



MYRTLEFORD COMMUNITY ATLAS

Version 1 September 2008

Acknowledgements

The Alpine Community Atlas series is a project of the Alpine Shire Council. These documents have been produced as a reference for Alpine Shire Council staff, residents and organisations operating in Alpine Shire.

Council wish to acknowledge the contribution of Council's Community Services Department, Cathi Walker - Insight Social and Health Research of Melbourne, Alpine Health and the Department of Primary Industries.

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Myrtleford Community Atlas

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Attachments: Supporting Documents Myrtleford Community Atlas

1 Glossary of Terms

ABS	Australian Bureau of Statistics
ASC	Alpine Shire Council
BVI	Business Vitality Index
CBI	Community Building Initiative
CIEL	Centre of Innovation, Entrepreneurial Leadership
CIV	Community Indicators Victoria
DHS	Department of Human Services
DPCD	Department of Planning & Community Development (formerly known as DVC)
DVC	Department for Victorian Communities (Now DPCD)
LGA	Local Government Area
MAV	Municipal Association of Victoria
MPHP	Municipal Public Health Plan
MSS	Municipal Strategic Statement
NEVDGP	North East Victorian Division of General Practice
NEVACC	North East Victoria Area Consultative Committee
RDV	Regional Development Victoria
SEIFA	Social and Economic Indices for Areas
SES	State Emergency Service
SRV	Sport & Recreation Victoria
STMP	Small Township Masterplan
VicPol	Victoria Police

2 Executive Summary

2.1 What is the Community Atlas?

The Community Atlas was prompted by the Alpine Shire's commitment to developing a new Health & Wellbeing Plan and the release of population data for towns in the region based on the 2006 ABS census statistics.

The purpose of the Community Atlas is to act as a reference point by providing a 'one stop shop' document where known statistics, information and relevant material that helps to tell a complete story of what is happening in an area and what is important to the community can be compiled.

The Atlas is therefore a tool where material relevant to the community can be recorded. Information is what can assist anyone, be it a sporting club, a business, a farm or a government department, to undertake local planning and define key priorities for the local community.

The Atlas is comprised of two distinct parts; the Atlas proper as per the *Index*; and the *Supporting Documents* section which contains more detailed records of data, workshop records, meetings notes and asset records.

2.2 What unique issues does the data identify?

The key results from the 2006 census data for Myrtleford are **income, education transport, housing** and **all SEIFA indices**.

The Myrtleford scores for all SEIFA measures (disadvantage, advantage, education, economic resources) are significantly below national and regional levels as well being below shire averages for disadvantage and economic resources. The majority of indices are in the lowest deciles possible pointing to areas of critical concern for social and health planning.

The results are in part reflective of a number of factors including low rates of education attainment, housing type and the high percentage of low household income at 50% of households with a *reported* income of less than \$500 per week.

These factors points to implications for wellbeing in terms of service demand (aged care, social support, in home care, health services) as well as the potential of household stress.

Primary health issues identified from the various data that warrant examination include nutrition, diet, alcohol, smoking, accident injury, preventable diseases and physical activity.

These are fundamental social issues about the health and wellbeing of a community that do impact on a range of life choices.

2.3 How do we move forward to address the needs of the community?

The 2006 ABS census analysis is now completed. The census provides a comprehensive picture of the socio-economic makeup of the community.

Further, Alpine Health has supplied a comprehensive report on key primary health data and issues at shire level. Dept of Primary Industries has also provided localized climate data about climate variability for Myrtleford and the BVI project has commenced prioritization of short and long term priorities for the town.

All of this new data prompts a need to critically evaluate and review past issues and nominate new issues for the community to think about.

The *Atlas* represents an opportunity for the local community to evolve and grow this document as a focal point for material to be compiled as a reference source on the town for the purposes of understanding the health and wellbeing needs of the community.

The next step is to confirm with the community that the issues recorded in the *Atlas* are in fact those that impact on the health and wellbeing for Myrtleford.

3 Town Profile

3.1 Overview

Myrtleford is located in the Ovens Valley and is in the north-west part of the Alpine Shire.

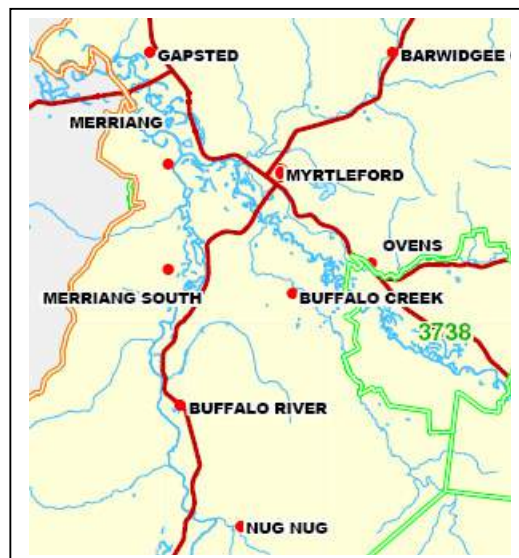
The town serves a mainly agricultural and a timber industry base as well as being a key housing and service point for industry. The town is also a major staging point into servicing the Alpine high country in terms of accommodation, food, supplies and fuel.

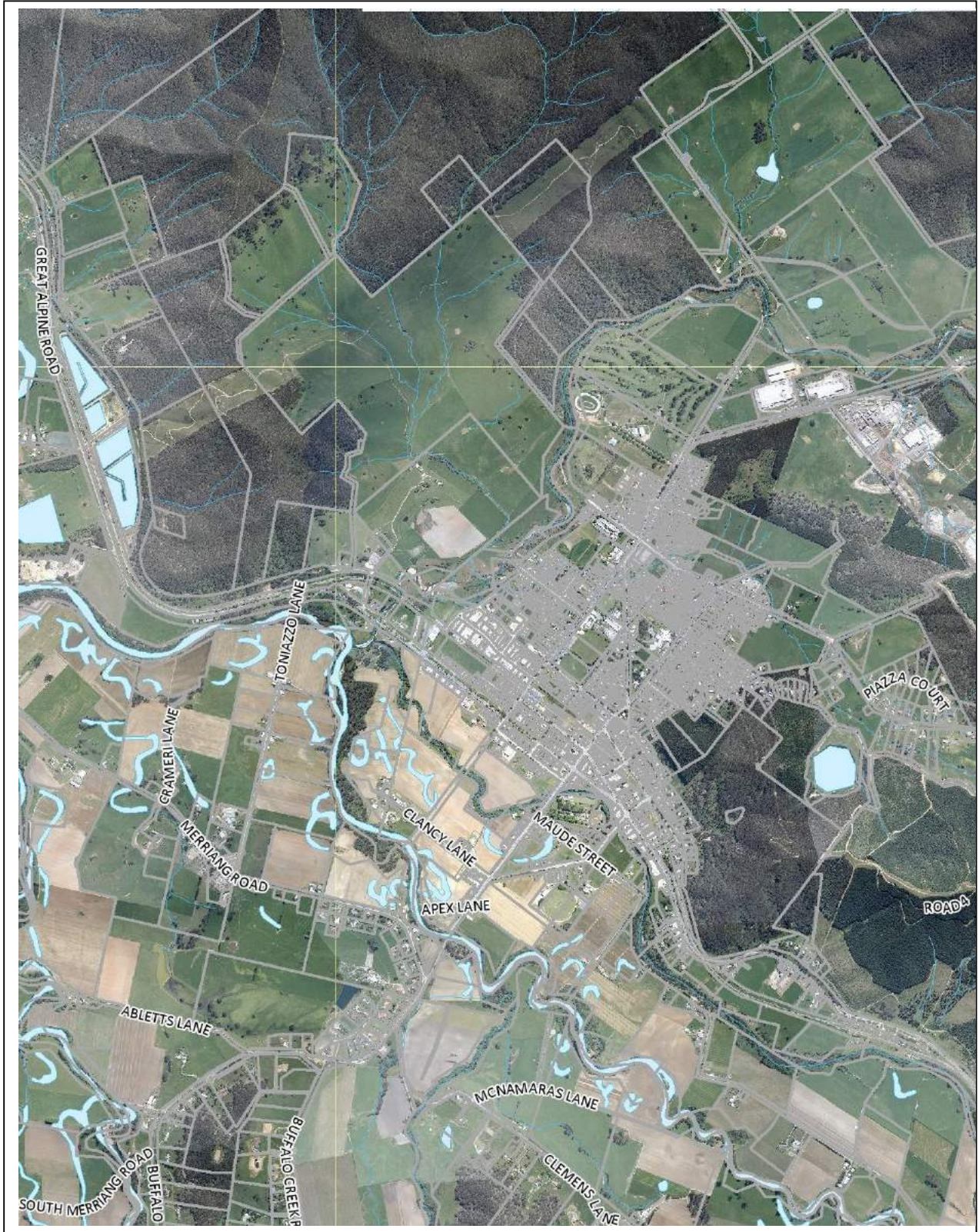
The town services are distributed broadly around the community and include:

- Hospital and medical services,
- Library
- Schools,
- Accommodation,
- Stores such as food and retail, ski equipment outlets,
- Post office,
- Petrol stations,
- Light industry,
- Visitor Information Centre, &
- Recreation facilities

The town has a distinct CBD precinct with housing and industry then dispersed around the centrally located CBD. Housing is mainly permanent with some holiday rental and overall the town retains a distinctly rural character as a significant population centre in the Ovens Valley.

The following map illustrates the geographical definition provided by the ABS for the purposes of collecting census information about Myrtleford. Myrtleford has its own postcode of 3737. On the following page is an aerial photograph (2007), illustrating the physical dimensions to defining the town and its geographical relationship to other towns in the Ovens Valley. The blue lines are the census boundaries used for collecting population statistics.

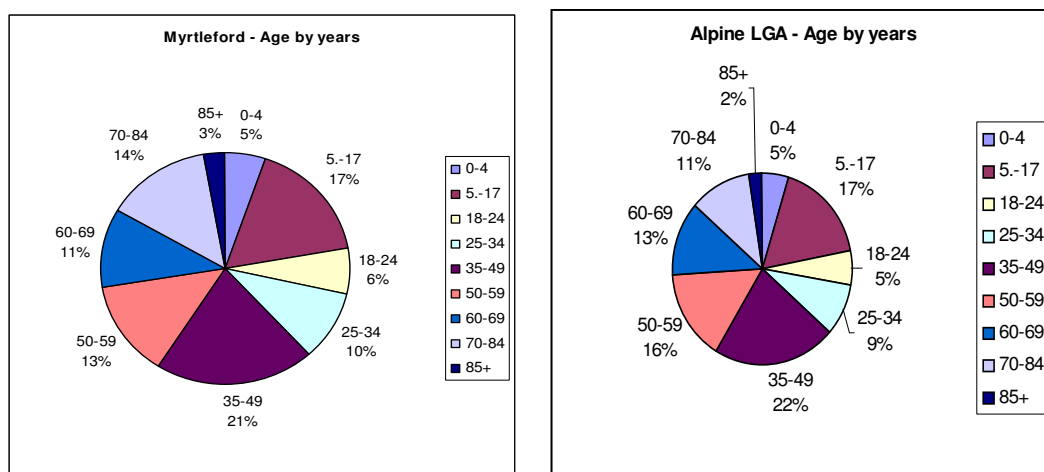




3.2 Population Overview

The total population of Myrtleford was 3,187 in 2006¹, more than a quarter of Alpine's total population. Its age structure was similar to the Alpine average, but with a slightly above average level of residents aged 70 plus (17% compared to 14%), and a slightly below average level aged 50-69 (24.5% compared to 28%).

Myrtleford had a visitor overnight stay capacity potential of approximately 1,129². The maximum overnight population potential for any given day (approximated assuming 100% accommodation full) is 4,316 persons.



Myrtleford had similar family types to the Alpine average, with couples with children forming the main family type. It had a very high level of low income households, a below average level of education, and above average unemployment.

It contained nearly two-thirds of Alpine's total public housing dwellings. The key industries were mining and wholesale trade; labourers were the top occupation.

It had above average disadvantage on the ABS Index of Disadvantage.

Education

An above average level of residents of appropriate age did not complete Year 12, at 66% compared to 60% for Alpine; 30% had a non-school qualification, below the Alpine average (37.5%).

Year 12 student progress on to post secondary learning³ indicates that Myrtleford students are highly likely to either defer further study or seek employment rather than undertake additional career based study.

¹ Note that totals vary by Census data table.

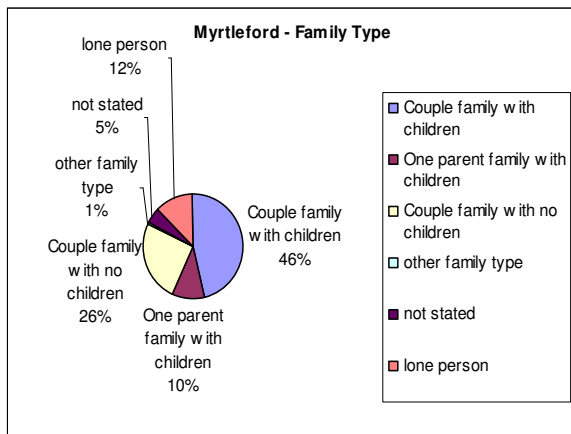
² See Appendix A, Accommodation Audit data table.

³ VTAC on track data, Appendix A Table 5. Note Myrtleford data incomplete due to limited student responses.

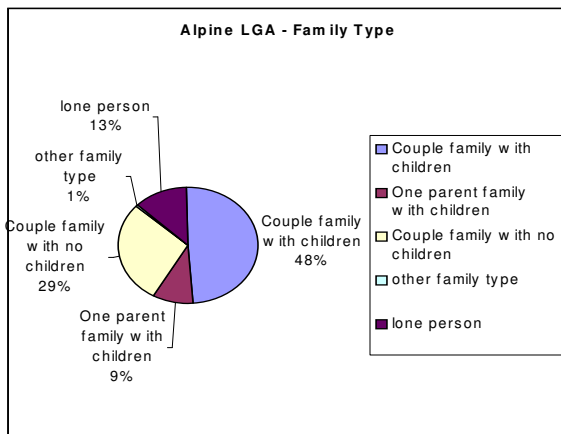
3.3 Transport

Of those residents who used just one method to get to work, most residents drove, at 78% of the total (above the 74% Alpine average); a further 7.5% were a passenger in a car (in line with the Alpine average). Myrtleford had a below average level of residents who walked (10% compared to 12%) or rode a bike (5% compared to 2%).

Family Type⁴



In 2006, the main family type in Myrtleford was families with children (56% of residents, the same as the Alpine average). Couples without children make up a further 31% (similar to the 33% average); one parent families accounted for 12.5% (similar to the 11% average). A further 12.5% of residents lived alone (in line with the 12% average).



Birth notifications for Myrtleford in 2007-2008 were 62 children.

⁴ Birth notification data supplied by Maternal & Child Health, Alpine Shire Council

3.4 Income & Employment

Fifty-one percent of households earned less than \$500 per week, nearly double the average for Alpine. The unemployment rate was above the Alpine average, at 6.7% compared to 4.7%.

The top five industries were:

- Mining.
- Wholesale trade.
- Education and training.
- Electricity/gas/water and waste services.
- Retail trade.

Only retail trade was also in the top five for Alpine.

The top five occupations were:

- Labourers.
- Technicians & trades workers.
- Managers.
- Machinery operators and drivers.
- Sales workers.

The top three were also in the top five occupations for Alpine.

3.5 Cultural Diversity

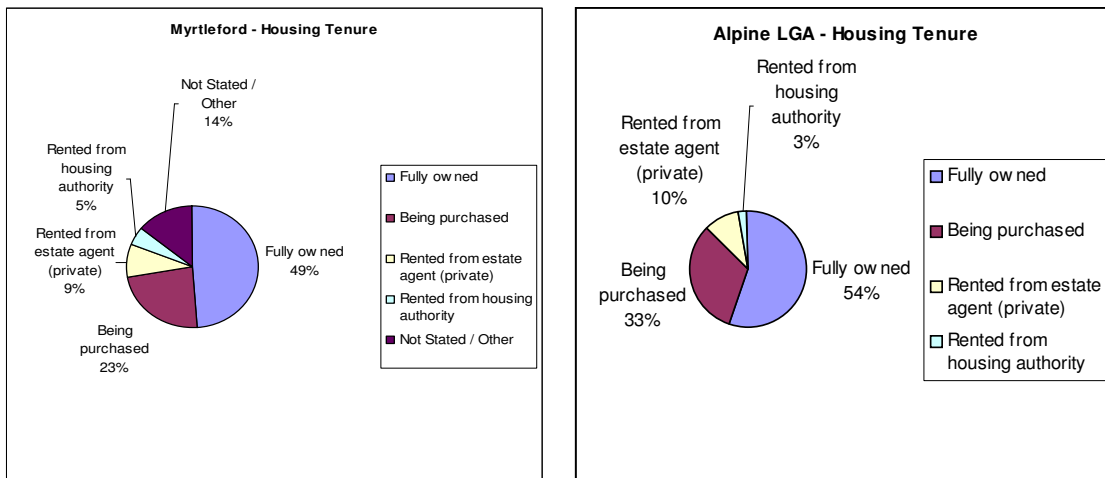
Myrtleford had eighteen reported indigenous residents, nearly 30% of Alpine's total indigenous population (0.6% of total residents, compared to 0.5% for Alpine). Sixteen percent of residents were born overseas, similar to the Alpine average; 15% spoke a language other than English at home, compared to 9% for Alpine. Eighteen percent of overseas-born residents had poor proficiency in English, compared to 7% across Alpine. Seventy-five percent of residents were Christians, compared to 64% across Alpine. There were fifteen Buddhists (0.5% of the total, the same as the Alpine average); three Hindus (0.1%); and seventeen Islamists (0.5%).

3.6 Housing

Residents were most likely to fully own their home or be purchasing a home – 49% of dwellings were being purchased (similar to the 47% average). Twenty-three percent were being purchased (below the 28% average) and 9% were being privately rented (the same as the average).

Myrtleford had a high level of dwellings being rented from state housing authorities – 65 dwellings, or 5.3% of total occupied private dwellings (the Alpine average is 2%). This accounted for 64% of Alpine's total public housing dwellings. The property sales data indicates a current trend towards lower than average property number turnover⁵.

⁵ See Appendix A Table 4a & b



3.7 Self Reported Health

Myrtleford had a well above average level of persons with a self-reported level of disability, with 7.6% (241 persons) stating that they had a need for assistance help or assistance in one or more of the three core activity areas of self-care, mobility and communication⁶, compared to 5% for Alpine.

32 persons per day received **delivered meals** and there were **196 clients** either as eligible or receiving in **home care services**.⁷

3.8 Primary Health Data

A review of the health data commissioned by Alpine Health⁸ showed that Myrtleford is located in the North East Victorian Division of General Practice (NEVDGP), the Central Hume PCP and is serviced by the Ovens & King Community Health Service and Alpine Health. The data on primary health issues does not drill down to small area level and is quoted at shire wide and Hume region level.

That said, the key primary health issues cited in the data relate to fertility, oral health, diabetes, respiratory diseases, cancer, heart disease, substance misuse and road accidents. The relative impact of issues by gender was different with the main issue for men being lung cancer and for women, depression and breast cancer. Rates of mental health issues for men and women were below regional and state averages.

The Alpine Health data points to key health issues of smoking, nutrition, alcohol, physical activity, gambling and crime⁹. Indeed the data on rates of cancer, oral health and heart disease reinforce those priorities.

⁶ Due to a disability, long term health condition or old age.

⁷ Data provided by Alpine Shire aged services unit.

⁸ Alpine Shire Victoria: Health & Community Profile, Plexus Consulting, April 2008

⁹ Ibid p251.

Matters reported to Police as “family incidents” resultant from substance misuse was slightly higher for the Alpine area compared to Victorian figures but below regional levels. Interestingly, the rate of hospital admission from alcohol misuse was above the Hume region level but below Victorian averages.

3.9 Community Safety

Notwithstanding the comment on family incident rates where alcohol was present, the data provided by Alpine Health¹⁰ on crime rates for the Alpine Shire are substantially lower than the rates for Victoria with the exception being rape, deception and bicycle theft. Data specific to the Myrtleford area is not compiled by Victoria Police, therefore any assessment of crime issues at a local level is limited.

3.10 Environment & Climate

Climate change and environmental sustainability are intimately linked to human dimensions and perceptions of physical and emotional wellbeing.

The Dept of Primary Industries has made available to the Atlas project, data on key climatic variables by population centre in the Alpine Shire.

As noted in the source document¹¹, climate variability is one of our society’s most important risk factors because our plant and animal systems are reliant on climate variables.

From a human perspective, climate impacts enormously on basic health and quality of life measures. Access to safe, secure potable water and a reliable nutritious source of food is critical to human survival.

At another level and consistent with the Alpine Health data, the variability of climate measures can contribute to mental health and wellbeing. The impact of drought and the fact the region was declared as “Exceptional Circumstances” to September 2008, illustrates a need to make careful reflection to key climate knowledge.

The climate data for Myrtleford indicates that the area has not been immune to the impacts of drought experiencing lower than normal rainfall over the preceding five years. The average temperature gradient by month for Myrtleford points to knowledge about likely timeframes for heat / cold impacts on health status.

The consequences for health of water and temperature occur at a personal and community level and so ought to be considered as part of the overall planning process for the preparation of the Health Plan.

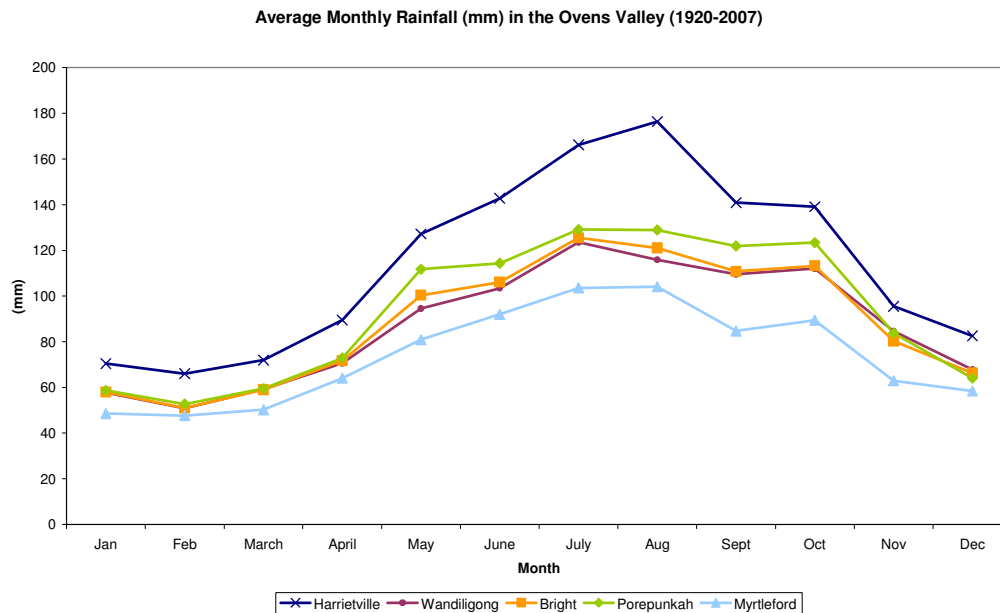
¹⁰ Ibid p273 - 280

¹¹ Paech, Ashley (2008) Agricultural Resources in North East Victoria, Dept of Primary Industries, Melbourne. For all climate graphs for Myrtleford, see Appendix B in Part 2 Atlas.

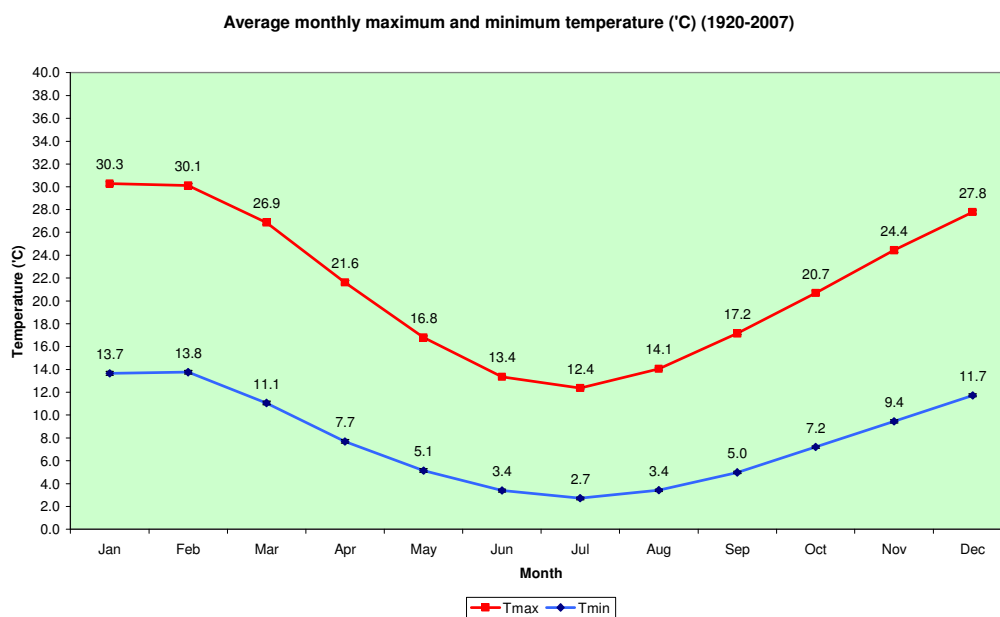
Table 1 – Average Annual Rainfall & Frost Days – All Areas (DPI)

	Average Annual Rainfall (mm) (1920-2007)	Average Annual Frost Days (≤0 °C) (1920-2007)	Elevation (m)
Ovens Valley			
Harrierville	1369	31	500
Wandiligong	1050	24	360
Bright	1063	24	315
Porepunkah	1121	22	280
Myrtleford	887	19	210
Kiewa Valley			
Bogong	1472	32	745
Mt Beauty	1195	26	355
Tawonga	1115	21	330
Dederang	943	18	260

Graph – Average Rainfall Pattern, Ovens Valley



Graph – Average Monthly Temperature Pattern - Myrtleford

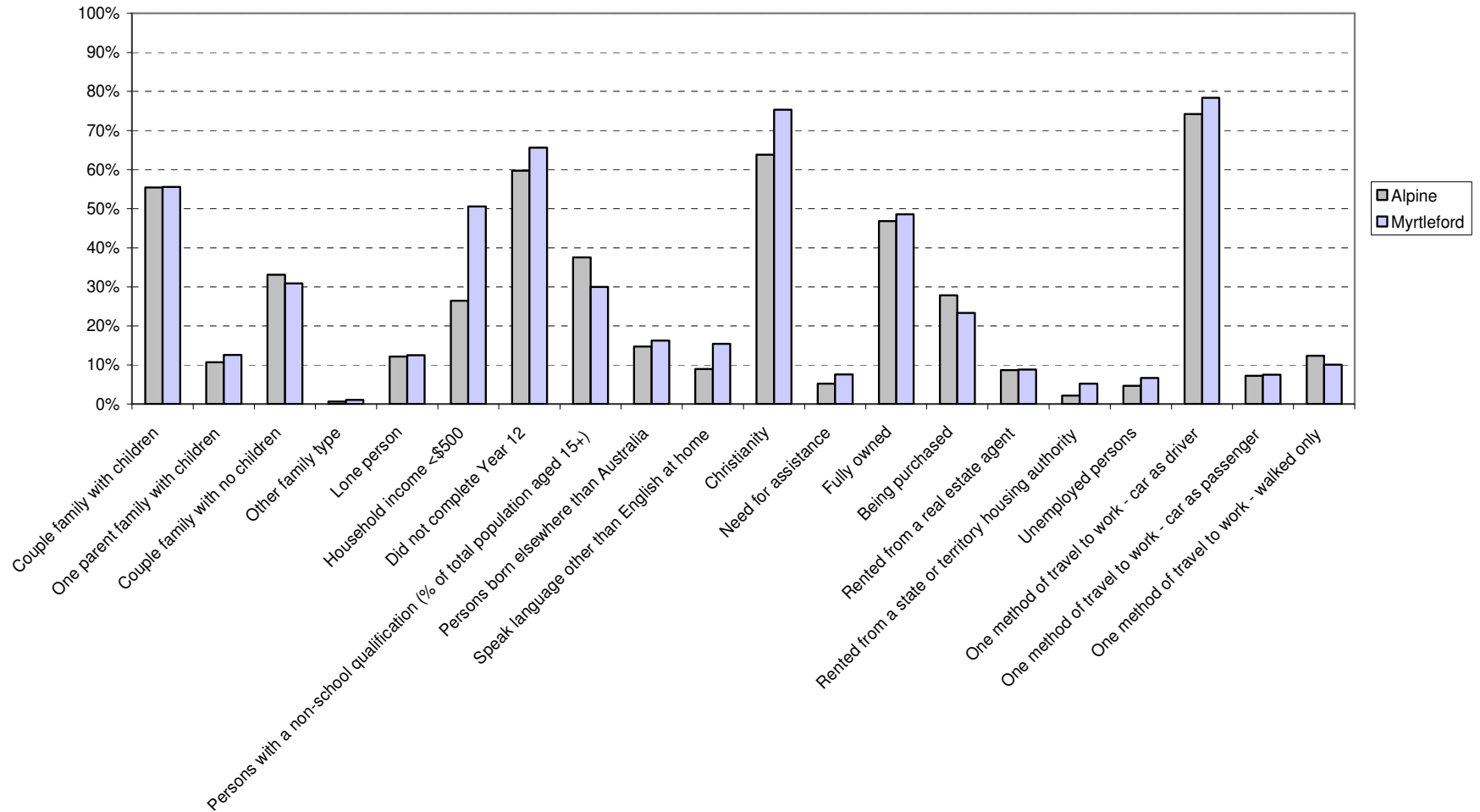


As a final summary, the following table shows how Myrtleford compares to Alpine Shire level results for each 2006 census variable.

Population projections for the Alpine shire will not be available until the second half of 2008. On advice from DPCD, past projections should not be used for forward planning purposes as they were based on 2001 census rates.

3.11 Census Data for Alpine Suburbs and whole of Alpine

Census data for Alpine suburbs and the whole of Alpine, 2006



3.12 Measures of Advantage & Disadvantage - SEIFA

The Socio-Economic Indices for Areas, more commonly referred to as SEIFA, is comprised of four indexes. These indexes are derived from census results and allow us to see how a location compares on measures relating to disadvantage, advantage, education and economic resources.

The choice of an index used for planning depends on the variables relevant to any given planning issue. The index of disadvantage is used as a general indicator of disadvantage. If one wanted to examine educational disadvantage, the most suitable index to compare is the index of education and occupation. Inter alia, economic circumstances, the index of economic resources.

Myrtleford has six CDs¹²: five of them are socio-economically disadvantaged in some way.

For the index of advantage/disadvantage, five CDs are in the bottom 30% of CDs, with relatively high disadvantage. These CDs' scores range from 827 (bottom decile) to 933 (3rd decile). The remaining CD has a score of 956 (4th decile), placing it in the middle range of scores.

Similarly, for the index of disadvantage, four CDs are in the bottom 30% of CDs, with relatively high disadvantage. These CDs' scores range from 838 (bottom decile) to 950 (3rd decile). The two remaining CDs are in the 4th deciles, with scores of 966 and 990.

In terms of economic resources, four CDs are in the bottom 30% of CDs, indicating a low level of economic resources. These CDs' scores range from 854 (bottom decile) to 949 (3rd decile). The two remaining CDs are in the 4th and 5th deciles, with scores of 958 and 989.

Most CDs in Myrtleford have relatively low scores on the index of education and occupation. Five out of the six CDs are in the bottom 20%, with scores ranging from 850 to 904. The remaining CD has a score of 962, placing it in the 4th decile.

For a complete report on the performance of Myrtleford and how it compares to all areas in the Alpine Shire on SEIFA measures, please see the report "[Socio Economic Indexes for Areas 2006 – Data Analysis for Alpine Shire.](#)"¹³

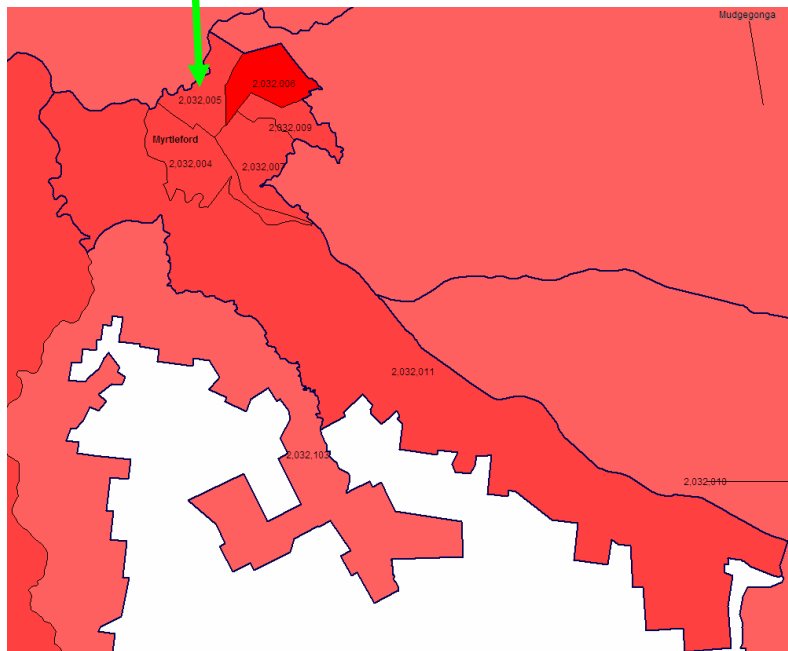
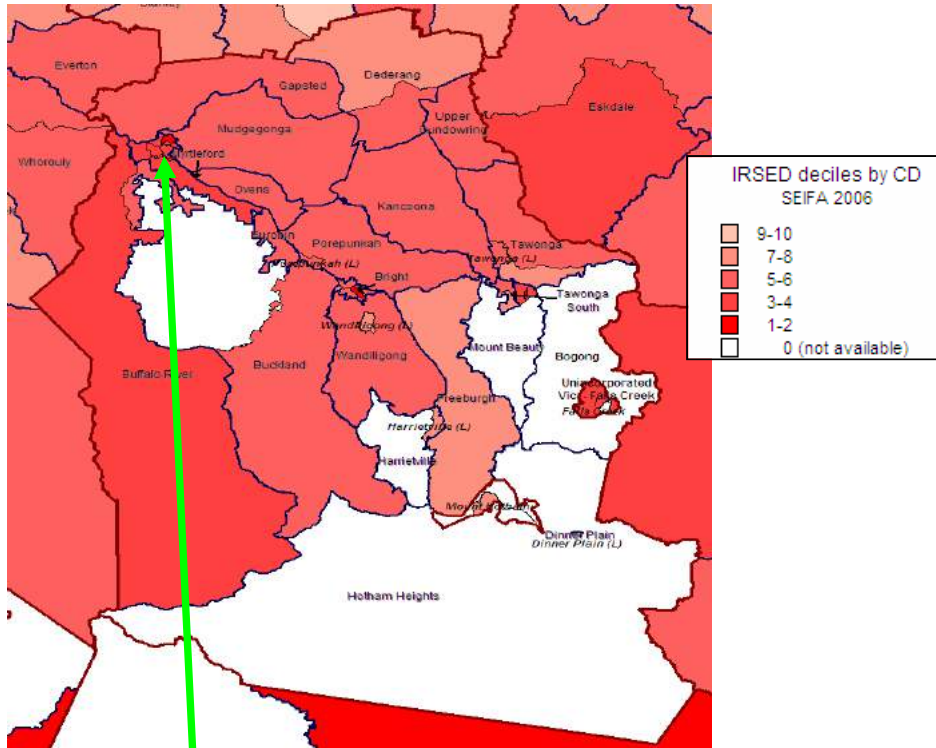
To summarise all results, a table is included on Page 20 that shows the Myrtleford a graph of how it compares on each SEIFA measure against each town in the shire and how each location rates against the overall shire, region and nation-wide averages.

¹² CD – 'collector district', is defined by the ABS as a cluster of approx 225 - 250 households in a given common geographic area and is the base unit for data collection and census information reporting.

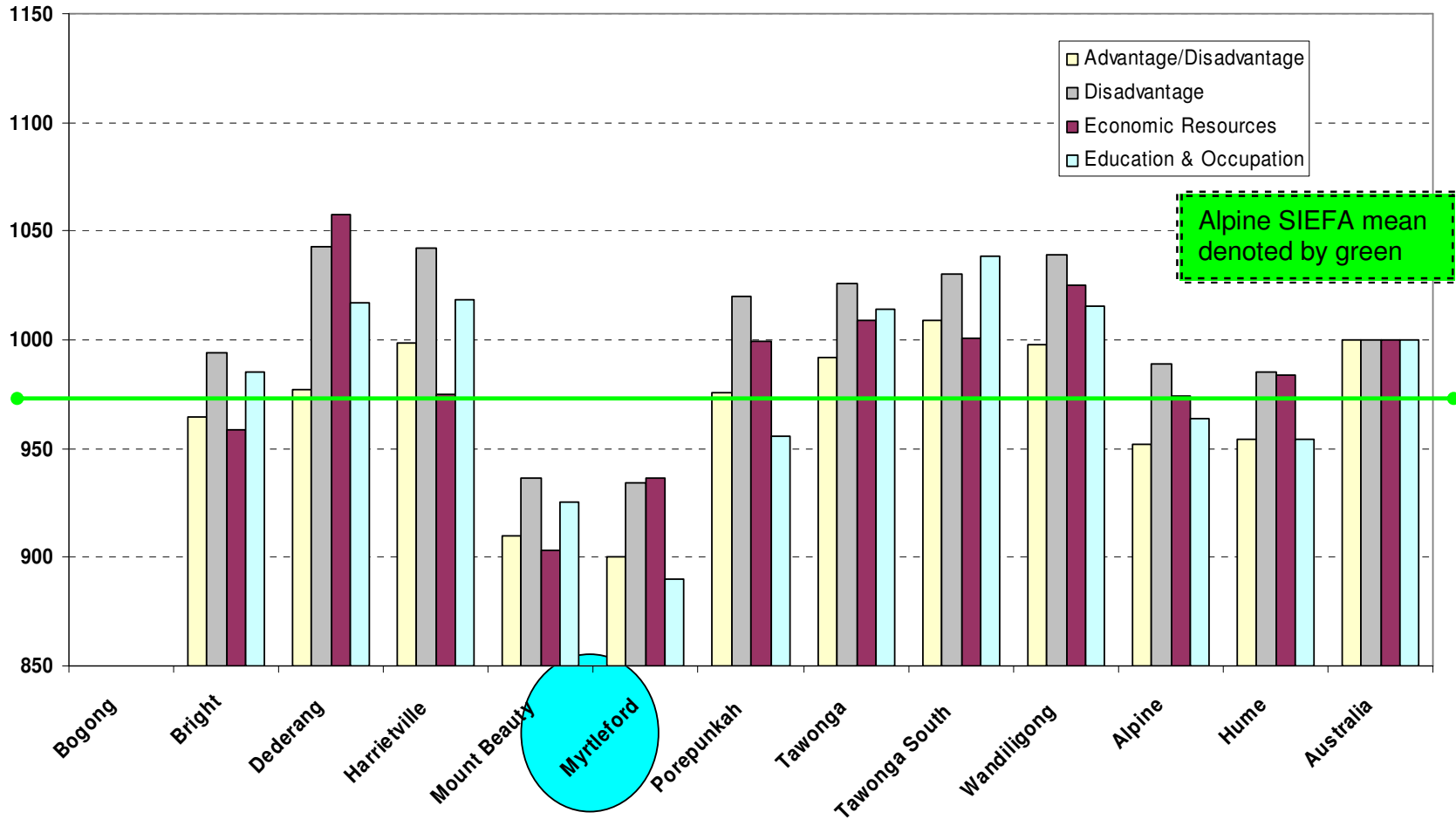
¹³ Insight Social & Health Research May 2008

To illustrate the relative performance of Myrtleford, the following maps show the results and how the area compares to other immediate areas and Alpine Shire for the index of social and economic disadvantage (IRSED).

IRSED deciles: Myrtleford CDs, 2006



**SEIFA data 2006: Alpine suburbs average index scores
(weighted by CD populations - Hume region weighted by LGA populations)**



3.13 Community Resilience & Business Vitality

Measures of community resilience are designed to illuminate an understanding of a given community's capacity, skills and strengths. In addition, they assist in highlighting possible gaps in capacity.

3.14 Community Adversity & Resilience

The report by Professor Tony **Vinson** for Jesuit Social Services¹⁴ indicates that Myrtleford may have an issue with social connectedness and resilience, being at the 4th quintile (out of 20 being the highest) for Victoria (see Table App A.).

3.15 The Business Vitality Index Project.

Myrtleford is one of five towns that are part of a statewide pilot of the BVI in 2008. The BVI is an activity being undertaken by the Small Towns Victoria Program funded by Regional Development Victoria and co-ordinated by the Municipal Association of Victoria (MAV). The program aims to assist with economic development across small rural communities in Victoria.

The program involved the administration of a comprehensive 100 question survey to 32 people on 14 April 2008. The survey captured stakeholder perceptions across ten key themes such as 'opportunities', education, innovation, role of government, communication and connectivity. Further, the report and results of the perception survey were discussed with business and community leaders on 16 June in the town to assess short term and long term priority setting.

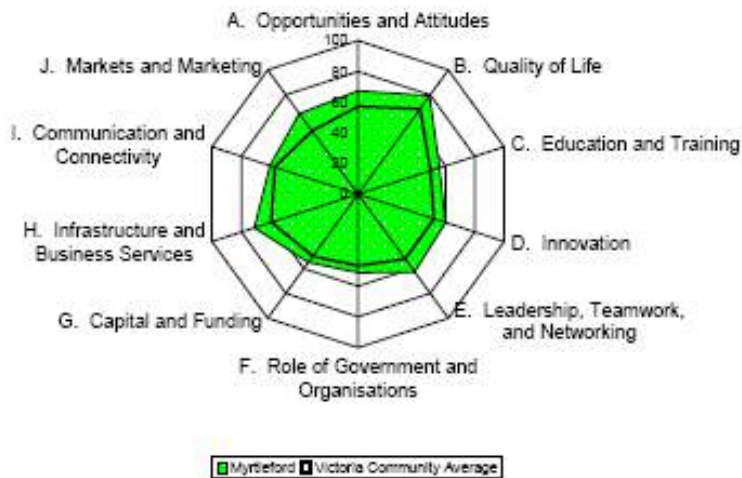
The BVI project report uses a web matrix to illustrate comparative performance against the measured indicators with results being benchmarked to an international results database.

The following matrix illustrates the results for Myrtleford and clearly demonstrates the strengths people believe exist in their community. Whilst the project is focused on economic drivers and business entrepreneurship, the data collection and material canvassed as a part of the projects purview does incorporate a range of social, health and community wellbeing interests, hence the reference to the project and its results in this Atlas.

The complete survey results from the BVI project are provided in Part 2 Appendix C of this Atlas.

¹⁴ Community Adversity and resilience, Tony Vinson, Ignatius Centre, March 2004

Diagram – BVI Web Matrix Results for Myrtleford and All- Community Section Scores



Overall, the BVI results indicate that people in Myrtleford are very positive about their community. There is a strong sense that Myrtleford is on the cusp of an economic and social revival following the demise of the tobacco industry and the impacts from the devastating bushfires in 2003 and 2006/7. New opportunities are beginning to emerge in industry, agriculture, tourism that are just waiting to be developed. Further, people feel very enthusiastic that their community is one that is friendly, committed, resilient and diverse.

With that in mind, the short term suggested priorities for Myrtleford (as they relate to health & wellbeing) are a community based and / or youth based leadership program, increase in community events, a family retention and return home strategy and communication. Longer term recommendations for evaluation are for the development of a youth strategy, schools / education and lifelong learning strategies, a community foundation and the creation of a Myrtleford Community Plan.

Community Indicators Victoria, McCaughey Centre University of Melbourne
 The **Community Indicators Victoria (CIV)**¹⁵ project is managed by the McCaughey Centre who administer a state-wide program of community wellbeing indicators. At present, data is available at state, regional and local government level. Data is not compiled at a suburb or township level.

¹⁵ See www.communityindicators.net.au/

The measures of wellbeing (at Alpine Shire level) provide useful information for understanding the strengths of the wider community. The relevant measures and data is obtained from the CIV website.

The key result areas of utility to the CBI are:

- ✓ Healthy, safe and inclusive communities;
- ✓ Dynamic, resilient economies;
- ✓ Democratic and engaged communities.

On these results, the indicators suggest that residents sense of wellbeing is either on average with Victorian figures, or well in excess of the state averages. The results indicate that Alpine communities are resilient, well connected and actively engaged in their communities be it sport, community life or democratic forums. The following sample of indicators illustrates this point:

Table 1 – CIV Indicators, Sample, McCaughey Centre 2007

Measure	Alpine	Hume Region	Victoria
Citizen Engagement	69.5	64.3	53.8
Self Reported Health	57.7	54.5	54.3
Subjective Wellbeing	79.6	78.5	76.4
Volunteering	62.9	55.5	n/a
Internet Access (broadband)	50.5	46.7	60.9
Work Life Balance	63.7	64.2	58.0
Safety Perceptions (night)	88.3	73.1	66.4

The one indicator that is counter is a difference in broadband internet access. In addition, the Dept of Planning & Community Development (DPCD) maintain LGA level indicators of community strength. The data from this source reinforces the CIV results. For instance, indicator “it’s an active community” shows 76.7% for Alpine Shire cf 72.2 for Victoria.

All this data points to Myrtleford demonstrating a similar level of strength and resilience.

4 Asset Mapping - Myrtleford

For an understanding of the information used to compile this map, please see the Asset Mapping Workbook record at *Appendix F* in Part 2 of the Atlas.

4.1 Myrtleford Assets

The role of Myrtleford as a major service centre for agriculture and human services, employment in the timber industry and transport as well as being a key housing node for the Ovens Valley, is reflected strongly in terms of the broad catchment of business and community operations that are present in the town.

4.2 Infrastructure

Myrtleford has a range of high quality open spaces available. These facilities include recreation reserve amenities, sports centres and outdoor pool available to it.

Emergency services exist such as SES, Ambulance & CFA, there is a P-12 primary / secondary school, a hospital and health service base, child care, kindergarten, a business retail precinct, clubs, service stations, hotels and trade services.

The Great alpine Road runs through the centre of the town and myrtleford is a transport interchange node for V/Line services to Wangaratta, Beechworth, Wodonga and Bright.

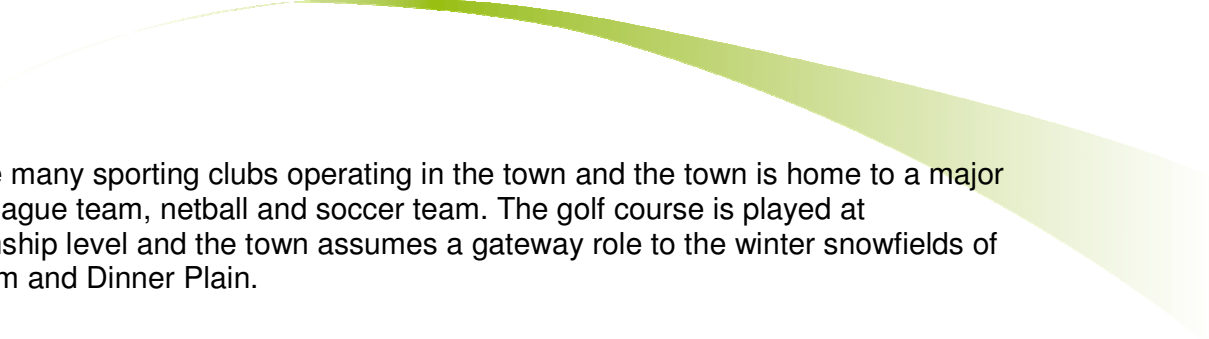
The main industries are agriculture, timber, tourism, hospitality and retail. The asset map indicates **298** identified separate business entities registered for Myrtleford.

4.3 Community & Cultural

The asset map shows there are **106** separate community based groups and activities recorded as being offered in Myrtleford. These include music, social clubs, arts, flying, halls, museum, radio station and many sporting clubs. The quantum and diversity of groups / activities is again reflective of the hub role that the town provides to the valley.

4.4 Recreation

The swimming pool reserve is a big feature of the town in summer. The off road, rail trail bike track winds its way through the township and provides a highly utilized link to Bright, Beechworth and beyond to Wangaratta.



There are many sporting clubs operating in the town and the town is home to a major football league team, netball and soccer team. The golf course is played at championship level and the town assumes a gateway role to the winter snowfields of Mt Hotham and Dinner Plain.

4.5 Strengths of the Community

Cited in the data analysis is an evidence base that supports the proposition that people in Myrtleford are part of a well connected community.

The fact is that because the town is a service node, a range of major key service providers have Myrtleford as their home base, for example TAFCO, the Chamber of Commerce, Workways, SES, Alpine Health, Ovens & King Community Health, DSE, Victoria Police, High Country Library, and Alpine Shire all have a physical operational presence in Myrtleford.

5 Reflection

The key results from the 2006 census data for Myrtleford are **income, education transport, housing** and **all SEIFA indices**.

The Myrtleford scores for all SEIFA measures are significantly below national and regional levels as well being below shire averages for disadvantage and economic resources. The majority of indices are in the lowest deciles possible pointing to areas of critical concern for social and health planning. However, the SEIFA scores are not homogenous across the whole of the township thus suggesting that a localized experience of disadvantage is not consistent to neighbouring areas and that impacts will therefore be differential in terms of ultimate personal experience.

The results are in part reflective of a number of factors including low rates of education attainment, housing type and the high percentage of low household income at 50% of households with a *reported* income of less than \$500 per week.

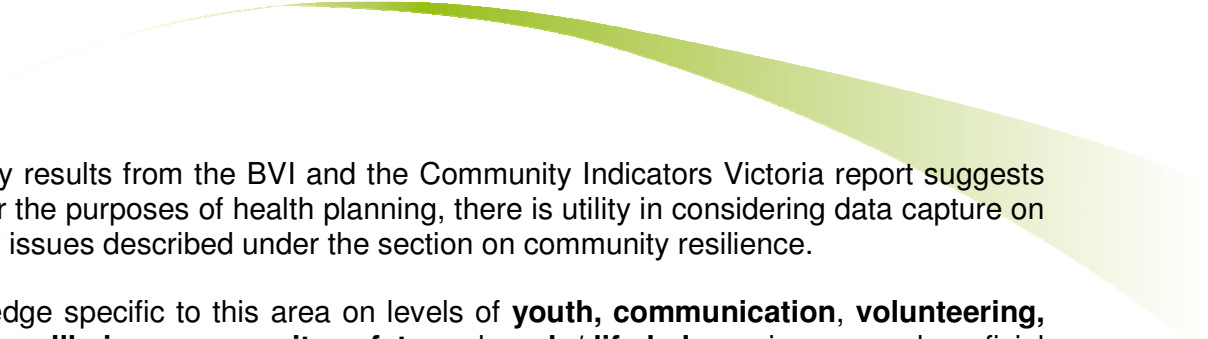
These factors points to implications for service demand (aged care, social support, in home care, health services) as well as household stress resultant from economic pressures such as inflation and cost of living increases. Research tells us that from a social and health planning perspective, failure to carefully understand and respond to these issues and the results can lead to inter-generational experience of disadvantage.

The BVI score adds weight to the Alpine shire level results for resilience from the Community Indicators Victoria work. Experience of adversity such as fire and industry closure, has not dampened peoples enthusiasm and sense of community for the town. The BVI results suggest a strong will and resolve to make the community a better place to live and a place that people would want to live.

Alpine Health's comprehensive report on key primary health data and issues at shire level prepared by Plexus, indicates understanding about community experiences of smoking, nutrition, alcohol, physical activity, gambling and crime¹⁶ warrant further investigation.

That aside, there are gaps in the quantitative evidence that is up to date in terms of knowledge as to health status and wellbeing needs for residents in Myrtleford.

¹⁶ Ibid p251.



The key results from the BVI and the Community Indicators Victoria report suggests that, for the purposes of health planning, there is utility in considering data capture on the key issues described under the section on community resilience.

Knowledge specific to this area on levels of **youth, communication, volunteering, health, wellbeing, community safety** and **work / life balance** is seen as beneficial to contribute understanding for preparing strategies in health.

In terms of the critical determinants of health, consistent with the Alpine Health data, a need is evident to gain further information from the community in respect of life expectancy, stress, early years child development, participation in community life, substance misuse, nutrition and passive physical activity.

The DPI data on climate variability and the possible linkage to the impact of drought, heat stress / cold climate impacts on the elderly and Exceptional Circumstances is a realm that ought be explored in the health plan.

The impact of industry loss due to the closure of the tobacco industry is also a critical factor that ought be examined by way of implications for quality of life and life outcome variables such as education.

It is recommended that Alpine Shire consider data capture needs and a range of innovative methods to explore those issues with residents and stakeholders from the area.

The issues nominated from the census data and the social determinants of health data should be referred to Alpine Shire Council for incorporation into the development of the next Health & Wellbeing Plan.



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ALPINE SHIRE