 26.9 per cent (OF)
5. Decrease avoidable deaths due to cancer (28.7), cardiovascular diseases (25.2), respiratory disease (9.2) among people aged less than 75 years, per 100,000 from baseline (OF & GVCP)
6. Halt the rise in type 2 diabetes prevalence from baseline of 4.9 per cent (OF & GVCP)
7. Increase the proportion of residents with very good or excellent self-rated health from baseline 45.1 per cent (GVCP)
8. Decrease the proportion of people reporting poor dental health from baseline 3.2 per cent (GVCP)
9. Decrease the proportion of children and adults presenting with at least one decayed, missing or filled primary teeth (DHSV)
10. Reduce the rate of potentially preventable dental hospitalisations of children 0-9 years (OF)
11. Increase the proportion of adolescents who practice safe sex by using a condom (OF)
12. Reduce the birth rate for young women 15 – 19 years (OF)

Outcome: Greater Shepparton residents have good mental health (OF)

Target:

1. 20 per cent increase in resilience of adolescents from baseline (OF)
2. Decrease the prevalence of avoidable deaths from suicide and self-inflicted injuries per 100,000 from baseline 13.6 per cent (OF & GVCP)
3. Reduce the wait times to access mental health services from baseline 68.2 per cent waiting more than three days (Headspace Centre Activity Report 2016/17)

Outcome: Greater Shepparton residents act to protect and promote health (OF)

Target:

1. Increase the proportion of residents meeting the recommended serves of fruit and vegetables from baseline 54 per cent (OF & GVCP)
2. Increase the proportion of residents consuming water (11.3 per cent) over sugar sweetened beverages from baseline of 1.21 litres per day (OF & GVCP)
3. Increase the proportion of infants exclusively breastfed from 16% at 6 months of age 2016 (DE, MCH)
4. Increase the proportion of people meeting the recommended guidelines for physical activity from baseline 54 per cent (OF & GVCP)
5. Decrease the prevalence of overweight and obesity from baseline 58.7 per cent (OF & CP)
6. Decrease the prevalence of smoking in people aged over 18 years who are current smokers from baseline 13 per cent (OF & GVCP)
7. Decrease the prevalence of people at increased risk of alcohol-related harm on a single occasion of drinking from baseline 50 per cent (OF & GVCP)
8. Increase the proportion of children fully-immunised between 24 – 27 months from baseline 87 per cent (OF & GVCP)
9. Increase the proportion of residents applying sun protection behaviours from baseline 43.8 per cent (OF & GVCP)
10. Increase participation in breast screening (57 per cent), cervical screening (81 per cent) and bowel screening (43 per cent) from baseline (Cancer Council Victoria)
11. Improve access to services for older people (medical centres, community centres, hospitals, libraries, supermarkets, place on worship and public transport stops) within 1600m of residential land parcels (LA)
12. Increase the proportion of children attending key ages and stages visits (Source)
13. Increase access to General Practitioners per 1,000 people from baseline of 1.4 (LA & GVCP)
14. Increase access to General Practitioner clinics per 1,000 people from baseline of 0.3 (GVCP)
15. Increase access to allied health service sites per 1,000 people from baseline 0.7 (GVCP)
16. Increase access to dental service sites per 1,000 people from baseline 0.2 (GVCP)
17. Decrease the net Electronic Gaming Machine expenditure per adult from baseline $656 (GVCP)
18. Decrease annual gambling expenditure in Greater Shepparton from $16 million (LA)

Liveability Indicator: **Housing**

Outcome: Greater Shepparton residents have suitable and stable housing (OF)

Target:

1. Decrease homelessness from baseline 6.7 per cent (OF & LA)
2. Decrease the proportion of households with housing costs that represent 30 per cent or more of household gross income from baseline 66 per cent (OF)
3. Decrease the proportion of people living in households below the 50 per cent poverty line (OF)

Liveability Indicator: **Transport**

Outcome: Greater Shepparton residents have access to safe walking and cycling routes and reliable public transport options (VH)

Target:

1. Primary School Walkability – work toward creating an 800m neighbourhood road network buffer to increase residents active transport to school (LA)
2. Secondary School Walkability – work toward creating a 2km neighbourhood road network buffer to increase active transport to school (LA)
3. Walkability for transport – work toward creating townships that provide land use mix and services of daily living (something to walk to), road connectivity (a way to get there), and housing density (more housing and population density to supply services and different land uses) (LA)
4. Increase reliable public transport options for residents (LA)
5. Increase access to public transport stops within 400m of residential dwellings resulting in more than 54.7 per cent of residents living near public transport (LA & GVCP)

Liveability Indicator: **Recreation Facilities and Public Open Space**

Outcome: Greater Shepparton residents have access to quality recreation facilities and public open space

Target:

1. Provide inclusive physical activity and active participation opportunity for all ages and abilities (LGA)
2. Provide universal access to public amenities, outdoor public seating, drinking fountains and shade (LGA)
3. Greater Shepparton residents can access public open space within 400m of their residential location (LA)

Liveability Indicator: **Education**

Outcome: Greater Shepparton residents participate in learning and education (OF)

Target:

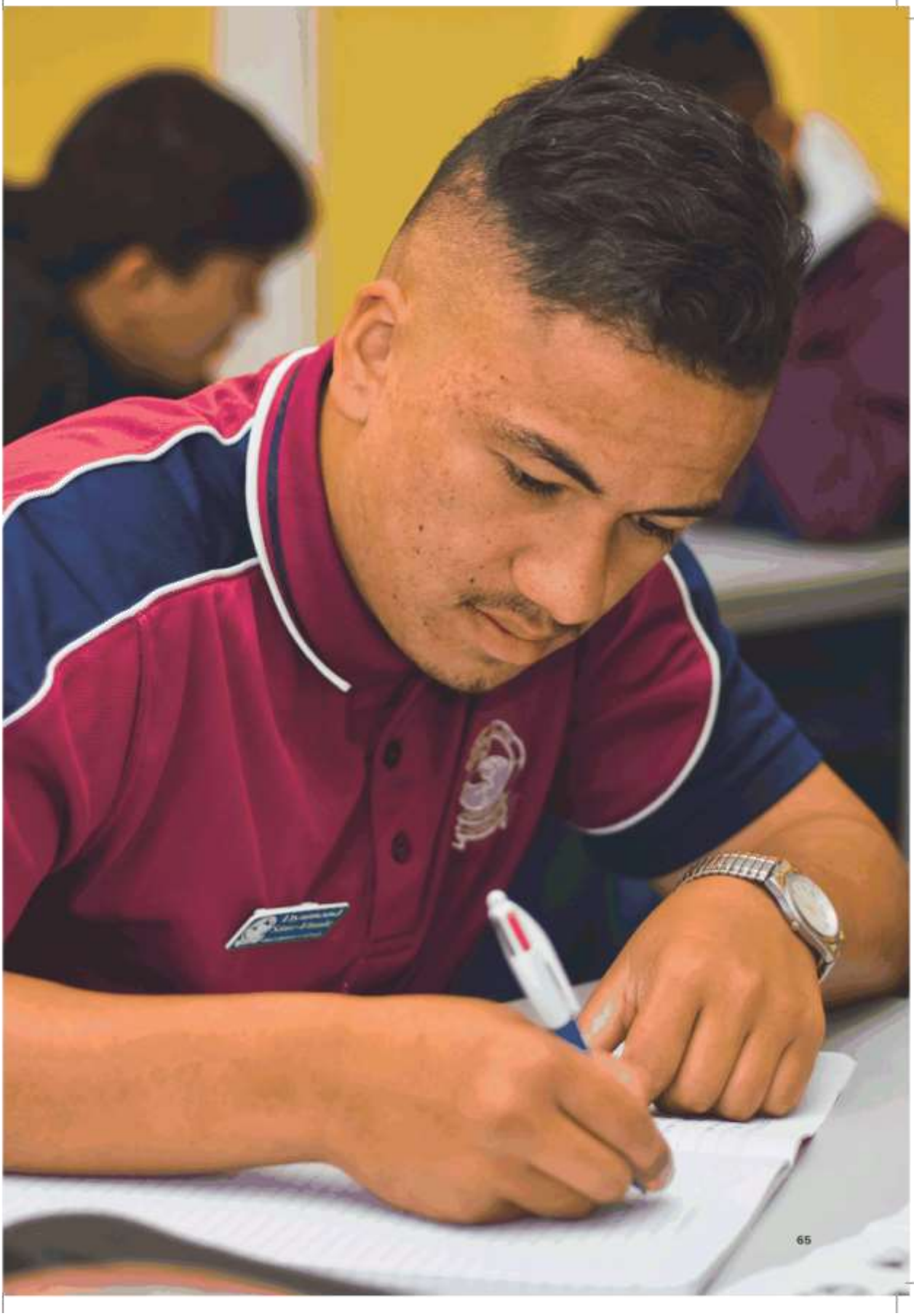
1. Decrease the proportion of children at school entry who are developmentally vulnerable on one or more domains of the Australian Early Development Census (OF)
2. 25 per cent more Year 9 students will reach the highest levels of achievement in reading (87.4 per cent) and maths (90.9 per cent) from baseline (OF & GVCP)
3. 25 per cent more young people aged 18 – 24 years achieve Year 12 or higher from baseline of 77.9 per cent (LA & GVCP)

Liveability Indicator: **Employment and Income**

Outcome: Greater Shepparton residents participate in and contribute to the economy (OF)

Target:

1. Decrease Greater Shepparton's unemployment rate lower than the baseline of 6.7 per cent (OF & GVCP)
2. Increase the proportion of young people 17-24 years who are engaged in full time education and/or work (OF & ABS)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Liveability Indicator: **Sustainable Practices**

Outcome: Greater Shepparton residents have access to sustainable natural environments

Target:

1. Increase environmental sustainability and quality, and work towards meeting the Victorian target of 25 per cent of the State's electricity from build renewable generation by 2020, 40 per cent by 2025 from 2013-14 baseline (OF)
2. Waste is managed in a sustainable way that is environmentally friendly, reliable and sustainable for future generations (CP)
3. Reduce excess death during extreme heat and heatwaves (OF)
4. Increase resilient energy practices to adapt to the impact of climate change (OF & Victoria's Climate Change Adaption Plan 2017-2020)
5. Increase the number of designated smoke free spaces to enhance air quality and reduce the prevalence of exposure to second-hand smoke (LGA)
6. Make Greater Shepparton greener by committing to the global One Tree Per Child Project and annual National Tree Day (CP)
7. Increase percentage of tree canopy cover for Greater Shepparton (GSCC Urban Forest Strategy 2017-2037)
8. Increase percentage of Native Vegetation Cover (NVC) (CP)
9. Preserve existing NVC by continually improving land management practices (LGA)
10. Implement sustainable practices to recognise water recycling and water efficiency opportunities (LGA)
11. Reduce Council Greenhouse Gas Emissions by implementing energy reduction and renewable energy costs (LGA)


URBAN
FOREST
STRATEGY

CONSULTATION

A key component of public health planning is the inclusion of the community in the development and review of each Municipal Public Health Plan.

Together the Local Government Act, Public Health and Wellbeing Act 1989 and the influencing polices and frameworks listed within this health plan confirm our local approach and statutory obligations to consult, communicate and engage with our local community utilising existing networks and interested community members. A service mapping exercise captured community input to various levels of decision-making processes through strong local and regional networks.

Council's Community Engagement Strategy 2009 and Community Development Framework 2010 outline a consultative approach to engage with community and utilise existing networks in planning and decision-making processes.

Greater Shepparton Public Health Advisory Committee

The Greater Shepparton Public Health Advisory Committee (PHAC) consists of key stakeholders from local health organisations, support agencies and community to capture a diverse range of opinion and experience. The PHAC have provided guidance in the formation of this Plan and are our key consultation group.

Small Town or Neighbourhood Planning Groups

Opportunities to get involved or become an active member of a small town planning group or neighbourhood development plan will provide individuals with an opportunity to help to shape the future of where they live, work and play. There are currently more than 17 existing and active networks.

Each small town and more recently smaller pockets of our regional city, Shepparton, are given the opportunity to get involved in their local Community Planning Group to develop a Community Pan. Each Community Plan captures the current situation in the particular community, their vision for the future and the identified short, medium and long-term priorities. (Refer to Appendix Two, Three and Four for a list of network opportunities listed above)

Local Committees and Networks

A service mapping exercise was conducted in 2016 to capture all existing engagement and consultation opportunities, work groups, advisory committees and existing networks. This exercise captured 165 active network opportunities including:

- 36 advisory committees
- 65 local networks
- 26 regional networks
- 19 section 86 committees and
- 17 established small town planning groups engaging with Councillors or Council staff.

Community and Individual Input

There are opportunities for both individual and community organisations to be involved in our liveability approach to all aspects of public health and local health prevention models by making contact via Council's website or in person directly to Council.

GOVERNANCE AND PARTNERSHIPS

The Constitution Act 1975 and the Local Government Act 1989 empower councils to make decisions and take actions that contribute to the governance of their local areas. The Act provides for two main types of committees, special committees and advisory committees.

Greater Shepparton City Council has established the Public Health Advisory Committee to provide advice to council on public health and wellbeing matters. The operation and responsibilitites of an advisory committee are determined by Council and inform the Terms of Reference, or purpose of the advisory committee.

The Greater Shepparton Public Health Advisory Committee is governed by the adopted Terms of Reference and is chaired by a Greater Shepparton Councillor. Members of the Committee are endorsed by Greater Shepparton City Council following an Expression of Interest process, and elected to the committee for a two-year term.

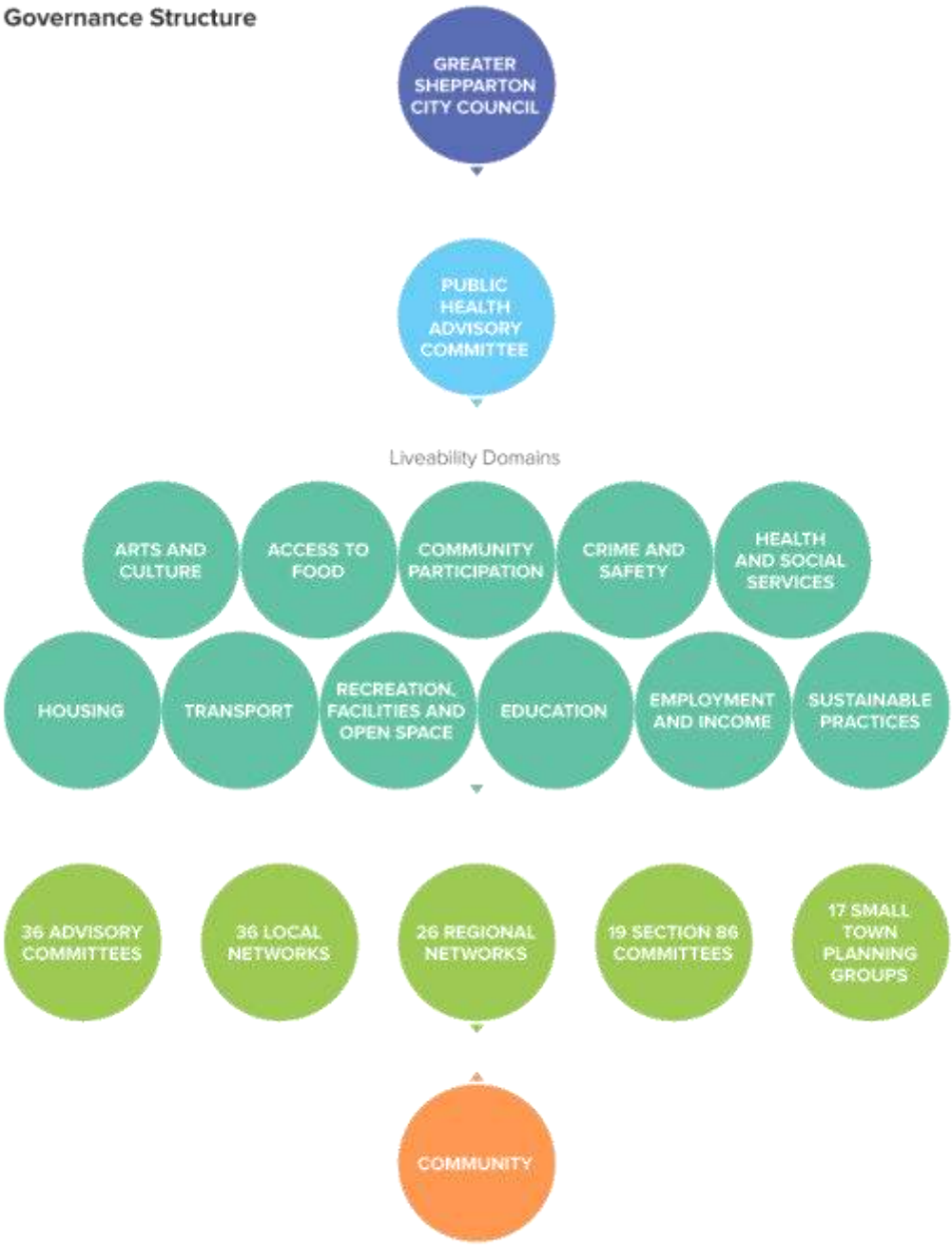
The purpose of the Greater Shepparton Public Health Advisory Committee is to drive positive change for public health and provide a platform for strong collaborative working relationships across all sectors of our community to contribute to health outcomes.

The Greater Shepparton Public Health Advisory Committee is responsible for the development, implementation and annual review of the Greater Shepparton Public Health Strategic Plan, public health matters integrated into the Greater Shepparton City Council Plan and Public Health Implementation Plan; in consultation with key stakeholders, Greater Shepparton City Council and the community.

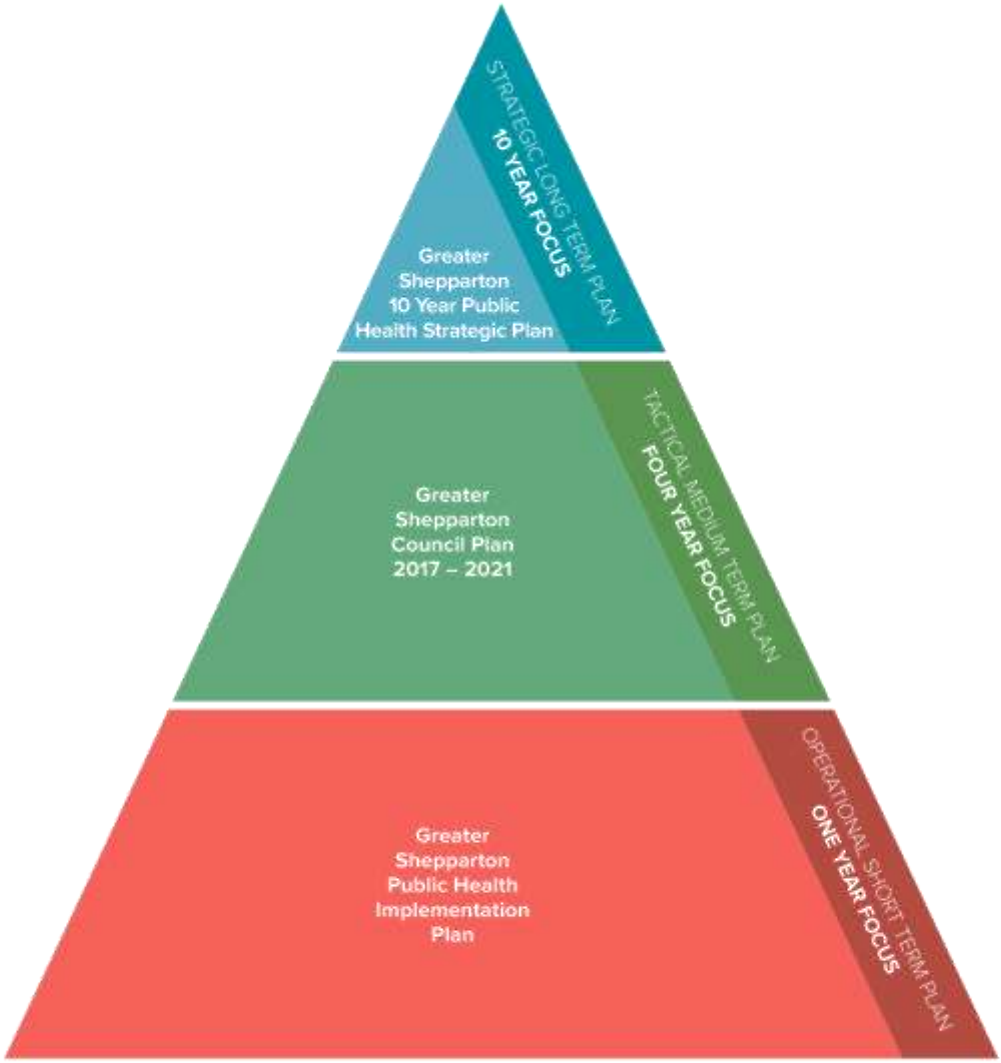
Local organisations and networks, regional networks, advisory committees, section 86 committees, small town planning groups and community members form the foundation of the governance structure. These groups work together on actions detailed in the Public Health Implementation Plan to drive effort toward achieving the medium to long term health goals under each liveability domain, as specified in the Public Health Strategic Plan.

The proposed Governance structure reflects a community wide approach to making and implementing decisions regarding public health.

Governance Structure



Greater Shepparton's Three Tier Public Health Planning Approach



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FINANCIAL INVESTMENT

The Financial Investment summary details financial investment in the health sector and others. Extra effort has captured investment in the liveability domains selected for Greater Shepparton to create an awareness of the level of investment in our region and how that translates into statistics and opportunity for local collaborative action for change or improvement.

Most councils recognise that although they cannot directly deliver business outcomes, they can facilitate and promote economic development within the context of their wider community and environmental objectives. As such, Council's role is to influence and advocate for appropriate investment and business development in line with Council Plan strategic goals and facilitate business through creating an environment conducive to economic activity and investment. To achieve this, Council provides a clear vision for the future of the municipality, delivering major events, marketing investment opportunities, improving the amenity of open spaces and infrastructure, encouraging investment and employment opportunities to provide an environment that encourages population and business growth.

The Gross Regional Product (GRP) of an area is the equivalent of Gross Domestic Product, but for a smaller area. It is the amount of the nation's wealth which is generated by businesses, organisations and individuals working in the area. This dataset is derived from the National Economics microsimulation model, and is a broad indicator of the growth or decline of the local economy over time. Data reflects a continual overall growth from 2002 to 2017, no change in 2009 and 2014, followed by low level decline recorded in 2012 and 2013 and a considerable increase then occurred from 2016 to 2017. The GRP was $3,481m at 30 June 2017.

Greater Shepparton Employment and Economic Output 2015

Figures below indicate the employment and economic output by Industry.

INDUSTRY	JOBS	OUTPUT ($ MILLION)
Health Care & Social Assistance	4,022	$413
Retail Trade	3,280	$355
Manufacturing	3,150	$2,180
Education & Training	2,161	$248
Agriculture, Forestry & Fishing	1,866	$426
Construction	1,629	$691
Accommodation & Food Services	1,160	$140
Public Administration & Safety	1,150	$224
Professional, Scientific & Technical Services	1,024	$251
Other Services	1,010	$129
Transport, Postal & Warehousing	976	$241
Wholesale Trade	916	$310
Electricity, Gas, Water & Waste Services	704	$420
Administrative & Support Services	546	v$121
Financial & Insurance Services	490	$267
Information Media & Telecommunications	305	$144
Rental, Hiring & Real Estate Services	224	$614
Arts & Recreation Services	154	$26
Mining	29	$16
Total	**24,796**	**$7,215**

Source: Remplan Economic Profile 2015

Regional Financial Contributions

The dairy and fruit industries have predominantly been the economic drivers across our irrigated district for many years, with significant environmental changes, drought, transport costs and changes in local manufacturing resulting in reductions. However, dairy and fruit remains the highest concentration of food processing in rural Australia.

Dairy processing remains the largest food processing industry in Greater Shepparton, estimated to produce $1.3 billion in economic output and employ 1,841 people.

Transport and distribution is a large employing sector and remains critical to the local agricultural supply chain also.

The retail and health services sectors remain the largest two sectors offering employment opportunities in our local area.

The Education and Healthcare sectors provide over 6,204 jobs, equivalent to 25 per cent of employment in Greater Shepparton providing a significant regional service centre for healthcare and education, with schools and hospitals being the major employers in the municipality.

Investment across Liveability Domains

A snapshot of investment across the selected liveability domains for Greater Shepparton is provided:

Arts and Culture

Tourism and Hospitality

Tourism and hospitality are key industries and major contributors to Australia's economy, with $189.6m sales recorded in Greater Shepparton in 2015/16. (Source NIEIR)

Greater Shepparton recorded an annual increase of 959,900 visitor numbers (Tourism Research Australia 2016) with a length of stay per visitor of 2.3 nights.

Over 46,000 attended Riverlinks and 32,000 visited Shepparton Art Museum in 2016.

Access to Food

Significant numbers of local food businesses are recognised in Greater Shepparton:

FOOD PREMISES - LISTING BY TYPE OF PREMISES	
Accommodation Getaway (breakfast only)	16
Aged Care Facilities	14
Bakery Retailer	23
Bar/Pub	4
Cafe/Restaurant	128
Canteen/Camps	35
Catering	17
Child Care	16
Club	38
Coffee & Dessert Outlet	11
Community Events	2
Convenience Stores (milk bars, service stations, low risk food packaging/handling)	25
Delicatessen	3
Delivery Meal Organisation	1
Green Grocer	23
Home Based Retailer	15
Hospital	4
Juice Bar	1
Low Risk Packaged Food Retailer (Pre-packaged food at Chemists, Newsagents, Department stores)	79
Manufacturer - Low Risk Foods	16
Manufacturer - Potentially Hazardous Foods	9
Mobile Food Premises	41
Nuts/Herbs/Spices Retail	2
Reception Centre	2
Residential Care	1
Supermarket	19
Take Away Foods/Fast Food Outlet/Kiosk	93
Temporary Food Premises	10
Vending Machine	2
Warehouse/Distributors/Wholesalers & Importers	12
TOTAL	**662**

Food premises inspections provide an ongoing maintenance of food preparation and storage.

Community Participation

Volunteerism brings both social value and significant economic value to the local economy. (Vic Vol)

The projected gross opportunity cost wage rates for volunteers (based on Australian Bureau of Statistics Unpaid Work and the Australian Economy 2000) are estimated at $34.89 per hour in 2016, indicating a contribution of over $366,903 based on 10,516 volunteer hours (ABS 2016)

Crime and Safety

Locally strong networks exist working together across crime and safety issues, with Council officers supporting Police in local camera monitoring throughout the CBD area. Organisations include Victoria Police, Department of Justice, CFA and Vic Roads Neighbourhood Watch and others.

A local Nightlife Radio network operates with all late night venues, police and volunteer operators of the street rider bus network in the CBD area, as part of the monitoring.

There are 20 security cameras located in Shepparton across the CBD area, with six delivered in partnership with Lascorp.

The Community Safety Strategy targets future expansion and upgrade of the safer city camera network and will continue to investigate future opportunities and potential focus sites or identified blackspots.

Council provides in kind collaborative effort and participation in the family violence prevention network and the north east regional community of practice.

Education

Greater Shepparton offers an abundance of child care centres (25), kindergartens (36) primary schools (36), private secondary schools (two) and public secondary schools (six).

In addition, Greater Shepparton is the location of tertiary education campuses (three); La Trobe University, the University of Melbourne (Dookie Campus and Rural Health Centre), and Goulburn Ovens Institute of TAFE (GOTAFE) offering a limited range of courses, with small numbers of adult and disabled learning facilities available.

The largest changes in the number of persons attending between 2001 and 2016 reflect a reduction 431 at government secondary schools, increased 282 primary school attendees, increased 275 at university and increased 196 at catholic secondary.

The Education Plan is the most recent project working with local secondary schools to develop a new approach aimed at increasing the number of youth completing year 12 or equivalent.

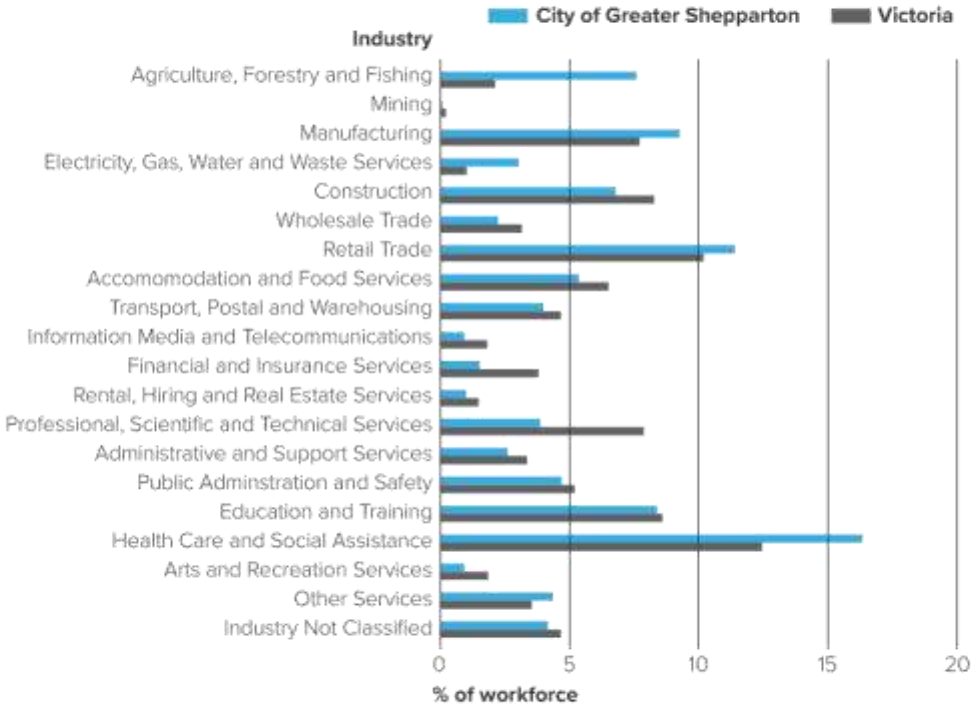
Employment and Income

A count of local jobs is one of the most fundamental economic indicators of the size of the local economy, and increasing numbers jobs generally represent a growing economy.

Data reflects a steady increase in job opportunities, with declines evident in 2009 and 2014. There were 31,676 jobs located in Greater Shepparton ending June 2017. (Source NEIR)

The jobs to residents ratio indicated 1.04 in 2016/17 meaning there were more jobs than resident workers, with the industry sector Electricity, Gas, Water and Waste services recording the highest ratio at 1.25 and mining the lowest at 0.72.

Employment (Census) by industry sector, 2016



Source: ABS, Census 2016: id the Population experts.

Health and Social Services

Health Services

There is significant investment within the health services sector in Shepparton, with Goulburn Valley Health's (GVH) budget of approximately $185 million per year providing extensive services and accommodating over 340 beds for acute and extended care in Shepparton, including smaller distribution at sites in Tatura and Waranga/ Rushworth. There are also over 55 operational residential aged care beds and 20 mental health bed, sub-acute of 48 and 20 for PARC and SRRP. GVH treat over 21,000 acute inpatients, over 28,000 emergency department presentations, over 87,900 outpatient occasions of service, approximately 1,000 births annually and over 700 mental health patients. GVH is our largest employer with over 1,500 employees.

Shepparton Private Hospital contributes to extensive inpatient and day patient services equipped with 69 beds and three operating theatres.

Both hospitals are planning major investment in the coming years to meet increasing demands.

There are many other 'health' agencies and providers providing health services; such as Primary Care Connect, Rumbalara Health Services, Murray Primary Health Network and Headspace which receive funds from federal, state and other sources too difficult to quantify. It is noted that some of the funding whilst going to a Shepparton based agency provides services to other neighbouring areas and LGAs.

Immunisation

Immunisation services provided 93 per cent coverage to 12-15 month old children, 92 per cent for 24-27 month old and 94 per cent for 60-63 month old at various locations throughout the municipality.

Aged and Disability Services

The community based aged care sector is now facing a period of rapid and extensive change to both the policy and funding environment, particularly as this relates to some of the traditional HACC roles Local Government has played in Victoria.

The Commonwealth aged care reform agenda covers the broad spectrum of aged care in Australia, including both residential care and community based aged care. This has seen, and will continue to see, a number of new providers emerge in the region potentially providing an economic boost. Essentially the reforms include:

- All aged care programs to be coordinated and directly funded by the Commonwealth instead of the States
- Changes to community aged care service models including the integration of multiple programs under the new Commonwealth Home Support Program (CHSP)
- Implementation of the National Disability Insurance Scheme (NDIS) which will alter some of the service functionality from the traditional HACC program that relates to the support of younger people with disabilities.

The Rollout of the NDIS across the Goulburn Region (Greater Shepparton, Strathbogie, Moira, Mitchell and Murrindindi Shires) is expected to see a market value increase of 90m or 113 per cent with workforce projections expected to double from the current workforce of 700 to 1,400.

Council's funded Regional Assessment Service receives approximately 80 referrals per month from people over the age of 65 years who are requiring assessment to access support services to remain living at home.

Council is the funded provider of Commonwealth Home Support Program (CHSP) in Greater Shepparton providing much needed support to approximately 1,000 residents with tasks of daily living including domestic assistance, personal care, respite care, social support, meals and home maintenance and modifications. As part of the transition agreement between the State and Commonwealth governments, existing funding in excess of $923,415 for Assessment services, CHSP and HACCPYP will be maintained through to June 2019, with possible extension through to June 2020.

Community Health Services

Community Health Services, such as Primary Care Connect, Family Care, GV Hospice Care provide valuable support for vulnerable population groups.

Disability Services

Disability Services such as GV Connect, Shepparton Access and Work trainers contribute to the most vulnerable providing essential support services.

Community Care Services

Community Care Services such as; Community Interlink, Calvary Silver Circle, Southern Cross Care, Villa Maria and others provide aged and community care

Home Care Services

Home Care and Support Services provide affordable housing options for frail and aged at various levels of independence. This includes; Shepparton Villages, Mercy Place, Villa Maria, Shepparton Gardens, Lifestyle Shepparton, Kensington Gardens, Tarcoola, Kialla Gardens and others.

Health Promotion

The total funded investment in health promotion via the integrated health promotion program for Greater Shepparton is approximately $379,607 which according to agency reports equates to 2.9 EFT and four persons employed.

There are also other significant local contributors to health promotion activities via a range of other agencies; Vic Health, Valley Sport, Heart Foundation.

Additional organisations that conduct regular health promotion programs such as ASHE, Goulburn Valley Water, education providers and community service agencies, such as Wellways, with funding from other sources to benefit locals.

Housing

Significant annual investment in housing occurs in Greater Shepparton. In 2016/17 there were 258 building permits issued, with increased 324 issued during 2017/18 as at 31 May 2018.

Building improvements cost Council over 2.2m in 2017 and land improvements over 5.9m.

Recreation Facilities and Open Space

Recreational, leisure and community facilities are maintained annually with costs over 5.5m recorded in 2017 and visitation rates at key public facilities were recorded in 2017:

- KidsFest attracted 15,965 visitors over two days in September 2017
- KidsTown had 150,536 visitors
- More than 700,000 people visited Aquamoves
- 393 free and low cost activities delivered in parks and reserves throughout Greater Shepparton attended by 14,532 people
- 534 Sporting Chance grants were distributed to encourage participation in sport

Parks, open spaces and streetscapes were maintained and refurbished costing Council over $530,000 in 2017.

Overall, Council maintains 97 parks including walking tracks, 82 playgrounds and 4 skate parks, 110 open native sites including wetlands and lakes, 27 sporting facilities with 45 turf ovals and 2 synthetic fields.

Sustainable Practices

Energy efficiencies

- Annual budget contribution of $224,000 for solar panel installation 2017/18
- Annual project contribution of $144,000 including Planet footprint, Energy monitoring unit and Goulburn Broken Greenhouse Alliance street lighting project

Natural environment

- Annual budget contribution of $152,000 including revegetation and weed control

Waterways

- Annual budget contribution $200,000 including Flood Portal study, RiverConnect and Regional Water Management Partnership

Waste management services cost in excess of 11.2m in 2017.

Over 37 per cent of all kerbside collection waste was diverted from landfill.

Annual drainage costs for 2017 were over $619,000.

Annual tree planting of 17,016 trees in 2017 calendar year by 2,771 participants.

Transport

Council invests significantly to local and regional transport services in Greater Shepparton.

Road repairs and maintenance costs exceeded $11.9m in 2017.

Bridge replacement and refurbishment occurred over $53,000.

Footpaths and cycle ways cost over $433,000 annually.

The maintenance of the Shepparton aerodrome accounted for $26,248 in 2017.

DELIVERY APPROACH

The following delivery approaches will be used to achieve the health goals and to encourage work with community on targets outlined in the Public Health Strategic Plan.

As a general rule, sustainable improvements in health and wellbeing are achieved when change is guided and owned by affected communities, interventions are tailored to particular needs and local circumstances, and people, are empowered to make the changes needed. Many of these actions need to occur in the communities and settings where people live, learn, work and play.

Healthy and Sustainable Environments

Healthy environments are essential to the health and wellbeing of current and future generations.

Protecting health through robust, evidence-based standards that support clean air, soil quality, clean water, a safe food supply and management of physical, chemical, biological and radiological hazards are fundamental for a safe and healthy society. Capacity to effectively take action when emergencies occur, remain equally important as investment in building resilient communities and supporting disaster recovery.

Climate change adaption presents environmental, economic and health challenges impacting on both the built and natural environment. Investment in adaptation strategies will contribute to build resilient communities that are less affected by major climatic events such as storms, floods and heat related events.

Person Centred Approach

A person centred approach to health means supporting and empowering individuals to better manage their own health.

Person centred approaches focus on treatment and care provided by health services, how an individual navigates through the health system and what their experience has been, including the health of a person's carer. This approach focuses on treating individuals as they want to be treated, with dignity and respect.

Place Based Approach

A place based approach to health targets an entire community and aims to address issues that exist at the neighbourhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities.

Place based approaches aim to address complex problems.

Small town planning and neighbourhood approaches practiced in Greater Shepparton demonstrates the benefits of this approach, to utilise the skills and abilities of those living in the area to maximise outcomes, commonly referred to as an Asset Based Community Development Approach.

Systems Thinking 'Big Picture Thinking'

Systems Thinking is a perspective or a way of seeing elements that inter-relate with each other that make up the big picture. "A system is a group of interacting, interrelated and interdependent components that form a complex and unified whole".

Systems Thinking approach to prevention has the following key elements:

1. Being systematic about prevention
2. Working across different systems to improve health
3. Recognising that the settings in which prevention action takes place (e.g. schools, workplaces and communities) are ecological systems
4. Explicit use of systems and tools and system theories to analyse and improve prevention practice

Collective Impact Approach

Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaborating work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change.

The Collective Impact approach is premised on the belief that no single policy or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organisations or entities from different sectors to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort.

The Stanford Social Innovation Review in 2011 identified five key elements as pictured in the diagram below.

Applying a Health Equity Lens

The 'Fair Foundations: The VicHealth framework for health equity' is a planning tool based on a conceptual and action oriented framework developed by the World Health Organisation Commission on the Social Determinants of Health designed to assist with health promotion planning. 'Equity in health is not about eliminating all health differences so that everyone has the same level of health, but rather to reduce or eliminate those which result from factors which are considered to be both avoidable and unfair'. Each layer of influence is an entry point for action.

Health equity practice calls for a mix of strategies including:

1. Universal approaches, those open to the whole population or to a defined population without recognising differences in social position.
2. Targeted approaches, important in reducing gaps in health status between groups.
3. Life-course approaches, as the effects of social disadvantage accumulate and interact throughout a person's life, from birth to old age. Therefore a mix of strategies targeting different life stages, with a particular focus on early years is important.
4. Settings approaches, making the everyday settings of people's lives – where they live, learn, play and work, more supportive of healthy outcomes.
5. Whole-of-systems approach, looking at the 'big picture' of issues across a range of different stakeholders

MEASURING ACHIEVEMENT

Greater Shepparton Public Health Strategic Plan 2018 – 2028

The Public Health Strategic Plan is the long-term public health approach to guide the direction of public health effort.

The Strategic Plan will be reviewed annually by Greater Shepparton's Public Health Advisory Committee, resulting in updates where necessary and fulfill requirements of the Public Health and Wellbeing Act 2008.

Council Plan 2017 – 2021

The Council Plan is the medium term plan developed every four years, including the incorporation of health and wellbeing matters.

Councils are required to complete annual monitoring of achievement of strategic objectives, as specified under the Local Government Act.

Greater Shepparton Public Health Implementation Plan

The Public Health Implementation Plan is the short-term public health plan detailing annual targets to progress effort toward medium and long term health goals. This plan is the working document that provides more detail at an operational level, guiding local effort that contributes to achieving each health goal and working toward positive health outcomes.

Greater Shepparton Public Health Implementation Plan Template

Outcome	What do we want to achieve?					
No.	Action/ Strategies	Delivery Approach			Performance Measure	Lead Agency	Source and Timeframe
		Person Centred Approach	Place Based Approach	Policy Level			
Target	Our desired result planned within a specified time and may refer to a long term improvement or desired health outcome						

The Public Health Implementation Plan refers to VicHealth's Local Government Action Guides and Fair Foundations: The VicHealth framework for health equity to inform strategies and actions.

An annual review of the Implementation Plan will capture progress, monitor achievement and report completed tasks. Reporting of the annual review to Council and the Department of Health and Human Services is required to meet statutory requirements of the Public Health and Wellbeing Act 2008 and the Local Government Act.

The Victorian Public Health and Wellbeing Outcomes Framework

The Outcomes Framework requires Council to report achievement in Year Three of the Council Plan term. Reporting will include assessment of progress towards identified targets. Where targets for measures are not identified, the direction of change will be monitored.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In Greater Shepparton we will work in collaboration to explore and understand a liveability approach to public health to achieve our long term Health Goals.

We have identified key delivery approaches to trial health prevention models, ranging from an individual focused approach to a systems thinking whole community approach that can help to drive positive behaviour change and health outcomes.

We recognise significant local and regional investment, opportunity and growth.

We will challenge and build resilient healthy communities for future generations using our current health status as a benchmark for change.

Recommendations

1. Examine the associations between the liveability index and health and wellbeing outcomes for Greater Shepparton to assess and measure change
2. Establish a platform of evidence for regional Victoria
3. Develop a liveability index for Greater Shepparton
4. Advocate for improved health and wellbeing ourcomes for Greater Shepparton residents
5. Influence land use planning through future policy development to create a liveable Greater Shepparton
6. Take a collective impact and systems thinking approach to address health and wellbeing issues across the municipality

GLOSSARY OF TERMS

Equitable

Equitable approaches are those aimed at closing the gap in outcomes for different population groups. This may mean providing additional support for people experiencing disadvantage in order to achieve equal outcomes (Vic Health)

Gender Equality

Workplace gender equality is achieved when people are able to access and enjoy the same rewards, resources and opportunities regardless of gender. The aim of gender equality in the workplace is to achieve broadly equal outcomes for women and men, not necessarily outcomes that are exactly the same for all (Workplace Gender Equality Agency)

Gender Equity

Involves fairness and justice in the distribution of resources and responsibilities between men and women; sometimes referred to as substantive equality. It often requires women-specific programs and policies to end existing inequalities (WHO)

Health

A state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity (WHO)

Health Impact

A health impact can be positive or negative. A positive health impact is an effect which contributes to good health or to improving health. A negative health impact has the opposite effect, causing or contributing to ill health (WHO)

Health Indicator

A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time) (WHO) Often shortened to indicator.

Health Inequality

Health inequalities are the differences in health status between population groups (WHO)

Health Inequity

Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair (WHO)

Health Outcomes

A health outcome is a change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

Such a definition emphasizes the outcome of planned interventions (as opposed, for example, to incidental exposure to risk) and that outcomes may be for individuals, groups or whole populations. Interventions may include government policies and consequent programs, laws and regulations, or health services and programs, including health promotion programs. It may also include the intended or unintended health outcomes of government policies in sectors other than health. Health outcomes will normally be assessed using health indicators. (WHO)

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being (WHO).

Health Status

The health status is a generic term referring to the health of a person, group or population in a particular area, especially when compared to other areas or with national data.

Health status is determined by more than the presence or absence of any disease. It is often summarised by life expectancy or self-assessed health status and more broadly includes measures of functioning, physical illness, sexual health and mental wellbeing. Measuring the overall health of the local population involves analysis of the following indicators of health status:

- Wellbeing, including measures of physical, mental and social wellbeing
- Health conditions; including measures of disease prevalence, disorder, injury or trauma or other health-related state
- Human function; including indicators that measure alterations to body, structure or function (impairment), activity limitations and restrictions in participation
- Deaths; including indicators
- measuring mortality rates and life expectancy

(WHO)

APPENDICIES

Appendix One: Council's Strategic Plans

Algabonyah Agreement

Aquamoves Master Plan

Asset Management Policy and Strategy Review

Best Value Strategy

City of Greater Shepparton Industrial Land Review 2011

City of Greater Shepparton Strategic Review of Tatura Industrial Land 2011

Commercial Activities Centres Strategy

Community Access and Inclusion Plan

Community Engagement Strategy

Community Plans; Arcadia, , Congupna, Dhurringile, Dookie & District, Katandra West, Merrigum,

Community Safety Strategy 2014-2017

Congupna Urban Drainage Strategy

Council Plan 2017-22

Cultural Diversity and Inclusion Strategy and Action Plan 2015-2018

Customer Service Charter

Disability Action Plan

District and Undera

Domestic Animal Management Plan (2013-17)

Domestic Wastewater Management Plan (DWMP)

Food Safety Strategy

Greater Shepparton 2030 Strategy

Greater Shepparton City Council Community Safety Strategy 2014-2017

Greater Shepparton City Council Seasonal Pools Review and Strategy

Greater Shepparton Cycling Strategy 2013-2017

Greater Shepparton Environmental Sustainability Strategy 2014-2030

Greater Shepparton Football Strategy

Greater Shepparton Freight and Land Use Study 2013

Greater Shepparton Heritage Study 2013

Greater Shepparton Housing Strategy 2011

Greater Shepparton Industrial Development Guidelines

Greater Shepparton Movement and Place Strategy – Draft Challenges and Opportunities Paper

Greater Shepparton Planning Scheme

Greater Shepparton Resource Recovery Precinct Feasibility and Site Study 2016

Greater Shepparton Urban Forest Strategy 2013-2023

Greater Shepparton Volunteer Strategy and Action Plan 2014-2018

Greater Shepparton Women's Charter

Greater Shepparton Youth Strategy and Actions Plan 2012-2015

Greening Greater Shepparton

ICT Strategy

Infrastructure Design Manual

Investigation Area 1 – Goulburn Valley Harness & Greyhound Racing Precinct Feasibility Study & Investigation Area 3 – Adams Road Area, Kialla

KidsTown Future Directions Plan: Food Hub Concept

Liveability Framework and Indicators Plan

Local Floodplain Development Plans/Precincts Masterplan

Mooroopna West Growth Corrido 2009

Mooroopna, Murchison & District, Shepparton East, St George's Road, Tallygaroopna, Tatura, Toolamba &

Mosquito Management Plan

Municipal Health and Wellbeing Plan

Neighbourhood Plans - Boulevard and Golf Estates, Kialla Lakes and Seven Creeks.

Northern Victoria Regional Transport Strategy

Open Space and Recreation Strategy

People and Development Strategy (2014-2017)

Playground Provision Strategy

Rating Strategy 2017 – 2021

Recreation Plan

Regional Land Use Strategy 2008

RiverConnect Strategy

Roadside Management Strategy

SAM Fundraising Strategy

Seasonal Pools Review and Strategy

Shepparton North South Growth Corridor 2003

Small Towns Youth Recreation Spaces Strategy

South Shepparton Community Infrastructure Needs Assessment 2011

Southern Gateway Landscape Strategy

Storm Water Management Plan

Strategy for Tertiary Education in Shepparton 2005

Streetscape Plan

Sustainable Community Strategy – Final Report

Urban Design Framework – Shepparton North and South Business Areas 2006

Urban Design Manual

Urban Development Program – Residential and Industrial Land Supply Assessments 2016

Volunteer Strategy and Action Plan 2014-2018

Waste Management Strategy 2013-2023

Workforce Health and Safety Plan

Youth Strategy

Council Strategies planned for development or review:

Aquamoves Master Plan

Domestic Animal Management Plan (2017-21)

Economic Development Tourism and Major Events Strategy 2017 – 2021

Greater Shepparton 2050 Strategy

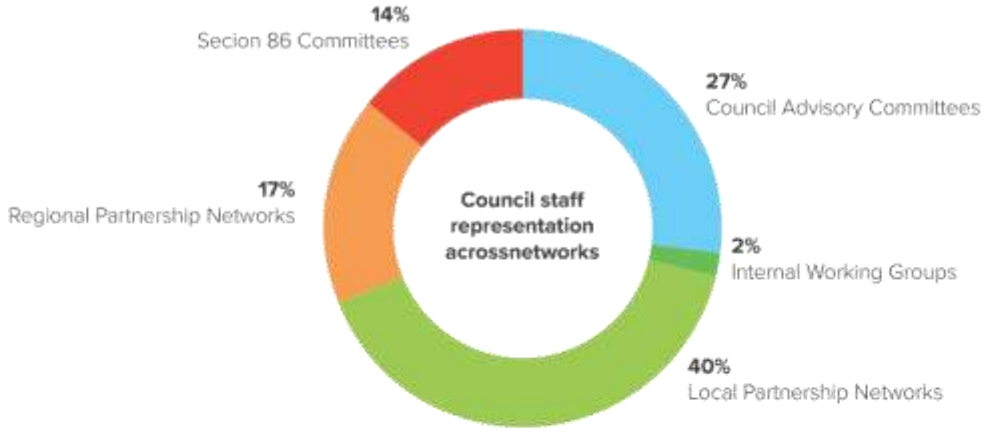
Greater Shepparton Heritage Strategy 2017-202

Greater Shepparton International Engagement Strategy

Appendix Two: Service Mapping

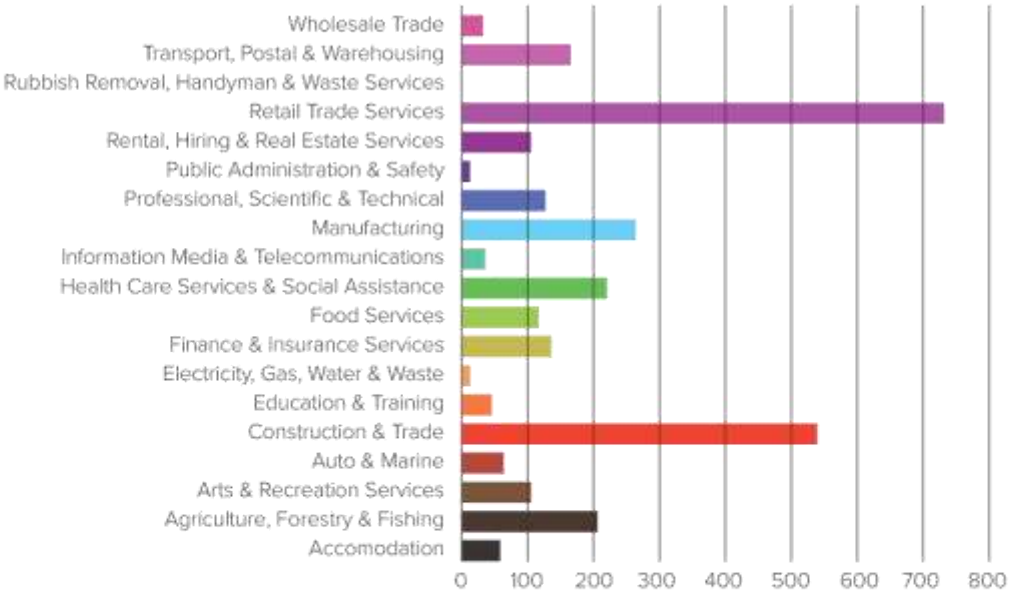
An extensive service mapping exercise identified current networks supported by Council.

Council staff representation across networks



Local Businesses reflect predominantly large retail, construction and trade businesses.

Local Business by Industry Sector



Appendix Three: Advisory Committees

Australian Botanic Gardens Shepparton Special Committee

Best Start Municipal Early Years Partnership Committee

Deakin Reserve Advisory Committee

Development Hearings Panel

Disability Advisory Committee

Festive Decorations Advisory Committee

Goulburn Broken Greenhouse Alliance

Goulburn Valley Highway Bypass Action Group

Goulburn Valley Regional Library Corporation Board

Greater Shepparton Aerodrome Advisory Committee

Greater Shepparton Audit and Risk Management Committee

Greater Shepparton Public Health and Wellbeing Plan Advisory Committee

Greater Shepparton Safe Communities Advisory Committee

Greater Shepparton Women's Charter Alliance Advisory Committee

Heritage Advisory Committee

Melbourne University Rural Clinical School Advisory Board and Department of Rural Health Management Advisory Committee

Municipal Association of Victoria

Municipal Emergency Management Planning Committee (MEMP)

Murray Darling Association

North Eastern Australian Local Government Women's Association (NEALGWA)

Positive Ageing Advisory Committee

Rail Freight Alliance Committee

Regional Aboriginal Justice Advisory Committee

RiverConnect Community Advisory Committee

Rumbalara Aboriginal Cooperative Working Party

Shepparton Art Museum Advisory Committee

Shepparton Liquor Licensing Accord

Shepparton Regional Saleyards Advisory Committee

Shepparton Show Me Committee

Shepparton Showgrounds Advisory Committee

Sir Murray Bourchier Memorial Advisory Committee

Sports Hall of Fame Advisory Committee

Tatura Park Advisory Board

Victorian Local Governance Association

Appendix Four: Community Planning Groups

Arcadia Community Planning Group

Boulevard and Golf Estate Community Planning Group

Congupna Community Planning Group

Dhurringile Community Planning Group

Dookie Community Planning Group

Katandra West Community Planning Group

Kialla Lakes Community Planning Group

Merrigum Community Planning Group

Mooroopna Community Planning Group

Murchison Community Planning Group

Seven Creeks Community Planning Group

Shepparton East Community Planning Group

St George's Road Community Planning Group

Tallygaroopna Community Planning Group

Tatura Community Planning Group

Toolamba Community Planning Group

Undera Community Planning Group

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Join the conversation: