

Municipal Public Health and Wellbeing Plan 2021–2025

**Year 2 Action Plan
2022-2023**



Macedon Ranges
Shire Council



Bunjils nest, Reconciliation Week

Acknowledgement of Country

Macedon Ranges Shire Council acknowledges the Dja Dja Wurrung, Taungurung and Wurundjeri Woi Wurrung Peoples as the Traditional Owners and Custodians of this land and waterways. Council recognises their living cultures and ongoing connection to Country, and pays respect to their Elders past and present.

Council also acknowledges local Aboriginal and Torres Strait Islander residents of Macedon Ranges for their ongoing contribution to the diverse culture of our community.

Contents	Page
A message from the Mayor and Councillors -----	1
What is the Municipal Public Health and Wellbeing Plan? -----	3
Why develop a health and wellbeing plan? -----	3
How we developed our health and wellbeing plan -----	5
Shaping our approach -----	6
What our community wants -----	7
Our community -----	8
Our liveable community -----	9
Our health and wellbeing priorities -----	12
Our health and wellbeing goals -----	12
Ensuring we deliver on our goals -----	13
The role of local government -----	14
The role of other organisations -----	15
The evidence behind our action plan -----	16
What we see in Macedon Ranges Shire -----	21
Our action plan -----	24
Our community is inclusive and celebrates diversity -----	24
Our community is safe and healthy -----	27
Our community is adaptable and resilient -----	30
Appendix A. How are outcomes measured? -----	32

A message from the Mayor and Councillors

The Municipal Public Health and Wellbeing Plan 2021–2025 outlines the role that Council will play in improving the health and wellbeing of Macedon Ranges Shire residents.

Our Municipal Public Health and Wellbeing Plan 2021–2025 has been prepared at a time of uncertainty and disruption. We are working together as members of the local and global community to stop the spread of COVID-19. The pandemic is redefining the way that we live, work and play.

COVID-19 has exposed persistent inequalities by income, age, race, gender and location. It has reminded us that to achieve and maintain good health and wellbeing, we need the right knowledge, skills and resources, we all have a role to play, and we are truly 'in this together'.

We are proud of the way that Macedon Ranges Shire Council and the community are responding to the COVID-19 pandemic, supporting one another through these challenging times. We have all needed to adapt quickly to the constantly changing situation. We understand the effects the pandemic has had on health and wellbeing for people, families and groups in the shire.

The pandemic has reminded us all of what really matters and it has highlighted the power of community. Thank you for following the Victorian Government health directions, and for your understanding, support and acts of kindness during this challenging time.

We acknowledge, with deep respect and gratitude, the role of essential workers seeking to support and protect our community's health and wellbeing.

At the same time as COVID-19, we are responding to other global issues. In March 2021, Macedon Ranges Shire Council declared a Climate Emergency. We know that climate change is having a profound impact on the health and wellbeing of our communities, and publicly acknowledge that action is urgently required to address the causes and impacts of climate change, and to avoid irreversible disruption to society, the economy and ecosystems. Emergency events related to climate change continue to impact our community and remind us of the importance of having personal and municipal plans in place to prepare, respond and recover.

Closer to home, we are mindful of the recent Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety.

As a council, we want to reduce stigma and discrimination associated with mental illness and promote mental wellbeing. We can achieve this by increasing Council's staff and our community's knowledge about prevention and early intervention, how to access professional help, and how to assist a person who is experiencing a mental health crisis.

We know that mental health was identified by young people as the biggest issue for their health and wellbeing. They have spoken clearly and loudly about the need for a youth mental health service in the shire. Council will advocate to other levels of government on behalf of young people that specialist support services are needed locally.

We want to be thinking about elder care needs now and into the future. The failures of the aged care system have been brought to light through the Royal Commission into Aged Care Quality and Safety, and the Australian Government's response will require significant sector reform over the life of this plan. Council will continue to monitor the impact of reform on its role supporting older people, and advocate in the interests of our community.

On a day-to-day level, Council plays a role both as a provider of services and as a trusted place to go for information. Our approach is guided by an understanding that we are only one part of the solution, requiring collaboration from our community, industry and all levels of governments.

We look forward to continuing work with professionals, volunteers, community groups and clubs to promote health and wellbeing over the next four years.



Left to right: Cr Geoff Neil, Deputy Mayor Mark Ridgeway, Cr Dominic Bonanno, Cr Janet Pearce, Cr Rob Guthrie, Mayor Jennifer Anderson, Cr Anne Moore, Cr Annette Death and Cr Bill West

What is the Municipal Public Health and Wellbeing Plan?

The Municipal Public Health and Wellbeing Plan 2021–2025 outlines the role that Council will play in improving the health and wellbeing of Macedon Ranges Shire residents.

Under various laws, local government has a responsibility to protect, improve and promote public health and wellbeing. One of these laws, the *Public Health and Wellbeing Act 2008*, requires councils to develop a municipal public health and wellbeing plan.

Each council's plan must address:

- the health status and health determinants for the local area
- evidence-based goals and strategies
- opportunities for community involvement in the development, delivery and evaluation of the plan
- opportunities to work with other agencies undertaking public health initiatives, projects and programs
- prevention of **family violence**, and how to respond to the needs of victims of family violence in the local community
- **climate change**
- focus areas in Victoria's public health and wellbeing plan.

The Victorian Public Health And Wellbeing Plan 2019–2023 is the overarching policy framework for improving public health and wellbeing in Victoria.

From this plan, councils are legislated to address:

- tackling **climate change** and its impact on health
- increasing **healthy eating**
- increasing **active living**
- reducing **tobacco-related harm**

In 2021, the Victorian Government added **emergency relief and recovery** (including COVID-19) to the issues that councils should consider. This change responds to the significant impact of recent emergency events on community health and wellbeing.



Why develop a health and wellbeing plan?

To ensure that health and wellbeing continues to be at the core of everything we do, Council has developed a standalone health and wellbeing plan from 2021. This plan supports delivery of the Macedon Ranges Shire Community Vision, and is consistent with the requirements in the *Local Government Act 2020* (the LG Act).

The Act requires councils to take an integrated approach to strategic planning and reporting. It has, at its core, the aim of ensuring all Victorians have the opportunity to engage with their councils on local priorities and the future of their community.

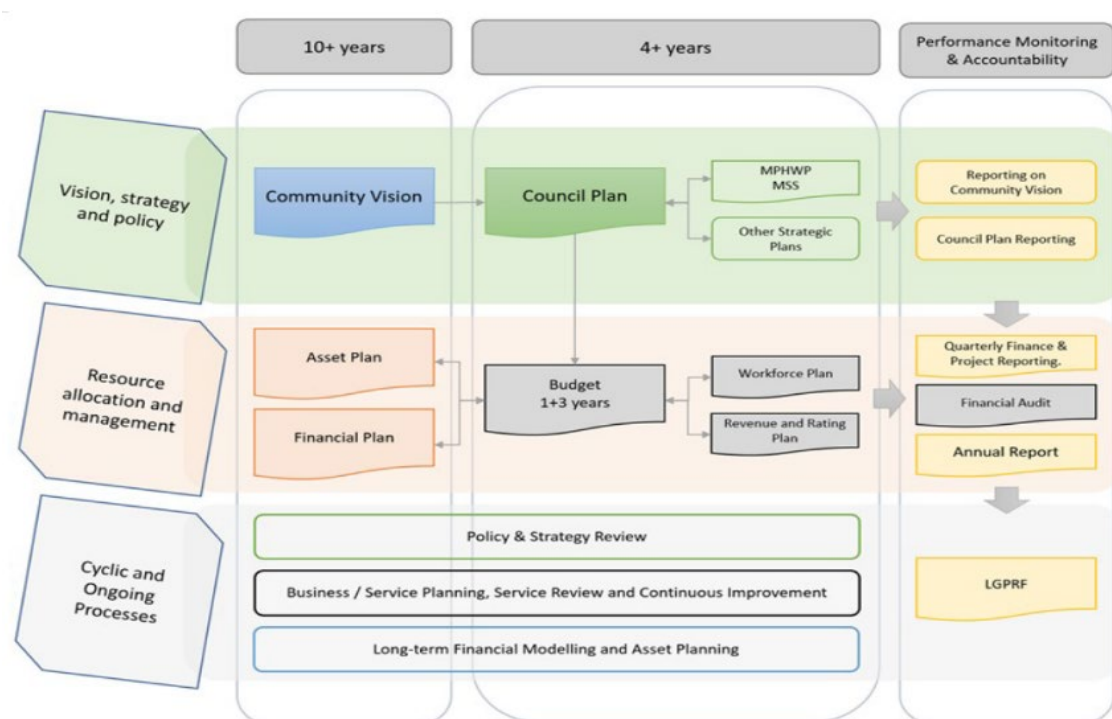
Under the LG Act, Council is required to implement the delivery of a Community Vision, Council Plan and long-term Financial Plan. The Act signals major changes for the planning and reporting arrangements that local government must meet.

Together, the plans shape what role Council will play in broad-ranging matters, and how it will invest in people, infrastructure and services.

Council's previous public health and wellbeing plan was integrated in the Council Plan 2017–2027. Council continues to value the foundational work of the Health and Wellbeing Plan in the Council Plan 2017–2027.

Our new plan is built on strong foundations of previous work, while defining some new directions for Council.

Figure 1. Integrated Strategic Planning and Framework



Source: Victorian Government Department of Jobs, Precincts and Regions¹

¹ Engage Victoria, Diagrams and resources for Councils, Integrated Strategic Planning and Reporting Framework 2020

The Community Vision for Macedon Ranges was developed by residents participating in a Community Vision Assembly in 2021.

Our Community Vision below, was voiced by our community to shape our shire's future:

With our unique regional identity, Macedon Ranges Shire embodies a caring, resilient approach to community through our robust local economy, protection of the natural environment and a collaborative commitment to inclusivity for all.

How we developed our health and wellbeing plan

Thank you to everyone who took the time to share their ideas and views on the direction they would like us to take.

We know that a strong plan should reflect the community's needs, concerns, priorities and aspirations.

To develop our health and wellbeing plan goals, we considered:

- the views of external stakeholders, primarily health agencies, community groups and education providers
- input from Council's Health and Wellbeing Advisory Committee
- population data from many sources
- Commonwealth and Victorian Government priorities
- evidence about what works
- our current actions and resources available in each goal area.



Shaping our approach

Health and wellbeing is not just the absence of disease or illness. Our priorities reflect our understanding that health and wellbeing is influenced by a complex combination of a person's physical, mental and emotional state, as well as by broader social, cultural, economic and environmental factors.

Everything that Council does has the potential to positively influence community health and wellbeing. Some of our actions may not be measurable in the short term, but are expected to have longer-term, intergenerational benefits.

Our approach has been shaped by how we understand health and wellbeing:

- **Social determinants of health** – the conditions in which people are born, grow, live, work, play and age influence health. Social determinants of health shape how we experience the world and can lead to broad health inequalities. To improve health and wellbeing, we need to consider barriers in the circumstances in which we live.
- **Equity** – to ensure everyone can achieve and maintain good health and wellbeing, members of the community need to have the necessary knowledge, skills and resources to alleviate any disadvantage experienced by at-risk or vulnerable groups. Many of our actions will target all of our community, and some will be targeted to at-risk or vulnerable groups.
- **Health inequity** – there are multiple factors that contribute to a person's health during their life. Characteristics such as Aboriginality, race, gender, sexual orientation, disability, cultural diversity and economic status influence how people interact with systems. This in turn can lead to health inequities, higher rates of avoidable disease and reduced life expectancy.
- **Age and stage planning** – a life-course approach recognises the importance of all ages and stages of life to health and wellbeing. At each life stage, such as during early years, adolescence and older age, and at key transition points, there are issues that need to be considered.
- **Evidence based** – actions undertaken to improve the health and wellbeing of the community need to be informed by evidence. This ensures our actions do no harm, are effective, make best use of limited resources, reach those who are at risk or vulnerable, and support accountability.
- **Collective effort** – many current health and wellbeing issues are the result of complex social systems and no single policy, organisation or program can change them in isolation. Collective effort, across diverse sectors and with a wide range of organisations, is important for building and sustaining effort to make improvements in health and wellbeing for the community.

What our community wants

A common theme across community consultation is that Council has a role in creating caring, resilient and inclusive communities where people feel valued. This theme has been voiced in consultation including:

- the Community Vision Assembly
- CREATE Macedon Ranges Shire Council's Municipal Early Years Plan 2021–2025
- ELEVATE Macedon Ranges Shire Council's Youth Strategy 2018–2028
- PARTICIPATE Macedon Ranges Shire Council's Positive Ageing Plan 2020–2025
- INNOVATE Macedon Ranges Shire Council's Reconciliation Action Plan 2021–2023
- the Disability Action Plan in the Macedon Ranges Shire Council Plan 2019–2027.

These consultations have collectively engaged over 3,000 people across the shire.

With our unique regional identity, Macedon Ranges Shire embodies a caring, resilient approach to community through our robust local economy, protection of the natural environment and a collaborative commitment to inclusivity for all.

Children <ul style="list-style-type: none"> • Children are socially connected and active • Children thrive in their community • Children's needs are recognised in infrastructure and the built environment • Children and young people are raised within a supportive and strong community • Children are respected and valued in their community 	Youth <p>Young people feel:</p> <ul style="list-style-type: none"> • healthy and well • safe • connected to each other and those around them • proud • embraced and heard • supported • inspired • informed
Older people <ul style="list-style-type: none"> • Older people stay socially connected and active • Older people live well in the community • Older people's needs are recognised in infrastructure, housing and the built environment • Older people are respected and valued by the community 	People living with disability <p>For people living with disability, Council can:</p> <ul style="list-style-type: none"> • foster social connection and inclusion • increase our capacity to provide accessible facilities and services • raise awareness about the contribution made by people with disabilities to our community • improve access of people with disabilities to Council-managed reserves • improve access to our spaces and streetscapes • increase accessible parking • promote positive community attitudes and behaviours • build skills that support accessible and inclusive services • increase access to information • increase participation of people with disabilities in community engagement activities

Our community

Macedon Ranges Shire is on the Country of the Dja Dja Wurrung, Taungurung and Wurundjeri Woi Wurrung Peoples. Covering an area of approximately 1,747 square kilometres, the shire is located in central Victoria, about one hour's drive north-west of Melbourne. It is a semi-rural municipality known for its beautiful natural landscapes.

The shire has an estimated resident population of 51,020 people (as at 30 June 2021). There are nine main towns and a number of smaller settlements spread throughout, with the largest towns being Gisborne, Kyneton, Romsey and Woodend.

Industries providing local employment in the shire include healthcare and social assistance, education and training, retail trade, agriculture, forestry and fishing.

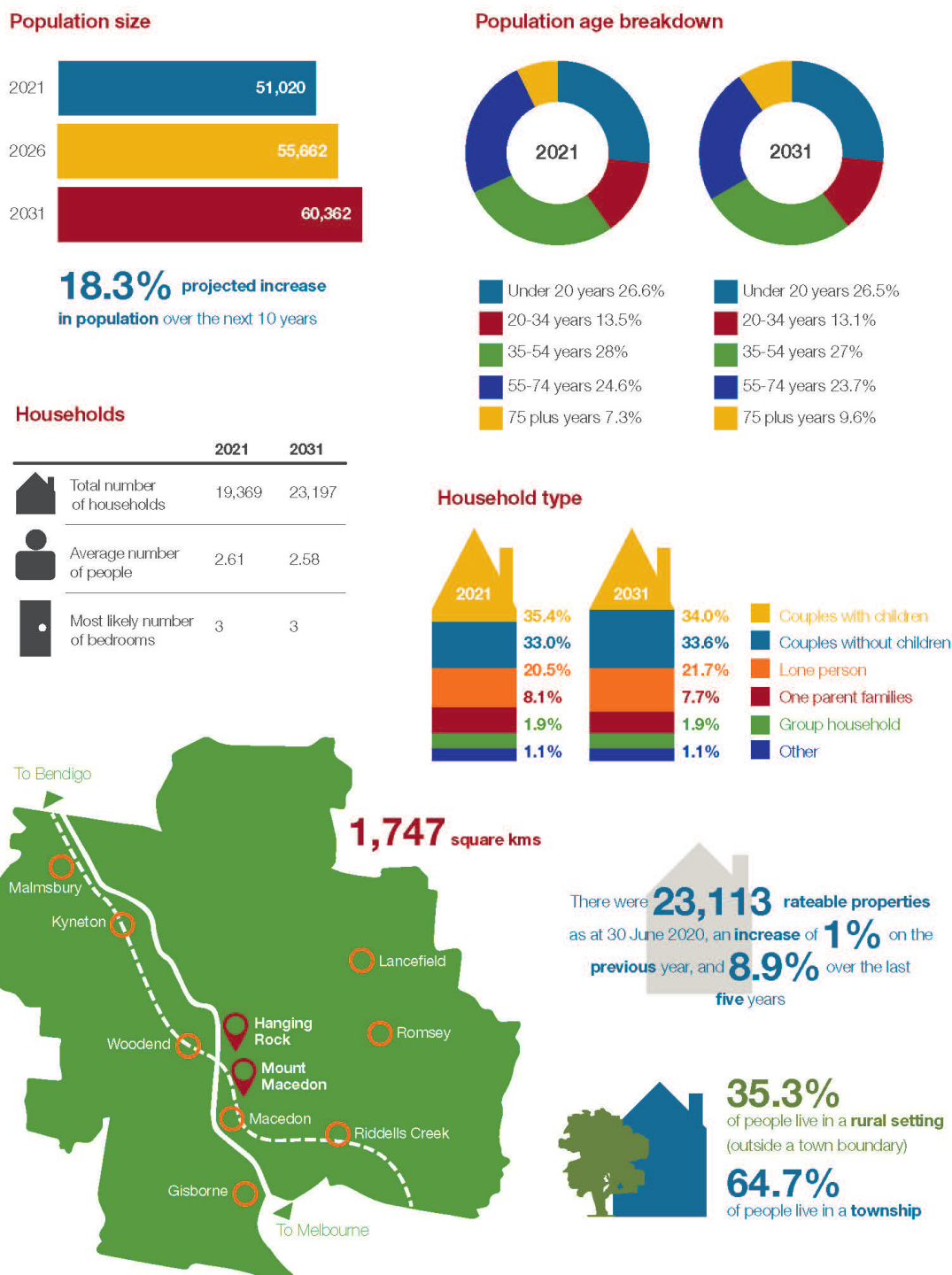
The Australian Bureau of Statistics (ABS) Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage indicates the shire as a whole has a relatively low level of disadvantage. However, there are pockets of disadvantage, such as in and around the townships of Kyneton, Lancefield and Romsey².



² [Social atlas | Macedon Ranges Shire | atlas.id](#), accessed July 2021

Our liveable community

Figure 1. Macedon Ranges Shire demographics forecasts



Population and household forecasts prepared by .id (informed decisions), November 2017.

Our strengths

Macedon Ranges Shire is one of the **Less disadvantaged** Local Government Areas, ranked 71 out of 81¹



13.2% Smoke
compared to 15.5%
in Victoria²

14.6% Self reported to
be in **fair/poor health**,
compared to 20.3% in Victoria.³

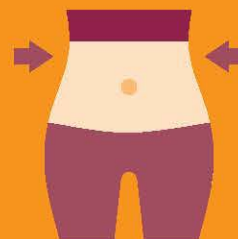


4.6% Gamble
weekly compared to
5.3% in Victoria⁴



57.5% Met the
physical activity
guidelines, compared to
50.9% in Victoria³

15.3% Obesity
prevalence, compared to
19.3% in Victoria³



49.3% Met the **fruit guidelines**,
compared to 43.19% in Victoria³



5.1%

Affordable housing
in 2020, compared
to 80.3% in 2006⁵



52.3%

School completion rate,
compared to 56.5%
in Victoria⁶

73% Consumed
alcohol at rates that
increase lifetime risk³



59.5% Consumed
alcohol at rates that
increase harm in a
single occasion³

Opportunities for improvement

There were 15.1/100,000
Deaths from suicide
between 2013-17, compared to
10.1/100,000 in Victoria⁷

There were 907/100,000 reported
Family incidents
compared to 1,253/100,000
in Victoria⁸



Had been diagnosed
with **anxiety or
depression**³

29.5%



5% Met the
vegetable guidelines
compared to 5.4%
in Victoria³



References

1. Australian Bureau of Statistics: 2016 Census of Population and Housing.
2. Public Health Information Development Unit 2019: Social Health Atlas of Australia - Data from Victoria by Local Government Area.
3. Victorian Government. Victorian Population Health Survey, 2017.
4. Victorian Commission for Gambling and Liquor Regulation, <https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-local-area>, accessed July 2021
5. Rental report time series data 2021, Office of Housing, Department of Human Services
6. Australian Bureau of Statistics, Census of Population and Housing, Basic Community Profiles, 2016
7. Public Health Information Development Unit 2018: Social Health Atlas of Australia - Data from Victoria by Local Government Area
8. Law Enforcement Assistance, 2020, Crime Statistics Agency, Family Incidents by Local Government Area

Further information is available at:

Central Victoria Primary Care Partnership, Macedon Ranges Community Profile Summary 2021 [Macedon Ranges Shire \(centralvicpcp.com.au\)](https://centralvicpcp.com.au)

Healthy Heart of Victoria Active Living Census 2019 Macedon Ranges Shire Selected Findings Report and Macedon Ranges Shire Top line (full) Findings Report [Healthy Heart of Victoria - Macedon Ranges Shire Council \(mrsc.vic.gov.au\)](https://www.mrsc.vic.gov.au)

Macedon Ranges Shire Council Health and Wellbeing in the Council Plan
[Health and Wellbeing in the Council Plan 2017-2027 - Macedon Ranges Shire Council \(mrsc.vic.gov.au\)](https://www.mrsc.vic.gov.au)

Our health and wellbeing priorities

A review of population indicators for health and wellbeing determinants and outcomes for the shire was undertaken to inform the development of the report Health and Wellbeing in the Council Plan 2017–2027.

In developing the Municipal Public Health and Wellbeing Plan 2021–25, we reviewed health areas in the previous plan, applying a lens of ‘what has changed?’

This assessment confirmed that the following areas continue to be priorities in our shire:

- ✓ Mental health and wellbeing
- ✓ Social connection and inclusion
- ✓ Gender equality and respectful relationships free from violence
- ✓ Healthy eating and physical activity
- ✓ Preventing harm from tobacco, alcohol and other drugs

New priorities include:

- ✓ Tackling climate change and its impacts on health
- ✓ Supporting the community to respond to, and recover from, emergencies, including the COVID-19 pandemic
- ✓ Preventing harm from gambling
- ✓ Supporting a dementia friendly community
- ✓ Increasing access to affordable housing

Each of these health areas currently contributes to health and wellbeing inequalities, or represent areas where a lack of action is likely to result in significant future inequity or burden of disease.

Our health and wellbeing goals

Council’s health and wellbeing goals for 2021–2025 are:

Our community is inclusive and celebrates diversity

1. A community where people are understood, respected and supported, and people are confident that they can contribute to community life

Our community is safe and healthy

2. An environment that supports people to eat well and be physically active
3. A community that is safe and free from violence
4. A community that strives to reduce harm resulting from gambling, tobacco, alcohol and other drugs
5. An environment that reduces potential public health risk to our people

Our community is adaptable and resilient

6. A community that is committed to tackling the climate emergency and its impacts on health
7. A community that effectively prepares for, responds to and recovers from emergency events (including COVID-19)

Ensuring we deliver on our goals

Health is everyone's business, so we will need to collaborate. Many actions in this plan will be the responsibilities of multiple areas of Council and will require working with partner agencies. Council's Corporate Reporting team will be responsible for leading the implementation of the plan and reporting to Council annually.

Each health and wellbeing goal in this plan will be achieved through multiple actions that will impact on the outcomes we have selected. Some outcomes will be achieved over the life of the plan. Some will provide longer-term benefits.

The outcomes that Council will work towards are consistent with those set in the Victorian Public Health and Wellbeing Framework (the Framework).

The Framework reflects the public health and wellbeing priorities identified by the Victorian Government and the intent of the Public Health and Wellbeing Act. Accordingly, we have drawn from Victorian Government sources to describe health areas and, where possible, have aligned our goals with those in the framework.

The Framework brings together a comprehensive set of indicators drawn from multiple data sources. These indicators can help us track whether the efforts of many, including government, non-government organisations, businesses, health professionals, communities, families and individuals, are improving the health and wellbeing of people over time.

Each year, an action plan will be developed from the four-year rolling action plan. In some cases, new actions that align with the objectives may be added as funding, partnership or other opportunities emerge.

Progress will be reviewed annually to highlight key milestones and achievements, and reported to our community in Macedon Ranges Shire Council's Annual Report.



The role of local government

Council plays many roles that either directly or indirectly influence health.

Some of the roles Council plays are determined by the Public Health and Wellbeing Act, which include:

- creating an environment that supports the health of the community, and strengthens the capacity of the community and individuals to achieve better health
- initiating, supporting and managing public health planning processes at the local government level
- developing and implementing public health policies and programs within the shire
- developing and enforcing up-to-date public health standards, and intervening if the health of people within the shire is affected
- facilitating and supporting local agencies, whose work has an impact on public health and wellbeing
- coordinating and providing immunisation services to children living or being educated within the shire
- ensuring that the shire is maintained in a clean and sanitary condition.

These responsibilities are actioned by Council through the delivery of health protection and health promotion programs that address areas of food safety, tobacco control, infectious disease management, immunisation, and the regulation of businesses that pose a threat to public health.

In addition to these legislated roles of Council, we also play a central role in health and wellbeing by:

- providing a wide range of **community infrastructure** that influence the social, economic and environmental influences on health. This includes basic community infrastructure like roads and drainage, pathways, waste management services, land-use planning, recreational facilities, accessible parks and open space for leisure, and emergency management planning, response and recovery
- providing **trusted information and referral** for community. Many residents come to Council to get objective information to assist them in their understanding of a problem, alternatives, opportunities and possible solutions. We play an important role helping people to navigate services that can assist them
- delivering a large range of **community services** in the shire. We provide the Maternal and Child Health Service, kindergartens for three- and four-year-old children, supported playgroups, youth services, the My Aged Care Regional Assessment Service, healthy ageing activities, and home support services for older people requiring some help to stay living independently in the community
- delivering large and small **health promotion projects**, and working with regional and local networks on strategic projects
- guiding and contributing to **community groups and community-led initiatives** that contribute to our social fabric
- **advocating** to other tiers of government about the unmet needs of our community. This requires work to identify, quantify, justify and prioritise need, and requires a commitment from Council to work with other stakeholder agencies towards positive community outcomes.

The role of other organisations

We cannot achieve a caring, resilient and inclusive community alone.

A central commitment of this plan is to collaborate with partners to enable, influence and advocate for the best possible outcomes for our community.

We know that the success of this plan is founded on collaboration and strategic partnerships between each tier of government, health, education, community service organisations and community groups. Individually, we are unlikely to have the capacity to address the range of factors that influence health and wellbeing across our shire. We recognise that working together is critical to maximising health and wellbeing outcomes, and realising the outcomes of this plan.

Council acknowledges the ongoing contribution of a number of agencies and organisations that are striving to improve our community's health and wellbeing, and their involvement in the development of this plan.



The evidence behind our action plan

Goal 1: A community where people are understood, respected and supported, and people are confident that they can contribute to community life

Mental health is an essential ingredient of individual and community wellbeing and significantly contributes to social, cultural and economic life. Mental health is not merely the absence of mental illness. Mental health means feeling connected to others, being able to cope with the usual stresses of life and having the opportunity and capacity to contribute to community³.

Mental health issues are commonly related to chronic diseases (e.g. cardiovascular disease, cancer), alcohol and drug misuse, and problem gambling⁴. These groups of issues share numerous risk factors, are risk factors for each other, and frequently co-occur. Certain population groups are at higher risk of poor mental health and mental illness because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, including social isolation and loneliness⁵. Key social determinants for mental health include social inclusion and freedom from violence and discrimination⁶.

Inclusion means that everyone feels they can join in. However, some people in our community face barriers to participating in aspects of daily life. For example, the unemployment rate for Australians with disability is double that of people without disability. This is driven by a lack of awareness, exposure and understanding that can cause people with disability to be overlooked for employment opportunities. While the majority of employers indicate openness to hiring people with disability, only around a third of businesses show commitment to doing it⁷.

Diversity embraces all people in community life. The Charter of Human Rights and Responsibilities is a Victorian law that sets out the basic rights, freedoms and responsibilities of all people in Victoria. The Charter requires public authorities, such as local government, and people delivering services on behalf of government, to uphold human rights⁸.

³ <https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release>, accessed July 2021

⁴ [Improving mental wellbeing - health.vic](#), accessed July 2021

⁵ [Home | Job Access](#), accessed July 2021

⁶ Saeri AK, Cruwys T, Barlow FK, Stronge S, Sibley CG. Social connectedness improves public mental health: Investigating bidirectional relationships in the New Zealand attitudes and values survey. *Australian & New Zealand Journal of Psychiatry*. 2018, vol. 52, no. 4, pp. 365–374.

⁷ [Home | Job Access](#), accessed July 2021

⁸ [The Charter of Human Rights and Responsibilities | Victorian Equal Opportunity and Human Rights Commission](#), accessed July 2021

Goal 2: An environment that supports people to eat well and be physically active

Eat well: Diets and the food environment have changed markedly over the past 30 years. Many people do not consume enough of the foods and drinks required to keep them healthy (such as vegetables, fruit and wholegrain cereals), and consume too many discretionary foods and drinks high in energy, saturated fat, added sugar, salt or alcohol. This change has coincided with an increase in obesity and contributed to chronic diseases, such as cardiovascular disease, type 2 diabetes and some cancers⁹. There is also significant evidence linking poor quality diets with poor mental health¹⁰.

Physical activity: Leading an active life improves health and wellbeing. Moving more and sitting less reduces the risk of ill health and mortality. Incorporating physical activity into every day is associated with improved mental health, ageing well and increased levels of life satisfaction. It is never too late to start leading an active life, with the health and wellbeing benefits realised well into older age¹¹.

Goal 3: A community that is safe and free from violence

Family violence is any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. Intimate partners, family members and non-family carers can perpetrate violence against people they are caring for. Young people can also use violence or be victims of violence within their family.

The *Family Violence Protection Act 2008* recognises these definitions of family violence, confirming that:

Family violence is a fundamental violation of human rights and is unacceptable in any form.

The Royal Commission into Family Violence identified the critical role that schools and early childhood education have in creating a culture of respect to change the story of family violence for future generations.

Gender equality: Family violence is often a gendered issue. *The Workforce Gender Equality Act 2012* requires workplaces with 100 or more employees to report annually on whether there is a formal workplace policy, strategy or other measure in place to support employees experiencing domestic and family violence¹².

In 2016, respectful relationships education became a core component of the Victorian curriculum from foundation to year 12, and is being taught in all government and Catholic schools, and many independent schools¹³.

The *Gender Equality Act 2020* requires the Victorian public sector, universities and local government to take positive action towards achieving workplace gender equality, and to consider and promote gender equity in policies, programs and services¹⁴.

Respondents to the Sex Smart Youth Survey (n=153) thought the most important topics for young people to know about included sexual assault (77 percent), consent (69 percent), the age of consent (65 percent), and pregnancy, abortion and contraception (63 percent)¹⁵.

⁹ [Increasing healthy eating - health.vic](#) accessed July 2021

¹⁰ Orygen: National Centre for Excellence in Youth Mental Health. Research Bulletin (Issue 3): Food for thought. Accessed 28 Sept 2021: <https://www.orygen.org.au/Our-Research/Research-Areas/Mood-Disorders/Research-Bulletin-Diet-Depression-Anxiety.aspx>

¹¹ [Increasing active living - health.vic](#), accessed July 2021

¹² Fact sheet Domestic and family violence – a workplace issue, a discrimination issue, Australian Human Rights Commission, accessed June 2021

¹³ www.education.vic.gov.au/about/program/pages/respectfulrelationships.aspx, accessed July 2021

¹⁴ [About the Gender Equality Act 2020 | Commission for Gender Equality in the Public Sector \(genderequalitycommission.vic.gov.au\)](#), accessed July 2021

¹⁵ Macedon Ranges Sex Smart Youth Working Group (2021), 'Sex Smart Youth Survey', Sunbury and Cobaw Community Health

Safe, accessible housing: The need for housing options is essential to safety and wellbeing. This includes consideration of access, affordability, design, ability to modify and maintain, and access to services, as well as connections to community and family¹⁶.

Goal 4: A community that strives to reduce harm resulting from gambling, tobacco, alcohol and other drugs

Gambling: While most people who gamble show no sign of harm, almost one in five (around 550,000) Victorians who gamble may be experiencing harm from gambling¹⁷. For these people, gambling can have a ripple effect, impacting others.

From a public health perspective, gambling-related harms may include relationship difficulties, health problems, emotional or psychological distress, financial problems, issues with work or study, cultural problems and criminal activity¹⁸.

¹⁶ World Health Organisation Age-friendly Cities Guide

¹⁷ Victorian Responsible Gambling Foundation, Assessing gambling-related harm in Victoria: a public health perspective, 2016

¹⁸ Victorian Responsible Gambling Foundation, Assessing gambling-related harm in Victoria: a public health perspective, 2016

Tobacco smoking is the leading cause of preventable diseases and death in Australia¹⁹. Successful public health strategies over many decades have resulted in a significant decline in daily smoking proportions, with Australia now having one of the lowest daily smoking proportions among developed countries. Despite these positive changes, the harm from tobacco smoking continues to affect current smokers and ex-smokers, as well as non-smokers through their exposure to second-hand smoke.

Smoking also causes significant economic impacts through costs of healthcare and loss of life. The smoking rate is unevenly distributed throughout the population, with First Nations Peoples and socioeconomically disadvantaged individuals more likely to smoke²⁰.

Alcohol remains Australia's most prevalent drug and its risks are often underestimated. Alcohol products contribute to more than 4,000 Australian deaths each year and play a role in thirty diseases and injuries, including eight types of cancer, chronic liver disease and birth defects, such as foetal alcohol spectrum disorder. Nearly 40,000 Victorians are hospitalised because of alcohol-related harm each year, including people seriously injured from alcohol-related road crashes, sexual assaults, street assaults and family violence²¹.

Goal 5: An environment that reduces potential public health risk to our people

Environmental health is targeted towards preventing disease and creating health-supportive environments. It includes the aspects of human health that are determined by physical, chemical, biological and social factors in the environment. Environmental health also works to assess and control these factors. Local government employs environmental health officers and other authorised officers to work directly with communities on environmental health issues.

Local government has obligations under various legislation to protect, improve and promote health and wellbeing.

Goal 6: A community that is committed to tackling the climate emergency and its impacts on health

The World Health Organization has described climate change as the defining issue for public health in the 21st century. It is an urgent challenge, with implications at the global, national and community levels. Climate change affects health in many ways, directly and indirectly. Direct impacts include the increased intensity and frequency of extreme weather events such as prolonged heatwaves, floods and bushfires. Indirect impacts include worsening air quality, changes in the spread of infectious diseases, risks to food safety and drinking water quality, and effects on mental health.

Goal 7. A community that effectively plans for, responds to and recovers from emergency events (including COVID-19)

The impacts of the COVID-19 pandemic stretch far beyond the physical health of our community. It continues to impact our mental health, social connectedness, economy and growth.

Two VicHealth surveys conducted in May and September 2020 to explore the impacts of COVID-19 found that positive trends included an improvement between the two surveys in the risk of short-term harm from alcohol, reliance on low-cost unhealthy food due to shortage

¹⁹ Australian Institute of Health and Welfare. (2019). Determinants of Health: Tobacco Smoking. Accessed 28 sept 2021: <https://www.aihw.gov.au/reports/australias-health/tobacco-smoking>

²⁰ Reducing tobacco-related harm - health.vic accessed July 2021

²¹ Cited in Alcohol and Drug Foundation and VicHealth (2020), The Art of Community Alcohol Management: What local government can do to prevent and minimise alcohol-related harm, Alcohol and Drug Foundation and Victorian Health Promotion Foundation

of money, and financial hardship²². However, there was a decline in life satisfaction and wellbeing, and people struggled to both connect socially and keep physically active. Both surveys confirmed that there were stark differences between communities facing hardship and the wider community.

An additional 1,423 births are expected between April and August this year, compared to the same period in 2020, with some health services, especially those in growth areas, expecting up to 40 percent more births. The increase in birthing numbers has been linked to the extended coronavirus restrictions that were in place across Victoria in 2020²³.

Emergency preparedness and response: Beyond COVID-19, we must work hard to support the community to be ready to face natural disasters and emergencies. We need to prepare, educate and ensure clear communication about arising risks. In addition, we have a strong leadership role to play in recovering from emergencies when they occur. This goal is a growing priority due to the impacts of climate change and the predicted increases in natural emergency events.

²² VicHealth 2020, *Coronavirus Victorian Wellbeing Impact Study: Follow-up survey*. Accessed 28 Sept 2021: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

²³ Victoria Government, Media Release 9 July 2021

What we see in Macedon Ranges Shire

We understand that a complex interplay of factors sit behind the achievement of health and wellbeing goals. The information below is a sample of indicators that help us understand the picture of health and wellbeing in our community.

Mental health

- 29.5% have been diagnosed with anxiety or depression (at any time), compared to the Victoria rate of 27.4%²⁴
- The rate of suicide in the shire, at 15.6 per 100,000, was higher than both the Victorian rate of 9.1 and the Australian rate of 12.1 (2007–17)²⁵
- The number of people with dementia living in the shire is expected to increase from 974 in 2021 to 2,234 people by 2050²⁶
- Depressive symptoms have been reported to occur in approximately 40 to 50 per cent of people with Alzheimer's disease. Depression may make it harder for a person with dementia to remember things and enjoy their life. It can also add to the difficulty of caring for someone with dementia²⁷

Diversity

- About one in every six Active Living Census – Macedon Ranges Shire (ALC–MRS) respondents (17%) do not feel valued by society (N=3,413)²⁸
- Older people represent 16.5% of our community, increasing to 19.7% by 2026²⁹
Ageism and ageist stereotypes reduce older people's opportunities to participate, contributing to mental and physical health issues, and increased risk of elder abuse
- 16.5% of the Sex Smart Youth Survey respondents in Macedon Ranges identify as lesbian, gay, bisexual, pansexual or queer (N=164)³⁰
- As a result of colonial policies and demographic shifts, there are Aboriginal and Torres Strait Islander Peoples living in Macedon Ranges who belong to different Traditional Owner groups from all over Australia. Aboriginal and Torres Strait Islander Peoples make up 0.6% (N=298) of the total population in our shire³¹

Inclusion

- In 2016, 4.5% of children aged between 0 and 9 years required assistance with core activities, due to disability. This is greater than the level of need identified in the 2011 Census³²
- In 2016, 12.2% of our residents aged 65 years and older needed assistance with daily activities due to disability (compared to 4.1% across all Macedon Ranges residents)³³

²⁴ Victorian Government. Victorian Population Health Survey, 2017.

²⁵ Public Health Information Development Unit 2018: Social Health Atlas of Australia - Data from Victoria by Local Government Area

²⁶ Dementia Australia (2018) dementia prevalence data 2018-2058, commissioned research undertaken by NATSEM, University of Canberra. Dementia Prevalence estimates 2021-2058, accessed June 2021

²⁷ [Dementia - mental health changes – Better Health Channel](#) accessed July 2021

²⁸ Healthy Heart of Victoria Active Living Census 2019

²⁹ Australian Bureau of Statistics Household Census 2016

³⁰ Macedon Ranges Sex Smart Youth Working Group (2021), 'Sex Smart Youth Survey', *Sunbury and Cobaw Community Health*

³¹ Australian Bureau of Statistics Household Census 2016

³² Australian Bureau of Statistics Household Census 2016

³³ Australian Bureau of Statistics Household Census 2016

Physical activity³⁴

- Over half (53%) of ALC–MRS respondents want to be more active (N=3,446)
- 62% of ALC–MRS respondents meet guidelines for physical activity (N=3619)

Healthy eating

- 5% of ALC–MRS respondents meet the vegetable guidelines compared to 5.4% in Victoria³⁵
- 51% of ALC–MRS respondents meet guidelines for fruit consumption (N= 3691)³⁶
- One in 15 households (6.4%) of ALC–MRS respondents are considered to be food insecure, as they have run out of food in the last year and cannot afford to buy more (N= 3691)³⁷

Family violence³⁸

- Between 1 July 2019 and 30 June 2020, there were 466 police-reported incidents of family violence in the shire. This is an increase of 2.4% from 2018–19
- Of the police-reported family violence incidents in 2019–20, six out of ten occurred between current or former partners, and 91% were recorded as taking place at a residential location
- 55% (257) of family violence incidents involved a related criminal offence
- A child or children were recorded as a witness at 32% (149) of police-reported family violence incidents in the shire in 2019–2020

Gender equality³⁹

- Councils employ more than 45,000 Victorians. While more than half of that workforce is female, only one third of directors and managers are women, including 30% of chief executives

Safe, accessible housing

- The shire had 5.1% affordable housing in 2020, compared to 80.3% in 2006⁴⁰. The assessment of affordable supply is based on the number of suitably sized properties that are within 30% of gross income for low-income households (those receiving Centrelink incomes)

Gambling⁴¹

- 29.5% of ALC–MRS respondents reported gambling at some time during the past 12 months (N=2807)
- 4.6% of ALC–MRS respondents reported gambling weekly. Those people were also more likely to report overweight/obesity, lower vegetable consumption, high alcohol and sugary drink consumption, and smoking (N=2807)

³⁴ Healthy Heart of Victoria Active Living Census 2019

³⁵ Victorian Government. Victorian Population Health Survey 2017

³⁶ Healthy Heart of Victoria Active Living Census 2019

³⁷ Healthy Heart of Victoria Active Living Census 2019

³⁸ Crime Statistics Agency, Family Violence data base 2019-20

³⁹ [Gender equity in local government](#), accessed July 2021

⁴⁰ Victorian Government Department of Human Services, Office for Housing, Rental report time series data 2021

⁴¹ Healthy Heart of Victoria Active Living Census 2019

Tobacco

- The percentage of current smokers in Macedon Ranges Shire (13.2) is lower than the Victorian rate (15.5)⁴²
- In Macedon Ranges Shire, smoking rates of ALC–MRS respondents are higher in males (9.4) than females (6.2) (N=2819)⁴³

Alcohol and other drugs

- Almost three in every five people (58%) of ALC–MRS respondents had consumed more than four alcoholic drinks in one sitting in the past year, placing them at risk of alcohol-related injury⁴⁴
- 59.5% consumed alcohol at rates that increase harm in a single occasion⁴⁵
- 73% consumed alcohol at rates that increased lifetime risk⁴⁶
- Of ALC–MRS respondents, 43% of adults drink alcohol weekly, 33% drink alcohol 'monthly or less often', and 7.4% drink alcohol every day (N=2819)⁴⁷

⁴² PHIDU 2019 Social Health Atlas of Australia Data by Local Government Area

⁴³ Healthy Heart of Victoria Active Living Census 2019

⁴⁴ Healthy Heart of Victoria Active Living Census 2019

⁴⁵ Victorian Government, Victorian Population Health Survey 2017

⁴⁶ Victorian Government, Victorian Population Health Survey 2017

⁴⁷ Healthy Heart of Victoria Active Living Census 2019

Our action plan

Our community is inclusive and celebrates diversity

Goal 1. A community where people are understood, respected and supported, and people are confident that they can contribute to community life

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Support mental wellbeing in the workplace and in the community	<p>Support and promote mental health by continued delivery of Youth Mental Health First Aid training</p> <p>Continue to play an active role in the Macedon Ranges Suicide Prevention Action Group, and the Macedon Ranges Suicide and Sudden Death Committee</p> <p>Continue delivery of Live4Life in secondary schools and the wider community across the Shire⁴⁸</p> <p>Develop and deliver a primary school-based mental health and wellbeing model for grade 5 and 6 students across the Shire</p> <p>Work with State and Commonwealth Governments to advocate for the establishment of a youth mental health service in the Macedon Ranges Shire</p>	<p>Increase mental wellbeing (1.2.1)</p> <p>Decrease suicide (1.2.2)</p>
Support mental wellbeing in the workplace and in the community	<p>Work with stakeholders to provide community education sessions about how to keep safe during emergencies, noting that emergencies can contribute to mental health and wellbeing vulnerabilities</p>	<p>Increase mental wellbeing (1.2.1)</p> <p>Decrease suicide (1.2.2)</p>
Support mental wellbeing of older people and carers in the community	<p>Implement a three-year Village Hubs model to give older people the opportunity to connect for social activities and mutual support. Village Hubs aim to improve mental health through the benefits of increased social and community connections</p> <p>Provide Commonwealth Home Support Program funded respite for eligible older residents</p>	<p>Increase mental wellbeing (1.2.1)</p> <p>Increase access to social support (4.1.2)</p>

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Coordinate and promote accessible and inclusive services, activities and events	Deliver annual requirements of membership to the World Health Organization's Global Network of Age Friendly Communities and the Age Friendly Victoria Declaration Continue to monitor the impact of Australian Government aged care reform on Council's role supporting older people, and advocate in the interests of our community	Increase connection to identity, culture and communities (4.1.1)
Coordinate and promote accessible and inclusive services, activities and events	Continue to support targeted initiatives for people of diverse backgrounds that enable them to express their identities, such as raising the Rainbow Flag on International Day Against Homophobia, Biphobia, Intersexism and Transphobia	Increase connection to identity, culture and communities (4.1.1)
Coordinate and promote accessible and inclusive services, activities and events	Continue to recognise International Day of Persons with Disability	Increase connection to identity, culture and communities (4.1.1)
Coordinate and promote accessible and inclusive services, activities and events	Help sporting groups and clubs to be accessible and inclusive for people with disability	Increase connection to identity, culture and communities (4.1.1)
Coordinate and promote accessible and inclusive services, activities and events	Direct some Council community grant funding to initiatives that emphasise inclusiveness Celebrate and participate in National Reconciliation Week by providing opportunities to build and maintain relationships between Aboriginal and Torres Strait Islander Peoples and other Australians	Increase connection to identity, culture and communities (4.1.1)

⁴⁸ Live4Life is a whole community response to mental health and wellbeing and suicide prevention. It includes school and community partnerships, youth mental health first aid education to the wider community, and youth leadership through The Crew.

	In consultation with Traditional Owner groups, organise at least one internal and external NAIDOC Week event per year	
Coordinate and promote accessible and inclusive services, activities and events	<p>Continue to strengthen the <i>smalltalk</i> supported playgroup, and Enhanced Maternal and Child Health program to support eligible families and children</p> <p>Continue to support families with support and referral to early intervention and pediatric specialist services via the Maternal and Child Health Service</p> <p>Embed use of communication support tools in kindergartens, including Auslan or Key Word Sign</p>	Decrease developmental vulnerability (3.1.2)
Increase understanding, value and recognition of Aboriginal and Torres Strait Islander cultures, histories, knowledge and rights through cultural learning	Develop and implement an Aboriginal and Torres Strait Islander cultural awareness training strategy that is integrated into Council's Learning and Development Strategy	Increase connection to identity, culture and communities (4.1.1)
Support opportunities for contribution and connection	<p>Commit to reviewing our workplace Equal Opportunity Policy</p> <p>Review disability access and inclusion learning needs within our organisation</p> <p>Develop and implement a disability awareness training strategy that is integrated in Council's Learning and Development Strategy</p>	Increase labour market participation (3.2.1)
Support opportunities for contribution and connection	<p>Promote resources from the Australian Government <i>Employ their Ability</i> campaign to local businesses</p> <p>Profile the diverse experience of people with disability in the workforce in Council's Economic Development e-news and other communication channels</p>	Increase labour market participation (3.2.1)

Our community is safe and healthy

Goal 2. An environment that supports people to eat well and be physically active

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Create supportive environments for physical activity	<p>Deliver Stage 1 of the Macedon Ranges Regional Sports Precinct project and continue advocacy for funding towards future stage delivery</p> <p>Continue delivery of the Macedon Ranges Shared Trails project that will see the development of a 24-km-long shared trail linking rural landscapes, towns and heritage places from Woodend to Riddells Creek</p>	Increase active living (1.3.1)
Create supportive environments for physical activity	Progress the development of a new Open Space Strategy and consider implementation into the Macedon Ranges Planning Scheme	Increase active living (1.3.1)
Create supportive environments for healthy eating	<p>Promote the Victorian Government's healthy eating guidelines for infants and children through the Maternal and Child Health service (MCH) and Council-managed kindergartens</p> <p>Develop an educational campaign to improve breastfeeding awareness, rates and duration in the shire</p> <p>Improve food literacy, and provide health and hygiene education in Council-managed kindergartens</p>	Increase healthy eating (1.3.1)
Create supportive environments for healthy eating	Deliver requirements, and promote opportunities, as regional members of the Bendigo UNESCO Creative City and Region of Gastronomy	Increase healthy eating (1.3.1)

Goal 3. A community that is safe and free from violence

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Promote the safety of children	Implement the Child Safe Standards to promote the safety of children, prevent child abuse and ensure processes are in place to respond to and report all allegations of child abuse	Reduce prevalence and impact of abuse and neglect of children (2.1.1)
Work with others towards the primary prevention of violence and to support victims of family violence	Actions to be defined pending receipt of grant funding (FFVLG application submitted 2021-22)	Reduce prevalence and impact of family violence (2.1.2)
Promote equal and respectful relationships	Continue to demonstrate leadership in advancing gender equality through the implementation of Council's Gender Equality Action Plan Continue Council's involvement in the United Nations 16 Days of Activism for No Violence against Women and Children Campaign Continue involvement in the Human Code project and actions that come out of this project	Increase access to social support (4.1.2) Increase tolerance of diversity (4.2.1)
Promote equal and respectful relationships	Support targeted initiatives for young people of diverse backgrounds that enable them to express their identities fully, especially Aboriginal and Torres Strait Islander Peoples, lesbian, gay, bisexual, transgender, intersex and queer/questioning young people (LGBTIQ+), culturally and linguistically diverse young people, and young people with a disability	Increase access to social support (4.1.2) Increase tolerance of diversity (4.2.1)
Enable affordable, secure, safe and appropriate housing CWB	Work with the Victorian Government to increase supply of affordable housing, including social housing, in the shire	Access to affordable housing and decrease homelessness (2.2.1)

Enable affordable, secure, safe and appropriate housing	Commit to participating in the development and, where relevant, the implementation of the Loddon Mallee Regional Housing Action Plan	Access to affordable housing and decrease homelessness (2.2.1)
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Goal 4. A community that strives to reduce harm resulting from gambling, tobacco, alcohol and other drugs

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Reduce harm relating from gambling	Raise awareness of gambling -related harms Work with partners to deliver community education on gambling, gaming and screen harm Commit to participation in the Local Government Working Group on Gambling to be convened by the Victorian Local Governance Association	Reduce harm resulting from gambling
Reduce harm relating from gambling	Explore opportunities to better regulate the advertising or promotion of gambling on Council land and roads in future reviews of Council's Local Laws	Reduce harm resulting from gambling
Reduce exposure to second-hand tobacco smoke	Explore opportunities to better regulate smoking in certain public places on Council land and roads in future reviews of Council's Local Laws	Reduce smoking (1.3.3)

Goal 5. An environment that reduces potential public health risk to our people

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Environment Protection Act 2017	Continue to implement the Domestic Waste Water Management Plan 2019. This plan aims to reduce environmental, public health and economic risks associated with management of all domestic waste water in the shire	Increase neighbourhood liveability (5.1.1)
Environment Protection Act 2017	Implement the Waste Management and Resource Recovery Strategy 2021–2026	Increase neighbourhood liveability (5.1.1)
Other public health activities	Prepare a new Public Toilet Strategy	Increase neighbourhood liveability (5.1.1)

Our community is adaptable and resilient

Goal 6. A community that is committed to tackling the climate emergency and its impacts on health

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Work with the community to reduce greenhouse gas emissions and adapt to the changing climate	Continue to facilitate development of community climate change action plans through Council's Cool Changes program Support identification and implementation of whole-of-shire climate mitigation and adaptation initiatives through development of a Community Climate Emergency Action Plan or similar	Increase environmental sustainability and quality (5.2.1)

Goal 7. A community that effectively plans for, responds to and recovers from emergency events (including COVID-19)

Strategic objective	2022-2023 Actions	Population outcomes (Victorian public health and wellbeing framework)
Lead the way in emergency recovery	Work with stakeholders to provide community education sessions to raise awareness about how to keep safe during emergencies	Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency (4.1.2.1)
Strengthen population health and wellbeing impacts of COVID-19	<p>In partnership with local public and community health agencies, support networks and community groups, monitor health and wellbeing impacts of COVID-19 and contribute to actions that come out of this environment.</p> <p>Action 1- Implement the business support program (BCRP2022) where local businesses can apply for funding to support COVID-19 impacts on mental/physical health and wellbeing (ECO DEV)</p> <p>Action 2- Continue to deliver COVID food relief services in partnership with agencies and the Victorian Government</p>	The Victorian Government has not released indicators related to COVID-19 at the time of reporting (October 2021)

Appendix A. How are outcomes measured?

The Victorian Public Health and Wellbeing Outcomes Framework brings together a comprehensive set of indicators drawn from multiple data sources. Using these outcomes and data sources will enable Council to monitor changes to health and wellbeing in the shire. The approach acknowledges that changes to health and wellbeing (both positive and negative) can be attributed to many things, including changes to social determinants of health and collective efforts of multiple agencies.

The data dictionary provides detailed technical specifications for every measure identified in the outcomes framework, specifically:

- rationale for inclusion
- definition of the measure (including numerator, denominator and mode of reporting)
- data source(s) and availability (including baseline year)
- what data breakdowns are available from each data source
- comparability with other state, national or international data
- links with other measures in the outcomes framework
- further information (where relevant).

The impact of strategic objectives in Council's health and wellbeing plan can be measured by activity and over time by the **indicators** from the data dictionary:

Domain 1: Victorians are healthy and well

Outcome 1.1: Victorians have good physical health

Indicator 1.1.1: Increase healthy start in life

- 1.1.1.1 Death rate of children under 5 years
- 1.1.1.2 Proportion of babies born of low birth weight
- 1.1.1.3 Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy
- 1.1.1.4 Proportion of children exposed to alcohol in utero

Indicator 1.1.2: Reduce premature death

- 1.1.2.1 Premature death rate
 - 1.1.2.2.A Premature death rate due to cancer, cardiovascular disease, diabetes and chronic respiratory disease
 - 1.1.2.2.B Premature death rate due to circulatory diseases
 - 1.1.2.2.C Premature death rate due to coronary heart disease
 - 1.1.2.2.D Premature death rate due to stroke
 - 1.1.2.2.E Premature death rate due to cancer
- 1.1.2.3.A Rate ratio of premature death between socioeconomic disadvantage quintiles
- 1.1.2.3.B Rate ratio of premature death between Aboriginal and non-Aboriginal Victorians
- 1.1.2.3.C Rate ratio of premature death between local government areas
- 1.1.2.4.A Life expectancy at birth
- 1.1.2.4.B Median age of death

Indicator 1.1.3: Reduce preventable chronic diseases

1.1.3.1 Prevalence rate of type 2 diabetes in adults (self-report)

Indicator 1.1.4: Increase self-rated health

1.1.4.1.A Proportion of adults who self-rate their health as very good or excellent

1.1.4.1.B Proportion of adolescents 10–17 years who self-rate their health as very good or excellent

1.1.4.1.C Proportion of children 0–12 years whose health is rated as very good or excellent

Indicator 1.1.5: Decrease unintentional injury

1.1.5.1.A Deaths due to road traffic crashes

1.1.5.1.B Death rate due to road traffic crashes

1.1.5.2 Hospitalisation rate due to falls in adults 65 years and older

1.1.5.3 Death rate for injury in children and young people 0–25 years

Indicator 1.1.6: Increase oral health

1.1.6.1 Rate of potentially preventable dental hospitalisation of children 0–9 years

Indicator 1.1.7: Increase sexual and reproductive health

1.1.7.1 Notification rate of newly acquired HIV

1.1.7.2 Proportion of people testing positive for chlamydia

1.1.7.3 Notification rate for gonorrhoea

1.1.7.4 Proportion of adolescents who practice safe sex by using a condom

1.1.7.5 Notification rate of newly acquired hepatitis C

1.1.7.6 Birth rate for young women 15–19 years

Outcome 1.2 Victorians have good mental health

Indicator 1.2.1: Increase mental wellbeing

1.2.1.1.A Proportion of adults who report high or very high psychological distress

1.2.1.1.B Proportion of adolescents 10–17 years who experience psychological distress

1.2.1.2 Proportion of adolescents 10–17 years with high level of resilience .

1.2.1.3 Proportion of children living in families with unhealthy family functioning

Indicator 1.2.2: Decrease suicide

1.2.2.1 Suicide rate

Outcome 1.3: Victorians act to protect and promote health

Indicator 1.3.1: Increase healthy eating and active living

1.3.1.1.A Proportion of adults who consume sufficient fruit and vegetables

1.3.1.1.B Proportion of adolescents 10–17 years who consume sufficient fruit and vegetables

1.3.1.1.C Proportion of children 4–12 years who consume sufficient fruit and vegetables

1.3.1.2.A Mean daily serves of fruit in adults

- 1.3.1.2.B Mean daily serves of fruit in adolescents 10–17 years
- 1.3.1.2.C Mean daily serves of fruit in children 4–12 years
- 1.3.1.2.D Mean daily serves of vegetables in adults
- 1.3.1.2.E Mean daily serves of vegetables in adolescents 10–17 years
- 1.3.1.2.F Mean daily serves of vegetables in children 4–12 years
- 1.3.1.3.A Proportion of adults who consume SSB daily
- 1.3.1.3.B Proportion of adolescents 10–17 years who consume SSB daily
- 1.3.1.3.C Proportion of children 5–12 years who consume SSB daily
- 1.3.1.4.A Discretionary food consumption of adults (TBD)
- 1.3.1.4.B Discretionary food consumption of adolescents (TBD)
- 1.3.1.4.C Discretionary food consumption of children (TBD)
- 1.3.1.5 Proportion of infants exclusively breastfed to three months of age
- 1.3.1.6.A Proportion of adults who are sufficiently physically active
- 1.3.1.6.B Proportion of adolescents 10–17 years who are sufficiently physically active
- 1.3.1.6 C Proportion of children 5–12 years who are sufficiently physically active
- 1.3.1.7 Proportion of journeys that use active transport
- 1.3.1.8 Proportion of people participating in organised sport (TBD) .
- 1.3.1.9 Proportion of adults sitting for seven or more hours per day on an average weekday
- 1.3.1.10.A Proportion of adolescents 10–17 years who use electronic media for recreation for more than two hours per day
- 1.3.1.10.B Proportion of children 5–12 years who use electronic media for recreation for more than two hours per day

Indicator 1.3.2: Reduce overweight and obesity

- 1.3.2.1.A Proportion of adults who are overweight or obese (measured)
- 1.3.2.1.B Proportion of adults who are overweight or obese (self-report)
- 1.3.2.1.C Proportion of adults who are obese (measured)
- 1.3.2.1.D Proportion of adults who are obese (self-report)
- 1.3.2.1.E Proportion of children 5–17 years who are overweight or obese (measured)
- 1.3.2.1.F Proportion of children 5–17 years who are obese (measured)

Indicator 1.3.3: Reduce smoking

- 1.3.3.1.A Proportion of adults who smoke daily
- 1.3.3.1.B Proportion of adolescents 12–17 years who currently smoke
- 1.3.3.2 Age of smoking initiation
- 1.3.3.3 Proportion of children who live with a smoker who smokes inside the home

Indicator 1.3.4: Reduce harmful alcohol and drug use

- 1.3.4.1.A Proportion of adults who consume alcohol at lifetime risk of harm
- 76 1.3.4.1.B Proportion of adults who consume alcohol at risk of alcohol-related injury on a single occasion at least monthly
- 1.3.4.1.C Proportion of adolescents 12–17 years who consume alcohol at least monthly
- 1.3.4.2 Proportion of people 14 years and older using an illicit drug in the past 12 months
- 1.3.4.3.A Rate of alcohol-related ambulance attendances
- 1.3.4.3.B Rate of prescription drug-related ambulance attendances
- 1.3.4.3.C Rate of illicit drug-related ambulance attendances

Indicator 1.3.5: Increase immunisation

- 1.3.5.1 Notification rate for vaccine preventable diseases
- 1.3.5.2 Immunisation coverage rate at school entry
- 1.3.5.3 HPV three-dose vaccination coverage for adolescents turning 15 years of age

Domain 2: Victorians are safe and secure

Outcome 2.1: Victorians live free from abuse and violence

Indicator 2.1.1: Reduce prevalence and impact of abuse and neglect of children

- 2.1.1.1 Rate of children who were the subject of child abuse and neglect substantiation

Indicator 2.1.2: Reduce prevalence and impact of family violence

- 2.1.2.1 Rate of incidents of family violence recorded by police
- 2.1.2.2 Family violence index (TBD)

Indicator 2.1.3: Increase community safety

- 2.1.3.1 Proportion of adults experiencing at least one incident of sexual violence since the age of 15 years
- 2.1.3.2 Hospitalisation rate due to assault
- 2.1.3.3 Proportion of adults feeling safe walking in their street at night
- 2.1.3.4 Proportion of adults experiencing at least one incident of crime in the past 12 months
- 2.1.3.5 Rate of victimisation due to crimes recorded by police

Outcome 2.2: Victorians have suitable and stable housing

Indicator 2.2.1: Decrease homelessness

- 2.2.1.1 Proportion of people who met the statistical definition of homelessness

Domain 3: Victorians have the capabilities to participate

Outcome 3.1: Victorians participate in learning and education

Indicator 3.1.1: Decrease developmental vulnerability

- 3.1.1.1: Proportion of children at school entry who are developmentally on track on all five domains of the Australian Early Development Census

Indicator 3.1.2: Increase educational attainment

3.1.2.1 Proportion of Year 9 students at the highest level of achievement in maths

3.1.2.2 Proportion of Year 9 students at the highest level of achievement in reading

Outcome 3.2: Victorians participate in and contribute to the economy

Indicator 3.2.1: Increase labour market participation

3.2.1.1.A Unemployment rate

3.2.1.1.B Long-term unemployment rate

3.2.1.2 Proportion of young people 17–24 years who are engaged in full time education and/or work

Outcome 3.3: Victorians have financial security

Indicator 3.3.1: Decrease financial stress

3.3.1.1.A Proportion of adults who ran out of food and could not afford to buy more

3.3.1.1.B Proportion of children 0–12 years living in households that ran out of food and could not afford to buy more

3.3.1.2 Proportion of households with housing costs that represent 30 per cent or more of household gross income

3.3.1.3 Proportion of people living in households below the 50 per cent poverty line

Domain 4: Victorians are connected to culture and community

Outcome 4.1: Victorians are socially engaged and live in inclusive communities

Indicator 4.1.1: Increase connection to culture and communities

4.1.1.1 Proportion of adults who belonged to an organised group

4.1.1.2 Proportion of adults who attended an arts activity in the last three months or cultural activity in the last 12 months

4.1.1.3 Proportion of adults connected to culture and country (TBD)

Indicator 4.1.2: Increase access to social support

4.1.2.1 Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency

4.1.2.2.A Average overall life satisfaction of adults

4.1.2.2.B Average extent that adults report that their life is worthwhile

4.1.2.2.C Proportion of adolescents satisfied with their life

4.1.2.3 Proportion of adults who feel most adults can be trusted

4.1.2.4 Proportion of adolescents 10–17 years who have a trusted adult in their lives

4.1.2.5 Proportion of adults who feel valued by society

Outcome 4.2: Victorians can safely identify with their culture and identity

Indicator 4.2.1: Increase tolerance of diversity

4.2.1.1 Proportion of adults who thought multiculturalism definitely made life in their area better

Domain 5: Victoria is liveable

Outcome 5.1: Victorians belong to resilient and liveable communities

Indicator 5.1.1: Increase neighbourhood liveability

5.1.1.1 Liveability (TBD).

Indicator 5.1.2: Increase adaptation to the impacts of climate change

5.1.2.1 Excess death during extreme heat and heatwaves

5.1.2.2 Community resilience (TBD)

Outcome 5.2: Victorians have access to sustainable built and natural environments

Indicator 5.2.1: Increase environmental sustainability and quality

5.2.1.1 Renewable energy generation as a proportion of total electricity generation

5.2.1.2 Per capita greenhouse gas emission

5.2.1.3 Number of days where the national objective of PM10 was not met

5.2.1.4 Proportion of the population with reticulated drinking water that complies with the E. coli water quality standard

5.2.1.5 Notification rate of salmonellosis

5.2.1.6 Biodiversity (TBD)

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