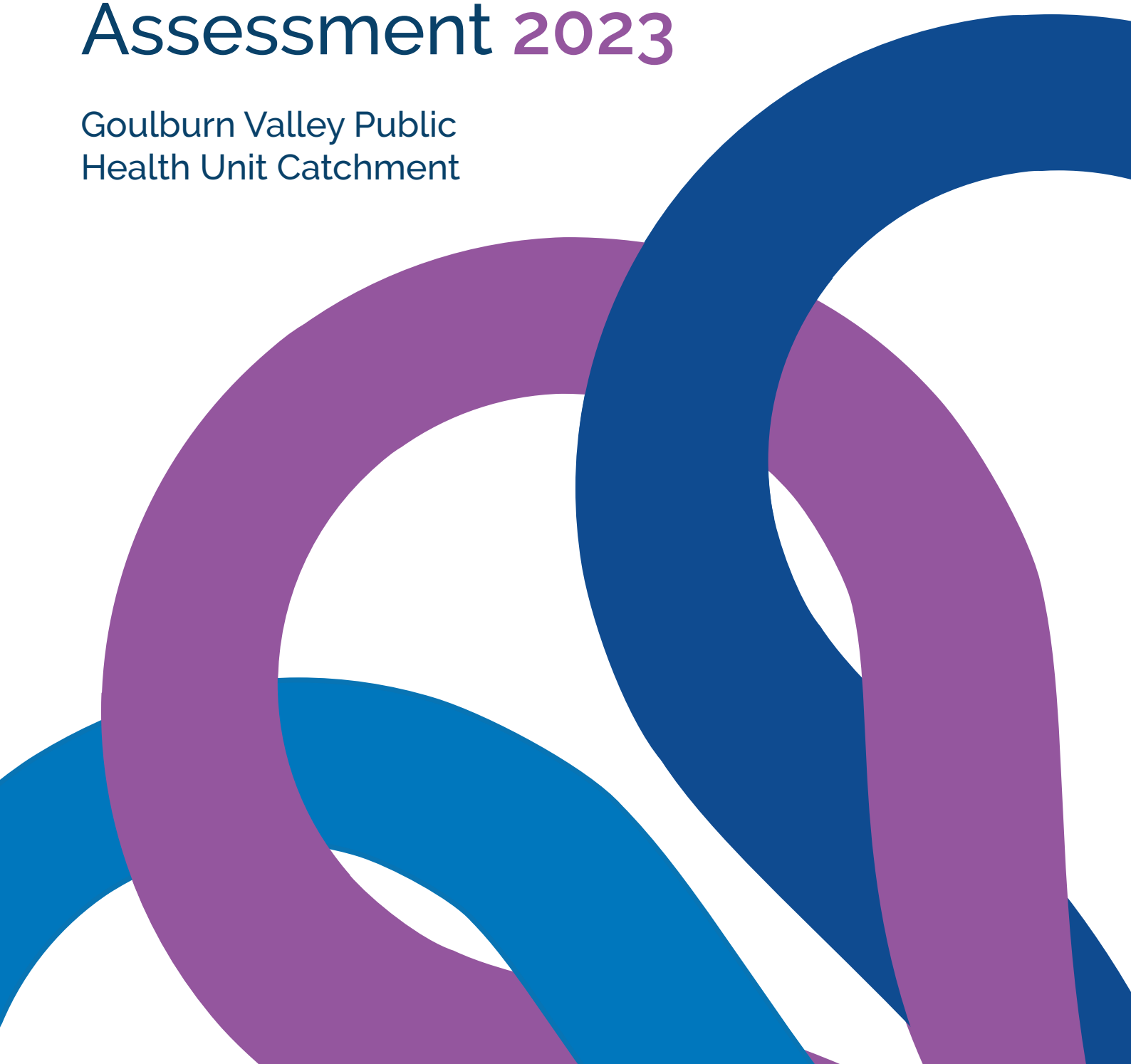
GV PHU
Goulburn Valley Public Health Unit

GV Health

# Health Needs Assessment 2023

## Goulburn Valley Public Health Unit Catchment



## Acknowledgement

Goulburn Valley Public Health Unit would like to acknowledge the Traditional Owners and Custodians of this land in which we work and live. We acknowledge the Aboriginal and Torres Strait Islander people and their ongoing connection to land, water and community. We pay our respects to Elders past and present, and commit to building a brighter future together.

Goulburn Valley Public Health Unit is committed to embracing diversity and welcomes all people.

Goulburn Valley Public Health Unit acknowledges the contribution to this document by The Writing Room.

Authorised and published by Goulburn Valley Public Health Unit, Goulburn Valley Health, Shepparton, Victoria 3630. Email: phu@gvhealth.org.au, Website: www.gvhealth.org.au/public-health-unit/

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# Contents

# Executive Summary

The collective goal of many health and human services across the world is to improve the health of those they serve. To be able to work towards this, an understanding of the current state is important. This Health Needs Assessment (HNA) provides an overview of the health and wellbeing landscape for the people within the Goulburn Valley Public Health Unit (GVPHU) catchment area, including identified priorities and opportunities for improvement.

The information gathered and presented within this document is a culmination of research and consultation undertaken by the GVPHU in early 2023. Following the introduction below, a Population Health Profile is summarised that displays data across a range of priority areas and health conditions, as well as population demographics of the GVPHU catchment area.

The next section details a gaps analysis identifying the prevention activities already being undertaken within the priorities of the Victorian Public Health and Wellbeing Plan 2019-2023.

This is followed by information gathered during consultation with organisational and community stakeholders through various methods, including online sessions, surveys, presentations and conversations. These consultations provided data on the current activity, most important areas of need, a 'blue sky' vision and solutions.

Together, these sections link to provide insight into the strengths of the population, the challenges faced and opportunities for improvement.

Through analysis of the data and consultation with organisational and community stakeholders, three key priority areas were identified:

1. Improving mental wellbeing
2. Increasing healthy eating
3. Increasing active living

When considering the data to understand areas for action, it is important to review the current work that is already being undertaken.

Based on the analysis of population data, the stakeholder and community engagement and mapping of prevention systems, the needs and strengths of the catchment have been identified.

Not only is this document intended to provide the background for the Improving the Health of Our Communities Together, Primary Care and Population Health Strategic Plan 2023-2029, it is also intended to be used by organisations within the GVPHU catchment for planning, evaluation, presentation and funding applications among other uses.

The GVPHU will look to improve on and expand future iterations of the HNA through further consultation, data analysis and collaboration with partners.

# 1. Introduction

The Goulburn Valley Public Health Unit (GVPHU) is focused on creating a resilient and sustainable local public health system, and has a role in prevention and population health, health protection and emergency management. In 2023 GVPHU, along with partner agencies, undertook research and consultation into the health and wellbeing status of the catchment as a whole as well as individual local government areas (LGAs).

In response to the Coronavirus pandemic, the GVPHU, was one of nine Local Public Health Units (LPHUs) stood up across the state by the Department of Health in 2021. GVPHU encompasses seven LGAs, including Mitchell Shire, Murrindindi Shire, Strathbogie Shire, City of Greater Shepparton, Benalla Rural City, Mansfield Shire, and Moira Shire. They are referenced collectively as the GVPHU Catchment.

In June 2022, LPHUs across the state widened their remit to encompass a number of communicable diseases as well as preventative health with the transition of Primary Care Partnerships into Public Health Units across the state.

The LPHU Outcomes Framework 2022–2023, from the Department of Health, directed LPHUs to develop a catchment wide population health plan, aimed at improving the health and wellbeing of the community and to play a role in achieving their vision of *Victorian's are the healthiest people in the world.* To preclude this plan, a Health Needs Assessment that details the current health and wellbeing of the population and to inform the Population Health plan was to be conducted. The priorities to be assessed were to reflect the Victorian Public Health and Wellbeing Plan 2019–2023 (VPHWP) as well as the Victorian Cancer Plan 2020–2024. The data assessed is in line with the VPHWP Outcomes Framework where possible with additional data sort through various channels as detailed in section 1.1.1 of this document.

This Health Needs Assessment is an essential component in the development of population health planning, and will help to inform the local population health priorities. The GVPHU needs assessment process has included:

- A review of data and evidence identifying the strengths, challenges and population needs of the region (Section 2 — *Population Health Profile*)
- Mapping and gap analysis of existing population health, prevention and health promotion initiatives, including relevant plans across the catchment (Section 3 — *Mapping of Prevention Systems*)
- Community and stakeholder consultations designed to understand and inform local population health needs and priorities (Section 4 — *Consultation Summary and Outcomes*)

The Health Needs Assessment highlights the population profile of the region, the health and wellbeing status of the population, the current population health and prevention activities, and the health priorities and strategies determined through stakeholder and community consultation. It provides the foundation for further planning and development of the population health catchment plan and can be used by our partners and community to support their work.

The legislated Primary Care and Population Health Advisory Committee of GV Health are the governing body for the Plan, with an Interim Working Group to support the development of this Health Needs Assessment and a Population Health Plan.

The GVPHU will utilise the data gathered and assessed within this document to develop a Population Health Plan. This will support local communities to live healthier lives using both a systems approach and place-based population health interventions delivered in partnership with local organisations.

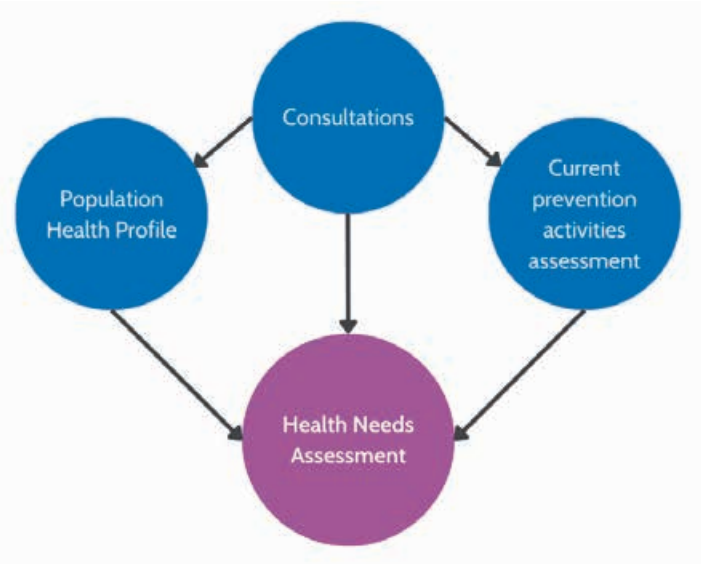
Thank you to all those that participated in consultation, both community and organisation. This has provided an insight into the health and wellbeing of our community that data alone cannot provide. A list of organisations who contributed can be found in appendix 1.

## 1.1 Methodology

Data for the Health Needs Assessment was gathered in four parts:

1. Population Health Profile
2. Prevention Activity Mapping
3. Stakeholder Consultations
4. Community Consultations

All offer different levels of analysis that together provide an overview of the current health and wellbeing of the GVPHU catchment population. Methods for each are detailed below.




### 1.1.1 Population Health Profile

The Population Health Profile (section 2) was split into four sections:

1. Local demographic information;
2. Local health determinants;
3. General health indicators; and
4. Specific indicators relating to each of the priority domains of the Victorian Public Health and Wellbeing Plan 2019-2023 (1).

Data sources used in this report were initially drawn from a consultation process with the Victorian Department of Health. Each of these sources was individually reviewed for data fields which were relevant to one of the four sections of this report. Data fields were included if they were reported at an LGA level. The publicly available data sources which were selected for use in this Population Health Profile include:

- **ABS Census of Population and Housing 2021** (2) — a household survey conducted by the Australian Bureau of Statistics at five-year intervals. In 2021, over 96 per cent of households in Australia completed the census
- **Victorian Population Health Survey (VPHS) 2020 and 2017** (3) — a survey of approximately 34 000 Victorian adults (aged 18+) conducted by the Victorian Department of Health at three-year intervals
- **Social Health Atlas of Australia 20 23** (4) — a web-based source of data on health and its determinants
- **Injury Atlas of Victoria** (5) — developed by the Victorian Injury Surveillance Unit, Monash University Accident Research Centre; a surveillance database presenting de-identified, hospital-treated, unintentional injury data supplied by the Victorian Agency for Health Information.
- **Crime Statistics Agency (CSA) statistical release 2022** (6) — crime statistics derived from administrative information recorded by Victoria Police in the Police Law Enforcement Assistance Program database. These include crimes that have been reported to police as well as those identified by police. The CSA processes these data and presents this information on; recorded offences, criminal incidents, alleged offender incidents, victim reports, and family incidents.
- **Victorian Women's Health Atlas** (7) — developed by Women's Health Victoria
- **Australian Early Development Census (AEDC)** (8) — a database administered by the Federal Government providing a set of measurements for the monitoring of Australian children's development
- **Victoria in Future (VIF) 2019** — Victorian State

Government official projection of population and households

- **Victorian Public Health and Wellbeing Outcomes Framework (VPHWOF) dashboard** — A report of measures in the VPHWOF prepared by the Public Health Division of the Victorian Department of Health

Following this initial review, domains from the Victorian Public Health and Wellbeing Plan 2019–2023 that had minimal or no representative indicators were identified. Data for these domains was sought using an informal search strategy which focused on additional datasets which were held by local, state and federal levels of government, and also by relevant non-government organisations. Again, data fields were included if they were reported at an LGA level and were representative of all LGAs across the GVPHU catchment. This approach identified the following sources for use in this Population Health Profile:

- **AODstats (30 Sept 2022 release)** — a database administered by Turning Point on harms related to alcohol and illicit and pharmaceutical drug use in Victoria
- **Public Health Event Surveillance System (PHESS)** — the Victorian surveillance database for notifiable conditions
- **RESPOND Regional Childhood Health Behaviours and Anthropometry Report (2019–2022): Ovens Murray & Goulburn Valley Regional Report** — a study of 1 819 children in grades 2, 4 and 6 of primary school in the GVPHU catchment area (9)

Where a domain could not be addressed according to the above conditions through publicly available data, this is noted in the Population Health Profile.

### 1.1.2 Prevention Activity Mapping

In December 2022, a meeting was held with all Community Health — Health Promotion (CH-HP) staff from across the GVPHU catchment as well as key prevention partners including local government. Agencies were given the opportunity to present current plans with the intention of information sharing and collaborative networking. Prior to this meeting a survey titled *Current Prevention Activities across the GVPHU Catchment* was sent around to gather information into the current prevention activities that were occurring in the catchment within the 11 priority areas (appendix 2). All of this information together (survey responses and presentations) was taken and a systems map developed for the purpose of displaying gaps in resourcing, co-benefits of programs across priorities and programming within the 11 priority areas (appendix 3).

This map was presented at each of the five stakeholder consultations. At these consultations, participants were invited to complete the same survey as the prevention partners in December. They were also asked to answer the question in breakout rooms during the session *"Is there something you're already working on to improve one or more of these priority areas?"* After the consultations were complete, this information was added to the original systems mapping to gain more of an insight into where resources and programming was being put and where there were gaps. See section 3 *Mapping of Prevention Systems* for further details.

### 1.1.3 Stakeholder Consultations

Following the Prevention Activity Mapping meeting, Stakeholder Consultations were hosted to gather information for the Health Needs Assessment and bring people together around the priorities. To simplify and respectfully acknowledge limited time of the stakeholders, the 11 priorities were grouped into five consultation sessions as below:

Consultation 1:

- Increasing healthy eating,
- Increasing active living,
- Reducing tobacco and e-cigarette related harm

Consultation 2:

- Reducing harmful alcohol and drug use,
- Improving mental wellbeing

Consultation 3:

- Improving sexual and reproductive health,
- Cancer screening

Consultation 4:

- Preventing all forms of violence,
- Reducing injury

Consultation 5:

- Tackling climate change and it's impacts on health,
- Decreasing the risk of drug resistant infections in the community

These blocks made up the five stakeholder consultations held over six weeks from 27 February to 5 April 2023. See section 4 *Consultations — Summary and Outcomes* for further details.

Stakeholders were invited to attend the sessions they had knowledge and expertise in, or forward to those in their organisations who the topic would be relevant to. Invitations were sent to health services, local government, community services and specialised services across the GVPHU catchment. All consultation sessions were recorded and uploaded to YouTube, then circulated for viewing by anyone unable to attend the sessions.

Within the consultations, participants were asked to answer the question "If we got the actions on the population health plan right, what do your communities look like in 2028?". Answers to this question informed the collective vision for the plan and can be seen in section 1.2 *Blue Sky Vision*.

Mapping of current prevention activities was shown with the caveat that there were activities missing. Participants could then complete a survey to inform of any more primary or secondary prevention activities related to any of the 11 priority areas they were involved in. See section 3 *Mapping of Prevention Systems* for final results.

High level data was also presented at LGA, catchment or State level as per the availability of data, with the preference of catchment level. Data for the consultations was collated using the Victorian Public Health and Wellbeing Plan 2019-2023 Outcomes Framework and data dictionary from sources as seen in section 2 of this document *Population Health Profile*.

Participants were put into breakout rooms to answer questions relating to the data presented as well as their own experiences and ideas for actions to improve health and wellbeing in the particular topic area. Note takers recorded the responses. See appendix 4 for breakout room questions.

A post-consultation survey was provided to participants. See appendix 5 for survey questions.

Answers from both breakout rooms and surveys were collated and themed, see Section 4 *Consultations — Summary and Outcomes*.

### 1.1.4 Community Consultations

A community survey was distributed online through email, social media and newsletters as well as in person at various events during April and May of 2023 (see appendix 6 for survey questions). During the time the survey was open, responses were viewed to understand the demographic spread of participants. Where there was a lack of results from a particular area, age group or population group, the survey was sent to specific organisations to boost the responses from this demographic. For example, at the end of April no responses had been gathered from Mansfield Shire. The survey was sent to the Health Promotion Officer at Mansfield District Health and the contact for the Mansfield Fresh Food Drive to request the display and distribution of the survey.

Where possible, presentations were conducted for Community Advisory Committees and Groups (CACs) in health services to introduce the Population Health Plan and walk them through the survey. This was presented to GV Health, NCN Health and Yea and District Memorial Hospital CACs.

CACs were chosen based on the timing of upcoming meetings (within April or May).

110 responses were received and answers were collated and themed (section 4 *Consultations — Summary and Outcomes*).

## 1.2 Blue Sky Vision

To further understand and build a collaborative approach to achieving better population health for our communities the following two questions were asked to help create a vision for the plan:

In the stakeholder consultations attendees were asked to respond via survey form:

> "If we got the actions on the population health plan right, what do your communities look like in 2028?"

In the online community consultation survey, community members were asked the question:

> "If Victoria was the healthiest place in the world, what would your community look like?"

Common themes were taken from the answers to these questions and presented to the Primary Care and Population Health Interim Working Group. This working group, through small group discussions worked on possible vision and taglines. These were formulated into three final choices of tagline and three for vision that were then voted on by the Working Group, during the GVPHU 'Regional Roadshows', hosted across three locations throughout the catchment and the Mansfield CAC. See Section 4.3 *Collective Blue-Sky Visioning* for further information.

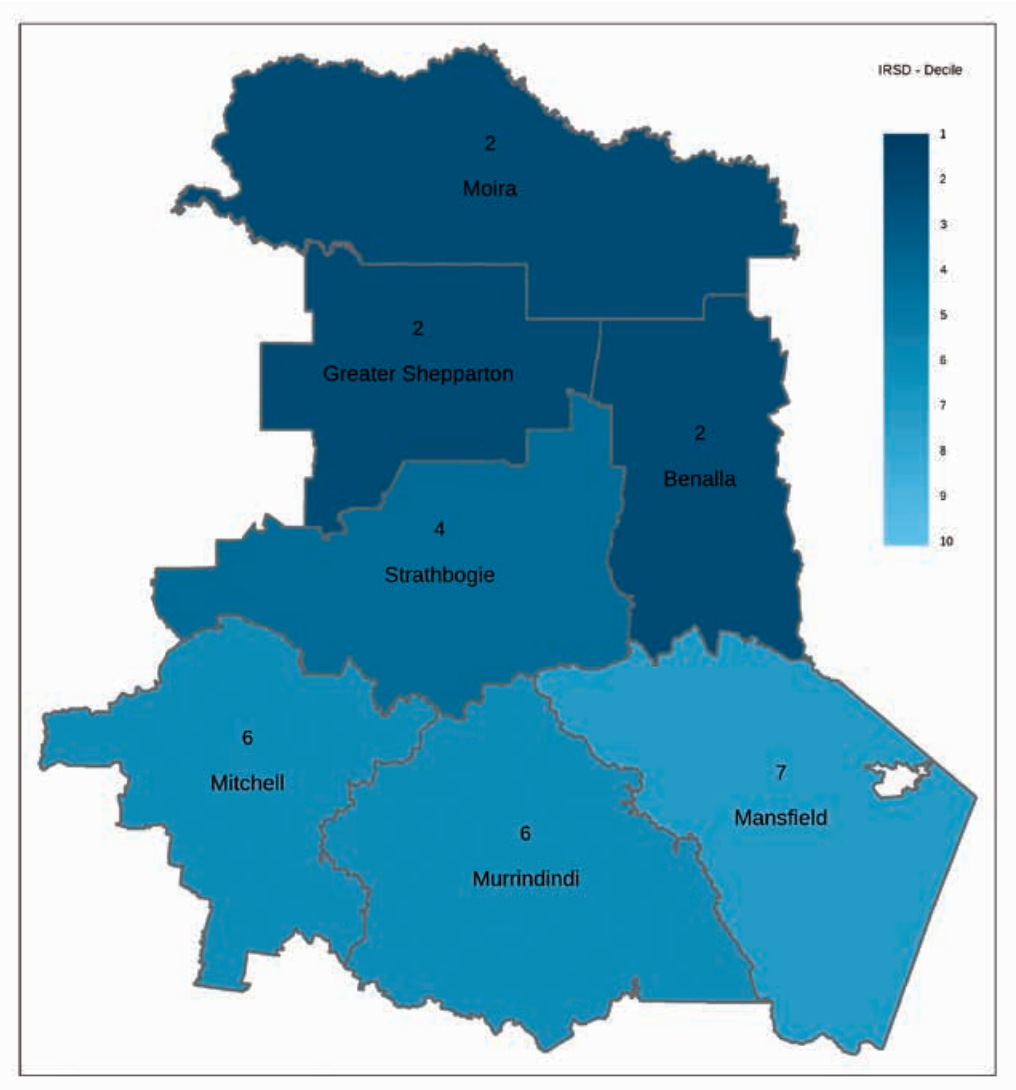
# 2. Population Health Profile

This section details the data associated with the 11 priority areas as previously mentioned, with the addition of demographics, social determinants and health indicators. For a written summary of this data see section 2.5 Population Health Profile Discussion.

## 2.1 Demographics

### Population and Growth

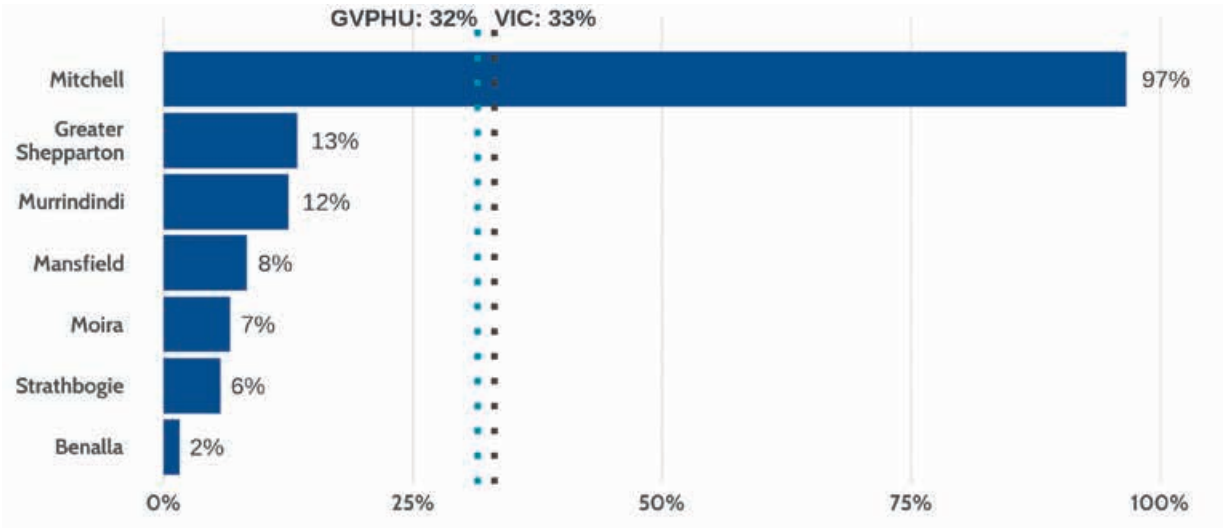
**Figure 1 Map of LGA population as proportion of the total GVPHU catchment**




*Source: ABS Census 2021*

Figure 1 shows the GVPHU catchment, which comprises seven local government areas of Benalla, Greater Shepparton, Mansfield, Mitchell, Moira, Murrindindi and Strathbogie. As of 2022, the catchment has an estimated total population of 199 598 and comprises an estimated 3.1% of the total Victorian population of 6 548 040. The two largest LGAs by population are Greater Shepparton, a regional city, and Mitchell Shire on the urban fringes of Melbourne. The smallest LGAs by population are Strathbogie and Mansfield, both of which consist of a largely dispersed rural population and small regional centres.

**Figure 2 Projected population change from 2021 to 2036**

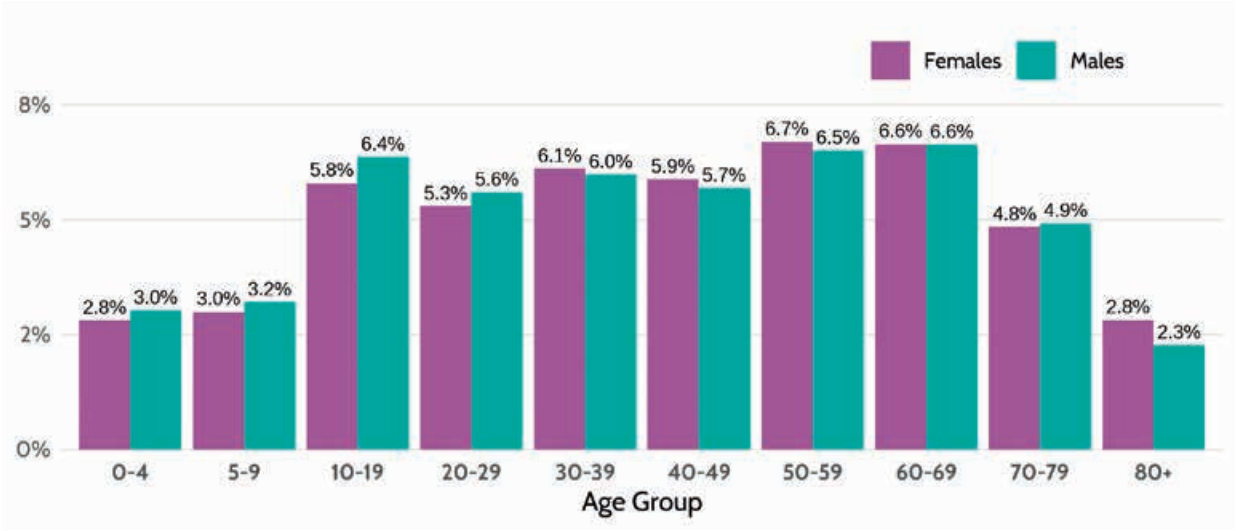



*Source: Victoria In Future*

Figure 2 demonstrates 15-year population projections from 2021 to 2036 across these seven LGAs. Projections demonstrate considerable variability, ranging from a projection of almost no growth (2% growth in Benalla) to a projection of almost doubling in size (97% growth in Mitchell).

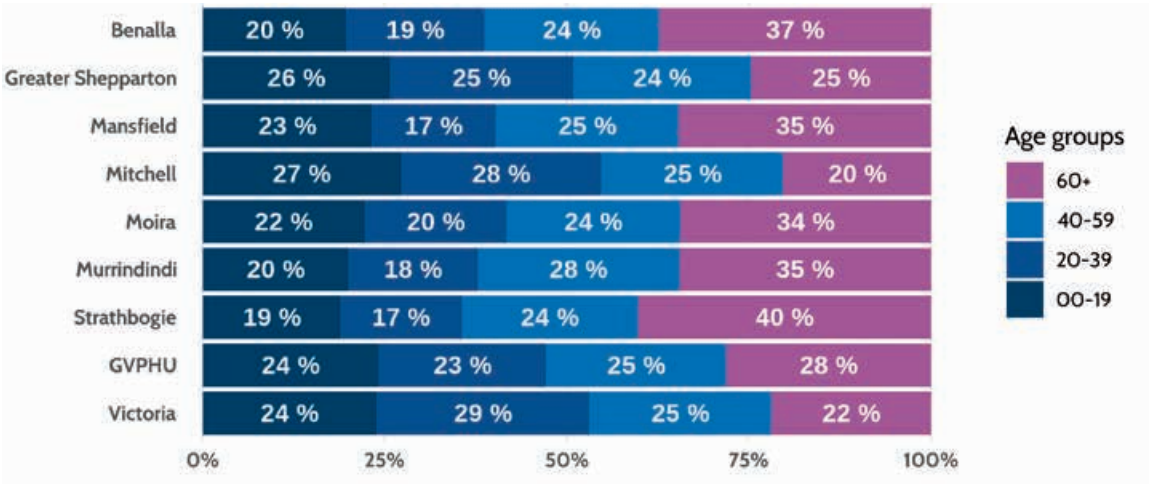
## Population Age Profile

**Figure 3 Proportion of population by age group and gender, GVPHU**




*Source: ABS Census 2021*

**Figure 4 Proportion of population by age group, LGAs**

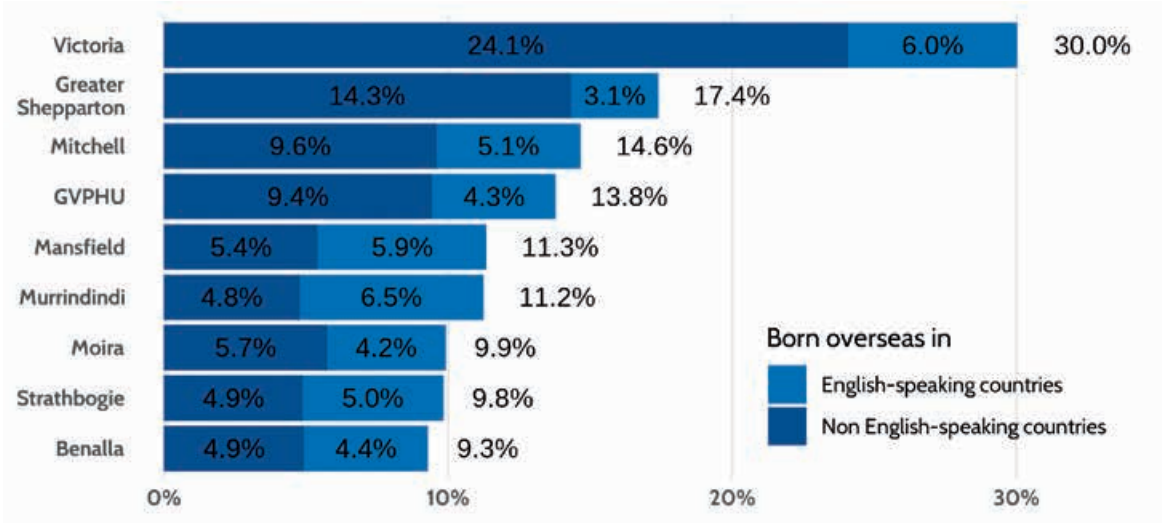



*Source: ABS Census 2021*

Figure 4 shows that GVPHU generally has an older population when compared to the entire state of Victoria, with 28% of residents aged 60 and older compared with the state proportion of 22%. This is largely driven by the five LGAs with the smallest populations and lowest population densities (Benalla, Mansfield, Moira, Murrindindi and Strathbogie), which all have population percentages in this age group of between 35% and 40%. By contrast, Greater Shepparton and Mitchell are closer to the state average, with 25% and 20% of their respective populations aged 60 years or older.

## Cultural diversity

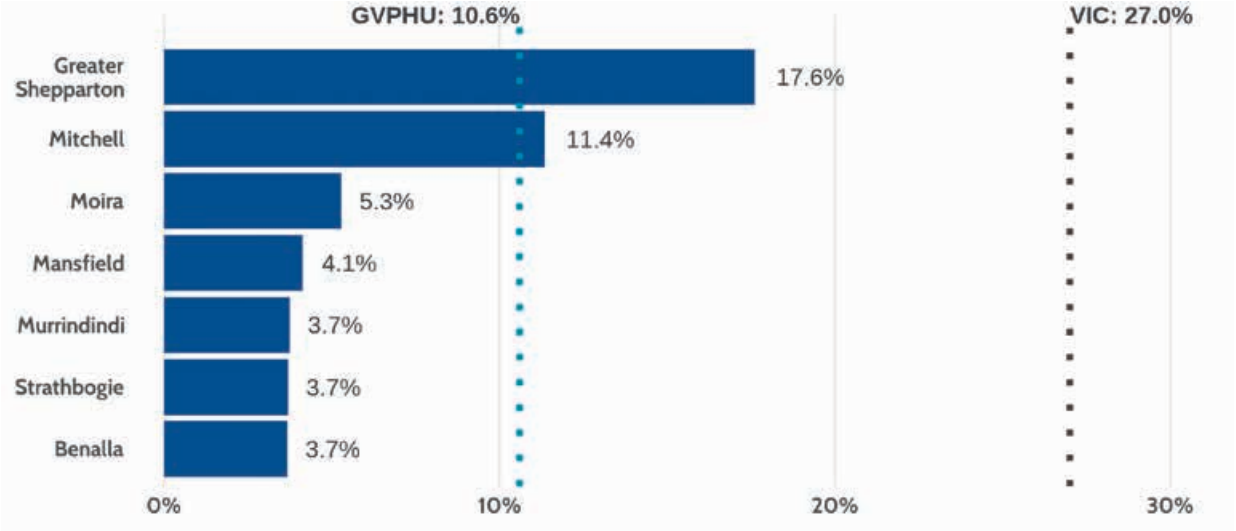
**Figure 5 Proportion of population born overseas**




*Source: ABS Census 2021*

Figure 5 demonstrates the proportion of the population that is born overseas by geographic area. All LGAs in the catchment have a lower proportion of their population that is born overseas compared to the entire state (30%), with the highest proportion in Greater Shepparton (17.4%) and the lowest proportion in Benalla (9.3%). Looking at the GVPHU catchment as a whole, the majority of residents born overseas come from non-English-speaking countries. This is largely driven by Greater Shepparton and Mitchell—the most populous LGA in the catchment—which align with state trends. All other LGAs show a more balanced ratio between those born overseas in English- and non-English-speaking countries.

**Figure 6 Proportion of population speaking a language other than English at home**




*Source: ABS Census, 2021*

Figure 6 demonstrates the proportion of the population that speaks a language other than English at home by geographic area. The highest proportion is observed in Greater Shepparton (18%) and the lowest in Benalla (4%). The higher prevalence of non-English home languages seen in Greater Shepparton and Mitchell aligns with overseas-born population trends seen in Figure 5.

*Table 1 The three most common foreign countries of birth for residents in each LGA in the GVPHU catchment*

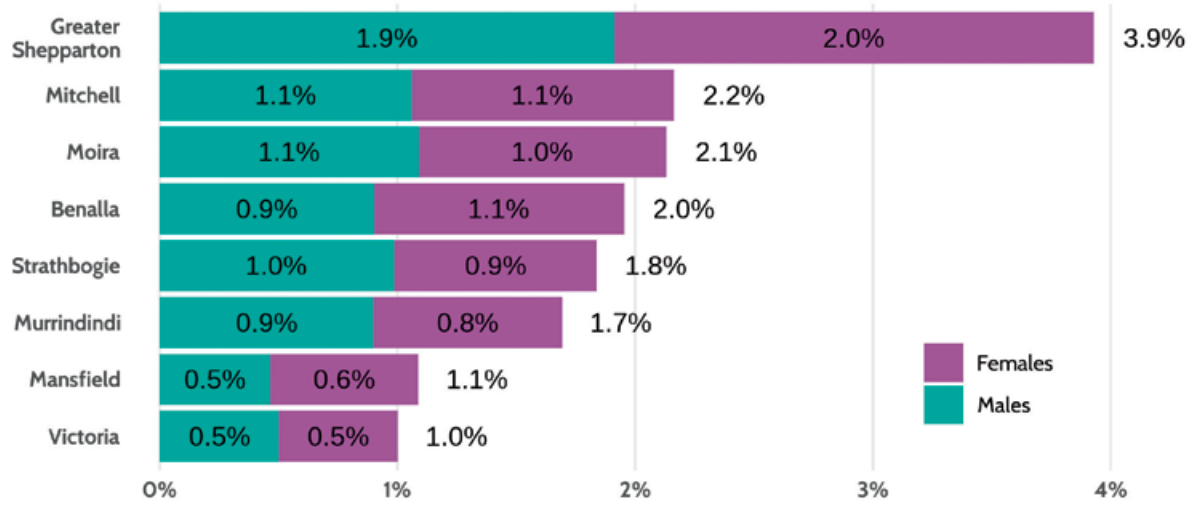
| LGA | Most common | 2nd Most common | 3rd Most common |
|---|---|---|---|
| Benalla | England -2.5% | New Zealand — 0.8% | India — 0.73% |
| Greater Shepparton | India — 2.9% | England — 1.3% | Italy — 1.1% |
| Mansfield | England — 3.5% | New Zealand — 1.1% | Germany — 0.9% |
| Mitchell | India — 2.5% | England — 2.5% | New Zealand — 1.4% |
| Moira | England — 2.1% | New Zealand — 1.2% | Malaysia — 0.9% |
| Murrindindi | England — 3.8% | New Zealand — 1.2% | Netherlands — 0.5% |
| Strathbogie | England — 2.8% | New Zealand — 1.1% | Philippines — 0.6% |

*Source: ABS Census, 2021*

Complementing the insights gleaned from the above figures, Table 1 enumerates the three most common foreign countries of birth for each LGA, represented as a percentage of the total population. India is the most common foreign country of birth for Greater Shepparton and Mitchell, while England and New Zealand are the most common for the smaller LGAs in the GVPHU catchment. The third most common varies across all LGAs.

## Aboriginal and Torres Strait Islander Population

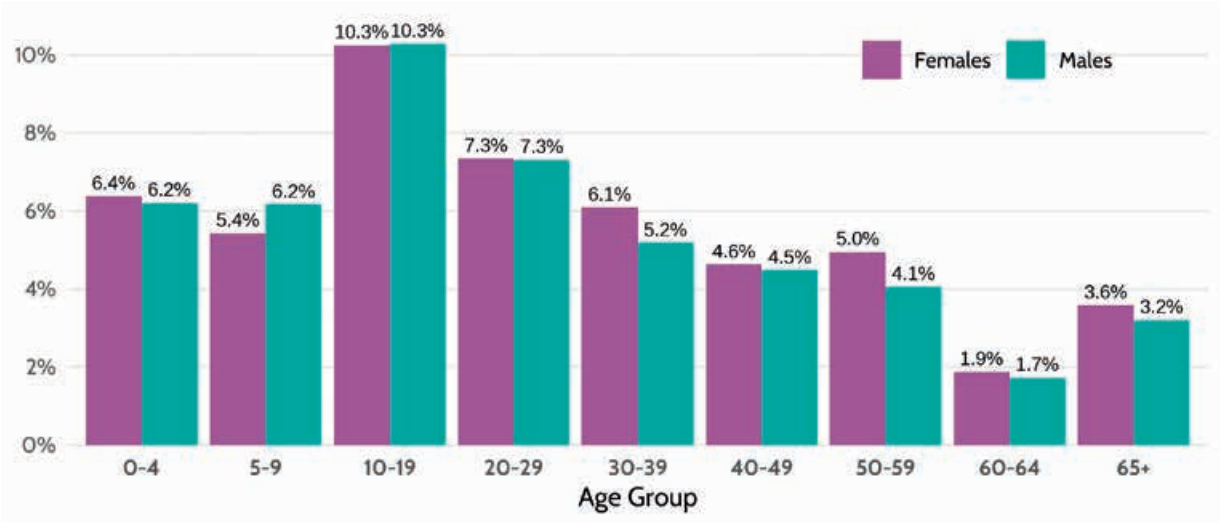
**Figure 7 Estimated proportion of Aboriginal and Torres Strait Islander population**




*Source: ABS Census, 2021*

As of the 2021 ABS Census, 2.6% of the population in GVPHU identify as Aboriginal or Torres Strait Islander. Figure 7 demonstrates that every LGA in the GVPHU catchment has a higher percentage of the population that identify as Aboriginal or Torres Strait Islander compared to the statewide percentage of 1%, with the lowest proportion in Mansfield (1.1%) and the highest proportion in Greater Shepparton (3.9%).

**Figure 8 Proportion of Aboriginal and/or Torres Strait Islander population by age group and gender, GVPHU**




*Source: ABS Census, 2021*

In contrast to the total GVPHU population (Figure 3), the age distribution of Aboriginal and/or Torres Strait Islander residents is shifted towards younger age groups, with higher proportions of children under 9, and the 10-19 being the largest age group (Figure 8).

## Gender and sexual diversity

As of the 2017 Victorian Population Health Survey, the estimated proportion of individuals who identify as lesbian, gay, bisexual, transgender, intersex or gender diverse was between 3.1—3.5% across each of the LGAs in the GVPHU catchment, compared to 5.7% for the whole of Victoria. One exception was Mitchell, the second most populous LGA in our region, with 6.7% identifying as LGBTQI+.

These estimates should be interpreted with caution, as they are based on small numbers which are susceptible to considerable fluctuations from minor changes in either the numerator or the denominator. This is a significant issue, particularly when dealing with data that can change over time or when making comparisons between different regions. For this reason, the lower (LL) and upper (UL) confidence intervals are provided to demonstrate the uncertainty around these % values.

*Table 2 Estimated proportion of population identifying as LGBTIQ+*

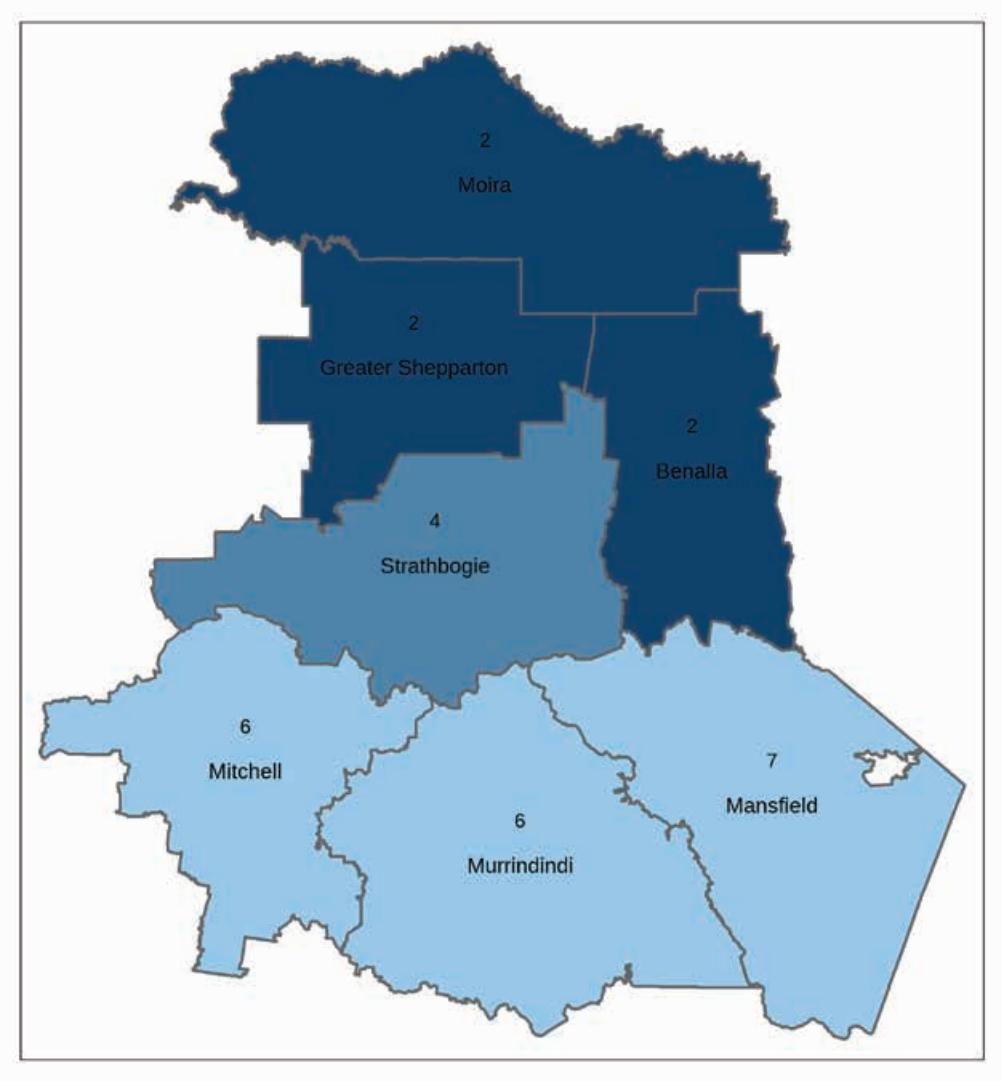
| LGA Name | LGBTIQ+ % | LL | UL |
|---|---|---|---|
| Benalla | 3.1 | 1.6 | 5.7 |
| Greater Shepparton | 3.2 | 1.3 | 7.3 |
| Mansfield | NA | NA | NA |
| Mitchell | 6.7 | 3.9 | 11.4 |
| Moira | 3.5 | 1.9 | 6.3 |
| Murrindindi | NA | NA | NA |
| Strathbogie | 3.1 | 1.6 | 6 |
| Victoria | 5.7 | 5.2 | 6.1 |

*Source: Victorian Population Health Survey, 2017*

## 2.2 Social determinants of health

### Socioeconomic Disadvantage

**Figure 9 Index of Relative Socio-economic Disadvantage decile within Victoria**

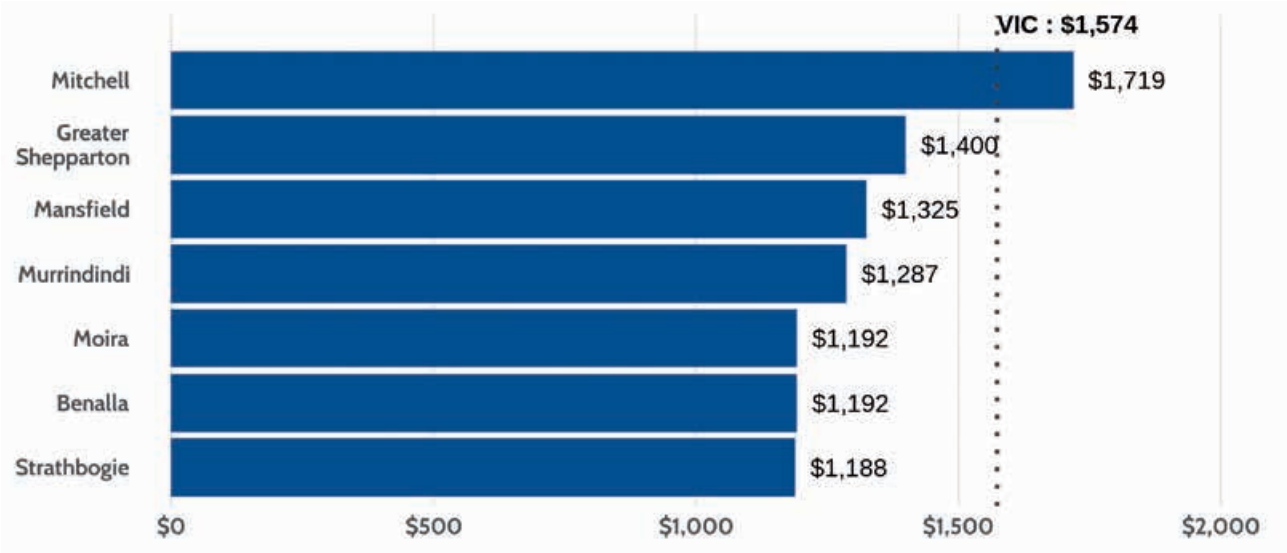



*Source: ABS Census, 2021*

Figure 9 provides an overview of socioeconomic disadvantage across the 7 LGAs in the catchment, using state-ranked deciles for the Index of Relative Socioeconomic Disadvantage (IRSD). This index summarises measures of disadvantage for within a region across areas including; low income households, unemployment, low skill occupations, household composition, poor educational attainment, and others. Each region is then be assigned a ranking relative to other regions within the state. In this case, an LGA in the first decile (1) ranks in the top 10 per cent of LGAs within Victoria in terms of their level of disadvantage, while an LGA in the 10th decile would have the lowest indicators of disadvantage. It does not include measures of socioeconomic advantage. Four LGAs in the GVPHU catchment ranked above the median decile (5) of disadvantage in Victoria. Of these, Benalla, Greater Shepparton and Moira all scored in the second decile, indicating an aggregate measure of disadvantage that is greater than 80 per cent of LGAs in Victoria.

## Households

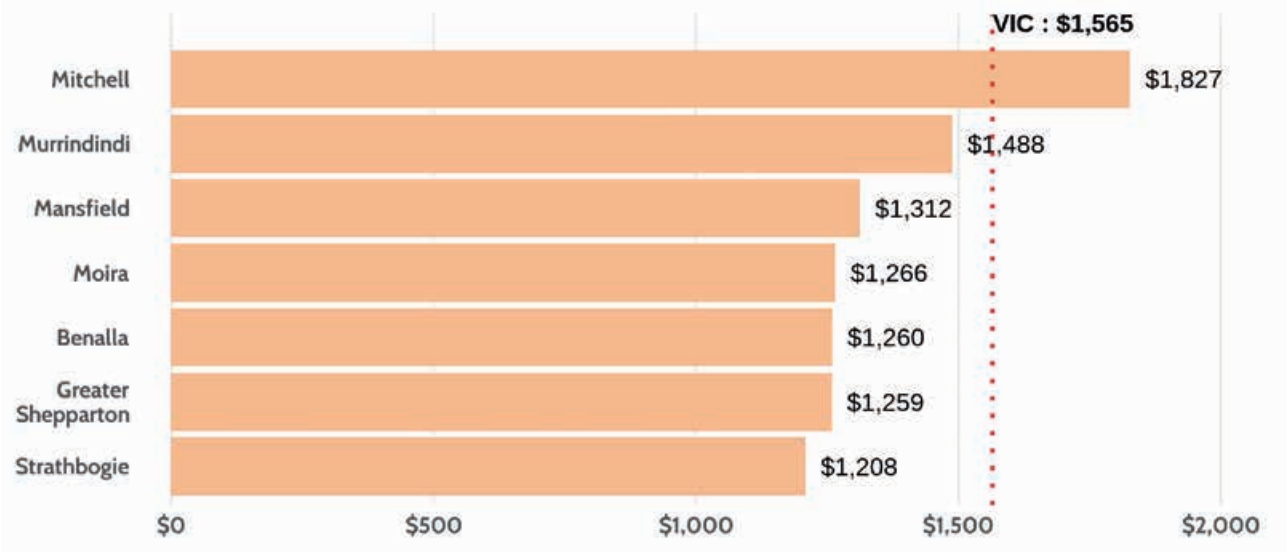
**Figure 10 Median weekly household income, by LGA**




*Source: ABS Census, 2021*

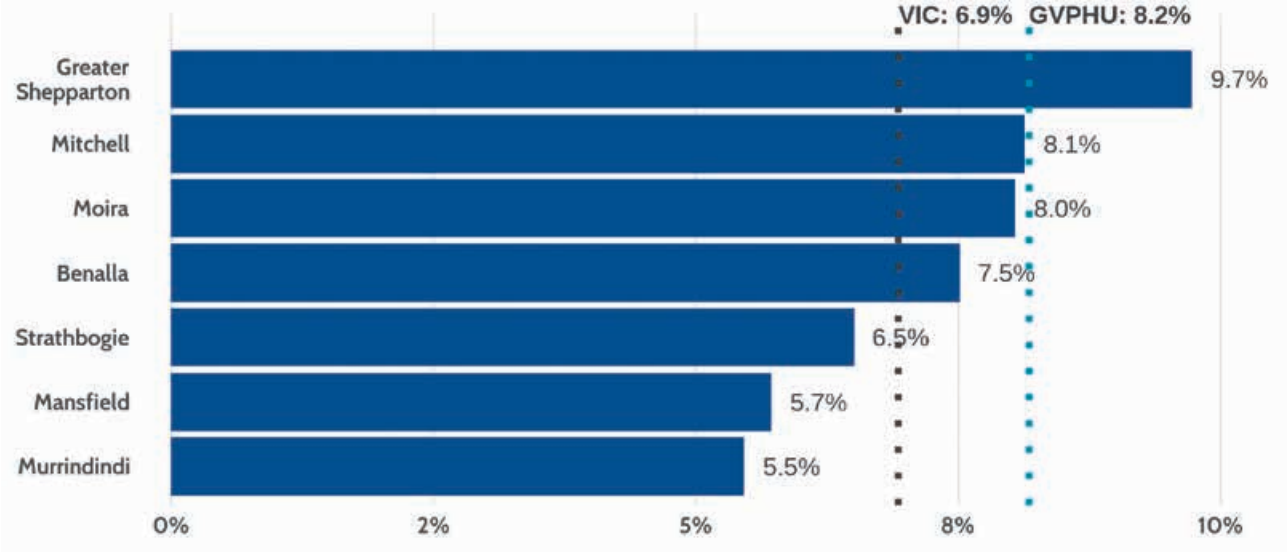
Figure 10 shows median weekly household income was highest in Mitchell ($1,719) and lowest in Strathbogie ($1,188). The median weekly household income for the entire GVPHU catchment was $1,329, lower than the Victorian statewide median of $1,574. A similar trend is seen among Indigenous residents, with most LGAs having lower median household incomes compared to the statewide median for Indigenous households (Figure 11).

**Figure 11 Median weekly household income for Aboriginal and/or Torres Strait Islander persons, by LGA**




*Source: ABS Census, 2021*

**Figure 12 Single household family with dependent children under 15 years by LGA**




*Source: ABS Census, 2021*

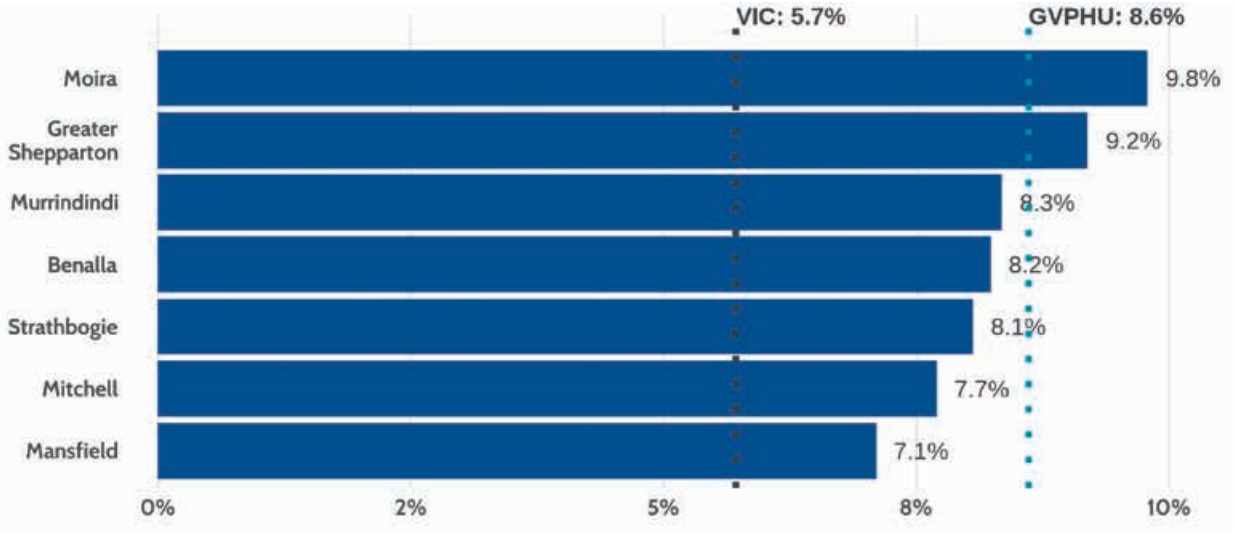
Figure 12 shows the proportion of households composed of a single guardian caring for dependent persons under the age of 15 was highest in Shepparton at 9.7%, followed by Mitchell, Moira and Benalla. The rest of the LGAs in the GVPHU catchment had a lower proportion of single-guardian households than the Victorian state-wide average of 6.9%.

## Employment and education

### *Education*

Education increases opportunities for choice of occupation and for income and job security and equips people with the skills and ability to control many aspects of their lives — key factors that influence wellbeing throughout the life course. Young people completing Year 12 are more likely to make a successful initial transition to further education, training and work than early leavers. Participation in schooling is also a major protective factor across a range of risk factors, including substance misuse, unemployment and homelessness.

**Figure 13 Proportion of the population (aged 15+) whose highest level of school completed was Year 9 or below, or did not go to school**



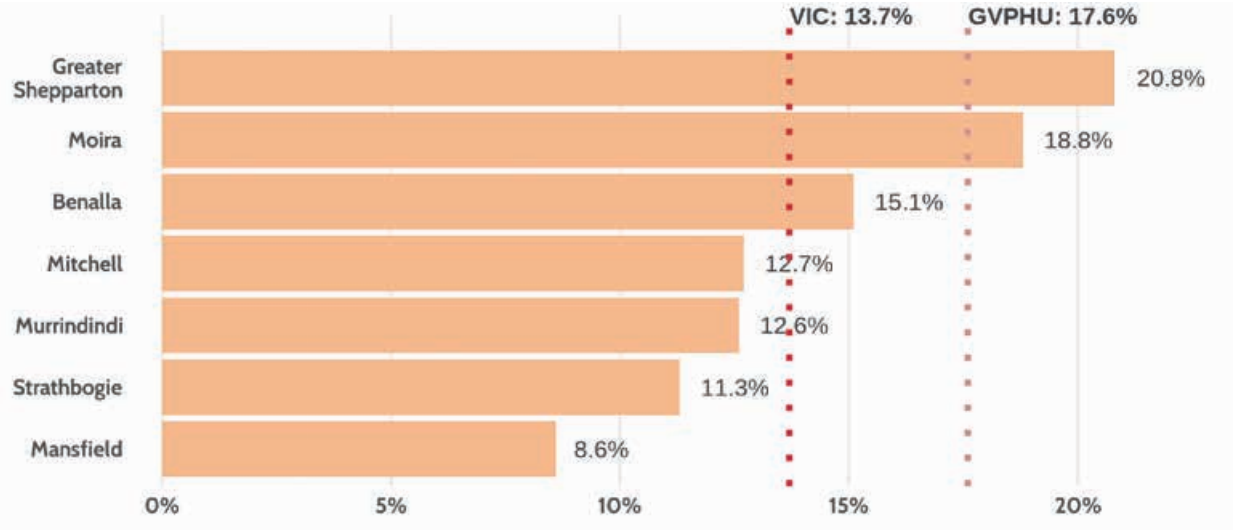

*Source: ABS Census, 2021*

Here we consider people aged over 15 whose highest year of school completed being Year 9 or below, to be early school leavers.

Figure 13 shows 8.6% of the GVPHU catchment were early school leavers, compared with 5.7% across the entire state of Victoria. Every LGA had a higher proportion of early school leavers compared to Victoria, with the lowest in Mansfield (7.1%) and the highest in Moira (9.8%).

Compared to the GVPHU population as a whole, the proportion of early school leavers amongst Aboriginal or Torres Strait Islanders was almost double, at 17.6% (Figure 14). This is also higher than the state-wide figure for Indigenous Australians of 13.7%. However, this is accounted for by larger numbers of early school leavers in Greater Shepparton (20.8%) and Moira (18.8%), whereas most other LGAs had lower proportions compared to their Victorian counterparts.

**Figure 14 Proportion of Aboriginal and Torres Strait Islander (aged 15+) whose highest level of school completed was year 9 or below, or did not go to school**



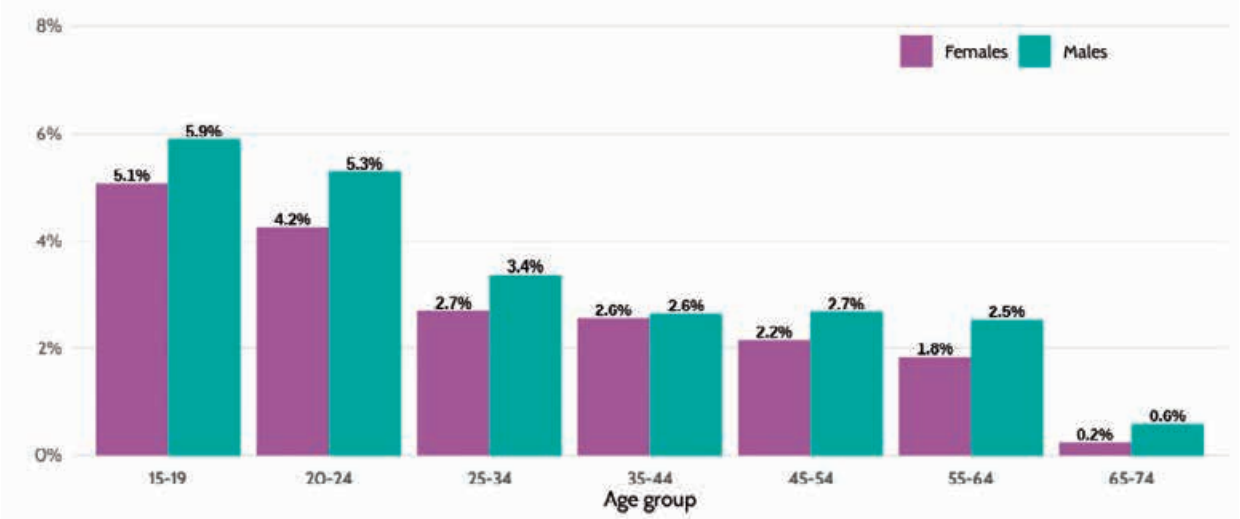

*Source: ABS Census, 2021*

## *Employment*

Unemployment has far-reaching impacts in population health, as it not only affects individuals' financial stability and access to health resources, but it also correlates with increased stress and mental ill-health. Long-term unemployment can lead to a decline in social status, self-esteem, and overall life satisfaction, which can in turn exacerbate mental and physical health problems. Moreover, unemployment can contribute to broader social determinants of health, including increased poverty rates and social inequities, ultimately impacting the health and well-being of entire communities.

The Australia Bureau of Statistics defines unemployment as "all those of working age who were not in employment, carried out activities to seek employment during a specified recent period, and were currently available to take up employment given a job opportunity."

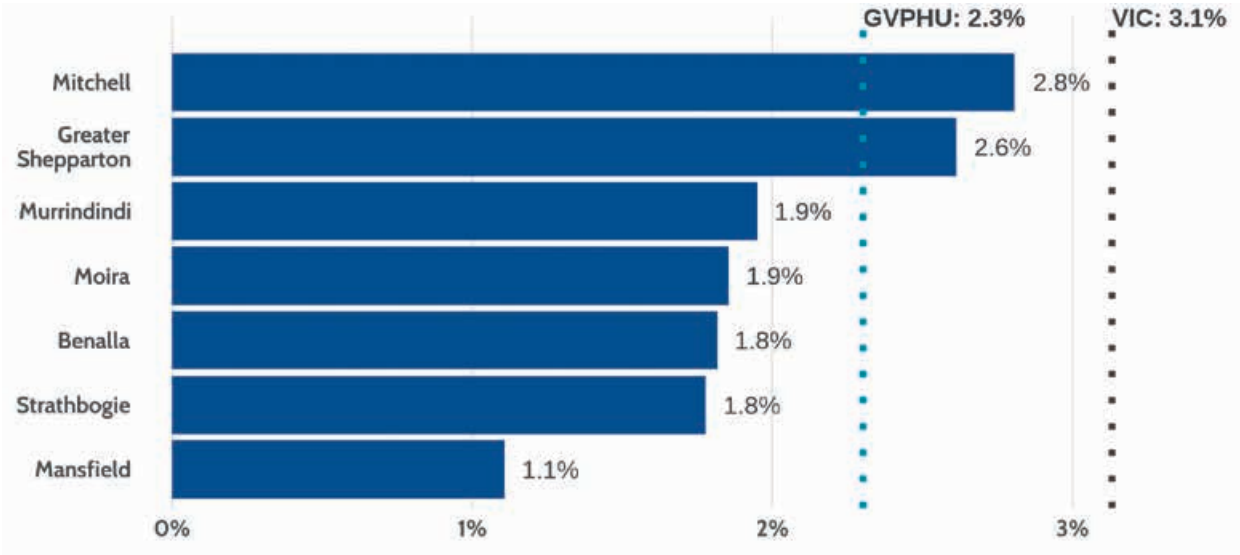
**Figure 15 Unemployment by age group in the GVPHU catchment**




*Source: ABS Census, 2021*

Figure 15 shows that in GVPHU, unemployment rates are highest in those aged 15-19 years and decrease across each aged group to be lowest in those aged 75-84.

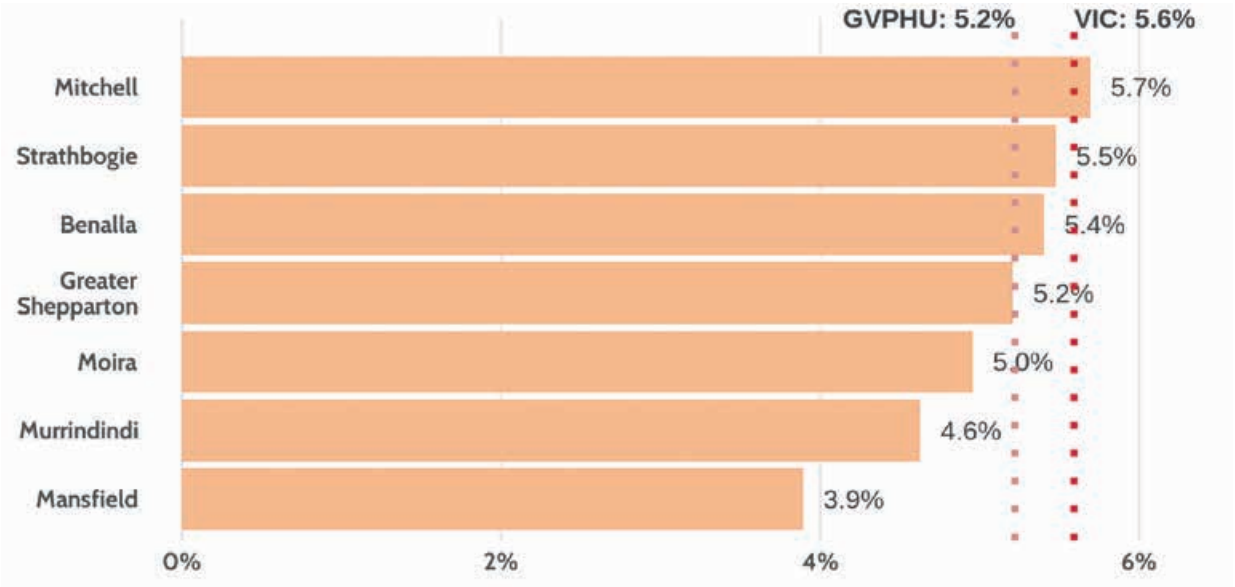
**Figure 16 Percentage of the population (aged 15+) who were unemployed, by LGA**




*Source: ABS Census, 2021*

Figure 16 shows that the unemployment rate for every LGA in the GVPHU catchment is below the Victorian state level of 3.1%.

**Figure 17 Percentage of Aboriginal and/or Torres Strait Islander population (aged 15+) who were unemployed, by LGA**



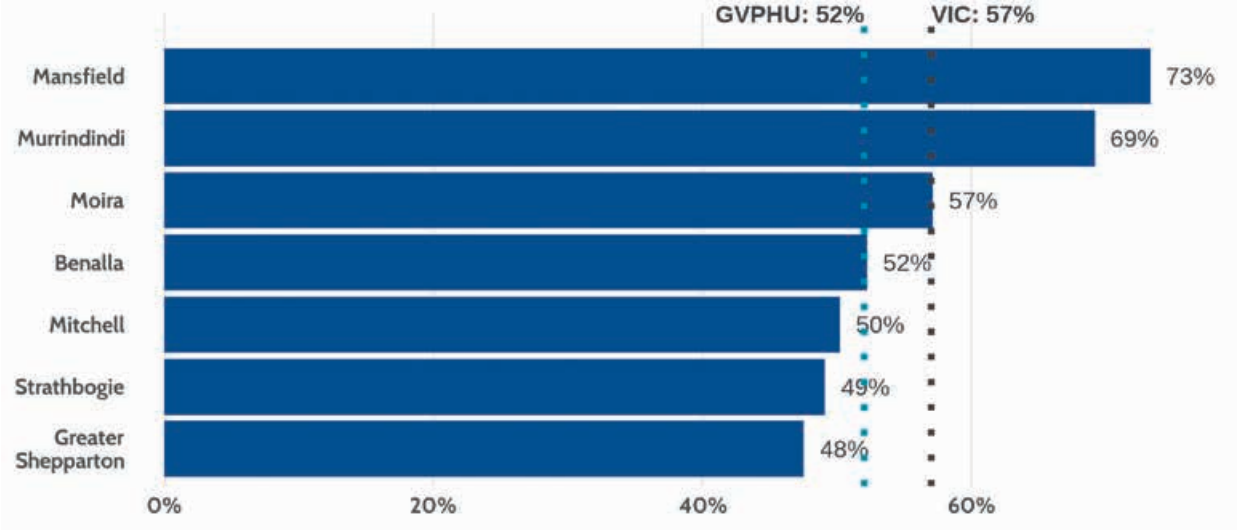

*Source: ABS Census, 2021*

Figure 17 shows that Indigenous residents had higher rates of unemployment compared to the GVPHU population as whole, however they are largely below the state rate of 5.6% for Indigenous Victorians.

## Children early childhood development

The Australian Early Development Census (AEDC) shows how young children have developed as they start their first year of full-time school. Children are assessed as developmentally "on-track", "at risk" or "vulnerable" across five important domains of early childhood development: (1) Physical health and wellbeing; (2) Social competencies, (3) Emotional maturity, (4) Language and cognitive skills; and (5) Communication skills and general knowledge. The results can support communities to understand the local levels of developmental vulnerability and where that vulnerability exists within their community.

**Figure 18 Proportion of children who are developmentally on-track across all five domains**




*Source: AEDC*

Figure 18 demonstrates the percentage of children who were developmentally on-track across all five AEDC domains. LGA performance demonstrates considerable variation around the Victorian state average of 57%, with the highest observed in Mansfield (73%) and the lowest observed in Greater Shepparton (48%).

## 2.3 Health Indicators

### Health conditions

There is a strong link between age and incidence of long-term health conditions, as the proportion of those with a long-term health condition increases with age. Differences in the age profiles of population groups is likely to influence health outcomes. Statistical adjustments can be made to health data to account for the effect of age, however, the data presented here is unadjusted.

**Figure 19 Proportion of the population experiencing selected long-term health conditions by LGA**

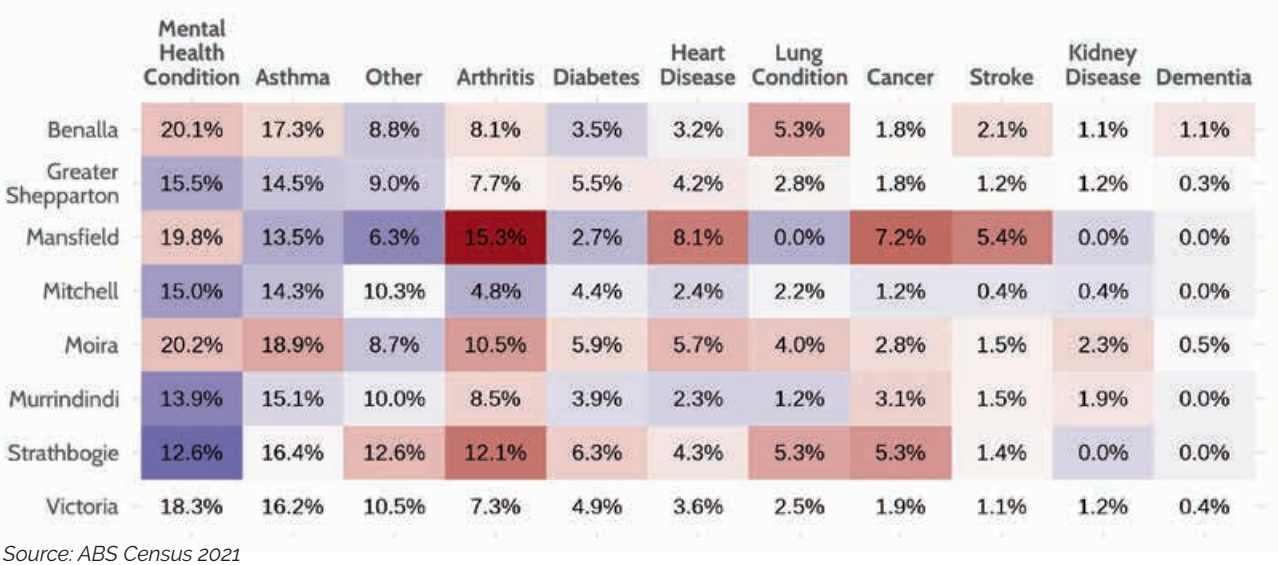
| | Arthritis | Mental Health Condition | Asthma | Other | Diabetes | Heart Disease | Cancer | Lung Condition | Stroke | Kidney Disease | Dementia |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Benalla | 13.6% | 11.4% | 10.9% | 8.8% | 6.7% | 6.5% | 4.2% | 3.6% | 1.6% | 1.6% | 1.1% |
| Greater Shepparton | 11.1% | 10.1% | 9.7% | 8.5% | 5.4% | 4.8% | 3.3% | 2.1% | 1.2% | 1.2% | 0.8% |
| Mansfield | 10.5% | 8.3% | 8.1% | 8.2% | 4.4% | 5.1% | 4.0% | 2.2% | 1.4% | 1.2% | 0.7% |
| Mitchell | 9.1% | 10.0% | 9.7% | 8.2% | 5.2% | 4.0% | 2.8% | 2.0% | 0.9% | 1.0% | 0.5% |
| Moira | 13.8% | 10.9% | 9.9% | 8.2% | 6.3% | 6.0% | 4.1% | 3.4% | 1.5% | 1.4% | 1.1% |
| Murrindindi | 13.1% | 10.1% | 9.5% | 8.5% | 5.5% | 5.3% | 4.3% | 2.7% | 1.4% | 1.3% | 0.6% |
| Strathbogie | 13.9% | 9.6% | 8.7% | 8.2% | 5.6% | 6.6% | 4.8% | 2.8% | 1.5% | 1.4% | 1.1% |
| Victoria | 8.0% | 8.8% | 8.4% | 8.0% | 4.7% | 3.7% | 2.8% | 1.5% | 0.9% | 0.9% | 0.7% |

*Source: ABS Census 2021*

*Note: darker red colour indicates higher proportions compared to Victoria.*

Figure 19 shows that, of the LGAs in the GVPHU catchment, Benalla had the highest rates for seven of the ten long-term health conditions reported in the census data, with Strathbogie having the highest rates in the remaining three conditions. Arthritis, Mental Health Conditions and Asthma are the most prevalent across the GVPHU population of the selected chronic conditions.

**Figure 20 Proportion of Aboriginal and/or Torres Strait Islander population with selected long-term health conditions by LGA**



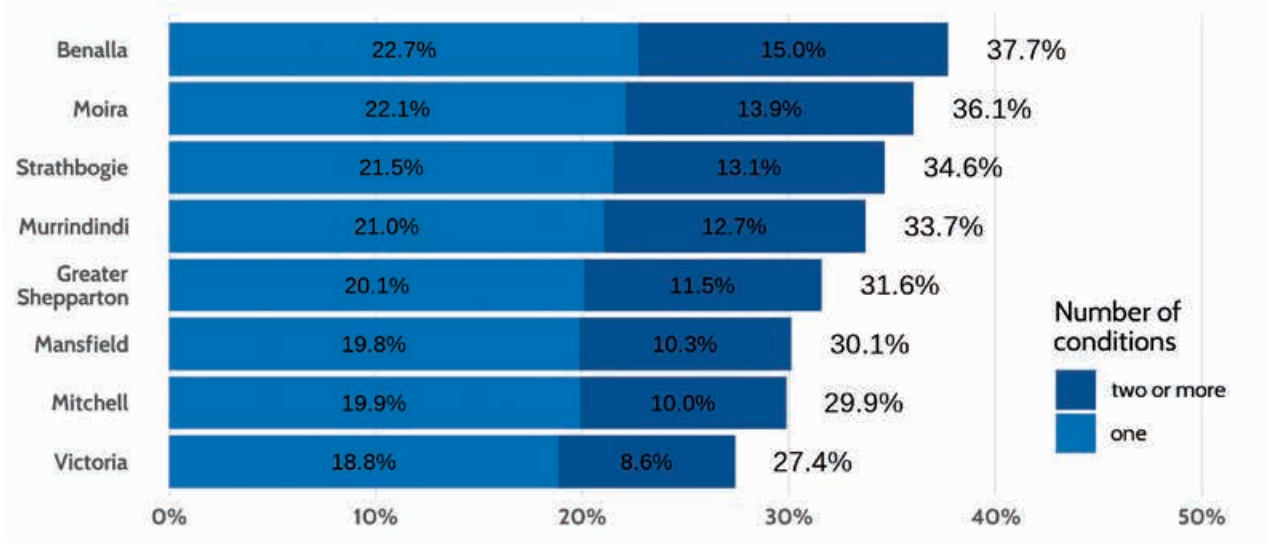
| | Mental Health Condition | Asthma | Other | Arthritis | Diabetes | Heart Disease | Lung Condition | Cancer | Stroke | Kidney Disease | Dementia |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Benalla | 20.1% | 17.3% | 8.8% | 8.1% | 3.5% | 3.2% | 5.3% | 1.8% | 2.1% | 1.1% | 1.1% |
| Greater Shepparton | 15.5% | 14.5% | 9.0% | 7.7% | 5.5% | 4.2% | 2.8% | 1.8% | 1.2% | 1.2% | 0.3% |
| Mansfield | 19.8% | 13.5% | 6.3% | 15.3% | 2.7% | 8.1% | 0.0% | 7.2% | 5.4% | 0.0% | 0.0% |
| Mitchell | 15.0% | 14.3% | 10.3% | 4.8% | 4.4% | 2.4% | 2.2% | 1.2% | 0.4% | 0.4% | 0.0% |
| Moira | 20.2% | 18.9% | 8.7% | 10.5% | 5.9% | 5.7% | 4.0% | 2.8% | 1.5% | 2.3% | 0.5% |
| Murrindindi | 13.9% | 15.1% | 10.0% | 8.5% | 3.9% | 2.3% | 1.2% | 3.1% | 1.5% | 1.9% | 0.0% |
| Strathbogie | 12.6% | 16.4% | 12.6% | 12.1% | 6.3% | 4.3% | 5.3% | 5.3% | 1.4% | 0.0% | 0.0% |
| Victoria | 18.3% | 16.2% | 10.5% | 7.3% | 4.9% | 3.6% | 2.5% | 1.9% | 1.1% | 1.2% | 0.4% |

*Source: ABS Census 2021*

*Note: darker red colour indicates higher proportions compared to Aboriginal and/or Torres Strait Islander population of Victoria. Darker purple colour indicates lower proportions.*

Figure 20 indicates that Mental Health Conditions and Asthma were the most common long-term health conditions for Aboriginal or Torres Strait Islander residents. Many of these long-term health conditions are more prevalent amongst Indigenous residents compared to the rest of the GVPHU population.

**Figure 21 Proportion of population with one or more selected long-term health conditions**

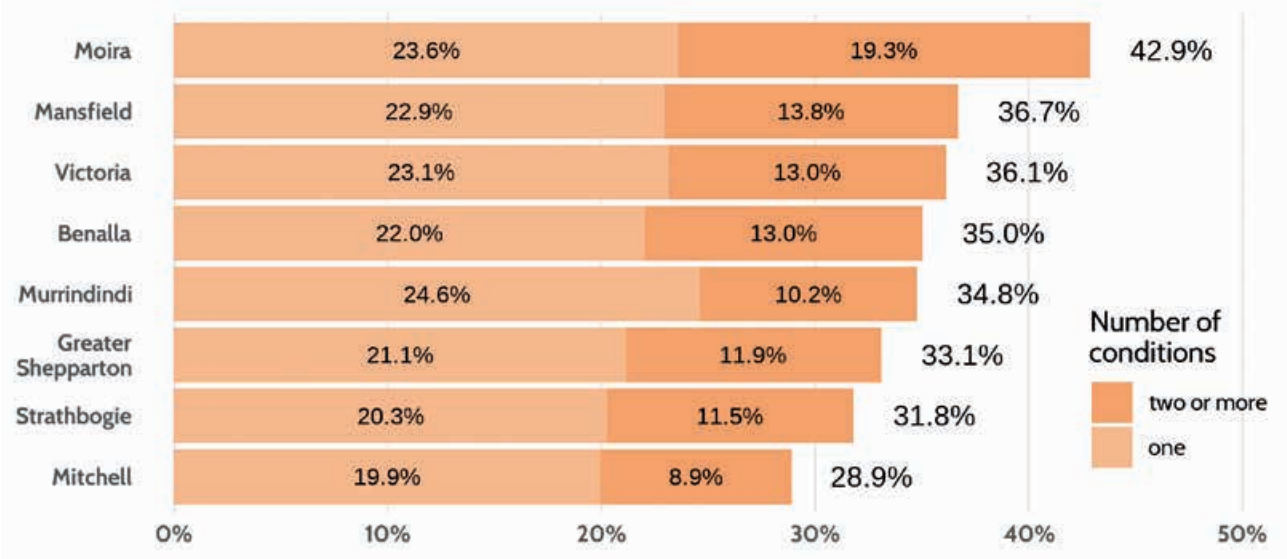



*Source: ABS Census 2021*

*Note: Selected long-term health conditions are as indicated in Figure 15. The category "Other" long-term health conditions are not included in this count.*

Figure 21 demonstrates that all LGAs in the GVPHU catchment had a higher proportion of the population living with at least one chronic health condition than the Victorian state-wide average of 27.4%. The highest proportion is seen in Benalla at 37.7%. In contrast, for Indigenous residents, only Moira and Mansfield had higher proportions with one or more chronic health conditions compared to their Victorian state-wide counterparts (Figure 22).

**Figure 22 Proportion of Aboriginal and/or Torres Strait Islander population with one or more selected long-term health conditions by LGA**

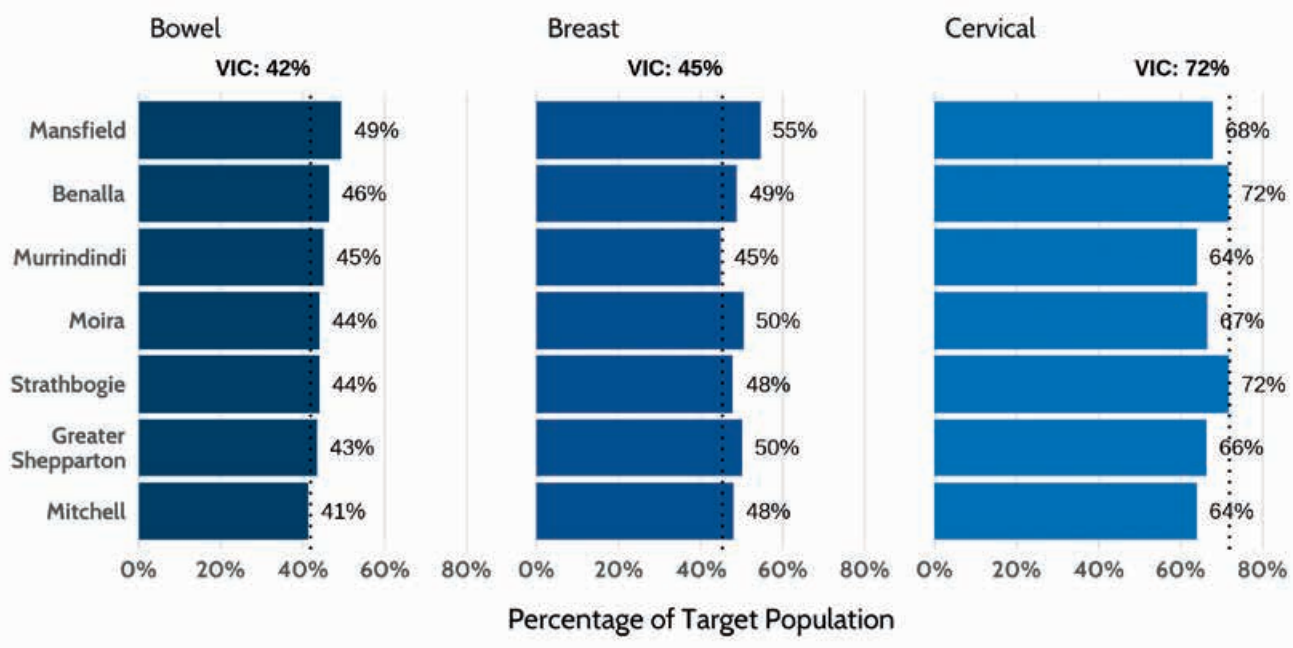



*Source: ABS Census 2021*

*Note: Selected long-term health conditions are as indicated in Figure 20. The category "Other" long-term health conditions are not included in this count.*

## Cancer

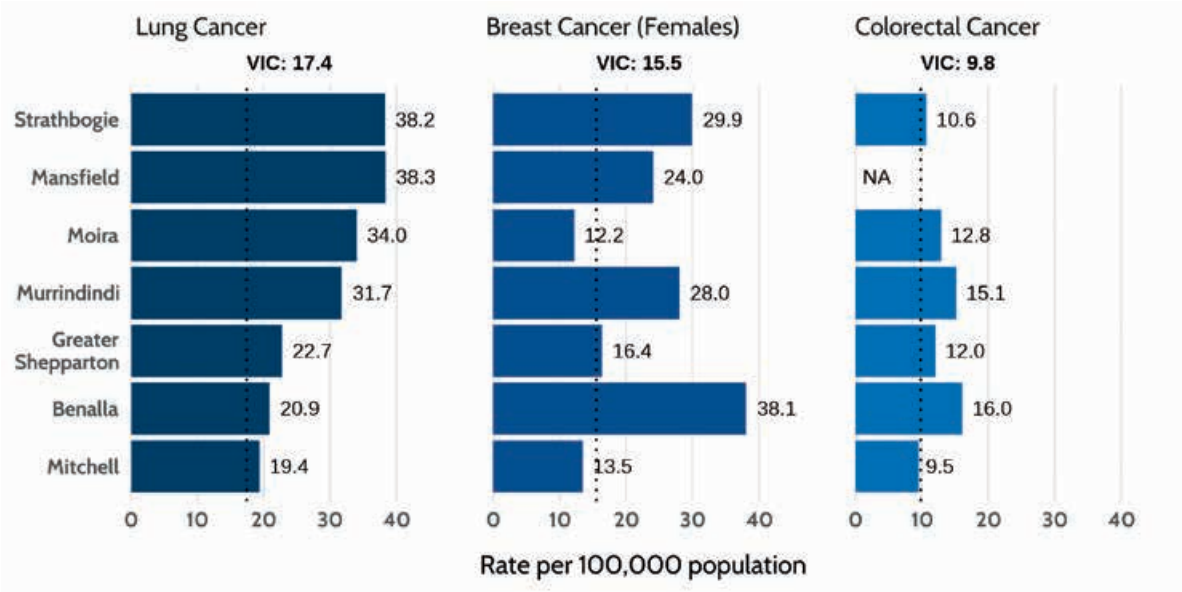
**Figure 23 Cancer screening participation — bowel & breast cancer 2020-2021, cervical 2017-2021**




*Source: Compiled by Australian Centre for the Prevention of Cervical Cancer based on data from National Cancer Screening Register and BreastScreen Victoria, 2022*

Figure 23 indicates all LGAs in the GVPHU had similar or slightly higher uptake of recommended bowel cancer screening compared to the Victorian rate of 42% of the target population. Similarly for breast cancer screening, all LGAs showed a participation rates which were equal to or higher than the Victorian state average of 45%. In contrast, across all LGAs, cervical cancer screening uptake was equal to or lower than the Victorian state average of 72% of the target population.

**Figure 24 Premature death due to cancer, 2016–2020**



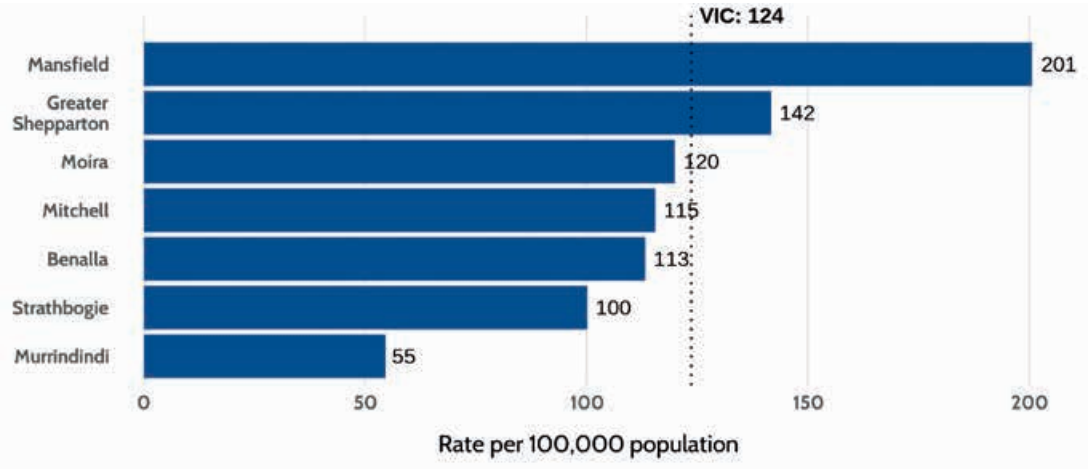

*Source: Based on data compiled by PHIDU from Registries of Births, Deaths and Marriages and the National Coronial Information System.*

*Note: rates based on counts less than 5 are suppressed (NA)*

Figure 24 demonstrates calculated annual rate of premature death (before the age of 75) from lung, breast and colorectal cancer per 100 000 population in each LGA. All LGAs in the GVPHU catchment have a rate of premature death from lung cancer which is higher than the Victorian state rate of 17.4 deaths per 100 000 population, with the highest rate occurring in Strathbogie and Mansfield. Benalla has the highest rate of premature death from breast cancer and colorectal cancer in the GVPHU catchment.

## Healthcare access

**Figure 25 General Practitioners per capita**



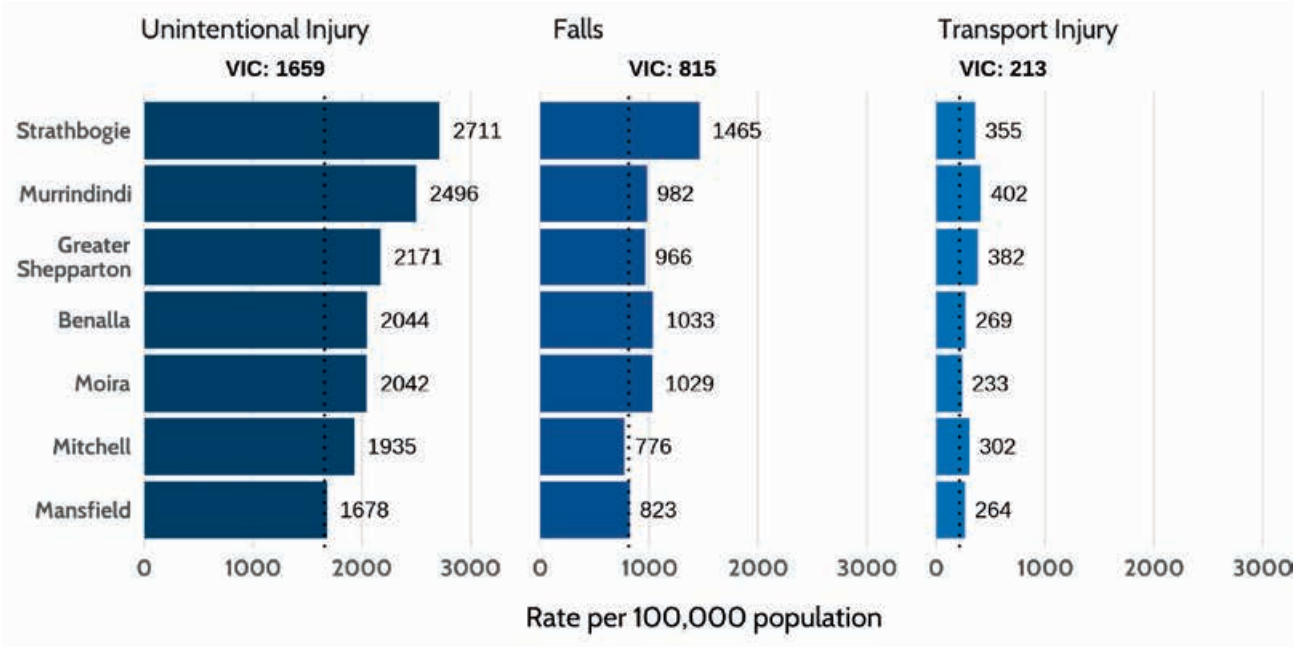

*Source: Compiled by PHIDU based on data from the National Health Workforce Dataset, 2020*

Figure 25 demonstrates that there is considerable variability in the number of General Practitioners per capita in each LGA, with the highest rate occurring in Mansfield (201 per 100 000 population) and the lowest occurring in Murrindindi (55 per 100 000 population).

## 2.4 Priority Domains

### Reducing injury in the community

**Figure 26 Hospital admissions for unintentional injury, 2020**



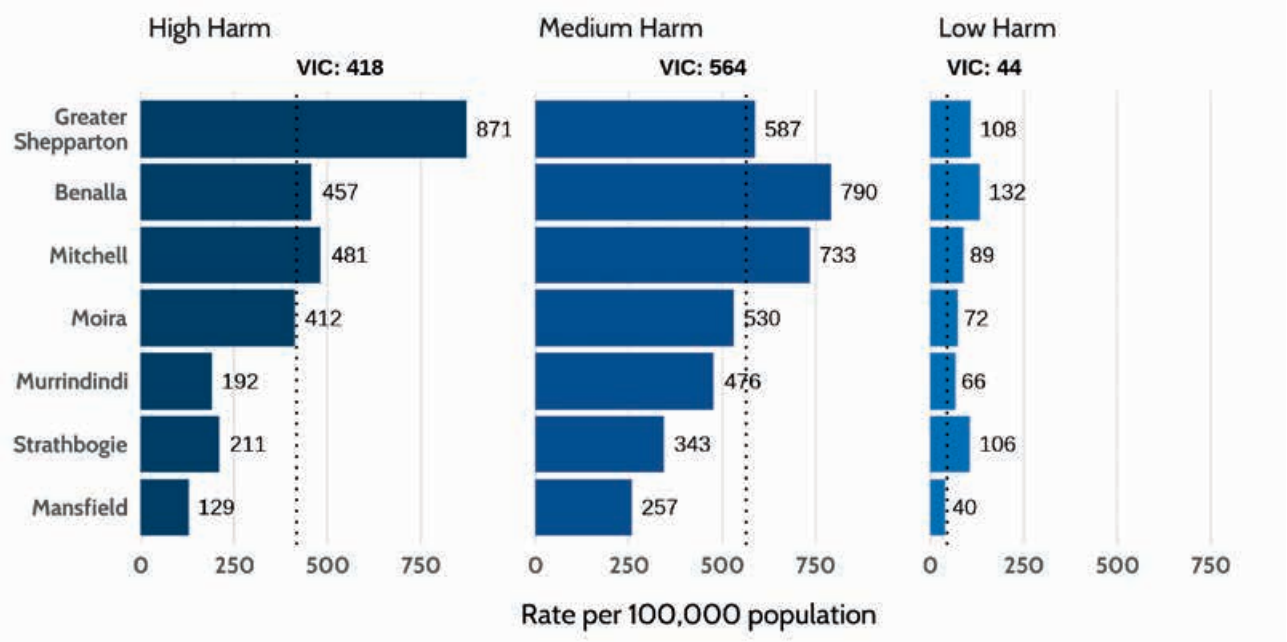

*Source: Victorian Injury Atlas 2020*

Figure 26 shows that, as of the Year 2020, all LGAs in the GVPHU catchment with the exception of Mansfield experienced higher levels of hospital admission for unintentional injury than the Victorian state-wide rate of 1659 events per 100 000 population. Admissions for falls were highest in Strathbogie. All LGAs had rates of admissions for transport-related injuries that were higher than the Victorian state-wide rate, with the highest rate seen in Murrindindi (402 events per 100 000 population) and the lowest in Moira (233 events per 100 000 population).

## Preventing all forms of violence

The Crime Statistics Agency reports on category A offences: crimes against the person. These are further separated based on perceived impact to a victim. 'High harm' includes homicide, serious assault and sexual offences. 'Medium harm' includes common assault and stalking. 'Low harm' includes harassment and public nuisance.

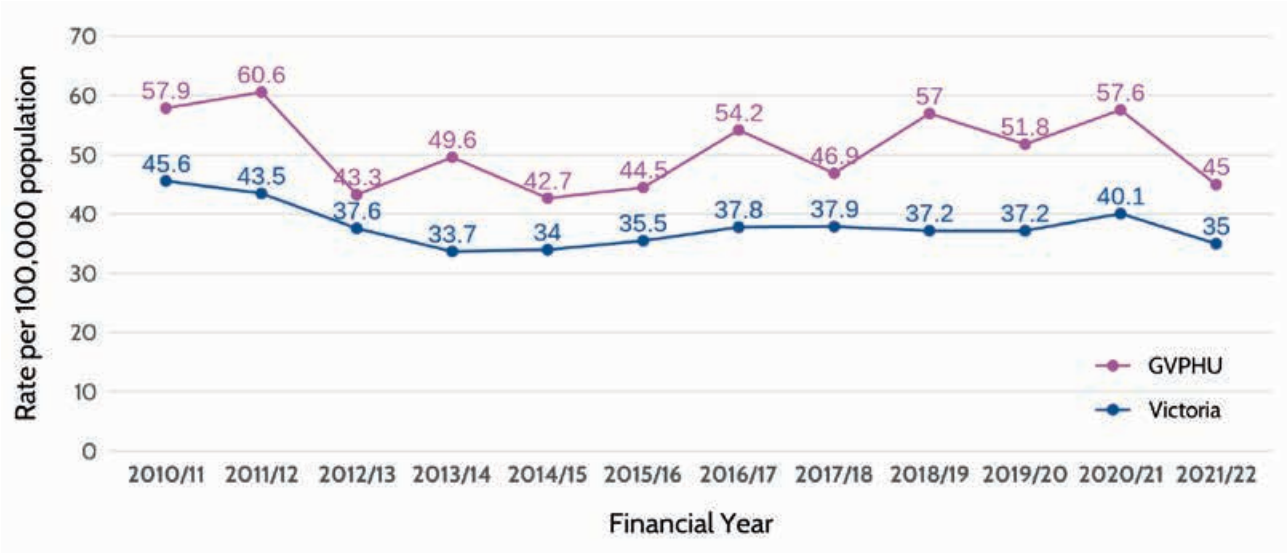
**Figure 27 Incidence of victim reports for crimes against the person by harm category in each LGA, 2022**




*Source: Crime Statistics Agency 2022*

Figure 27 indicates that Greater Shepparton had the highest rate of 'high harm' crime, with 871 victim reports per 100 000 population in 2022 — more than double that of Victoria. This rate may be in part due to a single offender who committed over 300 offences during this time period. It should be noted that without these, Greater Shepparton's rate is still above the Victorian average. All LGAs, excluding Mansfield, have a higher rate of 'low harm' crimes per 100 000 population than the state-wide average, with four recording more than double that of the Victorian average.

**Figure 28 Age-standardised rates of hospital admissions due to assault in the GVPHU and Victoria**

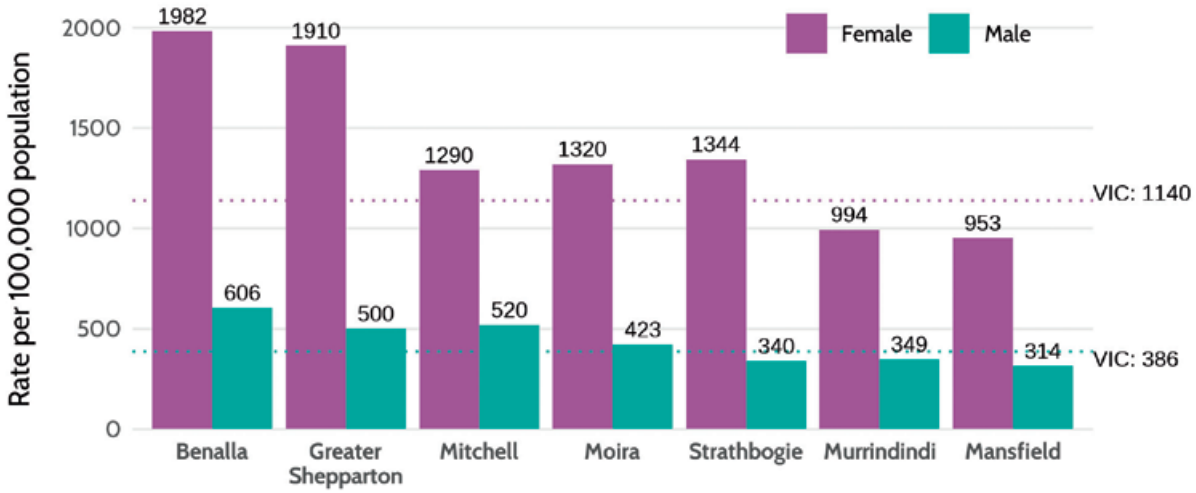



*Source: VPHWOF report*

*Note: data is excluding same-day admissions*

Figure 28 shows that rates of hospitalisation due to assault in the GVPHU catchment have been persistently higher than the Victorian average for the past decade.

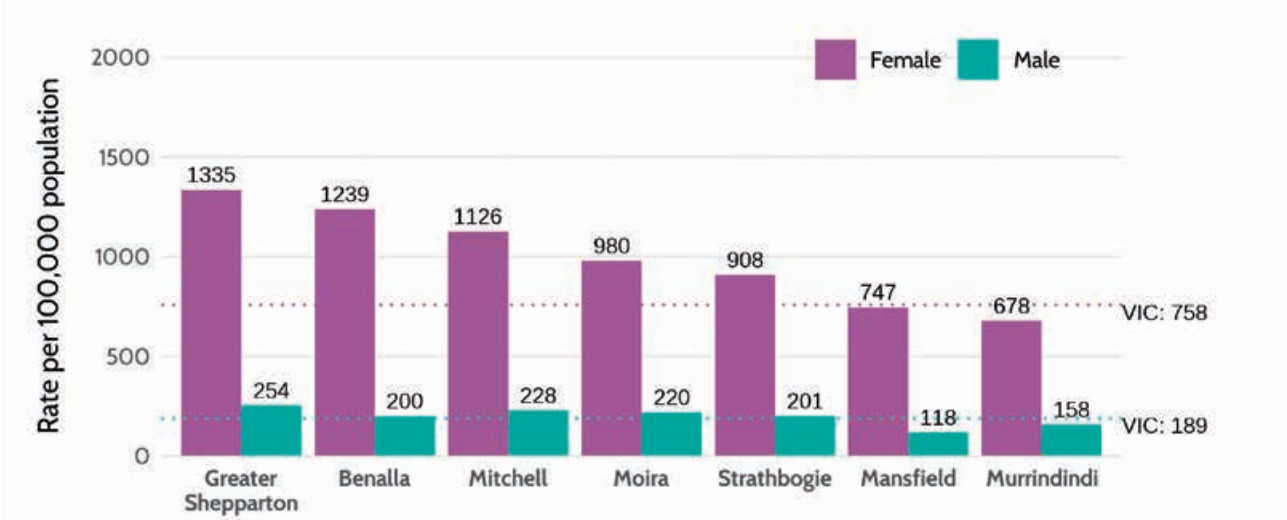
**Figure 29 Rates of family violence by LGA and gender of affected family member, 2021**




*Source: Victorian Women's Health Atlas 2021*

Figure 29 demonstrates that rates of family violence perpetrated against females are many times higher in every LGA in the GVPHU catchment than the Victorian averages for both female and male victims. Reported events of family violence with female victims were three to four times more common than those with male victims in every LGA. The highest rate was seen in Benalla with 1982 reported events per 100 000 population per year committed against females and 606 reported events per 100 000 population per year committed against males.

**Figure 30 Rates of Intimate partner violence by gender of victim and LGA, 2021**

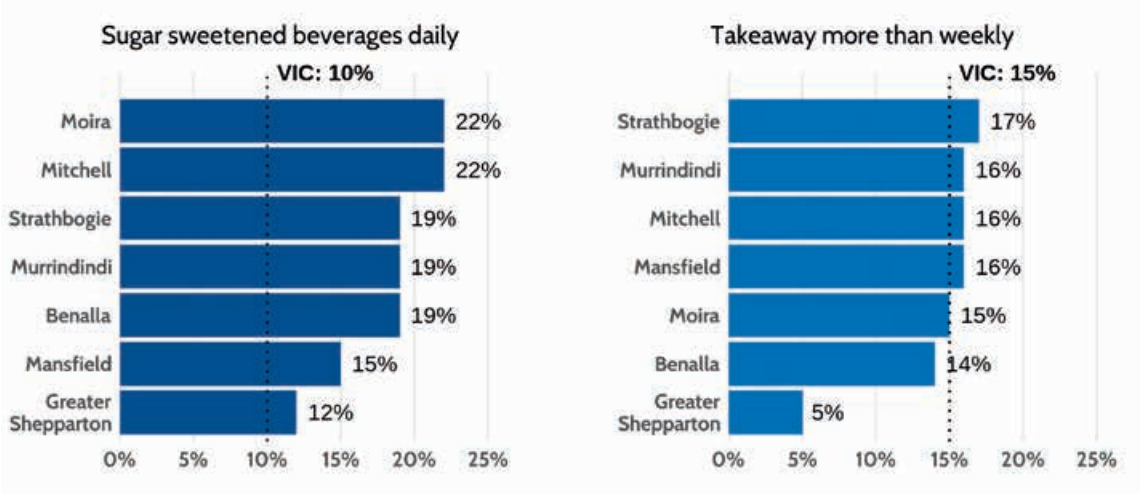



*Source: Victorian Women's Health Atlas*

Figure 30 shows that Greater Shepparton has the highest rate of intimate partner violence perpetrated against both females and males of all LGAs in the GVPHU catchment.

## Increasing healthy eating

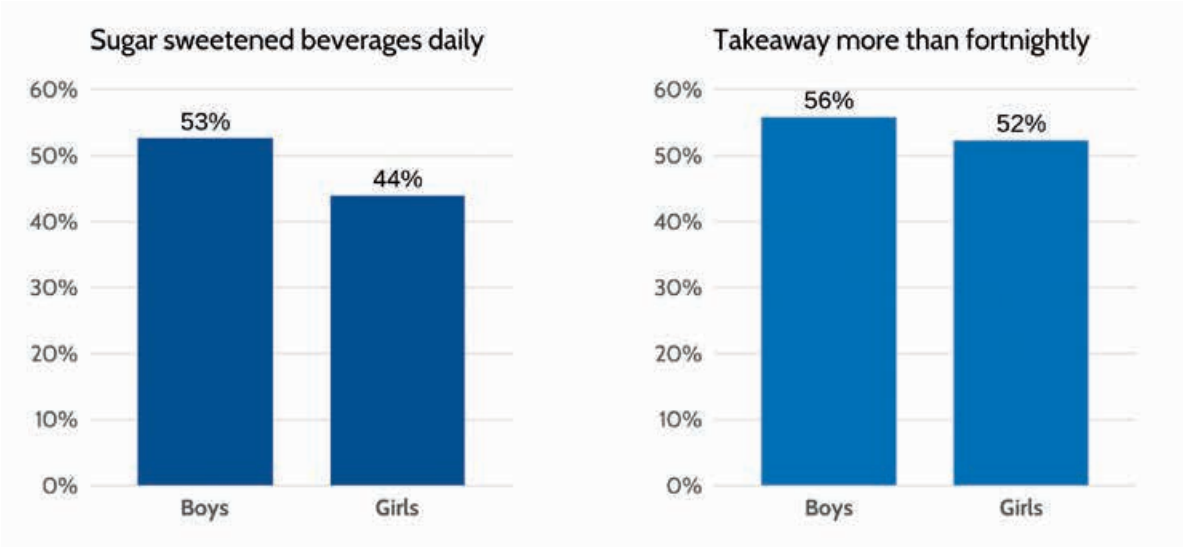
**Figure 31 Age-standardised proportion of adults who consumed sugar sweetened beverages more than once per day, or consumed takeaway food more than once per week.**




*Source: VPHS 2017*

Figure 31 indicates that, all LGAs in the GVPHU catchment have a greater proportion of the population that consume sugar-sweetened beverages (SSBs) on a daily basis compared to the statewide value of 10%. Moira and Mitchell are the LGAs with the highest proportion of daily consumers of SSBs (22%), while Greater Shepparton has the lowest proportion of daily consumers (12%). Data from the VPHS indicated Strathbogie is the LGA with the highest proportion of the population consuming takeaway food more than once per week (17%) and Greater Shepparton is the LGA with lowest proportion (5%).

**Figure 32 Proportion of grade 4 & 6 students who consumed sugar sweetened beverages daily and had takeaway more than fortnightly, 2022**




*Source: RESPOND 2022*

Figure 32 shows data from the RESPOND study of primary school students in grades 4 and 6 across the GVPHU catchment. It indicates that 53% of male students and 44% of female students consumed at least one SSB per day. The RESPOND study also indicated that 56% of male students and 52% of female students surveyed consumed takeaway food more than once per fortnight.

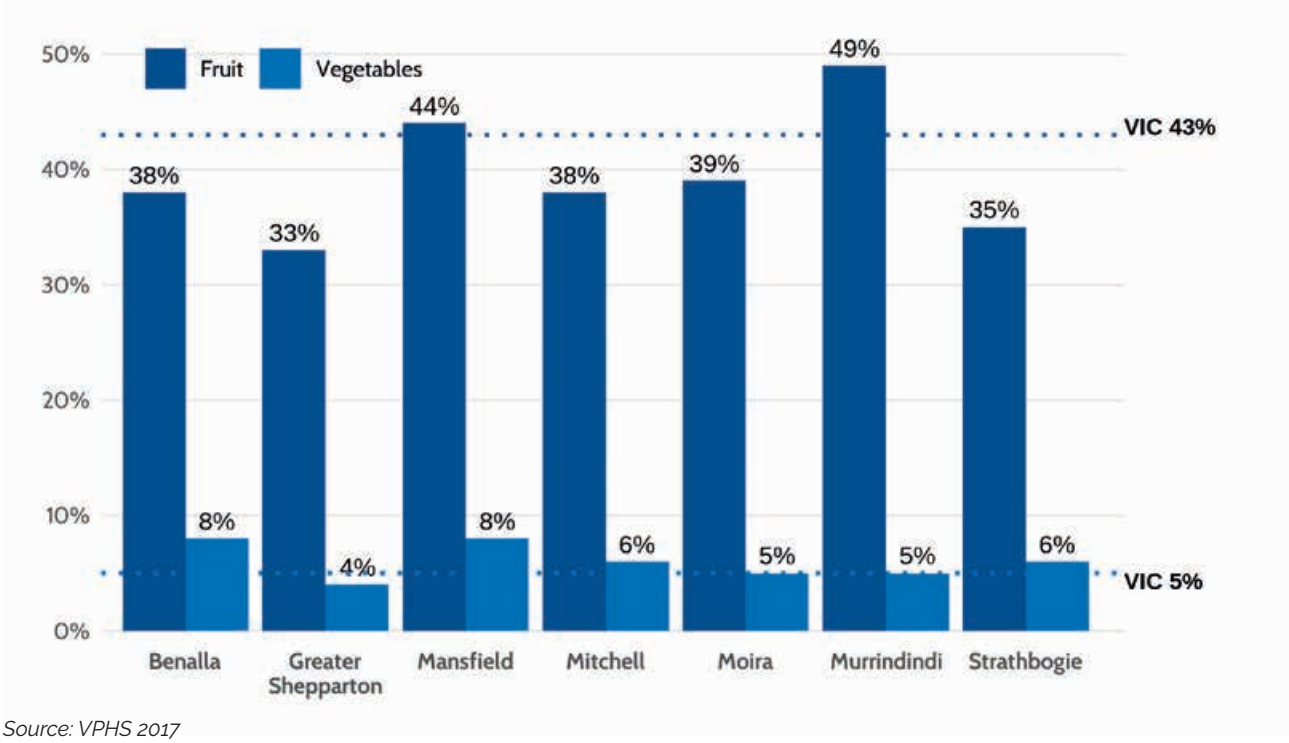
The National Health and Medical Research Council guidelines recommend minimum serving of fruit consumption per day (10):

- 1 for children aged 2–3
- 1½ for children aged 4–8
- 2 for people aged 9 and over

The minimum recommended number of serves of vegetables per day is:

- 2½ for children aged 2–3
- 4½ for children aged 4–8
- 5 for children aged 9–11, females aged 12 and over and males aged 70 and over
- 5½ for males aged 12–18 and 51–70 years
- 6 for males aged 19–50

**Figure 33 Age-standardised proportion of adults who complied with fruit and vegetable guidelines**




*Source: VPHS 2017*

Figure 33 demonstrates that compliance with the fruit and vegetable consumption guidelines in GVPHU is distributed around the Victorian state-wide average and demonstrates considerable variation between LGAs. The lowest proportion of the population consuming the recommended daily serving of vegetables and fruit is seen in the LGA of Greater Shepparton at 33% and 4% respectively.

**Figure 34 Proportion of grade 4 & 6 students meeting fruit and vegetable guidelines, GVPHU, 2022**

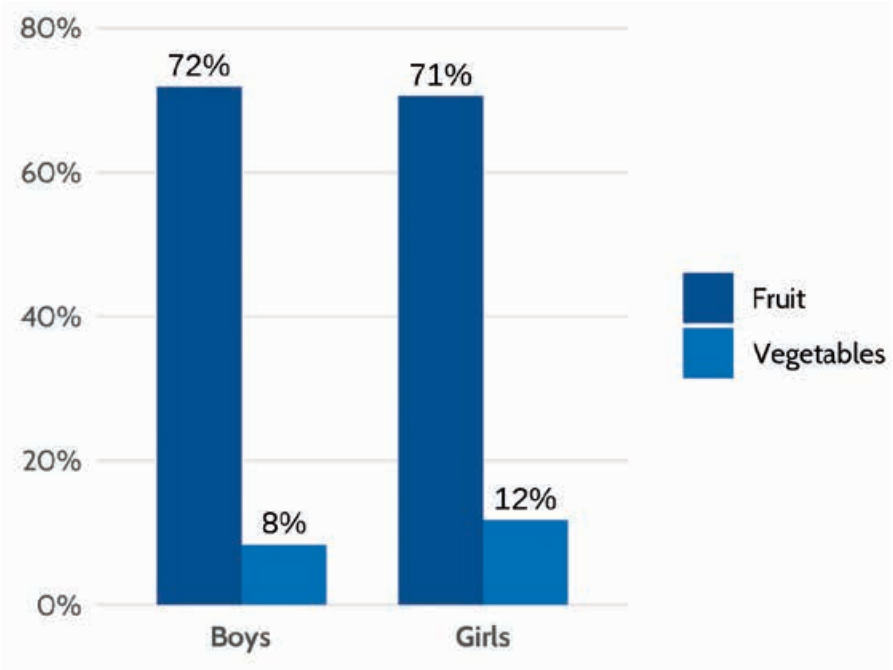



Figure 34 shows data from the RESPOND study of primary school students in grades 4 and 6 which indicated that 72% of male students surveyed and 71% of female students surveyed met fruit intake guidelines and 8% of male students surveyed and 12% of female students surveyed met vegetable intake guidelines.

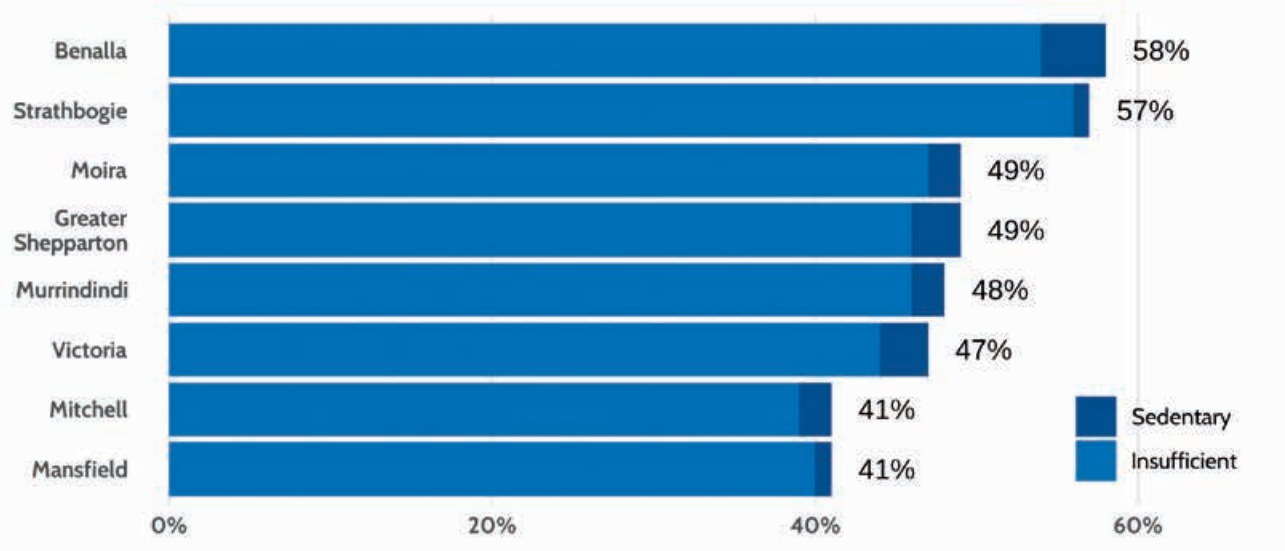
*Source: RESPOND 2022*

## Increasing active living

Australian national guidelines for physical activity are defined by the Department of Health and Aged Care for each of the following aged groups (11):

- 5-17 years old — 60 minutes of moderate to vigorous physical activity per day
- 18-64 years old — at least 2.5 hours of moderate intensity physical activity and 1.25 hours of vigorous intensity physical activity per week
- 65+ years old — at least 30 minutes of moderate intensity physical activity on most days

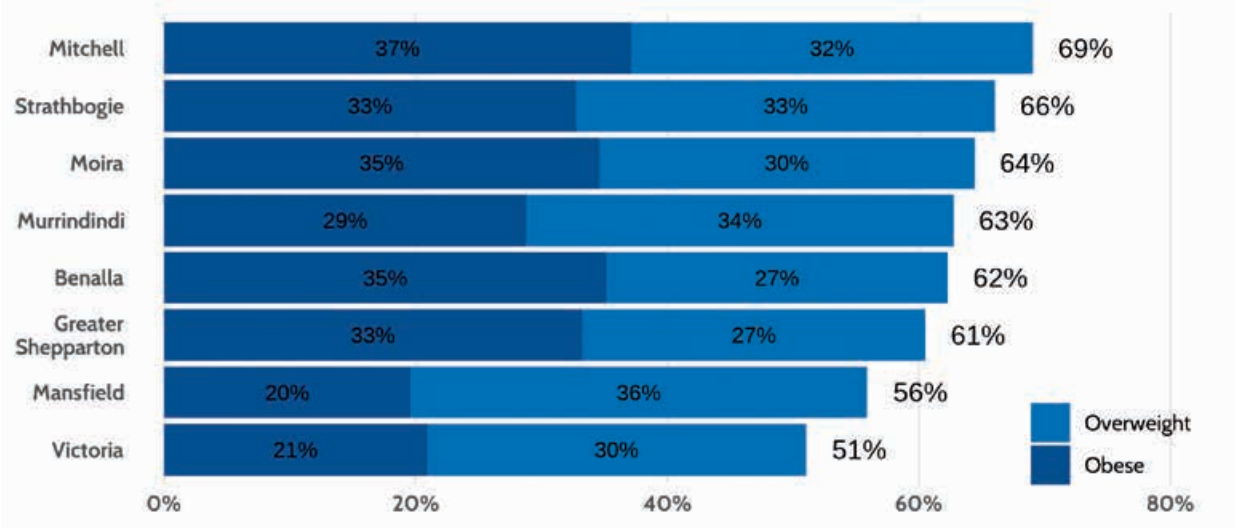
**Figure 35 Age-standardised proportion of adults with insufficient physical activity and sedentary behaviour**




*Source: VPHS 2017*

Figure 35 shows that the LGAs in the GVPHU catchment with the highest proportions of the population performing insufficient physical activity are Benalla with 58% and Strathbogie with 57%. Mansfield and Mitchell are the LGAs in the GVPHU catchment with the lowest proportion of the population who do not meet physical activity guidelines (41%).

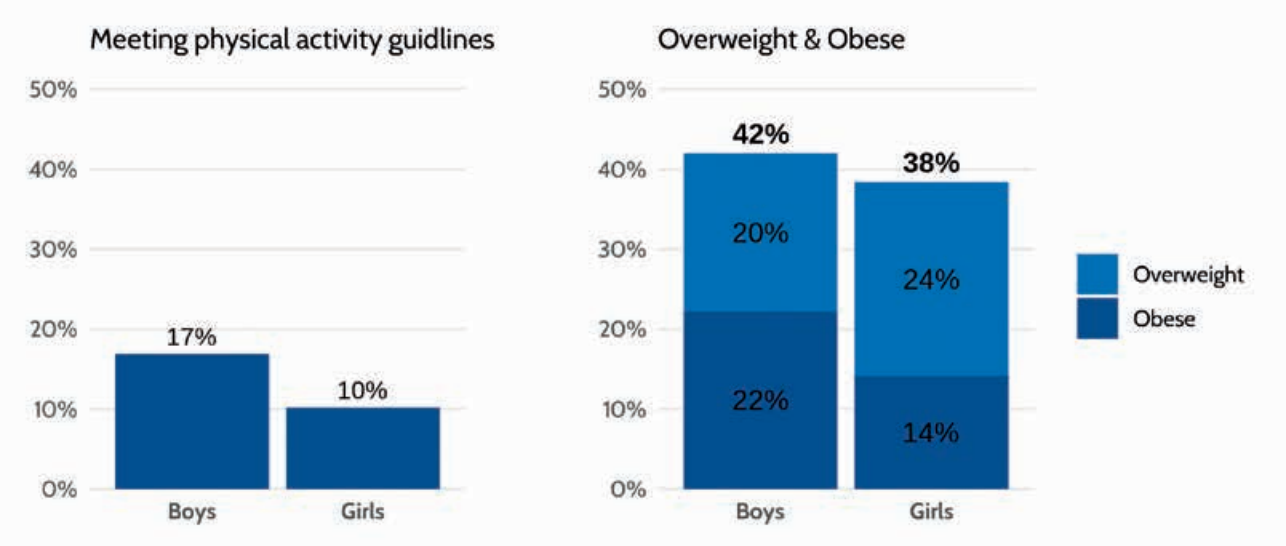
**Figure 36 Age-standardised proportion of adults who are overweight or obese**




*Source: VPHS 2020*

Figure 36 shows that data from the VPHS indicates that all LGAs in the GVPHU catchment have a greater proportion of the population which are either overweight or obese than the state-wide average in Victoria. This combined total is greatest in Mitchell (69%) and smallest in Mansfield (56%).

**Figure 37 Proportion of primary school students meeting physical activity guidelines, overweight & obese.**

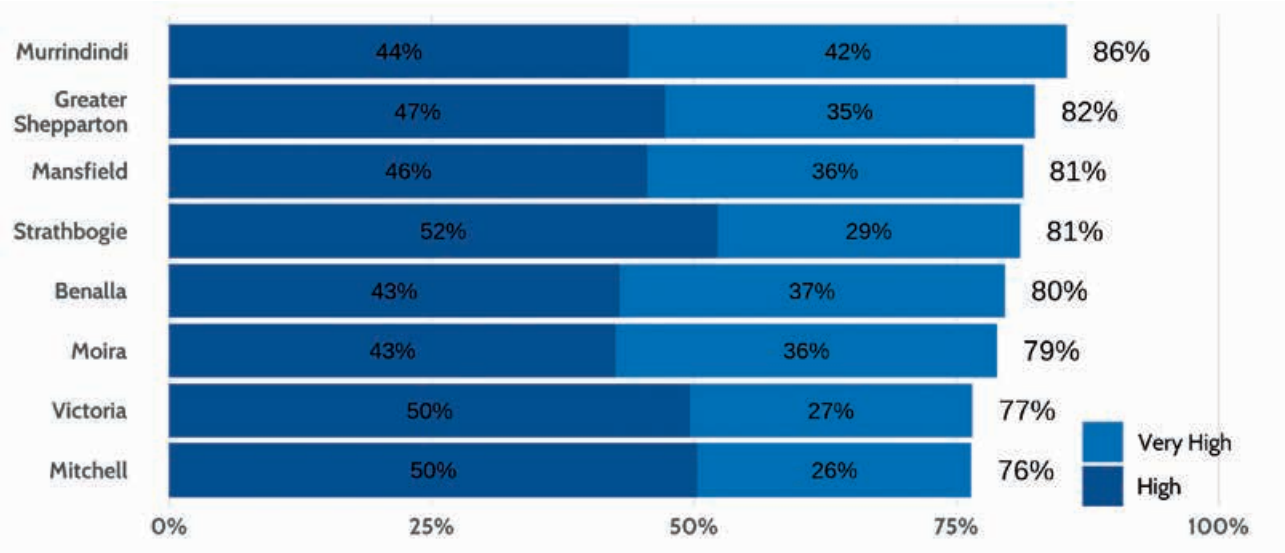



*Source: RESPOND 2022*

Figure 37 shows data from the RESPOND study which indicates that 83% of male and 90% of female primary school students (year 4 & 6) surveyed did not meet physical activity guidelines. Furthermore, 42% of males and 38% of females (year 2, 4 & 6) were either overweight or obese in the GVPHU catchment.

## Improving mental wellbeing

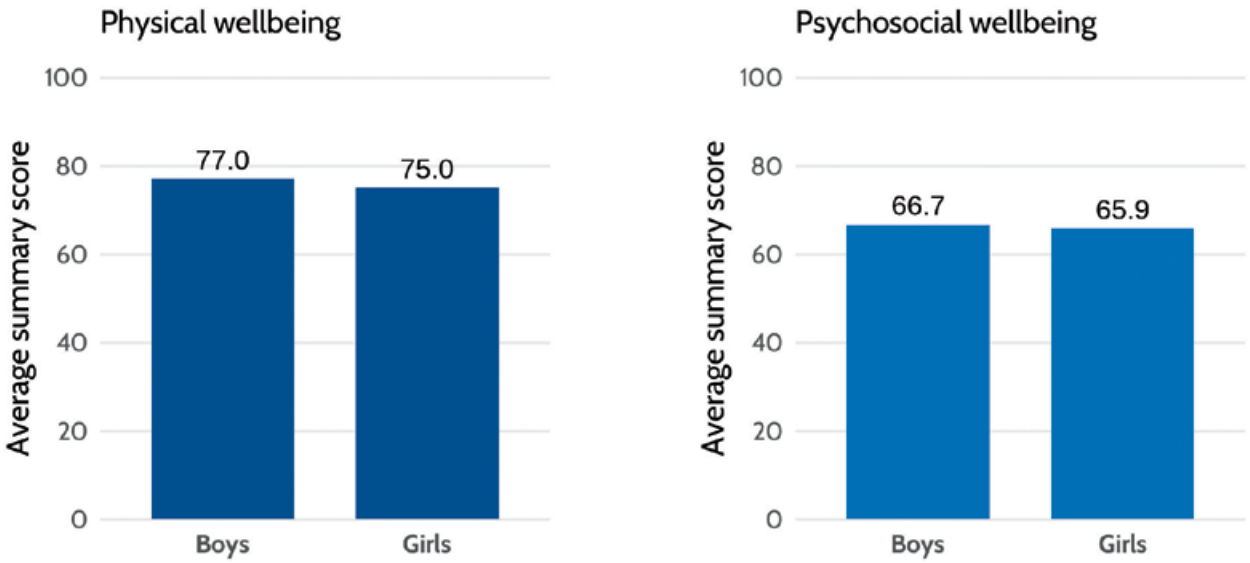
**Figure 38 Age-standardised proportion of adults with high or very high self-rated life satisfaction**




*Source: VPHS 2020*

Figure 38 shows that data from the VPHS indicates that the proportion of adults self-rating their life satisfaction as 'high' or 'very high' was greater in six out of the seven LGAs in the GVPHU catchment than the Victorian state-wide average of 77%. Only Mitchell had a lower proportion of 76%.

**Figure 39 Physical and psychosocial health-related quality of life for year 4 & 6 students, 2022**

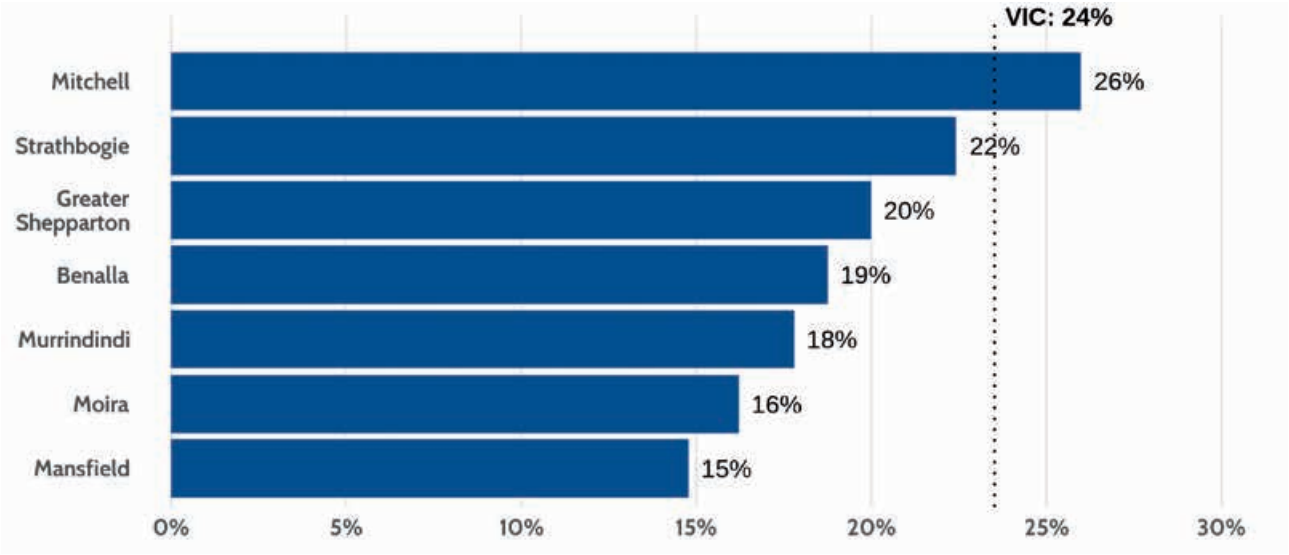



*Source: RESPOND 2022*

The RESPOND study utilised the Paediatric Quality of Life Index (PedsQL) to assess physical and psychosocial wellbeing. The physical wellbeing component of the questionnaire encompasses questions about physical functioning and day-to-day activities. It asks respondents about their energy levels, ability to partake in physical activities, and complete routine tasks, like household chores or personal hygiene activities. The psychosocial wellbeing section includes queries about the respondents' feelings, such as fear, sadness, or anger, their social relationships, and their performance and experiences in school. It generates two distinct aggregate scores, each on a scale of 100, with higher scores indicating better health-related quality of life. Previous studies have found that average scores for healthy children without chronic conditions is 87.53 for physical wellbeing, and 81.9 for psychosocial wellbeing (12).

Figure 39 demonstrates average PedsQL scores from students in years 4 and 6 who were surveyed across the GVPHU. Physical wellbeing scores were 2 points higher for boys compared to girls in the GVPHU catchment, 10-12 points below average scores for healthy children cited above. Girls and boys had similar psychosocial wellbeing scores, both sitting 15-16 points below the healthy children scores. Furthermore, these scores were lower than those reported by pediatric patients with a variety of chronic health conditions, including those with psychiatric conditions who had the lowest average score at 67.4 (12).

**Figure 40 Age-standardised proportion of adults with high or very high psychological distress (K10 score above 22)**

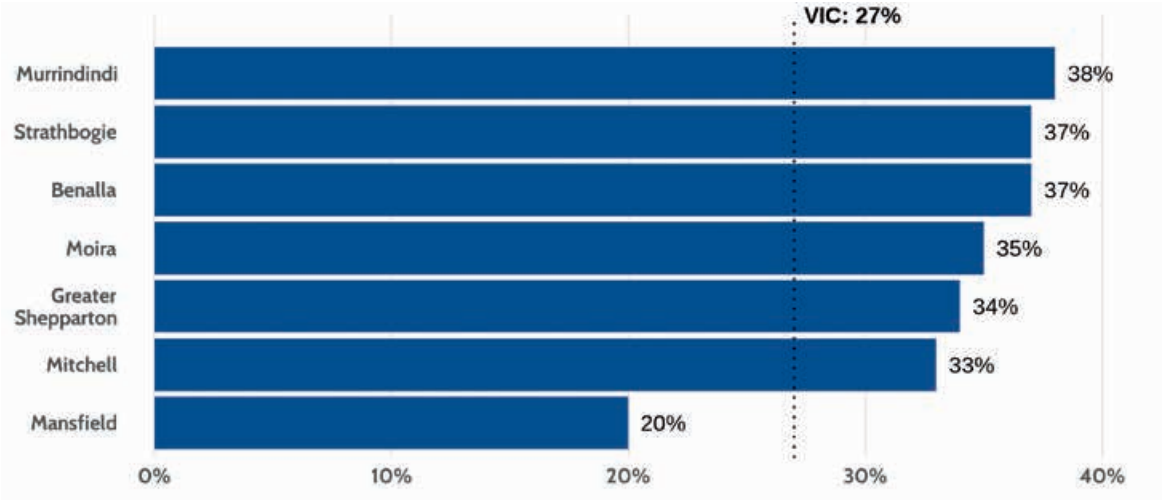



*Source: VPHS 2020*

The Kessler Psychological Distress Scale (K10) is a simple, effective tool used widely to measure non-specific psychological distress. It consists of 10 questions that assess symptoms of anxiety and depression experienced in the previous weeks, each with a five-level response scale to yield a total score between 10 — 50, with higher scores indicating higher levels of emotional distress (13).

Figure 40 demonstrates K10 scores across the LGAs of the GVPHU catchment. Mitchell was the only LGA to record a population proportion with a high/very high level of psychological distress that was greater than the state-wide average of 24%.

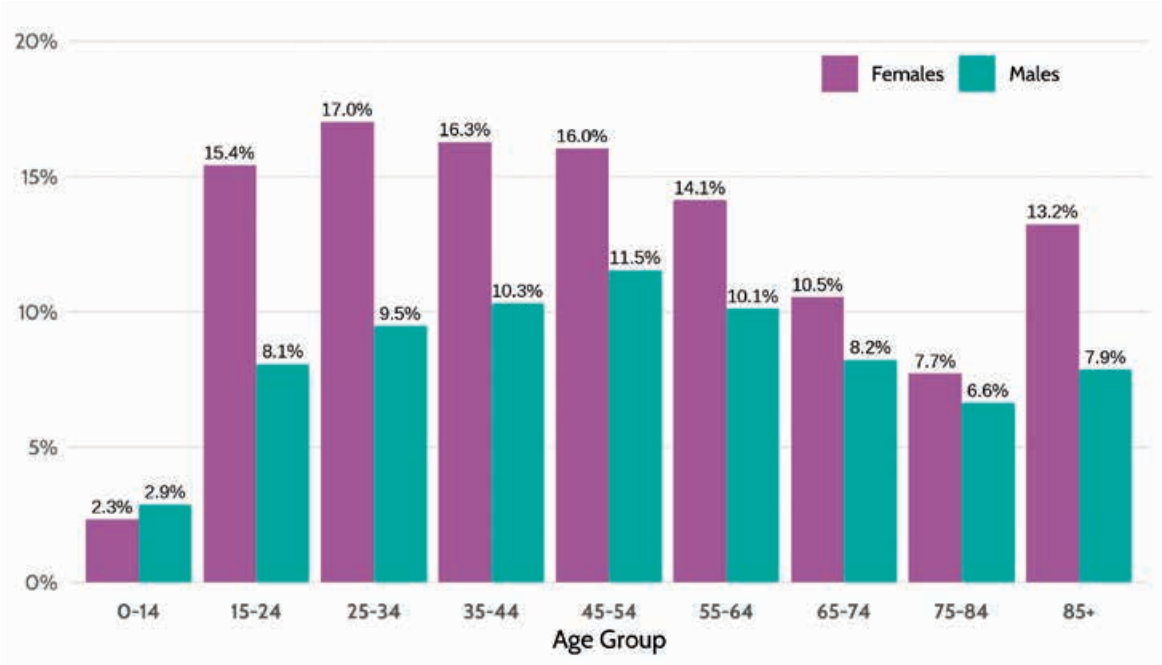
**Figure 41 Age-standardised proportion of adults ever diagnosed with anxiety and/or depression**




*Source: VPHS 2017*

Figure 41 shows that data from the VPHS indicates that the proportion of adults diagnosed with anxiety or depression is higher in six of the seven LGAs in the GVPHU catchment than the Victorian state proportion of 27%. Of these, Murrindindi has the highest proportion at 38%. Only Mansfield had a lower proportion than the state at 20%.

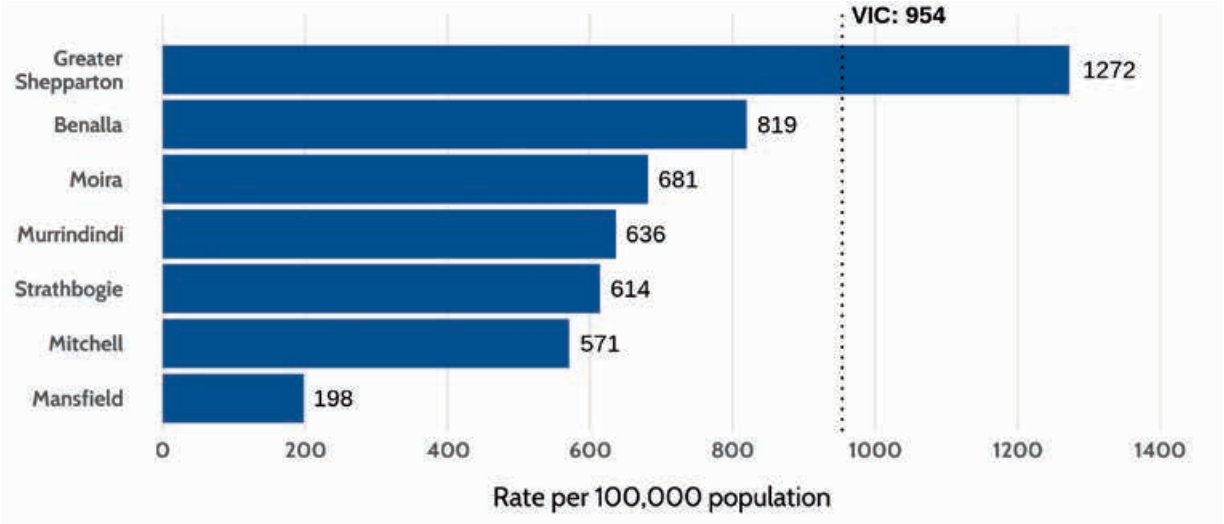
**Figure 42 Proportion of population with mental health conditions, by age and gender, GVPHU, 2021**




*Source: ABS Census 2021*

Figure 42 demonstrates that in the GVPHU catchment, females have higher rates of mental health conditions than males across all age groups except 0—14 year olds. This difference is most pronounced between the ages of 15 to 45, and again in those older than 85 years.

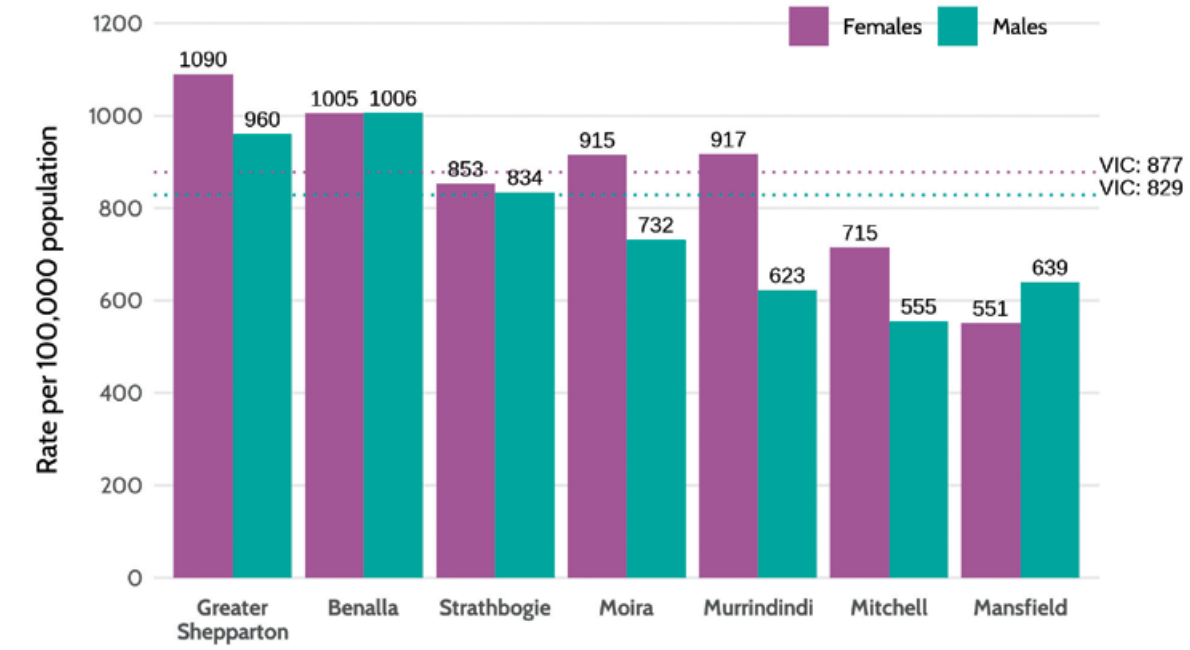
**Figure 43 Public hospital ED presentations for mental-health conditions, 2019/20 financial year**




*Source: Based on data compiled by PHIDU from AIHW National Non-admitted Patient Emergency Department Care Database 2019/20*

Figure 43 shows that the rate of emergency department presentations for mental health conditions was highest for residents of Greater Shepparton at 1272 events per 100 000 population, compared with the Victorian state-wide rate of 954. All other LGAs had rates of presentation lower than the Victorian state-wide average, with the lowest rate seen in Mansfield at 198 events per 100 000 population.

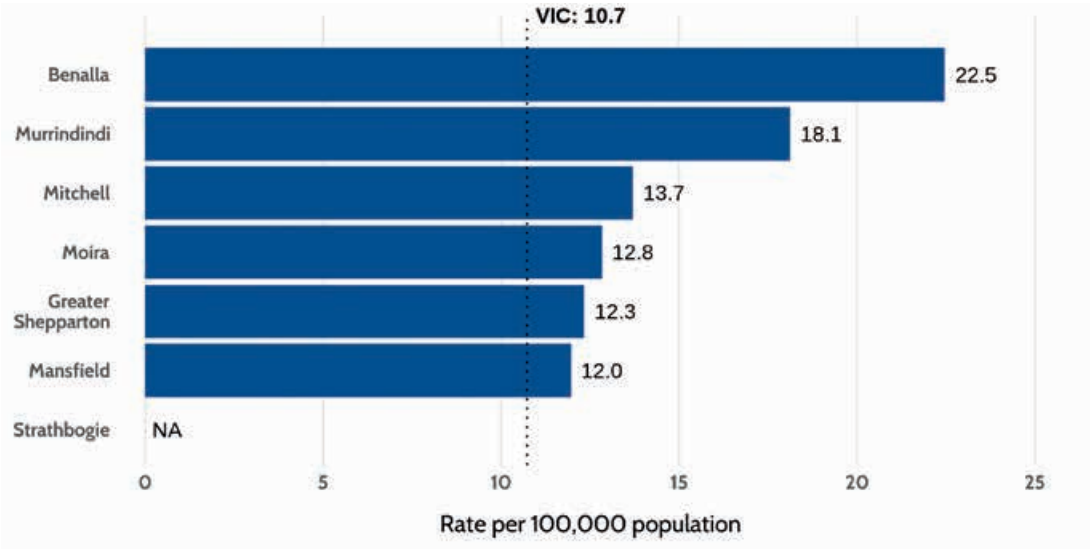
**Figure 44 Public hospital admissions for mental health-related conditions, 2019/20 financial year**




*Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare*

Figure 44 shows that the rate of admissions to public hospital for mental health-related conditions was highest in Greater Shepparton for females (1090 events per 100 000 population) and Benalla for males (1006 events per 100 000 population). The lowest rates were seen in Mansfield for females (551 events per 100 000 population) and Mitchell for males (555 events per 100 000 population). Females were admitted at a higher rate than males in six of the seven LGAs in the GVPHU catchment.

**Figure 45 Premature mortality due to suicide and self-injury, 2016-2020.**



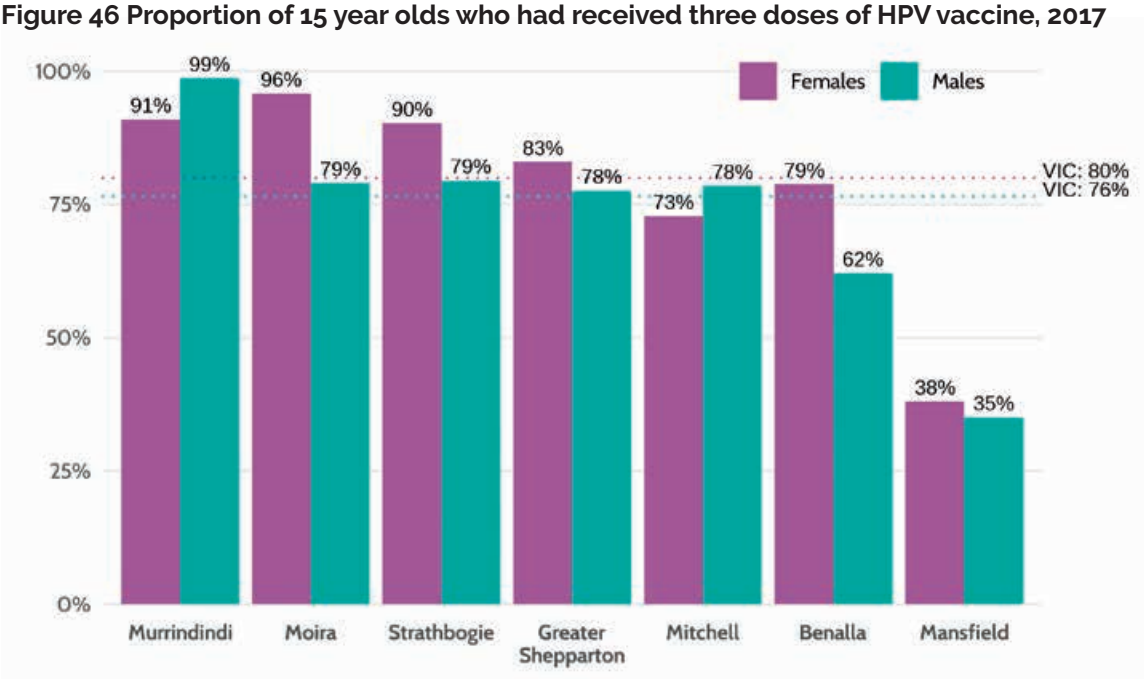

*Source: Based on data compiled by PHIDU from Registries of Births, Deaths and Marriages and the ational Coronial Information System.*

*Note: rates based on counts less than 5 are suppressed (NA)*

Figure 45 shows the suicide deaths for people aged 74 or younger expressed as a rate per 100,000 population over a 5-year period from 2016-2020. The number for Strathbogie is not shown because there were less than 5 deaths. Suicide rates were higher than the rest of Victoria for all LGAs, with Benalla showing a rate of more than double the state-wide average.

## Improving sexual and reproductive health

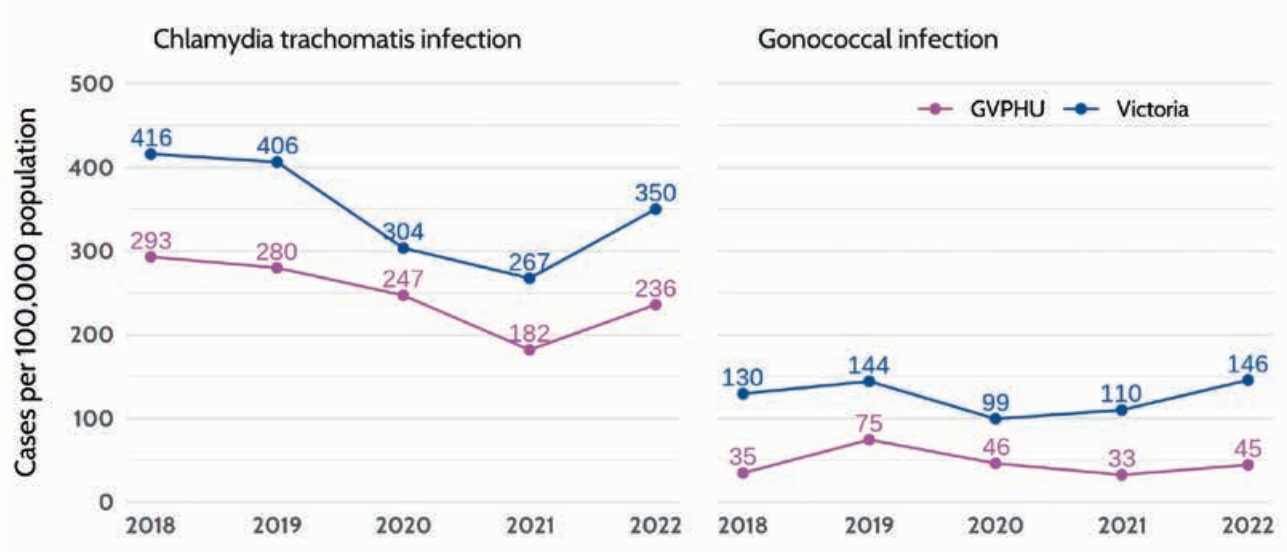
**Figure 46 Proportion of 15 year olds who had received three doses of HPV vaccine, 2017**




*Source: Compiled by PHIDU using data from the National HPV Vaccination Program Register*

Figure 46 demonstrates that Mansfield was the LGA with the lowest rates of HPV vaccination for both 15-year-old females and males in 2017. Moira had the highest rate for females at 96% and Murrindindi had the highest rate for males at 99%.

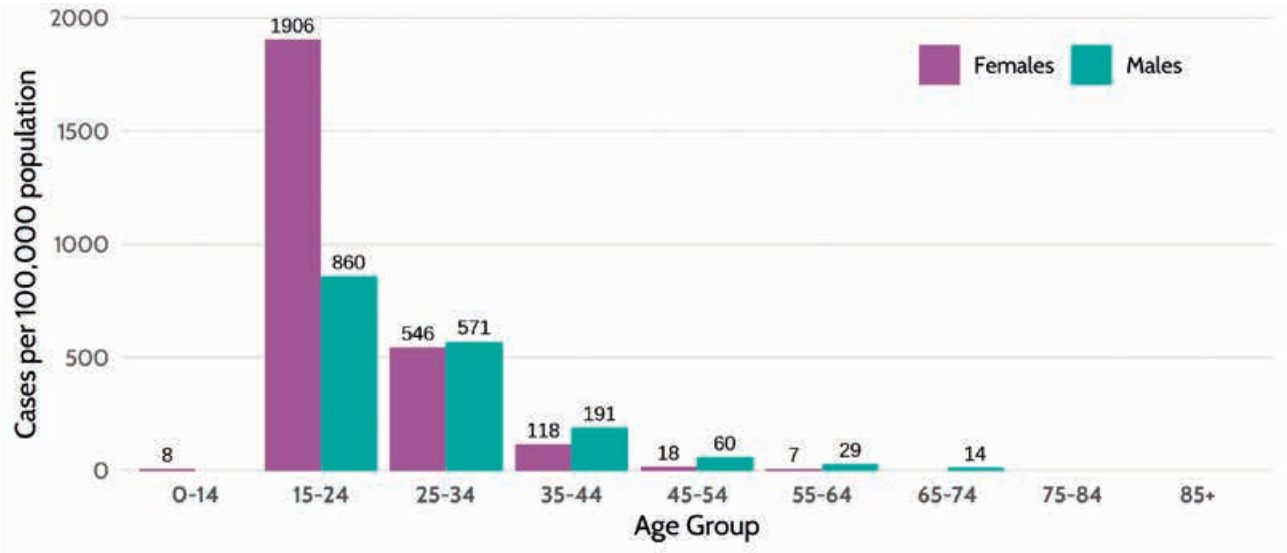
**Figure 47 Chlamydia and Gonorrhoea incidence time series for GVPHU and Victoria**




*Source: PHESS*

Figure 47 shows that the rate of diagnosis of sexually transmitted infections caused by Chlamydia and Gonorrhoea has been lower in GVPHU compared with the entire state of Victoria over the previous five years.

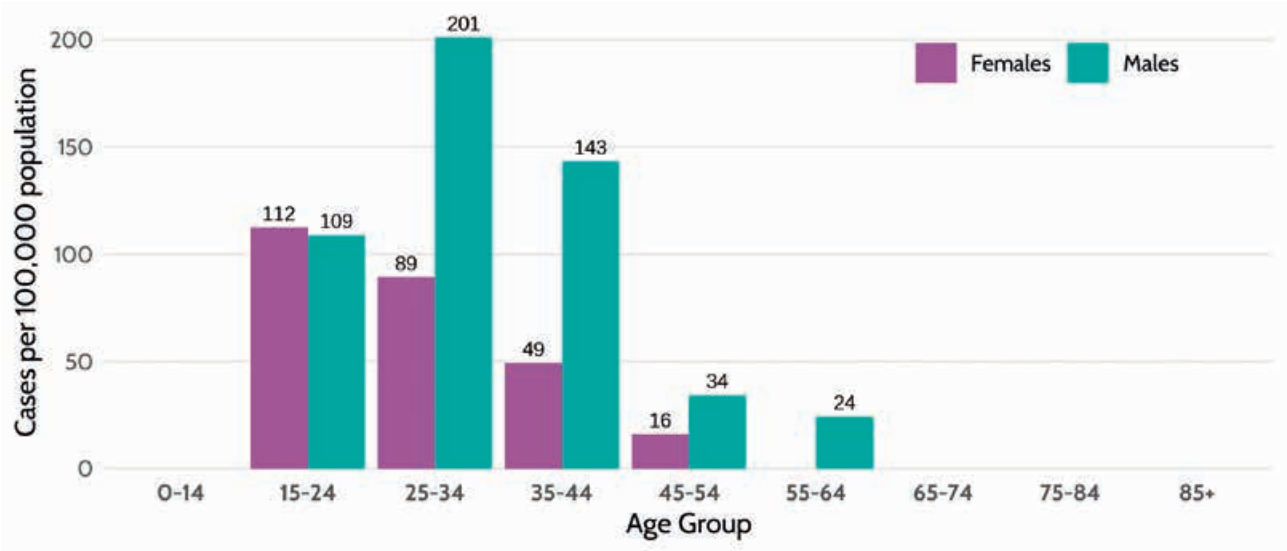
**Figure 48 Chlamydia cases by age group and gender, 2018-2022, GVPHU**




*Source: PHESS*

Figure 48 shows that woman between the ages of 15 and 24 had the highest incidence of Chlamydia infection in the GVPHU catchment. This is a similar pattern to the state-wide trend.

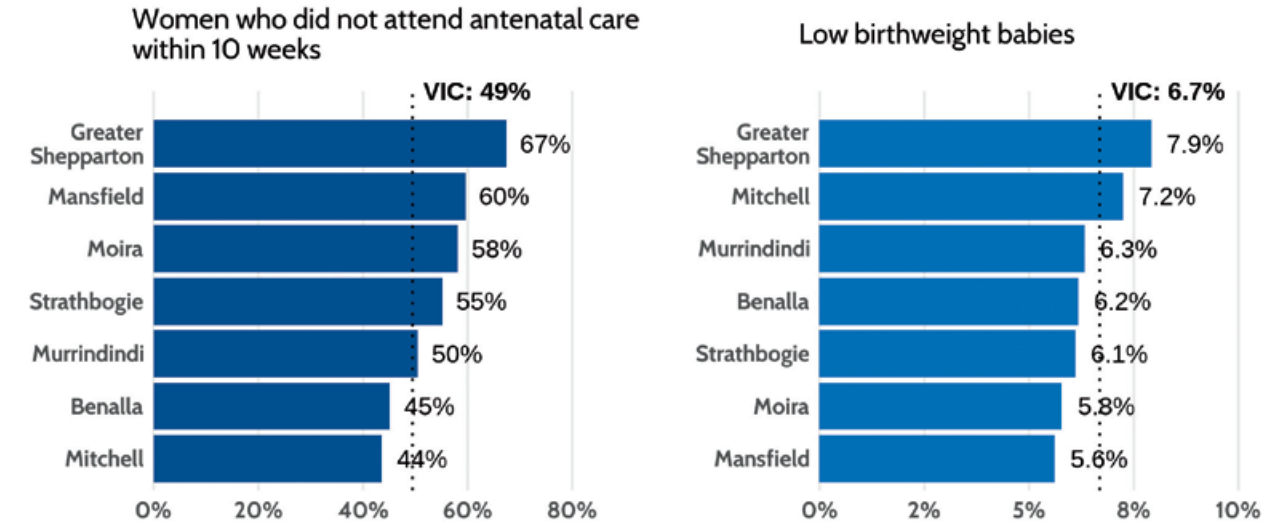
**Figure 49 Gonorrhoea cases by age group and gender, 2018-2022, GVPHU**




*Source: PHESS*

Figure 49 shows that males aged 25-34 had the highest incidence of with Gonococcal infection in the GVPHU catchment, followed by males aged 35-44. This is a similar pattern to the state-wide trend.

**Figure 50 Pregnancy and birth statistics, 2017-2019**

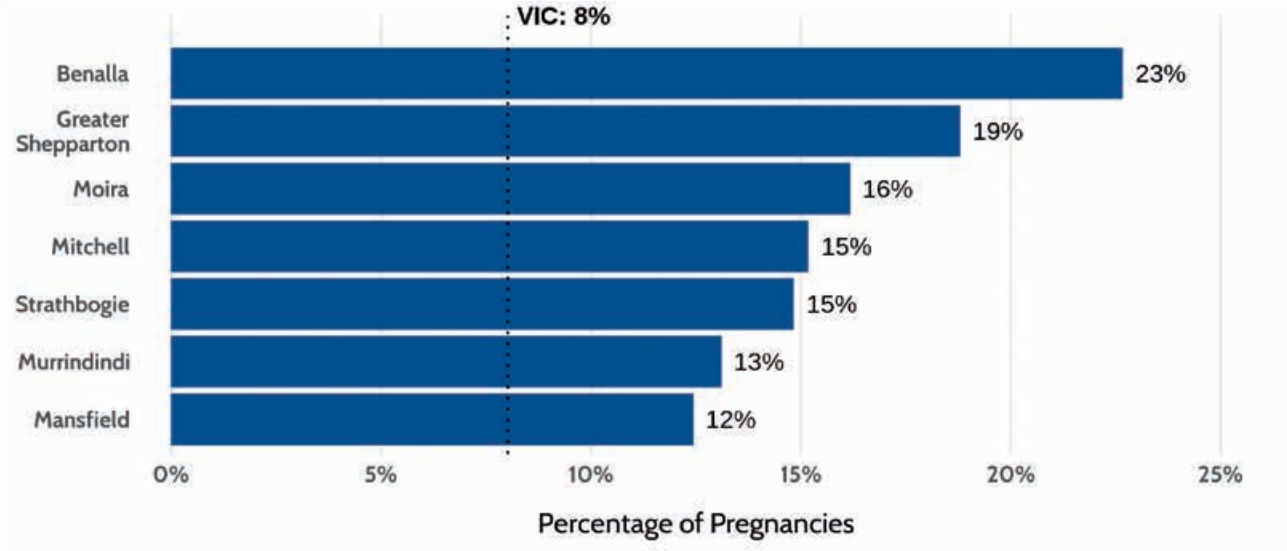



*Source: Compiled by PHIDU based on data from the Australian Institute of Health and Welfare*

Figure 50 demonstrates that more than half of pregnant woman in four LGAs in the GVPHU catchment did not attend an antenatal appointment during the first ten weeks of their pregnancy. This rate is highest in Shepparton at 67%.

## Reducing tobacco-related harm

**Figure 51 Smoking during pregnancy, 2017-2019**




*Source: Compiled by PHIDU based on data from the Australian Institute of Health and Welfare*

Figure 51 indicates that all LGAs in the GVPHU catchment contain a greater proportion of pregnant woman who smoke during pregnancy than the Victorian state-wide average of 8%. This proportion is highest in Benalla (23%) and lowest in Mansfield (12%).

**Figure 52 Age-standardised proportion of adults by smoking status, 2020**


*Source: VPHS 2020*

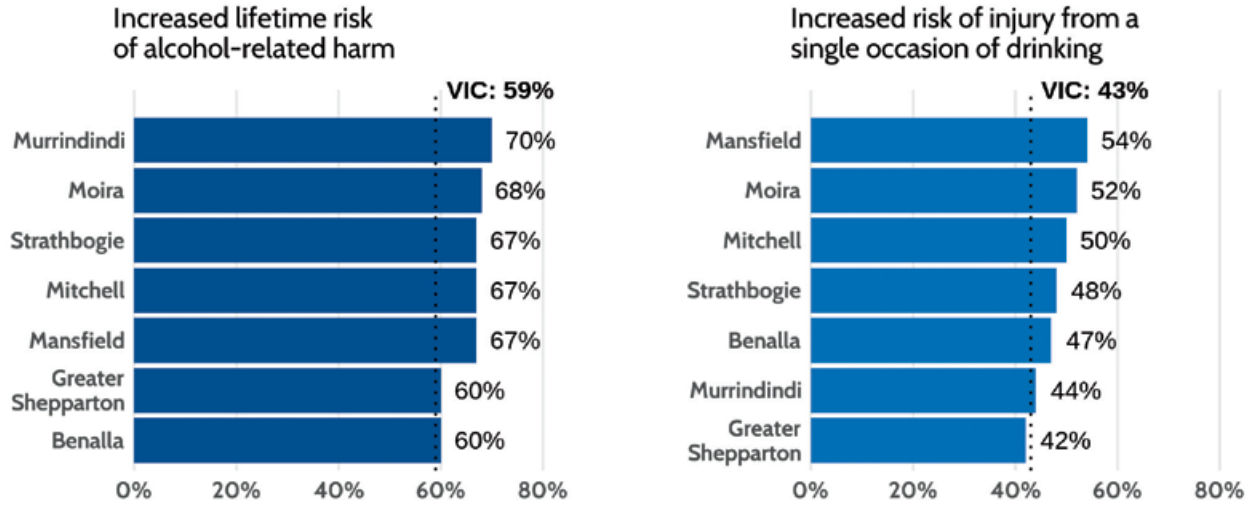
Figure 52 shows that data from the VPHS indicates that the LGA with the highest proportion of people that smoke daily is Moira with 21%, significantly higher than the Victorian state-wide average of 12%. Mitchell has the highest proportion of ex-smokers at 36%. Mansfield was the LGA with the lowest proportion of current daily smokers at 8%. While we do see a higher proportion of adults smoking daily and occasionally in 5 out of 7 LGAs compared to Victoria, 6 out of 7 LGAs have a higher proportion of ex-smokers in comparison to the State. It is also worth noting that there is a higher proportion of adults who are ex-smokers in each LGA in comparison with those undertaking daily and occasional smoking.

## Reducing harmful alcohol and drug use

The National Health and Medical Research Centre define (14):

- A healthy adult to be at risk of alcohol-related disease if they drink more than two standard drinks on any day
- A healthy adult to be at risk of an alcohol-related injury if they drink more than four standard drinks on a single occasion

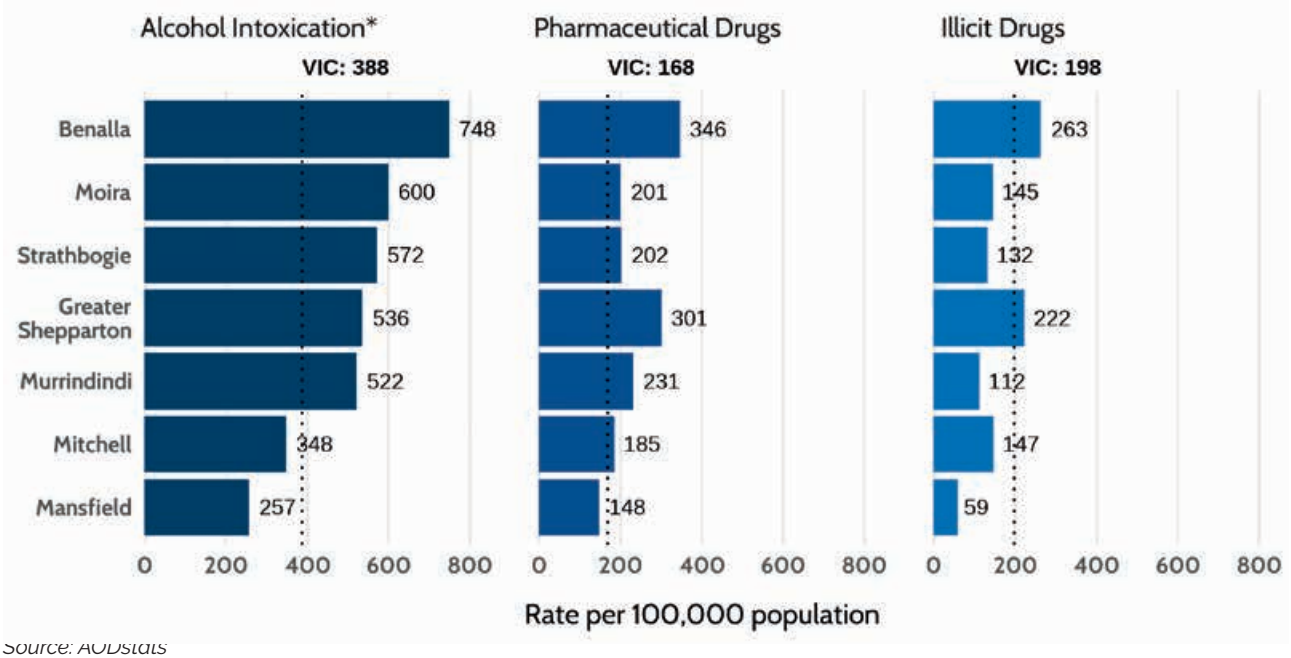
**Figure 53 Proportion of adults at increased risk of alcohol-related harm, 2017**




*Source: VPHS 2017*

Figure 53 shows data from the VPHS indicating that the majority of adults in all seven LGAs the GVPHU catchment are at increased risk of alcohol-related harm, and that all LGAs have a proportion of at-risk individuals that is higher than the state-wide average. Murrindindi is the LGA with the highest proportion of the population at an elevated risk of alcohol-related harm (70%). Benalla and Greater Shepparton are the LGAs with the lowest proportion at risk (60%).

**Figure 54 Alcohol- or drug-related ambulance attendances, GVPHU, 2021/22 financial year**




*Source: AODstats*

*Note: *indicates with or without other substances*

Figure 54 shows that in 2022, Benalla had the highest rate per capita for ambulance call-outs involving alcohol (748 events per 100 000 population), pharmaceutical drugs (346 events per 100 000 population) and illicit drugs (263 per 1000 000 population). Mansfield was the LGA with the lowest rates across each of these three categories.

## Tackling climate change and its impact on health

While it is expected that the population of GVPHU catchment will experience adverse effects as a result of man-made climate change, these effects are likely to be far-reaching and difficult to estimate. Reliable LGA-level data on these effects are not currently available.

As a regional area, Goulburn Valley is expected to experience greater economic disruption due to heatwaves than most other parts of Victoria (15).

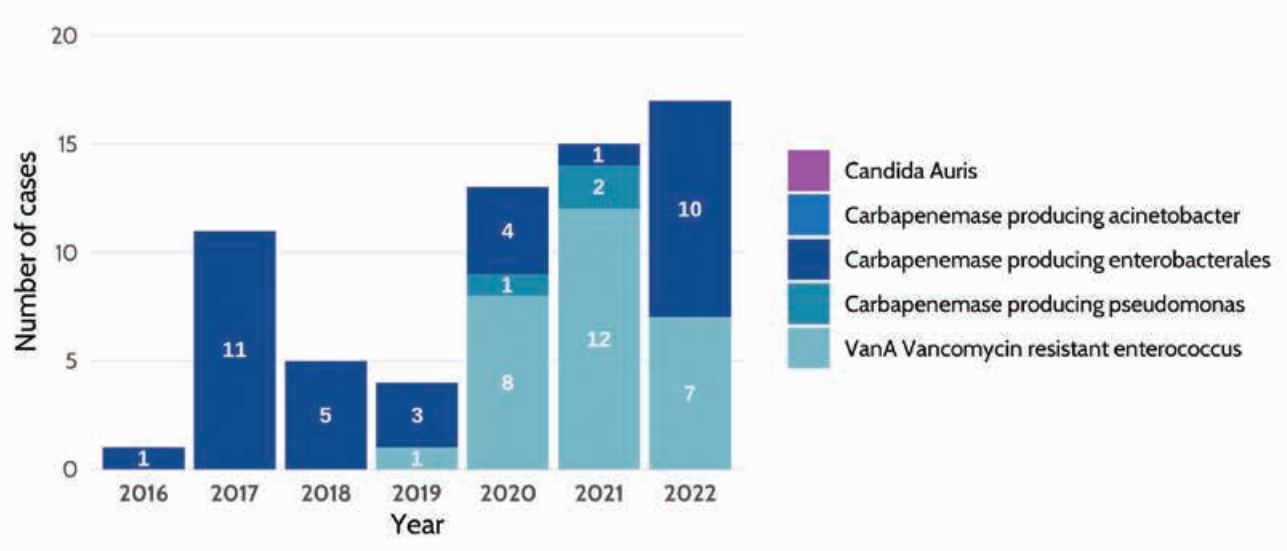
Other effects of climate change such as flooding will continue to impact on the health of the GVPHU catchment.

## Decreasing the risk of drug-resistant infections in the community

Publicly available data is available for a limited range of drug resistant organisms which are notifiable in Victoria, including:

- Candida auris
- Carbapenemase producing acinetobacter
- Carbapenemase producing enterobacterales
- Carbapenemase producing pseudomonas
- VanA vancomycin resistant enterococcus

**Figure 55 Number of cases of infection by antibiotic-resistant organisms, GVPHU**




*Source: PHESS*

Figure 55 shows that since 2016, the number of cases of infection by antibiotic-resistant organisms ranged between 1 and 17 per year in the GVPHU. Note that the increase over time is partially due to new organisms becoming notifiable over the past decade.

## 2.5 Population Health Profile Discussion

### Demographics

The community we serve includes people residing in seven LGAs in the Hume region — Benalla Rural City, City of Greater Shepparton, Mansfield Shire, Mitchell Shire, Moira Shire, Murrindindi Shire and Strathbogie Shire. The overall catchment population is approximately 199,598 people and represents 3.1% of the total population of Victoria. The two largest LGAs by population are Greater Shepparton, a regional city, and Mitchell Shire on the urban fringes of Melbourne.

There is an expected population increase of 32% over the next 15 years, with significant growth in the Mitchell LGA, which is likely to double its population in the next 15 years. The smallest LGA's by population are Strathbogie and Mansfield, which both consist of largely dispersed rural populations and small townships. Our community has an ageing demographic, with 28% of residents aged 60 years and older, compared to 22% in Victoria.

The GVPHU catchment includes the largest regional population of Aboriginal and Torres Strait Islander people in Victoria, and 14% of the catchment population are born overseas, with the largest culturally diverse populations residing in the Greater Shepparton and Mitchell LGAs.

The five smaller LGAs — Benalla, Mansfield, Moira, Murrindindi and Strathbogie — have sparse populations and lower growth projections compared to the Victorian state average over the coming decade. Dispersed populations create barriers to accessing services. Given that the inhabitants of these regions are generally older and have a higher healthcare need, access to care is likely to be an issue currently and remain so into the future. This is in line with the majority of other regional and remote areas of Australia (16).

Monitoring and addressing this potential trend will be important to ensure equity of healthcare outcomes in regional areas in the GVPHU catchment.

Conversely, the two larger LGAs — Greater Shepparton and Mitchell — have populations that are younger and more culturally and linguistically diverse compared with the rest of the GVPHU catchment and the rest of Victoria. Population projections suggest considerable growth in these regions over the coming decade, leading to an increasing majority of the GVPHU population residing in the urban centre of Greater Shepparton and suburban fringes of Melbourne, rather than low-density regional areas. This finding highlights the need for these councils to invest in developing infrastructure and amenities that will support the social determinants of health for these growing communities.

The diverse characteristics of the population of the GVPHU catchment indicate a number of health challenges.

### Social determinants

LGA scores on the SEIFA Index of Relative Socioeconomic Disadvantage demonstrated a marked North-South gradient, with the least disadvantaged LGAs of Mansfield, Mitchell and Murrindindi bordering on metropolitan Melbourne in the south, and the most disadvantaged LGAs of Benalla, Greater Shepparton and Moira clustering in the North of the catchment. These scores of relative socioeconomic disadvantage demonstrated correlation with levels of non-completion of high school beyond Year 9. The correlation between educational attainment and health outcomes has been extensively studied (17), and programs to improve educational attainment in the GVPHU could represent an effective investment in the health of the catchment in general.

Median household income was also somewhat correlated with disadvantage on an LGA level, however no correlation is observed between

unemployment and disadvantage: this may be explained by generally low levels of unemployment in Victoria at the time of writing, making unemployment a less sensitive measure for differentiation of socioeconomic status. Given that higher levels of unemployment are known to generally be linked to worse health outcomes (18), this metric will be important to monitor in future iterations of this Population Health Profile, particularly if the general economic climate should change in the future.

On average, the GVPHU catchment has less students in grade prep that attain age-appropriate levels of development in five domains (physical health and wellbeing; social competencies; emotional maturity; language and cognitive skills; and communication skills and general knowledge), compared to the Victoria average.

## Health Indicators

The highest burden of chronic conditions is observed in the LGAs of Benalla and Strathbogie. This finding is likely a result of these two LGAs having the oldest populations in the GVPHU catch — Strathbogie with 40% of the population over the age of 60 years, and Benalla with 37% of the population over the age of 60 years. These two LGAs are both sparsely populated and have lower ratios of General Practitioners (GP) to their populations compared with the Victoria average, indicating that access to care is likely to be an issue in these regions. There are also lower ratios of GPs than the Victorian average in Moira, Mitchell, and Murrindindi shires.

## Priority Domains

The data describing a number of priority domains from the Victorian Public Health and Wellbeing Plan 2019-2023 in the GVPHU catchment demonstrated considerable deviation from the rates observed across Victoria.

The catchment has a greater proportion of the population that consume sugar-sweetened beverages daily compared to the Victorian average, and in 5 of the 7 LGAs the proportion of the population that consumer takeaway food more than once per week was equal to or more than the Victoria average.

The proportion of adults meeting recommended fruit intake guidelines ranged from 33-49% across the 7 LGAs in our catchment and intake is less than the state average in 5 of the 7 LGAs. The proportion of adults meeting the dietary guidelines for vegetable intake is less than 8%, which is comparable across the state.

In our community more than 40% of adults do not meet physical activity guidelines. Data from the RESPOND study, 2022 indicates that over 80% of primary school children surveyed (in Grade 4 and 6) did not meet physical activity guidelines.

The catchment has a greater proportion of the adult population who are either overweight or obese, compared to the State. Data from the RESPOND study, 2022 indicates that over 38% of children in grades 2,4 and 6 were either overweight or obese.

Transport-related injuries occur at elevated rates in all GVPHU catchments. This may be related to the dispersed nature of regional populations, which in turn necessitates a higher degree of road travel during the course of daily life. Nevertheless, road injuries that occur in regional areas are generally more severe than those which occur in metropolitan areas in Australia (19), and initiatives to reduce transport-related injuries in GVPHU represent an opportunity to reduce the burden of morbidity and mortality that is associated with road trauma.

Our community experiences higher levels of hospitalisation for unintentional injury compared to the state average, with high rates of hospital admission for falls and transport injury. The rate for premature mortality due to suicide and self-injury is higher than the Victorian average. The rate of hospital admission due to assault in the GVPHU

catchment has remained higher than the stage average over the past decade.

Rates of violence are generally higher in the GVPHU catchment compared with the entire state of Victoria. Rates are particularly high in the LGA of Greater Shepparton, which is currently the major population centre of the GVPHU catchment. Intimate partner violence rates across the catchment are also higher than the state average. The catchment has a high incidence of victim reports for crimes against another person. Across the catchment, women experience higher rates of intimate partner violence and family violence. Our community has high rates of family violence when compared to the Victorian state average, with female victims three to four times more common than male victims. The causes of violence are multifactorial and we know it is necessary to implement a multi-organisational approach in order to adequately address this issue.

Our community has large proportions of adults (60% or greater) who are at increased lifetime risk of alcohol-related harm, which is more than the Victorian average. The proportion of adults at increased risk of injury from a single occasion of drinking ranges from 42%-54% across the LGA's, with 6 LGA's higher than the Victorian average (43%). Across the catchment, 5 of the 7 LGAs have higher rates of ambulance attendance for alcohol intoxication, and 6 of the 7 LGA's have high rates of ambulance attendance for incidents involving pharmaceutical drugs, than the Victorian averages. Ambulance attendances for illicit drugs are higher than the Victorian average in the Benalla and Greater Shepparton LGAs.

Compared to the rest of the State our community has a high proportion of the population aged 15 years who have received three doses of the HPV vaccine, however rates for HPV vaccination in both females and males was much lower, and well below that Victorian average in the Mansfield LGA. Over the last five years the incidence of sexually transmitted diseases (chlamydia and gonorrhoea) has been lower than State-wide rates. It is worth noting that this may be due to lower rates of testing rather than the incidence being truly lower. In our community, chlamydia cases are most predominant in females aged 15-24 years, which is similar across the state. Gonorrhoea cases are most predominant in males aged 25-44 years, which is similar across the state.

Our community experiences higher rates of chronic health conditions. Arthritis, mental health conditions and asthma were the most commonly reported long-term health conditions in the catchment and had generally elevated levels compared to the State. In the GVPHU catchment a higher proportion of the population are living with one or more long-term health conditions, compared to Victoria as a whole. This is likely influenced by the fact that the catchment has an older population compared to Victoria, as the prevalence of long-term health conditions increases with age. The catchment has higher rates of premature death from lung, breast (females) and colorectal cancers, compared to the Victorian average.

In our community, more than half of the pregnant women in four LGA's did not attend antenatal care appointments during the first ten weeks of their pregnancy.

In our community, more than 76% of adults rated their life satisfaction as *high* or *very high*, with children surveyed in the RESPOND study rating their physical and psychological wellbeing at an average of 66 out of 100. 6 out of 7 LGAs had higher proportions of adults diagnosed with anxiety and/or depression, ranging from 33-38%, compared to the Victoria state proportion of 27%. The proportion of adults with high or very high psychological distress is lower than the Victorian average (24%) in the catchment, except for the Mitchell LGA which has 26% of adults with high or very high psychological distress. Typically, women across the catchment have a higher proportion of mental health conditions. The rate of emergency department presentations for mental health concerns was significantly higher in the LGA of Greater Shepparton than the rate observed in other LGAs in the GVPHU catchment and that seen across the state of Victoria. While this statistic may be partially explained by inhabitants of more

remote LGAs facing an increased geographical barrier to attend healthcare settings, this could be underpinned by demographic and socioeconomic risk factors and other psychological stressors which are unique to Greater Shepparton such as age profile, CALD status, financial stressors. Nonetheless, Greater Shepparton has high rates of people accessing emergency care for acute mental health crises, indicating that community prevention and post-vention care is an important area for future investigation and development.

The proportion of the populations that engages in daily tobacco smoking was higher than the state-wide proportion (12.0%) in five LGAs in the GVPHU catchment. Of these, the rate of 21.4% is particularly elevated. Across the catchment, there is a greater proportion of pregnant women who smoke during pregnancy compared to the state average. These statistics demonstrate that policies and programs to decrease the number of people who regular smoke tobacco are still required in the GVPHU catchment, and suggest that tobacco control policies may need to be further tailored for regional populations.

## Data Availability

This document presents the most recent data available at the LGA level, however, there are important considerations in the interpretation of these statistics. Firstly, rates and proportions derived from small population sizes are more susceptible to variation caused by small changes in the underlying numerators. A number of indicators, for example from the Victorian Public Health Survey, are not yet released at the LPHU level which would allow more robust assessment of the catchment as a whole. Secondly, not all indicators from the 2020 VPHS are released at the LGA level, in which cases older figures from the 2017 survey are reported. Future iterations of the health needs assessment should seek to present time series data where available, in order to identify consistent trends over time. Finally, there is a strong link between age and health outcomes which should be taken into consideration when comparing different regions using data that is not age standardised.

The availability of public data relevant to each of these domains will be reviewed. This process will identify gaps in local data availability that would be required to properly understand these population health priorities and develop effective programs for the improvement of these outcomes. This will in turn inform future priority areas of data collection and research to be undertaken by GVPHU as a part of the statewide population health strategy.

# Our Community

Our Community is diverse and experiences disadvantage related to its rurality and socio-economic determinants. The health and wellbeing of the community, and access to services and care is complex and challenging. This influences our work and informs how we think about the future of our population health and prevention initiatives.

**199,598 people in the community**
32% projected population increase by 2036.

**33-49% of adults are eating sufficient fruit**
Compared to 43% for Victoria

**3.0% Indigenous Population**
1% Victoria-wide

**4-8% of adults are eating sufficient vegetables**
Compared to 5% for Victoria

**14.0% of people born overseas**
11% of the population speak a language other than English at home

**5 out of 7 LGAs have higher rates of adults who smoke daily**
Compared to Victoria

**28% of people are aged 60+ years**
Compared to 22% for the State

**Over 70% of boys and girls in grades 4 and 6 are eating sufficient fruit**

**Unemployment rate of 2.3%**
Compared to 3.1% in Victoria

**1 in 5 adults reported high or very high psychological distress**

**17% of adults consume sugar sweetened beverages everyday**
Compared to 10% for Victoria

**76-86% of adults rate their life satisfaction as high or very high**
Compared to 77% in Victoria

**Almost 2 out of 3 adults are overweight or obese.**
Compared to 1 in 2 for Victoria

**Arthritis is the most commonly reported long-term health condition**
In 6 out of 7 LGAs

**41-58% of adults undertake insufficient physical activity**
Compared to 47% for the State

**Hospitalisations for assault are consistently higher than State levels**
Over the past 10 years

# 3. Mapping of Prevention Systems — what are we already doing?

## 3.1 GVPHU population health and prevention priorities

GVPHU is currently working on key priorities aligned to the Victorian public health and wellbeing priorities, building on the high value functions and projects transitioned from the Primary Care Partnerships. The initiatives are in various phases of planning, implementation, and evaluation, and some will continue beyond June 2023 and remain a focus in the newly developed GVPHU Population Health Plan 2023-2029. The key initiatives that will be integrated into the Plan are the GVPHU roles and responsibilities in the:

- implementation of the RESPOND initiative
- implementation and evaluation of the Goulburn Mental Health and Wellbeing Expanded Stepped Care Project
- planning and development of the Goulburn Healthy and Sustainable Food System Strategy
- Prevention partnerships across the catchment
- Cervical cancer screening and self-collection project
- Gender Lens project, in partnership with Women's Health Goulburn North East (WHGNE)
- Capacity building support for Advocacy in population and public health

## 3.2 The region's health and wellbeing priorities and initiatives

As part of the Health Needs Assessment, GVPHU mapped the existing prevention and health promotion initiatives across the catchment, via surveys and consultation (See Section 1.1.2 *Prevention Activity Mapping)*. Existing efforts by local government, health services, community health — health promotion funded agencies, women's health organisations and sexual and reproductive health services across the catchment are primarily focused on addressing the following health and wellbeing priorities:

- Increasing health eating (12 organisations across 7 LGAs)
- Increasing active living (12 organisations across 7 LGAs)
- Reducing tobacco-related harm (8 organisations across 7 LGAs)
- Improving mental wellbeing (9 organisations across 7 LGAs)

Table 1 provides a summary of the state-wide public health and wellbeing priorities currently being actively addressed by the organisations mentioned above. We acknowledge this list is not exhaustive and is a culmination of information received by those that took part in the previously mentioned surveys and consultations.

The organisations are working collaboratively with key partners, collaborative networks and local communities to deliver a range of evidence-based, co-designed and place-based prevention and population health interventions across the catchment. This includes:

- delivery of state-wide programs in local settings including the Vic Kids Eat Well (VKEW), Smiles 4 Miles, This Girl Can, the INFANT program, and the Achievement Program, tailored to local settings and environments (e.g. workplaces, early childhood services and schools). These programs have a focus on healthy eating, oral health, physical activity, mental health and wellbeing, alcohol and other drug use, and smoking.
- delivery of initiatives co-designed with community to improve the health of children living in the catchment, through the Reflexive Evidence and Systems Interventions to Prevent Obesity and Non-communicable Diseases (RESPOND) in partnership with Deakin University

- delivery of locally prioritised health promotion initiatives linked to health and wellbeing including establishment of community and edible garden beds, installation of footpaths, exercise equipment and drinking fountains in public spaces, parkrun.
- delivery of health information and health education programs and events, such as Active April (a Get Active Victoria initiative), e-cigarette education in schools, and the Free from Violence program, to assist with developing personal skills and promoting behaviour change.

Many of the interventions are being delivered across the whole region, with a smaller number of local initiatives being implemented at an LGA or individual organisation level. Table 2 provides a summary of the existing prevention initiatives and actions across the GVPHU catchment. The table identifies collective local activity in the LGA catchments, as well as initiatives linked to broader regional approaches.

Many of the initiatives listed in Table 2 deliver community co-benefits across multiple health and wellbeing priorities, however they are listed under their primary purpose. For example, chop and chat is an initiative to reduce waste by transforming donated produce into preserved food. It reduces the carbon footprint and offers food security (tackling climate change and it's effects on health — key purpose), and also creates a space for volunteering and social connection (improved mental wellbeing). Some of the initiatives have a focus on age groups or gender within the population. For example, the RESPOND program is aimed at improving the health of children, and the This Girl Can initiative has a focus on increasing physical activity in females.

We acknowledge several other prevention partners are focused on delivering activities that relate to the Victorian health and wellbeing priorities. In the Greater Shepparton catchment, multicultural organisations have a focus on preventing all forms of violence and improving sexual and reproductive health. The Centre for Excellence in Rural Sexual Health, University of Melbourne has a focus on improving sexual and reproductive health across the Hume region. There are several other organisations delivering services with a focus on secondary and tertiary prevention programs that reflect the Victorian health and wellbeing priorities, for example Putting Families First program (Department of Justice), and RESTART Program (delivered by ACSO).

**Table 1:** Existing prevention priorities and systems in the GVPHU catchment area from stakeholders that attended consultations and completed surveys (*We acknowledge this list is not exhaustive)*

| LGA | Greater Shepparton | Moira | Strathbogie | Benalla | Mansfield | Murrindindi | Mitchell | Total |
|---|---|---|---|---|---|---|---|---|
| **Priority Area** | | | | | | | | |
| Tackling climate change | √ | √ | √ | √ | | √ | √ | 6 |
| Reducing injury | | √ | | | | | | 1 |
| Prevent all forms of violence | √ [1] | √ | √ | √ | √ | √ | √ | 7 |
| Increasing healthy eating | √ | √ | √ | √ | √ | √ | √ | 7 |
| Decrease risk of drug resistant infections | | √ | | | | | | 1 |
| Increasing active living | √ | √ | √ | √ | √ | √ | √ | 7 |
| Improving mental wellbeing | √ | √ | √ | √ | √ | √ | √ | 7 |
| Improve sexual & reproductive health | √[2] | √ | | √ | | | √ | 4 |
| Reduce tobacco and e-cigarette-related harm | √ | √ | √ | √ | √ | √ | √ | 7 |
| Reduce harmful alcohol & drug use | √ | √ | | | √ | | √ | 4 |
| Cancer Screening | √ | | | | | | | 1 |

[1] Primarily through specialist services — GV Centre Against Sexual Assault (CASA); GV Trauma Informed Services

[2] Women's sexual health clinic focussed on refugees and asylum seeker women, Aboriginal and Torres Strait Islander women and women at risk of homelessness.

**Table 2:** Existing prevention initiatives and action across the GVPHU catchment as per consultations and surveys

| Priority Area | Regional / sub-regional initiatives | LGA specific initiatives |
|---|---|---|
| Tackling climate change and its impact on health | Chop and Chat in at least two LGAs | Climate initiatives such as, Youth Climate Action & Youth Climate Summit<br>Climate Emergency Action Plan; Climate Change working groups<br>2023 Zero Emissions targets |
| Reducing injury | | Falls prevention exercise groups in residential aged care<br>Improving shade in public areas |
| Preventing all forms of violence | Gender Equity Pathway for partnerships; Gender Equity Community of Practice; Regional Gender Justice Strategy; Gender Impact Assessments; Information & education on preventing violence against women and gender equity (WHGNE)<br>Goulburn family violence PSA | 16 Days of Activism events; Free from Violence program<br>Organisation wide Gender Equality action plan; Gender Awareness Campaign support<br>Primary prevention in family violence in multicultural and multi-faith communities; schools; SHRFV (all health services) & FFV (all LGAs)<br>Community safety network |
| Increasing healthy eating | RESPOND initiative with various initiatives across all LGA's<br>Goulburn Health and Sustainable Food System Strategy / Healthy Food Connect Model — North East Local Food Strategy<br>Vic Kids Eat Well across 5 LGAs; Smiles for Miles across at least 2 LGAs<br>INFANT program[3] including breast feeding initiatives across at least 3 LGAs<br>Healthy Choices Workplace Achievement program across at least 2 LGAs<br>HEAS guidelines for Health services across at least 3 LGAs | Food sustainability plans<br>Drinking fountains<br>Food sharing maps and tables; fruit and vegetable access maps.<br>Fresh Food Drive; Relief Collaborative<br>Water only program in playgroups, early learning centres, schools & workplaces; water cafes at community events; drink bottles to flood relief centres; hydration stations in all towns; loan of portable hydration stations to community events. |

[3] Evidence-based infant feeding, active play and nutrition program being rolled out across Victorian LGAs

| | | |
|---|---|---|
| Increasing healthy eating | Aged Care Nutrition Standards (all health services with aged care facilities)<br>Edible gardens in settings (community, aged care, primary schools) in all LGAs<br>Edible gardens in settings (community, aged care, primary schools) in all LGAs<br>VicHealth Local Government Partnership in at least 3 LGAs | Soup for schools; free fruit Friday<br>SAKGF — improving food and drink environments in settings. |
| Decreasing the risk of drug resistant infections in the community | | Collaboration with GPs on appropriate antibiotic choice |
| Increasing active living | This Girl Can in at least 2 LGAs<br>Community gardens in all LGAs<br>Achievement program | Live 4 Life; Chill Skills,<br>Community exercise equipment; active footpaths; shared pathways; parkrun; community skate session; community walking groups; group fitness classes;<br>structured play class for toddlers.<br>Inclusive sport; disability program for physical activity.<br>Access & affordability of participation in sport; activities in the park; Active April<br>Open spaces |
| Improving mental wellbeing | Goulburn Mental Health and Wellbeing project | Mood, Move and Food<br>River Connect initiatives.<br>Social inclusion action groups |
| Improving sexual and reproductive health | Sexual and Reproductive Rights<br>Storylines project<br>Primary Prevention Partnerships<br>Condom Vending machines in public toilets in at least 3 LGAs | Capacity Building in women's health workforce<br>Sexual Health Clinics / services<br>STI screening (self-testing) vending machines, in progress |
| Reducing tobacco and e-cigarette related harm | Achievement program | Installation of signage in public areas<br>E-cigarette education in schools |
| Reducing harmful alcohol and drug use | | Public intoxication reform project<br>Good Sports Program |
| Cancer Screening | | Programs with multicultural women |

# 4. Consultations summary and outcomes

## 4.1 Stakeholder consultation

The health needs and priorities in the region were explored through consultation with key partners in health services, community health, local government, academia, and industry (see section 1.1.3 *Stakeholder Consultations* for more information on the process). Feedback was provided in face-to-face workshops and online surveys. 86 representatives from 38 organisations across the region participated in one or more consultation workshops. A full list of stakeholder organisations engaged in the consultations is available in appendix 1.

### 4.1.1 Priorities for the region

Stakeholders were asked to complete a survey post consultation workshop and consider the current state-wide health and wellbeing priorities and then rank them according to their perceived need for action in our region, with 27 respondents. The perceived areas requiring most urgent attention included:

1. Improving mental health and wellbeing
2. Increasing healthy eating
3. Increasing active living

### 4.1.2 Initiatives for population health impact

Questions were asked of participants in breakout rooms and recorded during the consultation workshop. The initiatives considered by stakeholders as most likely to have a positive impact on population health and wellbeing were:

1. the RESPOND project — leveraging strategies across the whole region and embedding community awareness and ownership
2. continuing and integrating existing initiatives with the healthy eating and oral health initiatives, *Smiles 4 Miles and Vic Kids Eat Well (VKEW)*
3. improved planning and design, and implementation of spaces and places for active living, mindfulness, healthy eating (e.g. community gardens) and to optimise health
4. infrastructure policy and actions to support healthy activities and choices
5. legislation around family violence
6. developing local food systems
7. increased dialogue with communities about mental health
8. addressing e-cigarettes
9. decreasing stress and increase well-being e.g. art therapy classes
10. free access to condoms

The stakeholders reported they would like to see initiatives that:

1. are supported by policy, and partnerships across sectors and systems
2. respond to local needs
3. enable learning, conversations and behaviour change, particularly with regard to sexual health, mental health, resilience, reducing stigma, gender inequality, cancer screening
4. increase promotion and information
5. include community events
6. increase access to, and quality of virtual services
7. improve access to services e.g. cancer screening, sexual health and mental health services
8. provide opportunities for setting based (e.g. township) approaches particularly around substance use
9. provide further funding support (e.g. to address family violence, for more services in smaller towns)
10. include specialist roles to support people from culturally and linguistically diverse, and Aboriginal and Torres Strait Islander communities
11. include research (e.g. to understand carcinogens in the environment, and how they affect cancer rates in our region).
12. assist with translating research into action (particularly around mental health wellbeing and benefits)

## Our stakeholders told us:

*'We need to move from a behavioural focus to social / structural actions to achieve change in priority health and wellbeing outcomes'*

*'Don't reinvent the wheel—just ensure we integrate what we are already doing to tackle multiple priority areas and support what's already working. For instance, healthy eating, active living, climate change and mental wellbeing could all be linked into a community garden.'*

*'At an international event last December, the connection with nature was enshrined in the Kunming-Montreal Global Biodiversity Framework, in Target 12, which called for* ***significantly increasing the area and quality and connectivity of, access to, and benefits from, green and blue spaces in urban and densely populated areas… ensuring biodiversity-inclusive urban planning, enhancing native biodiversity, ecological connectivity and integrity, and improving human health and well-being and connection to nature….*** *The goal would be for people to understand and feel they are an intrinsic part of nature, and that the health of the natural environment is as important, in fact essential, to their own health. It is the systems thinking concept, that all components of human health are interlinked with nature, just as nature relies on people doing the right thing and taking care of it.'*

*'Let's support community to connect with country and spend time nurturing relationships with each other and the environment.'*

*'We must work in partnership across sectors and systems.'*

## 4.2 Community consultation

The health needs and priorities in the region were explored through consultation with people residing in the GVPHU catchment (see section 1.1.4 *Community Consultations* for information on the process). Feedback was provided in face-to-face sessions with community groups, and via an online community survey. The community survey received 110 responses.

The survey respondents represented the 7 LGA's in the catchment with the greatest response (47%) from the Greater Shepparton municipality, 24% from the Moira Shire, and less than 10% of respondents from the remaining 5 LGAs. 67% of respondents were aged between 35-64 years, 15% aged 65 years and over, 15% of respondents aged 18-35 years, and 1% of respondents under 18 years of age. The survey was completed primarily by females (81%), with 16% male respondents, and 3% who did not respond to the question.

1% of respondents identified with Aboriginal or Torres Strait Islander people, 4% identified with LGBTQIA+ people, 4% of respondents identified with culturally and linguistically diverse communities, and 2% identified with other groups (not listed).

### 4.2.1. Priorities for the region

In the survey, community members were asked to consider the current 10 Victorian health and wellbeing priorities and choose up to 3 priorities they perceived to be the biggest priorities for their community. The perceived biggest priorities for community included:

1. Improving mental wellbeing (75%)
2. Increasing active living (54%)
3. Increasing healthy eating (43%)
4. Reducing harmful alcohol and other drug use (40%)

The respondents had varied and many reasons for selecting these health priorities linked to their:

- personal, work and community experiences,
- concerns for their family, friends, and community,
- knowledge and awareness of particular health and wellbeing issues and their impacts and/or the broader determinants of health,
- about what people have a right to expect (e.g. live mentally well, free from violence, and injury/illness free)
- genuine concern for our future generations

The health and wellbeing impact they have witnessed included:

- disability and death of community people through ill-health, accidents (e.g. motor vehicles) and self-harm,
- increased crime, offences, violence, and injury in their communities (potentially linked to health and wellbeing issues)
- poor health and wellbeing choices linked to cost of living and financial pressures, homelessness, work-life balance pressures,
- burdened health system,
- children and families adversely affected by parents' health and wellbeing issues, and
- the physical, emotional, and financial effects of climate change.

### 4.2.2 What could we improve or implement in the future to address our health and wellbeing priorities as a region

83% of respondent provided feedback on improvements or ideas to implement in the future to address our health and wellbeing priorities. Key themes to improve and address health and wellbeing included:

- Learning and education opportunities to support gardening, growing, and cooking of nutritious foods, good nutrition, prevalence and risk of eating disorders and disordered eating.
- Better access to physical activity / active living options, outdoor play spaces and infrastructure
- Programs to support resilience and mental health and wellbeing
- Prevention program in schools, with a community model and approach
- Parenting programs
- Domestic violence support, education, and funding
- Mobilising Quit program, and quit facilitators in the region, education about effects of alcohol and drug use
- Education and incentives to reduce carbon footprint
- Culturally appropriate action
- Address equity with regards to social determinants of health, and access to healthcare
- Advocacy
- Working together across organisations & sectors, working in partnership, not reinventing or duplicating/wasting resources on things that don't work or have an evidence base
- Support and promote community-led solutions
- More active living and arts events
- Easy access to health support and services, more funding and better access to mental health and drug & alcohol services and supports, address workforce issues in health and mental health services
- Tax on junk food, drugs, and alcohol. Increase cost of unhealthy products (fast food, alcohol, cigarettes, and e-cigarettes), and harsher penalties for suppliers of drugs.
- Signage prohibiting smoking and vaping
- Safe roads
- Media campaigns promoting health and wellbeing, decreased advertising of fast food and betting.

Many of the improvement and ideas for implementation had a focus on children and youth, on community mobilisation and community-led approaches, and on increasing awareness and education to support individual behaviour change.

## Our community told us:

*'Everyone deserves to live mentally well, free from violence and illness / injury free'*

*'Activity helps build mental as well as physical strength. When you are strong in mind and body you are more inclined to be kind to yourself'*

*'Prevalence of family violence and broken families which lead to unhealthy childhoods is too high. Financial pressures push people to make convenient rather than healthy food choices.'*

*'Healthy eating is a priority. I know myself I do not eat enough fruit and vegetables and I find them quite expensive in my small supermarket and they don't keep well in my fridge if I purchase in Shepparton days before needed'.*

*'Mental health amongst all communities is still considered taboo in some areas. This needs to be more talked about and more access needs to be available'.*

*'e-vaping has become the next form of smoking. Young people are taking this up at a rapid rate and believe it is perfectly safe to do. It is a pandemic, and more research & education needs to done to prevent any future illness/disease. Vaping was introduced to reduce tobacco use, what will need to be developed to stop vaping addiction?'*

*'There is a high prevalence of FV, forcing women and children to live in survival mode where they unable to focus on other areas of health. Tobacco and e-cigarette use make it unpleasant to walk around town and impacts the health of users and those living with them. Rapidly increasing e-cigarette use in young people is alarming. Too much sedentary behaviour is impacting the health and mental health of our community.'*

*'We need all age groups engaged in health promoting activities, access to affordable housing, healthy food and locally based health care.'*

*'Everyone always says the government should provide. I think we have to start making the best of ourselves for ourselves. Combine community efforts and knowledge to increase health and healthy eating. Talk to schools more, start with the younger generation so as it starts to carry through for a longer time. Education is often the answer, I guess one problem at a time. Start with vaping, let's lessen that impact.'*

*'Everything on the list is a worthy endeavour, but active living and healthy eating can contribute to improvement in several of the other areas mentioned so they are worth targeting as priorities. The violence priority must be top of mind as nobody can address any of those other important areas of health if the threat of violence is hanging over their heads.'*

*'Climate change is important: in a rural community being aware of the obvious things: reducing the use of plastics, avoiding the degeneration of the soil through overuse of chemicals, building sustainable dwellings, being aware of food miles, driving non petrol cars, aware of the effect of cattle on climate.'*

*'If people have good mental health, I believe they are more able and likely to eat well, exercise and have social connections. They would also be less likely to harm others. The diabolical physical, emotional, and financial effects of climate change are increasing most people's anxiety about the future so addressing this issue on a personal, community and government level is paramount to ensuring everyone's ongoing health.'*

*'Inequity within communities currently that are impacting on wellbeing outcomes. Services that are not accessible, affordable, easily available to those that need them the most. Emphasis is on the individual to solve their own health issues that are often made worse by the system as it's one size fits all.'*

*'So much burden/morbidity of chronic disease is linked to modifiable risk factors including diet and exercise. Also, there is much evidence to support a range of environmental, behavioural and policy changes that could assist with improving healthy eating and active living. Mental wellbeing in intrinsically linked to physical health and wellbeing, and therefore should be prioritised to have multiple benefits in improving overall health and wellbeing.'*

*'We need community connections, social connections, grass roots approach to develop local solutions.'*

## 4.3 Collective blue-sky visioning

Stakeholders and consumers were asked via surveys (See Section 1.2 *Blue Sky Vision* for more details on the process):

1. *If we got the actions in the population health plan right, what do your communities look like in 2028* (stakeholder survey)
2. *If Victoria was the healthiest place in the world, what would your community look like?* (community survey)

Many of the responses described:

- Attributes and environments of active living — exercise, running, outdoor activities and sport, free or affordable physical activity options, dancing, community gardens, orchards and green spaces, accessible and safe walking and cycling paths around scenic areas and between communities, fewer vehicles, useful public transport,
- Behaviours and environments linked to increasing healthy eating — food sharing, edible gardens, more healthy food options, no processed foods, green grocers and famers markets, healthy meals available at schools, workplaces with cultural and open food choices, minimal fast-food outlets, fresh, affordable and accessible food, subsidised healthier options in supermarkets, programs and classes to learn how to cook nutritious food, no diet culture — no marketing of diets or body shaming in existence,
- Behaviours linked to reducing tobacco-related harm and, reducing alcohol and other drug related harm — less or no smoking, minimal or sensible recreational drug and alcohol use.
- Behaviours and environments linked to improving mental wellbeing — social interaction, work-life balance, free community-based events, vibrant, active, and diverse communities, open spaces for socialisation and gathering, people supporting each other, arts and wellbeing options (linked to active living),
- Environments with clean water, clean and tidy communities with less packaging and less/no rubbish, lots of trees and green spaces, fresh air, blue skies, with control of blue-green algae blooms in lakes, less wood smoke in winter, accessible EV charge stations, more solar and wind power, and great collective energy efficiency, carpooling, composting, food circle closed from waste.
- People who are happy, healthy, feel confident they *belong, have value and a future,* feel connected, engaged, and included, feel safe, are active, fit, strong, toned, athletic and thin. People who are kind, vibrant, and content. People who are informed, educated, involved, mindful, have work-life balance, eat healthily and exercise regularly. People living independently, working 4-day weeks.
- Communities with free and easy access to healthcare, small hospitals (less/empty beds), have health services that are under-utilised,

locally based healthcare and specialist facilities, healthcare focused on lifestyle medicine and prevention, shorter or no wait times for health services, free funding for mental health, better access to mental health services, equitable access to healthcare services, more GPs available, and routine free health screening. Communities with less institutionalised aged care.

- Communities with no family violence, less self-harm, and suicide. Communities with limited unemployment, and no gambling advertisements. Community members who are employed and resourced, with no poverty and affordable housing.
- Demand and supply — adequate staffing and resources, more counsellors and psychologists, free education, increased access to affordable childcare, access to drug and alcohol recovery units,
- Reductions or elimination of chronic health issues and disability — obesity, chronic disease

The key themes from the blue-sky visioning are captured in the statements described in appendix 7.

The blue-sky visioning was utilised to develop *tagline* and *vision* options for the development of the Population Health Plan 2023-2029. The following options are representative of the community and stakeholder's vision for how together we can improve our catchment's population health.

**Options for Population Health Plan *Tagline***

1. Thriving healthy region with healthy people.
2. Together we thrive. Empowered and healthy communities.
3. Improving the health of our communities together.

**Options for Population Health Plan *Vision***

1. Physical, mental and social wellbeing is thriving in our regional community, and environments support and empower residents to lead healthy and fulfilling lives.
2. Our regional community is empowered to be healthy and well. They have equitable access to opportunities and resources that support healthy and safe environments.
3. Service systems are accessible and integrated, to support happy, active, connected, and resilient communities, creating better health and wellbeing for all.

# 5. Needs identification

Based on the analysis of population data, the stakeholder and community engagement and mapping of prevention systems, the needs and strengths of the catchment have been identified and are summarised below.

**Table 3:** The needs and strengths of the GVPHU catchment

| What are the needs of the population? | What are the strengths of our population? |
|---|---|
| **The data is telling us, our region:**<br>• Experiences more socio-economic disadvantage than other regions<br>• Has a higher prevalence of modifiable risk factors that impact our health and wellbeing<br>• Has higher rates of chronic disease, and poor health outcomes<br>• Has health equity and accessibility challenges<br><br>**The community and stakeholders are saying we need:**<br>• Increased awareness, information and education about protective factors and behaviours that increase health and wellbeing, and about the harmful effects of risk factors<br>• Access to environments and infrastructure that promote, encourage, enable and empower communities to live healthy lives, particularly healthy eating and active living<br>• Practical supports, services and resources to promote health and prevent poor choices that impact on health and wellbeing, with a focus on prevention and early intervention<br>• Focus on inequities in the determinants of health, and population health and wellbeing outcomes | **The data is telling us, our region:**<br>• Has a growing and diverse community<br>• Has high levels of life satisfaction<br><br>**The community and stakeholders described many enablers in initiatives that improve health and wellbeing:**<br>• Using social media and other technologies as a platform for engagement, advocacy, and to support change<br>• Our partnerships with organisations and our communities<br>• Collaborative initiatives with local government to improve environments and infrastructure for health and wellbeing<br>• Academic partnerships to supports evidence-based approaches<br>• Regional advocacy with governments around policy, reforms and resources that contribute to better public health and wellbeing<br>• Partnering with specialist services to ensure population health strategies meet the needs and support vulnerable population groups including culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people, LGBTQI+ people<br>• Advocating for, promoting and supporting community change<br>• Mobilising and supporting community action<br>• Many actions within prevention have co-benefits across priorities |

Based on the analysis of population data, the stakeholder and community engagement and mapping of prevention systems, there are a number of initiatives seen to be having a collective impact on the health and wellbeing of the population. Equally, there are opportunities for continuous improvement in the work that we do. What is working well across the region, and our opportunities for improvement are summarised below.

**Table 4:** What is having an impact and what are the opportunities for improvement across the GVPHU catchment.

| What is working well across the region — what is coordinated and integrated to have a collective impact on the health and wellbeing of the population? | What are our opportunities for improvement? |
|---|---|
| The RESPOND project is a co-led initiative by local communities in partnership with Deakin University that aims to empower local communities to lead action to improve the health of their children. This project is being implemented across parts of the GVPHU catchment.<br><br>The region has well networked and integrated action in addressing healthy eating and active living.<br><br>Implementation of programs aligned to the Victorian Public Health and Wellbeing Plan, and programs aligned to the World Health Organisation's models for Health Promotion e.g. Health Promoting Schools, Healthy Workplace, and Health Promoting Hospitals Frameworks.<br><br>The region has a strong focus on the health and wellbeing of our children and youth. | Improve the reach of our initiatives — leveraging the RESPOND initiative and strategies across the whole catchment, and embedding community awareness and ownership.<br><br>Improve the population health rates for chronic disease such arthritis, mental health conditions, asthma, diabetes, heart disease, cancer, lung conditions, stroke, kidney disease and dementia, by implementing region-wide initiatives that address the modifiable health behaviours know to contribute to these chronic health conditions.<br><br>Sharing knowledge and understanding about evidence-based programs or initiatives that are showing promising impact and outcomes in various communities across the catchment, and understand the who, what, why, how, when?<br><br>Focusing on planning and implementation of population health initiatives that are multi-factorial in their approach, and health and wellbeing outcomes.<br><br>Use a system-approach to plan and design, and a community or place-based approach to ownership, implementation, and change.<br><br>Focus on health literacy.<br><br>Access to more population health and wellbeing data, understanding it, and using it to inform decision-making.<br><br>Opportunity to do deep dives and tackle social or structural determinants of health rather than individual behaviours. |

| | |
|---|---|
| | Monitoring and addressing the potential trend of higher healthcare needs and access to care due to<br>• an older population, sparse, dispersed populations and lower growth projections (for 5 of our LGAs),<br>• and very high population projections, with younger and more culturally and linguistically diverse populations (in 2 of our LGAs)<br>will be important to ensure equity of healthcare outcomes in regional areas in the GVPHU catchment.<br>Review of public data relevant to the priority areas to inform future data collection and research. |

# 6. Limitations of Health Needs Assessment

The Health Needs Assessment summary and outcomes report provides an overview of the information and data available. The Health Needs Assessment data is limited in it's review ofthe strengths of the population, and factor that are beneficial to wellbeing, for example:

- Whether we have, and enjoy leisure time
- If we volunteer
- If we participate in arts, sport, or cultural activities
- How worthwhile we feel our lives are
- If we feel safe in our area
- How easy it is to access green spaces or natural environment
- Our sense of belonging to our neighbourhood
- Whether we can access key services
- How satisfied we are with our housing
- If we are satisfied with our health
- If we have to rely on people
- If we have financial difficulty
- If we are engaged in formal or informal learning

There is a close relationship between people health and the circumstances in which they grow, live, work, play and age. It is recommended that GVPHU understand the population health status of the catchment regarding protective measures for health and wellbeing.

The population health data is limited with regard to some of the key health and wellbeing priorities (e.g. tackling climate change and its effects on health) which makes it difficult to understand the population health needs and benefits of implementing health prevention initiatives.

The data GVPHU is using to inform decision-making is limited by the age of the data (some data was 5 or more years old), and in the lack of data differentiated by gender, or with specific data related to vulnerable groups including the LGBTIQ+ population, culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander people, and people with a disability.

The consultations engaged several organisations and community members across the GVPHU catchment; however, further consultation should be undertaken in the planning, design and implementation of initiatives, including partnership and shared commitment to delivering population health outcomes. The existing community consultation data primarily represents the views of people living in the Greater Shepparton LGA, largely represents the views of women, and is not representative of vulnerable or marginalised groups in the community.

Many of the ideas for health promotion action provided by organisations and community members were linked to health service access and/or delivery of tertiary health promotion initiatives, rather than primary and secondary prevention (including early intervention). This may have been attributed to the participants working in organisations whose primary focus is on the delivery of community health and welfare services, and community members recent experiences with healthcare services. It will be important to ensure further engagement with stakeholders and community members is focused on primary and secondary prevention, when planning,designingand delivering health promotion actions.

Stakeholders also recognised we:

- *need to link data with stories about the challenges we see in our work and lives.*
- *need to understand why our PHU catchment is performing so poorly and why others are doing better.*

# 7. Conclusion

The thorough process of the Health Needs Assessment has allowed the GVPHU to better understand the health and wellbeing status of the catchment population and areas of concern where the region experiences more disadvantage and/or has poorer population health outcomes.

Our partners and community understand the challenges and needs of our region and therefore are a critical part of improving population health and need to continue to be part of the process. They are continuing to prioritise and improve the health and wellbeing of their local communities through various plans, including municipal public health and wellbeing plans, and locally led actions engaging communities.

To improve population health in our catchment will take a collaborative effort across all sectors, organisations and community, hence our focus on engagement and partnership for the development of this document and the Primary Care and Population Health Plan. This has been acknowledged by stakeholders and community in the unanimous voting of the tagline — Improving the health of our communities, together.

The GVPHU team are committed to new, innovative, collaborative and inclusive health promotion and prevention initiatives, that focus both on a systems approach combined with place-based population health interventions delivered in partnership with local organisations.

The Health Needs Assessment provides the foundation for GVPHU to develop a Primary Care and Population Health plan 2023-2029 that supports Victoria's public health vision, describes our regional role in prevention and population health, and our commitment to working collaboratively with our partners and our community to improve the region's health and wellbeing outcomes.

# 8. References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# Abbreviations

| | |
|---|---|
| ACSO | Australian Community Support Organisation |
| ADH | Alexandra District Health |
| BH | Benalla Health |
| BRCC | Benalla Rural City Council |
| GP | General Practitioners |
| GSCC | Greater Shepparton City Council |
| GVH | Goulburn Valley Health |
| GVPHU | Goulburn Valley Public Health Unit |
| GVW | Goulburn Valley Water |
| HNA | Health Needs Assessment |
| INFANT | Infant feeding, active play and nutrition program |
| LGA | Local Government Area |
| MDH | Mansfield District Hospital |
| Mans SC | Mansfield Shire Council |
| Mitch SC | Mitchell Shire Council |
| Moira SC | Moira SC |
| MSC | Murrindindi Shire Council |
| NPH | Nexus Primary Health |
| PCC | Primary Care Connect |
| RESPOND | Reflexive Evidence and Systems interventions to Prevent Obesity and Noncommunicable Disease |
| SAKGF | Stephanie Alexander Kitchen Garden Foundation |
| SH | Seymour Health |
| SHRFV | Strengthening Hospital Response to Family Violence |
| WHGNE | Women's Health Goulburn Northeast |
| YDMH | Yea and District Memorial Hospital |
| YH | Yarrawonga Health |
| 3WH | 3whitehorses |

# Glossary

Achievement program — a free health and wellbeing program to help create healthier environments for working and learning, with a focus on healthy eating, physical activity, and mental health and wellbeing. The program is supported by the Victorian Government and delivered by Cancer Council Victoria.

Chill Skills — a gentle movement, mindfulness and meditation class for children aged 5-12 years to help them learn to be calm, confident, creative and resilient.

INFANT — is an evidence-based initiative (the infant feeding, active play and nutrition program) designed for maternal and child healthcare workers to provide structured advice to guide healthy habits for new parents.

Live4Life — a mental health education and youth suicide prevention model to empower rural communities to improve youth mental health and reduce suicide.

RESPOND — is a co-led initiative by local communities in partnership with Deakin University that aims to empower local communities to lead action to improve the health of their children.

Smiles 4 Miles — an initiative of Dental health Services Victoria (DHSV) which aims to improve the oral health of children and their families in high-risk areas across Victoria.

This Girl Can — A campaign, led by VicHealth, aimed at inspiring women to get active — however, wherever and whenever they choose, without being judged.

Vic Kids Eat Well — a state-wide movement focused on transforming the food and drink environments where kids spend their time — schools, outside school hours care, and a wide range of community organisations.

VicHealth Local Government Partnership — a partnership between VicHealth and local governments to address local factors that directly affect the daily lives of children and young people and their opportunities for health and wellbeing.

# 9. Appendices

## 1. List of stakeholders engaged in consultations

African House

Alexandra District Health

Benalla Health

Deakin University

Department of Fairness and Housing

Department of Health

Ethnic Council of Shepparton

Family Care

Good Shepherd

Goulburn Ovens TAFE

Goulburn Valley Health

Goulburn Valley Water

Goulburn Valley Pride Incorporated

Goulburn Valley Public Health Unit (GV Health)

Greater Shepparton City Council

Greater Shepparton Lighthouse Project

GV Centre Against Sexual Assault (GV Health)

Kilmore District Health

Mansfield District Hospital

Mansfield Shire Council

Mitchell Shire Council

Moira Shire Council

Murray Primary Health Network

Murrindindi Shire Council

NCN Health

Nexus Primary Health

Point of Difference Studio

Primary Care Connect

River Connect

Rumbalara

Seymour Health

Stephanie Alexander Kitchen Garden Foundation

Strathbogie Shire Council

The Bridge

University of Melbourne

Vincent Care

Women's Health Goulburn North East

Yarrawonga Health

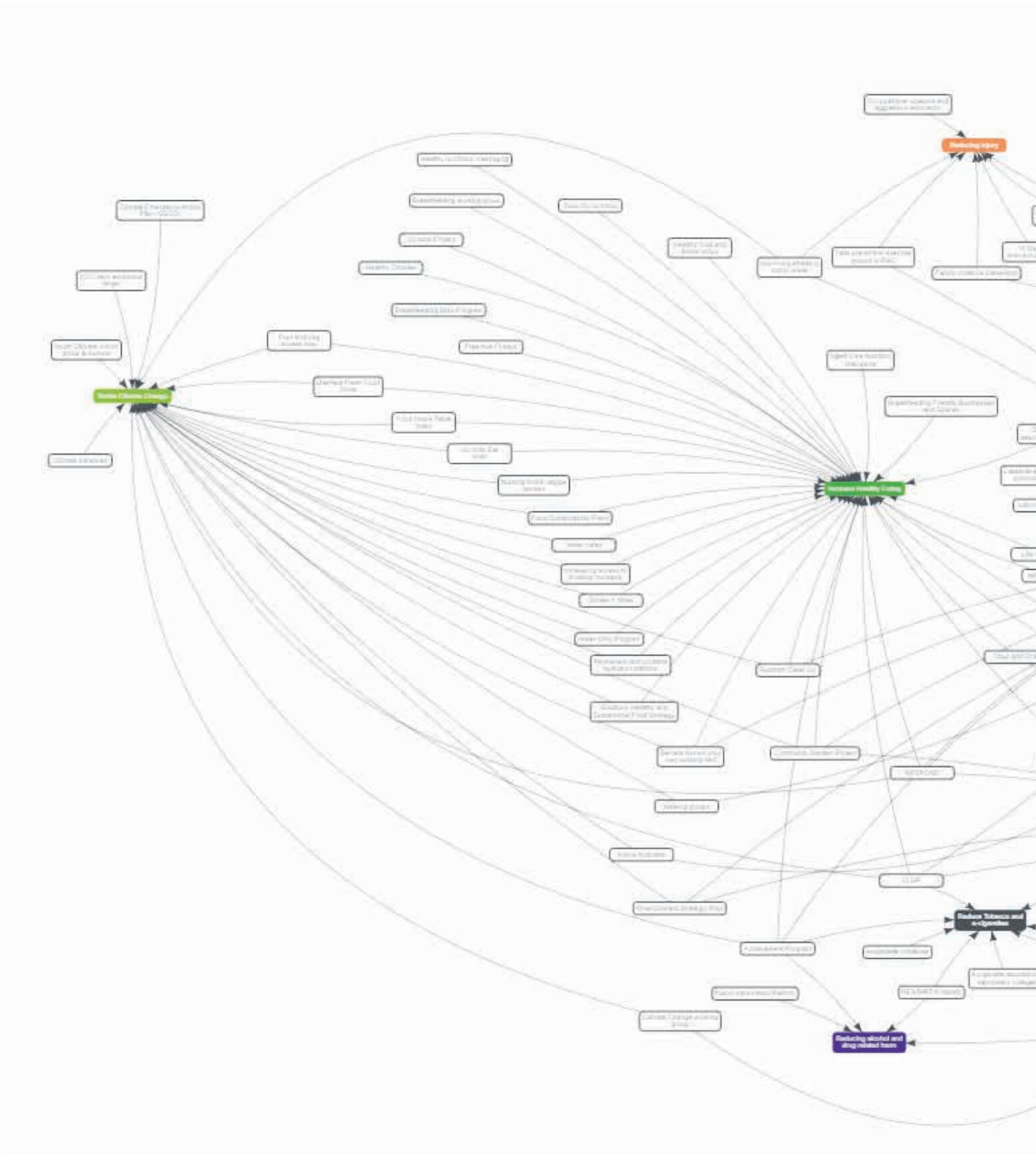
Yea & District Memorial Hospital

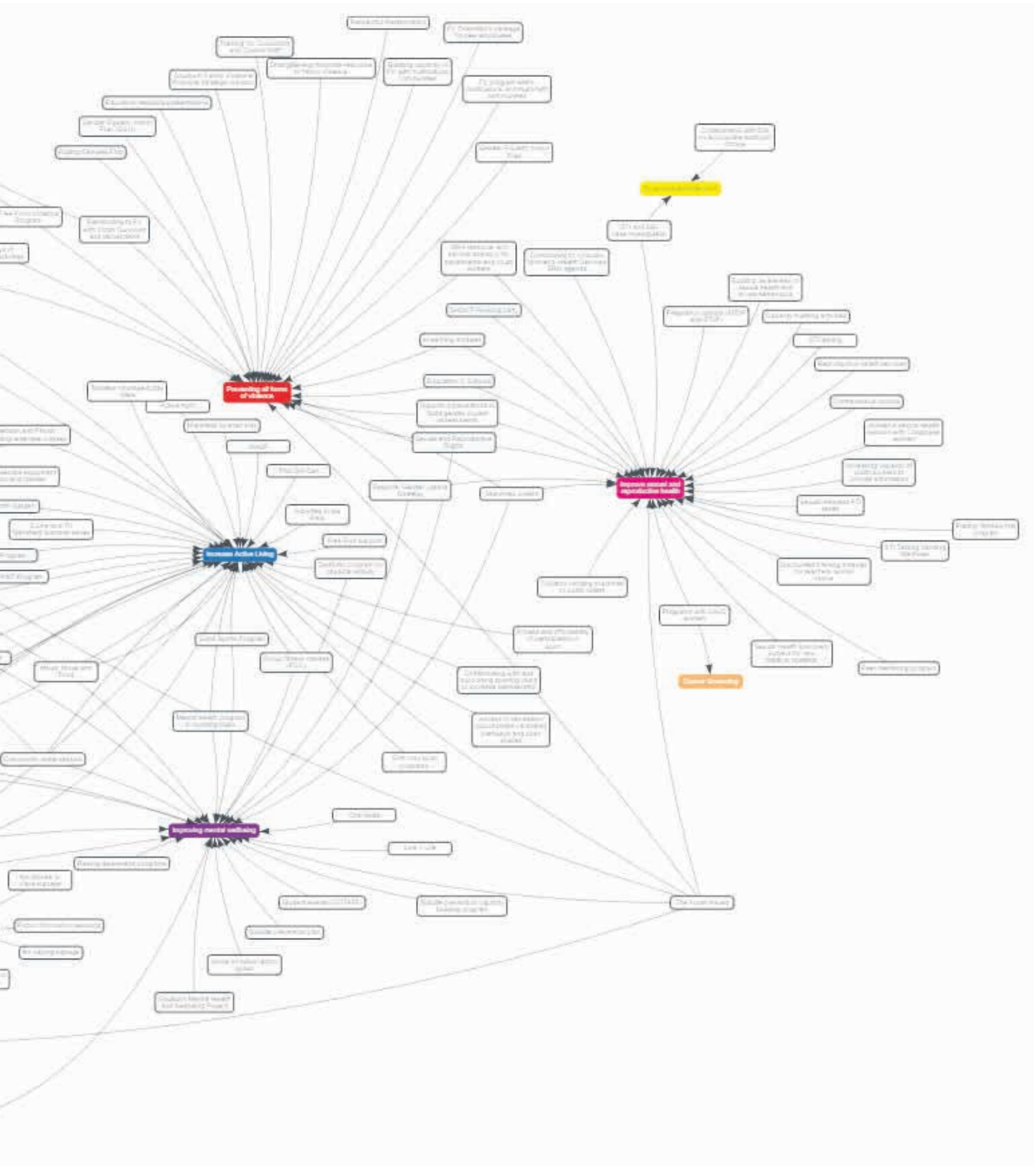
3whitehorses

## 2. Current prevention activities survey questions

1. Which organisation do you work for?
2. Which priority area/s are you currently working on? (option to choose multiple of the following: Increasing healthy eating, increasing active living, reducing tobacco and e-cigarette related harm, Tackling climate change and it's impacts on health, Reducing harmful alcohol and drug use, Improving mental wellbeing, Improving sexual and reproductive health, Increasing cancer screening, Preventing all forms of violence, Reducing injury and Decreasing the risk of drug resistant infections in the community)
3. Under those priority areas you've indicated above, what actions are you currently working on?

## 3. Prevention Activities Systems Map




Preventing all forms of violence
Improve sexual and reproductive health
Increase Active Living
Improving mental wellbeing

## 4. Breakout room questions

1. What surprised you most from the data?
2. If you could choose a topic area to work on based on the data what would it be and why?
3. In relation to Q2, what system changes do we need to focus on to achieve it?
4. Is there something you're already working on to improve one or more of these priority areas?

## 5. Post consultation survey questions

1. Which session did you attend? (options for each session provided)
2. How informative did you find todays session? (out of five stars)
3. Please put the priority areas in order of needs most attention to needs least attention for the GVPHU catchment (ability to rank priority areas)
4. Based on your top 3 priority areas above, is there an action/s that you think could have an impact?
5. Were there any key data points missing? If so what are they?
6. Would you be happy to be contacted about any of the information you've provided? (yes, no options)
7. (if yes to above question) Please provide your contact details below
8. How confident are you in the GVPHU Health planning and Prevention Team being a valuable partner? (1 being not at all, 6 being very confident)

## 6. Community consultation survey questions

1. What is your age? (options included under 18, 18-24, 25-34, 35-44, 45-54, 55-64 and 65+)
2. Which shire do you live in? (options included Greater Shepparton, Moira Shire, Strathbogie Shire, Mitchell Shire, Murrindindi Shire, Benalla Rural City and Mansfield Shire)
3. How do you identify your gender? (option to choose one of the following: Man/Male, Women/Female, Non-binary/gender diverse, My gender identity isn't listed and Prefer not to say)
4. (if selected My gender identity isn't listed) I identify as:
5. Do you identify with any of these groups? (option to choose multiple of the following: Aboriginal and/or Torres Strait Islander, LGBTQIA+, Culturally and Linguistically Diverse, Person with a disability, Refugee and/or seeking asylum, None of the above and Other with the option to add in text)
6. If Victoria was the healthiest place in the world, what would your community look like?
7. From these topics, which is the biggest priority for your community? (Choose up to 3 of the following options: Increasing healthy eating, increasing active living, reducing tobacco and e-cigarette related harm, Tackling climate change and it's impacts on health, Reducing harmful alcohol and drug use, Improving mental wellbeing, Improving sexual and reproductive health, Increasing cancer screening, Preventing all forms of violence, Reducing injury and Decreasing the risk of drug resistant infections in the community)
8. What are the things that make this topic/s a priority?
9. What could be done better or what is an idea for the future to address this?
10. Would you like to be involved in providing feedback on a draft Population Health Plan?
11. (if answered yes) Please provide your email address.

## 7. Blue Sky Visioning

*If Victoria was the healthiest place in the world, what would your community look like?*

Our community….

- is happy, active, connected and empowered, and healthier than now
- has positive healthy behaviours,
- is free from violence, harm and preventable disease
- is empowered, physically and mentally healthy, and thrive with a supportive and sustainable environment
- is strong, healthy, happy, and connected, free from violence and harm, with less burden of disease and hospitalisations
- is engaged in making a difference — more connected, happier, healthier, more active and empowered communities, with healthy and safe environments, and access to local services
- is connected and resilient,
- supported to actively participate in their health and wellbeing
- is engaged in behaviours that promote health,
- has equitable access to opportunities and resources to support a healthy lifestyle.
- is making positive choices about health and wellbeing, and promoting longevity
- has community supports and strong partnerships.
- has a healthier future forever
- has people living their best lives
- has improved health and wellbeing,
- is safe and equitable for everyone.
- is thriving, resilient, supported and connected, healthy and happy
- has services that have the capacity to respond, and are accessible for everyone.
- has outdoor spaces that promote physical and social wellbeing
- has people that feel confident that they 'belong', are happy, have value and a future
- is connected, active, together, collaborative, kind and safe
- is happy, vibrant and diverse
- is engaged, active, mindful, informed, educated
- encourages work-life balance, and the environment supports healthy lifestyle choices and connection.
- Is free of harmful products and environments
- encourages healthy choices, and has accessible and strong public health services
- has active living spaces, community connection, is green and litter free
- has people positively taking action for their own health and wellbeing
- is engaged in meaningful work cares about its people. It promotes healthy, active and community minded people supporting each other