WARRNAMBOOL
CITY COUNCIL

# Healthy Warrnambool 2021-25 Plan

## Warrnambool's
## Municipal Public Health and Wellbeing Plan

## October 2021

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# Message from the Mayor

Warrnambool City Council acknowledges that traditional custodians of the land and pays respect to Elders past, present and emerging.

Warrnambool prides itself as one of the most liveable regional cities in Australia. The combination of coastal landscape, country lifestyle and a thriving economy with steady growth has enabled the residents and visitors of Warrnambool to enjoy what it has to offer. Maintaining this will only be possible if all residents have equal opportunity to live healthy, rewarding and socially connected lives.

The Healthy Warrnambool 2021-25 Plan demonstrates Council's commitment to work in partnership with the community and local service providers to promote and implement measures that can assist in adoption of preventative health practices. This will greatly lessen the burden on curative services while assisting all levels of government to focus on catering to the bespoke needs of regional and rural areas.

Building on the Warrnambool 2040 Plan and the Council Plan 2021-25, the Healthy Warrnambool Plan has been developed in consultation with key health agencies, health promotion organisations and the community to outline the priorities for Warrnambool as dictated by evidence and local needs.

Council plays a vital role in bringing together the health promotion organisations and community so that we can collectively address the barriers and issues that impact on our health and wellbeing. Council will be implementing this Plan through five Communities of Practice who will focus on each of the five thematic areas that are priority for the coming four years. Council will also provide resources to enable activities and initiatives to be implemented in order to reach the goals and vision that has been established by the Warrnambool 2040 Plan.

I acknowledge the efforts of all the stakeholders who have participated in the development of this plan and for the support provided by South West Primary Care Partnership. I am excited to be leading Council as we continue to implement programs that will assist in achieving better health outcomes for the community.

Vicki Jellie
Mayor

## I. Introduction

Australians overall are among the healthiest people living in the world.[1] However, over the past fifty years, the burden of disease has risen and increased pressure on the health system. As evidenced with the onset of COVID-19 and the devastating effects of climate change, newer threats and challenges are emerging.

Preventative Health is a key pillar of Australia's Long Term National Health Plan and the National Preventative Health Strategy outlines that health is not just the presence or absence of disease or injury – more holistically, it is a state of wellbeing.

The impact of poor health is experienced unevenly in Australian communities, with many contributing factors sitting outside the health system. Generally, people in lower socioeconomic groups are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives that people from higher socioeconomic groups. [2] Such impacts are disproportionately amplified across regional and rural settings, in comparison to urban areas.

The National Health Strategy outlines the following areas as focus:

- Providing the best start to life;
- Adding health to life;
- Addressing inequity in health; and
- Funding is rebalanced towards prevention.

Across the three tiers of government in Australia, local governments are the closest to the community and are uniquely positioned to respond to health and wellbeing priorities of the community.

Victoria's Public Health and Wellbeing Act 2008 recognises the key role of Councils in improving the health and wellbeing of people in their municipality. Section 26 of the Act requires each Council to prepare a Municipal public health and wellbeing plan every four years, within 12 months of a Council general election.

[1] Australian Institute of Health and Welfare 2020. Australia's health 2020: in brief. Australia's health series no. 17 Cat. no. AUS 232. Canberra: AIHW

[2] Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW.

Healthy Warrnambool Plan 2021-25 outlines Warrnambool's key health priorities and initiatives that will be implemented over the period 2021-2025, in line with the Victorian Health and Wellbeing Plan 2019-2023.

## II. Victorian Health and Wellbeing Plan 2019-23

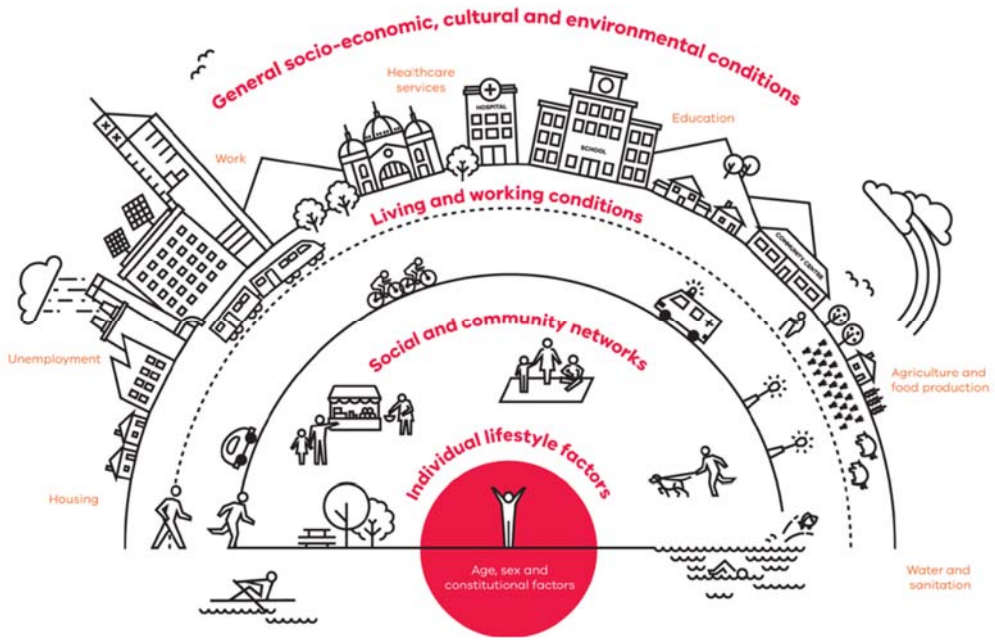
As legislated by Victoria's *Public Health and Wellbeing Act 2008,* the Victorian Health and Wellbeing Plan (The Plan) sets the direction and provides a framework for coordinated action, ensuring all Victorians of all ages are afforded the opportunity for optimal health and wellbeing throughout their lives. This Plan outlines the need for collective action across the system and the roles at different levels:

- **at the state level:** Victorian government departments; peak bodies; professional organisations; specialist agencies
- **at the local level:** local government; regional and metropolitan partnerships; social and aged care services; early childhood services and schools; women's health services; workplaces
- **at the service level:** hospitals; community health and primary care organisations; Aboriginal community-controlled health organisations; human services provider agencies; community organisations.

Australian Institute of Health and Welfare 2019 data indicates that over a third of the total burden of disease experienced by Australians could potentially be prevented by tackling modifiable risk factors. Through a coordinated and collaborative approach across all parts of the public health and wellbeing system, the Victorian Health and Wellbeing Plan lays out that, we must:

- drive action towards the factors that contribute most strongly to the burden of disease and health inequalities
- ensure all parts of the sector work together towards clear outcomes
- take into consideration the wider determinants of health, both social and economic, in how we design and deliver public health and wellbeing interventions.

The Victorian Health and Wellbeing Plan recognises that the wider determinants of health must be considered when designing and delivering public health and wellbeing interventions.




*Source: Adapted from Dalghren and Whitehead 1991*

Figure 1: Wider determinants of Health and Wellbeing

The Victorian Health and Wellbeing Plan describes that although Victorians enjoy a high quality of life, health status varies markedly between population groups and areas of Victoria because of existing inequalities that impact on preventable conditions and risk factors.

It recognises that those who live with greater social and economic disadvantages are more likely to experience health inequalities as well as other groups that may not be afforded the same opportunities to lead a healthy life. Some of the identified groups include Aboriginal and Torres Strat Islander people, people with disabilities, refugees and people seeking asylum, people who are homeless or at risk of homelessness, people with a serious mental health issue, children in and out of home care, LGBTIQ people, recent migrants from diverse communities, and people living in rural, regional or remote locations.

The Victorian Health and Wellbeing Plan outlines the following priority and focus areas for the 2019-2023 period:

- Tackling climate change and its impact on health (focus area)
- Reducing injury
- Preventing all forms of violence
- Increasing healthy eating (focus area)
- Decreasing the risk of drug-resistant infections in the community
- Increasing active living (focus area)

- Improving mental wellbeing
- Improving sexual and reproductive health
- Reducing tobacco related harm (focus area)
- Reducing harmful alcohol and drug use

## III. Warrnambool Community and Health and Wellbeing Trends

### Community Profile[3]

With a population of over 35,000 people, Warrnambool is the largest city in south-west Victoria. 84% of its population was born in Australia and 8 percent, overseas. Aboriginal and Torres Strait Islander population is 1.7%. As a single post-code municipality, Warrnambool covers 120 square kilometres, and contains the localities of Allansford, Dennington, Merrivale, South-East Hopkins, Warrnambool Central, Warrnambool North, Woodford and Bushfield. 5.5% of the city's population require support and assistance with core activities.

Warrnambool has many outstanding and unique features, and a population that is growing at a steady rate of around 1.2%. As a vibrant regional centre, the city provides retail, professional, educational, social and health services to a catchment of approximately 100,000 people.

A coastal city, Warrnambool combines pristine beauty with a thriving economy and a wealth of opportunity. Significant natural features include the estuaries of the Merri and Hopkins rivers and the expansive Lady Bay which in winter and spring is a nursery for southern right whales. The city is a place where people want to live, work and visit. Warrnambool is striving for a future filled with innovation, education, cultural stimulation and healthy people.

With a median age of 40, a labour force participation rate of over 60% and unemployment rate of 5.3%, Warrnambool boasts of a $4.5 billion economy which is over 25% of the Great South Coast economy. Health Care and Social Assistance is the largest employer and the Construction Industry makes the highest contribution to economic output at nearly $600 million per annum. Of the over 15,500 employees working in Warrnambool, 12,738 live in the municipality and the rest live in neighbouring municipalities with the largest cohort belonging to Moyne Shire at 1,480. Approximately 25% of people aged 15 and over are engaged in volunteer work. Overall, 3,503 residents aged between 15-64 report to be wholly disengaged, i.e., neither engaged in employment or education, and of them, 1,784 are in the age group of 25-54 years.

Total dwellings stand at 15,188 occupied by 13,554 households, with 28% of households as lone person households and 29% renting households. Most builds at just under 12,000 are

[3] All figures presented are from the Australian Bureau of Statistics and the Australian Census 2016

separate houses and 2,875 are medium density properties. A significant 1,588 private homes were unoccupied on Census night. Median weekly personal income stands at $619 and median weekly household income is $1,180.

**Table: Warrnambool Health and Wellbeing Profile and Current Trends[4]**

| Type | Indicator | Average/ Measure | Warrnambool | Victorian Average |
|---|---|---|---|---|
| Demographics | Population | Number | 35,553 | 6,661,700 |
| | Median age of population | Number | 41 | 37 |
| | Babies and pre-schoolers (0-4 yrs) | % | 5.8 | 6.4 |
| | Primary schoolers (5-11 yrs) | % | 8.6 | 8.5 |
| | Secondary Schoolers (12-17 yrs) | % | 7.7 | 7.5 |
| | Tertiary education and independence (18-24 yrs) | % | 9.3 | 9.6 |
| | Young workforce (25-34 yrs) | % | 12.1 | 14.2 |
| | Parents and homebuilders (35-49 yrs) | % | 18.4 | 21.4 |
| | Older workers and pre-retirees (50-59 yrs) | % | 13.1 | 12.5 |
| | Empty nesters and retirees (60-69 yrs) | % | 11.8 | 9.7 |
| | Seniors (70-84 yrs) | % | 10.3 | 8.1 |
| | Elderly (85+ yrs) | % | 2.9 | 2.0 |
| | Aboriginal and Torres Strait Islander population | Number | 556 | 47,788 |
| | Proportion of aboriginal population | % | 1.7 | 0.8 |
| | Median age of aboriginal population | Number | 21 | 23 |
| | Residents born overseas | % | 8.1 | 28.4 |
| | Residents who do not speak English well | | 386 | 266,078 |
| | People needing assistance with core tasks | | 5.5 | 5.1 |
| | One parent families | | 10.5 | 10.1 |
| | Lone person households | | 27.7 | 23.3 |
| | Median weekly family income | $ | 1,180 | 1,419 |
| | Households below median weekly income | % | 54.02 | |
| | Renting households | % | 29 | 28 |
| | Percentage of total family type living below income threshold | % | 34 | 31 |
| | Households with rental stress | % | 31.6 | - |
| | Index of Relative Socio-Economic Disadvantage (SEIFA - IRSD) | | 986 | - |

[4] Data from multiple sources – ABS Census 2016, VicHealth Indicator Surveys, Victorian Population Health Survey, Australian Early Development Index, data sheets from id Consulting, Populus Data Inc., South West PCP and internal data sources

| Type | Indicator | Average/ Measure | Warrnambool | Victorian Average |
|---|---|---|---|---|
| | | | | |
| Children | Australian Early Development Index - Proportion of Children Vulnerable on 2 or more Domains (2018) | % | 8.1 | 10.1 |
| | Australian Early Development Index - Proportion of Children Vulnerable on 1 or more Domains (2018) | % | 13.3 | 19.9 |
| | Proportion of low birthweight babies <2500g (2012-2014) | % | 6.2 | 6.3 |
| | Maternal Child Health Assessments - Percentage of All Children Attending 3.5 year Visit (2017) | % | 72.3 | 62.9 |
| | Children Fully Immunised at 12 > 15 months (2021) | % | 98.92 | 95.17 |
| | Smoking During Pregnancy (2014/15) | % | 20.2 | 15.0 |
| | Breastfeeding - Children Fully Breastfed at 6 Months (2014/15) | % | 22.5 | 23.0 |
| | Infant Mortality (2013-2017) per 100k | | 2.6 | 2.8 |
| | Need for Assistance with Core Tasks due to Disability 0- 9yrs (2016) | % | 5.0 | 4.3 |
| | Rate of parents concerned about their child's oral health (2018) | % | 9.3 | 12.6 |
| | Kindergarten Participation Rate 2018 | % | 88.2 | 88.1 |
| | | | | |
| Young People | People 20-24 year olds not employed or enrolled in education | % | 8.9 | 8.2 |
| | People 20-24 years who HAVE completed Year 12 or equivalent | % | 65.6 | 76.9 |
| | Males 20-24 years who HAVE completed Year 12 or equivalent | % | 61.3 | 73.1 |
| | Females 20-24 years who HAVE completed Year 12 or equivalent | % | 72.5 | 80.7 |
| | Teenage Pregnancy Rate - All women under 19 years | % all births | 4.1% | 1.4% |
| | Teenage Pregnancy Rate - Aboriginal women under 19 years | % all births | 8.0% | 15.0% |
| | Need for Assistance with Core Tasks due to Disability 10-19 years | % of total | 6.6% | 7.6% |
| Community Connection | Feels Part of the Community | % | 77.1 | 72.3 |
| | Participation in Citizen Engagement in the last year | % | 63.1 | 50.5 |
| | Perceptions of safety walking alone after dark | ASR per 100 | 48.4 | 53.0 |
| | Volunteering - (> once per month) | % | 27.0 | 20.8 |
| | Community Acceptance of Diverse Cultures | | 5.0 | 3.7 |
| | | | | |

| Type | Indicator | Average/ Measure | Warrnambool | Victorian Average |
|---|---|---|---|---|
| Education | People over 15 years who have completed Year 12 or equivalent | % | 41.0 | 54.4 |
| | People aged 20-24 years who have completed Year 12 or equivalent | % | 13.9 | 10.3 |
| | Adult Population who have Completed a Bachelor or Higher Degree | % | 15.8 | 24.4 |
| | Adult Population who Completed a Vocational Qualification | % | 21.3 | 16.9 |
| | Couple Families (with children 0-8 years) where both parents have not completed Year 12 | % | 28.6 | 21.2 |
| | People aged 15-19 years NOT Attending Any Educational Institution or Employed | % | 5.7 | 5.2 |
| | Males aged 15-19 years NOT Attending Any Educational Institution or Employed | % | 6.4 | 5.9 |
| | Females aged 15-19 years NOT Attending Any Educational Institution or Employed | % | 5.2 | 4.5 |
| | | | | |
| Employment | Labour Force Participation Rate | % | 8.0 | 6.4 |
| | Unemployment Rate | % | 43.3 | 49.9 |
| | Youth Unemployment Rate (15-24 years) | % | 50.7 | 57.2 |
| | People aged between 15-64 years not engaged in employment or education | % | 9.85 | 9.3 |
| | Proportion of Workers who feel they have an adequate Work Life Balance | Index rate | 35.7 | 41.7 |
| | People Employed in Highly Skilled Occupations | % | 59.8 | 60.5 |
| | Males Employed in Highly Skilled Occupations | % | 8.0 | 6.4 |
| | Females Employed in Highly Skilled Occupations | % | 43.3 | 49.9 |
| | | | | |
| Access | Proportion of Households with Internet Access At Home (2016) | % | 73.5 | 79.6 |
| | Access to Transport- People who experienced transport limitations in the last 12 months | ASR per 100 | 3.6 | 4.2 |
| | Households With No Vehicle (2016) | % | 5.6 | 7.6 |
| | Number of Government Primary Schools per 1000 children 5- 12 yrs | Schools | 1.8 | 2.4 |
| | Average distance to Government Secondary School | KMs | 2.4 | 4.8 |
| | General practitioners per 1000 population (2015) | Rate | 1.50 | 1.20 |
| | Dental Service Sites per 1000 population (2015) | Sites | 0.30 | 0.40 |
| | Emergency Department Presentations per 1000 population (2015) | Rate per 1000 | 492.6 | 263.0 |
| | Primary Care Emergency Department Presentations (2015) | Rate per 1000 | 234.4 | 103.0 |

| Type | Indicator | Average/ Measure | Warrnambool | Victorian Average |
|---|---|---|---|---|
| | HACC Clients aged 65 and over per 1000 target population (2015) | Rate per 1000 | 900.3 | 737.8 |
| | Breast Cancer Screening Rates aged 50-74 (% tested in past two years) | % | 82.5 | 79.2 |
| | Bowel Cancer Check in those aged 50 years and above % | % | 54.1 | 46.5 |
| | | | | |
| Health Status | Self- Reported Health- excellent or very good | % | 46.5 | 41.6 |
| | Subjective Wellbeing Index (Range 1-100) | % | 77.0 | 77.3 |
| | People reporting high/very high psychological distress | % | 12.3 | |
| | Percentage of males 18+ who are current smokers | % | 23.1 | 20.3 |
| | Percentage of females 18+ who are current smokers | % | 16.9 | 13.2 |
| | Proportion of people at increased lifetime risk of alcohol related harm | % | 61.1 | 59.5 |
| | Total alcohol sales | Litres/adult | 14.8 | 9.6 |
| | Sedentary Behaviour at Work | % | 22.9 | 22.0 |
| | People who do NOT meet physical activity guidelines | % | 48.0 | 44.1 |
| | Percentage of males overweight | % | 42.1 | 39.3 |
| | Percentage of females overweight | % | 23.5 | 24.2 |
| | Percentage of obese males | % | 22.8 | 19.0 |
| | Percentage of obese females | % | 24.2 | 19.5 |
| | Adults Who DON'T Meet Fruit Guidelines (2 serves daily) | % | 59.9 | 56.8 |
| | Adults Who DON'T Meet Vegetable Guidelines (5 serves daily) | % | 96.3 | 94.6 |
| | Daily Soft Drink Consumption | % | 12.0 | 10.1 |
| | Gambling- Spend Per Adult (2020-21) | $ | 456.5 | 292.0 |
| | Gambling - Electronic Gaming Machines per 1000 adults | Rate | 8.4 | 4.9 |
| | People who DON'T Usually Wear Hat and Sunglasses when Outdoors | % | 12.7 | 14.1 |
| | People reporting type 2 diabetes | % | 4.5 | 5.5 |
| | People reporting heart disease | % | 6.1 | 6.7 |
| | People reporting asthma (ever diagnosed) | % | 27.4 | 20.0 |
| | Prevalence of cancers | % | 8.5 | 8.1 |
| | Prevalence of chlamydia | per 100k | 441.4 | 330.7 |
| | Drug and alcohol clients | per 1000 | 10.5 | 5.0 |
| | Registered mental health clients | per 1000 | 32.1 | 11.9 |
| | Avoidable mortality | per 100k | 124.4 | 106.8 |
| | | | | |

## IV. Strategic Framework

The underlying principal guiding the development and implementation of the Healthy Warrnambool Plan 2021-25, which is Warrnambool's Municipal Public Health and Wellbeing Plan, is that of addressing inequity, vulnerability and socio-economic disadvantage that exists in the community, which have adverse impacts on overall health and wellbeing.

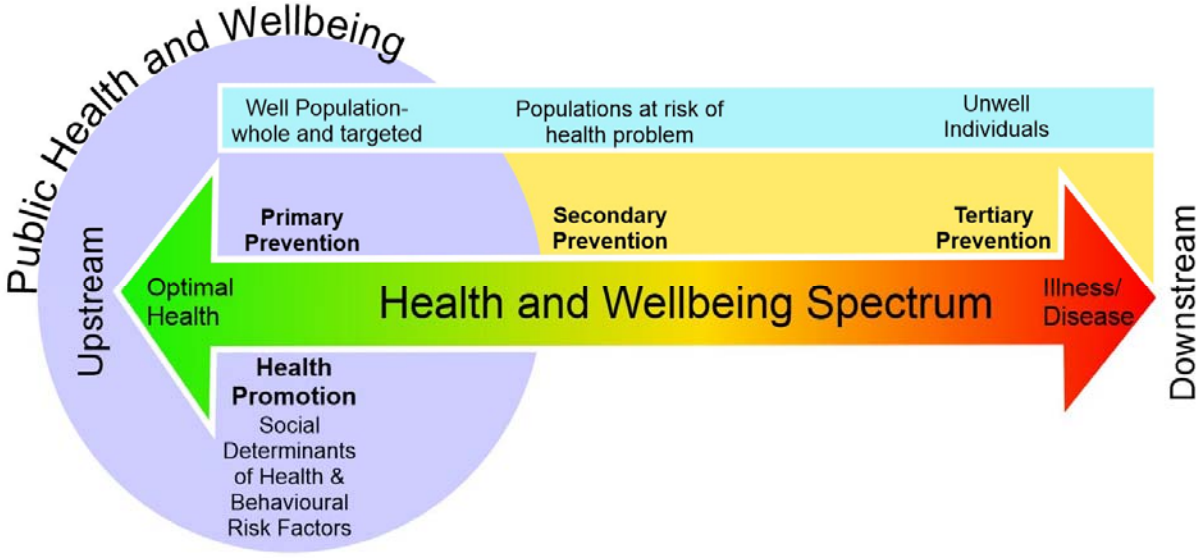



Figure 2: Health and Wellbeing Spectrum[5]

Within the purview of the scope and functions of local government, and recognising the wide range of platforms provided by stakeholders working in preventative health and health promotion, the development of the Healthy Warrnambool Plan 2021-25 has been guided by the Ottawa charter of health promotion,[6] embedded components of the Social Cognitive Theory and used the following strategic framework to enable sustainable – localised change:

### 1. Advocacy for policy and systems improvement

Policy is one of the most important tools for achieving health promotion and disease prevention outcomes. Policies at federal, state and local levels determine the systems under which health promotion and disease prevention programs operate. Policy interventions drive funding streams at federal and state, which determines the ways in which systems are designed at local levels to solve problems.

[5] Figure received through courtesy of Wimmera and South West Primary Care Partnership
[6] https://www.betterhealth.vic.gov.au/health/servicesandsupport/ottawa-charter-for-health-promotion

Improvements to systems refers to a fundamental shift in the way problems are solved. Within an organization, systems change affects organizational purpose, function, and connections by addressing organizational culture, beliefs, relationships, policies, and goals. Federal and state policies, which are designed from a population perspective, can create unforeseen inequities in systems for regional and rural communities, due to many different reasons. Primary among them is the challenge to strengthen primary and specialist health care service delivery at regional and rural levels and increase access to these services, which may limit investments in preventative health and health promotion.

Based on on-ground realities and collective evidences from stakeholders, the Healthy Warrnambool Plan 2021-25 will advocate for appropriate improvement and reform to policies and systems that enable local solutions to solve endemic local problems of Warrnambool and the surrounding areas.

## 2. Creating an Enabling Environment

Human health is a social matter, not just an individual one.[7] Understanding the barriers to adopting health behaviours is central to any preventative health or health promotion program. Australia's federal preventative health strategy and the Victorian Health and Wellbeing Plan highlight the need to create enabling environments that support the development of localised systems which address the unique local barriers to behaviour change. Addressing the wider environmental change strategies involve changing the economic, social, or physical surroundings or contexts that affect health outcomes.

Environmental strategies address population health outcomes and are best used in combination with other strategies that focus on behaviour change. Socio-economic disadvantage, gender inequity, lack of access, social connections and networks, are few examples of the multiple factors/barriers which affect individual behaviour change, even when intentions to practice exist. These become challenging when the incentives and rewards related to adopting healthy behaviours are intangible and/or not easily measureable. Environmental changes which address the barriers to behaviour change assist in building self-efficacy and self-control.

[7] Health Promotion by Social Cognitive Means – Albert Bandura 2004

## 3. Behaviour Change

A person's health behaviour is often determined by their intention to perform the behaviour.[8] The quality of health enjoyed by a person is significantly determined by the lifestyle choices and habit of the individual. The core determinants that influence the adoption of healthy behaviours include knowledge of health risks and benefits of different health practices, perceived self-efficacy that one can exercise control over one's health habits, the health goals people set for themselves and the concrete plans and strategies for realizing them, and the perceived facilitators and social and structural impediments to the changes they seek.[9]

Lack of knowledge of appropriate preventative health behaviours; attitudinal, socio-cultural and environmental factors that condone harmful practices; lack of information about appropriate services to seek timely care; and, structural barriers to accessing services, are some of the common issues in regional and rural areas that inhibit preventative health behaviours. The Healthy Warrnambool Plan 2021-25 will incorporate a three-pronged approach in its initiatives for behaviour change, namely:

a. adopting preventative health behaviours;
b. seeking appropriate services on time;
c. addressing structural barriers through inclusion of voices of people with lived-experiences.

[8] Theory of Reasoned Action (Fishbain and Ajzen, 1967) and Theory of Planned Behaviour (Ajzen, 1985)
[9] Bandura A: Self-Efficacy: The Exercise of Control. New York, Freeman, 1997.

## V. Priorities for Municipal Health and Wellbeing Plan 2021-25

Guided by Warrnambool 2040[10], which is the broad community vision guiding the liveability aspirations of the community, the Council Plan 2021-25, the demographic profile of the municipality, the health and wellbeing trends in Warrnambool, and in consultation with stakeholders, the following have emerged as key priority areas for the next cycle of the Healthy Warrnambool Plan 2021-25 and the scope of each thematic area:

1. Improved physical health – combination of healthy eating and active living
2. Improved social and emotional wellbeing – includes mental and emotional wellbeing of a range of demographic segments
3. Prevention of family violence – includes violence against women, children and the elderly
4. Reduced harm from alcohol and other drugs
5. Increased resilience and safety from impacts of climate change

All priority areas will be implemented through a partnership model involving a range of internal Council departments, external stakeholders, community members and service providers. A Community of Practice for each priority area will collectively guide the implementation of activities and initiatives over the next four years. Financial resources will be allocated to each priority area to enable rollout of programs. Subsequently, the Communities of Practice will seek to create synergies through sharing of resources between the stakeholders. The next section outlines the situation analysis and the outcomes and initiatives for each priority area for the years 2021-25, based on the Strategic Framework mentioned above.

[10] www.w2040.com.au

## VI. Outcomes and Initiatives

This section outlines the situation analysis of each technical area as identified by stakeholders working in the municipality, and the strategy that will be to implement different initiatives to realise the outcomes for Healthy Warrnambool Plan 2021-25. Further annual action plans will be developed by each Community of Practice based on the strategic plan.

## 1. Improved Physical Health

### Situation analysis

| Active Living | | |
|---|---|---|
| **Strengths/Opportunities** | **Challenges** | **Capacity building needs** |
| • W2040 links well to other municipal and stakeholder strategies with dedicated Officers to support programming<br>• Presence of Clubs and good level of opportunities for a range of sports with adequate infrastructure and facilities including neighbourhood based assets that enable active living<br>• Presence of neighbourhood houses, some community hubs and facilities which provide safe environments<br>• Presence of early intervention programs<br>• Large number of volunteers who support programs and services<br>• Adequate green and open space with opportunities to activate them including some disused community infrastructure | • Community and sports infrastructure is ageing with significant renewal gap<br>• Lack of adequate community hubs<br>• Structured sports reliant on volunteers while commercial operators reduce opportunity for volunteerism<br>• Difficulty to cater services to a wide range of different sports within a small geographic catchment<br>• Aging Population<br>• Lack of connected infrastructure between roads, footpaths and open space creating issues for road safety<br>• Difficult to shift cultures around alcohol use, mental health and organised competition<br>• Lack of multi-use facilities and lack of sharing of facilities<br>• Decrease in young people volunteering<br>• High impact of Gambling / Online sporting | • Infrastructure planning around key priority sports, safe transport, access to services and linking of open space<br>• Increase community ownership and set up supportive networks (e.g., “Friends of” groups)<br>• Volunteer Support – Education/ Governance/ Compliance<br>• Increased funding to support clubs and infrastructure<br>• Use of data and methodologies for measuring change<br>• Roles & Responsibilities – One Stop Portal for all information |

| Healthy Eating | | |
|---|---|---|
| **Strengths/Opportunities** | **Challenges** | **Capacity building needs** |
| • Early Years programs are effective and have the ability to influence a large section of society<br>• Existence of Food Share and Healthy Options programs<br>• Connection to and leadership from community organisations/groups<br>• Existence of adult education programs<br>• Existence of community garden and food champion models; Food Share; Healthy Options; Everyday Foodies program, etc.<br>• Availability of safe drinking water<br>• Opportunity to activate open space | • Generational change required around cultural consumption patterns and unhealthy food habits<br>• Decreased fruit and vegetable consumption<br>• Healthy food supply is difficult in current climate<br>• Perceptions that healthy food is expensive<br>• Linkages of fast foods and unhealthy foods with sporting events and sporting excellence<br>• Food insecurity across certain segments of the community and ensuring that they are able to access food relief | • Consistent messaging and cross-sector buy in and commitment for cultural change to implement healthy eating programs<br>• Increased engagement of the community through community gardens |

## Strategy

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| **Advocacy**<br>• Adequacy and consistency of funding across the board to address the sliding scale of rurality<br>• Increased investments in capacity building of the workforce to promote healthy eating and active living through collaboration and partnership<br>• Investment in application of a food systems approach through community hubs and community gardens<br>• Integrated policy to address all aspects of physical health through generation of further evidence-base from regional and rural areas for targeted advocacy | • Increase in proportion of children walking and/or riding to school independently<br>• Improved population health data from 2017 levels (healthy eating, physical activity)<br>• Reduction in proportion of residents who say their health is poor from 2017 levels<br>• Increased access to sports facilities, cultural activities and programs, walking/cycling infrastructure, health services from 2017 levels<br>• Increased proportion of adults using active transport<br>• Increased proportion of people with disabilities engaged with sporting clubs<br>• Proportion of people engaged in organised and unorganised physical activity<br>• Reduction in obesity<br>• Proportion of people consumer sugar sweetened drinks<br>• Number of people experiencing food insecurity |
| **Enabling environment**<br>• Build on the Victorian Achievement Program and other emerging programs implemented by the State Government, including the Vic Kids Eat Well program<br>• Increased equity in utilisation of sporting facilities<br>• Increased activation of open space for physical activity including improved interconnections to promote active transport<br>• Build interconnections between programs and services to remove barriers to health and wellbeing<br>• Engage with medical practitioners to promote social prescriptions<br>• Increase alternative revenue streams for sporting clubs to address their reliance on alcohol sales and sale of unhealthy foods | |

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| • Create reward systems for sporting clubs that embed improved physical health systems and inclusive and safe culture and environments | • Number of clubs reporting increased female participation and youth participation<br>• Number of clubs reporting increased inclusion (culturally diverse and migrant communities, LGBTIQ, Aboriginal and Torres Straits Islander peoples, etc.)<br>• Proportion of female participation in sports and active programs<br>• Improved policies on sports and recreation facility use and sharing including the recreation asset management plan<br>• Difference between organised and unorganised physical activity<br>• Increased access to activated open space – improved connection<br>• Increased consumption of fruit and vegetables from 2017 levels<br>• Increased neighbourhood food assets<br>• Decreased consumption of discretionary food and drinks<br>• Improved oral health of the population |
| **Behaviour Change**<br>• Raise knowledge and awareness on improving physical health through positive role modelling using a range of multimedia initiatives particularly targeting behaviours related to healthy eating and active living, including capacity to breastfeed, prepare and consume healthier food and drinks, promotion of Victoria Walks initiatives, consumption behaviours to purchase local healthy produce and maintaining a healthy weight<br>• Improve access to and promote programs that target healthy eating in children and active living for 12-25 year olds and for populations-at-risk, particularly incidental exercise, modified sports and unorganised, non-structural sporting events/programs<br>• Research on barriers and enabling factors that can improve healthy eating and active living | |

## 2. Improved Social and Emotional Wellbeing

### Situation Analysis

| Strengths/Opportunities | Challenges | Capacity building needs |
|---|---|---|
| • Youth participation and willingness to change the narrative around the stigma linked to mental health including Youth Council collaboration to enable evidence based education<br>• Existence of local services, schools, safe spaces and connections to create an enabling environment<br>• Improved availability of data around mental health<br>• Increased collaboration in the sector and willingness to engage<br>• Increased support and funding opportunities<br>• High levels of community engagement in arts, sports and other community connections<br>• Access to green and open spaces | • Lack of adequate Youth Mental Health facilities<br>• Lack of adequate diversity of housing and significant housing stress in the municipality<br>• Challenges posed and exposed by COVID-19: disengagement/social connection/ IT reliability/digital inequity/family stress/family violence, loneliness, etc.<br>• Mental health facilities needs to create bespoke services for different cohorts because the needs of the cohorts are different<br>• Cultural resistance to seek support and lack of social acceptance<br>• Long waiting lists for support / lack of services / lack of outreach<br>• Lack of health literacy in the community<br>• Existence of homophobia, racism, ageism and other inequities in the community<br>• Navigating system is complex<br>• High impact of the harms of gambling | • Peer to Peer support / Mentoring programs<br>• Youth strategy / community connections to include youth and diverse voices<br>• Improving capabilities to collaborate and partner in order to better meet the need diverse needs of the community<br>• Increased governance and accountability<br>• Improved support for clinicians including attraction, retention and professional development |

## Strategy

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| **Advocacy**<br>• Increased allocation of funding to support workforce attraction and retention in regional and rural areas for mental health service provision including outreach<br>• Increased support from Department of Education to work in mental health, particularly with parents of students experiencing mental health and ability challenges<br>• Increased investment in wraparound services with a focus on housing security for different cohorts<br>• Increased investment in evidence based programs and initiatives to build workforce and community resilience and wellbeing<br>• Advocacy for priority area social and emotional health (mental health) to remain in community health programs until the Royal Commission recommendations are implemented | • Reduction in proportion of residents who say their mental health or loneliness worries them the most from 2017 levels<br>• Increase in proportion of people volunteering (24.8% in 2016)<br>• Reduction in proportion of residents who say their health is poor from 2017 levels<br>• Increased sharing and publication of data, trends and needs on health and wellbeing by stakeholders<br>• Increased social connection<br>• Increased people's understanding of what enables positive mental health<br>• Proportion of people engaged in different groups<br>• Increase proportion of young people aged 15-19 years engaged in full time education and/or work (77.1% in 2016) |
| **Enabling environment**<br>• Improved coordination and collaboration to implement the recommendations of the Royal Commission on Mental Health with particular focus on the needs of regional and rural communities<br>• Implementation of a settings based approach to foster commitment from workplaces to adopt and promote best practice interventions such as the Victorian Achievement Program, Worksafe Health and Wellbeing Program, Live4Life, Beyond the Bell, CASEA etc. | |

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| • Increase in creation of age-friendly environments that addresses ageism and programs that bridges the gap between generations<br>• Promotion of volunteering programs<br>• Engage with medical practitioners to promote social prescriptions | |
| **Behaviour Change**<br>• Implementation of campaigns that raise awareness about the prevalence of anxiety and depression in people (identifying the unique needs of different cohorts) and measures to address them; removing stigma related to mental health through community conversations and programs that seeks to improve mental health literacy and encourage power redistribution in the community to achieve social equity (focus on inclusion and addressing racism, ageism, homophobia, etc.)<br>• Research on localised issues surrounding mental health and care seeking behaviours of people to inform inclusive mental health literacy programs | |

## 3. Prevention of Family Violence

### Situation analysis

| Strengths/Opportunities | Challenges | Capacity building needs |
|---|---|---|
| • Royal Commission into Family Violence has highlighted the importance of the issue and raised awareness with a strong policy agenda across different levels of government<br>• Respect 2040 – a regional social movement across the South West Region for primary prevention of family violence and violence against women provides opportunity for local networking and partnerships and the formation of the South West Local Action Group<br>• Significant media interest and demand from grassroots<br>• Programs exist across a range of organisations (Aged Care, Schools, Community Sector, etc.) that recognise the importance and urgency of the issue<br>• Gender impact assessments are mandated for defined entities by law | • Cultural issues linked to gender inequality and family violence are difficult to change<br>• Programming across rural and remote areas, particularly around awareness raising is challenging<br>• Normalisation of violence by perpetrators and stigma at community level towards recognising family violence as an issue<br>• Interlinked challenges between the link of alcohol and drugs to violence, mental health issues, COVID-19 impact and the negative impacts of social media with family violence | • Understanding new ways of working / legislation particularly during the phase of COVID recovery and the new Normal<br>• Support to sporting clubs to adopt high level actions<br>• Support to locally implement “Safe and Strong – Victoria’s Gender Equality Strategy”<br>• General awareness across organisations of the drivers of family violence and violence against women and children, particularly around gender equality |

## Strategy

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| **Advocacy**<br>• Increased resources to improve gender equity through primary prevention initiatives<br>• Advocacy for increased regional and rural services embedded within the community instead of outreach services<br>• Advocacy for increase in safe crisis and transitional accommodation for victims of family violence including options to remain safe at home | • Reduction in rate of crimes against the person (14.26 per 1,000 in 2018)<br>• Increased sharing and publication of data, trends and needs on health and wellbeing by stakeholders<br>• Number of gender impact assessments reported by organisations<br>• Number of safe crisis and transitional accommodation dedicated to victims of family violence<br>• Increased gender equity across different settings (informed through a range of local data around gender equity and inclusion)<br>• Number of community and organisation leaders involved in primary prevention of family violence |
| **Enabling environment**<br>• Improved collaboration between organisations to highlight and support community champions, particularly across different settings to build leverage points in community and mobilise from the group up for cultural change<br>• Implement settings based and workplace based approaches that address the drivers of family violence including engagement of leadership across communities and organisations to take action around addressing and changing rigid gender norms<br>• Implementation of gender impact assessments across different settings to remove structural barriers to gender equity and equality | |
| **Behaviour Change**<br>• Increased awareness of the drivers of family violence, particularly across the range of family violence incidents (particular emphasis on violence against women and children, and, elderly abuse) | |

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| • Support community organisations to implement projects that address the primary drivers of family violence that highlight intersectional issues<br>• Increased involvement of community leaders in programs that support social and attitudinal adoption of measures that address the drivers of family violence | |

## 4. Reduced Harm from Alcohol and Other Drugs

### Situation Analysis

| Strengths/Opportunities | Challenges | Capacity building needs |
|---|---|---|
| • Strong service delivery model<br>• Increased State Government funding in service delivery, particularly for Indigenous focused programs with ACCO's<br>• Strong collaboration between services – Warrnambool Violence Prevention Board and the formation of the Local Drug Action Team (LDAT)<br>• Existence of water testing facility to collate data and inform services<br>• Telehealth services have been initiated | • Lack of adequate services that cater to families<br>• Only 1 detox program for region with 2 beds and lack of detox program for young people<br>• Inadequate services focus on delivery of services to the indigenous community<br>• Lack of residential rehabilitation facility<br>• Lack of Outreach capacity for regional / rural locations<br>• Social paradox of strong cultural acceptance of normalising misuse of alcohol/levels of drinking while assigning high stigma towards people who seek alcohol and drug use services<br>• Limited prevention / awareness programs in community<br>• Changing trends in drug use<br>• Challenges due to COVID-19 where there is reluctance to come into service facilities | • Reduction of stigma across the community<br>• Increasing detox beds and peer support programs<br>• Support to increase programs that support primary prevention in schools and community<br>• Cultural training of workers<br>• Pill testing<br>• Family centred service model |

## Strategy

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| **Advocacy**<br>• Increased advocacy for integration of mental health and AOD services to enable a common-client model while ensuring that the strength of AOD service is maintained. This includes advocacy for funding to have prevention action and community program support in core business of alcohol and drug services.<br>• Increased advocacy to support sporting clubs to diversify revenue streams to decrease reliance on alcohol sales for revenue, including recognition and reward for clubs that promote local services<br>• Increased understanding of the system to focus equally on the effects of alcohol and of other drugs<br>• Advocacy for funding to increase in rehabilitation beds and residential services<br>• Advocacy for free water to be made available at all community events and celebrations<br>• Advocacy for peer-support programs with voices of people with lived experience (including lived experiences of families and friends) | • Reduction in crime related to alcohol<br>• Reduction in hospital admissions from alcohol and other drugs related emergencies<br>• Downward trend in incidents during high alcohol events<br>• Decrease in waste water detection of alcohol and other drugs<br>• Proportion of people at increased lifetime risk of alcohol related harm<br>• Improved population health data from 2017 levels on harm from alcohol and other drugs<br>• Increased sharing and publication of data, trends and needs on health and wellbeing by stakeholders<br>• Reduction in proportion of residents who say their mental health or loneliness worries them the most from 2017 levels<br>• Level of community awareness of National Health and Medical Research Council guidelines on alcohol consumption |
| **Enabling environment**<br>• Increased awareness of community and organisation leaders to support a shift in culture from alcohol being the main source of celebration or main source of coping mechanism<br>• Increased involvement of organisational leaders on importance of reducing harm and stigma towards accessing services<br>• Increased implementation of settings based programs including support to the Victorian Achievement Program, Good Sports program and the Local Liquor Accord | |

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| • Engage with medical practitioners to promote social prescriptions | • Measures from the Cancer Council survey on alcohol harm in schools<br>• Reduction in volume of alcohol sales |
| **Behaviour Change**<br>• Reduced stigma towards uptake of programs that address addiction of alcohol and other drugs including the inclusion voices of clients and family members<br>• Promote change champions including use of peer support programs<br>• Development and implementation of evidence informed pilot programs that increase the awareness of the community regarding the risks and harms related to alcohol and other drugs for targeted cohorts | |

## 5. Increased Resilience and Safety from Impacts of Climate Change

### Situation analysis

| Strengths/Opportunities | Challenges | Capacity building needs |
|---|---|---|
| • W2040 vision enables an opportunity to build on partnerships among a range of diverse programs in clean energy and waste reduction<br>• Leadership and community collaboration Youth involvement in climate change Enactment of the Climate Change Act 2017 and the existence of some level of local climate change data Opportunity for sustainable living Good access to natural environment<br>• Well established emergency response framework that can be utilised during extreme events<br>• Vast amount of green space, farming space, protected coastline and adequacy of water resources including natural assets to support active transport corridors | • Inadequate new data as issues are quickly evolving<br>• Challenging to work together due to conflicts in legislation and policies at Federal and State levels<br>• High numbers of people in lower socio-economic groups in the community<br>• Inadequate focus on prevention from climate change health impacts<br>• Lack of adequate understanding in community that Climate Change is a health risk<br>• Gaps in access and connected public open space and green corridors along the coast and waterways | • Understanding the Climate Change risks and influence to act<br>• Skills on “How to talk about Climate Change and Health”<br>• Awareness of “non-environmental” Climate impacts<br>• Storytelling and communication to influence change |

| | | |
|---|---|---|
| • Readiness to act – Warrnambool City Council has declared Climate Emergency | | |

## Strategy

| Outcomes/Initiatives | Indicators/Measures |
|---|---|
| Advocacy<br>• Engage with the community and the Regional Climate Alliance to develop local advocacy platform that highlights the localised needs of Warrnambool and the region in relation to climate change mitigation and adaptation, including articulation of the localised impacts of conflict/disconnect between federal and state legislations and policies<br>• Develop an advocacy paper highlighting the local impacts of climate change | • Reduce citywide emissions by 20%<br>• Source 20% energy from renewable resources<br>• 25% residential properties will have solar PV systems<br>• Set up and operate at least 1 micro-grid<br>• Doubling of the cycling and walking to work population from 2017 levels<br>• Maintain potable water consumption at 2019 levels<br>• Reduce resource consumption per person from 8.2 kg in 2015 to 3 kg in 2038 (measure consumption in 2026)<br>• Increase diversion from landfill to 80%<br>• Number of additional trees and shrubs planted<br>• Agreement across partner agencies regarding local climate priorities and their impact on the health and wellbeing of community members<br>• Number of settings engaged with climate and health action |
| Enabling environment<br>• Build on the Victorian Achievement program through settings based programs, eg, early childhood services, schools, workplaces, etc.<br>• Increased investments in renewable energy programs and sustainable and active transport, including promotion of energy efficiency programs and low income energy rebate opportunities<br>• Improved collaboration and coordination between the emergency management and health promotion sectors on response and recovery related to extreme climate events and disasters<br>• Improved green corridors/connectivity along waterways to support active transport<br>• Capacity building of stakeholders on the interlinkages between climate change and public health and communication skills development | |
| Behaviour Change<br>• Increased participation of community organisations working on climate change<br>• Improved waste management practices in the community | |

| | |
|---|---|
| • Implement awareness programs that increase the understanding of the community on the linkages between climate change and health, linking both adaptation and mitigation measures<br>• Increased utilisation of community gardens to enable climate change related conversations<br>• Raise awareness on methodology to improve the conservation of the natural environment to align conservation and communication efforts with climate and health adaptation<br>• Increase awareness of business and community on sustainable consumption behaviours<br>• Develop a hierarchical model of behaviours for people to adopt at individual level, household level, community level and municipal level | • Local Fresh Food Plan is developed and implemented<br>• Increase in ha/length of public land along waterways and coastline to support public transport<br>• Number of organisations implementing the Victorian Achievement Program<br>• Number of blue green algae events in local waterways |