Health and Wellbeing Plan

Communications and Engagement Report

As at July 2017
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2 Introduction
2.1 Project background

The Local Government Charter notes the primary objective of Council is to endeavour to achieve the best outcomes for the local community, having regard to the long term and cumulative effects of decisions. A significant outcome for which Council has a legislated role is focused on protecting, improving and promoting health and wellbeing.

The Public Health and Wellbeing Act 2008 (PHWB Act) outlines specific commitments for local governments in relation to health and wellbeing. These include:

- Creating supportive environments for health and strengthening the capacity of the community and individuals to achieve better health;
- Initiating, supporting and managing public health planning processes at the local level;
- Developing and implementing local policies for health;
- Developing and enforcing up-to-date public health standards;
- Facilitating and supporting local agencies with an interest in public health;
- Coordinating and providing immunisation services; and
- Maintaining the municipal district in a clean and sanitary condition.

To fulfill these commitments, under the PHWB Act, the City of Greater Bendigo (CoGB) is required to produce a strategic Municipal Public Health Plan (referred to in this document as the Greater Bendigo Health and Wellbeing Plan – GBHWP) every four years which must:

1. Include an examination of data about health status and health determinants in the municipal district;
2. Identify goals and strategies based on evidence for creating a local community in which people can achieve maximum health;
3. Provide for involvement of people in the development, implementation and evaluation of the public health plan; and
4. Specify how the Council will work in partnership with the Department of Human Services (now the Department of Health and Human Services) and other agencies undertaking public health initiatives, projects and programs to achieve the goals identified in the plan.

2.2 Communications and Engagement Plan

Informed by a scoping workshop undertaken on Friday 17 March 2017, a Communications and Engagement Plan was developed to guide community engagement to inform the development of the 2017 – 2020 GBHWP. The plan was continually refined and reviewed as the engagement process evolved.

CoGB is strongly committed to engaging with communities and stakeholder on decisions which will potentially affect or interest them. Staff and Councillors recognise the value of community engagement, and are aware of the importance of eliciting a range of views and perspectives on issues affecting the Greater Bendigo community. Engagement has become an essential part of planning, policy development and service delivery.

CoGB’s commitment and approach towards community engagement is promoted in their community engagement policy.

Key objectives for the engagement process to inform the development of the GBHWP were to:

- Communicate the health and wellbeing status of the Greater Bendigo community;
- Identify and explore other health and wellbeing concerns for the Greater Bendigo community, which have not been identified in the Strengths / Challenges profile;
- Strengthen understanding of health and wellbeing issues for vulnerable groups within the community;
- Build understanding of current barriers within the community that limit health and wellbeing;
- Strengthen relationships with key stakeholder groups to increase their engagement in health and wellbeing planning and implementation;
- Build a common understanding of opportunities to strengthen community health and wellbeing and the various roles that individuals, organisations and the wider community can play;
- Identify evidence based and achievable actions to address the health and wellbeing priorities;
- Engage the community in issue identification and decision making regarding issues not explored in the last 12 – 18 months;
- Encourage a whole-of-community commitment to the GBHWP and key priorities;
- Identify opportunities for ongoing two-way dialogue.
A number of negotiables and non-negotiables were determined in developing the plan. These are outlined below.

<table>
<thead>
<tr>
<th>Negotiables (what stakeholders may be able to influence)</th>
<th>Non-negotiables (what stakeholders cannot influence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The scope of the GBHWP is currently undefined, and will be influenced by data and engagement outcomes</td>
<td>The GBHWP is a legislative requirement for all local governments with a final plan due by the end of October 2017</td>
</tr>
<tr>
<td>Key priority areas are yet to be decided, and will be influenced by engagement outcomes</td>
<td>The GBHWP is a whole-of-community plan and requires commitment from a range of stakeholders to be effective</td>
</tr>
<tr>
<td>The level of resourcing to support implementation is dependent on the key issues identified during data analysis and community engagement, and the availability of resources to support plan implementation</td>
<td>The GBHWP will focus on key issues of health and wellbeing concern for the Greater Bendigo community</td>
</tr>
<tr>
<td>The evaluation framework to determine success of the GBHWP is yet to be confirmed</td>
<td>The final GBHWP will be informed by data and policy, as well as engagement outcomes</td>
</tr>
<tr>
<td>New actions to address the identified priorities have yet to be determined.</td>
<td>The WHWP will align with relevant state and federal policy</td>
</tr>
</tbody>
</table>

### 2.3 Project risks

A number of project risks were identified which could affect the success and effectiveness of the engagement process for the GBHWP. These included:

**Achieving depth and variety in views:** health and wellbeing is a topic that affects everyone in the community. Therefore, it is important that the engagement process is designed in a manner which will draw out feedback from a range of different stakeholder groups. In particular it is important that the views and perspectives of hard to reach groups (including parents of young children, lone-parent families, people with disabilities, the frail aged and long-term unemployed), including the services and groups representing these cohorts, are captured during the engagement process.

**Consultation fatigue:** it is important that attention is given to the amount of engagement each stakeholder group is being invited to participate in over the coming months. To mitigate the risk of consultation fatigue, engagement should be targeted to both the stakeholders approached to participate and in the questions asked. Where possible, engagement activities that leverage off existing events and community group meetings should be pursued. Additionally, engagement outcomes should be widely circulated to allow the findings to inform other projects.

**Confusion over content:** health and wellbeing will be viewed by some as an ambiguous term. Engagement and supporting communications should include a clear definition of what we mean by ‘health and wellbeing’. It is recommended a definition of ‘health and wellbeing’ is incorporated into the projects key communication messages.

**Resourcing constraints:** delivering an engagement process is time consuming. It is important that the final engagement process is realistic, reflecting the capacity of staff available to undertake key engagement tasks.
Data management: key to undertaking meaningful engagement is the way in which engagement outcomes are recorded and collated. Prior to launching the engagement process, it is recommended a database be developed to allow for simple recording and analysis of all engagement outcomes.

### 2.4 Stakeholder analysis

The following table identifies the internal and external stakeholders engaged during the process.

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Interest</th>
<th>Level of Interest/Impact</th>
<th>Level of Influence</th>
<th>Suggested Level of Engagement</th>
<th>Method of Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local government – City of Greater Bendigo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Councillors</td>
<td>Whole-of project</td>
<td>Medium</td>
<td>High</td>
<td>Involve</td>
<td>Councillor briefing H&amp;W Planning Forums</td>
</tr>
<tr>
<td>Council staff</td>
<td>Whole-of project Partnership opportunities</td>
<td>Medium</td>
<td>Medium</td>
<td>Involve</td>
<td>Unit consultations Staff workshop On-line / hard copy survey Distribution of emerging themes document</td>
</tr>
<tr>
<td>Internal Working Group (IWG)</td>
<td>Whole-of project</td>
<td>High</td>
<td>High</td>
<td>Collaborate</td>
<td>Fortnightly meetings</td>
</tr>
<tr>
<td>All</td>
<td>Whole of project</td>
<td>Medium</td>
<td>Low</td>
<td>Consult</td>
<td>Media briefings</td>
</tr>
<tr>
<td>State Government (DET, DHHS, DELWP, RDV etc.)</td>
<td>Funding implications Implications on demand Partnership opportunities</td>
<td>Medium</td>
<td>Medium</td>
<td>Involve</td>
<td>Invitation to H&amp;W Planning Forums DHHS Project Reference Group</td>
</tr>
<tr>
<td>Community service organisations/ agencies/ networks (Appendix 1)</td>
<td>Funding implications Implications on demand Partnership opportunities</td>
<td>Medium</td>
<td>High</td>
<td>Involve</td>
<td>Participation in H&amp;W Planning Forums</td>
</tr>
<tr>
<td>Education providers (Tafe, schools and childcare)</td>
<td>Whole-of-project Partnership opportunities</td>
<td>Medium</td>
<td>Medium</td>
<td>Involve</td>
<td>As above</td>
</tr>
<tr>
<td>Sporting Peak Bodies (e.g. Sports Assembly, AFL)</td>
<td>Opportunities and available funding for sport and leisure events and activities Partnership opportunities</td>
<td>Medium</td>
<td>Medium</td>
<td>Involve</td>
<td>As above</td>
</tr>
<tr>
<td>Council led Groups e.g. CDIP, Rural Communities etc. (Appendix 2)</td>
<td>Specific issues for key groups within the community</td>
<td>Medium</td>
<td>Medium</td>
<td>Involve</td>
<td>As above</td>
</tr>
<tr>
<td>Heath Care Providers – (BH, HH, BCHS, BLPCP, WHLM, MPHN, BDAC)</td>
<td>Support</td>
<td>High</td>
<td>Med</td>
<td>Involve</td>
<td>As above</td>
</tr>
<tr>
<td>Emergency services (Police, CFA,SES)</td>
<td>Whole-of-project Implications on demand Partnership opportunities</td>
<td>Medium</td>
<td>High</td>
<td>Involve</td>
<td>As above</td>
</tr>
</tbody>
</table>
### 3 Key Findings

#### 3.1 Other Community Engagement Outcomes

The following Council plans and strategies have been developed in the last few years:

- Community Access and Inclusion Plan
- Cultural Diversity and Inclusion Plan
- Rural Communities Strategy
- Residential Strategy
- Natural Environment Strategy
- Municipal Early Years Plan
- Arts for Health Survey
- Community Plan 2017 – 2021 (also known as the Council Plan)

Other plans and strategies currently under development include:

- Youth Strategy
- Public Space Strategy

Rather than go directly to the community to seek initial input into the new Health and Wellbeing Plan it was determined to look at the findings from recent engagement to develop these. A wide range of methods and opportunities were used to develop the above strategies including forums, workshops, listening posts, social media, surveys, one on one meetings, focus groups, sessions with children etc,

Review of community engagement outcomes from these plans and strategies revealed the following themes relevant to Health and Wellbeing:

- issues of access to and availability of places to be physically active;
- footpaths that are safe, connected and accessible
- Issues around mental health and also family violence and abuse;
- Climate change - environmental risks;
- being able to live affordably, housing, energy costs etc;
- ability to participate and contribute to the local economy and community life;
- Socio-economic divide
- opportunities to be socially engaged and connected
- feeling safe in the community
- cultural diversity
- Disabled community – issues around employment, housing and access to services
- is adaptable and resilient; and
• access to sustainable natural, built, social and economic environments.
• Transport – lack in rural areas,

3.2 Community Health and Wellbeing Planning Forum

In April 2017 an invitation to three forums was emailed to over a hundred organisations, clubs and businesses who were identified as having a link to health and wellbeing as outlined in the stakeholder analysis above.

Forum One

On May 12, 2017 approximately 100 stakeholder agencies and network representatives came together for the first Health and Wellbeing Forum at the Long Gully Community Centre. Participants were welcomed by the Mayor Margaret O’Rourke. Crs Wriggleworths, Alden and Hoskin and members of both the internal and external working groups all attended.

To set the scene attendees heard from a range of speakers leading local work on:

• Violence Prevention – Loddon Mallee Women’s Health
• Obesity Prevention - GREATER initiative
• Children and Youth - First Quarter
• Cultural Diversity – Loddon Campaspe Multicultural Service

Participants also heard from Vic Health and then considered the proposed “Emerging Themes’ (Appendix 2) that had been identified by the internal working group after considering data on Greater Bendigo demographics, determinants of health, health behaviours and health outcomes.

Participants where then asked what local issue(s) or need(s) do you think should be a top priority for the City of Greater Bendigo. Opportunities and gaps were then identified by mapping these with the 10 emerging themes.

The table below shows the main changes that were identified at 12 May Workshop

<table>
<thead>
<tr>
<th>Healthy Behaviours</th>
<th>Community Safety</th>
<th>Health Inequality</th>
<th>Education Attainment</th>
<th>Connection and Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Behaviours</td>
<td>Violence Prevention was identified as needing its own topic, splitting it from Community Safety</td>
<td>Health Inequality was sorted across –</td>
<td>Education Attainment was sorted across –</td>
<td>Connection and Inclusion was sorted across –</td>
</tr>
<tr>
<td></td>
<td>• Lifestyle changes</td>
<td>• Gender Equity</td>
<td>• Literacy</td>
<td>• Multiculturalism (combination of individual unique cultural origins)</td>
</tr>
<tr>
<td></td>
<td>• Food Priority and Other.</td>
<td>• Food Security</td>
<td>• Lifelong Learning, Access</td>
<td>• Disability access and inclusion</td>
</tr>
<tr>
<td></td>
<td>• Other.</td>
<td>• Socioeconomic inequality</td>
<td>• Linkages</td>
<td>• Social inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Education focussed interventions</td>
<td>• Life skills</td>
<td>• Community connection to remove isolation to reduce risk of harm physical and mental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Disability Access</td>
<td>• Education attainment</td>
<td>• Access to services and access to buildings and other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transport and Access</td>
<td>• Support and mentoring</td>
<td></td>
</tr>
</tbody>
</table>
Staff Workshop - A similar forum was held with approximately 25 City staff members on Friday 19 May, with over 200 priorities identified. New themes identified included economic status, transport and mental health.

The staff also identified that there needed to be some principles or ways of working outlined in the Plan such as:
- Embedding Health and Wellbeing into community planning
- Healthy town planning (healthy by design)
- Benchmarking initiatives and utilising evidence based approaches

When mapping the staff workshop priorities with the emerging themes the following gaps where identified:
- Equality in gender (female) sporting facilities
- Connectivity of road and footpath network
- Access to open space
- Access to spaces to do physical activity
- Population growth
- In low income, poor literacy settings, understanding good socially and locally acceptable ways for families to build some small and positive change into daily life
- “Behavioural nudges” — we need to learn more
- Partnership strategy — between local services and academia
- Disempowerment and fear of seeking assistance. So seeking empowerment, dignity for all
- Jobs
- Use of evidence to build effective strategies
- Standard of living. Making more equitable
- Planning to address and prevent impacts of poverty
- People with a disability – unemployment at 85%
- Holistic health approach
- Meaningful and respectful consultation with ALL community

Bringing it all together

With over 650 local issues/top priorities to be sorted, the working group identified that the Victorian Health and Wellbeing Outcomes Framework provided a basis to sort and organise these issues and opportunities. This will also provide clear alignment with the Victorian Health and Wellbeing Plan (as required by legislation) and will provide targets and measure for the implementation of the Plan.

Victorian Health and Wellbeing Outcomes Framework:

| Domain 1: Victorians are healthy and well |
| Domain 2: Victorians are safe and secure |
| Domain 3: Victorians have the capabilities to participate |
| Domain 4: Victorians are connected to culture and community |
| Domain 5: Victoria is liveable |

| Domain 1: Victorians have good physical health |
| Domain 2: Victorians have good mental health |
| Domain 3: Victorians act to protect and promote health |
| Victorians live free from abuse and violence |
| Victorians have suitable and stable housing |
| Victorians participate in learning and education |
| Victorians contribute to the economy |
| Victorians have financial security |
| Victorians are socially engaged and live in inclusive communities |
| Victorians can safely identify and connect with their culture and identity (Indigenous) |
| Victorians belong to resilient and liveable communities |
| Victorians have access to sustainable built and natural environments |

Forum two

30 June 2017 – Approximately 30 participants reviewed the draft Healthy Greater Bendigo Framework.

Participants worked through the Victorian Health and Wellbeing Outcomes Frameworks measures and also the CoGB Liveability Indicators for suitability and to identify gaps. The next part of the workshop was to identify current and future actions, and relevant lead agencies. Data from this work will be utilised to develop the annual action plan that will complement the Plan.
Forum three

The final workshop will be held on 14 July 2017. This will look at the current and possible future governance arrangements needed to guide implementation of the Plan.

3.3 Staff Wellbeing Survey

In May/June 2017, City of Greater Bendigo staff members were invited to respond to a survey to support the development of the Greater Bendigo Public Health and Wellbeing Plan. The survey gathered staff views about issues of concern for their own health and the health of their family, friends and wider community, their priorities for the Plan, and what the City of Greater Bendigo can do to support their health and wellbeing. From the 962 staff who work at the City, 206 responses were received (21.4% response rate). Those responses are summarised in Attachment 1.

The findings from this survey reveal that the views of staff correspond broadly with views expressed by the wider community in other consultation, albeit with a lesser emphasis on children and youth issues (potentially a result of the lack of representation from young people in the sample).

Results from this survey may have uses beyond the development of the Municipal Public Health and Wellbeing Plan:

- Staff provided detailed feedback about the issues of concern for their own health and how the organisation can support their health and wellbeing which may be useful in employee health and wellness planning
- Many responses related to office space design and may be useful in a colocation project

3.4 Governance

Working Group

In January 2017 an internal Working Group with members from across City directorates was established to help guide the development of the Health and Wellbeing Plan. Since established the working group has meet nine times.

The Working Group Members also attended other team meetings and directorate meetings to discuss the emerging themes document and asked staff for feedback.

1. Do these themes capture the key areas that need to be prioritised in the next health and wellbeing plan?
2. Reflecting on your experience or the experience of your organisation or network, are there any gaps?

Project Reference Group

At the 12 May Workshop nominations were called for a Project Reference Group to oversee the development of the Health and Wellbeing Plan this group has meet twice since it was established. Membership of this group is made up of Cr Alden, Bendigo Health (GREATER), Bendigo Community Health, Heathcote Health and Women’s Health Loddon Mallee, Bendigo Loddon Primary Care Partnership, Department of Health and Human Services, Director Health and Wellbeing, Social Planner, Manager Active and Healthy Lifestyles and Manager Community Partnerships.

The results/information and discussions from these aligned and reinforced the previous community engagement undertaken and the workshops.

3.5 Attendance at Groups/meeting

Over the past few months the Social Planners when invited to meetings have used this opportunity to discuss with participants the Emerging Themes document and identify the group’s priorities. Groups such as the Greater Bendigo Rural Support Network, Heathcote Community Capacity Builders Group, Parks Victoria and MAZ Group.

Again these discussions reinforced the outcomes from the previous community engagement and the workshops.
Appendix 1: Community service organisations / agencies / networks

- GREATER
- First quarter
- Bendigo regional food alliance
- Community Foundation
- Smart Cities Leadership Group
- Communities 4 Children
- Goldfields Regional Library
- Centre for Non Violence
- Salvation Army
- Anglicare
- Bendigo Sustainability Group
- GLLEN
- Bendigo Volunteer Resource Centre
- Dja Dja Wurrung Clans Aboriginal Corporation
- Taungurung Clans Aboriginal Corporation
- Loddon Campaspe Multicultural Services
- Loddon Murray Community Leadership Program
- Bendigo Foodshare
- Community Enterprise Groups
- Community Safety Committee

Appendix 2: Council led governance groups / networks

- Municipal Early Years Group
- Youth Action Group
- Positive Ageing Advisory Committee
- Cultural Diversity and Inclusion Governance Group
- Rural Communities Governance Group
- Farming Advisory Committee
- Plan Greater Bendigo Group
- Sustainability & Environment Advisory Committee
ATTACHMENT 1

AGE:
The age profile of respondents is generally reflective of the staff employed at the City, but is somewhat less reflective of the broader population, with little representation from young people.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20 years</td>
<td>1.0%</td>
<td>2</td>
</tr>
<tr>
<td>21 - 30 years</td>
<td>14.1%</td>
<td>29</td>
</tr>
<tr>
<td>31 - 40 years</td>
<td>29.1%</td>
<td>60</td>
</tr>
<tr>
<td>41 - 50 years</td>
<td>19.9%</td>
<td>41</td>
</tr>
<tr>
<td>51 - 60 years</td>
<td>27.7%</td>
<td>57</td>
</tr>
<tr>
<td>Over 61 years</td>
<td>8.3%</td>
<td>17</td>
</tr>
</tbody>
</table>

answered question 206

GENDER:
More women than men responded to the survey, therefore the results are more reflective of the views of women than men.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>62.6%</td>
<td>129</td>
</tr>
<tr>
<td>Male</td>
<td>37.4%</td>
<td>77</td>
</tr>
</tbody>
</table>

answered question 206

DIRECTORATE:
All directorates were represented in the survey responses, with the highest number of responses from the Health and Wellbeing Directorate (n = 60) and the least from Exec (n = 5).

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>2.4%</td>
<td>5</td>
</tr>
<tr>
<td>Corporate Performance</td>
<td>23.8%</td>
<td>49</td>
</tr>
<tr>
<td>Health and Wellbeing</td>
<td>29.1%</td>
<td>60</td>
</tr>
<tr>
<td>Presentation and Assets</td>
<td>24.8%</td>
<td>51</td>
</tr>
<tr>
<td>Strategy and Growth</td>
<td>19.9%</td>
<td>41</td>
</tr>
</tbody>
</table>

answered question 206
Issues of concern:
When asked to identify issues of concern in relation to a) their own health and b) the health of their family/friends/wider community, different issues were emphasised.

a) Issues of concern – my health
City of Greater Bendigo staff identified six concerning issues for their own health at high rates. More than half of respondents identified the following issues as concerning for their own health:

- Stress (70%)
- Physical Activity (69%)
- Body Weight (66%)
- Climate Change (63%)
- Diet (60%)
- Community Safety (57%)

Free text “other” responses included:
- Respect of others
- Social inequity and intolerance
- mental health, social violence
- Financial security in retirement. I don’t have enough super, and still have a mortgage. I can’t get full time work and my husband’s job is insecure.
- Age discrimination - we don’t hear much about this but it’s a huge problem

b) Issues of concern – others’ health
City staff identified more issues of concern for others’ health than for their own. Indeed, every issue listed in the survey was identified by more than half of respondents as a concern for others’ health.

- Diet (80%)
- Body weight (78%)
- Physical activity (78%)
- Community safety (72%)
- Stress (67%)
- Alcohol consumption (65%)
- Climate change (64%)
- Family violence (63%)
- Cigarette smoking (63%)
- Illegal drug use (61%)
- Loneliness (58%)
- Discrimination (57%)
- Gambling (52%)

Free text “other” responses included:
- Mental health - including incidence of severe anxiety and depression
- Depression
- Mental health in young people
- somewhat concerned over job satisfaction/security
- Gender Identity
- Social inequity and intolerance
- Heatwaves and poor design of new subdivisions

Priorities for the new Health and Wellbeing Plan:
Respondents were provided with a list of health and wellbeing challenges, and were asked to select the three that they viewed as priorities for inclusion in the new Plan. No items were selected as priorities by all respondents; however the items highlighted in the list below were identified as priorities by at least one third of respondents.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight and obesity</td>
<td>46.1%</td>
<td>95</td>
</tr>
<tr>
<td>Rates of violence against women</td>
<td>42.7%</td>
<td>88</td>
</tr>
<tr>
<td>Poor nutrition and access to affordable food</td>
<td>40.8%</td>
<td>84</td>
</tr>
<tr>
<td>Increasing loneliness and lack of social connection</td>
<td>33.0%</td>
<td>68</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>32.5%</td>
<td>67</td>
</tr>
<tr>
<td>Increasing rates of childhood vulnerability</td>
<td>23.3%</td>
<td>48</td>
</tr>
<tr>
<td>Challenges in adapting to climate change</td>
<td>22.8%</td>
<td>47</td>
</tr>
<tr>
<td>Low levels of young people completing Year 12 or equivalent</td>
<td>17.0%</td>
<td>35</td>
</tr>
<tr>
<td>Increasing levels of dementia</td>
<td>15.5%</td>
<td>32</td>
</tr>
<tr>
<td>Problem gambling</td>
<td>11.2%</td>
<td>23</td>
</tr>
<tr>
<td>Rates of smoking</td>
<td>9.2%</td>
<td>19</td>
</tr>
<tr>
<td>High rates of teenage pregnancy</td>
<td>5.8%</td>
<td>12</td>
</tr>
</tbody>
</table>

answered question 206

Other priorities for the Plan:
Respondents were asked what other issues, not mentioned elsewhere in the survey, would they like to see addressed in the Plan. A total of 79 responses were received. The most common issues raised included:

- Mental Health (21)
- Alcohol and drugs (9)
- Antisocial behaviour, violence, crime (8)
- Cultural diversity, acceptance, integration, discrimination (6)
- Homelessness and housing (5)
- Physical activity, food and obesity (5)
- Employment/financial/costs of living (5)
- Ageing (3)
- Gender (3)
- Road safety for pedestrians and cyclists (2)
- Urban design (2)

Workplace Health – what can the City do to assist in improving your health and wellbeing?
Respondents were asked for suggestions of what The City can do to improve the health and wellbeing of staff. A wide range of responses were received (approximately 500 suggestions). Key themes included:

- Mental health, stress, workloads
- Communication and management
- Workplace flexibility (working from home, family friendly)
- Office space (more ventilation, natural light, better tea room facilities, meeting/break out spaces, colocation, temperature, equity of facility provision across buildings, outdoor meeting spaces)
- Desks (standing desks, ergonomics)
- Food (preparation facilities, more healthy snacks, less unhealthy snacks including fundraising, healthy catering, free fruit, no softdrinks, water availability)
- Physical Activity opportunities (free outdoor gym equipment, subsidised or free gym passes, lunchtime exercise/activity sessions, walking groups, walking meetings, walking tracks, inter-directorate competitions)
- Physical Activity facilities (provide showers, change rooms, bike parking for all buildings)
- Health checks, flu vaccines
- Smoking (support to quit, bans on smoking in CBD and on Council property)
- Social connection (opportunities to build connections and friendships)
• Training (role-specific to do job better and health related seminars on relevant topics)
• Gender equity
• Waste (reduce disposable coffee cups, plastics and food waste)