

MITCHELL SHIRE COUNCIL HEALTH PROFILE 2017



MITCHELL SHIRE COUNCIL



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Data notes

Mitchell Shire's Health and Wellbeing Profile presents a vast range of data from the most current sources available at August 2017. All data sources are referenced in endnotes.

For topics that reference the *Australian Bureau of Statistic (ABS) Census*, 2016 data has been used where possible, however, not all Census data was released at the time of publishing this report, including some employment data and Social and Economic Indices for Areas (SEIFA). Data for townships refers to area boundaries defined by *profile.id Mitchell Shire Council Community Profile*.

More information about this report and the data sources referenced is available on request from Mitchell Shire Council's Advocacy and Community Services Directorate.

INTRODUCTION

Health and Wellbeing Profile

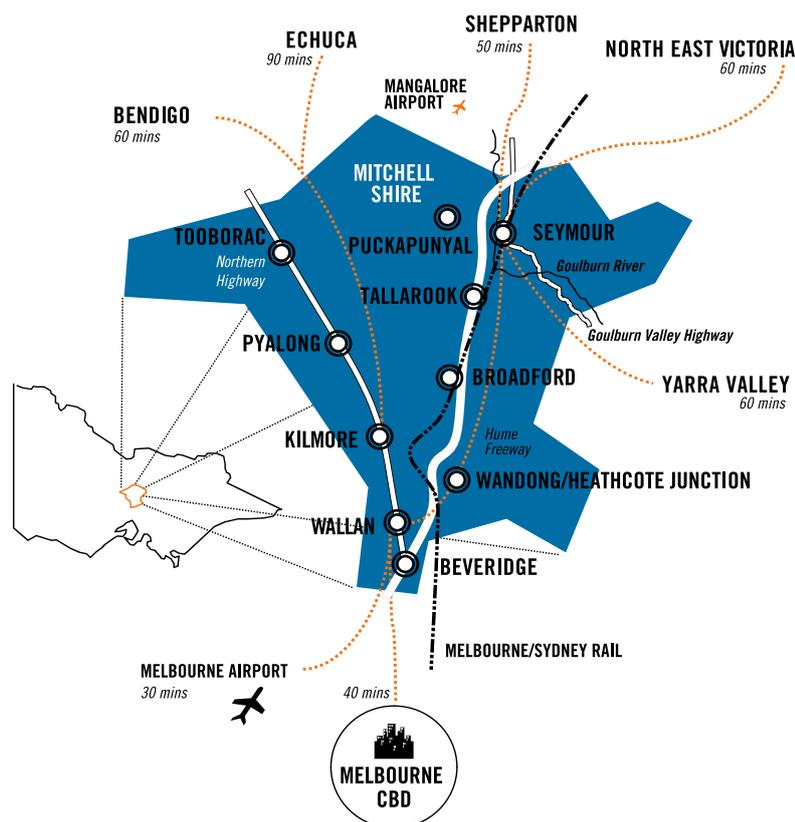
Under the *Public Health and Wellbeing Act 2008* (the Act), local government authorities have legislative responsibilities for public health planning and promotion. Mitchell Shire Council is required to prepare a four year Municipal Public Health and Wellbeing Plan (MPHWP); which sets the broad mission, goals and priorities for our residents to achieve maximum health and wellbeing. To inform the MPHWP's development, Council is legislatively required to examine data on health and wellbeing issues as they relate to our local municipality.

This Health and Wellbeing Profile provides a snapshot of data on the health status and social determinants of health as they relate to the local population of Mitchell Shire. Data is included from the social, cultural, natural, built and economic environments.

Geographical context

The Mitchell Shire Local Government Area (LGA) covers 2,864km² and is located between 40km and 100km north of the Melbourne CBD. The southern townships of Beveridge and Wallan are located within Melbourne's urban growth boundary, while the remainder of the LGA is located within northern regional Victoria. With average annual growth rates of +3%, Mitchell Shire is one of the fastest growing regional municipalities¹.

Mitchell Shire shares boundaries with the municipalities of Greater Bendigo and Strathbogie to the north, Murrindindi to the east, Hume and Whittlesea to the south, and Macedon Ranges and Mount Alexander to the west. It incorporates the townships of Beveridge, Broadford, Kilmore, Puckapunyal, Pyalong, Reedy Creek, Seymour, Tallarook, Tooborac, Trawool, Wallan and Wandong-Heathcote Junction.



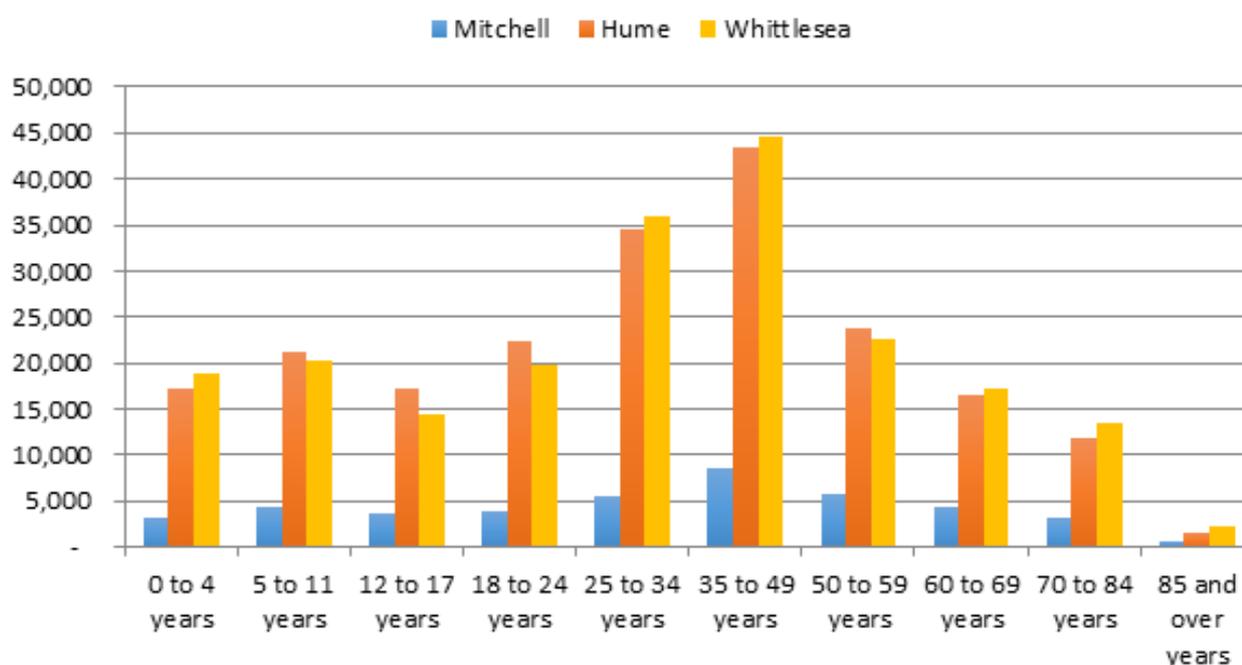
MITCHELL SHIRE PEOPLE

Age profile

In 2017, the population of Mitchell Shire was estimated to be 43,005².

The age profile of Mitchell Shire is slightly older than the neighbouring growth areas of Hume and Whittlesea. This reflects the current transitional status of Mitchell Shire as an interface growth area, as it continues to attract young people and younger families who supplement our traditional township communities.

COMPARATIVE SUMMARY OF POPULATION AGE DISTRIBUTION, 2017



Source: forecast.id, July 2017.

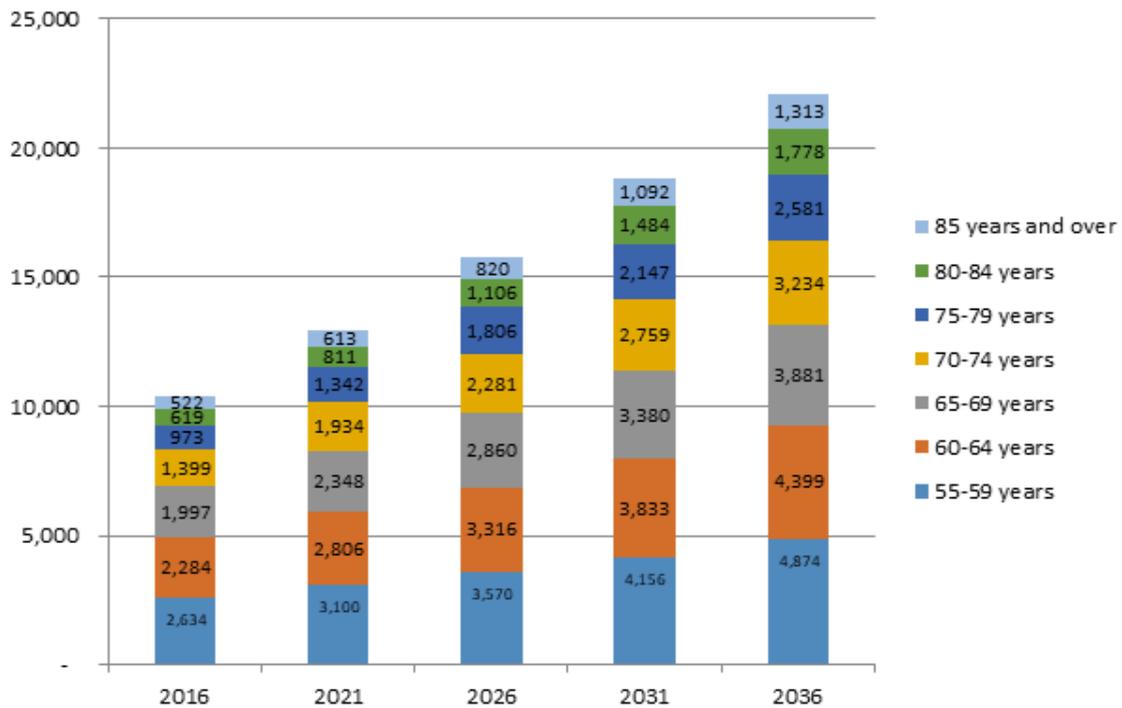
By 2036, it is forecast that more than 22,000 residents (25%) in our community will be aged 55 years or older, around 6% of which will be aged 75 years or older (the high needs age group)².

High population growth over the next 20 years will see a large proportion of younger people reside in our community, offsetting the trend in population ageing that is impacting other parts of Victoria. However, a significant proportion of our population will continue to age, impacting on townships in different ways. By 2036, more than 1 in 3 residents in the townships of Broadford, Kilmore and Seymour will be aged 55 years or older. In Beveridge and Wallan, the proportion of older residents will be much lower².

The supporting infrastructure and built environment requirements of northern and southern townships will need to differ to reflect these different population ageing demographics.

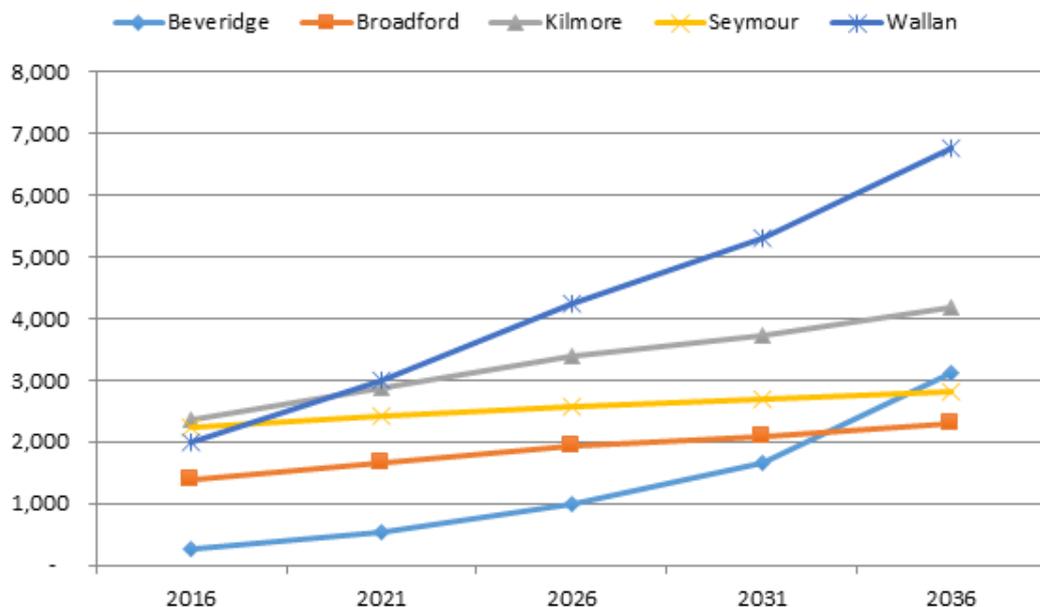
MITCHELL SHIRE PEOPLE

CHANGES TO THE NUMBER OF OLDER PEOPLE IN MITCHELL SHIRE, 2016 TO 2036



Source: forecast.id, July 2017.

NUMBER OF OLDER RESIDENTS AGED 55 YEARS AND OLDER IN MITCHELL SHIRE TOWNSHIPS, 2016 TO 2036



Source: forecast.id, July 2017.

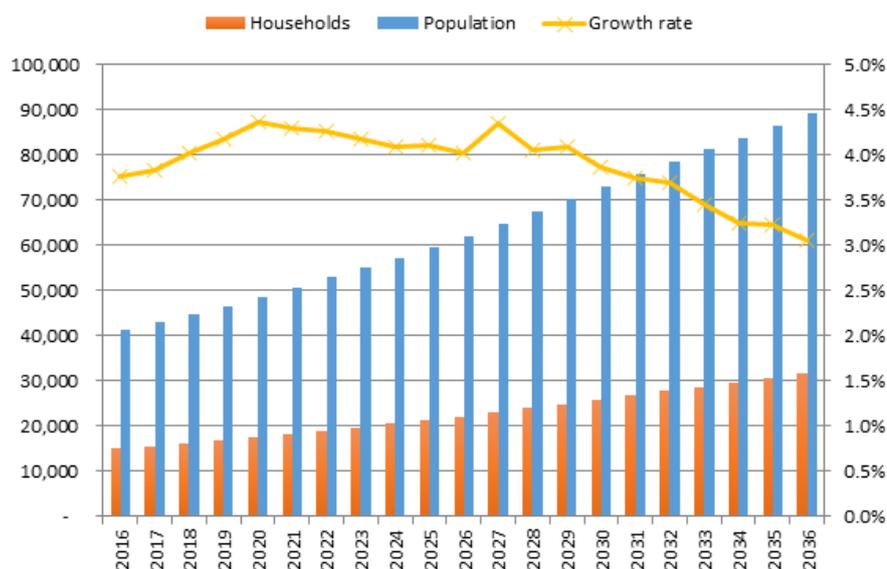
MITCHELL SHIRE PEOPLE

Population growth

Over the next 20 years, Mitchell Shire's annual population growth rate will range between 3% and 4.3%. The population will more than double with an increase of almost 50,000 people by 2036².

This rapid population growth will increase the urban footprint of our townships. It will provide opportunities for increased economic activity and provide larger town centres with more diverse retail and commercial offerings.

ANNUAL GROWTH IN POPULATION, HOUSEHOLDS AND GROWTH RATE, 2017 TO 2036



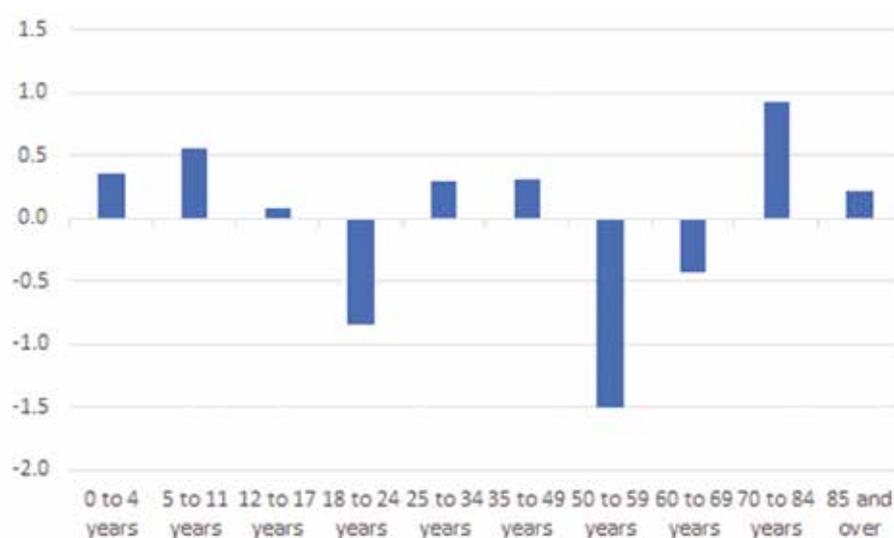
Source: forecast.id, July 2017.

The character of our population will also begin to change. There will be a greater proportion of children and youth and a lower proportion of middle-aged adults².



MITCHELL SHIRE PEOPLE

CHANGE IN PROPORTION OF POPULATION (MITCHELL) IN EACH AGE COHORT, 2017 TO 2027



Source: forecast.id, July 2017.

Population growth will impact different parts of the Shire in different ways. The southern townships of Beveridge and Wallan will experience far more rapid population growth than Seymour and Pyalong.

Kilmore, although outside the Urban Growth Boundary, is also anticipated to experience significant population growth over the next 20 years. This is due to Kilmore's strategic positioning close to our largest township Wallan, its connection to Melbourne by both the Hume Highway and the Seymour-Melbourne Railway Line, and connection to Bendigo by the Northern Highway.

POPULATION GROWTH IN TOWNSHIPS, 2011 TO 2036

Area	2011	2016	2017	2021	2026	2031	2036	Change 2011-2036	Average Annual Change
Beveridge	670	1,710	1,950	3,757	7,249	13,588	21,463	20,793	9.57%
Broadford	4,422	4,734	4,814	5,244	5,875	6,433	6,888	2,466	1.38%
Kilmore	7,368	8,544	8,779	9,725	10,817	11,827	12,699	5,331	1.43%
Pyalong and rural north west	1,844	1,901	1,906	1,952	2,005	2,071	2,140	296	0.66%
Seymour	6,518	6,578	6,601	6,742	6,986	7,243	7,518	1,000	0.75%
Tallarook and rural north east	2,902	3,407	3,408	3,434	3,465	3,504	3,565	663	0.35%
Wallan	8,435	11,536	12,534	16,826	22,612	27,794	31,581	23,146	2.59%
Wandong - Heathcote Junction	2,946	3,005	3,014	3,056	3,121	3,225	3,360	414	0.83%
Mitchell Shire	35,105	41,415	43,005	50,737	62,130	75,686	89,214	54,109	3.34%

Source: forecast.id, July 2017.

MITCHELL SHIRE PEOPLE

POPULATION SNAPSHOT

Estimated population (2017)	43,005
Change between 2017 and 2036	46,209
Average annual growth rate (%)	3.9%
Total increase (%)	107%



Source: forecast.id, July 2017.

Gender distribution

In 2017, the proportion of



males (50.2%)

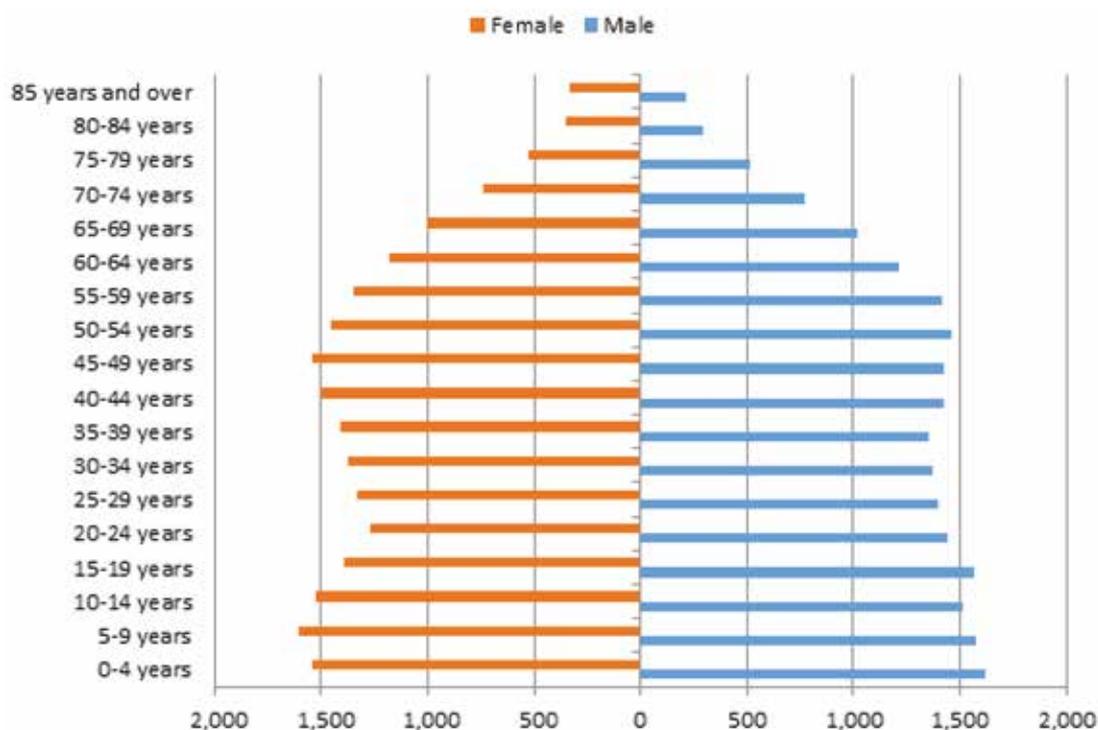
to



females (49.8%)

was relatively even, with a greater number of female residents living slightly longer than males².

GENDER BY POPULATION AGE DISTRIBUTION, 2017



Source: forecast.id, July 2017.

MITCHELL SHIRE PEOPLE

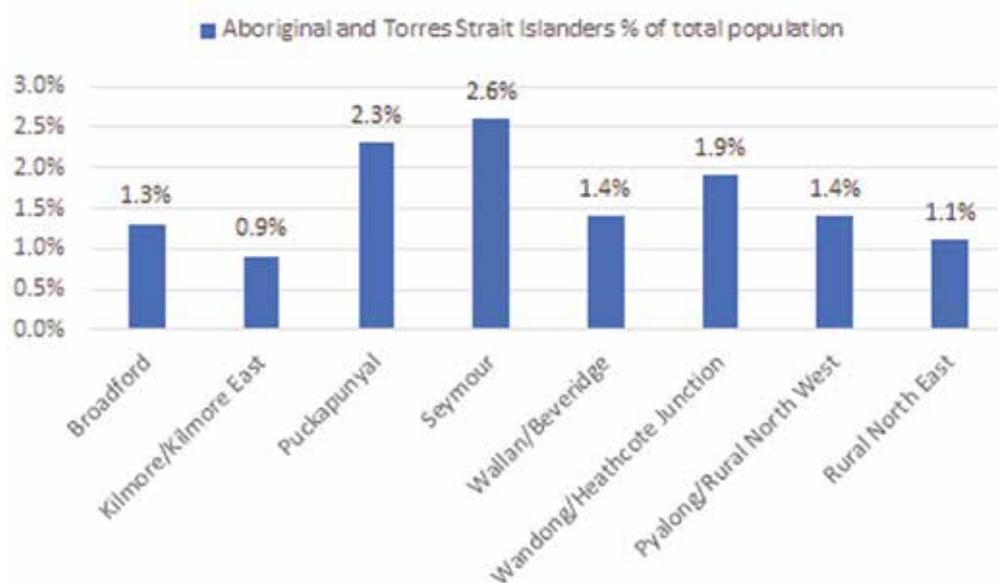
Aboriginal and Torres Strait Islander People

Our community includes the Taungurung Clans Aboriginal Corporation and the Wurundjeri Tribe Land and Compensation Cultural Heritage Council. These organisations represent the interests of Aboriginal and Torres Strait Islander people within Mitchell Shire and are important to the cultural heritage of the region.

At the 2016 Census, 654 people living in Mitchell Shire identified as Aboriginal and/or Torres Strait Islander (ATSI), which equates to 1.6% of the population. This is greater than the Victorian average of 0.8%³.

The largest population increases occurred in Wallan/Beveridge (+102), Seymour (+37), Wandong (+29) and Broadford (+18)⁴.

PROPORTION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN TOWNSHIPS, 2016



Source: profile.id, citing ABS Census 2016.

Aboriginal and Torres Strait Islander people living in Mitchell Shire are more likely to live as sole parent families and are more likely to live in households with children, compared with the broader population of Mitchell⁴. They are more likely to require assistance with a disability and they provide unpaid support for a person with a disability at the same rate as the broader population³.

MITCHELL SHIRE PEOPLE

COMPARATIVE SUMMARY STATISTICS OF FAMILY TYPE, INDIGENOUS AND NON-INDIGENOUS, 2016

Household type	Indigenous	Non-Indigenous
Couple with no children	16%	24%
Couple with children	37%	33%
Sole parent	25%	12%



Source: profile.id citing Census 2016, and ABS Census 2016 ATSI profile Mitchell Shire.

COMPARATIVE SUMMARY STATISTICS OF COMMUNITY SUPPORT FUNCTIONS, INDIGENOUS AND NON-INDIGENOUS, 2016

Indicator	Indigenous	Non-Indigenous
Assistance with a disability	7%	5%
Provide unpaid support to person with a disability	12%	12%
Provide unpaid childcare	2016 data not yet available	30%
Volunteer	2016 data not yet available	19%

Source: profile.id citing Census 2016, and ABS Census 2016 ATSI Profile Mitchell Shire.



MITCHELL SHIRE PEOPLE

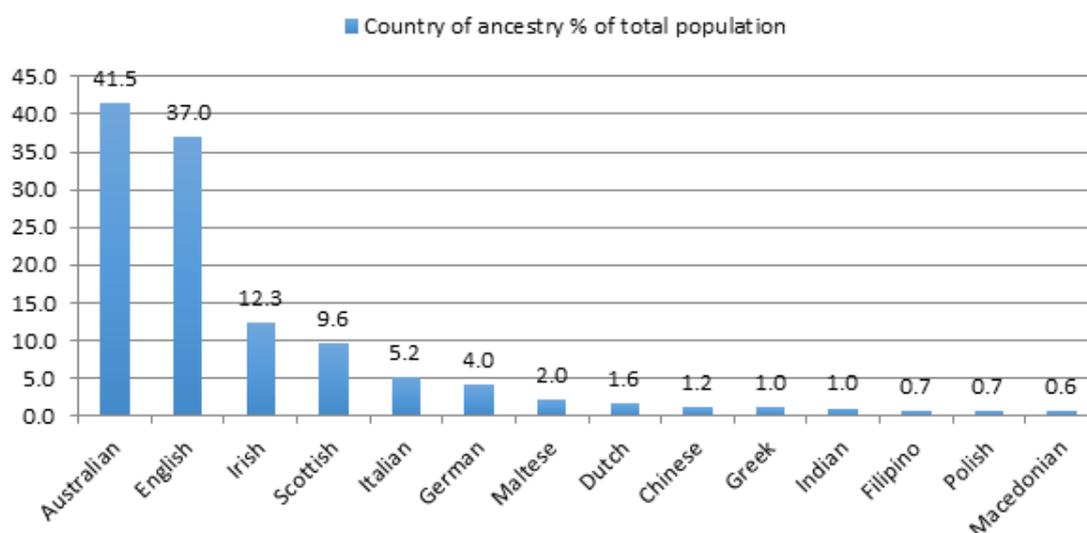
Ancestry

The vast proportion of our community identify as English speaking, with common ancestry from the Australia and United Kingdom⁴.

The impact on the community from the 1950's -1970's wave of European migration to Victoria is evident, from the small but significant proportion of Italian, German, Maltese, Dutch and Greek community members who now reside in Mitchell Shire.

More recently, we are seeing a greater number of people arriving from China and India.

PROPORTION OF RESIDENTS IDENTIFYING ANCESTRY IN THE CENSUS, 2016



Source: profile.id, citing ABS Census 2016.

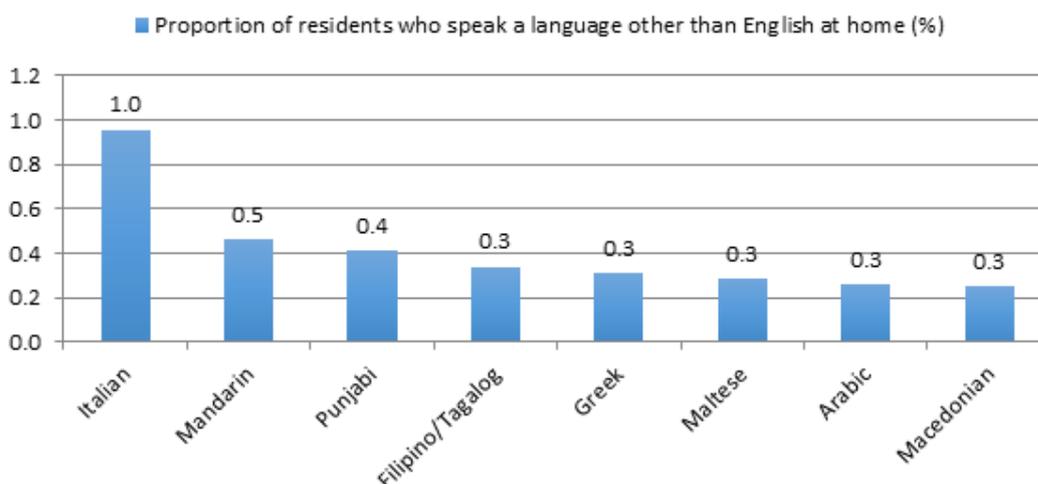
Language spoken at home

The majority of residents in Mitchell Shire (85%) speak only English at home. While many people identify as being of European ancestry, those with Dutch and German ancestry do not appear to continue to speak the language of their parents or grandparents⁴.

The most common languages spoken at home other than English are Italian, Mandarin, Punjabi, Filipino/Tagalog, Greek and Maltese⁴.

MITCHELL SHIRE PEOPLE

RESIDENTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, 2016



Source: profile.id, citing ABS Census 2016.

Cultural diversity snapshot

On all key indicators for cultural diversity, Mitchell Shire scores considerably lower than the Victorian average. To improve community cohesion in the long term, a focus on improving the acceptance of people from diverse cultures should be a priority for Mitchell Shire.

SNAPSHOT OF CULTURAL DIVERSITY INDICATORS, 2016

Indicator of cultural diversity	Mitchell Shire	Victoria
Population born overseas	11.5%	28.3%
Population born in non-English speaking country	6.4%	21.9%
Low proficiency in English	0.9%	4.5%
Arrived in Australia in the last 5 years (2011 - 2016)	13.9%	22.7%
New settler arrivals per 100,000 population (2014/15) *	54.5	682.5
Humanitarian arrivals as proportion of new settlers (2014/15)*	0.0%	9.3%
People who believe multiculturalism makes life better*	37.4%	51.0%

Source: profile.id citing ABS Census 2016 and *Department of Health and Human Services (DHHS) LGA Profile 2015.

MITCHELL SHIRE PEOPLE

Lesbian Gay Bisexual Transgender Intersex (LGBTI) Communities

While researchers have steadily increased their focus on health issues that impact LGBTI communities, there is little data available. Working with the data that has been produced to date, the National LGBTI Health Alliance have identified that two of the main factors affecting LGBTI communities' health are discrimination and social isolation. These social determinants of health can lead to:

- > Increased risk of violence, isolation and homelessness
- > Higher drug use amongst this population
- > Increased mental health issues
- > Increased engagement in risky behaviours
- > Reduced access to mainstream health services

Actions to promote equality, and reduce discrimination and social isolation of LGBTI communities in Mitchell Shire should be a priority.



the allies
LGBTI

'The Allies' characters were produced in partnership with local LGBTI young people as a result of the 'Hey Grant funded' Licorice Allsorts Youth Group. Allies are a person/people who associate or cooperate with another; supporter.

HEALTH AND WELLBEING – PHYSICAL AND MENTAL HEALTH

Physical and mental health

This section outlines key statistics relating to the physical and mental health of Mitchell Shire people.

Life expectancy

Average life expectancy in Mitchell Shire is 81 years. This is slightly lower than the Victorian average (82 years). Life expectancy is higher for females (83 years) than for males (79 years)^{a,5}.



Disability⁴

In 2016, 4.9% of Mitchell residents reported the need for assistance to perform core activities (including getting out of bed, dressing, eating, moving around the house or away from home and communicating with others). Overall, Mitchell Shire experiences a level of disability within the community on par with the average for Victorian and Greater Melbourne, and at a slightly lower rate than in Hume and Whittlesea. Since 2011, the number of people who report needing assistance has increased by 422. It is important to note that reported 'need for assistance' should not be viewed as the total population with a disability, as many people with a disability do not require assistance⁴.

NEED FOR ASSISTANCE WITH CORE ACTIVITY IN MITCHELL SHIRE AND COMPARISON AREAS, 2016

Location	Need for assistance with core activity	Total population 2016	% Total population
Mitchell	1,999	40,595	4.9%
Hume	12,429	201,304	6.3%
Whittlesea	11,263	204,643	5.7%
Greater Melbourne	218,141	4,641,636	4.9%
Victoria	304,937	6,069,636	5.1%

Source: profile.id, citing ABS Census 2016.

There are slightly fewer residents in our community receiving disability support services compared to neighbouring municipalities and Victoria more broadly⁵.

The number of older residents claiming the age pension in Mitchell Shire is higher than the Victorian average (76.7% compared with 69.5%, respectively)⁶; however the data indicates that fewer pensioners require disability support in Mitchell Shire than in Hume and Whittlesea^{b,5}.

^a 2007 life expectancy rates. This is the most current data available.

^b Based on data for people aged over 65 years with severe and profound disability living in the community.

HEALTH AND WELLBEING – PHYSICAL AND MENTAL HEALTH

COMPARATIVE SUMMARY STATISTICS FOR AGEING AND DISABILITY⁵

Measure	Mitchell	Hume	Whittlesea	Victoria
People with severe or profound disability living in the community	4.0%	5.0%	4.7%	4.0%
People with severe or profound disability living in the community (65+)	13.7%	21.2%	21.3%	13.7%
Disability support pension recipients per 1,000 of population	59.5	65.2	55.5	51.3
Proportion of people aged 75+ who live alone	34.1%	26.4%	24.7%	35.9%
> Proportion who are female	68.8%	73.5%	71.9%	73.9%
> Proportion who are male	31.2%	26.5%	28.1%	26.1%
People receiving disability services support per 1,000 population	6.3	6.5	7.6	8.9
Age pension recipients as a proportion of the target population (65+ years)*	76.7%	80.1%	83.7%	69.5%

Source: Victorian Department of Health and Human Services, 2017, Local Government Area Profiles 2015;
*Australian Public Health Information Development Unit (PHIDU), 2017, Social Health Atlases for Local Government Areas, June 2016.

Chronic disease^c

For the majority of chronic disease data available, Mitchell Shire experiences rates comparable to the Victorian average. Asthma, Type 2 Diabetes and high blood pressure are marginally higher, whereas rates of osteoporosis are slightly lower. Rates of pertussis (whooping cough) are substantially lower than the Victorian average, however this condition is preventable through immunisation and therefore incidence remains a concern.

Particular health conditions of concern for Mitchell Shire include:

- > Cancer
- > Heart disease
- > Arthritis
- > Pertussis (whooping cough)

While some incidences of Type 2 Diabetes are attributable to genetic chance, a portion of rate increases can be attributed to poor diet; increased consumption of foods high in glucose and fructose; and poor lifestyle choices including high alcohol consumption, a sedentary lifestyle and a diet high in processed fat and carbohydrate.

^c Refer to table below for data sources

HEALTH AND WELLBEING – PHYSICAL AND MENTAL HEALTH

COMPARATIVE SUMMARY STATISTICS FOR HEALTH CONDITIONS

Health condition	Mitchell	Hume	Whittlesea	Victoria	Data currency
Asthma ⁷	12.5%	9.7%	10.2%	10.9%	2011
Type 2 diabetes ⁸	6.6%	9.2%	6.5%	5.3%	2014
High blood pressure ⁵	27.4%	30.8%	28.7%	25.9%	2014
Heart disease ⁸	7.9%	9.2%	10.0%	7.2%	2014
Osteoporosis ⁸	4.8%	5.4%	5.1%	5.2%	2014
Arthritis ⁸	27.5%	18.4%	23.1%	19.8%	2014
Cancer ⁸	7.1%	6.3%	4.6%	7.4%	2014
Incidence of cancer per 1,000 population ⁷	5.7	3.9	4.1	5.2	2014
Notifications for pertussis (whooping cough) per 100,000 population ⁷	41.5	110.7	57.2	80.9	2015

Source: Victorian Department of Health and Human Services LGA Profiles 2015; and Victorian Population Health Survey 2014.

Death rates

In 2017, the number of deaths in Mitchell Shire is estimated to be 282. This figure is expected to more than double to 548 by 2036².



Fertility (birth) rates

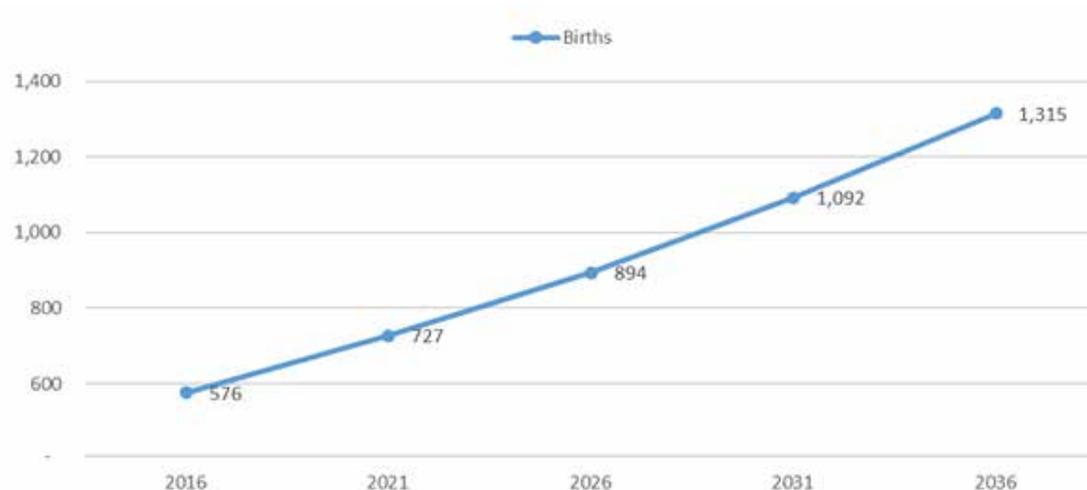
In 2017, the number of births in Mitchell Shire is estimated to be 604, which equates to almost 12 births per week².

By 2036, the number of births is expected to increase to approximately 1,315, or 25 births per week. This represents an average annual increase of 4.2% between 2016 and 2036, which will place significant pressure on existing family support services and hospital infrastructure².



HEALTH AND WELLBEING – PHYSICAL AND MENTAL HEALTH

BIRTH RATES IN MITCHELL SHIRE, 2016 TO 2036



Source: forecast.id, July 2017.

The fertility rate in Mitchell Shire is 20% higher than the Victorian average and higher than Hume and Whittlesea. This means on average, women in Mitchell have more children compared with women in Hume, Whittlesea and the broader population of Victoria. However, the crude birth rate for Mitchell Shire is the same as the Victorian average (12 births per 1,000 population) and lower than Hume and Whittlesea⁹.

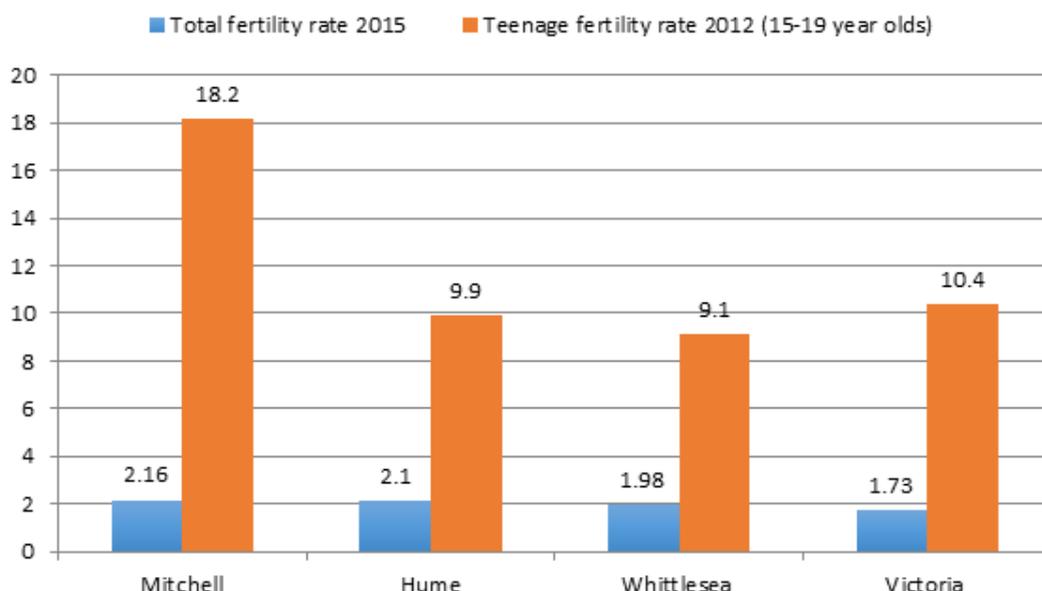
The rate of teenage fertility is significantly higher in Mitchell than in Hume, Whittlesea and Victoria¹⁰.

A focus on the sexual and reproductive health education of young people should be a priority for Mitchell Shire.



HEALTH AND WELLBEING – PHYSICAL AND MENTAL HEALTH

COMPARATIVE FERTILITY AND TEENAGE FERTILITY RATES



Source: Fertility rate – ABS Births 2015.

Teenage fertility rate – Victorian Child and Adolescence Monitoring System 2014.

Sexual health

In 2014, the notifications for chlamydia per 100,000 in Mitchell Shire were 262. This is 68 less than the Victorian average; and lower than Hume (283) and Whittlesea (302)⁵.

However, for children aged from 12 to 17 the rate of sexually transmissible diseases per 100,000 was 13% higher than the Victorian average (a rate of 468 reported incidences in Mitchell Shire compared with 406 for Victoria). This data further identifies the need for a renewed focus on sexual health education for young people in Mitchell Shire¹¹.

Oral health

The Commonwealth Department of Health notes that poor oral health can adversely impact on physical, psychological and social wellbeing. Pain and discomfort; difficulties with eating and speaking; and impaired appearance may lead to anxiety, depression, poor self-esteem and social stigma. This in turn may inhibit opportunities for education, employment and social relationships¹².

In Mitchell Shire, the proportion of people with poor dental health (6.2%) is slightly higher than the Victorian average (5.6%)⁵.

HEALTH AND WELLBEING – PHYSICAL AND MENTAL HEALTH

Mental health

“Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” from the World Health Organisation.

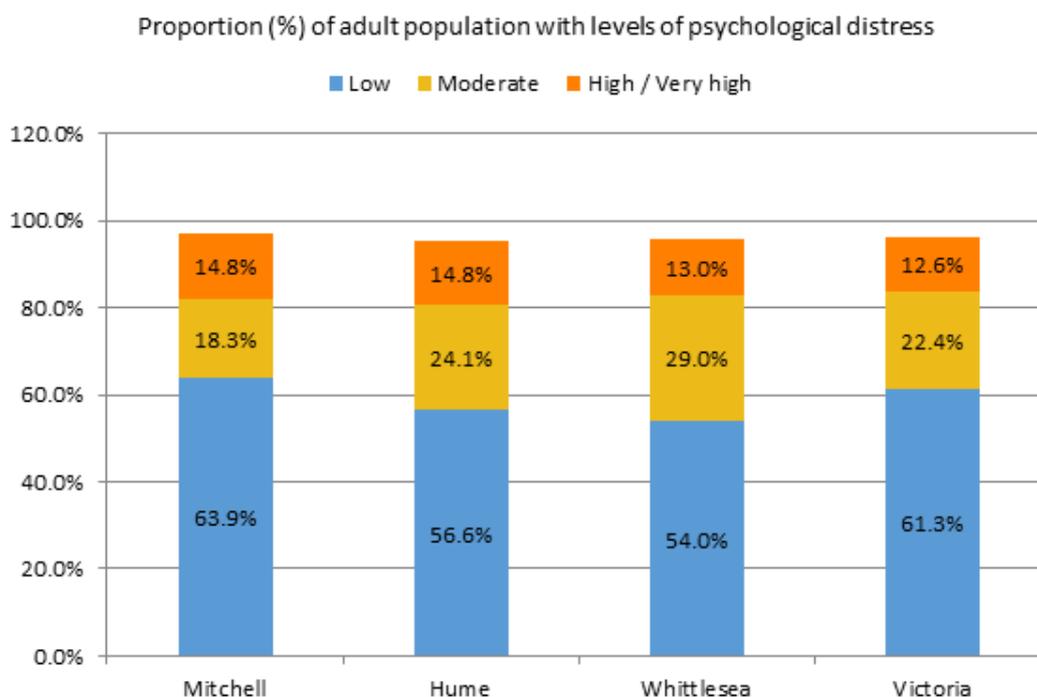
According to Vic Health, people who are isolated and excluded from a community are more likely to experience low self-esteem, depression and anxiety¹³.

Mitchell Shire has a high proportion of people who are at very high risk of developing poor mental health outcomes (7.1%); although this figure is lower than Hume and Whittlesea, it is well above the Victorian state average (3.9%)^{d,8}.

A focus on providing opportunities for isolated individuals to make better social connections should be a priority for Mitchell Shire.

COMPARATIVE ANALYSIS OF LEVEL OF RISK FROM MENTAL HEALTH WITHIN THE COMMUNITY, 2014

Source: Victorian Population Health Survey 2014.



^d Data refers to proportion of the population who report experiencing very high levels of psychological distress. For more information refer to the Victorian Population Health Survey 2014.

HEALTH AND WELLBEING – LIFESTYLES

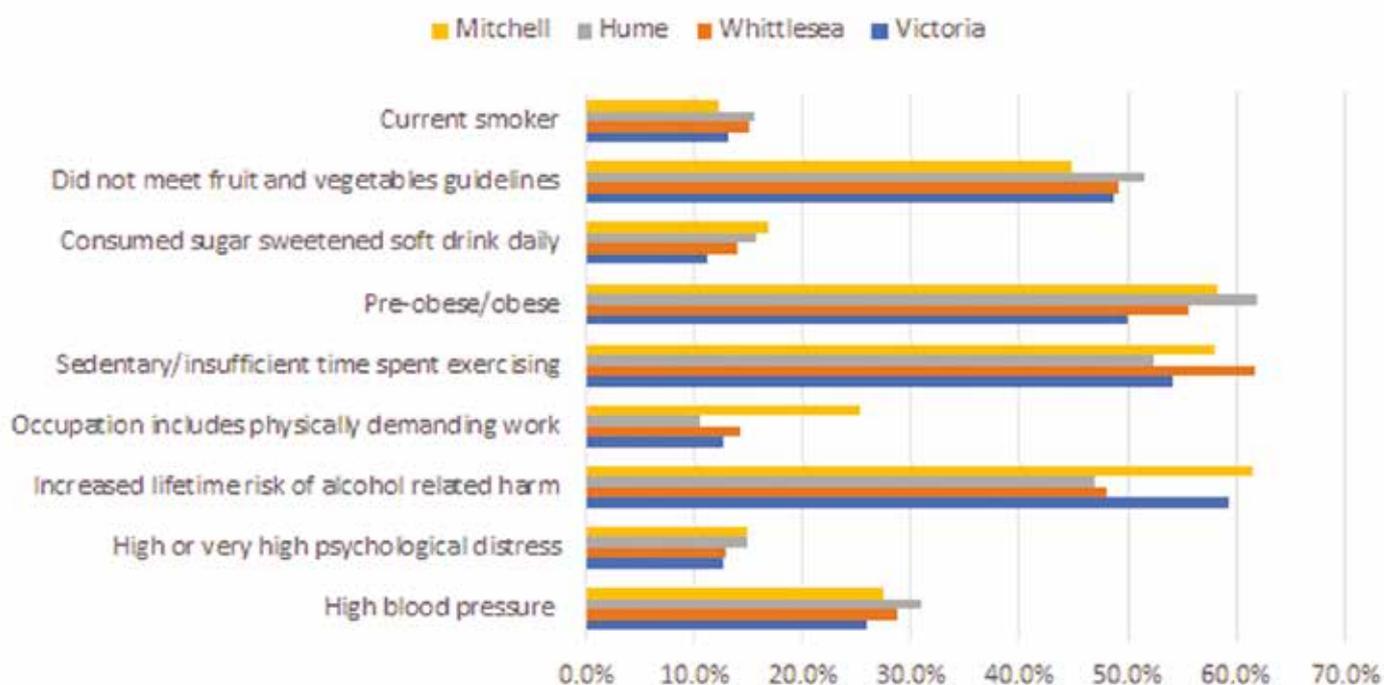
Physical and mental health outcomes are influenced by a number of factors, some of which are beyond our control (e.g. age, gender and genetics). Lifestyle factors are, to a certain extent, controllable and the resulting behaviours can have both a positive and a negative impact on health outcomes.

The following outlines the key statistics regarding lifestyle behaviours in Mitchell Shire.

Lifestyle factors

Mitchell Shire broadly reflects the Victorian community when considering key lifestyle factors.

COMPARATIVE LIFESTYLE INDICATORS OF HEALTH



Source: Victorian Population Health Survey 2011-12; and Victorian Department of Health and Human Services, 2017, LGA Profiles 2015, citing Victorian Population Health Survey 2014.

Pre-Obese(Overweight) and Obesity are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person’s weight in kilograms divided by the square of the person’s height in meters (kg/m²). World Health Organisation 2016.

HEALTH AND WELLBEING – LIFESTYLES

Key areas identified for improvement include:

- > Reducing the daily consumption of sugar sweetened soft drinks
- > Reducing high level alcohol consumption
- > Increasing time spent exercising
- > Reducing the prevalence of obesity
- > Increasing daily consumption of fresh fruit and vegetables.

It is important to note that positive gains are evident for smoking rates, the rate of current smokers in Mitchell Shire is lower than the Victorian average.

Avoidable mortality

The Victorian Public Health and Wellbeing Plan (2015) states the number of deaths from chronic disease can be reduced by up to 33% through preventative interventions and early detection¹⁴. Rates of avoidable and premature mortality from chronic disease for Mitchell Shire are available from the Australian Public Health Information Development Unit (PHIDU), Social Health Atlases of Australia⁶. Compared with the Victorian average, Mitchell Shire has a lower rate of avoidable mortality caused by breast cancer, Chronic Obstructive Pulmonary Disease (COPD) and colorectal cancer.

However, rates of mortality caused by cancer, road traffic injury, suicide and diabetes are significantly higher. Action to address these causes of mortality should form a priority for health and wellbeing.

Other areas of concern to be monitored with continued action where possible include ischaemic heart disease, stroke, and lung cancer.

COMPARATIVE RATES OF AVOIDABLE AND PREMATURE MORTALITY, 2010-2014

Standardised Rate per 100,000 Persons	Mitchell	Hume	Whittlesea	Victoria	Comparison Mitchell / Victorian Average
Breast cancer	12.3	16.5	16	16.4	-4.1
Cancer	111.5	100.4	99.2	96.3	15.2
Chronic Obstructive Pulmonary Disease (COPD)	6.9	9.5	6.4	7.3	-0.4
Colorectal cancer	8.6	8.5	12.3	9.5	-0.9
Diabetes	8	6.5	6.8	5.1	2.9
Ischaemic Heart Disease (IHD)	22	27.5	23.3	21.5	0.5
Lung cancer	19.6	22	18.9	19	0.6
Road traffic injuries	13.2	4.1	3.4	4.4	8.8
Stroke	8.7	7.4	7.8	8	0.7
Suicide	10.8	8.1	9	9.6	1.2

Source: Australian Public Health Information Development Unit (PHIDU), 2017.

HEALTH AND WELLBEING – LIFESTYLES

Healthy behaviours

Healthy behaviours are the preventative measures taken to avoid or anticipate the onset of health issues. Becoming a non-smoker, exercising more frequently and reducing alcohol consumption all positively contribute to improved health outcomes. Early and regular screening for potential cancers can identify potential issues and allow for early prognosis and less invasive interventions.

Mitchell Shire compares favourably to neighbouring municipalities and Victoria on a number of healthy behaviour activities. These include the proportion of ex-smokers in the community and rates of screening for different types of cancer⁸.

The proportion of residents in Mitchell Shire who either abstain from alcohol consumption or have a reduced lifetime risk from alcohol consumption is less favourable compared with Hume, Whittlesea and the Victorian average²⁰. This emphasises the need to take action to reduce alcohol consumption in Mitchell Shire.

COMPARATIVE ANALYSIS OF A SELECTION OF HEALTHY BEHAVIOURS, 2014

Activity	Mitchell	Hume	Whittlesea	Victoria
Ex-smoker	33.2%	23.9%	22.9%	24.8%
Normal BMI range	32.8%	28.3%	36.6%	39.8%
Sufficient time spent exercising	38.2%	41.4%	31.4%	41.4%
Walking for transport 4 or more days per week	11.9%	11.6%	11.5%	18.1%
Abstains or reduced life time risk from alcohol consumption	37.7%	50.8%	50.4%	39.1%
Breast cancer screening participation*	55.4%	51.9%	50.5%	52.0%
Cervical cancer screening participation*	56.0%	53.5%	55.4%	61.5%
Bowel cancer screening participation*	36.7%	32.5%	34.0%	37.6%

Source: Victorian Population Health Survey 2014.

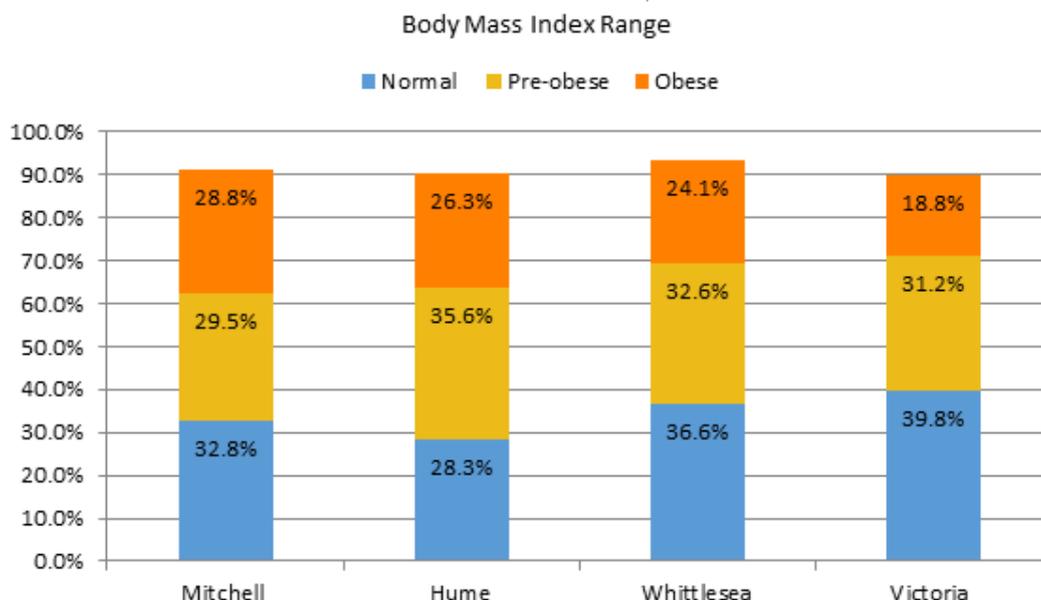
*Source: Victorian Department of Health and Human Services, 2017, Local Government Area Profiles 2015.

The lower proportion of Mitchell residents in the normal BMI range indicates a need for additional physical activity amongst the community. There are also a high proportion of residents categorised as obese according to their BMI, compared with the Victorian average⁸.

Initiatives that focus on increasing the amount of time people spend undertaking formal exercise and using active transport options such as walking and cycling, in combination with healthy eating, could increase the proportion of community members in the normal BMI range.

HEALTH AND WELLBEING – LIFESTYLES

PROPORTION OF PEOPLE IN THE NORMAL BMI RANGE, 2014



Source: Victorian Population Health Survey 2014.

Healthy eating

Meeting the recommended guidelines for daily fruit (2 serves) and vegetable (5 serves)¹⁵ consumption are important to improving health outcomes for the Mitchell Shire community.



In Mitchell Shire, the community has access to fresh fruit and vegetables at local green grocers in Broadford, Kilmore, Seymour and Wallan and from large and mid-sized supermarkets. Data from VicHealth (2015)¹⁶ indicates that Mitchell Shire residents currently consume:

- > 1.4 serves of fruit per day
- > 2.2 serves of vegetables per day

The rate of fruit and vegetable consumption in Mitchell Shire is lower than the recommended dietary intake of fruit and vegetables, however these rates are similar to the Victorian average (fruit: 1.6 serves/day, Vegetables: 2.2 serves/day)¹⁶.

Other healthy eating key indicators for Mitchell Shire include:

- > Lower proportion of people (4.6%) eat take-away meals three times a week or more when compared to Victoria (10.2%)¹⁶
- > Almost 1 in 5 people (18.6%) never eat take-away meals or snacks⁸
- > Only 6.2% meet fruit and vegetable consumption guidelines⁸
- > A far higher proportion of people (16.8%) consume sugar sweetened soft drinks than the Victorian average (11.2%)⁸

MITCHELL SHIRE ENVIRONMENTS FOR HEALTH

Health and wellbeing is not solely concerned with the rate of disease or health behaviours prevalent in a community. It also places a high degree of focus on environmental factors.

Depending on the environment in which we live, available choices or imposed constraints can result in both positive and negative health outcomes.

This section outlines available Mitchell Shire data related to the four Environments for Health domains – social, economic, built and natural.



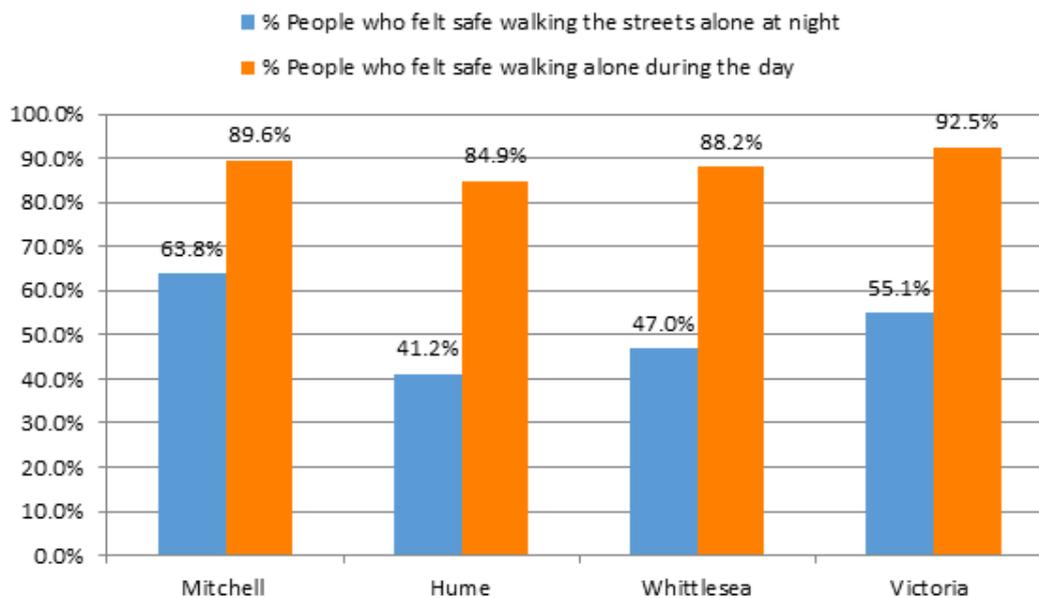
SOCIAL ENVIRONMENT

Perceptions of Safety

In 2015, 89.6% of Mitchell residents reported they felt safe when walking alone during the day, which is slightly less favourable than the Victorian average (92.5%).

People's perception of their safety when walking alone at night was lower, 63.8% feeling safe, however, this was a more favourable rate compared with the Victorian average (55.1%). This is also higher than both Hume (41.2%) and Whittlesea (47%) indicating a higher level of perceived safety in our community at times when more people in other parts of the state feel vulnerable¹⁶.

PERCEPTION OF SAFETY WHEN WALKING THE STREET ALONE AT NIGHT, 2015



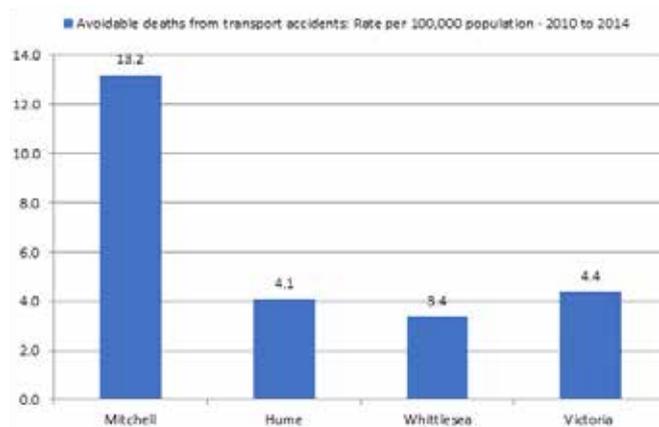
Source: VicHealth, Victorian Health Indicators Survey 2015



SOCIAL ENVIRONMENT

Traffic fatalities

Between 2010-2014, the rate of deaths from traffic accidents was 13.2 per 100,000 people. This is substantially higher than Hume (4.1) and Whittlesea (3.4) and the Victorian average (4.4)^{e,6}.

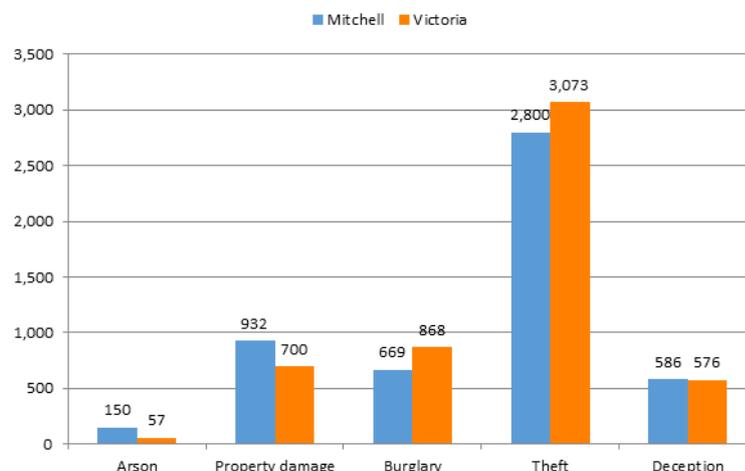


Source: Australian Public Health Information Development Unit (PHIDU), 2017, Social Health Atlases for Local Government Areas.

Crimes against property

Mitchell Shire experiences higher rates of arson and property damage when compared to the Victorian average. Property damage includes activities such as vandalism and graffiti. Mitchell has slightly lower rates of burglary and theft compared with Victoria¹⁷.

COMPARISON OF RATE OF CRIMES AGAINST PROPERTY PER 100,000 OF POPULATION, 2016-2017 (YEAR ENDING MARCH 2017)



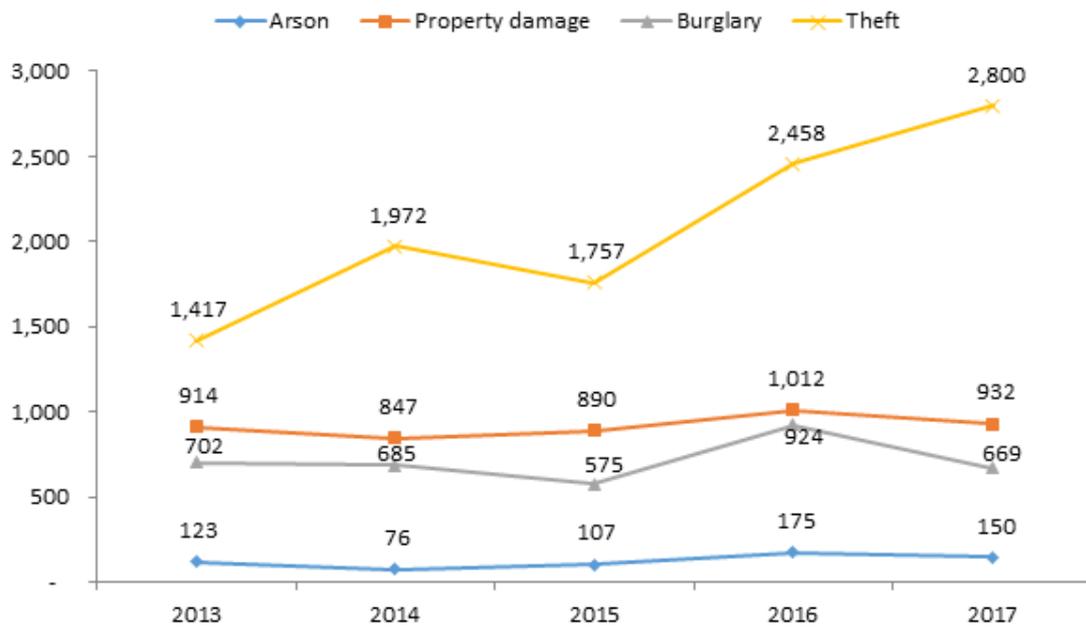
Source: Crime Statistics Agency Victoria 2017, rate of offences per 100,000 population.

^e Avoidable deaths from transport accidents, persons aged 0 to 74 years

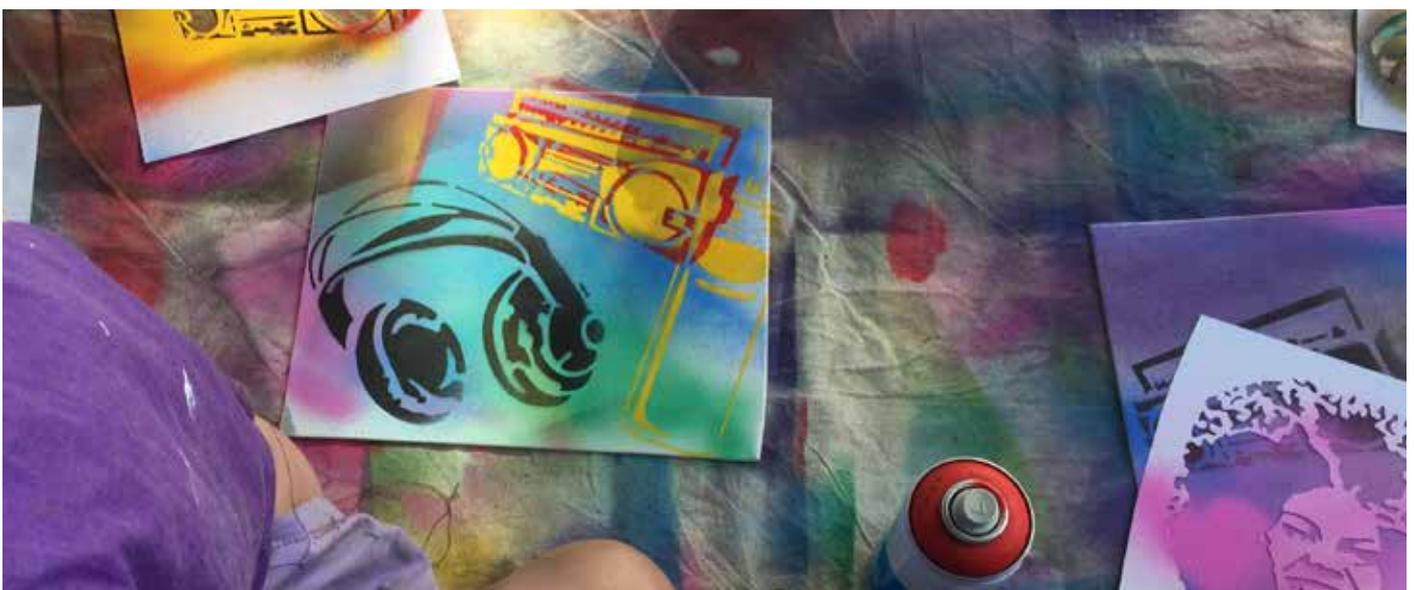
SOCIAL ENVIRONMENT

Between 2013 and 2017^f the rate of theft has doubled indicating that priority action should be taken to address this. The high rate of property damage is also concerning, however the number of incidents has remained relatively steady from 2013 to 2017¹⁷.

CHANGE IN THE NUMBER OF CRIMES AGAINST PROPERTY IN MITCHELL SHIRE, 2013 TO 2017



Source: Crime Statistics Agency Victoria 2017, rate of offences per 100,000 population.



^f Data for April 2013 to March 2017.

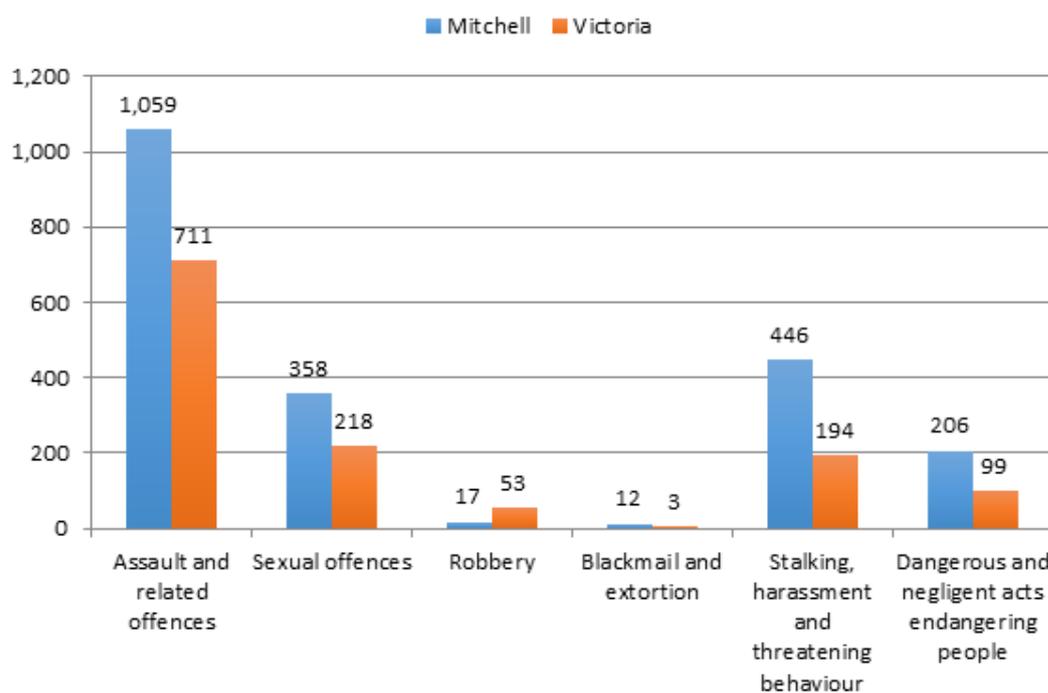
SOCIAL ENVIRONMENT

Crimes against the person

Offences against the person in Mitchell Shire are substantially above the Victorian average in all categories except robbery¹⁷.

Of particular concern is the current rate of assault (1,059), which is 39% greater than the state average (711). Other concerns include the rate of stalking, harassment and threatening behaviour (79% greater than the state average) and negligent acts that endanger people (70% greater than the state average)¹⁷.

COMPARISON OF RATE OF CRIMES AGAINST THE PERSON PER 100,000 OF POPULATION, 2016-2017 (YEAR ENDING MARCH 2017)

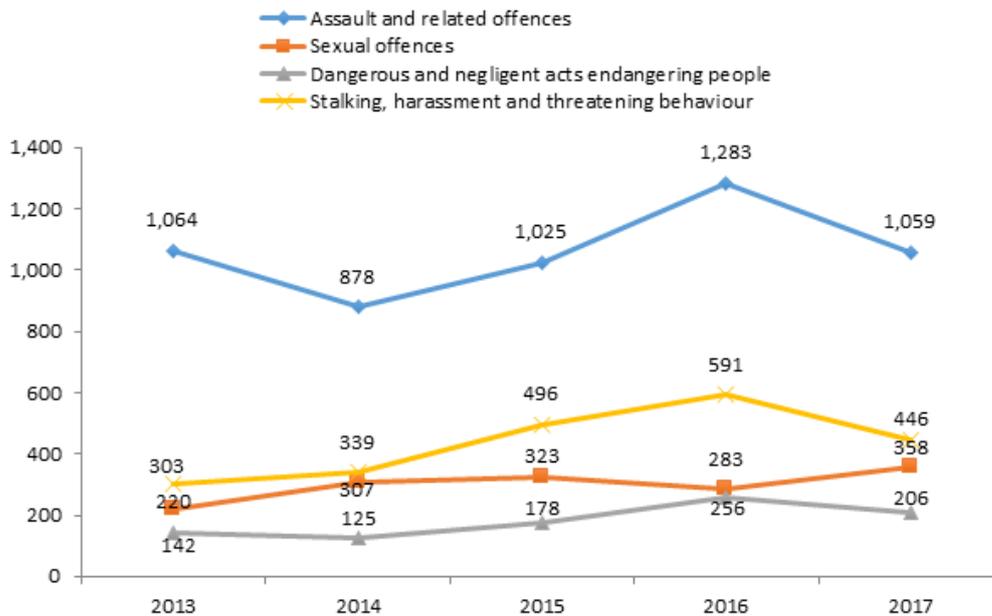


Source: Crime Statistics Agency Victoria 2017, rate of offences per 100,000 population. April 2016 to March 2017.

Between 2016 and 2017, the rates of assault and related offences, stalking, harassment and threatening behaviours, and dangerous and negligent acts has declined. However, the rate of sexual offences has increased to the highest rate since 2013, which highlights a need to prioritise action to prevent and address these types offences¹⁷.

SOCIAL ENVIRONMENT

CHANGE IN THE NUMBER OF CRIMES AGAINST THE PERSON IN MITCHELL SHIRE, 2013 TO 2017



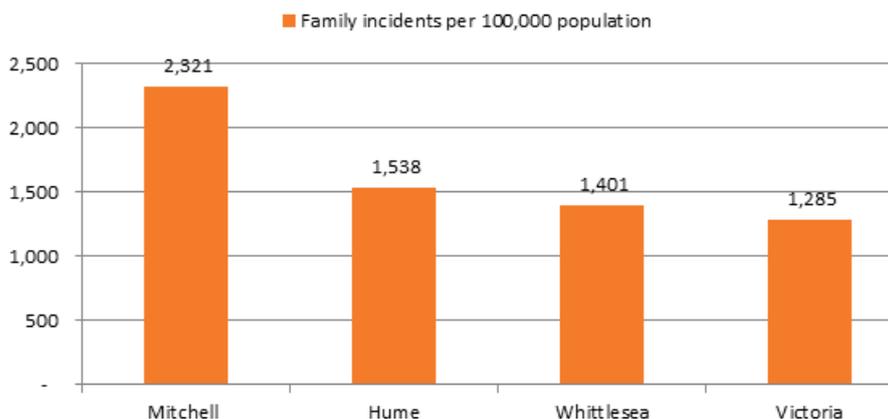
Source: Crime Statistics Agency Victoria 2017, rate of offences per 100,000 population. Years are April to March.

Family violence

The rate of reported family violence incidences within Mitchell Shire is extremely high and priority action is required to address this vital issue.

In 2015/16, the rate was 2,321 per 100,000 population. That is around 40% higher than Hume and Whittlesea and 57% higher than the Victorian average (1,285)¹⁸.

COMPARATIVE RATE OF FAMILY VIOLENCE INCIDENTS PER 100,000 OF THE POPULATION, 2015/16

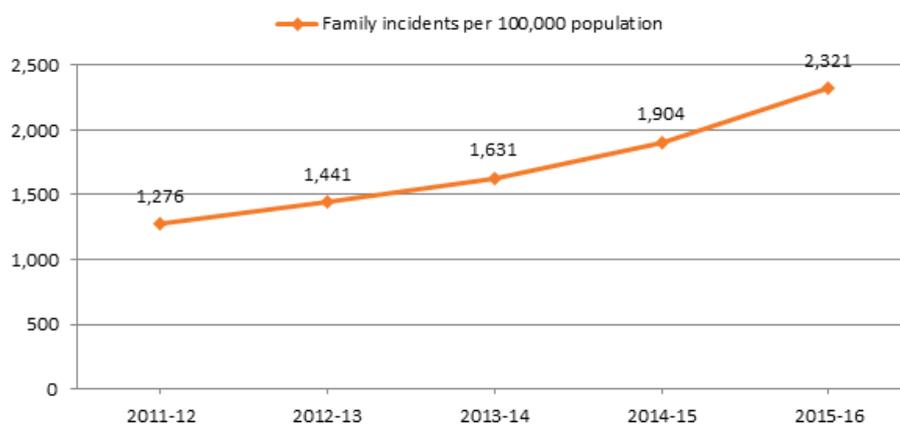


Source: Crime Statistics Agency Victoria, 2017.

SOCIAL ENVIRONMENT

Between 2014/15 and 2015/16, there was an increase in the rate of family violence incidents of 22% (+416 incidents per 100,000 population). In the last five financial years, the rate of incidents per 100,000 of the population has increased by 1,045 from 1,276 in 2011/12 to 2,321 in 2015/16¹⁸.

INCREASE IN THE RATE OF FAMILY VIOLENCE INCIDENTS REPORTED TO VICTORIA POLICE, 2011/12 TO 2015/16

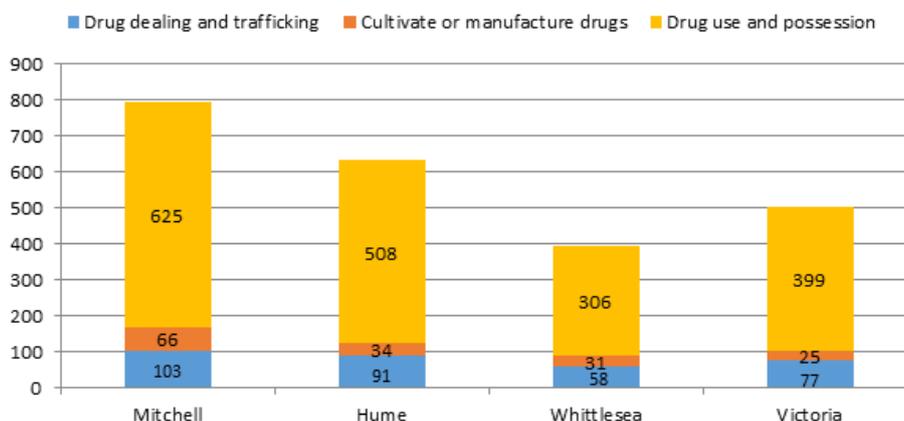


Source: Crime Statistics Agency Victoria, Family Incidents, 2017.

Drug offences

The rate of recorded incidence of drug dealing and trafficking, drug use and possession, and the cultivation and manufacturing of drugs in Mitchell Shire is substantially higher than the Victorian average and higher than neighbouring municipalities, Hume and Whittlesea¹⁷. All drug related offences should be a priority area for action in Mitchell Shire.

COMPARATIVE RATE OF DRUG RELATED OFFENCES PER 100,000 OF POPULATION, 2016-2017 (YEAR ENDING MARCH 2017)



Source: Crime Statistics Agency Victoria 2017, rate of offences per 100,000 population. April 2016 to March 2017.

SOCIAL ENVIRONMENT

Community participation

The Mitchell Shire community participate in community events and engagement activities at a level close to or above the Victorian average.

Mitchell Shire has a lower than average rate of participation in religious groups and scores below the Victorian average on perceived access to community groups and support groups⁵.

Measure	Mitchell	Hume	Whittlesea	Victoria
People who rated their community as an active community	81.9%	70.1%	76.4%	81.8%
People who are members of a religious group	12.8%	14.5%	17.9%	17.9%
People who are members of a sports group	29.6%	16.0%	20.4%	26.5%
People who attended a local community event	61.0%	42.5%	39.7%	55.7%
People who rated their community as good or very good for community and support groups	56.9%	47.5%	47.8%	61.3%
Adults who had participated in citizen engagement activities in the previous year	59.8%	43.3%	36.9%	50.5%
Parents involved in activities at their children's school	11.5%	14.9%	12.2%	14.2%

Source: Victorian Department of Health and Human Services LGA Profiles 2015; VicHealth Victorian Health Indicator Survey 2012; and Community Indicators Victoria 2011.



SOCIAL ENVIRONMENT

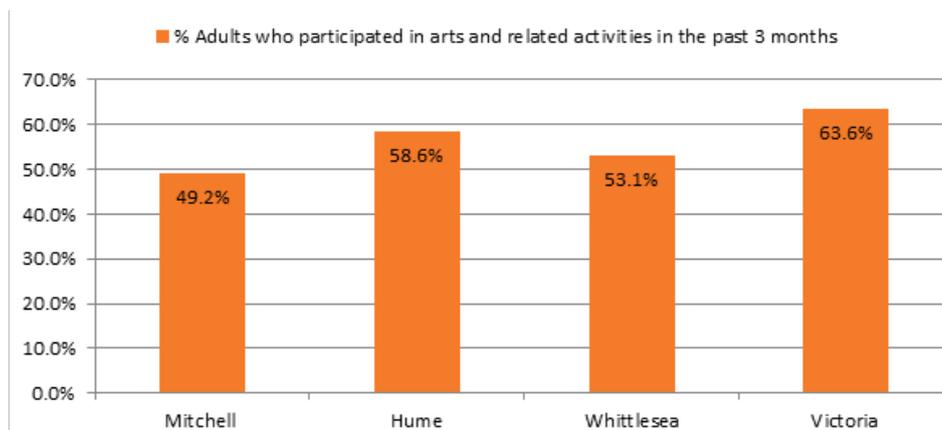
Participation in arts and culture

Almost half (49%) of Mitchell Shire residents reported participating in arts or an arts related activity at least once in the past three months. This is notably lower the average rate for Victoria (64%) and lower than neighbouring municipalities Hume (59%) and Whittlesea (53%)²⁰.

The proportion of adults who made or created art or crafts (33%) was almost on par with the Victorian average (35%)¹⁹.

Greater community involvement in the arts and creative activities could be achieved by targeting community members who less regularly attend events.

PROPORTION OF THE COMMUNITY ATTENDING ARTS ACTIVITIES AND EVENTS IN PAST 3 MONTHS, 2011



Source: Community Indicators Victoria 2011.



SOCIAL ENVIRONMENT

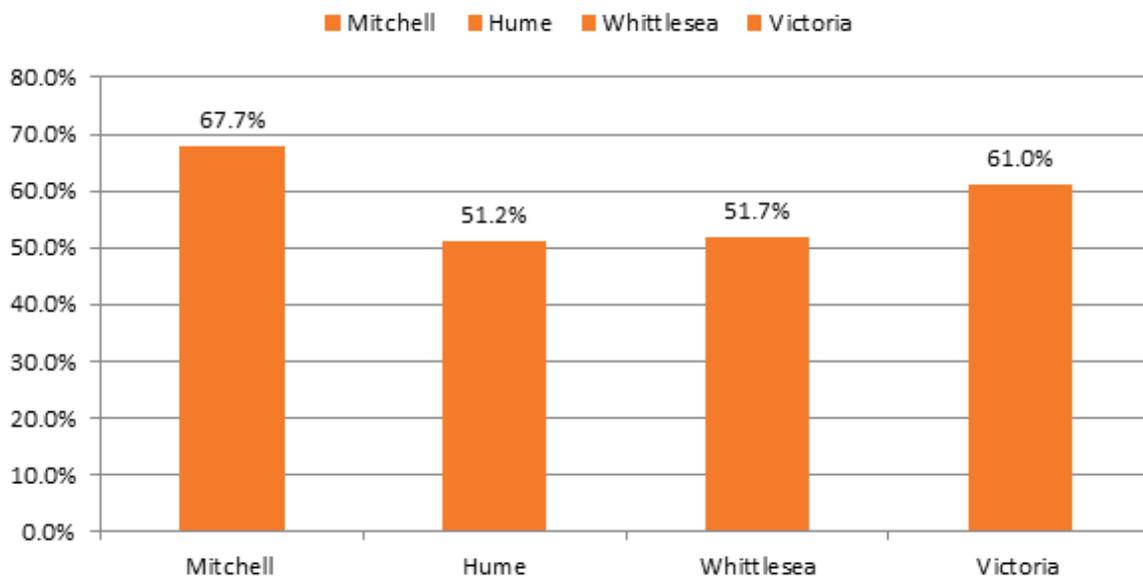
Neighbourhood perceptions

In 2015, residents were asked a series of questions to determine the extent to which the community they lived in was connected and supportive.

Responses were more positive in Mitchell Shire when compared to Hume, Whittlesea and the Victorian average. Responses for Mitchell Shire residents compared to Victoria included:

- > People round here are willing to help each other (76%; Victoria = 74%)
- > I live in a close-knit neighbourhood (68%; Victoria = 61%)
- > People round here can be trusted (76%; Victoria = 72%)¹⁶

RESIDENTS WHO FELT THEY LIVE IN A CLOSE-KNIT NEIGHBOURHOOD, 2015



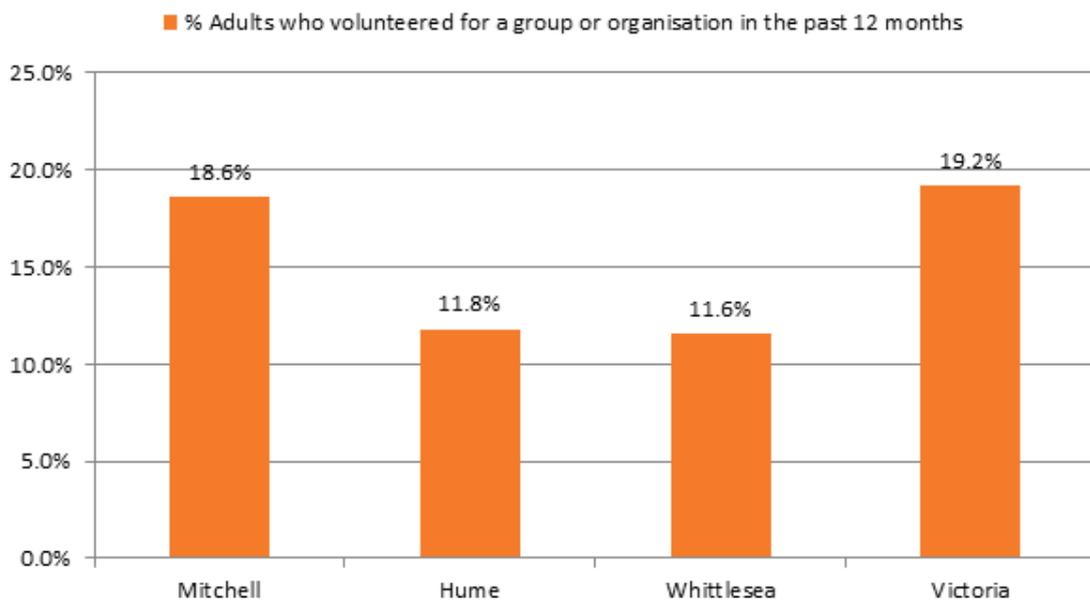
Source: VicHealth, Victorian Community Indicators Survey 2015.

SOCIAL ENVIRONMENT

Volunteering

The proportion Mitchell Shire residents who did voluntary work for a group or organisation in the last 12 months is slightly lower than the Victorian average (18.6% compared with 19.2% for Victoria), however, it is a notably higher rate than for neighbouring municipalities Hume and Whittlesea (11.8% and 11.6%, respectively)⁴.

COMPARATIVE ANALYSIS OF ADULT WHO VOLUNTEERED FOR A GROUP OR ORGANISATION IN THE PAST 12 MONTHS, 2016



Source: profile.id citing ABS Census 2016.



SOCIAL ENVIRONMENT

Community attitudes

The Mitchell Shire community is more sceptical of the politicians they can vote for than neighbouring municipalities and Victorians more broadly²¹.

They feel slightly less valued by society than the Victorian average and a lower proportion are accepting of the influence of diverse cultures.

More positively, almost 3 in 4 adults feel themselves to be part of the community and 9 in 10 feel they can get help from friends, family or neighbours when needed.

COMPARISON OF A SELECTION OF INDICATORS OF THE ATTITUDE OF THE COMMUNITY, 2011

Measure	Mitchell	Hume	Whittlesea	Victoria
% Adults who feel valued by society ⁵	46.5%	47.6%	53.9%	52.9%
% Adults who believe other people can be trusted ⁵	33.4%	25.5%	25.2%	39.1%
% Adults who feel they have a say on important issues ¹⁹	56.7%	57.7%	56.6%	40.1%
% Adults who agree that they are able to vote for a trustworthy political candidate ²¹ (2007)	44.6%	52.4%	53.6%	52.8%
% Adults who feel part of the community ²⁰	74.2%	67.2%	67.4%	70.7%
% Adults who can get help from friends family or neighbours when needed ²⁰	94.2%	94.3%	91.6%	92.3%
% Adults who affirm their acceptance of diverse cultures ¹⁹	37.2%	38.0%	41.9%	50.6%

Various sources, refer to endnotes.

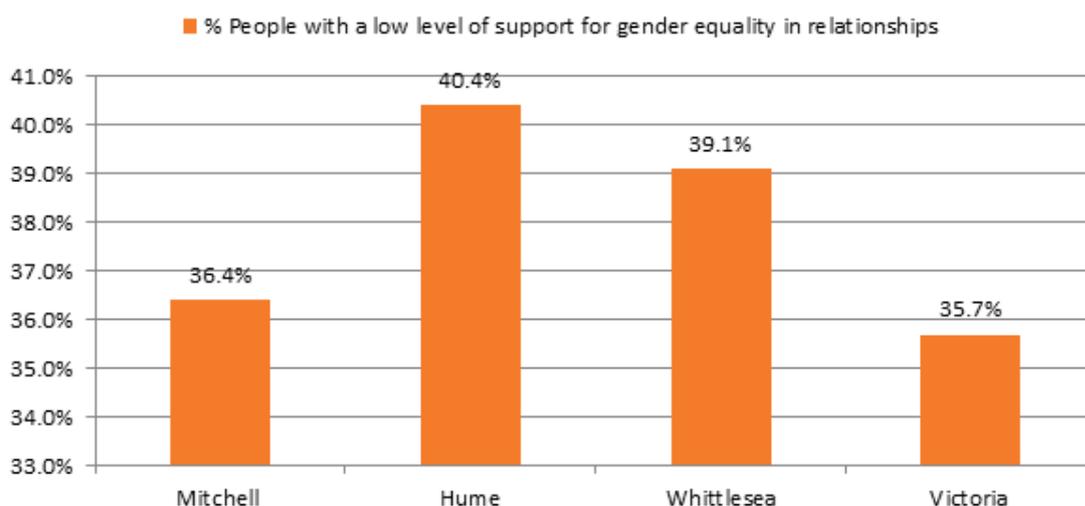
Gender equality

According to the VicHealth Indicators Survey 2015, around 1 in 3 adults in Mitchell held low levels of support for gender equality in relationships. A favourable score occurs when there are a smaller proportion of residents who hold low levels of support for gender equality in relationships. Mitchell's rate for this measure is similar to the Victorian average however it is more favourable compared with neighbouring municipalities, Hume and Whittlesea¹⁶.

To achieve gender equality, it is important that the Mitchell community has greater support for gender equality in relationships.

SOCIAL ENVIRONMENT

COMPARATIVE ANALYSIS OF THE GENDER EQUALITY SCORE, 2015



Source: VicHealth, Victorian Health Indicators Survey 2015.

Access to health services

Mitchell Shire residents access a broad range of health services at a rate similar to those in neighbouring municipalities and Victoria. However, access rates to mental health and drug and alcohol services are higher than the Victorian average⁵.

The number of HACC services available to the target population aged 0 to 64 years is 23% lower than the average for Victoria. Mitchell has a 10% lower than average proportion of residents with private health insurance (38% compared with 48% for Victoria)⁵.

COMPARATIVE ANALYSIS OF ACCESS TO HEALTH SERVICES AND SUPPORT, 2014-15

Measure	Mitchell	Hume	Whittlesea	Victoria
HACC clients aged less than 65 years per 1,000 target population	248	160	173	305
HACC clients aged 65 years and over per 1,000 target population	853	504	421	738
Clients that received Alcohol & Drug Treatment Services per 1,000 population	5.4	5.5	3.8	5
Registered mental health clients per 1,000 population	15	13.1	11.6	11.9
GP attendances per 1,000 population	5,811	7,549	6,885	5,889
People with private health insurance (2007-2008)	37.8%	37.7%	39.1%	48.0%
Pharmacies per 1,000 population	0.3	0.1	0.1	0.2
Dental service sites per 1,000 population	0.2	0.1	0.2	0.3
Allied health service sites per 1,000 population	0.9	0.4	0.4	0.9

Source: Victorian Department of Health and Human Services, 2017, Local Government Area Profile 2015.

SOCIAL ENVIRONMENT

Continued population growth will have an ongoing impact on the capacity of existing Maternal and Child Health Services. The increasing number of immunisations required to service our children from birth to 3.5 years is placing additional resource pressures on an already stretched cohort of Maternal and Child Health Services.

Maternal and child health - Enrolment type	2012/13	2013/14	2014/15	2015/16	2016/17
Infants enrolled from birth	487	489	531	537	532
New enrolments	534	539	569	585	573
Active infant record cards	509	518	548	551	548
Transfers out	25	21	21	34	25

Source: Mitchell Shire Council, Maternal and Child Health Enrolments, 2017.

Increasing birth notifications also put greater demand on maternal and child health check services at different stages of development for young children. Since 2012/13, demands for early childhood health checks have generally increased steadily across all development stages, however there was a slight decrease in the number of checks conducted last financial year.

Health check type	2012/13	2013/14	2014/15	2015/16	2016/17
2 weeks	494	493	517	519	495
4 weeks	484	493	518	522	515
8 weeks	470	480	502	519	502
4 months	476	470	492	511	474
8 months	451	437	483	451	472
12 months	468	423	455	462	467
18 months	443	399	405	466	404
2 years	372	441	418	380	426
3.5 years	342	334	364	453	369

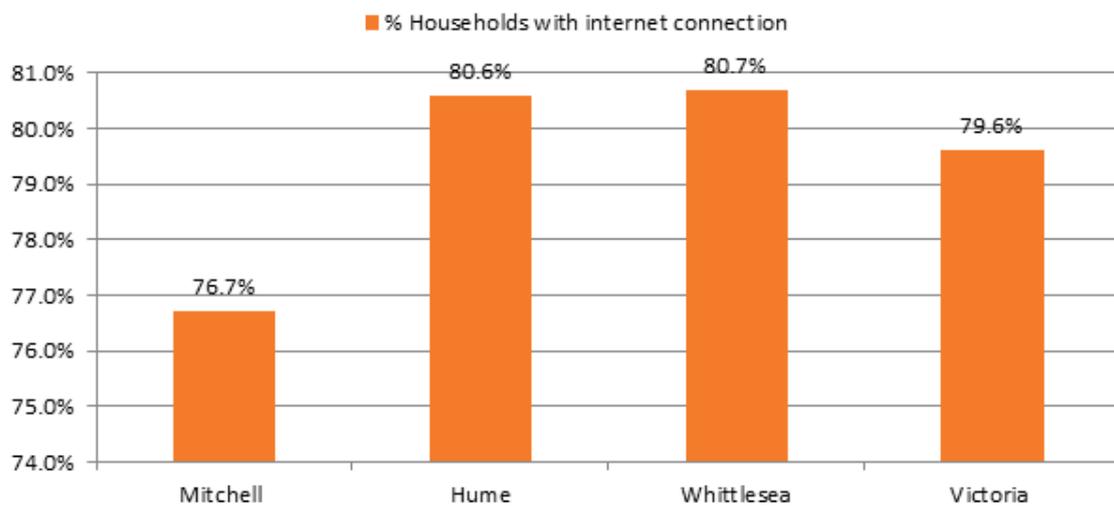
Source: Mitchell Shire Council, Maternal and Child Health – Health Checks, 2017.

SOCIAL ENVIRONMENT

Internet access

A little over 3 in 4 (76.7%) homes in Mitchell Shire have access to the Internet. This rate of access is lower than the state average (79.6%) and neighbouring municipalities⁴.

INTERNET ACCESS AT HOME, 2016



Source: profile.id citing ABS Census 2016.



SOCIAL ENVIRONMENT

Early childhood development

The Australian Early Development Census (AEDC) is a measure of how young children are developing in Australian communities and tracks children's development as they enter their first year of formal school²².

Information for the AEDC is collected through a teacher-completed checklist that measures five areas of early childhood development.

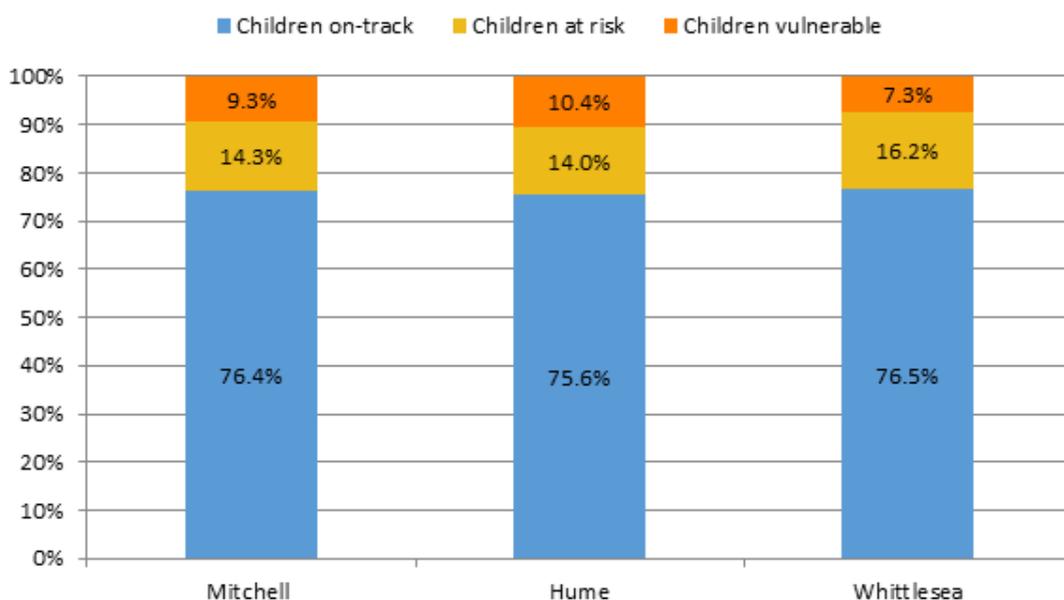
These five domains are closely linked to the predictors of adult health, education and social outcomes:

- > Physical health and well being
- > Social competence
- > Emotional maturity
- > Language and cognitive skills
- > Communication skills and general knowledge

In 2015, AEDC data indicated that 3 out of 4 children in Mitchell Shire were on-track and did not require additional assistance to achieve success in each of the five domains.

This compares favourably to the 1 in 10 children who were vulnerable and required assistance.

CHILDREN ON-TRACK, AT-RISK AND VULNERABLE ON THE AEDC, 2015



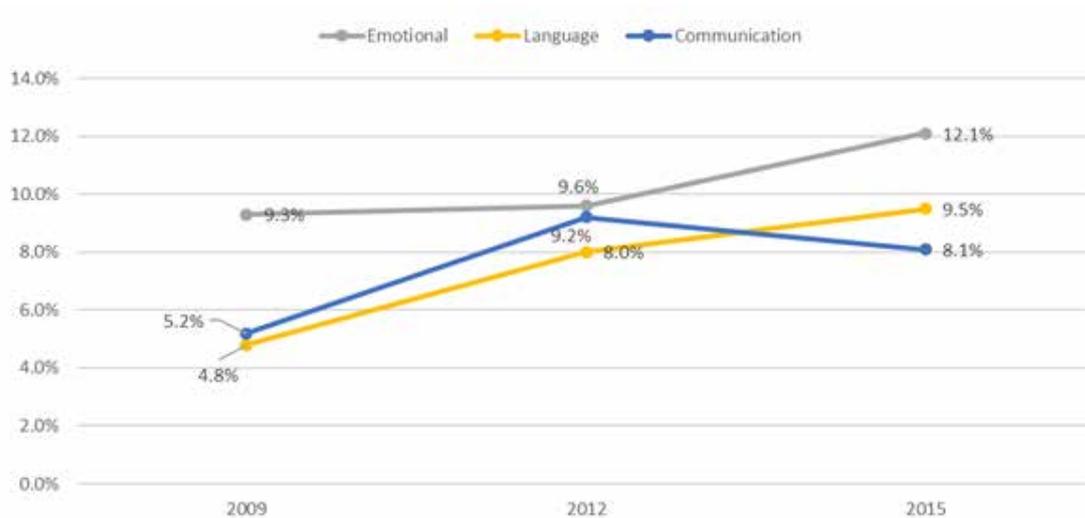
Source: AEDC 2015, Community Profile Reports for Mitchell, Hume and Whittlesea.

Mitchell Shire has similar results to neighbouring municipalities, Hume and Whittlesea²².

SOCIAL ENVIRONMENT

In the emotional, language and communication domains Mitchell Shire continues to perform less well as the proportion of children vulnerable on these domains has increased from 2009 to 2015²⁵.

PROPORTION OF CHILDREN DEVELOPMENTALLY VULNERABLE IN EMOTIONAL, LANGUAGE AND COMMUNICATION DOMAINS, 2009 TO 2015



Source: AEDC 2015, Community Profile Report - Mitchell.



SOCIAL ENVIRONMENT

Comparing AEDC data for each township clearly identifies children in Seymour, Puckapunyal and Pyalong are more vulnerable across all domains when compared to the Mitchell Shire average.

In Kilmore, Wallan and Wandong the opposite is true. On all domains fewer children are vulnerable when compared to the Mitchell Shire average.

This suggests significant work should be undertaken to address the high level of vulnerability to improve the outcomes in later life for children living in the north of Mitchell Shire.

PROPORTION OF CHILDREN VULNERABLE ACROSS ALL DOMAINS IN MITCHELL SHIRE AND TOWNSHIPS, 2015

Vulnerable	Physical	Social	Emotional	Language	Communication	Vulnerable	Vulnerable on 1 or more domains	Vulnerable on 2 or more domains
Mitchell	9.3%	10.7%	12.1%	9.5%	8.1%	9.9%	24.8%	12.5%
Broadford	9.4%	12.9%	12.9%	9.4%	9.4%	10.8%	22.4%	14.1%
Kilmore	8.0%	7.1%	10.7%	8.9%	5.4%	8.0%	19.6%	10.7%
Puckapunyal	15.2%	21.2%	24.2%	3.0%	9.1%	14.5%	39.4%	21.2%
Pyalong	12.5%	12.5%	15.6%	21.9%	21.9%	16.9%	37.5%	18.8%
Seymour	20.4%	24.1%	16.7%	13.0%	18.5%	18.5%	37.0%	24.1%
Wallan	5.8%	5.1%	8.3%	9.0%	4.5%	6.5%	21.8%	6.4%
Wandong	3.0%	9.1%	9.1%	3.0%	0.0%	4.8%	15.2%	9.1%

Source: AEDC 2015, Community Profile Report – Mitchell Shire.



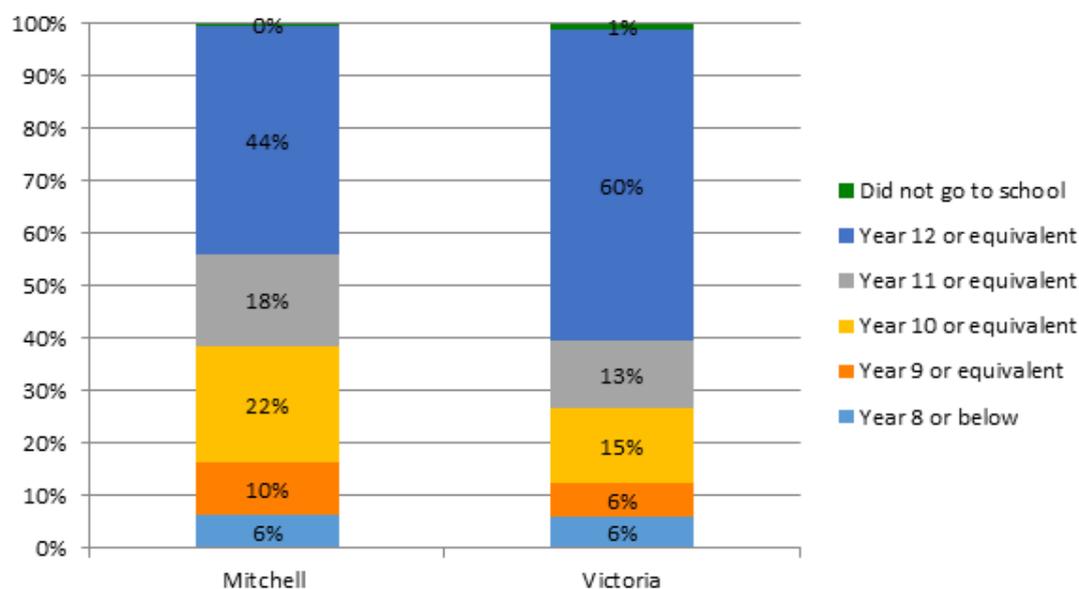
SOCIAL ENVIRONMENT

Education and life-long learning

The proportion of people living in Mitchell Shire who completed Year 12 is lower than the figure for Hume, Whittlesea and Victoria⁴.

Non-completion of Year 12 limits opportunities to attend university and achieve higher educational and professional qualifications.

YEAR OF SCHOOL COMPLETED AS A PROPORTION OF ALL SCHOOL LEAVERS, 2016



Source: profile.id citing ABS Census 2016.

A higher proportion of residents in Mitchell Shire attain trades and technical certificates (23%) than in Hume (17%), Whittlesea (17%) and Victoria (16%)^{g,23}.

With more people leaving school in Year 10 and 11, it is possible that these leavers are embarking on trades and technical qualifications.

The proportion of residents in Mitchell Shire (13.2%) enrolled in university, technical or further education institutions is almost half the state average (23.5%)^{h,24}.

^g Census 2011 data for vocational qualifications.

^h Census 2016 figures for attending 'technical or further education institution' and 'university or tertiary institution'.

ECONOMIC ENVIRONMENT

Socio-economic Indexes for Areas^{i,25}

SEIFA is a tool for measuring relative advantage or disadvantage and is generally described as being 'people's access to material and social resources'.

Based on 2011 Census data, Mitchell Shire scores 996.1 on the SEIFA Index of Disadvantage and is classified as 'disadvantaged' when compared to the Victorian average of 1,010 and the Australian National average of 1,002.

Four indices are used to calculate an areas' overall SEIFA score. Mitchell Shire scores below the national average on the indices of Relative Socio-Economic Disadvantage (IRSAD) and Education and Occupation (IEO) and above the average on the Index of Economic Resources (IER).

On the Index of Relative Socio-Economic Advantage and Disadvantage (IRSD), Mitchell Shire scores (979) slightly below the national average (1,002).

This index is derived from attributes that reflect disadvantage such as the proportion of low income households, families with jobless parents, households with no internet connection, individuals with occupation identified as labourer, level of unemployment and areas with low rental prices.

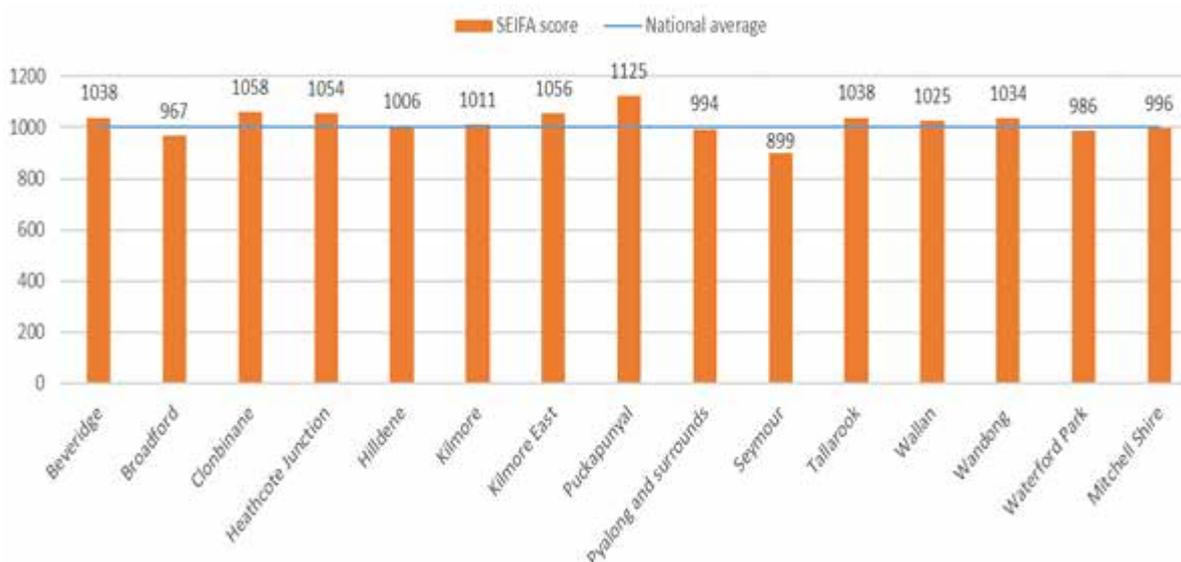
There are areas of disadvantage throughout Mitchell, with the most disadvantaged being Seymour, Broadford, Waterford Park and Pyalong.

All other localities experience below average levels of disadvantage, with the least disadvantage experienced in Puckapunyal, Clonbinane, Kilmore East and Heathcote Junction.

ⁱ Census 2016 SEIFA data is not available at the date of publishing this report.

ECONOMIC ENVIRONMENT

IRSD SCORE FOR MITCHELL SHIRE TOWNSHIPS COMPARED TO MUNICIPAL AND NATIONAL AVERAGE, 2011

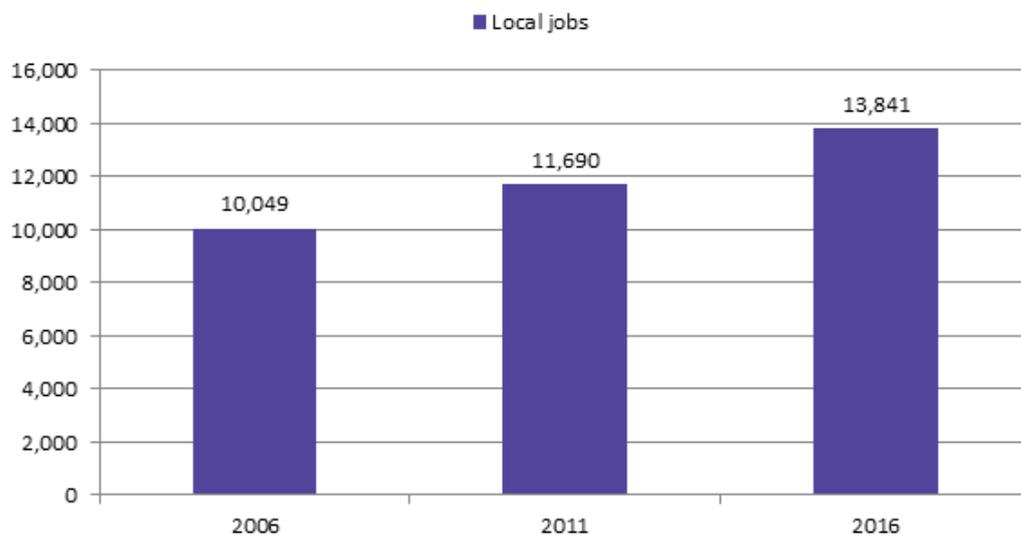


ECONOMIC ENVIRONMENT

Employment

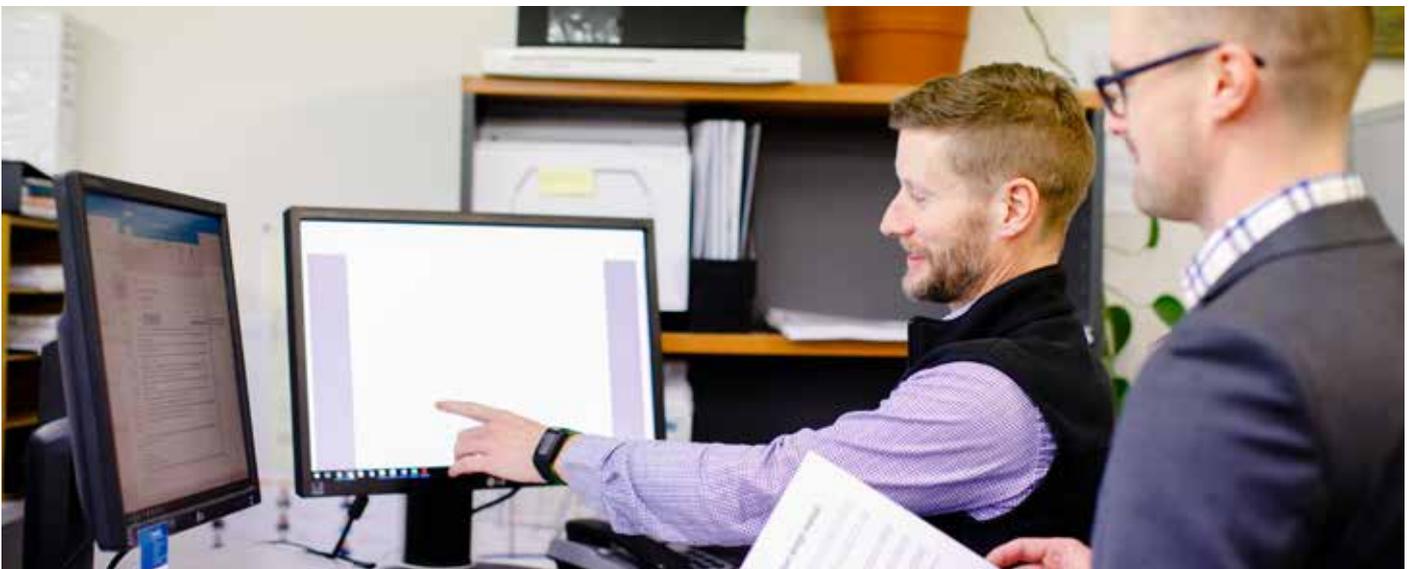
At March 2017, the rate of unemployment in Mitchell Shire was 6.09%. This is almost the same as the rate for Victoria (6.1%) and slightly higher than the rate for Regional Victoria (5.54%)²⁶. Between 2011 and 2016, the number of local jobs in Mitchell Shire increased by 2,152 (or +15.5%) and the number of employed residents increased by 2,816 (or +14%)²⁶.

GROWTH IN LOCAL JOBS WITHIN MITCHELL SHIRE, 2006 TO 2016



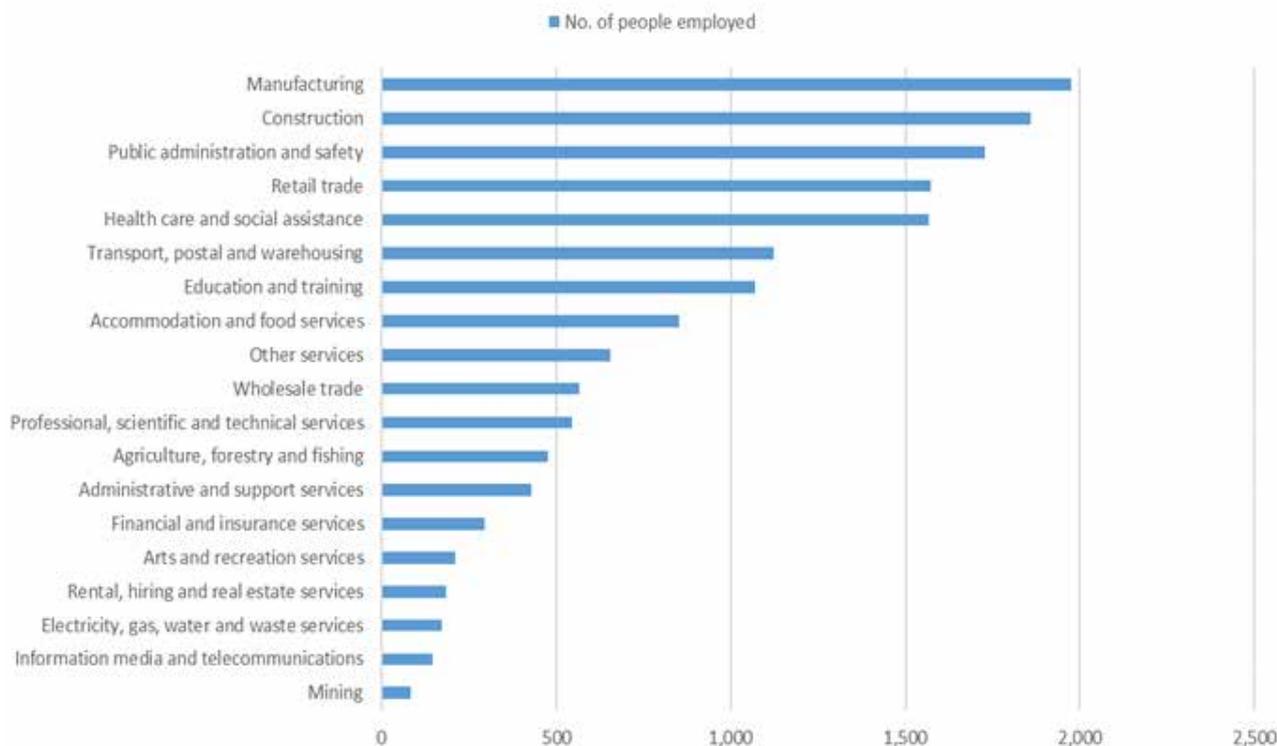
Source: economy.id, 2017 citing Census 2016.

The main employment industries in Mitchell Shire are manufacturing, construction, and public administration and safety²³.



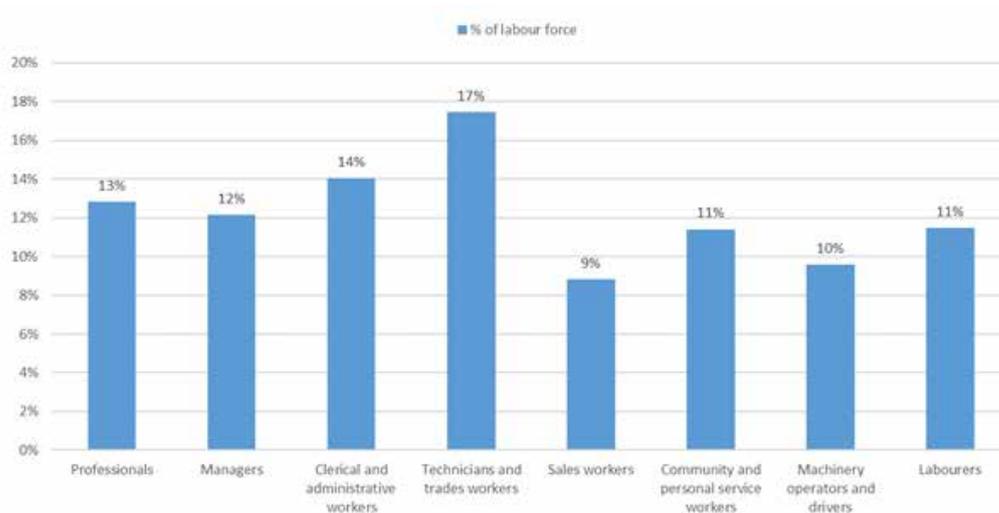
ECONOMIC ENVIRONMENT

INDUSTRIES OF EMPLOYMENT, 2011



Source: profile.id citing ABS Census 2011 (Note: This will be amended in October 2017).

In Mitchell Shire the most common occupation is a technician or trades worker (17%), followed by clerical and administrative workers (14%) and professionals (13%)²³.



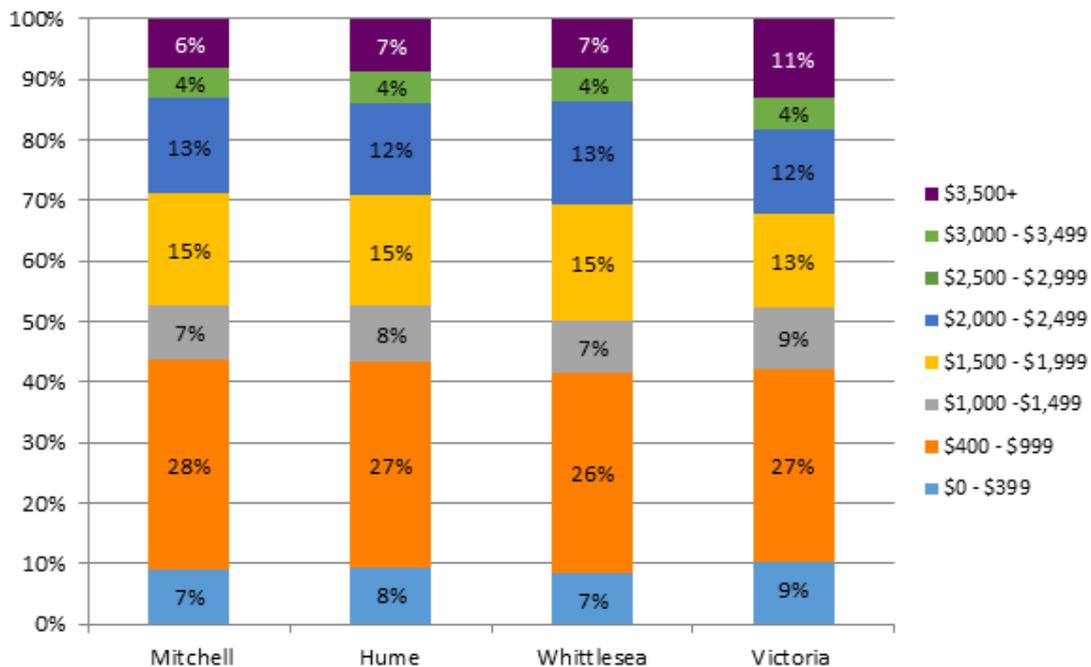
Source: profile.id, ABS Census 2011 data (Note: This will be amended in October 2017).

ECONOMIC ENVIRONMENT

Income

The majority of households in Mitchell Shire have a moderate level of income (55% earn between \$800 - \$2,999 per week). Compared with Victoria, fewer households in Mitchell Shire earn a high weekly income (16.4% earn \$2,500+) and fewer households earn a low income (16.7% earn less than \$650). This profile is similar to Hume and slightly less favourable than Whittlesea⁴.

HOUSEHOLD INCOME BY INCOME BRACKETS, 2016



Source: profile.id, ABS Census 2016 data.

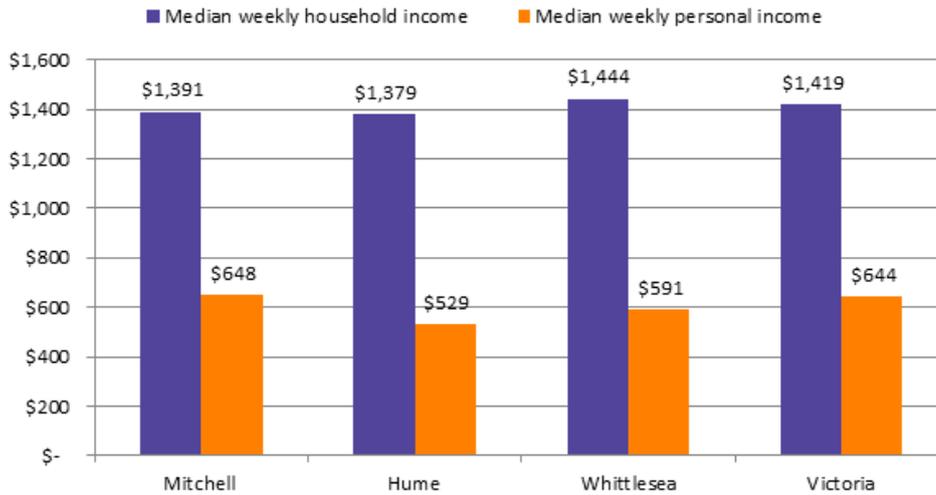
According to the 2016 Census, the median household income for Mitchell is \$1,391. This is \$28 less than the Victorian average of \$1,419. The median personal income for an individual in Mitchell Shire is \$648, which is slightly more than the Victorian average of \$644.

Around 3,300 Mitchell Shire households earn less than \$800 per week. In comparison, around 3,800 Mitchell Shire households earn more than \$2,000 per week.

Approximately 1 in 4 households (27%) in Mitchell Shire have a total income of less than \$800 per week²⁴.

ECONOMIC ENVIRONMENT

COMPARATIVE ANALYSIS OF AVERAGE WEEKLY INCOMES, 2016



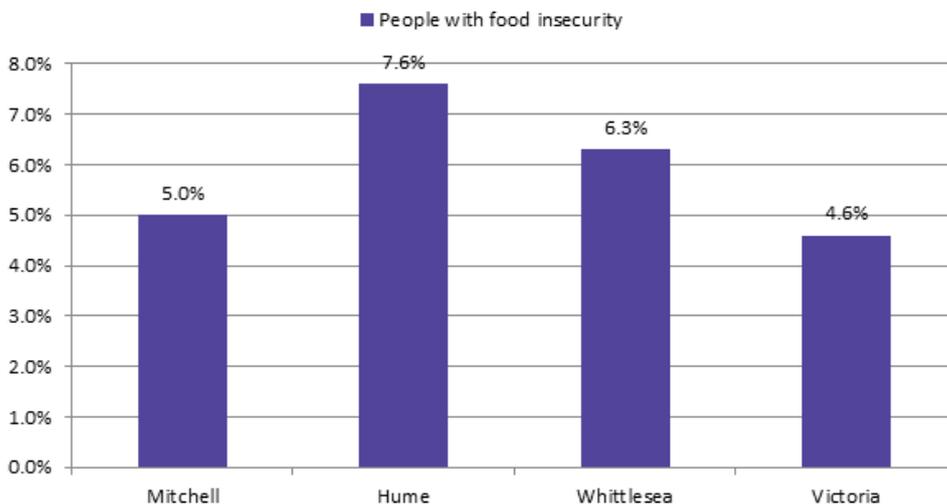
Source: ABS QuickStats, Census 2016.

Food insecurity

Food security is defined as ‘when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life’²⁷.

The proportion of Mitchell Shire households who could not afford to purchase food to feed their family on any given day in the same year the survey was conducted was 5%. This is slightly higher than the Victorian average of 4.6%²⁸.

FOOD INSECURITY



Source: Victorian Department of Health and Human Services, Victorian Population Health Survey 2011.

ECONOMIC ENVIRONMENT

Social housing, rental and mortgage stress

In 2016, the rate of rental stress in Mitchell Shire is lower than the Victorian average (7.3% compared with 10.4%, respectively), however the rate of mortgage stress is higher (9.4% compared with 7.5% for Victorian)^{i,24}.

This finding has implications for the health and wellbeing of the community, as financial stress more broadly was identified as a contributing factor to the incidence of family violence in the community.

Social housing is often linked with disadvantage and is used as an indicator within the ABS IRSD. The proportion of households who are renting from social/community housing in Mitchell Shire is slightly lower than the Victorian average (2.3% compared with 2.8%, respectively); however this is not evenly distributed throughout Mitchell Shire⁴.

Around 7% of households in Seymour are renting from social/community housing providers. In Wallan and Beveridge this figure is 0.4%⁴.

COMPARISON OF SOCIAL HOUSING, RENTAL AND MORTGAGE STRESS



Source: ABS Quickstats Census 2016; and profile.id, citing ABS Census 2016.

ⁱ Based on the proportion of households with mortgage or rental repayments greater than 30% of household income. Note a more accurate formula to measure housing stress is available from atlas.id/mitchell however this data was not yet updated with the 2016 Census results at the time of publishing this report.

ECONOMIC ENVIRONMENT

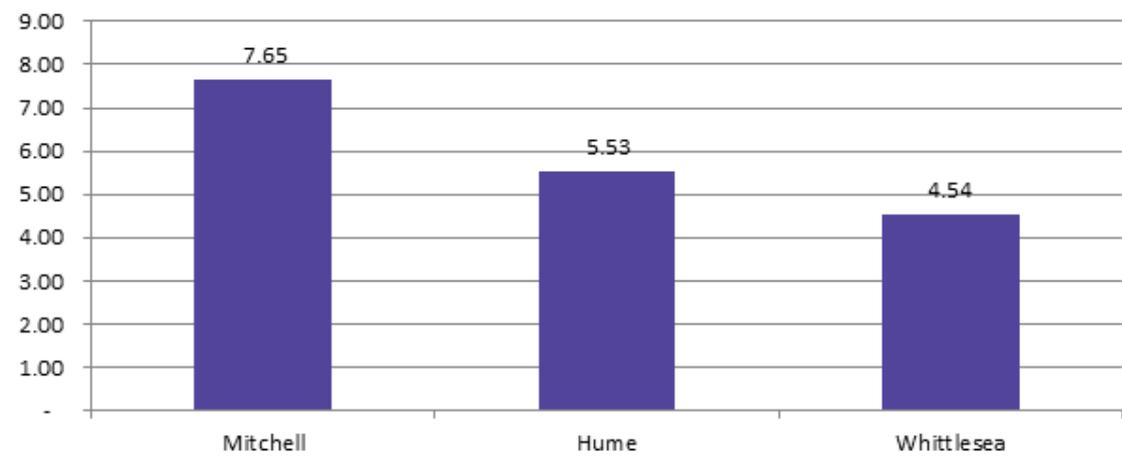
Gambling

For the 2015/16 financial year the total losses on electronic gaming machines (EGM) in Mitchell Shire was \$17,356,250. These losses were collected from 5 gaming venues across Mitchell Shire, which have a total of 228 EGM^{k,29}.

In 2015/16, there were 5,961 adults per gaming venue in Mitchell Shire. This rate is considerably fewer adults per venue compared with Hume (10,509) and Whittlesea (15,236). There are also considerably more EGM per adult in Mitchell Shire compared with neighbouring municipalities³⁰.

The average loss on EGM per adult in 2015/16 was \$550, which is a lower rate of loss compared with Hume and Whittlesea (\$720 and \$678, respectively)³⁰.

ELECTRONIC GAMING MACHINES PER 1000 ADULT POPULATION 2015/16



Source: Victorian Commission for Gambling and Liquor Regulation (VCGLR) 2015/16.

^k Data on gambling losses in 2016/17 for Mitchell Shire is amalgamated with Murrindindi Shire and Mansfield Shire and therefore has not been included.

BUILT ENVIRONMENT

Transport and accessibility

Mitchell Shire is serviced by the Hume Freeway, the Northern Highway and the Melbourne to Wodonga railway line.

A key barrier in accessing services and participating in community life is transport; the lack of public transport and the cost of travelling in cars and on buses and trains.

Mitchell Shire residents are less likely to walk for transport compared with the Victorian average; only 12% of residents walked for transport four days or more for trips longer than 10 minutes, which was a similar result compared with neighbouring municipalities (Hume 12% and Whittlesea 12%) and Victoria 18%⁸.

The proportion of adults who experienced both public and private transport limitations in the last 12 months is not as great in Mitchell Shire (19%) than neighbouring municipalities (Hume 22% and Whittlesea 31%) and Victoria (24%)²⁰. Only 28% of Mitchell residents live near public transport compared with 74% of residents across Victoria⁵.

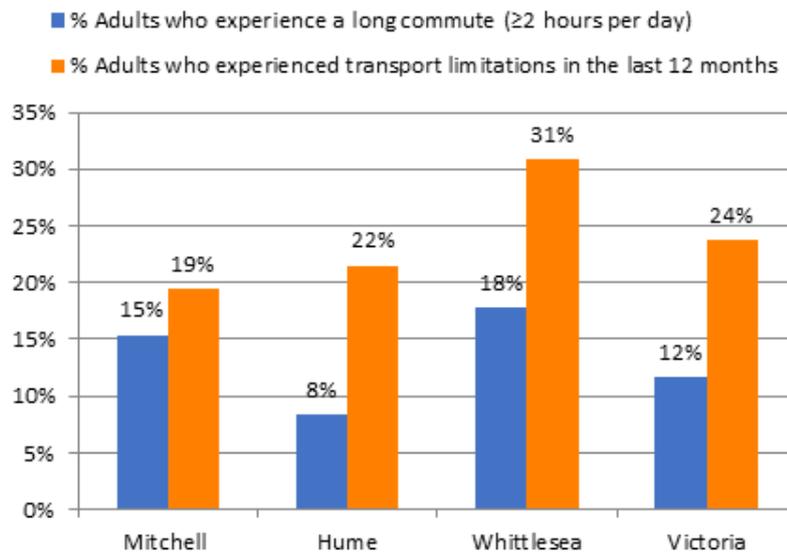
In 2011, a high proportion of Mitchell Shire (15%) and Whittlesea (18%) residents experience long commute times of more than 2+ hours per day, when compared to the Victorian average (12%)⁵. This is a result of the geographic isolation of these municipalities from key employment areas in metropolitan Melbourne and inadequate public transport connections to these important economic activity centres.

The proportion of local residents with long commute times is likely to have increased in recent years due to rapid residential development and population growth in Hume, Whittlesea and the southern end of Mitchell Shire.



BUILT ENVIRONMENT

COMPARISON OF TRANSPORT LIMITATIONS AND LONG COMMUTE TIMES, 2011



Source: VicHealth Indicators Survey 2011; and Community Indicators Victorian Survey 2011.

Around 2 in 5 residents still travel outside the municipal area to reach their place of work²³. Better provision of local employment reduces commute times and could increase overall wellbeing in families and households through improved work life balance.

The conditions for increased population and residential development have to be able to meet the needs of families to provide good access to local jobs or provide public transport options that can reduce overall commute times.

Residential development

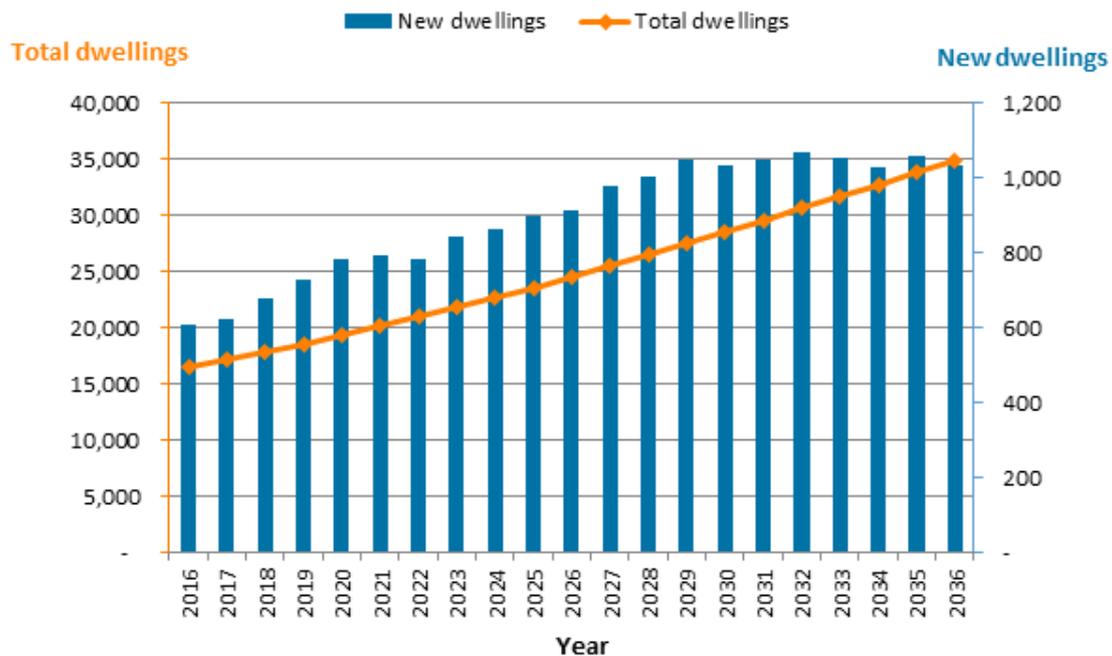
Mitchell Shire will experience significant growth in residential land use in the next 20 years. Much of this land has already been rezoned from agricultural land use to residential and falls within the Melbourne metropolitan Urban Growth Boundary. Other areas will be rezoned as a result of structure planning processes undertaken by Mitchell Shire Council.

It is estimated that the annual rate of growth in new dwellings will continue to increase each year from 2016 through to 2029. Dwelling growth will peak at over 1,000 per year in 2029 and remain at around 1,000 new dwellings every year until 2036².

The total number of new dwellings will differ in each township. The large majority of new dwellings constructed in Mitchell Shire in the next 20 years will be within the extended township areas of Wallan (7,664), Beveridge (7,126) and Kilmore-Kilmore East (2,022)².

BUILT ENVIRONMENT

ANNUAL NUMBER OF NEW DWELLINGS AND TOTAL NUMBER OF DWELLINGS IN MITCHELL SHIRE, 2016 TO 2036



Source: forecast.id, 2017.

School infrastructure

In Mitchell Shire in 2017, there are estimated to be 4,425 children of primary school age and 3,582 people of secondary school age. By 2036, these figures will increase to approximately 9,686 and 7,532, respectively^{k,2}.

The increase in the number of school children will require additional school infrastructure; with approximately 20 new primary schools and 5 new secondary schools needed in Mitchell Shire by 2036^l.

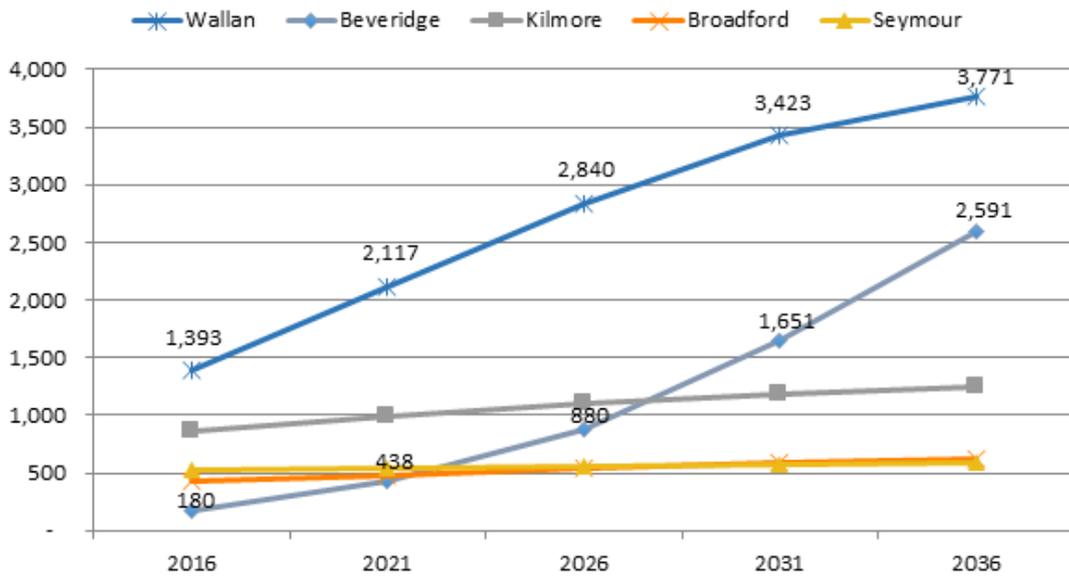


^k Data is for primary school age: 5 to 11 years, secondary school age: 12 to 17 years.

^l Based on 500 students per primary school and 1,500 students per secondary school.

BUILT ENVIRONMENT

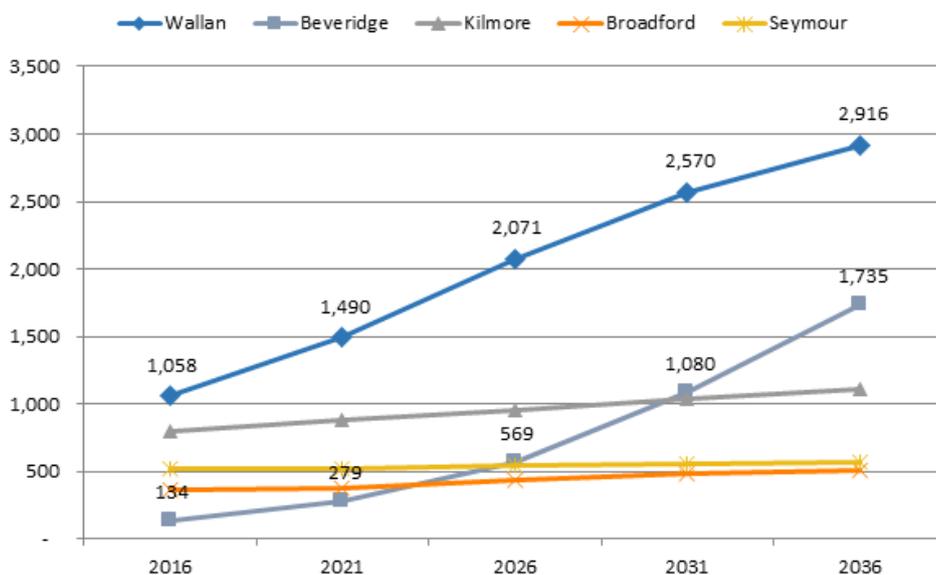
PRIMARY SCHOOL AGED POPULATION (5-11 YEARS OLDS) IN MITCHELL SHIRE TOWNSHIPS, 2016 TO 2036



Source: forecast.id, 2017. Note: data labels shown for Wallan and Beveridge.

Changes to the number of school children will impact on townships in different ways. From 2016 to 2036, Beveridge and Wallan will experience the greatest increase in primary and secondary school children. Other townships will experience increases but at a reduced rate.

SECONDARY SCHOOL AGED POPULATION (12-17 YEARS OLDS) IN MITCHELL SHIRE TOWNSHIPS, 2016 TO 2036



Source: forecast.id, 2017. Note: data labels shown for Wallan and Beveridge.

NATURAL ENVIRONMENT

Land use planning

Land use in Mitchell Shire is still largely reserved for agricultural and conservation purposes. Almost 80% of the land use in the municipality is reserved for these practices. This includes a large proportion of national and state parkland forest and a high level of crop and livestock farming. While still a high figure, the proportion of land reserved for agricultural/conservation has decreased from 82% to 79% over the past four years.

Residential locations in Mitchell Shire include the four largest townships of Wallan, Kilmore-Kilmore East, Seymour and Broadford. Populations range from 4,000 to 10,000 residents. Smaller population settlement areas include Wandong-Heathcote Junction, Beveridge, Pyalong, Tallarook, Waterford Park and Tooborac.

LAND USE ZONING IN MITCHELL SHIRE, 2016

Land use	2016
Agricultural/conservation	79%
Special	15%
Residential	4%
Commercial/industrial	1%
Public	1%



Source: Mitchell Shire Council 2016.

Based on Census data – population of Beveridge increased significantly between 2011 and 2016. As part of the Urban Growth Boundary of metropolitan Melbourne, current substantial areas of agricultural land is now zoned for residential use and Beveridge will see a transformation from small rural township locality to large urban area.

The “Homes for Victorians” policy (Minister for Planning) states a 100,000 lot commitment by December 2018 which includes Beveridge North West Precinct Structure Plan and Beveridge Central which represents almost 20% of this lot commitment. This residential growth can occur to augment the Precinct Structure Plan for Lockerbie North, to the west of the existing Beveridge Township. Development activity in these two residential growth areas could result in an additional 5,000 residents in the next 5 years. This will increase the population in the Beveridge area to around 6,500.

Puckapunyal Army Training Complex is considered to be an area of special land use and accommodates the Australian Army military training area for artillery units. This area takes around 15% of the land use in Mitchell Shire.

NATURAL ENVIRONMENT

Air quality

The most widespread pollutants include carbon monoxide, volatile organic compounds, ozone, oxides of nitrogen, sulfur dioxide and particles. These substances are used as indicators of air quality in cities.

Air pollution can cause health problems. For example, high concentrations of air pollutants (poor air quality) can aggravate existing respiratory diseases such as asthma and bronchitis, or increase the risk of respiratory problems. Water is essential to life. We all use it and all impact on its quality and quantity.



NATURAL ENVIRONMENT

Water quality

Human use of Victoria's land and water resources has affected the health of our water environments to an extent that threatens the very features that make them so attractive and valuable.

While some of our water environments are in largely natural condition, others are becoming saltier or have higher than natural silt and nutrient levels. Algae blooms and pest plants and animals are common indicators of human impacts on water.

Treatment is costly and will increase as water becomes scarcer.

Coupled with this are deteriorating and eroding catchments where soil is lost, biodiversity is in decline and farmland is becoming unusable because of high salt levels. The consequences of these deteriorating environments are imminent, serious and costly.

Pollutants enter the water environment from two main classes of inputs – point sources and non-point sources. The most serious threats include:

- > Alteration of natural flows
- > Clearing of vegetation
- > Increasing salinity
- > Sedimentation
- > Stormwater pollution
- > Pathogens
- > Bushfires
- > Loss of habitat
- > Excess nutrients
- > Pollution by oil, heavy metals and other chemicals
- > Infestation by pests
- > Heat

Climate change

Climate change has the potential to influence human health from direct effects such as heatwaves, or indirectly such as bushfires leading to poor air quality and increased respiratory problems. Warmer winters are likely to reduce some cold-related illnesses, but warmer summers are likely to increase the risk of heat-related health problems.

The increased frequency and intensity of heatwaves may cause deaths through heart attack, stroke and heat exhaustion. The most vulnerable are the elderly, people under intense physical stress and those with cardiovascular disease.

High temperatures are also linked to:

- > Increased hospital admissions and deaths (particularly among the elderly) relating to heat stress, sunburn and dehydration

NATURAL ENVIRONMENT

- > More outdoor work-related accidents and reduced productivity; buckling of railway lines; greater peak electricity demand for air conditioners; reduced energy demand for heating in winter
- > Changes in the average climate will affect the design and performance of our buildings and infrastructure –including shifting energy use from winter heating to summer cooling

More extreme events such as flash flooding and bushfires will also impact on the built environment and will need to be considered to minimise risk to property.

The availability and cost of insurance may also change as a result of extreme events.

Essential infrastructure such as water, power, transport and telecommunications have also been identified as being at high risk at higher levels of projected warming by 2030 without action being taken to prepare for these changes.

Waste

Waste is defined by the Environment Protection Act 1970 as any matter, whether solid, liquid, gaseous or radioactive, which is discharged, emitted or deposited in the environment in such volume, constituency or manner as to cause an alteration of the environment.

Generally waste is any material or substance that is of no further use and has been discarded. If not properly managed waste can cause pollution and adverse impacts on the environment. Disposing of waste that could be reused or recycled is often a waste of resources, a lost opportunity and a waste of money.

Waste that is improperly disposed of can also cause harmful effects to human health.



MITCHELL SHIRE COUNCIL HEALTH AND



WELLBEING PRIORITY AREAS 2017-2021

Healthy and Vibrant Communities

- > Increase participation in physical activity, recreation and leisure
- > Decreased rates of obesity
- > Decreased tobacco use in Mitchell Shire
- > Increase in mental health services
- > Increase rates of breastfeeding

Safe and Resilient Communities

- > Decreased incidence of family violence
- > Decrease in adults who use alcohol and drugs at harmful levels
- > Decrease in alcohol and drug related assaults
- > Reduced risk to health and wellbeing from natural disasters for Mitchell community
- > Maintain a high rate of immunisations
- > Decreased rate of sexually transmitted infections in particularly 12-17 year olds in Mitchell Shire
- > Reduce harms associated with problem gambling

Environmentally Sustainable Communities

- > Minimise impacts on the natural environment
- > Respond to climate change
- > Ensure that Council Policies and Plans seek to educate and engage the community to protect and enhance the natural environment

Social, Connected and Diverse Communities

- > Increase in local employment within Mitchell Shire
- > Social Justice Framework developed and implemented
- > Increase in volunteering in Mitchell Shire
- > Continue to promote an age-friendly community
- > Life Stages Plan developed and implemented

Planning and Advocating for Communities

- > Advocacy priorities are aligned with Government policy
- > Liveability indicators are developed, measured and reported to the community
- > Increased proportion of planning and development applications that incorporate the Safe and Healthy by Design Guidelines

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