LIVE WELL IN WELLINGTON

MUNICIPAL PUBLIC HEALTH & WELLBEING PLAN 2025-29

WELLINGTON SHIRE COUNCIL

FUTURE WELLINGTON Your Vision, Our Mission.

Acknowledgement of Country

Wellington Shire Council acknowledges our offices are located on the traditional lands of the Gunaikurnai nation. We pay our deep respects to their Elders past, present and future and acknowledge their ongoing cultural and spiritual connections to their land and waters.

Aunty Eileen Harrison
(born Australia 1948)
Gunaikurnai
Celebration of our Culture, 2018

Acrylic on canvas, 140 x 240cm
Collection Gippsland Art Gallery
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1. Mayors Message

I'd like to introduce 'Live Well in Wellington', Wellington Shire Council's Municipal Public Health and Wellbeing Plan. This plan is responsible for our municipal-wide response to health and wellbeing. Put simply, it details how we will work with our partners to keep our community healthy and well.

Live Well in Wellington is more than just another plan, it is our shared commitment to equity, inclusion, safety, and collective action. It responds to some of the most difficult and distressing truths facing our community. Some we cannot continue to ignore.

Family violence is one of the biggest health and safety challenges in Wellington Shire. It affects one in five Victorian women and is the leading cause of preventable illness, injury, and death for women aged 15 to 44. It contributes to homelessness, mental illness, financial stress, and child protection concerns.

The statistics in Wellington continue to be deeply troubling. In 2024, there were 3,194 reported family violence incidents per 100,000 people - more than 14.2% higher than the year before and double the states occurrence at 1,503. While we take an equal approach to all the work we do, women are affected by family violence at three times the rate of men, and First Nations women in our communities are experiencing harm at over five times the rate of the general female population.

This plan puts equity and prevention at its centre because the trauma of violence can shape every part of a person's life. But we know we can't fix these issues alone. Live Well in Wellington is part of a bigger picture, and one built in collective impact and partnerships with Wellington's Health and Wellbeing Coalition, a network of dedicated community and health organisations working every day to change the story.

Through Live Well in Wellington, we're also tackling broader health issues. In our Shire, only 4% of people eat enough vegetables, and nearly one in four adults (23.4%) don't do any moderate or vigorous physical activity each week placing us among the lowest-ranked councils in Victoria.

These figures are a warning sign for our health system. But we believe change is possible when local agencies and communities work together. This is something we all have a role in-we're in it together.

This plan was shaped by community voices through the Future Wellington project, and created alongside our committed partners, including Ramahyuck District Aboriginal Corporation, Victoria Police, Central Gippsland Health, Gippsland Women's Health, Quantum Support Services, GippSport, Yarram & District Health Service, and many others.

Together, we're determined to turn these statistics around and build a future where every person in Wellington can live a healthy, well and safe life with dignity.

I encourage you to keep reading through this plan, and in conjunction with the Council Plan 2025-29 as part of Future Wellington, where we are creating communities we can all be proud of.

Cr Scott Rossetti
Mayor

OUR COUNCILLORS

WELLINGTON SHIRE COUNCIL

Cr Liz Foat
Central Ward

Cr Scott Rossetti
Central Ward

Cr Geoff Wells
Central Ward

Cr Catherine Bannerman
Coastal Ward

Cr Cindy Madeley
Coastal Ward

Cr Garry Stephens
Coastal Ward

Cr Edward Lowe
Northern Ward

Cr Carmel Ripper
Northern Ward

Cr John Tatterson
Northern Ward

3. About Live Well in Wellington

As required by the *Victorian Public Health and Wellbeing Act 2008,* Wellington Shire Council's Municipal Public Health and Wellbeing Plan, Live Well in Wellington (LWIW), outlines the health and wellbeing priorities for the Shire for the next four years from 2025-2029.

LWIW is a key strategic roadmap for Council to work in partnership with other health and community organisations to protect, promote and improve the health and wellbeing of our community.

LWIW recognises the critical role that Council plays in shaping the social, environmental, and economic factors that influence health, known as the Social Determinants of Health (SDH). This role includes leading the delivery of services and programs, funding health and wellbeing initiatives through the community grants program, partnering with others, and advocating on behalf of our community.

LWIW has been developed alongside the Wellington Shire Council Plan 2025-29 and recognises health and wellbeing as the foundation for every community member to live full and productive lives.

In accordance with the *Victorian Public Health and Wellbeing Act 2008,* LWIW considers the health priorities set out by the Victorian Public Health and Wellbeing Plan 2023-2027 and is guided by local evidence from Council's Municipal Scan, extensive partner and community engagement, and evaluation of previous plans.

Based on the evidence LWIW focuses on three key health and wellbeing priorities, as shown in Figure 1 below. These priorities were chosen for their potential to achieve the greatest impact on the health and wellbeing of the Wellington Shire community, while also aligning with the role of Council and ensuring effective collaboration for collective impact with local health and community organisation partners.

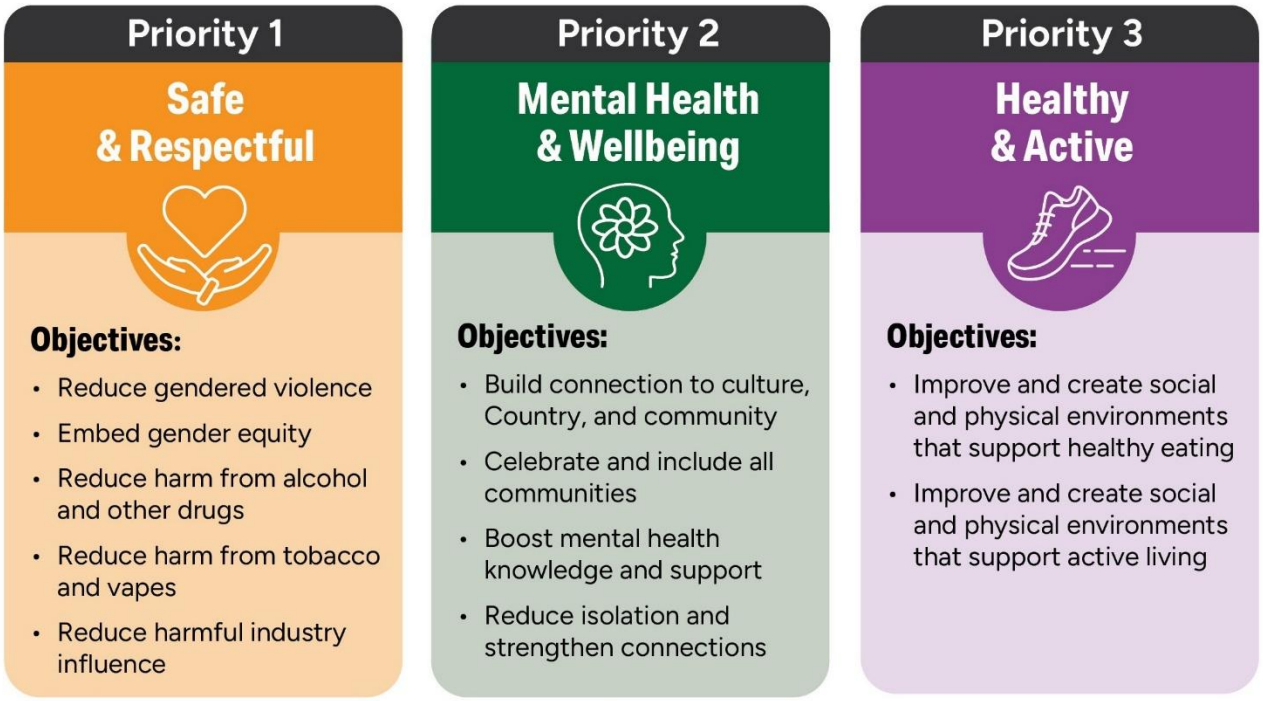

Figure 1 Health and Wellbeing Priorities

LWIW will be implemented through annual action plans and will be evaluated annually to track the progress made towards improving the health and wellbeing of the community.

While Council is committed to leading LWIW, we will work in partnership to ensure implementation has a greater impact. We will work together to respond to each priority area, addressing the social determinants of health to ensure that everyone in our community has the opportunity to live a healthier, more fulfilling life.

4. Council's Role

LWIW recognises that improving the health and wellbeing of the community is best achieved through a collective effort, where coordinated action delivers the most effective and sustainable outcomes for our population.

Recognising the importance of collective action, Council is committed to leading LWIW, while acknowledging there are many objectives where working in partnership or advocating to other levels of government will have a greater impact. In many cases, our partners, particularly those in the not-for-profit sector, are best placed to take the lead, given their on-the-ground knowledge, established relationships, and specialist expertise. We rely on these partners to lead and deliver much of the work that contributes to health and wellbeing across the municipality. Council's role is to support, enable, and work alongside these organisations to ensure coordinated, effective, and community-centred action.

Not every action will be Council-led,rather we aim to focus our efforts where we can collaborate, add the most value, use our resources effectively, and support outcomes that benefit the whole community. The roles Council may take include:

Lead	Council directly delivers programs, services, or initiatives where we have the resources, expertise, and responsibility to act.
Funder	Council provides financial support through a range of community grants programs. These grants help community groups, not-for-profit organisations, and local initiatives to deliver projects that promote health and wellbeing, foster inclusion, encourage participation, and strengthen community connections.
Partner	Council works collaboratively with other organisations, service providers, and community groups to achieve shared goals.
Advocate	Council uses its voice and networks to influence decision-makers and push for change on issues outside our direct control.

Figure 1 Council role LWIW

5. How LWIW was Developed

A robust evidence base has informed the development of LWIW. It comprised the three key activities shown in Figure 2:

Figure 2 Evidence Base for Live Well In Wellington

5.1 Municipal Scan

In line with the requirements of *the Victorian Public Health and Wellbeing Act 2008*, LWIW is informed by a Municipal Scan that provides an understanding of the health and wellbeing status of our community and the causes that contribute to this status.

Drawing on Census data, the Victorian Population Health Survey, Victorian Health Indicators and other reputable sources, the Municipal Scan was undertaken to establish a strong evidence base.

This comprehensive analysis formed the foundation for determining health and wellbeing planning priorities developed in consultation with the community and other partners and stakeholders.

The Municipal Scan is available via the following link [link to come].

5.2 Policy and Legislative Considerations

The various policy and legislative frameworks outlined below have informed the development of LWIW to ensure a comprehensive approach to improving health and wellbeing outcomes for our community.

Council Plan 2025-29: a requirement under *the Local Government Act 2020* and is a key strategic document that describes the commitments Council makes to its community. The Council Plan sets the course for Council's work over the next four years and aligns with the Future Wellington 2041 Community Vision. It is built around four Strategic Objectives that shape Council's strategic direction for the next four years.

Climate Change Act 2017: aimed at addressing the impacts of climate change through mitigation and adaptation strategies. The Act emphasises the importance of integrating climate considerations into decision-making processes across various sectors, including health, transport, and energy. The Act mandates local government to include climate change in their Municipal Public Health and Wellbeing Plans.

Gender Equality Act 2020: aimed at promoting gender equality and addressing gender-based discrimination. The Act mandates public sector entities, universities, and local councils to develop and implement Gender Equality Action Plans, conduct gender impact assessments, and report on their progress towards gender equality goals.

Local Government Act 2020: governs the operations and responsibilities of local councils in Victoria. The Act aims to improve the transparency, accountability, and efficiency of local government operations. It outlines the roles and functions of councils, including their responsibilities in areas such as governance, community engagement, financial management, and service delivery.

National Aboriginal and Torres Strait Islander Health Plan 2021-3031: a national policy to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next 10 years.

Public Health and Wellbeing Act 2008: designed to protect and promote the health and wellbeing of the public. It outlines the responsibilities of various entities, including local councils, in addressing public health issues and ensuring the community's overall health.

The Victorian Closing the Gap Implementation Plan 2021-2023: outlines the actions Victoria is taking to achieve the objectives of the National Agreement on Closing the Gap. The plan was initially set for 2021-2023 but has been extended until June 2025 to allow for ongoing consultation with First Peoples stakeholders.

Victorian Public Health and Wellbeing Plan 2023-2027: a strategic framework to deliver on the vision of: A Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age. The plan outlines key priorities and objectives to address public health challenges and promote a healthier Victoria.

Gippsland Population Health Strategy 2025-2029: designed to address the health and wellbeing needs of the community within the Gippsland Region Public Health Unit catchment area. The Strategy outlines the Gippsland prevention sectors collaborative actions towards the three top health priorities of: Reducing tobacco-related harm (including e-cigarettes), increasing active living and increasing healthy eating.

The Community Health - Health Promotion Guidelines 2025-2029: outlines the requirements for community health - health promotion funded agencies including a focus on three main areas: promoting healthy eating, encouraging active living, and reducing harm from tobacco and e-cigarettes. The program also considers the impact of climate change on health.

5.3 Partner and Community Engagement

Future Wellington Community Check-in

An extensive community engagement process was undertaken in 2024 to inform the review of Council's Community Vision and long-term plans. The feedback received through this process has shaped the direction and priorities within these plans, including the Municipal Public Health and Wellbeing Plan, *Live Well in Wellington*.

As part of the engagement, community members were asked to share the barriers that make it difficult to live a happy and healthy life. Key issues raised included the rising cost of living, limited

access to health services, concerns about safety, and the need for a more accessible and inclusive community.

They were also invited to provide feedback about the top four Victorian Population Health and Wellbeing Plan priorities considered to be most relevant to the Wellington Shire community. The results were as follows:

1. **Improving wellbeing (mental health) - 68%**
2. **Preventing all forms of violence - 67%**
3. **Increasing active living - 60%**
4. **Increasing healthy eating - 39%**

This feedback provided has informed the development of LWIW. The Future Wellington Community Check-in Findings Report can be found at Future Wellington.

Wellington Health and Wellbeing Coalition – Partner Engagement

The Wellington Health and Wellbeing Coalition was formed to embed a partnership approach to ensure the effective collaboration for collective impact required to improve the health and wellbeing of the community. The Coalition participated in a series of three workshops in February 2025 to consider the evidence base to inform the three key health priorities and objectives that form the basis of LWIW. The Health and Wellbeing Coalition has a critical role to play over the next four years in guiding implementation of LWIW and taking collaborative action to promote and support the health and wellbeing for all.

Table 1 outlines the local health services and organisations that form the Wellington Health and Wellbeing Coalition:

Yarram & District Health Service Neighbourhood Houses Gippsland Ramahyuck Central Gippsland Health Victoria Police Uniting	Gippsland Region Public Health Unit Quantum Support Services Gippsland Centre Against Sexual Assault Gippsland Primary Health Network	Gippsland Women's Health GippSport Department of Families, Fairness and Housing

Table 1 Wellington Health and Wellbeing Coalition

6. Guiding Principles

The following principles will guide the leadership and implementation of LWIW by supporting our commitment to working together towards our shared population health and wellbeing priorities. They align with the principles of the Wellington Health and Wellbeing Coalition, our health and organisation partners, and the legislative context.

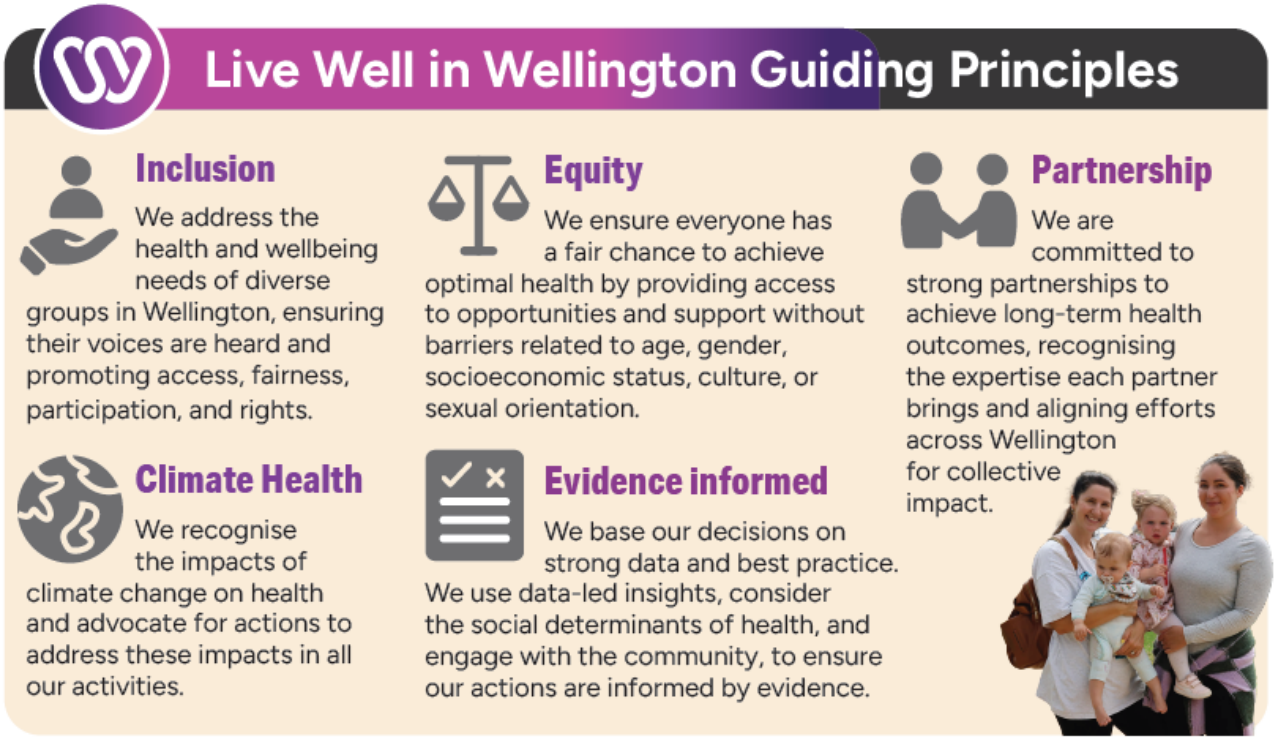

Table 2 LWIW Guiding Principles

7. Roadmap

LWIW will be implemented through annual action plans and evaluated each year to monitor the progress towards improving the health and wellbeing of the community.

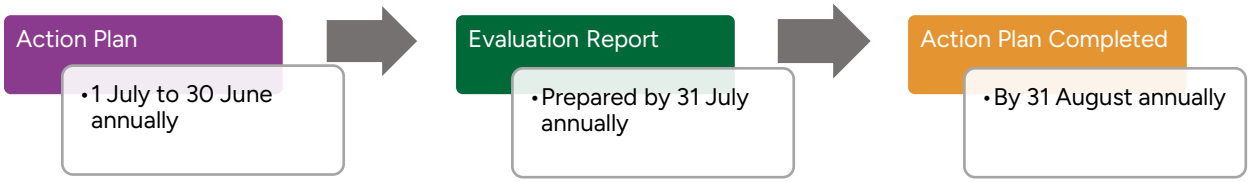

Figure 2 Annual Action Plan Timeline

7.1 Cycle of Continuous Improvement

To support the effective implementation of LWIW, we will adopt a cycle of continuous improvement. This structured approach provides a consistent way to ensure our work remains focused, responsive, and accountable. The cycle involves four key phases:

- **Review** what has been done, what has worked, and what can be improved.
- **Identify** current gaps, emerging needs, and opportunities for action.
- **Plan** next steps in collaboration with community and stakeholders.
- **Act** by implementing and monitoring initiatives, then feeding results back into the cycle.

By applying this method, we can ensure health and wellbeing actions are sustained, continuously improved, and embedded in our everyday practices.

Figure 3 Live Well in Wellington Cycle of Continuous Improvement

7.2 Monitoring for change

LWIW aims to positively impact population indicators such as the percentage of adults meeting vegetable consumption guidelines or engaging in sufficient physical activity. However, while it is anticipated that LWIW will contribute to changes in these indicators, any shifts cannot be directly attributed to our work.

Public health outcomes are shaped by many different factors working together at local, state, national, and global levels. Things like government policies, the economy, social trends, and other big-picture issues can all affect how people live and make health decisions. For example, the cost of food across the country, national health campaigns, or changes in the global economy can all impact the health and wellbeing of our community, often in ways that are beyond our control.

By selecting population-level indicators that reflect the health needs of our community, we ensure that our efforts are targeted towards issues we know are relevant to the people of Wellington Shire.

The population indicators used in this plan are drawn from reputable and publicly available data sources, such as the Australian Bureau of Statistics, the Victorian Population Health Survey, and other datasets. These indicators are not collected by Council. Instead, they are part of broader monitoring frameworks that allow us to align with the work of our partners and state government. Many of the measures used in LWIW are also taken directly from the Victorian Public Health and Wellbeing Outcomes Framework, supporting a consistent and coordinated approach to improving population health across the state.

Because we use data from external sources, it's important to note that some indicators may change over time. The datasets we rely on might be updated, changed, or even stopped, which could affect our ability to report on certain measures in the future. If this happens, we'll do our best to find other indicators that are as similar as possible, so we can continue to track the health and wellbeing of our community over time.

We remain committed to tracking and reporting on the indicators that are most relevant and reliable for our community, and to using local evaluation and outcomes tracking to complement population-level measures.

8. Priority Groups

LWIW is committed to supporting the diverse health and wellbeing needs of all members of our community, especially those who may experience greater barriers to achieving good health. This includes our LGBTQIA+ communities, culturally and racially marginalised communities, people living with disabilities, Aboriginal and Torres Strait Islander peoples, individuals from low socioeconomic backgrounds, and women and girls. We acknowledge that these community members are more likely to face systemic challenges such as unequal access to healthcare, discrimination and social disconnection.

LWIW uses an intersectional lens to better understand and address the inequalities faced by our priority groups. This means we look at how different parts of a person's identity like their culture, gender, sexuality, age, income, or where they live can combine and create extra barriers or unfair treatment. A person might face challenges for more than one reason at the same time. For example, someone might experience disadvantage not just because they have a disability, but also because they are from a refugee background or live in a rural area. By recognising how these factors overlap, we can better support people who are most at risk of poor health and make sure our actions are fair and inclusive for everyone.

By addressing these inequalities LWIW aims to build a healthier and more inclusive community where everyone can thrive.

Whole-of-Population Planning with Equity in Mind

While most LWIW actions will be designed as whole-of-population interventions, identifying the needs of specific population groups ensures that these actions are inclusive, equitable, and responsive to varying levels of access, risk, and support. In practice, this may involve adapting broad strategies to address the needs of priority groups. For example, encouraging increased consumption of fresh fruit and vegetables is a valid public health goal for all residents; however, promoting high-cost health foods without risks unintentionally excluding or disadvantaging those in low socioeconomic circumstances. By considering such factors, we aim to ensure that our health promotion efforts are relevant and accessible to all community members, including those experiencing compounded forms of marginalisation.

8.1 Low socioeconomic/income

We recognise that everyone does not have the same access to material resources such as housing, or opportunities for social participation, and this can have a powerful impact on health and wellbeing. Low socioeconomic status can significantly impact health outcomes, often leading to worse outcomes for nearly every disease and health condition.

8.2 LGBTQIA+

Many people in our LGBTQIA+ communities are treated unfairly based on their sexual orientation, gender identity, or expression. This can affect their sense of safety and belonging across different parts of life, from home and school to healthcare settings and public spaces. These experiences can contribute to social disconnection and increased risk of emotional, physical, and sexual harm. We are committed to making sure everyone feels valued and supported in our community.

8.3 People with a disability

People living with disabilities are important and valued members of our community and we acknowledge that they face greater barriers that can impact their overall health and wellbeing. They may often experience higher levels of psychological distress and higher rates of health risks that can be changed, like poor diet and smoking. We also understand that the nature and severity of a disability can make it difficult to participate in social and physical activities, which can further affect health outcomes. Additionally, individuals living with disabilities often encounter disadvantages in areas like education, employment, and social support, which can also impact their health.

We recognise that long-term health conditions can lead to disabilities and living with a disability can exacerbate existing health problems.

Women living with disabilities are particularly vulnerable, being twice as likely to experience sexual violence in their lifetime compared to women without disabilities. They are also more likely to experience intimate partner violence.

8.4 Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people continue to carry the effects of historical and ongoing injustices, including the impacts of colonisation, the Stolen Generations, and systemic racism. These experiences have led to significant health disparities, with Aboriginal and Torres Strait Islander people having a life expectancy that is 10 years lower than non-Indigenous people. They also experience higher rates of family violence, homelessness, and psychological distress.

8.5 Women and girls

Family and gender-based violence is a significant issue in Wellington Shire, affecting one in five women and contributing to preventable death, illness, homelessness, and poor mental health. Women and girls in our community are often at the forefront when it comes to seeking mental health services. They represent the majority of individuals accessing Medicare-subsidised care and being hospitalised for issues such as self-harm and eating disorders.

Informal caregiving, predominantly undertaken by women, can amplify health problems and negatively impact employment and social connection opportunities, especially for older caregivers and those living in rural areas. Women also take on most unpaid domestic and care work, which can affect their mental health and overall quality of life.

8.6 Culturally and Racially Marginalised People (CARM)

People in our community who speak languages other than English or come from culturally diverse backgrounds enrich our region in many ways. At the same time, people from our CARM communities often face particular challenges that can make them feel isolated and undervalued.

Language barriers, communication difficulties, and different understandings of health can create obstacles to accessing essential services. These challenges are often compounded by experiences of stigma, discrimination, and racism, which can lead to social isolation.

Additionally, financial stress, food and energy insecurity, unstable working conditions, and a fear of engaging with government services, particularly for vulnerable groups like undocumented migrants, can further exacerbate these difficulties.

LIVE WELL IN WELLINGTON

Health and Wellbeing Profile

Population

45,639

Age & Household Type

MEDIAN AGE **44**
Victoria 38

Family households **23%**
Victoria 31%

Lone person households **30.3%**
Victoria 25.9%

Income & Employment

Unemployment rate **4.7%**
Victoria 5%

People experiencing homelessness **126**

Median individual household income **$658**
Victoria $803

Median weekly household income **$1,272**
Victoria $1,759

Diversity & Disability

Males **50.4%**
Victoria 49.2%

Females **49.6%**
Victoria 50.8%

LGBTQIA+ **9.3%**
Victoria 11%

Aboriginal & Torres Strait Islander **2%**
Victoria 1%

Proportion of the population who reported their health as excellent or very good **35.9%**
Victoria 39.8%

Proportion of the population who reported their health as fair or poor **23.9%**
Victoria 20.9%

Proportion of people who had a self-reported disability **25.7%**
Victoria 19.9%

Proportion of the population who are obese **34.6%**
Victoria 23%

Proportion of the population who are overweight but not obese. **32.5%**
Victoria 31.4%

Self-Assessed Health Status

People with heart disease **5.5%**
Victoria 3.7%

LOW-INCOME HOUSEHOLDS: People with heart disease **10.2%**
Victoria 3.7%

People with diabetes **5.6%**
Victoria 4.7%

LOW-INCOME HOUSEHOLDS: People with diabetes **9.5%**
Victoria 4.7%

People with a lung condition **3%**
Victoria 1.5%

LOW-INCOME HOUSEHOLDS: People with a lung condition **6%**
Victoria 1.5%

People with a mental health condition **10.36%**
Victoria 8.8%

LOW-INCOME HOUSEHOLDS: People with a mental health condition **14.9%**
Victoria 8.8%

ABORIGINAL & TORRES STRAIT ISLANDER: People with a mental health condition **19.8%**
Victoria 8.8%

LIVE WELL IN WELLINGTON

Priority 1

Safe & Respectful

Objectives:

- Reduce gendered violence
- Embed gender equity
- Reduce harm from alcohol and other drugs
- Reduce harm from tobacco and vapes
- Reduce harmful industry influence

Priority 2

Mental Health & Wellbeing

Objectives:

- Build connection to culture, Country, and community
- Celebrate and include all communities
- Boost mental health knowledge and support
- Reduce isolation and strengthen connections

Priority 3

Healthy & Active

Objectives:

- Improve and create social and physical environments that support healthy eating
- Improve and create social and physical environments that support active living

Guiding Principles

Inclusion

We address the health and wellbeing needs of diverse groups in Wellington, ensuring their voices are heard and promoting access, fairness, participation, and rights.

Equity

We ensure everyone has a fair chance to achieve optimal health by providing access to opportunities and support without barriers related to age, gender, socioeconomic status, culture, or sexual orientation.

Partnership

We are committed to strong partnerships to achieve long-term health outcomes, recognising the expertise each partner brings and aligning efforts across Wellington for collective impact.

Climate Health

We recognise the impacts of climate change on health and advocate for actions to address these impacts in all our activities.

Evidence informed

We base our decisions on strong data and best practice. We use data-led insights, consider the social determinants of health, and engage with the community, to ensure our actions are informed by evidence.

Priority Groups

Low Socioeconomic/ income

LGBTQIA+

People with a disability

Aboriginal and Torres Strait Islander People

Women and Girls

Culturally and Racially Marginalised (CARM)

Priority 1: Safe and Respectful

Objectives

- Reduce all forms of gendered violence
- Embed gender equity by addressing structural barriers and fostering inclusive policies, environments, and community culture
- Reduce harm from alcohol and other drugs
- Reduce harm from tobacco and vapes
- Reduce the influence of harmful industries

When people feel safe and respected, they are more likely to engage in social activities, seek medical care and support, and participate in the life of the community. Overall, a safe and respectful community creates a foundation for individuals to thrive and achieve better health outcomes [1].

LWIW focuses on five key objectives that together collectively contribute to all people in Wellington Shire feeling safe and respected. These objectives are outlined in further detail below.

Reduce all forms of gendered violence

Reducing gender-based violence will significantly impact feelings of safety and respect within the community. Gender-based violence refers to any act of violence that is directed against an individual based on their gender identity or perceived gender. It includes physical, emotional, psychological, financial, and sexual abuse, as well as coercive control, intimate partner violence, elder abuse, and actions that restrict an individual's freedom or independence [2].

While gender-based violence impacts individuals of all ages, cultures, and backgrounds, it disproportionately affects women and girls. It is the leading cause of homelessness for women and children, with over 45% seeking homelessness assistance identifying family and domestic violence as the cause [3]. Globally, the World Health Organization reports approximately one in three women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. The effects can be severe and long-lasting, impacting physical, mental, sexual, and reproductive health [4].

Locally, the rate of family violence in Wellington Shire in 2022 was almost double the state average [5] and 37.1% of criminal offences were related to family violence incidents [6]. Reducing gender-based violence is essential to improving health and wellbeing, strengthening social cohesion, and fostering a community where all individuals feel safe, respected, and valued.

Embed gender equity by addressing structural barriers and fostering inclusive policies, environments, and community culture

To prevent gendered violence, we must address the underlying conditions that allow it to occur. Gender inequality is the primary driver of gendered violence. It manifests through unequal power relations, rigid gender roles and stereotypes, and the structural disadvantage experienced by women and gender-diverse people. By challenging harmful gender norms, promoting respectful relationships, and advancing gender equity across all areas of community life, we can build a foundation for long-term cultural change.

In Wellington Shire, gender inequality is reflected in the following key indicators:

- **Employment Rates**: Only 38.5% of women in Wellington Shire have full-time jobs, compared to 69.2% of men [7]
- **Leadership Roles**: In 2021, only 7.9% of women in Wellington Shire were employed as Chief Executives, General Managers, and Legislators, compared to 15.6% of women in Victoria [7]
- **Male Dominance in Leadership**: The rate of men in these leadership roles in Wellington Shire is more than double that of women, at 19.5% [7]

By removing systemic obstacles and implementing inclusive policies; and by fostering a culture of inclusivity and equality, people are more likely to feel respected and supported in their communities.

A focus on gender equality benefits the whole community.

Reduce harm from alcohol and other drugs

During the Future Wellington Community Check-In process, feeling unsafe was identified as one of the top four challenges to living a happy and healthy life. A key concern was the impact of alcohol and other drugs on community safety and wellbeing.

Adults in Wellington Shire are at higher risk of alcohol-related harm compared to the Victorian average. Approximately 21.7% of adults are at increased risk of disease or injury from alcohol use, compared to 13.1% statewide, ranking Wellington Shire as the 6th highest local government area in Victoria on this measure. In 2021, 7% of households in Wellington Shire reported experiencing alcohol- or drug-related problems, compared to 3.5% in Victoria overall [8]. There were also 99 recorded deaths related to illicit drugs and alcohol in Wellington Shire [9].

Reducing alcohol and other drug related harm is key to improving community safety and wellbeing. LWIW aims to create safer environments by minimising the negative impacts of alcohol and drug use on individuals and families.

Reduce harm from tobacco and vapes

Wellington Shire faces significant challenges related to tobacco and vaping use. Around 24.2% of residents report smoking tobacco or vaping, much higher than the Victorian average of 18.5%, ranking Wellington Shire 7th highest out of 79 Councils in Victoria [10]. The daily smoking rate sits at 16.2%, significantly higher than the Victorian average of 10%, placing Wellington Shire 8th highest in the state [10].

Vaping presents a growing public health concern, particularly for young people. There is growing evidence that vapes are creating a new pathway to nicotine addiction, risking a reversal of decades of progress in reducing tobacco use. The marketing, accessibility, and appeal of vapes have contributed to increased uptake among young people, many of whom would not otherwise have smoked [2].

The health impacts of high smoking and vaping rates in Wellington Shire are already evident. Lung conditions are reported at twice the rate of the Victorian average [11]. These impacts are particularly severe for people in low-income households, who are four times more likely to experience lung conditions than the state average [12].

LWIW prioritises reducing harm from tobacco and vaping, especially among young people and vulnerable groups, to protect and improve long-term community health.

Reduce the influence of harmful industries

Harmful industries such as gambling, alcohol, tobacco, and fast food use a range of strategies to shape community norms and behaviours. Rather than focusing only on individual choices, this objective addresses the broader systems and strategies that normalise harmful behaviours and increase exposure to risk.

In Wellington Shire, the impact of the gambling industry is clearly visible. In the 2022-2023 financial year, residents lost $724 per person on electronic gaming machines, compared to $545 per person across Victoria [13]. Australians lose more money per person to electronic gaming machines than any other country [14]. These losses are linked to a range of harms, including financial hardship, relationship breakdown, and mental health issues [14].

LWIW aims to limit the impact of industries that contribute to the health issues that can negatively affect individuals and communities. Addressing the promotion of harmful industries can advance social equity, which in turn fosters social cohesion and a sense of security.

Health Equity

Gendered violence is a health equity issue that affects many individuals in our community. Aboriginal and Torres Strait Islander women in Wellington Shire experience family violence at more than five times the rate of the general Wellington Shire female population. Women with disabilities are also twice as likely to experience sexual violence, and barriers like stigma and discrimination often prevent them from seeking help.

Promoting gender equity is essential to reducing harm. Structural barriers and social discrimination limit access to leadership, employment, and services, particularly for women and LGBTQIA+ people in our community. By addressing these barriers, we can create a more inclusive and supportive environment for everyone.

Tobacco use and vaping continue to cause significant harm, particularly among groups who already face social and health inequities. Higher smoking rates are linked to broader structural challenges faced by rural residents, Aboriginal and Torres Strait Islander people, LGBTQIA+ communities, young people, those living with mental illness or alcohol and other drug (AOD) issues, and people with disabilities. These groups are often more exposed to stress, targeted marketing, and limited access to culturally safe or accessible support, all of which contribute to higher smoking rates and poorer health outcomes.

The impact of alcohol and other drugs (AOD) is greater among Aboriginal people, those with mental illness, LGBTQIA+ communities, and people in the justice system, especially where access to support is limited. By working together to address these issues, we can create a healthier and more equitable community for all.

Linkages

- Family violence causes housing instability for women and children
- Gender based violence and family violence negatively impacts women and children's mental health

- Addiction to smoking and vaping causes poor mental health and wellbeing
- Waste from cigarettes contributes to climate change
- Vapes are made from plastic which does not biodegrade and can contain heavy metals which pollute the environment
- Smoking and vaping negatively impact sexual and reproductive health in men and women
- Alcohol and other drugs can negatively impact mental health and wellbeing
- Alcohol is not a cause or excuse for family violence, but in many instances is a significant risk factor that can exacerbate it. Alcohol is involved in between 23% to 65% of police reported family violence incidents [15]
- Gender inequality and lack of income parity between men and women cause increased food insecurity among women

Indicators/Monitoring for change

Family Violence

Rate of police recorded incidents of family violence per 100,000

Smoking and Vaping

Proportion (%) of people who smoke tobacco or vape

Proportion (%) of people who vaped daily

Proportion (%) of people who smoked tobacco daily

Alcohol and other Drugs

Proportion of the adult population at increased risk of harm from alcohol-related disease or injury

Proportion of the adult population at reduced risk of harm from alcohol-related disease or injury

Gambling

Electronic gaming machine losses per person

Aligned policies:

- Public Health and Wellbeing Act 2008
- Gippsland Population Health Strategy 2024-2029
- Victorian Population Health and Wellbeing Plan 2023-2027
- Gender Equality Act 2020
- Free From Violence: Victoria's Strategy to Prevent Family Violence and All Forms of Violence Against Women
- National Preventive Health Strategy 2021–2030
- Wellington Gender Equality Action Plan (GEAP) 2021-25
- Wellington Shire Council Fair Access Policy

Strategies

- Support local prevention initiatives that raise awareness of gendered violence
- Promote safe and inclusive public spaces, events, and facilities that are welcoming to all genders and provide opportunities for connection and visibility

- Support gendered violence training and capacity building for community organisations, sporting clubs, and businesses
- Apply a gender equity lens to planning, policy and service delivery, using tools like Gender Impact Assessments
- Support smoke-free and vape-free environments through signage, policy, and community education
- Build community awareness about the tactics and impacts of harmful industries, especially among young people
- Review and strengthen Council policies and sponsorship arrangements to minimise promotion of gambling, alcohol, tobacco, and vaping

Priority 2: Mental Health and Wellbeing

Objectives

- Build connection to culture, Country, and community
- Ensure diverse and marginalised communities are included, represented, and celebrated
- Increase community knowledge and capacity to support mental health and wellbeing
- Reduce social isolation and strengthen community connections

Mental health and wellbeing is a vital part of overall health. It refers not just to the absence of mental illness, but to a person's ability to cope with life's challenges, build and maintain relationships, and contribute meaningfully to their community. Good mental health supports resilience, confidence, emotional regulation, and a sense of purpose. It can exist alongside mental illness, with the right supports and community environment helping individuals to thrive.

Beyond the individual impact, mental health affects the whole community. It influences our capacity for social connection, economic participation, and collective wellbeing. Supporting good mental health and wellbeing across the population not only reduces the burden of illness, but also strengthens community resilience, productivity, and cohesion.

LWIW focuses on four key objectives that together collectively contribute to enhance the mental health and wellbeing of the community.

Build connection to culture, Country, and community

When people feel connected to culture and community, it fosters a sense of belonging, pride, and purpose. This connection can help reduce isolation and improve overall wellbeing. Engaging with cultural heritage strengthens identity, promotes continuity, and offers traditional practices that support mental health.

For Aboriginal and Torres Strait Islander peoples, connection to Country, culture, and community is deeply linked to health and healing. In Wellington Shire, 19.8% of Aboriginal and Torres Strait Islander people report mental health conditions, more than double the state average of 8.8% [12]. Strengthening cultural connections plays a vital role in addressing these disparities.

Ensure diverse and marginalised communities are included, represented, and celebrated

Mental health and wellbeing is shaped by a range of social, cultural, economic, and environmental factors, including housing, employment, access to services, safety, and inclusion. [2]. When individuals or groups experience disadvantage or exclusion, the risk of mental distress increases.

Representation matters. When diverse and marginalised communities are included, represented and celebrated, it promotes equality and reduces stigma. This sense of inclusion can improve mental health by making individuals feel valued, respected, and safe.

In Wellington Shire, only 54.7% of people believe that multiculturalism makes their life better, significantly lower than the Victorian average of 66.5% [10]. This may reflect fewer opportunities for intercultural engagement and a need to build greater appreciation for diversity. Research also shows that people who hold intolerant attitudes toward diversity may experience poorer physical and mental health themselves—highlighting that inclusive community's benefit everyone.

Strengthening inclusion builds resilience, enhances social cohesion, and supports the wellbeing of the whole community.

Increase community knowledge and capacity to support mental health and wellbeing

Improving mental health literacy empowers individuals to care for their own mental health and support others. This includes recognising early signs of distress, knowing where to seek help, and understanding how to foster positive mental wellbeing.

In Wellington Shire, mental health challenges are more common than the state average. For instance, 11.1% of young people aged 12-24 in Wellington Shire have a mental health condition, compared to 9.3% in Victoria [12]. Additionally, the rate of emergency department visits for mental and behavioural disorders among children aged 0 to 14 years is significantly higher in Wellington Shire, with 405.1 per 100,000 compared to 291.8 in Victoria [16]. For young people aged 15 to 24 years, the rate is also much higher in Wellington Shire at 3981.0 per 100,000, compared to 1989.6 in Victoria [16].

A more informed community can better support one another and foster environments that improve mental health and wellbeing [17].

Reduce social isolation and strengthen community connections

Social isolation can have major consequences for mental health, leading to higher rates of anxiety, depression, and even suicide. In contrast, having a strong sense of social connection, whether through a large network of friends or close relationships with just a few people, has been associated with improved overall quality of life, more positive mental health outcomes, and better physical wellbeing [18].

In Wellington Shire, 25% of adults reported experiencing loneliness, compared to 23.3% in Victoria with a higher suicide rate in Wellington Shire at 12.6 per 100,000 people, compared to 9.0 in Victoria. Higher suicide rates can be an indicator of severe social isolation and mental health issues within the community. In addition, 10.6% of people aged 15-24 in Wellington Shire are disengaged from workforce and educational activities, compared to 7.5% in Victoria [12], which can also lead to social isolation and reduced opportunities for young people.

Despite this, data the Future Wellington Shire Community Check-in process highlighted evidence of important community connections that are already in place and can be further strengthened through LWIW with:

- 86% of respondents indicating that “People in my community are kind to me”
- 78% indicating they “feel comfortable taking part in local activities (such as social, education or recreation)”; and
- 75% who “feel like I belong in my local community” [19].

By reducing social isolation and fostering strong community bonds, people can experience a greater sense of belonging and support. This can help alleviate feelings of loneliness and depression, contributing to better mental health and wellbeing outcomes [20].

Health Equity

People from diverse and marginalised backgrounds in our community, including those from low socioeconomic backgrounds, Aboriginal and Torres Strait Islander communities, LGBTQIA+ individuals, people with disabilities, and CARM communities, can face unique challenges that impact their mental health and wellbeing. Experiences of discrimination, isolation, and limited access to care can lead to poorer mental health outcomes for these groups.

In rural areas, disadvantage can significantly affect mental wellbeing, especially for children and young people. Similarly, people with disabilities and LGBTQIA+ communities often report higher levels of psychological distress and social disconnection.

Aboriginal and Torres Strait Islander people in our community face distinct challenges due to the ongoing impacts of racism, colonisation, and trauma. For them, connection to culture, community, and Country is essential for healing and mental wellbeing.

People from our CARM communities in Wellington Shire may encounter language barriers, stigma, and limited access to culturally appropriate services, increasing their risk of social isolation and poor mental health.

Housing insecurity is closely linked to mental health – unstable or unsafe housing can increase stress, anxiety and depression, while mental ill-health can also place individuals at greater risk of losing secure housing [21].

Although men and boys in Australia are less likely than women to be diagnosed with a mental health condition, they face disproportionately high rates of suicide. In fact, male suicide deaths are nearly double the national road toll. Around 43% of men will experience anxiety or depression at some point in their lives, yet many delay seeking help, over a quarter report putting off visits to their GP even when they needed support. Men account for the majority of daily suicide deaths [22].

To improve mental health equity across Wellington Shire, it's crucial to build inclusive and connected communities where diversity is celebrated, and all groups are represented.

Linkages

- By prioritising good mental health and wellbeing, we reduce stigma, increase social connection, improve physical health, promote productivity and create safer environments
- Improving mental health can increase physical health and activity and vice versa
- People who are less tolerant of diversity often experience high levels of psychological distress
- Loneliness is as damaging for peoples health and wellbeing as smoking fifteen cigarettes a day
- The effects and/or risks of climate change can negatively impact peoples mental health and feelings of anxiety
- Benefits of increased social connection include lower rates of anxiety and depression, higher self-esteem, greater empathy, and more trusting and cooperative relationships
- Loneliness can lead to disrupted sleep patterns, elevated blood pressure, and increased cortisol (a stress hormone)

- Loneliness can reduce your immune system leading to increased usage of antibiotics
- Loneliness is a risk factor for antisocial behaviour, depression and suicide
- Older people who remain connected socially have lower risk of dementia
- People experiencing poor mental health may be at increased risk of poor physical health and developing chronic health conditions, such as diabetes and heart disease

Indicators/Monitoring for change

Social Connection and Inclusion

Proportion (%) of people who believe multiculturalism makes their life better

Proportion (%) of adults experiencing loneliness

Proportion (%) of people who have experienced discrimination in the last 12 months

Mental Health

Suicide rate (rate per 100,000)

Proportion (%) of people with high or very high psychological distress

Aligned policies

- Victoria's Anti-Racism Strategy 2024-2029
- Victorian Closing the Gap Implementation Plan 2021-2023
- Victoria's Mental Health Reform Plan
- Victorian Population Health and Wellbeing Plan 2023-2027
- Victorian Suicide Prevention Framework 2016–2025
- Wellington Equal Opportunity Anti-Discrimination Policy
- Wellington Shire Council's Disability Action Plan 2025-2029
- Wellington Shire Councils Community Managed Facilities Strategy

Strategies

- Encourage volunteering, mentoring, and peer support as pathways to connection
- Use infrastructure and planning to create welcoming spaces that bring people together
- Foster inclusive opportunities for social participation in local places and spaces
- Build community confidence in recognising and responding to signs of mental distress
- Encourage early help-seeking by connecting people to local mental health services and supports
- Include diverse representation in Council materials, initiatives, and public communications
- Facilitate opportunities for all community members to connect with Country, local history, heritage, and environment

Priority 3: Healthy and Active

Objectives

- Improve and create social and physical environments that support healthy eating
- Improve and create social and physical environments that support active living

Healthy eating is fundamental for maintaining good physical and mental health. A nutritious diet supports a healthy weight, protects against chronic diseases such as cardiovascular disease, type 2 diabetes, dementia, certain cancers, and strengthens the immune system [2].

Active living is also vital across all stages of life. Regular physical activity helps prevent and manage chronic diseases, improves quality of life, reduces pain, and promotes mental wellbeing [2].

LWIW focuses on two key objectives: improving and creating social and physical environments that support healthy eating and active living. The *physical environment* refers to the built and natural spaces that influence health-related choices and opportunities. The *social environment* includes people, relationships, knowledge, and cultural norms that shape behaviours.

Creating environments that make it easier for people to access healthy foods and incorporate physical activity into their daily routines is essential. This includes designing towns and neighbourhoods, schools, community facilities and workplaces in ways that promote healthy eating and active living [2].

Improve and create social and physical environments that support healthy eating

Through the Future Wellington Community Check-in process, the community identified the rising cost of living as one of the top four barriers to living a happy and healthy life. In particular, the high cost of healthy, nutritious food makes it difficult for many residents to prioritise their health and wellbeing [19].

Physical environments play a crucial role in supporting healthy eating by influencing the availability, accessibility, and affordability of nutritious foods. Making healthy food available and affordable in key settings allows people to make healthier food choices [23].

Social environments, including knowledge, attitudes, and cultural norms, also shape eating behaviours. For instance, families that keep healthy foods at home and share meals together tend to have better dietary habits. Additionally, community settings and the built environment, such as the availability of grocery stores and fast-food outlets, impact fruit and vegetable consumption and obesity levels [24].

By fostering environments that support healthy eating we can create a healthier community for everyone.

Improve and create social and physical environments that support active living

The Future Wellington Community Check-in Process revealed that many people feel they have little time to focus on their health and wellbeing due to the demands of earning a living. Additionally, the high cost of fitness services was identified as a barrier.

Designing healthy, safe, inclusive, and accessible environments can help encourage more physical activity within the community [2]. Incorporating healthy design principles into land-use planning can promote active living and social connection [2].

In Wellington Shire, the proportion of adults who did at least 150 minutes of moderate to vigorous physical activity per week is 35%, which is almost on par with the Victorian average of 35.1% [10]. However, 23.4% of adults did not engage in any moderate or vigorous activity per week, ranking 8th worst in the state out of 79 Councils [10].

Sedentary behaviour, defined as sitting for seven hours or more on an average weekday, is a significant health issue in Wellington Shire with high proportion of adults spending a considerable amount of time sitting on an average weekday. Specifically, 22.6% spend eight or more hours sitting, 13.3% spend six to seven hours sitting, and 28.1% spend four to five hours sitting [10].

In addition, the proportion of the population who are obese or overweight is significantly higher in Wellington Shire (67.1%) compared to Victoria (54.4%) [10]. The prevalence of chronic conditions such as heart disease, asthma, and diabetes are also higher in Wellington Shire compared to Victoria. For instance, 5.5% of people in Wellington Shire have heart disease compared to 3.7% in Victoria [11]. Similarly, the prevalence of asthma [12] and diabetes [11] is higher in Wellington Shire.

Health Equity

Access to healthy food and safe spaces for physical activity is not equal for everyone in our community. Those most impacted include people with low incomes, people with disabilities, Aboriginal and Torres Strait Islander peoples, CARM communities, seniors, and LGBTQIA+ individuals.

Food insecurity is rising in Wellington Shire, especially among our low-income households, with a significant proportion, over a quarter, of Victorian adults worried about being able to afford enough food. The COVID-19 pandemic and cost-of-living pressures have made this even worse, particularly for those already experiencing disadvantage in our community.

The prevalence of heart disease and diabetes is notably higher among low-income households and the prevalence of asthma and mental health conditions is higher among Aboriginal and Torres Strait Islander people.

Barriers to physical activity are also more common for women and gender-diverse people, Aboriginal Victorians, those with health conditions, and people with disabilities or from multicultural communities. Safety concerns, particularly for women and LGBTQIA+ individuals, often restrict their ability to participate in outdoor exercise.

Older adults face unique challenges in staying active but benefit greatly from regular movement, which supports independence, cognitive function, and quality of life.

Housing insecurity also plays a significant role in limiting healthy choices. People without stable housing often lack access to kitchen facilities to prepare nutritious meals and may live in areas without supermarkets, affordable produce, or safe outdoor spaces. Temporary or overcrowded living arrangements can also increase stress, disrupt sleep, and reduce opportunities for physical activity. Addressing housing insecurity is essential to improving health equity and supporting long-term wellbeing in our community [25].

Supporting healthy eating and active living through inclusive environments and local access will help reduce these inequities and promote health and wellbeing for all.

Linkages

- Diets aligned with Australian Dietary Guidelines reduce carbon footprints, benefiting the environment
- Active transport, such as walking and cycling, helps mitigate climate change by reducing traffic congestion, lowering carbon emissions, and improving air quality
- Healthy eating supports mental health and overall wellbeing
- Physical activity and healthy eating are vital for development, healthy ageing, and maintaining long-term health
- Regular physical activity improves self-esteem, mood, and sleep quality
- Connecting with nature and spending time in green spaces reduces anxiety and depression while fostering social connections
- Producing and consuming healthy, fresh food promotes environmental sustainability
- A healthy environment is essential for active transport to remain viable
- Local food production relies on stable climate conditions to ensure fresh, healthy food availability
- A stable climate supports agriculture, contributing to food security and overall wellbeing

Indicators/Monitoring for change

Healthy eating

Proportion (%) of the adult population who consume sugar-sweetened beverages daily or several times a week – Victorian Population Health Survey

Proportion (%) of adults with adequate vegetable intake

Proportion (%) of adults with adequate fruit intake

Food Security

Proportion (%) of people who experienced food insecurity in the last year

Proportion (%) of people who were worried about food security in the last year

Physical activity

Proportion (%) of the adult population who did at least 150 minutes of moderate to vigorous physical activity per week

Proportion (%) of the adult population who did not engage in any moderate or vigorous activity per week

Proportion (%) of the adult population who spend 8+ hours sitting on an average weekday

Aligned policies

- Healthy kids, healthy futures: Victoria's five-year action plan to support children and young people to be healthy, active and well
- Victorian Population Health and Wellbeing Plan 2023-2027
- Active Victoria 2022-26 – A Strategic Framework for Sport and Active Recreation
- Victorian Health Building Authority Universal Design Policy
- Wellington Shire Council's Urban Paths Plan
- Wellington Shire Council's Road Management Plan

- Wellington Shire Council's Community Managed Facilities Strategy
- Wellington Shire Council's Fair Access Policy
- Wellington Shire Council's Open Space Strategy
- Wellington Shire Council's Sustainability Strategy

Strategies

- Encourage healthy food provision in council-owned and managed facilities and events (e.g. healthy catering guidelines)
- Support projects and activities that enable people to play
- Ensure parks, playgrounds, and recreational facilities are accessible, safe, and inclusive of all ages, abilities, genders, and cultural backgrounds
- Promote gender-safe and culturally appropriate environments through design and community engagement
- Invest in and promote walkable and rideable neighbourhoods through implementation of the Urban Paths Plan
- Develop and deliver local campaigns to raise awareness of healthy eating and physical activity, with messages tailored for specific populations

11. Key Definitions

Key Terms	Definitions
CARM (Culturally and Racially Marginalised)	CARM refers to individuals or communities who are marginalised or disadvantaged due to their cultural background and/or limited proficiency in the dominant language(s) of a society. The term highlights the systemic barriers these groups face in accessing services, resources, and opportunities. CARM acknowledges not just cultural and linguistic diversity, but the *exclusion and inequity* that can result from it.
Climate Change Adaptation	Changes made to natural and human systems to prepare for actual or expected changes in climate to minimise harm, act on opportunities or cope with consequences. Adaptation
Climate Change Mitigation	A human intervention to reduce emissions or enhance the sink of greenhouse gases.
Health Equity	Health equity ensures that everyone has a fair chance to achieve optimal health by providing access to opportunities and support without barriers related to age, gender, socioeconomic status, culture, or sexual orientation.
Indicator	A specific, observable, and measurable characteristic or change that shows the progress made towards achieving a particular health objective.
Intersectionality	Refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation [26]. Aspects of a person's identity can include social characteristics such as Aboriginality, gender, sex, sexual orientation, gender identity, ethnicity, colour, nationality, refugee or asylum seeker background, migration or visa status, language, religion, ability, age, mental health, socioeconomic status, housing status, geographic location, medical record, and criminal record [26]
Linkages	Refer to the shared impact across priorities and objectives both positive and negative.
Marginalisation	Refers to the inequality certain individuals and groups face in society due to power imbalances built within, but not limited to social, economic and political structures.
Physical Environment	The built and natural spaces that impact choices and opportunities for health.

Key Terms	Definitions
Social Environment	The people, relationships, knowledge, and social norms that shape behaviours.
Social Determinants of Health (SDH).	Social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, live, work, and age which can contribute positively or negatively to a person's health. Research shows that social determinants can be more important than health care or lifestyle choices in influencing health [27]. Some key social determinants of health include housing, income, social status, education, employment and working conditions, social support networks, access to healthcare services, and the physical environment.

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