

# Mansfield Municipal Public Health and Wellbeing

2025-2029  
Action Plan



Mansfield  
Shire



# Contents

Contents .....2

1. Introduction/Background .....3

2. Management & Coordination .....3

3. Our Role .....4

4. Our Approach .....4

5. Community Insights.....6

Challenges.....6

Priorities.....7

Opportunities .....8

6. Mansfield Health and Wellbeing Profile.....9

7. Our Health and Wellbeing Priorities .....12

Priority 1 – Increase Healthy Eating and Active Living .....14

Priority 2 - Prevent All Forms of Violence.....20

Priority 3 – Reduce Harm from Alcohol, Tobacco, and Drug Use .....24

Priority 4 – Promote Wellbeing with a Socially Connected and Supported Community .....27

Priority 5 – Tackle Climate Change and its Impact on Health .....32

8. Monitoring and Review .....35

## 1. Introduction/Background

The Victorian Public Health and Wellbeing Plan 2023-2027 (VPHWP) has outlined 10 priority areas. Of these, Mansfield Shire Council has identified increasing active living and healthy eating, preventing all forms of violence, reducing harm from alcohol, tobacco and drug use, improving wellbeing and addressing climate change to be the priorities for our community.

Council uses an integrated planning approach to align its health and wellbeing goals with national, state, and regional plans. By including the Public Health and Wellbeing Act 2008 in its planning, Council aims to achieve the best possible health outcomes for the community. The Local Government Act 2020 shapes how councils develop public health plans. Councils must also consider climate change (Climate Change Act 2017) and gender equality (Gender Equality Act 2020) in these plans.

## 2. Management & Coordination

To ensure that our Municipal Public Health and Wellbeing Plan is delivered according to the legislative requirements, strong internal and external managements and coordination mechanisms were developed. Community consultation and feedback has been sought and provided on Engage Mansfield.

Our partners in the development, implementation, and evaluation of the MPHWP are Mansfield District Hospital (MDH), RESPOND community group, Goulburn Valley Public Health Unit (GVPHU), Gateway Health, Women's Health Goulburn North East; Mansfield Adult Continuing Education (MACE), participants of Mansfield Health & Wellbeing Partnership network and Mansfield Youth & Children's service providers established networks.

### 3. Our Role

**We acknowledge our role is to protect, improve and promote public health and wellbeing in the Mansfield Shire.**

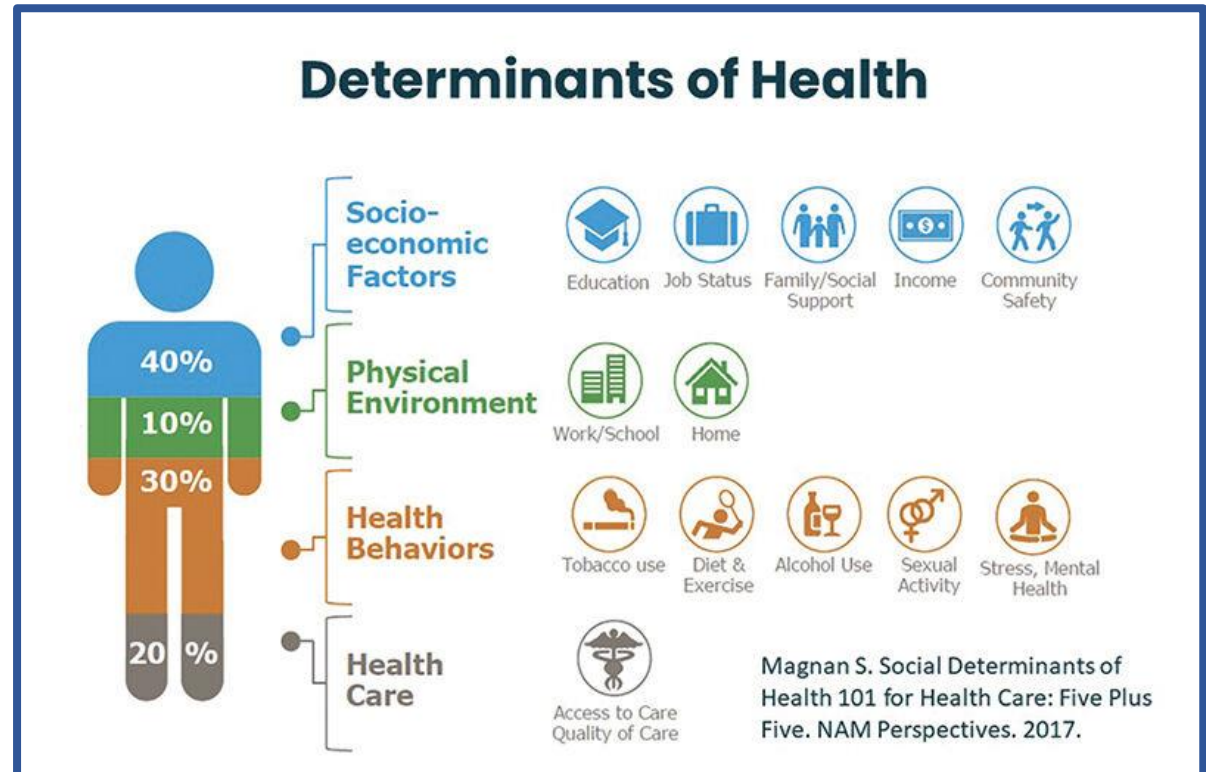
**Our objective: The health and wellbeing of families and communities is maximised.**

- ▶ Creating an environment which supports the health and wellbeing of the local community and strengthens the capacity of the community and individuals to achieve better health and wellbeing.
- ▶ Embedding health and wellbeing enablers and protections to reduce risks to our communities.
- ▶ Initiating, supporting, and managing public health planning processes at the local government level.
- ▶ Developing and enforcing up-to-date public health standards and intervening if the health of our people is affected.
- ▶ Facilitating and supporting local agencies whose work has an impact on public health and wellbeing to ensure improvement in this area. Ensure essential community services exist locally.
- ▶ Coordinating and providing immunisation services to children living or being educated within the municipal district.
- ▶ Ensuring that the municipal district is maintained in a clean and sanitary condition.
- ▶ Leading and creating community conversations about matters impacting health and wellbeing e.g., climate change, drug and alcohol use.

## 4. Our Approach

This MPH Action Plan is focused on the people in Mansfield Shire.

There are a range of different approaches to improve health outcomes. Health promotion can occur at any point along a continuum, from initiatives and program that focus on individuals and communities through to interventions that improve population groups, or the health or living conditions of whole populations. In many instances a combination of approaches for the same health issue is effective. Our work focuses on groups and communities with a focus on primary prevention, secondary prevention, and general population health.



## 5. Community Insights

### Challenges

#### Geographic and demographic

- ▶ Mansfield has a large and growing ageing population. (25.9% over 65 years) ABS 2021.
- ▶ Reduced availability of rental accommodation. This impacts families experiencing vulnerabilities or lower income workers. (15.8% live in rented accommodation).
- ▶ The 0 -14yo population (17%) is growing putting stress on existing early years services and schools.

#### Services

- ▶ Lack of community and public transport.
- ▶ Service gaps identified for families accessing care. (Children and aged).
- ▶ Difficulty in sustaining, retaining and attracting local service and external stakeholders in service delivery to meet expectations and address needs.
- ▶ Support in barrier removal for those reporting and experiencing family violence.

#### Community perceptions

- ▶ Mansfield Shire Council's ability to meet community expectation is improving.
- ▶ The requirements of outlying communities are not as well heard.

## Priorities

### Partnerships

- ▶ Mansfield Health and Wellbeing Partnership to oversee the implementation of the MPHWA Action Plan
- ▶ Mansfield District Hospital
- ▶ Early Childhood Services
- ▶ Rotary
- ▶ CWA
- ▶ MACE
- ▶ Community Groups and Local Business
- ▶ Valley Sports
- ▶ Local Schools

### Young people

- ▶ Improve engagement with young people by building resilience and reducing risk around alcohol and substance abuse related harm.

### Older people

- ▶ Support older people to remain healthy and active.
- ▶ Provide information and advocacy to encourage community participation, access to services and inclusion.
- ▶ Improve community transport.

- ▶ Provide key insights into the level of demand for age-based services and facilities.

## Prevent family violence

- ▶ Address the recommendations of the Royal Commission into Family Violence.
- ▶ Reduce the risk of family violence by addressing the underlying drivers of violence.

## Opportunities

### Strengthen existing projects

- ▶ Continue to support the 'RESPOND' initiative.
- ▶ Continue to support the implementation of SIAG.
- ▶ Develop new system/partner opportunities, including MACE, CWA, Mansfield Autism Statewide Services (MASS).
- ▶ Utilise the systems mapping of early childhood services to ensure future planning meets identified needs.
- ▶ Develop collaboration between antenatal, postnatal and early year's services, including MCH and day care.
- ▶ Continue implementation of the Council Climate Action Plan.
- ▶ Collaborate with stakeholders including Mansfield District Hospital to address aged care needs and services to meet the increasing demands of the municipal community.
- ▶ Progress the MCH parent infant information programs to help parents and families with healthy eating and active play from the start of baby's life.
- ▶ Supported/targeted playgroup and community playgroups.
- ▶ MCH and Integrated Family Services staff to assimilate and develop supports for families experiencing family violence.
- ▶ Embed the MARAM framework. (Family Violence Multi-Agency Risk Assessment and Management Framework).

- ▶ Continue to conduct Gender Impact Assessments on programs and services that have a direct impact on the community.
- ▶ Consider that people's experiences of inequality are shaped by a multitude of factors (intersectional gender lens) when evaluating programs and services to understand the impact for people of difference.

## 6. Mansfield Health and Wellbeing Profile

Mansfield Shire is located 2 hours' drive north of Melbourne. The area is characterised by a diverse range of agricultural activities, related timber industries and is dominated by the Great Dividing Range including the alpine resorts of Mt. Buller and Mt. Stirling. The Shire's major urban centre is Mansfield which also acts as the regional centre, hosting a range of retail, health, educational, recreation and retail facilities, personal and business services.

There are numerous outlying communities scattered across the municipality and residential populations are dispersed throughout isolated areas. All the townships and localities have a strong sense of community characterised by a high level of community involvement and volunteerism.

The Shire is recognised as one of the fastest growing municipalities in Victoria over the last decade, with population growth of around 2% each year since 2001. The combination of the lifestyle on offer and proximity to Melbourne has seen the permanent population grow from 6,631 in 2001 to 10,782 in 2024. The median age of Mansfield residents has risen from 45 years in 2006 to 49 years in 2021. This is much older than the Victorian median of 38 years.

## If Mansfield Shire were 100 people...

Men and women	49 / 51 women
Infants (<1 year)	1
Children under 14 years	17
Adults over 64 years	25
Speak a language other than English at home	4
Born overseas	11
Identify as Aboriginal and/or Torres Strait Islander	2
LGBTQIA+	3
Working age (15-64 years)	59
Employed	44
Drive to work	28
Live in single occupancy dwelling	14
Completed Year 12	40
Receive government pension or allowances	22

## Physical activity and healthy eating

- ▶ In 2022, only 4.3% of adults met both fruit and vegetable recommendations, with more women (6.3%) meeting the guidelines compared to men (2.1%).
- ▶ The proportion of Mansfield residents who are pre-obese or obese is 61%.
- ▶ Adults in Mansfield Shire are more likely to meet physical activity guidelines (58.6% vs 51.1%), compared to Victorian average.
- ▶ 32% consume sugar sweetened drinks daily or several times per week.
- ▶ 17.0% of Mansfield Shire population eat take away food more than once per week. (Vic 15.3%).
- ▶ 24.5% of girls and 21% of boys are overweight or obese.
- ▶ 20.7% of girls and 31% of boys met physical activity guidelines every day during the previous week.

## Prevent all forms of violence

- ▶ Violence against women in Mansfield has increased since 2022 by 22.7%.
- ▶ The number of women reporting stalking, harassment and threatening behaviours in Mansfield in 2024 has increased by 75% from 2023.
- ▶ The Orange Door assessments and referrals to Mansfield Integrated Services has increased to 21 from 22 last year, however the notable rise came from direct referrals which went from 3 in 23/24 to 10 in the 24/25 year.
- ▶ Rates of family violence reports are increasing at half the rate as regional and metropolitan areas.
- ▶ One in six (14.8%) of Australians aged over 65 years report experiencing elder abuse with only one third seeking assistance.

## Harmful alcohol and drug use

- ▶ Mansfield Shire has a higher presentation of alcohol related hospital admissions (49.4 per 10,000 population) compared to Victorian rates (43.1 per 10,000 population).
- ▶ People in the Mansfield Shire are at increased risk of alcohol-related harm on one single occasion of drinking (54.4%) compared to the Victorian average (43.0%).

- ▶ The proportion of adults in Mansfield who reported their smoking status as “smoke daily” is 8.1%; this has dropped since 2017. It is now below the state average.
- ▶ 17% report to smoke or vape (Vic 18%).
- ▶ 23.3% of adults are at increased risk of harm from alcohol-related disease or injury compared with the Victorian average of 13%.

### **Socially connected and supported communities**

- ▶ Mansfield Shire has a higher proportion of people over the age of 60 years (34.4%) compared to Victorian percentage (21.9%).
- ▶ Mansfield Shire has high levels of social engagement. Compared to Victorian results, Mansfield Shire residents are more likely to be able to get help from neighbours, feel valued by society, feel safe walking alone in the day and the night, participate as a volunteer, and belong to a community group.
- ▶ The median weekly income for a family in Mansfield is \$1,708 which is less than the state average of \$2,136.
- ▶ 21.4% of private dwellings have a total household weekly income of less than \$650 compared to 16% across Victoria.
- ▶ 19.5% of adults in Mansfield report experiencing loneliness as compared to 22.3% of Victorian adults.
- ▶ Less than half of Mansfield residents are likely to have completed a year 12 or equivalent, (40.4%) compared to National (51.9%).
- ▶ Strong anecdotal evidence showing poor transport options throughout the Shire.
- ▶ Aboriginal life expectancy was estimated to be 10.6 years lower than that of the non-Indigenous population. Closing the Gap report highlights the target is not on track to being met.
- ▶ 21% of people over 15 reported doing voluntary work in the last 12 months, higher than the state average of 13%.

## **7. Our Health and Wellbeing Priorities**

The population profile of the Mansfield Shire includes notably higher proportions of children aged 5-14 and adults over 55. This demographic pattern creates distinct challenges for service delivery across the Shire. The larger youth population increases demand for

essential children's services, including childcare. Meanwhile, the significant older population requires expanded healthcare, aged care, and independent living support services.

Age and disability needs are closely linked, with people aged 65 and over most likely to require assistance with core activities. As the Shire's population grows, both younger and older age groups will need more healthcare and social support services.

There are opportunities for community health services to make positive change in their community with benefits for health, wellbeing, and climate mitigation. Increasing healthy eating, eating locally grown fruits and vegetables, and less packaged foods can improve health outcomes and reduce carbon emissions. Increased use of active and public transport improves health outcomes and delivers climate change mitigation co-benefits by reducing the number of car trips and the environmental impact.

## Our Approach

We will be looking at actions, impacts, and outcomes for our community to be:

- ✓ empowered to be healthy & well
- ✓ have equitable access to opportunities and resources
- ✓ supported to live, work, and play in a healthy and safe environment
- ✓ supported to respond to emerging issues

## Priority 1 – Increase Healthy Eating and Active Living

Our health and wellbeing priorities will be advanced by:

- ✓ Undertaking systems mapping for collective impact
- ✓ Seeking funding to deliver prioritised projects
- ✓ Supporting other groups and organisations in our community with their aligned initiatives
- ✓ Advocating the importance of our goals

Regular physical activity and healthy eating not only provides quality of life and increases health and wellbeing but also provides protection against cardiovascular disease, colon and breast cancers, type 2 diabetes, and osteoporosis. Being physically active also improves mental health and reduces other risk factors such as obesity, high blood pressure and high blood cholesterol. Providing infrastructure and facilities that encourage physical activity is a key role in Council. These include the provision of paths to walk and cycle, open spaces, community facilities and opportunities to gather and socialise.

## TARGET POPULATION GROUP

- ▶ Women
- ▶ Older people
- ▶ Children and youth

## DETERMINANTS

- ▶ Socioeconomic status
- ▶ Food insecurity
- ▶ Financial Stress

## OUTCOMES

- ▶ Local environment encourages community members to be physically active.
- ▶ Community members are engaged in identifying barriers, enablers, and solutions to encourage active living and healthy eating.
- ▶ Settings promote and support active living and healthy eating for clients, students, and employees.
- ▶ Local environments provide readily accessible healthy food and drink choices and breastfeeding friendly facilities for all of community.

## MEASURES

- ▶ Community members who do not meet the physical and dietary guidelines.
- ▶ Percentage of community members who are overweight and/or obese.
- ▶ Community members who consume sugar sweetened drinks daily.

## OBJECTIVES

- 1.1 Increase healthy eating across all life stages and strengthen sustainable food systems in our community.
- 1.2 Through place-based initiatives, increase equitable access to availability and consumption of health foods and drinks.
- 1.3 Implement evidence and place-based initiatives that support active living across all abilities and life stages.
- 1.4 Influence environments and settings to ensure they are health, safe, inclusive, and accessible for our communities.

Objective	Action	25-26	26-27	27-28	28-29	Partners
<b>1.1</b> Increase healthy eating and strengthen sustainable food systems in our community.	▶ Continue to facilitate Youth Chop and Chat workshops.	●				▶ Mansfield District Hospital – RESPOND ▶ CWA ▶ MACE ▶ Various Chefs from the community
	▶ Continue to support fresh fruit and vegetable drive.	●	●	●	●	▶ St John Church
	▶ Provide access to Community Garden through promotion of the volunteer program.	●	●			
	▶ Encourage sport and recreation centres in Mansfield to have more products available from the green food/drink group.	●	●	●	●	▶ Local Sports Groups
	▶ Work with schools to transition fresh fruit and vegetable boxes to a community led program.	●				▶ Local schools
<b>1.2</b> Through place-based initiatives, increase equitable access to availability and consumption of healthy foods and drinks	▶ Provide information on starting solids	●	●	●	●	▶ MCH
	▶ Participate in Mansfield RESPOND, a community led, place-based approach to improving the health and wellbeing of local children, through a series of tailored projects.	●	●	●	●	▶ Mansfield District Hospital - RESPOND
	▶ Facilitate Youth Advisory Group Garden and Gardening Programs.	●	●	●		▶ Engage

<p><b>1.3</b> Implement evidence and place-based initiatives that support active living across all abilities and life stages</p>	<p>▶ Provide access to the community garden.</p>	●	●	●	●	
	<p>▶ Attract and promote events that encourage physical activity.</p>	●				<p>▶ Local businesses</p>
	<p>▶ Sports and recreation reference group to meet quarterly.</p>	●	●	●		<p>▶ Local sports and recreation clubs</p> <p>▶ Sports and Recreation Victoria</p> <p>▶ Valley Sports</p> <p>▶ Good Sports</p> <p>▶ Aquatic Facilities Working Group</p>
<p><b>1.4</b> Influence environments and settings to ensure they are healthy, safe, inclusive, and accessible for our communities.</p>	<p>▶ Support the Aquatic Facilities Working Group.</p>	●	●	●	●	
	<p>▶ Implement Mansfield Girls Can.</p>	●	●			
	<p>▶ Maintain and improve playgrounds and recreational spaces.</p>	●	●	●	●	
<p>▶ Develop and implement Disability Access and Inclusion plan.</p>	●	●	●	●		
<p>▶ Continue to develop Ageing Well in Mansfield Shire – Health Literacy and Tech Help</p>	●	●	●	●	<p>▶ GJP Computer Services</p>	

- ▶ Continue to support First Nations led community activities. ● ● ● ● ▶ Gadhaba
- ▶ Continue to support LGBTIQ+ community through initiatives such as PRISM, events such as IDAHOBIT, Pride Month etc., and other LGBTIQ+ groups ● ▶ PRISM  
▶ LGBTIQ+ groups
- ▶ Support community access to the youth centre particularly for community groups and young people. ●
- ▶ Continue to support our culturally and linguistically diverse community initiatives and events. ● ● ● ● ▶ SIAG  
▶ RAR

## Priority 2 - Prevent All Forms of Violence

People who experience violence are affected in all areas of their health and wellbeing. Violence takes many forms including physical, emotional, psychological, financial, and sexual violence. It also includes coercive control, intimate partner violence, and elder abuse. Violence is largely a gendered issue, perpetrated overwhelmingly by men against women. Women experience higher rates of violence including sexual violence, stalking and sexual harassment. Hospital admission rates due to assault are higher for men.

Preventing family violence is a major priority for the Victoria government. The effects of family violence are profound and disproportionately impacting on woman and children. Alcohol is a strong contributor to violence in the community. In 2024 there were 136 family violence incidents reported in the Mansfield Shire, representing an increase of 61.9% from 2023 (Crime Statistics Agency, 2024).

By promoting a respectful society that does not tolerate family, sexual violence and community violence, Council can contribute to the decrease of these incidences.

### TARGET POPULATION GROUP

- ▶ Women and children (Young, Pregnant, Aboriginal and Torres Strait Islander, CALD, remote and rural living)

### DETERMINANTS

- ▶ Unequal distribution of power
- ▶ Rigid gender roles and socioeconomic status
- ▶ Gender inequality

### MEASURES

- ▶ Family violence incidents per 1,000 population
- ▶ The Orange Door (TOD) investigations completed per 1,000 eligible population.
- ▶ TOD substantiations per 1,000 eligible population.
- ▶ Family violence data obtained from CAV and MCH.

## OUTCOMES

- ▶ Stronger, safe communities.
- ▶ Decrease prevalence of abuse and neglect.
- ▶ Decrease prevalence of family violence.
- ▶ Access to appropriate services.

## OBJECTIVES

- 2.1 Develop and support capacity to incorporate sustainable gendered practices within services, policies, and programs for gender equitable outcomes.
- 2.2 Improve access to information, programs, and services for those impacted by family violence.
- 2.3 Actively promote and support online safety programs.

Objective	Action	25-26	26-27	27-28	28-29	Partners
<p><b>2.1</b> Develop and support capacity to incorporate sustainable gendered practices within services, policies, and programs for gender equitable outcomes.</p>	<p>▶ Continue to complete Gender Impact Assessments for all new infrastructure and upgrades to existing facilities.</p>	●	●	●	●	
	<p>▶ Continue to action Fair Access policy and action plan.</p>	●	●	●	●	
	<p>▶ Support and promote 16 Days of activism campaign.</p>	●	●	●	●	<ul style="list-style-type: none"> <li>▶ Rotary</li> <li>▶ RESPECT Victoria</li> <li>▶ MAV</li> </ul>
	<p>▶ Deliver ‘Change our Game’ fair access and equity workshops.</p>	●				<ul style="list-style-type: none"> <li>▶ Valley Sports</li> <li>▶ Change Our Game</li> <li>▶ Ovens Murray Alliance</li> </ul>
<p><b>2.2</b> Improve access to information, programs, and services for those impacted by family violence.</p>	<p>▶ Continue to liaise with Alliance members regarding available services and identify opportunities for improvement to service delivery.</p>	●	●	●	●	
	<p>▶ Continue to identify families at risk and provide support and referral.</p>	●	●	●	●	<ul style="list-style-type: none"> <li>▶ The Orange Door</li> <li>▶ Community mental health and wellbeing services</li> </ul>

<p><b>2.3</b> Actively promote and support online safety programs.</p>	<ul style="list-style-type: none"> <li>▶ Continue to support primary prevention activities and initiatives.</li> <li>▶ Seek to support family violence victims with availability of emergency kits.</li> <li>▶ Work with project partners to develop and promote school-based programs.</li> <li>▶ Continue collaboration with schools through Mental Health in Schools Network.</li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>▶ Maternal and Child Health, Integrated Family Services and Financial Counselling</li> <li>▶ Ovens Murray Alliance</li> <li>▶ Local Primary and Secondary Schools</li> <li>▶ MACE</li> <li>▶ Bendigo Bank</li> <li>▶ Local Primary and Secondary Schools</li> </ul>
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## Priority 3 – Reduce Harm from Alcohol, Tobacco, and Drug Use

Alcohol and drug misuse has a significant negative impact on individuals, families and the wider community. It also leads to violence and other anti-social behaviours in the community. Long-term regular drinking is linked to disease, including some cancers and even cardiac illness.

Local governments in partnerships with organisations can undertake initiatives that prevent and address the misuse of alcohol and other drugs.

### TARGET POPULATION GROUP

- ▶ Young people
- ▶ Adult population who smokes or consumes alcohol at risky levels

### DETERMINANTS

- ▶ Age structure; socioeconomic status
- ▶ Psychological distress
- ▶ Unstable housing or lack of housing

### MEASURES

- ▶ Alcohol: Ambulance attendances per 10,000 population.
- ▶ Alcohol: Hospital admissions per 10,000 population.
- ▶ Alcohol: Definite alcohol family violence incidents per 10,000 population.
- ▶ Illicit drugs: Ambulance attendances per 10,000 population.

## OUTCOMES

- ▶ Decrease prevalence of alcohol and other drug use.
- ▶ Improve opportunities for stable housing.
- ▶ Decrease prevalence of offending.
- ▶ Decrease exposure of cigarette smoke for children in the home.
- ▶ Proportion of adults that report smoking daily.
- ▶ Local data from Mansfield RESTART program.

## OBJECTIVES

- 3.1 Reduce the harms caused by alcohol, tobacco, vaping, and drug misuse in the community.
- 3.2 Advocate for a safe drinking culture.

Objective	Action	25-26	26-27	27-28	28-29	Partners
<b>3.1</b> Reduce the harms caused by alcohol, tobacco, vaping and drug misuse in the community.	▶ Continue compliance programs through environmental health regulations and local laws.	●	●	●	●	
	▶ Participate in MAV funded Tobacco program.	●	●			▶ MAV
	▶ Promote and advocate for ongoing funding for the delivery of the Mansfield RESTART Program.	●	●	●	●	▶ Mansfield District Hospital
<b>3.2</b> Advocate for a safe drinking culture.	▶ Collaborate with Benalla VICPOL to run a ‘Cool Heads’ Learner Driver Safety Workshop November 2025.	●				▶ Rotary ▶ Benalla VICPOL
	▶ Support and promote alcohol free events such as Amplify & Skate series events.	●				▶ Amplify ▶ Police ▶ Als Skate Co
	▶ Promote Good Sports free alcohol management program to sporting clubs.	●				▶ Good Sports

## Priority 4 – Promote Wellbeing with a Socially Connected and Supported Community

Health is influenced by the social conditions in which people live and work. The way we live, access to services and transport, our income, housing and participating in community life can impact our health and wellbeing. Residents with low economic resources often have worse health outcomes compared to relatively advantaged community members. Improvement of health outcomes in less advantaged communities can be achieved by encouraging healthy living, facilitating employment opportunities in the community, and providing access to support services.

Community connections and belonging are important for our mental health and wellbeing. Our mental health and wellbeing are crucial to our ability to be physically healthy, be involved in the community and our family and contributes to our overall quality of life. Being able to access programs, services, events, and activities in our community enhances our social connection and provides us with a sense of belonging to a community.

### TARGET POPULATION GROUP

- ▶ Children
- ▶ Young people
- ▶ Older people

### DETERMINANTS

- ▶ Safe environments
- ▶ Age
- ▶ Socioeconomic status

### MEASURES

- ▶ People who are volunteering.
- ▶ People who rated their community support groups as good or very good.
- ▶ People who are members of a sports group.
- ▶ Able to access help from family, friends, and neighbours when needed.
- ▶ Rated their community as an active community.

- ▶ Social and support networks
- ▶ Community and civic engagement
- ▶ Outlying communities

## OUTCOMES

- ▶ Strengthen family and relationships.
- ▶ Strengthen sense of place and belonging.
- ▶ Strengthen engagement in meaningful activity.
- ▶ People in their neighbourhood are willing to help each other out.
- ▶ Feel safe walking alone during the night.
- ▶ Residents felt they lived in a close-knit neighbourhood.
- ▶ Feeling part of the community.

## OBJECTIVES

4.1 Create opportunities for social connection through infrastructure and community facilities.

4.2 Promote and support health and wellbeing activities in the community.

Objective	Action	25-26	26-27	27-28	28-29	Partners
<b>4.1</b> Create opportunities for social connection through community facilities, programs and events.	▶ Promote and support the induction and utilisation of volunteers in community services and activities.	●	●	●	●	▶ Mansfield District Hospital – RESPOND ▶ Community Groups
	▶ Continue to provide support to Senior Citizens to ensure access to suitable venues for programs and events.	●	●	●	●	
	▶ Coordinate, stage, and/or support community events.	●	●	●	●	
	▶ Continue to provide funding opportunities for outlying communities.	●	●	●	●	
<b>4.2</b> Promote and support health and wellbeing activities in the community.	▶ Continue to provide community advice and assistance to support community groups.	●	●	●	●	▶ MDH
	▶ Amplify events – Work with young people to deliver 4 events annually.	●				▶ Amplify
	▶ Review of Youth Services strategy and tailor services to best meet identified needs.	●				
	▶ Deliver Skate series and other youth participation events.	●				
	▶ Deliver Seniors Festival annually.	●	●	●	●	▶ Community Groups ▶ Local businesses

<p><b>4.3</b> Support community groups to deliver inclusive, accessible and diverse activities and events.</p>	<ul style="list-style-type: none"> <li>▶ SIAG – Continue Social Inclusion Funding to support mental health and wellbeing activities.</li> <li>▶ Continue to promote Social Inclusion Funding opportunity (SIAG) within the community for programs and initiatives that improve mental health outcomes and address social isolation.</li> <li>▶ Deliver the Mansfield Healthy, Community and Volunteers Expo.</li> <li>▶ Continue to provide the Community Connections Program to connect community members with information on existing community groups and available services for referral opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>● ● ● ●</li> <li>● ● ● ●</li> <li>●</li> <li>● ● ● ●</li> </ul>	<ul style="list-style-type: none"> <li>▶ SIAG</li> <li>▶ Mansfield District Hospital</li> <li>▶ Community Groups</li> </ul>
<p><b>4.4</b> Promote community cultural awareness and support local Aboriginal and other cultural groups within our Shire.</p>	<ul style="list-style-type: none"> <li>▶ Continue to support where possible and promote First Nations cultural events and awareness raising.</li> </ul>	<ul style="list-style-type: none"> <li>● ● ● ●</li> </ul>	<ul style="list-style-type: none"> <li>▶ Gadhaba</li> <li>▶ Taungurung Land and Waters Council</li> </ul>

The earth is warming at an unprecedented rate because of increasing concentrations of greenhouse gases in the atmosphere. Victoria's climate has changed over recent decades, becoming hotter and drier, and these trends are projected to continue.

Mansfield is already seeing direct and indirect health and wellbeing impacts associated with events such as floods, fires, and heatwaves, which are occurring with greater frequency and intensity due to climate change. Many impacts of climate change pose multiple threats to health and wellbeing and can occur at the same time, resulting in cascading or compounding impacts.

There are opportunities to improve the health and wellbeing of Victorians at scale. Strategies to reduce emissions, mitigate the future impact of climate change and support adaptation are important in preventing the harms that climate change can have on people's health.

### **What we want to achieve**

- ▶ Increase action to reduce greenhouse gas emissions across systems at the scale and pace required to reduce the impacts on health and wellbeing and realise associated health co-benefits.
- ▶ Create resilient and safe communities that can adapt to the public health impacts of climate change.
- ▶ Accelerate action to support communities to adapt to climate change and its impacts on health.
- ▶ Share successes and promote good practice examples of climate action.

### **Improving health equity**

Climate change widens existing inequalities, and disproportionately impacts the health and wellbeing of those more vulnerable.

## Priority 5 – Tackle Climate Change and its Impact on Health

### TARGET POPULATION GROUP

- ▶ Children
- ▶ Young people
- ▶ Older people
- ▶ Lower socioeconomic groups

### DETERMINANTS

- ▶ Safe environments
- ▶ Socioeconomic status
- ▶ Social and support networks

### OUTCOMES

- ▶ Actions to reduce greenhouse gas emissions.
- ▶ Create resilient and safe communities.
- ▶ Actions that support communities to adapt to climate change.
- ▶ People in their neighbourhood are willing to help each other out.
- ▶ Council initiatives consider and improve active transport.
- ▶ Initiatives focused on improving equitable access to safe and healthy food, and the sustainability of food systems.

### MEASURES

- ▶ Council initiatives and policies consider greenhouse emissions.
- ▶ Able to access help from family, friends, and neighbours when needed.
- ▶ Initiatives that encourage a resilient and safe community.

## OBJECTIVES

- 5.1 Promote actions to reduce greenhouse gas emissions.
- 5.2 Advocate for public and community transport options within the Shire.
- 5.3 Create a resilient and safe community that can adapt to the public health impacts of climate change.

Objective	Action	25-26	26-27	27-28	28-29	Partners
<b>5.1</b> Promote actions to reduce greenhouse gas emissions.	▶ Continue the footpath and Shared Path Strategy to promote active transport.	●	●	●	●	
	▶ Continue with strategies to reduce emissions and mitigate future impact according to the Climate Action plan and Environment Strategy.	●	●	●	●	▶ Goulburn Murray Climate Alliance
<b>5.2</b> Advocate for public and community transport options within the Shire.	▶ Continue promotion of community bus.	●	●	●	●	▶ Mansfield District Hospital
	▶ Collaborate with hospital and other organisations who provide transport options.	●				▶ Mansfield District Hospital
	▶ Increase awareness of available services through the community connections program.	●				
<b>5.3</b> Create a resilient and safe community that can adapt to the public health impacts of climate change.	▶ Ensure people who are more likely to be affected by the impacts of climate change are supported in extreme weather events such as heatwaves, floods, droughts, and bushfires.	●	●			▶ LEAP ▶ MEM
	▶ Continue to foster community connectedness through activities and events that build community resilience.	●	●	●	●	▶ LEAP ▶ CFA / SES ▶ DEECA
	▶ Engage community through the Local Emergency Action Plan project to better prepare them for any emergencies.	●	●			▶ LEAP ▶ CFA

## 8. Monitoring and Review

Our Municipal Public Health and Wellbeing Plan is included in our Council Plan and will be implemented by its linkages with the Strategic Resource Plan and the Annual Budget.

Council will be responsible for monitoring, evaluation and reporting on the achievements of the Council plan and the MPHWP Action Plan. The Mansfield Health and Wellbeing Partnership network will be the forum for regular monitoring and evaluation across partner agencies. This network meets bi-monthly.

As outlined in the Terms of Reference, the purpose of the Health and Wellbeing Partnership is to:

- support and progress the strategic priorities of the Central Hume PCP
- provide leadership on the impacts of social determinants of health and collaborate to strengthen the local service system across the local government area
- collaborate on and support the implementation of the Council Plan in relation to the Municipal Public Health and Wellbeing Plan. This is done in conjunction with partner organisation's strategic and operational plans where appropriate
- collaboratively identify local priority issues in health promotion and primary prevention and work together to find avenues to address these priority issues.

Responsibility for implementing MPHWP Action Plan strategies to achieve our health and wellbeing goals is the responsibility of a number of agencies. Our partners are committed to ensuring that the Municipal Health and Wellbeing Plan goals are incorporated into each of their own strategic plans, ensuring collective responsibility for improved health and wellbeing outcomes for the community, and are monitored and reported annually to Council and the Department of Health.

Our MPHWP goals are included as strategies in our Council Plan and are subject to our Council Plan reporting and monitoring processes. The achievement of our Council Plan strategic objectives will be measured according to the strategic indicators outlined in this plan. A report will be prepared for State Government, Council and the community via the Annual Report between July and September. This will include the report of operations, financial statement, and performance statement.

The Council will annually evaluate and assess whether targets and projects will be met according to their strategic indicators.

## 9. Source/Reference List

Community data. <https://profile.id.com.au/mansfield>

Australian Bureau of Statistics. 2021. Census 2021, Available from: <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/LGA24250>

Victorian Agency for Health Information. VPHS program operates on a three-year cycle since 2008 and is the only source of population health surveillance data that is obtained first-hand from the Victorian population <https://vahi.vic.gov.au/reports/victorian-population-health-survey>

Crime Statistics Agency Victoria (year ending Sept 2024) <https://www.crimestatistics.vic.gov.au/family-violence-data/family-violence-dashboard>

Victorian Women's Health Atlas (data for 2017-18, published Nov 2020) <https://victorianwomenshealthatlas.net.au/>

Victorian Health Information Surveillance System (VHISS) - Ambulatory Care Sensitive Conditions (ACSCs) data for 2019-20. <https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15>

Victorian Population Health Survey 2017 (published 2019). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Australian Early Development Census Data 2018 (published 2019) <https://www.aedc.gov.au/data/downloads>

Gendered Data Insights: A tool for local government public health and wellbeing planning 2025 - Mansfield Shire Council [https://www.whealth.com.au/wp-content/uploads/2025/03/2025\\_FINAL-Mansfield-Shire-Council-Gendered-Data-Insights\\_.pdf](https://www.whealth.com.au/wp-content/uploads/2025/03/2025_FINAL-Mansfield-Shire-Council-Gendered-Data-Insights_.pdf)