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Traditional Chinese:

若你需要口譯員,請撥打TIS National電話131 450並請他們轉接 Central Goldfields Shire 的電話03 5461 0610。我們的工作時間是 Monday to Friday 9am-4pm。你也可以瀏覽TIS National 網站瞭解TIS National 的服務資訊,網址:www.tisnational.gov.au

Dutch:

Als u een tolk nodig hebt, bel dan TIS National (nationale vertaal- en tolkendienst) op 131 450 en vraag hen om de Central Goldfields Shire Council (raad van het zelfstandig gebied van Central Goldfields) te bellen op 03 5461 0610. Onze openingstijden zijn maandag tot vrijdag van 09.00 tot 16.00 u. Op de website van TIS National staat ook vertaalde informatie over de diensten die TIS National levert. Ga naar: www.tisnational.gov.au

German:

Wenn Sie eine Verdolmetschung brauchen, rufen Sie bitte TIS National unter 131 450 an und fragen Sie nach der Central Goldfields Shire Council, Rufnummer 03 5461 0610. Unsere Geschäftszeiten sind montags bis freitags 9:00 bis 16:00 Uhr. Übersetzte Informationen über die Dienstleistungen von TIS National finden Sie auf der Website von TIS National. Besuchen Sie www.tisnational.gov.au.

Tagalog:

Kung kailangan mo ng interpreter, mangyaring tawagan ang TIS National sa 131 450 at hilingin sa kanila na tawagan ang Central Goldfields Shire Council sa 03 5461 0610. Ang aming mga oras ng opisina ay Lunes hanggang Biyernes 9:00 ng umaga hanggang 4:00 ng hapon. Maaari mo ring bisitahin ang website ng TIS National para sa naisalin na impormasyon tungkol sa serbisyong ibinibigay ng TIS National. Bisitahin ang: www.tisnational.gov.au



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A message from our leaders

This Plan takes a fresh approach to supporting our communities' health and wellbeing: a partnership approach. Central Goldfields Shire Council is uniquely positioned to support the communities' health and wellbeing, but they cannot do this alone. This Plan has been developed by Council with a collaborative group of organisations because the health and wellbeing of Central Goldfields community is everyone's business.

Working in a partnership means that we need to work off a common agenda, hold each other accountable and learn from each other. This means that we need to take time to meaningfully create the foundations of the partnership to build trust and commitment before we take action. Central Goldfields Shire Council is committed to leading the new partnership in health and wellbeing, leading through good governance and by example through their actions.

To show our commitment to working together to improve health and wellbeing in Central Goldfields we have collectively developed this Plan. We look forward to working together and to using this Plan to help shift our story about what it is like to live and work in Central Goldfields.

The partners of the Central Goldfields Health and Wellbeing Plan

(see Page 36 for list of organisations).

Terms used in this Plan

In this Plan the term "the Council" is used to refer to the Central Goldfields Shire Council.

In this Plan the terms "we" and "our" are used in reference to "the Partnership", which includes the Council, partner organisations involved in health and wellbeing and representatives of the community of Central Goldfields Shire.



Our Community

Located at the geographic heart of Victoria, Central Goldfields Shire is home to around 13,000 people. Over many thousands of years, Djaara (Dja Dja Wurrung People) have lived on the lands and cared for djandak (Country). Today around 230 people in our community identify as Aboriginal or Torres Strait Islander. Maryborough is the Shire's largest town and is a health and retail centre for smaller towns including Bealiba, Carisbrook, Dunolly, Majorca, Talbot, Bowenvale-Timor and Daisy Hill.

The people of Central Goldfields Shire are strong and resilient.

If Central Goldfields was 100 people...

- 33 report excellent or very good health
- 43 have high life satisfaction
- 77 feel like their life is worthwhile
- 43 have been diagnosed with anxiety or depression in their lifetime
- 14 sought help for a mental health concern in the last 12 months
- **64** are overweight
- **30** are obese
- 37 are living with more than 2 chronic diseases
- 9 are living with a severe or profound disability
- **59** consume more than 10 alcoholic beverages per week
- **16** smoke daily
- 7 gamble weekly
- **49** do not do enough physical activity
- **18** consume sugar-sweetened beverages daily
- **5** eat enough vegetables
- **33** eat enough fruit
- 3 will require Police to attend a family violence incident each year
- 1 will die by suicide

This Plan is for everybody in our community. At the heart of health and wellbeing is feeling included, regardless of your age, gender, disability, ethnicity or sexual identity or whether you live in a larger town or smaller town in our Shire. If Central Goldfields were 100 people, then all 100 of them will be a part of and benefit from this Plan.

Our Strengths

We have many strengths that we can harness to create positive change in our community. When we asked people who live or work in the Shire, they said that our community's key strengths were:

- Strong leaders who advocate for community
- Caring people with strong social networks
- Beautiful natural environment and historical architecture
- Regional location meaning people rely on each other



How have the Council approached this Plan?

This Municipal Public Health and Wellbeing Plan (the Plan) is one of three plans that Victorian local governments are required to have under state government legislation (alongside the Council Plan and Municipal Strategic Statement). This Plan is required under the Public Health Act 2008.

Looking back...

In the previous Municipal Public Health and Wellbeing Plan (2017-2021) most of the responsibility for action for our community's health and well-being was delegated to Go Goldfields (see Box 1). This was not a sustainable or effective strategy as it placed a large burden on a small team without effective mechanism to engage Council's unique levers that they can pull to benefit community health (see Table 1).

What we have learned from looking back is that it is hard to achieve the level of change needed to really address health and wellbeing across the Shire. The scope of action and responsibility required means that this Plan needs to be at the core of all Council's work so it can lead partnerships and model ways of working to embed health and wellbeing in all business.

Looking forward...

Community health and wellbeing is at the core of creating a vibrant, thriving, and inclusive community. The strategic agenda presented in this Plan aligns with two of the four strategic objectives from The Council Plan 2021-2025: Our Community's Wellbeing; Our Spaces and Places.

This Plan is legislatively required by State Government of Council, in recognition of the role local government plays in the community in building infrastructure, providing services, and advocating for our community. It also recognises the strong partnerships the Council have with our health services, our community organisations, our schools and the community. We know that while the Council do have a powerful position to create better health and wellbeing outcomes for the community, the improved outcomes we aspire to can't be achieved by Council alone and that strong partnerships will be critical to our work going forward.

Acknowledging this, this Plan sets the strategic intention of Council as a leader of community health and wellbeing. This means partnering with organisations, agencies, community groups and services to deliberately improve the health and wellbeing of our community. We need to create the opportunities to work in trusting partnerships and work hard together to achieve the changes we need to see in our community. This Plan is a starting point, setting out the strategic vision and how we want to work over the next four years.

What does it mean for Council to lead this Plan?

Council will lead by example through taking action to make this Plan work. Council is uniquely placed to have direct impact on the health and wellbeing of the Shire community. Table 1 shows the many areas within Council that influence health and wellbeing, many of which are unique to Council. It is clear in Table 1 that health and wellbeing is impacted by the actions of all Council divisions, not just the direct community services Council provide. This Plan positions health and wellbeing at the forefront of Council's decision-making processes.

In implementing this Plan, Council will also lead through good governance. Instigating partnerships takes time and resources. Council recognises the substantial resources required to create and sustain meaningful governance structures and accountabilities for this Plan. The General Manager Community Wellbeing and the Manager Community Partnerships will lead this work and will work with partners to create the governance structures that best support the Plan's goals.



How have the Council approached this Plan?

Table 1: Levers that support health and wellbeing that are unique to the Council and are embedded across divisions

	Council Division	Unique levers to support health and wellbeing
Infrastructure Assets and Planning	Infrastructure	 Controlling processes for traffic management, wastewater regulation and waste management
	Operations	 Protecting and enhancing existing amenities and open spaces Leading by example in climate action through Council practices
	Strategy and Economic Development	 Leading climate change mitigation and promoting adaptation Implementing and refining the Planning Scheme Supporting resilient local businesses and meaningful job opportunities
	Statutory Services	 Ensuring food and health premises comply with legislation Enforcing compliance with tobacco legislation
Community Wellbeing	Community Services	 Leading early years education services Prioritising inclusive maternal and child health services Delivering empowered disability and aged care services Strengthening immunisation rates Providing library services that foster social connections in community
	Tourism, Events and Culture	 Leading and investing in tourism development Leading re-development of arts and cultural opportunities Offering diverse community festivals and events
	Community Partnerships	 Coordinating development of this Plan Leading emergency management responses Planning for recreation reserves, recreation and sporting facilities Encouraging youth engagement in decision-making
Corporate Performance	Finance	Procurement policies and processes that prioritise health
	Governance, Property and Risk	 Strong leadership that prioritises community health and wellbeing Community looks to Council for leading by example
	Business Transformation	 Acting as a central hub for community information by welcoming and re-directing all community enquiries
	People and Culture	 Promoting healthy policy and practice for Council staff Encouraging staff to embrace climate action for Council practices



Box 1: Learning from Go Goldfields

The Council is a partner in Go Goldfields and sits on the Leadership Table alongside Central Goldfields community leaders, Executives from State Government Departments, Bendigo and District Aboriginal Co-Operative, the Centre for Non-Violence, Maryborough District Health Service and Anglicare.

Go Goldfields has been working with the Central Goldfields community since 2010. It is a place-based partnership between State Government and the Council, service providers and the community committed to achieving better outcomes for children and families in the Shire. Many of the principles underpinning this Plan are key learnings from Go Goldfields about how community change can happen through a collaborative approach.

Go Goldfields creates the space for innovative social change. They have the authorising environment to push the boundaries and take on actions that other agencies are not able to easily adapt for. Go Goldfields will continue to be the partner that leads innovation for health and wellbeing. This space has been created for Go Goldfields to be innovative by pulling back the breadth of health and wellbeing responsibilities that were placed on it in the previous Municipal Public Health and Wellbeing Plan.

In the next four years, Go Goldfields will focus on the health and wellbeing of children aged 0-8 years and their families through the "Every Child, Every Chance" initiative. This Plan is designed to complement and enable elements of the "Every Child, Every Chance" initiative.



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Challenges

These are big-picture challenges that are impacting the health and wellbeing of people across Central Goldfields, Victoria, Australia and globally.

- **COVID-19 pandemic:** we have all been impacted by this global pandemic. It has challenged us to change the way we live. Since early 2020, we have seen COVID-19 impact our health through sudden loss of income or employment, social and physical distancing measures, remote schooling and working and numerous lockdowns for Central Goldfields communities. We are still dealing with this pandemic, and our work over the next 4 years will be central to supporting our community to recover.
- **Climate change:** has been positioned as the defining issue for public health in the 21st century by the World Health Organisation. 14 Climate change affects health in many ways: both directly and indirectly. To address the health impacts of climate change we need to develop resilient communities that are adaptive. The next 4 years will be pivotal to addressing and preparing for the impacts of climate change.
- Gender inequality: women and gender diverse people experience specific forms of inequality based on sex and gender that negatively impact their health and wellbeing. We need to promote gender equality by recognising and changing the systemic and structural barriers that are unique to the experiences of women and gender diverse people. There is immense social and political momentum towards addressing gender inequality, which gives this challenge a stronger presence in this Plan.
- Intergenerational poverty: is experienced by families with low levels of household income spanning more than one generation. The length of time children live in households experiencing income-based disadvantage is a predictor of multiple forms of disadvantage experienced by them in adulthood. This disadvantage profoundly impacts the physical and mental health of communities¹. Breaking this poverty cycle is fundamental to supporting health and wellbeing across Victoria, and particularly for Central Goldfields (as the most disadvantaged Local Government Area in Victoria).²





Opportunities

This Plan presents an exciting new opportunity for the Central Goldfields community to be engaged in the local actions that impact their health and wellbeing and to feel empowered to improve their health and wellbeing. Alongside this community opportunity are some key enabling opportunities for Central Goldfields.

- **Partnership strengthening:** the Shire has a long history of Council, agencies and community groups working together. Increasingly, these partnerships include community representation as well. Right now, for lots of reasons, these partnerships are flourishing, and we can seize this opportunity to take real, collaborative action together.
- Advocacy bodies: there are strong partnerships in the Shire that are well positioned to advocate for the health and wellbeing needs of our community. The Go Goldfields Leadership Table, Loddon Campaspe Regional Partnership and Western Victoria Primary Health Network are all powerful advocacy bodies. They can advocate to State and Federal government to deliver the support required to create change- a key opportunity to be leveraged through this Plan.
- Health Service Re-development: the Maryborough District Health Service (MDHS) has recently received funding for a major re-development. This re-development will include new infrastructure, services and renewed focus on partnerships. And importantly, it will present an opportunity for community to feel proud about their health services and to drive new engagement with them.
- **Go Goldfields:** is working with State Government, Council, services, health and education institutions and academics to develop a change plan to address disadvantage and support better outcomes for children and their families through community led collaborations. This work lays the foundations for breaking intergenerational poverty and community-led social change.
- Royal Commission into Victoria's Mental Health System: was completed in February 2021 and will fundamentally change the way mental health is addressed in Victoria. There will be advocacy and funding opportunities for Council and partners to be a part of the new approach to the promotion of mental health.
- VicHealth partnership: the Council has formed a partnership with VicHealth to deliver the Children and Young Peoples First program. This program provides funding, expertise and support for the Council to strengthen the voice of children and young people in the planning of community actions. This opportunity allows us to work with young people to let them lead the way that health and wellbeing are seen and addressed in our community.



This Plan was developed in consultation with:

- all divisions of the Council
- representatives from a range of agencies that lead and deliver health and wellbeing actions (see Page 36)
- community (see Page 13)

These people participated in online surveys, workshops, community groups and audits to share their ideas about how we can improve health and wellbeing in the Shire.

During the development, we agreed on the principles that we wanted to carry through the Plan. These principles are:

- **1.** Collaboration between Council and partners
- 2. Connection and alignment with current actions happening in community
- **3.** Action focused on community strengths
- **4.** Empowering people as the experts of their own health
- Deals with systemic, root causes of the issues
- **6.** Being comfortable with tension as it is necessary to create change
- **7.** Embedded reflective processes (evaluation)

What community want

Drawing upon community consultation and engagement conducted across the Shire on health and wellbeing related areas, we have heard that:

Families of young children (0-8 years) want a

- the best opportunities for their children
- to acknowledge the trauma of family violence is a lived experience for many and impacts our children
- flexible, community-based supports and services for families
- to lessen the geographical isolation and social isolation (further exacerbated during COVID-19 restrictions)
- more childcare that is affordable, accessible and dispersed across the Central Goldfields communities
- more support to maintain school attendance, reading skills, affordable public transport, and low cost after school activities

Younger people (8-17 years) want b

- to prioritise supporting mental health (further exacerbated during COVID-19 restrictions)
- access to low-cost community activities for physical activity
- to talk about substance use in their communities
- to address climate change

Older people want c

- to self-manage their health and decision-making
- access to good services and support when it is needed
- improved mobility across the Shire, due to a lack of public and community transport
- to foster a positive mindset towards their future
- increased opportunities for social interaction
- to participate in things that make them feel valued and give them pleasure

General community want d

- to create positive perceptions about life in the Shire
- to prioritise social connections and address mental wellbeing
- improved mobility and transport options across the Shire
- to prevent violence in our community
- investment in youth and in early prevention of health issues

"To raise children that have every chance you need to have parents who have chances too."

"Protecting my children is a constant job."

> "I don't know how to start getting her to learn – I find that hard, but I need help."

"You need a positive attitude to age well. But you need to have acceptance that you will need help one day."

"It's important to feel included. Feel part of the community and know what opportunities exist to best utilise your skills, providing meaning and purpose."

^a Go Goldfields Every Child, Every Chance 2021 community engagement (n=529 children, parents/caregivers and community members)

b Central Goldfields Children and Young People First Project (n=37, 14-17 years); Kids Co-designing Healthy Places (n=62, 8-12yrs)

Central Goldfields Shire Positive Ageing Strategy Engagement Report 2021 (n=650, 93% over 55 years of age)

^d Central Goldfields Shire Community Advisory Group for planning Community Vision and Plan



Aligning with other Policies and Strategies

A core principle of this Plan is to align with existing organisational plans and with actions happening in our community.

This Plan must pay regard to the **Victorian Public Health and Wellbeing Plan 2019-2023**, which sets ten priorities, giving continuity to the previous plan, but also placing increased attention on four focus areas (see Box 2). We are required to address these four state-level focus areas in our local Plan.

Box 2: Victorian Public Health and Wellbeing priorities

- 1. Tackling climate change and its impact on health
- 2. Reducing injury
- **3.** Preventing all forms of violence
- 4. Increasing healthy eating
- **5.** Decreasing the risk of drug-resistant infections
- 6. Increasing active living
- 7. Improving mental wellbeing
- 8. Improving sexual and reproductive health
- 9. Reducing tobacco-related harm
- 10. Reducing harmful alcohol and drug use



This Plan also aligns with the **strategic directions** of the Council and the partner organisations working in health and wellbeing in the Shire. We are focused on the same outcomes, and we see a partnership approach as the most effective implementation model for achieving these outcomes.

How will we implement this Plan?

A Partnership Approach

This Plan will be delivered by a collaborative group of passionate people from the Central Goldfields Shire. This group of people are experts in aspects of health and wellbeing through organisational experience, lived experience and/or specific subject matter experience. For now, we refer to the group as "the Partnership" but the first stage of this Plan is to form this group and to collectively define it. For now, the members of the Partnership are the organisations who have contributed to the development of this Plan (Figure 1), but this is likely to be refined as the purpose of the group is clarified.

A key member, that will not change, is the involvement of community in the Partnership. We will have both youth and general community represented in the Partnership (with a minimum of two representatives for each). Our youth want to be involved and we see this as an opportunity to build capacity in a select group of youth on how to engage with planning partnerships.

Why take a Partnership Approach?

We know that taking a partnership approach to health and wellbeing is the only pathway forward, but we also know that this path will be long and winding. We need to acknowledge that there is a lot of work to be done to understand where each partner is coming from, to feel comfortable to work outside our own silos and to create change.

The key reasons that we believe a partnership approach is necessary for this Plan are:

- Each partner has access to different levers to pull on to impact health and wellbeing (e.g. service delivery, community engagement, planning, education). All levers are important and required to create change
- Resources are limited and we can achieve greater impact by pooling our efforts
- Duplication of efforts and lack of clarity among networks detrimentally impacts community health and wellbeing
- We can learn from each other and support each other
- Our community will have a clearer sense of what is being done for the health and wellbeing of the Shire if we work as a partnership



Figure 1: Illustration of the Partnership

How will we implement this Plan?

Our Actions

This Plan is a strategic agenda for the Partnership. It does not spell out specific actions. The Partnership was not matured enough to commit to the specifics of how they will achieve change, only the strategic directions in which they want to see change (see Figure 2).

Each year over the next four years, the Partnership will create an Action Plan. The Action Plans will provide detail on:

- what needs to happen and when?
- who will lead the action?
- how will we measure if the action is done?
- how will we measure if the action worked?

It is important to acknowledge that our first 12-month Action Plan will focus on establishing the foundations of the Partnership. We have a lot of work to do in establishing the Partnership. A key element of this first 12-month Action Plan will involve Council looking within and examining its processes and culture to understand how it can elevate the role of health and wellbeing in its decision-making processes.



Figure 2: The steps of moving this Plan forward and refining it over time

When we conceptualise the actions that the Partnership will take, we need to get the balance right between:

- **Ongoing, base actions:** we need to support and monitor these actions. These are already underway in our community, align with our strategic agenda, and are within the control of the Partnership.
- Innovative, leap actions: we need to imagine, plan and then advocate for these actions. These are big, innovative ideas that are just starting to surface for the Partnership. We need to foster these ideas, test them, then if supported push ahead with making them happen by the end of the four-year Plan.

We are also aware that the organisations in the Partnership are resource restricted. So, we need to balance out just a few innovative leap actions, with more ongoing, base actions that have been committed to and are resourced.

How will we evaluate this Plan?

We need to know if what we are doing is working to improve health and wellbeing in our community. Some changes will be achieved over the life of the Plan, like creating the Partnership and supporting and maintaining our base actions. Some of our innovative, leap actions will provide longer-term benefits that we may not see shift over the next four years. We understand that the ripples created by the Partnership will be felt by community at different time points (see Figure 3). To measure the changes that we create we have embedded evaluation in our Plan.

Our evaluation has three levels for capturing change:

- **Partnership measures:** these will evaluate the processes and functions of the Partnership and help us to refine our practices as a Partnership.
 - We have included these in 'Our Partnership Plan' and will reflect on these annually.
- **Progress measures:** these are action-specific measures that will let us know if the members of the Partnership are completing the planned actions and what their impacts are.
 - These will be embedded in the annual Action Plan and we will reflect on these quarterly.
- Long-term population measures: these are Shire-wide measures that are influenced by many complex factorsthey will only improve if we work together long-term across many actions. These measures will be captured through data collected by State Government departments (see Box 3).
 - We have included these in 'Our Strategic Plan' and will reflect on these at the end of the Plan.

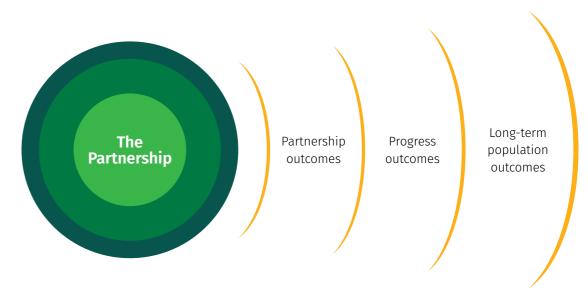


Figure 3: The ripple effects of the Partnership will be measured over time

Box 3: A note on data sources

The data sources for the long-term population measures are not perfect, but they do offer ongoing, standardised data collection of indicators related to our priorities. A key issue is that these measures are often not available at the Local Government Area (LGA) level.

For example, **The Victorian Population Health Survey (VPHS)** provides an annual assessment of the health status and wellbeing of adults living in Victoria. The 2020 VPHS results will soon be released, however the most recent VPHS with data publicly available by LGA are from 2017 and 2014. We acknowledge that this data provides an outdated view of our community, however, it offers a starting point to track progress and a comparison to the State averages.

Our partnership plan

Our Aim: To establish and sustain a partnership approach

Long-term population outcomes:

- Four years of sustained, collective action from the Partnership
- Annual scores of 85 or greater on the VicHealth Partnership Analysis Tool^e

	• • • •		
What	will	we	do

How will we do it...

Who will do it...

membership, purpose and governance structure to support the implementation of the Plan

- Establish the Partnership's Build capacity with Council staff to place value on health membership, purpose and wellbeing through all core business
 - Review existing governance structures of all health-related collaboratives/ working groups across the Shire and region to inform the creation of a partnership governance for this Plan
 - Collectively create the Terms of Reference including membership and purpose
 - Create a private webpage for the Partnership to centralise access to meeting materials, capacity building resources, submission of progress data

Establish mechanisms to ensure community are at the centre of the Partnership

- Strongly promote the opportunity for submissions to the community representative roles
- Explore ongoing support for a Youth Worker within Council to offer capacity building and support for the youth representatives in the Partnership
- In partnership with BDAC, explore the establishment of a shared role for an identified Reconciliation Officer to strengthen representation of and support for the Aboriginal and Torres Strait Islander community
- Undertake deeper engagement with children and young people about how they can lead actions to support community health and wellbeing

Establish mechanisms to increase the Partnership's accountability to the Plan

- Increase community visibility of the Plan through creation of a webpage on the Council website, with six-monthly progress measures reported
- Host an annual summit for community to hear about the actions and impacts of the Partnership

Establish reflective practices for the Partnership

- Explore existing tools to support reflective practice (e.g. VicHealth Partnership Analysis Tool)e
- Implement an annual reflection practice for the Partnership, including how data will be used to refine the Partnership practices

 All members of the Partnership, led by the Council

e https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool



We have agreed on six health and wellbeing priorities that we will work towards over the next four years.

These six health and wellbeing areas were chosen following a collaborative and iterative process with individuals from within Council and across partner organisations. We individually ranked the importance of the ten state-level priorities (Box 2) for the Shire, then workshopped the rationales behind why certain health topics were prioritised, including consideration of data on the burden of the topic in community, the ability for the Council and partners to impact the topic and the strengths that already existed within community in relation to the topic. We then layered on top of our process the voice of the community to ensure their priorities were recognised in the final list.

Over the next four years, we will work together with our community to:

- 1. Prevent all forms of violence
- 2. Improve mental wellbeing and social connection
- 3. Increase healthy eating
- **4.** Increase active living
- 5. Reduce harms from gambling, tobacco and alcohol
- **6.** Tackle climate change, its impacts on health and respond to public health emergencies

Each of these six priority areas has a strong evidence base for their profound impacts on health and wellbeing, a guiding evidence-based strategy for action and local data to help us understand where we are starting from in the Central Goldfields community.

Our Health and Wellbeing Priorities

1. Prevent all forms of violence

Why is this important to our community's health?

Violence comes in many forms (e.g. physical, emotional, verbal, financial), and can be directed toward anyone, however, is most commonly directed towards women and children. Violence has long term impacts on our physical and mental health, homelessness and child development. Violence is often responded to by community, and not viewed as something that can be prevented³. Preventing all forms of violence focuses on changing societal norms and cultural beliefs that excuse violent behaviours and also that perpetuate gender inequalities4.

Guiding Strategy:

"Ending Family Violence: Victoria's Plan for Change". which outlines how the Victorian Government will deliver the recommendations of the Royal Commission into Family Violence.

What is happening in our community? 5,6

Please read the yellow shaded boxes below to aid in interpretation of the infographics.

FAMILY VIOLENCE INCIDENTS PER 100.000 PEOPLE **CENTRAL GOLDFIELDS VICTORIA** INDICATES A INDICATES A 2018-19: 3071 2018-19: 1253 CHANGE IN CHANGE IN CENTRAL 2019-20: 2850 2019-20: 1315 VICTORIA GOLDFIELDS OVER TIME OVER TIME G WORSE POSITIVE CHANGE SLIGHT CHANGE INDICATES WHETHER CENTRAL GOLDFIELDS IS DOING NEGATIVE CHANGE BETTER OR WORSE THAN VICTORIA WHEN COMPARING

THE MOST RECENT DATA (IN THIS EXAMPLE: 2019-2021)

PERCEPTIONS OF SAFETY **VICTORIA CENTRAL GOLDFIELDS** 2014: 69.5 2014: 60.8 2017: 97.7 2017: 92.5

2. Improve mental wellbeing and social connection

Why is this important to our community's health?

Social connectedness is a strong predictor of community mental wellbeing, with social connection strongly linked to individual health behaviours that negatively impact health (including physical activity and nutrition, smoking, excessive alcohol consumption, and drug use)7. Social connection has been linked to improved mental health by reducing impacts of stress, improving a sense of meaning and purpose in life, and preventing people from participating in risky behaviours. Mental wellbeing and social connection are complex, as although social connection improves mental health, mental health does not necessarily improve social connection8. The challenges of the COVID-19 pandemic have exacerbated the priority for improving mental wellbeing and social connection.



Guiding Strategy: recent findings (Feb 2021) of the Royal Commission into Victoria's Mental Health System – subsequent policy reform based on the Commission is coming

What is happening in our community? 6,9

PSYCHOLOGICAL DISTRESS HIGH OR VERY HIGH (%)

CENTRAL GOLDFIELDS 2014: 20.3 2017: 19.4



VICTORIA 2014: 12.6 2017: 15.4



ANXIETY OR DEPRESSION EVER DIAGNOSED (%)

CENTRAL GOLDFIELDS 2014: 33.7



VICTORIA 2014: 24.2 2017: 27.4



SOUGHT HELP FOR MENTAL HEALTH CONCERN IN THE LAST 12 MONTHS (%)

CENTRAL GOLDFIELDS

2014: 28.2 2017: 15.3



VICTORIA 2014: 16.0 2017: 17.6



PERCEPTIONS OF TRUST YES, DEFINITELY (%)

CENTRAL GOLDFIELDS

2014: 38.3

2017: 23.4



VICTORIA 2014: 38.2 2017: 30.8



Our Health and Wellbeing Priorities

3. Increase healthy eating

Why is this important to our community's health?

Increasing healthy eating not only includes eating a range of fresh produce, but also limiting the consumption of processed food and drinks which are energy dense with minimal nutrients¹⁰. The change in our dietary patterns and food culture have coincided with an increase in obesity and contributed to chronic diseases such as cardiovascular disease, type 2 diabetes, some cancers and dental caries, as well as to poor mental health. The ease of access, affordability and marketing of unhealthy food and drink options, coupled with other socioeconomic and environmental factors (including climate change), strongly influence individual dietary choice.

Increasingly, we are focused on the social and health impacts of food insecurity. Food security means that all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for a healthy life.



Guiding Strategy:

Victorian Public Health and Wellbeing Plan 2019-2023 where increasing healthy eating is a focus area, and VicHealth sets strategic actions

What is happening in our community? 9

FRUIT CONSUMPTION MET GUIDELINES (%)

CENTRAL GOLDFIELDS 2014: 35.36



VICTORIA 2014: 47.79 2017: 43.19



VEGETABLE CONSUMPTION MET GUIDELINES (%)

CENTRAL GOLDFIELDS





VICTORIA 2014: 6.4 2017: 5.4



CONSUMPTION OF SOFT DRINKS DAILY (%)

CENTRAL GOLDFIELDS



VICTORIA 2014: 11.2 2017: 10.1



FOOD INSECURITY IN LAST 12 MONTHS COULD NOT AFFORD MORE (%)

CENTRAL GOLDFIELDS 2014: 16.7



2017: 9.1

VICTORIA 2014: 3.6 2017: 6.2

4. Increase active living

Why is this important to our community's health?

Active living refers to 'moving more and sitting less'. Not only is it important to be physically active and meet the recommended physical activity guidelines (2.5-5 hours of moderately intense physical activity per week), it is also important to reduce time spent sitting – whether that be at home, in the car, or at work¹¹. Walking more and the use of active transport (such as riding a bicycle or catching public transport) can help to reduce time spent sedentary but rely heavily on appropriate environmental and infrastructural supports.



Guiding Strategy:

Victorian Public Health and Wellbeing Plan 2019-2023 where increasing active living is a focus area, and VicHealth sets strategic actions

What is happening in our community? 9,12

PHYSICAL ACTIVITY MET GUIDELINES (%)

CENTRAL GOLDFIELDS



VICTORIA 2014: 41.36 2017: 50.87



TRAVELLED TO WORK BY WALKLING

CENTRAL GOLDFIELDS

2011: 5.6 2016: 4.9



VICTORIA 2014: 3.3 2017: 3.2



TRAVEL TO WORK BY BICYCLE MET GUIDELINES (%)

CENTRAL GOLDFIELDS 2011: 1.1

2016: 0.7



VICTORIA 2014: 1.2 2017: 1.2



TRAVELLED TO WORK BY PUBLIC TRANSPORT

CENTRAL GOLDFIELDS



2011: 0.8 2016: 0.4



VICTORIA 2014: 11.1 2017: 12.6



Our Health and Wellbeing Priorities

5. Reduce harms of gambling, tobacco and alcohol

Why is this important to our community's health?

Smoking, drinking alcohol, and problem gambling are often behaviours that co-occur, and can be exacerbated by behavioural and psychological conditions an individual experiences¹³. Research also shows that these behaviours lead to poorer mental health - highlighting a cycle of behaviour that can be difficult to stop. The greatest level of harm from gambling is attributed to Electronic Gaming Machines (i.e. pokies), accounting for between 70 to 80% of problem gambling¹⁴. Alcohol, tobacco, and gambling all impact on a person's health by increasing sedentary behaviours, and resulting in more frequent symptoms of stress-related physical health concerns.



Guiding Strategy:

- The Victorian Responsible Gambling Foundation Act 2011, which aims to reduce the prevalence of problem gambling and the severity of harm related to gambling.
- Tobacco Act 1987, which regulates the use, supply and promotion of tobacco.
- VicHealth's "The Art of Community Alcohol Management: What local government can do to prevent and minimise alcohol-related harm"

What is happening in our community? 9,15

GAMBLING MACHINES PER 1000 PERSONS

CENTRAL GOLDFIELDS 2017: 10

2020: 9

VICTORIA 2017: 5 2020: 5



ALCOHOL RELATED HARM INCREASED RISK OVER LIFETIME (%)

CENTRAL GOLDFIELDS

2014: 59.44 2017: 59.13



VICTORIA 2014: 59.17 2017: 59.49



DAILY SMOKING

CENTRAL GOLDFIELDS

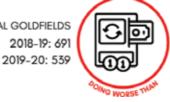




VICTORIA 2014: 9.8 2017: 12.4

GAMBLING EXPENDITURE (\$) PER PERSON

CENTRAL GOLDFIELDS 2018-19: 691



VICTORIA 2018-19: 522

6. Tackle climate change and its impact on health, including the response to public health emergencies

Why is this important to our community's health?

Climate change impacts health and wellbeing directly and indirectly. It directly impacts health by changing the social and environmental determinants of health such as clean air, safe water, sufficient food, and rising temperatures¹⁶. Climate change increases the likelihood of natural disasters which impact our mental health, access to health and other essential services. Climate change also indirectly impacts our health through factors such as changes in the way infectious diseases spread, our ability to exercise outdoors due to heat, our food supply chains and the burden on future outcomes on the mental health of younger generations. 16 There are two approaches to tackling the impact of climate change on health: mitigation and adaptation. Mitigation relies on implementing solutions that reduce the advancement of climate change (i.e. reducing greenhouse gas emissions trapped in the atmosphere), whereas adaptation acknowledges the advancement of climate change and considers ways to reduce impacts on health (i.e. preparedness for floods, fires, and extreme heat).¹⁷

Guiding Strategy:

The Climate Change Strategy 2021–2030 which outlines what the State government is doing to reduce emissions and support communities and industry to adapt to a changing climate

What is happening in our community? 18

WILLING TO TAKE ACTION TO TACKLE CLIMATE CHANGE

LODDON CAMPASPE 2016/17: 79

VICTORIA 2016/17:80

FEELING POSITIVE ABOUT BEING PART OF COMMUNITY ACTION TO TACKLE CLIMATE CHANGE

LODDON CAMPASPE 2016/17: 72

VICTORIA 2016/17:71

HOUSEHOLD WASTE DIVERTED FROM LANDFILL (%) DIVERTED WASTE

CENTRAL GOLDFIELDS 2019-20: 45% 2018-19: 43%



VICTORIA 2019-20: 44% 2018-19: 44%



Our priorities are grounded in common "upstream" issues

The Partnership has been working with the analogy of the river of prevention. We have looked at how many of the health outcomes we see discussed about and in our community are all connected to a common set of issues that sit much further back up the river of prevention – or "upstream".

In our Plan we will rely on five upstream actions to show how our actions will link-up across the different priorities to create change.





Advocate for social change



Build supportive environments



Prioritise education and employment



Foster social inclusion and diversity



Connect services with people

to have positive impact on health downstream...

- A community free from violence
- A socially and emotionally well community
- A community with access to healthy food and drinks
- A community that prioritises active living
- A community that reduces the harms of gambling, tobacco. and alcohol
- A community tackling climate change and responding to public health emergencies



Advocate for social change

Advocacy is the process of speaking out for something. That something can be a cause, policy, action or a person's rights. Advocacy can also be the process of people participating in decision-making processes which affect their lives. Many upstream issues that impact on health require advocacy to make complex, large or expensive changes. These changes are often not within reach of a four-year plan or within the power of the Partnership to change, but we can advocate to broader powers for change. We can ensure we are heard – loud and clear.



Build supportive environments

The health of our community is influenced by our environment: the places we live, study, work, and play. We create health-promoting environments because we know that the choices people make regarding their health are not always in their control, and that we can alter the environment to make healthy choices the easy options. We also know that when people connect with the natural environment their health and wellbeing improve.



Prioritise education and employment

We know that gaining an education (both formal school-based and informal life lessons) lays the foundations for a person's health and wellbeing. Similarly, we know that if someone can maintain paid employment, they are more likely to enjoy good health. These are two rights that we want all people in our Shire to have access to. To achieve this, we know we need to ensure that our education and employment systems support all people to participate.



Foster social connection and diversity

People in our community come from many different backgrounds, cultures, sexual orientations, physical and mental abilities, age groups. The diversity in community needs to be recognised and celebrated. We need all people to be and feel included in community life and to be and feel safe and welcome to participate. When people feel and are connected and respected their health and wellbeing improves.



Connect services with people

Equitable access to health-related services for all people is important. Equitable access is not just about having services present in the community. To achieve equitable access to health-related services we must understand the barriers that reduce accessibility from the communities' perspective and systematically address them within specific services and as a connected system.



Our Aim: A community free from violence

Long-term population outcomes:

- Reduction in incidents of family violence per annum (source: Crime Statistics Agency)
- Increased perceptions of safety (source: VPHS)

What will we do...

How will we do it...



Advocate for social change

- Build capacity of community to understand that all forms of violence are not acceptable
- Advocate for community to speak up against all forms of violence



Build supportive environments

- Create safe school environments that reinforce that all forms of violence are not acceptable
- Conduct a review of public facilities (e.g. public toilets) for gender equity, community safety, and community access
- Promote gender equity within workplaces policies and practices
- Build capacity of sporting and recreation clubs to create non-violent cultures and work towards gender equity



Prioritise education and employment Embed gender equity and respectful relationships education in schools and workplaces



Foster social connection and diversity

- Promote violence-free social events for youth
- Publicly celebrate gender equity action
- Celebrate community leaders who are from diverse genders, cultures, abilities and age



Connect services to survivors and to perpetrators who want to change their behaviour

- Review and consolidate the networks and collaborations that support prevention of violence in the Shire
- Work with local providers to refine and improve existing family violence services for survivors and perpetrators of family violence
- Strengthen screening and clarify referral pathways to refer people (survivors and perpetrators) into family violence services
- Increase presence and visibility of family violence services in local community

Who will do it...

- Council
- Community advocates
- MDHS
- Centre for Non-Violence
- Loddon Campaspe Community
 Legal Centre
- Go Goldfields
- Western Vic PHN
- Orange Door
- Anglicare
- Bendigo and District Aboriginal Co-operative
- Victoria Police
- Sports Focus
- Sporting clubs
- Local schools
- Maryborough Community House
- The Mill House Neighbourhood Centre
- Dunolly and District Neighbourhood Centre

Our Aim: A socially and emotionally well community

Long-term population outcomes:

- Reduction in experiences of psychological distress (Source: VPHS)
- Increased % adults seeking help for mental health concerns (Source: VPHS)
- Increased perceptions of neighbourhood trust (Source: VPHS)

What will we do...

How will we do it...



Advocate for social change

 Advocate to State government for increased housing availability

 Advocate for improvements to internet connectivity infrastructure to facilitate reduced social isolation and improved service access



Build supportive environments

- Support implementation of Council's Integrated Transport Plan to encourage low-cost transport infrastructure projects to increase community engagement and access to social settings
- Work with young people to establish a permanent Youth Hub to act as a base for youth engagement and outreach activities
- Work with community to establish a permanent BDAC service in Maryborough to increase culturally appropriate services available to Aboriginal and Torres Strait Islander people



Prioritise education and employment

- Build capacity of education staff to understand, reflect, and respond to school community needs in a culturally appropriate and supportive manner
- Co-design an approach to build communities' emotional literacy for recognising early signs and appropriate responses to mental health needs
- Build capacity of educators to foster mentally and socially safe environments
- Support workplaces to focus on caring for staff's mental wellbeing to enable them to support others



Foster social connection and diversity

- Enable a system of support to empower parents to understand and assist their children
- Seek funding and support for the expansion of the Mary-borough Library as a social hub
 Build capacity of community to use technology to reduce
- social isolation and improve service access
 Identify and work with community groups from across the Shire to strengthen their capacity for offering sustainable and connected programs

Who will do it...

- Council
- Community advocates
- MDHS
- Bendigo and District Aboriginal Co-operative (BDAC)
- Go Goldfields
- Women's Health Loddon Mallee
- Local schools
- YMCA
- Department of Education (Koorie Education Workforce)
- Maryborough Community House
- The Mill House Neighbourhood Centre
- Dunolly and District Neighbourhood Centre
- Live4Life
- Headspace
- Library

Our Aim: A socially and emotionally well community

What will we do...

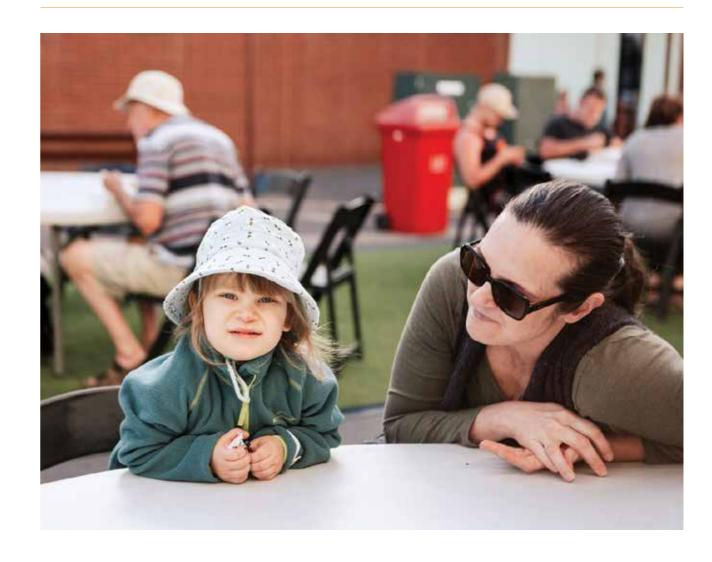
How will we do it...

Who will do it...



Connect services to people who need support for their mental health

- Co-design with community new mental health promotion services and programs
- Increase presence and visibility of mental health services in our community- both crisis care and preventive care
- Clearly define and promote pathways for community (and specifically young people) to engage with mental health services
- Explore the local fit for social prescribing as a primary healthcare model to embed social and recreational activities into community care
- Support the next generation of volunteers to engage with community organisations



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Our Aim: A community with access to healthy food and drinks

Long-term population outcomes:

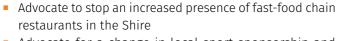
- Decreased rate of daily consumption of sugar sweetened beverages (source: VPHS)
- Increased rate of people eating 5 or more vegetables serves per day (source: VPHS)
- Increased rate of people eating 2 or more fruit serves per day (source: VPHS)
- Decreased rate of households experiencing food insecurity (source: VPHS)

What will we do...

How will we do it...



Advocate for social change



 Advocate for a change in local sport sponsorship and support from fast-food chain restaurants



Build supportive environments

- Work with community to remove sugar sweetened beverages from Council-operated facilities
- Accelerate the implementation of healthy food and drink supply policies in health services, schools and early childhood services
- Encourage sporting facilities to improve supply of healthy food and beverages in canteens
- Ensure the Shire's water supply is safe and palatable to community
- Increase the supply of public drinking fountains in public spaces across the Shire



Prioritise education and employment

- Promote the health impacts of consuming sugar sweetened beverages to community
- Support free cooking classes at schools, early years services and neighbourhood houses



Foster social connection and diversity

- Establish community gardens and kitchens to support families to prepare healthy meals
- Consider how to expand the existing country farmers' markets to boost social connection and access to fresh produce



Connect services to people who need food relief or want to know more about food

- Work with neighbourhood houses and community groups to strengthen food relief supply channels
- Embed into services and groups support for new parents to develop knowledge and skills in healthy food habits for young children

Who will do it...

- Council
- Community advocates
- MDHS
- Local schools
- YMCA
- Central Highlands Water
- Sports Focus
- Local sporting groups
- Healthy Heart of Victoria
- Maryborough Community House
- The Mill House Neighbourhood Centre
- Dunolly and District Neighbourhood Centre
- The Salvation Army
- VicHealth

Our Aim: A community that prioritises active living

Long-term population outcomes:

- Increased % people doing at least 150 minutes of physical activity per week (source: VPHS)
- Increased % people who walk to work (source: Census of population and housing)
- Increased % people who cycle to work (source: Census of population and housing)
- Increased % people who use public transport to get to work (source: Census of population and housing)

What will we do...

How will we do it...

Advocate for social change

- Advocate for increased gender equality in sporting organisations and facilities
- Advocate to community for walking to become the "way to go" in the Shire



Build supportive environments

- Activate formal and informal green spaces across the Shire
- Support implementation of Council's Integrated Transport Plan to encourage low-cost active transport infrastructure
- Explore the Victorian Achievement Program^f as a guide to create active living supportive environments in schools, early years services and workplaces



Prioritise education and employment

- Promote to community the co-benefits of an active lifestyle for mental health and climate change
- Promote opportunities to use new active living infrastructure by working with the local schools

Foster social connection and diversity

- Create more placed-based opportunities for young people to be physically active and socially connected
- Use universal design principles to increase inclusive access to recreational facilities

• Make small changes to sport and recreation services to

ensure they are inclusive and equitable for all



Connect services to people seeking active lifestyles

Council

Who will do it...

- Community advocates
- ASTERIA
- MDHS
- Sports Focus
- Local sporting groups
- Healthy Heart of Victoria
- Local schools
- YMCA
- Maryborough Community House
- The Mill House Neighbourhood Centre
- Dunolly and District Neighbourhood Centre
- VicHealth

f https://www.achievementprogram.health.vic.gov.au/

Our Aim: A community that reduces the harms of gambling, tobacco, and alcohol

Long-term population outcomes:

- Reduction in dollars per person spent on electronic gaming machines (source: Victorian Commission for Gambling and Liquor Regulation)
- Reduction in rate of people smoking tobacco daily (source: VPHS)
- Reduction in rate of people consuming alcohol at lifetime risk levels (>10 drinks/week) (source: VPHS)

What will we do	How will we do it	Who will do it
Advocate for social change	 Advocate for no new Electronic Gaming Machines (EGM) to enter our Shire Advocate for bans on predatory digital marketing directed at young people for alcohol and gambling 	CouncilUniting CareThe Salvation ArmyCommunity advocatesMDHS
Build supportive environments	 Enforce legislation on smoke free public spaces and responsible service of alcohol Explore opportunities to better regulate the advertising or promotion of online gambling 	Local schoolsVicHealth
Prioritise education and employment	 Explore the Victorian Achievement Program^g as a guide to create supportive environments in schools and workplaces for reduction of tobacco and alcohol use Co-design with community a promotional campaign to raise awareness for recognising when gambling, alcohol or other drugs become a problem and how to seek support 	
Foster social connection and diversity	 Increase access to alcohol-free social events for younger people Review the opening hours of the library to support alternative meeting places and social events 	
Connect services to people who need support with gambling, tobacco cessation or alcohol	 Increase presence and visibility of existing alcohol and other drug support services in our community – both acute and early preventive care Centralise service access for community so that care for co-occurring issues (i.e. alcohol and gambling) can be offered Increase visibility of support offered by Quit Victoria throughout public spaces across the Shire 	

g https://www.achievementprogram.health.vic.gov.au/

Our Aim: A community tackling climate change and responding to public health emergencies

Long-term population outcomes:

- Increased % people willing to take action to tackle climate change (Source: Sustainability Victoria [Loddon Campaspe region])
- Increased % people feeling positive about being part of a community action to help tackle climate change (Source: Sustainability Victoria [Loddon Campaspe region])
- Increased % household waste diverted from landfill (Source: Council, Local Government Victoria)

What will we do... How will we do it... Who will do it... Advocate for adequate and sustained support from State Council government during the COVID-19 recovery Community advocates Advocate for all people, particularly young people, to feel Central Goldfields Advocate for empowered and mobilised to protect the future of their Climate Action social change climate Collaboration Northern Victorian Invest in active travel infrastructure across the Shire Emergency Prioritise increasing the tree canopy in Shire towns Management Cluster Support community to be prepared and resilient by con-Women's Health **Build** supportive tinuing to implement Municipal Emergency Plans Loddon Mallee environments • Implement the Corporate Climate Action Plan to reduce Maryborough Council's carbon emissions and support community emis-Community House ■ The Mill House sions reduction and adaptation Work with the Central Goldfields Climate Action Collab-Neighbourhood Centre oration to facilitate a coordinated community response Dunolly and District to climate change Neighbourhood Centre Local schools • Embed education about the links between climate MDHS change and health into school and early years education YMCA Local sporting groups Prioritise • Promote adaptation strategies in schools, sporting organeducation and isations and workplace settings (particularly related to employment outdoor activities) Work with neighbourhood houses to re-establish social structures to stay socially connected in a pandemic climate Support the Loddon Mallee CARE partnership- supporting Foster social women in emergencies connection and diversity Stay committed to collaboratively rolling out a COVID-19

vaccination plan for the community

34 Central Goldfields Shire Council Central Goldfields Shire Council **35**

Connect services

to people

Organisations involved in the development of this Plan













































Glossary

Term	Definition
Co-design	To produce an action in collaboration with multiple partners, particularly with community as a central partner
Co-benefit	When there are additional outcomes from specific action that benefits society more broadly, or in other areas of impact (e.g. cycling to work positively impacts the person's health, but also reduces emissions from avoiding car usage)
Dental caries	More commonly known as tooth decay, are caused by a breakdown of the tooth enamel
Food security	Means that all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for a healthy life

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