

POPULATION HEALTH PLAN 2023 - 2025

LODDON MALLEE REGION



Loddon Mallee Public Health Unit

Acknowledgement of Country

We acknowledge the First Peoples of Australia who are the Traditional Custodians of the land and water where we live, work and play.

We celebrate that this is the oldest living and continuous culture in the world.

We are proud to be sharing the land that we work on and recognise that sovereignty was never ceded.



Artwork by Trina Dalton-Oogjes, Wadawurrung/Wathaurongrk

Executive summary

The Loddon Mallee region is a large geographic region that stretches from Mildura to Gisborne, which is equivalent to a quarter of the size of Victoria. It includes nine Local Government Areas (LGAs) across large parts of central, northern, and north-western Victoria. The Loddon Mallee region is characterised by varying population densities, demographic and cultural diversity, and a high proportion of Aboriginal and Torres Strait Islander people compared to the rest of the State.

The Loddon Mallee Public Health Unit (LMPHU), based at Bendigo Health, was first established in 2020 to manage local cases and outbreaks of COVID-19. LMPHU now has a wider range of responsibility for the prevention and control of communicable and non-communicable diseases and health threats. To ensure a place-based approach the LMPHU is divided into three sub-regions; Loddon, Mallee, Murray.

The LMPHU Population Health Plan 2023-2025 (LMPHU Plan) aims to support delivery of state-wide public health and wellbeing priorities in the Loddon Mallee region in alignment with associated planning cycles. It reflects and supports implementation of existing Victorian and Municipal Public Health and Wellbeing Plans and provide a basis for action in Loddon, Mallee and Murray sub-regional areas.

A mixed-method design approach using qualitative and quantitative methods has been used to inform and develop the LMPHU Plan. This included identifying relevant stakeholders across the Loddon Mallee region to be involved in stakeholder consultations, development of sub-regional health resources, stakeholder workshops and an online survey. A thematic analysis incorporating all collected data was then applied to a decision making matrix to inform the final LMPHU Population Health priorities for 2023-2025.

Based on local evidence, climate change and the impact on health and healthy eating were selected as the two regional priorities. In addition,

the Primary Care and Population Health Advisory Sub-Committees (Advisory Sub-Committees) recommended mental wellbeing as a local priority.

Climate change and impact on health was selected as a regional project due to the increasing risk to health and the very recent impact of extreme weather events (2022 floods) which are anticipated to increase in frequency and severity with climate change. Climate change action also provides an opportunity to address health inequalities, with people experiencing systemic disadvantage being disproportionately impacted by climate change.

Healthy eating, with a focus on food security was selected as the second regional priority. All nine LGAs have higher levels of obesity compared to the Victorian average. Healthy eating was the highest shared priority, and food security was raised as one of the highest stakeholder concerns. There is also significant opportunity to leverage and upscale the lessons from the *Healthy Loddon Campaspe* initiative, particularly through further development of a Food Systems Framework.

The Advisory Sub-Committees (Loddon, Mallee, Murray) all recommended mental wellbeing as their local priority based on the local need and mental health services not able to meet the high demand. An asset-based approach to health promotion will be used, building on established service and community assets at the sub-regional level.

A LMPHU implementation and evaluation framework have been developed and the implementation and evaluation plans will be developed with stakeholders and the local networks.

The LMPHU Plan is for a two year period (2023-2025) and will then align with the four year Municipal Public Health and Wellbeing planning cycle.

Contents

Acknowledgement of Country	4
Executive summary	5
◦ LMPHU Population Plan summary	6
Introduction	7
Loddon Mallee region snapshot	8
Loddon Mallee Public Health Unit	9
Planning approach	10
◦ Identifying priorities	11
Priority groups	13
Implementation plan	18
• Climate change and health implementation plan	20
• Mental wellbeing implementation plan	21
• Healthy eating implementation plan	22
• Evaluation framework	23
Building the evidence	25
 Increasing healthy eating and active living	26
 Tackling climate change and its impact on health	31
 Improving mental wellbeing	34
 Improving sexual and reproductive health	37
 Reducing harmful alcohol and drug use	40
 Reducing tobacco-related harm	44
 Preventing all forms of violence	47
 Reducing injury	50
 Decreasing the risk of drug resistant infections in the community	52
Existing prevention programs	53
Service system and health workforce	58
Next steps	62

LMPHU Population Health Plan summary (2023-2025)

The Loddon Mallee Public Health Unit (LMPHU) Population Health Plan 2023-2025 aims to support delivery of state-wide public health and wellbeing priorities in the Loddon Mallee region in alignment with associated planning cycles. It will reflect and support implementation of existing Victorian and Municipal Public Health and Wellbeing plans and provide a basis for action in Loddon, Mallee and Murray sub-regional areas.



While LMPHU will support action on all ten of the Victorian Public Health and Wellbeing Plan priorities, to maximise impact within available resources LMPHU will focus on two regional priorities and a sub-regional priority:

Climate change and health

Regional priority

Adapting to the public health challenges of climate change in the Loddon Mallee

- implement the Loddon Mallee Climate Change and Health Framework
- support health services to progress their climate change adaptation plans
- support the development of climate change resilient communities

Healthy eating

Regional priority

Helping families eat well during a cost of living crisis

- build on Healthy Loddon Campaspe to develop and implement a Regional Food Systems Framework
- support action on food security, prioritising access to fresh, healthy foods for people on low income
- support evidence-based programs and local networks promoting healthy diets

Mental wellbeing

Sub-regional priority

Supporting mental wellbeing impacted by environmental and public health emergencies

Responding to local environmental and community context

- promote positive social connection
- build the capacity of communities to support one another
- integrating mental wellbeing into the service system eg social prescribing

Tackling climate change and its impact on health

Increasing healthy eating

Increase active living

Reducing tobacco-related harm

Improving mental wellbeing

Preventing all forms of violence

Reducing harmful alcohol and drug use

Reducing injury

Improving sexual and reproductive health

Decreasing the risk of drug resistant infections in the community

- Our approach**
- A social determinants of health lens will be applied across all our work.
 - We will address systemic disadvantage which will lead to improved health equity, access and inclusion.
 - A gender lens will be applied where appropriate.
 - Focus on place-based needs and priorities and work collaboratively with stakeholders to support or enhance solutions.

Our role

Communication

sharing and exchange of information

Collaboration

working together to achieve shared goals

Capacity building

supporting growth in public health knowledge and skills

Introduction

The Loddon Mallee region is a large geographic region encompassing nine LGAs across large parts of central, northern, and north-western Victoria. As one of the most consistently warm climates in Victoria, the Loddon Mallee is a flourishing food and wine production region and enjoys tourism to waterways and the Murray River, acclaimed restaurants and wineries, and heritage towns.

Loddon Mallee is home to diverse and vibrant communities, including Aboriginal and Torres Strait Islander peoples, and people from a multitude of cultural, religious, and ethnic backgrounds, attracted to the available agricultural work.

Higher populations of Aboriginal and Torres Strait Islander peoples are found in the Mallee connected to the river and Country. Mildura and Swan Hill have the highest proportion of Aboriginal and Torres Strait Islander peoples population in Victoria.

Despite the region's many attractions, the Loddon Mallee is not without challenges. Many parts of the Loddon Mallee are more exposed to the effects of climate change than other parts of Victoria. In October 2022, the region experienced one of its worst flood events in recent history. This has social, economic, and health impacts for flood-affected communities. Parts of the region are also impacted by socioeconomic disadvantage, lower educational attainment, and ageing populations.

A population health approach focuses on improving health and wellbeing outcomes within and across a defined population - in this case, the population of the Loddon Mallee region - while reducing health inequalities. It aims to promote and improve health and wellbeing in the community where people live, work, study and play and considers the wider determinants of health when designing and delivering public health and wellbeing interventions.

The LMPHU Population Health Plan outlines the LMPHU's population health approach for 2023-2025, in alignment with the state-wide Victorian Public Health and Wellbeing Plan.

With the integration of health protection and health promotion functions in LPHUs, the LMPHU Population Health Plan will incorporate considerations of communicable and non-communicable diseases, as well as environmental health risks. The planning process acknowledges that all ten priorities of the Victorian Public Health and Wellbeing Plan are important and relevant to the Loddon Mallee and core activities of the LMPHU.

To support a coordinated and integrated population health approach that maximises collaborative action, this plan identifies opportunities for coordinated effort and collaborative investment. This Population Health Plan does not supplant other existing work such as municipal health and wellbeing planning, but rather aligns effort across shared priorities across the Loddon Mallee region, and presents a set of priorities for focused attention over the next two years. The LMPHU prevention and population health planning cycle will thenceforth align with municipal health and wellbeing planning, which will facilitate an increasingly coordinated and integrated approach across the region.

A focus on place-based needs and local priorities will drive the solutions in this plan, and intends to maximise value by leveraging multiple sector networks and local expertise to deliver the best outcomes for communities at place. The plan identifies local prevention partners from a multitude of sectors to align inter-organisational resources, skills and knowledge, with the Prevention and Population Health team within the LMPHU playing different roles within different priority areas based on agreed need and value-adding opportunities while minimising duplication.

The LMPHU intends for the plan to be a living document that is actively used and updated as initiatives are undertaken. Overall, the plan hopes to strengthen local prevention capacity and networks to drive coordinated and collective impact with sufficient scale and reach to promote health and wellbeing outcomes that matter to people, communities, and the environment. To this end, the plan represents a maturation of value-based healthcare and health planning in the Loddon Mallee region.

LMPHU region population snapshot

The Loddon Mallee region is expansive and diverse, spanning just under 59,000 square kilometres - the largest region in Victoria. The LMPHU Region encompasses nine Local Government Areas (LGAs) stretching from the outskirts of Melbourne to far north-western Victoria, bordered on the northern edge by the Murray River. It has areas of high population density to very low density that is associated with less community assets and services.

As one of the most consistently warm climates in Victoria, the Loddon Mallee is a flourishing food and wine production region and enjoys tourism to waterways and the Murray River, acclaimed restaurants and wineries, and heritage towns. In the northern part of the region the main industry is agriculture, with an increased number of itinerant and migrant workers which brings a diversity of language and culture. In the southern part of the Loddon Mallee region the highest industry is health care and retail.

The rural and metropolitan divide is evident the further north you travel with hotter weather, less services and assets. People die from potentially avoidable causes at higher rates the further away they reside from major cities [1]. Rural and regional communities have poorer internet access and mobile phone reception; greater need for disability assistance, more homelessness and higher level of unemployment rising with increasing remoteness.



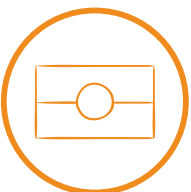
approx. 334,000 people
reside in the Loddon Mallee
PHU region



40-44 yrs is the median
age (Vic. 38yrs)



mandarin is the top non-
English language spoken at
home



2.6% of population identify as
Aboriginal and Torres Strait
Islander peoples [Highest in
Vic (1.0%)]



6.7% people have severe
to profound disability
(Vic. 6%)



10.2% completed year 12
or equivalent (Vic. 14.9%)



the level of disadvantage
(IRSAD) is 921 (Mildura) -
1047 (Macedon Ranges)



\$1,039 - \$2,059 median
total household income
(Vic. \$1,759)



4.1% unemployment
(Vic. 6%)



6,986 people are
homeless



8.1% adults ran out of food
& could not afford to buy
more (Vic. 5.9%)



49.7% adults feel valued by
society (Vic. 51.6%)

Loddon Mallee Public Health Unit (LMPHU)

The LMPHU, run out of Bendigo Health, was first established in 2020 to manage local cases and outbreaks of COVID-19. LMPHU now has a wider range of responsibility for the prevention and control of communicable and non-communicable diseases and health threats.

The Primary Care Partnerships (PCPs) were integrated into LMPHU in April 2022 and now form the Prevention and Population Health (PPH) team. The PPH team supports the Loddon Mallee community to be healthy, safe and well through a focus on partnerships, health equity, place-based prevention and health promotion, community engagement, and evidence-based practice.

To maintain a place-based approach, the LMPHU region has been divided into three sub-regions that align with the Loddon Mallee Health Network (figure 1). These sub-regions (Loddon, Mallee, Murray) each have a Primary Care and Population Health Advisory Sub-Committee (Advisory Sub-Committees), supported by the sub-regional PPH teams. The purpose of the Advisory Sub-Committees is to provide formal advice to the Bendigo Health Primary Care and Population Health Advisory Committee (sub-committee of the Bendigo Board) to ensure local approaches to improving primary prevention and population health are recognised and leveraged. The Advisory Sub-Committee members include representatives of:

- local health services
- community health services
- local government
- Aboriginal Community Controlled Organisations
- multicultural services
- disability services.

To support local relationship building and local intelligence, PPH teams offices are located in each LMPHU sub-region.

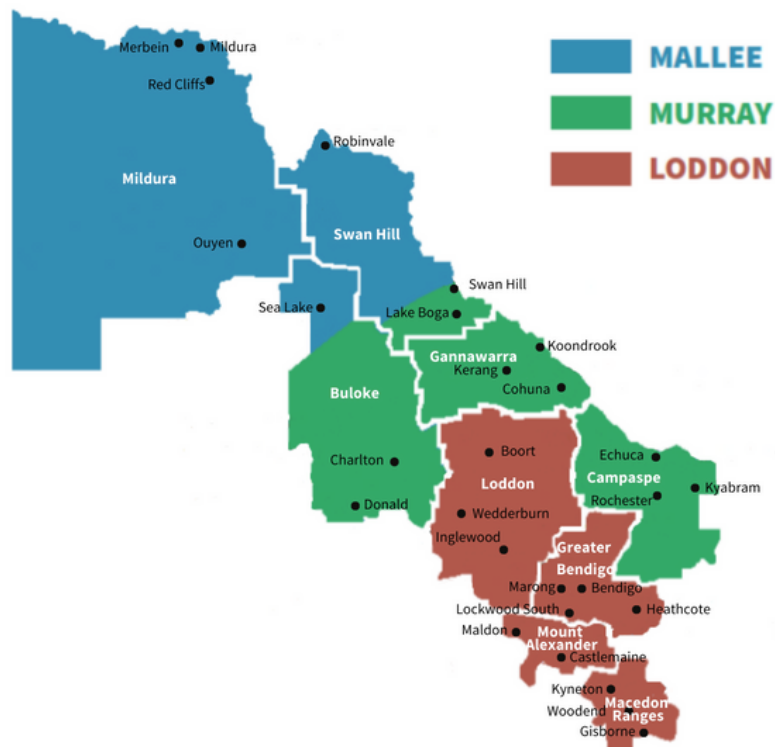


Figure 1. LMPHU map

Planning approach

The prevention and population health focus for the LMPHU supports Victoria's public health vision that Victorians are the healthiest people in the world.

Aims and objectives

To develop a population health plan across the LMPHU region and identify priorities for place-based health promotion, primary prevention and early intervention, including measures of impact aligned to outcomes frameworks.

1. Partnerships

- strengthen partnerships with Loddon Mallee prevention organisations including local government, community health, Women's Health Loddon Mallee, Aboriginal Community Controlled Organisations (ACCOs), Primary Health Networks (PHN) and other key local and statewide agencies through engagement, collaboration and active inclusion in the process of developing the LMPHU Plan.

2. Health needs and equity assessment

- produce a local population health needs, equity assessment and associated systems mapping across the LMPHU region.

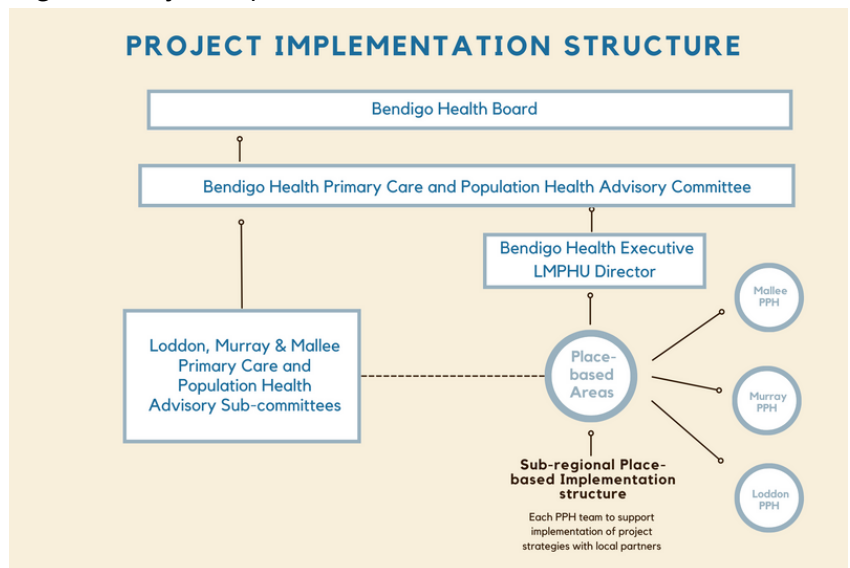
3. Implementation plan

- develop a plan for implementation of identified priorities and the relevant policy and statewide programs at a local level while responding to local priorities to support health and wellbeing outcomes that matter to people, communities and environment within the LMPHU region.

Governance

The LMPHU Population Health planning process aligns with the LMPHU governance structure (Figure 2). The project governance includes a collaborative approach with local cross-sector stakeholders providing guidance and expertise for this work. This also provides diverse perspectives and creates a local authorising environment for the place-based work that will be identified through the planning process.

Figure 2. Project implementation structure



Methodology





A mixed-method design approach using qualitative and quantitative methods has been used to inform and develop the LMPHU Plan. This included:

- development of sub-regional health resources (data, local priorities and cross-sector networks)
- stakeholder workshops in each sub-region (110 total participants) [[click here for link](#)]
- [online survey](#) (63 respondents) [[click here for link](#)]

A thematic analysis incorporating all collected data was then applied to a decision making matrix to inform the final Loddon Mallee Population Health priorities for 2023-2025. [[click here for link](#)]

Identifying LMPHU priorities

Four criteria were used to determine the two top regional population health priorities, as outlined in the table below.

Indicator	Method	
 Burden	Data analysis	
 Shared priorities	Desktop review of Municipal Public Health & Wellbeing Plans; and health promotion plans	
 Stakeholder sentiment	Workshops: Loddon, Mallee, Murray (110 participants) Stakeholder Survey (63 respondents)	
 Collaborative Opportunities	Stakeholder consultations and desktop review	

Healthy eating

Regional priority

Healthy eating is one of the four focus areas within the Victorian Public Health and Wellbeing Plan. Dietary risk is the second highest modifiable risk factor contributing to total burden of disease in the Loddon Mallee.

All nine Loddon Mallee local government areas have higher proportion of people with obesity compared to the Victoria average, with high hospital admissions for cardiac and circulatory disease in the region.

Healthy eating/active living was the highest priority held by Loddon Mallee organisations and the second highest number of collaborative networks across the region.

Healthy eating was identified as one of the highest concerns for stakeholders, particularly in the Mallee and Murray sub-regions. Stakeholders at the workshops were strongly focused on food security, including access and affordability.

Healthy Loddon Campaspe is a Victorian Government initiative focusing on healthy eating and active living. There is significant opportunity to leverage and upscale the lessons from this initiative, particularly through further development of a Food Systems Framework.

Climate change and health

Regional priority

Tackling climate change and its impact on health is one of four focus areas in the Victorian Public Health and Wellbeing Plan. The World Health Organization has described climate change as the greatest threat to human health in the 21st century.

The Loddon Mallee region has been significantly impacted by extreme weather events, most recently the 2022 floods, which are anticipated to increase in frequency and severity with climate change.

Climate change impacts on the health and wellbeing of all our local population and disproportionately affect people experiencing systemic disadvantage. LMPHU have developed, in consultation with local stakeholders and experts, the Loddon Mallee Climate Change and Health Framework (The Framework). The Framework is awaiting approval by the Bendigo Health Board.

The Framework aims to enable collective cross sector action to build climate resilience and adapt to the known public health impacts of climate change to the Loddon Mallee region. This will not only reduce the high costs of future climate change impacts, but also creates a more equitable society and immediate and lasting benefits for our health, economy and environment.

Identifying LMPHU priorities continued...

Mental wellbeing

Sub-regional priority

Each Advisory Sub-Committee (Loddon, Mallee, Murray), were asked to recommend a sub-regional priority informed by the presented evidence and their knowledge of their communities.

All sub-regions recommended mental wellbeing as a priority based on the needs of their communities.

- Improving mental wellbeing is a priority area within the Victorian Public Health and Wellbeing Plan.
- Eight out of the nine LGAs in the LMPHU region have higher rates of self-reported mental health conditions than Victoria and all recorded LGAs in the LMPHU region have higher suicide rates than the Victorian rate.
- The Loddon Mallee region has been significantly impacted by the 2022 floods. Studies have shown that both direct and indirect exposure to floods can cause negative mental health impacts. Providing mental health and wellbeing supports across the spectrum of prevention and early intervention are essential for flood-affected communities to heal and recover.
- The impact of COVID-19 pandemic on mental health and wellbeing has been substantial. The measures taken to prevent the spread of the illness had the potential to exacerbate pre-existing social, economic and health related disparities impacting regional and rural communities that may increase psychological distress for some vulnerable people.
- Mental health conditions overlap considerably with chronic diseases such as diabetes, cardiovascular disease and cancers, alcohol and substance misuse, and problem gambling. These various groups of conditions share numerous risk factors, are risk factors for each other, and frequently co-occur.



Section 1

Priority groups

Priority groups: stakeholder consultation

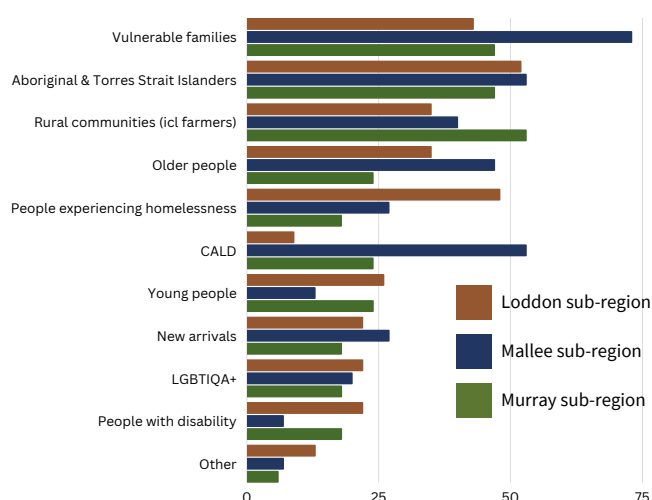
A survey was emailed to service providers across the Loddon Mallee region who had registered for the LMPHU Population Health Planning workshops. The respondents were asked to select their top three priority groups experiencing systemic disadvantage across the Loddon Mallee Region (see figure 53).

The highest selected priority groups are:

1. vulnerable families
2. Aboriginal and Torres Strait Islanders
3. rural communities

The targeting of priority groups will be dependant on the geographical location, support from the relevant services and the focus of issue being addressed.

Figure 53: Top 3 priority groups experiencing systemic disadvantage



Aboriginal and Torres Strait Islanders

Racism, colonialism, and dispossession from land has come at a high intergenerational cost for the Aboriginal and Torres Strait Islander community. Ongoing socio-economic deprivation and displacement from Country has contributed to high levels of morbidity and mortality.

Aboriginal communities, whilst smaller in number, are over-represented in health statistics. In the Loddon Mallee, Aboriginal people are more likely to be affected by poverty and homelessness which impact health behaviours and outcomes. Levels of communicable diseases such as hepatitis and syphilis, as well as non-communicable diseases like diabetes, renal disease, and circulatory and respiratory disease are more common in Aboriginal people and often occur in younger age groups than in the non-indigenous population. Research highlights that Aboriginal populations are all significantly at higher risk of hospitalisation and death from influenza than other populations.

The community is supported by four Aboriginal Controlled Community Health Organisations (ACCHOs) across the region who offer programs that address Aboriginal housing, employment, indigenous welfare, and indigenous education. Some activities include early learning programs, commonwealth home support program for people over 64 years of

age, cultural reconnection and healing programs, and integrated family services. Some ACCHOs also provide medical clinics.

ACCHOs in the Loddon Mallee:

- Mildura District Aboriginal Service (Mildura, Kerang, Swan Hill)
- Murray Valley Aboriginal Cooperative (Robinvale)
- Njernda Aboriginal Corporation (Echuca)
- Bendigo and District Aboriginal Cooperative (Bendigo)

Loddon Mallee Aboriginal Reference Group are a consortium of the Loddon Mallee ACCHOs and are key partners for the LMPHU.

The four ACCHOs have four joint prevention focus, which are:

1. influence change and support from pregnancy to five years
2. address children in care – the Aboriginal population are disproportionately represented in out-of-home care, making up only 1-2% of the general population but 20% of the population in out-of-home care.
3. Deadly Young Relationships - opportunities to connect, participate and share their voice to achieve their potential and impact change.
4. Healthy Mob - addressing chronic disease, utilising prevention to address the issue in a culturally appropriate way.

Vulnerable families

Vulnerable communities are interrelated by multiple common determinants of health dynamics. These marginalised peoples, families and children are shaped by relative low income, chronic disease prevalence, and multiple risk factors as defined in a range of regional health and wellbeing profiles.

The entrenched poverty, defined as living on half the median income level, disengages groups of people from wider participation in society. This barrier can be invisible, destructive and multigenerational, preventing engagement with health and welfare services. Vulnerable people within this cohort have been disproportionately affected by the COVID-19 pandemic, intensifying the impact of inequality (WHO 2021).

Recent increasing cost of living prices are having profound impacts on housing, food and water security for these communities. Smaller towns are increasingly impacted by food and out of town water supply insecurity. One such area in the Mallee is Robinvale, 60 minutes from Mildura and 90 minutes from Swan Hill. This is an area of high need with increasing poverty and health issues according to local health workers and community members.

Culturally and Linguistically Diverse Communities

The Loddon Mallee region has a long history of diverse and multicultural communities. Local indigenous populations have witnessed many waves of immigration to our region, from colonisation to gold rush-associated migration, post-war immigration, and refugee settlement. The Loddon Mallee remains home in the short and long-term to season agricultural workforces hailing from all across the globe. The specific challenges these groups face must be considered when planning interventions aimed at the whole Loddon Mallee region to ensure equity.

There are a number of refugee settlement programs based around Bendigo, Castlemaine, Macedon Ranges and Mildura, leading to strong communities of Karen, Hazara and Sub-Saharan African refugees in our region. Bendigo is proud to be home to the second largest population of recently arrived and long-term refugees in the state. Our newest Victorians have specific health needs influenced by the health status of their countries of origin as well as their journeys to Australia. They often experience financial, social, and cultural barriers to accessing healthcare and services in their new home.

Many agricultural and meat processing industries, especially in the northern parts of the Loddon Mallee, are supported by seasonal immigrant workforces both documented and undocumented. Whilst these groups are often diverse, many of these workers are from Timor-Leste and the wider Pacific region. The temporary nature of work for these communities often restricts the supports and services they receive, and some workers find their accommodation and working conditions further impact their health alongside linguistic and cultural considerations.

Support for these communities is provided in the north by Sunraysia Mallee Ethnic Communities Council (SMECC) and in the south by Loddon Campaspe Multicultural Services (LCMS). Both organisations are instrumental in providing culturally appropriate and in-language support, both in-house and as outreach, for culturally and linguistically diverse communities across the Loddon Mallee, and close cooperation with both SMECC and LCMS is of high priority for the LMPHU. The Neighbourhood Collective, Regional Women of Colour, SisterWorks, and the refugee settlement team at Bendigo Community Health Services also provide critical support to diverse communities in the Loddon Mallee.

Young people (12-24yrs)

Young people were some of the most impacted by the psychological effects of the COVID-19 pandemic and associated lockdowns. Flow on effects for young people include alcohol and drug-related harm, increased incidence of adolescent pregnancy and STIs, poor school attendance, self-harm, injuries, and incidents of family violence.

Farmers

The Loddon Mallee is home to many of Victoria's agribusinesses. Volatile overseas markets, changing local marketplace, and extreme weather events such as recent flooding due to climate change compound uncertainty and stress for farmers and their families. Farming men are more likely than non-farming men and the general population to experience poor mental health, and suicide rates remain high amongst this population. Children on farms are also more likely to suffer injuries, including fatal injuries, involving farming equipment compared to children in non-farming families.

People with disabilities

With the exception of Mount Alexander and Macedon Ranges local government areas, all other Loddon Mallee LGAs experience greater proportions of people with profound or severe disability than the state average. NDIS participation rates in the Loddon Mallee are also higher than the Victorian average.

People with disabilities in the Loddon Mallee are supported by the NDIS and the Commonwealth Home Support Program (for those older than 65 years old). Most local governments in our region have disability and access plans with input from people with lived experience to support them achieving and maintaining good health.

Older persons (65yrs and over)

Those aged 65 and older are increasing in number and proportion.

There are reported lack of service provision for older people who are living independently at home, and who require supports to prevent deterioration and premature entry to residential aged care facilities. These residential aged care facilities may be located in another town away from family, friends and professional supports.

Health and social supports are needed for older people to remain living at home and in their own communities for as long as possible, and to support people during this transition period, including support for people to navigate My Aged Care.

More data is needed to understand Aging Populations. Multiple services respond to these Vulnerable people; Mallee Family Care, Anglicare Victoria and Community Health Services.

LGBTIQIA+

People who identify as LGBTQIA+ experience multiple barriers to attaining and maintaining good health. Physically, men who have sex with men are overrepresented in notifiable sexually transmitted infection and blood borne virus statistics. Psychologically, many people who identify as LGBTQIA+ experience homophobia, transphobia, and related acts of violence.

A number of organisations in the Loddon Mallee provide LGBTQIA+ specific services:

- Sunraysia Community Health Services
- Bendigo Community Health Services
- Sunbury Cobaw Community Health Services
- Thorne Harbour Country
- Headspace

There is a notable lack of consistently reported population data on health outcomes for people who identify as LGBTQIA+ in the Loddon Mallee.

Gender lens

Applying a gender lens to health initiatives is crucial for promoting health equity and addressing the specific health needs of individuals across genders. Gender plays a significant role in shaping health experiences, outcomes, and access to services. Recognising that health is influenced by social, cultural, and economic factors unique to each gender is vital for designing effective interventions.

Applying a gender lens allows for the identification and targeting of gender-specific health disparities. For instance, women often face distinct health challenges such as reproductive health issues and gender-based violence. Conversely, our data indicates that men experience higher rates of certain diseases, have unique mental health concerns and experience stigma in reaching out for help when they need it. Tailored interventions can address these disparities and promote better health outcomes for all genders.

The LMPHU will apply a gender lens to identified priorities. To support this work Women's Health Loddon Mallee is a member of the Bendigo Health Primary Care and Population Health Advisory Committee that oversee the LMPHU Population Health Plan implementation.

[Gender impact assessment toolkit & templates](#)

Opportunities

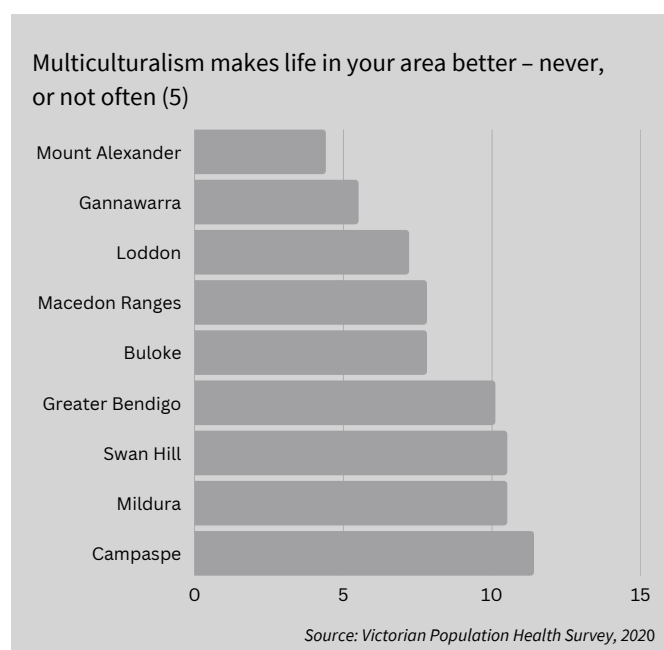
The Loddon Mallee is a diverse and expansive region. Multiple opportunities exist in the Loddon Mallee to improve health outcomes for the aforementioned priority communities.

The LMPHU is well placed to collect and aggregate data about the health of our region at a population level. The lack of such data for LGBTQIA+ people in the Loddon Mallee presents an opportunity to contribute significantly to the understanding our unit has of the health and wellbeing of this group, as well as provide useful information for our partner organisations across the region.

Through the creation of this plan a number of specific locales within our catchment have been identified as particularly disadvantaged, with many intersecting barriers occurring in these parts of the region. Many community organisations across the Loddon have long histories of working with vulnerable people, and we look forward to supporting these agencies and their excellent work wherever possible.

The three priority areas outlined in this plan - climate change, healthy eating, and mental wellbeing - were

selected with a priority communities lens, acknowledging that vulnerable people are the most at risk of the effects of climate change and already experience significant food insecurity and poorer mental health outcomes. That lens continues to be applied as we work towards our implementation and evaluation plans.



Section 2

Implementation plan

How we will deliver the plan: overview

The Loddon Mallee Public Health Unit will deliver the Population Health Plan for 2023-2025, through place-based partnerships across the Loddon Mallee region.

We acknowledge that we can't do this alone and we need the expertise, knowledge and connection into the community held by our stakeholders.

We will support our local prevention/health promotion workforce to work towards shared outcomes.

We will strengthen local cross-sector networks to create change in their communities.

We will focus on communities and priority groups experiencing the most systemic disadvantage across the Loddon Mallee region to ensure health and social equity.

We will apply a social determinants of health lens across all our work.

We will do this through our core functions of communication, collaboration and capacity building.

LMPHU Focus Areas



Climate Change and Health



Healthy Eating



Mental Wellbeing

Collaboration

Enabling collective action on shared priorities

- planning, monitoring and evaluation
- regional and sub-regional partnership support

Communication

Sharing information

- share and exchange prevention and population health information and resources between partner agencies
- support coordinated community engagement and communication on shared priorities

Capacity building

Support and source workforce and organisational capacity building opportunities

- subject matter expertise
- supporting leadership and system change focus

Climate change and health

Implementation plan summary

Our aim: to build climate change resilient communities and service system within the Loddon Mallee region

Aligns with the Victorian public health & wellbeing plan (2019-23):
Tackling climate change priority



Objectives

1. raise awareness of the co-benefits of climate change action and health
2. demonstrate potential role of health and community services in climate change adaptation
3. identify and support opportunities for health and non-health organisations to collaborate in climate change adaptation
4. build climate change resilient service system and communities

While we will use a whole population health approach, **we will prioritise:**

- Aboriginal and Torres Strait Islander peoples
- health services
- lower socio-economic population

Our approach

- a social determinants of health lens will be applied across all our work
- we will address systemic disadvantage which will lead to improved health equity, access and inclusion
- a gender lens will be applied where relevant.
- focus on place-based needs and priorities and work collaboratively with stakeholders to support or enhance solutions.

Proposed actions

- identify a climate change and health leadership and governance structure
- support improving resilient and adaptive local health service system
- build resilient and adaptive local communities
- explore the role of public health in emergency preparedness and response
- develop a monitoring and evaluation framework that includes a suite of indicators for the Loddon Mallee region

Collaboration

We acknowledge that we can't do this alone and we need the expertise, knowledge and connection into the community held by our stakeholders. We will support our local prevention workforce to work towards shared outcomes and strengthen local cross-sector networks to create change in their communities.

LMPHU will partner with local councils, community services, Primary Health Networks, Healthy Loddon Campaspe and Loddon Mallee Health Network to build on and where possible extend existing and successful climate change action initiatives.

A **monitoring and evaluation** plan will be developed in consultation with local stakeholders. A list of possible indicators are included in the Loddon Mallee Climate Change and Health [Framework](#). LMPHU will evaluate the effectiveness of local climate change partnerships it works with, using the VicHealth Partnership Analysis Tool (or equivalent).

Next steps

The PPH sub-regional teams will develop work-plans in consultations with their stakeholders, informed by the regional implementation plan.

Outcomes

Victorian public health and wellbeing outcomes framework

Domain 5: Victoria is liveable

Outcome: Victorians belong to resilient and liveable communities

Indicators: increase adaptation to the impacts of climate change

Measures:

- excess death during extreme heat and heatwaves
- community resilience (to be determined)

Mental wellbeing

Implementation plan summary

Our aim: to enhance mental wellbeing through a prevention-focused approach promoting resilience, connection and early intervention strategies.

Aligns with the Victorian public health & wellbeing plan (2019-23):
Improving mental wellbeing priority



Objectives

1. raise awareness and reduce stigma
2. build community capacity for self-care
3. build community capacity to support family, friends and neighbours
4. strengthen community connection
5. support an inclusive environment free of discrimination
6. raise awareness of mental health services and integrate prevention initiatives

While we will use a whole of population health approach, **we will prioritise:**

- Aboriginal and Torres Strait Islander peoples
- young people
- CALD communities
- LGBTIQ+
- vulnerable families

Our approach

- a social determinants of health lens will be applied across all our work
- we will address systemic disadvantage which will lead to improved health equity, access and inclusion
- a gender lens will be applied where relevant
- focus on place-based needs and priorities and work collaboratively with stakeholders to support or enhance solutions

Proposed actions

- support socially inclusive community events
- development/review of local resources eg community directory, services directory
- co-ordinate/promote community and service training
- strengthen local mental health/suicide prevention networks
- assess service readiness for social prescribing
- identify and promote local social supports eg foodbanks, financial counselling

Collaboration

We acknowledge that we can't do this alone and we need the expertise, knowledge and connection into the community held by our stakeholders. We will support our local prevention workforce to work towards shared outcomes and strengthen local cross-sector networks to create change in their communities.

LMPHU will partner with local councils, community services, Primary Health Networks and Loddon Mallee Health Network to build on and where possible extend existing and successful mental wellbeing programs and initiatives.

A **monitoring and evaluation** plan will be developed in consultation with local stakeholders. LMPHU will also evaluate the effectiveness of local mental wellbeing partnerships, using the VicHealth Partnership Analysis Tool (or equivalent).

Next steps

The PPH sub-regional teams will develop work-plans in consultation with their stakeholders, informed by the regional implementation plan.

Outcomes

Victorian public health and wellbeing outcomes framework

Domain 1: Victorians are healthy and well

Outcome: Victorians have good mental health

Indicators: Increase mental wellbeing; decrease suicide

Measures:

- adults and adolescents with psychological distress
- adolescents with high level of resilience
- children living in families with unhealthy family functioning
- suicide rate

Healthy Food Systems

Implementation plan summary

Our aim: People across Loddon Mallee have a healthy diet, and improve their overall health and wellbeing.

Aligns with the Victorian public health & wellbeing plan (2019-23):
Increasing healthy eating priority



Objectives

1. promote evidence-informed initiatives/ programs that support people to make healthy food choices and increase food literacy

2. improve food equity across the Loddon Mallee region and enhance social support systems

3. support regional and local initiatives that improve access to locally produced fresh, healthy plant-based food

4. support the availability of healthy fresh food where people live, work and play

While we will use a whole population health approach, **we will prioritise:**

- children & youth (6-18 year olds)
- Aboriginal and Torres Strait Islander peoples
- CALD communities
- people experiencing homelessness and/or on low income

Our approach

- a social determinants of health lens will be applied across all our work
- we will address systemic disadvantage which will lead to improved health equity, access and inclusion
- a gender lens will be applied where relevant
- focus on place-based needs and priorities and work collaboratively with stakeholders to support or enhance solutions

Proposed actions

- identify barriers and enablers of community participation in key state-funded healthy eating programs
- identify barriers and enablers for priority groups to access locally produced fresh, healthy plant-based food
- develop food system maps, including social supports to raise stakeholder and community awareness of local place-based initiatives
- support a Loddon Mallee cross-sector partnership around food security
- develop a Loddon Mallee Food Systems Framework (aligning with other local established frameworks)

Collaboration

We acknowledge we can't do this alone and we need the expertise, knowledge and connection into the community held by our stakeholders. Therefore, we will support our local prevention/health promotion workforce to work towards shared outcomes. To make a sustainable and collective impact, we will strengthen local cross-sector networks to create change in their communities.

LMPHU will partner with local governments, community services, Healthy Loddon Campaspe and Loddon Mallee Health Network to build on and where possible extend existing and successful healthy eating programs.

A **monitoring and evaluation** plan will be developed to collect evidence of reach, use, satisfaction, capacity building and the effectiveness of the healthy eating partnerships. It will also contain a series of partnership agreed indicators to measure progress against desired outcomes.

Next steps

The PPH sub-regional teams will develop work-plans in consultations with their stakeholders, that align with the Loddon Mallee regional implementation plan.

Outcomes

Victorian public health and wellbeing outcomes framework

Domain 1: Victorians are healthy and well

Outcome 1.3: Victorians act to protect and promote health

Indicators: increase healthy eating and active living

Long term Measures:

- proportion of adults, adolescents and children who consume sufficient fruit and vegetables
- mean daily serves of fruit and vegetables for adults, adolescents and children


Evaluation framework

Overview

An evaluation framework is a systematic way to plan and implement monitoring and evaluation activities that are useful, feasible, ethical and accurate. The evaluation framework provides a broad overview of the evaluation approach, which can be linked to specific activities/outputs, performance measures and timelines.

Figure 5: Components form the foundation of the LMPHU Plan evaluation framework.

Evaluation purpose	To determine how effective the LMPHU Plan has achieved its objectives and anticipated outcomes.
Stakeholders	<p>The evaluation planning will involve the stakeholders outlined in the Implementation Plan. Participant feedback will also be sought from individuals involved in the planning and accessing prevention and public health initiatives implemented as part of the LMPHU Plan.</p> <p>The evaluation findings will be shared with the following stakeholders:</p> <ul style="list-style-type: none"> • Department of Health (Victoria) • Bendigo Health Board • Bendigo Health Primary Care and Population Health Advisory Committee • Loddon/Mallee/Murray Primary Care and Population Health Advisory Sub-Committees • Loddon Mallee stakeholders involved in the LMPHU planning and implementation
Key evaluation questions	<ol style="list-style-type: none"> 1. Has the LMPHU strengthened local prevention capacity and networks across the Loddon Mallee Region? 2. What reach has the LMPHU Plan had across each Loddon Mallee sub-region? 3. Has the LMPHU been successful in driving collaboration and coordination in prevention and public health? 4. What difference has the LMPHU had on health and wellbeing outcomes for people living and working across the Loddon Mallee region?
Assembly of evidence	<p>Gathering credible evidence through appropriate evaluative approaches, ensures data collection rigor is achieved, evaluation findings are credible, and stakeholders are open to adoption of the key findings.</p> <p>A combination of qualitative and quantitative data will be gathered to enable data triangulation and thereby increasing the validity and reliability of the evaluation results.</p>
Budget and resources	Approximately 5-10% of each project/initiative budget should be allocated to undertake relevant evaluation approaches. LMPHU to provide evaluation templates and resources to support stakeholders undertake comprehensive evaluations of each project/initiative.
Timelines	<p>Establishing timelines for the development of each activity/output will assist with resource allocation and identification of key milestones. Timelines that take into consideration the planning, implementation, monitoring, data collection, analysis, reporting and dissemination aspects of each activity/output are more likely to be achievable.</p> <p>Developing a detailed time frame enables decision-makers to consider realistic implementation approaches, reach and outcomes measures, and the timing of reporting processes to have best possible influence and impact.</p>

Limitations	<p>The two year timelines may impact what is achievable and within scope for this plan.</p> <p>Workforce capacity to deliver and evaluate new initiatives in some local areas may be limited.</p> <p>Loddon Mallee stakeholders identified the need for capacity building in monitoring and evaluation, therefore this should be a priority for the LMPHU to support local evaluation experience and expertise to undertake evaluations of their prevention and population health activities.</p>
Ethical considerations	<p>Ethical standards and principles need to be considered in any prevention and population health initiative of the LMPHU Plan to maintain rigor, professionalism, trust and health equity.</p> <p>If journal publications are being considered, then applying for ethics approval for the evaluation findings (as a low risk, quality assurance and evaluation activity) should be sought prior to commencing the project.</p> <p> https://www.health.vic.gov.au/clinical-trials-and-research/making-submissions-to-the-department-of-health-hrec#ethical-considerations-in-quality-assurance-and-evaluation-activities</p>
Dissemination of findings	<p>The sharing of evaluation processes and findings with key stakeholders supports evaluation capacity building across organisations and provides transparency, accountability and informed decision-making.</p>

 [LMPHU Population Health Plan Logic Model](#)
[Click here](#)

Monitoring and evaluation plan template

	Priority area	Activity/output
	Climate change and health	
	Increasing healthy eating	
	Improved mental wellbeing	

Indicators	Baseline data	Target	Data source	Timing	Reporting	Anticipated outcomes

Section 3

Building the evidence

Aligning with the Victorian Population Health
and Wellbeing Plan

Increased healthy eating and active living

Overweight and obesity has become the second leading cause of the disease burden, responsible for 8.4% of the total burden and 19.3% of the cardiovascular burden.

Victoria (and Australia) has one of the highest rates of overweight and obesity in the world (Australian Bureau of Statistics 2018):

- nearly a third of Victorian adults are obese, 31.5% or 1.5 million
- two-thirds of the adult population are overweight or obese, around 3.3 million Victorians
- a quarter of children are overweight or obese

LMPHU region data



2.3 mean daily serves of fruit for adults (highest LPHU, 2019)



1.4 mean daily serves of vegetables in adults (equal lowest LPHU, 2019)



5.1% of adults consume sufficient fruit and vegetables (2nd highest LPHU, 2019)



24.9% of adults sitting for 7 or more hours on an average weekday (3rd lowest LPHU, 2019)



53.9% of adults are sufficiently physically active (2nd highest LPHU, 2019)

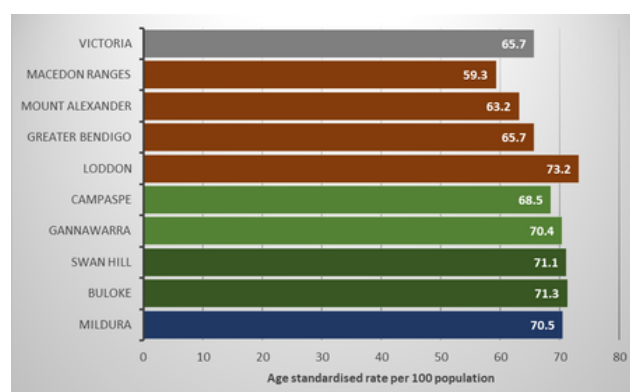


27.9% of adults reported they are obese (5th highest LPHU, 2015-2020)

Source: Victorian Public Health and Wellbeing Outcomes DH Power BI, 2019

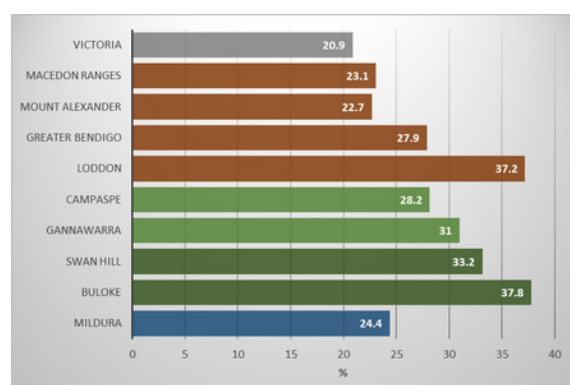
- fruit and vegetable consumption below state average in Gannawarra and Buloke, Mildura, Loddon & Macedon Ranges
- all LGAs are above state average for being obese, with Loddon, Buloke and Swan Hill the highest in the LMPHU
- majority of adults are insufficiently physically active – undertake low/very low/no exercise

Figure 6. Adults who undertook low, very low or no exercise in the previous week



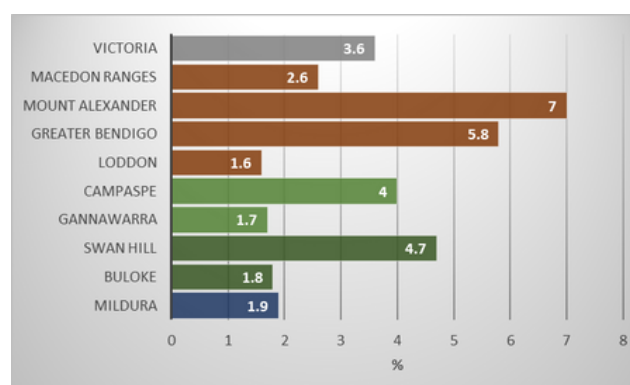
Source: Victorian Population Survey, 2017

Figure 7. Proportion of adults who are obese



Source: Victorian Population Health Survey, 2020

Figure 8. Adults who consumed sufficient fruit & vegetables

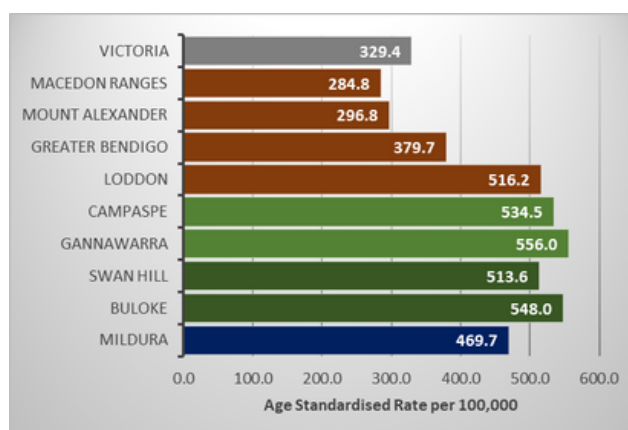


Source: Victorian Population Health Survey, 2017

Impact of obesity

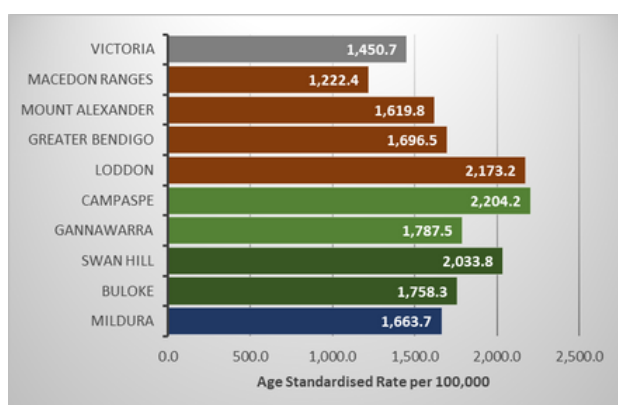
- ischaemic heart disease admissions well above state average in all Murray sub-catchment LGAs
- circulatory system diseases above state average in all Loddon Mallee LGAs (except Macedon Ranges shire)
- diabetes higher than state average in all Murray sub-catchment LGAs

Figure 9. Ischaemic heart disease: hospital admissions



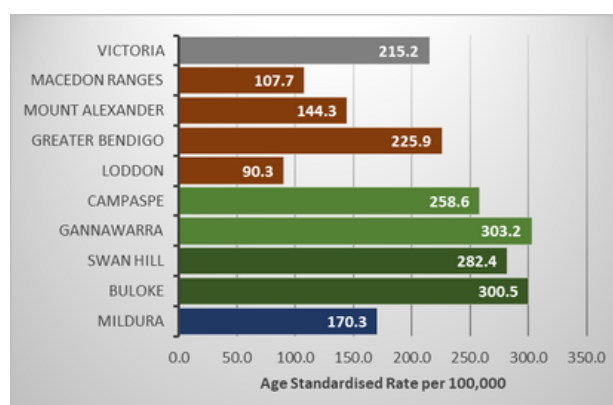
Source: PHIDU, 2019/20

Figure 10. Circulatory system diseases: hospital admissions



Source: PHIDU, 2019/20

Figure 11. Diabetes: hospital admissions



Source: PHIDU, 2019/20



Stakeholder consultation

Healthy eating and active living are required priorities within the *Community Health - health promotion guidelines*. Therefore it was not surprising that the top rationale for selecting this priority is that it is an organisational priority.

All three sub-regions expressed concerns regarding access to healthy food and food insecurity. All areas acknowledged people have to make choices where they spend their money with increasing cost of living and healthy food was one of many choices to be made. The Mallee and Murray workshops in particular highlighted limited fruit and vegetable intake and concern around access and availability of healthy food options. Some reasoning being the limited availability of fresh food markets and limited hours of operation of local supermarkets but also the availability of fast food particularly home delivery such as Uber eats.

Lack of knowledge and education on healthy food choices was a concern for some of the older multicultural women in the Mallee communities and for the future of their younger extended family members. In the Murray sub-region, they advocated a focus on influencing the younger generation to make healthy food choices.

Food insecurity concerns were evident in the LGAs that experienced flooding. In the Loddon sub-region workshop there was an acknowledgement of the rising figures of overweight and obese people in their communities.

Although it was acknowledged in the Loddon Workshop that along with healthy eating, more support is needed to increase active living to address obesity, it was not generally highlighted as a priority.

We can push healthy eating and active living - but if people cannot put food on the table these are just small insignificant priorities in someone's life.

Loddon Workshop

Access to food is a problem in smaller towns with the only supermarket closing at 6pm. There are infrequent markets and to access farmers produce you need to know the locations and drive distances to access them.

Mallee Workshop

School breakfast program is seeing children eating at school, but then not eating again until they are back at school the following day - huge vulnerabilities among these children and families.

Mallee Workshop

Workshop results

Ranking of top four priorities

Mallee: 2nd highest
Murray: 2nd highest

Survey results

Survey respondents selected their three top priorities (n=63 respondents)

52% selected healthy eating for one of the LMPHU priorities (2nd highest)

59% Loddon: 3rd highest

39% Mallee: 2nd highest

58% Murray: 2nd highest

The top rationale for selecting this priority - **organisational priority**

Stakeholder priority area

Some local governments have Healthy eating and active living as a priority in their Municipal Public Health and Wellbeing Plan. Healthy eating and active living are a requirement in the Community Health – Health Promotion guidelines.

Figure 12: Organisations that have healthy eating and active living as a priority

	Local Government		Community health/other
	Healthy eating	Active living	Healthy eating & active living
Loddon	City of Greater Bendigo Loddon Shire Council Macedon Ranges Shire Council Mount Alexander Shire Council	Bendigo Health City of Greater Bendigo Loddon Shire Council Macedon Ranges Shire Council Mount Alexander Shire Council	Bendigo Community Health Bendigo Health Dhelkaya Health Macedon Ranges Health Northern District Community Health Sunbury and Cobaw Community Health Heathcote Health Healthy Loddon Campaspe Inglewood and Districts Health Service
Mallee	Mildura Rural City Council Swan Hill Rural City Council	Buloke Shire Council Mildura Rural City Council Swan Hill Rural City Council	East Wimmera Health Services (Buloke) Sunraysia Community Health Robinvale District Health Services Swan Hill District Health
Murray	Swan Hill Rural City Council Campaspe Shire Council (Healthy Loddon Campaspe)	Buloke Shire Council Campaspe Shire Council Swan Hill Rural City Council	East Wimmera Health Services (Buloke) Echuca Regional Health Kyabram District Health Service Northern District Community Health Service Swan Hill District Health Healthy Loddon Campaspe - Campaspe LGA only Loddon Mallee Aboriginal Reference Group: Deadly Choices
Loddon Mallee			Bendigo, Loddon, Gannawarra Partnership priorities – Heart health; Diabetes, Oral health

Local networks

Figure 13: Local networks that have healthy eating as a priority

Loddon	Mallee	Murray
<p>Healthy Loddon Campaspe: Local Project Groups</p> <p>Food and Sport Community of Practice (Stephanie Alexander Kitchen Garden Program)</p> <p>Food Systems Strategy working group (CoGB)</p> <p>Greater Bendigo Prevention Network</p> <p>Loddon Shire Healthy Eating Active Living /Smoking Prevention network</p>	<p>Swan Hill Health and Wellbeing Partnership</p> <p>Buloke Strategic Health and Wellbeing Partnership</p>	<p>Swan Hill Health and Wellbeing Partnership</p> <p>Buloke Strategic Health and Wellbeing Partnership</p> <p>Gannawarra Local Agency Meeting</p> <p>Healthy Loddon Campaspe – Campaspe Local Project Group</p> <p>Campaspe Health Promotion Leadership group and Operational working group (Health promotion officers)</p> <p>Healthier Campaspe – Health service partnership group</p>
Buloke Loddon Gannawarra Partnership		

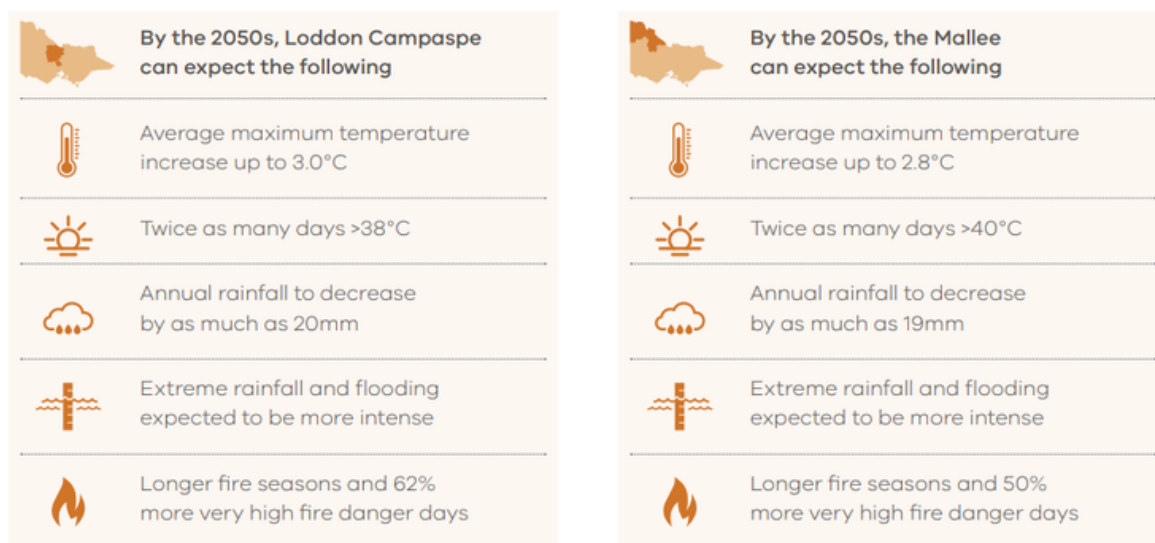


Tackling climate change

The World Health Organization (WHO) has described climate change as the greatest threat to human health in the 21st century. Climate change contributes directly and indirectly to increases in deaths, disease, mental health decline and poor nutrition. Increases in the number of people who may need assistance to manage extreme heat, bushfires and flooding will subsequently increase pressure on health and community services.

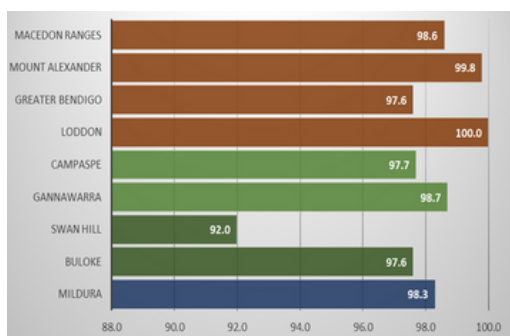
LMPHU region data

Figure 14: Weather predictions for the Loddon Mallee Region



Source: Loddon Mallee Climate Ready Plan, Loddon Mallee ADAPT

Figure 15: Proportion of bushprone area (LMPHU region)



Source: Loddon Mallee Climate Ready Plan, Loddon Mallee ADAPT, 2020

Figure 16: Mosquito-borne diseases (LMPHU region)

	2020	2021	2022	2023
Barmah Forrest	1	2	3	1
Japanese Encephalitis	0	0	2	
Dengue	1	0	0	
Malaria	4	0	2	1
Ross River	24	88	163	64
Murray Valley Encephalitis	0	0	0	4

Source: Surveillance of Notifiable Conditions, Department of Health 11/04/23

Victorian heatwave, 2009

- 46% increase in emergency cases at hospitals
- 2.8-fold increase in cardiac arrests
- 374 excess deaths

Victorian heatwave, 2014

- 167 people died

Source: Environment Victoria, Victoria, Heatwaves & Climate Change

Stakeholder consultations

The Loddon sub-region acknowledged climate change was dire and had faced many significant events attributable to climate change which had flowed on to other aspects of the regions health. There were concerns that it is a gap in health provision.

The Mallee sub-region acknowledged the climate change impact on the farming communities and that more needs to be done to improve green spaces which may address some of the high rates of mental health in their region. The Murray workshop where there were LGAs affected by the 2022 floods, were concerned of the future health impacts for their communities. With recovery work continuing the impact on lack of services or need for services may increase.

Impact of climate change and the flow on effects including to family violence and mental health. When people do face issues, there's nowhere for them to go.

Loddon workshop

Young people are quite down about climate change, how older people have destroyed the world and now the responsibility is on these younger people to fix the problem, the effects that is having on them

Mallee Workshop

Focus on low socio-economic group as their housing has no trees or green spaces and this compounds effects on mental health and other focus areas.

Mallee Workshop

Workshop results

Ranking of top four priorities

Loddon: 3rd highest

Survey results

Survey respondents selected their three top priorities (n=63 respondents)

30% selected Climate Change and impact on health for a LMPHU priority

48% Loddon: 4th highest

28% Mallee: 8th highest

11% Murray: 5th highest

The main rationale for selecting this priority - **current gap**



Stakeholder priority area

All nine local governments in the LMPHU region have Climate Change as a priority in their Municipal Public Health and Wellbeing Plan.

Tackling Climate Change has not been selected by any of the Loddon Mallee Region's Community Health services - Health Promotion funded organisations as a specific priority. However, all have Active Living and regional/local food systems are linked via the Healthy Eating priority.

Local networks

Area	Network	Area	Network
LMPHU	LMPHU Climate Change and Health Steering Committee	LMPHU	Community -based sustainability/climate action groups
LMPHU	Global Green & Healthy Hospitals Network	Mallee/Murray	Food for All Swan Hill region
Murray/ Loddon	Healthy Loddon Campaspe (regional food systems framework)	Loddon	Greater Bendigo Climate Collaboration



Mental health and wellbeing

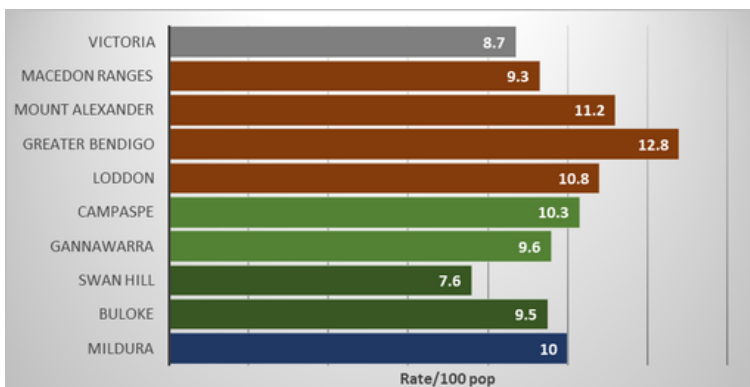
- The Royal Commission into Victoria's Mental Health System made 74 recommendations designed to create a new and improved mental health and wellbeing system. This is a focus for the Department of Health and health services delivering mental health services.
- Mental health significantly contributes to the social, cultural and economic life of Victoria.
- Each year, one in five Victorians will experience a mental health condition, with 45 per cent of Victorians experiencing that in a lifetime.
- Certain population groups are at higher risk of poor mental health because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, including social isolation and loneliness.
- Mental health conditions overlap with chronic diseases such as diabetes, cardiovascular disease and cancers, alcohol and substance misuse, and problem gambling.

LMPHU region data



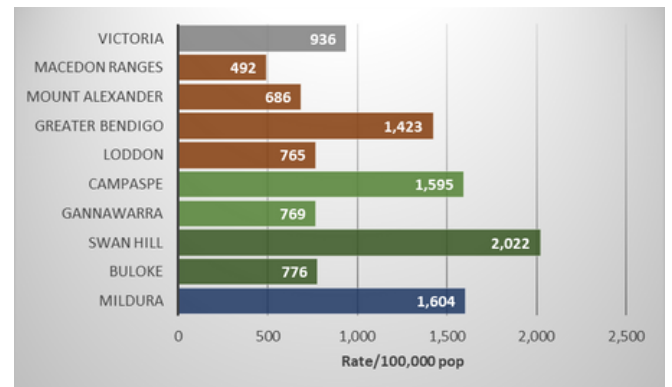
20.2% of adults who report high or very high psychological distress (2015-2020)
11.3/100,000 died from suicide (2010-2017))

Figure 17: Self reported mental health condition



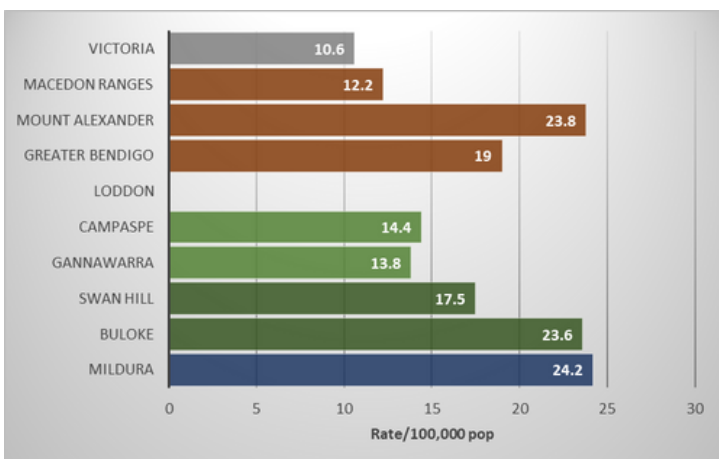
Source: PHIDU, 2021

Figure 18: Emergency Dept. presentations for mental & behavioural disorders.



Source: PHIDU 2019/20

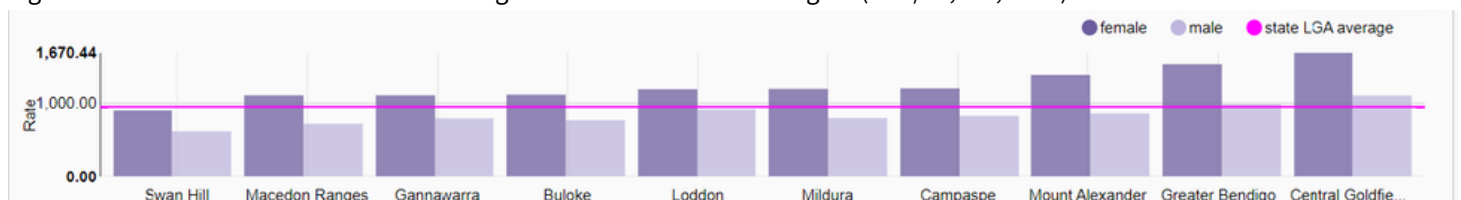
Figure 19: Deaths from suicide & self inflicted injuries, 0-74 yrs



Source: PHIDU, 2016-2020

- all the LMPHU LGAs have a higher self-reported mental health condition rate than Victoria (with exception of Swan Hill)
- suicide rates higher across the Loddon Mallee region than Victoria's rate
- children 0-14yrs self-reporting mental health conditions in LMPHU region: 1.7- 3.1 ASR/100 (Vic 2.0)
- mental Health conditions ever diagnosed in Loddon Mallee Region
 - Female = 1,235/10,000
 - Male = 832.4/10,000

Figure 20: Mental Health conditions ever diagnosed in Loddon Mallee Region (rate/10,000; 2021)



Source: Women's Health Atlas Victoria

Stakeholder consultation

Stakeholder workshops

Across the three regions there was widespread feedback from the workshops that their need for mental health support was not being met. A common theme was a lack of accessible regional services or the current approach was not effective in improving the mental health outcomes in their regions' priority groups. There has been some funding available in response to the flood but there has been a lack of regional coordination of effort.

Feedback suggested to focus on primary prevention and a coordinated approach. In the Murray workshop there was a heavy weighting on the impact of the floods on mental health across all community groups on a community that was already experiencing underlying mental health issues.

Priority groups experiencing poor mental health included:

- young people
- CALD community, who are experiencing isolation and loneliness
- asylum seekers
- Aboriginal and Torres Strait Islander people (Mallee & Murray sub-regions)

Mental health is a major concern in the asylum seeker population, people coming from a different culture, significantly affected, the system supporting them is mostly churches and they are exhausted

Mallee Workshop

Much of the health promotion/population health approaches in these areas are not primary prevention. We really don't have the appropriate data to be effectively leading and monitoring primary prevention efforts.

Mallee Workshop

Mental health has had a lot of money thrown at it but not a lot of impact. Not sure the money has been spent well, there has a lot of duplication and complex pathways- we need a more targeted and coordinated approach

Murray Workshop

Workshop results

Ranking of top four priorities

Loddon: highest ranking
Mallee: highest ranking
Murray: highest ranking

Survey results

Survey respondents selected their three top priorities (n=63 respondents)

67% mental wellbeing for a LMPHU priority (top response)

63% Loddon: top response

67% Mallee: top response

63% Murray: top response

The top rationale for selecting this priority - **community raised issue**

Stakeholder priority

Figure 21: Organisations that have mental health as a priority

Sub-region	Local Government	Community Health
Loddon	City of Greater Bendigo Loddon Shire Council Macedon Ranges Shire Council Mount Alexander Shire Council	Bendigo Community Health Bendigo Health Boort District Health Heathcote Health Inglewood and Districts Health Service Macedon Ranges Health Northern District Community Health Sunbury and Cobaw Community Health North Western Melbourne Primary Health Network
Mallee	Buloke Shire Council Mildura Rural City Council Swan Hill Rural City Council	East Wimmera Health Services (Buloke priorities)
Murray	Buloke Shire Council Campaspe Shire Council Gannawarra Shire Council Swan Hill Rural City Council	East Wimmera Health Services (Buloke priorities) Echuca Regional Health Kyabram District Health Service Northern District Community Health Service
Women's Health Loddon Mallee Murray Primary Health Network		

Local Networks

Figure 22: Local networks that have mental health and wellbeing as a priority

Loddon	Mallee	Murray
Macedon Ranges Suicide Prevention Action Group Mount Alexander Suicide Prevention Group Mount Alexander Shire Community Wellbeing and Resilience working group Mental AZ network (MAZN) Suicide Prevention Awareness Network (SPAN) Greater Bendigo Prevention Network	Murray PHN: Mildura Integrated Mental Health Network Mildura Regional Mental Health Network	Campaspe Murray Mental Health & Wellbeing Network Southern Mallee Mental Health & Wellbeing Committee [Swan Hill, Buloke, Gannawarra] Campaspe Aboriginal Health Partnership Group Cross Sector – LLENS (MH in Schools); SFYS
Buloke Loddon Gannawarra Partnership Murray PHN: Integrated Mental Health Leadership Network		

Sexual and reproductive health

Sexual and reproductive health is a fundamental human right and is expressed through diverse sexualities and forms of sexual expression. This includes;

- the right to healthy and respectful relationships,
- the right to exercise reproductive choices,
- access to accurate information, and
- access to timely and effective health services that are affordable, inclusive, safe and appropriate.

Sexually transmissible infections and blood-borne viruses including human immunodeficiency virus (HIV) continue to impact the health and wellbeing of Victorians, in particular those at greatest risk.

LMPHU region data



2.4% birth rate for young women 15-19 years



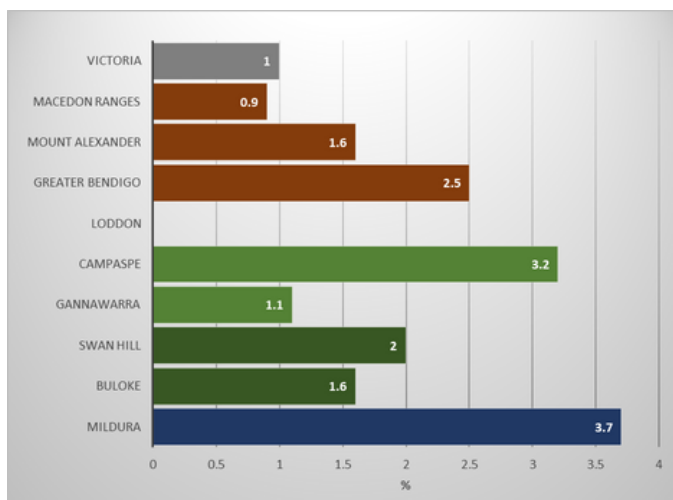
67.9/100,000 notification for gonorrhea (2022)
51.4/100,000 notification for gonorrhea (2019)



266.3/100,000 notification for Chlamydia (2022)
8.2/100,000 notification for syphilis - late (2022)

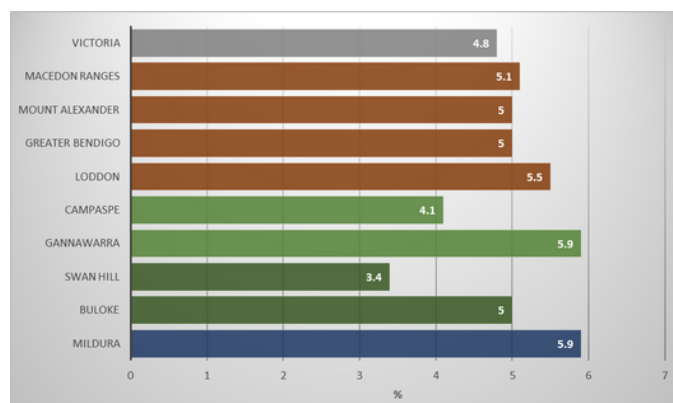
Sources: Victorian population and wellbeing outcomes dashboard
Victorian surveillance of notifiable diseases dashboard

Figure 23: Birth rate for adolescent women (15-19yrs)



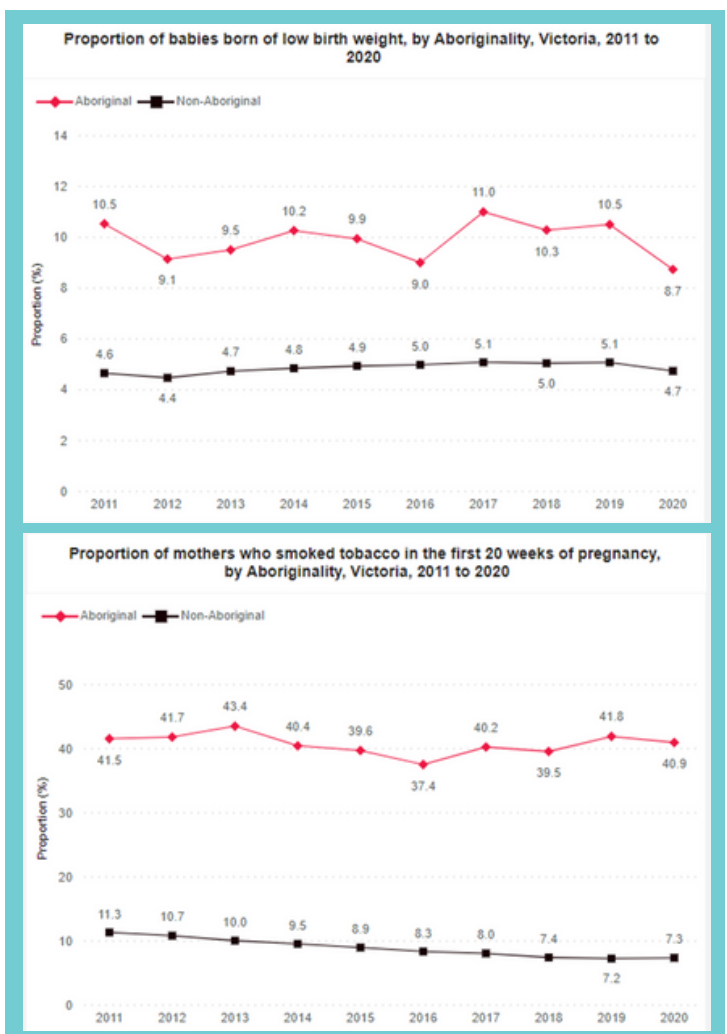
Source: Vict. public health and wellbeing outcomes Dashboard, DH, 2011-20

Figure 24: Babies born of low birth weight



Source: Vict. public health and wellbeing outcomes Dashboard, DH, 2011-20

Figure 25: Aboriginal and non-Aboriginal data comparison

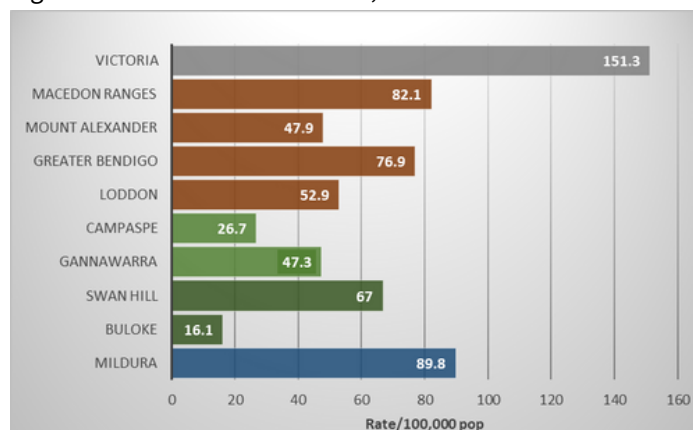


Source: Vict. public health and wellbeing outcomes Dashboard, DH

Figure 23: Sexually transmitted infections by sex in Loddon Mallee Region (2020)

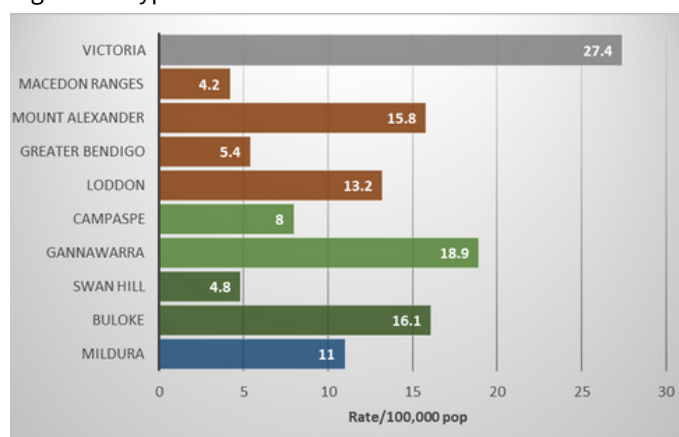
sexually transmitted infections rate/100,000	female	male
Syphilis	0.8	1.2
Gonococcal	1.8	1.9
Chlamydia	22.7	14

Figure 27: Gonococcal infections, Loddon Mallee LGAs



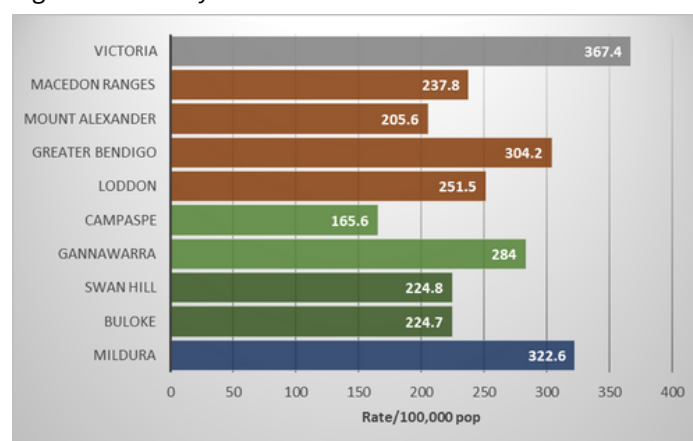
Source: Surveillance of notifiable conditions in Victoria Dashboard, 2022

Figure 28: Syphilis infections



Source: Surveillance of notifiable conditions in Victoria Dashboard, 2022

Figure 29: Chlamydia trachomatis infection



Source: Surveillance of notifiable conditions in Victoria Dashboard, 2022

Stakeholder consultation

Both Mallee and Loddon regions had a high rate of teenage pregnancy and birth rate. The Loddon sub-region stakeholders reported a rise on sexually transmitted infections and also referrals for surgical terminations. More resources and coordination is required and looking at how to make sexual health and reproductive services more affordable to their communities.

There is a high rate of pregnant young women in Mildura and not sure what services there are to support them; Swan Hill had this happen a few years ago so worth asking what their response was.

Mallee Workshop

Sexual and reproductive health, rise is STI's, rise in referrals for surgical terminations, high teenage birth rates
Loddon Workshop

Not a huge amount of local coordination or resources being put into this area - and the outcomes are currently quite bad.

Mallee Workshop

Survey results

Survey respondents selected their three top priorities (n=63 respondents)

8% selected sexual and reproductive health for a LMPHU priority

4% Loddon: 7th highest

11% Mallee: 8th highest

5% Murray: 8th highest

The top rationale for selecting this priority
- organisational priority & increasing prevalence

Workshop results

Ranking of top four priorities

Loddon: 4th highest

Stakeholder priorities

Figure 30: organisations that have sexual and reproductive health as a priority

Area	Local government	Community health/others
Loddon	City of Greater Bendigo Mount Alexander Shire Council	North Western Melbourne Primary Health Network
Mallee	Mildura Rural City Council	Robinvale District Health Sunraysia Community Health Services
Murray	nil	
Loddon Mallee Region	nil	Women's Health Loddon Mallee - Her Health Matters strategy Murray Primary Health Network Thorne Harbour Health: LGBTIQ+ networks

Local Networks

Figure 31: local networks that have sexual and reproductive health as a priority

Loddon	Mallee	Murray
sex education working group (Mount Alexander Shire)	nil	nil
Centre for Excellence in Rural Sexual Health Communities of Practice (Bendigo, Swan Hill, Mildura)		
Future WHLM initiative		

Reducing harmful drugs and alcohol

- Alcohol and other drug problems are complex, affecting not only individuals but their families, their friends and their communities.
- Alcohol and other drug abuse impacts on the health system, child and family services, family violence response and law enforcement
- One in four Australians aged 18 years and over exceeded the Australian Adult Alcohol Guideline in 2020-2021 (25.8%).
- Men were more likely than women to exceed the guideline (33.6% compared to 18.5%).
- People born in Australia were almost twice as likely as those born overseas to exceed the guideline (30.0% compared to 17.3%)

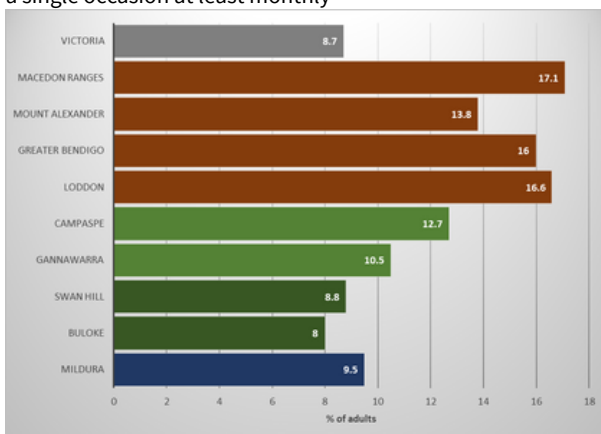
LMPHU region data



63.1% adults consume alcohol at lifetime risk of harm (Vic 59.9%)

9.9% adults consume alcohol at risk of alcohol-related injury on a single occasion at least monthly (Vic 8.7%)

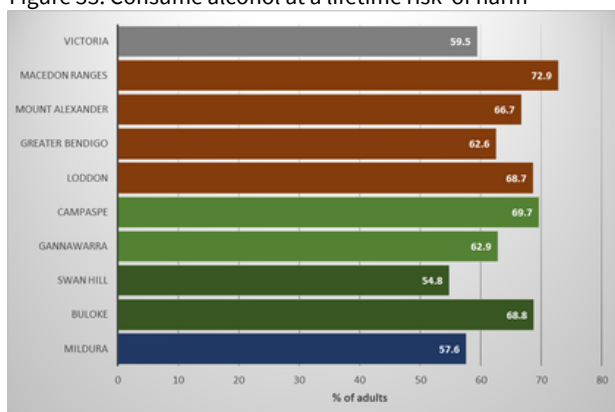
Figure 32: Consume alcohol at risk of alcohol-related injury, on a single occasion at least monthly



Source: Vict. Population Health Survey, 2017

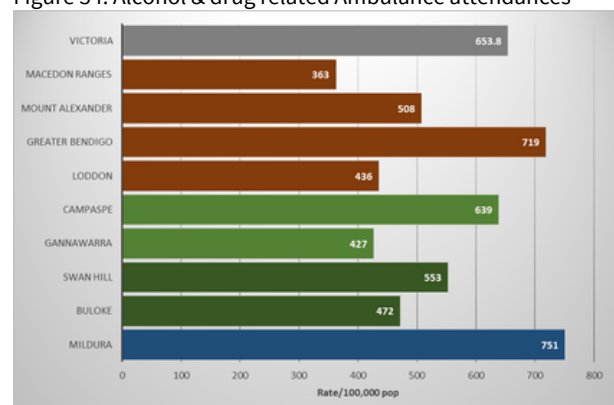
- All Loddon Mallee LGAs with the exception of Buloke and Swan Hill exceed the state average.
- 18-24 are the highest risk age group
- Mildura has the highest ambulance attendance rates for drug and alcohol related issues, followed by Greater Bendigo
- Hospitalisation rate for alcohol and drugs for Greater Bendigo and Mildura shires exceeds the state rates.

Figure 33: Consume alcohol at a lifetime risk of harm



Source: Vict. Population Health Survey, 2017

Figure 34: Alcohol & drug related Ambulance attendances



Source: Vict. Admitted Episodes Data, 2021

Proportion of adults who consume alcohol at lifetime risk of harm, by
Aboriginality, Victoria, 2015 to 2019

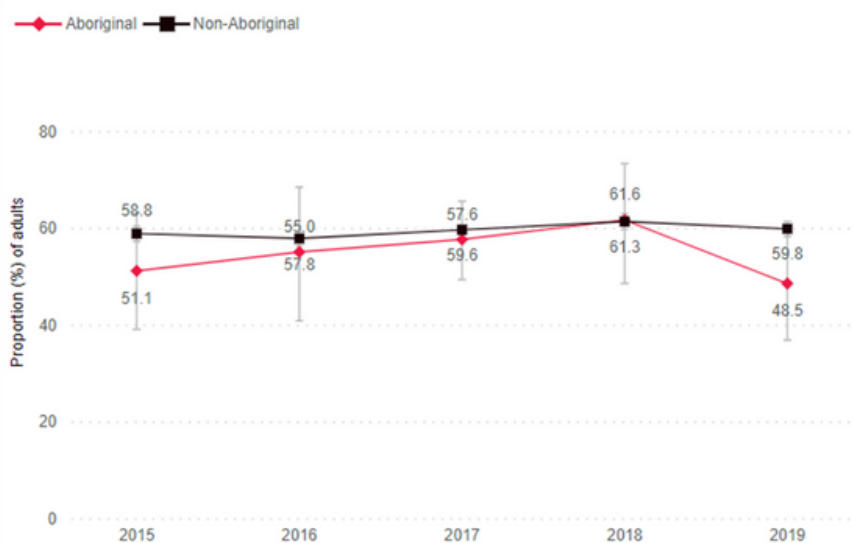
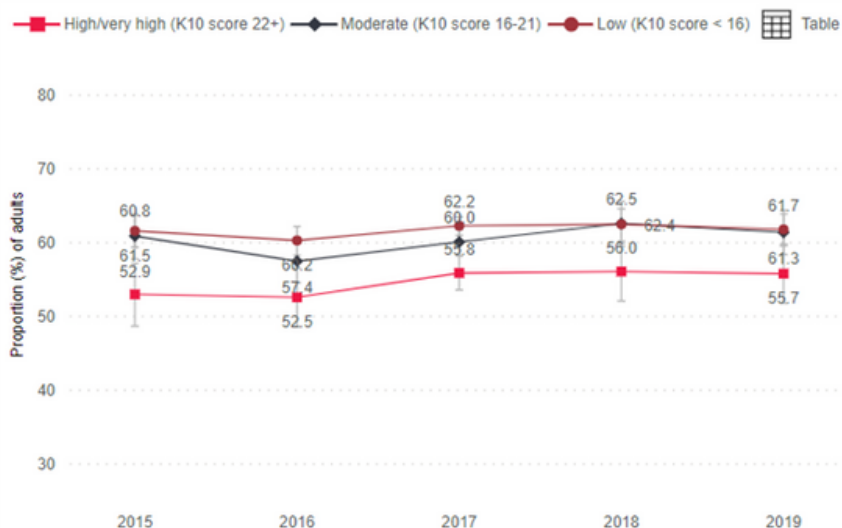


Figure 35: Aboriginal and non-Aboriginal data comparison, alcohol consumption

This data from the Victorian Public Health Outcomes dashboard, shows that 2019, non Aboriginal people consume more alcohol at lifetime risk of harm than Aboriginal people .

Proportion of adults who consume alcohol at lifetime risk of harm, by
psychological distress level, Victoria, 2015 to 2019



People with high psychological distress consume less alcohol at lifetime risk of harm than those experiencing moderate and low psychological distress. .

Proportion of adults who consume alcohol at lifetime risk of harm, Metro/Rural,
2015 to 2019

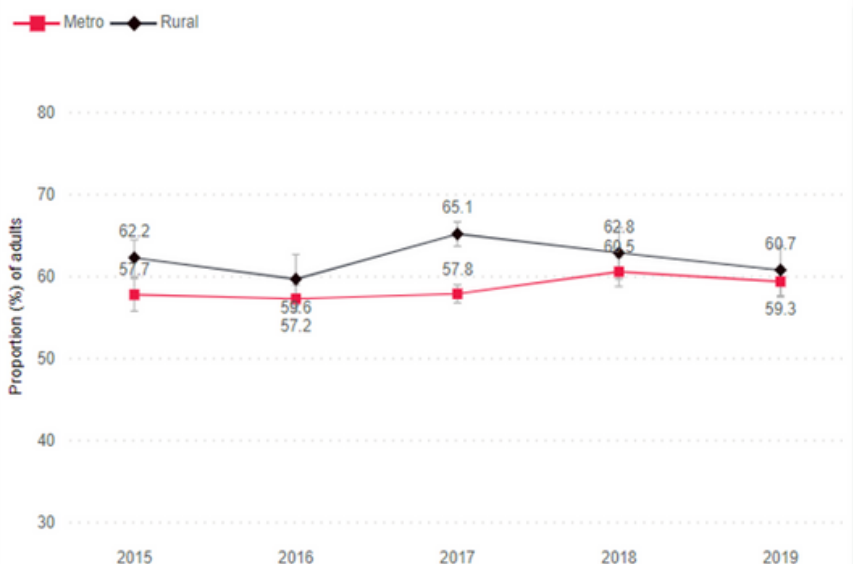


Figure 36: Metro and rural data comparison, alcohol consumption

Adults living in rural areas consume more alcohol at lifetime risk of harm than those living in metro areas

Source: Victorian Public Health Outcomes dashboard, DH

Stakeholder consultation

The Mallee feedback identified alcohol and drug management as a priority as currently there was a gap in services. This was seen to be contributing to other health concerns such as family violence and mental health concerns.

Looking forward they were exploring announced services that may assist in the future to address the priority. Loddon has a huge demand for drug and alcohol support particularly post covid to address high rates of alcohol related harm and are concerned with the association with sporting areas in the region. The Murray area expressed the lack of rehab services to address their drug and alcohol priority needs.

There is a huge demand post covid for everyday counselling and drug and alcohol support

(Loddon Workshop)

With alcohol or drug – how well screened is that across the catchment area? Often not what people are coming in for but there is an opportunity to screen for alcohol and other drug use when presenting with secondary health issues.

(Murray Workshop)

LMPHU should focus on priorities that don't have any collective work at present eg gap in Alcohol and other drugs -there is no network in this space. The impact of alcohol on Family violence and mental health/suicide is significant. Also a big contributor to child protection notifications based on alcohol and other drugs use.

(Mallee Workshop)

Workshop results

Ranking of top four priorities

Mallee: 4th highest
Murray: 4th highest

Survey results

Survey respondents selected their three top priorities (n=63 respondents)

27% selected reducing harmful drugs and alcohol for a LMPHU priority

4% Loddon: 7th highest

56% Mallee: 2nd highest

26% Murray: 5th highest

The top rationale for selecting this priority - **increasing prevalence**

Stakeholder priorities

Figure 37: Organisations that have reducing harmful drugs and alcohol

Area	Local government	Community Health/others
Loddon	City of Greater Bendigo Loddon Shire Council Macedon Ranges Shire Council Mount Alexander Shire Council	North Western Melbourne Primary Health Network
Mallee	Mildura Rural City Council	nil
Murray	nil	nil
All sub-regions		Murray Primary Health Network

Local networks & programs

- Loddon Campaspe alcohol and other drugs alliance is the only known network in the LMPHU region
- the Achievement program includes an alcohol and other drugs priority
 - 20 settings in progress ; five settings recognised/achieved (LMPHU region)



Reducing tobacco related harm

- tobacco use is the leading contributor to disease and death burden
- responsible for 9.3% of disease burden and 13.3% of deaths in Australia (Australian Institute of Health and Welfare 2019)
- smoking increases the risk of lung cancer, cardiovascular disease, chronic obstructive pulmonary disease, asthma, emphysema and bronchitis, diabetes, stroke, kidney disease, eye disease
- smoking kills almost two in three regular users (Banks et al. 2015)
- children who live in a smoking household are significantly more likely to suffer from bronchiolitis and other respiratory conditions (Jones et al. 2011)

National Health Survey 2020-21

- 10.7% of people aged 18 years and over were current daily smokers
- men are more likely to smoke daily than women

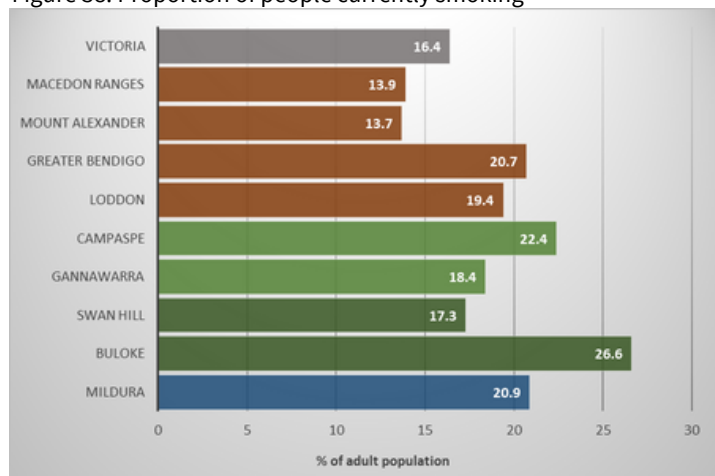
LMPHU region data



13.5% adults who smoke daily

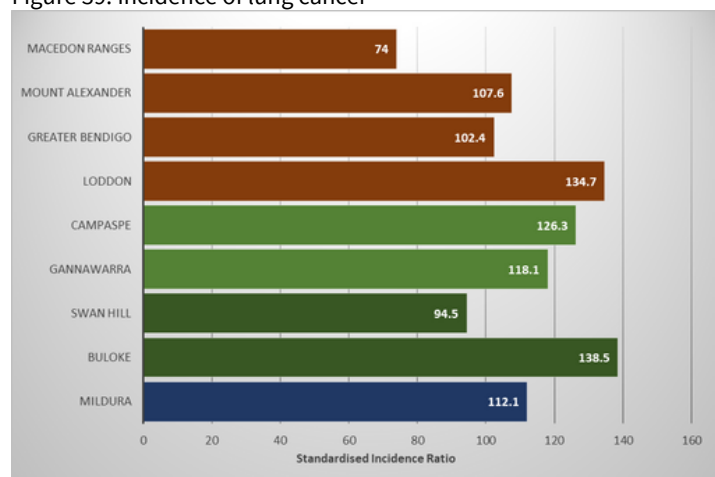
- Loddon Mallee Region (2017): there is a higher proportion of males currently smoking (20.1%) than females (18.1%) *Women's Health Atlas Victoria*
- lung cancer incidence - is highest is Loddon, followed by Buloke, Campaspe, Gannawarra, Mount Alexander and Mildura
- Lung cancer Standardised Incidence Rate greater than 100 indicates that more cancer cases occurred more than expected – Buloke, Loddon and Campaspe are the highest for our region.

Figure 38: Proportion of people currently smoking



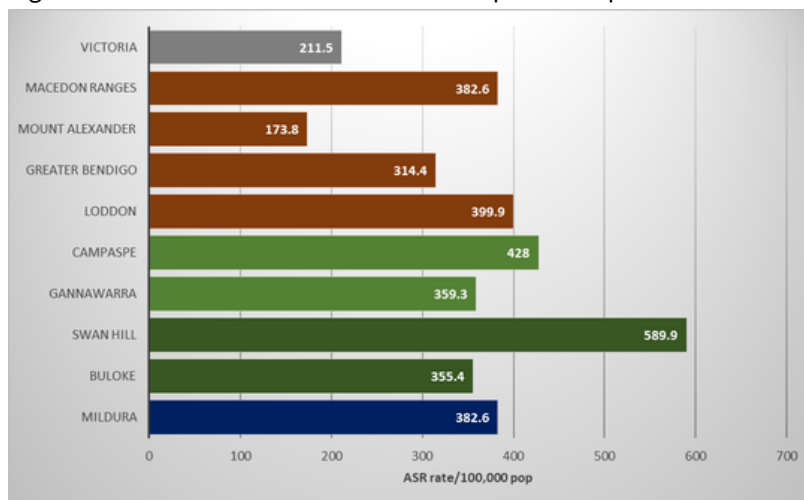
Source: Victorian Population Health Survey, 2020

Figure 39: Incidence of lung cancer



Source: Victorian Cancer Registry, 2016-2020

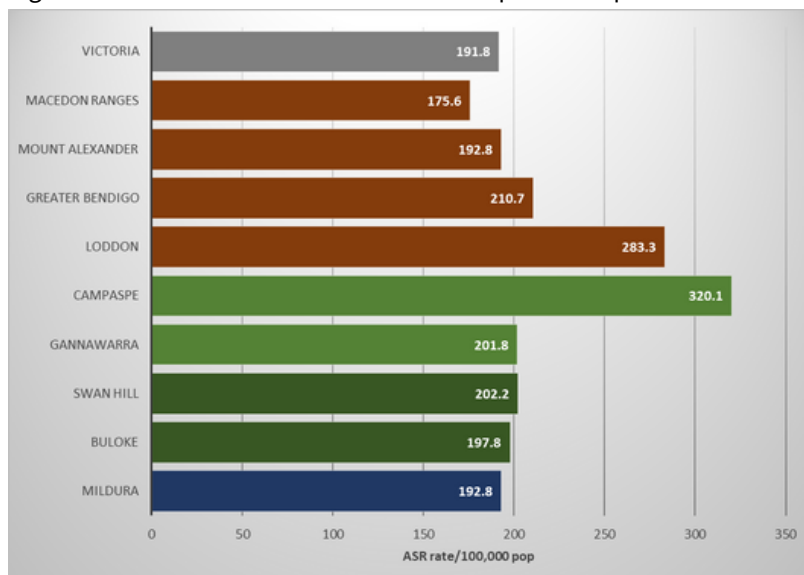
Figure 40: Admissions for COPD in Victorian public hospitals



Source: PHIDU, 2019/2020

- Chronic Obstructive Pulmonary Disease (COPD) Hospital admissions highest in Swan Hill, Campaspe and Loddon.
- all LGAs higher than state average except Mt Alexander

Figure 41: Admissions for stroke in Victorian public hospitals



Source: PHIDU, 2019/2020

- Stroke Hospital admissions high in Campaspe and Loddon
- other LGAs consistent with Vic average

Stakeholder consultation

The most common feedback regarding reducing tobacco use was the concern of vaping in the three regions, particularly for young people. Data demonstrates the links between uptake in young people if their parents or guardians are regular users of vaping products. Responses suggest a coordinated approach and the use of existing frameworks could assist to address this risk factor.

Loddon had concerns with tobacco related harm and that continued work with prevention and cessation was needed to improve this. The Mallee feedback was for a more coordinated approach to smoking cessation as it contributed to chronic diseases and poorer health outcomes. Feedback suggested it be prioritised to target pregnant women and aim to improve birthweights in babies as a coordinated approach with other agencies already focussing on this. Vaping also was highlighted as a significant risk factor emerging for young people in the Murray region and it needed to be regarded as a priority.

Survey results

Survey respondents were asked to select three top priorities (n=63 respondents)

35% selected reducing tobacco for a LMPHU priority

33% Loddon: 5th highest

47% Mallee: 5th highest

33% Murray: 4th highest

The top rationale for selecting this priority - increased prevalence/ community issue

Workshop results

Ranking of top four priorities

Murray: 3rd highest

There are frameworks, but a lack of action/coordinated activity in the Mallee. Smoking cessation will contribute to reduced rates of lots of chronic disease and if targeted during pregnancy (which would be a cross over area with 'Hands Up Mallee' we'd be interested in talking through) it would also see an increase in birth weight. A reduction in smoking is a high leverage point that would have multiple impacts in different areas. I also think vaping is posing a significant risk to young people. Some of the frameworks applied in Bendigo Health could be usefully applied in the Mallee. (Mallee)

Stakeholder priorities

Figure 42: Organisations that have reducing tobacco related harm as a priority

Area	Local Government	Community Health/other
Loddon	City of Greater Bendigo Mount Alexander Shire Council Macedon Ranges Shire Council Loddon Shire Council	Bendigo Community Health Bendigo Health Boort District health Heathcote Health Inglewood and Districts Health Service Northern District Community Health North Western Primary Health Network
Mallee	nil	Sunraysia Community Health
Murray	Campaspe Shire Council	Northern District CHS Echuca Regional Health Kyabram & District Health Services

Local networks

Figure 43: Local networks that have reducing tobacco related harm as a priority

Loddon	Mallee	Murray
Greater Bendigo Prevention Network	Swan Hill Health & Wellbeing Partnership	Swan Hill Health & Wellbeing Partnership
Healthier Eating & Active Living /Smoking Prevention network (Loddon Shire)	Buloke Strategic Health & Wellbeing Partnership	Buloke Strategic Health & Wellbeing Partnership
		Gannawarra Local Agency Meeting
		Healthier Campaspe: Campaspe Health Promotion Leadership group & Operational working group
Regional Smoking Reduction community of practice – SmokeFree Network (BH lead) Buloke Loddon Gannawarra Partnership		

Preventing all forms of violence

- Family violence has a profound impact on health and wellbeing – including deteriorated physical and mental health, loss of housing, loss or limited access to employment, precarious financial security, isolation and alienation of extended family/social support and in extreme cases, death.
- One in three women over the age of 15 has experienced physical violence.
- one in four women has experienced physical or sexual violence by a current or former partner.
 - Those with a disability and Aboriginal women are disproportionately affected
- Street and community violence primarily affects men. Tolerance of violence between men is conveyed through social attitudes.

LMPHU region data

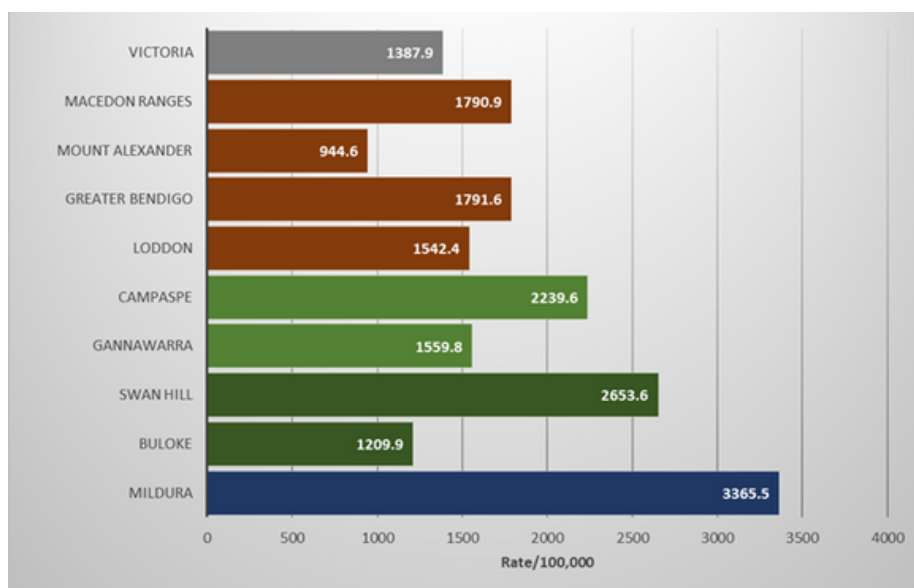


53/100,000 pop hospitalisation for assault - excluding same-day admissions (Vict 40.1)

60.5 % of adults feel safe walking in their streets at night (Vict 54.1)

9.5/10,000 females (4.4/10,000 males) have experienced stalking, harrasment and threatening behaviour

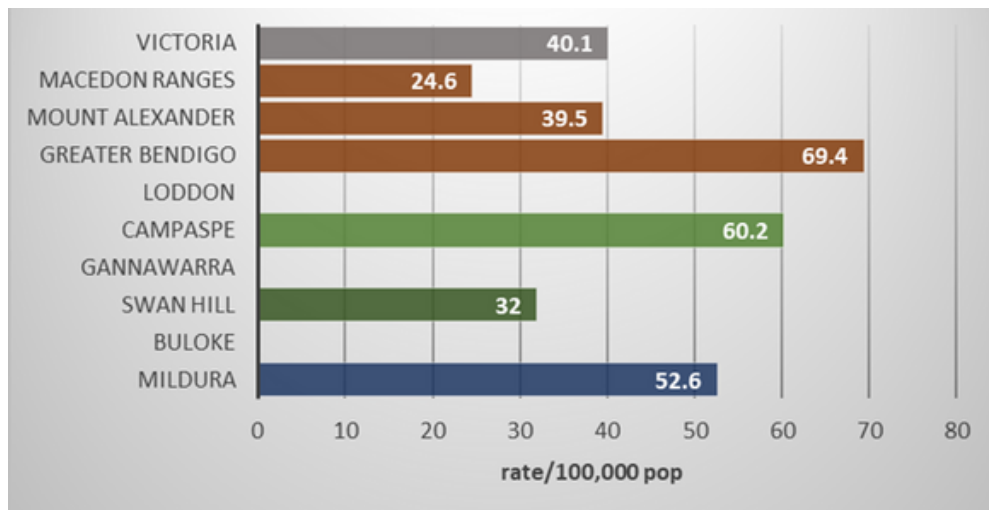
Figure 44: Family incidents, other parties and family members



Source: Crime Statistics Agency, year ending Sept 2022

- rate of incidents of family violence – seven LGAs are higher than state average with Mildura, Swan Hill & Campaspe the highest
- Mildura has the highest rate of women experiencing stalking, harassment and threatening behaviour in Victoria (Mildura: female = 17.7/10,000 pop; male=7.2/10,000 pop) (Victoria: female=8/10,000 pop; male=4.1/10,000 pop)
- hospitalisation rates due to assault above state average for Bendigo, Campaspe and Mildura
- victims of Crime reports are highest for Mildura, Swan Hill and Campaspe

Figure 45: Hospital admissions for assault



Source: Victorian Public Health and Wellbeing Dashboard, 2020/212

Stakeholder consultation

Although this priority is inclusive of all forms of data, the main conversation related to violence against women. Widespread resourcing of violence prevention is not seeing improved outcomes. In Loddon shire it was recognised that the impact of climate change and recently the climate emergencies have a flow on effect and one area impacted is family violence. There is a need to build capacity in mainstream services to address sexual violence because currently organisations don't feel equipped to address it themselves.

The multicultural community services don't have the information and the capacity to deal and support the communities in regards to violence

Loddon workshop

Family violence is well-resourced but the data is still not yet improving and figures are still not painting a good picture

Mallee workshop

Family violence is really important issue – the flow on impact of Covid19 on social norms has created more complex conditions in younger people and led to that family violence increase

Murray workshop

Workshop results

Ranking of top four priorities

Loddon: 2nd highest
Mallee: 3rd highest

Survey results

Survey respondents were asked to select three top priorities (n=63 respondents)

30% stakeholders selected Violence prevention for a LMPHU priority

22% Loddon: 6th highest

39% Mallee: 4th highest

26% Murray: 6th highest

The top rationale for selecting this priority - **community raised issue**

Stakeholder priorities

Figure 46: Organisations that have preventing violence against women as a priority

Area	Local Government	Community health/other
Loddon	City of Greater Bendigo Loddon Shire Council Macedon Ranges Shire Council Mount Alexander Shire Council	Boort District Health Heathcote Health Inglewood and District Health Service Northern District Community Health Sunbury & Cobaw Community Health
Mallee	Mildura City Council Swan Hill Rural City Council	Robinvale District Health Service Swan Hill District Health
Murray	Campaspe Shire Council Gannawarra Shire Council Swan Hill Rural City Council	Northern District CHS Echuca Regional Health Kyabram & District Health Services Swan Hill District Health
Loddon Mallee	nil	Women's Health Loddon Mallee

Local networks

Figure 47: Local networks that have preventing violence against women as a priority

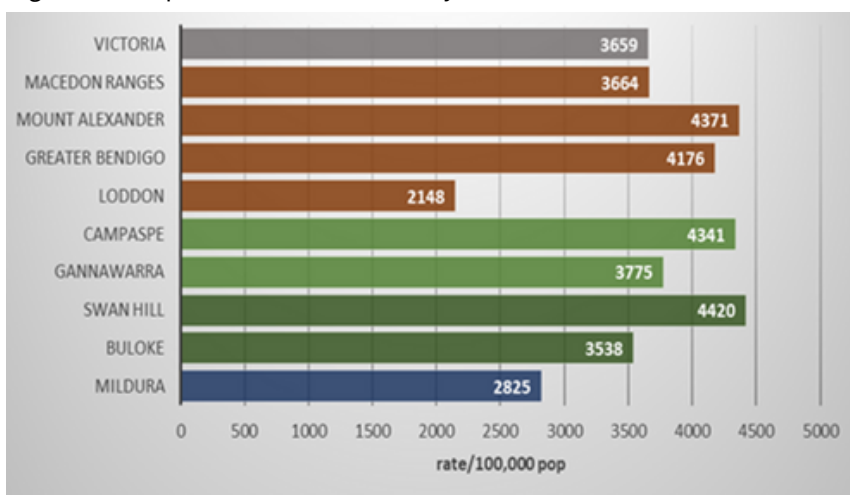
Loddon	Mallee	Murray
Loddon Family Violence Network Greater Bendigo Coalition for Gender Equity Greater Bendigo Prevention Network	Buloke Wellbeing & Equity Network Swan Hill District Gender Equity Network Mildura Family Violence Executive	Buloke Wellbeing & Equity Network Swan Hill District Gender Equity Network Campaspe Family Violence Action Group Gannawarra Free from Violence working group
Women's Health Loddon Mallee – CARE Partners		

Reducing injury

- Injury is a leading cause of morbidity and permanent disability in Australia and is the principle cause of death in people under 45 years of age (Australian Institute of Health and Welfare 2018d).
- Injuries cause a range of physical and psychological impacts that seriously affect the quality of life of injured people and their families. Injury is a complex public health issue that covers an extremely broad range of causes including:
 - transport
 - poisoning
 - falls
 - burns/scalds
 - drowning
 - sporting injuries
 - assault
 - workplace injuries

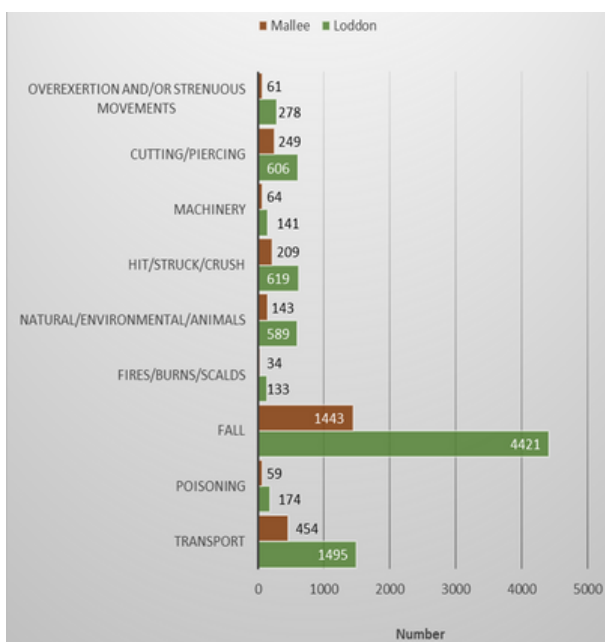
LMPHU region data

Figure 48: Hospital rates due to falls: 65yrs and over



Source: Vic Injury Atlas, 2020-21

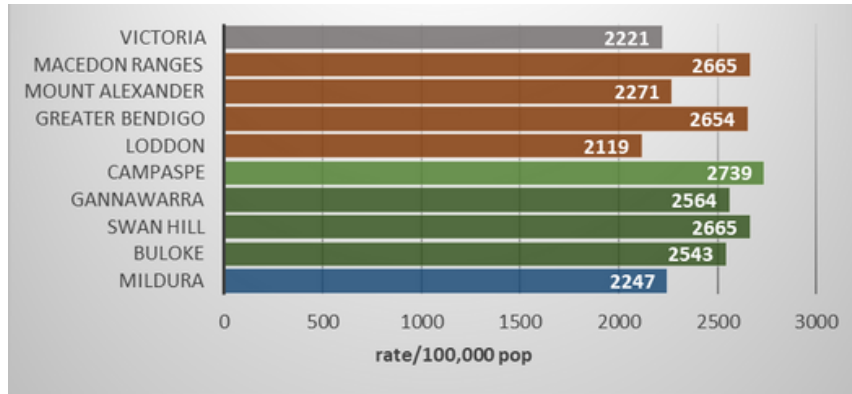
Figure 49: Number of unintentional injury hospitalisations (DH sub-regions Mallee & Loddon)



Source: Vic Injury Atlas, 2020-21

- falls are the highest unintentional injury cause resulting in hospital admissions
- fractures being the most common injury type for a hospital admission
- 25-64 years of age is the highest age group for unintentional injury requiring hospital admission
- five LGAs had hospital admissions for falls for people 65 years and over, greater than the Victorian average. These include: Mount Alexander, Greater Bendigo, Swan Hill, Campaspe and Gannawarra).

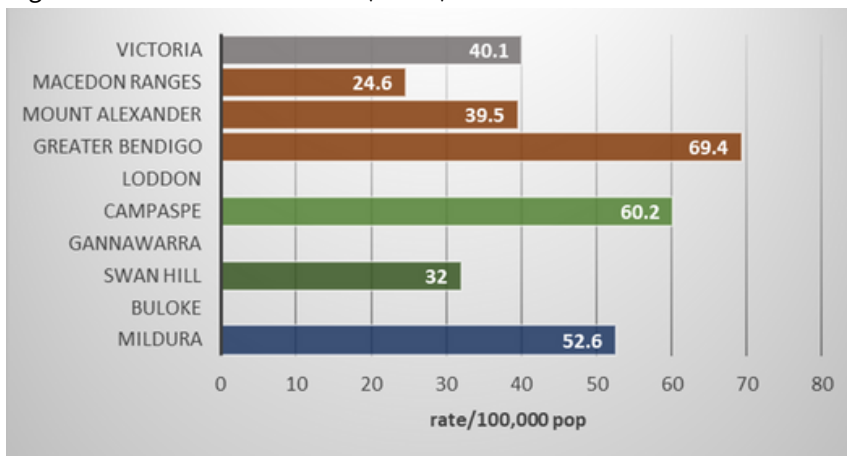
Figure 50: Hospital admissions for injury, poisoning & other external causes



Source: PHIDU, 2019-20

- eight LGAs also had hospital admissions for injury, poisoning and other external causes greater than the Victorian average
- assaults requiring hospitalisation (for men) are higher in Greater Bendigo, Campaspe and Mildura than the Victorian average

Figure 51: Admission for assault (males)



Source: Vict Public Health and Wellbeing Outcomes Dashboard, DH, 2020/21

- no known Loddon Mallee stakeholder has reducing injury as a priority
- there could be possible linkages with the National Centre for Farmer Health network

Survey results

Survey respondents were asked to select three top priorities (n=63 respondents)

3% stakeholders selected reducing injury for a LMPHU priority

7% Loddon

0% Mallee

5% Murray



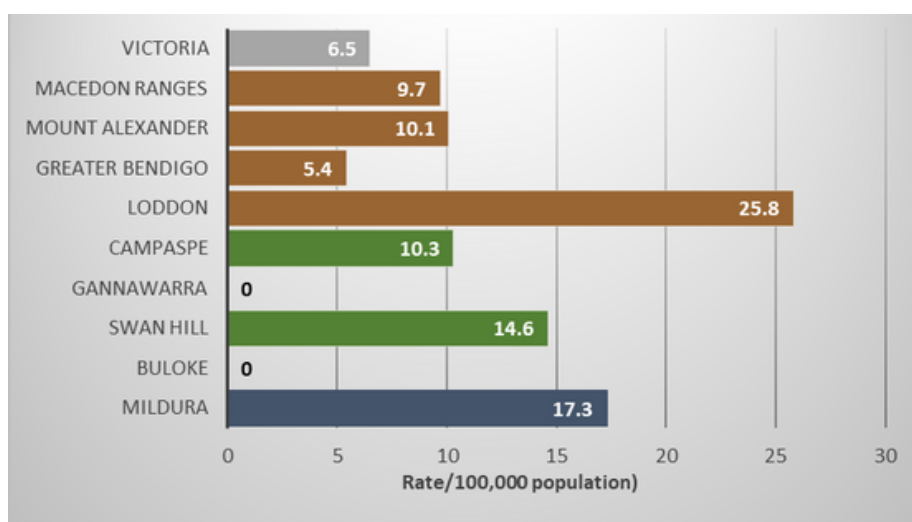
Decreasing the risk of drug resistant infections in the community

Developing drug-resistant infections is one of the most serious threats to human health. 'Antimicrobial resistance' refers to the ability of an infection (caused by a bacterium, fungus or virus) to become resistant to the drugs we use to treat them, such as antibiotics (World Health Organization 2019). The emergence and spread of resistant microorganisms is driven by human and non-human antimicrobial drug usage in Australia and overseas.

[Australian Commission on Safety and Quality in Health Care – New Report on Antimicrobial use and resistance in Australia \(27 August 2021\)](#)

LMPHU region data

Figure 52: Notifiable drug-resistant organisms



Surveillance of Notifiable Conditions in Victoria, 2022

- Notifiable drug-resistant organism rates are higher than the state average in many of the Loddon Mallee LGAs. The highest levels registered in Loddon, Mildura and Swan Hill.
- There are minimal networks and surveillance strategies for community organisations and resistant microbes acquired in the community.
- Networks include VICNISS at a state level, and a number of national surveillance systems and reporting bodies including Antimicrobial Use and Resistance in Australia (AURA) and National Centre for Antimicrobial Stewardship (NCAS).
- It is worth noting most of these bodies are focussed on facility prescribing and resistance patterns e.g. hospitals and aged care facilities.

Survey results

Survey respondents were asked to select three top priorities (n=63 respondents)

2% stakeholders selected decreasing drug resistance for a LMPHU priority

5% Loddon
0% Mallee
0% Murray

Section 4

Existing prevention programs

Programs

A range of programs and services exist which also have good links to data that will enable measurement of shorter-term progress. These include:

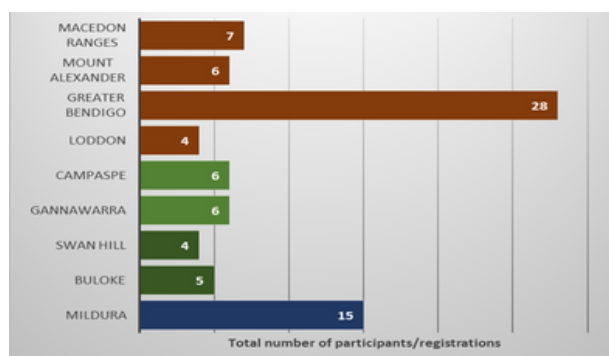
- healthy eating and oral health (Vic Kids Eat Well, Healthy Eating Advisory Service, Smiles 4 Miles)
- active living (Achievement program, active schools)
- early years (INFANT program)
- prevention of cardiovascular disease and type 2 diabetes (Life!)
- increase participation rate for identified under screened population groups across catchment (cervical, bowel, breast).

Where there are opportunities for LMPHU in promoting evidence-informed programs and targeting them to community context?

VicKids Eat well (VKEW)

Vic Kids Eat Well supports schools, outside school hours care, sports clubs, and a wide range of community organisations to offer healthier food and drink options. The focus is on simple changes and healthy swaps that make a big impact.

Figure 54: VicKids Eat Well: participation and registrations



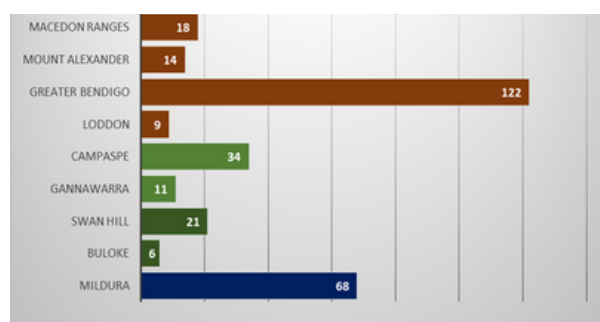
Source: VicKids Eat Well, 2023

- 81 registrations to VKEW (Schools, community & Council owned facilities; Sports Clubs, Sport & recreation facilities, Outside of School hours Care – highest registrations in Bendigo and Mildura)
- 22 Health Promotion Officers (HPOs) registered in LMPHU to support – each LGA has trained HPOs
- Healthy Kids Advisors allocated to Mildura, Bendigo and Buloke

Achievement Program

This program focuses on Health Promoting Schools and Healthy Workplaces.

Figure 55: Achievement program: total number of members



Source: Achievement program, 2023

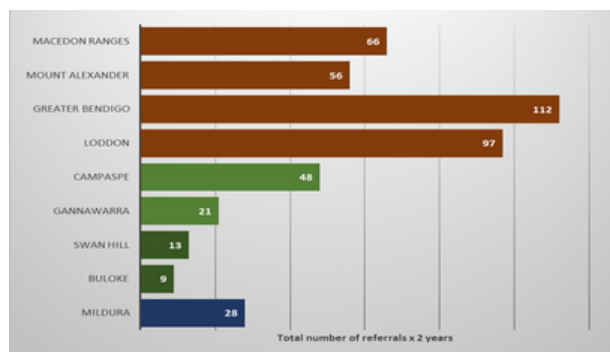
Health priority area

- Physical activity: 17 settings in progress; 17 settings achieved/recognized
- Healthy Eating: 37 settings in progress; 51 settings achieved/recognized

Life! Program

Life! is a free healthy lifestyle program that supports improved eating habits, increase physical activity and manage stress.

Figure 56: Diabetes Life! program referrals



Source: Diabetes Life! 2019-21

Smiles 4 Miles

Smiles 4 Miles is an initiative managed by Dental Health Services Victoria. The aim of the program is to improve the oral health of preschool aged children and their families by encouraging healthy eating, healthy drinking and good oral hygiene.

MALLEE

- Mallee Track Health and Community Services
- Robinvale District Health Service
- Sunraysia Community Health Services

LODDON

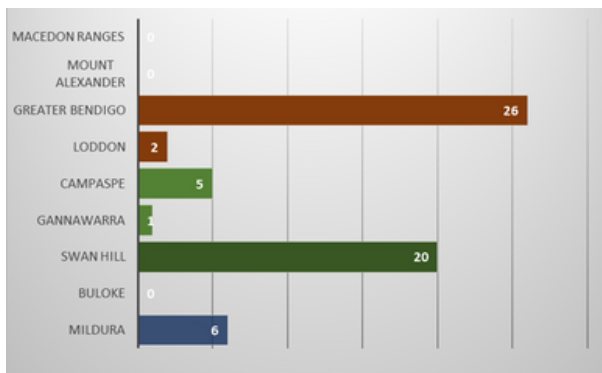
- Bendigo Health
- Central Highlands Rural Health
- Cobaw Community Health Service
- Northern District Community Health
- Boort District Health
- Inglewood and Districts Health Service

INFANT program

INFANT program is supported by IPAN at Deakin Uni. It includes infant feeding, active play and nutrition group sessions for parents.

Three organisations implementing in LMPHU Mildura, Bendigo and Swan Hill

Figure 57: INFANT: total number of staff trained



Source: INFANT, 2023

MURRAY

- East Wimmera Health Service
- Northern District Community Health
- Echuca Regional Health
- Swan Hill District Health

Healthy Loddon Campaspe

Healthy Loddon Campaspe (HLC) (previously known as Healthy Heart of Victoria) is an initiative aimed at improving health outcomes in the Loddon Campaspe region – the heart of Victoria.

The initiative was developed in response to the region showing higher than Victorian average rates of obesity, chronic disease and high-risk health behaviours.

The HLC projects are designed to focus on those parts of the community that are the least supported to help encourage healthy eating and get more people, more active, more often.

There are six local Councils involved in the initiative – Campaspe Shire, Central Goldfields Shire, City of Greater Bendigo, Loddon Shire, Macedon Ranges Shire and Mount Alexander Shire.

Stage two of Healthy Loddon Campaspe

Following the positive impact of Stage 1 of the HLC initiative, the Victorian Government provided further funding for an additional four years as part of the 2022 State Budget.

The initiative will continue to work within the region by:

- implementing place-based activations focusing on physical activity and healthy eating
- a workforce of localised Health Brokers in each of the six Local Government Area focused on developing relationships to help build knowledge about health and wellbeing
- utilising and sharing the findings from the Healthy Loddon Campaspe Active Living Census to help ensure that investments, infrastructure, programs and services across the region are what is needed and where it's needed

There is an opportunity for LMPHU to support the HLC work and upscale their healthy eating initiatives to extend across the whole of the LMPHU region

VicHealth Local Government Partnership

VicHealth is partnering with fast-track councils to amplify young voices, ideas and experiences to create a healthier future for all young people. VicHealth provide the councils with a series of health promotion modules – the building blocks for effective change – that will help them act on these ideas and initiatives.

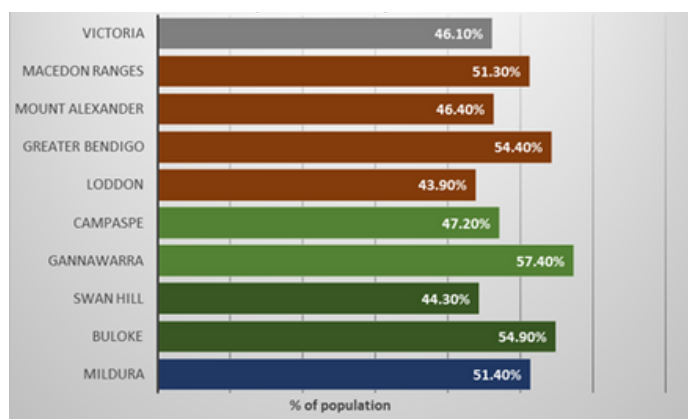
Participating Loddon Mallee Councils

- Mildura Rural City Council
- Buloke Shire Council
- City of Greater Bendigo
- Mount Alexander Shire Council
- Macedon Ranges Shire Council

Cancer screening & prevention

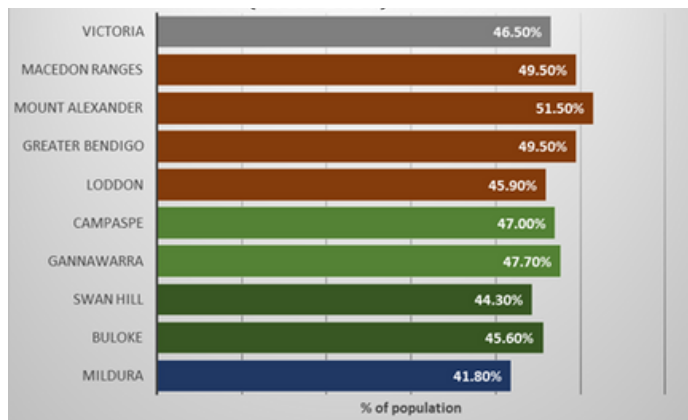
National screening programs are available in Australia to detect breast cancer, bowel cancer and cervical cancer. Some types of cancer can be detected before any symptoms appear. Cancer can take a long time to develop, and screening can find cancer while it is still in its early stages. It can also find changes to cells before they become cancer, or identify infections that may cause cancer in the future. By finding cancer at an early stage, there is a better chance that treatment will work and the person will survive.

Figure 58: Breast cancer screening participation rates, ages 50-74yrs



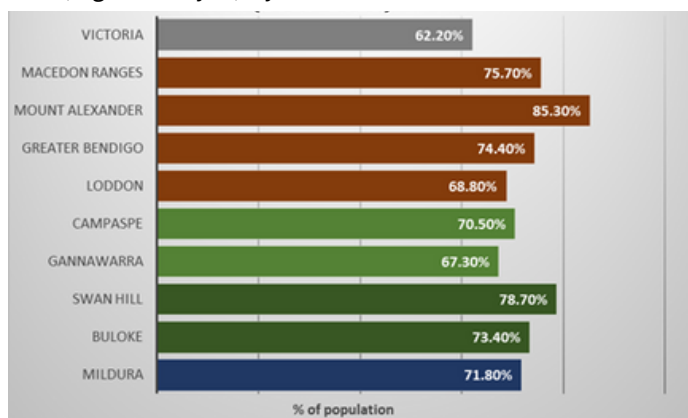
Source: PHIDU, 2018-2020

Figure 59: Bowel cancer screening participation rates, ages 50-74yrs



Source: PHIDU, 2019-2020

Figure 60: Cervical cancer screening participation rates, ages 25-74yrs , 5 year tests



Source: PHIDU, 2015-2019

- Victorians identifying as Aboriginal and/or Torres Strait Islanders are twice as likely to be diagnosed with cancer and three times more likely to die from cancer than other Victorians.
- Bowel and Breast Cancer Screening dropped during the Covid 19 pandemic.
- Cervical screening moved to five years, therefore, interim estimates are only available.

Section 5

Service system and health workforce

Service system and health workforce

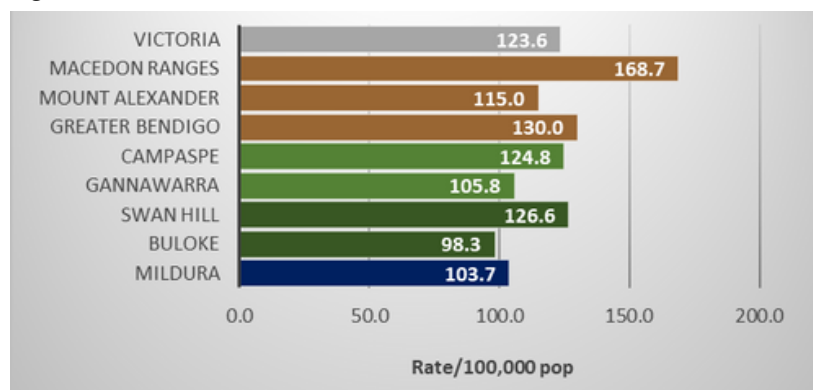
Health and social care are one of the top industries across the Loddon Mallee Region. However, our stakeholders are telling us that our service system is not adequately meeting the demand. This is particularly pertaining to primary and tertiary mental health services.

Both the Murray Primary Health Network and the North Western Melbourne Primary Health Network highlighted, in response to extensive consultation on the health and social service system, the:

- increasing **complexity of client needs**, including more presenting with co-morbid conditions, or longer term conditions. These require more intensive, coordinated and long-term treatment
- **increasing demand** for mental health services was consistently highlighted as a critical priority by all provider types, with unmet demand across both primary and tertiary care
- **supply gaps by population cohort** include children, young people and families, services for Aboriginal and Torres Strait Island communities, culturally appropriate services and languages for diverse communities, and services catering for LGBTIQ+ communities
- **workforce shortages** including recruitment and retention issues for general practice and community health
- **funding shortages** include providers indicating that as client needs increase in complexity, funding arrangements do not enable them to adequately manage this complexity
- **Barriers to access** include availability, affordability and appropriateness of some services, challenges of access due to travel requirements, health literacy and navigation challenges for some clients.
 - Greater availability of after-hours services is needed. Appointment availability is identified as a significant barrier to accessing the correct health care and can result in increased demand for after hours urgent care.
 - Appointments for chronic disease management have always been difficult to establish as a regular pattern due to lack of access to discipline-specific professionals in rural areas.
- **telehealth** is a good option for many but there are parts of the region that do not have adequate and reliable internet access (black spots)
- Many communities lack affordable and responsive **after-hours services** including for urgent care in small rural communities where primary care doctors are needed to provide sufficient emergency services. Many rural doctors are retiring or ceasing VMO services creating a reliance on transport and ambulance to reach higher level services, which can be life-threatening. People need affordable emergency care as close to home as possible as part of preventing hospitalisations and saving lives in the context of many small towns of the Murray PHN catchment.
- **sector fragmentation** resulting in a lack of coordination of care, service planning and exacerbation due to the competitive nature of commissioning and siloed funding streams
- Lack of system integration included the lack of **interoperability across information systems**, inconsistent processes and communication around care transfer, and a lack of aligned strategic and operational planning between settings of care.

Source: Health Needs Assessment 2022-2025 Summary, North Western Melbourne Primary Health Network Health Needs Assessment 2022-2025, Murray Primary Health Network

Figure 61: GP in the workforce

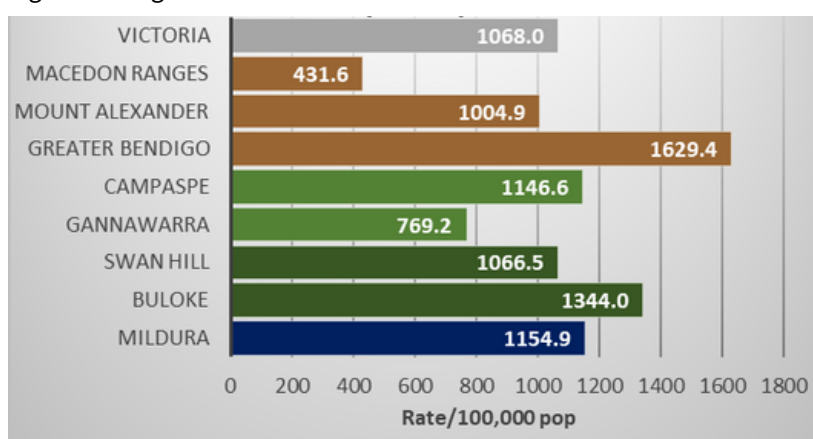


PHIDU, 2020

There is a higher rate of GPs in the Macedon Ranges and Greater Bendigo LGA than other Loddon Mallee LGAs or across Victoria.

Note data is missing for Loddon Shire

Figure 62: Registered nurses in the workforce

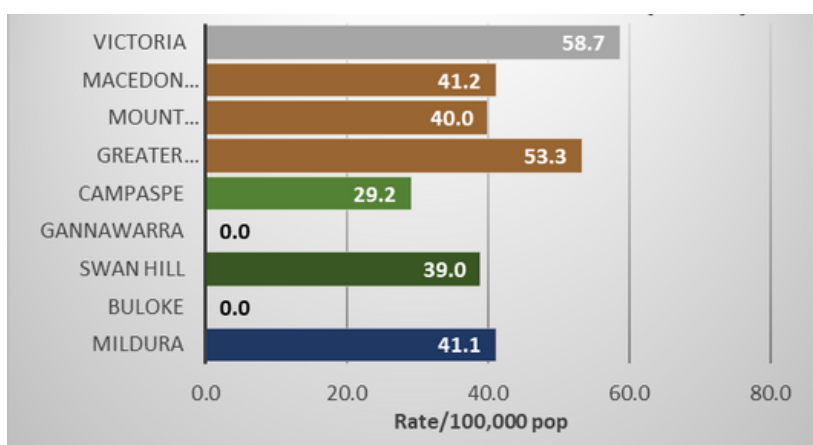


PHIDU, 2020

The registered nursing workforce is high in Greater Bendigo, Buloke and Mildura.

Note data is missing for Loddon Shire

Figure 63: Dentists in the workforce



PHIDU, 2020

The number of dentists in all Loddon Mallee LGAs is lower than the Victorian average, with none registered in Gannawarra and Buloke in 2020.

Note data is missing for Loddon Shire

Prevention workforce

Community Health/Health services receive State Government health promotion funding. These include:

- Bendigo Community Health
- Bendigo Health
- Dhelkaya Health
- East Wimmera Health Services (Buloke priorities)
- Echuca Regional Health
- Heathcote Health
- Inglewood & Districts Health Service
- Kyabram District Health Service
- Macedon Ranges Health (Benetas)
- Northern District Community Health
- Robinvale District Health Services
- Sunbury and Cobaw Community Health Centre
- Sunraysia Community Health Services
- Swan Hill District Health

Women's Health Loddon Mallee also receive State Government health promotion funding.

Some small rural health services have dedicated health promotion staff based on their strategic priorities.

Local government have a workforce that are focused on protection, prevention and community engagement. The numbers and roles vary across the different local governments. For example some have a wellbeing directory that focuses on the health wellbeing component of the Municipal Health and Wellbeing Plan. There are also the environmental health officers, *Health Kids* Advisors and the health brokers, who are part of the *Healthy Loddon Campaspe* initiative.

Healthy Loddon Campaspe

Healthy Loddon Campaspe is an initiative aimed at improving health outcomes in the Loddon Campaspe region. Healthy Loddon Campaspe projects are designed to focus on those parts of the community that are the least supported to help encourage healthy eating and get more people, more active, more often. There are six local Councils involved in the initiative – Campaspe Shire, Central Goldfields Shire, City of Greater Bendigo, Loddon Shire, Macedon Ranges Shire and Mount Alexander Shire.

For more information go to the Healthy Loddon Campaspe [web page](#).

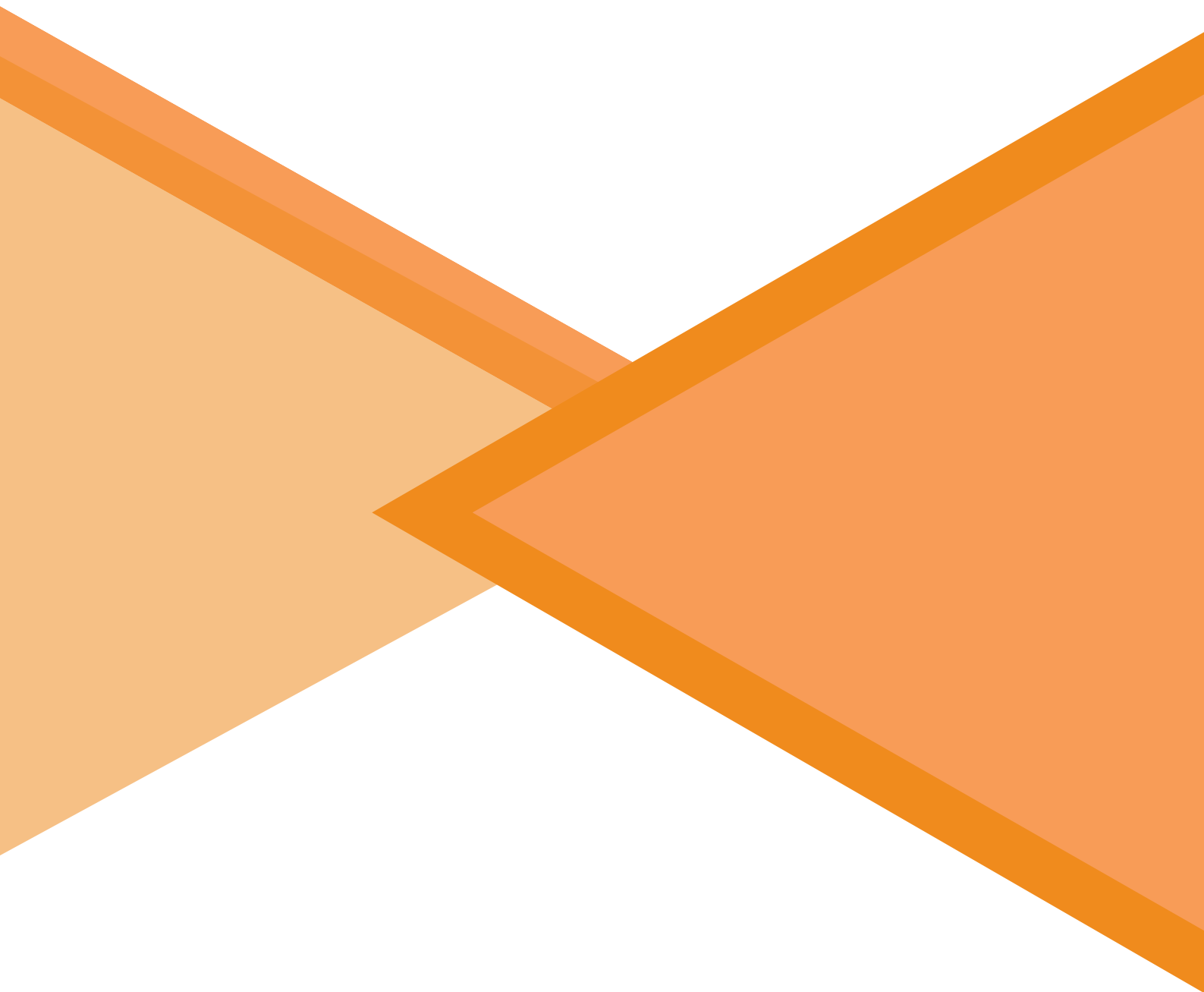
Next steps

Determining the LMPHU priorities for 2023-2025, climate change and health, healthy eating and mental wellbeing, is only the first step. The LMPHU recognises that moving the dial to improve health and wellbeing requires a collaborative approach that is tailored to the specific needs of a place and community. Prevention strategies will differ in the more remote areas of Mildura compared to the more urban areas of Bendigo. Our stakeholders are experts not only within their sector domains, but also hold knowledge and understanding of their community concerns, needs and strengths.

The implementation and evaluation framework will guide our consultations with the Loddon Mallee stakeholders to develop LMPHU sub-regional workplans and evaluation plans. These documents and internal discussions will clarify the role of the LMPHU across all the Victorian Public Health and Wellbeing Priorities and inform the LMPHU prevention and population health workplans.

Following the LMPHU plan 2023-2025, will be a four year planning period (2025-2029) to align with the Municipal Public Health and Wellbeing planning cycle.

The Advisory Sub-Committees, supported by the LMPHU PPH teams will continue to advise Bendigo Health on the strategic work that pertains to their local sub-regions.



Loddon Mallee Public Health Unit