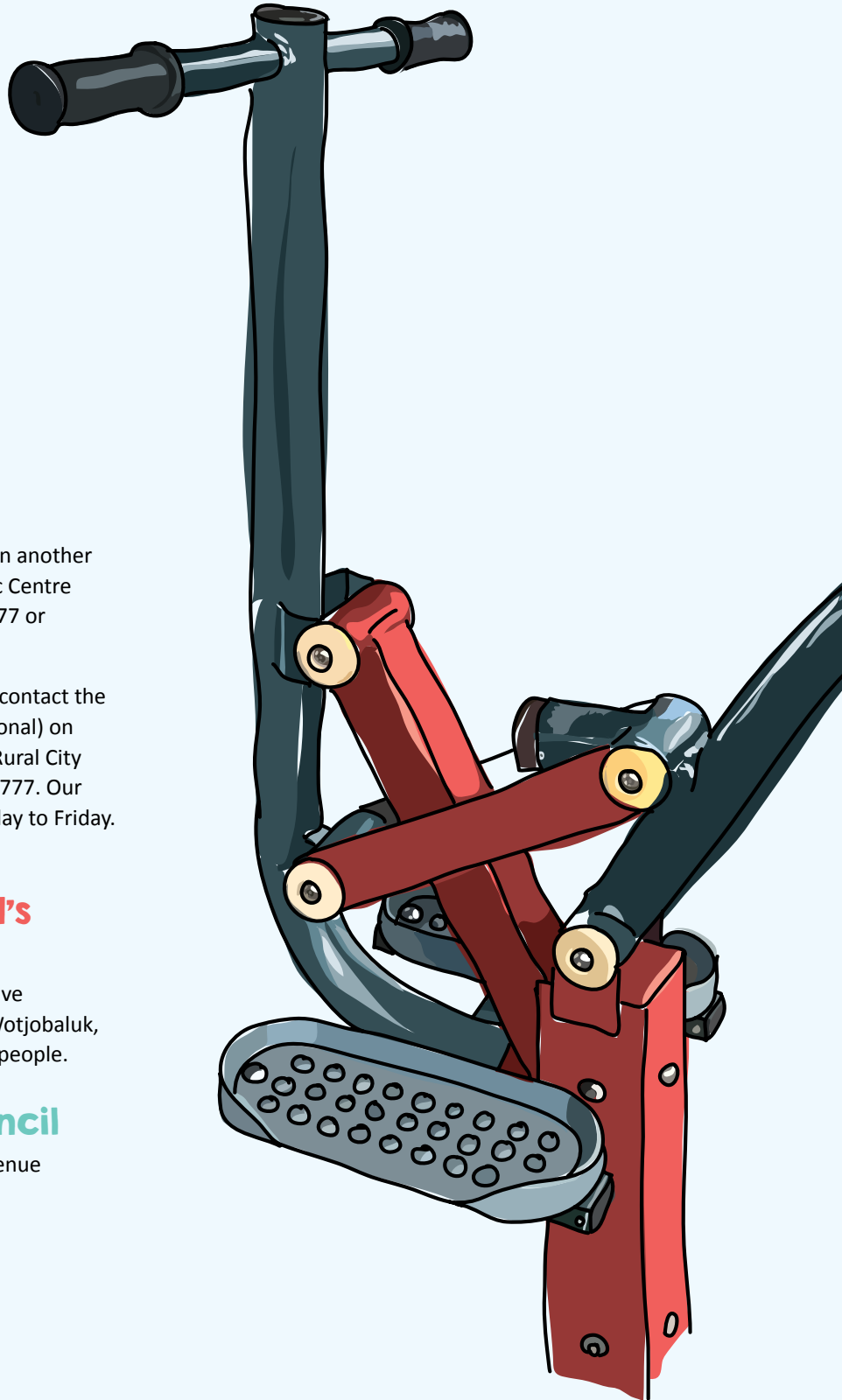


HEALTH AND WELLBEING PLAN



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Recognition of Our Land's Traditional Owners

Horsham Rural City Council recognises the five Traditional Owner groups of this land: the Wotjobaluk, Wergaia, Jupagulk, Jaadwa and Jadawadjali people.

Horsham Rural City Council

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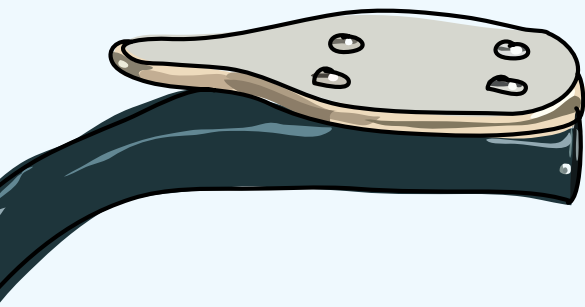
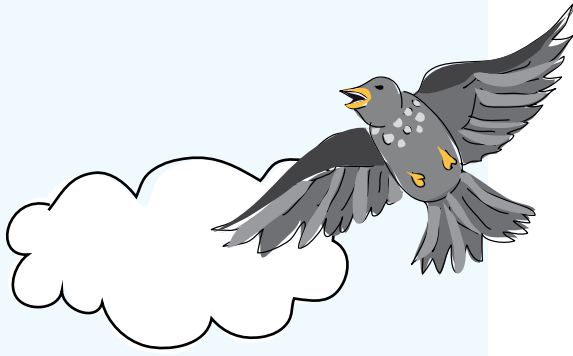


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MESSAGE FROM THE MAYOR

Council is committed to its vision of achieving a vibrant, inclusive community in which to live, work, play and invest.

Success in achieving this vision will require a multi-faceted approach and increasing the health and wellbeing outcomes of our community is one critical element.

Health and wellbeing is not purely our physical health but incorporates aspects of our social, built, natural and economic environment for, as we all know, our health is affected by our knowledge, employment, family life, where we live, how we get around, our access to services and a host of other things.

The connection between poor health behaviours and chronic illness is well established. Council is active, and will continue to be active, in advocating in the treatment space. However, prevention is where the largest gain can be achieved. This plan outlines key priority areas and the objectives and actions that sit underneath them.

The Health and Wellbeing Plan is a living document meaning the conversation doesn't end here. Council wants to hear what is important to the community from a health and wellbeing perspective and will continue to actively seek input from the community as needs change over time.

I look forward to seeing the positive changes this plan will deliver for our community and the ongoing conversation with you around health and wellbeing.

Cr Pam Clarke
Mayor



EXECUTIVE SUMMARY

The purpose of the Municipal Health and Wellbeing Plan is to protect, improve and promote public health and wellbeing within Horsham Rural City (Horsham RC). In doing so, the plan identifies health and wellbeing issues and needs of the Horsham community, based on a range of data sources. A plan of action has been developed in response to the identified needs, to be implemented over the next four years.

Findings from surveys that examined the health and wellbeing of communities across Victoria showed Horsham RC residents to have a greater sense of general wellbeing and life satisfaction than the state average. Horsham RC residents were also more likely to be involved in the community through volunteering or citizen engagement and reported higher levels of trust and a willingness to help each other than the Victorian averages.

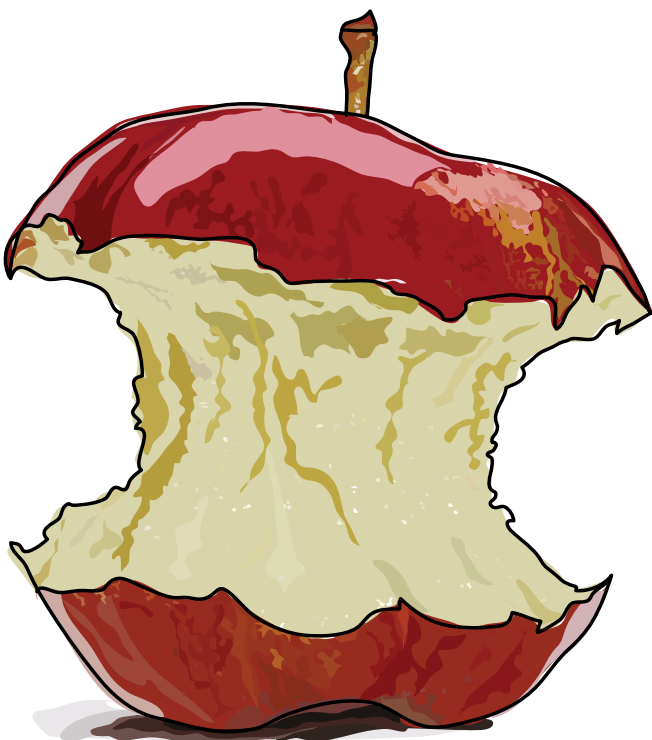
Horsham, however, does not fare as well in a range of other areas. Within the Grampians region, Horsham RC consistently had the highest rate of family violence incidents (between 2011 and 2016) and the municipality is ranked the third highest local government area in the state for teenage births. Data also showed Horsham RC to have the second highest rate of drug and alcohol clients in the state and treatment episodes for care rates was eight times higher for the 0-14 year age group than the Victorian average.

As a result of: data analysis; input gathered at Wimmera PCP health workshops; findings from the 2015-2019 Victorian Public Health and Wellbeing Plan; and consultation with external stakeholders, the following health and wellbeing priorities were identified (in no particular order):

- Increasing healthy eating and active living
- Reducing harmful alcohol and drug use
- Improving mental health
- Preventing family violence
- Improving sexual and reproductive health
- Improving early years outcomes
- Strengthening education and economic development

This plan contains specific objectives and actions for each priority that Council will undertake to improve the health and wellbeing of our community over the next four years. Each action has Council's role defined as often Council will advocate for the change or partner with other agencies to deliver the action, thus ensuring the most effective and sustainable outcome.

This is a living document and will be reviewed annually and updated as required.



PART I: BACKGROUND TO THE HORSHAM HEALTH & WELLBEING PLAN

What is the Municipal Public Health and Wellbeing Plan?

The purpose of this plan is to demonstrate how Horsham Rural City Council (HRCC) will work towards creating a community in which people can achieve maximum health and wellbeing over the next four years. The Plan is required under Section 26 of the Victorian *Public Health and Wellbeing Act 2008*.

The plan fulfils the requirements under the Act, which states a Municipal Public Health and Wellbeing Plan (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.

The MPHWP can be incorporated into the Council Plan or remain a separate document. HRCC elected to maintain the MPHWP as a separate document to ensure the correct degree of focus is maintained on such an important area.

This Plan also meets the requirements of the Climate Change Act 2010, by 'having regard to climate change'. Examples include emergency management and recovery work conducted by Council (Part 3, Action 3.18) and actions involving provision of water (Part 4, Action 2) and shade (Part 4, Action 6).

The Plan is also aligned with the Royal Commission into Family Violence, Recommendation 94 stipulating that, "councils report on the measures they propose to take to reduce family violence and respond to the needs of victims in preparing their municipal public health and wellbeing plans."

Council recognises family violence as a key priority in its Health and Wellbeing Plan and have outlined a number of objectives, actions and evaluation measures (Part 4; 3. Preventing Family Violence).

Determinants of Health - What makes us healthy?

Health and wellbeing is influenced by a series of factors. In this Plan, a systems approach to health and wellbeing has been used which "*considers the impact of factors originating across any or all of four environmental dimensions – built, social, economic and natural.*"

Our social and economic environment is probably the most important influence on our health. Contributors to good health are a decent income, good education, a safe environment, secure housing, social support and access to transport. Contributors to poor health include unemployment, poor housing, isolation/social exclusion, lack of public transport, income inequality and poverty.² Certain demographic characteristics also have a significant impact on the health outcomes, such as: gender, age and disability. As such, Council has adopted a life course approach to the development of this plan (recognising that health outcomes will change across a person's life) and has ensured a gender analysis was conducted (by Women's Health Grampians) and included in data breakdown in Part 2.

The natural environment has positive influences on health by providing clean air, open spaces, rain and climate conditions and natural features such as mountains, rivers, sunrises etc. In times of fire, flood, drought and other natural disasters, health can be adversely affected.

The built and urban environment influences health in providing such things as safe footpaths for pedestrians, lighting, access to appropriate services and places for people to sit. Inadequate footpaths, lack of lighting and inaccessibility can all contribute to poorer health.

'Health is a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity'

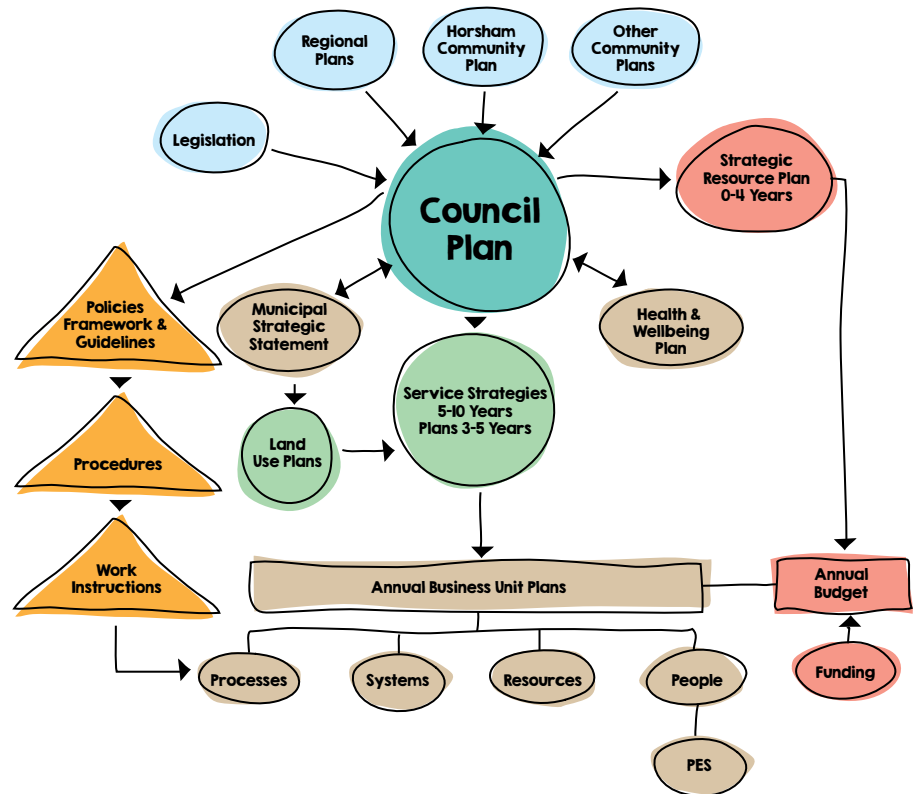
- World Health Organisation, 1948

How does this link with other Council plans?

The MPHWP is one of Council's key strategic plans and is consistent with the Council Plan and the Municipal Strategic Statement (MSS). Links to these plans are shown in the adjacent diagram.

The MSS is awaiting approval at the time of writing this MPHWP. The reviewed MSS has a health and wellbeing section that is aligned with this plan – with objectives around social connection, physical activity, the importance of the built environment in supporting these elements and increasing education and employment opportunities. The MSS has influenced the objective and action development of this Plan.

Given this direct link, the MPHWP influences all Council policies, service plans and annual business unit plans.



The Council Plan creates the context for the HRCC Health and Wellbeing Plan as it works towards creating a community in which people can achieve maximum health and wellbeing.

VISION

A vibrant, inclusive community to live, work, play and invest.

MISSION

Horsham Rural City Council, working with the community, will develop the municipality through strong leadership, vision, good governance, responsive services and quality infrastructure, whilst enhancing our economy, our liveability, and natural environment.

Below is a selection of Council's key strategies, master plans, advisory groups and initiatives that will assist in the delivery of health and wellbeing outcomes:

- CBD Revitalisation
- Parking Strategy
- Road Management Plan
- Horsham North Urban Framework
- Horsham Railway Corridor Masterplan
- Municipal Early Years Strategy
- Aquatic Centre Masterplan
- Public Art Plan
- Tourism and Events Masterplan
- Community Action Plans
- Disability Access and Action Plan
- Arts and Cultural Plan
- Wimmera River Corridor Masterplan
- Wimmera River Improvement Plan
- Economic Development Strategy
- Sport and Recreation Strategy
 - Multi-use Indoor Sports Stadium Project

Advisory Groups

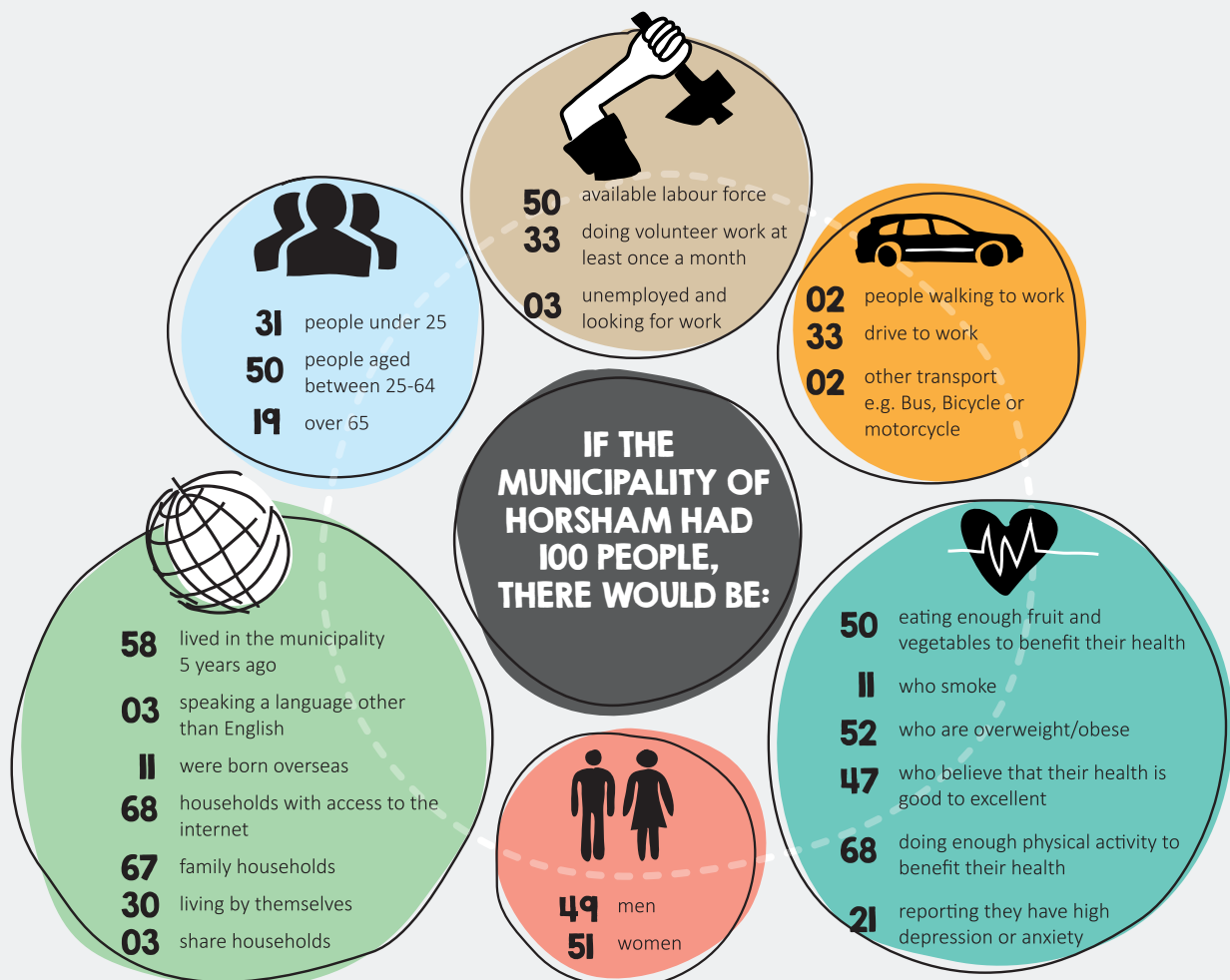
Tourism Advisory Committee
 Bike Advisory Committee
 Early Years Committee
 Aboriginal Advisory Committee
 Public Art Committee

PART 2: THE PROCESS AND PRIORITY SETTING

The development of the MPHWP, including the process of priority setting, was multi-faceted, involving both data analysis and engagement with stakeholders and the community.

The first step in setting health and wellbeing priorities involved interpreting available data. This has ensured that the plan, and its priorities, is backed by statistical evidence. To ground-truth this data, a range of qualitative elements were examined and stakeholder and community engagement was undertaken.

Data Analysis - Profile of Horsham Rural City



Data sourced from:

- Department of Health, Regional Health Status Profiles Grampians Region, 2012
- Regional Development Australia, Grampians, 2013
- Health.vic.gov.au, 2013
- Vic Health Survey results, 2014
- Department of Employment, 2016

Demographics

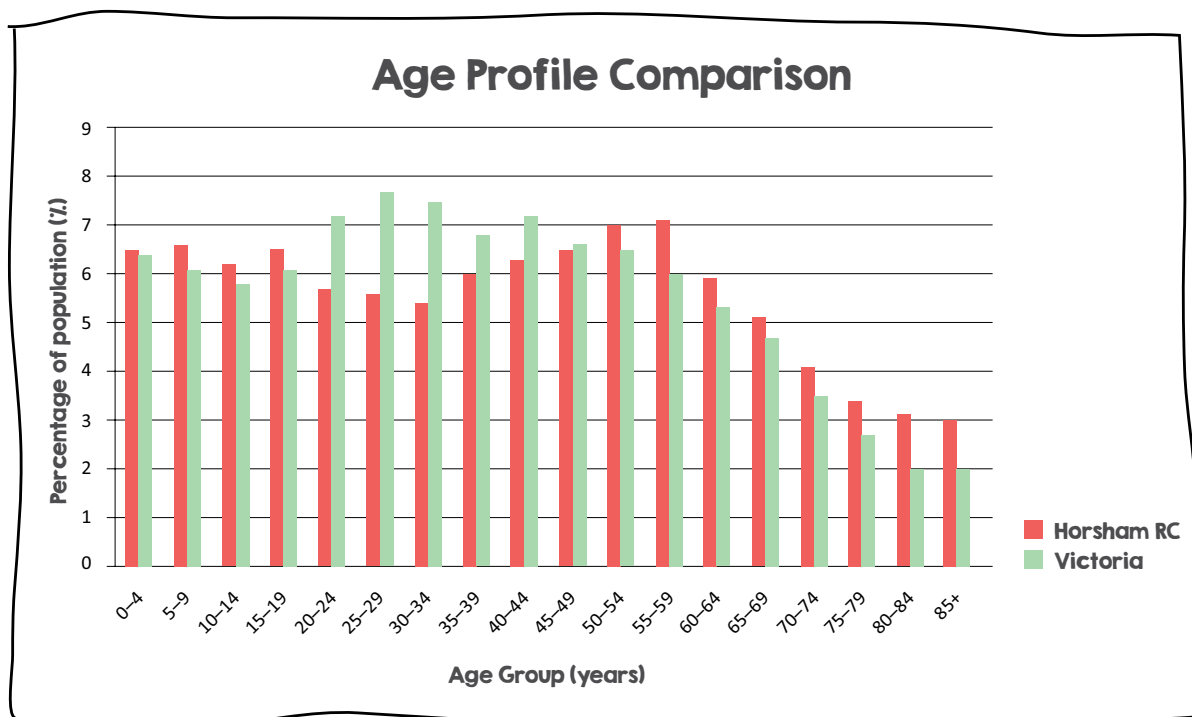
Population – In 2015 Horsham RC had a population of 19,774³; and increase of 251 people since 2011. Nearly 60 per cent of residents live in the central urban area of Horsham which has a population of 15,262.⁴ Horsham population increased the most in the Wimmera Primary Care Partnership region where it rose by eight per cent between 2006 -2011. The greatest decrease in Goroke (down 13.2% during this time).⁵ The Victorian Government has projected Horsham’s population to increase by 11.8 per cent to 22,223 by 2031.⁶

Employment – The Health Care and Social Assistance sector remains the largest employment sector in the municipality employing 16 per cent of the workforce. This is an important statistic when examined in terms of training and attracting skilled professionals to the region. Retail trade (13%) and Agriculture, Forestry and Fishing (10%), are the second highest employers within the municipality.⁷

The unemployment rate across the municipality increased significantly in comparison to Victoria from 2012-2016. Horsham RC remains below the Victoria rate of 5.8 at 4.9 – despite an increase in unemployment five times that of the increase for Victoria.⁸

Education – In 2011, the percentage of persons aged 20-64 that had completed Year 12 or equivalent was lower (41.9%) than the Victoria figure of 58.2 per cent.⁹ However, the percentage increase across 2006-2011 was similar to that of Victoria. Females were more likely than males to complete Year 12. In 2014, Horsham fell below the state average for numeracy in all year levels measured except Year 3 (Year 3, 5, 7 and 9 measured). It fell below the state average in all year levels for literacy.¹⁰ Labour force participation (employed or looking for employment) for the population aged 15 to 64 years was similar to the Victorian average with a figure of 75 per cent compared to 72 per cent. It is likely that this reflects the large proportion of young people who leave school early to pursue a trade.¹¹

Age – The age profile of the municipality compared to other parts of the State can be seen in Figure 1. There are a high number of children below 19 years living in the municipality, emphasising the importance of early childhood services and services for school aged children. Conversely, there are fewer young adults in the municipality (compared to the State average). This is a consequence of school leavers moving to Melbourne or larger regional centres for employment and tertiary education, and is reflected regionally. The municipality also has a higher percentage of people aged over 50 compared to Victoria highlighting the need for services that cater for an ageing population. Consequently, a life course approach is particularly important in Horsham RC given health and wellbeing will be experienced differently across the span of a life-time.



Technology – In 2011, 70.5 per cent of dwellings across the municipality had internet connection at home, compared to 73.6 per cent in the Grampians Region and the Victorian state average of 79.6 per cent.¹² While Horsham remains below the state average, 2011 saw a significant increase from the 2006 figure of 43 per cent.¹³

SEIFA Index – In the 2011 Census, as it was in the 2006 Census, the area of Horsham bounded by Kalkee Road, Dooen Road and north of the railway line had the highest level of disadvantage in the municipality, in the most disadvantaged decile on the SEIFA Index. Other areas that are high on the SEIFA index of disadvantage include Horsham West, the Sunnyside area and the area around Jung and Natimuk. The SEIFA Index can be used to show relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. This is of relevance to this plan as socio economic status can have an effect on health.

Indigenous – Aboriginal and Torres Strait Islander people make up 1.9 per cent of the population.¹⁴ This is similar to the regional Victoria figure of 1.8 per cent but double that of Victoria's average of 0.9 per cent. Of the clients who attend the medical clinic at Horsham's Goolum Goolum Aboriginal Co-Operative, 30 per cent identify as smokers; 69.9 per cent suffer one or more chronic illness and 23.4 per cent have a diagnosed mental illness.

Cultural Diversity – While still a small percentage, the municipalities' cultural diversity is growing. In 2011, 10.5 per cent of the total population in Horsham RC were born overseas with the largest number (2.2%) born in north-west Europe. This is lower than the Regional Victoria figure of 15.7 per cent. The percentage of the population that speak a language other than English at home is 6.5 per cent¹⁵ compared to 27.6 per cent in Victoria.

According to the 2011 Department of Health & Human Services survey, 46.4 per cent of Horsham respondents either agreed or strongly agreed that "it is a good thing for a society to be made up of people from different

cultures". This is compared to 43.1 per cent in the Grampians Region and the Victorian State average of 51 per cent.¹⁶

Religion – According to 2011 Census data, 79.5 per cent of the Horsham residents identify as belonging to some form of religion. The Census highlighted 19.1 per cent belonged to the Uniting Church (approximately four times that of the Victoria figure - 4.7%) and 10.5 per cent belonged to the Lutheran Church (this was 10 times the Victorian figure of 0.8%).¹⁷ Within the municipality many church and faith based organisations run programs and initiatives that support community connectedness, skills development and education. Churches contribute significantly to the health and wellbeing of our community through social welfare support, emergency accommodation and homelessness support, refuge facilities and other activities that support families and individuals in times of need.

Early Years – Mothers in the Horsham municipality are more likely to breastfeed than the average Victorian mother, with 40.3 per cent of babies being fully breastfed at six months compared to the Victorian average of 34 per cent.¹⁸ Horsham RC also has strong immunisation rates with 95 per cent of children in Horsham fully immunised at 24-27 months, which is higher than the state average.¹⁹

Interestingly, Maternal and Child Health Centre visits for key age/stage assessments saw Horsham below the state average for visits at eight months and below but above average for 12 months and over.²⁰

The Australian Early Development Census (AEDC) provides a national measurement to monitor children's development. The AEDC states that where children live can have an impact on their development. From 2009-2016, the AEDC findings for Horsham highlight a significant increase across all developmentally vulnerable areas of physical, social, emotional, language and communication. In 2015 Horsham was above the state average for percentage of children developmentally vulnerable on one or more domains (25.1% vs 19.9%) and on two or more domains (18% vs 9.9%).²¹





Health & Wellbeing Data

This section provides a municipal snapshot of some lifestyle behaviours and other community health indicators which have a direct effect on health and wellbeing. As outlined on Page 5, health and wellbeing is more than just the physical health and is influenced by a host of social and economic determinants.

Smoking – In Horsham RC 9.2 per cent of residents report they are current smokers with smoking more prevalent in males than females. This is below the Victorian estimate of 13.1 per cent.²²

Drugs and alcohol – The number of alcohol and other drug clients per 1,000 in Horsham is estimated to be 14.1 which is substantially higher than the Victorian measure at 5.1, and indicates that HRCC has the second highest rate of drug and alcohol clients in the state.²³

The Horsham adult population has a greater 'increased lifetime risk' of alcohol related harm than their Victorian counterparts (62.3% vs 59.2%).²⁴ The rates of emergency department presentations and ambulance attendance rates are also considerably higher than Victoria's. (27 vs 13.8 and 56.9 vs 34.4 respectively).²⁵ Alcohol can be key contributor in men's violence against women. Women whose partners drink excessively are more than twice as likely as other women to experience physical abuse, and more than one-and-a-half times as likely to experience psychological abuse.²⁶

The ambulance attendance rate per age group is close to double that of Victoria's average for the age groups 15-64 year olds.²⁷ Treatment episodes for care rates for alcohol are over 2.5 times that for Victoria (and predominantly comprise of males). It is higher for each age group and eight times higher for 0-14 years than Victoria's figure.

The number of Emergency Department (ED) presentations for illicit drug-related harm episodes in Horsham RC was slightly higher at 2.2 per 10,000 people, compared with the Victorian average of 2.5. However, for pharmaceutical drug-related harm episodes Horsham RC was nearly four times higher than the state average (43.8 v. 12.6 per 10,000 population). This trend continued for females within the 15-24 age group.²⁸

Mental Health – There is now strong evidence of the relationship between social isolation and health, including mental health.²⁹ The estimated population with mental and behavioural problems in Horsham is similar to Victorian figures for both males and females.³⁰ The percentage of people with lifetime prevalence of depression and anxiety is slightly higher for females than the Victorian average – 33.4 per cent versus 25 per cent.³¹

Physical Activity – Horsham residents presented similar physical activity trends to that of the Victorian average for both inactivity (0 days per week) – 22.2 per cent (Horsham) versus 18.9 per cent (Vic average) and high activity (four days or more per week) – 41 per cent versus 41.3 per cent.³² It was noted that 42.1 per cent of females and 56.9 per cent of males within HRCC engage in sufficient physical activity. This was comparable to the Victorian average of 39.8 per cent for females and 43 per cent for males.³³

It is important to understand that men and women can face different barriers to being physically active. For example, women are more likely to face barriers such as caring responsibilities, body image and perceptions of safety. Inadequate levels of physical activity in women and girls are linked to obesity which can contribute to a number of interrelated health issues such as earlier onset of puberty, polycystic ovary syndrome (PCOS), gestational diabetes and type 2 diabetes.³⁴

Healthy eating – The 2013 Australian guidelines recommend five or more serves of vegetables and two serves of fruit per day. While, on average, Horsham people eat 2.5 serves of vegetables per day (which is more than the Victorian average of 2.2 serves), it is well below the five recommended serves.³⁵ The recommended two serves of fruit is consumed by 47.5 per cent of Horsham RC residents which is similar to the state average of 47.8 per cent. Less than 30 per cent of females report eating the recommended intake of fruit, vegetables, legumes and fish³⁶ and persons aged 65 years and older were more likely to than younger people to meet the fruit consumption guidelines.³⁷

More Horsham RC residents consume sugar-sweetened beverages than the Victorian average, at 14.4 per cent versus 11.2 per cent³⁸

More Horsham RC residents than the state average said affordability was the reason for not consuming the food they wanted.³⁹ Horsham was similar to the state average with responses around quality and variety. No data was provided to gauge if culturally appropriate food availability or accessibility (with public transport) were factors. Approximately three per cent of Horsham residents had ran out of food in the previous 12 months which is lower than the Victoria average of 4.6 per cent.⁴⁰

Asthma – Asthma rates are slightly higher at 12.5 per cent than the regional (11.6%) and state (10.9%) averages.⁴¹

Cholesterol – Horsham recorded the same rate as Victoria for population with high blood cholesterol at 33.4 per 100 persons.⁴²

Diabetes – Horsham has a higher percentage of the population (5.5%) with diabetes than the Victorian average (5%). In this population, 86.2 per cent have Type 2 and 10.3 per cent have Type 1 versus the state figure of 86.8 per cent and 9.5 per cent respectively. In 2009-2013, the rate of avoidable deaths caused by diabetes was higher in Horsham RC than the regional Victoria and Victoria average.⁴³

Cancer – In 2011-2012 residents of Horsham (8.4%) were more likely to report having been diagnosed with cancer in their life-time compared to the regional and state Victoria average (7% and 7.2%, respectively).⁴⁴ The total average of malignant cancers diagnosed each year was greater for females than males. Between 2007 and 2011, Horsham was more likely to report new cases of bowel (22%) and prostate (18.6%) cancers compared to the state average (15.5% and 13.1%, respectively).⁴⁵

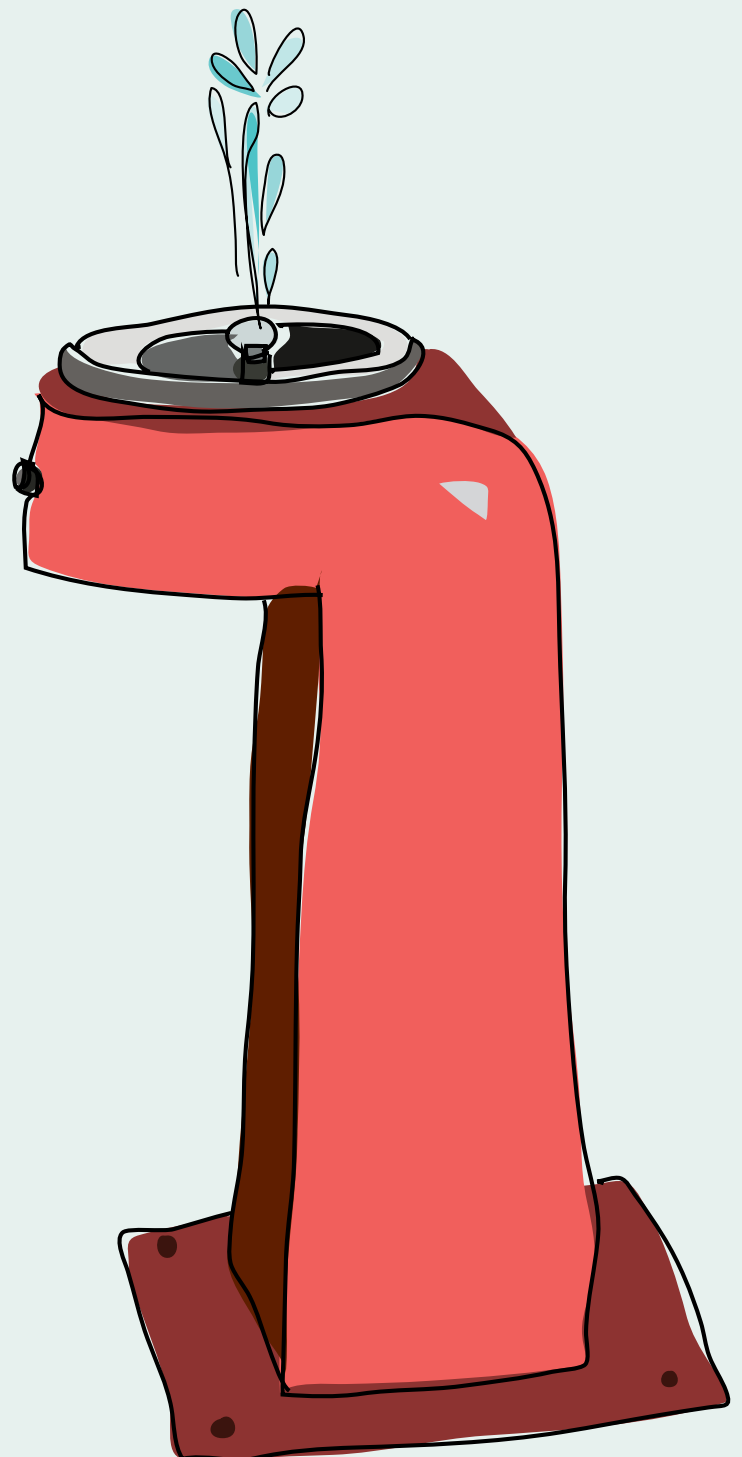
Obesity – 21.4 per cent of the population is obese (versus the Victorian average of 17.3%). Females were more likely to be obese than their male counterparts.

Circulatory system diseases - Over the 2009-2013 period the rate of avoidable deaths from circulatory system diseases was higher than the state average of 33.8 per cent, at 49.6 per cent.⁴⁶

Oral health – Horsham residents were more likely to report they had visited a dental professional in the last one to two years than the Victoria average (23.9% v. 18.2%). However, for both adult and young people (0-14 years) hospital admission rates for dental conditions were higher than the state average in 2013/2014. However, rates for young people reduced significantly from 2008/2009 to 2013/2014 from 19.2 to 6.5. This is believed to be due to the addition of fluoride to Horsham's water supply since 2006. While this remains higher than the state average it has closed the gap significantly.⁴⁷ General dental waiting times at Wimmera Health Care Group were the highest in the Grampians region at almost twice the state average.

Sexual and reproductive health – With a teenage birth rate of 27.1, Horsham is ranked the third highest local government area in the state, the Victorian average being 14.3.⁴⁸ Being a rural area, privacy and availability of services are barriers impacting people's access to contraception, emergency contraception and abortion services. With girls and women often referred to Melbourne, the knowledge base of service providers or individuals about what services are available and how to access them is essential and can be a possible gap. Horsham has significantly higher rates of chlamydia than the state average. Females are over double the state average (44.1 per 10,000 v. 19.4) and males

are roughly the same as the state average (13.97 per 10,000 v. 13.1).⁴⁹ Sexual and reproductive health covers areas such as safe sex and contraception, unplanned pregnancy and sexually transmitted infections. Although some of these factors impact both men and women, it is still traditionally women and girls who bear the overwhelming burden of sexual and reproductive morbidity.⁵⁰



Other community health indicators

Many factors influence positive health and wellbeing. Below is some data on how Horsham RC is performing when compared to the rest of the state.

The 2015 Vic Health Survey results indicate 83.5 per cent of Horsham residents feel people are willing to help each other (higher than the Vic average of 74.1%) and 84.6 per cent agreed people can be trusted (again higher than the Vic average of 71.9%).⁵¹

The 2011 Vic Health Survey results indicated that 51 per cent of Horsham residents volunteer at least once a month – a rate that is significantly more favourable than the Victorian average of 33.9 per cent.⁵²

Some form of citizen engagement was undertaken by 66.8 per cent of Horsham residents in the previous 12 months which is higher than the Victorian average of 50.1 per cent.⁵³

In 2015, residents reported greater wellbeing and satisfaction with life than the Victorian average. Residents gave their wellbeing an average score of 80.6 out of 100 and life satisfaction 8.2/10 compared to the state average of 77.3 and 7.8 respectively.⁵⁴ In the 2011 Community Indicators Victoria Survey, the average Personal Wellbeing Index score for persons living in Horsham was 81.2⁵⁵ displaying a gradual decrease.

Only 49.9 per cent of Horsham residents reported an adequate work-life balance which is lower than the Victorian average of 57.3 per cent.⁵⁶

In the previous year, transport limitations were experienced by 32 per cent of people living in Horsham, compared to 24.6 per cent of people living in the Grampians Region and the Victorian State average of 23.7 per cent.⁵⁷

Safety – Most Horsham residents said they felt safe walking alone during the day (92.2%) which was similar to the state average (92.5%). Conversely, only 54.4 per cent of people felt safe walking alone at night, which is slightly lower than the Victorian average of 55.1%.⁵⁸ It is important to note there can be significant differences between male and female perceptions regarding safety and this can influence use of space including open space and participation in physical activity. Men generally feel significantly safer than women walking alone at night with 87.1 per cent of males (vs state average of 87.5%) within HRCC area feeling safe when walking alone at night compared to 62.1 per cent of females (vs state average of 63.1%).⁵⁹

Crime – The number of young people (12-18 years) on community based supervision orders (2012-2013) was over nine times that of the state average (22.5 v. 2.4).⁶⁰ In 2014-2015, the crime rate was more than three times the state average for both crimes where the offender was a child or young person and crimes where the victim was a child or young person.⁶¹

Family violence – The family violence incident rate in Horsham per 100,000 of population (Oct 2015-Sept 2016) was more than double the Victorian average (2730.6 v. 1,302.1).⁶² Horsham has consistently had the highest rate of family violence incidents in the Grampians Region (2011 to 2016). Since 2012, Horsham has been among the top 10 worst performing Local Government Areas across the state.

While most victims are aged 35 years and over, more than 27 per cent of Horsham RC victims were aged less than 25 years. Comparison of per population rates of victims aged less than 25 years indicate that Horsham RC population in this age group are much more likely to be victims compared to the regional Victoria average.⁶³

The risk of violence is worse for Aboriginal and Torres Strait Islander women, rural/regional women, culturally and linguistically diverse women, women with disabilities and the elderly because they already face other systems of oppression and discrimination which compound their experience of violence.⁶⁴



Stakeholder Engagement

Stakeholder engagement was another critical element of priority setting for the MPHWP. Council participated in a series of health workshops coordinated by Wimmera Primary Care Partnership (Wimmera PCP), of which Council is a member. These workshops have fed into the Wimmera PCP Health & Wellbeing Plan with the following identified priorities:

- Physical Activity
- Healthy Eating
- Social Connection

These regional priorities, actions and evaluation measures have fed into this plan.

A Steering Committee was formed to provide input and direction onto the development process, including priority setting. This Committee comprised Goolum Goolum Aboriginal Co-operative (GGAC), Wimmera PCP, Wimmera Health Care Group (WHCG),

Uniting Wimmera (formerly Wimmera Uniting Care), the Department of Health and Human Services (DHHS), Grampians Community Health and internal HRCC stakeholders from the Community Development, Community Services and Recreation and Sustainability teams.

One-to-one consultations were held with a series of internal and external stakeholders and a workshop was held to access objectives and to begin brainstorming actions. External stakeholders included: Wimmera Regional Library Corporation, Wimmera Drug Action Taskforce, Wimmera Regional Sports Assembly, YMCA, Headspace, Women's Health Grampians, Western Victoria Primary Health Network, Vic Police, LLEN, WDA, Wimmera Pride, Centre for Participation, Barwon CASA, HDKA.

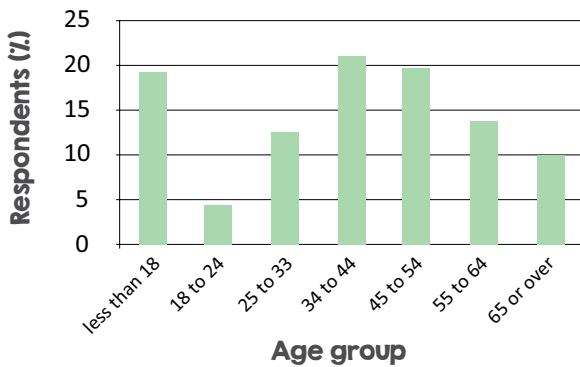


Community Engagement

Community engagement was conducted throughout the development process via a survey (17 July to 31 July 2017), listening post (29 July 2017) in Horsham Plaza and then a 28-day public review of the document (23 August to 19 September).

A total of 240 responses were collected to the survey (both electronic and hard copy). Of these, 231 gave details on gender and age which allows for analysis of how representative the responses are of the community. The age profile is representative, as it follows a similar trend to that of the Horsham age profile (graph below), however more women (70% of respondents) responded than males.

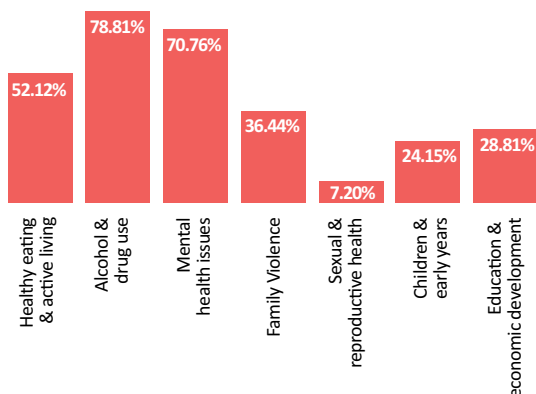
What is your age? (optional)



Of the respondents assessed, 71.4 per cent rated the overall health and wellbeing of our community as 'average', while 31 per cent and 30 per cent rated it low and high, respectively.

Respondents identified the top three priorities as alcohol and drug use, mental health issues and healthy eating and active living.

What do you think are the top three health and wellbeing priorities within the Horsham municipality?



General themes in the survey comments, in order of most comments, were:

1. Healthy Eating/Active Living – This area received the most comments; 50 per cent more than the next category of Education and Economic Development. Key themes were:

- Develop/maximise our natural environment to promote active living (including bike/walking trails for connectivity, focus on infrastructure such as shade, water taps, lighting).
- Increase the number of activities available to all (i.e. elderly, youth, differing abilities etc) that promotes physical activity.
- Increase promotion of activities and healthy food options available.
- Increase healthy food options available in community (including canteens and council events).

2. General Communications – There were 37 comments that referred to the need to increase the communication from Council around the promotion of activities and services available, general awareness about health and wellbeing and promoting what Council is doing in the community.

3. Education and Economic Development – The spread of comments in this category was greater with key themes covering the need for improvement on public transport and “things to do” in the community along with general statements that Economic Development needs to be a key focus.

4. Services – Over 40 comments referred to the need for more medical services and promotion of what was available.

5. Mental Health – A key theme emerging was encouraging more community activities (not based around sport but common interests). Particularly for the youth.

Themes for other areas included: Alcohol and Drugs – general comments that action was critical in this area; Family Violence – address gender equity; Early Years – increase education and support services for parents; Sexual and Reproductive Health – promote awareness of services.

This community feedback was directly fed into the Plan development and influenced the wording and setting of actions.

Partnerships

Given the breadth of factors that influence health and wellbeing outcomes, no one agency can be responsible for health and wellbeing. Council must work in partnership with other agencies and the general community to work towards the goal of creating a community in which people can achieve maximum health and wellbeing.

Achieving items in Part 3 and Part 4 of the Plan will rely on effective partnerships. The actions in Part 4 specify the relevant partners, however, it should be noted this is not a comprehensive list and the actual partners involved will likely be far greater.

To ensure the MPHWP remains on track and actions are proving effective, the Steering Committee will meet quarterly to track progress.

PART 3: WHAT IS HRCC ALREADY DOING?

HRCC is already active in improving health and wellbeing across the community. There are some areas where Council has primary responsibility, such as infrastructure provision, maintenance of public space and regulatory services. Community health and wellbeing initiatives are incorporated into the decision-making process in these areas. In other areas, Council may partner with other agencies to deliver services or support initiatives. This support may take the form of advocacy, provision of venues, publicity or resources such as staff or financial support.

Some of Council's ongoing commitments in this space include:

- 3.1** Delivering diversity in its actions to ensure inclusivity and accessibility for all. Council recognises inequities faced by different community members potentially resulting in poorer health outcomes for certain groups such as the aging population, those with a disability, Indigenous people and the LGBTIQ community. As such, programs/activities delivered require an equity lens to truly ensure there is diversity in actions delivered to ensure inclusivity and accessibility.
- 3.2** Communicating through a variety of mediums, thereby increasing the reach of messages to the community.
- 3.3** Implementing the Community Grants Program in line with health and wellbeing priorities such as supporting local community groups to increase organised indoor and outdoor sport opportunities.
- 3.4** Effective partnership and collaboration with local agencies whose work has an impact on public health and wellbeing. This includes ongoing membership and active participation in groups such as: Wimmera Primary Care Partnership, Wimmera Drug Action Taskforce and the Communities of Respect and Equality (CORE) group and Horsham Aquatic Centre.
- 3.5** Continuing to build partnerships and projects that support greater participation and acceptance in community life.
- 3.6** Recognition of the importance and ongoing place that all Indigenous people hold in our community and continued commitment to the role of the Aboriginal Advisory Group.
- 3.7** Developing and maintaining facilities and open spaces (eg. sporting grounds, parks and gardens) which support social connection and physical activity opportunities for individuals and community groups. Along with ongoing support of open space Advisory Committees. (Links with Council Plan – Actions 1.1.03, 1.1.04, 1.1.09, 1.2.03, 1.2.04)
- 3.8** Development and maintenance of roads, footpaths and walking and bike trails with particular focus on key precinct linkages (e.g. home to schools) to promote active living options and supporting infrastructure such as seats, signage, water, lighting and shade; (Links with Council Plan – Actions 1.2.09, 1.2.10, 1.2.11)
- 3.9** Undertaking urban planning that considers health and wellbeing implications such as social connectivity, safety and active living.
- 3.10** Consideration of safety and surveillance when undertaking development and maintenance of venues and open spaces.
- 3.11** Provision of facilities and services such as the Horsham Regional Art Gallery, Horsham Town Hall, Horsham Library and local halls. These venues provide places for people to meet and connect and also have regular programmed activities for groups and the community providing for social connection.
- 3.12** Maintaining a strong health and wellbeing focus internally at the Horsham Rural City Council through initiatives such as staff health checks and health programs.
- 3.13** Community Development and Support – working with and strengthening communities, supporting festivals, events and the Arts. Support of cultural activities enhances the vibrancy of the community and builds social connection and physical activity opportunities through dance, music, theatre etc.
- 3.14** Early Years Services – provision of Maternal Child and Health Services, co-ordinating and providing immunisation services, playgroups, new parent groups and implementation of child safe standards.
- 3.15** Aged & Disability Services to over 600 clients – funded through the Commonwealth Home Support Program, Victorian HACC program for younger people and private works to provide: domestic assistance, personal care, meals-on-wheels and home handyman services (eg. shopping, cleaning, showering, preparing for bed, meals) for elderly and disabled people. Also, the provision of disabled parking permits to eligible people and Senior Citizens Clubs in Horsham and Natimuk.
- 3.16** Environmental Health Services such as food premises registration, waste water permits, tobacco control and public safety.
- 3.17** Developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected.
- 3.18** Emergency Management Planning for Resource Support, Emergency Relief and Recovery – Planning for the provision of resources, emergency relief and recovery services in accordance with adopted plans, policies and procedures. The aim is to coordinate resources to support the community in partnership with stakeholders from non-government organisations and emergency service agencies before, during and after emergencies such as bushfires and floods.
- 3.19** Work with community groups and other agencies to strengthen the governance and enhance the sustainability of volunteer groups throughout the municipality.
- 3.20** Waste Management – waste collection and recycling services.
- 3.21** Economic development – building relationships with local businesses and proactively seeking opportunities to enhance the vibrancy and liveability of our municipality.
- 3.22** Sustainability and Recreation Environmental programs – e.g. landcare, urban wetlands.
- 3.23** Advocacy – for improved public transport and other key issues in the community.

PART 4: WHAT DOES HRCC PLAN TO DO?

The key priorities for this Horsham Rural City Council Health and Wellbeing Plan were a product of data analysis specific to Horsham Rural City. They are (in no particular order):

- Increasing healthy eating and active living
- Reducing harmful alcohol and drug use
- Improving mental health
- Preventing family violence
- Improving sexual and reproductive health
- Improving early years outcomes
- Strengthening education and economic development

These seven priorities are data driven using data specific to Horsham Rural City and reinforced by the Wimmera Primary Care Partnership Health and Wellbeing Plan, the 2015-2019 Victorian Public Health and Wellbeing

Plan and consultations with partner agencies and the community.

Council undertakes many functions that contribute to the health and wellbeing of the community. This plan highlights a number of specific objectives and key actions underneath each priority area along with evaluation measures.

The indicators outlined for the evaluation measures will be used to assess the overall success of the actions at the end of the four-year period. When reviewing the plan annually, specific action updates will be used to assess if the action is on track. Targets (in ranges of 5% increments) have been allocated to each evaluation measure and these targets will be reviewed continuously.

I. Increasing healthy eating and active living

Why is this a priority?

What the data says...

- 21.4 per cent of the Horsham RC population is obese (versus the Victorian average of 17.3%).⁶⁵
- Unhealthy eating and low physical activity can contribute to chronic diseases. The proportion of people in Horsham RC who have diabetes, chronic obstructive pulmonary disease and high blood pressure is above the Victorian average.⁶⁶
- More Horsham RC residents consume sugar sweetened beverages than the Victorian average at 14.4 per cent v. 11.2 per cent.⁶⁷

What our community says...⁶⁸

- 43 per cent agree there are adequate opportunities for healthy eating.
- 61 per cent agree there are adequate opportunities for physical activity.

Objective 1: To increase healthy eating options (food and beverage) in the community

Action	Role of Council	Responsibility within Council	Partners	Timeline
1 Develop and promote a Healthy Eating Charter (linking, where appropriate, with existing programs such as the Heat Health Project).	Deliver	Corporate Services	YMCA, WHCG, Wimmera PCP, DHHS, GGAC, Parks Victoria, GCH	2018
2 Install and promote bottle filling stations as water fountains are replaced.	Deliver	Recreation & Sustainability / Technical Services	GWM Water, WRSA, VicHealth, Wimmera PCP, YMCA, GGAC, WHCG, DEDJTR, GCH	Ongoing

Objective 2: To increase opportunities for participation in physical activity.

Action	Role of Council	Responsibility within Council	Partners	Timeline
3 Support and promote active living programs and ensure diversity in offerings to cater for all needs and groups.	Advocate / Partner	Community Services	YMCA, WRSA, Oasis Wimmera, Wimmera Pride, Nexus, WHCG, GCH, GGAC, Community groups, U3A, schools	Ongoing
4 Finalise the Open Space Strategy for the municipality (Phase 1 being the implementation of the Wimmera River Corridor Masterplan).	Deliver	Recreation & Sustainability / HRCC Strategic Planner	Community	Ongoing
5 Advocate for public transport connections to allow community to access facilities and open spaces.	Advocate	Community Services	Regional Transport Group	Ongoing
6 Develop and maintain footpaths and walking and bike trails with particular focus on key precinct linkages to promote active living options and supporting infrastructure such as seats, signage, water, lighting and shade.	Deliver / Partner	Technical Services / Recreation & Sustainability	VicRoads, HRCC Bike Advisory Group Committee / DHHS	Ongoing
7 Support recreation activities in natural environment spaces including rivers, lakes and major trails across municipality (eg. Grampians Peak Trail)	Deliver / Partner	Recreation & Sustainability	Parks Victoria, DEWLP	Ongoing

Develop and maintain footpaths and walking and bike trails with particular focus on key precinct linkages to promote active living options and supporting infrastructure such as seats, signage, water, lighting and shade.

Evaluation Measures

Relevant Objective	Indicator	Current Figure	Target	2021 Figure
Objective 1	The number of people meeting the vegetable consumption guidelines.*	9.2%	1-5% increase	
	The number of people meeting the fruit consumption guidelines.*	47.5%	1-5% increase	
	Proportion of people who consume sugar-sweetened soft drink daily.*	14.4%	5-10% decrease	
Objective 2	Proportion of people participating in organised physical activity.*	24.5%	1-5% increase	
	Proportion of people who are sufficiently physically active.*	48.5%	1-5% increase	
	Proportion of people who are overweight/pre-obese.*	26.6%	1-5% decrease	

* (Above measures are aligned with Victorian Public Health and Wellbeing Outcomes Framework measure 1.3 and/or Wimmera PCP Health and Wellbeing Plan measures)

Links with Council Plan: Action 1.209, 1.2.10, 1.2.11, 3.1.05, 3.4.01, 3.4.03

2. Reducing harmful alcohol and drug use

Why is this a priority?

What the data says...

- Treatment episodes for care rates for alcohol are over 2.5 times that for Victoria (predominantly males). It is higher for each age group and eight times higher for people in the 0-14 years age bracket than Victoria's figure.
- The ambulance attendance rate per age group is close to double that of Victoria's average for the age groups 15-64 year olds.⁶⁹

What the community says...

- 39.5 per cent of respondents believed that drug and alcohol issues were not being addressed in the community.

Objective: To reduce alcohol consumption and minimise harm associated with the misuse of alcohol and other drugs.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
8	Deliver Stage 2 of the Alcohol Culture Change Program.	Deliver	Community Development	VicHealth, Project Partners, Victoria Police	2019
9	Partner with programs to promote a family-friendly culture at events (eg. sporting events).	Partner	Community Services	Wimmera Drug Action Taskforce, WRSA, community groups, WHCG, Victoria Police	Ongoing
10	Create new, and renew, license agreements with a focus on a positive alcohol culture (eg. time allowed in facility at night, cost of alcohol) and provide a reward program in agreements where applicable for organisations that target a positive alcohol culture (eg. decrease in fees).	Deliver	Community Services / Corporate Services	Community groups, WRSA, Wimmera Drug Action Taskforce, Victoria Police	Ongoing
11	Advocate for an alcohol and drug rehabilitation clinic in Horsham.	Advocate	Community Services	Wimmera Drug Action Taskforce, Uniting Wimmera, Victoria Police, WHCG, GCH	Ongoing

Evaluation Measures

Indicator	Current Figure	Target	2021 Figure
Proportion of adults who consume alcohol at increased lifetime risk of harm*	62.3%	1-5% decrease	
Treatment episodes of care rates (per 10,000 population) for alcohol for 0-14 yrs and 15-24 yrs age groups	0-14: 26.4 15-24: 125.3	5-10% decrease	
Rate of prescription drug-related ambulance attendances (per 10,000 population)*	23.3	5-10% decrease	
Rate of illicit drug-related ambulance attendances (per 10,000 population)*	10.7	1-5% decrease	

* (Above measures are aligned with Victorian Public Health and Wellbeing Outcomes Framework measure 1.3)

3. Improving mental health

Why is this a priority?

What the data says...

- Approximately one fifth of the Horsham RC population have a lifetime prevalence of depression and anxiety.⁷⁰
- There is now strong evidence of the relationship between social isolation and health, including mental health.⁷¹
- Horsham RC consistently displays a higher average number of people participating in the community

than the Victorian average in groups such as; sports, religious, other community/action groups and also volunteering.⁷²

- Interaction with nature in Victoria's parks and open spaces and participation in sport and recreation make an important contribution to reducing chronic disease risk factors, increasing social inclusion and building strong communities.

What the community says...

- 48 per cent agree they know how to access services if they have a mental health issue.

Objective: To increase social cohesion and resilience in the community.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
12	Support and promote activities and events that build community resilience and social networks for all groups.	Partner / Advocate	Community Services	WHCG, Wimmera PCP, community groups, GGAC, GCH	Ongoing
13	Deliver the My Community Directory	Deliver	Community Services	Centre for Participation, Wimmera PCP, GGAC	2018
14	Deliver the age friendly Community Project	Deliver	Community Services	Community groups, Centre for Participation, Wimmera PCP, GCH	2018
15	Review Welcome Packs to ensure they are inclusive.	Deliver	Economic Development	Community groups, BGLC, Wimmera Pride, Aboriginal Advisory Group, WHCG, Wimmera PCP	2018
16	Develop, maintain and promote facilities and open spaces as a venue for social connection for all including delivering on the CBD revitalisation project.	Partner	Community Development / Media & Comms, Technical Services	Community, community groups, GCH	Ongoing
17	Develop the Youth Strategy.	Partner	Community Services	Young People, Youth Services	2018

Evaluation Measures

Indicator	Current Figure	Target	2021 Figure
People with lifetime prevalence of depression and/or anxiety	19.8% ⁷³	1-5% decrease	
Perceptions of Neighbourhood – proportion of people who agree people are willing to help each other*	83.5% ⁷⁴	1-5% increase	
Proportion of people who can definitely get help from friend, family and/or neighbours when needed.*	89.6% ⁷⁵	1-5% increase	
Community acceptance of diverse cultures*	42.4% ⁷⁶	5-10% increase	

* (Above measures are aligned with Victorian Public Health and Wellbeing Outcomes Framework measure 1.3 and/or Wimmera PCP Health and Wellbeing Plan measures)

Links with Council Plan: Actions 1.1.01, 1.1.02, 1.1.10, 1.2.07, 1.2.08

4. Preventing family violence

Why is this a priority?

What the data says...

- Between 2013 and 2015 the number of females in Horsham RC who reported a family violence incident is more than double the Victorian average (2873.6 per 100,000 v. 1285 per 100,000).⁷⁷
- Horsham has consistently had the highest rate of family violence incidents in the Grampians Region between 2011 and 2016.⁷⁸

- Intimate partner violence is “the leading preventable contributor to death, disability and illness of Victorian women aged 15-44.”⁷⁹

What the community says...

- 47 per cent agreed that gender equality was important in their community, 22.6 per cent were unsure or had no opinion and 14 per cent disagreed.

Objective 1: Improve awareness and knowledge of violence against women.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
18	Implement the Act@Work program within Council and support the ‘Communities of Respect and Equality’ (CORE) plan.	Deliver	Community Services	CORE members	Ongoing
19	Lead and partner on public initiatives	Partner / Advocate	Community Services / Executive Management Group	Women’s Health Grampians, Victoria Police, WHCG, Uniting Wimmera, GCH	Ongoing
20	Advocate for a family violence support and safety hub in Horsham	Advocate	Community Services	Victoria Police, Uniting Wimmera, Women’s Health Grampians, Grampians Community Health, WHCG	Ongoing

Objective 2: Address key drivers of gender inequality leading to violence against women.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
21	Develop and implement council gender equity strategy, policy and procedures.	Deliver	Corporate Services	Women’s Health Grampians	2021
22	Ensure the design of council facilities and open spaces considers access, lighting, entrapment points and passive surveillance so they are family friendly and meet the needs of different genders.	Deliver	Recreation & Sustainability / Technical Services	Community, Women’s Health Grampians	Ongoing

Evaluation Measures

Indicator	Current Figure	Target	2021 Figure
Family Violence Incident rate per 10,000 population	2,730.6	10-15% decrease	
Perceptions of Safety – Proportion of people who feel safe walking alone during the day	92.2%	1-5% increase	
Perceptions of safety – Proportion of people who feel safe walking alone after dark*	54.4%	5-10% increase	

* (Above measure aligns with Victorian Public Health and Wellbeing Outcomes Framework measure 2.1)

Links with Council Plan Actions 1.2.15, 1.2.16

5. Improving sexual and reproductive health

Why is this a priority?

What the data says...

- Horsham is ranked third highest local government area in the state for its rate of teenage births.⁸⁰
- Horsham has over double the rates of chlamydia in females than the state average.⁸¹

What the community says...

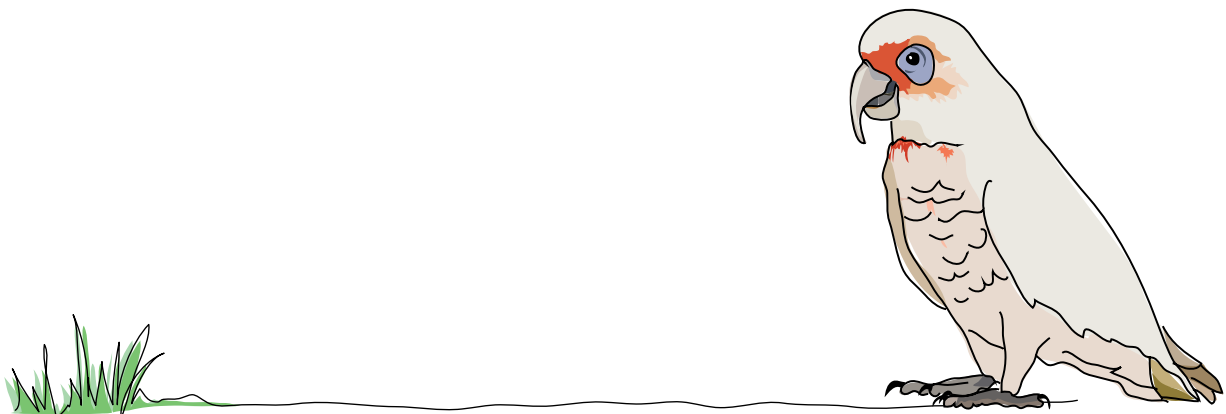
- 48 per cent were unsure or had no opinion on whether the community had a good understanding of safe sexual practices and services available.

Objective: To improve access to information and increase awareness and knowledge around safe sexual practices and services.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
23	Conduct focus groups with diverse participants to investigate root cause of statistics.	Partner	Community Services	Women's Grampians Health (Lead), Uniting Care, WHCG, Nexus, GGAC	2018
24	Advocate for the provision of locally based sexual health services and outreach programs.	Advocate	Community Services	WHG, WHCG, Uniting Wimmera, Wimmera Pride, Headspace, GCH	Ongoing
25	Inform the community about sexual health services available and how to access them.	Deliver/ Partner	Community Services	WHG, WHCG, Uniting Wimmera, Wimmera Pride, Headspace, GCH	Ongoing

Evaluation Measures

Indicator	Current Figure	Target	2021 Figure
The number of live births to women aged under 19 years (per 1,000 women in this age group)	27.1 ⁸²	10-15% decrease	
The number of females and males who were diagnosed with Chlamydia per 10,000 persons. ⁸³	F: 44.09 M: 12.97	10-15% decrease	



6. Improving early years outcomes

Why is this a priority?

What the data says...

- From 2009-2016, Horsham RC had a significant increase across all developmentally vulnerable areas of physical, social, emotional, language and communication.⁸⁴
- In 2015 Horsham was above the state average for percentage of children developmentally vulnerable on one or more domains (25.1% vs 19.9%) and on two or more domains (18% vs 9.9%).⁸⁵

What the community says...

- 42 per cent agreed that the needs for children aged 0-6 years were adequately catered for in the community.

Objective 1: Improve opportunities for participation and connection with services for parents.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
26	Deliver the Kalkee Rd Children's and Community Hub (KRCCH).	Deliver	Community Services	Early childhood providers, HDKA, local agencies	Dec 2017
27	Utilise the KRCCH to strengthen links between Maternal Child and Health Nurses (MCHN) with other service providers and to support transition between service providers	Deliver / Partner	Community Services	MCHN, Hub service providers, WHCG, GGAC	Ongoing
28	Provide and promote a range of spaces for parents to meet and provide info that supports and connects parents (HUB and open spaces)	Deliver / Partner	Community Services	Uniting Wimmera, Early Years Planning Committee	Ongoing

Objective 2: Improve learning and development of young children aged 0-6 years.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
29	Develop principles of 0-6 years programs within council operated areas (eg. KRCCH, Town Hall, Aquatic Centre, Indoor Stadium and Library) including programs that focus on promoting connection with nature.	Partner	Community Services	HDKA, DET, Uniting Wimmera	2019
30	Partner with organisations to conduct a review of outcomes, benefits and relevance of current services.	Partner	Community Services	Early Years Planning Committee	2020

Evaluation Measures

Indicator	Current Figure	Target	2021 Figure
Percentage of children developmentally vulnerable on one or more domains	25.1% ⁸⁶	1-5% decrease	
Percentage of children developmentally vulnerable on two or more domains	18.0% ⁸⁷	1-5% decrease	

7. Strengthening education and economic development

Why is this a priority?

What the data says...

- Horsham has an unemployment rate of 4.9, which is lower than the Victoria's figure of 5.8. From 2012 to 2016, Horsham's unemployment rate has increased by 1.6, while the Victoria rate has increased by 0.3.⁸⁸

What the community says...

- 38 per cent agree the community has a strong focus on education and economic development, whilst 28.6 per cent disagree.

Objective: To profile Horsham as a place to do business and generate new business opportunities.

Action #	Action	Role of Council	Responsibility within Council	Partners	Timeline
31	Implement HRCC Economic Development strategy and ensure health and wellbeing priorities are reflected.	Deliver	Economic Development	Business Horsham, WDA, community	Ongoing
32	Develop and promote the municipality's key tourism and events attractions with particular focus on unique natural and cultural offerings.	Deliver / Partner	Economic Development / Community Development	Parks Victoria, RDV, Sports and Recreation Victoria, WDA, Tourism Advisory Committee	Ongoing
33	Advocate for supporting infrastructure (rail, road, internet, bus routes)	Advocate	Economic Development, Community Services / Technical Services	Public Transport Victoria	Ongoing
34	Develop relationships with businesses (new and current) to ensure business retention and attraction to the area.	Advocate / Partner	Economic Development	Business Horsham, WDA, community	Ongoing
35	Prepare a Healthy Design Local Planning Policy for inclusion into Clause 22 of the Horsham Planning Scheme; require new developments to meet healthy design guidelines.	Deliver	Planning	WDA, Business Horsham, community	Ongoing
36	Education: Advocate for, and support organisations to promote, lifelong learning.	Advocate / Partner	Economic Development, Community Services	U3A, Centre for Participation, Fed Uni, LLEN, Neighbourhood House	Ongoing
37	Education: Support mentoring programs and continue traineeships and work placements within HRCC	Deliver / Partner	Organisational Development	WDA, Skillinvest, Centre for Participation, LLEN, Leadership Wimmera	Ongoing

Evaluation Measures

Indicator	Current Figure	Target	2021 Figure
Number of new businesses opening in Horsham	N/A*	1-5% increase	
Number of new full time jobs created	N/A*	1-5% increase	
Proportion of young people (15-19 years) engaged in full time education and/or work**	76% ⁸⁹	5-10% increase	

*Not Applicable – count will begin upon implementation date of this plan. ** (Above measure aligns with Victorian Public Health and Wellbeing Outcomes Framework measure 3.2)

Links with Council Plan Actions 1.4.02, 1.4.03, 2.1.03,

8. Review

An annual review of this plan is a requirement under the *Public Health and Wellbeing Act 2008*. However, a more frequent review will be conducted with quarterly Steering Committee meetings held. Feeding into these meetings will be consultations with both internal and external stakeholders of the different actions under this plan.

The review process will include an action status update for each action item (including measurement against a specified target for each action) and then discussion on any items/additional actions that need to be updated for the Plan.

The review process will also link with the development of Council's annual budget to ensure funding discussions are held.

Surveys may also be conducted to gain community feedback on the success of action measures taken. The review process should include feedback to the community about the progress of actions via media releases, public notices and social media posts.

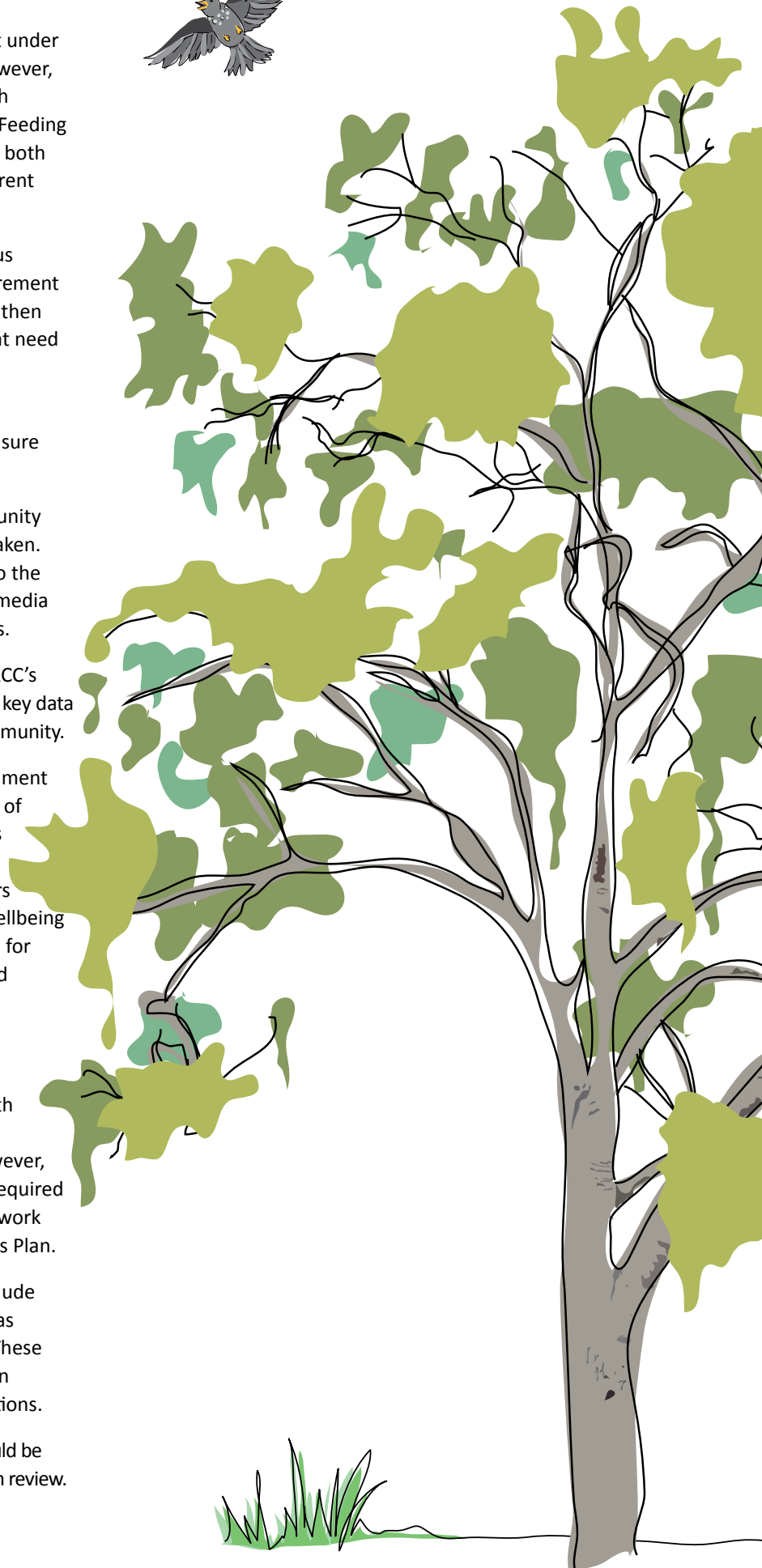
The Wimmera Information Portal (WIP) and HRCC's My Community Directory will also be used as a key data source to track progress on changes in the community.

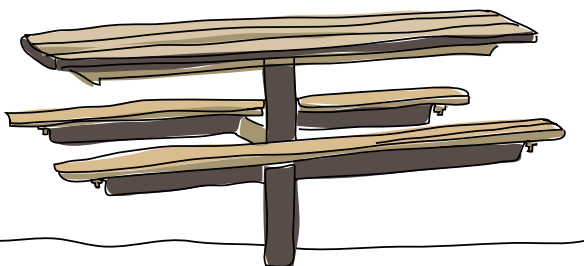
The evaluation measures outlined in this document will be used to determine success at the close of the four-year period (the evaluation measures are made up of indicators where the source data is generally only available every four years eg. Census data, Wimmera PCP Health and Wellbeing Profile and the VicHealth Survey). The targets for these measures will be reviewed annually (and updated if required) and data collected as it is made available.

These evaluation measures have been aligned where possible with the Victorian Public Health and Wellbeing Outcomes Framework and the Wimmera PCP Health and Wellbeing Plan however, there may be additional reporting measures required as part of the review process given the Framework has more indicators than those included in this Plan.

Where available, evaluation measures will include breakdown into different demographics such as gender and age to allow for deeper analysis. These considerations will be taken into account when implementing actions and developing new actions.

As a key Council plan, the review of this plan should be linked with, and feed into, the annual Council Plan review.





ACRONYMS AND ABBREVIATIONS

ABS – Australian Bureau of Statistics

BGLC (Barengi Gadjin Land Council) – an organisation involved in cultural heritage and indigenous land management. This is the only body in the region with the legislative authority to make legal decisions on cultural heritage.

Business Horsham – a collective voice for local businesses aiming to retain rural youth in the area and create a unified business group within the community.

Centre for Participation – an organisation focused on enhancing the community through local opportunities in community support, volunteering, learning and partnerships.

CFA – Country Fire Authority

CCTV – closed-circuit television

Decile – one of the values of a statistical variable that divides the distribution of the variable into ten groups having equal frequencies

DEDJTR – Department of Economic Development, Jobs, Transport and Resources

DET – Department of Education and Training

DHHS (Victorian Department of Health and Human Services) – A department aiming to achieve the best health and wellbeing for all Victorians through planning, policy development, funding and regulation of health service providers and activities.

EBA – Enterprise Bargaining Agreement

GCH (Grampians Community Health) – delivers a broad range of primary health care and community services for individuals and families in the Grampians region aiming to promote healthy living whilst improving the standard of living

GGAC (Goolum Goolum Aboriginal Co-operative) – a community controlled Aboriginal organisation delivering Health and Community Services to the local Koori community in the Wimmera and Western Grampians regions of Victoria

GWM Water – Grampians Wimmera Mallee Water

HDKA – Horsham District Kindergarten Association - the Cluster Manager and licensee of seven kindergartens in the Horsham district.

Healthy Sporting Environments – a VicHealth initiative to support sports clubs to become healthier, welcoming and more inclusive.

Horsham Balance – a statistical category covering the Horsham Rural City excluding those in the urban area of Horsham.

Horsham Central – a statistical category covering the entire urban area of Horsham excluding Haven

HRCC – Horsham Rural City Council

KRCCH – Kalkee Road Children's Community Hub – new early years Hub under construction on Kalkee Road.

NeXus – a youth centre located in Horsham which provides and promotes education, safety and recreation opportunities for young people throughout the Wimmera.

Oasis Wimmera – a group supporting and assisting overseas migrants to integrate into Australian society.

QUIT – a quit smoking organisation dedicated to eliminating the pain, suffering and costs caused by tobacco.

RDV – Regional Development Victoria - Victorian Government's lead agency in developing rural and regional Victoria

SEIFA – Socio-Economic Indexes for Areas - a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the Census.

SES – State Emergency Service

U3A – University of the Third Age- a volunteer learning organisation for mature adults

Uniting Wimmera – formerly Wimmera Uniting Care - a not for profit organisation that supports and strengthens individuals, families and communities in the Wimmera.

Vic Health Indicators Survey – a Victorian community wellbeing survey which focuses on the social determinants of health. The survey is based on core questions related to individual and community health and wellbeing, critical to inform decisions about public health priorities.

WDA (Wimmera Development Association) – the peak economic development organisation for the Wimmera Southern Mallee region

WDAF (Wimmera Disability Access Forum) – an independent group of individuals and organisations promoting the wellbeing of the citizens of Horsham and the Wimmera who have a disability.

WHCG – Wimmera Health Care Group

WHG (Women’s Health Grampians) – is one of nine regional and two state-wide women’s health services funded by the Department of Health and Human Services. Their focus is at the population level, working to achieve healthy public policy, improved service provision for women, and cultural change that supports gender equality.

White Ribbon Initiative – aims to raise awareness about the issue of violence against women

WIP – Wimmera Information Portal – an online data portal summarising community statistics. This is a project implemented by HRCC, Wimmera PCP and Victoria Police.

Wimmera CMA – Wimmera Catchment Management Authority – responsible for creating a healthier and more sustainable environment.

Wimmera Primary Care Partnership (Wimmera PCP) – a state government funded organisation set up to improve access to services and continuity of care for people through improved service coordination, as well as chronic disease prevention, integrated health promotion and partnership development. The catchment includes the shires of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

Wimmera Settlement Program – a program which helps migrants settle into life in Australia

Wimmera Southern Mallee Region – involves six municipalities in western Victoria including Horsham Rural City, Hindmarsh, Northern Grampians, West Wimmera, Yarriambiack and Buloke

WSM LLEN – Wimmera Southern Mallee Local Learning and Employment Network

WRSA (Wimmera Regional Sports Assembly) – a volunteer based organisation supporting the growth, development and promotion of sports and recreation at the grass roots level.



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