



Municipal Public Health and Wellbeing Plan 2017-2021

*Stakeholder and community engagement key
findings report*

June 2017

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Introduction

The 4-year Municipal Public Health and Wellbeing Plan (MPHWP) is a legislative requirement of all Councils under the Public Health and Wellbeing Act 2008 (the Act). Planning for health and wellbeing requires the involvement of people in the local community to help inform the best policy for addressing the needs in the community. This report describes how we involved the community and what we found.

Stakeholder and community engagement

Stakeholder groups were identified and invited to give us their views in several different ways, either through a conversation, a survey, responding to the discussion paper or participating in a workshop. These included:

- Children and young people
- Older people
- People with disabilities or chronic illnesses
- People with mental health issues
- People from Aboriginal and Torres Strait Islander and migrant or refugee backgrounds
- People who are unemployed



In general, all groups we sought to hear from gave us their thoughts in a survey, conversation or workshop.

In total, we heard from 882 people.

- Face to face household interviews – 502
- Online survey – 177
- Focus groups and workshops – 205
- Submissions responding to discussion paper – 4



Engagement approach

The community engagement approach was designed to hear the views and perspectives of individuals and organisations from across a variety of sectors, regions and communities. It provided people with numerous ways to participate.

A variety of face-to-face and online engagement tools were used to inform stakeholders and the community about the Health and Wellbeing Plan 2017-2021 and to facilitate the expression of their opinions, experiences and ideas. These included:

- Health and Wellbeing web page
- Health and wellbeing add-on to Community Satisfaction Survey
- Nillumbik Health and wellbeing community profile
- Discussion paper
- Small discussion groups
- One to one meetings
- Online and hard copy community survey
- Facebook and Twitter posts
- Postcards
- Emails to networks
- Community Workshops

Methodology

Staff across Council and partner organisations, and Council's reference and working groups all participated in engaging individuals, groups and organisations to provide feedback on priorities and ideas for the Health and Wellbeing Plan 2017-2021.

Running across all engagement methods was the single question, '*what would encourage people in Nillumbik to live healthier lives?*'

Community Surveys

Two surveys were conducted. The first was a health and wellbeing add-on to the annual Nillumbik Community Satisfaction Survey. In this survey 502 people gave their responses to a face-to-face interviewer. There was good representation of age groups and localities, with an even split between males and females. Questions included level of satisfaction with transport and housing, access to services and opportunities to engage in community activities, acceptance of cultural diversity and lifestyle risks to health and wellbeing. This survey is referred to as the household survey.

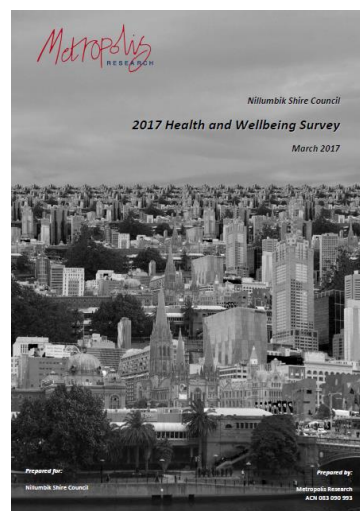
The second survey was an online anonymous survey which was distributed via Council's health and wellbeing webpage, social media, emails to networks and postcards in public places. The survey was also provided in printed form at some of the group sessions. In total, 177 people participated in this survey, with men comprising about one-quarter and women about three-quarters. There was a good distribution of ages and localities. Groups represented included:

- Aboriginal/Torres Strait Islander (2)
- people who speak a language other than English at home (19)
- people with a disability (10)
- people with chronic health conditions (20)
- people with mental health issues (21)
- unemployed (6)
- carers of a person with a disability (14)
- carers of a person needing assistance due to older age (6)

Questions asked about the social, built, natural and economic environments that impact health and wellbeing and individual health promoting choices and behaviours.

Group conversations

Feedback was gathered from two community workshops, the Municipal Public Health and Wellbeing Plan Project Reference Group, the Positive Ageing Reference Group and nine other groups including volunteers and groups of young people. The Positive Ageing Reference Group hosted a community workshop to explore the health and wellbeing priorities of the ageing population including housing needs. The second community workshop was specifically held to inform Council's 'intentional housing' project but also provided insights into the



housing and transport situation of interest to health and wellbeing planning. Groups that were willing to give some of their time toward discussing health and wellbeing priorities in Nillumbik included volunteers of Council, a garden club, physical activity group, environmental group, participants in a youth arts program, and young adults participating in a work experience project.

Submissions

A discussion paper on several health and wellbeing topics invited individuals, groups, agencies and peak bodies to provide written feedback on areas of interest and/or expertise. This was an opportunity to contribute more comprehensively to the planning process. Submissions were provided by

- Women's Health in the North
- Local Food Connect
- healthAbility
- Nillumbik Greens.



Key findings

The findings are presented under identified issues of concern in no particular order of priority. These issues often intersect and contribute to each other. For example unhealthy lifestyle choices such as risky drinking and excessive gambling are often associated with mental health issues or family violence, where one may lead to the other, in either direction.

Health services



The online survey asked about a series of components of a liveable environment that are fundamental to health and wellbeing. The majority of respondents to the online survey felt that it was very important to plan for access to health services for people at all stages of life.

Table 1. Importance of planning for health services

Importance of planning for access to health services for people at all stages of life	Per cent
Very important	84.7%
Important	13.4%
Slightly important	1.9%
Not at all important	0.0%

Respondents to the household survey were asked to rate the adequacy of health services in Nillumbik. The majority of people (79.6%) said services were adequate.

Table 2. Access and adequacy of health services - household survey

Adequacy of health services	Per cent
Very adequate	23.3%
Adequate	47.8%
Neutral	15.8%
Inadequate	2.5%
Very inadequate	2.1%

Some of the comments relating to inadequacy of health services are shown below:

“Health services are only basic”

“Better access and frequency to dental services”

“Not enough bulk billing of services”

“Not enough out of hours immunisation”

“24 hour GP”

“24 hour pharmacy”

“Greater access to mental health facilities”

“Lobby state government to fund comprehensive health services”

At the community workshop hosted by the Positive Ageing Reference Group, concerns were raised about the availability of health services in the rural areas, and the future needs as the number of older people increases rapidly. Future needs included

additional health services with a focus on the needs of an ageing population and increased need for volunteer-run medical transport.

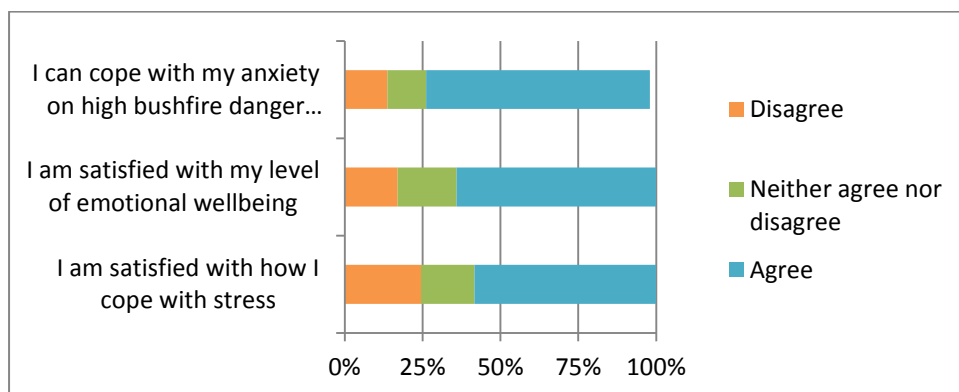
Additionally, we were told there is no Sexual and Reproductive Health (SRH) nurse in Nillumbik, and a need for more mental health nursing, especially in schools.

Mental health



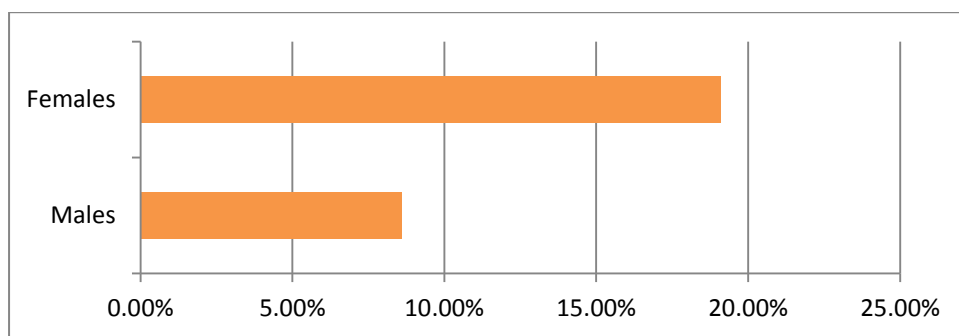
The online survey asked about satisfaction with emotional wellbeing and ability to cope with stress. Overall, 25 per cent of respondents were dissatisfied with their ability to cope with stress. This was higher amongst women (26%) than men (20%).

Figure 1. Indicators of mental health and wellbeing among survey respondents



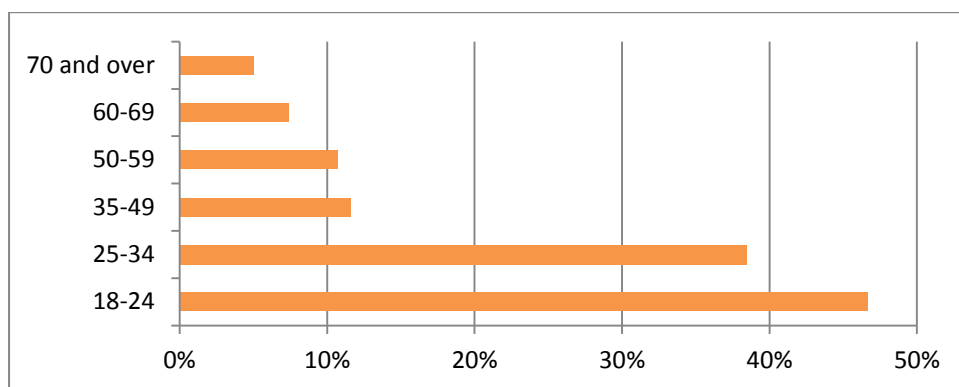
On satisfaction with emotional wellbeing, 17 per cent were dissatisfied, but this was much higher among women (19%) than men (9%).

Figure 2. Proportion dissatisfied with level of emotional wellbeing by gender



Dissatisfaction with emotional wellbeing decreased with age, with the highest levels of dissatisfaction among respondents aged 18 to 34 years.

Figure 3. Proportion dissatisfied with level of emotional wellbeing by age



Mental health, particularly depression was raised frequently in discussion groups, affecting all age groups, men and women. In some instances it was thought that mental health could be improved with better social inclusion including transport options for people who are isolated.

Young people told us they had a lot to worry about – home life, money, housing, employment, skills such as financial management and cooking. They also told us that drugs and alcohol are frequently used to cope with emotional stress or mental health issues.

HealthAbility have told us that mental health is a high priority in primary schools, and that prioritising healthy eating and reduced alcohol consumption are likely to have a positive impact on mental health.

Local Food Connect reminded us that food is central to social connectivity and the mental health benefits that are derived from this.

The Nillumbik Greens suggested that long commute times may be impacting on mental health.

Some of the comments relating to planning for mental health are shown below:

“Easier access to mental health support”

“I enjoy anything art / creativity related, it's essential to my wellbeing”

“Anything that makes people smile”

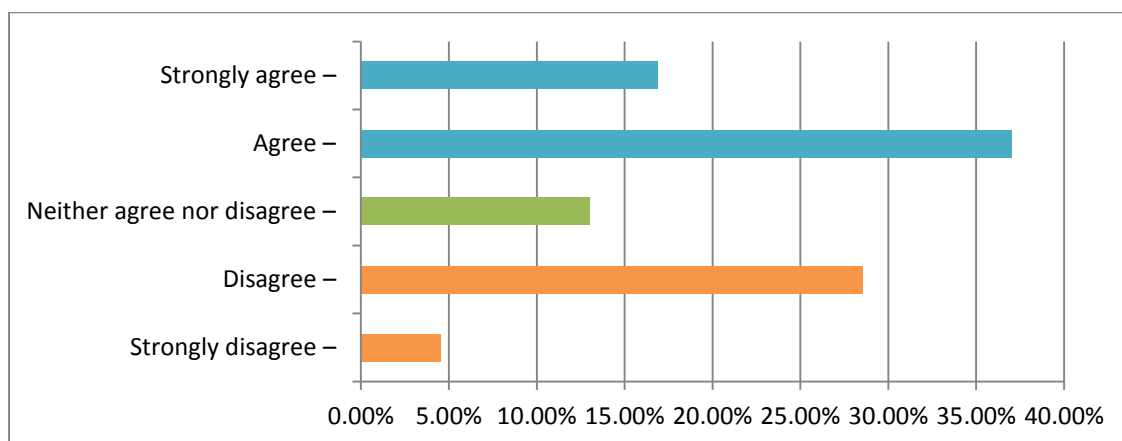
Sedentary lifestyles



Walking is one of the best ways to increase physical activity, and this was supported by participants in both surveys and workshops. Having access to footpaths, trails and parks was considered the best encouragement to live healthier lives throughout the consultations.

The online survey found that 33 per cent of respondents were not satisfied with the amount of exercise they get.

Figure 4. Agreement with 'I am satisfied with how much exercise I get'



Walking or cycling as an alternative to driving was considered important or very important by 90 per cent of respondents.

The household survey found that less than two-thirds (63%) of respondents found it easy to go where they needed to go by walking and 15.7 per cent found it difficult. This was largely due to distances and hilly terrain, lack of footpaths or walking paths, and inadequate or infrequent public transport.

The older groups consulted were concerned that paths and tracks should be well maintained and accessible for people with a disability. They also told us that they would use outdoor gym equipment and exercise stations if they were located along walking paths and in parks, and participate in outdoor activity programs if they were available.

The younger participants told us they would be more likely to cycle for transport if it was safer and if they could take their bicycles on the bus.

Some of the comments related to improving physical activity were:

“Bike paths to/from schools, more informal cross country trails”

“More bike trails and better traffic management to encourage more use of bikes as a transport option”

“More “park runs” for everyone”

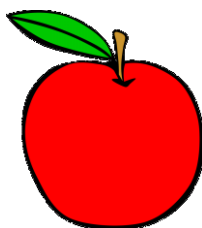
“More free family friendly activities such as parkrun that allow people of all ages to participate together at any level and it does not impact on family finances”

“Most people need to move more - knowledge/messages/facilities on how to do this”

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

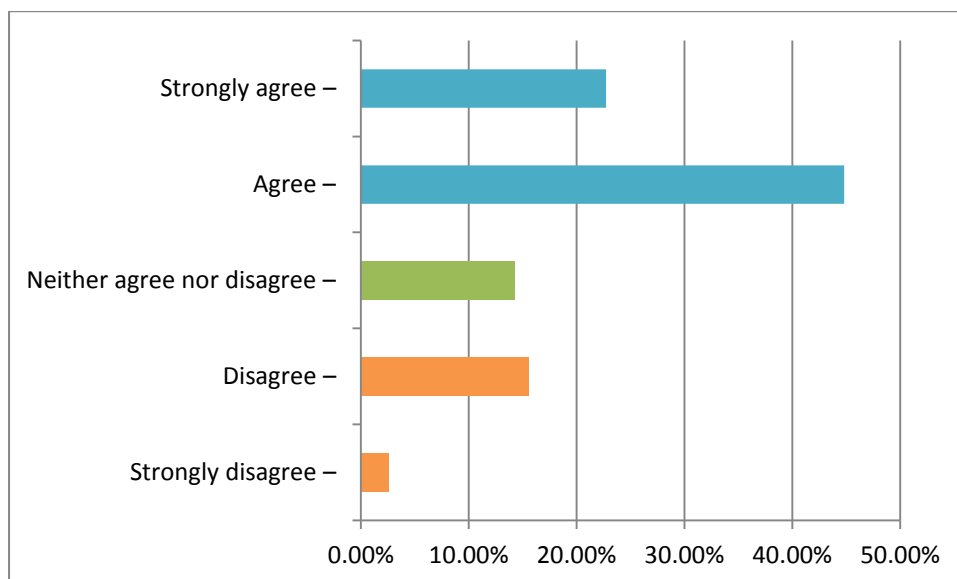
“Encourage more community involvement like walking groups”

Healthy eating and the food system



Respondents to the online survey were almost all in agreement that access to healthy affordable food is important to be included in the Health and Wellbeing Plan, with 72 per cent rating it as 'very important'. Local food production was also considered important by 43 per cent and very important by 41 per cent of respondents. Sixty-nine per cent of respondents were concerned or very concerned about the impacts of abundant unhealthy food and snacks and 18 per cent were dissatisfied with their diet and eating choices.

Figure 5. Agreement with 'I am satisfied with my diet and eating choices'



Older participants in the workshops told us that some older people were not motivated to eat well because they were no longer sharing meals with friends and family or because good food was too expensive. Ideas were suggested to address this such as low cost community meals with transport and communal cooking days.

The young adult age group told us they couldn't afford fresh food or didn't know how to cook. They also suggested community support to help build cooking skills especially with cheap seasonal produce, and occasionally share meals with others. The younger group in particular felt they did not have access to affordable healthy food and didn't know how to eat well on little money.

Community volunteers working with families also suggested that stressed families did not have the time or capacity for home-cooked meals and this was impacting on children's nutrition and mood. Cheap, fatty takeaway food had become the norm instead of an occasional treat.

Others suggested that sometimes overeating or poor nutrition is due to loneliness. All age groups suggested community gardens or collective food production were a great way to address affordable healthy eating, but some, especially younger adults felt excluded from this sort of environment by their age or inexperience.

HealthAbility recommend that work we have commenced to reduce consumption of sugar-sweetened beverages continues as part of an agreed partnership with the North East Primary Care Partnership. Further work on healthy eating can be addressed in partnership to develop a collective impact, place based approach to addressing the food environment in Nillumbik. Other recommendations include determining local data by scanning the fresh food availability and affordability across the Shire.

Local Food Connect recommend that increasing consumption of fresh food can be achieved through stronger support for local growers, community education and targeted support of local food issues.

The Nillumbik Greens supported the work of Local Food Connect, and proposed a recognition scheme for schools and cafes offering healthy food, and fruit and vegetable Food Share arrangement.

Some of the comments in relation to healthy eating were:

“Education on healthier living and having more time”

“If every cafe and event automatically offered wholemeal bread”

“A lot of takeaway shops, maybe set a limit”

“Encourage personal farming - grow your own food”

“More local produce – vegetables”, “More farmers markets”

“More drinking taps in pathways”

“More healthy take-outs, less fast food”, “Get the shops to sell less junk food”

“... the Parents Voice are currently campaigning for water to be the default option for kids meals at takeaway outlets”

Gender equity and family violence



The online survey, which asked if personal relationships are based on respect, equality and free from violence, found that five per cent reported a neutral response (one man and seven women). Three per cent of respondents (all women) disagreed that their relationships were based on respect, equality and free from violence. Family violence in the community had the

highest rate of concern however, with 33 per cent of respondents reporting being concerned and 55 per cent very concerned about this issue.

Women’s Health in the North (WHIN) recognises that local government is one of the best places to create change toward a more gender equitable society. This sort of structural change is needed to achieve gender equality in personal relationships, families, communities, schools, workplaces, and sporting clubs.

WHIN suggests that as Nillumbik is an ageing population, the issues affecting older women need to be carefully considered. The lifelong effects of the gender pay gap, time taken out of the workforce for caring responsibilities, and women’s tendency to work in casual or part time roles mean their financial situation at retirement is significantly worse than for men.

Other recommendations include a focus on reducing the high rate of chlamydia in women in Nillumbik, encouraging young people to make better decisions about their sexual and reproductive health, and continuing to address the issue of family violence.

HealthAbility recommends a multi-setting approach to delivering gender equity initiatives in order to achieve the best possible, mutually reinforcing effect.

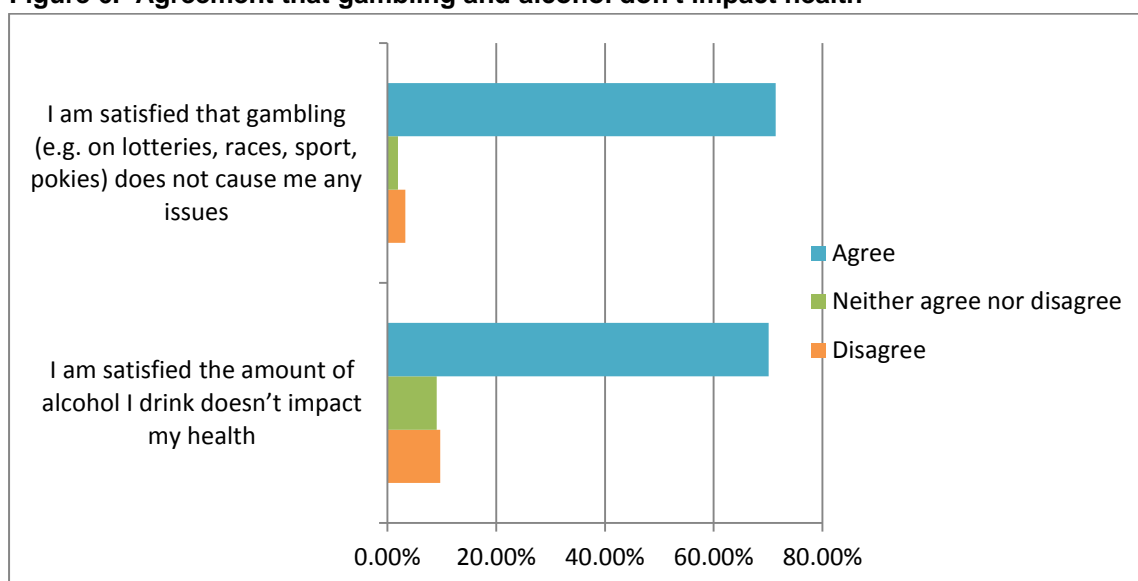
The Nillumbik Greens recommended effective education, availability of condoms through vending machines, parent discussion nights, encouraging sporting clubs to implement family violence policies and a Council LGBTI Plan.

Alcohol, Drugs and Gambling



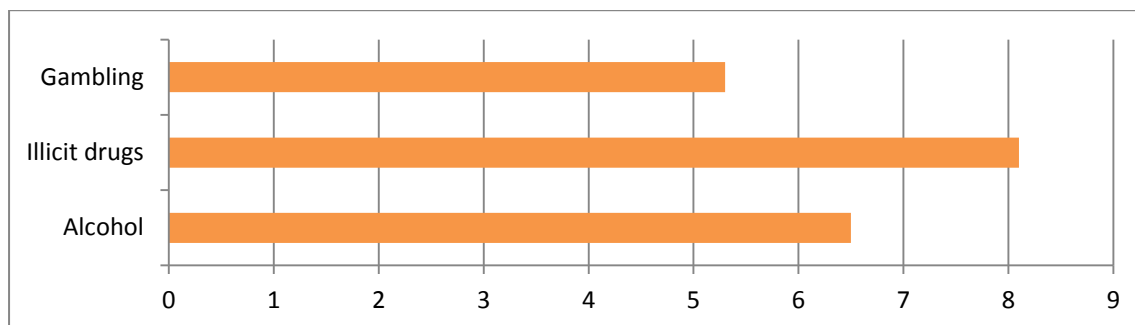
Seventy per cent of respondents to the online survey were satisfied the amount of alcohol they drink doesn't impact their health, nine per cent were neutral, and ten per cent felt their drinking did impact their health. Gambling caused issues for three per cent of respondents. The impacts of alcohol and/or drug use concerned 81 per cent of respondents and the impact of gambling on community wellbeing concerned 62 per cent of people.

Figure 6. Agreement that gambling and alcohol don't impact health



The Health and Wellbeing Household Survey asked about the impact of alcohol, drugs and gambling on respondents' households. A small proportion of households (6.5%) reported that alcohol had an impact on their households, whereas illicit drugs had an impact on 8.1% of households, and gambling impacted 5.3% of households.

Figure 7. Proportion of households impacted by gambling, illicit drugs, or alcohol



Compared to the last survey in 2015, alcohol impacted fewer households while drugs and gambling had an increased impact. The rural households reported very little impact from these issues, and the Greensborough/Plenty areas had a higher impact from alcohol, drugs, and gambling.

Many of the older people we consulted agreed that alcohol had become a normal part of life, both drinking at home and socialising. Some commented that non-drinking was even frowned upon in social settings. Happy hours are a daily event in retirement villages. Misuse of alcohol was more often associated with loneliness though amongst older people. There was concern about use of alcohol in combination with prescription drugs.

Younger adults mostly were not happy with the amount of alcohol consumed and felt that heavy drinking was fairly normal and difficult to avoid. They also told us that alcohol and drugs were frequently used to deal with emotional or mental health problems. Drugs were very commonly used among young people, and they were often used not so much recreationally, but to deal with problems such as unhappy home life. Young people suggested that work needs to be done to reduce stigma for drug users and that a harm minimisation approach was needed rather than zero tolerance.

HealthAbility make several recommendations for preventing harm from alcohol, using a place-based collective impact approach to build protective factors. The Nillumbik Greens recommended supporting sporting clubs to reduce dependence on alcohol sales and encourage a responsible drinking culture, and further work on alcohol and drug related family violence.

Comments on these issues included the following:

“Life education at schools addressing drugs, alcohol, gambling, violence and other issues”

“Drug and alcohol education”

“Less alcohol outlets”

“Limit alcohol”

“Take away gambling venues”

“Restricting junk food, alcohol and gambling”

“Nillumbik Council especially playing a bigger role in advocating for stronger planning control on fast food outlets, poker machine licenses, alcohol outlets and places where tobacco can be purchased”

Housing



The majority of respondents to the online survey felt that housing diversity and affordability was very important. This was highest amongst the 18-24 year age group (73%), 25-34 year age group (62%) and the 60 and over age group (60%). In general, affordable and varied housing choices were a concern for 72% of respondents.

The health and wellbeing household survey found 13 per cent of respondents were dissatisfied with how easy it was to access housing of a suitable size and 19.6 per cent were dissatisfied with how easy it was to access housing in walking distance to public transport, shops or services. Less than half of respondents were satisfied with their access to housing that would enable them to stay in the area as their needs changed over time. Almost one-quarter (23.5%) were dissatisfied with the aspect and 30 per cent were neutral. Accessing suitable housing that is affordable was particularly problematic for young adults (28.4%) and older adults 56-75 years (27%).

Figure 8. East of accessing suitable housing in the local area

Response	Affordable		Suitable size		Walking distance	
	Number	Percent	Number	Percent	Number	Percent
Very satisfied	55	13.3%	109	26.7%	93	22.7%
Satisfied	137	33.1%	159	38.9%	140	34.1%
Neutral	125	30.2%	88	21.5%	97	23.7%
Dissatisfied	47	11.4%	26	6.4%	49	12.0%
Very dissatisfied	50	12.1%	27	6.6%	31	7.6%
Can't say	88		93		92	
Total	502	100%	502	100%	502	100%

Figure 9. Ease of accessing affordable housing by location

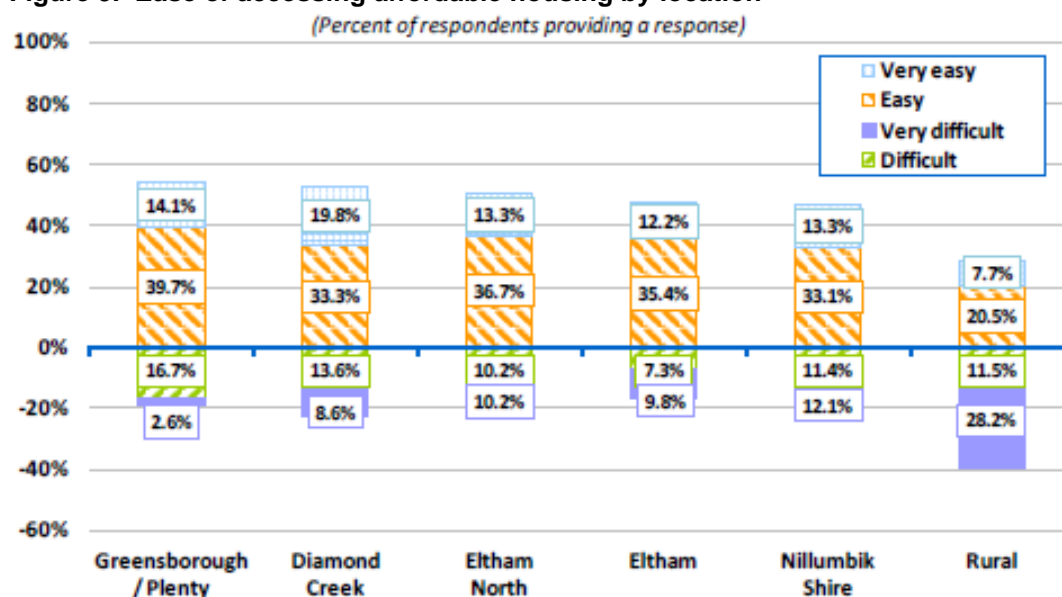
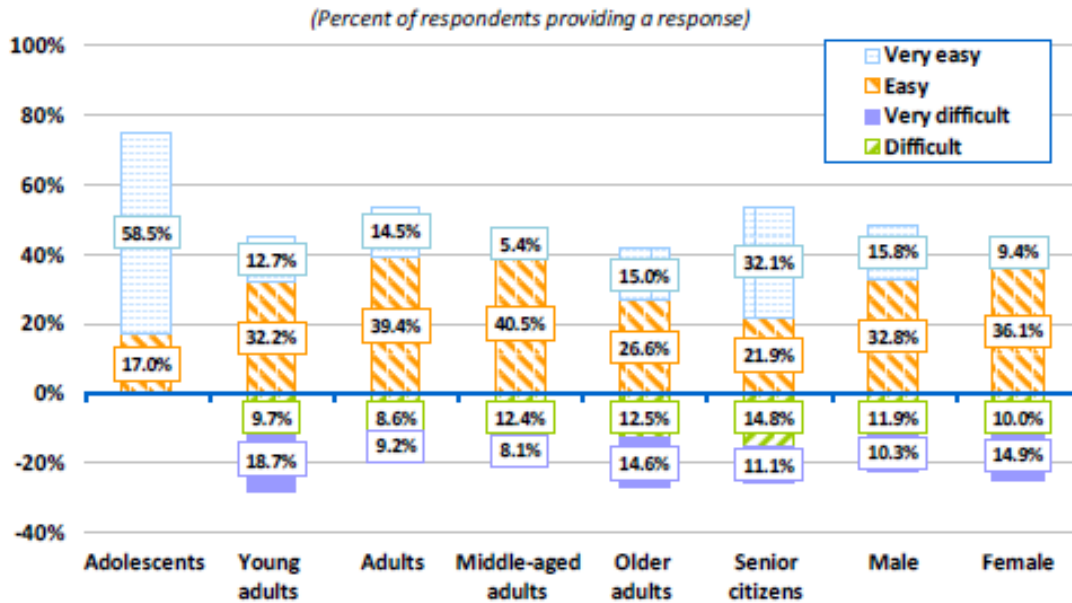


Figure 10. Ease of accessing affordable housing by age group



While cheap rental housing and an affordable housing scheme for first home buyers was important for younger adults, older adults were concerned with ageing in place. Housing workshops explored the housing needs of an ageing community, and also for those who have disabilities, or are looking for affordable alternatives such as intentional housing programs.

Some thoughts and ideas included the importance of good design, avoiding overdevelopment and designing intergenerational living, smaller houses, more secure rental schemes, the role of social housing, and new models for looking after the aged. The response from the Nillumbik Greens offered support for suitable housing for downsizing while maintaining a green environment and Nillumbik character.

Some comments are as follows:

“Expensive, limited accessibility to walk”

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

“The public transport is all far from available housing”

“There are either units or big houses, nothing in between”

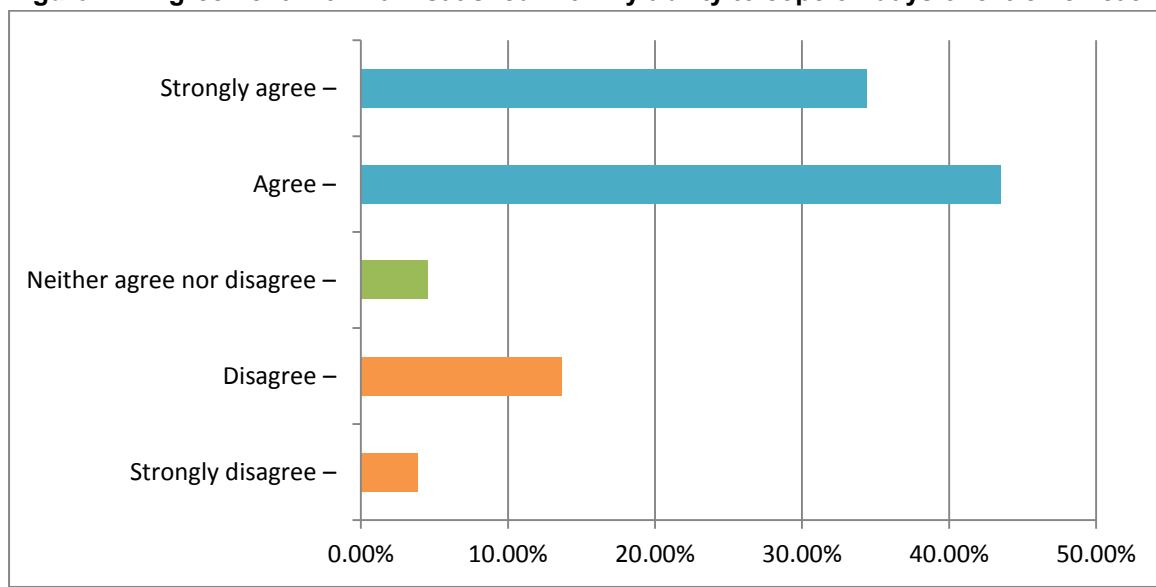
“Better council planning with house development”

Health impacts of climate change



Climate change and pollution were considered very important by 63 per cent of respondents and important by a further 25 per cent. The health effects of climate change were also concerning 75 per cent of respondents and bushfire was a concern for 77 per cent. Nineteen per cent of respondents were not satisfied with their ability to cope on days of extreme heat, while 14 per cent felt they could not cope with their anxiety on high bushfire days.

Figure 11. Agreement with 'I am satisfied with my ability to cope on days of extreme heat'



Current understanding of extreme weather and bushfire procedures was fairly well understood, although a representative of the Syrian refugee community told us that cooking outdoors on total fire ban days was not well understood.

Older people told us they would prefer to have places to go other than places of last resort on days of high bushfire risk so they can leave earlier or just in case, and have somewhere comfortable to spend their time while keeping informed.

The healthAbility submission reminds us of the synergies between eating for health and eating for environmental sustainability through reduced greenhouse gas emissions. The Nillumbik Greens encouraged the role of small, local neighbourhood fire groups who help ensure that frail or isolated members are safe. To reduce greenhouse emissions, the Nillumbik Greens recommended advocacy for increased reach of public transport, more community education, Council use of low-emissions vehicles, signage for networked trails, recognition and protection of forested areas, and flood mitigation design for higher density housing.

Comments from participants are as follows:

"It would assist our family to lead a life with better wellbeing if council were acting to provide for our safety and wellbeing and undertaking bushfire prevention and preparedness activities"

"more encouragement, more discussion, more access (eg. meeting points on Fire Danger days with videos to help relieve stress & trauma)"

“Protecting our environment; addressing climate change issues”

“Council not burying climate change and environmental issues, they’re more important than ever”

“For example a collaborative community plan to reduce greenhouse gas emissions to mitigate climate change will improve the health of many people in the long run”

“Likewise planning for the future of our food supply with local farmers”

“Reduce smoke from wood fires during winter”

Social isolation



The health and wellbeing component of the household survey asked residents about their satisfaction with local efforts to provide a socially inclusive and connected environment. Satisfaction levels with this were much higher in the urban areas than the rural areas.

Feeling of belonging in the community was considered very important by the majority of online survey respondents with 68 per cent saying it was very important and 29 per cent saying it was important. This was similar across all age groups.

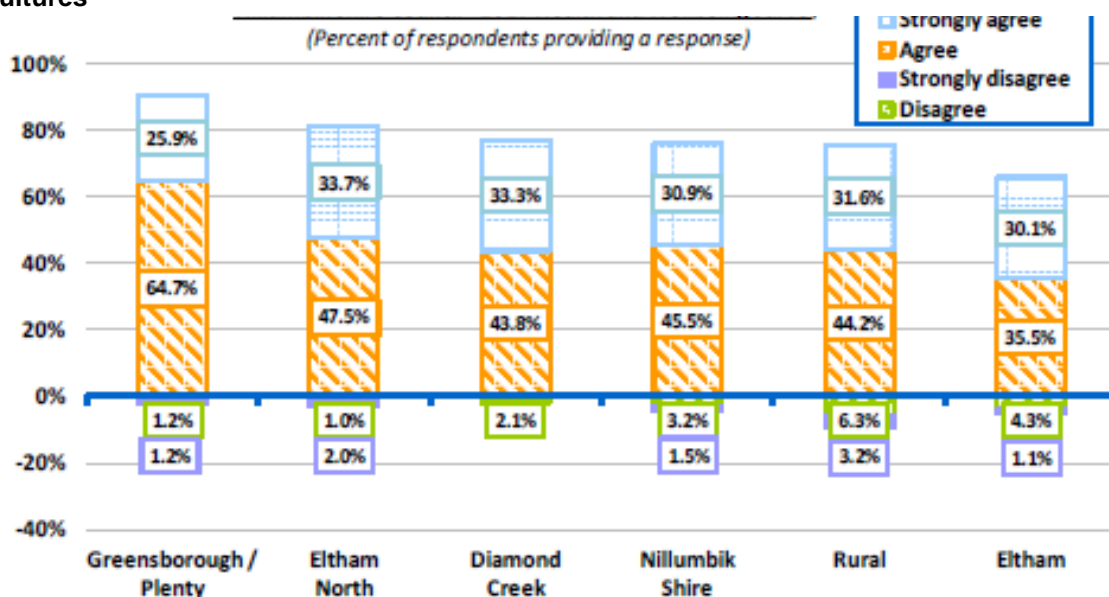
Participation or engagement in artistic and cultural activities, and the benefits of volunteering were considered important or very important by 77 per cent and 88 per cent of respondents respectively.

Education and lifelong learning and access to technology were considered important or very important by 91 and 90 per cent of respondents respectively.

Sixty-seven per cent of respondents felt connected to their community, while ten per cent did not. Twelve per cent of people were dissatisfied with the learning opportunities available to them and seven per cent of people were dissatisfied with their access to arts activities.

Discrimination on the basis of race, gender, age or ability was concerning for 77 per cent of respondents. The household survey found that 76 per cent of people agreed their community was welcoming of people from different cultures and only 5 per cent disagreed. People in the rural areas and in Eltham were more likely to report their community was less welcoming.

Figure 12. Agreement with 'my local community is welcoming of people from different cultures'



Social isolation was considered a problem for all people including stressed families and young people, but particularly for older people living in rural areas, where we were told that depression was fairly common. Some suggestions to help ameliorate this included increased community transport or ride-sharing for older people, a community visiting scheme and a directory of things to do and ways to increase connections with others, such as programs, groups and volunteering opportunities.

Younger people also wanted ways to reduce geographic isolation with better transport options, places and programs for like-minded young people, and programs that improve life skills such as financial literacy and local work placements.

Issues of racism and acceptance of diversity were raised by some, particularly in relation to employment and inclusion at sports clubs. Being able to drive was seen as critical to being able to get out of the home for newly-arrived people. The Nillumbik Greens recommended supporting community groups to be welcoming of people from different cultures as Nillumbik becomes more multicultural, and continuing to support 'friends of' groups, Men's Sheds, and other community groups that offer social connections.

Comments from the community were as follows:

- "[Teenagers] don't have adequate recreation. No discos, no nightclubs"*
- "Nothing much for older people"*
- "Given the demonstration on refugees, it's bad"*
- "Not diverse enough"*
- "Racist people around"*
- "Opportunities to participate in community based activities and organisations, especially older residents, and in particular men"*
- "Involvement in groups offering regular social contact and stimulation"*
- "More services for teenagers like music festivals"*
- "More for kids to do at night"*
- "Youth club"*
- "Not much cultural activities in Diamond Creek, compared to Eltham"*
- "Do not know many people, there should be more activities for mixed generations"*

Transport



poor connections.

The Health and Wellbeing household survey asked respondents to rate the difficulty of getting where they need to go by public transport. About half of respondents (54.3%) considered it easy or very easy to travel where they need to go by public transport. The reasons for difficulty with public transport were little or no transport, public transport too infrequent; need more options for getting to the station,

The online survey showed that 49 per cent of respondents cannot get around without a car. Traffic congestion is also a concern with 55 per cent of respondents telling us they are very concerned that it impacts their time for others. Eighty per cent of respondents were concerned about easy access to public transport.

Older participants told us that accessibility at stations was a deterrent to using public transport for some, but all age groups were concerned that transport, especially buses did not meet their needs.

Comments from the community on transport:

“Not sufficient public transport and too far for walking”

“Access to public transport, i.e. buses, resulting in a decrease in car use”

“Better late night public transport”

“More frequent bus schedules”

“More public transport so that people walk more”

Healthy ageing



The Health and Wellbeing household survey asked about the suitability of the local community for older people. Most respondents of all age groups agreed the community in Nillumbik was suitable or very suitable. In the rural areas there was a slightly larger proportion (13.5%) who thought the area was not suitable for older people.

Access to health services for people at all stages of life was universally considered important by respondents to the online survey with 85 per cent stating this was very important. Community education on healthy ageing was also considered important by 88 per cent of respondents. A significant proportion of respondents were not satisfied they can be as healthy as possible as they get older (16%). The strongest age group represented in this result was 25-34 year olds, with 46 per cent of people in this age group feeling dissatisfied with their health as they age.

Transport was a consideration for people who are getting older, and some felt that moving to smaller housing close to transport was a good option. Designing housing that was suitable for downsizing but retained the cultural and environmental values of residents was important.

Inclusion was also very important with suggestions and ideas that revolved around the provision of information in different ways, more volunteering and group activities.

In making recommendations for the health and wellbeing plan, HealthAbility recommended ensuring accommodation and mobility needs are met, and capitalising on the wealth of knowledge and capacity of our aged/retired population. The Nillumbik Greens recommended that Council organise a monitoring program in which volunteers would call on frail elderly people living alone and urged Council to maintain its Positive Ageing programs.

Some of the comments from the community in relation to healthy ageing included:

“Free seminars, information booklet letter drop”

“An increase in facilities for caring for older people

“Aged care facilities should be affordable and of high quality”

“Exercise facilities for older people”

“Make it easier for the elderly to access the walking paths and other community venues”

“More activities for older people only”

“More community buses to get people for community services and exercise”

Conclusion

The prevention system for chronic disease and mental health issues were well understood by the general community in terms of physical activity, healthy eating, social inclusion and removing inequities in access to services. When asked 'What would encourage people in Nillumbik to live healthier lives?', the majority of responses related to outdoor built environments, such as bicycle and walking paths and parks. The second most common response was in relation to community education and information provision, particularly in regard to healthy eating and harm from alcohol and drugs. Following that was the provision of facilities and services for recreation and social activities. Transport alternatives to driving were seen as vital to both increasing physical activity and social connectedness. Having better access to public or community transport was seen as especially important for people who don't drive, e.g. young people and older people, to improve their ability to engage with services and programs, and be more socially connected.

Some of the more complex social issues such as community impacts from family violence, misuse of alcohol and drugs, gambling, and climate change were considered to be very important by the majority of participants. Suggestions for health planning in these areas were mainly in the areas of community education and regulation of alcohol, gambling and fast food.