Glenelg Shire
Health and Wellbeing Plan
2013-17

Adopted by Council at Ordinary Council Meeting on 22 October 2013
# Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile of Glenelg Shire</td>
<td>3</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Principles</td>
<td>4</td>
</tr>
<tr>
<td>Development</td>
<td>4</td>
</tr>
<tr>
<td>The community response</td>
<td>4</td>
</tr>
<tr>
<td>A snapshot of the data</td>
<td>5</td>
</tr>
<tr>
<td>Background papers and further reading</td>
<td>6</td>
</tr>
<tr>
<td>Implementation and review</td>
<td>6</td>
</tr>
<tr>
<td>Approach</td>
<td>7</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Goal No. 1: Our community will lead active and healthy lives</td>
<td>8</td>
</tr>
<tr>
<td>Goal No. 2: Our community will feels, safe, connected and be able to access and participate in community life</td>
<td>9</td>
</tr>
<tr>
<td>Goal No. 3: Lifelong learning is a way of life in Glenelg</td>
<td>10</td>
</tr>
<tr>
<td>Goal No. 4: Our community will be resilient, prepared and will use resources in a sustainable way</td>
<td>11</td>
</tr>
</tbody>
</table>
INTRODUCTION

Profile of Glenelg Shire

The Glenelg Shire is located in the southwest corner of Victoria. It covers a land area of 6,212 sq. kilometres and is named after the Glenelg River which flows from the north to the south of the shire. The population is 19,764 (ABS, 2012) with over half of the population residing in the town of Portland in the south of the shire, and the rest of the population in the smaller towns of Heywood and Casterton and other rural areas. The Glenelg Shire is one of the more remote and geographically isolated local government areas in Victoria with a population density of 3.2 people per square kilometre.

Purpose of this Plan

All Victorian Councils are required to develop a Municipal Public Health and Wellbeing Plan under the Public Health and Wellbeing Act 2008, and need to consider the Victorian Public Health and Wellbeing Plan.

The Glenelg Shire Council Municipal Public Health and Wellbeing Plan (Glenelg Shire Health and Wellbeing Plan 2013-2017) is a strategic plan that sits alongside and integrates with the Council Plan, the Municipal Strategic Statement and other local plans of community partners with an interest in local public health. It is also linked to the Glenelg Aboriginal Partnership Plan, the Victorian Public Health and Wellbeing Plan 2011-2015 and will inform (along with the other Council MPHWPS) the Great South Coast Health and Wellbeing Action Plan.

The purpose of the Glenelg Shire Health and Wellbeing Plan is to outline goals and priorities that will protect, improve and promote public health and wellbeing for people living in the shire. It has been developed in partnership with the Southern Grampians Glenelg Primary Care Partnership, Portland District Health, Heywood Rural Health, Casterton Memorial Hospital, Great South Coast Medicare Local, Glenelg Southern Grampians Local Learning and Employment Network, Medicare Local, Dhauwurd Wurrung Elderly Community Health Services, and other local community services.

Glenelg Shire Council plays a key role in creating the environment for communities to prosper and enjoy improved health and wellbeing. In the delivery of this Plan, Council will take the lead in some priority areas, and partner organisations will be taking the lead in other priority areas.
**Principles**

We will implement this plan in accordance with these principles:

- One Plan led by a shared vision, goals and objectives and a positive approach;
- Collaboration through partnerships;
- Community participation and ownership;
- Responsiveness to local need based on evidence and the lived experience; and
- Accountability for results and resources.

**Development**

The development of this Plan was assisted by the Great South Coast Municipal Public Health Plan Support Strategy, funded by the Victorian Department of Health. The Great South Coast Councils (Glenelg, Southern Grampians, Moyne, Corangamite Shires and Warrnambool City) have worked together, providing practical support in the approach to the development of the Municipal Public Health and Wellbeing Plans. This joint work has been facilitated by PDF Management Services.

In developing the Glenelg Shire Plan, the following steps were undertaken:

1. Environmental Scan - including an examination of the relevant health and wellbeing data, analysis of recent health policy initiatives and legislative approaches;
2. Community engagement - workshops with stakeholders, community forums, surveys and questionnaires to find out the most important things affecting the health and wellbeing of the residents of the Glenelg Shire;
3. Development of priorities and goals - A series of workshops with strategic partners were held over the period April - July 2013 to confirm and verify the data, identify and refine the priorities.

**The community response**

Approximately 250 respondents provided feedback through the community engagement process. The priority areas identified as important to the health and wellbeing of residents included: the provision of environments and opportunities to undertake physical activity (walking, cycling, swimming); accessible services, opportunities for socialisation; and access to fresh fruit and vegetables and public transport.
## A snapshot of the data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Glenelg Shire Measure</th>
<th>Victoria Measure</th>
<th>Related goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of type 2 Diabetes</td>
<td>6.4</td>
<td>4.8</td>
<td>1</td>
</tr>
<tr>
<td>Male life expectancy</td>
<td>76.9</td>
<td>80.3</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Female life expectancy</td>
<td>81.5</td>
<td>84.4</td>
<td>1</td>
</tr>
<tr>
<td>Registered mental health clients</td>
<td>27.2</td>
<td>10.9</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>People who do not meet physical activity guidelines</td>
<td>30.6</td>
<td>27.4</td>
<td>1</td>
</tr>
<tr>
<td>Self reported health - excellent or very good</td>
<td>51.1</td>
<td>54.3</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Percentage males overweight or obese</td>
<td>71</td>
<td>57.2</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of females overweight or obese</td>
<td>48.9</td>
<td>40.3</td>
<td>1</td>
</tr>
<tr>
<td>Male life expectancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female life expectancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered mental health clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People who do not meet physical activity guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self reported health - excellent or very good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage males overweight or obese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of females overweight or obese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who don’t meet fruit guidelines (2 serves daily)</td>
<td>52</td>
<td>50.5</td>
<td>1</td>
</tr>
<tr>
<td>Adults who don’t meet vegetable guidelines (5 daily)</td>
<td>86.9</td>
<td>90</td>
<td>1</td>
</tr>
<tr>
<td>Proportion of the population with food insecurity</td>
<td>6.8</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Incidents of substantiated child abuse</td>
<td>15.2</td>
<td>7</td>
<td>2,3</td>
</tr>
<tr>
<td>Family violence incidents</td>
<td>11.2</td>
<td>9</td>
<td>2,3</td>
</tr>
<tr>
<td>Drug and alcohol clients</td>
<td>11</td>
<td>5.2</td>
<td>2,3</td>
</tr>
<tr>
<td>Crime where offender was 15-17 years</td>
<td>135.3</td>
<td>117.3</td>
<td>1,2,3</td>
</tr>
<tr>
<td>Volunteering (&gt;once per month)</td>
<td>45.5</td>
<td>33.9</td>
<td>2</td>
</tr>
<tr>
<td>Community acceptance of diverse cultures</td>
<td>47.2</td>
<td>51</td>
<td>2,3</td>
</tr>
<tr>
<td>Participation in Citizen engagement in the last year</td>
<td>62.1</td>
<td>50.1</td>
<td>2,3</td>
</tr>
<tr>
<td>Attended arts activities or events in past 3 months</td>
<td>47.2</td>
<td>63.8</td>
<td>2,3</td>
</tr>
<tr>
<td>Subjective wellbeing</td>
<td>81</td>
<td>77.7</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>SEIFA Index of disadvantage</td>
<td>960</td>
<td>na</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>% households with an income less than $625 per week</td>
<td>35</td>
<td>25</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>% young people (20-24yr) disengaged</td>
<td>22</td>
<td>11</td>
<td>2,3</td>
</tr>
<tr>
<td>Year 12 attainment people over 15 years</td>
<td>28.7</td>
<td>49.8</td>
<td>2,3</td>
</tr>
<tr>
<td>Year 12 attainment people 20-24 years</td>
<td>51</td>
<td>74.4</td>
<td>2,3</td>
</tr>
<tr>
<td>% Population with no qualifications</td>
<td>53.4</td>
<td>43.9</td>
<td>2,3</td>
</tr>
<tr>
<td>Australian Early Development Index</td>
<td>9.5</td>
<td>9.5</td>
<td>2,3</td>
</tr>
<tr>
<td>Kindergarten participation rate</td>
<td>76.1</td>
<td>93</td>
<td>2,3</td>
</tr>
<tr>
<td>Vulnerability to climate change index</td>
<td>44</td>
<td>22</td>
<td>2,4</td>
</tr>
<tr>
<td>Percentage of waste recycled</td>
<td>30</td>
<td>42</td>
<td>4</td>
</tr>
<tr>
<td>Energy use per household</td>
<td>36</td>
<td>51</td>
<td>4</td>
</tr>
</tbody>
</table>

Background Papers and further reading

Several background papers were prepared when we were developing this Plan. These include:

- The Policy Environment - a review of the policy areas - international, national, state and regional
- Great South Coast Health and Wellbeing Profile - a collation of datasets that were selected as measures of health and wellbeing
- A set of information papers prepared by Portland District Health and the SGG Primary Care Partnership including:
  - Alcohol and tobacco
  - Community resilience / Climate change
  - Access to services
  - Obesity prevention
  - Social inclusion and disadvantage
- Glenelg Shire Aboriginal Health Profile


Implementation and Review

Implementation of the Glenelg Shire Health and Wellbeing Plan will be overseen by a Steering Committee, comprising representatives from external partner organisations and Council Officers. The Committee will meet regularly to coordinate implementation, review progress and discuss key actions for the upcoming 12 months. Progress will be reported to the Council and the community on an annual basis.
Approach

There are many aspects that affect people’s health and wellbeing. Things such as where they live, their environment, genetics, income, education and relationships have a big impact. The World Health Organisation (WHO) defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. This plan takes a determinants approach to health and wellbeing and focuses on:

- the social and economic environment,
- the physical environment, and
- the person’s individual characteristics and behaviours.

Introduction

This Plan comprises four priority areas / goals (see pages 8 - 11) that are interrelated and connected with disadvantage as the overarching and most commonly connected factor. Each goal is supported by several priority areas for action (what we are going to do), performance indicators (how we are going to measure our success), partners and identified downstream or chronic conditions that we working to prevent (what do we want to see).

As the evidence indicates, many of the health gains experienced by the population have not been shared evenly and some groups continue to experience more than their fair share of disease and injury. In addition, the evidence also indicates that interventions or efforts in some settings (e.g. the early years) will produce better outcomes later in life. The priority settings for this plan have been identified as:

- The early years (ages 0-4years)
- Young people (ages 12-25 years)
- Vulnerable communities (people with a disability, Aboriginal and Torres Strait Islanders, and disadvantaged)
- Aged

An action plan will be developed for each priority area (what we are going to do), with key partners taking the lead in relevant areas.
What do we want to see?

- Diabetes
- Avoidable deaths
- Life expectancy
- Mental illness
- Dental caries

“Access to fresh local produce – farmers markets” (community member)

“Exercise is definitely very important for individual health and wellbeing for everyone” (community member)

Our goal: Our community will lead active and healthy lives

Our partners:
- SSG Primary Care Partnership
- Portland District Health
- Heywood Rural Health
- Casterton Memorial Hospital
- Aboriginal organisations
- Sport, leisure & recreation sectors

What we are going to do:
- Increase access to and participation in physical activity
- Increase access to and consumption of healthy food
- Minimise harm from alcohol and reduce smoking
- Focus on a good start to life in the early years (breastfeeding, oral health, immunisations)

How we are going to measure our success:
- % self reported health – excellent or very good
- % people who meet physical activity guidelines
- % people overweight or obese
- % people meeting fruit and vegetable guidelines
- % people who are smokers
- % people at risk of harmful alcohol consumption
- % babies being breastfed at 3 and 6 months
What do we want to see?

- Crime rates for young people
- Registered mental health clients
- Child abuse
- Drug and alcohol clients
- Family violence

What we are going to do:

- Promote and encourage volunteering
- Increase participation in community / public art
- Improve access to health and other community services
- Encourage and promote gender equity
- Increase accessible infrastructure, activities and events
- Enable whole of community participation in all aspects of community life

Our goal: Our community will feel safe, connected and be able to access and participate in community life

Our partners:

- SGG Primary Care Partnership
- Medicare Local
- BSW Women’s Health and Wellbeing
- Department of Human Services
- Community service providers
- Aboriginal organisations
- Sport, leisure & recreation sectors

How we are going to measure our success:

- Community volunteering (> once per month)
- Acceptance of diverse cultures
- Participation in citizen engagement
- Participation in arts and culture
- Subjective wellbeing

“Opportunities to socialise and meet new people at a reasonable cost” (community member)

“More community socialising, places for all ages” (community member)
What do we want to see?

- Low income / Welfare dependent families
- Unemployment Rate
- Median Weekly income
- Population in most disadvantaged 10%

What we are going to do:
- Provide support for vulnerable families in the early years
- Develop a Learning Community Strategy
- Increase opportunities for lifelong learning
- Build capacity of early years workforce
- Provide flexible community based education opportunities
- Improve educational attainment of young people

Our partners:
- GSG Local Learning and Employment Network
- RMIT & Deakin Universities
- South West TAFE
- Great South Coast Network
- Dept of Education and Early Childhood Development
- Aboriginal organisations

“We need a strong focus on youth and school engagement” (community member)

Our goal: Lifelong learning is a way of life in the Glenelg Shire

How we are going to measure our success:
- Year 12 attainment figures
- % Population with no qualifications
- Youth disengagement rate
- Australian Early Development Index
- Kindergarten participation rate
What do we want to see?
- Vulnerability to Climate Change Index
- Mental health clients / family violence after extreme weather events
- Death and injury from extreme events

Our partners:
- Great South Cost Network
- SGG Primary Care Partnership
- Sustainability Victoria
- Waste Reduction Group
- Glenelg Hopkins Catchment Management Authority
- Department of Environment and Primary Industry

“Air and water quality, clean swimming beaches” (community member)

“More recycling facilities in Portland and recycling pick up for businesses” (community member)

Our goal: Our community will be resilient, prepared, and will use resources in a sustainable way

What we are going to do:
- Provide Leadership in carbon management
- Reduction of water use
- Promotion of recycling and waste reduction
- Improve management of landfills
- Understand and map local vulnerability to climate change
- Support vulnerable communities to adapt to rising costs of energy, fuel and resources
- Increase capacity in emergency management and recovery

How we are going to measure our success:
- Percentage of waste recycled
- Vulnerability Index to climate change
- Energy use per household
- Household water conservation
- Carbon produced by Council