

**Measuring the Health of Our Community**

**Buloke Social Health Indicators**

September 2003

The Buloke Healthy Community Plan Planning Framework  
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## Contents

How our framework came about .....	1
A Quality Improvement Project.....	1
Presenting our framework.....	1
 Section A: The Framework	
Our Planning Framework .....	1
A joint planning approach .....	1
The principles that underpin our plan .....	<b>Error! Bookmark not defined.</b>
How we manage the process.....	<b>Error! Bookmark not defined.</b>
<i>The Buloke Health Promotion Network</i> .....	<b>Error! Bookmark not defined.</b>
<i>Executive Planning Group</i> .....	<b>Error! Bookmark not defined.</b>
Our picture for the future.....	<b>Error! Bookmark not defined.</b>
Our health outcomes.....	2
Measuring our community’s health and well-being.....	2
<i>Outcomes</i> .....	2
<i>Indicators</i> .....	2
Our Indicators and measures – a working template .....	7
Connectedness .....	8
Healthy Living.....	11
A Safe Community.....	13
A Sustainable community .....	15
 Section B: A Reporting Template	
Connectedness.....	19
Healthy Living .....	20
A Safe Community.....	23
A Sustainable Community .....	27
 Appendix 1: Participants.....	34

# How our Indicators came about

## A Quality Improvement Project

The Buloke Shire Council, along with the Gannawarra Shire and Swan Hill Rural City Councils, received a grant from the Department of Human Services as part of the Municipal Public Health Plan Quality Project.

The project was managed by the Southern Mallee Primary Care Partnership (SMPCP) and involved all member agencies. A list of people who took part is listed in Appendix 1.

The project sought to:

1. Develop a single planning framework and an amalgamation of our Community Health Plan and our Municipal Public Health Plan; and
2. Develop a set of Social Indicators to measure the health and well-being outcomes that frame our plans.

Evolving Ways was engaged as an external consultant to facilitate the project. A number of strategies were employed including:

- Information sessions to key participating agencies;
- Discussion forums to outline and agree upon planning cycles;
- Research of Social Indicators;
- Information and educative session to further people's understanding and knowledge of Social Indicators; and
- Workshops to explore, develop and refine Indicators, measures and data collection.

## Presenting our framework

This document reports on the work relating to the development of our Social Health Indicators. Our single planning framework is outlined in the Buloke Healthy Community Plan.

Our Indicators framework is presented in this document in two sections:

Section A: The first section outlines the framework. It includes:

- Our joint approach, principles, cycle and process
- Our Indicators, why they have been chosen and how they have been developed; and
- The measures we will use, along with a template for how we will gather data.

Section B: This section provides a sample reporting template we intend to trial in the coming year.

## **Section A: The Indicators Framework**

# Our Social Health Indicators Framework

## A joint planning approach

Our local government council and our community service organisations have agreed to work together to improve the health and well-being of our community. Each organisation will work cooperatively and collaboratively, sharing resources and responsibility for actions.

We have developed two frameworks to help us:

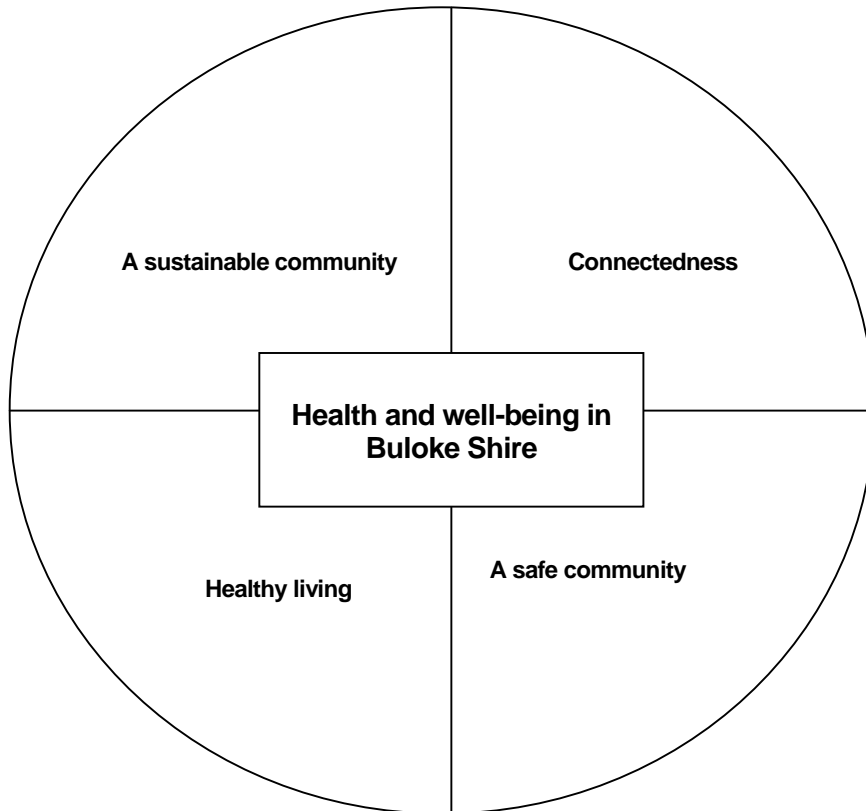
1. A single planning framework that includes:
  - An agreed single planning process and cycle; and
  - An amalgamation of the Municipal Public Healthy Community Plan (MPHP) and the Community Healthy Community Plan (CHP). Both plans are based on a social model of health. This is a conceptual framework for thinking about health that recognises that improvements in health and well being are achieved by addressing social, cultural, environmental, biological, political and economic determinants of health. A social model of health acknowledges that improvements in health and well-being are a shared responsibility. Governments, service providers and communities need to work together. Our amalgamated plan is called the Buloke Healthy Community Plan. This framework is outlined in the Buloke Healthy Community Plan.
2. A set of Social Health Indicators to measure the health and well-being outcomes that frame our Healthy Community Plan, and which are shown in the following diagram.

Some aspects of our Buloke Social health Indicators framework have a whole-of-Southern Mallee focus while other aspects take a municipality focus. These are outlined in the following table:

Whole-of-Southern Mallee	Buloke Shire
<ul style="list-style-type: none"><li>• An agreed vision for the health and well being of people living in Southern Mallee</li><li>• An agreed set of health and well being outcomes</li></ul>	<p>A joint approach by agencies to:</p> <ul style="list-style-type: none"><li>• Developing an agreed set of Indicators</li><li>• Agreeing upon key measures</li><li>• Implementing a range of data collection activities that require joint action</li><li>• Monitoring our progress against the agreed Indicators.</li></ul>

Our local government council and our community service organisations have agreed to work together to improve the health and well-being of our community. Each organisation will work cooperatively and collaboratively, sharing resources and responsibility for the health and well-being outcomes and in gathering and reporting on the Social Health Indicators.

## Our health outcomes



## Measuring our community's health and well-being

### Outcomes

Outcomes express what we want to achieve. Our Buloke Healthy Community Plan is built around 4 key health and well being outcomes.

- i. Connectedness;
- ii. A safe community;
- iii. Health living; and
- iv. A sustainable community.

### Indicators

For each of our outcomes we have a suite of Indicators that help us monitor the community's health and well-being. Indicators act as signposts. They provide a focused snapshot of our community at a given point in time. They allow us to track how we are progressing. They help keep us stay focused on our shared understanding of the critical health and well being issues.

While we share a common set of outcomes and broad level indicators across all three municipalities in the Southern Mallee, the measures we use are specific to each municipality.

### ***Our Indicators:***

We have grouped our Indicators into broad level themes that reflect the priorities of our community:

*Connectedness*

- Involvement in the community

*Healthy living*

- Mental health
- Preventable illnesses and diseases
- Alcohol and drugs

*A safe community*

- Injuries
- Family safety
- Crime
- Public infrastructure

*A sustainable community*

- Natural environment
- Sound economy
- Education
- Housing
- Physical environment
- Community services
- Coordinated systems

Our Indicators are focused on the larger social goals of our Outcomes and are therefore called Social Health Indicators. They are not performance indicators that measure particular programs and activities.

Each of our broad Indicator themes has a set of specific Indicators. Of the many specific Indicators that we could have chosen, we have tried to focus on ones that help address priority areas for our community, and ones that take a long-term view.

Our specific Indicators are:

*Connectedness*

- Involvement in the community
  - ⇒ Volunteering
  - ⇒ Participation in community events
  - ⇒ Mobility

*Healthy living*

- Mental health
  - ⇒ Feeling calm and peaceful
  - ⇒ Life satisfaction
- Preventable illnesses and diseases
  - ⇒ Incidence of major diseases
  - ⇒ Infectious diseases
  - ⇒ Dental health
- Alcohol and drugs
  - ⇒ Underage use

*A safe community*

- Injuries
  - ⇒ Farm and work accidents
  - ⇒ Falls
  - ⇒ Road accidents
- Family safety
  - ⇒ Child protection
  - ⇒ Domestic violence
- Crime
  - ⇒ Reported crime
- Public infrastructure
  - ⇒ Safety of our facilities

*A sustainable community*

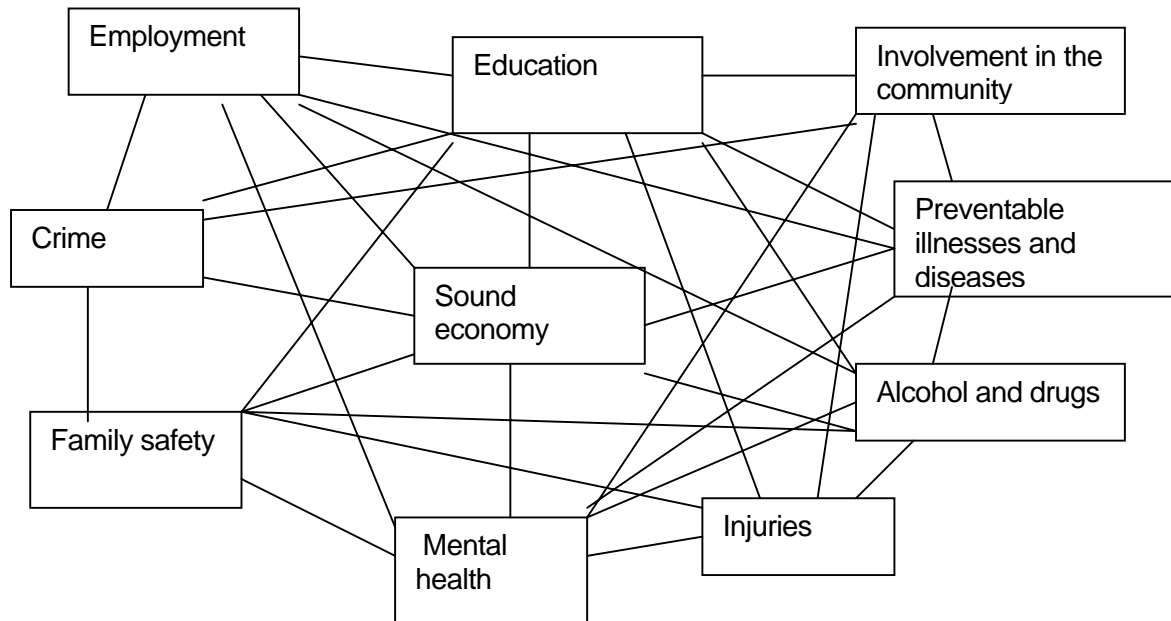
- Natural environment
  - ⇒ Water quality and availability
- Sound economy
  - ⇒ Employment
  - ⇒ Poverty
  - ⇒ New investment
- Education
  - ⇒ School retention
- Housing
  - ⇒ Affordable housing
- Physical environment
  - ⇒ Availability of telecommunications infrastructure
- Community services
  - ⇒ Availability of services
- Coordinated systems
  - ⇒ Collaboration between local government and other organisations

***How our Indicators link:***

We believe that our community's health and well-being relies on all four Outcomes, which are linked. Traditional Indicators do not make the links between the different parts of a community's health and well-being. We have tried to choose Indicators that make the links between the Outcomes and which try to address causes of health and well-being, not only the effects.

For example, there is a link between a person's level of involvement in their community and their mental health. For young people, there is a link between their involvement in out-of-school activities and their use of drugs and alcohol, their retention at school and future employment, future employment and their mental health.

The links between our Indicators can be seen in the following diagram:



By using Indicators that are linked and those that try to address causes as well as effects, we can take a proactive rather than a reactive approach to improving our community's health and well-being.

***Different types of Indicators:***

Indicators can be 'lagging' or 'leading'. Lagging Indicators are those that measure the consequences of past actions. Leading Indicators measure the drivers, that is, they measure the causes not the effects. Leading Indicators are more proactive and help people focus on things that promote health and well-being.

Our Indicators are a mix of 'lagging' Indicators and 'leading' Indicators. Over time, as we use these Indicators, we hope to change some of the traditional 'lagging' Indicators to 'leading' Indicators that are more proactive. For example, for the time being we plan to measure 'Family Safety' with an Indicator of "child protection". In the future, we would like to measure with a more proactive Indicator such as "family supports". We expect that our set of Indicators will improve over time as we work with them and learn more about using them in our community.

In the meantime, the links between the Indicators help create a more proactive approach to measuring the health and well-being of our community.

***How we will use our Indicators:***

Each year, we plan to report on the health and well-being of our community using the Indicators. The report will contain some information about the importance of the Indicator, the current situation for our community in relation to the Indicator, and community success stories. Over time we will be able to compare the current situation with past situations to build up a picture of how things are changing. In this way, the report will help us know where our community's health and well-being is improving and where there are concerns.

The target audience is broadly defined and its information can be used in a variety of ways:

- The community can use the information to gain knowledge about their community;
- Government planners and service providers can use the information as reference material to guide their decision-making;
- Organisations can use the information for strategic planning and developing annual work plans;

- Organisations and community groups can use the information to help funding bodies gain an understanding of community needs and to guide grant-making decisions;
- Local Council can use the information as an economic development tool; and
- Journalists can use the information in research, reporting and editorials.

### **Criteria for Indicators**

In developing our indicators we have considered a range of criteria. According to *the Community Indicators Handbook*,<sup>1</sup> when selecting Indicators for a community a good Indicator should be:

- Relevant
- Valid
- Credible
- Measurable
- Consistent and reliable
- Comparable
- Understandable
- A predictor of potential problems
- Compelling, interesting and exciting
- Of interest to the local media
- Accessible and affordable

The Handbook then lists a second set of criteria to help communities choose from a large, and probably overwhelming, list of possible Indicators that would be more precise:

- Relate to the whole community
- Connect with the long-term vision and values
- Make linkages and relationships
- Focus on resources and needs
- Be creative and action-oriented

### **How our indicators are being developed**

Developing our indicators is an ongoing and evolving process. Processes to date have been: During 2001-2002, the Southern Mallee PCP (SMPCP), through a series of workshops and discussions, identified a small list of possible Indicators. These are listed in each of the 2001-2002 and 2002-2003 Community Health Plans (CHP) and the 2001-2006 Municipal Public Health Plan (MPHP);

- A further workshop with the SMPCP in 2002 identified additional possible Indicators focused on the identified health and well being issues outlined in the 2002-2003 CHP;
- Research of Community Indicators was undertaken by Evolving Ways and included a literature review, Internet research and attendance at the national conference of the Australasian Evaluation Society. This research identified a further possible list of Indicators for the identified health and well being issues;
- Distillation of all possible Indicators identified in the above processes, refining them to those clearly linked to measuring the health and well being issues and priorities in the Southern Mallee CHP.

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<sup>1</sup> Redefining Progress, *Community Indicators Handbook*, San Francisco, as reported in Community Services Planning Council, *Community Indicators: Measuring Our Progress Toward Healthy Communities*, Sacramento, 1998

- Further workshops in Buloke Shire in 2003 to agree upon the Indicators we will use in the coming year, how we will measure them, what data we will use and who will take responsibility for collation of the data.

In coming years we will review and adjust the indicators to ensure they help us measure the four Outcomes in the best way possible. In this way, our Planning Framework is a 'work-in-progress' and will change as we learn from using it.

### **Our Indicators and measures – a working template**

Following, is a template for each of our Outcomes and Indicators that outlines what we plan to measure and how we will gather the data. As yet, some Indicators do not have specific measures. We will develop these over time as we use the framework.

## Connectedness

*People are connected with each other and engaged in their community's activities*

The World Health Organisation (WHO) has developed 10 Social Determinants of Health. Three of these relate to connectedness:

The role of friendship and social cohesion: recognises that friendship, supportive networks and social relations can greatly improve health at home, in the work and the community.

The importance of social inclusion: recognises that being part of one's community positively affects health and well-being.

The need for healthier transport systems: recognises the significance of alternative transportation in increasing activity.

Family and friends are important for psychological well-being. Participation in social, leisure and physical activities is positively related to higher levels of health, self-esteem and life satisfaction. Obstacles to participation include poverty, health status, lack of accessibility, lack of available transport and attitudes.<sup>2</sup>

Low self-esteem and social isolation affect mental and physical health.<sup>3</sup> Depression and loneliness have been found to a higher risk factor for heart disease than stress, and rank alongside smoking, high blood pressure and cholesterol.<sup>4</sup>

Access to transport is a fundamental aspect of a sense of personal well-being and independence. We require it to access needed health services and community facilities, to socialise, to participate in recreational activities and to maintain our personal relationships.

### Current Indicators

#### Involvement in the community

- Volunteering
- Participation in community events
- Mobility

<sup>2</sup> DHS, 1999, Healthy Ageing: The Health and Service Needs of Older People in the Loddon Mallee Region,

<sup>3</sup> DHS, 2001, Men's Health Planning Strategic Framework

<sup>4</sup> *Medical Journal of Australia*, as reported in *The Age*, 17 March 2003



Buloke Social Health Indicators - FINAL DRAFT

Connectedness					
Indicator	What will we measure?	What will we look for?	What data will we use?	What base do we have?	Who will collate?
<b>Involvement in the community</b>					
• Volunteering	<i>Percentage of people reporting volunteering at least once a month</i>	<i>An increase in percentage of people reporting</i>	<i>Community survey</i>	<i>Not currently available</i>	<i>Resources to conduct the survey to be identified</i>
• Participation in community events	<i>Number of major community events</i>	<i>An increase in number</i>	<i>Shire data</i>	<i>A baseline could be established now</i>	<i>Economic Development Officer – Shire</i>
	<i>Estimated attendance at each event</i>	<i>An increase in attendance</i>	<i>Shire data</i>	<i>A baseline could be established now</i>	<i>Economic Development Officer – Shire</i>
	<i>Percentage of young people in Years 7-10 reporting being involved in out-of-school activities</i>	<i>An increase in percentage of young people</i>	<i>Survey of young people in Years 7-10</i>	<i>Not currently available</i>	<i>Resources to conduct the survey to be identified</i>
• Mobility	<i>Percentage of people reporting a satisfactory ability to move about their community</i>	<i>An increase in percentage of people</i>	<i>Community survey</i>	<i>Not currently available</i>	<i>Resources to conduct the survey to be identified</i>

## Healthy Living

*People enjoy a healthy lifestyle*

The World Health Organisation (WHO) has developed 10 Social Determinants of Health. Three of these relate to healthy living:

Social and psychological environment: recognises the social and psychological causes of stress and the overall impact stress can have on health.

Alcohol and drugs: recognises the abuse of substances increases the likelihood of poor health.

Access to supplies of healthy food for everyone: recognises the importance of adequate food and a healthy diet in the promotion of health and well-being.

Regular physical activity improves health by reducing the risk of developing illness and conditions such as heart disease, colon cancer and high blood pressure. Being physically active helps reduce depression and anxiety, helps control weight. Builds and maintains healthy bones, muscles and joints and promotes psychological well-being. Encouraging higher levels of exercise has the potential to lead to lower use of health services and improved well-being.<sup>5</sup>

Many researchers suggest that up to 95% people who suicide are suffering from a mental illness, most commonly depression, substance abuse associated with depression, or schizophrenia.

Alcohol abuse impacts on many aspects of our lives. It is a risk factor in many diseases and illnesses. It can mask poor self-esteem and social concerns such as unemployment, not having enough money or being bored.

Good nutrition is critical. Poor diet is linked to diseases such as diabetes.

### Current Indicators

<b>Mental health</b>
<ul style="list-style-type: none"> <li>Feeling calm and peaceful</li> </ul>
<ul style="list-style-type: none"> <li>Life satisfaction</li> </ul>
<b>Preventable illnesses and diseases</b>
<ul style="list-style-type: none"> <li>Incidence of major diseases</li> </ul>
<ul style="list-style-type: none"> <li>Infectious diseases</li> </ul>
<ul style="list-style-type: none"> <li>Dental health</li> </ul>
<b>Alcohol and drugs</b>
<ul style="list-style-type: none"> <li>Underage use</li> </ul>

<sup>5</sup> DHS, 1999, Healthy Ageing: The Health and Service Needs of Older People in the Loddon Mallee Region,

Buloke Social Health Indicators - FINAL DRAFT

Healthy Living					
Indicator	What will we measure?	What will we look for?	What data will we use?	What base do we have?	Who will collate?
<b>Mental health</b>					
• Feeling calm and peaceful	<i>Percentage of people reporting feeling calm and peaceful</i>	<i>An increase in percentage of people reporting feeling calm and peaceful</i>	<i>Community survey Resources to conduct the survey to be identified</i>	<i>Currently none exists</i>	<i>To be determined</i>
• Life satisfaction	<i>Percentage of people reporting being satisfied with their life</i>	<i>An increase in percentage of people reporting being satisfied with their life</i>	<i>Community survey Resources to conduct the survey to be identified</i>	<i>Currently none exists</i>	<i>To be determined</i>
<b>Preventable illnesses and diseases</b>					
• Incidence of major diseases	<i>Incidence of the 5 major diseases in Buloke: Asthma, CVD, Heart Disease, Diabetes, Cancer</i>	<i>A decrease in incidence</i>	<i>Burden of Disease</i>	<i>Burden of Disease</i>	<i>SMPCP Executive Officer</i>
• Infectious diseases	<i>Rates of childhood immunisation</i>	<i>Increase in rates</i>	<i>Shire Council</i>	<i>Existing information</i>	<i>Environmental Health officer, Shire Council</i>
	<i>Number of notifiable infections</i>	<i>Decrease in number of infections</i>	<i>Burden of Disease</i>	<i>Existing information</i>	<i>Health Promotion Officer</i>
• Dental health	<i>To be determined</i>				
<b>Alcohol and drugs</b>					
• Underage use	<i>To be determined</i>				

Note: A survey used by Hennepin County, USA uses the measure 'calm and peaceful' and asks questions such as:  
 How much of the time in the past four weeks have you felt downhearted or blue?  
 How much of the time during the past four weeks have you felt calm or peaceful?  
 During the past four weeks, how much of the time has your emotional problems interfered with your social activities like visiting friends or relatives?

## A Safe Community

*People live in a safe and supportive community*

We all want safety for our families, and ourselves including safety from injury or illness, from crime and from environmental effects. Injury and death have a large impact on our community, not only affecting the individual concerned but also family, friends, workplace and the wider community.

Economic costs from injury and illness include the cost of emergency services, the cost of caring for the injured or sick person and costs to business in lost productivity. Long-term effects of serious injury can include depression, substance abuse and family breakdown.

### Current Indicators

<b>Injuries</b>
<ul style="list-style-type: none"> <li>• Farm and work accidents</li> </ul>
<ul style="list-style-type: none"> <li>• Falls</li> </ul>
<ul style="list-style-type: none"> <li>• Road accidents</li> </ul>
<b>Family safety</b>
<ul style="list-style-type: none"> <li>• Child protection</li> </ul>
<ul style="list-style-type: none"> <li>• Domestic violence</li> </ul>
<b>Crime</b>
<ul style="list-style-type: none"> <li>• Reported crime</li> </ul>
<b>Public infrastructure</b>
<ul style="list-style-type: none"> <li>• Safety of our facilities</li> </ul>

Buloke Social Health Indicators - FINAL DRAFT

Safety					
Indicator	What will we measure?	What will we look for?	What data will we use?	What base do we have?	Who will collate?
<b>Injuries</b>					
<ul style="list-style-type: none"> <li>Farm and work accidents</li> </ul>	Number of children injured on farms that result in medical treatment	Decrease in number	<ul style="list-style-type: none"> <li>VEMD data</li> <li>GP Division</li> </ul>	Existing	Health Promotion Officer
	Number of work related accidents that result in medical treatment	Decrease in number	<ul style="list-style-type: none"> <li>VEMD data</li> <li>GP Division</li> </ul>	Existing	Health Promotion Officer
<ul style="list-style-type: none"> <li>Falls</li> </ul>	Number of falls that result in medical treatment	Decrease in number	<ul style="list-style-type: none"> <li>VEMD data</li> <li>GP Division</li> </ul>	Existing	Health Promotion Officer
<ul style="list-style-type: none"> <li>Road accidents</li> </ul>	Number of road accident collisions that result in injuries	A decrease in number	Police District Information Unit	Existing	Health Promotion Officer,
<b>Family safety</b>					
<ul style="list-style-type: none"> <li>Child protection</li> </ul>	Number of substantiated child protection notifications	Decrease in number	DHS Protective Services data	Existing	Sea Lake Neighbourhood House
<ul style="list-style-type: none"> <li>Domestic violence</li> </ul>	Number of call outs of Police to domestic violence incidents	Decrease in number	Police	Existing	Sea Lake Neighbourhood House
<b>Crime</b>					
<ul style="list-style-type: none"> <li>Reported crime</li> </ul>	Number of reported crimes	Decrease in number	Police	Existing	Sea Lake Neighbourhood House
<b>Public infrastructure</b>					
<ul style="list-style-type: none"> <li>Safety of our facilities</li> </ul>	To be determined				

## A Sustainable community

*People live in a viable community*

The World Health Organisation (WHO) has developed 10 Social Determinants of Health. Three of these relate to connectedness:

Employment and job security: recognises improvements in health, well-being and job satisfaction are attributed to job security.

The impact of work on health: recognises that stress at work can be attributed to large differences in health, sickness, absence and premature death.

Policies to prevent people from falling into long term disadvantage: recognises that most diseases and causes of death are more common among individuals with social disadvantage and that the social and economic circumstances that impact the health of the population must be addressed.

We want our community to be sustainable to ensure all residents have the opportunity for a good quality of life. We want stability for future generations to enjoy living, working and playing here.

We need strong environmental, social and economic health in order for our community to be sustainable into the future. We need an integrated approach that recognises that these factors are dependent on each other and cannot be addressed in isolation.

Coordination of services and the systems that help support them mean that resources are used in the most effective ways.

### Current Indicators

<b>Natural environment</b>
<ul style="list-style-type: none"> <li>Water quality and availability</li> </ul>
<b>Sound economy</b>
<ul style="list-style-type: none"> <li>Employment</li> </ul>
<ul style="list-style-type: none"> <li>Poverty</li> </ul>
<ul style="list-style-type: none"> <li>New investment</li> </ul>
<b>Education</b>
<ul style="list-style-type: none"> <li>School retention</li> </ul>
<b>Housing</b>
<ul style="list-style-type: none"> <li>Affordable housing</li> </ul>
<b>Physical environment</b>
<ul style="list-style-type: none"> <li>Availability of telecommunications infrastructure</li> </ul>
<b>Community services</b>
<ul style="list-style-type: none"> <li>Availability of services</li> </ul>
<b>Coordinated systems</b>
<ul style="list-style-type: none"> <li>Collaboration between local government and other organisations</li> </ul>

Buloke Social Health Indicators - FINAL DRAFT

<b>Sustainable community</b>					
<b>Indicator</b>	<b>What will we measure?</b>	<b>What will we look for?</b>	<b>What data will we use?</b>	<b>What base do we have?</b>	<b>Who will collate?</b>
<b>Natural environment</b>					
<ul style="list-style-type: none"> <li>Water quality and availability</li> </ul>	<i>Quality of potable water</i>	<i>Improvement against WHO standard</i>	<ul style="list-style-type: none"> <li>Department of Sustainability and Environment</li> <li>Grampians Water</li> </ul> <i>Data from Grampians Water</i>	<i>Existing data held</i>	<i>Environmental Health Officer, Shire Council</i>
	<i>Availability of rural water supply via ratio of pipe to open channeling</i>	<i>Improvement in ratio of pipe to open channeling</i>		<i>Baseline available</i>	<i>Environmental Health Officer, Shire Council</i>
<b>Sound economy</b>					
<ul style="list-style-type: none"> <li>Employment</li> </ul>	<i>To be determined</i>				
<ul style="list-style-type: none"> <li>Poverty</li> </ul>	<i>To be determined</i>				
<ul style="list-style-type: none"> <li>New investment</li> </ul>	<i>Number of new industrial developments</i>	<i>Increase in number</i>	<i>Shire Council</i>	<i>Baseline available</i>	<i>Economic Development Officer, Shire Council</i>
<b>Education</b>					
<ul style="list-style-type: none"> <li>School retention</li> </ul>	<i>School retention rates</i>	<i>Increase in the rate</i>	<i>LLEN</i>	<i>Baseline available</i>	<i>LLEN</i>
<b>Housing</b>					
<ul style="list-style-type: none"> <li>Affordable housing</li> </ul>	<i>Number of new houses</i>	<i>Increase in number</i>	<i>Shire Council</i>	<i>Baseline available</i>	<i>Economic Development Officer, Shire Council</i>
	<i>Number of new units</i>	<i>Increase in number</i>	<i>Shire Council</i>	<i>Baseline available</i>	<i>Economic Development Officer, Shire Council</i>
	<i>Number of people with access to affordable housing</i>	<i>Increase in number</i>	<ul style="list-style-type: none"> <li>LLEN</li> <li>WorkCo</li> </ul>	<i>Check availability of data</i>	<i>LLEN</i>

Buloke Social Health Indicators - FINAL DRAFT

<b>Sustainable community</b>					
<b>Indicator</b>	<b>What will we measure?</b>	<b>What will we look for?</b>	<b>What data will we use?</b>	<b>What base do we have?</b>	<b>Who will collate?</b>
<b>Physical environment</b>					
<ul style="list-style-type: none"> <li>Availability of telecommunications infrastructure</li> </ul>	<i>Levels of reliable mobile coverage</i>	<i>Increase in coverage</i>	<i>Shire Council</i>	<i>Baseline available</i>	<i>Economic Development Officer , Shire Council</i>
	<i>Improved Internet capacity/ access</i>	<i>Increase in capacity</i>	<i>Shire Council</i>	<i>Baseline available</i>	<i>Economic Development Officer , shire Council</i>
<b>Community services</b>					
<ul style="list-style-type: none"> <li>Availability of services</li> </ul>	<i>Ratio of GP: Population</i>	<i>Improvement in ratio</i>	<i>Data kept by GP Division</i>	<i>Existing data from GP Division</i>	<i>GP Divisions:</i> <ul style="list-style-type: none"> <li><i>Western Victoria</i></li> <li><i>Murray Plains</i></li> <li><i>Mallee</i></li> </ul>
	<i>Child care places</i>	<i>Increase in number</i>	<i>To be determined</i>		
	<i>Allied health vacancies</i>	<i>Decrease in number of vacancies</i>	<i>To be determined</i>		
<b>Coordinated systems</b>					
<ul style="list-style-type: none"> <li>Collaboration between local government and other organisations</li> </ul>	<i>Number of inter-agency strategies focused on meeting the priorities of the Healthy Community Plan</i>	<i>In crease in number</i>	<i>Integrated Health Promotion Group</i>	<i>Minutes from past 12 months</i>	<i>SMPCP Executive Officer</i>

## **Section B: A Reporting Template**

# Connectedness

## INDICATOR 1: Involvement in the Community

### Why is this indicator important?

*Involvement in the community* involves having someone to talk to, someone to trust, someone to depend on and someone who knows you well. The level of community involvement is determined by social and community connectedness; a variety of social and physical activities; access to social networks and supportive relationships; and a valued social position (VicHealth Mental Health Promotion Plan 1999-2002).

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator. For example, a bushfire may have resulted in a considerable volunteering effort by the local population.

**Figure 1. Percentage of people reported volunteering at least once a month [Source: Community survey - not currently available]**

Graph to be inserted

**Figure 2. Number of major community events [Source: Buloke Shire - baseline can be established now]**

Table to inserted

**Figure 3. Estimated attendance at each community event [Source: Buloke Shire - baseline can be established now]**

Table to be inserted

**Figure 4. Percentage of young people in Years 7-10 reported being involved in out-of-school activities [Source: Survey - not currently available]**

Graph to be inserted

**Figure 5. Percentage of people reporting a satisfactory ability to move about their community [Source: Community survey - not currently available]**

Graph to be inserted

# Healthy Living

## INDICATOR 2: Mental Health

**Why is this indicator important?**

*Insert material that supports importance of this Indicator*

**How are we going?**

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

**Figure 6. Percentage of people reporting feeling calm and peaceful [Source: Community Survey - not currently available]**

Graph to be inserted

Statistical data may be further explained or augmented through use of qualitative data.

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**Figure 7. Percentage of people reporting being satisfied with their life [Source: Community Survey - not currently available]**

Local stories to demonstrate the Indicator.

Graph to be inserted

## INDICATOR 3: Preventable illnesses and diseases

### Why is this indicator important?

*Insert material to support importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

***Figure 8. Incidence of the five major diseases in Buloke [Source: B.O.D. SMPCP]***

Graph/s or table/s to be inserted

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***Figure 9. Rates of childhood immunisation [Source: Buloke Shire – baseline can be established now]***

Graph or table to be inserted

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***Figure 10. Number of notifiable infections [Source: Health promotion office – baseline can be established now]***

Graph/s or table/s to be inserted

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***Figure 11. Dental health measure***

Details of measure and source to be determined

## INDICATOR 4: Alcohol & Drugs

### Why is this indicator important?

*Insert material to support the importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

#### **Figure 12. Underage use measure**

Details of measure and source to be determined

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

# A Safe Community

## INDICATOR 5: Injuries

### Why is this indicator important?

*Insert material to support importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

***Figure 13. Number of children injured on farms that result in medical treatment [Source: Health Promotion Officer – baseline can be established]***

Graph to be inserted

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Statistical data may be further explained or augmented through use of qualitative data.

***Figure 45. Number of work related accidents that result in medical treatment [Source: Health Promotion Officer – baseline can be established]***

Graph to be inserted

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Local stories to demonstrate the Indicator.

***Figure 56. Number of falls that result in medical treatment [Source: Health Promotion Officer – baseline can be established]***

Graph to be inserted

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***Figure 16. Number of road accident collisions that result in injuries [Source: Health Promotion Officer – baseline can be established]***

Graph to be inserted

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## INDICATOR 6: Family Safety

### Why is this indicator important?

*Insert material here to support importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

**Figure 17. Number of substantiated child protection indicators [Source: Sea Lake Neighbourhood House – baseline can be established]**

Graph to be inserted

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Statistical data may be further explained or augmented through use of qualitative data.

**Figure 18. Number of call outs of Police to domestic violence incidents [Source: Sea Lake Neighbourhood House – baseline can be established]**

Graph to be inserted

## INDICATOR 7: Crime

### Why is this indicator important?

*Insert material to support the importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Measure:

- Number of reported crimes

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

## INDICATOR 8: Public Infrastructure

### Why is this indicator important?

*Insert material to support importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

#### Measures:

- Safety of our facilities

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

# A Sustainable Community

## INDICATOR 9: Natural Environment

**Why is this indicator important?**

*Insert material to support the importance of this Indicator*

**How are we going?**

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

**Measures**

- Quality of potable water
- Availability of rural water supply via ration of pipe to open channeling

## INDICATOR 10: Sound Economy

### Why is this indicator important?

Economic indicators, are variables that change in a predictable way in relation to overall economic activity. While they are important in their own right, none of them in isolation can provide a complete picture of the state of the local economy. It is important to recognise that the 'performance' of the economy is not an end in itself. There are many questions that cannot be answered by any system that relies predominantly on using monetary values as its measuring yardstick. However, economic indicators provide a structure that can facilitate the examination of linkages between various economic and social and environmental issues.

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Statistical data may be further explained or augmented through use of qualitative data.

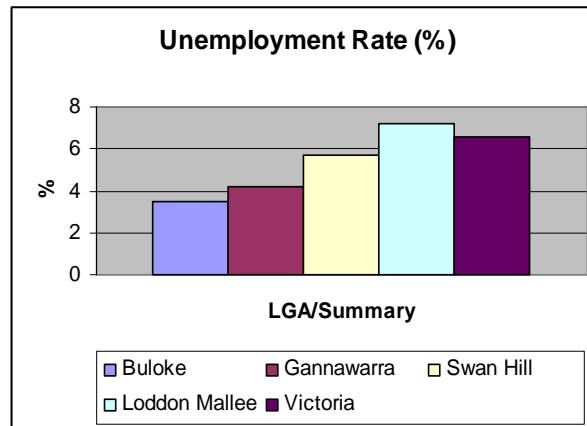
#### Measures

- Employment (to be determined)
- Poverty (to be determined)
- Number of new industrial developments

### SAMPLE COMMENTARY

- Unemployment rate measures the share of the labour force unable to find work.
- Unemployment rates influence poverty, disadvantage and social instability.
- Buloke's unemployment rate is much lower than the surrounding area.

### SAMPLE MEASURES



Source: ABS 2000

- The IRSED shows the relative social-economic disadvantage of an area based on variables such as income, education, occupation, family structure and ethnicity.
- Buloke's higher IRSED indicates fewer disadvantages than surrounding areas.

### Index of Relative Social Economic Disadvantage (IRSED)

LGA/Summary	IRSED (1996)
Buloke	1017
Gannawarra	999
Swan Hill	985
Loddon Mallee	990
Victoria	1015

## INDICATOR 11: Education

### Why is this indicator important?

The proportion of young people who successfully complete Year 12 is a predictor of the future adaptability of the labour force and the likely reduction of the expected incidence and duration of unemployment. Internationally, it is recognised that the levels of education achievement and standards are significant contributors to social and economic development.

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

#### *Figure. School retention rate*

Details of measure and source to be determined

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

## INDICATOR 12: Housing

### Why is this indicator important?

*Insert material to support the importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

#### Measures

- Number of new houses
- Number of new units
- Number of people with access to affordable housing

## INDICATOR 13: Physical Environment

### Why is this indicator important?

*Insert material to support the importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

#### Measures

- Levels of reliable mobile coverage
- Improved internet capacity/access

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

## INDICATOR 14: Community Services

### Why is this indicator important?

*Insert material to support the importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

#### Measures

- Ratio of GP : Population
- Child care places
- Allied health vacancies

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

## INDICATOR 15: Coordinated Systems

### Why is this indicator important?

*Insert material to support the importance of this Indicator*

### How are we going?

Commentary on major points from figures – trends, % movements, significant influences and contributing factors, likely movements or targets.

Statistical data may be further explained or augmented through use of qualitative data.

Local stories to demonstrate the Indicator.

#### Measures

- Number of inter-agency strategies focused on meeting the priorities of the Healthy Community Plan

# Appendix 1: Participants