

Health and Wellbeing Plan

2017 - 2021



**CORANGAMITE
SHIRE**

VERSION: October 14, 2017



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Council acknowledge the assistance from many stakeholders in the development of this plan, in particular the Southwest Primary Care Partnership with the background work to develop measures and provide policy summaries.

Executive Summary

The Corangamite Shire Health and Wellbeing Plan 2017-2021 provides a strategic framework to address key health and wellbeing issues that have been identified for, and by, the community.

This Municipal Public Health and Wellbeing Plan (MPHWP) is one of three plans that are required under Victorian government legislation. The other two plans are the Council Plan and the Municipal Strategic Statement. The MPHWP aligns with both the Council Plan and the Municipal Strategic Statement through links with the social, built, natural and economic environments.

This MPHWP has been developed following a review of data that describes the health of the community. Many local service providers have been consulted during the development of the Plan, and this MPHWP aligns with their local work that is currently underway. Community members have also been invited to have a say in the development of priorities in this plan.

The MPHWP includes key priority areas, with goals, strategies and measures. There are six priority areas in the MPHWP, including:

1. Priority 1: Social and emotional wellbeing
2. Priority 2: Reducing the harmful impacts of alcohol and other drug use
3. Priority 3: Improve physical health
4. Priority 4: Reducing Family Violence
5. Priority 5: Achieving optimal education outcomes for children and young people
6. Priority 6: Quality of health facilities

Each of these priorities have several goals and strategies included to progress the work. Key population level and outcome measures have been included to monitor and report progress over time.

This MPHWP will be supported by annual action plans that will be developed across the four years of the Plan. The annual action plans will include specific actions for stakeholders to work collaboratively to implement this MPHWP. The measures included in this MPHWP are selected key measures only and additional specific measures will be included in each annual action plan. The annual action plans developed will also be subject to resource allocation by stakeholders during annual budget planning cycles.

What is the role of Council in the MPHWP?

Whilst Corangamite Shire Council is mandated to develop the MPHWP as part of its' local government responsibilities, Council's role in the implementation of the MPHWP is primarily as a planning agency which also supports service coordination within the Shire. Council is one of many service providers and provides limited infrastructure for health and community services. Council has an ongoing commitment to providing the conditions and environment that assist individuals make healthy choices.

The strategies included in this MPHWP have been based on several principles for this work:

- Recognising and reducing social disadvantage
- Recognising the dispersed communities within the Shire
- Providing opportunities to improve the health and wellbeing of all within the community
- Decision making is evidence-based
- There is a focus towards prevention
- There is an emphasis on collaboration between service providers in decision making
- Emphasis on advocacy to improve health and wellbeing services, facilities and supports

Next steps:

- Develop the first 'annual action plan' to guide implementation
- Work collaboratively with partners to implement the action plan

A snapshot of Corangamite Shire

Corangamite Shire is located in the Western District of Victoria. The Shire has a distinct north-south orientation, with the town of Skipton and the Glenelg Highway forming a northern boundary, and Port Campbell and the Victorian coastline forming the southern boundary.

Townships in the Shire include Camperdown, Cobden, Darlington, Derrinallum, Lismore, Noorat, Port Campbell, Princetown, Simpson, Skipton, Terang and Timboon. Camperdown is the largest town in Corangamite Shire and is the commercial hub, with approximately 3,000 residents and a vibrant retail centre. Corangamite is an agriculturally productive Shire and is in the largest dairying region in the Southern Hemisphere.

The Shire has an ageing population, with over 4,000 residents aged over 60 years, creating a growing demand for health and leisure services.

The strength of economic growth in recent years has seen increasing numbers of people joining the workforce, with a 3.5% unemployment rate and just over 7,000 people in the workforce. This workforce includes 34% employed in the agriculture, forestry and fishing industries. Corangamite Shire supports cohesive, resilient and self-reliant communities, with over 30% of residents volunteering for an organisation or group.

The region is a tourism destination, located on Victoria's rugged Shipwreck Coast and includes part of the internationally significant Great Ocean Road. A large proportion of tourism is based around the beauty of the natural environment, including the rugged coast and volcanic cones and lakes scattered throughout the Shire. The Shire's natural beauty extends to the northern part of the region, including volcanic landscape and lakes such as Lake Tooliorook and Lake Bookaar.

Corangamite Shire covers an area of 440,731 hectares and a population of approximately 16,000 people.

Table 1: At a glance

| | |
|--|-----------------------|
| Area | 4,407 km ² |
| Estimated Residential Population (ABS Estimated Residential Population, Census 2016) | 16,133 |
| Unemployment Rate (September 2016) | 3.5% |
| Rateable Properties | 9,586 |
| Kilometres of local sealed roads | 915 km |
| Kilometres of local unsealed roads | 1,228 km |
| Kilometres of footpaths | 104 km |
| Tonnes of kerbside waste collected annually | 4,678 |
| Public playgrounds | 20 |
| Skate parks | 6 |
| Health Services | 5 |
| Primary Schools | 11 |
| Secondary Schools | 6 |
| Specialist Schools | 1 |
| Kindergartens | 8 |
| Long Day Care Centres | 3 |

SEIFA data

Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census, and the most recent data is based on the 2011 Census. A lower SEIFA score indicates a more disadvantaged area, and a higher SEIFA score indicates less disadvantage. The Victorian SEIFA score is 1009.6 and the overall SEIFA for Corangamite Shire is 986.1.



Table 2: SEIFA trends

| | 2006 | 2011 |
|--|--------|--------|
| Corangamite – lowest index | 831.0 | 939.0 |
| Corangamite – highest index | 1092.0 | 1039.6 |
| Corangamite – overall | 990.0 | 986.1 |
| Victoria – overall | 1010.0 | 1009.6 |
| *2016 SEIFA index scores are not available at the time of writing. SEIFA scores for 2016 are expected to be released in 2018 and this table will be updated accordingly. | | |

Civic Participation

Corangamite Shire has a long history of having a strong community. This can be demonstrated by the number of volunteers in the community, which is a measure of community engagement and social connectedness. Corangamite Shire has consistently had much higher rates of volunteering when compared to Victoria (e.g. Census data shows 50% participation in Corangamite compared to 34% in Victoria).

Volunteers are seen to be leaders in building social networks and increasing social cohesion (ABS, 2002). More recent work from the ABS (2006) showed that almost two-thirds of those who first became involved in voluntary work in the last 10 years were either asked to volunteer by someone or did so because they know someone involved. This suggests that volunteering not only builds social networks, but grows out of them. The ABS study also found that people volunteer for a variety of reasons which provide benefits not only to the community, but also to the volunteers themselves. When asked to give all reasons why they volunteer, the majority (57%) said they were involved to help others or the community, but 44% were involved for personal satisfaction and 36% to do something worthwhile (this last reason being particularly important to older volunteers).

Why does Council need a MPHWP?

A Municipal Public Health and Wellbeing Plan is an essential tool in identifying, resolving and evaluating agreed upon priorities and health concerns within a local government area. A MPHWP allows for community involvement and participation and a clear record of the goals and plans of the particular area.

Under the *Public Health and Wellbeing Act 2008*, the function of a Council is to protect, improve and promote public health and wellbeing. Councils are to create an environment which supports the health of members of the local community and strengthen the capacity of the community and individuals to achieve better health.

Councils have a legislated responsibility to initiate, support and manage public health planning processes at the local government level. Under the Act, Councils are directed to develop and implement public health policies and programs within the municipality, as well as to facilitate and support local agencies whose work has an impact on public health and wellbeing. The principles of this work include evidence based decision-making, the focus towards prevention and the principle of collaboration.

The *Victorian Public Health and Wellbeing Plan 2015-2019* uses a place-based approach as a key platform to support health and wellbeing priorities. A place-based approach recognises that “people and places are inter-related and that the places where people spend their time play an important role in shaping their health and wellbeing. Local context is critical. A place-based approach focuses on local needs and local priorities, engages the community as an active partner leverages multiple networks, investments and activities to deliver the best outcomes for communities”.

How was the Corangamite MPHWP developed?

The Corangamite MPHWP was developed between June and October 2017, with input from community, service providers, state government, Council staff and Councillors. A review of relevant policy documents and current data was completed to identify the initial priorities. These priorities were informed by the Victorian Public Health and Wellbeing Plan, as well as the Victorian Public Health and Wellbeing Outcomes Framework. This initial review identified seven possible priorities for the next Corangamite MPHWP, including:

1. Early childhood development
2. Social and emotional wellbeing
3. Reducing domestic violence
4. Attainment of year 12 or equivalent
5. Healthier eating and active living (including dental health and obesity)
6. Reducing harmful alcohol and other drug use
7. Quality of health facilities

The consultation process “tested” these priorities, and asked the community and service providers to identify any other priorities. This MPHWP has consolidated the key themes from the review of policy documents and data with the findings from the consultation process.

What is the Victorian policy context?

The most important policy document that guides the work of state and local governments, health services and providers, businesses and employers, and the wider community to improve the health and wellbeing of all Victorians is the *Victorian public health and wellbeing plan 2015-2019*. The Plan outlines six key priorities:

- 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.

The *Victorian public health and wellbeing outcomes framework* provides a basis for monitoring and reporting progress in our collective efforts to achieve health and wellbeing. It is important that outcomes and targets set in Municipal Health and Wellbeing Plans (MPHWP) are aligned with the Framework.

Several Victorian Government policy initiatives have a direct link to this MPHWP. The implementation of these policies is part of the ongoing work for many key stakeholders in the Corangamite Shire. The implementation of these policies and Standards are not identified as specific strategies in this MPHWP, but are recognised as being key work for many stakeholders during the period of this MPHWP. Some of these initiatives include:

- Victorian Child Safe Standards
- Marrung, the Victorian Aboriginal Education Plan 2016-2026
- Victorian Early Childhood Reform Plan
- Victorian Gender Equality Strategy
- *Free from Violence*, Victoria's Primary Prevention Strategy to prevent family violence
- Victorian State Disability Plan 2017-2020
- *Health 2040: Advancing Health Access and Care*
- *Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-2022*
- Victoria's 10-year Mental Health Plan
- Age-friendly Victoria

How does this MPHWP align with the Victorian policy?

The key priority areas in the Corangamite MPHWP 2017-2021 align directly with the *Victorian public health and wellbeing outcomes framework*. More specifically:

Domain 1: Victorians are healthy and well

- MPHWP Priority 1: Social and emotional wellbeing
- MPHWP Priority 2: Reducing the harmful impacts of alcohol and other drug use
- MPHWP Priority 3: Healthier eating and active living (including dental health and obesity)
- MPHWP Priority 5: Achieving optimal education outcomes for children and young people

Domain 2: Victorians are safe and secure

- MPHWP Priority 4: Reducing Family Violence

Domain 3: Victorians have the capabilities to participate

- MPHWP Priority 5: Achieving optimal education outcomes for children and young people

Domain 4: Victorians are connected to culture and community

- MPHWP Priority 1: Social and emotional wellbeing

How does this MPHWP relate to other Council plans?

Municipal Strategic Statement (MSS)

Summary: The Municipal Strategic Statement (MSS) provides the vision and strategic framework plan for Council. The MSS Vision is included below:

The Corangamite Shire, in partnership with the community, and through its decisions and actions, will work for the sustainable development of the Shire based on:

- orderly development of urban areas, the strategic growth of towns and with new residential development focused on existing urban centres and towns;
- sustainable management and protection of natural resources of soil, water, flora, fauna and eco-systems;
- productive agricultural, forestry and mining activities and protection of rural resources;
- integrated coastal management and protection of natural processes, visual qualities and environmental values of the coast;
- protection and enhancement of items, places and areas of natural and cultural heritage;
- sustainable economic development which provides local employment and training opportunities;
- quality tourism development based on the environmental and cultural qualities of the Shire; and
- efficient and environmentally sensitive infrastructure and the protection of public services and facilities.

Alignment with this MPHWP: The MSS Vision provides guidance about growth in towns and new residential development, including economic development within towns. It outlines protection of natural resources which informs the Recreation and Open Space Strategy, and promotes tourism development within the Shire. It ensures the ongoing commitment to protecting and maximising public services and facilities for stakeholder and community use.

Council Plan 2017-2021

Summary: The Corangamite Shire Council Plan 2017-2021 sets the strategic direction for Council during its four-year term. The Council Plan is a strategic document which demonstrates where the Council and community will be in 2021 and how Council will achieve these outcomes. This Council Plan has a significant focus on the issues that Council believes are of importance to its communities, namely roads, financial sustainability, economic development and efficient delivery of high quality services.

The 2017-2021 Corangamite Council Plan identifies six themes, including objectives, strategies and performance measures. Two themes in the Council Plan are directly aligned with this MPHWP, namely Themes 5 and 6:

- **Theme 5: Safe & Healthy Communities:** “We are committed to working towards ensuring the safety, health and wellbeing of our communities.”
- **Theme 6: Organisational Performance:** “We value our employees, their contribution and are committed to providing a safe workplace. We will ensure our organisation delivers a high level of customer service and our employees act with integrity at all times.”

The four other Council themes are also indirectly aligned with the MPHWP. These themes include the importance of partnerships (Theme 1), the importance of advocating for roads and transport infrastructure (Theme 2), economic prosperity (Theme 3) and the importance of the built and natural environment (Theme 4).

Alignment with this MPHWP: Theme 2 supports high quality roads, which in turn supports community liveability, access and safety. Theme 5 confirms Council commitment to health and wellbeing in the community, and theme 6 confirms Council commitment to providing a safe workplace and delivering excellence in services. This is particularly relevant as Council is a direct provider of some services, including support for early years, disability and aged care.

In addition, Theme 1 supports the importance of key stakeholder relationships and partnerships, and Theme 3 supports social and emotional wellbeing through economic prosperity. Theme 4 supports liveability and relates directly to physical health and physical activity, as well as supporting community infrastructure that facilitates social connections, and waste management maintains sanitation.

Other Council Plans and Policies

Recreation and Open Space Strategy 2016-2026

Summary: Responses to resident, club and school surveys about recreation participation rates in Corangamite suggest that interest in school and community soccer is increasing and that interest in high profile sports of Australian Rules, cricket, basketball, netball, golf and lawn bowls remains relatively strong. Other activities such as skate boarding, mountain bike riding, general recreational cycling, croquet, and equestrian activities has grown and participation in casual bowls is increasing. Informal recreation activities such as walking and recreational cycling groups have grown, and participation, particularly by women in the 30-50 and men in the 40-60 years' age brackets, in structured health and fitness programs is increasing.

Alignment with this MPHWP: The Corangamite community has some health concerns - overweight/obesity, social isolation and loneliness, mental health issues. These issues align directly with priority areas for this MPHWP, including physical health, healthy eating, social and emotional wellbeing. Encouraging and supporting community recreation groups to provide a wide range of sport and recreation activities is important to keep people active and engaged. Flexibly structured activities that can fit into people's increasingly busy lifestyles, e.g. bike riding, personal training, Pilates, yoga, are increasing in popularity, and the community places a strong importance on recreational trails - they want footpaths and trail networks to be extended and more loop trails constructed.

Economic Development Strategy 2017 – 2021

Summary: The Strategy is built around five economic themes:

- Theme 1: Maintain Leadership in Economic Development
- Theme 2: Promote Population Retention and Growth
- Theme 3: Grow the Visitor Economy
- Theme 4: Expand Food and Fibre
- Theme 5: Develop Emerging Industries

Alignment with this MPHWP: Health performance and economic performance are interlinked, with wealthier countries being known to have healthier populations. In contrast, poverty is known to have a direct impact on life expectancy, primarily through infant malnourishment and mortality. Research has demonstrated a direct link between improvement in life expectancy at birth and a rise in economic

growth. Key themes from the Economic Development Strategy 2017-2021 that relate to this MPHWP are Theme 2: population growth (through population migration) and Theme 3: growing the visitor economy (through tourism). Corangamite Shire is working to position itself as a location of choice for both new residents and tourists.

Community Engagement Policy

Summary: The Corangamite Community Engagement Policy aims to ensure that Council's engagement with stakeholders and the community continues to be consistent, appropriate and to a satisfactory level. Corangamite Shire Council has developed a 'Tools for Engagement' toolkit to provide clarity regarding the various levels and requirements that surround community engagement.

Alignment with this MPHWP: Council will use the Community Engagement Policy in the implementation of the MPHWP to ensure community and stakeholder engagement is appropriate and relevant. Young people and children have been identified as key groups that will be invited to participate more in health and wellbeing planning.

[Other plans incorporated into this MPHWP](#)

Municipal Early Years Plan: The Municipal Early Years Plan guides Council in the long term planning, development and evaluation of early years programs, facilities and activities. The plan is inclusive of children 0-8 years and their families and has been incorporated into this MPHWP. Council currently provides some direct early years services including Family Day Care, Kindergarten, Maternal and Child Health and Mobile Child Care. The Municipal Early Years Plan has been incorporated into this MPHWP.

Victorian State Disability Plan: The Disability Discrimination Act 1992 makes it illegal to discriminate against a person with a disability and commitment to the implementation of the Act is reflected in Councils' Disability Discrimination Policy. This policy acts a precursor for a Community Access Plan, which details how Council will provide access to its services and facilities for people with a disability and their associates. The Community Access Plan has been incorporated into this MPHWP.

Age-friendly Victoria: Age-friendly communities encourage active ageing and optimise opportunities for good health, social, economic and community participation for Victorian seniors. The *Ageing is everyone's business* report was developed by the Commissioner for Senior Victorians to advise about issues affecting senior Victorians. This MPHWP acknowledges the role and contributions of senior Victorians and actions for this group have been incorporated into the priorities in this MPHWP.

Victorian Youth Policy: The vision and purpose of the Victorian Youth Policy emphasise meaningful engagement with young people. These priorities have been incorporated into this MPHWP, with specific actions identified to align with the Vision and Purpose in the Youth Policy.

How do we compare to four years ago?

Table 3: Selected Health Conditions

| | Corangamite | | Victoria |
|---|-------------|------------|------------|
| | Last MPHWP | This MPHWP | This MPHWP |
| Prevalence of Type 2 Diabetes ⁵ | 4.8% | 4.4% | 5.0% |
| Prevalence of Cancers ⁵ | 6.5 | 6.3 | 5.2 |
| Registered Mental Health Clients – per 1,000 ⁵ | 25.9 | 21.6 | 11.1 |

Source: summarised in Appendix 2

Table 4: Positive Changes since the last MPHWP

| | Corangamite | | Victoria |
|---|-------------|------------|------------|
| | Last MPHWP | This MPHWP | This MPHWP |
| Prevalence of Asthma ⁵ | 16.1% | 10.1% | 10.9% |
| All offences ³ | 4.3 | 4.1 | 7.9 |
| Incidents of substantiated child abuse ⁶ | 11.3 | 3.7 | 6.9 |
| Children attending maternal and child health 3 ½ years visit ⁶ | 70.1% | 89.4% | 75.0% |
| Breastfeeding - Children Fully Breastfed at 6 Months ³ | 42.0% | 48.3% | 33.9% |
| Unemployment rate (September 2016) ⁷ | 3.1% | 2.1% | 6.0% |
| Dental service sites – per 1,000 ⁵ | 0.11 | 0.20 | 0.20 |
| Percentage of obese females ⁵ | 23.9% | 14.5% | 17.2% |
| Proportion of the population with food insecurity ⁵ | 4.5% | 3.8% | 4.6% |

Source: summarised in Appendix 2

Table 5: Negative Changes since the last MPHWP

| | Corangamite | | Victoria |
|---|-------------|------------|------------|
| | Last MPHWP | This MPHWP | This MPHWP |
| Prevalence of Heart Disease – per 1,000 ⁵ | 6.6 | 9.5 | 6.9 |
| Prevalence of Chlamydia ⁵ | 1.8 | 2.6 | 3.5 |
| Drug and Alcohol Clients – per 1,000 ⁵ | 3.9 | 4.3 | 5.8 |
| Self- Reported Health – excellent or very good ¹ | 59.1% | 43.0% | 46.6% |
| Children Fully Immunised at 12 > 15 months ⁶ | 96.1% | 89.6% | 91.7% |
| Perceptions of safety walking alone at night ² | 89.3% | 69.1% | 55.1% |
| Community acceptance of diverse cultures ² | 43.6% | 41.7% | 50.6% |
| Family Violence incidents – per 1,000 ⁶ | 7.5 | 9.9 | 11.9 |
| HACC clients aged 70 and over - per 1,000 target population ⁵ | 314.5 | 653.4 | 407.9 |
| Proportion of people at risk of short term harm from alcohol consumption ² | 16.4% | 32.0% | 29.4% |
| People who do not meet physical activity guidelines ⁴ | 20.5% | 53.8% | 50.4% |
| Percentage of obese males ⁵ | 19.4% | 26.9% | 17.4% |
| Adults who do not meet vegetable guidelines (5 serves daily) ⁴ | 85.9% | 88.7% | 92.6% |
| Daily soft drink consumption ⁵ | 13.9% | 22.6% | 15.9% |

Source: summarised in Appendix 2

Selected data from the consultation process

Dental:

- Between 2014 and 2016, children in Corangamite had higher rates of decayed, missing or filled teeth (compared to the Victorian average).
- Corangamite adults are less likely to rate their dental health as excellent or very good compared to Victoria and slightly more likely to rate it as good or fair.
- Corangamite adults are less likely to have seen a dental professional recently (defined as within the last 2 years).

Alcohol and other drugs:

- Adults in Corangamite are more likely than the State average to have an increased lifetime risk of alcohol-related harm
- Males in Corangamite are more likely than the State average to be at very high risk of short-term harm each month

Table 6: Alcohol Indicators

| Rate per 10,000 population | Corangamite Shire | Great South Coast Average | Victoria |
|---|-------------------|---------------------------|----------|
| Hospital admissions | 58.8 | 49.1 | 55.0 |
| Ambulance attendances | 18.8 | 27.1 | 37.0 |
| Alcohol treatment episodes of care* | 38.3 | 53.6 | 28.8 |
| Death (alcohol-related as primary diagnosis) | 4.4 | 5.8 | 1.7 |
| Serious road injury | 6.3 | 6.5 | 3.2 |
| Assaults during medium alcohol hours [^] | 103.2 | 72.7 | 12.1 |
| Definite Family Violence incidents | 11.3 | 15.3 | 10.7 |

Source: Turning Point

*an episode of care is defined as a completed course of treatment undertaken by a client under the care of an Alcohol and Drug worker.

[^] Sunday through Thursday, between 8 pm and 6 am.

What does the data tell us?

Improvements since the last MPHWP

- Decrease in the prevalence of asthma
- Increase in percentage of children attending maternal and child health 3 ½ years visit
- Decrease in the unemployment rate
- Decrease in incident rate of substantiated child abuse
- Decrease in percentage of obese females

Challenges

- Increased percentage of people who are not meeting physical activity guidelines
- Increased percentage of obese males
- Increased rate of chlamydia
- Increased rate of heart disease
- Increased rate of drug and alcohol clients
- Decreased rate of children who are fully immunised between 12 and 15 months
- Decrease in the community acceptance of diverse cultures
- Decrease in the percentage of adults who report their health as excellent or very good
- Increase in Family Violence incidents
- Increase in proportion of people at risk of short term harm from alcohol consumption
- Increased number of people not meeting vegetable consumption guidelines
- Increased percentage of people who exceed recommended daily soft drink consumption

What are the issues arising from the consultations?

Aboriginal Health

All health services are required to “improve the health of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights”. This is formalised in their Agreement with the Victorian Department of Health and Human Services (Statement of Priorities). Schools also have a similar requirement which is formalised through their Agreement with the Victorian Department of Education and Training. Kindergartens and Maternal and Child Health services are required to report to State Government on measures to increase accessibility for Aboriginal and Torres Strait Islander people.

The consultation process found many stakeholders reporting that there are increasing numbers of Indigenous people moving into the Shire, particularly younger families moving in to the southern part of the Shire around Timboon and Terang. This is supported by the data, which shows increasing numbers of Indigenous children enrolling at schools and in kindergartens. The median age for Aboriginal people is 22 years, compared to 46 years for non-Aboriginal people in the Shire. There was a strong theme that service providers wanted to be more culturally inclusive, and identified this as a key priority in their work.

Community attitudes about suicide

In 2017, Lifeline and Deakin University completed a research report about community attitudes to suicide in the Great South Coast region. The results of this study found that community attitudes towards suicide vary significantly according to age, gender, education and region.

“During the focus group discussions, further exploration into how suicide stigma is displayed and experienced within the community revealed that, although the reported attitudes were positive, a lack of understanding was still present in regards to suicide. These focus groups uncovered the differences in the way people are viewed for having a mental illness, in comparison to a physical condition. This demonstrates the importance of personal experience and empathy when discussing the impact of stigma on families and individuals. Without personal experience to help inform them, it may be difficult for members of the community to understand the complex reasons behind suicide.”

Sexual health

The data in Table 3 above indicates that the rates for chlamydia have increased in the Corangamite Shire since the last MPHWP 2013-2017. The chlamydia rate in 2010 per 1,000 was 1.8 and this increased to 2.6 per 1,000 in 2013. The Great South Coast region was identified as having very high rates compared to Victoria. Chlamydia affects both men and women, and is the most frequently reported notifiable infection in Australia. Young people are disproportionately affected; with more than 80% of notifications occurring in people under 29 years of age. Very high notification rates include females aged 15-19 years, the Aboriginal and Torres Strait Islander population and people residing in regional and remote areas.

Health and wellbeing for vulnerable groups

In 2016, a Mental Health Assistance Package was introduced across the Great South Coast shires to support dairy farmers to respond to the global fall in milk prices. This initiative recognised the significant impact on farmers experiencing emotional and financial stress. There are also other groups such as vulnerable families and isolated or older residents that can be impacted by financial stress.

Many stakeholders identified a need to support the LGBTIQ community by encouraging inclusion and equality, and by creating safe spaces that are welcoming. This support includes delivering services that are appropriate as well as providing opportunities specifically for young people.

What do our service providers and communities say?

Summary from the Community Consultation

- Survey open from 18 July to 15 September, 2017
- Number of responses = 100

Table 7: How would you rank the suggested priorities?

| | Total Number | Ranked #1 Number | Ranked #1 % |
|--|--------------|------------------|-------------|
| Reducing domestic violence | 86 | 38 | 44.2% |
| Social and emotional wellbeing | 90 | 38 | 42.2% |
| Quality of health facilities | 91 | 37 | 40.7% |
| Early childhood development | 86 | 34 | 39.5% |
| Reducing harmful alcohol and other drug use | 88 | 34 | 38.6% |
| Healthier eating and active living (including dental health and obesity) | 88 | 30 | 34.1% |
| Attainment of year 12 or equivalent | 85 | 10 | 11.8% |

What does health and wellbeing mean to you?

- Physical health and wellbeing, being independent
- Includes both physical and mental health
- Includes both social and emotional wellbeing
- Has good community and health facilities (including access to information)

What other issues did the community identify?

- Youth services, including specific health services for young people
 - Supporting schools to provide sexual health programs
 - More youth programs on wellbeing and youth mental health
- Health service initiatives
 - Sexual and reproductive health
 - Social connections for men
 - Support for health facilities
- Community based health and wellbeing initiatives
 - Access to community based activities and services
 - Support for older persons
 - Providing opportunities for people to engage in a variety of activities that can improve their health
- Information to the community
 - Making information on different health topics easy to access
 - Flying of the Aboriginal flag outside shire offices and war memorial sites to encourage equality of culture

What health and wellbeing activities would you like to see more of in your local community?

- Recreation, parks and gardens, community infrastructure (e.g. year-round swimming pool, walking paths, bike tracks)
- Community based activities (positive ageing, good information, range of activities)
- Social and emotional wellbeing for young people
- Health services to be strongly engaged with community activities

Issues identified through this community consultation process are included in the priorities in this MPHWP.

Summary from the Consultation with Service Providers

1. Early Childhood Development

What is working well?

- Good support for Beyond the Bell and Colac Otway - Corangamite Child and Family Services Alliance networks, both highly regarded
- Specialist parenting education being delivered from Terang (Tweddle Child and Family Health Service)
- Collaborative early literacy promotion in early childhood services

Opportunities for service development

- Service coordination and service planning e.g. with Colac Otway - Corangamite Child and Family Services Alliance and Beyond the Bell
- Culturally appropriate services for Indigenous families
- Lack of services providing outreach from regional centres

2 Social and Emotional Wellbeing

What is working well?

- Heart of Corangamite (working groups and implementation of agreed actions)
- Corangamite Health Collaborative as a leadership role
- Range of stakeholders delivering local community groups and activities
- Strong volunteer participation rates
- Health Services developing partnerships with Indigenous Health Services

Opportunities for service development

- Developing and defining measures for social and emotional wellbeing
- Leadership to support vulnerable groups
- Culturally appropriate services and partnerships for Indigenous families
- Lack of services providing outreach from regional centres
- Support for mental wellness model (suicide risk can be hidden)
- Advocacy for transport

3. Reducing domestic violence

What is working well?

- Influence of both the Royal Commission into Family Violence and Rosie Batty
- Awareness of Family Violence and Gender Equity work
- Stakeholders consistently using Family Violence language (and not Domestic Violence)

Opportunities for service development

- Implementing recommendations from the Royal Commission into Family Violence
- Low referral rates to Colac Otway - Corangamite Child and Family Services Alliance creates the opportunity to improve service coordination
- Connecting with outreach services to improve access to Family Violence response services
- Encouraging/facilitating opportunities to deliver relevant prevention and response training

4. Attainment of year 12 or equivalent

What is working well?

- Good support for Beyond the Bell network which is highly valued
- Beyond the Bell as the key engagement platform for many stakeholders

- Focus on sense of belonging and social inclusion for young people through schools and Brophy youth services

Opportunities for service development

- Attainment of year 12 is one measure only, and can “reframe” this priority to be broader e.g. “optimising educational outcomes”
- Gap with Indigenous families and known that this group has lower educational attainment
- Key issue with lack of options and support for early school leavers
- Lack of services providing outreach from regional centres
- Advocacy for transport

5. Healthier eating and active living (including dental health and obesity)

What is working well?

- Broad range of healthy eating and active living activities taking place
- Clearly defined measures and activities through the Integrated Health Promotion Plan
- Childhood obesity project (Deakin University) has good engagement with some communities

Opportunities for service development

- Encourage a range of healthy eating and active living initiatives e.g. promote water (sales and use) in council events, encourage participation in both active recreation and formal sports activities
- Sexual and reproductive health data indicates high rates of chlamydia
- Explore options for fluoridation of water
- Sustainability of the “age friendly communities’ project”

6. Reducing harmful alcohol and other drug use

What is working well?

- Broad consensus amongst service providers about the need for community education programs

Opportunities for service development

- Lack of services providing outreach from regional centres
- Increase community education and awareness programs about impacts of alcohol
- Ensure compliance with Council bylaws about alcohol and tobacco use

7. Quality of health facilities

What is working well?

- Several key networks established and are working well e.g. Corangamite Health Collaborative, Heart of Corangamite, Beyond the Bell, Colac Otway - Corangamite Child and Family Services Alliance, Supporting Corangamite Youth
- Heart of Corangamite leading and coordinating Health Promotion working groups and implementing the Integrated Health Promotion Plan

Opportunities for service development

- Changing boundaries for some services will require advocacy to ensure service outreach is delivered
- Lack of services providing outreach from regional centres
- Advocacy for transport
- Culturally appropriate services and partnerships for Indigenous families

What are our priorities?

Priority 1: Social and emotional wellbeing

Aligns with specific *Victorian Outcomes Framework* indicators:

- Increase mental wellbeing
- Increasing connection to culture and communities
- Increasing access to social support

Why is this important in the MPHWP?

- Socially and economically vulnerable people in the community are particularly at risk during periods of heatwave or other emergency events.
- Community networks and participation in civic activities can have a positive influence on health. Social isolation is a key determinant of health.
- Young people's engagement with creative activities can lead to better academic outcomes, improved levels of self-esteem and a reduction in alcohol and drug consumption.
- Suicide is a significant public health concern, and suicide rates are consistently higher for males, particularly in rural areas.
- This MPHWP has a focus towards social and emotional wellbeing, rather than mental illness. Mental health and wellbeing has a focus towards prevention and encouraging community connections and social inclusion as prevention strategies. It is acknowledged that people with significant or serious mental illness require specific support which is not within the scope of the MPHWP.

Primary Partners: Corangamite Health Collaborative, Heart of Corangamite, Beyond the Bell, Southwest Primary Care Partnership, Schools, Health Services, Brophy, Colac Otway - Corangamite Child and Family Services Alliance, Lifeline, Headspace

| Goal | Strategies | Evaluation Measures |
|--|--|---|
| Improve social and emotional wellbeing | 1.1 Deliver a range of community-based activities and events to support mental health and wellbeing that are coordinated through the Integrated Health Promotion Plan 1.2 Promote volunteering to encourage inclusive communities 1.3 Increase social engagement opportunities for vulnerable groups 1.4 Enhance consultations with children and young people | Population Measures at the LGA level: 1 Proportion of adults who report high or very high psychological distress 2 Decrease in the suicide rate 3 Proportion of adults who belong to an organised group 4 Average overall life satisfaction of adults 5 Proportion of adults who thought that multiculturalism definitely made life in their area better |



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| Improve health literacy about social and emotional wellbeing | 1.5 Disseminate information to improve health literacy about community engagement and social connectedness 1.6 Advocate for education programs that increase community awareness of social and emotional wellbeing | Outcome measures: 1 Increase the number of services available locally for youth mental health 2 Increase the number of suicide prevention education and awareness programs 3 Increase availability of outreach homelessness services 4 Increase availability of outreach gambling support services 5 Consultations completed with community, specifically including children and young people |
| Improve access to a range of community and specialist services | 1.7 Advocate for increased youth mental health, homelessness, gambling and suicide prevention services delivered within the Shire | |

Priority 2: Reducing the harmful impacts of alcohol and other drug use

Aligns with specific *Victorian Outcomes Framework* indicators:

- Reduce smoking
- Reduce the harmful impacts of alcohol and drug use

Why is this important in the MPHWP?

- Misuse of alcohol is a leading cause of preventable illness and injury, assault and death. It is also a key contributing factor to Family Violence. Harmful patterns of drinking occur across all age groups, whether binge or chronic drinking.

Primary Partners: Western Region Alcohol and Drug Centre, Corangamite Health Collaborative, Health Services, Wannon Water, Victoria Police Western Region Division 4, Great South Coast Regional Justice Reference Group

| Goal | Strategies | Evaluation Measures |
|---|--|--|
| Reduce the harmful impacts of alcohol and other drug use | 2.1 Support the Great South Coast ICE Consortium to implement the ICE Strategy 2.2 Investigate opportunities to establish partnerships and develop initiatives that reduce the harmful impacts of alcohol use | Key Population Measures at the LGA level: 1 Proportion of adults who consume alcohol at lifetime risk of harm 2 Proportion of adults who consume alcohol at risk of alcohol-related injury on a single occasion at least monthly 3 Rates of alcohol related ambulance attendances 4 Rate of illicit drug related ambulance attendances Outcome measures: 1 Measure the number of AOD outreach programs that include community education programs 2 Increase the number of AOD outreach services that are delivered within the Shire |
| Improve access to a range of community and specialist services | 2.3 Advocate for an increase in alcohol and other drug services delivered within the Shire by working with the regional alcohol and other drug service provider for prevention and early intervention initiatives and to extend these programs to Corangamite Shire. | |
| Improve health literacy about the harmful impacts of alcohol and other drug use | 2.4 Disseminate information to improve health literacy about the harmful impacts of alcohol and other drug use | |
| | 2.5 Advocate for education programs that increase community awareness of the harmful impacts of alcohol | |
| | 2.6 Provide leadership in many environments to reduce alcohol and tobacco use | |

Priority 3: Improving physical health

Aligns with specific *Victorian Outcomes Framework* indicators:

- Reduce preventable chronic diseases
- Increase oral health
- Increase healthy start in life
- Increase healthy eating and active living
- Reduce overweight and obesity

Why is this important in the MPHWP?

- Poor eating habits increase the risk of cardiovascular disease, stroke, some cancers and diabetes, all of which are leading causes of premature death in Corangamite Shire. The over-consumption of soft drink can lead to increased weight gain and poor diet can also affect the behaviour of young children. Physical inactivity is a significant risk factor for poor health. Overweight and obesity are closely linked to low levels of physical activity and breastfeeding is a protective factor against a number of diseases.
- Good oral health is important for general health and wellbeing. Poor oral health, or the presence of oral diseases, is associated with major chronic disease, can cause pain and discomfort, making eating difficult. This in turn can cause dental infection and has been associated with low self-esteem and reduced quality of life.

Primary Partners: Corangamite Health Collaborative, Heart of Corangamite, South West Sport, Health Services, Deakin University (Global Obesity Project), Southwest Primary Care Partnership, Women's Health and Wellbeing Barwon South West

| Goal | Strategies | Evaluation Measures |
|--|--|---|
| Promote healthier eating and active living (including dental health and obesity) | 3.1 Deliver a range of community-based activities to support healthier eating and active living that are reported through the Integrated Health Promotion Plan 3.2 Provide leadership in many environments to promote healthy eating and active living priorities 3.3 Support the continued implementation of the Corangamite Recreation and Open Space Strategy 2016-2026 3.4 Support sustainability of the Corangamite 'age friendly communities' project' 3.5 Advocate for an increase in dental services delivered within the Shire 3.6 Advocate to promote healthy eating and active living priorities for vulnerable groups | Key Population Measures at the LGA level: 1 Prevalence rate of Type 2 diabetes in adults 2 Rate of hospital separations for dental caries 0-8 years* 3 Proportion of infants exclusively fed breastmilk to 6 months of age* 4 Proportion of adults who self-rate their health as very good or excellent 5 Proportion of adults who consume sufficient fruit and vegetables 6 Proportion of adults who are obese (self-report) 7 Rates of chlamydia |



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| | <p>3.7 Implement Council Emergency Management and Heatwave Plans as required</p> <p>3.8 Advocate for implementation of fluoridation</p> | <p>Outcome measures for this priority:</p> <p>1 Outcomes are measured through the regional Integrated Health Promotion Plan</p> |
| Increase a healthy start in life | 3.9 Deliver a range of community-based early years services, including maternal and child health, maternity services, specialist early years services, immunisation services | |
| Improve sexual and reproductive health | 3.10 Explore a range of sexual and reproductive health initiatives to reduce chlamydia rates | |
| Improve health literacy about healthy eating and active living | 3.11 Disseminate information to improve health literacy about healthy eating and active living | |

Priority 4: Reducing Family Violence

Aligns with specific *Victorian Outcomes Framework* indicators:

- Reduce prevalence and impact of abuse and neglect of children
- Reduce prevalence and impact of family violence

Why is this important in the MPHWP?

- Intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15-44 years. Violence has wide-ranging effects on women's health and increases their risk of anxiety and depression.
- Women with disabilities, or who live in rural and remote areas or are from aboriginal, migrant or refugee backgrounds are at much greater risk.
- The social and emotional development of children exposed to family violence is significantly impacted.

Primary Partners: Women's Health and Wellbeing Barwon South West, Corangamite Health Collaborative, Emma House, Victoria Police Western Region Division 4, Colac Otway - Corangamite Child and Family Services Alliance, Brophy

| Goal | Strategies | Evaluation Measures |
|--|--|---|
| Reduce violence against women and children | <p>4.1 Support the development and implementation of the next regional Prevention of Violence against Women Plan (follows from the <i>Great South Coast Strategy to Prevent Violence against Women and Children 2013-2017</i>)</p> <p>4.2 Promote awareness of Gender Equity and the causes of Family Violence in many environments</p> <p>4.3 Information to support community awareness of Family Violence and Gender Equity is disseminated from a range of sources and service providers</p> | <p>Key Population Measures at the LGA level:</p> <ol style="list-style-type: none"> 1 Rate of children who were the subject of child abuse and neglect substantiation 2 Rate of family violence incidents as reported by police <p>Outcome measures:</p> <ol style="list-style-type: none"> 1 Second regional PVAW plan is developed and includes Corangamite stakeholders 2 Training is provided to stakeholders and community to increase awareness of Gender Equity and the causes of Family Violence, as agreed in the regional PVAW plan 3 Outcomes are measured through the regional PVAW plan |
| Improve access to a range of community and specialist services | <p>4.4 Advocate for an increase in Family Violence response services that are delivered within the Shire</p> | |

Priority 5: Achieving optimal education outcomes for children and young people

Aligns with specific *Victorian Outcomes Framework* indicators:

- Increase education attainment
- Decrease developmental vulnerability

Why is this important in the MPHWP?

- Supporting children and families in the early years greatly increases children's chances of finding successful pathways that lead to good health and educational outcomes.
- Participation in quality early child education programs contributes to optimal child development, cognitive development and early school success.
- Childhood trauma, abuse and neglect is one of the most significant factors impacting on child health, wellbeing and development.

Primary Partners: Beyond the Bell, Corangamite Health Collaborative, Schools, Brophy, Colac Otway - Corangamite Child and Family Services Alliance, Supporting Corangamite Youth Network

| Goal | Strategies | Evaluation Measures |
|--|---|---|
| Improve educational attainment for children and young people | 5.1 Support the development and implementation of the next regional Beyond the Bell Action Plan (follows from the <i>Great South Coast Regional Action Plan 2015-2017</i>) | Population Measures at the LGA level: <ol style="list-style-type: none"> 1 Proportion of young people aged of 17-24 years who are engaged in full-time education and/or work 2 People aged 20-24 years not employed or enrolled in education 3 Proportion of children at school entry who are developmentally vulnerable on one or more domains of the Australian Early Development Census Outcome measures: <ol style="list-style-type: none"> 1 Measures are identified and are used at a regional level to assess long term impact 2 Early years, youth and education networks continue to ensure service coordination and planning, including the sharing of data 3 Increase access to alternative educational programs |
| | 5.2 Early years, youth and educational networks are facilitated to ensure service coordination and service planning, including sharing of data | |
| | 5.3 Advocate for public transport options to access educational opportunities | |
| | 5.4 A range of alternative educational programs for early school leavers is accessible | |
| | 5.5 A range of alternative educational programs for children and young people with disabilities is accessible | |
| | 5.6 Culturally appropriate educational services for Indigenous families is available and accessible | |
| | 5.7 A range of early childhood education and care that meets or exceeds National Quality Standards is available and accessible | |



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| | | 4 Increased number of educational opportunities that are culturally appropriate for Indigenous families |
|--|--|---|

Priority 6: Quality of health facilities

Why is this important in the MPHWP?

- Health and support services need to be accessible, high quality, confidential and reliable. Accessible and affordable health services are vital for the continuing health, growth and prosperity of communities.
- Older people want to be able to remain in their own homes as they age, whilst young people have specific health and support issues.
- Stakeholder networks can improve service coordination and planning, and require commitment from many stakeholders. Corangamite Shire has many established networks where stakeholders work collaboratively to achieve shared outcomes.

Primary Partners: Corangamite Health Collaborative, Heart of Corangamite, Health Services, Colac Otway - Corangamite Child and Family Services Alliance, Supporting Corangamite Youth Network, Brophy, Western Region Alcohol and Drug Centre, Headspace, Lifeline, Wannon Water

| Goal | Strategies | Evaluation Measures |
|--|---|--|
| Improve access to a range of community, specialist and educational services | 6.1 Advocate for public transport options to access health and educational opportunities | Outcome measures: 1 Key stakeholder networks continue to work towards improving service coordination and service development 2 Number of proposals developed that include upgrades to physical facilities in health services 3 Number of proposals developed that include upgrades to infrastructure in natural environments to encourage active recreation |
| | 6.2 Advocate for public access to bus services established to support students accessing the new Trade Centres | |
| | 6.3 Support key stakeholder networks to improve service coordination and service planning, including identifying and addressing skills gaps | |
| Improve physical facilities to support health and wellbeing within the Shire | 6.4 Continue to advocate for upgrades to health facilities including the Camperdown Hospital upgrade | |
| | 6.5 Continue to advocate to improve health facilities to provide additional services to the community | |
| | 6.6 Support the continued implementation of the Corangamite Recreation and Open Space Strategy 2016-2026 (see 3.5 above) | |
| | 6.7 Promote community awareness about the quality of drinking water in rainwater tanks | |

How do we evaluate this MPHWP?

Selecting the evaluation measures

The Southwest Primary Care Partnership has undertaken the primary work to identify specific population level measures that could be used for each of the first five priorities (excludes Priority 6: Quality of Health facilities). The criteria for identifying these specific measures is that they could be mapped against the Victorian Health and Wellbeing Outcome Framework, and that there was a corresponding detailed measure that was available in the public domain that could be disaggregated to the local government level. It was considered key criteria that the measures could be sensitive to local action.

Outcomes measures are included to assess the progress of collaborative strategies that are not measured by changes in population health e.g. an outcome measure may be the number of collaborative proposals that are developed and submitted to gain funding for additional outreach services to be provided to the Corangamite community.

Results-Based Accountability

Quantitative measures can provide baseline data and measure change in outcomes over time. In addition, qualitative data can provide “stories” and “case studies” and can give insight about a specific issue or experience from the perspective of an individual, group or a ‘community’. The MPHWP contains actions which include a range of both quantitative and qualitative measures.

The aim of the evaluation framework is to identify impacts of programs over both the short term and the long term and to use this information to further improve services and programs. The Results Based Accountability (“RBA”) model was selected as the evaluation method as it has been specifically developed by Community Indicators Victoria (CIV) to support evaluations within the local government context. The RBA model includes population health measures (generally quantitative) as well as program evaluation measures (often qualitative).

Reporting against the evaluation measures will be identified as part of the annual action plans. This evaluation approach will allow regular reporting as required, and as new population data becomes available.

Focus on health literacy

Several goals and strategies in this MPHWP are based on improving the health literacy of individuals in the community. This approach is relevant for social and emotional wellbeing, physical wellbeing and understanding the harmful impacts of alcohol and other drugs. It is also relevant to understanding Gender Equity and the impacts of Family Violence. One of the outcome measures to achieve this is the development and implementation of a collaborative community education program. The intent of this approach is to deliver this program collaboratively and widely, and to include many stakeholders as well as broad range of local and community networks such as neighbourhood houses and libraries to disseminate this information.

Relationship to annual action plans

As part of the legislative requirements for Councils to develop a MPHWP, Councils are also required to develop an annual action plan which is focused on implementing the strategic priorities identified in this MPHWP.

Appendix 1: List of Potential Partners

| | Stakeholders | Role |
|-----|--|--|
| 1. | Camperdown & Lismore Community Health | Health service |
| 2. | Beaufort & Skipton Health Service | Health service |
| 3. | Terang and Mortlake Health Service | Health service |
| 4. | Timboon and District Healthcare Service | Health service |
| 5. | Cobden & District Health Service | Health service |
| 6. | Women's Health & Wellbeing Barwon South West | Specialist health service |
| 7. | South West Centre Against Sexual Assault | Specialist health service |
| 8. | SWH Regional Dental Service | Specialist health service |
| 9. | Western Region Alcohol and Drug Centre | Specialist health service |
| 10. | Southwest Primary Care Partnership | Cross-sector alliance |
| 11. | Corangamite Health Collaborative | Network for health service providers and Council |
| 12. | Heart of Corangamite | Network to implement health promotion priorities |
| 13. | Beyond the Bell | Network to implement education priorities |
| 14. | Colac Otway - Corangamite Child First Alliance | Network to support early years and vulnerable families |
| 15. | Great South Coast Regional Justice Reference Group | Network that supports AOD priorities |
| 16. | Camperdown College | School |
| 17. | Mercy Regional College | School |
| 18. | School Nursing Service | School |
| 19. | South West TAFE | Education provider |
| 20. | Brophy Family and Youth Services | Children, young people, families |
| 21. | Lifeline | Mental health and wellbeing |
| 22. | Headspace | Youth services and mental health |
| 23. | Vic Police Western Region Division 4 | Crime and safety |
| 24. | Emma House | Family Violence response service |
| 25. | Cooinda | Disability |
| 26. | Mpower | Disability |
| 27. | South West Sport | Sports |
| 28. | Deakin University | Global Health project supports health promotion priorities |
| 29. | Wannon Water | Water infrastructure |
| 30. | Volunteering Warrnambool | Volunteers |
| 31. | Victorian Department of Health and Human Services | State government |
| 32. | Victorian Department of Education | State government |
| 33. | Victorian Department of Justice and Regulation | State government |
| 34. | Western Victoria Primary Health Network | Cross-sector alliance |
| 35. | South West Local Learning and Employment Network | Network to support young people |

Appendix 2: List of Data Sources

1. Community Indicators Victoria website
2. VicHealth Indicators
3. Crime Statistics Agency
4. Victorian Population Health Survey
5. LGA Community Profiles
6. Victorian Child and Adolescent Monitoring System
7. Department of Employment, Small Area Labour Markets, September 2016



Appendix 3: Glossary of Terms

| | |
|---------|--|
| AOD | Alcohol and other Drugs |
| ATSI | Aboriginal and Torres Strait Islander |
| BASHS | Beaufort & Skipton Health Service |
| BtB | Beyond the Bell |
| CALD | Culturally and Linguistically Diverse |
| CFA | Country Fire Authority |
| CHC | Corangamite Health Collaborative |
| DV | Domestic Violence |
| FV | Family Violence |
| GSC | Great South Coast |
| GE | Gender Equity |
| GP | General Practitioner |
| HoC | Heart of Corangamite |
| HP | Health Promotion |
| IHPP | Integrated Health Promotion Plan |
| LGBTIQ | Lesbian, Gay, Bisexual, Transgendered, Intersex, Queer |
| MH | Mental Health |
| MHFA | Mental Health First Aid |
| MPHWP | Municipal Public Health and Wellbeing Plan |
| PHN | Primary Health Network |
| PVAW | Prevention of Violence Against Women |
| RC | Royal Commission into Family Violence (2016) |
| SFYS | School Focused Youth Service |
| SRH | Sexual and Reproductive Health |
| SWH | South West Healthcare |
| SWPCP | Southwest Primary Care Partnership |
| TMHS | Terang & Mortlake Health Service |
| VET | Vocational Education and Training |
| VHWP | Victorian Health and Wellbeing Plan |
| WHW BSW | Women's Health and Wellbeing Barwon South West |
| WRAD | Western Region Alcohol and Drug Centre |
| YMHFA | Youth Mental Health First Aid |