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*This information is available in alternative formats on request.*
Executive Summary

On 1 September 2015 the Minister for Health released the Victorian public health and wellbeing plan 2015–2019.

The vision of the plan is for a Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age.

The plan outlines the government’s key priorities to improve the health and wellbeing of all Victorians, particularly the most disadvantaged. As many chronic disease and injuries are preventable, the plan focuses on supporting healthy living from the early years and throughout life.

The Victorian health and wellbeing priorities are:

- healthier eating and active living
- tobacco-free living
- reducing harmful alcohol and drug use
- improving mental health
- preventing violence and injury
- improving sexual and reproductive health.

The plan also identifies the importance of maintaining healthy environments, and responding to the impacts of climate change on people’s health and wellbeing.

The Towong Healthy Communities Plan 2018-2021 is a key Council document, providing a framework for positive health and wellbeing outcomes for the community. It was developed in consultation with key stakeholders and through the examination of current data. The plan specifies how organisations or individuals will work together to deliver initiatives to better support residents enjoy life.

The Towong Healthy Communities Plan 2018-2021 represents the strategic direction for health and wellbeing in our communities. The following five areas have been identified as priorities for Towong Shire:

- Healthier Eating
- Active Living
- Reducing Harmful Alcohol and Drug Use
- Improving Mental Health
- Family Violence

Key stakeholders have agreed to focus their collaborative efforts on these priority areas for 2018 – 2021.
The Towong Healthy Communities Plan 2018-2021 has prioritised the following strategies to support improvements to public health and wellbeing in the five priority areas.

**Priority Area 1 - Healthier Eating**

- Strategy 1.1: Promote and support opportunities for healthier eating
- Strategy 1.2: Promote access to healthy and sustainable food and drink choices

**Priority Area 2 - Active Living**

- Strategy 2.1: Enhance infrastructure that supports physical activity
- Strategy 2.2: Continue to develop partnerships to increase sport and active recreation opportunities
- Strategy 2.3: Promote and support opportunities for active lifestyle choices

**Priority Area 3 - Reducing Harmful Alcohol and Drug Use**

- Strategy 3.1: Promote a safer drinking culture

**Priority Area 4 - Improving Mental Health**

- Strategy 4.1: Provide education and information to promote good mental health through every stage of life
- Strategy 4.2: Advocate for improved support services to reach Towong Shire community members and increase telehealth for specialist Mental health in the local community
- Strategy 4.3: Identify and develop strategies to increase community resilience in emergency events

**Priority Area 5 - Family Violence**

- Strategy 5.1: Provide community leadership to prevent violence against women and children
Mayoral Message

It is a pleasure to introduce the Towong Shire Healthy Communities Plan 2018-2021.

Towong Shire is the ideal place to live. Located in the foothills of the Snowy Mountains with easy access to National Parks, Lake Hume and the beautiful valleys and upper reaches of the Murray River.

Whilst we live in one of Australia’s most pristine environments we also face a diverse range of health challenges and at times face disadvantage due to the remoteness of the locality.

We aim to support a connected, healthy and vibrant community that is resilient and provided with opportunities for growth and prosperity. We aim to foster and encourage creativity and innovation, respecting diversity and difference of opinions.

We are a resilient community with a proven record of accomplishment on how to prosper through collaborative efforts.

We are committed to working closely with the Victorian Government, Towong Alliance and key stakeholders to support improved outcomes across Victorian health and wellbeing strategic goals. After the completion of a consultation process, a review of available data and resourcing, Towong Shire has prioritised the following challenges:

- Healthier eating
- Active living
- Reducing harmful alcohol and drug use
- Improving mental health
- Prevention of Family Violence

We seek sustainable outcomes, a balanced lifestyle, preserved environment and a collaborative approach to improved health and wellbeing.

Cr. David Wortmann

Mayor, Towong Shire Council
Consultation in developing the Towong Shire Healthy Communities Plan

In developing the Towong Shire Healthy Communities Plan 2018-2021 there has been a number of levels of engagement with stakeholders.

**Engagement with local health services**

Representatives from Corryong Health, Tallangatta Health Service and Walwa Bush Nursing Centre reviewed relevant health and census data through a facilitated process with Upper Hume Primary Care Partnership (UHPCP), to support the community consultation process.

Health services were invited to participate in community organisation workshops (as detailed below).

In addition, draft priority areas, strategies and actions were considered prior to inclusion in the draft Plan.

**Engagement with local community service organisations**

UHPCP facilitated community and key agency workshops in Corryong and Tallangatta. UHPCP presented key data to community organisations and key agencies to establish health and wellbeing priorities for the Towong community.

Community stakeholders present included representatives from:

- North East Water
- Sport North East
- Gateway Community Health
- North East Child & Adolescent Mental Health Service
- Victoria Police
- Wodonga TAFE
- Neighbourhood Houses
- Corryong Health
- North East Health Wangaratta
- Corryong Health Food Bank
- Corryong churches

Workshop discussions linked to the following key community plans to represent and acknowledge previous community engagement and the geographical areas of Bellbridge, Corryong, Tallangatta, and the Mitta Valley:

- Our Bellbridge
- UM2030 Vision Plan
- Tallangatta Tomorrow
- Our Valley Our Future.

The table overleaf illustrates community priorities established through the consultation process. After presentation of key health data and a summary of the Council Plan and health services’ plans, attendees were able to make informed choices about health priorities for the eastern (Corryong) and western (Tallangatta) ends of the Shire. Attendees voted on their top three priorities. Their preferences coupled with health service input provided the strategic direction for the development of the Towong Shire Healthy Communities Plan 2018-2021.
*The above table illustrates the most popular strategic objectives from a community stakeholder perspective.

The western end of the Shire workshops (Tallangatta) prioritised:
1. Mental Health
2. Infrastructure and community connectedness
3. Family Violence

The eastern end of the Shire workshops (Corryong) prioritised:
1. Economic Development
2. Infrastructure and community connectedness
3. Healthy Eating and Active Living
4. Family Violence

**Engagement with the Towong Shire community**

The Towong Shire Healthy Communities Plan 2018-2021 was considered by Council at the November 2018 Council Meeting. Following in-principle adoption of the Plan it was released on public exhibition for community feedback. The proposed Plan was available from the Corryong and Tallangatta Council offices and on Council’s website www.towong.vic.gov.au.

This provided opportunity for any community member to review the Plan and provide input before the final Towong Shire Healthy Communities Plan 2018-2021 was formally adopted by Council in February 2019.

Five submissions were received and were considered in this final Plan.
Council’s role in Health and Wellbeing

Health and wellbeing outcomes for our community are dependent on key stakeholder partnerships and a willingness to work together to deliver service provision. Council portfolios and programs are developed and implemented to support the health and wellbeing of our community.

The Victorian Public Health and Wellbeing Act 2008 enlists local government as a major partner in “the effort to protect health and prevent disease, illness, injury, disability and premature death.” The purpose of this Act is to enact a new legislative scheme, which promotes and protects public health and wellbeing in Victoria.

The function of a Council under this Act is to seek to protect, improve and promote public health and wellbeing within the municipal district by—

a) creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health;
b) initiating, supporting and managing public health planning processes at the local government level;
c) developing and implementing public health policies and programs within the municipal district;
d) developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected;
e) facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community;
f) co-ordinating and providing immunisation services to children living or being educated within the municipal district;
g) ensuring that the municipal district is maintained in a clean and sanitary condition.

The Towong Shire Healthy Communities Plan 2018-2021 is informed by and aligns with the 2017-2021 Council Plan, and acts as a guiding plan for a number of key Council documents:
Understanding Towong’s Health and Wellbeing status

Defining the health and wellbeing of our communities requires a careful assessment of recent health and wellbeing data, working with local health services, key agencies and community.

Towong Shire Council facilitated a strategic partnership with the Upper Hume Primary Care Partnership (UHPCP) to assist with data analysis and to broaden agency reach and feedback for the plan's development. Our collaborative efforts intrinsically link and align with the State Government’s vision and approach to improved health outcomes for our community.

Our plan recognises the need for greater flexibility in responding to local priorities. Supported with an action plan we have identified roles, responsibilities, and accountability in a measurable way. We have also recognised future challenges and relevant data to support those challenges. We aim to focus on inequalities in health and wellbeing, the social determinants of health that contribute to inequalities and an explicit focus on improving health and wellbeing across the course of life.

While Victorians generally experience high levels of health and wellbeing, it is not equitable across the State. Our plan has assessed Towong Shire’s available data, and identified the gaps and opportunities for prioritised health outcomes.
Where are we?

The Towong Shire is located in north-east Victoria, on the Victorian/NSW border, about 350 kilometres north-east of Melbourne. It is bounded by the Murray River in the north and east, the East Gippsland and Alpine shires in the south, and the Indigo Shire and City of Wodonga in the west. The Shire offers a diversity of landscapes that range from pastoral and agricultural farming areas to pristine national parks and state forest environments to alpine peaks and waterways.

The Shire covers one of the state’s largest local government land areas of 6,600 square kilometres. Corryong (pop. 1,348) and Tallangatta (pop. 1,082) are the Shire’s main urban centres with other significant settlements including:

- Bellbridge and Bethanga which offer town/village living opportunities close to the larger regional centres of Wodonga and Albury;
- Communities at Dartmouth, Eskdale and Mitta Mitta which are more remote and self-reliant;
- Talgarno, Granya, Walwa, Tintaldra and Towong which provide lifestyle choices on the banks of the Murray River; and
- Cudgewa, Koetong, Old Tallangatta, Bullioh and Tallangatta Valley which are nestled in fertile valleys and surrounded by scenic hills.

Who are we?

Population overview

In the 2016 Census, 5,985 residents nominated Towong Shire as their usual place of residence.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>51.4%</td>
</tr>
<tr>
<td>Female</td>
<td>48.6%</td>
</tr>
<tr>
<td>Aboriginal/Torres Strait</td>
<td>87 (1.5%)</td>
</tr>
<tr>
<td>Islander</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>50</td>
</tr>
<tr>
<td>Families</td>
<td>1,591</td>
</tr>
<tr>
<td>Average children per family</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: 2016 Census

Of the families in Towong Shire, 34.4% were couple families with children, 54.5% were couple families without children and 10.1% were one parent families.
Cultural diversity

The most common ancestries in Towong Shire were Australian 31.6%, English 31.2%, Irish 9.7%, Scottish 8.8% and German 4.8.

In Towong Shire 82.7% of people were born in Australia. Of those born outside Australia, the most common countries of birth were England 2.6%, New Zealand 0.9%, Germany 0.7%, Netherlands 0.7% and Philippines 0.4%.

<table>
<thead>
<tr>
<th>Ancestry</th>
<th>Towong</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian</td>
<td>2,532</td>
<td>31.6</td>
<td>1,653,291</td>
<td>21.1</td>
<td>7,298,243</td>
<td>23.3</td>
</tr>
<tr>
<td>English</td>
<td>2,495</td>
<td>31.2</td>
<td>1,769,214</td>
<td>22.6</td>
<td>7,852,224</td>
<td>25.0</td>
</tr>
<tr>
<td>Irish</td>
<td>780</td>
<td>9.7</td>
<td>597,249</td>
<td>7.6</td>
<td>2,388,058</td>
<td>7.6</td>
</tr>
<tr>
<td>Scottish</td>
<td>702</td>
<td>8.8</td>
<td>492,281</td>
<td>6.0</td>
<td>2,023,470</td>
<td>6.4</td>
</tr>
<tr>
<td>German</td>
<td>387</td>
<td>4.8</td>
<td>201,850</td>
<td>2.6</td>
<td>982,226</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Source: 2016 Census

Towong Shire has a higher than state or national average of Anglo-Saxon and Western European populations living in the Shire. Opportunities for cultural diversity are harnessed through the Neighbourhood House programs with the objective of attracting, supporting and maintaining more ethnic diversity across the Shire.

Registered Marital status

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Towong</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>2,778</td>
<td>55.3</td>
<td>2,344,107</td>
<td>48.4</td>
<td>9,148,218</td>
<td>48.1</td>
</tr>
<tr>
<td>Separated</td>
<td>137</td>
<td>2.7</td>
<td>146,493</td>
<td>3.0</td>
<td>608,059</td>
<td>3.2</td>
</tr>
<tr>
<td>Divorced</td>
<td>479</td>
<td>9.5</td>
<td>382,544</td>
<td>7.9</td>
<td>1,626,890</td>
<td>8.5</td>
</tr>
<tr>
<td>Widowed</td>
<td>372</td>
<td>7.4</td>
<td>251,674</td>
<td>5.2</td>
<td>985,204</td>
<td>5.2</td>
</tr>
<tr>
<td>Never married</td>
<td>1,258</td>
<td>25.0</td>
<td>1,720,887</td>
<td>35.5</td>
<td>6,668,910</td>
<td>35.0</td>
</tr>
</tbody>
</table>

Source: 2016 Census

Towong Shire has a higher level of divorced and widowed persons than the State or National average. Additional anecdotal evidence highlights the need to connect, promote and provide support services to persons and their families experiencing hardship or living alone.

Housing

Of occupied private dwellings in Towong Shire, 45.9% were owned outright, 30.2% were owned with a mortgage and 19.0% were rented.

Of occupied private dwellings in Towong Shire, 3.1% had one bedroom, 14.5% had two bedrooms and 49.2% had three bedrooms. The average number of bedrooms per occupied private dwelling was 3.2. The average household size was 2.3 people.
Household income

In Towong Shire 27.9% of households had a weekly household income of less than $650 and 6.9% of households had a weekly income of more than $3,000.

<table>
<thead>
<tr>
<th>Household income</th>
<th>Towong</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $650 gross weekly income</td>
<td>-</td>
<td>27.9</td>
<td>-</td>
<td>20.3</td>
<td>-</td>
<td>20.0</td>
</tr>
<tr>
<td>More than $3000 gross weekly income</td>
<td>-</td>
<td>6.9</td>
<td>-</td>
<td>15.5</td>
<td>-</td>
<td>16.4</td>
</tr>
</tbody>
</table>

Source: 2016 Census

In Towong Shire, of all households, 67.5% were family households, 30.2% were single person households and 2.3% were group households.

The median weekly personal income for people aged 15 years and over in Towong Shire was $535.

<table>
<thead>
<tr>
<th>Median Weekly Incomes</th>
<th>Towong $</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>535</td>
<td>-</td>
<td>644</td>
<td>-</td>
<td>662</td>
<td>-</td>
</tr>
<tr>
<td>Family</td>
<td>1,340</td>
<td>-</td>
<td>1,715</td>
<td>-</td>
<td>1,734</td>
<td>-</td>
</tr>
<tr>
<td>Household</td>
<td>1,043</td>
<td>-</td>
<td>1,419</td>
<td>-</td>
<td>1,438</td>
<td>-</td>
</tr>
</tbody>
</table>

Towong Shire Household Statistics

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All private dwellings</td>
<td></td>
<td>3,091</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average people per household</td>
<td></td>
<td>2.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median weekly household income</td>
<td></td>
<td>$1,043</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median monthly mortgage repayments</td>
<td></td>
<td>$1,083</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median weekly rent</td>
<td></td>
<td>$150</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average motor vehicles per dwelling</td>
<td></td>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Education

In Towong Shire 26.4% of people were attending an educational institution. Of these 25.6% were in Primary school, 25.2% in Secondary school and 9.3% in a tertiary or technical institution.

<table>
<thead>
<tr>
<th>Education</th>
<th>Towong</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-school</td>
<td>66</td>
<td>4.2</td>
<td>94,970</td>
<td>5.2</td>
<td>347,621</td>
<td>4.8</td>
</tr>
<tr>
<td>Primary - Government</td>
<td>278</td>
<td>17.6</td>
<td>313,881</td>
<td>17.2</td>
<td>1,314,787</td>
<td>18.2</td>
</tr>
<tr>
<td>Primary – Catholic</td>
<td>92</td>
<td>5.8</td>
<td>102,778</td>
<td>5.6</td>
<td>380,604</td>
<td>5.3</td>
</tr>
<tr>
<td>Primary – non-Government</td>
<td>35</td>
<td>2.2</td>
<td>52,041</td>
<td>2.8</td>
<td>231,490</td>
<td>3.2</td>
</tr>
<tr>
<td>Secondary - Government</td>
<td>328</td>
<td>20.7</td>
<td>201,166</td>
<td>11.0</td>
<td>827,505</td>
<td>11.5</td>
</tr>
<tr>
<td>Secondary - Catholic</td>
<td>38</td>
<td>2.4</td>
<td>88,999</td>
<td>4.9</td>
<td>338,384</td>
<td>4.7</td>
</tr>
<tr>
<td>Secondary – other non- Government</td>
<td>35</td>
<td>2.2</td>
<td>73,973</td>
<td>4.0</td>
<td>280,618</td>
<td>3.9</td>
</tr>
<tr>
<td>Technical or further education institution</td>
<td>73</td>
<td>4.6</td>
<td>325,051</td>
<td>17.8</td>
<td>1,160,626</td>
<td>16.1</td>
</tr>
<tr>
<td>Other</td>
<td>39</td>
<td>2.5</td>
<td>59,498</td>
<td>3.3</td>
<td>198,383</td>
<td>2.8</td>
</tr>
<tr>
<td>Not stated</td>
<td>523</td>
<td>33.1</td>
<td>413,199</td>
<td>22.6</td>
<td>1,707,023</td>
<td>23.7</td>
</tr>
</tbody>
</table>
Employment

<table>
<thead>
<tr>
<th>Employment type</th>
<th>Towong</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked Full-time</td>
<td>1,551</td>
<td>55.5</td>
<td>1,670,556</td>
<td>57</td>
<td>6,623,065</td>
<td>57.7</td>
</tr>
<tr>
<td>Worked Part-time</td>
<td>899</td>
<td>32.2</td>
<td>920,875</td>
<td>31.4</td>
<td>3,491,503</td>
<td>30.4</td>
</tr>
<tr>
<td>Away from work</td>
<td>216</td>
<td>7.7</td>
<td>144,696</td>
<td>4.9</td>
<td>569,276</td>
<td>5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>129</td>
<td>4.6</td>
<td>193,465</td>
<td>6.6</td>
<td>787,452</td>
<td>6.9</td>
</tr>
</tbody>
</table>

There were 2,795 people who reported being in the labour force in the week before Census night in Towong Shire. Of these 55.5% were employed full-time, 32.2% were employed part-time and 4.6% were unemployed.

Unpaid employment

In Towong Shire, of people aged 15 years and over, 71.6% did unpaid domestic work in the week before the Census. During the two weeks before the Census, 23.9% provided care for children and 14.0% assisted family members or others due to a disability, long term illness or problems related to old age. In the year before the Census, 36.1% of people did voluntary work through an organisation or a group.

<table>
<thead>
<tr>
<th>Unpaid work</th>
<th>Towong</th>
<th>%</th>
<th>Victoria</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did unpaid domestic work</td>
<td>3,597</td>
<td>71.6</td>
<td>3,315,451</td>
<td>68.4</td>
<td>13,143,914</td>
<td>69.0</td>
</tr>
<tr>
<td>Cared for a child/children</td>
<td>1,202</td>
<td>23.9</td>
<td>1,329,164</td>
<td>27.4</td>
<td>5,259,400</td>
<td>27.6</td>
</tr>
<tr>
<td>Provided unpaid assistance to a person with a disability</td>
<td>704</td>
<td>14.0</td>
<td>560,866</td>
<td>11.6</td>
<td>2,145,203</td>
<td>11.3</td>
</tr>
<tr>
<td>Did voluntary work through an organisation or group (last 12 months)</td>
<td>1,815</td>
<td>36.1</td>
<td>931,546</td>
<td>19.2</td>
<td>3,620,726</td>
<td>19.0</td>
</tr>
</tbody>
</table>

Source: 2016 Census

The Towong Shire Socio-Economic Indexes for Areas (SEIFA) data was reported at 39 out of 79 on the index of relative socio-economic disadvantage of local government areas in Victoria.

SEIFA is a suite of four summary measures that have been created from Census information. Each index summarises a different aspect of the socio-economic conditions in an area, and therefore summarises a different set of social and economic information. The indexes can be used to explore different aspects of socio-economic conditions by geographic areas. For each index, every geographic area in Australia is given a SEIFA number which shows how relatively ‘disadvantaged’ that area is compared with other areas in Australia.

The four indexes in SEIFA are:
- Index of Relative Socio-economic Disadvantage (IRSD);
- Index of Relative Socio-economic Advantage and Disadvantage (IRSAD);
- Index of Economic Resources (IER); and
- Index of Education and Occupation (IEO)
To determine the SEIFA rank, all the areas are ordered from lowest score to highest score. The area with the lowest score is given a rank of 1, the area with the second-lowest score is given a rank of 2 and so on, up to the area with the highest score which is given the highest rank.

**Transport**

There is no public transport available.
**How we assess our health status...**

Council understands that people’s behaviours are shaped by their environment and, healthier environments ultimately lead to healthier behaviours. To find out how healthy we are in the Towong Shire compared to the rest of Victoria, Council has looked at a range of statistical reports and data from the Department of Health and Human Services (DHS), Australian Bureau of Statistics (ABS), VicHealth Indicators survey and the Victorian Population Health Survey (2014). A review of existing service plans from local health services and key stakeholder consultation process was also completed to better understand the health and wellbeing of Towong Shire community members.

From this information, community priorities have been established.

**Our strengths**

The VicHealth Indicators survey 2015 highlighted that 95.9% of Towong Shire residents felt safe walking alone during the day, similar to the Victorian estimate of 92.5%. 80.6% of residents also felt safe to walk alone after dark, this is significantly higher than the Victorian average of 55.1%. Towong Shire ranks 7 out of 79 Councils for people (75.9%) who feel safe on the streets alone.

Neighbourhood safety and security are important determinants of people’s health and wellbeing. When individuals feel safe within their communities, they are more likely to connect with friends, engage with other community members and experience greater levels of trust and social connection (Baum et al. 2009).

Towong Shire is a connected community that feels safe. Towong ranks 10 out of 79 local government areas for feeling safe after dark. When walking alone at night, 80.6% of people in Towong feel safe or very safe compared to 69.4% in the Hume region and 60.8% across the State. We have an opportunity to maintain that sense of safety and to continue supporting our residents through the delivery of diverse health promotion and education, improved environments for health, continuous planning and policy development and by strengthening community action and skill development for an evolving community. Having local health services and GP services located within the Shire provides residents with health and wellbeing support.

Towong residents also gave their wellbeing average of 80.8% compared to the Victorian average of 77.3%. The majority of surveyed residents, 90%, felt that they live in a close-knit community, significantly higher than the Victorian average of 61%. 88.7% of residents trust their neighbours compared to 71.9% state-wide.

Towong’s shire-wide Kindergarten participation rate is 99.8%, one of the highest rates in the State, an increase of 5.7% from 2016.

Towong continues to achieve good results in Maternal and Child Health participation:

- Home visits: 94.8%
- 8 week check: 84.5%
- 1 year check: 78.3%
- 3.5 year old check: 91.8%
Our children attend Kindergarten. Research has shown that investment in the early years, in the form of preschool and kindergarten, can have a positive effect on longer-term outcomes. The participation rate in Towong is 9th highest in the state and performs 2nd highest for the Northeast Victorian region and Ovens Murray area. This is a significant improvement since the development of the 2009-2013 Healthy Communities Plan when participation was ranked 14th in the State. Higher levels of participation at Kindergarten provide early years services with opportunities to engage with families to support preventative health measures and outcomes for children and their respective families.

We feel part of our community with 48.5% volunteering to help one another, compared to 31.8% in Hume region and 23.2% across Victoria. Volunteering rates of participation occur in schools, health services, through membership in organised groups and attendance at community events.

78.4% of the community attend a local community event, to feel connected and celebrate local cultural activities, compared to 58.7% across the State.

While our sense of community is very strong, we have additional opportunities to embrace cultural, lifestyle and socio economic diversity. Tallangatta Neighbourhood House is leading the pathway to cultural diversity and greater acceptance.

We have a healthy environment – 96% of people living in the Towong Shire report their community as a pleasant environment.

**Our challenges**

Towong Shire has a number of health and wellbeing challenges and priorities were assessed on the available data and community and key stakeholder input received. The following ‘snapshot’ table outlines the main challenges identified through the Victorian Population Health Survey of 2014:

<table>
<thead>
<tr>
<th>Victorian Health Population data</th>
<th>Towong % of population</th>
<th>Hume region % of population</th>
<th>Victoria % of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit consumption – 1-2 serves per day</td>
<td>51.7</td>
<td>53.7</td>
<td>51.2</td>
</tr>
<tr>
<td>Vegetable consumption 1-2 serves per day</td>
<td>52.3</td>
<td>56.6</td>
<td>59.1</td>
</tr>
<tr>
<td>Do not meet fruit and vegetable guidelines</td>
<td>48.8</td>
<td>50.8</td>
<td>48.6</td>
</tr>
<tr>
<td>People who are pre-obese or obese</td>
<td>58.2</td>
<td>55.8</td>
<td>50.0</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>44.9</td>
<td>51.6</td>
<td>50.4</td>
</tr>
<tr>
<td>Increased risk of alcohol related harm</td>
<td>68.5</td>
<td>65.2</td>
<td>59.2</td>
</tr>
<tr>
<td>Smoking – Daily</td>
<td>11.8</td>
<td>12.6</td>
<td>9.8</td>
</tr>
<tr>
<td>Reported Very High Psychological stress</td>
<td>6.4</td>
<td>2.8</td>
<td>3.9</td>
</tr>
<tr>
<td>Reported High Blood pressure</td>
<td>24.1</td>
<td>26.0</td>
<td>25.9</td>
</tr>
</tbody>
</table>
In summary, Towong residents experience higher levels of pre-obesity or obesity compared to the Hume region or Victoria. Secondly, there is also an increased risk of alcohol related harm compared to that of the Hume region and Victoria. Thirdly, the level of reported very high psychological stress is more than double compared to the Hume region and significantly higher than Victoria.

We do not consume enough fruit and vegetables. 52.3% of Towong residents have 1-2 serves of vegetables a day, compared to 56.6% across the Hume region and 59.1% across the State. 51.7% of Towong residents have 1-2 servings of fruit per day, compared to 53.7% across the Hume region and 51.2% across the State.

Only 7.2% of Towong residents meet fruit and vegetable consumption in line with recommended Australian Dietary guidelines, or 10-11% meet vegetable consumption, and 42% meet fruit consumption guidelines. We consume a higher level of daily sugary drinks compared to the State average (12.8% of Towong residents compared to 11.2% State average).

Further data was obtained from the Victorian Child Health and Wellbeing survey (2014) to review fruit and vegetable consumption in children for the Ovens and Murray region:

- 2.2% children meet vegetable consumption guidelines compared to 2.1% (Victoria)
- 14.2% meet fruit and vegetable guidelines compared to 10.6% in (Victoria)
- 61.1% meet fruit consumption compared to 58.8% in (Victoria)

We are more likely to have oral health problems. Children who live in rural and regional areas in Victoria are more likely than those living in metropolitan areas to have had toothache, a filling, dental treatment in hospital under general anaesthetic or a tooth extracted because of a dental problem. The towns of Tallangatta, Corryong, Dartmouth, Cudgewa, Walwa and Bellbridge do not have drinking water that is fluoridated. Corryong Health provides a fortnightly dental service in Corryong for schoolchildren and Health Care Concession Card holders. There are no other dental services in the shire.

We are also sitting for too long. The number of residents that sit between 2-4 hours on average weekday during the preceding week is 41.3%, compared to the Hume region’s 29.5% and the State average of 27%.

44.9% of Towong residents get insufficient physical activity, compared to 51.6% across the Hume region and 50.4% across the State.

Towong Shire has a high proportion of the adult population who are pre-obese or obese: Towong (58.2%), Hume region (55.8%) and Victoria (50%). Improved infrastructure development and creating opportunities for active participation are key challenges for the Shire.

68.5% of Towong residents have an increased lifetime risk of alcohol related harm, by risk category compared to 65.2% (Hume region) and 59.2% (State average).
The following table demonstrates levels of chronic disease compared to the Hume region and Victoria.

<table>
<thead>
<tr>
<th>Selected chronic diseases</th>
<th>Towong</th>
<th>Hume Region</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>LL</td>
<td>UL</td>
<td>%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>7.2</td>
<td>5.4 9.5</td>
<td>8.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.0*</td>
<td>0.9 4.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Cancer</td>
<td>7.3</td>
<td>5.6 9.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>5.3</td>
<td>3.8 7.3</td>
<td>6.0</td>
</tr>
<tr>
<td>Arthritis</td>
<td>23.3</td>
<td>19.8 27.2</td>
<td>22.7</td>
</tr>
<tr>
<td>Anxiety or depression</td>
<td>25.0</td>
<td>17.0 35.1</td>
<td>27.9</td>
</tr>
<tr>
<td>Sought professional help for a mental health problem in the previous year</td>
<td>13.7</td>
<td>8.7 20.9</td>
<td>15.2</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>4.3</td>
<td>3.1 6.1</td>
<td>5.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multiple chronic disease</th>
<th>Towong</th>
<th>Hume Region</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>LL</td>
<td>UL</td>
<td>%</td>
</tr>
<tr>
<td>No chronic disease</td>
<td>56.7</td>
<td>41.4 60.0</td>
<td>48.4</td>
</tr>
<tr>
<td>One chronic disease</td>
<td>31.7</td>
<td>23.2 41.6</td>
<td>30.8</td>
</tr>
<tr>
<td>Two chronic disease</td>
<td>10.0</td>
<td>7.9 12.6</td>
<td>13.5</td>
</tr>
<tr>
<td>Three or more chronic disease</td>
<td>7.6</td>
<td>5.6 10.3</td>
<td>7.3</td>
</tr>
<tr>
<td>At least one chronic disease</td>
<td>49.3</td>
<td>40.0 58.6</td>
<td>51.6</td>
</tr>
</tbody>
</table>

Source: Victorian Population Health Survey 2014

LL – Lower limit of 95% confidence interval
UL – Upper limit of 95% confidence interval
* relative standard error between 25 and 50 per cent (estimate should be treated with caution)

We have high incidence of some diseases – The Victorian Burden of Disease Study found that rural communities in Victoria have a lower health status than metropolitan areas. People living in rural Victoria generally have higher rates of disease burden due to cardiovascular disease, cancer, neurological and sense disorders, chronic respiratory diseases, musculoskeletal diseases and injuries. However, compared to the Hume region, Towong Shire is experiencing lower levels of disease with the exception of Arthritis. 25% of residents are experiencing high levels of anxiety and depression.

The biggest cause of preventable hospital bed days is Chronic Obstructive Pulmonary Disease (COPD).

The 2016 Census data reflects disadvantage such as low income with 27.9% receiving a gross weekly income of less than $650 per week, compared to the 20.3% of Victoria and 20.0% nation-wide. The towns in our area with a high relative disadvantage, when compared to other parts of Victoria, include Corryong and Walwa.

55.5% of people are in fulltime employment, compared to the State average of 57% and National rate of 57.7%.

There is no public transport making it difficult to get around – More people in Towong experience transport limitations than their Victorian counterparts. People with a disability will experience difficulty accessing public transport.

9.5% of the population are divorced compared to the state average of 7.9%, highlighting the possible need for increased promotion of family support and early interventions.

Towong Shire has a higher percentage of people who are widowed or living alone (7.4%), compared to 5.2% in Victoria.

Whilst we appear to be living longer, a range of indicators of health status and burden of disease indicate that residents of the Hume region have poorer health than Victorian averages. People living
in the Hume region have lower life expectancies than people living in Melbourne metropolitan regions. Males are expected to live 1.0 years less than the Victorian life expectancy of 80.3 years. Females are expected to live 0.3 years less than Victorian women who have a life expectancy of 84.4 years. While longevity is generally viewed in a positive light, it also brings with it increased rates of chronic disease and the health and wellbeing challenges associated with an ageing population.

Towong Shire has an increasingly ageing population. The median age of people has increased from 47 (2011 Census) to 50 years of age in the 2016 Census. Children aged 0-14 years made up 16.1% of the population and people aged 65 years and over made up 25.7% of the population.

Our climate is changing – The future climate of our region is expected to be hotter and drier than it is at present. Droughts are likely to increase in frequency by between 10% and 60% by 2070 depending on our rate of emissions. The Victorian Government is committed to action to keep global warming below 2 degrees Celsius.

Reducing our emissions will lessen the impact of climate change, but it will not prevent it. Towong Shire residents need to prepare for what climate change will bring. Victoria’s Climate Change Adaptation Plan 2017-2020 is a key component of this. The Plan is a blueprint to prepare Victorians to meet the challenges of climate change and take action.

Climate change will affect the agricultural landscape of the region and the health of particularly vulnerable groups within our Shire. Access to water will also continue to be a major issue.
**Priority Area 1 – Healthier Eating**

**Why is this area important to Towong Shire?**

For every 100 people living in Towong Shire, 47 people do not consume enough fruit and vegetables. Fruit and vegetables provide the body with vitamins and minerals, including antioxidants, such as vitamin A, C, E and selenium. Increased consumption of fruit and vegetables helps reduce the risk of obesity, heart disease and certain cancers.

There is clear evidence that links consumption of sugary drinks with weight gain and increased dental issues, high blood pressure and type 2 diabetes.

**Risk factors to Towong Shire residents**

- 12.8% of people in Towong Shire consume sugary drinks daily, compared to 11.2% of Victorians
- 58% of people living in Towong Shire are obese or pre-obese, compared to 50% of Victorians

**What we heard in the community workshops**

"Access to fresh fruit and vegetables is cost prohibitive"

"A need to educate and focus on 0-8 years cohort"

"Healthy lunch box education at preschools and school"

"Food swap initiatives"

"Lack of shade and water bubblers"

**Strategies to support improvements in this priority area**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key stakeholders</th>
<th>Long term outcome measure target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote and support opportunities for healthier eating</td>
<td>Towong Shire Council, health services, Primary Care Partnerships, Neighbourhood House, local schools, Early Years settings</td>
<td>Improvement in Healthy eating indicators (i) Increase in the consumption of fruit and vegetables (ii) Increased consumption and availability of water</td>
</tr>
<tr>
<td>Promote access to healthy and sustainable food and drink choices</td>
<td>Towong Shire Council, health services, Primary Care Partnerships, Neighbourhood House, North East Water, sporting clubs</td>
<td>Decreased consumption of sugar and sweetened beverages (ii)</td>
</tr>
</tbody>
</table>

*Source i: VicHealth Indicators Survey*
*Source ii: Victorian Population Health Survey*

The following table identifies actions to deliver on the agreed strategies in this priority area.
<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible organisation</th>
<th>Partners</th>
<th>Short term output measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote and support opportunities for healthier eating</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update and promote organisation Healthier Eating Policy</td>
<td>Towong Shire Council, Health services</td>
<td>Early years services</td>
<td>Policies reviewed and promoted.</td>
</tr>
<tr>
<td>Promote healthy eating choices in early years settings and schools</td>
<td>Towong Shire Council, Health Services</td>
<td>Early years services, Supported Playgroup</td>
<td>Healthy eating promoted in early years services. Delivery of the Achievement Program</td>
</tr>
<tr>
<td>Support implementation of the Upper Hume Healthy Eating and Active Living (HEAL) Catchment plan (2017-2021)</td>
<td>UHPCP</td>
<td>Health Services, Towong Shire Council</td>
<td>Participation in relevant actions identified in HEAL catchment plan</td>
</tr>
<tr>
<td><strong>Promote access to healthy and sustainable food and drink choices</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage healthy food and drink choices at swimming pools</td>
<td>Towong Shire Council</td>
<td>Local schools, Sport North East, Sporting Clubs, North East Water</td>
<td>Decreased sales of sweetened and sugary drinks Increased availability of healthy food</td>
</tr>
<tr>
<td>Improve access to free water in public places</td>
<td>Towong Shire Council</td>
<td>Health services, North East Water</td>
<td>New water access points established</td>
</tr>
<tr>
<td>Investigate options to support/promote farm gate and agribusiness opportunities*</td>
<td>Towong Shire Council</td>
<td>Farming community, Local business, Wodonga TAFE</td>
<td>Farming workshop completed</td>
</tr>
<tr>
<td>*Work with local operators to facilitate the development of farm gate trail in the Mitta Valley</td>
<td>Towong Shire Council</td>
<td>Farming community, Local business, Wodonga TAFE</td>
<td>Community Engagement and workshops completed in the Mitta Valley</td>
</tr>
</tbody>
</table>

*As identified in the Council Plan 2017-2021
Priority Area 2 – Active Living

Why is this area important to Towong Shire?

Low levels of physical activity are a risk for ill health. Regular activity and a healthy diet are important factors for maintaining a healthy weight. Active living is a major factor in preventing and managing chronic disease.

Risk factors to Towong Shire residents

- 52% of people living in Towong Shire do not get enough physical exercise
- 41.3% of people spend between 2-4 hours a day sitting
- 64.8% of children Ovens Murray region who do the recommended amount of physical activity per day
- 32.1% young people Ovens Murray region who do the recommended amount of physical activity

Physical activity or exercise can improve your health and reduce the risk of developing several diseases like type 2 diabetes, cancer and cardiovascular disease. Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve your quality of life.

What we heard in the community workshops

“Lack of infrastructure to support bike riding and walking”
“Walkability and paths – access to pathways needed”
“Lack of public amenity along the Murray River”
“Active Living difficult for remote communities – access and diversity”
“Lack of shade”

Strategies to support improvements in this priority area

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key stakeholders</th>
<th>Long term outcome measure target</th>
</tr>
</thead>
</table>
| Enhance infrastructure that supports physical activity | Towong Shire Council, local sporting groups, peak sporting bodies, Neighbourhood House, Men’s Shed, Community, Corryong Health Gym | Proportion of adults who are sufficiently physically active (i)  
Proportion of adolescents 10-17 years who are sufficiently active (i)  
Proportion of children 5 – 12 years who are sufficiently active (i) |
| Continue to develop partnerships to increase sport and active recreation opportunities | Towong Shire Council, local sporting groups, Corryong Health Gym and peak sporting bodies                                                                   | Increased participation in organised physical activity (ii)                                      |
| Promote and support opportunities for active lifestyle choices | Towong Shire Council, health services, Neighbourhood House, local sporting groups, Corryong Health Gym and peak sporting bodies | Improvement in Physical activity indicators (ii)                                                  |

Source i: Victorian Population Health Survey
Source ii: VicHealth Indicators Survey
The following table identifies actions to deliver on the agreed strategies in this priority area.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible organisation</th>
<th>Partners</th>
<th>Short term output measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enhance infrastructure that supports physical activity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seek Recreational Master planning funding to support a Shire-wide plan*</td>
<td>Towong Shire Council, Sporting Clubs</td>
<td>Victorian Government</td>
<td>Funding application submitted</td>
</tr>
<tr>
<td>Seek funding for recreation facility upgrades/renewals*</td>
<td>Towong Shire Council, Sporting Clubs</td>
<td>Victorian Government</td>
<td>Funding application submitted</td>
</tr>
<tr>
<td>Implement Towong Shire Tree Management Strategy to provide shade and support tree planting*</td>
<td>Towong Shire Council</td>
<td>NECMA, LandCare, Indigenous groups, Department of Justice, Community, UHPCP</td>
<td>Strategy implemented (trees planted)</td>
</tr>
<tr>
<td>Consider options to improve accessibility and walkability and active exercise</td>
<td>Towong Shire Council</td>
<td>Victorian Government, Access and Inclusion Officer</td>
<td>Funding applications submitted</td>
</tr>
<tr>
<td><strong>Continue to develop partnerships to increase sport and active recreation opportunities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a School Holiday program to promote active participation</td>
<td>Towong Shire Council</td>
<td>Sport North East, Sporting Clubs, Health services, schools, Neighbourhood House</td>
<td>School Holiday program developed and implemented</td>
</tr>
<tr>
<td>Support the implementation of the Upper Hume Healthy Eating and Catchment Plan (2017-2021)</td>
<td>UHPCP</td>
<td>Health Services, Sporting Groups, Sport North East, Community</td>
<td>Community awareness campaign conducted</td>
</tr>
<tr>
<td>Implement Access and Inclusion Plan</td>
<td>Implement Access and Inclusion Plan</td>
<td>Health Services, LaTrobe Community Health, Villa Maria, NDIA, Neighbourhood Centres, Schools, Early Years, State Government, Community</td>
<td>Access and Inclusion Plan implemented</td>
</tr>
<tr>
<td><strong>Promote and support opportunities for active lifestyle choices</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner and engage with community to support action to improve levels of physical activity</td>
<td>Towong Shire Council</td>
<td>Health Services, Sporting Clubs, Community, Neighbourhood House, Schools, Men’s Shed</td>
<td>Shire-wide Recreational Masterplan completed. Sport Northeast programs delivered</td>
</tr>
<tr>
<td>Ensure that youth planning has a focus area of active lifestyle choices</td>
<td>Towong Shire Council</td>
<td>Secondary schools, youth</td>
<td>Youth plan, contains active lifestyle</td>
</tr>
<tr>
<td>Investigate opportunities to support aged community members to maintain an active lifestyle</td>
<td>Health services</td>
<td>Neighbourhood House NH planning include seniors activities</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Participate in health promotion campaigns to promote healthy eating and active living eg. Walk to School program, active April and H30 Challenge</td>
<td>Towong Shire Council, Health Services</td>
<td>Sport North East, Sporting Clubs, schools, Neighbourhood House, VicHealth NH programming includes seniors activities</td>
<td></td>
</tr>
</tbody>
</table>

*As identified in the Towong Shire Council Plan 2017-2021
Priority Area 3 - Reducing Harmful Alcohol and Drug Use

Why is this area important to Towong Shire?

Alcohol indicators include risk of short-term harm from alcohol consumption (five drinks or more on a single occasion), very high risk of short-term harm from alcohol consumption (11 or more drinks on a single occasion) and respondents’ attitude towards getting drunk to the point of losing balance.

3 out of 10 (30.2%) Towong residents were identified as being at risk of short-term harm from alcohol in a given month, similar to the Victorian estimate (29.4%). Compared to all Victorians, a similar proportion of Towong residents was identified as being at very high risk of short-term harm each month (6.9%, Victoria = 9.2%). Just over one-quarter (26.8%) of residents living in Towong agreed that getting drunk every now and then is okay. This is similar to the proportion of Victorians who agreed (27.9%).

Alcohol is estimated to be involved in up to half of partner violence in Australia and 73% of partner physical assaults. It features prominently in police data, although not all jurisdictions keep consistent records.

In 2010, alcohol was recorded as “present” in 41% of domestic assaults in New South Wales. This figure increased to over 60% in the remote far west of the state.

Victorian data shows a steady rise in the rate of alcohol-related family violence incidents from about 15 to 23 incidents per 10,000 people over a ten-year period. Given incidents reported to police are often the most severe cases, and only one-third of domestic violence is reported anyway, the figures discussed above clearly under-represent the full extent of alcohol-related domestic violence.

Risk factors to Towong Shire residents:
- 69% Lifetime risk of alcohol related harm
- 55% Risk of alcohol related injury on a single occasion

What we heard in the community workshops
- “Alcohol culture at sporting events”
- “Education – Harm minimisation”
Strategies to support improvements in this priority area

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key stakeholders</th>
<th>Long term outcome measure target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote a safer drinking culture</td>
<td>Towong Shire Council, health services, Victoria Police, Freeza, local schools</td>
<td>Improvement in Alcohol indicators (i)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decrease proportion of adults who consume alcohol at lifetime risk of harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of adults who consume alcohol at risk of alcohol related injury on a single occasion at least monthly (ii)</td>
</tr>
</tbody>
</table>

Source i: VicHealth Indicators Survey
Source ii: Victorian Population Health Survey

The following table identifies actions to deliver on the agreed strategies in this priority area.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible organisation</th>
<th>Partners</th>
<th>Short term output measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote a safer drinking culture</td>
<td>Towong Shire Council</td>
<td>Schools, Sporting clubs, Sport North East, Health Services</td>
<td>Responsible Service of Alcohol programs delivered to sporting clubs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Educational workshops delivered in schools</td>
</tr>
<tr>
<td>Promote Safer Alcohol Culture</td>
<td>Towong Shire Council</td>
<td>Schools, Victoria Police, NECAMHS,</td>
<td>Freeza and Party safe programs delivered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure PARTY program funding</td>
</tr>
<tr>
<td>Promote and deliver Freeza events and Party safe programs</td>
<td>Towong Shire Council</td>
<td>Schools, Victoria Police, Health Services, Sporting Clubs, State Government</td>
<td>Deliver an awareness campaign utilising Council’s social media</td>
</tr>
<tr>
<td>Identify and promote online and telephone support services</td>
<td>Towong Shire Council</td>
<td>Schools, Youth Officer, Victoria Police, Health Services, Sporting Clubs, State Government</td>
<td></td>
</tr>
<tr>
<td>Deliver Headspace program</td>
<td>Towong Shire Council, Headspace</td>
<td>Health services, Schools</td>
<td>School program delivered</td>
</tr>
<tr>
<td>Conduct annual review of youth programs with identified partners</td>
<td>Towong Shire Council</td>
<td>Schools, Health Services, Victoria Police, NECAMHS, Headspace, Youth Committee, Wodonga TAFE</td>
<td>Conduct an annual review</td>
</tr>
</tbody>
</table>
Priority Area 4 - Improving Mental Health

Why is this area important to Towong Shire?

SANE Australia identifies the benefits of keeping connected with family, friends and your community to assist with addressing mental health wellness. Council, community and key agencies have an opportunity to work collaboratively to support a more engaged community through a diverse range of educational and local activities. Mental health is impacted strongly by socioeconomic status, levels of exercise, and community connectedness. 2016 Census reports:

Risk factors to Towong Shire residents

- 27.9% of Towong residents have an income less than $650 gross weekly income compared to 20.3% Victorians
- 52% of people living in Towong Shire do not get enough physical exercise
- 41% of people in Towong Shire volunteer
- 96% report their community as a pleasant environment
- 38% of people are over 75 years and live alone

Regular exercise, social activity and community connectivity can improve quality of life.

According to the World Health Organization, mental health is “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” So rather than being about ‘what’s the problem?’ It is really about ‘what’s going well?’

Community consultation identified opportunities to better support mental health and young people. Early intervention is important to address positive health and wellbeing, especially in women and children.

However, social isolation and lack of public transport to enable people to connect to their community is recognised as an ongoing community issue, especially for the aging population.

The 2015 Victorian Population Health Survey states that the proportion of Victorian adults with high or very high levels of psychological distress was significantly higher in women. Psychological distress for both men and women had the following characteristics:

- Did not complete Secondary School
- Unemployed
- Not in the labour force
- A total income of less than $40,000pa

In 2016, Victorian suicide was the leading cause of death among all people 15-44 years of age, and the second leading cause of death among those 45-54 years of age. The median age at death for suicide was 43.3 years. The highest proportion of suicide deaths of males occurs among those aged 30-34 years. The suicide rate is higher in regional Victoria.

41% of our community volunteer and 96% report their community to be a pleasant environment.

With an ageing population, equitable access to key community infrastructure is necessary to facilitate opportunities for networking and socialisation. Council will work collaboratively with community and key stakeholders to support community connectivity opportunities.
What we heard in the community workshops

“Lack of links to mental health and employment opportunities to support our community”
“We need to empower community groups to take a lead on culture change and action”
“We need to learn different ways of communication e.g. how to use using technology, apps and electronics”.
“No public transport – disconnected”
“Our community aims to build capacity and duplicate the success of the Tallangatta Neighbourhood House in Corryong”
“Corryong community will review the Corryong Neighbourhood House activities to support a more responsive program that addresses current gaps and caters for community interests”
“We will encourage “come and try” days for older residents and beginners”
“The community has identified opportunities to create connectivity and linkages through music, the arts and passive recreational activities”
“Better support for Carers networks and more health promotion activities”
“More educational programs that expose members of the community to learning technologies to better connect with family and friends”

Strategies to support improvements in this priority area

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key stakeholders</th>
<th>Long term outcome measure target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide education and information to promote good mental health through every stage of life</td>
<td>Towong Shire Council, health services, Early Years settings, local schools, Neighbourhood House, Employment training providers, Family Violence Networks</td>
<td>Improvement in Mental wellbeing indicators (i) Proportion of adults who report high or very high level of psychological distress (ii)</td>
</tr>
<tr>
<td>Advocate for improved support services to reach Towong Shire community members and increase telehealth for specialist Mental health in the local community</td>
<td>Towong Shire Council, Health Services, NECAMHS, Community Mental Health, Wodonga TAFE, Department of Education and Training, Neighbourhood House, North East Border Area Mental Health Service, Junction Support, Headspace, NDIA, Centrelink</td>
<td>Overall self-reported life satisfaction (ii)</td>
</tr>
<tr>
<td>Identify and develop strategies to increase community resilience in emergency events</td>
<td>Towong Shire Council, Wodonga TAFE</td>
<td></td>
</tr>
</tbody>
</table>
The following table identifies actions to deliver on the agreed strategies in this priority area.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible organisation</th>
<th>Partners</th>
<th>Short term output measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide education and information to promote good mental health through every stage of life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver Mental Health First Aid program</td>
<td>Health services</td>
<td>UHPCP, Towong Shire Council</td>
<td>Action Plan developed</td>
</tr>
<tr>
<td>Promote and deliver the 'Love Bites' program to address respectful relationships</td>
<td>Towong Shire Council</td>
<td>Victoria Police, Schools</td>
<td>Delivered to Corryong and Tallangatta students annually</td>
</tr>
<tr>
<td>Promote and deliver Supported Playgroup</td>
<td>Towong Shire Council</td>
<td>Early years settings</td>
<td>Program delivered to align with the Victorian School Terms</td>
</tr>
<tr>
<td>Promote and deliver employment pathway options for residents</td>
<td>Towong Shire Council</td>
<td>Neighbourhood House, Wodonga TAFE</td>
<td>Annual Action plan developed and implemented</td>
</tr>
<tr>
<td><strong>Advocate for improved support services to reach Towong Shire community members and increase telehealth for specialist Mental health in the local community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate for mental health services to provide greater reach across Towong Shire</td>
<td>Towong Shire Council</td>
<td>State government</td>
<td>Greater community awareness</td>
</tr>
<tr>
<td>Advocate for and support young people</td>
<td>Towong Shire Council</td>
<td>Schools, community, Health Services, Headspace, NECAMHS, Victoria Police</td>
<td>Provide leadership opportunities for young people</td>
</tr>
<tr>
<td>Advocate for public transport to support opportunities for connectivity</td>
<td>Towong Shire Council</td>
<td>Schools, Neighbourhood House, Men's Shed, Seniors groups</td>
<td>Complete a transport survey and undertake advocacy program</td>
</tr>
<tr>
<td>Promote awareness of referral pathways for clinical support and primary support for field officers</td>
<td>Health Services</td>
<td>NECAMHS,</td>
<td>Awareness delivered</td>
</tr>
<tr>
<td>Advocate for people experiencing a disability</td>
<td>Towong Shire Council</td>
<td>NDIA, Early years settings, schools, Health Services</td>
<td>Implementation of Council’s Access and Inclusion Plan.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td><strong>Responsible Body</strong></td>
<td><strong>Partner Bodies</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Advocate for and support cultural diversity as valued components of the community</td>
<td>Towong Shire Council</td>
<td>Neighbourhood House, local international and indigenous communities</td>
<td>Annual Neighbourhood House plan includes culturally diverse activities</td>
</tr>
<tr>
<td>Identify and develop strategies to increase community resilience in emergency events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a plan to increase community resilience to emergency events (in support of the Municipal Emergency Management Plan)</td>
<td>Towong Shire Council</td>
<td>Municipal Emergency Management Planning Committee, CWA, Red Cross, Church groups, service clubs, sporting clubs</td>
<td>Community Resilience plan is developed by the MEMPC</td>
</tr>
<tr>
<td>Promote and support Volunteering</td>
<td>Towong Shire Council</td>
<td>Alb/Wod Volunteer Bureau, Community, Neighbourhood House, Health Services, Sporting Clubs, Community events</td>
<td>Annual Volunteer workshop delivered by Albury Wodonga Volunteer Bureau</td>
</tr>
<tr>
<td>Promote and deliver resilience training to young people</td>
<td>Towong Shire Council</td>
<td>Schools, Neighbourhood House, State government, Health Services</td>
<td>Secure funding to deliver program</td>
</tr>
<tr>
<td>Support and deliver Neighbourhood House programs to provide social opportunities and increased skills development</td>
<td>Towong Shire Council</td>
<td>Tallangatta Neighbourhood House</td>
<td>Identified program output priorities for action</td>
</tr>
<tr>
<td>Support initiatives that promote connection with natural environment e.g tree planting</td>
<td>Towong Shire Council's Technical Services Department</td>
<td>Community groups, Landcare, Justice Department, Men's Shed, Service groups, schools</td>
<td>Community tree planting activities</td>
</tr>
<tr>
<td>Support Carers networks and health promotion activities to educate and support community members</td>
<td>Health Services</td>
<td>NDIA, local carers groups, Neighbourhood House, State government</td>
<td>Delivery of health promotion Support and promotion of annual Carers event</td>
</tr>
<tr>
<td>Support community to take action and develop opportunities to create connectivity and linkages through music, the arts and passive recreational activities</td>
<td>Towong Shire Council, Neighbourhood House</td>
<td>Community, Men's Shed, Artists, Seniors groups</td>
<td>Tallangatta Neighbourhood House plan delivered in response to community needs</td>
</tr>
</tbody>
</table>
Priority Area 5 - Family Violence

Why is this area important to Towong Shire?

2016 Census data suggests that 1% of the Towong community report family violence incidents across the Shire.

Family violence also has a major direct and indirect impact on women’s health. In fact, intimate partner violence is the major preventable health risk factor for Victorian women aged 15 to 44 year. In Victoria in 2013, family violence accounted for 42 per cent of crimes against the person and 44 deaths.

Family Violence is a gendered issue where inequities of power between men and women occur. The Australian courts recognise the close connection between family breakdown and violence, and the detrimental impact on both adult victims and children living with family violence. Protecting family members, and particularly children, from the effects of family violence is central to all determinations of what is in a child’s best interest. Ensuring the safety of all people engaged in the family law system, including when attending court, is also a high priority for the courts. Issues of family violence and child abuse have a prominent place in the Family Law Act 1975.

In 2011, the definition of family violence in the Family Law Act was expanded to incorporate notions of coercion and control (which are not always accompanied by physical violence or threats). At the same time, the definition of child abuse was amended to include serious psychological harm arising from the child being subjected to or exposed to family violence. The Family Law Act contains a range of provisions designed to protect parties and children from family violence.

The Department of Education and Training (DET) released data in 2018 addressing vulnerability of children across the Shire. The report highlights an increase (i) in family violence incidents between 2013-2015 where young people were involved. Towong Shire has the highest recorded number of family violence incidents across the Ovens Murray region. The Ovens Murray region includes Alpine, Benalla, Indigo, Mansfield, Wodonga and Towong.

The DET data for 2014, 2015 and 2017, highlights a marginal decrease in 4-month MCH key Ages and Stages visits however an increase in 3.5-year-old checks. Council operates Maternal and Child Health services in Bellbridge, Corryong, Mitta Valley, Tallangatta and Walwa. Council actively pursues the extension and provision of child care and support services for families and actively promote the Early Start Kindergarten program to attract children known to child protection and/or those identifying as aboriginal or Torres Straight Islanders. Towong’s participation rates in funded four-year-old kindergarten has increased between 2013-2017.

Current DET data suggests the proportion of children enrolled in kindergarten whose placement attracts a Kindergarten fee subsidy is consistently higher in Benalla, Towong and Wangaratta. During 2015, the proportion of children whose parents report one or more speech or language concerns on entry to school was the highest in the Ovens Murray region.

There is a state-wide increase in the number of family violence incidents where children and young people are recorded as present however they are not recorded as being affected despite being present at the scene of the crime. Stronger reporting and support for families, especially women and children are necessary. The Towong Shire community has an opportunity to engage families and agencies to support early intervention, education and better outcomes for women, children and their families.

Sources: Ending Family Violence: Victoria’s Plan for Change and Crime Statistics Agency, DET
Who is most at risk?

- Women
- Aboriginal women
- People with a disability
- People from diverse backgrounds
- LGBTI people
- Older people
- Sex workers
- People in prison or exiting
- People living in a rural, regional or remote area.

What was the 2015/2016 financial cost of Family Violence to our community?

The Royal Commission into Family Violence called for a rigorous and consistent measurement of the cost of family violence to government, the community and individuals.

- the total cost of family violence in Victoria was $5.3 billion
- the cost to individuals and their families was $2.6 billion
- the cost to the Victorian community and broader economy was $918 million.

What we heard in the community workshops

The key point raised through the consultation process to inform the plan:

“Family Violence is under reported”

Strategies to support improvements in this priority area

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key stakeholders</th>
<th>Long term outcome measure target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide community leadership to prevent</td>
<td>Towong Shire Council, Early Years settings, health services, Family Violence</td>
<td>Increased level of safety (i) Reduced rates of</td>
</tr>
<tr>
<td>violence against women and children</td>
<td>Networks, NECAMHS, Neighbourhood House, Victoria Police, local schools, Youth</td>
<td>incidents of family violence (ii)</td>
</tr>
<tr>
<td></td>
<td>Committee</td>
<td></td>
</tr>
</tbody>
</table>

Source i: VicHealth Indicators Survey
Source ii: Victorian Population Health Survey
The following table identifies actions to deliver on the agreed strategies in this priority area.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible organisation</th>
<th>Partners</th>
<th>Short term output measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide community leadership to prevent violence against women and children</td>
<td>Towong Shire Council</td>
<td>Family Violence Networks, Health services, UHPCP, Victoria Police, NECAMHS, Headspace, community, State Government</td>
<td>Action Plan developed and implemented by the community Funding secured to support Family Violence Network activities</td>
</tr>
<tr>
<td>Support community-led initiatives to address Family Violence and violence against women and children</td>
<td>Towong Shire Council, Health Services,</td>
<td>Women's Health Goulburn North East</td>
<td>Councillors and Team Leaders to complete awareness training workshop</td>
</tr>
<tr>
<td>Build capacity of workplace to understand, identify, prevent and address family violence</td>
<td>Towong Shire Council</td>
<td>Early years settings, State Government</td>
<td>Delivery of Supported Playgroup</td>
</tr>
<tr>
<td>Support early intervention initiatives</td>
<td>Towong Shire Council</td>
<td>Early years settings, State Government</td>
<td></td>
</tr>
</tbody>
</table>
Other Health and Wellbeing issues – for future consideration...

This Municipal Health and Wellbeing Plan cannot address all of the health and wellbeing matters that have been raised in the development of the Plan. In light of the limited resources of the collective group of key stakeholders who will deliver on the Plan, key priority areas have been developed and agreed to focus efforts for 2018 – 2021.

Stakeholders acknowledged the following health and wellbeing matters however they will not be prioritised over the Healthy Communities Plan period 2018-2021:

- Tobacco Free Living
- Improving Sexual Reproductive Health and Education
- Transport and walkability
- Age friendly and Disability
- Environmental Sustainability
- Climate Change

Further information on these matters is contained in Appendix C.
Key documents to support the plan

The Towong Healthy Communities Plan has considered the following plans and frameworks:

- *Health 2040: Advancing health, access and care*
- *Ending Family Violence: Victoria’s Plan for Change*, including the family violence prevention strategy
- *Roadmap for Reform: strong families, safe children*
- *Education State*
- *Victoria’s 10-year mental health plan and Victorian Suicide Prevention Framework*
- Aboriginal Social and Emotional Wellbeing Framework
- *Safe and Strong – Victoria’s Gender Equality Strategy.*
- *Victorian Gender Equality Strategy*

Key findings were considered by all key stakeholders to align with Victoria’s strategic health and wellbeing objectives.

Document references:

**Corryong Health:**

- Corporate Plan 2013-2018
- Service Plan 2013-2018

**Tallangatta Health Service:**

- Strategic Directions Draft Plan 2018-2027
- Annual report 2016/17
- Tallangatta Health Service Plan 2012

**Walwa Bush Nursing Centre:**

- Annual Report 2017
- Walwa Bush Nursing Centre Service Plan 2016-2021
- Walwa Bush Nursing Centre Strategic Plan 2016-2021

**Towong Shire Council:**

- Council Plan 2017-2021
- Towong Healthy Communities Plan 2013-2017
- Access and Inclusion Plan 2015-2018
- Child Safe Policy 2017-11-20
- MCH Service Improvement Plan 2017-2018
- MCH Bulletin – November 2017
- Early Years Quality Improvement Plan 2017
- Tallangatta Neighbourhood House Strategy and Action Plan 2017
- Water Nudge program 2017/18
- Youth Services Plan 2017
- Community Ice Action Grant 2017/18
- Resilience Project 2017
- Love Bites Outcomes Report 2017
- National Youth Week Outcomes 2017
- Walk to School 2017
References

• Australian Bureau of Statistics - Census 2016 – Retrieved from:
opendocument


• Population Health Profile, Ovens Murray, (Feb 2017)


• Victorian Climate Change Adaption Plan 2017-2020 - www.climatechange.vic.gov.au
Appendix A – VicHealth indicator results

Indicator results

Crude rates, also known as non-standardised rates, have been presented here to help inform localised planning. Crude rates are not appropriate for comparison between LGAs, as estimates have not been age-standardised and therefore differences may be due, at least in part, to differing age profiles. Details of questions can be found in the full report at: www.vichealth.vic.gov.au/indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>LGA estimate</th>
<th>LGA estimate confidence interval</th>
<th>Victorian estimate</th>
<th>Victoria least favourable</th>
<th>Victorian range</th>
<th>Victoria most favourable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General wellbeing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective wellbeing (range 0–100)</td>
<td>average</td>
<td>80.8</td>
<td>[78.7, 82.9]</td>
<td>77.3</td>
<td>74.1</td>
<td>84.0</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with life as a whole (range 0–10)</td>
<td>average</td>
<td>8.0</td>
<td>[7.8, 8.3]</td>
<td>7.8</td>
<td>7.6</td>
<td>8.5</td>
<td></td>
</tr>
<tr>
<td>Perceptions of safety – walking alone during day</td>
<td>% agree</td>
<td>95.9</td>
<td>[93.0, 97.9]</td>
<td>92.5</td>
<td>84.9</td>
<td>98.9</td>
<td></td>
</tr>
<tr>
<td>Perceptions of safety – walking alone after dark</td>
<td>% agree</td>
<td>98.6</td>
<td>[74.0, 86.1]</td>
<td>55.1</td>
<td>36.3</td>
<td>86.9</td>
<td></td>
</tr>
<tr>
<td><strong>Mental wellbeing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resilience (range 0–8)</td>
<td>average</td>
<td>6.8</td>
<td>[6.6, 7.0]</td>
<td>6.4</td>
<td>5.5</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>Perceptions of neighbourhood – people are willing to help each other</td>
<td>% agree</td>
<td>92.6</td>
<td>[82.7, 94.5]</td>
<td>74.1</td>
<td>63.0</td>
<td>96.8</td>
<td></td>
</tr>
<tr>
<td>Perceptions of neighbourhood – this is a close-knit neighbourhood</td>
<td>% agree</td>
<td>90.0</td>
<td>[83.5, 94.6]</td>
<td>61.0</td>
<td>45.3</td>
<td>91.9</td>
<td></td>
</tr>
<tr>
<td>Perceptions of neighbourhood – people can be trusted</td>
<td>% agree</td>
<td>88.7</td>
<td>[81.1, 94.0]</td>
<td>71.9</td>
<td>54.6</td>
<td>96.0</td>
<td></td>
</tr>
<tr>
<td>Low gender equality score</td>
<td>%</td>
<td>38.0</td>
<td>[27.8, 48.0]</td>
<td>35.7</td>
<td>52.5</td>
<td>18.3</td>
<td></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 days per week</td>
<td>%</td>
<td>26.8</td>
<td>[18.8, 36.0]</td>
<td>18.9</td>
<td>32.7</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>4 or more days per week</td>
<td>%</td>
<td>39.6</td>
<td>[30.4, 49.3]</td>
<td>41.3</td>
<td>28.6</td>
<td>56.2</td>
<td></td>
</tr>
<tr>
<td><strong>Organised physical activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in any organised physical activity</td>
<td>%</td>
<td>26.3</td>
<td>[17.8, 36.4]</td>
<td>28.7</td>
<td>15.7</td>
<td>39.9</td>
<td></td>
</tr>
<tr>
<td>Organised by a fitness, leisure or indoor sports centre</td>
<td>%</td>
<td>No data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organised by a sports club or association</td>
<td>%</td>
<td>15.6</td>
<td>[8.3, 25.7]</td>
<td>9.8</td>
<td>4.8</td>
<td>21.9</td>
<td></td>
</tr>
<tr>
<td><strong>Non-organised physical activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in any non-organised physical activity</td>
<td>%</td>
<td>65.5</td>
<td>[56.1, 74.2]</td>
<td>70.5</td>
<td>56.9</td>
<td>85.7</td>
<td></td>
</tr>
<tr>
<td>Activity type – walking</td>
<td>%</td>
<td>50.6</td>
<td>[40.9, 60.2]</td>
<td>51.2</td>
<td>43.0</td>
<td>65.1</td>
<td></td>
</tr>
<tr>
<td>Activity type – cycling</td>
<td>%</td>
<td>8.9</td>
<td>[4.0, 16.5]</td>
<td>11.8</td>
<td>3.6</td>
<td>25.2</td>
<td></td>
</tr>
<tr>
<td>Activity type – gym or fitness</td>
<td>%</td>
<td>8.1</td>
<td>[3.7, 15.0]</td>
<td>7.6</td>
<td>2.3</td>
<td>15.4</td>
<td></td>
</tr>
<tr>
<td><strong>Sedentary behaviour at work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time spent sitting on usual work day (Base: Those aged 18–64 years who are working 35 or more hours)</td>
<td>average (hrs:mins)</td>
<td>3:17</td>
<td>[2:22, 4:13]</td>
<td>4:29</td>
<td>5:58</td>
<td>2:21</td>
<td></td>
</tr>
<tr>
<td><strong>Healthy eating</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of serves of vegetables per day*</td>
<td>average</td>
<td>2.7</td>
<td>[2.4, 3.0]</td>
<td>2.2</td>
<td>1.7</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Number of serves of fruit per day*</td>
<td>average</td>
<td>1.7</td>
<td>[1.5, 1.9]</td>
<td>1.6</td>
<td>1.3</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Eats take-away meals/snacks at least three times a week</td>
<td>%</td>
<td>No data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No water consumed per day</td>
<td>%</td>
<td>No data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of cups of water consumed per day</td>
<td>average</td>
<td>5.4</td>
<td>[4.5, 6.3]</td>
<td>5.4</td>
<td>4.1</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At risk of short-term harm each month</td>
<td>%</td>
<td>30.2</td>
<td>[21.3, 40.4]</td>
<td>29.4</td>
<td>51.6</td>
<td>13.3</td>
<td></td>
</tr>
<tr>
<td>At very high risk of short-term harm each month</td>
<td>%</td>
<td>6.9</td>
<td>[2.7, 13.9]</td>
<td>9.2</td>
<td>20.6</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Alcohol culture – getting drunk every now and then is okay</td>
<td>%</td>
<td>agree</td>
<td>26.8</td>
<td>[18.2, 37.0]</td>
<td>27.9</td>
<td>47.7</td>
<td>15.2</td>
</tr>
<tr>
<td><strong>Smoking prevalence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers**</td>
<td>%</td>
<td>13.5</td>
<td>[8.1, 21.5]</td>
<td>13.1</td>
<td>29.7</td>
<td>5.2</td>
<td></td>
</tr>
</tbody>
</table>

Legend

- LGA value significantly more favourable than Victorian estimate
- LGA value significantly less favourable than Victorian estimate
- LGA value not significantly different from Victorian estimate
- Sampling variability high, use with caution (relative standard error 25–50%)
- Victorian estimate
- Range of results across all LGAs

* See Victorian Population Health Survey 2014 for estimates of compliance with the 2013 Australian fruit and vegetable consumption guidelines
** Data from Victorian Population Health Survey 2014

No data
Relative standard error above 50%, estimate not reported
## Appendix B – Process for development of the plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of task</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2017</td>
<td>Review of Council Plan and relevant Council documents</td>
<td>Council UHPCP</td>
<td>Summary of priorities</td>
</tr>
<tr>
<td>November 2017</td>
<td>Review of Health Service plans</td>
<td>Council UHPCP</td>
<td>Opportunities for alignment</td>
</tr>
<tr>
<td>November 2017 –</td>
<td>Consultation with Towong Alliance</td>
<td>Council UHPCP</td>
<td>Review of relevant data and documentation to align with State objectives.</td>
</tr>
<tr>
<td>February 2018</td>
<td>- Corryong Health</td>
<td></td>
<td>Identified health priorities</td>
</tr>
<tr>
<td></td>
<td>- Tallangatta Health Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Walwa Bush Nursing Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2018</td>
<td>Community and Key agency workshops</td>
<td>Council UHPCP</td>
<td>Priorities slightly differ amongst major settlement areas.</td>
</tr>
<tr>
<td></td>
<td>- Presented data and key findings to community and key stakeholders for feedback</td>
<td>Agencies Community</td>
<td>Identified gaps in addressing public health and wellbeing in Towong and partnerships to support implementation and delivery of the plan</td>
</tr>
<tr>
<td>June/ July 2018</td>
<td>Draft priorities and strategies completed</td>
<td>Council</td>
<td>Draft circulated to Alliance and key agency and community groups for comment</td>
</tr>
</tbody>
</table>
Appendix C - Other Health and Wellbeing issues

This Municipal Health and Wellbeing Plan cannot address all of the health and wellbeing matters that have been raised in the development of the Plan. In light of the limited resources of the collective group of key stakeholders who will deliver on the Plan, key priority areas have been developed and agreed to focus efforts for 2018 – 2021.

Stakeholders acknowledged the following health and wellbeing matters however they will not be prioritised over the Healthy Communities Plan period 2018-2021:
- Tobacco Free Living
- Improving Sexual Reproductive Health and Education
- Transport and walkability
- Age friendly and Disability
- Environmental Sustainability
- Climate Change

Tobacco Free Living

Why is this area important to Towong Shire?

People living in regional and remote areas, especially those who are unemployed and most disadvantaged are significantly more likely to smoke.

Smoking is recognised as a significant identified risk for cardiovascular disease. Cardiovascular disease (CVD) refers to all diseases and conditions involving the heart and blood vessels. The main types of CVD are coronary heart disease, heart failure and stroke. One in six Australians are affected by cardiovascular disease, more than 4.2 million people. CVD is also linked to higher lifetime risk of death, linking smoking, diabetes, obesity and physical inactivity.

In 2015, The Heart Foundation launched a new Heart Health Fact Sheet for the Towong Shire Council revealing that the rate of heart attack is 57.9 per cent higher than expected, based on the current age structure of the local community.

Risk factors to Towong Shire residents
- 13% of the community aged over 18 years of age smoke tobacco*
- Smokers: 15% males and 13% females (Vic average 13% for both males and females)

80% of heart disease is preventable and risk factors are predominately lifestyle related such as smoking, an unhealthy diet, lack of exercise, lower socio-economic status and lifestyle behaviours.

In 2014/15 2.5 million Australians smoke daily. Australian males over the age of 15 were more likely to smoke than females. This equates to more than 1.6 million Australian males, of which 90% smoked daily. A further 1.2 million Australian females over the age of 15 smoked, 91% of which smoked daily. (Australian Heart Foundation) In males, the prevalence of smoking was highest in those aged 25-34 years. The smoking status of females increased in the 45-54 year age group. *Source: Australian Bureau of Statistics. Australian Health Survey 2014/15, Heart Foundation Victoria.

What we heard in the community workshops

The community consultation process indicated low support for this State health priority.

Strategic Action
- Support the range of health and wellbeing initiatives across other priority areas to assist with the reduction of smoking.
Improving Sexual Reproductive Health and Education

Why is this area important to Towong Shire?

2,907 females live in Towong Shire, including 47 Aboriginal and Torres Strait Islander women (Murray Exchange, 2016).

Sexual and reproductive health is a significant issue for all women across the lifespan (Women’s Health Victoria, 2009). Sexual health encompasses emotional, physical, mental and social wellbeing in relation to sexuality, including the right to respectful, enjoyable and safe sexual relationships free of coercion, discrimination and violence (WHO, 2006). Reproductive health suggests people can enjoy a responsible, satisfying and safe sex life with decision-making control over their reproductive choices (WHO, 2006).

Rural women need support, education and empowerment to direct and manage their whole-of-life health and wellbeing. Economic, social and cultural disadvantage can worsen women’s health. Women from disadvantaged groups tend to live shorter and less healthy lives, particularly women who live in rural areas.

Unplanned Pregnancy is experienced by over 50% of Australian women (Marie Stopes International, 2008). Not every pregnancy is unwanted however many women need to decide what the best option is for themselves and their family based on their personal circumstances (Children by Choice, 2017). Clinics based in Wodonga and Wangaratta bulk bill medical terminations for women choosing to abort pregnancy.

- 5.3% of 12-14-year-old students reported that they had sexual intercourse (Adolescent community profile, 2010 – Hume region)
- 29.4% of 15-17-year-old students reported that they had sexual intercourse (Adolescent community profile, 2010 – Hume region).
- 58.9% of teenagers practice safe sex using a condom however privacy is found to be the most significant barrier to young people purchasing condoms in rural and regional areas (Victorian rural women's access to family planning services, 2012).
- In Towong, the chlamydia rate per 10,000 persons was 7 for females and 7 for males. For women this is lower than the Hume region (15.5) and State average (19.4) rate
- 70% of women who develop cervical cancer did not have a Pap test (Cancer Council Victoria, 2017). Pap screening data from 2014-2015 showed 69.1% of eligible women in Towong Shire have taken the test.
- In 2017, 6 females in Towong reported a sexual offence.

Women’s sexual and reproductive health: key priorities 2017-2020 is Victoria’s first women’s sexual and reproductive health strategy and action plan to improve the sexual and reproductive health of all Victorian women.

The plan is supported by a $6.6 million investment for action and education to:
- reduce stigma and improve knowledge of sexual and reproductive health
- improve understanding and management of endometriosis, polycystic ovary syndrome and menopause
- increase awareness and access to contemporary contraception
- establish community-based family planning hubs across Victoria
- expand education and access to medical termination of pregnancy.

**Women’s sexual and reproductive health: key priorities 2017-2020**

Women and girls make up just over half of Victoria’s population. Victorian women are living longer, but with more chronic illness and more years living with a disability. Compared with men, women have higher rates of mental, sexual and reproductive ill-health and morbidity. They also have different cancer patterns and main causes of death. Over half of women’s deaths in Victoria are from heart failure, with two thirds from dementia and Alzheimer’s disease. In summary, while women share many challenges with men, they differ in disease patterns, in risk factors, and in the services that women need and want.

**What we heard in the community workshops**

The key point raised through the consultation process to inform the plan:

“Sexual offences are under reported”

“Need to increase knowledge and access to sexual health and reproductive services”

“Support positive, respectful relationships and safe sexual and reproductive practices”

**Strategic Action**

- Support the range of health and wellbeing initiatives across other priority areas have scope to assist with the improvement of sexual reproductive health and education.
Transport and walkability

Why is this area important to Towong Shire?

Towong Shire has no public transport.

The local community are reliant on the following means of transport:

- Family and friends
- Walwa postal service bus - $25 one way to Albury Wodonga
- Community car – The community car service requires a $50 deposit (no deposit for Walwa community car)
- Khancoban community bus – from NSW – Tumbarumba Shire Council
- Corryong Neighbourhood House Bus – sponsored by Jacob Toyota and private donation
- Riding along the Rail trails
- Taxi

Feedback from the community workshops suggests a review of existing and potential bus services, taking into account affordability and access to products and services. The community welcome scooter education and pathways to support connectivity with town centres and recreational pursuits. Improved access and walkability supports improved quality of life and connectivity for community members. During the community consultation process, adequate shade and water bubblers were highlighted as issues for residents.

What we heard in the community workshops

Key points raised through the consultation process informed the plan:

“Community car – user pay system needs to consider affordability for our community”

“No public transport”

Strategic Action

- Continue advocacy for transport options for rural and remote communities. Continue to review affordable and accessible transport options.
Age friendly and Disability

Why is this area important to Towong Shire?

- 38% of people over 75 live alone, creating barriers for connectivity for the ageing population.
- 37.2% of our residents (across all demographics), experience a disability with a further 459 residents experiencing a profound disability.
- In 2011, our ageing population (over 65 years) was 21.4% of the population.
- 34.9% of our population will be aged over 65 years by 2031.

We have an opportunity to build and strength the community’s capacity to provide support an ageing community and people with a disability and their families, through integrated community planning, capacity building strategies and enhancing access to universal services and information.

We are also an ageing population with a high incidence of elderly people over the age of 65 years by year 2031 (34.9%) when compared to other neighbouring LGAs. This will affect health and lifestyle options for residents of Towong Shire.

Predictions indicate that Towong will be in the top 10 in the state for local government areas with the highest percentage of people over 65 years by 2031.


Source: Disability, Ageing and Carers Australia – Summary of Key findings (2015), DHHS Hume Region Health Status profile, PricewaterhouseCoopers (2011) – Disability expectations - Investing in a Better Life, a stronger Australia

<table>
<thead>
<tr>
<th>Population aged over 65 years</th>
<th>2011</th>
<th>2031</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpine</td>
<td>21.2%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Towong</td>
<td>21.4%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Benalla</td>
<td>20.1%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Mansfield</td>
<td>17%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Moira</td>
<td>20.9%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Indigo</td>
<td>15.8%</td>
<td>29%</td>
</tr>
<tr>
<td>Wangaratta</td>
<td>18.4%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Wodonga</td>
<td>11.6%</td>
<td>19%</td>
</tr>
</tbody>
</table>

What we heard in the community workshops

Key points raised through the consultation process informed the plan:

“We need to consider activities for carers and people experiencing a disability”

“How can we access reliable information about the NDIS”

Strategic Actions

- Engage older members of the community in health and wellbeing planning and provide opportunities for choice in service delivery.
- Advocate to State Government for resource funding to support the development of an Aged Care resources/facilitator.
Environmental Sustainability

Why is this area important to Towong Shire?

Climate change affects health and wellbeing and can present serious environmental, economic and health challenges. These are some people who are at a high risk of health related issues due to climate change and these include but are not limited to:

- Children
- Older adults
- People with existing medical conditions
- Those who work outdoors

It is important for communities to be prepared to take action when emergencies occur. Actions to strengthen community resilience and support for disaster recovery.

Local government has a responsibility to support and maintain sustainable, diverse, safe, natural and built environments.

What we heard in the community workshops

The key points raised through the consultation process to inform the plan:

- “Lack of insulation in existing homes – increasing cost of utilities”
- “Drum muster”
- “Private solar installation – living off the grid options”
- “Composting workshops”
- “Farming Co-ops”
- “Farming succession and business planning”
- “Renewable energy projects”
- “Climate change initiatives”
- “Tree planting – Landcare”
- “Hard waste collection prior to major events to showcase local towns”
- “Upcycling – education to support local events”
- “Green waste recycling and green waste collection”
- “Shade – playground and skate park”
- “Food Co-op”
- “Action plan - consider use of natural environment”
- “Sewerage upgrade – Bellbridge – extend residential development”

Strategic Actions

- Implement Towong Shire Tree Management Strategy to mitigate the impact of a changing climate.
- Investigate and seek funding for solar street lighting in key locations.
- Continue to look at renewable energy project where funding is available.
- Deliver strategic tree planting under the Tree management Plan as funding becomes available.
- Support those at high risk of the impact of weather and climate change.
Climate Change

Why is this area important to Towong Shire?

Local government has a responsibility to:

- Identify local needs and communicate to the State Government
- Provision for local adaption responses
- Build community capacity and resilience
- Provide Emergency Management, relief and recovery plans and programming
- Collaborate and educate the local community
- Help the State Government understand the local issues

In summary, local government is responsible for providing leadership and good governance, to represent the needs and values of local communities, and foster community cohesion.

Adapting to climate change is complex. We continue to experience extreme weather conditions, droughts, bushfires, flooding, heat waves, increased pollutants and allergens that affect disease and health and wellbeing of our community. In the future, Towong can anticipate a number of challenges:

- Hotter days (1.1 to 3.3 degrees higher)
- More droughts
- Longer Fire seasons
- Less Spring rainfall
- Fewer frosts