WELLINGTON
SHIRE COUNCIL

LIVE WELL
IN WELLINGTON

2025-2029 Municipal Scan

Contents

Introduction

In line with the Victorian Public Health and Wellbeing Act 2008, local governments are mandated to develop a four-year Municipal Public Health and Wellbeing Plan (MPHWP) that outlines strategies and actions to enable residents to live happy and healthy lives. This plan is informed by several legislative requirements, the first of which is an "examination of data about health status and health determinants in the municipal district." This municipal scan serves as that examination and will form the foundation for determining health and wellbeing planning priorities in consultation with the community and other partners and stakeholders.

In preparing the MPHWP, Council must also consider the State Public Health and Wellbeing Plan. The Victorian Public Health and Wellbeing Plan 2024-2029 has identified the following key priorities:

- Tackling Climate Change and its Impact on Health
- Promoting Healthy Eating
- Encouraging Active Living
- Preventing and Reducing Tobacco-Related Harm
- Enhancing Mental Wellbeing
- Addressing Alcohol and Other Drug-Related Harm
- Preventing All Forms of Violence
- Promoting Sexual and Reproductive Health
- Reducing Injury
- Combatting Antimicrobial Resistance

A Note on Rankings

In this scan, we have included rankings for certain indicators where rankings were available, appropriate to show, and significant. These rankings provide context by comparing Wellington Shire's performance to other local government areas (LGAs) across Victoria.

It is important to understand how to interpret these rankings:

- **Low numbers indicate positive results.** For example, a ranking of 1 out of 79 LGAs means Wellington Shire is performing the best in the state for that indicator.
- **High numbers indicate poorer outcomes.** For example, for the rate of police-recorded incidents of family violence (per 100,000 people), Wellington Shire ranks 76 out of 79 LGAs. This means we are the fourth highest in the state for this indicator.

Rankings should also be considered with caution and not viewed as the sole measure of importance. For instance, while only 4% of Wellington Shire residents meet daily vegetable intake recommendations, this is a challenge statewide. Wellington Shire does not rank poorly for this indicator, yet the result highlights a clear need to increase vegetable consumption in the community.

Additionally, rankings can sometimes improve even when the problem has worsened. This happens if the decline in Wellington Shire is at a slower rate compared to the overall state decline. For instance, a higher state-wide issue may make Wellington's performance appear relatively better in comparison, even if the situation locally has not improved.

Rankings can offer valuable context by showing how Wellington Shire compares to other areas, but they are just one part of the picture. They should always be considered alongside the actual data and in the broader context of health and wellbeing priorities for our community.

Health equity

This scan highlights priority groups, including LGBTQIA+ communities, culturally and racially marginalised communities, people living with a disability or disabilities, Aboriginal and Torres Strait Islander peoples, individuals from low socioeconomic backgrounds, and women and girls. These groups often encounter specific health and wellbeing barriers, such as reduced access to healthcare services, stigma, discrimination, and social isolation. While local data for these population segments is often unavailable, we have noted trends observed at regional, state, or national levels.

Low socioeconomic/income

Socio-economic disadvantage or advantage refers to a person's access to material and social resources and their ability to participate in society (1). Low socioeconomic status is a significant factor contributing to health inequalities and is associated with worse outcomes for nearly every disease and health condition (2).

LGBTQIA+

People from the LGBTQIA+ community are more likely to feel undervalued by society, have fewer social connections, and experience higher rates of discrimination based on factors such as gender identity, sexual orientation, and their appearance (3). This discrimination occurs in various settings, including at home, in healthcare facilities, and in public spaces (3). Additionally, LGBTQIA+ individuals are more prone to experiencing different forms of abuse; financial, emotional, physical, and sexual (3).

People with a disability

People living with a disability or disabilities generally experience worse overall health and higher levels of psychological distress compared to those without disabilities (4) and often have higher rates of modifiable health risk factors, such as poor diet and tobacco use (3). The nature and severity of a disability can impact health due to participation in social and physical activities being inaccessible. Additionally, individuals living with disabilities often face disadvantages in areas like education, employment, and social support, which can further affect their health outcomes. Long term health conditions can lead to disability, while disability can also exacerbate existing health problems (4).

Women living with a disability are also twice as likely than women without a disability to experience sexual violence in their lifetime (5). People living with a disability are more likely to experience intimate partner violence compared to those without a disability (5).

Aboriginal and Torres Strait Islander People

Victorian Aboriginal communities face the ongoing impacts of generational trauma, systemic racism, colonisation, dispossession, and the removal of families and Country (6). As a result of this, Aboriginal and Torres Strait Islander Australians have a life expectancy 10 years lower than non-Indigenous Australians and experience disproportionately high rates of low birthweight babies, family violence, homelessness, and levels of psychological distress (6). Rates of tobacco use is higher among Aboriginal Victorians as well as alcohol related emergency department visits, diabetes, and dental issues compared to non-Aboriginal people (7).

Women and girls

Women and girls represent the majority of individuals seeking mental health services, accessing Medicare-subsidised care, and being hospitalised for issues such as self-harm and eating disorders (8). Family violence affects one in five Victorian women and is a leading cause of preventable death and illness, contributing to homelessness and child protection issues (6).

Informal caregiving, which is predominantly undertaken by women, amplifies health problems and negatively impacts employment and social connection opportunities, particularly for older caregivers and those living in rural areas (9). Women undertake most unpaid domestic and care work, which affects their mental health and overall quality of life (9).

Culturally and Linguistically Marginalised People (CALM)

People from CALM communities face challenges such as language barriers, communication difficulties, and varying cultural understandings of health (10). These challenges are often compounded by experiences of stigma, discrimination, and racism, which can lead to social isolation and limit access to essential services (10). Further obstacles include financial stress, food and energy insecurity, unstable working conditions, and a fear of engaging with government services—particularly for vulnerable groups like undocumented migrants (10).

Intersectionality

Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation (11). Aspects of a person's identity can include social characteristics such as Aboriginality, gender, sex, sexual orientation, gender identity, ethnicity, colour, nationality, refugee or asylum seeker background, migration or visa status, language, religion, ability, age, mental health, socioeconomic status, housing status, geographic location, medical record, and criminal record (11). An example of intersectionality; 22.6% of LGBTQIA+ people experience harassment, and this increases to 26.6% of LGBTQIA+ people from multicultural backgrounds (3).

Wellington Shire Demographics

Data tables summary

In 2021, Wellington Shire had a population of 45,639. The median age was 44, higher than the state median age of 38.

The population of young adults (ages 18-24) was lower in Wellington at 6.8% compared to the state average of 8.5%, and the young workforce (ages 25-34) was also lower at 11.3%, compared to 15.0% in Victoria. Wellington had a higher percentage of empty nesters and retirees (ages 60-69) at 15.2%, compared to 10.5% statewide, and seniors (ages 70-84) made up 13.5% of the population, higher than the state average of 9.7%.

In terms of household composition, Wellington had an average of 2.3 people per household, with 23% of households being couples with children households, which was below the state average of 30.9%. Lone-person households were higher in Wellington at 28.2%, compared to the state average of 24.7%, while group households were lower at 2.2%, compared to 3.8% statewide.

In the workforce, 17% of Wellington residents were professionals[1], lower than the state average of 25%. The percentage of managers was higher in Wellington at 16.0%, compared to 14.0% statewide. Technicians and trades workers accounted for 15.5% of the workforce, above the state average of 12.6%. Community and personal service workers made up 13.4% of the workforce, compared to 11.0% in Victoria, and labourers accounted for 11.9%, higher than the state average of 8.8%.

Population

Measure	Wellington	Year
Estimated Resident Population 2024 **(15)**	46,533	2024
Usual Resident Population **(12)**	45,639	2021

[1] Australian Bureaus of Statistics: Professionals perform analytical, conceptual and creative tasks through the application of theoretical knowledge and experience in the fields of the arts, media, business, design, engineering, the physical and life sciences, transport, education, health, information and communication technology, the law, social sciences and social welfare (85).

Ages

Measure	Wellington	Vic	Year
Median age **(12)**	44	38	2021
Babies and Preschoolers (0-4) **(13)**	5.3%	5.8%	2021
Primary schoolers (5 to 11) **(13)**	8.1%	8.6%	2021
Secondary schoolers (12 to 17) **(13)**	7.2%	7.0%	2021
Tertiary education and independence (18 to 24) **(13)**	6.8%	8.5%	2021
Young workforce (25 to 34) **(13)**	11.3%	15.0%	2021
Parents and homebuilders (35 to 49) **(13)**	17.2%	20.5%	2021
Older workers and pre-retirees (50 to 59) **(13)**	13.4%	12.2%	2021
Empty nesters and retirees (60 to 69) **(13)**	15.2%	10.5%	2021
Seniors (70 to 84) **(13)**	13.5%	9.7%	2021
Elderly aged (85 and over) **(13)**	2.3%	2.2%	2021

Household makeup

Measure	Wellington	Vic	Year
Average number of people per household **(15)**	2.3		2021
Couples with children households **(15)**	23%	31%	2021
Couples without children households **(15)**	29.5%	24.6%	2021
One parent families **(15)**	9.1%	10.2%	2021
Lone person households **(15)**	28.2%	25.9%	2021
Group households **(15)**	2.2%	4.0%	2021

Occupation, top responses

Measure	Wellington	Vic	Year

Professionals **(12)**	17%	25%	2021
Managers **(12)**	16.0%	14.0%	2021
Technicians and Trades Workers **(12)**	15.5%	12.6%	2021
Community and Personal Service Workers **(12)**	13.4%	11.0%	2021
Labourers **(12)**	11.9%	8.8%	2021
Clerical and Administrative Workers **(12)**	9.5%	12.4%	2021
Sales Workers **(12)**	7.9%	8.3%	2021
Machinery Operators and Drivers **(12)**	6.7%	5.9%	2021

Industry of employment, top responses

Measure	Wellington	Vic	Year
Hospitals (except Psychiatric Hospitals **(12)**	5.7%	4.6%	2021
Dairy Cattle Farming **(12)**	4.9%	0.3%	2021
Defence **(12)**	3.7%	0.3%	2021
Primary Education **(12)**	2.9%	1.9%	2021
Supermarket and Grocery Stores **(12)**	2.8%	2.4%	2021

Priority Groups

This section provides data on key priority groups within Wellington Shire, including Aboriginal and Torres Strait Islander peoples, LGBTQIA+ individuals, those born overseas, people who speak English as a second language, and individuals living with disabilities. These groups often face unique challenges and barriers that can impact their health and wellbeing, making it essential to consider their needs in our planning and policy development.

Data table summary

Gender distribution in Wellington Shire was 49.6% female and 50.4% male, compared to 50.8% female and 49.2% male in Victoria. 9.3% of people identify as LGBTQIA+ in Wellington Shire, lower than the state average of 11% as of 2023. Aboriginal and Torres Strait Islander people are 2% of the population, double the states proportion of 1%.

In Wellington Shire, 11% of residents were born overseas, compared to the state average of 30%. A total of 87.2% of residents spoke only English at home, compared to 67.2% statewide. Additionally, 3.7% of residents reported speaking English well or very well, while 0.5% indicated they spoke English not well or not at all [2].

Languages other than English are less commonly spoken in Wellington Shire when compared to the state. Mandarin is spoken at home by 0.3% of residents, compared to 3.4% statewide. Tagalog and Vietnamese are each spoken by 0.3% and 0.2% of residents, respectively.

The need for assistance with core activities is higher in Wellington Shire, with 7.1% of residents requiring help, compared to the state average of 5.9%. Among Aboriginal and Torres Strait Islander residents, 9.5% required assistance. Additionally, 25.7% of Wellington Shire residents self-reported living with a disability, exceeding the state average of 19.9%.

Measure	Wellington	Vic	Year
Females **(12)**	49.6%	50.8%	2021
Males **(12)**	50.4%	49.2%	2021
LGBTQIA+ **(14)**	9.3 %	11%	2023
Aboriginal and Torres Strait Islander **(12)**	2%	1%	2021
Born overseas **(12)**	11%	30%	2021
Speaks English only **(12)**	87.2%	67.2%	2021
Speaks English well or very well[3] **(15)**	3.7%	23.4%	2021
Speaks English not well or not at all **(15)**	0.5%	4.4%	2021
Language used at home, top responses (other than English): Mandarin **(12)**	0.3%	3.4%	2021
Language used at home, top responses (other than English): Tagalog **(12)**	0.3%	0.4%	2021
Language used at home, top responses (other than English): Vietnamese **(12)**	0.2%	1.8%	2021
Need for assistance with core activities **(15)**	7.1%	5.9%	2021
Need for assistance with core activities – Aboriginal and Torres Strait Islander **(15)**	9.5%	5.9%	2021
Proportion (%) of people who had a self-reported disability **(14)**	25.7%	19.9%	2023

[2] This variable classifies a person's self-assessed proficiency in spoken English and is only asked where they have identified they use a main language other than English at home (84).
[3] This variable classifies a person's self-assessed proficiency in spoken English and is only asked where they have identified they use a main language other than English at home (84).

Social Determinants of Health

Social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, live, work, and age which can contribute positively or negatively to a person's health. Research shows that social determinants can be more important than health care or lifestyle choices in influencing health (17). Some key social determinants of health include income, social status, education, employment and working conditions, social support networks, access to healthcare services, housing, and the physical environment.

Data table summary

In Wellington Shire, 37.5% of the population aged 15 and over, and 29% of the Aboriginal population aged 15 and over, have completed Year 12 or a similar qualification, compared to the state average of 59.5%.

The median weekly household income in Wellington Shire is $1,272, which is 38.29% lower than the state's median of $1,759. The median weekly income for individuals is $658, compared to $803 across the state. More women earn low incomes (less than $500 per week), and fewer women earn high incomes ($2,000+ per week) than men.

The unemployment rate in Wellington Shire is 4.7%, slightly lower than the state average of 5.0%. The participation rate in the labour force is 53.5%, lower than the state average of 62%. In terms of employment, 38.5% of women are in full-time positions, compared to 69.2% of men. Additionally, 7.9 women per 10,000 hold leadership roles such as Chief Executives or General Managers, while the figure for men is 19.5 per 10,000.

In terms of housing, 40.1% of households in Wellington Shire own their homes outright, slightly higher than the state average of 37.6%. The proportion of households with a mortgage is 30.9%, close to the state average of 31.5%. Renting households (private and social housing) make up 19.7% of the population, compared to 22.6% across the state.

The median weekly rent in Wellington Shire is $260, lower than the state's median of $370. For renter households, 57.3% pay rent that is less than or equal to 30% of their household income, compared to 60.7% statewide. Conversely, 31.8% of renter households in Wellington Shire pay more than 30% of their income (financial housing stress) on rent, which is slightly higher than the state figure of 30.9%.

The median weekly mortgage repayment in Wellington Shire is $1,300, compared to $1,859 statewide. Among owner-with-mortgage households, 76.5% have mortgage repayments that are less than or equal to 30% of their income, which is higher than the state figure of 73.9%. However, 10.7% of these households in Wellington Shire pay more than 30% of their income (financial housing stress) on mortgage repayments, compared to 15.5% statewide.

In 2021, 126 individuals reported experiencing homelessness in Wellington Shire.

Measure	Wellington	Vic	Year
Median weekly household income **(12)**	$1,272	$1,759	2021

Median individual weekly income **(12)**[4]	$658	$803	2021
Housing tenure – fully owned **(12)**	40.1%	37.6%	2021
Housing tenure – mortgage **(12)**	30.9%	31.5%	2021
Renting (private and social housing) **(12)**	19.7%	22.6%	2021
Median rent per week **(12)**	$260	$370	2021
Renter households where rent payments are less than or equal to 30% of household income **(12)**	57.3%	60.7%	2021
Renter households with rent payments greater than 30% of household income (financial housing stress[5]) **(12)**	31.8%	30.9%	2021
Median mortgage repayments **(12)**	$1,300	$1,859	2021
Owner with mortgage households where mortgage repayments are less than or equal to 30% of household income **(12)**	76.5%	73.9%	2021
Owner with mortgage households with mortgage repayments greater than 30% of household income (financial housing stress) **(12)**	10.7%	15.5%	2021
Estimated number of people experiencing homelessness **(16)**	126		2021
Unemployment rate **(12)**	4.7%	5.0%	2021
Labour Force Status - % Full time employed - Female **(9)**	38.5%		2021
Labour Force Status - % Full time employed- Male **(9)**	69.2%		2021
Chief Executives, General Managers and Legislators – (rate per 10,000) - Female **(9)**	7.9 (2021)	15.6	2021
Chief Executives, General Managers and Legislators – (rate per 10,000) - Male **(9)**	19.5 (2021)	36.0	2021
Informal Caregiving [6]- % - Female **(9)**	14.0%	13.4%	2021
Informal Caregiving - % - Male **(9)**	9.0%	9.1%	2021
Participation rate (population in the labour force) **(12)**	53.5%	62%	2021

[4] Fewer women in Wellington Shire earned a high income ($2,000+ per week) and more earned a low income (less than $500 per week) compared to men. Specifically, 4.2% of women earned a high income, and 41.3% earned a low income, compared to 11.2% and 30.2% of men, respectively. (15)

[5] Financial housing stress refers to lower income households that spend more than 30% of their gross income on housing costs (87)

[6] This indicator shows how many people, in the two weeks prior to completing the Census, provided unpaid help or supervision to another person to assist them with daily activities because of a disability, a long-term illness or for problems related to old age. (9)

People aged over 15 years who had completed Year 12 schooling (or equivalent) **(15)**	37.5%	59.5%	2021
People aged over 15 years who had completed Year 12 schooling (or equivalent) – Aboriginal and Torres Strait Islander **(15)**	29%	59.5%	2021

Social Connection and Inclusion

Data table summary

In Wellington Shire, 48.7% of people reported feeling valued by society, while 33.8% sometimes felt valued by society. A total of 14% indicated that they do not feel valued or often do not feel valued.

When it comes to tolerance of diversity, when asked "does multiculturalism make your life better?" 54.7% of residents believed it improves their life, which is below the state average of 66.5%. This places Wellington Shire 60th out of 79 local government areas.

Loneliness is also a concern, with 25% of adults identifying as experiencing it.

Measure	Wellington	Victorian	Rank
People who feel valued by society **(14)**	48.7%	47.9%	49/79
People who sometimes feel valued by society **(14)**	33.8%	34.3%	39/79
People who don't, or often don't feel valued by society **(14)**	14%	14.6%	37/79
Tolerance of diversity. Proportion of people who answered 'YES' multiculturalism makes their life better **(14)**	54.7%	66.5%	60/79
Proportion (%) of adults experiencing loneliness **(14)**	25%	23.3%	59/79

Access to services

Data table summary

In Wellington Shire, 33.4% of adults delayed dental treatment because of the cost. A total of 23% of adults were unable to see a General Practitioner (GP) when needed in the past year, higher than the state average of 19.5%. Additionally, 13.8% reported being unable to see a GP due to cost.

Access to GP appointments is a challenge, with 36.1% of people unable to get an appointment when needed. Transport was a barrier for 7.7% of residents, higher than the state average of 2.7%, ranking Wellington Shire 74th out of 79 Local Government Areas.

Concerns about waiting times were also reported, with 43.1% of adults feeling they waited too long to see a GP, compared to the state average of 33%. Furthermore, 10.7% of residents experienced a medical appointment, test, or procedure being cancelled or postponed, higher than the state average of 7.1%, placing Wellington Shire 64th out of 79 Local Government Areas.

Measure	Wellington	Victorian	Rank
Proportion of adult population who delayed dental treatment because of the cost **(14)**	33.4% (2023)	32.3%	
The proportion (%) of adults in Victoria who were unable to see a GP when needed in the past 12 months **(14)**	23% (2023)	19.5%	55/79
Proportion (%) of adults who were unable to access a GP when needed in the past year due to the *cost* **(14)**	13.8% (2023)	22.9%	22/79
Proportion (%) of adults who were unable to access a GP when needed in the past year because they *couldn't get an appointment when needed* **(14)**	36.1% (2023)	35.5%	35/79
Proportion (%) of adults who were unable to access a GP when needed in the past year due to *transport issues* **(14)**	7.7% (2023)	2.7%	74/79
Proportion (%) of adults in Victoria who felt that they waited longer than was acceptable to see a GP in the last 12 months when needed **(14)**	43.1% (2023)	33%	54/79
Proportion (%) of people who had a medical appointment, test, or procedure cancelled or postponed by a medical facility in the last 12 month **(14)**	10.7% (2023)	7.1%	64/79

Gambling

Data table summary

In 2022-2023, people in Wellington Shire lost an average of $725 each on electronic gaming machines, which is 22.67% more than the $591 lost per person the year before. This is higher than the Victorian average of $545. Wellington Shire ranks 68th out of 79 in terms of losses per person.

As for the number of gaming machines, there are 9 machines for every 1,000 people. The area ranks 73rd out of 79 in the number of machines per person.

Measure	Current	Previous	Trend	Victorian	Rank
Electronic gaming machine losses per person **(17)**	$725 (2022-2023)	$591 (2021-2022)	22.67% increase	$545	68/79
Electronic gaming machines per person **(17)**	9	9			73/79

Healthy at every age

Early years

Data table summary

In Wellington Shire, 4.9% of babies were born were a low birthweight, which is lower than the state average of 6.3%. The attendance rate for 3.5-year-old maternal and child health checks is 70.1%, and 95.9% of children are fully immunised at 12-15 months.

Health and participation indicators show that 83.4% of children are reported to be in excellent or very good health, and kindergarten participation is at 89.8%. However, 24% of children are vulnerable in one or more Australian Early Development Census (AEDC) domains, and 10% of families with young children report experiencing high or very high stress.[7].

Socio-economic disadvantage affects 18.8% of children, and 7% of families experienced alcohol or drug-related problems in 2021, double the state average of 3.5%. A history of abuse toward parents was reported in 9% of families, significantly higher than the state average of 5.2%. Abuse toward children was reported at 4.5%, more than double the state average of 1.9%, while the rate of children witnessing violence was 7.6%, also more than double the state average of 3.2%.

Measure	Wellington	Victorian
Low birthweight babies <2500g (%) **(16)**	4.9% (2017-2021)	6.3%
Percentage of children attending 3.5-year-old maternal and child health checks **(18)**	70.1% (2021)	69.9%
Children living in an area with the most socio-economic disadvantage** **(18)**	18.8% (2021)	19.5%
Children reported to be in excellent or very good health **(18)**	83.4% (2021)	84.3%
Families experiencing high or very high stress during the month prior to the survey **(18)**	10% (2021)	8.8%
Alcohol or drug related problem in family **(18)**	7% (2021)	3.5%
History of abuse to parent **(18)**	9% (2021)	5.2%

[7] The Australian Early Development Census (AEDC) is a measure of children's development, based on the scores from a teacher-completed checklist in their first year of formal schooling (the preparatory year prior to Year 1). It is measured across the following five domains:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills
- communications skills and general knowledge. (86)

History of abuse to child(ren) **(18)**	4.5% (2021)	1.9%
Child witness to violence **(18)**	7.6% (2021)	3.2%
Gambling problem in family **(18)**	1.0% (2021)	0.6%
History of mental illness of parent **(18)**	13.3% (2021)	9.3%
Children reported to have difficulties with speech and/or language **(18)**	20% (2021)	
Kindergarten participation rate **(19)**	89.8% (2019)	
Children developmentally vulnerable in language and cognitive domain **(20)**	9% (2021)	
Children developmentally vulnerable in communication domain (%) **(20)**	7% (2021)	
Children developmentally vulnerable in social domain **(20)**	9.9% (2021)	
Children developmentally vulnerable in physical domain **(20)**	11.4% (2021)	
Children Vulnerable on 1 or more Domains **(20)**	24% (2021)	
Children developmentally vulnerable in emotional domain **(20)**	10.7% (2021)	
Children Fully Immunised at 12 > 15 months **(16)**	95.9% (2021)	

Young people

Data Table summary

In Wellington Shire, 5.43% of young people aged 16-24 are receiving unemployment benefits, placing the shire 68th out of 79 Local Government Areas. Additionally, 5.7% of young people aged 16-21 receive Youth Allowance, ranking the shire 71st.

Youth mortality rates are higher than the state average, with 33 deaths per 100,000 people aged 15-24, compared to the state average of 30.2. Mental health conditions affect 11.1% of people aged 12-24 reporting a mental health condition, higher than the state average of 9.3%. A total of 23.5% of young people have at least one long-term health condition, exceeding the state average of 20.4%.

Emergency department presentations for mental and behavioural issues among young people aged 15-24 are 3981 per 100,000, double the state average of 1989.6. For children aged 0-14, the rate is also higher at 405.1 per 100,000, compared to the state average of 291.8.

Education and engagement indicators show that 78.1% of 16-year-olds are participating in secondary education, below the state average of 88.5%. Fully engaged young people aged 15-24 in work or education account for 65.9%, while disengagement rates are 10.6%, higher than the state average of 7.5%.

Measure	Wellington	Victorian	Rank

Proportion of young people 16 - 24 years receiving an unemployment benefit **(21)**	5.43% (2017)		68/79
Proportion of young people 16 – 21 yrs receiving Youth Allowance **(22)**	5.7% (2023)		71/79
Youth Mortality (Deaths from all causes, aged 15 to 24 years) (Rate per 100,000) **(16)**	33 (2021)	30.2	38/79
Proportion of people 12-24 who have a mental health condition **(15)**	11.1% (2021)	9.3%	
Population with at least one long term health condition (12-24) **(15)**	23.5% (2021)	20.4%	
Emergency department presentations for mental and behavioural disorders, people aged 0 to 14 years (rate per 100,000) **(16)**	405.1 (2021)	291.8	
Emergency department presentations for mental and behavioural disorders, people aged 15 to 24 years (rate per 100,000) **(16)**	3981.0 (2021)	1989.6	
Full-time participation in secondary school education at age 16 **(16)**	78.1% (2021)	88.5%	
Workforce and educational engagement (15-24) *fully engaged* **(15)**	65.9% (2021)	75.7%	
Workforce and educational engagement (15-24) *partially engaged* **(15)**	15.3% (2021)	11.9%	
Workforce and educational engagement (15-24) *disengaged* **(15)**	10.6% (2021)	7.5%	

Older people (55+)

Data table summary

In Wellington Shire, 56% of people aged 55 and older have one or more long-term health conditions. Among this age group, 25.2% are affected by arthritis, 13% by heart disease—above the state average of 11.6%—and 11.9% by diabetes.

Labour force participation for people over 55 is 32.2%, while 60.6% are not in the labour force. Living arrangements show that 23.6% of people over 55 live alone, higher than the state average of 21.2%. About 51.7% of this age group live as couples without children, compared to the state average of 42.9%. In contrast, only 10.3% live in couples with children, significantly lower than the state average of 21.0%.

For those aged 80 or older, 40.7% live alone, exceeding the state average of 36.4%.

Measure	Wellington residents 55+	General Wellington Population	Victorian
Proportion of people over the age of 55 with one or more health conditions **(15)**	56% (2021)	36.9%	55.2%

Proportion of people over the age of 55 with arthritis **(15)**	25.2% (2021)	11.6%	22.9%
Proportion of people over the age of 55 with heart disease **(15)**	13% (2021)	5.5%	11.6%
Proportion of the population over the age of 55 with diabetes **(15)**	11.9%	5.6%	12.4%
Total labour force (participation rate) of people over the age of 55 **(15)**	32.2% (2021)	53.5%	34.9%
Proportion of people over the age of 55 not in the labour force **(15)**	60.6% (2021)	39.2%	59.3%
Proportion of people over the age of 55 in lone person households **(15)**	23.6% (2021)	12.9%	21.2%
Proportion of people over the age of 55 in couples without children households **(15)**	51.7% (2021)	26.3%	42.9%
Proportion of people over the age of 55 in couples with children households **(15)**	10.3% (2021)	39.9%	21.0%
Population who are 80 years or more and living alone **(15)**	40.7% (2021	12.9%	36.4%

The health of our people

Self-rated health

Data table summary

In Wellington Shire, 35.9% of people reported their health as excellent or very good, below the state average of 39.8%, placing the shire 65th out of 79 Local Government Areas. Additionally, 23.9% of people rated their health as fair or poor, which is higher than the state average of 20.9%.

Dental health ratings show that 32.3% of people described their dental health as excellent or very good, below the state average of 38.4%. Conversely, 27.6% rated their dental health as fair or poor, higher than the state average of 22.5%, placing Wellington Shire 61st out of 79 Local Government Areas.

Measure	Wellington	Victorian	Rank
Proportion of the population who reported their health as excellent or very good **(14)**	35.9% (2023)	39.8%	65/79
Proportion of the population who reported their health as good **(14)**	39.6% (2023)	38.3%	15/79
Proportion of the population who reported their health as fair or poor **(14)**	23.9% (2023)	20.9%	51/79
Proportion of people with excellent or very good self-reported dental health **(14)**	32.3% (2023)	38.4%	55/76

People with fair or poor self-reported dental health **(14)**	27.6% (2023)	22.5%	61/79

Health Conditions

Data table summary

In Wellington Shire, 5.5% of people are affected by heart disease, ranking 72nd out of 79 Local Government Areas. The rate of heart disease is nearly double in low-income households at 10.2% compared to the general Wellington Shire population. Men experience higher rates of heart disease than women, with 670.58 cases per 10,000 men compared to 414.51 per 10,000 women.

Asthma affects 9.6% of the population in Wellington Shire, with a higher rate among Aboriginal and Torres Strait Islander people at 16.6%. Women are more affected by asthma than men, with 1,116.41 cases per 10,000 for women compared to 808.00 for men.

Arthritis affects 11.6% of people in Wellington Shire, with the rate significantly higher in low-income households at 20.8%. Women are more likely to experience arthritis than men, with 1,447.05 cases per 10,000 for women compared to 873.67 for men.

Diabetes affects 5.6% of people in the region, with a higher prevalence in low-income households at 9.5%. More men have diabetes than women, with 621.87 cases per 10,000 men compared to 484.26 for women.

In Wellington Shire, 8.9% of people have dentures or no natural teeth, ranking 61st out of 79 Local Government Areas. Additionally, 19.9% of residents reported issues such as loose teeth, bleeding, or painful gums.

Obesity affects 34.6% of people in the area, significantly higher than the state average of 23%, ranking third highest in the state. A total of 67.1% of people in Wellington Shire are classified as overweight or obese, placing the shire 75th in the state.

Mental health conditions affect 10.36% of residents, with higher rates among Aboriginal and Torres Strait Islander people (16.8%) and low-income households (14.9%). Women are more likely to have been diagnosed with a mental health condition, with 1,251.93 cases per 10,000 women compared to 821.05 per 10,000 men. Psychological distress is also higher among women (13.7%) than men (5.8%).

Hospital admissions for cancers are also high in Wellington Shire, with a rate of 2,706.4 per 100,000 people, ranking 60th out of 79 Local Government Areas.

Measure	Wellington	Victorian	Rank
People with heart disease	5.5% (12)(2021)	3.7% (12)	*72/79 (23)
People with heart disease – low-income households **(15)**	10.2% (2021)	3.7%	
Heart Disease – (rate per 10,000) – Female **(24)**	414.51 (2021)	352.6	

Heart Disease – (rate per 10,000) – Male **(24)**	670.58 (2021)	562.8	
People with asthma **(15)**	9.6% (2021)	8.4%	
People with asthma – Aboriginal and Torres Strait Islander **(15)**	16.6% (2021)	8.4%	
Asthma – (rate per 10,000) – Female **(24)**	1116.41 (2021)	987.9	
Asthma – (rate per 10,000) – Male **(24)**	808.00 (2021)	805.1	
People with arthritis **(12)**	11.6% (12)(2021)	8.0% (12)	
People with arthritis – low-income households **(15)**	20.8% (2021)	8.0%	
Arthritis - Rate (per 10,000) – Female **(24)**	1447.05 (2021)	1240.4	
Arthritis - Rate (per 10,000) – Male **(24)**	873.67 (2021)	764.3	
People with diabetes **(12)**	5.6% (2021)	4.7%	
People with diabetes – low-income households **(15)**	9.5% (2021)	4.7%	
Diabetes – (rate per 10,000) - Female **(24)**	484.26 (2021)	444.2	
Diabetes - Rate (per 10,000) – Male **(24)**	621.87 (2021)	554.7	
People who have dentures or no natural teeth **(14)**	8.9% (2023)	4.1%	61/79
Proportion of people with loose teeth, bleeding or painful gums, by local government area **(14)**	19.9% (2023)	20.3%	38/79
Proportion of the population who are obese **(14)**	34.6% (2023)	23%	77/79
Proportion of the population who are overweight but not obese **(14)**	32.5% (2023)	31.4%	37/79
Proportion of the population overweight or obese (BMI over 25) **(14)**	67.1% (2023)	54.4%	75/79
People with long term conditions: one **(12)**	20.9% (2021)		
People with long term health conditions: Two **(12)**	7.75% (2021)		
Hospital admissions for all cancers (Rate per 100,000) **(22)**	2706.4 (2021)		60/79
People with mental health conditions **(12)**	10.36% (2021)	8.8%	
People with mental health conditions – low-income households **(15)**	14.9% (2021)	8.8%	
People with mental health conditions – Aboriginal and Torres Strait Islander **(15)**	19.8% (2021)	8.8%	
Mental Health Conditions – Female (rate per 10,000) ever diagnosed **(8)**	1,251.93 (2021)	1,142.2	
Mental Health Conditions – Male (rate per 10,000) ever diagnosed **(8)**	821.05 (2021)	756.6	

Anxiety Or Depression - % Ever diagnosed – Female **(8)**	40.3% (2021)	33.6%	
Anxiety Or Depression - % Ever diagnosed – Male **(8)**	12.8% (2021)	21%	
People under 25 with a mental health condition **(15)**	6.74% (2021)		
People who reported they had cancer (including remission) **(15)**	3.6% (2021)	2.8%	
People who reported they had cancer (including remission) – low-income households **(15)**	5.6% (2021)	2.8%	
People aged 0-14 who reported they had one long term health condition (per 100) **(16)**	9.6 (2021)	8.1	
People who reported they had a lung condition **(12)**	3.0% (12)(2021)	1.5% (12)	
People who reported they had a lung condition – low-income households **(15)**	6.0% (2021)	1.5%	
Psychological Distress - % - Female **(8)**	13.7% (2021)	18.0%	
Psychological Distress - % - Male **(8)**	5.8% (2021)	12.8%	

Premature death

Data table summary

The median life expectancy in Wellington Shire area is 81 years.

The rate of avoidable mortality in Wellington Shire (deaths due to avoidable diseases) is 149 per 100,000 people, placing Wellington Shire 66th out of 79 LGAs. The youth mortality rate (deaths from all causes for those aged 15-24) is 33 per 100,000.

The suicide rate in Wellington Shire 12.6 per 100,000 people, which is higher than the state average of 9.0, ranking Wellington Shire 58th out of 79 LGAs. The years lost due to suicide and self-inflicted injuries is 5.0 per 1,000, higher than the state average of 3.4.

The top 10 leading causes of death between 2018 and 2022 were: coronary heart disease, chronic obstructive pulmonary disease (COPD), lung cancer, cerebrovascular disease, dementia, including Alzheimer's disease, colorectal cancer, diabetes, accidental falls, heart failure and complications and prostate cancer.

Potential years of life lost (deaths before age 75) due to road traffic injuries is 2.0 per 1,000 people annually. The rate of years lost due to cancer is 14.4 per 1,000, higher than the state average of 11.1. For diabetes, the rate is 0.6 per 1,000, matching the state average. Years of life lost due to circulatory system diseases is 6.4 per 1,000.

Measure	Wellington	Victorian	Rank
Avoidable Mortality (deaths due to avoidable diseases) (Rate per 100,000) **(16)**	149 (2021)		66/79
Youth Mortality (Deaths from all causes, aged 15 to 24 years) (Rate per 100,000) **(16)**	33 (2021)		38/79
Median life expectancy (years) **(16)**	81 (2021)	82	
Suicide Rate (Rate per 100,000) **(16)**	12.6 (2017 - 2021)	9.0	58/79 (25)
Top 10 leading causes of death (2018-2022) **(16)**	1. Coronary Heart disease 2. Chronic Obstructive Pulmonary Disease 3. Lung Cancer 4. Cerebrovascular disease 5. Dementia including Alzheimer's disease 6. Colorectal cancer 7. Diabetes 8. Accidental Falls 9. Heart failure and complications and ill-defined heart disease 10. Prostate cancer		
Potential years of life lost from road traffic injuries (deaths before 75 years of age) Average annual ASR per 1,000 **(16)**	2.0		
Potential years of life lost from cancer (deaths before 75 years of age) ASR per 1,000 **(16)**	14.4 (2017-2021)	11.1	
Potential years of life lost from diabetes (deaths before 75 years of age) ASR per 1,000 **(16)**	0.6 (2017-2021)	0.6	
Potential years of life lost from circulatory system diseases (deaths before 75 years of age) ASR per 100 **(16)**	6.4 (2017-2021)	5.1	
Potential years of life lost from respiratory system diseases	2.2 (2017-2021)	1.4	

(deaths before 75 years of age) ASR per 100 **(16)**			
Potential years of life lost from suicide and self-inflicted injuries (deaths before 75 years of age) ASR 1,000 **(16)**	5.0 (2017-2021)	3.4	

Victorian Public Health and Wellbeing 2023-2027 Priorities in the local context

Sexual and reproductive health

Good sexual and reproductive health positively impacts various health priorities, including mental wellbeing, physical health, and healthy ageing. For example, supporting women through menopause can improve their mental health and reduce the risk of chronic conditions, enhancing overall quality of life (26).

Health equity

Women and gender-diverse individuals often encounter barriers to accessing affordable and effective services for managing their sexual and reproductive health. Stigma, racism, and discrimination further exacerbate these challenges by contributing to missed and delayed diagnoses (27) (28).

Data table summary

In Wellington Shire, the adolescent birth rate (mothers aged 10–19 years) has decreased from 13.88 per 1,000 in 2019 to 10.41 per 1,000 in 2020 but remains higher than the state average of 8.2.

The rates of chlamydia among females has decreased significantly, from 21.40 per 10,000 in 2017 to 12.27 in 2021, which is slightly higher than the state average of 11.7. Among males, the rate of chlamydia has increased slightly from 13.49 to 14.46 per 10,000, which is above the state average of 12.5.

The rate of gonorrhoea among females has decreased from 2.79 per 10,000 in 2017 to 1.97 in 2021. The rate of gonorrhoea among males has slightly increased from 4.19 to 5.04 per 10,000.

The rate of hepatitis B among females was 0.55 in 2021. Among males, Hepatitis B increased from 0.58 to 1.10 per 10,000.

The rates of syphilis have remained steady for females at 0.55 per 10,000 in 2021, while for males, there has been an increase from 0.58 in 2017 to 4.60 in 2021.

HIV rates for females remain at 0.00 per 10,000, and for males, the rate has remained steady at 0.55 in 2021.

Measure	Wellington	Previous	Trend	Victorian
Adolescent birth[8] (per 1,000) **(29)**	10.41 (2020)	13.88 (2019)	25% decrease	8.2
Chlamydia – Female (rate per 10,000) **(29)**	12.27 (2021)	21.40 (2017)	42.66% decrease	11.7
Chlamydia – Male (rate per 10,000)[9] **(29)**	14.46 (2021)	13.49 (2017)	7.19% decrease	12.5
Gonorrhoea -Female (Rate per 10,000) **(29)**	1.97 (2021)	2.79 (2017)	29.39% decrease	2.0
Gonorrhoea - Male (rate per 10,000)[10] **(29)**	5.04 (2021)	4.19 (2017)	20.29% increase	6.0
Hepatitis B – Female (rate per 10,000) **(29)**	0.55 (2021)	0.00 (2017)	N/A	0.8
Hepatitis B – Male (rate per 10,000) [11] **(29)**	1.10 (2021)	0.58 (2017)	89.65% increase	0.7
Syphilis - Female (rate per 10,000) **(29)**	0.55 (2021)	0.58 (2017)	5.17% decrease	0.6
Syphilis - Male (rate per 10,000)[12] **(29)**	4.60 (2021)	0.58 (2017)	693.10% increase	2.3
HIV – Female (rate per 10,000) **(29)**	0.00 (2021)	0.00 (2017)	N/A	0.0

[8] Many young women plan to become pregnant and have a positive experience of pregnancy and parenting. However, compared with older women, adolescent women are less likely to know how to access antenatal care services, more likely to experience complications during pregnancy and childbirth (including early labour), less likely to be financially secure, and more likely to experience emotional distress. Smoking rates during pregnancy are 3.7 times higher for adolescent mothers (32.8% in 2020) compared with all Australian mothers (8.8% in 2020). (29)

[9] There was a 31% reduction in total notifications between 2019 (25,093), 2020 (19,974) and 2021 (17,243). This decrease is likely due to changed health behaviours during the COVID-19 pandemic. (29)

[10] There was an overall 19% reduction in total Victorian notifications between 2019 (8,745), 2020 (6,473) and 2021 (7,050). These fluctuations are likely due to changed health behaviours during the COVID-19 pandemic (29).

[11] There was an overall 24% reduction in total notifications between 2019 (1,704), 2020 (1,299) and 2021 (1,289). This decrease is likely due to changed health behaviours and reduced arrivals from overseas during the COVID-19 pandemic. (29)

[12] There was an overall 16% reduction in total notifications between 2019 (2,609), 2020 (2,218) and 2021 (2,197). This decrease is likely due to changed health behaviours and reduced arrivals from overseas during the COVID-19 pandemic (29).

HIV – Male (rate per 10,000) **(29)**	0.55 (2021)	0.58 (2017)	5.17% decrease	0.2

Tobacco and Vape use

Tobacco use remains the leading cause of disease burden and premature death in Victoria, contributing to 9.3% of the disease burden and 13.3% of deaths in Australia (30). Smoking significantly increases the risk of chronic conditions like heart disease, stroke, certain cancers, and respiratory diseases and the rise in vape use raises concerns of reversing the progress made in reducing smoking rates (27).

Though the long-term effects of vapes are not yet fully understood, even short-term use has been linked to serious health risks, including poisoning, acute lung injury, burns, toxicity, neurological conditions like seizures, and even death (31).

Reducing tobacco and vape use leads to improvements in physical health, including sexual and reproductive health (32). Quitting smoking is essential for reproductive health, as smoking negatively affects fertility and increases risks during pregnancy, such as low birth weight and pre-term birth (27).

In addition to health benefits, reducing tobacco and vape use also protects the environment (31). These products contribute to pollution, plastic waste, and air quality reduction, with negative impacts at every stage of production, from growth to disposal (33).

Health equity

Certain groups in Victoria, including individuals living in rural areas, Aboriginal and Torres Strait Islander Victorians, young people, those with serious mental illnesses, members of the LGBTQIA+ community, and individuals with alcohol and drug disorders, experience higher rates of smoking (34) . Additionally, smoking rates among adults in rural Victoria stand at 14.1%, compared to 11.5% in metropolitan areas (34).

Data table summary

In Wellington Shire, 3.8% of people vape daily, while 2.1% vape weekly or monthly.

Daily smoking affects 16.2% of people in the area, significantly higher than the state average of 10%, ranking Wellington Shire 71st out of 79 Local Government Areas. Additionally, 24.2% of people either smoke tobacco or vape, higher than the state average of 18.5%, placing Wellington Shire 73rd.

Among pregnant people, 15.9% smoked during pregnancy, more than double the state average of 7.5%, ranking Wellington Shire 69th.

Measure	Wellington	Victorian	Rank
Proportion (%) of people who vaped daily **(14)**	3.8% (2023)	4.5%	42/79
Proportion (%) of people who vaped weekly or monthly **(14)**	2.1% (2023)	1.9%	64/79
Proportion (%) of people who smoked tobacco daily **(14)**	16.2% (2023)	10%	71/79

Proportion (%) of people who smoke tobacco or vape **(14)**	24.2% (2023)	18.5%	73/79
Proportion of pregnant people who smoked during pregnancy **(22)**	15.9% (2021)	7.5%	69/79

Mental wellbeing

Mental and physical health are closely linked—people with poor mental health are at greater risk of developing chronic conditions like diabetes and heart disease, while those with poorer physical health, including overweight and obesity, are more likely to experience mental health challenges (35) (36). For those diagnosed with mental illness, being physically active, eating a healthy diet, quitting smoking, and engaging with nature assist in improving health outcomes (37) (38) (39).

Loneliness is now an important physical and mental health indicator, as research has shown it can be as detrimental to health as smoking 15 cigarettes a day (40).

Health Equity

Mental wellbeing emphasises the quality of life, people's capabilities, potential, and opportunities, all of which are influenced by the social environments they inhabit (41). People living in disadvantaged households, in the lowest socioeconomic neighbourhoods and schools, and in rural and remote areas—including Aboriginal and Torres Strait Islander children, as well as people from culturally and linguistically diverse (CALD) or refugee communities—face the poorest mental health outcomes (41).

Data table summary

The suicide rate in Wellington Shire is 12.6 per 100,000 people, which is higher than the state average of 9.0.

In 2023, 19.3% of people in the area experienced high psychological distress. Additionally, 21.9% of adults had sought professional help for mental health problems in the last 12 months.

A higher proportion of people, 30.2%, reported very high life satisfaction, surpassing the state average of 26%. In total, 44.7% of people reported high life satisfaction. However, 8.9% reported low life satisfaction, which is higher than the state average of 6.5%, ranking Wellington Shire 70th out of 79 Local Government Areas.

25% of adults reported experiencing loneliness.

Emergency department presentations for mental and behavioural disorders occurred at a rate of 1,941 per 100,000 people, higher than the state average of 1,080, ranking Wellington Shire 70th. Self-harm rates have risen, especially among females, with a rate of 2.21 per 1,000, compared to 1.46 in 2017. The rate of self-harm among males, at 0.83 per 1,000, has remained steady.

Measure	Wellington	Previous	Trend	Victorian	Rank

Suicide Rate (Rate per 100,000) **(16)**	12.6 (2017 - 2021)			9.0	58/79 (25)
Proportion (%) of adults experiencing loneliness **(14)**	25% (2023)			23.3%	59/79
People with high psychological distress **(14)**	19.3% (2023)			19.1%	47/79
The proportion (%) of adults who sought professional help for a mental health problem in the last 12 months **(14)**	21.9%			20.1%	62/79
Sought professional help for mental health problem - % - Female **(8)**	15.5% (2017)			21.2%	
Sought professional help for mental health problem - % - male **(8)**	7.2% (2017)			14.1%	
Proportion of people with very high life satisfaction **(14)**	30.2% (2023)			26%	23/79
Proportion of people with high life satisfaction **(14)**	44.7% (2023)			50.7%	73/79
Proportion of people with medium life satisfaction **(14)**	15.4% (2023)			15.5%	42/79
Proportion of people with low life satisfaction **(14)**	8.9% (2023)			6.5%	70/79
Emergency department presentations: Total presentations for mental and behavioural disorders. ASR per 100,000 **(16)**	1941			1080	70/79
Self-Harm – Female (rate per 1,000)[i] **(8)**	2.21 (2021)	1.46 (2017)	51.37% increase	1.4	
Self-Harm – Male (rate per 1,000) **(8)**	0.83 (2021)	0.78 (2021)	6.41% increase	0.6	

Healthy eating

Good nutrition is vital for maintaining a healthy weight, protecting against chronic diseases like cardiovascular disease, type 2 diabetes, dementia, certain cancers, and bolstering the immune system (27). Poor diet is a major contributor to chronic disease and premature death in Victoria (42). Reducing sugar to less than 10% of total energy intake can prevent tooth decay, with even lower levels offering greater protection (43) (44).

Diets aligned with the Australian Dietary Guidelines not only improve health but also have a lower carbon footprint, supporting environmental sustainability (45).

Health equity

Improving access to healthy food in communities facing a higher risk of diet-related health issues is vital for promoting health equity (27). Food insecurity continues to be a pressing concern, worsened by the COVID-19 pandemic and rising living costs (46) In 2020, 25.6% of Victorian adults reported being 'definitely' or 'sometimes' worried about their ability to afford adequate food (47).

Data table summary

In Wellington Shire, 36.1% of adults consumed sugar-sweetened beverages daily or several times a week.

Food insecurity affects 8.7% of people in Wellington Shire, ranking Wellington Shire 60th out of 79 LGA's. 12.4% of people were worried about food security in the last year, compared to the state average of 9.7%.

In Wellington Shire only 4% of adults met the recommended vegetable intake and 50.3% of adults met the recommended fruit intake.

Measure	Wellington	Victorian	Rank
Proportion of adult population who consume sugar sweetened beverages daily or several times a week **(14)**	36.1% (2023)	34.4%	43/79
Proportion of people who experienced food insecurity in the last year **(14)**	8.7% (2023)	8%	60/79
Proportion of people who were worried about food security in the last year **(14)**	12.4% (2023)	9.7%	
Adults with adequate vegetable intake **(48)**	4% (2017)		59/79
Adults with adequate fruit intake **(23)**	50.3% (2018)		29/79

Active living

Regular physical activity is an important protective factor in preventing and managing chronic diseases such as cardiovascular disease, type 2 diabetes, and certain cancers (49). It also improves quality of life by managing pain, promoting mental wellbeing, and enhancing mood, self-esteem, and sleep quality (49) (50)

For children, physical activity is essential for healthy development, learning, and growth, helping to establish lifelong patterns of active living, however, physical activity is declining in children, while screen time has increased (51).

Spending time in nature and green spaces further enhances mental wellbeing by reducing anxiety and depression and fostering social interaction and community connection (38) (52). Active transport modes like walking and cycling not only support physical health but also mitigate climate change by reducing traffic congestion, lowering carbon emissions, and improving air quality (53) (54).

Health equity

Victorians who encounter additional barriers to leading an active lifestyle include women and gender-diverse individuals, seniors, people from lower socioeconomic backgrounds, those with disabilities, Aboriginal Victorians, individuals with health conditions or physical limitations, and multicultural and multifaith communities (55). For women and people from the LGBTQIA+ community, safety is a significant factor influencing participation in outdoor physical activities (56) (57) (58).

As we age, staying physically active is crucial for maintaining mobility and independence. Regular physical activity can enhance cognitive function, memory, and attention, while also lowering the risk of dementia and promoting independent living for a longer period (55) (59).

Data table summary

In Wellington Shire, 35% of adults met the recommended 150 minutes of moderate to vigorous physical activity per week. 40.9% of adults did less than 150 minutes of activity per week. 23.4% of adults did not do any moderate or vigorous activity, higher than the state average of 16.8%, placing Wellington Shire 72nd out of 79 LGA's.

Among sedentary adults (those who sit most of the day), 22.8% achieved the recommended 150 minutes of physical activity, which is lower than the state average of 29.3%. 55.6% of sedentary adults did less than 150 minutes of activity. 21.6% of sedentary adults did not do any physical activity at all.

Among non-sedentary adults, 40.7% met the physical activity recommendation. 36.6% of non-sedentary adults did less than 150 minutes, and 22.5% did no activity.

22.6% of adults spend 8+ hours sitting on an average weekday, which is lower than the state average of 27.9%.

Measure	Wellington	Victorian	Rank
Proportion of adult population who did at least 150 minutes of moderate to vigorous physical activity per week **(14)**	35% (2023)	35.1%	41/79
Proportion of adult population who did less than 150 minutes moderate to vigorous physical activity per week **(14)**	40.9% (2023)	47.1%	65/79
Proportion of adult population who did not do any moderate or vigorous activity per week **(14)**	23.4% (2023)	16.8%	72/79
Proportion sedentary[13] adults who did at least 150 minutes of physical activity per week **(14)**	22.8% (2023)	29.3%	

[13] Sedentary is defined as sitting for seven hours or more on an average weekday

Proportion sedentary adults who did less than 150 minutes of physical activity per week **(14)**	55.6% (2023)	50.5%	
Proportion sedentary adults who did not do any physical activity **(14)**	21.6% (2023)	19.5%	
Proportion non-sedentary adults who did at least 150 minutes of physical activity per week **(14)**	40.7% (2023)	38.3%	
Proportion of non-sedentary adults who did less than 150 minutes of physical activity per week **(14)**	36.6% (2023)	46%	
Proportion of non-sedentary adults who did less than 150 minutes of physical activity per week **(14)**	22.5% (2023)	14.9%	
Proportion of adult population who on an average weekday spends 8+ hours sitting **(14)**	22.6% (2023)	27.9%	
Proportion of adult population who on an average weekday spends 6-7 hours sitting **(14)**	13.3% (2023)	15.4%	
Proportion of adult population who on an average weekday spends 4-5 hours sitting **(14)**	28.1% (2023)	26.3%	
Proportion of adult population who on an average weekday spends 2-3 hours sitting **(14)**	26.6% (2023)	21.3%	
Proportion of adult population who on an average weekday spends less than 2 hours sitting **(14)**	5.1% (2023)	5.8%	

Alcohol and other drug use

Alcohol and other drug (AOD) use can have wide-ranging impacts on health and wellbeing, increasing the risk of chronic diseases, exposure to infectious diseases, and negatively affecting mental health (60). AOD-related harm often co-exists with poor mental health (61).

Reducing AOD-related harm has significant public health benefits, including preventing the spread of blood-borne viruses, reducing physical and mental impairments from overdoses, preventing family violence, and decreasing AOD-related road incidents (62).

Health equity

The use of alcohol and other drugs AOD is influenced by a range of biological and social factors, impacting individuals, families, and communities in various ways (27). Certain groups are disproportionately affected, including Aboriginal and Torres Strait Islander Victorians, individuals with co-occurring mental health conditions, LGBTQIA+ communities, and those involved with the criminal justice system (62) (63).

Data table summary

In Wellington Shire, 21.7% of adults are at increased risk of harm from alcohol-related disease or injury, which is higher than the state average of 13.1%, placing the Shire 74th out of 79 LGAs. In contrast, 58.7% of adults are at reduced risk of harm from alcohol, which is below the state average of 64.4%, ranking Wellington Shire 70th.

The proportion of adults who did not consume alcohol in the last year is 18.2%, which is below the state average of 21.2%, positioning the Shire 42nd.

In 2021 in Wellington Shire, there were 99 deaths related to illicit drugs and alcohol. In 2022, there were 419 ambulance attendances related to alcohol and drug use, and 450 hospitalisations related to drugs and alcohol, with 270 of those being alcohol related. Additionally, there were 161 incidents of family violence in 2021 attributed to definite or possible alcohol consumption.

Measure	Wellington	Victorian	Rank
Proportion of the adult population at increased risk of harm from alcohol-related disease or injury **(14)**	21.7% (2023)	13.1%	74/79
Proportion of the adult population at reduced risk of harm from alcohol-related disease or injury **(14)**	58.7% (2023)	64.4%	70/79
Proportion of the adult population who did not consume alcohol in the last year **(14)**	18.2% (2023)	21.2%	42/79
Deaths related to illicit drugs and alcohol **(64)**	99 (2021)		
Alcohol and drug-related ambulance attendances **(64)**	419 (2022)		
Alcohol and drug-related hospitalisations **(64)**	450 (alcohol 270)		
Incidents of family violence attributed to definite or possible alcohol consumption **(64)**	161 (2021)		

All forms of violence

Violence can occur in many forms, including physical, emotional, psychological, financial, and sexual abuse. It also encompasses coercive control, intimate partner violence, elder abuse, and actions that limit a person's freedom and independence (65).

While hospital admission rates due to assault are higher for men, many women do not seek hospital care after experiencing family or sexual violence, often presenting for other reasons, leading to their under-representation in hospital data (27).

Violence has significant implications for women's sexual and reproductive health, particularly during key life stages such as pregnancy or relationship separation (66). Family violence and violence against women also tend to increase during and after crises such as natural disasters (67).

The trauma of family and sexual violence impacts victims' ability to work, financial security, and access to safe, affordable housing (6). It also affects children's emotional, behavioural, and social wellbeing, including school attendance and academic performance (27). Additionally, alcohol and drug use significantly contribute to the incidence of violence in communities, and addressing these harms can lead to reduced rates of community, family, and sexual violence (14).

Health equity

Violence is predominantly a gendered issue, with men overwhelmingly perpetrating violence against women (68).

Barriers that hinder individuals from seeking assistance increase the likelihood that victim survivors remain unsafe and unsupported. Aboriginal women and children are especially at risk for violence compared to other Victorians (14). Aboriginal and Torres Strait Islander women in Wellington Shire experience a rate of family violence more than 5 times higher than the rate of the general female population of Wellington Shire (6).

Senior Victorians are particularly vulnerable to elder abuse, a specific form of family violence often perpetrated by a family member (69).

Key points data summary

In 2022-2023, Wellington Shire had the fourth highest rate of police-reported family violence in the state.

The rate of incidents increased by 10.4%, from 2,662 per 100,000 people in 2021-2022 to 2,940 in 2022-2023. Family violence is much more common among women, with a rate of 213.37 per 10,000, compared to 70.10 per 10,000 for men. Both rates are higher than the state averages of 113.8 for women and 39.1 for men.

For First Nations people, the family violence rate is high, with 1,136.36 incidents per 10,000 women and 432.90 per 10,000 men. These rates are much higher than the state averages of 553.1 for women and 201.5 for men.

There were 1,355 police-recorded family violence incidents in 2022-2023, an 11.2% increase from the previous year. Almost half (47.6%) of these incidents involved a child as a victim or witness. Additionally, 404 clients received homelessness services due to family violence.

When looking at intimate partner violence, there were 625 female victim-survivors and 173 male victim-survivors. Family violence-related offences accounted for 37.1% of criminal offences, with a rate of 3,588 per 100,000 people.

Sexual offences were more commonly reported among females, with a rate of 28.7 per 10,000, up from 15.35 in 2018. For males, the rate was 6.35 per 10,000, an increase from 4.89.

There were 89.9 admissions for assault per 100,000 people in public hospitals, slightly above the state average of 75.1, placing Wellington Shire 44th out of 79 LGAs.

Measure	Current	Previous	Trend	Victorian	Rank
Rate of police recorded incidents of family violence (as per 100,000) **(70)**	2,940 (2022-2023)	2,662 (2021-2022)	10.4% increase		76/79
Family Violence – (rate per 10,000) – Female **(6)**	213.37 (2022)	170.53 (2018)		113.8	
Family Violence – (rate per 10,000) – Male **(6)**	70.10 (2022)	58.39 (2018)		39.1	
Family Violence, First Nations – (rate per 10,000) Female **(6)**	1136.36 (2022)			553.1	
Family Violence, First Nations – (rate per 10,000) Male **(6)**	432.90 (2022)			201.5	
# of police recorded family violence[14] incidents **(70)**	1,355 (2023)	1,218 (2022)	11% increase		
Proportion of incidents where a child was present as the victim or witness **(70)**	47.6% (2023)				
# of clients receiving homelessness services because of family violence **(70)**	404 (2023)				
Number intimate partner violence by victim sex **(70)**	Female: 625 Male: 173 (2023)				
Proportion of criminal offences relating to family violence incidents **(70)**	37.1% (2023)				
Rate of family violence related offences (multiple offences may be recorded at a single incident) **(70)**	3,588 (2023)			1,632	

[14] Family violence includes violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member, or causes that family member to fear for their own or another person's safety or wellbeing (6; 7)

Sexual Offences - Rate (per 10,000) – Female **(6)**	28.7 (2022)	15.35 (2018)	86.97% increase	13.6	
Sexual Offences - Rate (per 10,000) – Male **(6)**	6.35 (2022)	4.89 (2018)	29.86% increase	2.3	
Admissions for assault, persons - Public hospitals ASR 100,000 **(16)**	89.9 (2020/21)			75.1	

Injury

Injury is a complex public health issue caused by various factors, including unintentional injuries from falls, transport incidents, sports, drowning, poisoning, burns as well as intentional injuries from suicide and violence (27).

Efforts to reduce road trauma not only improve safety but also encourage physical activity, enhance neighbourhood liveability, boost productivity, and lower carbon emissions (27).

Strength training and proper nutrition support bone health, decreasing the risk of fractures. Exercise programs that include strength and balance training can lower fall rates by 23% in older adults and reduce the incidence of multiple falls by 15% (71) (72).

Health equity

Death and hospitalisation due to falls related injuries continue to rise in high-risk environments, including community settings, hospitals, and residential aged care, particularly among female Victorians aged 65 and older (73) (74). The frequency of admissions and emergency department visits increases with age among older adults in Victoria. Men represent 70% of all unintentional injury deaths in this age group (73).

Two thirds of all drownings in Victoria occur in open waters—such as rivers, creeks, beaches, lakes, dams, and the ocean—with men accounting for 64% of drowning fatalities (75). People living in rural and regional Victoria face lower life expectancy and a higher burden of disease and injury compared to those in major cities (76).

Data table summary

In Wellington Shire there were 7 deaths due to road traffic crashes in 2022. From 2017 to 2021, the potential years of life lost due to road traffic injuries (for deaths before age 75) totalled 376 years, that equates to an average yearly rate of 2.0 years per 1,000 people.

For falls among people aged 60 and older, the hospitalisation rate is 1,876 per 100,000 people, which is lower than the state average of 2,600.

Measure	Wellington	Victorian
Deaths due to road traffic crashes **(77)**	7 (2022)	

Potential years of life lost from road traffic injuries (deaths before 75 years of age) # of years **(16)**	402 (2018-2022)	
Potential years of life lost from road traffic injuries (deaths before 75 years of age) Average annual ASR per 1,000 **(16)**	2.2 (2018-2022)	1.2
Falls hospitalisations rate for 60+ (per 100,000 population) **(78)**	1876 (2022)	2600

Climate change and its impacts on health

Note: There is currently no locally available data on the direct impact of climate on health, such as deaths related to climate-induced heat stroke.

Climate is a determinant of health, influencing other health determinants and equity (27). Climate change affects health in numerous ways—both directly and indirectly. Direct impacts include morbidity and mortality resulting from extreme events such as heatwaves, floods, droughts, and bushfires, indirect impacts arise from ecological and land-use changes, which can alter the spread of infectious diseases, along with deteriorating air, food, and water quality (79) (80) (81).

Heath Equity

Climate change exacerbates existing inequalities and disproportionately affects the health and wellbeing of vulnerable populations (27). For instance, financially disadvantaged individuals are more likely to suffer from the impacts of climate change as they often reside in areas prone to extreme weather events, live in poor-quality or insecure housing, and lack the financial means to afford adequate heating and cooling or to insure their homes (82).

Decreasing antimicrobial resistance across human and animal health

Note: There is currently no Wellington Shire specific data available on antimicrobial resistance.

Antimicrobial resistance (AMR) is an escalating threat in Victoria, across Australia, and globally, impacting the health of both humans and animals (27). While antimicrobial medicines, such as antibiotics, antivirals, and antifungals, have saved millions of lives, their widespread overprescribing and misuse have significantly contributed to the emergence of AMR (27).

AMR occurs when microorganisms, including bacteria, fungi, viruses, and parasites, develop resistance to antimicrobial treatments, rendering these medicines less effective, consequently, common infections, such as urinary tract infections and pneumonia, have become increasingly challenging to treat (27).

Health equity

AMR can impact individuals of all ages; however, those in aged care facilities are particularly at risk. This increased vulnerability arises from a higher incidence of specific infections, weakened immune systems, multiple comorbidities, and close living arrangements (27). In Australia, evidence indicates that antimicrobial medicines are most frequently used in lower socioeconomic areas (83).

Conclusion

Residents of Wellington Shire face public health and wellbeing challenges that require targeted attention. In developing the Municipal Public Health and Wellbeing Plan for 2025-2029, it is important to consider the disproportionate negative health impacts on priority groups, including LGBTQIA+ communities, culturally and linguistically diverse populations, people with disabilities, Aboriginal and Torres Strait Islander peoples, individuals from low socioeconomic backgrounds, and women and girls. Members of these groups often encounter specific barriers to health, such as limited access to appropriate healthcare services, stigma, and social isolation, resulting in disproportionately adverse health outcomes.

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