

# Nillumbik Health and Wellbeing Plan 2017– 2021

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A requirement of the *Victorian Public Health and Wellbeing Act 2008*

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.

## Foreword

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## Introduction

The Nillumbik Health and Wellbeing Plan 2017-2021 presents a strategic response to the requirements of the Victorian *Public Health and Wellbeing Act 2008* (the Act). 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*) and to report on measures proposed to reduce family violence.

This 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 Plan is 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:

- 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 the social determinants of health 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, all 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 2008* 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

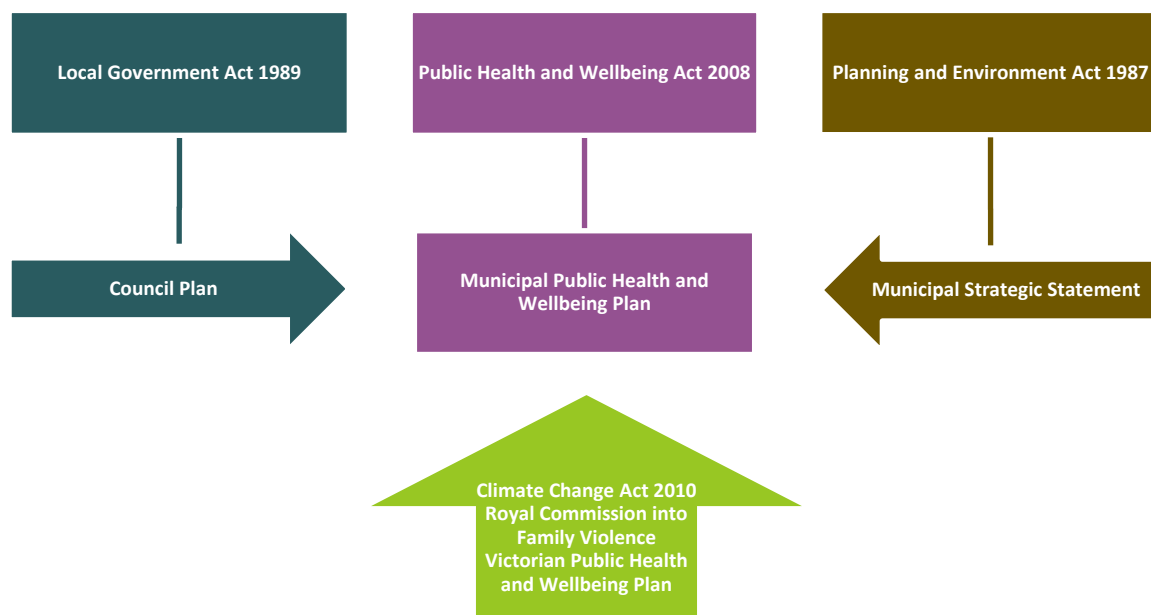
Under the Victorian *Public Health and Wellbeing Act 2008*, Council has a statutory obligation to prepare a municipal public health and wellbeing plan (MPHWP) within the period of 12 months after each general election of the Council. A MPHWP must:

- ✓ 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 public health and wellbeing plan
- ✓ Specify how the Council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan
- ✓ Be consistent with the Council Plan and the Municipal Strategic Statement.
- ✓ Have regard for the State Public Health and Wellbeing Plan.

In addition to the *Public Health and Wellbeing Act 2008*, Council must provide for these requirements:

- ✓ The Victorian *Climate Change Act 2010* which requires Council to consider climate change during the preparation of an MPHWP.
- ✓ 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 MPHWP.

Figure 1. Statutory alignment of the MPHWP



This Plan is consistent with the Council Plan 2017 – 2021 and Municipal Strategic Statement which have these strategic objectives:

**Council Plan 2017 - 2021**

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 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, demonstrated in the matrix below:

**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	✓	✓	✓	✓	✓	✓

### Victorian Achievement Program

The Achievement Program is based on the World Health Organization's health promoting schools and healthy workplaces models, and 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 through supportive leadership, participation and shared decision-making; environments where healthy choices are available and promoted and less healthy choices limited; and opportunities are provided to increase knowledge and skills for healthier living.



## Public health principles

The following principles which guide Council's functions and responsibilities in regard to public health and wellbeing are provided by the *Public Health and Wellbeing Act 2008* (s5-10).

### 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.

## The prevention system

Chronic diseases are the leading cause of death and disability in Australia. They cause eight out of ten premature deaths (that, 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.

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* 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 2008* 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 MPHWP every four years that specifically addresses the social determinants of health.

The 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, nongovernment agencies who are able to influence an issue, provide funding for a project, or attract a needed service.

**Council's approach to delivering the 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 the collective impact of 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 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 is a signatory or supporter of the following declarations and charters:

 <p>Victorian Equal Opportunity &amp; Human Rights Commission</p>	<p>Victoria's Charter of Human Rights and Responsibilities requires Council to act consistently with the human rights 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 an 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 develop 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><b>ALLIANCE FOR GAMBLING REFORM</b></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:

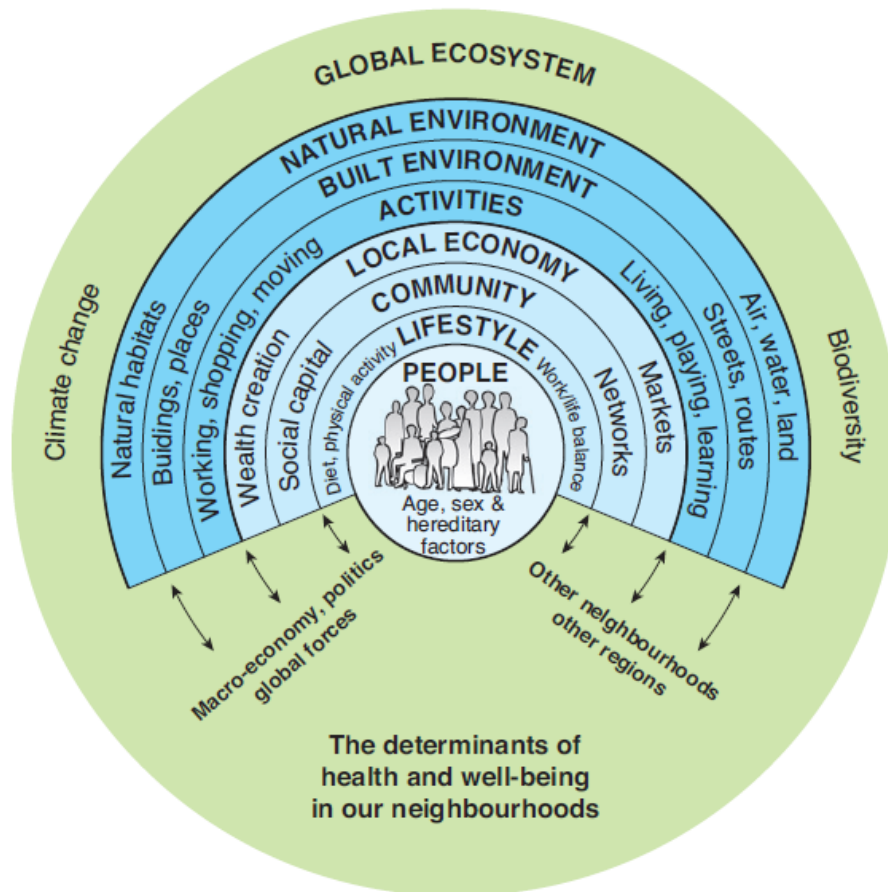
Safe, attractive, socially cohesive and inclusive, and environmentally sustainable; with affordable and diverse housing linked to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities; via convenient public transport, walking and cycling infrastructure (Lowe, et al., 2013).

The Australian Institute of Health and Welfare's (2016) description of the social determinants of health is summarised below:

<b>Socioeconomic position</b>	Educational attainment is associated with better health because it equips people to achieve stable employment, secure income, adequate housing, provide for families. Higher education increases likelihood of higher-status occupation and higher incomes. Income and wealth improves socio-economic position and allows for greater access to better food and housing, and healthcare options.
<b>Early life</b>	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.
<b>Social exclusion</b>	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.
<b>Social capital</b>	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.
<b>Employment and work</b>	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, or 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.
<b>Housing</b>	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 also two-way, in that poor health can lead to precarious housing.
<b>Residential environment</b>	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 by the diagram below 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 & Grant, 2006)

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 who live in communities which 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.

### Demographic Profile<sup>1</sup>

Estimated Residential Population	63,158
Estimated population growth (2036)	69,589
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	\$2098
Median monthly mortgage repayment	\$2000
Medium and high density housing	6%
Households with 3 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 – 4.4%
Languages other than English	9%
Socio-Economic Index for Areas (SEIFA), Disadvantage 2011 <sup>2</sup>	1098

<sup>1</sup> ABS 2016 Census - Quick Stats and Basic Community Profile

<sup>2</sup> 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.

## **Community health and wellbeing trends**

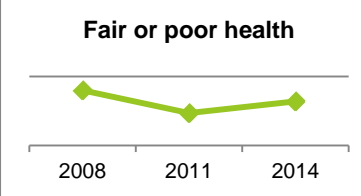
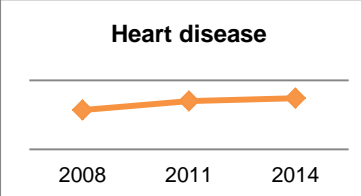
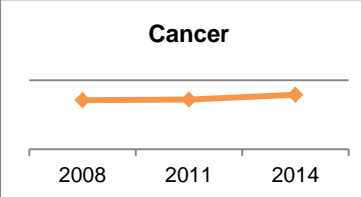
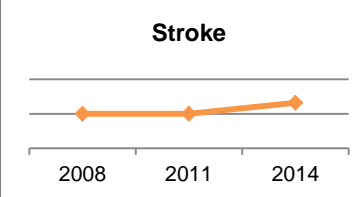
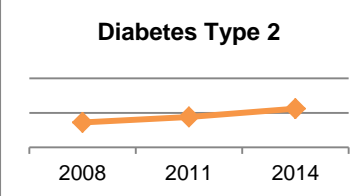
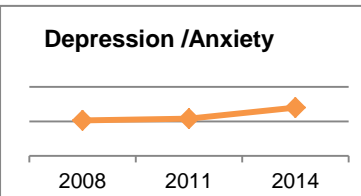
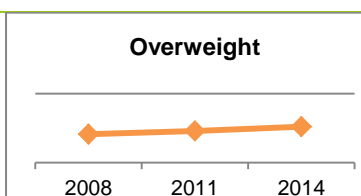
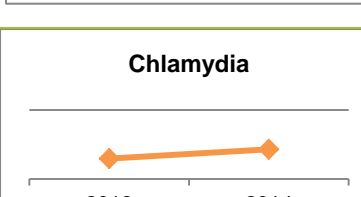
The charts below provide information on health and wellbeing trends in Nillumbik over time. Trend lines in green show improvement and trend lines in orange show decline. These include trends in chronic disease, risk factors and protective factors. All data except where otherwise noted is from the Victorian 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 toward 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.

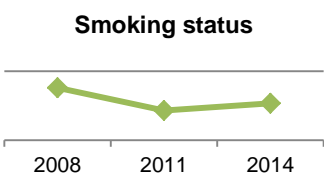
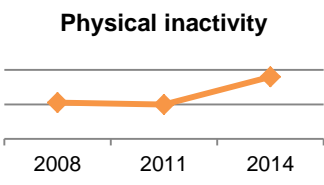
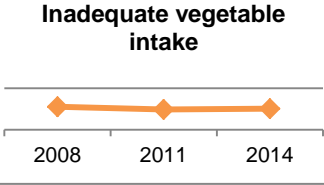
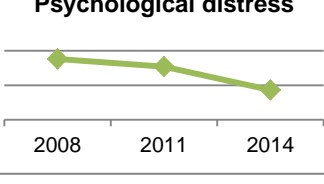
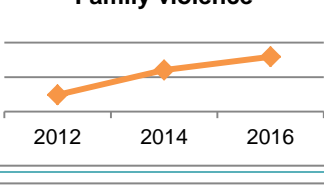
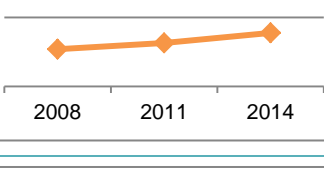
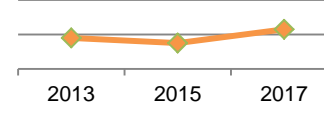
Social factors that impact health and wellbeing and can have a protective effect have also reduced somewhat in recent years, but again tend to be stronger in Nillumbik compared to Victorian averages. Indicators like feeling safe walking alone at night, ability to count on help from neighbours, volunteering,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



Chronic disease Trend	Overview	Council's response								
 <p><b>Fair or poor health</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>16%</td></tr> <tr><td>2011</td><td>13%</td></tr> <tr><td>2014</td><td>13%</td></tr> </table>	Year	Percentage	2008	16%	2011	13%	2014	13%	<ul style="list-style-type: none"> <li>Self-reported health status is a good indicator of health. The proportion reporting poor health has declined from 16% in 2008 to 13% in 2014.</li> </ul>	<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><b>Heart disease</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>5.7%</td></tr> <tr><td>2011</td><td>7.4%</td></tr> <tr><td>2014</td><td>7.4%</td></tr> </table>	Year	Percentage	2008	5.7%	2011	7.4%	2014	7.4%	<ul style="list-style-type: none"> <li>The proportion of population reporting heart disease increased from 5.7% in 2008 to 7.4% in 2014.</li> </ul>	<p>As a partner, Council will collaborate to create and improve environments that promote health.</p>
Year	Percentage									
2008	5.7%									
2011	7.4%									
2014	7.4%									
 <p><b>Cancer</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>7.1%</td></tr> <tr><td>2011</td><td>7.9%</td></tr> <tr><td>2014</td><td>7.9%</td></tr> </table>	Year	Percentage	2008	7.1%	2011	7.9%	2014	7.9%	<ul style="list-style-type: none"> <li>The population reporting cancer increased from 7.1% in 2008 to 7.9% in 2014.</li> </ul>	<p>As a leader, Council will demonstrate health-promoting settings in its own workplaces and facilities.</p>
Year	Percentage									
2008	7.1%									
2011	7.9%									
2014	7.9%									
 <p><b>Stroke</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>2.5%</td></tr> <tr><td>2011</td><td>3.3%</td></tr> <tr><td>2014</td><td>3.3%</td></tr> </table>	Year	Percentage	2008	2.5%	2011	3.3%	2014	3.3%	<ul style="list-style-type: none"> <li>The proportion of the population who reported stroke increased from 2.5% in 2008 to 3.3% in 2014.</li> </ul>	<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	3.3%									
2014	3.3%									
 <p><b>Diabetes Type 2</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>1.8%</td></tr> <tr><td>2011</td><td>2.8%</td></tr> <tr><td>2014</td><td>2.8%</td></tr> </table>	Year	Percentage	2008	1.8%	2011	2.8%	2014	2.8%	<ul style="list-style-type: none"> <li>The prevalence of reported Diabetes Type 2 is relatively low in Nillumbik but increased from 1.8% in 2008 to 2.8% in 2014.</li> </ul>	<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	2.8%									
2014	2.8%									
 <p><b>Depression /Anxiety</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>20%</td></tr> <tr><td>2011</td><td>24%</td></tr> <tr><td>2014</td><td>24%</td></tr> </table>	Year	Percentage	2008	20%	2011	24%	2014	24%	<ul style="list-style-type: none"> <li>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.</li> </ul>	<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	24%									
2014	24%									
 <p><b>Overweight</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2008</td><td>41.3%</td></tr> <tr><td>2011</td><td>52.1%</td></tr> <tr><td>2014</td><td>52.1%</td></tr> </table>	Year	Percentage	2008	41.3%	2011	52.1%	2014	52.1%	<ul style="list-style-type: none"> <li>The proportion of people in Nillumbik who are overweight or obese is increasing. The rate increased from 41.3% in 2008 to 52.1% in 2014.</li> </ul>	<p>Council has a role as information provider and service provider to disseminate information on protection from risk.</p>
Year	Percentage									
2008	41.3%									
2011	52.1%									
2014	52.1%									
 <p><b>Chlamydia</b></p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2013</td><td>~10%</td></tr> <tr><td>2014</td><td>~15%</td></tr> </table>	Year	Percentage	2013	~10%	2014	~15%	<ul style="list-style-type: none"> <li>The rate of chlamydia in Nillumbik is higher than for Victoria .<sup>3</sup> Most diagnoses are in young people under 25 years.</li> </ul>	<p>As a leader, Council will bring together stakeholders to work on solutions to the issue.</p>		
Year	Percentage									
2013	~10%									
2014	~15%									

<sup>3</sup> (WHIN, 2016)

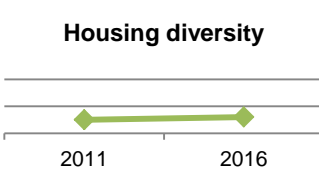
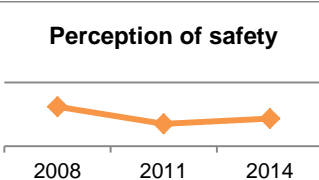
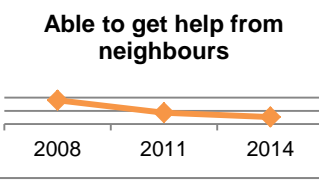
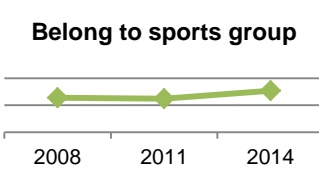
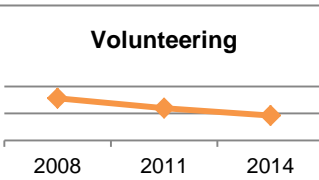
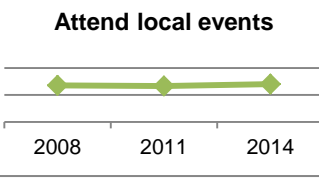
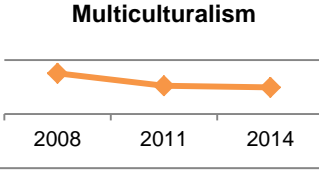
## Modifiable factors that are risks to health and wellbeing

Trend	Overview	Council's response								
<p><b>Smoking status</b></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>12</td> </tr> <tr> <td>2014</td> <td>11</td> </tr> </tbody> </table>	Year	Rate (%)	2008	15	2011	12	2014	11	<ul style="list-style-type: none"> <li>The self-reported smoking rate has decreased from 15% in 2008 to 11% in 2014.</li> <li>The rate among school students is about the same as the adult rate.</li> </ul>	<ul style="list-style-type: none"> <li>Council will continue to extend smoke-free public areas.</li> <li>Council will continue to monitor compliance on sales of cigarettes to minors.</li> </ul>
Year	Rate (%)									
2008	15									
2011	12									
2014	11									
<p><b>Physical inactivity</b></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>27</td> </tr> <tr> <td>2014</td> <td>32</td> </tr> </tbody> </table>	Year	Rate (%)	2008	26	2011	27	2014	32	<ul style="list-style-type: none"> <li>45% of adults do not meet the physical activity guidelines. This has grown from 26% in 2008.</li> <li>Only 28% of secondary school students do the recommended amount of physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>Council will continue to increase opportunities for active living and active transport.</li> <li>Council will work to increase participation in active recreation and sport.</li> </ul>
Year	Rate (%)									
2008	26									
2011	27									
2014	32									
<p><b>Inadequate vegetable intake</b></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"> <li>9 out of 10 adults do not eat the recommended serves of vegetables each day.</li> <li>The rate is about the same for teenagers.</li> </ul>	<ul style="list-style-type: none"> <li>Create better access to affordable fresh food.</li> <li>Establish Council policies and practices that enable healthy food and drink consumption.</li> </ul>
Year	Rate (%)									
2008	90									
2011	90									
2014	90									
<p><b>Psychological distress</b></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>6</td> </tr> <tr> <td>2014</td> <td>4</td> </tr> </tbody> </table>	Year	Rate (%)	2008	9	2011	6	2014	4	<ul style="list-style-type: none"> <li>The proportion of people experiencing high or very high distress is decreasing. The rate was 9% in 2008 and 4% in 2014.</li> <li>The rate is much higher for teens (13.6%).</li> </ul>	<ul style="list-style-type: none"> <li>Continue to build community resilience.</li> <li>Create more local jobs.</li> <li>Increase community participation, particularly among young people.</li> </ul>
Year	Rate (%)									
2008	9									
2011	6									
2014	4									
<p><b>Family violence</b></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>450</td> </tr> <tr> <td>2016</td> <td>618</td> </tr> </tbody> </table>	Year	Rate (per 100,000)	2012	397	2014	450	2016	618	<ul style="list-style-type: none"> <li>The rate of family violence reported to police is increasing. <sup>4</sup> In 2012, the rate was 397 per 100,000 population, compared to 618 per 100,000 in 2016.</li> </ul>	<ul style="list-style-type: none"> <li>Improve gender equity, safety and respectful relationships in workplaces and the community.</li> </ul>
Year	Rate (per 100,000)									
2012	397									
2014	450									
2016	618									
<p><b>Alcohol risk</b></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>53</td> </tr> <tr> <td>2014</td> <td>56</td> </tr> </tbody> </table>	Year	Rate (%)	2008	51	2011	53	2014	56	<ul style="list-style-type: none"> <li>Self-reported drinking at risk for short-term harm is increasing (from 51% in 2008 to 56% in 2014).</li> <li>Risky drinking is higher in Nillumbik than on average for Melbourne.</li> </ul>	<ul style="list-style-type: none"> <li>Develop plans and policies that reduce alcohol related harm.</li> <li>Implement strategic approaches that change alcohol cultures.</li> </ul>
Year	Rate (%)									
2008	51									
2011	53									
2014	56									
<p><b>Pokies expenditure</b></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>7.8</td> </tr> <tr> <td>2017</td> <td>8.3</td> </tr> </tbody> </table>	Year	Expenditure (\$ million)	2013	7.76	2015	7.8	2017	8.3	<ul style="list-style-type: none"> <li>Expenditure on gaming machines increased from \$7.76 million in 2013 to \$8.3 million in 2017. <sup>5</sup></li> <li>The number of gaming machines has increased from 80 to 90.</li> </ul>	<ul style="list-style-type: none"> <li>Promote and implement Nillumbik Gambling Harm Minimisation Policy.</li> </ul>
Year	Expenditure (\$ million)									
2013	7.76									
2015	7.8									
2017	8.3									

<sup>4</sup> (Crime Statistics Agency, 2017)

<sup>5</sup> (VCGLR, 2017)

## Social factors that are protective of health and wellbeing

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

<sup>6</sup> (ABS, 2017)

## **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 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, Australian 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 toward 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* available at [www.nillumbik.vic.gov.au/healthandwellbeing](http://www.nillumbik.vic.gov.au/healthandwellbeing).

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

## Priorities and objectives

The priorities for this Plan have emerged from:

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

In response to these concerns, the health and wellbeing priorities for 2017 – 2021 are:

<b>Promote healthy eating and sustainable food</b>	<ol style="list-style-type: none"> <li>1. Create better access to affordable and healthier food and drink</li> <li>2. Establish Council policies and practices that support healthy food and drink consumption</li> <li>3. Support all residents to make healthier food and drink choices</li> </ol>
<b>Encourage active living</b>	<ol style="list-style-type: none"> <li>4. Increase active living and active transport</li> <li>5. Increase participation in active recreation and sporting activities</li> </ol>
<b>Enhance mental wellbeing</b>	<ol style="list-style-type: none"> <li>6. Continue building a resilient community</li> <li>7. Increase social connections through community participation</li> <li>8. Support equitable access to economic resources</li> </ol>
<b>Advance gender equality and respectful relationships</b>	<ol style="list-style-type: none"> <li>9. Improve gender equity, safety and respectful relationships in the workplace</li> <li>10. Ensure our services and facilities are gender equitable, safe and inclusive</li> <li>11. Raise community awareness of gender equity and respectful relationships</li> <li>12. Increase the promotion of gender equitable and non-violence messages through communications and social marketing</li> <li>13. Collaborate with other organisations and community groups to collectively work towards preventing violence against women</li> </ol>
<b>Prevent harm from alcohol, other drugs and gambling</b>	<ol style="list-style-type: none"> <li>14. Develop and implement strategic plans and policies that reduce substance and gambling related harm</li> <li>15. Implement strategic approaches that change alcohol cultures</li> </ol>

	16. Build local partnerships that reduce alcohol, drug and gambling related harm
<b>Improve sexual and reproductive health</b>	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
<b>Support healthy ageing</b>	19. 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

The actions developed for each of the objectives 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, and how 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.

## 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 driving this. 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.

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).

- 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.

*“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](http://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 drinks**

- 1.1. Undertake food environment research, mapping and evaluation
- 1.2. Promote the Victorian 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 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  
Victorian Achievement Program

**Outcome indicators:**

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 for promoting healthy and sustainable food**

Diabetes Australia

Healthy Eating Advisory Service

Local Food Connect

Obesity Coalition

Victorian Achievement Program

VicHealth: *Supporting health eating; Provision of drinking water fountains in public areas; Encouraging healthy food and drink choices: Local government action guides*



## 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 (National Heart Foundation of Australia, 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).

- Less than half the adult population of Nillumbik do enough exercise to reduce their risk for 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.

*“Having exercise stations along walking tracks and paths. A playground for adults!”*

Community engagement participant

### Australia’s physical activity and sedentary behaviour guidelines, 2017

- **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.

**Encourage active living:**

To 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 Victorian 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
- Victorian 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 for encouraging active living**

Bicycle Network

Heart Foundation *Healthy Active by Design Guide*

VicHealth *Arts and Health: Active Arts Strategy 2014-2017*

VicHealth: *Increasing participation in physical activity and reducing sedentary behaviour: Local government action guide*

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.

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

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 (EMV) advise us to expect more acute shocks, more often, as Victoria experiences higher-than average temperatures, reduced rainfall and more extreme weather events.

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 impact positively on health (VicHealth, 2014).

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

EMV define resilient communities as:

- Connected communities.
- 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, together with the capacity to accept uncertainty and proactively respond to change.

- 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 people in Nillumbik are positive toward multiculturalism, but a high proportion reported 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.<sup>7</sup>
- We have a very low level of housing diversity.
- 1 in 10 secondary school students in Nillumbik are at risk of homelessness.<sup>8</sup>
- In Nillumbik in 2016, 25.1% of the male population earned \$1750 per week or more compared to 8.1% of the female population.<sup>9</sup>

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



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<sup>7</sup> Victorian Child and Adolescent Monitoring System (VCAMS)

<sup>8</sup> (BNYSN, 2010)

<sup>9</sup> Census of Population and Housing, 2016

**Enhance mental wellbeing:**

To 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 <sup>10</sup>
- 6.2. Seek funding for projects which 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<sup>11</sup> Inclusion Policy
- 6.4. Promote the Victorian 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
- Victorian 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

<sup>10</sup> Council Plan Key Action 1.2.1

<sup>11</sup> Lesbian, Gay, Bisexual, Trans and diverse gender, Intersex

- Increased labour market participation
- Increased affordable housing options
- Improved financial security, especially for women

### **Resources for enhancing mental wellbeing**

Beyond Blue

Climate and Health Alliance

Gay and Lesbian Health Victoria

Heart Foundation: *Creating heart healthy communities*

National Arts and Health Framework

Resilient Melbourne (2016)

VicHealth *Mental Wellbeing Strategy 2015–2019*

VicHealth: *Improving mental wellbeing: Local government action guide*

Victorian Equal Opportunity and Human Rights Commission

Women's Health in the North – Living Longer on Less project

## Advance gender equality and respectful relationships

### Why this is a priority

*“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

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 2015/16, Police were called to 390 family incidents, or more than one each day. Children were present in one out of three of these incidents.
- On average, 1.4 sexual offences were recorded by Police in Nillumbik every week in 2015/16.
- In Australia, one in three women have experienced physical violence and one in five 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.<sup>12</sup> 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%).

Photo and caption:

<sup>12</sup> VicHealth Victorian Indicators Survey 2015

**Advance gender equality and respectful relationships:**

To reduce violence against women and children in our community.<sup>13</sup>

**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 Out 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, (for example, 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

<sup>13</sup> All actions (except 9.4, 10.3, 11.2) are selected from the regional 'Building a Respectful Community Strategy 2017-2021 (WHIN, 2017)



- 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**

*Ending Family Violence: Victoria's 10 year Plan for Change (2016)*

*National Plan to Reduce Violence against Women and their Children 2010 – 2022*

National GEM (Gender and Emergency Management) Guidelines

Our Watch: Change the Story

*Safe and Strong: A Victorian Gender Equality Strategy (2016)*

Women's Health in the North, *Building a Respectful Community Strategy 2017 – 2021*

VicHealth: *Gender equality and respectful relationships: Local government action guide*

## 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.

- 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 told us 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 agreed 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.

*“Advocate for stronger planning control on ... poker machine licenses, alcohol outlets and places where tobacco can be purchased”*

Community engagement participant

<b>Australian guidelines to reduce health risks from drinking alcohol, 2009</b>	
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- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• 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.</li><li>• Drinking no more than four standard</li></ul> |  |
|---|--|

drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.	

**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 Victorian 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 partnerships 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
- Victorian Achievement Program

**Outcomes**

- Reduction of binge drinking and excessive alcohol consumption by adults and adolescents
- Reduction in smoking rate by adults and adolescents

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Victoria Police</li></ul> | <ul style="list-style-type: none"><li>• No increase in gambling related harm</li><li>• No increase in harm from pharmaceutical or illicit drugs</li></ul> |
|---|---|

**Resources for preventing harm 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: *Preventing tobacco use; Reducing harm from alcohol: Local government action guides*

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.

- 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.

*“Raise community awareness a bit better”*

Community engagement participant

Photo:

### Improve sexual and reproductive health (SRH):

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 (SRH)

17.1. Consult with diverse groups of young people across the municipality to identify youth SRH needs and priorities, and plan and implement projects which aim to improve the SRH status of young people in Nillumbik.

17.2. Consider an arts project to improve SRH 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 SRH.

18.2. Map the local SRH services located in Nillumbik and neighbouring councils.

Identify and promote access to confidential and free SRH services. Identify and address service gaps.

#### Partnerships

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

#### Outcomes

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

### Resources for improving sexual and reproductive health

Gay and Lesbian Health Victoria

Victoria’s 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 Organisation defined active ageing as “the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age”. 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%.

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.

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.

- 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 Alzheimers Disease, this could grow to more than 7,000 by 2050.

*“For older people, there are not enough one-storey buildings or units around shops”*

Community engagement participant

### The healthy ageing ingredients<sup>14</sup>

- Regular physical activity
- A healthy diet and plenty of water
- Keeping your brain active

### Volunteering in Nillumbik

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

<sup>14</sup> Well for life, a healthy approach to ageing (Victorian Department of Health and Human Services, 2015)

- 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
- Quit smoking
- Continuing to adapt to changes in your life
- Planning for your older age.

fun.

**Support healthy ageing:** To optimise opportunities for health, participation, lifelong learning, and diverse housing to enhance quality of life as people age.

**19. 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 (DDA) 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. Council's volunteer management service continues to link volunteers with appropriate volunteering opportunities and ensures they receive appropriate training, support, recognition, and compensation for personal costs.

22.4. Older people are invited to participate in the development of council plans, policies and community development initiatives.

**Partners**

- Department of Health and Human Services (DHHS)
- 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*

Office of the Public Advocate

Victorian Government and Municipal Association of Victoria: *Age-friendly Victoria Declaration*

Well for Life (DHHS)



## **Implementation**

This 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 on 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 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 Plan will be monitored and reviewed annually in accordance with the *Public Health and Wellbeing Act 2008*. An evaluation framework will guide the measurement of the collective impacts and outcomes of the Nillumbik Health and Wellbeing Plan 2017-2021. 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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