

Nilumbik Health and Wellbeing Plan 2017– 2021

Creating environments for better health and wellbeing

DRAFT

Nillumbik Shire Council acknowledges the Wurundjeri as the traditional custodians of the land now known as the Shire of Nillumbik and values the significance of the Wurundjeri people's history as essential to the unique character of the Shire.

Mayor's message

As Mayor of the Shire of Nillumbik, I have pleasure in introducing the Health and Wellbeing Plan for 2017–2021.

Council's vision for Nillumbik is to be 'Australia's most liveable Shire'. Here, we have access to the best of both worlds, with a vibrant urban environment combined with the benefits of living amongst natural landscapes and abundant open space.

A healthy environment contributes to our wellbeing and we can be proud that we enjoy some of Victoria's best health and wellbeing statistics.

However, the statistics also show that our population is not immune to the global trends affecting health.

This Health and Wellbeing Plan complements the Council Plan, which commits to growing employment, tourism, our rich artistic heritage, and investment in community infrastructure. All of them contribute towards the economic, social, built and cultural environments for health.

The Health and Wellbeing Plan demonstrates Council's role in leading or partnering with our community and other organisations to focus on the issues that impact the health and wellbeing of our community. These efforts will help us realise our vision of being Australia's most liveable shire.

Cr Peter Clarke, Mayor

Foreword

This Health and Wellbeing Plan is designed to create an environment where our residents can improve their health by making it easier to:

1. eat mostly healthy food
2. be physically active most days
3. increase community connectedness for mental wellbeing
4. reduce family violence through equality and respect
5. de-normalise unhealthy alcohol, tobacco and gambling cultures
6. improve sexual and reproductive health, an important issue for young people
7. respond to the ageing demographic trend by being age friendly.

I would like to thank the hundreds of people who participated in workshops, focus groups and surveys to help shape the priorities and objectives of the plan. I would also like to thank the members of our Health and Wellbeing Plan Project Reference Group, who provided knowledge and expertise on the best ways to achieve positive health outcomes.

The best way to achieve the goals of this plan is through partnerships with the community, government and health promotion agencies to strengthen and sustain our

efforts for a wider collective impact. I look forward to working together over the next four years to create an even better environment for health and wellbeing in Nillumbik.

Cr Jane Ashton

Community Services Portfolio Councillor and Chair of the Health and Wellbeing Project Reference Group

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Introduction

The Nillumbik Health and Wellbeing Plan 2017–2021 presents a strategic response to the requirements of the *Public Health and Wellbeing Act 2008* (Vic.). Under the Act, Council has a responsibility to promote and improve health and wellbeing, reduce health inequalities and create healthy environments that support health and strengthen community capacity to achieve better health and wellbeing. Further requirements of Council are to consider climate change (*Climate Change Act 2010*) (Vic.) and to report on measures proposed to reduce family violence.

This Health and Wellbeing Plan contains actions that are designed to deliver improved population health and wellbeing outcomes, to be implemented in partnerships across the municipality. It will be part of the wider prevention system that includes embedded health and wellbeing objectives and actions across many of Council's plans and policies, and work undertaken throughout the municipality and across the State. Alignment with key plans is mapped and included in the list of resources for each priority.

The Health and Wellbeing Plan is and will be informed by:

- the Victorian Public Health and Wellbeing Plan 2015–2019
- monitoring of health and wellbeing outcomes and population health statistics, compiled in the Nillumbik Health and Wellbeing Profile 2016
- consultation with community groups and other stakeholders to inform decision-making on the priority areas where action from Council, public health partners and the wider community is needed
- review of the evidence for strategies that work
- workshops with key stakeholders to determine the evidence-based strategies to address those priorities
- evaluation of the Nillumbik Health and Wellbeing Plan 2013–2017.

This plan also highlights the key principles of public health and how we will report on public health outcomes.

The priorities for health and wellbeing in Nillumbik for 2017–2021 are to:

- promote healthy eating and sustainable food
- encourage active living
- enhance mental wellbeing
- advance gender equality and respectful relationships
- prevent harm from alcohol, other drugs and gambling
- improve sexual and reproductive health
- support healthy ageing.

Public health and wellbeing

Public health and wellbeing is an outcome of the social, environmental and economic determinants of health. Improving health and wellbeing outcomes in the community means addressing these determinants of health.

Since 1946, the World Health Organization (WHO) has defined 'health' as follows:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

'Mental health' is further defined as:

A state of well-being in which every individual realizes 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 (WHO 2014).

The declaration of The Ottawa Charter for Health Promotion in 1986 and publication of WHO's Social Determinants of Health (1998) have further reinforced the importance of creating local environments that support health and wellbeing.

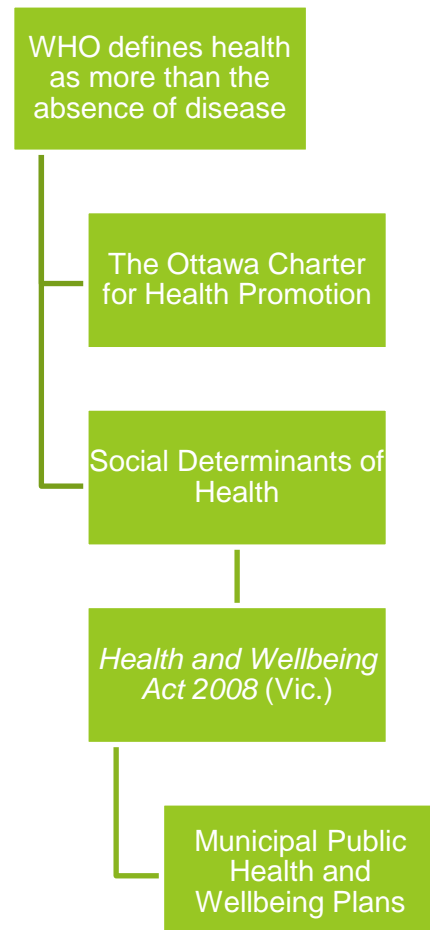
The Ottawa Charter describes 'health promotion' as:

The process of enabling people to increase control over, and to improve, their health (WHO 2017).

The social determinants of health are the 'causes of the causes', or the 'upstream' social and economic factors that determine the health of individuals and populations. This concept recognises that the conditions in which we grow, live, work, play and age heavily influence the health we can achieve. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status for different population groups (WHO 2012).

These concepts are upheld in the Victorian Public Health and Wellbeing Act, which aims to achieve the highest attainable standard of public health and wellbeing by:

- protecting public health and preventing disease, illness, injury, disability or premature death
- promoting conditions in which people can be healthy
- reducing inequalities in the state of public health and wellbeing.



Legislative and strategic alignment

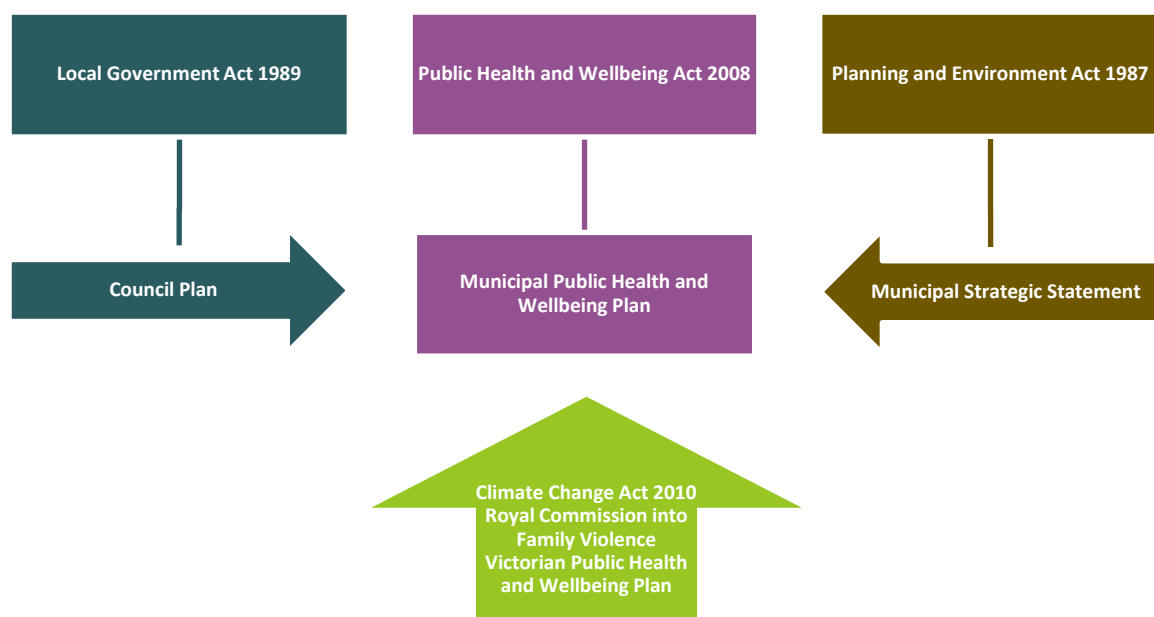
Under the Victorian Public Health and Wellbeing Act, Council has a statutory obligation to prepare a Municipal Public Health and Wellbeing Plan within 12 months of each general election of the Council. The plan must:

- include an examination of data about health status and health determinants in the municipal district
- identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- provide for the involvement of people in the local community in the development, implementation and evaluation of the plan
- specify how Council will work in partnership with the Department of Health and Human Services and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the plan
- be consistent with the Council Plan and the Municipal Strategic Statement
- have regard for the State Public Health and Wellbeing Plan (see Figure 1).

In addition to the Public Health and Wellbeing Act, Council must provide for these requirements:

- the Victorian Climate Change Act, which requires Council to consider climate change during the preparation of a Municipal Public Health and Wellbeing Plan
- The Royal Commission into Family Violence Recommendation 94, which requires that councils 'report on the measures they propose to take to reduce family violence and respond to the needs of victims' in preparing their Municipal Health and Wellbeing Plans.

Figure 1. Statutory alignment of the Municipal Public Health and Wellbeing Plan



Source: Nillumbik Shire Council 2017.

This Health and Wellbeing Plan is consistent with the Shire's Council Plan 2017–2021 and Municipal Strategic Statement, which have the following strategic objectives.

Council Plan

1. Engaged, connected communities
2. Active and creative people
3. Safe and healthy environments
4. A prosperous economy
5. Responsible leadership

The Council Plan contains specific strategies that are reflected in this Health and Wellbeing Plan including:

- 1.2 Build community resilience to and awareness of vulnerability to natural hazards and threats.
- 1.3 Build on our commitment to lifelong learning for the community.
- 1.4 Ensure that the provision of community infrastructure responds to community needs.
- 1.5 Strengthen the focus on social inclusion, building social capital and connections within communities.
- 1.6 Ensure that community services, programs and facilities are inclusive and respond to current and emerging needs.
- 2.1 Provide a range of infrastructure that encourages people of all ages to participate in a variety of active and passive opportunities.
- 2.2 Create and activate places and spaces that have good connectivity, provide needed infrastructure and promote social interaction.
- 3.1 Prepare and develop an improved and holistic approach to strategic planning.
- 3.3 Develop policies, strategies, projects and partnerships to enhance the health and wellbeing of the community.
- 3.5 Review and communicate Council's climate change strategies.
- 3.6 Work with the local community to review and implement environmental policies to protect biodiversity and conserve natural resources.
- 3.8 Improve the appearance of public spaces.
- 3.9 Develop a Shire-wide road safety strategy.
- 3.10 Advocate for improved public transport, traffic management and reduced road congestion.
- 4.1 Encourage investment and development within the Shire to increase economic development and local employment, and broaden the rate base while at the same time preserving the green wedge.

Municipal Strategic Statement

The Municipal Strategic Statement (s. 21 of the Nillumbik Planning Scheme) addresses the key land use issues that face the Shire. These include:

- the implications for housing of changing household size and ageing population
- preserving agricultural land
- local businesses and local employment; implications of commuting to work
- transport
- community services
- recreation and open space.

This plan is aligned closely with the Victorian Public Health and Wellbeing Plan 2015–2019 (Figure 2).

Figure 2. Alignment of Nillumbik Health and Wellbeing Plan with Victorian Public Health and Wellbeing Plan

		Victorian Public Health and Wellbeing Plan 2015–2019					
		Healthier eating and active living	Tobacco-free living	Reducing harmful alcohol and drug use	Improving mental health	Preventing violence and injury	Improving sexual and reproductive health
Nillumbik Health and Wellbeing Plan 2017–2021	Promote healthy and sustainable food	✓					
	Encourage active living	✓					
	Improve mental wellbeing				✓		
	Promote gender equality and respectful relationships					✓	
	Prevent harm from alcohol, other drugs and gambling		✓	✓			
	Improve sexual and reproductive health						✓
	Promote healthy ageing	✓	✓	✓	✓	✓	✓

Source: Nillumbik Shire Council 2017.

Achievement Program

The Achievement Program is a Victorian Government initiative based on the World Health Organization’s health-promoting schools and healthy workplaces models, which is managed by Cancer Council Victoria. Rather than targeting the individual, it encourages organisations to create healthier environments.

This whole-organisation approach to promoting health involves developing a healthy physical and social environment; creating healthy policies; and providing children, young people and workers with health and wellbeing opportunities. It encourages all members of a school, service or workplace to be actively involved in boosting health and wellbeing, and has a focus on building and strengthening community partnerships.

To be recognised by the Achievement Program, organisations must meet certain benchmarks of healthy organisational cultures: supportive leadership, participation and shared decision-making; environments where healthy choices are available and promoted and less healthy choices limited; and opportunities to increase knowledge and skills for healthier living.

Public health principles

The following principles guide Council's functions and responsibilities in regard to public health and wellbeing.

Principle of evidence-based decision-making

Decisions on the most effective use of resources to promote and protect health and wellbeing and the most effective and efficient public health and wellbeing interventions should be based on evidence available that is relevant and reliable.

Precautionary principle

If a public health risk poses a serious threat, lack of full scientific certainty should not be used as a reason for postponing measures to prevent or control the public health risk.

Principle of primacy of prevention

The prevention of disease, illness, injury, disability or premature death is preferable to remedial measure. For that purpose, capacity building and other health promotion activities are central to reducing differences in health status and promoting the health and wellbeing of the people.

Principle of accountability

As far as practicable, decisions are transparent, systematic and appropriate. Members of the public should therefore be given access to reliable information in appropriate forms to facilitate a good understanding of public health issues, and opportunities to participate in policy and program development.

Principle of proportionality

Decisions made and actions taken should be proportionate to the public health risk sought to be prevented, minimised or controlled, and should not be made or taken in an arbitrary manner.

Principle of collaboration

Public health and wellbeing can be enhanced through collaboration between all levels of government, industry, business, communities and individuals.

Source: *Public Health and Wellbeing Act 2008* (Vic.) ss. 5–10.

The prevention system

Chronic diseases are the leading cause of death and disability in Australia. They cause eight out of ten premature deaths (i.e. deaths among people aged less than 75 years) (AIHW 2010). The cost to the community is considerable, in terms of the health system, reduced workforce participation and productivity, and reduced quality of life. The World Health Organization estimates that at least 80 per cent of premature heart disease, stroke and type 2 diabetes and 40 per cent of cancers could be prevented (WHO).

Behaviours such as smoking, excessive alcohol consumption, unhealthy diet and physical inactivity are responsible for many chronic diseases. These behaviours increase the risk because they raise blood pressure and lead to overweight and obesity (Prevention Centre 2017). The problem is becoming worse due to changes in lifestyle and the ageing population.

Issues such as family violence, gambling and social isolation also have impacts on health and wellbeing. Exposure to intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45 years than any of the abovementioned risk factors (VicHealth 2010). The health problems for women caused by violence include mental health problems, substance misuse and reproductive health problems. The harm experienced by people having problems with their gambling, even low-risk gambling, is similar to the burden of harm experienced from alcohol dependency and major depression (Browne et al. 2016).

Rather than focusing on individual responsibility for change, successful prevention requires a broader approach. A systems approach recognises the role of social, economic and

environmental factors and how they interact. It requires governments, organisations and individuals to work together to tackle the whole system to create an environment that supports people to make better health decisions and avoid chronic disease (Prevention Centre 2017).

How Council influences health and wellbeing

Local government has responsibility under the *Local Government Act 1989* (Vic.) to improve the overall quality of life of people in the local community. We are at the level of government that is closest to the people and is best placed to address the social determinants of health.

This is recognised by the Public Health and Wellbeing Act, which sets out local government's role in traditional public health functions such as immunisation, food safety and sanitation, as well as the responsibility to prepare an evidence-based Municipal Public Health and Wellbeing Plan every four years that specifically addresses the social determinants of health.

The Public Health and Wellbeing Act stipulates that the function of a council is to seek to protect, improve and promote public health and wellbeing within the municipal district by:

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

Council has multiple roles that we draw on to protect, improve and promote the conditions for health and wellbeing of the community. All areas of Council participate in creating healthier environments. These are summarised below.

Service provider

Where Council provides specific services and programs (e.g. early years services, aged and disability services, environmental health services, immunisation and waste management).

Owner/custodian

As Council owns or manages facilities, infrastructure, reserves and natural areas, we can influence health-promoting environments in these places.

Leader

Where Council brings together stakeholders to work on an issue or opportunity and by demonstrating a health-promoting setting.

Information provider

Where Council provides information or referral to community services, opportunities, events, activities and places.

Partner

Where Council collaborates with community, stakeholders and within the organisation to promote and support initiatives for maximum collective impact.

Advocate

Where Council seeks support from others (e.g. State and Federal government, government agencies and non-government agencies that are able to influence an issue, provide funding for a project or attract a needed service).

Source: Nillumbik Shire Council 2017.

Council's approach to delivering the Health and Wellbeing Plan

Council will continue to work with our local partners and seek to partner with government and non-government agencies to respond to health and wellbeing priorities in the municipality.

Our place-based approach draws on new and existing relationships with a range of community groups, service providers and other partners to deliver health-promoting projects and influence change in the Shire's priority areas. Council services, such as recreation centres, aged care, early childhood services, Living & Learning and Edendale Farm—to name a few—all have a role in implementing actions in the plan that contribute to improved health outcomes.

The plan provides for the health and wellbeing priorities to be considered in land-use planning, to be integrated into new and updated plans and strategies, and to build on existing Council priorities.







Council has key partnership agreements with North East Primary Care Partnership (North East Healthy Communities), healthAbility and Women's Health in the North to deliver health promotion strategies. Our population health plans are aligned to achieve maximum impact on shared priorities through collective effort.

We will continue to work with the community to create or improve the social, built, economic and natural environments for improved health outcomes in Nillumbik.

Council's policy principles

Council's policy principles are also influenced by declarations and charters to which the Shire is a signatory or supporter (Table 1).

Table 1. The declarations and charters supported by Nillumbik Shire Council

 <p>Victorian Equal Opportunity & Human Rights Commission</p>	<p>The <i>Charter of Human Rights and Responsibilities Act 2006</i> (Vic.) requires Council to act consistently with the human rights protected in the Charter. As human beings, we have basic rights, including the right to be treated equally, to be safe from violence and abuse, to be part of a family and to have our privacy respected.</p>
	<p>In April 2016, Council endorsed the Municipal Association of Victoria's signing of the Age-Friendly Victoria declaration with the State Government, which outlines a commitment to planning for and establishing age-friendly communities. Council has supported this direction by signing the declaration and is committed to the principles of the age-friendly cities and community directions developed by the World Health Organization.</p>
 <p>refugee welcome zones</p>	<p>Council signed the Refugee Welcome Zone declaration in July 2016. This is our commitment in spirit to welcoming refugees into the community, upholding the human rights of refugees, demonstrating compassion for refugees and enhancing cultural and religious diversity in the community.</p>
 <p>ALLIANCE FOR GAMBLING REFORM</p>	<p>Council resolved to become an Alliance for Gambling Reform supporter in February 2016. The Alliance is a national collaboration of organisations with a shared concern about the harmful and unfair impacts of gambling and its normalisation in Australian culture.</p>
	<p>Council is a signatory to the Victorian Charter for Child Friendly Cities and Communities. This Charter is developed specifically for local government, organisations and individuals to take action to implement the right for cities to be considered child friendly. It recognises the need for increased participation by children in decision-making forums and creating child-friendly environments.</p>
 <p>Building a Respectful Community STRATEGY 2017-2021</p>	<p>Council is a signatory to the Building a Respectful Community Strategy 2017–2021. This strategy works towards a gender equitable and non-violent community where women and girls are valued, respected and safe. It draws on current national and Victorian frameworks and strategies to apply an evidence-based, intersectional and regional approach to the primary prevention of violence against women for Melbourne's north.</p>

Liveability, health and wellbeing in Nillumbik

Nillumbik Council’s vision for Nillumbik is to be Australia’s most liveable shire. Many of the social, environmental and economic features that enhance liveability in Nillumbik and make it a desirable place to live, work and play are also the determinants of good public health and wellbeing. Liveable places in the context of health have been defined as:

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 et al. 2013).

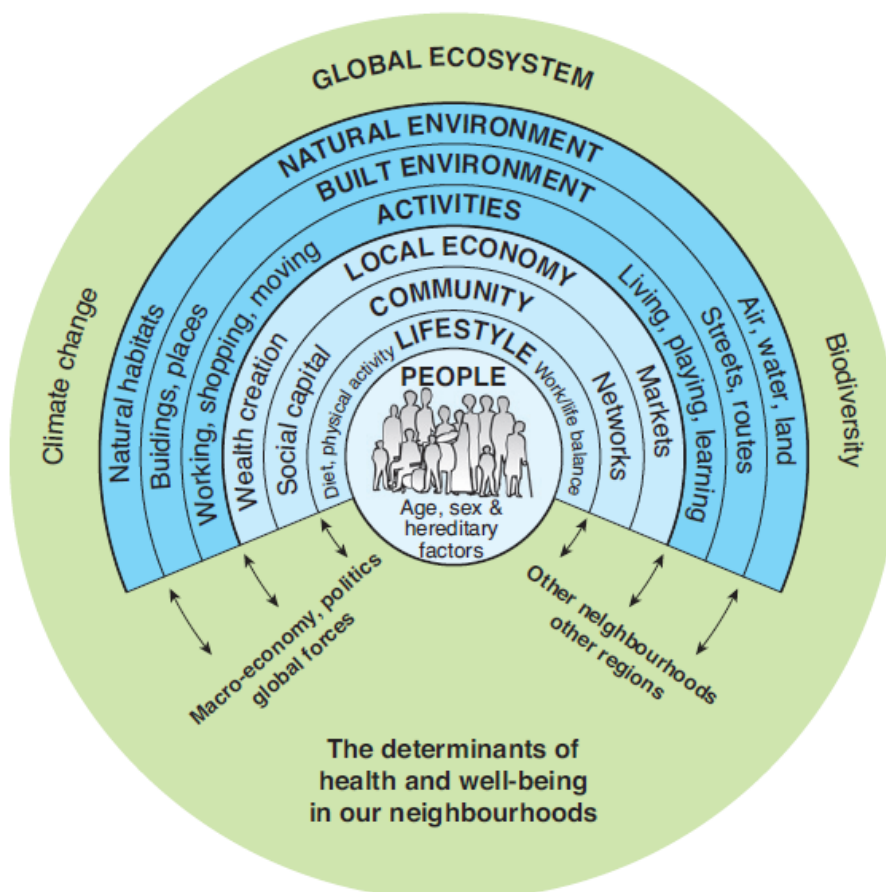
The Australian Institute of Health and Welfare’s (2016) description of the social determinants of health is summarised in Table 2.

Table 2. The social determinants of health

Socio-economic position	Educational attainment is associated with better health because it equips people to achieve stable employment, secure income, adequate housing and provide for families. Higher education increases the likelihood of higher-status occupations and higher incomes. Income and wealth improve socio-economic position and allow for greater access to better food and housing, and healthcare options.
Early life	The foundations of adult health are laid in early childhood development. Healthy physical development and emotional support during the first years of life provide building blocks for future social, emotional, cognitive and physical wellbeing.
Social exclusion	Social exclusion covers social disadvantage and lack of resources, opportunity, participation and skills. Social exclusion may result from unemployment, discrimination, stigmatisation and other factors. It can increase the risk of disability, illness and social isolation.
Social capital	Social capital is the benefits obtained from having links that bind and connect people within and between groups. It can provide sources of resilience against poor health and can help people find work or cope with hardship.
Employment and work	The stress of unemployment brings higher risk of illness and disability. Unemployment rates are higher among people with no or few qualifications or skills, those with disabilities or poor mental health, people who have caring responsibilities, those in ethnic minority groups and those who are socially excluded for other reasons. The demands of work—hours, control and conditions—have an impact on health. Quality work is health protective and provides opportunity for social interactions and personal development.
Housing	Safe, affordable and secure housing is associated with better health, which in turn impacts on people’s participation in work, education and the community. It also affects parenting and social and family relationships. The relationship is two-way, in that poor health can lead to precarious housing.
Residential environment	Communities and neighbourhoods that ensure access to basic goods and services are socially cohesive. This promotes physical and psychological wellbeing and protection of the natural environment, which are essential for health equity. Health-promoting modern urban environments have appropriate housing and transport infrastructure and a mix of land use encouraging recreation and social interaction.

The relationship between liveability and health is demonstrated in Figure 3, which represents the social determinants of health at the local level. The model shows how every sphere representing health determinants (except hereditary factors) is affected by the quality of the social, economic, built and natural environments.

Figure 3. Health map of the determinants of health and wellbeing in neighbourhoods



Source: Barton, H & Grant, M 2006, 'A health map for the local human habitat'

The Council Plan 2017–2021 recognises the green wedge as a contributing positive influence on health and wellbeing.

The Green Wedge Shire

Known as the 'Green Wedge Shire' or the 'lungs of Melbourne', the Shire of Nillumbik is located less than 25 kilometres north-east of Melbourne, and has the Yarra River as its southern boundary. It extends 29 kilometres to Kinglake National Park in the north. The Shire stretches approximately 20 kilometres from the Plenty River and Yan Yean Road in the west to Christmas Hills and the Yarra escarpment in the east.

Covering an area of 432 square kilometres, Nillumbik has an estimated population of 63,158 people (Table 3), who live in communities that range from typical urban settings to small townships and bush properties.

Artist colonies, a diverse range of festivals, craft markets, galleries and exhibitions all add to the Shire's reputation as a centre for creative pursuits.

The value of the environment is important to the Shire's residents and encourages participation in a range of outdoor activities. The importance of the environment is also recognised by Council through a range of environment-friendly policies and programs.

A strong volunteering culture demonstrates a socially cohesive community.

Table 3. Shire of Nillumbik: demographic profile

Estimated residential population	64,280
Estimated population growth (2036)	70,391
Aboriginal and Torres Strait Islander people	0.4%
Median age	41
Young people % of population	0–9 yrs: 12.2% 10–19 yrs: 14.9%
Gen Y (20–34 years)	15.6%
Gen X (35–49 years)	21.5%
Baby boomers (50–69 years)	27.9%
Older people	70–84 yrs: 6.7% 85+ yrs: 1.2%
The number of people aged 65 years and over will more than double between 2011 and 2026 to	12,179
Median weekly household income	\$2093
Median weekly mortgage repayment	\$469
Medium and high-density housing	6.5%
Households with three or more motor vehicles	32.1%
People with disability (profound/severe)	3.3%
Disability (provided unpaid care)	13.2%
Did unpaid voluntary work	24%
Place of birth outside Australia	England – 5.2%
Languages other than English	9%
Socio-Economic Index for Areas (SEIFA)*, Disadvantage 2011	1098

*SEIFA is a socio-economic index based on a range of Census data. The Australian mean is 1000, and scores below this indicate a level of disadvantage. 2016 SEIFA was not available at time of publishing.

Source: .id Shire of Nillumbik Demographic Profile 2017

Community health and wellbeing trends

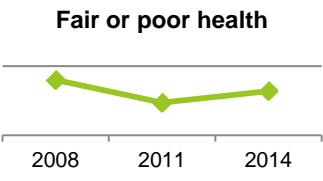
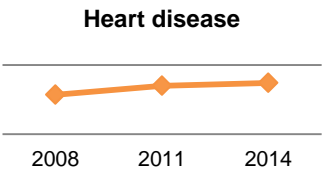
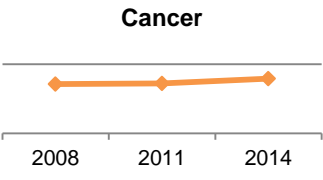
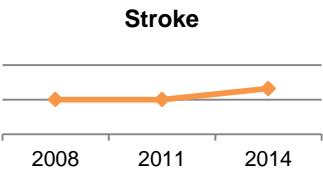
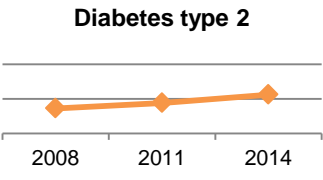
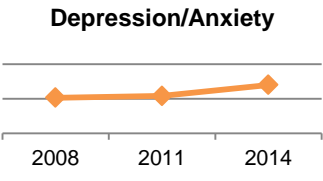
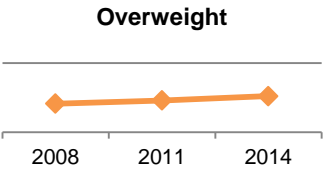
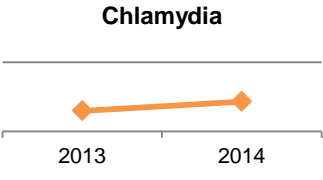
Tables 4, 5 and 6 provide information on health and wellbeing trends in Nillumbik over time. Trend lines in green show improvement and trend lines in orange show decline. These include trends in chronic disease, risk factors and protective factors. All data except where otherwise noted is from the Victorian Population Health Survey of adults. These are reported at the local government level every three years.

These indicator trends show that the prevalence of chronic disease is increasing, consistent with the trends in Victoria and at the global level. The prevalence of chronic disease in Nillumbik is lower than average for Victoria, and self-reported health is improving. This can be explained by the social gradient in which the health status of a population shows improvement for each step up the socio-economic ladder.

The modifiable risk factors for health and wellbeing show corresponding trends on several indicators. While rates of smoking and psychological distress show improvements, the rate of overweight, physical inactivity, vegetable intake and alcohol intake are all trending towards higher risk for chronic ill-health. The rate of family violence in Nillumbik is also trending upwards, although it is still well below the Victorian average.

Social factors that impact health and wellbeing and can have a protective effect have also reduced somewhat in recent years, but again tend to be stronger in Nillumbik compared to Victorian averages. Indicators like feeling safe walking alone at night, ability to count on help from neighbours, volunteering and acceptance of multiculturalism have seen some declines, whereas membership of local groups, such as a sports group, and participation in the arts and local events have strengthened.

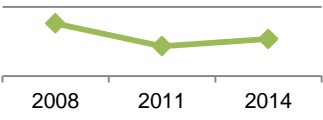
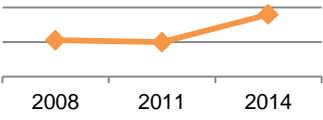
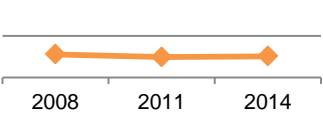
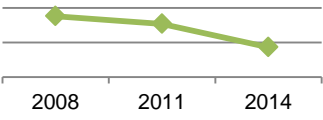
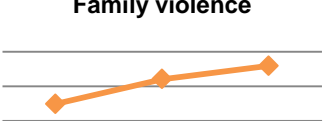

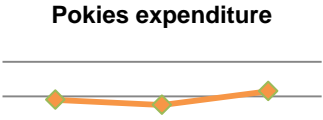
Table 4. Trends in chronic diseases, Nillumbik

Trend	Overview	Council's response								
<p>Fair or poor health</p>  <table border="1"> <caption>Fair or poor health</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>16%</td> </tr> <tr> <td>2011</td> <td>13%</td> </tr> <tr> <td>2014</td> <td>13%</td> </tr> </tbody> </table>	Year	Percentage	2008	16%	2011	13%	2014	13%	<ul style="list-style-type: none"> Self-reported health status is a good indicator of health. The proportion of population reporting poor health declined from 16% in 2008 to 13% in 2014. 	<p>In its role as information provider, Council will disseminate information about the issues or actions that contribute to the health of our community.</p>
Year	Percentage									
2008	16%									
2011	13%									
2014	13%									
<p>Heart disease</p>  <table border="1"> <caption>Heart disease</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>5.7%</td> </tr> <tr> <td>2011</td> <td>6.5%</td> </tr> <tr> <td>2014</td> <td>7.4%</td> </tr> </tbody> </table>	Year	Percentage	2008	5.7%	2011	6.5%	2014	7.4%	<ul style="list-style-type: none"> The proportion of population reporting heart disease increased from 5.7% in 2008 to 7.4% in 2014. 	<p>As a partner, Council will collaborate to create and improve environments that promote health.</p>
Year	Percentage									
2008	5.7%									
2011	6.5%									
2014	7.4%									
<p>Cancer</p>  <table border="1"> <caption>Cancer</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>7.1%</td> </tr> <tr> <td>2011</td> <td>7.5%</td> </tr> <tr> <td>2014</td> <td>7.9%</td> </tr> </tbody> </table>	Year	Percentage	2008	7.1%	2011	7.5%	2014	7.9%	<ul style="list-style-type: none"> The proportion of population reporting cancer increased from 7.1% in 2008 to 7.9% in 2014. 	<p>As a leader, Council will demonstrate health-promoting settings in its own workplaces and facilities.</p>
Year	Percentage									
2008	7.1%									
2011	7.5%									
2014	7.9%									
<p>Stroke</p>  <table border="1"> <caption>Stroke</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>2.5%</td> </tr> <tr> <td>2011</td> <td>2.8%</td> </tr> <tr> <td>2014</td> <td>3.3%</td> </tr> </tbody> </table>	Year	Percentage	2008	2.5%	2011	2.8%	2014	3.3%	<ul style="list-style-type: none"> The proportion of population who reported stroke increased from 2.5% in 2008 to 3.3% in 2014. 	<p>As an advocate, Council will seek support to influence issues such as affordable housing and local jobs.</p>
Year	Percentage									
2008	2.5%									
2011	2.8%									
2014	3.3%									
<p>Diabetes type 2</p>  <table border="1"> <caption>Diabetes type 2</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>1.8%</td> </tr> <tr> <td>2011</td> <td>2.2%</td> </tr> <tr> <td>2014</td> <td>2.8%</td> </tr> </tbody> </table>	Year	Percentage	2008	1.8%	2011	2.2%	2014	2.8%	<ul style="list-style-type: none"> The prevalence of reported diabetes type 2 is relatively low in Nillumbik but increased from 1.8% in 2008 to 2.8% in 2014. 	<p>In its role as service provider, Council will deliver health-promoting programs in its services to the community.</p>
Year	Percentage									
2008	1.8%									
2011	2.2%									
2014	2.8%									
<p>Depression/Anxiety</p>  <table border="1"> <caption>Depression/Anxiety</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>20%</td> </tr> <tr> <td>2011</td> <td>21%</td> </tr> <tr> <td>2014</td> <td>24%</td> </tr> </tbody> </table>	Year	Percentage	2008	20%	2011	21%	2014	24%	<ul style="list-style-type: none"> Self-reported diagnoses of depression or anxiety (during lifetime) increased from 20% in 2008 to 24% in 2014. This may be due to reduced stigma in seeking treatment. 	<p>As an owner or manager of facilities, infrastructure and reserves, Council will influence these environments to optimise health and wellbeing.</p>
Year	Percentage									
2008	20%									
2011	21%									
2014	24%									
<p>Overweight</p>  <table border="1"> <caption>Overweight</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>41.3%</td> </tr> <tr> <td>2011</td> <td>48%</td> </tr> <tr> <td>2014</td> <td>52.1%</td> </tr> </tbody> </table>	Year	Percentage	2008	41.3%	2011	48%	2014	52.1%	<ul style="list-style-type: none"> The proportion of population who are overweight or obese is increasing. The rate increased from 41.3% in 2008 to 52.1% in 2014. 	<p>As an information and service provider, Council will disseminate information on protection from risk.</p>
Year	Percentage									
2008	41.3%									
2011	48%									
2014	52.1%									
<p>Chlamydia</p>  <table border="1"> <caption>Chlamydia</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>Higher than other Victorian populations</td> </tr> <tr> <td>2014</td> <td>Higher than other Victorian populations</td> </tr> </tbody> </table>	Year	Rate	2013	Higher than other Victorian populations	2014	Higher than other Victorian populations	<ul style="list-style-type: none"> The rate of chlamydia in Nillumbik is higher than for other Victorian populations.* Most diagnoses are in young people under 25 years. 	<p>As a leader, Council will bring together stakeholders to work on solutions to the issue.</p>		
Year	Rate									
2013	Higher than other Victorian populations									
2014	Higher than other Victorian populations									

* Women's Health in the North. (2016). *Nillumbik Sexual and Reproductive Health Snapshot 2016*.

Source: Victorian Population Health Surveys 2008, 2011, 2014.

Table 5. Trends in modifiable factors that are risks to health and wellbeing, Nillumbik

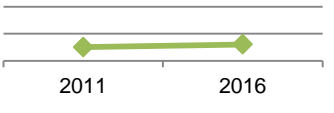
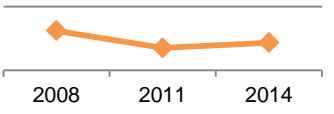
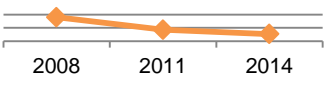
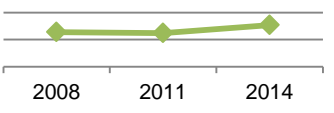
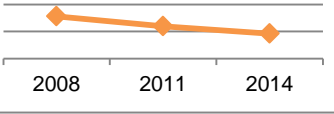
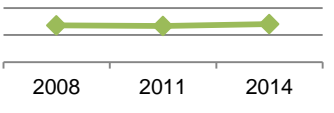
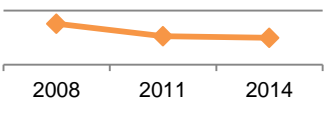
Trend	Overview	Council's response								
<p>Smoking status</p>  <table border="1"> <caption>Smoking status data</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>15</td> </tr> <tr> <td>2011</td> <td>11</td> </tr> <tr> <td>2014</td> <td>11</td> </tr> </tbody> </table>	Year	Rate (%)	2008	15	2011	11	2014	11	<ul style="list-style-type: none"> The self-reported smoking rate decreased from 15% in 2008 to 11% in 2014. The rate among school students is about the same as the adult rate. 	<ul style="list-style-type: none"> Continue to extend smoke-free public areas. Continue to monitor compliance on sales of cigarettes to minors.
Year	Rate (%)									
2008	15									
2011	11									
2014	11									
<p>Physical inactivity</p>  <table border="1"> <caption>Physical inactivity data</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>26</td> </tr> <tr> <td>2011</td> <td>26</td> </tr> <tr> <td>2014</td> <td>45</td> </tr> </tbody> </table>	Year	Rate (%)	2008	26	2011	26	2014	45	<ul style="list-style-type: none"> 45% of adults do not meet the physical activity guidelines. This grew from 26% in 2008. 	<ul style="list-style-type: none"> Continue to increase opportunities for active living and active transport. Work to increase participation in active recreation and sport.
Year	Rate (%)									
2008	26									
2011	26									
2014	45									
<p>Inadequate vegetable intake</p>  <table border="1"> <caption>Inadequate vegetable intake data</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>90</td> </tr> <tr> <td>2011</td> <td>90</td> </tr> <tr> <td>2014</td> <td>90</td> </tr> </tbody> </table>	Year	Rate (%)	2008	90	2011	90	2014	90	<ul style="list-style-type: none"> 9 out of 10 adults do not eat the recommended serves of vegetables each day. The rate is about the same for teenagers. 	<ul style="list-style-type: none"> Create better access to affordable fresh food. Establish Council policies and practices that enable healthy food and drink consumption.
Year	Rate (%)									
2008	90									
2011	90									
2014	90									
<p>Psychological distress</p>  <table border="1"> <caption>Psychological distress data</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>9</td> </tr> <tr> <td>2011</td> <td>9</td> </tr> <tr> <td>2014</td> <td>4</td> </tr> </tbody> </table>	Year	Rate (%)	2008	9	2011	9	2014	4	<ul style="list-style-type: none"> The proportion of people experiencing high or very high distress is decreasing. The rate was 9% in 2008 and 4% in 2014. The rate is much higher for teens (13.6%). 	<ul style="list-style-type: none"> Continue to build community resilience. Create more local jobs. Increase community participation, particularly among young people.
Year	Rate (%)									
2008	9									
2011	9									
2014	4									
<p>Family violence</p>  <table border="1"> <caption>Family violence data</caption> <thead> <tr> <th>Year</th> <th>Rate per 100,000</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>397</td> </tr> <tr> <td>2014</td> <td>397</td> </tr> <tr> <td>2016</td> <td>618</td> </tr> </tbody> </table>	Year	Rate per 100,000	2012	397	2014	397	2016	618	<ul style="list-style-type: none"> The rate of family violence reported to police is increasing.* In 2012, the rate was 397 per 100,000 population, compared to 618 per 100,000 in 2016. 	<ul style="list-style-type: none"> Improve gender equity, safety and respectful relationships in workplaces and the community.
Year	Rate per 100,000									
2012	397									
2014	397									
2016	618									
<p>Alcohol risk</p>  <table border="1"> <caption>Alcohol risk data</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>51</td> </tr> <tr> <td>2011</td> <td>51</td> </tr> <tr> <td>2014</td> <td>56</td> </tr> </tbody> </table>	Year	Rate (%)	2008	51	2011	51	2014	56	<ul style="list-style-type: none"> Self-reported drinking at risk for short-term harm is increasing (from 51% in 2008 to 56% in 2014). Risky drinking is higher in Nillumbik than on average for Melbourne. 	<ul style="list-style-type: none"> Develop plans and policies that reduce alcohol-related harm. Implement strategic approaches that change alcohol cultures.
Year	Rate (%)									
2008	51									
2011	51									
2014	56									
<p>Pokies expenditure</p>  <table border="1"> <caption>Pokies expenditure data</caption> <thead> <tr> <th>Year</th> <th>Expenditure (\$ million)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>7.76</td> </tr> <tr> <td>2015</td> <td>7.76</td> </tr> <tr> <td>2017</td> <td>8.3</td> </tr> </tbody> </table>	Year	Expenditure (\$ million)	2013	7.76	2015	7.76	2017	8.3	<ul style="list-style-type: none"> Expenditure on gaming machines increased from \$7.76 million in 2013 to \$8.3 million in 2017.† The number of gaming machines increased from 80 to 90. 	<ul style="list-style-type: none"> Promote and implement Nillumbik Gambling Harm Minimisation Policy.
Year	Expenditure (\$ million)									
2013	7.76									
2015	7.76									
2017	8.3									

* Crime Statistics Agency. (2017).

† Victorian Commission for Gambling and Liquor Regulation. (2017).

Source: Victorian Population Health Surveys, 2008, 2011, 2014.

Table 6. Trends in social factors that are protective of health and wellbeing, Nillumbik

Trend	Overview	Council's response								
<p>Housing diversity</p>  <table border="1"> <caption>Housing diversity</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>5%</td> </tr> <tr> <td>2016</td> <td>6%</td> </tr> </tbody> </table>	Year	Percentage	2011	5%	2016	6%	<ul style="list-style-type: none"> In the 5 years between 2011 and 2016, medium or high-density housing increased from 5% to 6%.* Diverse housing allows older and younger people to remain in Nillumbik through life transitions. 	<ul style="list-style-type: none"> Plan suitable housing for changing community needs. 		
Year	Percentage									
2011	5%									
2016	6%									
<p>Perception of safety</p>  <table border="1"> <caption>Perception of safety</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>81%</td> </tr> <tr> <td>2011</td> <td>76%</td> </tr> <tr> <td>2014</td> <td>72%</td> </tr> </tbody> </table>	Year	Percentage	2008	81%	2011	76%	2014	72%	<ul style="list-style-type: none"> The proportion of people who feel safe walking alone in their neighbourhood at night decreased from 81% in 2008 to 72% in 2014. 	<ul style="list-style-type: none"> Seek funding for projects that develop safe pedestrian routes, promote active transport and activate neighbourhoods.
Year	Percentage									
2008	81%									
2011	76%									
2014	72%									
<p>Able to get help from neighbours</p>  <table border="1"> <caption>Able to get help from neighbours</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>76%</td> </tr> <tr> <td>2011</td> <td>65%</td> </tr> <tr> <td>2014</td> <td>51%</td> </tr> </tbody> </table>	Year	Percentage	2008	76%	2011	65%	2014	51%	<ul style="list-style-type: none"> The proportion of people who feel they can definitely get help from their neighbours declined from 76% in 2008 to 51% in 2014. 	<ul style="list-style-type: none"> Increase social connections through community participation.
Year	Percentage									
2008	76%									
2011	65%									
2014	51%									
<p>Belong to sports group</p>  <table border="1"> <caption>Belong to sports group</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>32%</td> </tr> <tr> <td>2011</td> <td>35%</td> </tr> <tr> <td>2014</td> <td>39%</td> </tr> </tbody> </table>	Year	Percentage	2008	32%	2011	35%	2014	39%	<ul style="list-style-type: none"> The proportion of people who belong to a sports group increased from 32% in 2008 to 39% in 2014. However, across Victoria, membership is much higher among men and young people than women and older people. 	<ul style="list-style-type: none"> Encourage more people in the community to participate in active recreation by providing welcoming, inclusive and flexible participation options.
Year	Percentage									
2008	32%									
2011	35%									
2014	39%									
<p>Volunteering</p>  <table border="1"> <caption>Volunteering</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>39%</td> </tr> <tr> <td>2011</td> <td>30%</td> </tr> <tr> <td>2014</td> <td>23%</td> </tr> </tbody> </table>	Year	Percentage	2008	39%	2011	30%	2014	23%	<ul style="list-style-type: none"> Volunteering declined from 39% in 2008 to 23% in 2014, but is stronger in Nillumbik compared to other areas. 	<ul style="list-style-type: none"> Support and promote volunteering in the community
Year	Percentage									
2008	39%									
2011	30%									
2014	23%									
<p>Attend local events</p>  <table border="1"> <caption>Attend local events</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>68%</td> </tr> <tr> <td>2011</td> <td>69%</td> </tr> <tr> <td>2014</td> <td>70%</td> </tr> </tbody> </table>	Year	Percentage	2008	68%	2011	69%	2014	70%	<ul style="list-style-type: none"> Attendance at local events remains strong in Nillumbik, at 68% in 2008 and 70% in 2014. 	<ul style="list-style-type: none"> Continue to support community events that encourage social connection through services, information, programs and festivals
Year	Percentage									
2008	68%									
2011	69%									
2014	70%									
<p>Multiculturalism</p>  <table border="1"> <caption>Multiculturalism</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>76%</td> </tr> <tr> <td>2011</td> <td>65%</td> </tr> <tr> <td>2014</td> <td>49%</td> </tr> </tbody> </table>	Year	Percentage	2008	76%	2011	65%	2014	49%	<ul style="list-style-type: none"> The proportion of people in Nillumbik who think multiculturalism makes life better declined from 76% in 2008 to 49% in 2014. 	<ul style="list-style-type: none"> Support community groups and sports clubs to provide more welcoming and inclusive environments for all groups, including newly arrived migrants, refugees and Aboriginal and Torres Strait Islander people.
Year	Percentage									
2008	76%									
2011	65%									
2014	49%									

* Australian Bureau of Statistics. (2017). *QuickStats*.

Source: Victorian Population Health Surveys, 2008, 2011, 2014.

Evidence-based planning

The principle of evidence-based decision-making is that the most effective and efficient public health and wellbeing interventions are based on relevant and reliable evidence.

Many of the actions in this Health and Wellbeing Plan are adapted from recommendations by VicHealth, academic sources, health promotion agencies and community groups such as Local Food Connect, healthAbility, Women's Health in the North, Heart Foundation, Cancer Council, and Alcohol and Drug Foundation. The sources referenced provide further evidence for the effectiveness of these interventions. Other actions have been identified from the community to address a problem at the local level.

Community engagement

Council engaged extensively with the community to develop this Health and Wellbeing Plan. Stakeholder groups were identified and invited to give their views in several different ways, through conversations, surveys, submissions and workshops. Stakeholders included:

- children and young people
- older people
- people with disability or chronic illness
- people with mental health problems
- people from Aboriginal and Torres Strait islander, migrant and refugee backgrounds
- people who are unemployed.

In total, we heard from 882 people. Topics under discussion included levels of satisfaction with access to services and opportunities to engage in community activities, and attitudes towards cultural diversity and individual health-related behaviours. We also heard about what things would improve the social determinants and liveability conditions, such as access to healthy food, public transport and future housing. The findings are presented in the report *Municipal public health and wellbeing plan 2017–2021: Stakeholder and community engagement key findings report, 2017* (www.nillumbik.vic.gov.au/healthandwellbeing).

A workshop with health and community sector partners assisted in assessing health provider and community feedback to determine priorities and strategies.

Priorities and strategies

The priorities for this Health and Wellbeing Plan emerged from:

- data on health status and health determinants in the municipality
- results of the community engagement
- priorities of the Council Plan and Municipal Strategic Statement
- regard for Victorian health priorities.

The issues of most concern that impact health and wellbeing in Nillumbik are:

- increasing rates of chronic illness and body weight
- increased rates of physical inactivity and sedentary lifestyles
- very low compliance with recommended dietary guidelines
- increased rates of diagnosed mental health issues
- increased rate of chlamydia, giving rise to sexual and reproductive health concerns
- increasing rates of alcohol consumption at risky levels
- the need to continue monitoring the impacts of tobacco, other drugs and gambling
- increasing rates of reported family violence
- low rates of housing diversity for changing population needs
- small decreases in measures of social cohesion
- the forecast doubling of the aged population as baby boomers transition to older age
- the impacts of climate change on health especially the consequences of extreme weather.

The actions developed for each of the strategies are mostly supported by research-based evidence that they work. The prevention system works best when the whole community shares responsibility for making change, and many of these strategies require partnerships to implement them. Some of these partnerships are between Council departments, some are with our health promotion partners, and some are with the wider community.

Climate change has been considered in developing the responses to many of the priorities; Council and our partners need to continuously adapt the provision of services and environments to maintain or enhance the health indicators of our community in the face of this global challenge.

The health and wellbeing priorities and strategies for 2017–2021 are outlined in Table 7.

Table 7. Health and wellbeing priorities 2017–2021, Nillumbik Shire Council

Priority	Strategy
Promote healthy eating and sustainable food	<ol style="list-style-type: none"> 1. Create better access to affordable and healthier food and drink 2. Establish Council policies and practices that support healthy food and drink consumption 3. Support all residents to make healthier food and drink choices
Encourage active living	<ol style="list-style-type: none"> 4. Increase active living and active transport 5. Increase participation in active recreation and sporting activities
Enhance mental wellbeing	<ol style="list-style-type: none"> 6. Continue building a resilient community 7. Increase social connections through community participation 8. Support equitable access to economic resources
Advance gender equality and respectful relationships	<ol style="list-style-type: none"> 9. Improve gender equity, safety and respectful relationships in the workplace 10. Ensure our services and facilities are gender equitable, safe and inclusive 11. Raise community awareness of gender equity and respectful relationships 12. Increase the promotion of gender equitable and non-violence messages through communications and social marketing 13. Collaborate with other organisations and community groups to collectively work towards preventing violence against women
Prevent harm from alcohol, other drugs and gambling	<ol style="list-style-type: none"> 14. Develop and implement strategic plans and policies that reduce substance- and gambling-related harm 15. Implement strategic approaches that change alcohol, drug and gambling cultures 16. Build local partnerships that reduce alcohol-, drug- and gambling-related harm
Improve sexual and reproductive health	<ol style="list-style-type: none"> 17. Engage with the community to facilitate, influence and support positive sexual and reproductive health and wellbeing 18. Engage with partners (e.g. Women’s Health in the North, Northern Centre Against Sexual Assault) to deliver projects to improve the sexual and reproductive outcomes for people living in Nillumbik
Support healthy ageing	<ol style="list-style-type: none"> 19. Work to ensure that public spaces and buildings are designed to be age friendly 20. Support access to transportation to enable older people to remain physically active, socially connected and able to access shops, health facilities and other essential services 21. Plan suitable housing for changing community needs 22. Ensure the effective participation of older people in social and civic activities

Sources: Nillumbik Shire Council 2017, SA Health Age Friendly Neighbourhoods 2012, VicHealth Local Government Action Guides 2016, WHIN Building a Respectful Community 2017.

Promote healthy eating and sustainable food

'More local produce, more farmers markets' – Community engagement participant

Why this is a priority

Reducing and preventing the growing prevalence of obesity is the public health priority in Australia. This is a global issue and the increase in the availability of energy-dense foods and sugar-sweetened drinks that are relatively inexpensive and heavily marketed plays a key role in increased rates of obesity. The proximity of residents to healthy and/or unhealthy food outlets is directly related to health outcomes, with limited access to affordable, fresh and healthy food a major driver of poor health outcomes (Rose & Hearn, 2017).

Access to land for growing is critical for improving access to healthy and appropriate food, and low-carbon production, efficient water use and reduction of 'food miles' helps mitigate the impacts of climate change on food production (Rose & Hearn 2017).

Key facts and figures

- Body weight has increased, with more than half (52.1%) of the adult population of Nillumbik in 2014 being overweight or obese. Across Melbourne, around 26% of adolescents are overweight.
- In Nillumbik, only 4.5% of adults and 10% of adolescents eat the minimum recommended amount of fruit and vegetables each day.
- Takeaway meals and snacks (burgers, pizza, chips) are consumed more than once a week by 23% of adults in Nillumbik, a higher rate than the Melbourne average.
- Promoting healthy, sustainable diets and lifestyles also supports local food production and reduced greenhouse gas emissions.

Source: Nillumbik Shire Council 2016.

'More drinking taps in pathways'
Community engagement participant

Australian dietary guidelines:

- Go for 2 serves of fruit and 5 serves of vegetables every day, variations for growing children, men and breastfeeding mothers.
- Drink plenty of water, and reduce consumption of sugary drinks.
- See www.eatforhealth.gov.au for more information.

Promote healthy eating and sustainable food

Support the availability, accessibility and acceptability of healthy, sustainable and fair food consistent with the Australian Dietary Guidelines, and actively encourage the growth of a more sustainable and socially inclusive food system.

1. Create better access to affordable and healthier food and drink

- 1.1. Undertake food environment research, mapping and evaluation
- 1.2. Promote the Achievement Program as a tool to encourage healthy eating and drinking in workplaces and community settings
- 1.3. Investigate innovative strategies for addressing fresh food affordability and accessibility, such as local food hubs and farmers markets

2. Establish Council policies and practices that support healthy food and drink consumption

- 2.1. Develop and implement a healthy catering policy based on Healthy Choices guidelines across all Council services and events
- 2.2. Collaborate with community stakeholders to develop a local food system policy and strategy

3. Support all residents to make healthier food and drink choices

- 3.1. Support access to a healthy food supply, increase food literacy and encourage community development through food initiatives (e.g. cooking programs, community gardens)
- 3.2. Support actions from the Edendale Masterplan 2008 that develop food production on site; encourage public access to food growing; and promote education on food systems, food security and sustainability
- 3.3. Support actions in the Nillumbik Climate Change Action Plan 2016–2020 that promote a local food production system that mitigates and adapts to the health impacts of climate change

Partners

- healthAbility
- North East Primary Care Partnership (NEPCP) Healthy Drinks Alliance
- Local Food Connect
- VicHealth
- Healthy Eating Advisory Service
- Achievement Program

Outcomes

- Increased availability of water as the healthiest drink
- Improved food literacy and capacity
- Improved fruit and vegetable intake
- Improved discretionary food consumption
- Reduction in consumption of sugar-sweetened beverages
- Reduction in overweight and obesity

Resources

- Achievement Program
- Diabetes Australia
- Healthy Eating Advisory Service (Victorian Government)
- Local Food Connect
- Obesity Policy Coalition
- VicHealth Local Government Action Guides: Supporting Health Eating, Provision of Drinking Water Fountains in Public Areas, Encouraging Healthy Food and Drink Choices

Encourage active living

'More bike trails to encourage use of bikes as a transport option' – Community engagement participant

Why this is a priority

Inadequate physical activity and sitting for long periods of time contribute significantly to heart disease and other health problems (Heart Foundation 2014). For younger people, participating in physical activity has numerous physical, developmental and social benefits. For older people, sustaining or increasing physical activity benefits physical and mental health. Walking is the most popular form of physical activity in Victoria, is suitable for all age groups, is inexpensive and can be done almost anywhere (VicHealth 2016).

Key facts and figures

- Less than half the adult population of Nillumbik do enough exercise to reduce their risk of health conditions such as heart disease. Even fewer adolescents (28%) get the recommended amount of exercise.
- Active transport is provided through a network of trails in Nillumbik; however, the area scores in the lowest decile for walkability. While Nillumbik has an expanding recreational trails network, walking for transport is more difficult due to greater distances and hilly terrain. Only 24% of residents walk for transport at least 2 days per week (compared to 37% on average for Melbourne). More deliberate effort to walk or cycle is needed.

Source: Nillumbik Shire Council 2016.

'Having exercise stations along walking tracks and paths. A playground for adults!' – Community engagement participant

<p>Australia's physical activity and sedentary behaviour guidelines</p> <ul style="list-style-type: none">• Babies under one year: Active several times per day and no screen time.• Toddlers 1-2 years: at least 180 minutes including energetic play per day, no screen time under 2 yrs and no more than 1 hour for 2 year-olds.• Children and young people 5-17 years: 60 minutes of moderate to vigorous activity every day with muscle and bone strengthening activity 3 days per week. No more than 2 hours screen time per day.• Adults 18-64 years: Be active on most days and accumulate 150-300 minutes of moderate intensity activity or 15-150 minutes of vigorous activity per week. Muscle strengthening activity at least 2 days per week. Minimise prolonged sitting.• Older adults: Accumulate 30 minutes per day of physical activity.	<p>2017 Nillumbik Citizen of the Year – Nikki Waterfall</p> <p>Nikki began the Diamond Creek parkrun in November 2013, after identifying an interest in the local community and the potential to bring people together in healthy, active way. Hundreds of people have become more active as result of Nikki's passion and are now living a healthier lifestyle. The recreational running club is recognised by Athletics Victoria as one of the state's biggest and most successful running clubs.</p>
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Encourage active living

Get more people physically active through walking and sport, and promote reduced sitting during the day, especially in workplaces.

4. Increase active living and active transport

- 4.1. Design, develop and promote the development of built infrastructure and the natural environments that support active transport, improved walkability and active recreation
- 4.2. Promote the Achievement Program as a tool to encourage physical activity
- 4.3. Promote walking and cycling to school program, walking groups and dog walking activities

5. Increase participation in active recreation and sporting activities

- 5.1. Encourage physical activity through engagement with active arts (e.g. dance, circus arts)
- 5.2. Seek partnerships to provide active recreation and sport opportunities by removing barriers for under-represented groups, including women and girls, people with a disability, newly arrived residents and older age groups
- 5.3. Support and promote active recreation opportunities with Council's Living & Learning Centres

Partners

- VicHealth
- Achievement Program
- Heart Foundation
- Women's Health in the North

Outcomes

- Increased participation in sport, recreation and unstructured activity
- Increased walking and cycling for transport
- Increase the proportion of adults, adolescents and children who meet the physical activity guidelines
-

Resources

- Bicycle Network
- Heart Foundation: Healthy Active by Design (website)
- VicHealth: Arts and Health: Active Arts Strategy 2014–2017
- VicHealth local government action guide: *Increasing Participation in Physical Activity and Reducing Sedentary Behaviour*
- Victoria Walks

Enhance mental wellbeing

'More council driven forums on these subjects' – Community engagement participant

Why this is a priority

The social determinants of mental health are widely recognised as being social inclusion, freedom from discrimination and violence, and access to economic resources (Table 8).

Table 8. Social determinants of mental health

Social inclusion means:	Freedom from discrimination and violence means:	Access to economic resources means:
<ul style="list-style-type: none"> • Social connectedness—supportive relationships, feeling of belonging (regardless of factors such as sex, ethnicity, ability, sexual orientation and income level). • Social capital—social resources that foster a sense of community. • Civic engagement and participation—getting involved, building relationships. 	<p>Living in communities that</p> <ul style="list-style-type: none"> • value diversity and equality • feel safe • have equal access to the determinants of physical and mental health. 	<p>Having access to economic resources</p> <ul style="list-style-type: none"> • suitable housing • education • employment • income.

Source: VicHealth 2005

Resilient communities foster community cohesion by increasing sense of belonging and engagement, which in turn strengthens self-reliance and empowerment to address local issues. Emergency Management Victoria advises that communities can expect more intense and frequent natural disasters, as Victoria experiences higher-than-average temperatures, reduced rainfall, increased drought and more extreme weather events (EMV 2017).

Nillumbik has a strong association with the arts and access to the natural environment. Participation in arts activities creates opportunities for people to expand their social networks and develop new friendships, which can provide social support and positively influence health (VicHealth 2014).

Access to the natural environment is restorative psychologically, reducing stress levels and blood pressure, and is associated with perceptions of safety for residents (VicHealth, 2012).

Emergency Management Victoria (2017) defines resilient communities as:

- connected
- healthy and knowledgeable, with the ability to assess, monitor and manage risks, while learning new skills and building on past experiences
- able to identify problems, establish priorities, and act, with the support of good infrastructure and services
- flexible and resourceful, and with the capacity to accept uncertainty and proactively respond to change.

Key facts and figures

- 11% of people in Nillumbik experience high social isolation, which is lower than for Victoria (17%).
- Half of our population can count on getting help from neighbours.
- Our strengths include high levels of engagement with the arts, community events, sports clubs and volunteering.
- Only half of the people in Nillumbik are positive towards multiculturalism, but a high proportion report that this is not relevant to their area.
- 18% of Year 7–9 students and 10% of Year 5–6 students in Nillumbik report being bullied at school (Victoria State Government 2015.).
- We have a very low level of housing diversity.
- 1 in 10 secondary school students in Nillumbik are at risk of homelessness (BNYSN 2010).
- In Nillumbik in 2016, 25.1% of the male population earned \$1750 per week or more compared to 8.1% of the female population (ABS 2016).

Source: Nillumbik Shire Council 2016 (unless otherwise stated).

*'More local employment so that people ...
can spend more time with their families'*
Community engagement participant

	<p>The Nillumbik Learner Driver Mentor Program, L2P, supports young people under 21 years of age who don't have access to a suitable vehicle or supervising driver to gain 120 supervised learner driver hours in order to get their licence.</p> <p>L2P has enjoyed great success with the support of over 84 wonderful volunteers participating in the program and giving over 13,000 drive hours of their time to help 140 young people to get their licence. The Hurstbridge, Diamond Creek and Eltham Community Bendigo Bank branches are proud supporters of the L2P program, which is funded by TAC and managed by VicRoads in conjunction with Council.</p>
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Enhance mental wellbeing

Build resilience and community participation through safe, respectful, connected and equitable communities.

6. Continue building a resilient community

- 6.1. Work with communities to develop local risk awareness, mitigation and resilience strategies
- 6.2. Seek funding for projects that increase community perception of neighbourhood safety by developing safe pedestrian routes, promoting active transport and activating neighbourhoods
- 6.3. Develop policies, strategies or plans for a more inclusive community including a Disability Action Plan and LGBTI (lesbian, gay, bisexual, trans & gender diverse and intersex) Inclusion Policy
- 6.4. Promote the Achievement Program as a tool to promote mental health and wellbeing

7. Increase social connections through community participation

- 7.1. Identify, support and promote new and existing programs and services that support residents transitioning into key life stages, including maternal and child health programs, childcare and preschool programs, middle years and youth-based programs, and retirement age programs
- 7.2. Continue to build opportunities for people to connect, learn and contribute in their community via Nillumbik's Living & Learning Centres
- 7.3. Support and promote volunteering in the community
- 7.4. Support and promote key community organisations such as healthAbility, U3A, neighbourhood houses, service groups, senior citizens groups, men's sheds, community bus, sports clubs and playgroups as important local assets for people to create and maintain social connections and be part of their local community
- 7.5. Continue to support community events that encourage social connection through services, information, programs and festivals

8. Support equitable access to economic resources

- 8.1. Continue to support access to resources for young people to find education, employment and housing
- 8.2. Support financial counselling, business mentoring and emergency food relief agencies
- 8.3. Complete the housing strategy to provide housing that meets the needs for affordable housing, downsizing and housing suitable for older people and residents with disability
- 8.4. Advocate for improved energy security for residents

Partners

- Emergency Management Victoria
- VicHealth
- Achievement Program
- VicRoads
- Women's Health in the North
- Melbourne Polytechnic

Outcomes

- Increased resilience to the impacts of climate change
- High ratings of mental wellbeing
- Increased acceptance and inclusion of diversity in the community
- Increased perception of safety
- Increased community connectedness and civic engagement
- Increased access to social support
- Increased labour market participation
- Increased affordable housing options
- Improved financial security, especially for women

Resources

- beyondblue
- Climate and Health Alliance
- Gay and Lesbian Health Victoria
- Heart Foundation: *Creating heart healthy communities*
- National Arts and Health Framework
- Nillumbik Shire Council: *Volunteering Development Strategy 2015–2020*
- Resilient Melbourne
- VicHealth: *Mental wellbeing strategy 2015–2019*
- VicHealth Local Government Action Guide: *Improving mental wellbeing*
- Victorian Equal Opportunity and Human Rights Commission
- Women’s Health in the North: Living Longer on Less project

Advance gender equality and respectful relationships

'It is great to see Nillumbik Council continuing to recognise the important role it has to play in preventing this violence' – Women's Health in the North

Why this is a priority

Communities that work towards and maintain greater equality between men and women experience better health and wellbeing with social and economic benefits for all. Being able to participate in equal and respectful relationships is an important contributing factor to mental health and wellbeing. Factors associated with gender inequality are the most consistent and preventable drivers of violence against women, including family violence.

Violence against women encompasses all forms of violence experienced by women because of their gender. This includes physical, sexual, emotional, cultural/spiritual and financial violence, and a wide range of controlling, coercive and intimidating behaviour. The evidence demonstrates that family violence and sexual assault are the most common forms of violence experienced by women. While men can also be victims of violence, experiences of violence are gendered, with women and men experiencing different types of violence in different contexts (WHIN 2017).

Family violence can also refer to elder abuse, some forms of child abuse, and adolescent violence toward parents. The profound effects of family violence are felt disproportionately by women and children (VicHealth 2017).

As a signatory to the Women's Health in the North *Building a respectful community strategy 2017–2021*, Council will undertake one or more strategies for each of the strategy's regional goals outlined below.

Key facts and figures

- In Nillumbik in 2015–2016, police were called to 390 family incidents, or more than 1 each day. Children were present in 1 out of 3 of these incidents.
- On average, 1.4 sexual offences were recorded by police in Nillumbik every week in 2015–2016.
- In Australia, 1 in 3 women have experienced physical violence and 1 in 5 women has experienced sexual violence (ABS 2013).
- The majority of people in Nillumbik support gender equality in relationships between men and women and do not endorse attitudes that are supportive of violence (VicHealth 2015). However, 3 in 10 people give low support for gender equality in relationships. Across Victoria, men are more likely to give low support (44% of men) than women (27%) (VicHealth, 2016).

Source: Nillumbik Shire Council 2016 (unless otherwise stated).

Nillumbik Shire Council's Domestic Animal Management Plan 2017–2021 recognises that pets are at risk or a barrier for many women leaving violent relationships. Council will advocate for safe respite options for pets and for emergency accommodation to cater for family pets.

Advance gender equality and respectful relationships

Reduce violence against women and children in our community.

9. Improve gender equity, safety and respectful relationships in the workplace

- 9.1. Develop a gender equity strategy and action plan
- 9.2. Implement a staff survey regarding attitudes to gender equity, and experiences of safety, gender equity and inclusion
- 9.3. Implement workplace training such as bystander training and gender equity/analysis training
- 9.4. Continue to support Council's internal gender equity working group to oversee the Building a Respectful Community work

10. Ensure our services and facilities are gender equitable, safe and inclusive

- 10.1. Use a gender analysis tool to review a service area and develop an action plan for addressing identified issues, and progressively apply the gender equity audit to more service areas
- 10.2. Use a gender equitable design tool (such as Universal Design) to audit and improve public spaces
- 10.3. Continue to participate in the Keeping Our Pets Safe project, which provides assistance with pets for people leaving violent situations

11. Raise community awareness of gender equity and respectful relationships

- 11.1. Implement a project to increase women's participation in under-represented areas (e.g. women's participation in sport, business or community leadership)
- 11.2. Hold a forum on managing the impacts of pornography on young people

12. Increase the promotion of gender equitable and non-violence messages through communications and social marketing

- 12.1. Lead or participate in social marketing campaigns to prevent violence against women and/or promote gender equity (e.g. 16 Days of Activism against Gender-based Violence)

13. Collaborate with other organisations and community groups to collectively work towards preventing violence against women

- 13.1. Engage with sectors or organisations that have not previously undertaken work to prevent violence against women
- 13.2. Strengthen/develop relationships with organisations that work with women who are vulnerable to discrimination, to support preventing violence against women projects

Partners

- Women's Health in the North
- healthAbility
- Municipal Association of Victoria

Outcomes

- Improved understanding and capacity within Council, including services and facilities, of the prevention of violence against women and gender equity
- Positive change in attitudes that are supportive of gender equality among Council staff
- Increased profile of women's participation in under-represented areas
- Increased community support for gender equality in relationships
- Increased capacity in the community to prevent violence against women

Resources for advancing gender equality and respectful relationships

- Australian Government: *National plan to reduce violence against women and their children 2010–2022*
- Australian Government: *The national GEM [Gender and Emergency Management] guidelines*
- Our Watch: *Change the story*
- Victorian Government: *Safe and strong: A Victorian gender equality strategy*
- VicHealth local government action guide: *Gender equality and respectful relationships*
- Victorian Government: *Ending family violence: Victoria's plan for change*
- Women's Health in the North: *Building a respectful community strategy 2017–2021*

Prevent harm from alcohol, other drugs and gambling

'Drug and alcohol education' – Community engagement participant

Why this is a priority

Alcohol is a leading risk factor for poor health in Australia (AIHW 2014). It plays a key role in social gatherings and hospitality but the increasing liberalisation of alcohol (more hours, outlets, places and occasions where we expect to drink) has normalised drinking as a regular part of life for most people. Alcohol consumption above recommended levels is implicated in avoidable disease, violence, injuries and deaths. Alcohol consumption is strongly associated with mental health and reduced resilience. There is evidence of increased harm from illicit and pharmaceutical drugs, and community concerns about the increasing availability and normalisation of gambling.

Key facts and figures

- Emergency Department presentations and hospital admission rates of Nillumbik residents for alcohol-related conditions including intoxication have climbed steadily over the past 10 years.
- Police attendance at alcohol-related family violence incidents in Nillumbik has increased by 58% over the past 10 years.
- In Nillumbik, adult alcohol consumption is higher than average for the state. In a given month, it is estimated that 56% of adults drink at a rate that exceeds the Australian guidelines to reduce health risks from drinking alcohol. Across Victoria, 69% of men and 50% of women are at increased lifetime risk of harm from alcohol.
- Young people are drinking alcohol early, with 75% of people aged 15–17 years reporting having drunk alcohol. It is estimated that 50% of people in this age group drink alcohol regularly.
- Young people reported that alcohol and drugs are frequently used to cope with emotional stress or other mental health issues.
- Almost a third (31%) of residents living in Nillumbik agree that getting drunk every now and then is okay, similar to the Victorian proportion of 28%.
- 19% of survey respondents were not satisfied their alcohol intake wasn't impacting their health
- Alcohol affects 6.5% of households, drugs affect 8% and gambling affects 5% of households in Nillumbik.

Source: Nillumbik Shire Council 2016.

'Advocate for stronger planning control on ... poker machine licenses, alcohol outlets and places where tobacco can be purchased'
Community engagement participant

Australian guidelines to reduce health risks from drinking alcohol

- For healthy men and women, drinking no more than two standard drinks on any day reduces your risk of harm from alcohol-related disease or injury over a lifetime.
- Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Source: National Health and Medical Research Council 2009.

Prevent harm from alcohol, other drugs and gambling

Support people and create environments to prevent harm from alcohol, other drugs and gambling.

14. Develop and implement strategic plans and policies that reduce substance- and gambling-related harm

- 14.1. Design and implement an alcohol management plan in partnership with representatives of the community to guide a comprehensive, whole-of-Council and Nillumbik-wide approach to reduce the harms from alcohol
 - Conduct social and health impact assessments of new packaged liquor, late night liquor and gaming applications.
- 14.2. Continue to promote and implement the Nillumbik Gambling Harm Minimisation Policy 2016–2021

15. Implement strategic approaches that change alcohol, drug and gambling cultures

- 15.1. Use the VicHealth Alcohol Cultures Framework to plan and deliver alcohol-related cultural change projects that target social norms, beliefs and attitudes influencing people's alcohol consumption
- 15.2. Continue to work with community sports groups to:
 - adopt the GoodSports Program and comply with Responsible Service of Alcohol requirements
 - diversify their fundraising so they are less reliant on alcohol sales
 - adopt the 'Love the Game' Responsible Gambling Charter, to minimise the risks of gambling in the club community
- 15.3. Promote the Achievement Program to encourage low-risk drinking practices within Council-managed or contracted settings (such as sports clubs) and workplaces
- 15.4. Reduce exposure to second-hand smoke and de-normalise smoking by extending smoke-free public areas at sports grounds and Council-organised or funded events

16. Build local partnerships that reduce alcohol-, drug- and gambling-related harm

- 16.1. Work in partnership with local agencies and police to provide community and parent information on alcohol, drugs and gambling
- 16.2. Support community-driven action by encouraging community members to raise their concerns and possible solutions, and by building community capacity to address local alcohol, drug and gambling-related issues

Partners

- VicHealth
- North East Primary Care Partnership Healthy Drinks Alliance
- Australian Drug Foundation
- Achievement Program
- Victoria Police

Outcomes

- Reduction of binge drinking and excessive alcohol consumption by adults and adolescents
- Reduction in smoking rate by adults and adolescents
- No increase in gambling-related harm
- No increase in harm from pharmaceutical or illicit drugs

Resources for preventing harm from alcohol, other drugs and gambling

- Alliance for Gambling Reform
- Australian Drug Foundation (e.g. Local Drug Action Teams, Good Sports)
- VicHealth: *Alcohol cultures framework*

- VicHealth local government action guides: *Preventing tobacco use, Reducing harm from alcohol*
- Victorian Alcohol Policy Coalition
- Victorian Responsible Gambling Foundation

Improve sexual and reproductive health

'Better health education' – Community engagement participant

Why this is a priority

Sexual and reproductive health is considered a priority by the Victorian Government and Women's Health in the North. Elements of sexual health include the prevalence of sexually transmitted infections (STIs), sexual assault, 'sexting' among young people, young people's exposure to pornography, gender norms and expectations, and diverse sexualities.

Key facts and figures

- The rate of chlamydia in Nillumbik has increased and is above the Victorian average.
- 38% of sexually active adolescents in Nillumbik do not protect against STIs (DEECD 2011).
- Young people are disproportionately over-represented in the Nillumbik STI statistics, with 67% of all notified cases of chlamydia being diagnosed in people under 25 years of age.

Source: Nillumbik Shire Council 2016.

'Raise community awareness a bit better'
Community engagement participant

Improve sexual and reproductive health

Improve the sexual and reproductive health outcomes for people living in Nillumbik.

17. Engage with the community to facilitate, influence and support positive sexual and reproductive health and wellbeing

17.1. Consult with diverse groups of young people across the municipality to identify youth sexual and reproductive health and wellbeing needs and priorities, and plan and implement projects that aim to improve the sexual and reproductive health status of young people in Nillumbik

17.2. Consider an arts project to improve sexual and reproductive health literacy

17.3. Provide information to pregnant women and parents of newborns on minimising the impacts of extreme heat on pregnancy, breastfeeding and mental health

18. Engage with partners to deliver projects to improve the sexual and reproductive outcomes for people living in Nillumbik

18.1. Deliver education programs to community groups that provide knowledge and practical skills to negotiate healthy relationships and optimal sexual and reproductive health

18.2. Map the local sexual and reproductive health services located in Nillumbik and neighbouring councils. Identify and promote access to confidential and free sexual and reproductive health services. Identify and address service gaps.

Partnerships

- Women's Health in the North
- Northern Centre Against Sexual Assault

Outcomes

- Improved sexual and reproductive health literacy within Council and in the community
- Partnerships are formed to deliver at least one sexual and reproductive health project
- Community sexual and reproductive health needs are met

Resources for improving sexual and reproductive health

- Gay and Lesbian Health Victoria
- Victorian Government: *Women's sexual and reproductive health key priorities 2017–2020*
- Women's Health in the North: *Strategy for going south in the north 2016–2021*

Support healthy ageing

'Opportunities to participate in community-based activities and organisations, especially older residents' – Community engagement participant

Why this is a priority

In 2002, the World Health Organization defined active ageing as 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (WHO). Ageing well is important in Nillumbik as older people comprise an increasing proportion of the population.

Older people in Nillumbik have told us they value community education on healthy ageing; appropriate transport options to replace driving; well-designed, appropriate housing for down-sizing; and being active in their community.

With the ageing of our population, the prevalence of dementia is forecast to grow at an annual rate of 7.3% (Dementia Australia, 2016).

Older people are more vulnerable to the impacts of extreme weather and suffer more severe health effects in heatwaves. While men are more likely than women to die in bushfires, women are disproportionately represented in heatwave-related deaths with housing, transport and economic issues contributing to this (Australian Women's Health Network, 2014).

Public transport reduces the need to travel by car, and improves the mobility of the vulnerable segments of the population such as disabled people, older persons, children, adolescents, and people who can't afford to buy and/or run a car. Better public transport access reduces car travel and greenhouse gas emissions, and supports public health through increased walking and physical activity.

Key facts and figures

- In Nillumbik only 50% of the population live near public transport, and we have a higher than average number of cars. Research in Nillumbik has found that one in six people think public transport is inadequate in terms of their health and wellbeing. This is of particular concern to the older population.
- Less than half of respondents reported they could access housing that would enable them to stay in their area as their needs changed over time.
- Social isolation is experienced by many of the older people living in rural areas who no longer drive.
- While there are currently an estimated 700 people in Nillumbik with Alzheimer disease, this could grow to more than 7000 by 2050.

Source: Nillumbik Shire Council 2016.

'For older people, there are not enough one-storey buildings or units around shops'
Community engagement participant

The healthy ageing ingredients

- Regular physical activity
- A healthy diet and plenty of water
- Keeping your brain active
- A positive outlook and having fun
- Having meaning and purpose in your life
- Connecting with community
- Connecting with nature
- Time with people who are important to you
- Good relationships
- Understanding your health issues and medications
- Not smoking
- Continuing to adapt to changes in your life
- Planning for your older age

Source: Victorian Department of Health and Human Services 2015, *Well for life, a healthy approach to ageing*.

Volunteering in Nillumbik

Volunteering is very rewarding and a great way to meet people and have fun.

Support healthy ageing

Optimise opportunities for health, participation, lifelong learning and diverse housing to enhance quality of life as people age.

19. Work to ensure public spaces and buildings are designed to be age friendly

- 19.1. Continue to provide for pedestrian systems to be safe and appropriate for people using mobility aids such as scooters, walkers and wheelchairs
- 19.2. Continue to comply with *Disability Discrimination Act* 1992 (Cwlth) standards of access to public buildings and facilities
- 19.3. Provide opportunities for older people to use council facilities on days of extreme heat or high fire danger
- 19.4. Consider partnering with Alzheimers Australia on a dementia-friendly communities project

20. Support access to transportation to enable older people to remain physically active, socially connected and able to access shops, health facilities and other essential services

- 20.1. Continue to provide medical transport and community bus services, supported by Council and trained volunteer drivers
 - Plan access to community transport in new housing plans and strategies for older people

21. Plan suitable housing for changing community needs

- 21.1. Provide for the needs of a growing older population in the updated Nillumbik Housing Strategy
- 21.2. Continue to provide assistance to eligible residents to access home modifications that enable them to remain in their own homes as their abilities and needs change
- 21.3. Offer opportunities for older residents to improve their homes to deal better with extreme weather

22. Ensure the effective participation of older people in social and civic activities

- 22.1. Review the Positive Ageing Strategy 2013–2018
 - Develop a plan for improved and centralised dissemination of community information
 - Develop a strategy for older people to participate in shared healthy meals, community kitchens or social lunch group programs
 - Design simple systems for older residents to follow on days of extreme heat or high fire danger
- 22.2. Work with other service providers and community organisations to provide services and support to people who are at risk of becoming socially isolated
 - Community facilities, such as community centres, Living & Learning centres, libraries and recreation centres provide a diverse range of opportunities and foster multiple uses by people of different ages and interests, and interaction between different user groups
- 22.3. Link volunteers with appropriate volunteering opportunities and ensure they receive appropriate training, support, recognition, and compensation for personal costs through Council's Volunteering Program
- 22.4. Invite older people to participate in the development of council plans, policies and community development initiatives

Partners

- Department of Health and Human Services
- North East Primary Care Partnership
- Alzheimers Australia

Outcomes

- Positive liveability ratings by older people
- Positive ratings on mobility/transportation
- Positive social and civic engagement

Resources for supporting healthy ageing

- Better Health Channel
- Heart Foundation: *Healthy active by design*
- Nillumbik Shire Council: *Volunteering development strategy 2015–2020*
- Office of the Public Advocate
- Victorian Government and Municipal Association of Victoria: *Age-friendly Victoria declaration*
- Victorian Government: Well for Life

Implementation

This Health and Wellbeing Plan responds to Nillumbik's priorities for meeting the health and wellbeing needs of the our community. Many of the actions will be delivered by a range of partners with some conditional external funding. Council will monitor funding opportunities and work with partners to deliver these priority actions.

Annual action plans will be developed to meet the objectives of the plan. The action plans will identify the areas of accountability and partnerships, reflect community priorities and the outcomes sought. Nillumbik Council's MPHWP Working Group will oversee the implementation of the plan.

Governance

Governance for this Health and Wellbeing Plan will be provided by Nillumbik Shire Council, and advised by the MPHWP Project Reference Group, made up of community representatives and key stakeholders.

Monitoring and evaluation

The Health and Wellbeing Plan will be monitored and reviewed annually in accordance with Victoria's Public Health and Wellbeing Act. An evaluation framework will guide the measurement of the collective impacts and outcomes of the plan. This will align as much as possible with the Victorian Outcomes Framework and enable us to evaluate our work as it is implemented.

Indicator data for the outcomes we are seeking is not always available to measure the impact of our work, but any data gaps will be identified during annual reviews. At the conclusion of this plan, the data collected from all actions will be reviewed and evaluated to determine how well we achieved the stated goals and objectives.

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