Municipal Scan

Health and Wellbeing Profile

of the residents living in the City of Maribyrnong

December 2016
The Health and Wellbeing Profile report presents a range of information related to the health and wellbeing of residents living in the City of Maribyrnong. It is a companion document to the Municipal Public Health and Wellbeing Plan 2017-2021, which is incorporated in the Council Plan 2017-2021, and helps to inform planning priorities.
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Executive Summary

Context

All Victorian local governments are required under the *Public Health and Wellbeing Act 2008* to develop Municipal Public Health and Wellbeing Plans (MPHWP). To inform the development of this plan, the legislation requires each local government to examine data about the social determinants of health and the health and wellbeing status of our residents. This health and wellbeing profile, along with findings from consultations with staff, the local community, and health and welfare organisations will help to inform our next MPHWP, which will be incorporated in the Council Plan 2017-2021.

Local government plays an important role in the community. Council influences and contributes to the promotion, improvement and protection of public health through many of its programs and activities. It has responsibility for a range of areas including, roads, parks, waste, land use, local laws, housing, urban planning, personal and home care, early years services, recreation, community development, health protection, emergency management and advocating for community needs. Given this, local government is well placed to influence the social determinants of health.

The city of Maribyrnong is undergoing significant change. Population growth, redevelopment, gentrification, and a transitioning economy is leading to an influx of new residents and businesses. Maribyrnong’s multicultural diversity is evident with 43% residents born overseas and many new arrivals, asylum seekers, and people who identified as Aboriginal or Torres Strait Islanders. Our city has a relatively young population with many infants and young adults. The population is forecast to grow to approximately 156,000 by 2041.

Gentrification and population growth have changed and will change the city’s demographics through age, cultural background and wealth. Levels of income, education, employment have risen over the last decade. High population growth provides great opportunities for retail, services, land use and economy on a larger scale and quality. Conversely, it also provides great challenges in identifying service need and adjusting provision to meet demand whilst managing congestion, urban growth, liveability and promoting health equity.

Key health and wellbeing issues

The social determinants of health are mostly responsible for health inequities. The social determinants of health are the conditions in which people are born, grow, live, work and age, such as housing, education, availability of nutritious food, employment, social support, health care systems, and secure early life. The social determinants of health that are most relevant in our city are:

**Increasing wealth gap**

Inequities in socio-economic status are largely caused by differences in income, education and employment status. Income is a crucial element contributing to quality of life because most basic needs such as food, water, shelter, health care and many forms of recreation have to be purchased. Employment is an important as people out of a job may feel less a part of the community and usually have less income available for daily life expenses. Education is an essential as is enables humans to develop their intellectual potential and maximising their capacity to deal with all aspects of life. The education and skills base of the residents influences capacity to gain employment and contributes to equity and the opportunity to make lifestyle choices.
Key trends:
- Disparities in income are increasing; our city hosts many low income households and the number of high income households has increased rapidly.
- Our labour participation has increased, however our unemployment rate has continued to stay above average and is especially high in Braybrook and Maidstone.
- The socio-economic status and skill base of our population is changing; large increases are observed in Professionals and Managers.
- Overall, our residents are highly educated and levels of education have risen; however some suburbs have poor levels of education.
- Many new high income households have moved to the more gentrified suburbs of our city: Yarraville, Seddon and Kingsville.
- Our city still has some very disadvantaged pockets in Braybrook, Maidstone and Footscray that correlate strongly with public housing locations.

Housing affordability
The availability of secure, well located, affordable housing provides pathways to employment, education and opportunities to participate in community life.

Key trends:
- A large and growing proportion of our residents are renting their homes.
- Median rent and house prices have increased rapidly are above metropolitan average.
- Mortgage and rental stress have increased especially amongst residents living in Braybrook, Maidstone, Footscray and West-Footscray and residents aged 65 plus.
- We have twice as many homeless persons compared to the metropolitan area.

Participation and inclusion
Communication is central to developing and maintaining social ties, sharing knowledge and information, and staying in touch with events. Families, friends and neighbours are among the more immediate sources of care and support for individuals if they need help with everyday activities or unforeseen emergencies. At a social level, social and support networks provide individuals with a sense of belonging.

Key trends:
- Our residents have less contact and receive less social support from others than the average Melburnian and support is lower in Braybrook and Footscray.
- Social and civic trust and community and civic engagement is relatively low and particularly in Braybrook, Maidstone and Footscray.
- Involvement in volunteering activities is relatively low and particularly low amongst Braybrook, Maidstone and our older residents.

Healthy environments
Climate change affects our health in a number of ways, some of which are direct and others flow on from other changes. More frequent and intensive extreme weather, heat waves and fires resulting in more injuries, heart attacks, strokes, accidents, heat exhaustion, asthma attacks, burns and death. Poor air quality due to diesel emissions increases the health risks of asthma, heart attacks, strokes, lung cancer and adverse birth outcomes. Noise pollution cause health problems including arterial hypertension, myocardial infarction, stroke, diabetes and mental health problems.

Key trends:
- Young children, older people, overweight and obese people and those with existing illnesses face greater health risk when extreme heat occurs.
- The impact of the urban heat island effect is strongest in our high density areas.
- The poor air quality and constant traffic noise in our city is expected to increase.
- Numerous schools, kindergartens and childcare centres are located near noisy and air polluted roads which is concerning for the health and wellbeing of our children.
- Our city does not have a large proportion of open and green space.

Neighbourhoods which are perceived as safe foster community participation and encourage physical activity, community connectedness and add to the health and well-being of local residents and visitors. Crime impacts negatively on the community in terms of personal security, the attractiveness of an area for recreation, and on general amenity and is related to community safety.

**Key trends:**
- Safety perceptions have increased significantly in many locations in our city; perceptions are lowest in Footscray CBD and Braybrook Shopping Centre.
- Our crime stats have declined substantially in the past decade; although this trend recently came to an end.

**Health literacy**
Health literacy enables communication and participation in health. It includes the knowledge, skills and capabilities required to understand and use information for staying healthy, preventing disease and deciding on and managing healthcare and treatment. Low health literacy skills are associated with poorer health knowledge, poorer health status, higher mortality, increased hospitalisations and higher health care costs. Low health literacy often coexists with other social disadvantages such as low education, language skills, social connectedness, social inclusion and poverty – thus exacerbating its effect on vulnerable populations.

**Key trends:**
- Relatively low levels of health literacy skills can be expected amongst our CALD communities, refugees, new arrivals, Aboriginal people and older adults.

An overview of **specific health and wellbeing issues** in the municipality is provided on the following page.
**POPULATION**
- 2016: 86,977
- 2026: 110,927

**DISPARITIES**

**HEALTHY EATING**
- Residents do not eat enough fruit and vegetables.

**ACTIVE LIVING**
- The majority of residents do not engage in enough physical activity.

**SEXUAL AND REPRODUCTIVE HEALTH**
- Sexually transmissible infections are on the rise.
  - Chlamydia is the most frequently reported sexually transmissible infection.

**HEALTH SCREENING**
- Rates for pap and breast screening are low.

**GENDER EQUITY & PREVENTION OF VIOLENCE AGAINST WOMEN**
- Violence against women is a significant issue of gender inequity.
  - The number of reported incidents of family violence has increased.

**HEALTHY ENVIRONMENTS**
- Increasing health risks due to noise and air pollution, and heat waves.
  - Community safety improved. Still low in Footscray and Braybrook.
  - Lower percentage of green and open space than the metropolitan average.

**LIFE EXPECTANCY**
- Life expectancy of males (77) is well below the metropolitan average (79).
- Life expectancy of females (81) is below the metropolitan average (82).

**CHRONIC DISEASES**
- One in three adults is overweight or obese.
  - Top three causes of death: cardiovascular disease, ischaemic heart disease and cancer.
  - Rates of hypertension, diabetes and asthma are high.

**TOBACCO**
- The smoking rate remains unchanged, despite declines in metropolitan Melbourne.

**ALCOHOL AND OTHER DRUGS**
- High and at-risk levels of consumption remain.
  - Alcohol and drug-related ambulance attendance rates are very high.

**GAMBLING**
- Losses on electronic gaming machines are the third highest in Victoria ($53.7m).
Ages and stages

Early Years
- Large proportion of 0-4 year olds (infants) and large increase is forecasted: from 6,380 in 2016 to 8,891 in 2026.
- Relatively small proportion of 5-11 year olds 2016: 6,193, but forecast to increase to 8,434 in 2026
  - Breastfeeding and immunisation rates have improved and are on track.
  - Maternal and Child Health visits start off well but quickly drop to below state average.
  - Pre-school participation has increased and proportion of developmentally vulnerable children has dropped.
  - Crucial age for establishing healthy eating and active lifestyles.
  - Numerous schools, kindergartens and childcare centres are located near noisy and air polluted roads.
  - Young children face greater health risk when extreme heat occurs.

Young People
- Relatively small proportion of secondary school age children (11-17 years); this age group is forecasted to increase from 4,357 to 6,013 in 2026.
- Large proportion of young adults (18-24 years) and this group is expected to grow significantly from 9,784 in 2016 to 14,071 in 2026.
  - Increased education levels and school retention and attendance.
  - Low fruit and vegetable intake and high intake of sugar sweetened soft drinks.
  - Young females undertake less physical activity than males.
  - Young adults (especially males) are at increased risk of alcohol and other drugs including tobacco.
  - High levels of psychological distress (especially young females).
  - STIs are high especially chlamydia.

Adults
- Relatively large proportion of 25-39 year olds: 1 in 3 residents. This age group will increase from 27,557 in 2016 to 38,415 in 2026.
- Population aged 40-64 will increase from 24,702 in 2016 to 32,001 in 2026.
  - Increased labour participation and educational levels.
  - Low volunteering rates.
  - 1 in 4 spend 8+ hours sitting a day and 2 in 3 are not physically active enough.
  - Fruit & vegetable intake low.
  - Violence against women is the leading cause of premature death, disability and illness.
  - Participation in cervical and breast screening is low.
  - Alcohol consumption and alcohol-related ambulance attendances are high.

Older Adults
- Proportion of our population aged 65 years and over is relatively small; an increase from 8,003 older adults in 2016 to 11,084 in 2026 is forecasted.
- Vulnerable group:
  - Very high proportion on age pension and experiencing housing and financial stress.
  - Low levels of volunteering and civic and community engagement.
  - Many have a disability and need assistance.
  - At-risk from heatwaves, gambling-related harm, misuse of pharmaceuticals, hypertension, social isolation.
  - High alcohol-related ambulance attendances (especially males).
  - Low health literacy.
Introduction

Purpose
All Victorian local governments are required under the Public Health and Wellbeing Act 2008 to develop Municipal Public Health and Wellbeing Plans (MPHWP) which guide activity to prevent disease, prolong life and promote public health and wellbeing. To inform the development of this plan, the legislation requires each local government to examine data about the health status and its determinants in the municipality.

The purpose of this profile report is to provide a clear picture of the health and wellbeing status of our community. Indicators to measure the social determinants of health and the health and wellbeing outcomes are based on their availability and ability to measure changes over time and between geographical areas. This analysis is important as it will support the discussion and decision-making process for setting the health and wellbeing priorities for Maribyrnong City Council for the next four years.

The information provided in this municipal scan, along with findings from consultations with staff, the local community, and health and welfare organisations will provide the basis for the content of the City of Maribyrnong’s Municipal Public Health and Wellbeing Plan for 2017-2021, which will be integrated with the Council Plan 2017-2021. It is also intended as an ongoing resource and planning tool for Council and health and community agencies within our municipality.

The social determinants (or foundations) of health are the conditions in which people are born, grow, live, work and age, such as housing, education, availability of nutritious food, employment, social support, health care systems, and secure early life. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities. An example of an unequal health outcome is that life expectancy at birth among indigenous Australians is substantially lower (59.4 for males and 64.8 for females) than that of non-indigenous Australians (76.6 and 82.0, respectively).¹

Local governments can promote the health and wellbeing of its populations by providing accessible and high-quality community services, information and infrastructure for the community. It needs to be acknowledged that Council’s influence in improving the health and wellbeing of our communities is larger in some areas (e.g. increasing the visits of maternal and child health services) than others (e.g. improve sexual health or increase in social housing) in other areas.

Council cannot achieve change on its own and in some cases Council is best placed to play a strong advocacy and partnership role rather than taking direction action. Many stakeholders outside Council, such as GPs, parents, schools, and sporting clubs also have a significant impact on the health and wellbeing outcomes of our communities. Also, if individual residents are not able (e.g. some might have low levels of health literacy to make positive behavioural changes to improve their personal health and wellbeing, for example by using sun protection, practicing safe sex, walking to school, riding to work, connecting with others in their local areas and making healthy food choices then the health and wellbeing status of the Maribyrnong community will not improve either.

State health and wellbeing priorities

The Victorian Public Health and Wellbeing Plan 2015-2019 has been consulted and indicators that measure outcomes against the state’s six identified health and wellbeing priorities have been included:

1) healthier eating and active living
2) tobacco-free living
3) reducing harmful alcohol and drug use
4) improving mental health
5) preventing violence and injury
6) improving sexual and reproductive health

The state plan also identifies the importance of looking after the environment and addressing climate change, and the impact of climate change on people’s health and wellbeing.²

The Climate Change Act 2010 recognises that Victoria’s climate is changing and introduces a duty that requires a number of key government decision-makers to take climate change into account when making specified decisions. Local government is identified as one of the decision-makers that must consider climate change when preparing a municipal public health and wellbeing plan (MPHWP).³ Therefore, the current and potential impacts on climate change, such as heat and extreme weather conditions, air pollution and noise that challenges the health and wellbeing outcomes of our community are included in this profile.

Framework for health equity

VicHealth (2015) has defined health inequities as follows: “health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair” and it has recently developed a framework for health equity called ‘Fair Foundations’. This is a conceptual and action oriented framework designed to assist with health promotion planning. It depicts the social determinants of health inequities as layers of influence and entry points for action.⁴ We have used this framework to explore and understand the social determinants of health inequities and differences in health and wellbeing outcomes within the City of Maribyrnong and between the City of Maribyrnong and other geographical areas such as Victoria, metropolitan Melbourne, Northern and Western metropolitan region and other local government areas. The framework is attached in Appendix III.

Structure

The structure of this report is based on VicHealth’s framework outlined above.

Section 1 Describes the current and forecasted Maribyrnong population including an overview of indicators that influence residents’ social position such as age, ethnicity, disability, gender and sexuality, education, occupation, income and socioeconomic status.

Section 2 Explores the daily living conditions of our residents by looking at early child development, education, work and employment, physical environment, social participation and health care services.

Section 3 Looks at the individual health-related factors, including behaviour,
knowledge and attitudes with regards to healthy and active living, smoking, alcohol and drugs, gambling, mental health, violence and injuries, sexual and reproductive health, health screening, and health literacy.

**Section 4**
Describes the differences in **health and wellbeing outcomes** including life expectancy, mortality rates, morbidity rates and self-rated health status.

**Appendix**
I Health and wellbeing data compared
II VicHealth’s Framework for health equity

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**Section 1: Social Position**
- Age
- Diversity
- Disability
- Gender and sexuality
- Income
- Education
- Occupation
- Socio-economic status

**Section 2: Daily living conditions**
- Early child development
- Education
- Work and employment
- Physical environment
- Social participation
- Community and health care services

**Section 3: Individual health-related factors**
- Healthy and active living
- Smoking
- Alcohol and Drugs
- Gambling
- Mental health
- Violence and injuries
- Sexual and reproductive health
- Health screening and checks
- Health literacy

**Section 4: Health and wellbeing outcomes**
- Life expectancy
- Mortality
- Morbidity
- Self-rated health and wellbeing
1. Maribyrnong population and social position

This section describes the current and forecasted Maribyrnong population, including an overview of indicators that influence residents’ social position such as age, ethnicity, disability, gender and sexuality, education, income, occupation and socioeconomic status.

Key findings

- Maribyrnong has a young population with a greater proportion of infants (0-4 years) and adults aged 20-39 years, and a lower proportion of older adults (65+ year olds) compared to the metropolitan area.
- The population is expected to grow considerably. From an estimate of 86,977 in 2016 to 118,927 by 2026 and 156,290 by 2041.
- The largest increases are expected in the 0-4 year age group infants and adults aged 20-39 years.
- Our city has a high CALD population (40% of our residents are born overseas; 43% speak languages other than English and 10% has low English proficiency).
- Maribyrnong has a high number of new arrivals and has recently welcomed many new residents from India, Vietnam, Burma and China.
- As of March 2016, our population included 295 asylum seekers and the majority reside in Braybrook and Footscray.
- There were 322 people in the City of Maribyrnong who identified as Aboriginal or Torres Strait Islander in 2011 and an increase due to high birth rates, migration trends, and higher rates of identification can be expected.
- Community acceptance of diverse cultures is high in Maribyrnong; 60% believe that multiculturalism makes life better in the area compared to 54% in the region.
- Comparable with averages in metropolitan Melbourne, 5% of our population needed assistance with core activities in 2011 and 5% received a disability support pension in 2014-2015.
- Maribyrnong has a greater proportion of low incomes and a greater proportion of high incomes than the metropolitan average in 2011 and the latter group has increased substantially in the last decade (from 22% to 30%).
- The percentage of residents aged 65 years or over who receive an age pension in Maribyrnong (78%) is well above average in metropolitan Melbourne (64%) in 2016.
- The proportion of young residents 20-24 receiving youth allowances (36%) is also well above the metropolitan average (21%) in 2016.
- Levels of education have increased over time; 28% of residents had a university qualification in 2011 compared to 24% in the metropolitan region.
- The socio-economic status and skill base of our population is changing; the largest increases in the occupations of our residents were in Professionals and Managers.
- Our city has some very disadvantaged pockets that correlate strongly with public housing locations in the suburbs of Braybrook, Maidstone and Footscray.
**Current population**
The City of Maribyrnong covers 31.2 km² and includes the suburbs of Footscray, West-Footscray, Kingsville, Seddon, Yarraville, Maribyrnong, Maidstone and Braybrook. Our city has a young population with a median age of 34 years, well below the metropolitan average of 36. We have more young people than the metropolitan average, with a greater proportion of infants (0-4 years), and adults (aged 20-39 years) and a lower proportion of older adults (65 years and over). This is largely associated with the high number of young families, as well as students and young professionals. Figure 1 shows the variation in age distribution.

![Age structure - five year age groups, 2011](image)

**Figure 1: Five years age groups in 2011 - Maribyrnong compared to metropolitan Melbourne**

**Future population**
The City of Maribyrnong population is expected to grow considerably. In 2016, the population was estimated at 86,977. Between 2016 and 2041, the population is forecast to increase to 118,927 in 2026 and 156,290 in 2041. The average number of persons per household is expected to drop from an estimate of 2.54 in 2016 to 2.48 by 2041.

Figure 2 & Figure 3 show that the largest increases are expected in the 0-4 year old age group and the 20-45 year old age groups.

In the next ten years, between 2016 and 2026, Maribyrnong’s population will increase by:
- 5,545 children (aged 0-14 years), including 2,511 infants (0-4 years)
- 9,225 young people (15-29 years)
- 9,193 adults aged 30-44 years
- 4,000 adults aged 45-59 years
- 3,980 older adults 60 years and over
Figure 2: Maribyrnong’s forecasted age structure between 2016, 2026 and 2036

Gender and sexuality

Gender and inequity also influences someone’s social position and health and wellbeing. Therefore, wherever possible sex-disaggregated data is included throughout this report.

Maribyrnong does include a growing LGBTIQ community. It needs to be acknowledged that not all gender diverse people fall within the traditional binary notions of sex and gender and they might be underrepresented or absent in the data used in this report.

The birth rates of our 20-24 year olds – 29 per 1,000 females – are low compared to the state average of 37. The birth rates of our 35-39 year olds – 90 per 1,000 females are high compared to the state averages.

Roughly similar numbers of males and females live in our city, with the exception of over 80 year olds. In 2016, approximately 1,000 males and 1,500 females 80 years and over were living in our municipality.

Diversity of cultures, languages and settlements

Our city is home to residents from a wide range of cultural and linguistic backgrounds. Cultural diversity contributes depth and vibrancy to communities, and also presents challenges in terms of ensuring that all residents can access community services and health services equitably. Individuals with lower English proficiency can experience linguistic and cultural barriers in accessing those services.

CALD population

The City of Maribyrnong has an extremely culturally and linguistically diverse population, representing in excess of 80 language groups from over 135 different countries. The 2011 Australian Census found that 40% of our residents are born overseas (compared to 31% in metropolitan Melbourne), 34% are born in a non-English speaking country (compared to
24% in metropolitan Melbourne) and 43% speak a language other than English (23% in metropolitan Melbourne). Moreover, 10% of the population (9% of males; 12% of females) is considered to have low English proficiency, compared with 4% Victoria wide. The largest language groups include Vietnamese, Cantonese, Mandarin, Greek and Italian.\(^5\) English proficiency skills are lowest in the suburbs of Braybrook and Maidstone.

![Cultural diversity and language skills](chart)

**Figure 3**: Cultural and linguistic diversity within Maribyrnong and compared to other areas

**New arrivals**

Maribyrnong has a high number of new arrivals and the pattern of arrivals has changed over time in response to the changing global environment. Over the last five years, more than half of all new arrivals have comprised of people from India, Vietnam, Burma and China, Future arrivals may include a larger proportion of people from Syria.\(^6\)

**Table 1: Settlement trends – number of new arrivals between 2011/12 and 2015/16**

<table>
<thead>
<tr>
<th>Country</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>158</td>
<td>116</td>
<td>110</td>
<td>206</td>
<td>146</td>
<td>736</td>
</tr>
<tr>
<td>Vietnam</td>
<td>114</td>
<td>102</td>
<td>89</td>
<td>97</td>
<td>85</td>
<td>487</td>
</tr>
<tr>
<td>Burma</td>
<td>86</td>
<td>107</td>
<td>38</td>
<td>73</td>
<td>26</td>
<td>330</td>
</tr>
<tr>
<td>China</td>
<td>73</td>
<td>44</td>
<td>57</td>
<td>72</td>
<td>40</td>
<td>286</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>44</td>
<td>29</td>
<td>35</td>
<td>28</td>
<td>22</td>
<td>158</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>24</td>
<td>18</td>
<td>38</td>
<td>44</td>
<td>22</td>
<td>146</td>
</tr>
<tr>
<td>Iran</td>
<td>48</td>
<td>44</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>106</td>
</tr>
<tr>
<td>Malaysia</td>
<td>37</td>
<td>24</td>
<td>15</td>
<td>16</td>
<td>12</td>
<td>104</td>
</tr>
<tr>
<td>Other</td>
<td>342</td>
<td>231</td>
<td>159</td>
<td>239</td>
<td>165</td>
<td>1,136</td>
</tr>
<tr>
<td>Total</td>
<td>926</td>
<td>715</td>
<td>545</td>
<td>780</td>
<td>523</td>
<td>3,489</td>
</tr>
</tbody>
</table>


\(^6\) Department of Immigration and Border Protection 2016.
Asylum seekers
The City of Maribyrnong is home to the Asylum Seekers Resource Centre which offers 30 programs that protect asylum seekers from persecution and destitution, support well-being and dignity, and empower people to advance their own future. The ASRC is the largest and the only independent provider of aid, legal and health services to people seeking asylum in Australia.

As of March 2016, our population included 295 asylum seekers and most of them are residing in the suburbs of Braybrook (119), Footscray (100), and West-Footscray (44). Our City accommodates 2.9% of all refugees (10,228) residing in Victoria. The cities of Greater Dandenong (29.9%), Brimbank (18.0%), Whittlesea (11.0%), Casey (9.5%) and Hume (6.9%) have the highest numbers of asylum seekers. Our city is in the second half of the top 10 largest refugee populations. Most LGAs have less than 2% of all refugees living in Victoria.

Aboriginal people
According to the 2011 ABS Census there were 322 people in the City of Maribyrnong who identified as Aboriginal or Torres Strait Islander, which represents 0.5% of our population. The ABS acknowledges significant undercounting around Aboriginal and Torres Strait Islander status. Today Aboriginal people live in every suburb of the City of Maribyrnong and many also come here to work and study, for worship and leisure, and to access a range of services and resources. The Census reported that in 2011 there were 47,327 Aboriginal people living in Victoria (0.9% of the total population). This is an increase of over 13,800 people from the 2006 Census and can be explained by high birth rates, migration to Victoria and higher rates of identification. The increase translates to an annual growth in population of 5.8%. In contrast, annual growth by Victoria’s non-Aboriginal population was 1.4% over the same period. If these levels of growth continue, the Aboriginal population in Victoria is projected to rise to over 80,000 people by 2021. It is very likely that our city will also see an increase of the Aboriginal population in the next decade.

Community acceptance of diverse cultures
Community acceptance of diverse cultures is high in Maribyrnong. In 2011, 60% of our adult population felt that ‘Multiculturalism Makes Life in the Area Better’, compared with 54% in the metropolitan region.

Disability
Population living with a disability by age and gender
In 2011, 5% of our population needed assistance with core activities, which was comparable with the metropolitan average and the need for assistance is highest for the 85+ age group as 49% of this group needs support. Notably, the need for assistance was higher amongst all other older age groups (60-84 year olds) in Maribyrnong compared to the metropolitan area.

Footnotes:
7 Department of Immigration and Border Protection 2016, Number of IMA BVA Holders.
8 Maribyrnong City Council, Diversity team, Draft Current Evidence on Aboriginal Employment and CALD and Asylum Seeker Inclusion, October 2016.
9 Maribyrnong City Council, Diversity team, Draft Current Evidence on Aboriginal Employment and CALD and Asylum Seeker Inclusion, October 2016.
The estimated assistance needed by each age group in 2016 is based on the forecast data (see figure 2).

Table 2: Need for assistance with core activities 2011 and estimate 2016

<table>
<thead>
<tr>
<th>Assistance needed by age group</th>
<th>% of total group Greater Melbourne 2011</th>
<th>% of total group Maribyrnong City 2011</th>
<th>Number Maribyrnong City 2011</th>
<th>Estimated number Maribyrnong City 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>1.0</td>
<td>0.8</td>
<td>42</td>
<td>51</td>
</tr>
<tr>
<td>5 to 9</td>
<td>2.5</td>
<td>1.9</td>
<td>69</td>
<td>89</td>
</tr>
<tr>
<td>10 to 19</td>
<td>2.0</td>
<td>2.3</td>
<td>147</td>
<td>184</td>
</tr>
<tr>
<td>20 to 59</td>
<td>2.0</td>
<td>1.9</td>
<td>870</td>
<td>1079</td>
</tr>
<tr>
<td>60 to 64</td>
<td>6.1</td>
<td>8.9</td>
<td>227</td>
<td>280</td>
</tr>
<tr>
<td>65 to 69</td>
<td>7.8</td>
<td>12.6</td>
<td>224</td>
<td>294</td>
</tr>
<tr>
<td>70 to 74</td>
<td>11.6</td>
<td>19.5</td>
<td>314</td>
<td>330</td>
</tr>
<tr>
<td>75 to 79</td>
<td>18.7</td>
<td>27.4</td>
<td>383</td>
<td>396</td>
</tr>
<tr>
<td>80 to 84</td>
<td>28.9</td>
<td>36.7</td>
<td>478</td>
<td>436</td>
</tr>
<tr>
<td>85 and over</td>
<td>48.4</td>
<td>49.4</td>
<td>566</td>
<td>663</td>
</tr>
<tr>
<td>Total</td>
<td>4.5</td>
<td>4.6</td>
<td>3,320</td>
<td>3,802</td>
</tr>
</tbody>
</table>

The next figure shows the number of males and females with a disability who need assistance with core activities of each five-year age group in 2011. From the 50+ age groups onwards, more females than males need assistance.

Figure 4: Number of males and females with a disability in Maribyrnong in 2011

Disability and employment

State-wide, the employment statistics for people with a disability are very poor and they are even worse for people living with a disability in our municipality as the table below shows. The unemployment rate for people living with a disability was above the state average and the employment rate as well as the labour force participation for people living with a disability were below the state average in 2011 as the next table shows.

Table 3: Employment statistics of people living with and without a disability 2011

<table>
<thead>
<tr>
<th></th>
<th>Maribyrnong</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>disabled</td>
<td>not disabled</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>16.5</td>
<td>6.9</td>
</tr>
<tr>
<td>Per cent Employed</td>
<td>5.6</td>
<td>66.8</td>
</tr>
<tr>
<td>Labour Force Participation Rate</td>
<td>6.7</td>
<td>71.8</td>
</tr>
</tbody>
</table>

Source: ABS Census Data

Disability support pension

Comparable with metropolitan and state averages, 5% of our residents received a disability support pension in 2014-2015.  

Education

The prevalence of a highly qualified population is one of the most important indicators of socio-economic status. Figure 5 demonstrates that the levels of education have improved substantially between 2006 and 2011 within Maribyrnong and in other geographical areas. Maribyrnong’s population is higher educated - 28% has a Bachelor Degree or Higher - compared to the metropolitan population (24%). There are more women (30%) with university qualifications than men (26%). Education varies greatly between our suburbs with the lowest proportion of university qualifications amongst Braybrook residents and the highest proportion amongst the Seddon population.

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13 University qualifications include bachelor degrees, PhD and masters degrees, graduate diplomas and graduate certificates. Undergraduate diplomas are not included.

Income
Economic wellbeing, and thus income (and income support) is a crucial element contributing to quality of life because most basic needs such as food, water, shelter, health care and many forms of recreation have to be purchased.

Household income
The median household income in Maribyrnong City is below averages in the region and Greater Melbourne, as figure 6 shows. However it varies greatly within the City of Maribyrnong with the suburb of Braybrook having the lowest household income and the suburb of Maribyrnong having the highest.  

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An analysis of individual weekly incomes shows that males’ median incomes ($709) are well above the median income for females ($467).

Equivalised household income quartiles

While household income is a useful measure, it is difficult to tell if changes over time and between geographic areas are due to actual changes in income levels, or due to changes in household size and composition. Equivalised income quartiles allow us to compare relative income-earning capabilities across time. Analysis of the distribution of households by income quartile in Maribyrnong City compared to Greater Melbourne shows that there was a greater proportion of households in the highest equivalised income quartile (30% versus 28%), as well as a greater proportion in the lowest equivalised income quartile (27% versus 23%) in 2011. Figure 7 also shows that the most significant change in Maribyrnong City between 2001 and 2011 was in the highest quartile.
Income support

The percentage of residents aged 65 year or over who receive an age pension in the City of Maribyrnong (78%) is well above averages in Greater Melbourne (64%) as per March 2016. In fact, the only LGA that has a slightly higher proportion is the City of Greater Dandenong.

Other income support payments to Maribyrnong residents are also above Metropolitan averages. In the period 2014-2015, 5% of our residents received a disability support pension and 7% received an employment benefit. As per March 2016, 36% of our 20-24 year olds received youth allowances compared with 21% in metropolitan Melbourne.

Source: Centrelink payments 2014-2015

Figure 8: Proportion of residents on other income support payments in 2014-2015
Occupation
Occupation is a key measure for evaluating Maribyrnong City's socio-economic status and skill base. An analysis of the jobs held by the resident population in Maribyrnong City in 2011 shows that the three most popular occupations were: Professionals (27%), Clerical and Administrative workers (15%), and Managers (12%). There are more Professionals and Labourers and less Technicians and Trades Workers amongst the employed residents in Maribyrnong compared to Greater Melbourne. The socio-economic status and skill base of our population is changing; the largest changes in the occupations of residents between 2006 and 2011 were an increase in Professionals (+2,693) and Managers (+1,103).

Socio-economic status
The Socio-Economic Indices for Areas (SEIFA) rank areas across Australia according to a number of different Census variables, including income, education levels and employment status. The Index of Relative Socio Economic Advantage and Disadvantage (IRSAD) summarises information about the economic and social conditions of people and households within an area. Low scores indicate relative disadvantage and high scores relative advantage. The figure below illustrates the variation in IRSAD across Maribyrnong. Our city still has some very disadvantaged pockets that correlate strongly with public housing locations.

Figure 9: IRSAD scores across the City of Maribyrnong
2. Daily living conditions

Daily living conditions represent the everyday circumstances in which people live. The quality of these conditions affects people’s material circumstances, psychosocial control and social connection, and can be protective of or damaging to health. Different social groups have differential exposure and/or vulnerability to a range of daily living conditions. Daily living conditions are both determinants of health – such as educational attainment – and settings, such as schools, in which action can be undertaken.\(^\text{16}\)

This section explores the daily living conditions of our residents in detail by looking at early child development, education, work and employment, physical environment, social participation and health care services.

Key findings

**Early child development**

- **Breastfeeding rates** have increased in the last decade and are above metropolitan and state averages. In 2014-2015, 63% of our children were fully breastfed at 3 months of age and 48% were fully breastfed at 6 months of age.
- **Immunisation rates** are comparable with averages in the NW region and Victoria. In 2015, 92% of our children were fully immunised at age 5.
- **Child health assessment** rates are below metropolitan and state averages. In 2014-2015, 65% of our children attended the Maternal and Child Health session at 2 years and 54% attended the check at 3.5 years of age.
- The proportion of our children that are developmentally vulnerable has dropped from 13% in 2009 to 8% in 2015 and is now below the state average.
- **Kindergarten participation** has increased significantly in Maribyrnong: from 69% in 2009 to 89% in 2015.
- A relatively high proportion (23%) of our children live in low income, welfare dependent families compared with the average in the metropolitan area (21%) in 2014.

**Education**

- Levels of **education** have increased over time; 28% of residents had a university qualification in 2011 compared to 24% in the metropolitan region; Residents in other inner city areas are higher educated than our residents.
- **School attendance** rates of 17 year olds have increased from 81% in 2006 to 85% in 2011. The increase was only observed in boys.
- **School retention** rates of our 17 year olds have increased somewhat from 10% in 2006 to 8% in 2011, which is just below the metropolitan average. The increase was only observed for boys; a slight decline was observed for girls.

**Work and employment**

- The highest number of **jobs** in our local government area can be found in health care and social assistance, retail trade, manufacturing, and education and training respectively.
- Only 19% of employed Maribyrnong residents worked within the boundaries of their local government area, compared with 31% in the metropolitan region in 2011.

The employment rate has increased in Maribyrnong from 59% in 2006 to 63% in 2011 and is slightly above the metropolitan average.

A relatively small percentage (7%) of our 65+ population was in paid work compared with the state average (12%) in 2011.

A relatively high percentage of our 65 year olds received the age pension in 2014-2015; 78% in Maribyrnong versus 64% in the metropolitan region.

The unemployment rate in Maribyrnong has continued to stay above the metropolitan average; 7% of our residents were unemployed in 2016 compared with 6% in metropolitan Melbourne.

About 36% of our 20-24 year olds received a youth allowance in 2016, which is well below the metropolitan average of 21%.

A relatively high percentage of residents received an unemployment benefit in 2014-2015; 7% in Maribyrnong versus 5% in the metropolitan region.

Like elsewhere in Victoria, household incomes have increased between 2006 and 2011. The increase in Maribyrnong has been substantial (37%).

Physical environment

Maribyrnong’s dwelling structure is more diverse than Greater Melbourne and many medium and high density dwellings have been added.

Almost 9% of dwellings in our city were social housing in 2011, which was well above the metropolitan average (4%).

We had more than twice as many homeless persons in 2011 compared to the metropolitan area.

There are 55 registered rooming houses within our municipality and 13 under investigation.

In 2011, 37% of households were renting their residence, well above the metropolitan average of 27%.

Mortgage stress and rental stress is comparable with the metropolitan region, but significantly higher in Braybrook and Maidstone.

Rent-related financial stress is most evident in single households aged 65+ and couples households aged 65+.

Affordability of housing has declined rapidly in the City of Maribyrnong as the median weekly rent and the median weekly house prices are now well above the metropolitan averages.

In 2011, 28% of our residents experienced transport limitations, which is higher than averages elsewhere.

The majority of our locations (73%) are near a bus or tram stop or train station.

More than half (53%) of our residential areas are located near a bicycle network, however the coverage is low compared with other inner cities.

Road safety has increased in Victoria, including in the City of Maribyrnong; the number of major injuries due to road traffic has halved over the last decade.

Although safety perceptions have increased significantly in many locations in our municipality in the last decade, our residents feel slightly less safe walking alone during the day and night than the average Melburnian in 2015.

Maribyrnong crime statistics have been relatively high historically. The total offence rate has declined significantly in our city compared to the state increase in the last decade. This decline came to an end in 2015.

Our city does not compare favourably with most other inner city LGAs with regards to the amount of open space on offer. Public open space as a proportion of the entire municipality was less than 10%.

Direct effects from climate change include: more frequent and intensive extreme weather, heat waves and fires resulting in more injuries, heart attacks, strokes, accidents, heat exhaustion, asthma attacks, burns and death.
• Certain population groups more at risk of extreme heat including children, older people, obese and overweight people and those with existing illnesses.

• The impacts of the urban heat island effect are strongest in built up areas and the City of Maribyrnong will see a substantial increase in medium and high-rise buildings over the next decade.

• The poor air quality in our municipality due to the expanding growth in international trade and increase in diesel emissions from ships, trains, and trucks is serious health risk to our community, including asthma and heart attacks, strokes, lung cancer and adverse birth outcomes.

• The constant traffic noise above varying levels at major (truck) roads can cause serious health problems including arterial hypertension, myocardial infarction, stroke, diabetes and mental health problems.

• The fact that truck traffic from the port is expected to further increase over the next 20 years and that a number of schools, kindergartens and childcare centres are located near those noisy poor air quality roads is concerning.

Social participation

• Maribyrnong residents had less contact with and received less social support from others compared to metropolitan Melburnians.

• Only 78% of our adults had internet access at home compared to 82% in the metropolitan region in 2011.

• Maribyrnong residents have less social and civic trust compared to metropolitan Melburnians. Trust is particular low amongst Braybrook, Maidstone and Footscray residents.

• Community and civic engagement is relatively low compared to metropolitan residents. Perceptions of community and civic engagement are particular low amongst Braybrook and Footscray residents.

• 1 in 5 females and 1 in 6 males were involved in volunteering activities in 2011, which was below metropolitan averages and well below averages seen in other inner city LGAs. The proportion of the 65 years and over age group that is involved in volunteering work is particularly low in our city.

Community and health care services

• Council services that support the mental and/or physical health, including the local library, sports ovals, playgrounds, community centres, the Maribyrnong aquatic centre, public arts and cultural events, are highly valued by our residents.

• Community perception of access and information about community services, activities and events has improved between 2014 and 2015. Footscray residents and Braybrook residents rate access and information low.

• Approximately 1,600 residents receive HACC services per year.
Early child development

Ensuring children’s optimal physical, emotional and social health in the early years has long lasting positive effects on their health, social and emotional wellbeing and achievements in life. There is substantial evidence that early childhood is the most important developmental phase in the lifespan and a critical age that provides one of the greatest potential targets for reducing inequities in health.

Child health assessments at Council’s Maternal and Child Health centres provide an opportunity for parents to gain information, support and advice to assist in caring for their child. Local government plays an important legislative role in delivering immunisation services to the Victorian population. Council has a role in providing, registering and improving access to playgroups and kindergarten programs.

Breastfeeding

Prevalence of breastfeeding is a measure linked to prevention of health problems in children. Breastfeeding provides the essential nutrients for healthy growth and aids in resistance to infection and the prevention of allergies. Breastfeeding also facilitates bonding between mother and child. Research indicates that children should be breastfed a minimum of 6 months or more for optimal health of the baby.

In the City of Maribyrnong, 63% of children born in 2013-2014 were fully breastfed at 3 months of age and 48% were fully breastfed at 6 months of age in 2014-2015, which was higher than average in Greater Melbourne and Victoria. Breastfeeding rates have increased in Maribyrnong in the last decade.

<table>
<thead>
<tr>
<th></th>
<th>2004/5</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maribyrnong at 3 months of age</td>
<td>54</td>
<td>63</td>
</tr>
<tr>
<td>Greater Melbourne at 3 months of age</td>
<td>51</td>
<td>55</td>
</tr>
<tr>
<td>Victoria at 3 months of age</td>
<td>53</td>
<td>55</td>
</tr>
<tr>
<td>Maribyrnong at 6 months of age</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>Greater Melbourne at 6 months of age</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Victoria at 6 months of age</td>
<td>41</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: Department of Education and Training

Figure 10: Proportion of children that are fully breastfeed at 3 and 6 months of age

Caution should be exercised when interpreting and comparing these data as the data have been sourced directly from the Breastfeeding Rates table in the Maternal & Child Health Services Annual Report. Caution needs to be taken as not all M&CH Services use the same system to record information and the recording itself is highly reliant on M&CH Nurses completing the relevant data entry. Also, not all infants are seen by the M&CH Services as not all parents choose to visit them.
Immunisations
Proper and timely immunisation effectively protects children from a host of debilitating and sometimes deadly childhood diseases and is most effective when a high proportion of the population has been immunised. In the City of Maribyrnong, 92% of children aged 5 years were fully immunised in 2015. This percentage is comparable with averages elsewhere.

Child health assessments
Child health assessments at the Maternal and Child Health centres provide an opportunity for parents to gain information, support and advice to assist in caring for their child. The assessment evaluates the child’s development at particular ages, including growth, physical movements, behaviour, play, physical examinations, hearing and eye screenings and behavioural interactions with family members and peers.

The most recent attendance rates show that the visits at 4 weeks of age are identical to the metropolitan average: 98% of children attend Maternal and Child Health at four weeks of age. After that, attendance rates drop: 82% of children attend the sessions at 12 months, 65% of children attend at 2 years of age and only 54% attend at 3.5 years, which is well below the state average. Attendance rates of Aboriginal infants are also well below state average.

![Child Health Assessments](source: Department of Education and Training)

Figure 11: Proportion of children that attended MCH services in 2014-2015

Early child development
The Australian Early Development Census (AEDC) measures children's development at the start of prep in five key domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. In the City of Maribyrnong, the proportion of children attending prep who are developmentally vulnerable on one or more domains of the AEDC has dropped from 25% in 2009 to 19% in 2015 and the proportion that are vulnerable on two or more domains has dropped from 13% in 2009 to 8% in 2015. Maribyrnong is now slightly below the Victorian averages.
Figure 12: Proportion of vulnerable children in the City of Maribyrnong and Victoria

The proportions of vulnerable children vary across the municipality, with the highest proportions in Braybrook/Maidstone and Footscray and lowest in Seddon/Kingsville and West Footscray/Tottenham.

Figure 13: Proportion of developmentally vulnerable children on one or more domains
Kindergarten participation
The percentage of our prep pupils that have attended Kindergarten before their first year at school has - like elsewhere in metropolitan Melbourne – increased significantly, from 69% in 2009 to 82% in 2012 and to 89% in 2015 and is now close to averages in other comparable LGAs.\(^{18}\) Participation rates tend to vary between suburbs, with the highest participation rate in Braybrook/Maidstone (94% in 2015) and the lowest in Footscray (73%).\(^{19}\)

![Kindergarten participation graph](source)

**Figure 14:** Proportion of kinder age children participating in Kindergarten in 2015

Children in low income families
A higher percentage (23%) of Maribyrnong children live in low income, welfare dependent families compared with Greater Melbourne (21%) as of June 2014.

Education refers to the development of knowledge and skills for problem solving, and a sense of control and mastery over life circumstances. Education is an essential component of community well-being. The education and skills base of residents influences the capacity to gain employment and contributes to equity and the opportunity to make lifestyle choices.

**Education**

University qualifications
Maribyrnong’s population is higher educated than the metropolitan population; in 2011, 28% of our residents (30% of females; 26% of males) had university qualifications compared to 24% in metropolitan Melbourne. However, education varies greatly between our suburbs and residents in other inner city areas are higher educated (41% in the IMAP region had

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\(^{19}\) Data received from the Department of Education and Training in May 2016
university qualifications). Figure 5 demonstrated that the levels of education have improved substantially between 2006 and 2011 within Maribyrnong and in other geographical areas.

School attendance
In 2011, 85% of 17 year olds living in the city of Maribyrnong were attending secondary school, which was above percentages in the NW metropolitan region and Greater Melbourne and a substantial increase from 2006 when 81% of 17 year olds were attending secondary school. Interesting to note is that the increase in school attendance was only observed in boys. In 2006, only 76% of 17 year old boys were attending secondary school; in 2011, 84% were attending.

Figure 15: Proportion of 17 year olds attending secondary school

School retention
In 2011, 8% of 17 year olds living in the city of Maribyrnong were not attending any educational institution (10% in 2006) which was just below the averages in the NW metropolitan region and Greater Melbourne. Again, the increase in school retention was only observed for boys; 16% of 17 year olds were not attending any educational institute in 2006, which was almost halved in 2011 (9%). Amongst 17-year old girls, a decline in school retention was observed between 2006 and 2011.
Work and employment

Work and employment refers to the nature of employment and working conditions, including job security, flexibility, control, physical working conditions and social connection. Employment for all is an important social goal. People out of a job may feel less a part of the community and usually have less income available for daily life expenses.

Employment rate

The employment rate has increased in Maribyrnong from 59% in 2006 to 63% in 2011 and is slightly above averages in the Northern and Western metropolitan region (62%) and Greater Melbourne (63%). Employment rates were higher in most other inner city areas (varying from 63% in Melbourne to 74% in Port Philip). Of our 65+ year olds, only 7% were in paid work in 2011, which was well below averages elsewhere in metropolitan Melbourne and Victoria (12%). Gender differences are significant; 67% of our males participated in the labour force and 58% of our females.
Figure 17: Proportion of people aged 15 years and over who were employed 2006 and 2011

Unemployment

The unemployment rate in Maribyrnong has been in most years above averages in the Northern and Western metropolitan region and Greater Melbourne. In the first quarter of 2016, 7% of our residents were unemployed, compared with 6% in Greater Melbourne.

Unemployment rates varied greatly between our suburbs: 13% in Braybrook/Maidstone, 9% in Footscray, 7% in West Footscray/Tottenham, 5% in Maribyrnong and Seddon/Kingsville and 4% in Yarraville.
Knowing that there is a clear connection between being in employment and health, it seems important to advocate for and invest in local employment and improving options for those that are less employable due to their age, life stage and skills set. Local employment also contributes to making the municipality a desirable place to live and reduces economic leakage. People who live and work in an area are more likely to shop locally and become embedded in the local community. Besides, local employment has environmental benefits, as decreased travel demands reduce greenhouse gas emissions and also helps workers attain better work-life balance. Only 19% of employed Maribyrnong residents worked within the City of Maribyrnong in 2011 compared with 29% in the NW metropolitan region and 31% in Greater Melbourne. Local employment rates were higher in most other inner city areas (varying from 63% in Melbourne to 23% in Stonnington).

Local job market
Health care and social assistance is the largest employer in our local government area and the number of jobs in this category increased between 2006 and 2011. The second and third largest employers are retail trade and manufacturing, however both categories showed a decline in the number of jobs between 2006 and 2011. The number of jobs in the categories education and training, construction and services sector has increased in the same period.

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Figure 18: Proportion of labour force that is unemployed Maribyrnong and greater Melbourne

Source: Department of Employment

ABS Census Data 2011, Community Indicators Victoria, accessed via http://www.communityindicators.net.au/
Table 2: Jobs per industry in the City of Maribyrnong in 2006 and 2011

<table>
<thead>
<tr>
<th>Industry (Click rows to view sub-categories)</th>
<th>2011</th>
<th>Victoria</th>
<th>2006</th>
<th>Victoria</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td></td>
<td>Number</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Health Care and Social Assistance</td>
<td>5,212</td>
<td>17.3</td>
<td>4,206</td>
<td>14.4</td>
<td>1,006</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>4,548</td>
<td>15.1</td>
<td>5,232</td>
<td>17.9</td>
<td>-684</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>4,005</td>
<td>13.3</td>
<td>4,721</td>
<td>16.1</td>
<td>-716</td>
</tr>
<tr>
<td>Education and Training</td>
<td>3,309</td>
<td>11.2</td>
<td>2,830</td>
<td>9.7</td>
<td>+399</td>
</tr>
<tr>
<td>Transport, Postal and Warehousing</td>
<td>1,731</td>
<td>5.7</td>
<td>1,978</td>
<td>6.8</td>
<td>-247</td>
</tr>
<tr>
<td>Accommodation and Food Services</td>
<td>1,469</td>
<td>4.9</td>
<td>1,473</td>
<td>5.0</td>
<td>-16</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>1,492</td>
<td>4.9</td>
<td>1,634</td>
<td>5.6</td>
<td>-142</td>
</tr>
<tr>
<td>Other Services</td>
<td>1,453</td>
<td>4.8</td>
<td>1,230</td>
<td>4.2</td>
<td>+223</td>
</tr>
<tr>
<td>Public Administration and Safety</td>
<td>1,347</td>
<td>4.5</td>
<td>1,206</td>
<td>4.4</td>
<td>+51</td>
</tr>
<tr>
<td>Construction</td>
<td>1,131</td>
<td>3.8</td>
<td>823</td>
<td>2.9</td>
<td>+308</td>
</tr>
<tr>
<td>Professional, Scientific and Technical Services</td>
<td>1,108</td>
<td>3.7</td>
<td>876</td>
<td>3.0</td>
<td>+232</td>
</tr>
<tr>
<td>Administrative and Support Services</td>
<td>652</td>
<td>2.2</td>
<td>777</td>
<td>2.7</td>
<td>-125</td>
</tr>
<tr>
<td>Information Media and Telecommunications</td>
<td>646</td>
<td>2.1</td>
<td>578</td>
<td>2.0</td>
<td>+68</td>
</tr>
<tr>
<td>Arts and Recreation Services</td>
<td>526</td>
<td>1.7</td>
<td>360</td>
<td>1.2</td>
<td>+66</td>
</tr>
<tr>
<td>Rental, Hiring and Real Estate Services</td>
<td>498</td>
<td>1.6</td>
<td>372</td>
<td>1.3</td>
<td>+115</td>
</tr>
<tr>
<td>Financial and Insurance Services</td>
<td>430</td>
<td>1.4</td>
<td>409</td>
<td>1.4</td>
<td>-21</td>
</tr>
<tr>
<td>Industry not classified</td>
<td>308</td>
<td>1.0</td>
<td>314</td>
<td>1.1</td>
<td>-6</td>
</tr>
<tr>
<td>Electricity, Gas, Water and Waste Services</td>
<td>100</td>
<td>0.3</td>
<td>93</td>
<td>0.3</td>
<td>+7</td>
</tr>
<tr>
<td>Agriculture, Forestry and Fishing</td>
<td>41</td>
<td>0.1</td>
<td>24</td>
<td>0.1</td>
<td>+17</td>
</tr>
<tr>
<td>Mining</td>
<td>14</td>
<td>0.0</td>
<td>19</td>
<td>0.1</td>
<td>-5</td>
</tr>
<tr>
<td>Total persons</td>
<td>30,130</td>
<td>100.0</td>
<td>29,245</td>
<td>100.0</td>
<td>+85</td>
</tr>
</tbody>
</table>


Physical environment

The physical environment refers to the built and natural environment, including housing, transport systems, air quality, green space, safety.

Housing

Housing is a fundamental social determinant of health and wellbeing. The availability of secure, well located, affordable housing provides pathways to employment, education and opportunities to participate in community life.

Local governments can - through housing strategies and amendments in their Municipal Planning Schemes – plan and advocate for the diverse housing needs of current and future populations are to be adequately met and supporting infrastructure is provided.

Local housing strategies can also identify appropriate locations for social housing accessible to transport employment and other support services and facilities.
Population forecasts indicate continued prominence of the traditional ‘family with children’, along with an ageing population, an increasing ‘young workforce’ and an increasing population in ‘tertiary education’. Each of these demographic trends has different implications on the housing market including the need for larger housing catering for families, smaller dwellings for young families and couples, and specialized housing for residents wanting to ‘age in place’ and students wanting to live close to tertiary education facilities. Apart from planning for a variety of dwelling typologies e.g. large detached dwellings, medium / high density apartments, retirement villages and student accommodation, future planning also needs to facilitate greater housing diversity to cater for all life-cycle stages and adapt to changing lifestyles.21

This section will look at the current housing situation in Maribyrnong including the diversity of dwellings, proportion of social housing and the proportions of households renting versus owning their house. The number of rooming houses, homeless persons will be presented as well as the decline in affordability of housing in our municipality. The escalating cost of housing, compounded by increased utility costs, increase the financial disadvantage of lower income groups and the risk of homelessness.22

**Diversity of dwellings**

Maribyrnong’s dwelling structure is more diverse than Greater Melbourne and less diverse than the dwelling structure in the IMAP area. However, between 2006 and 2011 much more medium and high density dwellings have been added to the total housing supply in the City of Maribyrnong.

![Diversity and change in dwelling types between 2006 and 2011](image)

**Figure 19: Diversity and change in dwelling types between 2006 and 2011**

Social housing
In 2011, 8.5% of total dwellings in the City of Maribyrnong were social housing. This is well above the metropolitan average (3.9%).

Homelessness
The (estimated) homeless persons per 1,000 population was 8.9 in Maribyrnong compared to 4.0 in the metropolitan area in 2011. Our estimated population was 86,977 in 2016, which means an estimated number of 774 that were homeless.

Rooming houses
Currently, there are 55 registered rooming houses and 13 under investigation. Non-market rooming house residents are amongst the most vulnerable in our community and well managed rooming houses can contribute to their health, safety and security. Sub-standard unregistered rooming houses pose a threat to local neighbourhoods and the health of residents and give rise to social issues.

Renting versus home ownership
In 2011, 37% of Maribyrnong households were renting their residence (2001: 34%; 2006: 35%), well above the metropolitan average of 27%. Home ownership is very low amongst the Sudanese, Pakistani, Indian and Iranian communities and very high amongst the Greek, Italian, Macedonian communities.

Housing affordability

Housing stress
Housing stress can be defined as households in the lowest 40% of incomes who are paying more than 30% of their usual gross weekly income on housing costs (home loan repayments or weekly rent) based on the ABS Census. In 2011, 25% of Maribyrnong households experienced rental stress (Greater Melbourne: 25%) and 9% experienced mortgage stress in 2011 (Greater Melbourne: 12%). Housing stress was highest in Braybrook, Footscray, West-Footscray and Maidstone.

Rent-related financial stress
In 2011, 48% of our residents – compared to 46% of residents in the metropolitan region - were left with an equivalised income lower than one quarter of the median metropolitan weekly gross household income, after paying rent. Rent-related financial stress is most evident in Maribyrnong amongst those 65 years and over. In the City of Maribyrnong, 84% of singles aged 65 and over (versus 74% in metropolitan Melbourne) and 78% of couples aged 65 and over (versus 66% in metropolitan Melbourne) experienced rent-related financial stress in 2011.

Median weekly rent
Median weekly rent for three bedroom houses in the City of Maribyrnong has risen substantially. Until 2004, the median weekly rent was below the metropolitan average. Since then it has increased at a faster pace than the metropolitan average to $425 per week within

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23 Department of Health and Human Services, LGA Health and Wellbeing Profile, Maribyrnong, May 2015.
25 Includes improvised homes, tents, hostels, night shelter, couch surfers, boarding houses and private hotels.
26 Maribyrnong City Council, Environmental Health, September 2016.
28 Based on ABS Census, accessed via www.socialstatistics.com.au
29 as per the NATSEM (National Centre for Social and Economic Modelling) model
30 Based on ABS Census, accessed via www.socialstatistics.com.au
our city - compared to $360 in the metropolitan area as of March 2015. However, the median weekly rent for 3 bedroom houses in other inner city areas are much less affordable ($700 and over).³¹

![Figure 20: Proportion of households that experienced rental stress & mortgage stress in 2011](image)

**Affordability of rental properties**

The affordability of rental properties has declined rapidly in the metropolitan area and even more so in our city. In 2016, 4.7% of the properties that were available for rent within the City of Maribyrnong were affordable to a family of two adults and children on Centrelink benefits compared to 8.9% of similar properties elsewhere in the metropolitan area.³² Poorly designed and maintained rental properties can also increase the cost of heating and cooling. Low socio-economic groups can spend a disproportionate amount of their income on heating and cooling costs.

**Median house price**

Median house prices have increased rapidly in the metropolitan area and even more so in our city. The current median value of houses in Maribyrnong in March 2016 was $679,000 and $527,450 in the metropolitan area.³³

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Figure 21: Proportion of properties that were available for rent and affordable 2000 – 2016

Figure 22: Median house prices 1985 – 2016 Maribyrnong City and metropolitan Melbourne
Transport

Access to both public and private transportation is essential for citizens to contribute to their community and reach their potential. Safe, reliable, and affordable transport is a key determinant of people’s opportunities to access health services and programs, education and secure employment. Limitation in regards to transport is related to social isolation and also has a relationship with sedentary lifestyles. Public transport has wide-ranging impacts on the environment and public transport networks have the benefit of increasing physical activity, which improves physical and mental well-being.

Transport limitations
Limitation in regards to transport is related to social isolation and also has a relationship with sedentary lifestyles. In 2011, 28% of Maribyrnong residents experienced transport limitations, which is higher than averages in the Northern and Western metropolitan region and Greater Melbourne and most other inner city LGAs.

Access to public transport
Accessibility to public transport in Maribyrnong is very good compared with the Northern and Western metropolitan region and Greater Melbourne. Approximately, 73% of locations in Maribyrnong are near a bus or tram stop or train station. Most other inner-city areas are more accessible as figure 23 shows. It is also worth noting that large parts of our municipality do not have a train or tram stop nearby and are depending on buses that come less frequent and with a poor span of hours.

Access to bicycle networks
About 53% of Maribyrnong’s residential areas are located within 400 meters of a principle bicycle network, which is well above the NW metropolitan region average but low coverage compared with most other inner city areas.

School walkability
One way of increasing levels of physical activity is by encouraging active travel. For children, this can be achieved by increasing levels of active travel to school. However, the extent to which children actively travel to school is in part determined by the location of the school and characteristics of the school neighbourhood, for example; distance between home and school, whether the streets have adequate shade, traffic volume and traffic speeds. The average school walkability score in Maribyrnong was 1.1 in 2012, which is slightly below averages in the NW metropolitan region and Greater Melbourne (1.2). School walkability is much higher in other inner city areas (varying between 1.4 and 1.8).  

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34 School walkability is measured by the average school walkability for primary and secondary schools in the LGA (schools are assigned a value from 0-2, where 0=less walkable and 2=more walkable). Two datasets were used in the GIS analysis: school locations, and a cleaned pedestrian road network (Department of Early Childhood and Education and Department of Sustainability and Environment).
Figure 23: Proportion of LGA within 400m of a Bus/Tram Stop or within 800m of a Train Station

Source: Department of Transport

Figure 24: Proportion of the residential LGA within 400m of the PBN

Source: VicRoads
Safety

Neighbourhoods which are perceived as safe foster community participation and encourage physical activity, community connectedness and add to the health and well-being of local residents and visitors. The built environment and the way neighbourhoods are designed and maintained impact greatly on perceptions of safety and are critical factors in any strategy for improving safety in neighbourhoods. The way roads, footpaths and bike paths are constructed and used impact road safety. Crime impacts negatively on the community in terms of personal security, the attractiveness of an area for recreation, and on general amenity and is related to community safety.

Road safety

In 2013, 67 major injuries (and 5 deaths) occurred due to road traffic per 100,000 population in Maribyrnong, compared to 112 major injuries (and 4 deaths) five years earlier in 2008.

Figure 25: Road Traffic Major Injuries per 100,000 population

Perceptions of community safety

The figure below shows the perception of safety in various locations according to the Maribyrnong community.
Figure 26: Perception of safety in public areas in the City of Maribyrnong 2005-2015

Over time, feelings of safety have increased significantly everywhere in the municipality. In 2015, residents felt very safe in public areas in the City of Maribyrnong during the day (8.6), in and around Highpoint Shopping Centre (8.0) and travelling on trains (7.7). Residents felt reasonable safe in and around Footscray CBD during the day (7.4), in and around Braybrook Shopping Centre (7.2), and in the City of Maribyrnong at night (6.8). Residents felt the least safe in and around Footscray CBD at night (5.6). However, the table below shows that residents in Maribyrnong feel slightly less safe than the metropolitan average.

Table 3: Perception of safety in the City of Maribyrnong compared to metropolitan Melbourne

<table>
<thead>
<tr>
<th>Perception of safety in the City of Maribyrnong compared to metropolitan Melbourne</th>
<th>City of Maribyrnong</th>
<th>Metropolitan Melbourne</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Adults who feel safe walking alone during the day</td>
<td>90</td>
<td>93</td>
</tr>
<tr>
<td>% Adults who feel safe walking alone during the night</td>
<td>54</td>
<td>56</td>
</tr>
</tbody>
</table>

Source: VicHealth Survey 2015

Crime

Historically, Maribyrnong crime statistics have been relatively high and most offence category rates are well above the Victorian average. However, the total rate of all offences has declined significantly (40%) over the last decade in Maribyrnong from 15,866 per 100,000 population in 2004-2005 to 9,242 in 2014-2015, whereas Victoria saw an increase of 5% in that same period. In comparison to crime trends in Victoria, Maribyrnong property offence rate dropped drastically in the last decade. The violent offence rate remained unchanged in Maribyrnong, though it increased significantly in Victoria. The drug offence rate dropped substantially in Maribyrnong, but increased substantially in Victoria.
The decline in the total offence rate came to an end in 2015. The table below indicates that the overall crime rate in the City of Maribyrnong per 100,000 residents was 10,396 between April 2015 and March 2016 compared to the previous year of 9,476 recorded offences. This is a 9.7% increase (7.9% increase in the NW region), with Maribyrnong dropping from third highest in the North West region in 2014 to the fourth highest in 2015.\(^{35}\)

### Table 4: Crimes offence rate – April 2011 – March 2012 to April 2015 – March 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Banyule</td>
<td>5,513.8</td>
<td>5,794.1</td>
<td>7,743.3</td>
<td>6,694.0</td>
<td>7,651.3</td>
<td>14.3%</td>
</tr>
<tr>
<td>Brimbank</td>
<td>8,864.5</td>
<td>9,680.8</td>
<td>9,870.1</td>
<td>8,698.7</td>
<td>9,600.6</td>
<td>10.4%</td>
</tr>
<tr>
<td>Darebin</td>
<td>7,938.3</td>
<td>7,496.1</td>
<td>8,857.6</td>
<td>9,440.6</td>
<td>9,814.0</td>
<td>4.0%</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>7,057.5</td>
<td>7,789.9</td>
<td>7,477.1</td>
<td>7,311.3</td>
<td>7,486.9</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hume</td>
<td>7,983.3</td>
<td>8,456.0</td>
<td>8,819.9</td>
<td>9,441.5</td>
<td>10,886.5</td>
<td>15.3%</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>11,379.5</td>
<td>10,740.7</td>
<td>10,453.3</td>
<td>9,476.1</td>
<td>10,396.3</td>
<td>9.7%</td>
</tr>
<tr>
<td>Melbourne</td>
<td>29,584.1</td>
<td>29,313.2</td>
<td>28,679.9</td>
<td>25,793.1</td>
<td>26,088.1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Melton</td>
<td>6,705.3</td>
<td>6,973.9</td>
<td>7,450.9</td>
<td>7,559.2</td>
<td>8,627.6</td>
<td>14.1%</td>
</tr>
<tr>
<td>Moonee Valley</td>
<td>6,490.9</td>
<td>6,878.9</td>
<td>6,891.6</td>
<td>7,503.6</td>
<td>7,810.1</td>
<td>4.1%</td>
</tr>
<tr>
<td>Moreland</td>
<td>7,050.4</td>
<td>7,269.8</td>
<td>7,741.3</td>
<td>7,708.4</td>
<td>8,321.9</td>
<td>8.0%</td>
</tr>
<tr>
<td>Nillumbik</td>
<td>2,999.2</td>
<td>3,049.8</td>
<td>3,508.4</td>
<td>3,552.6</td>
<td>5,321.0</td>
<td>40.8%</td>
</tr>
<tr>
<td>Whittlesea</td>
<td>6,560.6</td>
<td>6,885.2</td>
<td>7,294.9</td>
<td>6,948.4</td>
<td>7,411.4</td>
<td>6.7%</td>
</tr>
<tr>
<td>Wyndham</td>
<td>6,718.1</td>
<td>6,709.4</td>
<td>6,574.2</td>
<td>6,109.2</td>
<td>7,024.8</td>
<td>15.0%</td>
</tr>
<tr>
<td>Yarra</td>
<td>13,323.1</td>
<td>12,546.1</td>
<td>13,812.7</td>
<td>14,402.5</td>
<td>14,524.3</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td><strong>8,824.2</strong></td>
<td><strong>9,079.3</strong></td>
<td><strong>9,344.8</strong></td>
<td><strong>9,203.3</strong></td>
<td><strong>9,927.1</strong></td>
<td><strong>7.9%</strong></td>
</tr>
</tbody>
</table>


\(^{35}\) Caution should be exercised when interpreting recorded crime statistics, as only those offences which become known to police and for which a crime report has been completed are included.
Whilst this follows trends in the majority of areas in the North West Metro Region, further breakdown is required to analyse the type of offences increasing or decreasing over that time in the municipality.

Table 5: Crimes per offence type – April 2011 – March 2012 to April 2015 – March 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime against the person</td>
<td>880</td>
<td>967</td>
<td>1033</td>
<td>878</td>
<td>915</td>
<td>4%</td>
</tr>
<tr>
<td>Crime against property</td>
<td>6400</td>
<td>5883</td>
<td>5794</td>
<td>5342</td>
<td>6303</td>
<td>15%</td>
</tr>
<tr>
<td>Drug offences</td>
<td>727</td>
<td>802</td>
<td>582</td>
<td>500</td>
<td>645</td>
<td>22%</td>
</tr>
<tr>
<td>Public order and security offences</td>
<td>558</td>
<td>612</td>
<td>762</td>
<td>599</td>
<td>589</td>
<td>-2%</td>
</tr>
<tr>
<td>Justice procedure offences</td>
<td>164</td>
<td>201</td>
<td>370</td>
<td>579</td>
<td>529</td>
<td>-9%</td>
</tr>
</tbody>
</table>


Recorded crimes against the person (up 4%), crime against property (up 15%) and drug offences (up 22%) have increased compared with the previous year. Public order and security offences (down 2%) and justice procedure offences (down 9%) have decreased compared with the previous year. Justice procedure offences mostly refer to failure to appear on bail or breaches of an intervention order and are court related. Breaches of intervention orders are likely linked to responses to family violence (for more data see Section 4, Violence and injury). Offences recorded have increased in all postcode areas in 2016 compared with the previous year, varying from small increases in the postcode areas 3011 (Footscray/Seddon), 3012 (West Footscray/Maidstone/Kingsville) and 3013 (Yarraville) to larger increases in the postcode areas 3019 (Braybrook) and 3032 (Maribyrnong).

Green and open space

Green urban areas facilitate physical activity and relaxation, and form a refuge from noise. Trees produce oxygen, and help filter out harmful air pollution. Urban parks and gardens play a critical role in cooling cities, and also provide safe routes for walking and cycling for transport purposes as well as sites for physical activity, social interaction and for recreation. Having access to green spaces can reduce health inequalities, improve well-being, and aid in treatment of mental illness.

Our city does not compare favourably with most other inner city LGAs with regards to the amount of open space on offer. Public open space as a proportion of the entire municipality was 9.9% in 2011, which was higher than Stonnington (6.7%) but lower than in Yarra (16.2%), Melbourne (16.6%) and Port Philip (20.1%). The map below shows the open and green parts of our city.

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Heat and extreme weather conditions

Climate change affects our health in a number of ways, some of which are direct such as heat and extreme weather conditions and others flow on from other changes. More frequent and intensive extreme weather events resulting in more injuries, deaths and stress; more frequent intense heat waves resulting in more heart attacks, strokes, accidents, heat exhaustion and death; and more fires increasing the number of smoke induced asthma attacks, burns and death.
The extreme heat that comes in summer can affect anybody, but there are certain population groups more at risk including children, older people, obese and overweight people and those with existing illnesses. Cities are going to be even hotter because of what is known as the ‘urban heat island effect’. This terms describes how urban areas can generate and store more heat than nearby rural areas. Cities can be a few degrees warmer than regional areas because surfaces such as roads, footpaths and the sides of buildings absorb and release energy from the sun. The impacts of the urban heat island effect are strongest in built up areas and the City of Maribyrnong will see a substantial increase in medium and high-rise buildings over the next decade. Besides, higher temperatures in the summer periods increase the energy demands from people trying to keep cool and in turn adds pressure to the electricity generators, which in turn increases the production of greenhouse emissions.

Air quality

There are serious health effects of exposure to diesel emissions, including asthma attacks, strokes, heart attacks, (lung) cancer, adverse birth outcomes, effects on the immune system, multiple respiratory effects and neurotoxicity.

Geographically, the City of Maribyrnong is at the epicentre of the expanding growth in international trade coming into and going out of Australia. This expansion is fuelled mainly by diesel for the ships, trains, and trucks that transport goods around the country. There is overwhelming medical evidence documenting the serious adverse health effects of poor air quality. The prevalence of asthma in the Maribyrnong City Council is higher than the Victorian average.

There is also a growing body of evidence that low-income, minority communities, are disproportionately impacted by transport emissions. The Federal Government’s Ambient Air Quality Measure Review also expressed that people from lower socio-economic groups and sensitive groups, such as the elderly, children, and those with pre-existing respiratory diseases and cardiovascular diseases, are disproportionately affected by poor air quality.

As a result of concerns raised by residents, air quality tests have been conducted in Francis Street, Yarraville, by the Environment Protection Authority (EPA) in 2001/2002 and 2013, and found that the air pollution was at elevated levels (above the objectives). However, even if reported levels fall within the objectives that does not mean that there is no health risk, as many epidemiology studies indicate that there is no clear threshold and exposure to air pollution below the ‘standards (objectives)’ represent a significant and measurable health risk to the Australian population. The fact that truck traffic from the port is expected to increase over the next 20 years is concerning. There are over 2,000 children enrolled at the four schools along Francis St and Somerville Rd and high rates of asthma have been found.

There are also a number of child care centres and kindergartens affected (Norfolk St Childcare Centre, Yarraville Community Kindergarten, Yarraville Community Centre

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40 Maribyrnong City Council 2013, Senate Committee, The impacts on health of air quality in Australia.


Occasional Care, Merriwa Kinder, Clare Court Kinder and Child Care, Dickory Dock Kids Child Care. All these facilities are adversely impacted by air pollution.

### Noise

Exposure to residential road traffic noise is can cause serious health problems, including cardiovascular effects, diabetes, anxiety and depression.

There is compelling, peer-reviewed evidence, that constant traffic noise above varying levels can cause serious health problems for all sectors of the community. The cardiovascular effect of environmental noise exposure represents an increased incidence of arterial hypertension, myocardial infarction, and stroke. Exposure to residential road traffic noise is also associated with a higher risk of diabetes and mental health symptoms, including anxiety and depression. The World Health Organization (WHO) recently recognised environmental noise as harmful pollution, with adverse psychosocial and physiological effects on public health. The WHO guidelines for night noise recommends an annual average noise level of less than 40 dB outside of bedrooms to prevent adverse health effects and less than 35 dB in classrooms to allow good teaching and learning conditions. ⁴⁴

The EPA undertook noise monitoring on Francis Street for 12 months until December 2013. The average noise level on a weekday was found to be 76dB. During Sunday curfew hours the average noise level was 71.1dB. ⁴⁵ These levels continue to exceed World Health Organisation guidelines and are high enough to have a serious detrimental effect on the health, sleep and wellbeing of residents, seriously diminishing their quality of life. A number of schools, kindergartens and childcare centres are located near noisy truck roads such as Francis Street and Somerville Road, and all of these facilities are adversely impacted by noise pollution. ⁴⁶

### Social participation and inclusion

Supportive communities and networks can be achieved through creating environments to support a high level of trust, cooperation and ensuring there are plenty of opportunities for people to be linked into networks, friends, neighbours and relatives.

Social participation and inclusion refers to supportive relationships, involvement in community activities and civic engagement. In a well-functioning community, all residents – from all ages, stages, abilities and socio-economic and cultural backgrounds - are and feel they are included.

Community Infrastructure is fundamental to social inclusion, as it facilitates social interaction and contributes to the sense of belonging in a local community. Well located, welcoming facilities designed and developed for both women and men ensure that all community members have access to social, educational and recreational opportunities, encouraging participation and inclusion.

### Contact with and support from others

Communication is central to developing and maintaining social ties, sharing knowledge and information, and staying in touch with events. Families, friends and neighbours are among the more immediate sources of care and support for individuals if they need help with

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⁴⁵ EPA Victoria 2014, Francis Street Monitoring Program – Supplementary Report
everyday activities or unforeseen emergencies. At a social level, social and support networks provide individuals with a sense of belonging.47

The next figure shows that our residents have less contact with and support from other people than the metropolitan average. More specifically, 73% of our residents spoke with 5 or more people a day in 2011 (metropolitan average: 78%). In terms of social support, 45% of our residents were able to get help from neighbours and 76% from friends, and 50% believed they were able to receive help from a relative or friend in finding a job.

![Contact with and support from others](image)

**Figure 29: Proportion of our population that had contact with and support from others**

The latest VicHealth Survey Results 2015 revealed that the perception of neighbourhood with regards to *people are willing to help each other* in the City of Maribyrnong (70% of residents agree) is below metropolitan average (72%).48

Council’s annual community survey includes the statement: *in times of need, we could turn to neighbours for help* and respondents are asked to score (between 1 and 10) the statement. The average score only marginally improved from an average rating of 7.2 in 2009 to 7.3 in 2015. Significant variation across the municipality was observed; respondents from Seddon (8.2), Yarraville (8.2), and Kingsville (8.2) rated agreement measurably higher than the municipal average, and respondents from Braybrook (6.8) and Footscray (6.7) rated agreement measurably lower.49

**Home Internet Access**

There are many ways to stay in touch, apart from meeting face to face or speaking on the telephone. Computer and internet technology is increasingly being used as a means of finding information and of becoming, and staying, informed. In 2011, 78% of adults in the city of Maribyrnong had internet access at home compared with 82% in the Northern and

49 Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey
Western region and Greater Melbourne. Home internet access was higher in other inner city areas (varying from 85% in Yarra to 91% in Melbourne).

Social and Civic Trust

Whether individuals take up opportunities for social interaction and community engagement may depend on the level and extent of both social and civic trust. Social trust refers to trust among casual acquaintances or strangers in everyday social interactions, while civic trust refers to trust in public or institutions, and the respect that citizens are accorded in their relationships with those institutions. The next figure shows that our residents have less social and civic trust than the metropolitan average. More specifically, 32% of our residents agreed that most people can be trusted in 2011 (metropolitan average: 39%) and 36% felt they had opportunities to have a say (metropolitan average: 39%). However, more than half of our population (and comparable with metropolitan Melbourne) felt valued by society in 2011.

![Social and civic trust chart](chart)

**Figure 30: Proportion of our population that had social and civic trust**

The latest VicHealth Survey Results 2015 revealed that the perception of neighbourhood with regards to *people can be trusted* in the City of Maribyrnong (67% of residents agree) is below metropolitan average (71%).

Council’s annual community survey includes two statements around trust. More residents selected ‘*feel part of the local community*’ than before, as the average score increased from 6.8 in 2009 to 7.1 in 2015. Significant variation across the municipality was observed; respondents from Yarraville (8.2), Seddon (7.8) and Kingsville (7.8) rated agreement measurably higher than the municipal average, and respondents from Braybrook (6.6), Footscray (6.6) Maidstone (6.3) rated agreement measurably lower.

The average score for the statement ‘*most people in my local community can be trusted*’ increased slightly from 7.0 in 2009 to 7.2 in 2015. Respondents from Yarraville (7.9) and Kingsville (7.8) rated agreement measurably higher than the municipal average, and

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respondents from Footscray (6.7) and Braybrook (6.4) and rated agreement measurably lower.\footnote{Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey}

\section*{Community and civic engagement}

The next figure shows that only 62\% of our residents rated their local community as a pleasant environment compared to 80\% of those living in the metropolitan area. However, similar proportions of Maribyrnong residents rated their local community as an active community (55\%), attended local community events (51\%), and took action on behalf of the community (20\%) compared to metropolitan residents.

A smaller proportion of residents in our city were members of a sports group, religious group or actively involved in their children’s school compared to those living in the metropolitan region.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{civic_community ENG.png}
\caption{Proportion of our population that has been engaged in the community}
\end{figure}

The latest VicHealth Survey Results 2015 revealed that the perception of neighbourhood with regards to \textit{this is a close-knit neighbourhood} in the City of Maribyrnong (56\% of residents agree) is below metropolitan average (58\%).\footnote{VicHealth 2016, \textit{VicHealth Indicators Survey 2015 Selected findings}, Victorian Health Promotion Foundation, Melbourne.}

\begin{thebibliography}{9}
\bibitem{Metropolis2015} Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey
\bibitem{VicHealth2016} VicHealth 2016, \textit{VicHealth Indicators Survey 2015 Selected findings}, Victorian Health Promotion Foundation, Melbourne.
\end{thebibliography}
Annual Council’s annual community survey includes a statement around community and civic engagement. More residents ‘it’s an active community, people do things and get involved in local issues’ than before, as the average score increased from 6.6 in 2009 to 7.1 in 2015. Significant variation across the municipality was observed; respondents from Kingsville (7.8), Yarraville (7.8) and Seddon (7.7) rated agreement measurably higher than the municipal average, and respondents from Braybrook (6.4) and Maidstone (6.3) rated agreement measurably lower.  

Volunteering
The number of volunteers in the community is also a measure of community engagement and social connectedness. In 2011, 1 in 5 females and 1 in 6 males were involved in volunteering activities in Maribyrnong, which is comparable with the averages in the Northern and Western metropolitan region, slightly below averages seen in Greater Melbourne, and well below averages seen in other inner city LGAs (where 1 in 4 females and 1 in 5 males volunteered).

![Volunteering Chart](image)

*Source: ABS Census 2011*

**Figure 32: Proportion of population that was engaged in voluntary work**

A closer look at the data in terms of age, shows that the proportion of the 65 years and over age group that is involved in volunteering work is particularly low in Maribyrnong compared with the averages in Greater Melbourne.

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54 Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey
**Community and health care services**

**Council services that support health and wellbeing**

Our community perceive the local library, sports ovals, playgrounds, community centres, the Maribyrnong aquatic centre, public arts and cultural events as important and they also receive high to very high satisfaction ratings as the next figure shows. These Council services support the mental and/or physical health and social participation.

Services for children, youth, seniors and people with disabilities are also highly valued. Satisfaction with services for seniors and children services are particular high; satisfaction with services for people with disabilities and youth is somewhat lower.\(^{55}\)

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\(^{55}\) Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey
Council’s Home and Community Care Services
Roughly 1,600 residents receive HACC services per year as recipients are coming on and off the service system, there are currently 1,200 on the system.\textsuperscript{56} The information in the figure below shows that compliance with the service standards (89\%) and the proportion of eligible residents that are receiving HACC services (23\%) are is similar to comparable councils. However, only 15\% of eligible CALD residents are receiving services which is well below average. It should be noted that local government have guaranteed funding to deliver HACC services until 30 June 2019.\textsuperscript{57}

\textsuperscript{56} Council’s Positive Ageing and Inclusion information per October 2016.
Perception of community services, activities and events

Community perception of access and information about community services, activities and events based on the Annual Community Survey Results has improved between 2014 and 2015. The average scores for the three statements ‘the community has access to adequate community services’ (from 6.9 to 7.3) ‘it’s easy to find out what services are available for us’ (from 6.5 to 7.0), and ‘it’s easy to find out about activities / events available locally’ (from 6.5 to 7.0) have all increased. However, Braybrook and Footscray residents are less positive about the accessibility information about services, activities and events than the average resident in our municipality.  

58 Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey
3. Individual health-related factors

This section looks at individual health-related factors, including behaviour, attitudes and knowledge.

Key findings

Healthy eating and active living
- Only 6% of our adult population eat enough vegetables, which is comparable with the metropolitan average.
- Less than half (45%) of our adults eat enough fruit, which is somewhat below the metropolitan average (48%).
- In 2015, 14% of our residents ate take-away meals/snacks at least three times a week, which was slightly above the metropolitan average of 12%.
- Comparable with metropolitan averages, 41% of our adults undertake adequate physical activity and 5% engages with sedentary behaviour.
- A quarter of our adults and other adults living in metropolitan Melbourne spend 8+ hours sitting on an average day.
- Approximately 12% of our adult population uses cycling as a form of transport and 57% walks to get around, which is above the metropolitan average but below the levels observed in most other inner city areas.
- Only 6% of Maribyrnong residents walk or cycle to work, which is comparable with the metropolitan average but well below averages in other inner city areas.
- Also, 23% of our residents use public transport to get to work, which is below the inner city average and above the metropolitan average.
- In 2015, 33% of our residents participated in physical activity in an organised way and 68% participated in a non-organised physical activity (metropolitan average: 30% and 72%).
- More than half of Maribyrnong residents (56%) had visited green space at least weekly in 2011, which is consistent with the state average.

Smoking
- The prevalence of current smoking continues to decline in Victoria, however the smoking rate in Maribyrnong remained unchanged between 2011 and 2014.
- In 2014, 16% of our adults and 12% of adults living in metropolitan Melbourne smoke daily or occasionally.
- In 2011, the majority of our residents (73%) supported creating smoke-free outdoor dining areas (state average: 70%).

Alcohol and drugs
- More of our adults (61%) drink at increased lifetime risk of alcohol-related harm compared to other adults living in metropolitan Melbourne (58%).
- Slightly more of our adults (43%) drink at risk of alcohol-related injury on a single occasion compared to the metropolitan average (41%).
- More males drink at increased risk levels and the younger age groups are especially at risk, especially young males.
- In 2015, 30% of Maribyrnong City residents agree that ‘getting drunk every now and then is ok’, which is comparable with the metropolitan average (29%).
- The alcohol-related ambulance attendance rate in Maribyrnong has almost doubled in the last five years and is well above the Metropolitan average.
• The alcohol-related ambulance attendance rates in our city are particularly high for the 40-64 year olds and 65+ year olds.
• The level of illicit drug use has remained relatively stable over the past decade in Victoria; young adults (20-29 year olds) are more likely to use than older adults.
• The misuse of pharmaceuticals and ice is on the rise in Victoria.
• There is no local data on drug consumption available, however the drug-related ambulance attendance rates in Maribyrnong indicate that drug use in Maribyrnong is well above metropolitan averages.
• The heroin-related and benzodiazepine-related attendance ambulance rates declined in recent years but remain very high in our city; the cannabis-related and crystal meth-related ambulance attendance rates have increased and are very high.

Gambling
• There are 454 licenced Electronic Gaming Machines (EGMs) in nine venues within the City of Maribyrnong, which represents 6.4 EGMs per 1000 adults.
• The municipality had losses of $53.7 million on EGMs in 2015-16, which equates to EGM losses of $782 per adult, which is the third highest in Victoria, after the cities of Greater Dandenong and Brimbank.

Mental health
• In 2011, 47% of our residents evaluated their work-life balance as adequate, which was below the state average of 53%.
• Slightly less adults in our city reported high or very high levels of distress (10%) in 2014 compared to the metropolitan average (13%) and compared to the city’s average in 2008 (14%). The most vulnerable age group experiencing high levels of distress is the 18-24 year olds and especially females aged 18-24.
• Slightly less males (9%) and slightly more females (15%) have mental and behavioural problems compared to metropolitan Melbourne (11% and 14%).
• The number of deaths caused by suicide and self-inflicted injuries in our city (7.9 per 100,000 population) is below the metropolitan average (9.4)

Violence and injuries
• The most recent crime stats show an increase in the number and rate of reported incidents of family violence in Maribyrnong and elsewhere in recent years.
• Our residents rate the importance of council’s commitment and activities to prevent violence against women highly (8.6 out of 10 in 2015).
• In 2011, 88% of our residents indicated that they would be likely to intervene if a family member or close friend was in a situation of domestic violence, which was a significant lower proportion than the state average (93%).
• The number of unintentional injuries treated in hospital per 1,000 population (58) is below the state average (60), whereas the number of intentional injuries is comparable with the state average (3).
• The proportion of unintentional injuries due to falls amongst our residents (39%) is slightly higher than in the state (38%).

Sexual and reproductive health
• The teenage fertility rate dropped from 15 per 1,000 women aged under 19 years in 2007 to 5 in 2012 and is below the state average.
• The chlamydia rates for males living in Maribyrnong are well above the state average.
• The hepatitis B rates for males and females living in our city are well above the state average.
• The gonorrhoea and HIV rates for males are slightly higher than the state average.

Health screening and checks
• The cervical cancer screening participation rate (62%) and breast screening participation rate (70%) in our city are below metropolitan averages.
• The bowel screening participation rates (64%) are above metropolitan averages.
• Consistent with state and metropolitan averages, 59% of our residents visited a doctor or GP in the previous three months.
• The proportion of our population that had biomedical checks done was fairly comparable with metropolitan averages; 80% blood pressure check, 60% cholesterol check and 55% blood glucose check.

Health literacy
• Health literacy includes the knowledge, skills and capabilities required to understand and use information for staying healthy, preventing disease and deciding on and managing healthcare and treatment.
• Low health literacy skills are associated with poorer health knowledge, poorer health status, higher mortality, increased hospitalisations and higher health care costs.
• Low health literacy often coexists with other social disadvantages such as low education, language skills, social connectedness, social inclusion and poverty – thus exacerbating its effect on vulnerable populations.
• Relatively low levels of health literacy skills can be expected amongst our CALD communities, refugees, new arrivals, Aboriginal people and older adults.
Healthy eating and active living

A nutritious diet and adequate food supply are central for promoting health and wellbeing. Excess intake contributes to the risk of obesity, cardiovascular diseases, diabetes, some cancers and dental caries. Increased consumption of fruit and vegetables helps reduce the risk of overweight and obesity, heart disease and certain cancers.

Low levels of physical activity and high levels of sedentariness are major risk factors for ill health and mortality from all causes. People who do not do sufficient physical activity have a greater risk of cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically active improves mental and musculoskeletal health and reduces other risk factors such as overweight, high blood pressure and high blood cholesterol.

Fruit consumption
Plant foods have been found to be protective in a range of health problems, including coronary heart disease, hypertension, some forms of cancer, obesity, and diabetes. Less than half of Victorian adults consume the recommended daily intake for fruit (2+ serves). In 2014, only 44% of Victorian men and 52% of Victorian women met the guidelines. In 2014, 45% of adults living in the City of Maribyrnong met the recommended minimum daily intake for fruit, which was somewhat below the averages in the Northern and Western metropolitan region (45%), metropolitan Melbourne (48%) and Victoria (48%). Australia-wide, only 75% of children ate enough fruit in 2011.59

Vegetable consumption
The proportion of the population that consumes the recommended daily intake for vegetables remains very low. In 2014, only 4% of Victorian men and 10% of Victorian women met the guidelines. In 2014, 6% of adults living in the City of Maribyrnong met the recommended minimum daily intake for vegetables (5+ serves), which was comparable with averages in the Northern and Western metropolitan region, metropolitan Melbourne and Victoria. Australia-wide, only 12% of children ate enough vegetables in 2011.60

Compliance with both fruit and vegetable guidelines
In 2014, only 3% of the adult population in Maribyrnong complied with both guidelines and 50% of the adult population did not meet either of them. The results were only slightly better in the NW region, metropolitan Melbourne and Victoria.

60 Idem
In Victoria, females (7%) do better in males (2%) in terms of meeting both guidelines. Also, older age groups do better than the younger and middle age groups.

Take-away meals and snacks
The latest VicHealth Survey Results 2015 revealed that 14% of our residents eat take-away meals/snacks at least three times a week, which is slightly above the metropolitan average of (12%).

Sugar sweetened soft drink consumption
Research has shown that the consumption of sugar-sweetened soft drinks has significantly contributed to the obesity epidemic. In 2014, only 6% of adults living in the City of Maribyrnong drank sugar sweetened soft drink, which was below the averages in the NW metropolitan region, metropolitan Melbourne and Victoria (11%). The consumption by young males (18-34 year olds) are the highest in Victoria.

Sharing a meal
In 2011, 62% of our residents reported sharing a meal with family five days or more per week, which was below the Victorian average of 66%.

Adequate physical exercise
Individuals who participate in physical activities are healthier in mind and body and have a reduced risk of cardiovascular and related diseases. Moreover, physical activity improves cognitive function in the elderly, prevents weight gain, maintains current body weight and, in conjunction with a low-calorie diet, promotes weight loss. The evidence suggests that health benefits accrue with increasing levels of physical activity and that this protective effect occurs even if adopted in middle and later life. Therefore physical activity is an obvious target for health promotion.

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61 VicHealth 2016, VicHealth Indicators Survey 2015 Selected findings, Victorian Health Promotion Foundation, Melbourne.
62 VicHealth 2012, Maribyrnong LGA Profile, VicHealth Indicators Survey 2011 Results, October 2012
The Department of Health has introduced new physical activity and sedentary behaviour guidelines in 2014. In 2014, 41% of our adults undertook adequate physical activity and 5% engaged in sedentary behaviour (no physical activity).

Differences between Maribyrnong, the NW region, metropolitan Melbourne and Victoria are very small. State-wide, the lowest proportions of men and women undertaking sufficient physical activity were observed in the 45-54 and 55-64 age groups. Also, more males (44%) than females (39%) met the physical activity guidelines in Victoria.

**Figure 37: Proportion of Victorians meeting physical activity guidelines by age and gender**

Furthermore, higher proportions of Victorians with low levels of education and from CALD-backgrounds engaged in sedentary behaviour.

In 2013, 62% of Victorian children 5-12 year olds, 17% of children in year 8 and 12% in year 11 met the guidelines for adequate physical activity.

The latest VicHealth Survey results (2015) show that 33% of our residents participated in physical activity in an organised way (metropolitan average: 30%) and 68% participated in a non-organised physical activity (metropolitan average: 72%).

**Time spent sitting**

In 2014, 24% of Victorian adults – 28% of men and 20% of women – spent eight hours or more sitting on an average weekday. Differences between Maribyrnong, the NW region, metropolitan Melbourne and Victoria are very small.

State-wide, the highest proportions of men who spent 8+ hours sitting on an average weekday were observed in the 25-34 and 35-44 age groups and the highest proportion of women who spent this amount of time sitting were observed in the 18-24 and 25-34 year old age groups.

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Visit green space
Consistent with the Victorian average (51%), more than half of Maribyrnong residents (56%) had visited green space at least weekly in 2011.65

Walking and cycling
Figure 46 shows that only 6% of Maribyrnong residents walked or cycled to work in 2011, comparable with the average in the Northern and Western metropolitan region but below averages in other inner-city LGAs. A slight increase in walking or cycling to work is noticeable in all inner-city LGAs between 2006 and 2011.

Figure 39: Proportion of population that rode a bicycle or walked to work 2011

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In 2014, 93% of Victorian adults – 90% of men and 95% of women – did not use cycling for transport longer than 10 minutes for at least one day per week. Differences between Maribyrnong, the NW region, metropolitan Melbourne and Victoria are small, however the proportion in Maribyrnong is somewhat better (88%). Higher proportions and more frequent cycling was observed in the cities of Yarra and Melbourne.

In 2014, 57% of Victorian adults did not walk for trips longer than 10 minutes for at least one day per week. Differences between Maribyrnong, the NW region, metropolitan Melbourne and Victoria are large. In Maribyrnong, 43% of adults did not walk, 31% did walk at 1-3 days per week, and 26% walked at least 4 times a week. Higher proportions and more frequent walking were observed in the other inner city LGAs.

![Walking as transport](image)

**Figure 40: Proportion of population that walked for transport**

**Use of public transport**

Public transport networks and the use of public transport have the benefit of increasing physical activity. In 2011, 23% of Maribyrnong residents used public transport to get to work, which was below averages in other inner-city areas (27%), but above averages in the NW and metropolitan regions. An increase between 2006 and 2011 in the use of public transport for travelling to work is observed all over Victoria.

Smoking

Smoking is a significant cause of many diseases, including coronary heart disease, stroke and numerous cancers, and it is one of the leading causes of death in Victoria.

The prevalence of current smoking in Victoria continues to decline. More men than women smoke but smoking rates are declining in both sexes. Higher proportions of current smokers are found among men and women with low education and on low incomes.

In 2014, 16% of adults living in the city of Maribyrnong were current smokers, which was somewhat higher than in the Northern and Western metropolitan region (13%), metropolitan Melbourne (12%) and Victoria (13%) and remained unchanged compared with 2011. The modelled estimates of the prevalence of current smokers are higher amongst residents living in the suburbs of Braybrook and Maidstone.67

67 Based on previous health population data accessed via www.aurin.org.au
Figure 42: Proportion of adult population that smoke daily or occasionally

In 2011, the majority of our residents, 73%, have indicated that they support creating smoke-free outdoor dining areas (state average: 70%).

Alcohol and drugs

Regular excessive consumption of alcohol places people at increased risk of chronic ill health and premature death. In the short term, intoxication and acute alcohol-related problems include violence, risky behaviour, road trauma and injury. Long-term risk of harm due to alcohol consumption attempts to measure the risk associated with developing an illness such as cirrhosis of the liver, dementia, other cognitive problems, various cancers and alcohol dependence. Illicit drug use contributes to early mortality and morbidity and is linked with HIV/AIDS, hepatitis C, low birth weight, malnutrition, poisoning, mental illness, suicide, self-inflicted injury and overdose. Social impacts include relationship breakdown, child neglect and family violence. Prescription and over-the-counter drugs are also widely misused and easily accessible which contributes to their overuse.

Alcohol consumption

National and state trends showed a decline in drinking between 2010 and 2013. More young Australians choose to abstain from alcohol, the average age at which young people start drinking continues to rise, and the proportion of Australians that consume alcohol in risky quantities is declining.

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68 VicHealth 2012, VicHealth Indicators Survey 2011, Victorian Health Promotion Foundation, Melbourne, Australia.
The National Health and Medical Research Council has introduced new guidelines to reduce health risks from drinking alcohol. It has defined two different risks: 1) lifetime risk of alcohol-related harm, and 2) risk of alcohol-related injury on a single occasion.

In 2014, 61% of adults living in the City of Maribyrnong were at increased lifetime risk of alcohol-related harm, which was above the averages in the NW metropolitan region (54%), metropolitan Melbourne (58%) and Victoria (59%). More males (69%) than females (50%) were at increased lifetime risk in Victoria. Younger age groups are especially at increased risk, especially young males.

Figure 43: Proportion of adults at increased lifetime risk of alcohol-related harm

In 2014, 43% of adults living in the City of Maribyrnong were at risk of alcohol-related injury on a single occasion, which was above the averages in the Northern and Western metropolitan region (38%), metropolitan Melbourne (41%) and similar to Victoria (43%).

More males (55%) than females (31%) were at risk of alcohol-related injury on a single occasion in Victoria. Younger age groups are especially at risk, especially young males.

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Figure 44: Proportion of Victorians at increased lifetime risk

Figure 45: Proportion of Victorians at risk of alcohol-related injury on a single occasion

**Alcohol-related ambulance attendances**

The alcohol-related ambulance attendance rate in Maribyrnong has almost doubled in the last five years and is well above the Metropolitan average. The alcohol-related ambulance attendance rates are particular high for the 40-64 year olds and 65+ year olds.
Alcohol culture

The latest VicHealth Survey 2015 included an indicator to measure attitudes towards alcohol and alcohol culture, specifically the individuals’ attitudes towards drunkenness. Slightly above the metropolitan average (29%), 30% of Maribyrnong City residents agree that ‘getting drunk every now and then is ok’. Victorian males are more likely to agree with the statement than females. There is also a strong relationship between levels of agreement and age, with only 5% of those aged 75 or over agreeing with the statement, compared with 50% of those aged 18 to 24 years.

Drug consumption

There is no data on drug consumption available at the local level. The 2013 National Drug Strategy Household Survey report shows\(^{71}\) that the proportion of Victorians aged 14+ having used any illicit drug - including misuse of pharmaceuticals and other psychoactive substances - has remained relatively stable over the past decade (14%). People aged 20–29 were most likely to have used an illicit drug (27%). The proportion of Victorians aged 14 and over who had misused a pharmaceutical rose from 4% in 2010 to 5% in 2013. Other national trends show that the most common drug used remains cannabis. The use of ecstasy, GHB and heroin is declining, and the age at which people first use illegal drugs is rising. In 2013, approximately 2% of Victorians had used meth/amphetamine. The use of powder fell dramatically, while the use of ice more than doubled between 2010 and 2013.

Drug-related ambulance attendances

The drug-related ambulance attendance rates for most drugs are also higher in Maribyrnong compared to metropolitan Melbourne. The heroin-related attendance ambulance rate has dropped, but remains very high in Maribyrnong (ranked 2 of the 31 LGAs in metropolitan Melbourne). The benzodiazepine-related attendance rate has dropped as well, but remains high (ranked 8). The cannabis-related and crystal meth-related ambulance attendance rates have increased and are very high in Maribyrnong (both ranked 5). Alcohol is involved in at least 4 out of 10 cannabis-related and benzodiazepine-related attendances and 2 out of 10 attendances.

heroin-related and crystal meth-related attendances. A vast majority of the drug-related ambulance attendances are then being transported to hospital. The next figure compares the four highest drug-related ambulance attendance rates in Maribyrnong to those in Metropolitan Melbourne in the past three years.

![Drug-related ambulance attendances rate 2011-2014](image)

Source: Turning Point, Ambo Project: Alcohol and Drug Related Ambulance Attendances

Figure 47: Drug-related ambulance attendances rate 2011-2014

**Gambling**

Gambling can cause significant harm to individuals and local communities. The harm caused by at risk gambling - reduced performance and loss of work or study, financial difficulties, criminal activity, psychological distress, hypertension, coronary heart disease, addiction, is not just restricted to the people who are gamble, it also affects relationships, family friends and the wider community.

Gambling has a significant impact on the Victorian community.72 Losses from gambling in Victoria were $5.8 billion in 2014-15. Electronic Gaming Machines outside Crown Casino accounted for the largest level of losses, with 44 per cent in Victoria in 2014-15. In the City of Maribyrnong, there are 454 licenced EGMs in nine venues, which represents 6.4 EGMs per 1000 adults. The number of EGMs in operation has increased in our municipality in the last year as has the total losses on EGMs. The municipality had losses of $53.7 million on EGMs in 2015-16, which equates to EGM losses of $782 per adult, which is the third highest in Victoria, after the cities of Greater Dandenong and Brimbank.

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Mental health

Good mental health is fundamental to the wellbeing of individuals, their families and the population as a whole.

Work-life balance

In 2011, 47% of our residents evaluated their work-life balance as adequate, which was below the state average of 53%. Victorians aged between 35 and 44 are more likely to report poor work-life balance.\textsuperscript{73}

Psychological distress

In 2014, 13% of Victorian adults reported high or very high levels of psychological distress. Differences between Maribyrnong, the NW region, metropolitan Melbourne and Victoria are small as are differences between 2008, 2011 and 2014. Slightly less adults in Maribyrnong reported high or very high levels of distress (10%) in 2014 and this proportion slightly decreased compared to 2008 (14%). However, it is estimated that larger proportions of residents living in Braybrook and Maidstone experience high levels of distress.\textsuperscript{74}

More Victorian women (15%) than men (10%) reported high or very high levels of levels of psychological distress in 2014. This has remained unchanged between 2003 and 2014. The most vulnerable age group is the 18-24 year olds and especially females aged 18-24.

Figure 48: Proportion of Victorians reporting (very) high levels of psychological distress

Mental and behavioural problems

The estimated (modelled estimates) male and female population with mental and behavioural problems only slightly differs from the population in metropolitan Melbourne and Victoria as the figure below shows. For the 2011-2013 period, it was estimated that 9% of our male population and 15% of our female population has mental and behavioural problems.\textsuperscript{75}

\textsuperscript{73} VicHealth 2012, Maribyrnong LGA Profile, VicHealth Indicators Survey 2011 Results, October 2012
\textsuperscript{74} Based on previous health population data accessed via www.au rin.org.au
\textsuperscript{75} Social Atlas of Health Data, Estimates Chronic Disease Data, www.phidu.torrens.edu.au/social-health-atlases
Figure 49: Estimated proportion of the population with mental and behavioural problems

Self-harm deaths
The current avoidable death data shows (see also table 10) that the death rate caused by suicide and self-inflicted injuries in our city (7.9 per 100,000 population) is below the average in the metropolitan region (9.4).  

Violence and injury
Violence and the fear of violence influence health and wellbeing. The effects of family violence are profound and disproportionately impact on women and children. Many studies have shown that people who are abused in family relationships are more likely to experience low self-esteem, anxiety, depression, suicidal thoughts and post-traumatic stress disorder. Children suffer when exposed to family violence, irrespective of whether they are witnesses of parental abuse or direct victims of abuse.

In relation to injury, the leading causes of death in Victoria are falls, suicide, transport and poisoning, while the leading cause of morbidity is falls. Falls can cause joint fractures, dislocations, bruises, sprains, head injuries and abrasions and can result in a lack of confidence and a restriction of activities due to a fear of falling.

Gender equity and prevention of family violence
Violence against women is the leading cause of premature death, disability and illness for women aged 15-44 years in Victoria. Council’s annual community survey results showed that our residents rate the importance of ‘Council’s commitment and activities to prevent violence against women before it occurs’ highly; on a scale from 1-10, its importance was rated 8.6 in 2014 and 2015.

In 2011, the majority of our residents, 88%, have indicated that they would be likely to intervene if a family member or close friend was in a situation of domestic violence, however it is concerning that this proportion is significantly lower and at the very low end of the scale.

(scores in LGAs varied between 88 and 97%) with the state average being 93%. Victorians aged between 35 and 54 years were significantly more likely to say they would intervene, and those aged 65 and over were less likely to intervene, compared to the Victorian average.\textsuperscript{78}

In 2015, the gender equality score in the City of Maribyrnong (37) was slightly above the metropolitan average (36). This indicator examines attitudes to gender equality in relationships. The higher the score, the less support there is for gender equality in relationships.\textsuperscript{79}

Between April 2015 and March 2016 there were 906 reported incidents of family violence attended by police in the city of Maribyrnong; this was higher (7.7% increase) than the previous year when there were 841 reported incidents. The incidents of family violence where a police report was completed were 686.9 per 100,000 residents living in Maribyrnong between April 2011 and March 2012. Five years later, the rate had increased to 1,042 per 100,000 residents between April 2015 and March 2016, which was still below the average rates in Victoria (1,264.2) and the NW region (1,218.9). Females were victims in 77% of family-related violent offences.\textsuperscript{80} Caution should be exercised when interpreting recorded crime statistics, as only those offences which become known to police and for which a crime report has been completed are included. Since the introduction of the Victoria Police Code of Practice for the Investigation of Family Violence in late 2004, reporting of family violence incidents has increased. Victims of family violence are gaining more confidence to tell someone what has happened and to receive help. Therefore, an increase in reporting is in some ways a positive trend.

### Table 6: Family incidents rate– April 2011 – March 2012 to April 2015 – March 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnsley</td>
<td>767.0</td>
<td>936.1</td>
<td>984.4</td>
<td>1,002.9</td>
<td>1,088.8</td>
<td>6.6%</td>
</tr>
<tr>
<td>Brimbank</td>
<td>907.8</td>
<td>904.0</td>
<td>1,061.5</td>
<td>1,169.8</td>
<td>1,353.5</td>
<td>15.7%</td>
</tr>
<tr>
<td>Darebin</td>
<td>789.5</td>
<td>976.5</td>
<td>1,109.8</td>
<td>1,067.1</td>
<td>1,101.9</td>
<td>3.3%</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>618.5</td>
<td>874.9</td>
<td>1,022.8</td>
<td>1,139.5</td>
<td>1,210.1</td>
<td>6.2%</td>
</tr>
<tr>
<td>Hume</td>
<td>1,172.8</td>
<td>1,353.5</td>
<td>1,524.9</td>
<td>1,641.2</td>
<td>1,520.9</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>866.9</td>
<td>921.5</td>
<td>1,009.4</td>
<td>1,007.0</td>
<td>1,042.9</td>
<td>3.6%</td>
</tr>
<tr>
<td>Melbourne</td>
<td>734.2</td>
<td>857.0</td>
<td>943.6</td>
<td>952.9</td>
<td>1,045.6</td>
<td>9.7%</td>
</tr>
<tr>
<td>Melton</td>
<td>1,034.9</td>
<td>1,108.8</td>
<td>1,234.0</td>
<td>1,426.0</td>
<td>1,510.9</td>
<td>6.0%</td>
</tr>
<tr>
<td>Moorabbin Valley</td>
<td>626.4</td>
<td>752.3</td>
<td>842.3</td>
<td>817.8</td>
<td>882.3</td>
<td>7.9%</td>
</tr>
<tr>
<td>Moreland</td>
<td>665.1</td>
<td>805.8</td>
<td>887.2</td>
<td>961.8</td>
<td>1,073.6</td>
<td>11.6%</td>
</tr>
<tr>
<td>Nillumbik</td>
<td>341.0</td>
<td>526.7</td>
<td>541.0</td>
<td>669.3</td>
<td>602.3</td>
<td>-10.0%</td>
</tr>
<tr>
<td>Whittlesea</td>
<td>872.6</td>
<td>1,126.9</td>
<td>1,206.9</td>
<td>1,353.1</td>
<td>1,452.0</td>
<td>7.3%</td>
</tr>
<tr>
<td>Wyndham</td>
<td>799.0</td>
<td>1,024.0</td>
<td>1,125.0</td>
<td>1,119.4</td>
<td>1,348.9</td>
<td>20.5%</td>
</tr>
<tr>
<td>Yarraville</td>
<td>960.6</td>
<td>814.3</td>
<td>848.3</td>
<td>950.2</td>
<td>994.3</td>
<td>16.9%</td>
</tr>
<tr>
<td>Sub total</td>
<td>805.5</td>
<td>862.8</td>
<td>1,071.5</td>
<td>1,125.6</td>
<td>1,218.9</td>
<td>8.3%</td>
</tr>
</tbody>
</table>


**Injuries**

About 60 per cent of premature deaths are potentially avoidable; of that about half are fully or partially preventable, including those due to falls and transport-related injury. In Australia

\textsuperscript{78} VicHealth 2012, VicHealth Indicators Survey 2011, Victorian Health Promotion Foundation, Melbourne, Australia.

\textsuperscript{79} VicHealth 2016, VicHealth Indicators Survey 2015 Selected Findings, Victorian Health Promotion Foundation, Melbourne.

about one third of community-dwelling older adults experience at least one fall in a year. Falls can cause joint fractures, dislocations, bruises, sprains, head injuries and abrasions and can result in a lack of confidence and a restriction of activities due to a fear of falling.  

The information displayed in the table below shows that the number of unintentional injuries treated in hospital per 1,000 population is below the Victorian average whereas the number of intentional injuries treated per 1,000 population is slightly above the state average. The proportion of unintentional injuries due to falls in the City of Maribyrnong is also slightly higher than in Victoria.

Table 7: Injuries and falls

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Maribyrnong</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional injuries treated in hospital per 1,000 population</td>
<td>58.2</td>
<td>59.6</td>
</tr>
<tr>
<td>Intentional injuries treated in hospital per 1,000 population</td>
<td>3.4</td>
<td>3.0</td>
</tr>
<tr>
<td>Unintentional injuries due to falls</td>
<td>38.9%</td>
<td>38.2%</td>
</tr>
</tbody>
</table>

Source: DHSS, Maribyrnong Health and Wellbeing Profile, May 2016

Sexual and reproductive health

Sexual and reproductive health covers a range of issues for women such as safe sex and contraception, unplanned pregnancy and sexually transmitted infections. Although some of these factors impact men’s and women’s sexual and reproductive health, it is women and girls who bear the overwhelming burden of sexual and reproductive morbidity. Young women are also more vulnerable than older women to unsafe or unwanted sex and they are the predominant users of emergency contraception.

Teenage pregnancies

Teenage pregnancy will often result in negative outcomes including poverty, substance abuse and reduced engagement with education for young mothers and their babies. There are barriers for young women to find accurate information and sensitive support to assist them with reproductive health. Young women are particularly vulnerable to violence and having coercive first sexual experiences. Young women who have experienced violence also report high rates of sexual and reproductive coercion, including forced pregnancy or sabotage of contraception.

The teenage fertility rate has only slightly dropped in Victoria in the last six years, whereas the downward trend in the City of Maribyrnong is more pronounced. The number of live births to women aged under 19 years dropped from 14.7 per 1,000 women in this age group in 2007 to 4.7 in 2012.

STIs

**Chlamydia**
Chlamydia is the most frequently reported notifiable infection in Australia. The chlamydia rate for males in Maribyrnong is well above the state average as the table below shows.

**Gonorrhoea**
The population rate of gonorrhoea notifications in Australia has almost doubled over the past four years. The gonorrhoea rate for males in Maribyrnong is slightly higher than the state average in the 2013-2014 period.

**Hepatitis B**
Approximately 207,000 Australians are living with chronic hepatitis B, and more than one third of them don't know it. The hepatitis B rates for males and females living in our city is also well above state averages in the 2013-2014 period.

**HIV**
A total of 1,236 cases of HIV infection were newly diagnosed in Australia in 2013, similar to levels in 2012 when the number of cases was the highest in Australia since the early 1990s. The HIV rates for males living in our city is slightly higher than the state average in the 2013-2014 period.

Table 8: Chlamydia, gonorrhea, hepatitis B, HIV rates 2013-2014
Health screening

Health screening involves the use of tests, physical examinations or other procedures to detect disease early. Early detection, followed by treatment and good control of the condition can result in better outcomes.

Participation in cancer screening

Pap screening is vital for the prevention of cervical cancer; almost 9/10 Victorian women who develop cervical cancer have either never had a test, or did not have them regularly in the 10 years prior to diagnosis. 83 The proportion of eligible women living in the City of Maribyrnong that participated in the pap screening in 2014 (62%) was well below the metropolitan average (73%). The breast screening participation rate (70%) was also below metropolitan average (73%) in 2014. However, the bowel screening participation rates for residents were well above with the metropolitan averages.

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83 www.victorianwomenshealthatlas.net.au
Table 9: Cancer screening participation rates

<table>
<thead>
<tr>
<th></th>
<th>Maribyrnong</th>
<th>Greater Melbourne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cancer screening participation</td>
<td>62%</td>
<td>73%</td>
</tr>
<tr>
<td>Breast screening participation</td>
<td>70%</td>
<td>73%</td>
</tr>
<tr>
<td>Bowel screening participation</td>
<td>64%</td>
<td>58%</td>
</tr>
</tbody>
</table>


Visit doctor or GP

In 2014, consistent with state and metropolitan averages and comparable with 2011, 59% of our residents visited a doctor or GP in the previous three months.84

Biomedical checks

The proportion of our population that had biomedical checks done was fairly comparable with metropolitan averages as the table below demonstrates. However, a larger proportion of our population did have a blood glucose check in the previous two years (61%) compared to the state average (56%).

Table 10: Biomedical checks

<table>
<thead>
<tr>
<th></th>
<th>Maribyrnong</th>
<th>Greater Melbourne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure check</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Cholesterol check</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Blood glucose check</td>
<td>55%</td>
<td>54%</td>
</tr>
</tbody>
</table>


Health literacy

Health includes the knowledge, skills and capabilities required to understand and use information for staying healthy, preventing disease and deciding on and managing healthcare and treatment. Low health literacy skills are associated with poorer health knowledge, poorer health status, higher mortality, increased hospitalisations and higher health care costs. Low health literacy often coexists with other social disadvantages.

Health literacy is mentioned many times in the State’s Health and Wellbeing Plan 2015-2019 and is an identified as a key priority area in the Victorian Government’s Health Priorities Framework 2012-2012.85 The government has defined health literacy as follows: ‘the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions’.

Health literacy enables communication and participation in health. It includes the knowledge, skills and capabilities required to understand and use information for staying healthy, preventing disease and deciding on and managing healthcare and treatment. Health literacy skills are used every day and are necessary to be able to actively participate in making decisions about one’s own health, the health of families and communities, to exercise healthcare rights, to access, receive, and provide health care and to work with others to improve health.

Only 41 per cent of Australians have adequate to high levels of health literacy. Therefore nearly 60 per cent of Australians may be unable to successfully access, understand, evaluate and communicate health information as a way to promote, maintain and improve

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84 Department of Health and Human Services 2016, Victorian Population Health Survey 2014, Health and wellbeing, chronic conditions, screening and eye health.
85 Department of Health, 2013, Health literacy: enabling communication and participation in health, background paper.
health. Low health literacy skills are associated with poorer health knowledge, poorer health status, higher mortality, increased hospitalisations and higher health care costs. It is also noted that low health literacy often coexists with other social disadvantages such as low education, language skills, social connectedness, social inclusion and poverty – thus exacerbating its effect on vulnerable populations.

As our city hosts a large number of social disadvantaged households especially in the suburbs of Braybrook, Maidstone and Footscray. Therefore, relatively low levels of health literacy can be expected amongst certain subpopulations, particularly in our CALD communities, refugees, new arrivals, Aboriginal and Torres Strait island people, and older adults.

Health literacy is included in this health profile and identified as an issue that needs attention as better health literacy improves access to programs, services and information to help maintain good health, manage health better and achieve the best health care service and health and wellbeing outcomes possible for all of our communities.

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86 Australian Bureau of Statistics (2006), Health literacy, Australia. Cat.no.4233.0. Canberra: ABS.
87 PwC 2011, Health literacy, Implications for Australia.
88 Department of Health, 2013, Health literacy: enabling communication and participation in health, background paper.
4. Health and wellbeing outcomes

This section describes the differences in health and wellbeing outcomes including life expectancy, mortality rates, morbidity rates - including overweight, obesity, diabetes, hypertension and cancer rates- and self-rated health status.

**Key findings**

- **Life expectancy** for males (77) and females (81) living in Maribyrnong are below the metropolitan and state averages (79 and 82).
- The **avoidable death rates** for males and females in our city are well above metropolitan and state averages.
- The top five avoidable causes of death are: 1) **cardiovascular disease**, 2) **ischaemic heart disease**, 3) cancer, 4) respiratory system disease, and 5) chronic obstructive pulmonary diseases.
- **Obesity** remained unchanged and relatively low in our city in recent years; in 2014, 12% of our adults were obese compared to 18% in metropolitan Melbourne. **Overweight** increased amongst our adult population from 30% in 2011 to 35% in 2014; whereas it remained unchanged in metropolitan Melbourne (31%).
- Approximately 6% of our residents are diagnosed with **diabetes** Type 2 in 2014, which is comparable with the metropolitan averages (5%); however much higher proportions were found in Braybrook and Maidstone.
- **Hypertension** has increased and is high in our city; in 2014, 29% of our adults had high blood pressure compared to 25% in metropolitan Melbourne.
- The prevalence of **asthma** in the Maribyrnong City Council (13.1) is higher than the Victorian average (10.9). Maribyrnong ranks the 9th worst in Australia out of 333 for asthma and respiratory related hospital admissions.
- Approximately 4 in 10 residents **rate their health** as excellent or very good, which is comparable with the metropolitan average.
- Maribyrnong city residents **rate their personal wellbeing** relatively low; the average wellbeing score in Maribyrnong is 75 in 2011 and 2015, which is below the Victorian average of 77.

**Life expectancy**

Life expectancy at birth is an indicator of mortality conditions, and by proxy, of health conditions and it reflects many social, economic and environmental influences. That life expectancy reflects people’s socioeconomic and environmental conditions become clear from the differences in life expectancy of males and females.

Life expectancy for males in Maribyrnong (77) was well below the averages in the metropolitan region and the state (79) for the period 2009-2013. In Victoria, life expectancy at birth for males living in the most socioeconomically disadvantaged areas was 3.4 years lower than males living in the least disadvantaged areas.

Life expectancy for females in Maribyrnong (81) is below the average in the metropolitan region and the state (82) for the period 2009-2013. Life expectancy at birth for females

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living in the most socioeconomically disadvantaged areas is 2 years lower than those living in the least disadvantaged areas.\textsuperscript{92}

**Mortality**

The avoidable death rates in Maribyrnong for males and females aged 0-74 are well above averages in Greater Melbourne and Victoria as the table below shows.

The table also displays the avoidable death\textsuperscript{93} rates from several causes. Although the top five avoidable causes of death of residents that lived in our city is similar to the top five in Greater Melbourne, the avoidable death rates from these diseases are large compared to those rates in the metropolitan area (see the table below).

**Table 11: Avoidable death rates (average annual rate per 100,000 population 2009-2013)**

<table>
<thead>
<tr>
<th></th>
<th>Maribyrnong</th>
<th>Greater Melbourne</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Males 0-74</td>
<td>166.8</td>
<td>117.0</td>
<td>129.0</td>
</tr>
<tr>
<td>- Females 0-74</td>
<td>88.9</td>
<td>72.9</td>
<td>78.6</td>
</tr>
<tr>
<td>Avoidable death rates from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease (1)</td>
<td>46.2</td>
<td>31.0</td>
<td>33.8</td>
</tr>
<tr>
<td>Ischaemic heart disease (2)</td>
<td>31.0</td>
<td>19.9</td>
<td>21.9</td>
</tr>
<tr>
<td>Cancer (3)</td>
<td>23.0</td>
<td>22.4</td>
<td>23.3</td>
</tr>
<tr>
<td>-bowel cancer</td>
<td>10.8</td>
<td>9.3</td>
<td>9.7</td>
</tr>
<tr>
<td>-breast cancer</td>
<td>13.5</td>
<td>16.5</td>
<td>16.9</td>
</tr>
<tr>
<td>Respiratory system diseases (4)</td>
<td>12.2</td>
<td>7.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary diseases (5)</td>
<td>10.8</td>
<td>5.8</td>
<td>6.8</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>10.4</td>
<td>7.6</td>
<td>8.0</td>
</tr>
<tr>
<td>External sources</td>
<td>10.2</td>
<td>10.7</td>
<td>11.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.4</td>
<td>4.8</td>
<td>5.4</td>
</tr>
<tr>
<td>Suicide and self-inflicted injuries</td>
<td>7.9</td>
<td>8.5</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Source: Social Atlas of Health Data, Avoidable Death Data, \url{www.phidu.torrens.edu.au/social-health-atlases}

**Morbidity**

**Obesity and overweight**

Obesity is an excess accumulation of body fat and is a significant risk factor for hypertension, cardiovascular disease, type 2 diabetes; gallbladder disease, musculoskeletal disorders, some cancers, psychosocial disorders and breathing difficulties. Ultimately being obese can lead to disability and/or premature death.

In 2014, 31% of Victorian adults were overweight and another 19% obese. The proportion of men and women who were obese significantly increased between 2003 (14% men; 14% women) and 2014 (20% men; 17% women).

The prevalence of obesity has slightly increased in Victoria, metropolitan Melbourne and the NW region, while it remained unchanged and relatively low in the City of Maribyrnong between 2008 and 2014. However, the prevalence of overweight (or pre-obesity) increased somewhat in the City of Maribyrnong in the last three years, whereas it remained unchanged or decreased slightly in the NW region, metropolitan Melbourne and Victoria.

\textsuperscript{92} \url{http://www.health.vic.gov.au/healthstatus/atlas/}

\textsuperscript{93} Avoidable deaths are deaths among people younger than 75 that are avoidable in the context of the present health care system. They include deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care.
Figure 51: Proportion of adult population with obesity and overweight

Diabetes type 2

Type 2 diabetes is a lifelong condition which develops when the body doesn't respond to the natural hormone insulin which regulates the absorption of glucose by the body. Long term effects include reduced lifespan, damage to blood vessels and arteries which can lead to cardiovascular disease, stroke, and heart attack. Other long term effects include eye problems, foot problems, erectile dysfunction, fungal infections, kidney disease and nerve damage. Type 2 diabetes is sometimes described as a ‘lifestyle disease’ because it is more common in people who do insufficient physical activity and are overweight or obese. It is strongly associated with high blood pressure, high cholesterol and an ‘apple’ body shape, where excess weight is carried around the waist.

The prevalence of diabetes is estimated at 6.9 per 100 residents for the 2011-2013 living in the City of Maribyrnong, which is higher than metropolitan (5.0) and state averages (4.7). Higher proportions of residents with diabetes are found in Braybrook and Maidstone. The most recent Victorian Population Health survey data (2014) revealed that the prevalence of diabetes type 2 in the city of Maribyrnong (6%) is comparable with the metropolitan average (5%).

Hypertension

Hypertension, commonly known as ‘high blood pressure’ is a chronic medical condition in which the blood pressure in the arteries is elevated. Hypertension is an important risk factor for cardiovascular disease and the risk of disease increases with increasing blood pressure levels. There are several modifiable causes of high blood pressure including poor nutrition.

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(including diet high in salt), low levels of physical activity, obesity and high levels of alcohol consumption.\textsuperscript{86}

The proportion of the adult population in the City of Maribyrnong diagnosed with high blood pressure has increased from 21\% in 2011 to 29\% in 2014, compared with a slight increase in Victoria from 25\% to 26\%.

**Figure 52:** The proportion of adults diagnosed with high blood pressure

More Victorian males (29\%) than Victorian females (23\%) were diagnosed with high blood pressure in Victoria. Also, hypertension is strongly linked to age.

**Figure 53:** Proportion of Victorians diagnosed with hypertension by age and gender

Asthma

The prevalence of asthma in the Maribyrnong City Council (13.1) is higher than the Victorian average of 10.9. The Australian Atlas of Healthcare Variation revealed that young people aged 3-19 in the City of Maribyrnong, are being hospitalised for respiratory problems at a 70% higher rate, as compared to the rest of Victoria. With Maribyrnong ranked 9th worst in Australia out of 333 for asthma and respiratory related hospital admissions.99

Self-rated health and wellbeing

Comparable with the metropolitan average, 39% of our adults reported their health as excellent or very good in 2014.100

VicHealth Survey 2015 included two wellbeing indicators. The City of Maribyrnong scores poorly on the first indicator ‘subjective wellbeing’, which is assessed through an average score (range 0-100) on the Personal Wellbeing Index (PWI) and based on ratings across seven domains: standard of living, health, achievements in life, community connection, personal relationships, safety, and future security.101 The average wellbeing score in Maribyrnong is 75 in 2011 and 2015, which was significantly less favourable than the Victorian estimate of 77.102

The City of Maribyrnong scores average on the second indicator ‘general life satisfaction’, which is captured by asking about participants’ ‘satisfaction with life as a whole’. General life satisfaction measures how people evaluate their life as a whole, rather than their current feelings. When asked to rate their general satisfaction with life on a scale from 0 to 10, our residents gave it an average rating of 7.8, comparable with the average in Victoria.

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100 Department of Health and Human Services 2016, Victorian Population Health Survey 2014, Health and wellbeing, chronic conditions, screening and eye health.
101 VicHealth 2016, VicHealth Indicators Survey 2015 Selected findings, Victorian Health Promotion Foundation, Melbourne.
102 Maribyrnong LGA Profile, VicHealth Indicators Survey 2015 Results.
# Appendix I: Health and Wellbeing data compared

<table>
<thead>
<tr>
<th>Topic</th>
<th>Indicator</th>
<th>Measure</th>
<th>City of Maribyrnong</th>
<th>metro Melbourne</th>
<th>Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy eating</td>
<td>fruit consumption</td>
<td>% of adults that meet the recommended daily fruit intake</td>
<td>45</td>
<td>48</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>vegetable consumption</td>
<td>% of adults that meet the recommended daily vegetable intake</td>
<td>6</td>
<td>7</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>sugar sweetened soft drink consumption</td>
<td>% of adults that drink sugar sweetened soft drink daily</td>
<td>6</td>
<td>11</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>take-away meals/snacks</td>
<td>% of adults that eat take-away meals/snacks at least 3 times a week</td>
<td>14</td>
<td>12</td>
<td>VPHS</td>
<td>2015</td>
</tr>
<tr>
<td>Active living</td>
<td>physical activity</td>
<td>% of adults that meet physical activity guidelines</td>
<td>41</td>
<td>38</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>sedentary behaviour</td>
<td>% of adults that engage in sedentary behaviour</td>
<td>33</td>
<td>30</td>
<td>VicHealth</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>time spent sitting</td>
<td>% of adults that spent 8 hours or more sitting on a weekday</td>
<td>24</td>
<td>26</td>
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<td>% of adults use cycling longer than 10 min at least once a week</td>
<td>12</td>
<td>7</td>
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<td>use of public transport for work</td>
<td>% of employed residents that walk or cycle to work</td>
<td>6</td>
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<td></td>
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<td>% of employed residents that use public transport for work</td>
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<td>Alcohol and Other Drugs</td>
<td>current smoking</td>
<td>% of adults that smoke daily or occasionally</td>
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<td>alcohol consumption at life-time risk</td>
<td>% of adults at increased lifetime risk of alcohol-related harm</td>
<td>61</td>
<td>58</td>
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<td>alcohol consumption at risk of injury</td>
<td>% of adults at risk of alcohol-related injury on a single occasion</td>
<td>43</td>
<td>41</td>
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<td>2014</td>
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<td>alcohol culture</td>
<td>% of adults agree that 'getting drunk every now and then is ok'</td>
<td>30</td>
<td>29</td>
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<td>number of alcohol-related ambulance call outs per 100,000</td>
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<td>number of heroin-related ambulance call outs per 100,000</td>
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<td>number of benzodiazepines-related ambulance call outs per 100,000</td>
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<td>cannabis-related ambulance attendances</td>
<td>number of cannabis-related ambulance call outs per 100,000</td>
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<td>number of ice-related ambulance call outs per 100,000</td>
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<td>average EGMs losses per adult</td>
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<td>5.3</td>
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<td>Prevention of violence against</td>
<td>Reported incidents</td>
<td>number of reported family violence incidents per 100,000</td>
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<td>Gender equality score</td>
<td>attitudes to gender equality in relationships</td>
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<td>36</td>
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<td>Sexual and reproductive health</td>
<td>teenage fertility rate</td>
<td>number of live births to women aged under 19 per 1,000 women</td>
<td>4.7</td>
<td>10.4*</td>
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<td>chlamydia rate</td>
<td>number of females who were diagnosed with chlamydia per 10,000</td>
<td>19</td>
<td>19*</td>
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<td></td>
<td>number of males who were diagnosed with</td>
<td>number of males who were diagnosed with chlamydia per 10,000</td>
<td>19</td>
<td>13*</td>
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<td>1*</td>
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<td></td>
<td>number of males who were diagnosed with</td>
<td>number of males who were diagnosed with gonorrhoea per 10,000</td>
<td>1</td>
<td>3*</td>
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<td>number of females who were diagnosed with hepatitis B per 10,000</td>
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<tr>
<td></td>
<td>number of males who were diagnosed with</td>
<td>number of males who were diagnosed with hepatitis B per 10,000</td>
<td>6</td>
<td>1*</td>
<td>VPHS</td>
<td>2014</td>
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* Victorian average; ** NW region
<table>
<thead>
<tr>
<th>Topic</th>
<th>Indicator</th>
<th>Measure</th>
<th>City of Maribyrnong</th>
<th>metro Melbourne</th>
<th>Source</th>
<th>Year</th>
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<tr>
<td>Mental health</td>
<td>psychological distress</td>
<td>% of adults reporting (very) high levels of psychological stress</td>
<td>10</td>
<td>13</td>
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<td>2014</td>
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<td>mental and behavioural problems</td>
<td>% of females with mental and behavioural problems</td>
<td>15</td>
<td>14</td>
<td>PHIDU</td>
<td>2011-2013</td>
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<td></td>
<td>self-harm deaths</td>
<td>% of males with mental and behavioural problems</td>
<td>9</td>
<td>10</td>
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<td>2011-2014</td>
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<td>depression or anxiety</td>
<td>deaths from suicide and self-inflicted injuries per 100,000</td>
<td>7.9</td>
<td>9.4</td>
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<td></td>
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<td>% of adults ever been diagnosed with depression/anxiety</td>
<td>16</td>
<td>23</td>
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<td>Health screening</td>
<td>Visit doctor or GP</td>
<td>% of adults that visit a doctor or GP in previous three months</td>
<td>59</td>
<td>60</td>
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<td>2014</td>
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<tr>
<td></td>
<td>Biomedical checks</td>
<td>% of adults that had a blood pressure check done in previous 2 years</td>
<td>80</td>
<td>80</td>
<td>VPHS</td>
<td>2014</td>
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<tr>
<td></td>
<td></td>
<td>% of adults that had a cholesterol check done in previous 2 years</td>
<td>60</td>
<td>60</td>
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<td>2014</td>
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<tr>
<td></td>
<td></td>
<td>% of adults that had a blood glucose check done in previous 2 years</td>
<td>55</td>
<td>54</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>Participation in cancer screening</td>
<td>% of eligible women participated in pap screening in previous 2 years</td>
<td>62</td>
<td>73</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of eligible women participated in breast screening in previous 2 years</td>
<td>70</td>
<td>73</td>
<td>VPHS</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of eligible persons participated in bowel screening in previous 2 years</td>
<td>64</td>
<td>58</td>
<td>VPHS</td>
<td>2014</td>
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<td>Subjective health and</td>
<td>self-reported health</td>
<td>% of adults that rate their health excellent/very good</td>
<td>39</td>
<td>39</td>
<td>VPHS</td>
<td>2014</td>
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<td>wellbeing status</td>
<td>satisfaction with life</td>
<td>satisfaction with life as a whole (0-10)</td>
<td>7.8</td>
<td>7.8</td>
<td>VicHealth</td>
<td>2015</td>
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<td></td>
<td>subjective wellbeing</td>
<td>subjective wellbeing score (0-100)</td>
<td>75</td>
<td>77</td>
<td>VicHealth</td>
<td>2015</td>
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<tr>
<td>Life expectancy</td>
<td>life expectancy of males</td>
<td>median age at death of males 2009-2013</td>
<td>77</td>
<td>79</td>
<td>PHIDU</td>
<td>2009-2013</td>
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<tr>
<td></td>
<td>life expectancy of females</td>
<td>median age at death of females 2009-2013</td>
<td>81</td>
<td>82</td>
<td>PHIDU</td>
<td>2009-2013</td>
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<td>Chronic diseases</td>
<td>overweight</td>
<td>% of adults that are overweight</td>
<td>35</td>
<td>31</td>
<td>VPHS</td>
<td>2014</td>
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<tr>
<td></td>
<td>obese</td>
<td>% of adults that are obese</td>
<td>12</td>
<td>18</td>
<td>VPHS</td>
<td>2014</td>
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<tr>
<td></td>
<td>diabetes type 2</td>
<td>% adults diagnoses with diabetes 2</td>
<td>6</td>
<td>5</td>
<td>VPHS</td>
<td>2014</td>
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<tr>
<td></td>
<td>hypertension</td>
<td>% of adults diagnosed with high blood pressure</td>
<td>29</td>
<td>25</td>
<td>VPHS</td>
<td>2014</td>
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<td>asthma</td>
<td>% of residents with asthma</td>
<td>13</td>
<td>11</td>
<td>PHIDU</td>
<td>**</td>
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<td></td>
<td>Child health assessments</td>
<td>% of children aged 5 years fully immunised</td>
<td>92</td>
<td>93*</td>
<td>DEET</td>
<td>2015</td>
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<td></td>
<td>Child development</td>
<td>% of children attend MCH at four weeks of age</td>
<td>98</td>
<td>95</td>
<td>DEET</td>
<td>2014-2015</td>
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<tr>
<td></td>
<td>% of children attend MCH at four weeks of age</td>
<td>% of children attend MCH at four weeks of age</td>
<td>82</td>
<td>85</td>
<td>DEET</td>
<td>2014-2016</td>
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<tr>
<td></td>
<td>% of children in low income, welfare dependent families</td>
<td>% of children in low income, welfare dependent families</td>
<td>23</td>
<td>21</td>
<td>Centrelink</td>
<td>2014</td>
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<tr>
<td>Education</td>
<td>School attendance</td>
<td>% of 17 year olds attending secondary schools</td>
<td>85</td>
<td>83</td>
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<td>2011</td>
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<tr>
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<td>School retention</td>
<td>% of 17 year olds not attending any educational institution</td>
<td>8</td>
<td>9</td>
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<td></td>
<td>University qualifications</td>
<td>% of residents with a Bachelor Degree or Higher</td>
<td>28</td>
<td>24</td>
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<td>2011</td>
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</table>

* Victorian average; ** NW region
<table>
<thead>
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<th>Source</th>
<th>Year</th>
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<tr>
<td>Employment and income</td>
<td>employment rate</td>
<td>% of residents aged 15 and over who are employed</td>
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<td>63</td>
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<td>local employment</td>
<td>% of employed residents that work within their municipality</td>
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<td>31</td>
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<td>household income</td>
<td>median weekly household income</td>
<td>$1,257</td>
<td>$1,333</td>
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<td>income inequality</td>
<td>% of households in lowest income quartile (Australia = 25%)</td>
<td>27</td>
<td>23</td>
<td>ABS Census</td>
<td>2011</td>
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<td>% of households in highest income quartile (Australia = 25%)</td>
<td>30</td>
<td>28</td>
<td>28</td>
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<td>Youth allowances</td>
<td>% of 20-24 year olds receiving youth allowances</td>
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<td>21</td>
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<td>2016</td>
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<td>Age pension</td>
<td>% of 65 year olds receiving age pension</td>
<td>78</td>
<td>64</td>
<td>Centrelink</td>
<td>2016</td>
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<td>Disability support pension</td>
<td>% of residents receiving a disability support pension</td>
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<td>5</td>
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<td>% of residents receiving an unemployment benefit</td>
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<td>5</td>
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<td>Housing</td>
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<td>Renting</td>
<td>% of households renting their residence</td>
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<td>Affordability</td>
<td>% of households experiencing rental stress</td>
<td>25</td>
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<td>ABS Census</td>
<td>2011</td>
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<td></td>
<td>% of rental properties affordable for families on Centrelink benefits</td>
<td>5</td>
<td>9</td>
<td>9</td>
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<td>Mortgage stress</td>
<td>% of households experiencing mortgage stress</td>
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<td>Median rent</td>
<td>median weekly rent for three bedroom house</td>
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<td>current median value of houses</td>
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<td>$527,450</td>
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<td>Transport</td>
<td>transport limitations</td>
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<td>access to public transport</td>
<td>% of LGA within 400m of a Bus/Tram Stop or 800m of Train Station</td>
<td>73</td>
<td>15</td>
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<td>2012</td>
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<td>access to principle bicycle network</td>
<td>% of LGA within 400m of network</td>
<td>53</td>
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<td>1.2</td>
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<td>Crime and safety</td>
<td>perceptions of safety</td>
<td>% of adults who feel safe walking alone during the day</td>
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<td>93</td>
<td>VicHealth</td>
<td>2015</td>
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<tr>
<td></td>
<td>% of adults who feel safe walking alone during the night</td>
<td>54</td>
<td>56</td>
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<td>offence rate</td>
<td>total offence rate per 100,000 residents</td>
<td>10,396</td>
<td>9,927**</td>
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<td>2015-2016</td>
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<td>Social participation and inclusion</td>
<td>perception of neighbourhood</td>
<td>% of residents agree with 'people are willing to help each other'</td>
<td>70</td>
<td>72</td>
<td>VicHealth</td>
<td>2015</td>
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<tr>
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<td>% of residents agree with 'people can be trusted'</td>
<td>67</td>
<td>71</td>
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<td>2015</td>
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<td>% of residents agree with 'this is a close-knit neighbourhood'</td>
<td>56</td>
<td>58</td>
<td></td>
<td>VicHealth</td>
<td>2015</td>
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<td>% of male volunteers</td>
<td>13</td>
<td>15</td>
<td></td>
<td>ABS Census</td>
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<td></td>
<td>% of female volunteers</td>
<td>17</td>
<td>19</td>
<td></td>
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<tr>
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<td>% of 65 year olds volunteers</td>
<td>9</td>
<td>17</td>
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<td>2011</td>
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</tbody>
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* Victorian average; ** NW region

VPHS = Victorian Population Health Survey
VicHealth = VicHealth Indicators Survey
CrimeStats = Crime Statistics Agency
DHHS = Department of Health and Human Services, Victoria State Government
DEDJTR= Department of Economic Development, Jobs, Transport and Resources, Victoria State Government
DEET= Department of Education and Training, Victoria State Government
DELWP = Department of Environment, Land, Water and Planning, Victoria State Government
PHIDU = Public Health Information Development Unit, Torrens University Australia
Appendix II: VicHealth framework for health equity
Individuals’ health-related knowledge, attitudes and behaviours result from and are responses to, their socioeconomic, political and cultural context, social position and daily living conditions.

Positive changes in health-related knowledge, attitudes and behaviours are most achievable for individuals’ health-related knowledge, attitudes and behaviours result from and are responses to, their socioeconomic, political and cultural context, and/or daily living conditions.

Taking an equity focus in knowledge, attitude and behaviour change strategies is most effective and sustainable when complemented and reinforced by changes to the socioeconomic, political and cultural context, and/or daily living conditions.

Social stratification means that different social groups have differential exposure and vulnerability to a range of daily living conditions — or the circumstances in which they are born, live, work and age. The quality of these conditions affects people’s material circumstances, psychosocial control and social connection, and can be protective or damaging to health.

Early child development refers to physical, emotional, and social/cognitive development between the prenatal period and eight years of age. This is the most important developmental stage in the lifespan.

Education refers to the development of knowledge and skills for problem solving, and a sense of control over one’s own learning and ability to master over life circumstances. Education increases work opportunities, security, satisfaction, and income.

Work and employment refers to nature of employment and working conditions including job security, flexibility, physical working conditions, and social connection.

Physical environment refers to built and natural environments — including housing, transport systems, air quality, place of residence, neighbourhood design and green space.

Social participation refers to supportive relationships, involvement in community activities and civic engagement (participation in decision making and implementation processes).

Health care services include preventative and treatment services. Accessibility of health care services is central to their performance in meeting health needs.

The social determinants of health inequities: the layers of influence and entry points for action

DIFFERENCES IN HEALTH AND WELLBEING OUTCOMES

• Life expectancy • Mortality rates • Morbidity rates • Self-rated health status

Differential health and wellbeing outcomes are seen in life expectancy, mortality rates, morbidity rates and self-rated health. These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

Examples of action

• Smoking cessation programs that are tailored to particular consumer needs and supported by other strategies such as restrictions on tobacco advertising, availability and price-free area policies
• School-based sexuality education that is supported by a whole school approach to healthy relationships
• Mobile phone applications for individual health behaviour change, supported for social marketing that challenges societal norms and values
• Individual behaviour and risk profiling conducted in workplaces, followed up and supported by workplace health promotion strategies

Examples of action

• Early childhood development programs and services such as new-parents’ groups
• School programs that ease students’ transitions in starting and finishing school
• Authentic youth participation and leadership in schools
• Organizational policies that enable and encourage women in leadership positions
• Organizational policies that guarantee adequate income and employee benefits supportive of growth and balance
• Housing developments that address security of tenure, space, place, affordability and quality of living
• Collaboration between planners and residents on neighbourhood quality — for example, city parks and gardens
• Community advocacy for public transport infrastructure
• Civic engagement for social change, using digital technologies
• Community-controlled health organisations
• State-funded, universally available immunization programs, cancer screening, contraception, and breastfeeding programs
• Primary health care — socially appropriate, universally accessible, evidenced-based first level care that gives priority to those most in need; maximizes community and individual participation and control; and involves collaboration and partnership with other sectors to promote public health

Examples of action

• Constitutional recognition of Indigenous Australians
• Development of Disability Care Australia (National Disability Insurance Scheme)
• Equitable access to health care
• Media that promotes public debate about individual choice versus collective responsibility
• Policies that promote public debate about individual choice versus collective responsibility
• News media that promotes awareness and challenges cultural stereotypes

Prompts for planning

• Consider how governance processes empower some people over others, or groups? Where do these norms and values come from? How could they be influenced? What would more equitable policies look like?
• What could you do to build capacity and support others to influence the socioeconomic, political and cultural context?
• Could you meaningfully engage affected groups, to build capacity and support others to influence the socioeconomic, political and cultural context?

Fair Foundations: The VicHealth framework for health equity

The social determinants of health inequities: the layers of influence and entry points for action

Social position

- Knowledge
- Attitudes
- Behaviours

Social determinants of health inequities: the layers of influence and entry points for action

Socioeconomic, political and cultural context

- Governance
- Policy
- Dominant cultural and societal norms and values

Individual health-related factors

- Knowledge
- Attitudes
- Behaviours

Daily living conditions

- Early child development
- Education
- Work and employment
- Physical environment
- Social participation
- Health care services

Social position

- Education
- Occupation
- Income
- Race/ethnicity
- Gender
- Aboriginality
- Disability
- Sexuality

The social determinants of health inequities: the layers of influence and entry points for action

SOCIOECONOMIC, POLITICAL AND CULTURAL CONTEXT

Policy refers to macro-economic and social policies, including fiscal policy, trade, labour market structures, social welfare, land and housing, education, health, medical care, transport, elder and services.

Dominant cultural and societal norms and values constitute an important part of the context in which policies are developed and implemented. Examples include the value placed on health as a collective or individual responsibility, the perceived role of women in society, and the value of upholding international obligations and treaties on human rights.

Examples of action

• Organisational policies that enable and encourage women in leadership positions
• Authentic youth participation and leadership in schools
• School programs that ease students’ transitions in starting and finishing school
• Early childhood development programs and services such as new-parents’ groups
• School-based sexuality education that is supported by a whole school approach to healthy relationships
• Mobile phone applications for individual health behaviour change, supported for social marketing that challenges societal norms and values
• Individual behaviour and risk profiling conducted in workplaces, followed up and supported by workplace health promotion strategies

Prompts for planning

• How can you improve the quality of people’s daily living conditions?
• How can you frame the issue to engage relevant sectors?
• What are the most pressing issues concerning community members/consumers?
• How can you frame the issue to engage relevant sectors?
• What policies create social hierarchies and exclusion of some groups?
• How could your service be more approachable, acceptable, affordable and appropriate?
• Could you meaningfully engage affected groups, to build capacity and support others to influence the socioeconomic, political and cultural context?
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