

HEALTH AND WELLBEING STATUS REPORT 2016

YARRA CITY COUNCIL



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1. Introduction

Our health and wellbeing is influenced and shaped by a variety of factors that are significantly broader than individual lifestyle choices. Factors include our built, social, economic and natural environments which incorporate the conditions in which people are born, grow, work, live, and age. These factors are also influenced by a wider set of forces and systems shaping the conditions of daily life.

The *Public Health and Wellbeing Act 2008* (PHWA) requires local governments to take responsibility for public health and wellbeing planning on behalf of its community. Yarra City Council delivers a wide range of services and programs for the community and maintains and provides infrastructure and facilities. Council provides a significant amount of funding to the community in the form of annual grants, including for health and wellbeing related initiatives. Council also advocates on behalf of the community in a range of areas where it does not have primary responsibility for implementation, and works closely with a range of stakeholders in order to support and coordinate the delivery of community health and wellbeing initiatives across the City of Yarra.

The PHWA also requires Councils to develop a municipal public health and wellbeing plan. This Health and Wellbeing Status Report presents data on a range of health and wellbeing indicators. It is a companion document to the next Municipal Public Health and Wellbeing Plan (2017-2021) and will be used to inform health planning priorities. The areas covered in this status report are based on the priority areas identified within the Victorian Health and Wellbeing Plan (2015-2019). This status report has also examined data relevant to early years and older age groups as key service areas for Council, and given the significant opportunities to influence future health and wellbeing outcomes for adults during early childhood development.

The data examined throughout this report highlights that while Yarra's health and wellbeing is generally good at the population level, there are key issues impacting on the health and wellbeing of the community. There are also parts of the population that are vulnerable to poorer health and wellbeing outcomes, for example those experiencing socio-economic disadvantage that suffer disproportionately from ill health and have a higher burden of disease.

Key health and wellbeing issues that have been identified through examining relevant indicators are outlined below, along with groups who are vulnerable to poorer health and wellbeing outcomes.

Key issues

The key issues identified through the examination of data include:

Healthy eating and active living

There is an identified need to provide health promoting environments that encourage active living and healthy eating

- Fruit and vegetable consumption (particularly for younger people and men)
- Breakfast consumption (younger people)
- Time spent sitting at work

Alcohol, tobacco and other drugs

There is an identified need to reduce the harms from alcohol, tobacco and other drugs on individuals and the community

- Short term alcohol-related harm (particularly in men and younger people)
- Alcohol-related assaults (particularly for 18-24 year olds)
- Binge drinking (students)
- Smoking (adults and younger people)
- Illicit drug use and overdoses
- Unsafe injecting practices
- Unsafe syringe disposals

Mental health

There is an identified need to provide opportunities for people to be involved in and connect with their community

- Gambling losses (particularly for those on low incomes)
- Mental health hospital admissions (particularly for women)
- People who report being under time pressure (indication of stress)

Community safety

There is an identified need to create safe environments and promote gender equity

- Family violence incidents (and likely underreporting)
- Crime rates (particularly crimes against the person, drug related crime and crimes against property)
- Perceptions of safety in the public areas of Yarra during the day and night (particularly within Richmond North and Abbotsford, on and nearby public housing, and within entertainment precincts)
- Perceptions of safety in the public areas of Yarra during the day and night (particularly relating to drug and alcohol usage)
- Road injuries for vulnerable road users including cyclists and pedestrians

Sexual and reproductive health

There is an identified need to promote and support safe and respectful sexual relationships, practices and reproductive choices

- Chlamydia rates
- Gonococcal disease rates
- Syphilis rates
- Human papilloma virus (HPV) immunisation rates
- Female genital cutting

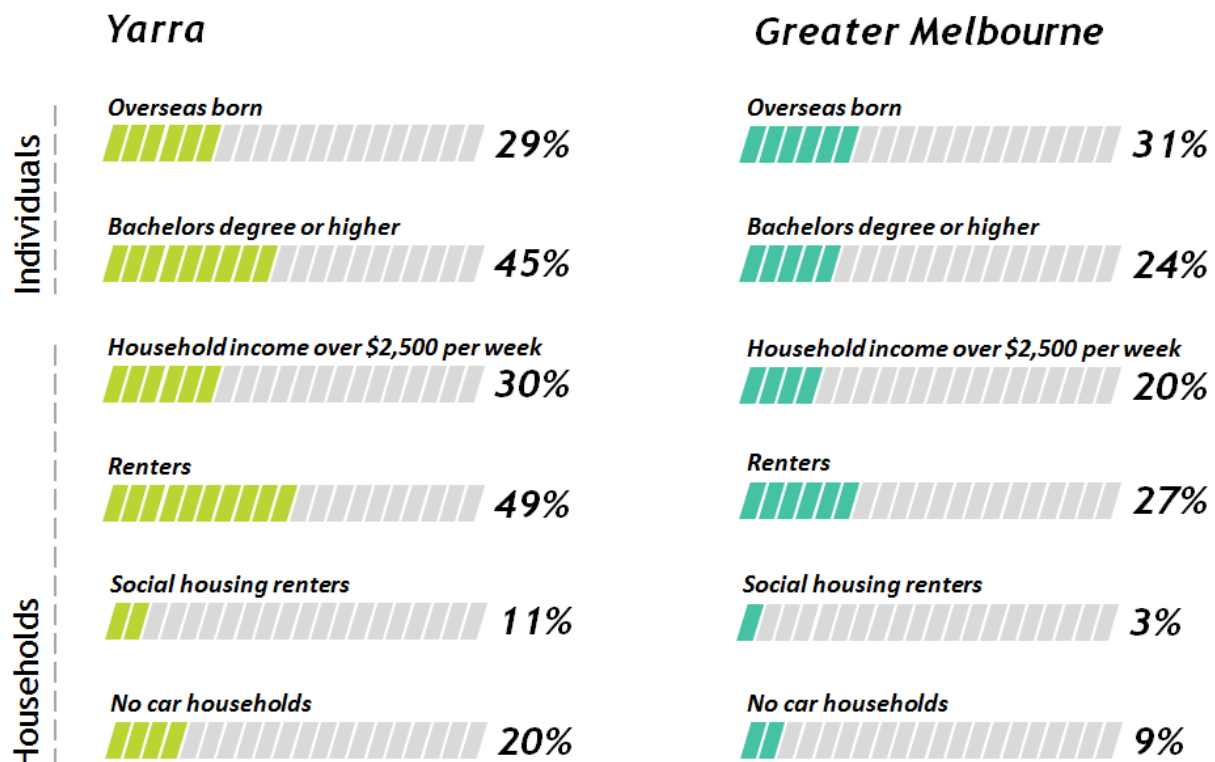
Key population groups

Groups who are vulnerable to poorer health and wellbeing outcomes:

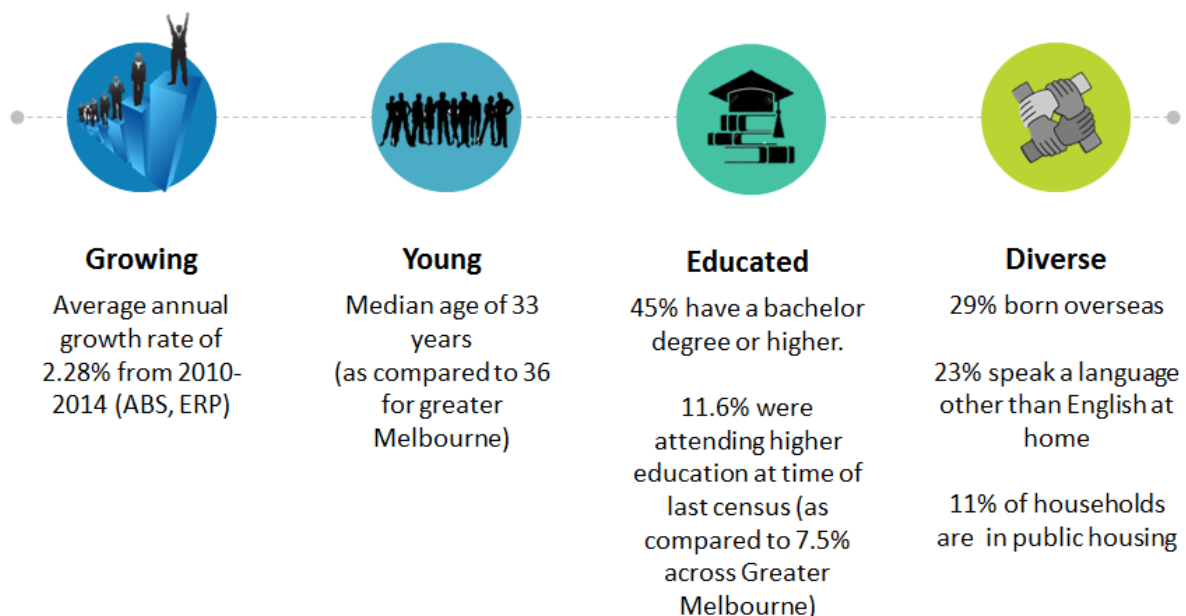
- People living in long term disadvantage
- People from diverse cultural backgrounds
- People aged 0 to 17 years (there are also significant opportunities to influence adult health and wellbeing outcomes for this age group)
- People aged over 65 years
- People living with a disability
- Aboriginal and Torres Strait Islander people
- People who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)
- People experiencing or at risk of homelessness
- People who suffer from an addiction (for example drug or gambling)
- People working in the sex industry

2. Who are we?

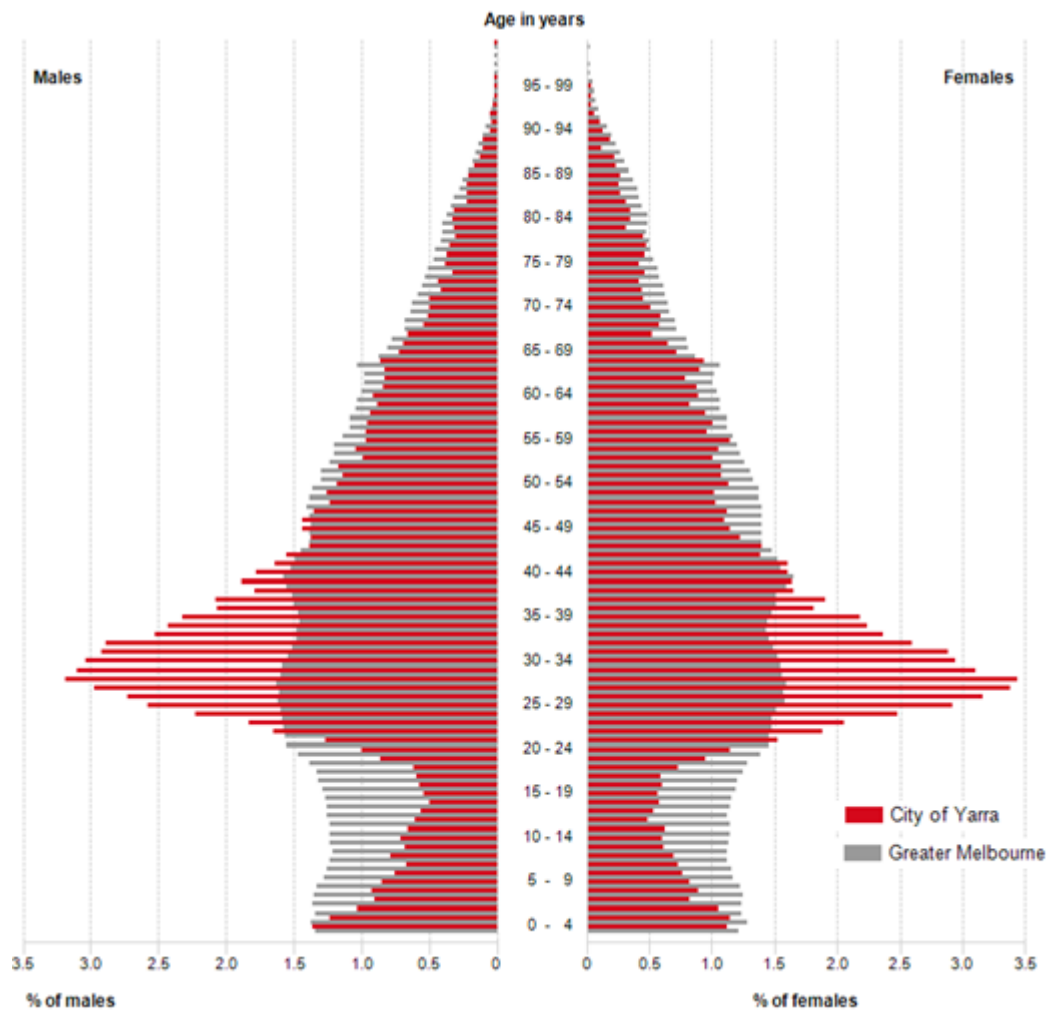
2.1 Demographic profile: quick facts¹



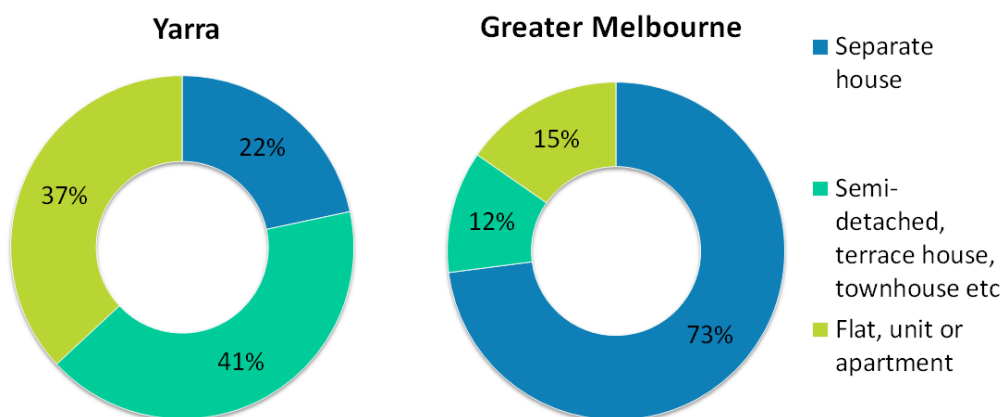
2.2 Population: key features²



2.3 Age distribution³



2.4 How residents live: dwelling structure⁴

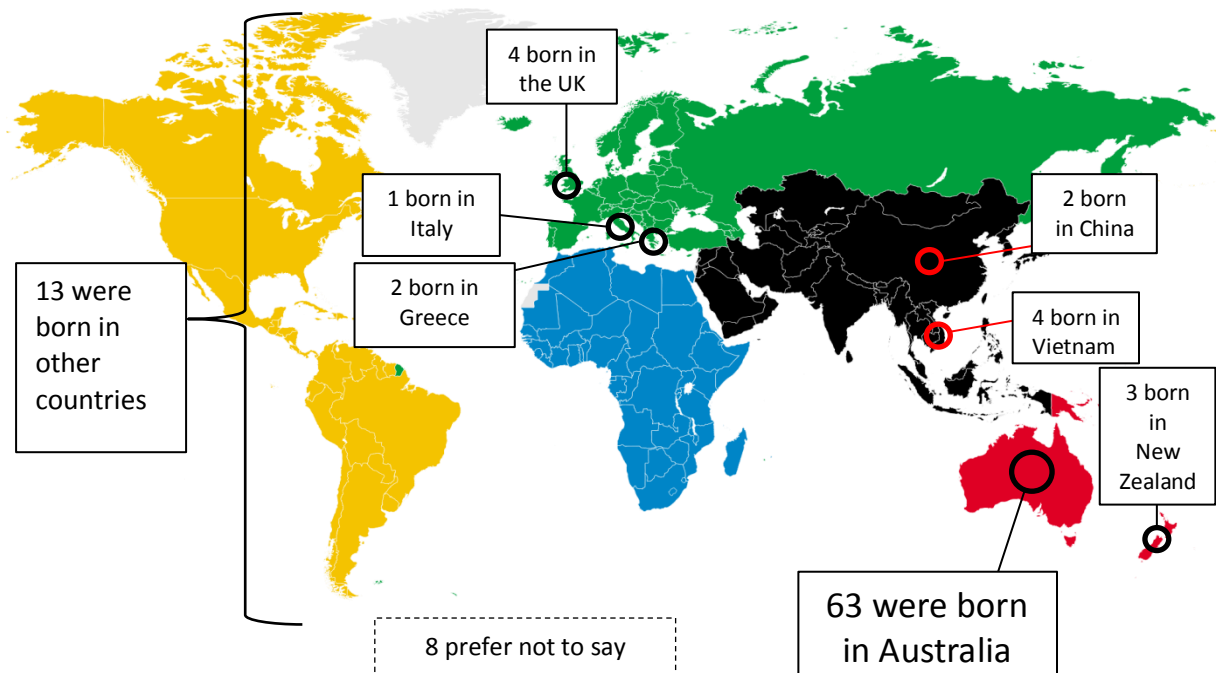


2.5 Yarra as 100 people⁵

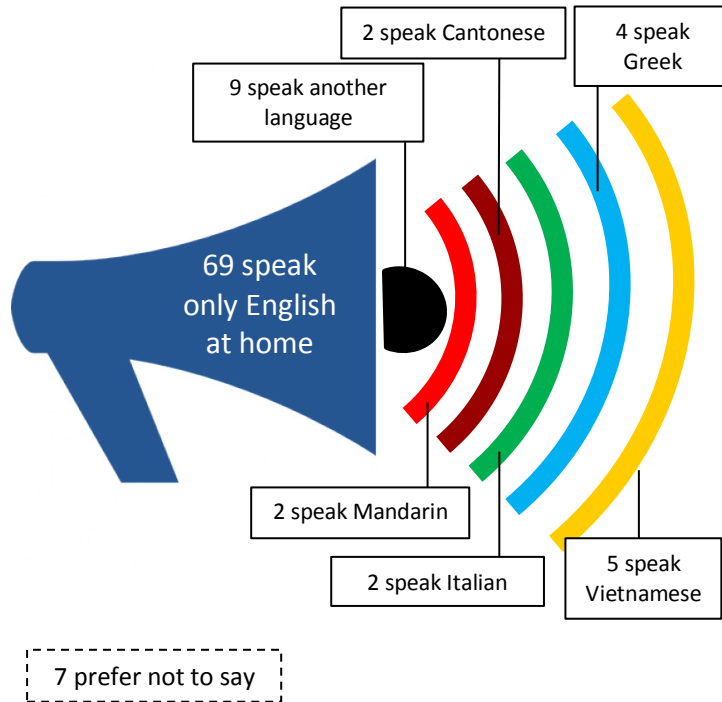
Age groups



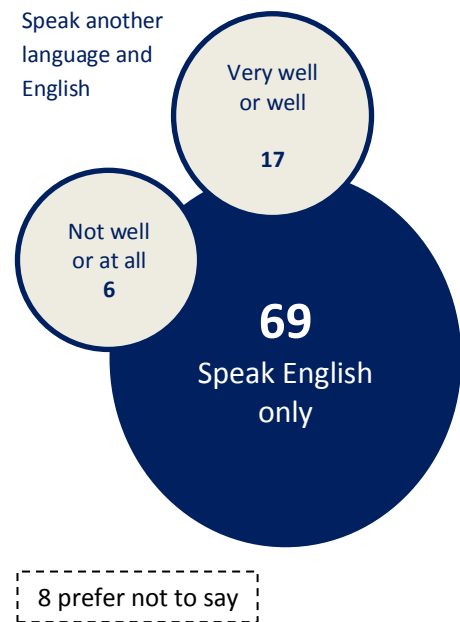
Country of birth



Language



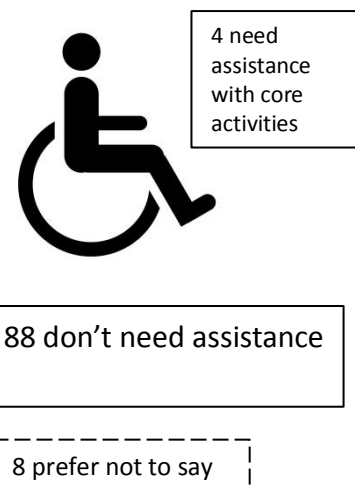
English proficiency



Qualifications



Disability



2.6 Yarra as 100 households⁶

| | | | | | | | |
|--|--------------------------------------|--|----------------------------|---|-----------------------------------|---|--|
| 20 in the lowest income quartile | | 20 in the medium-low income quartile | | 20 in the medium-high income quartile | | 40 in the highest income quartile | |
| 16 couples with children | 25 couples without children | 7 one parent families | 2 other families | 14 group households | 29 Single person households | 7 other households | |
| 20 owned their homes | 22 paying off a mortgage | 11 renting in social housing | 37 renting privately | 1 different tenure type | 9 prefer not to say | | |
| 77 have an internet connection | | 14 don't have an internet connection | | | 9 prefer not to say | | |
| 20 have no motor vehicles | 44 have 1 car | 22 have 2 cars | 5 have 3 or more cars | 9 prefer not to say | | | |

2.7 Yarra as 100 workers⁷

| | | | | | | | | |
|-----------------------------------|--|---|--|--|------------------------|---|----------------|-------------------------------|
| 66 employed full-time | | | 29 employed part-time | | | 5 looking for work | | |
| 15 managers | 43 professionals | 7 technicians and trades workers | 8 community and personal service workers | 12 clerical and admin workers | 7 sales workers | 2 machinery operators and drivers | 4 labourers | 2 had other occupations |
| 37 travelled to work by car | 26 travelled to work by public transport | 9 cycled to work | 11 walked to work | 9 didn't go to work | 5 worked at home | 3 other | | |

2.8 Key demographic information⁸

- The total population of Yarra in 2015 was 89,151.⁹
- The median age for Yarra residents is 33, which is lower than the Victorian median age. Despite the younger age demographic, Yarra still has an increasing number of older residents, although this number is small relative to other municipalities.
- The City of Yarra is home to a high proportion of residents living with socio-economic disadvantage, in what is an otherwise affluent municipality. Yarra has the highest proportion of social housing of any municipality in Victoria (11%).
- More people rent than own their homes in Yarra (49%), with levels of home ownership being relatively low (42%). 29% of households had rental costs of 30% or more of their gross income and this is comparable with averages elsewhere.
- Approximately 941 people are homeless in Yarra. This represents 11.9 people per thousand population which is higher than the Victorian rate of 3.2 per thousand population. There are a growing number of households experiencing housing stress which is putting more people at risk of homelessness.
- There are just over 300 Aboriginal and Torres Strait Islander people in Yarra, with equal numbers of males and females. The City of Yarra, especially the suburbs of Fitzroy and Collingwood, hold special historical significance for the Aboriginal community. These areas were a major hub of social and political activity for the Aboriginal community and today remain a critical centre for Aboriginal services and organisations. In Victoria, Aboriginal Australians experience poorer health outcomes than non-Aboriginal Australians in almost every measure of health, which results in a significant gap in life expectancy.
- Yarra has the highest proportion of same-sex couple households in Victoria (4.4%).
- The top five ancestries nominated by residents in Yarra were English, Australian, Irish, Scottish and Italian.
- About a fifth of Yarra residents were born in countries where English is not the first language, and almost a quarter speak a language other than English at home. Vietnamese is the largest language group (other than English) with 4.5% of the population speaking it at home.
- The total number of persons in Yarra requiring help in their day-to-day lives is 2,791. Of these, 79% are aged over 50. Overall 3.8% of the resident population report needing assistance with core activities, compared with 4.8% for Victoria.
- When compared to Victoria, Yarra has a higher proportion of residents holding formal qualifications (60% as compared to 46%), including a Bachelor or higher degree, Advanced Diploma, Diploma or vocational qualifications. A high proportion have completed schooling to Year 12 (over two thirds of residents) when compared to Victoria (just under half).
- The employment rate is relatively high in Yarra. In 2011, 71% of people aged 15 and over were employed compared with 62% in Greater Melbourne and 61% in Victoria. Like elsewhere, employment rates in Yarra vary between age groups and employment rates are higher for men compared to women. Less than a quarter of employed Yarra residents work within Yarra. Although the employment rate is relatively high in Yarra, the unemployment rate for most years has been above the average for Greater Melbourne and Victoria. In the period 2013-2014, the unemployment rate in Yarra reached a high of 7.7 compared with 6.2 in Victoria and 6.4 in Greater Melbourne.¹⁰

- Median gross weekly household incomes have increased between 2006 and 2011 from \$875 in 2006 to \$1,149 in 2011 (37%). This was well above the average increases in Greater Melbourne (24%) and Victoria (25%).

Index of Relative Socio-economic Disadvantage (SEIFA Index)

The SEIFA Index of Disadvantage measures the relative level of socio-economic disadvantage based on a range of Census information including low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations. A higher score on the index means a lower level of disadvantage. A lower score on the index means a higher level of disadvantage.

For Statistical Areas Level 1 (SA1s) across Australia, the average (population weighted) SEIFA score on the index of disadvantage is 1,000. Areas with an index above 1,000 are above the Australian average and are considered to be relatively less disadvantaged, while index figures below 1,000 indicate areas of relatively greater disadvantage when compared to the Australian average.

Figure 1 indicates that levels of disadvantage in Yarra are highly concentrated in the main public housing areas of Richmond, Collingwood and Fitzroy.

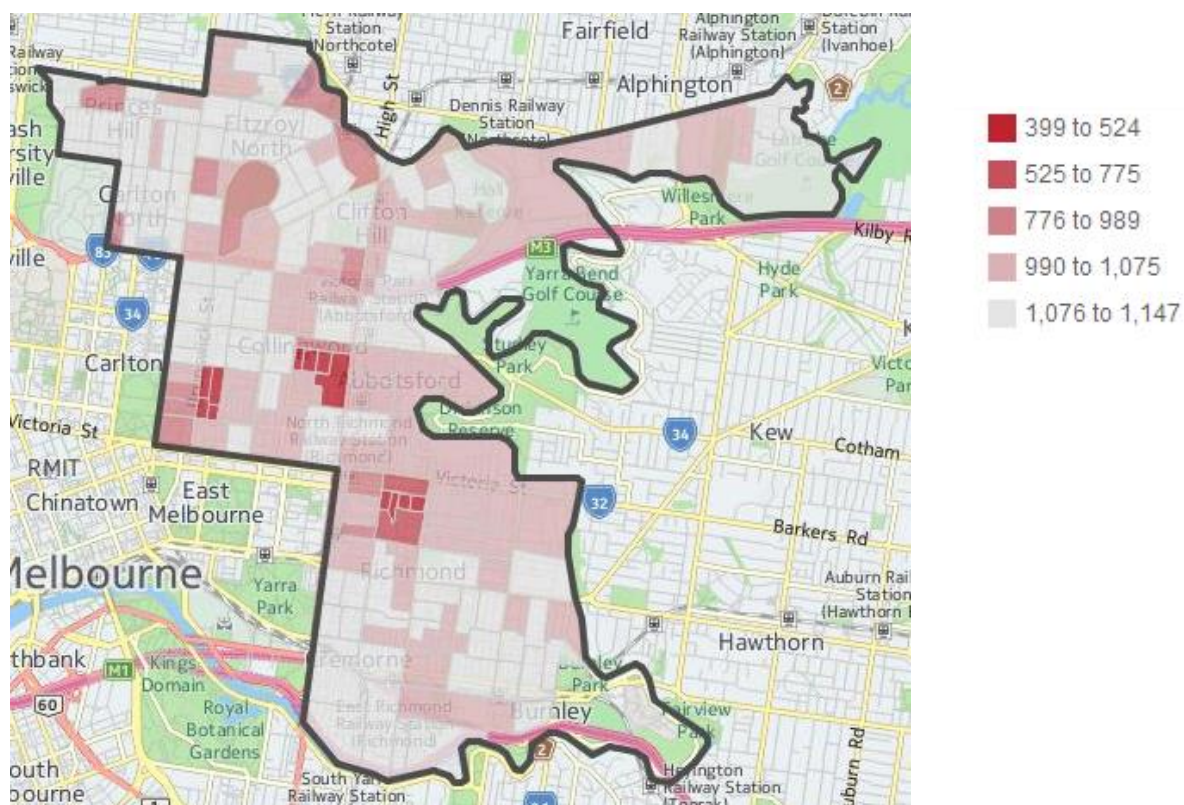


Figure 1 - Index of Relative Socio-economic Disadvantage¹¹

2.9 Self-reported health¹²

General health

The majority of Yarra residents consider their health to be excellent or very good (57.6%) or good (27.6%), however almost 15% reported their health to only be fair or poor. The proportion of people from Yarra reporting their health as being excellent or very good was higher than the Victorian average (46.6%), those reporting their health as good was lower than the Victorian average (37.3%), and those reporting their health fair or poor was similar to the Victorian average (15.9%).



Excellent or
very good
57.6%



Good
27.6%



Fair or
poor
14.8%

Dental health

Oral health is linked to overall health and wellbeing in numerous ways. The ability to chew and swallow food is required to eat and obtain essential nutrients. Poor oral health can also have impacts on speech and can affect self-esteem. The majority of oral diseases (including tooth decay and gum disease) can be prevented through good nutrition, oral hygiene and regular dental checkups.

In terms of dental health 24.6% of people from Yarra reported their dental health as being excellent, 32.1% as very good, 20.3% as good, 13.8% as fair, and 3.7% as poor. The proportion of people reporting excellent dental health was higher compared to the Victorian average (15.9%) but lower compared to the Victorian average for very good (20.3%).

71.7% of Yarra residents had visited the dentist in the last 12 months which is significantly higher than the state average of 57.1%. Approximately 7.5% of Yarra residents had not been to the dentist in five or more years. One potential barrier to regular dental checkups is cost with 23.6% reporting that they had avoided or delayed visiting the dentist due to the cost.



Excellent
24.6%



Very good
/ good
52.4%



Fair or
poor
17.5%

3. Key legislative and policy context

3.1 National

The National Health Priority Areas (NHPAs)¹³

The NHPAs are diseases and conditions that past federal governments have chosen for focused attention due to their significant contribution to the burden of illness and injury in the Australian community. There are nine identified NHPAs as follows:

- Cancer control
- Cardiovascular health
- Injury prevention and control
- Mental health
- Diabetes mellitus
- Asthma
- Arthritis and musculoskeletal conditions
- Obesity
- Dementia

3.2 State (Victorian)

Public Health and Wellbeing Act 2008 (PHWA)¹⁴

The purpose of the PHWA is to promote and protect public health and wellbeing in Victoria. The PHWA acknowledges that public health interventions are one of the ways in which inequalities can be reduced. The PHWA contains several objectives including:

- Protecting public health and preventing disease, illness, injury, disability or premature death
- Promoting conditions in which persons can be healthy
- Reducing inequalities in the state of public health and wellbeing

Under the PHWA local government is required to take responsibility for public health and wellbeing planning on behalf of its community and must develop a municipal public health and wellbeing plan.

Climate Change Act 2010 (CCA)¹⁵

The CCA has several purposes, including to promote collaboration, cooperation and innovation in the Victorian response to climate change by strengthening the role of communities and other measures. The CCA requires decision makers, including local governments, to take climate change into account during the preparation of municipal public health and wellbeing plans.

Victorian Health and Wellbeing Plan 2015-2019 (State Health and Wellbeing Plan)¹⁶

The current State Health and Wellbeing Plan was released on 1 September 2015. The vision for all Victorians, as outlined in the State Health and Wellbeing Plan is: *a Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age.*

The State Health and Wellbeing Plan includes the following six priorities:

- Healthier eating and active living
- Tobacco free living
- Reducing harmful alcohol and drug use
- Improving mental health
- Preventing violence and injury
- Improving sexual and reproductive health



VicHealth Action Agenda for Health Promotion 2016 update¹⁷

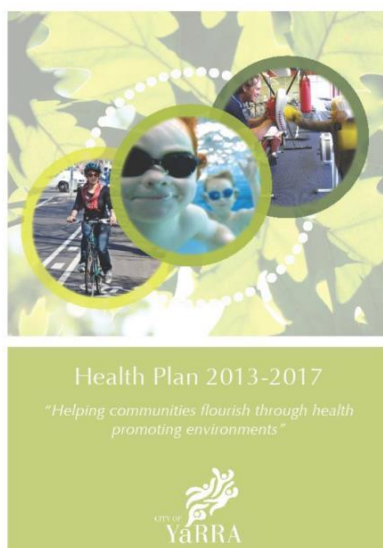
The 2016 Action Agenda update sets out priorities for the 2016 to 2019 period. Gender, youth and community themes are to frame future work and the five strategic imperatives identified in the plan are:

- Promoting healthy eating
- Encouraging regular physical activity
- Preventing tobacco use
- Preventing harm from alcohol
- Improving mental wellbeing



3.3 Local

Yarra Health Plan 2013-2017 (Yarra Health Plan)¹⁸



Under the Victorian *Public Health and Wellbeing Act 2008*, local government is required to take responsibility for public health and wellbeing planning on behalf of its community. To facilitate this Council is required to develop a municipal public health and wellbeing plan every four years. In developing the plan, Council is required to have regard to the State Health and Wellbeing Plan.

The Yarra Health Plan is a strategic document which outlines the health priorities for the municipality and outlines actions to improve the health and wellbeing of the community. The Yarra Health Plan provides a thorough narrative on how Yarra City Council focuses on health promotion for the entire Yarra community while also maintaining a focus on priority populations and issues.

The vision within the Yarra Health Plan is: *Helping communities flourish through health promoting environments*. Priority areas identified are:

- Health promoting environments
- Community safety
- Reducing the harms from alcohol, tobacco and other drugs

- Closing the gap on indigenous health

Additionally, the following priority populations are identified:

- People living in long term disadvantage
- Indigenous Australians
- People living with a disability
- People from diverse cultural backgrounds
- Women

This Health and Wellbeing Status Report will inform the priorities within the next Yarra Health and Wellbeing Plan for the 2017-2021 period. Additionally, there are a number of adopted Council strategies that influence health and wellbeing outcomes and these will also be reviewed.

4. Ways of thinking about health and wellbeing

4.1 Social Determinants of Health (SDOH)

The World Health Organization (WHO) describes the SDOH as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These circumstances are shaped by the wider forces of economics, social norms, social policies, and politics.¹⁹ The SDOH recognises that these factors influence our health outcomes. This is further demonstrated in Figure 2 which illustrates how our health and wellbeing is influenced by more than individual lifestyle choices.

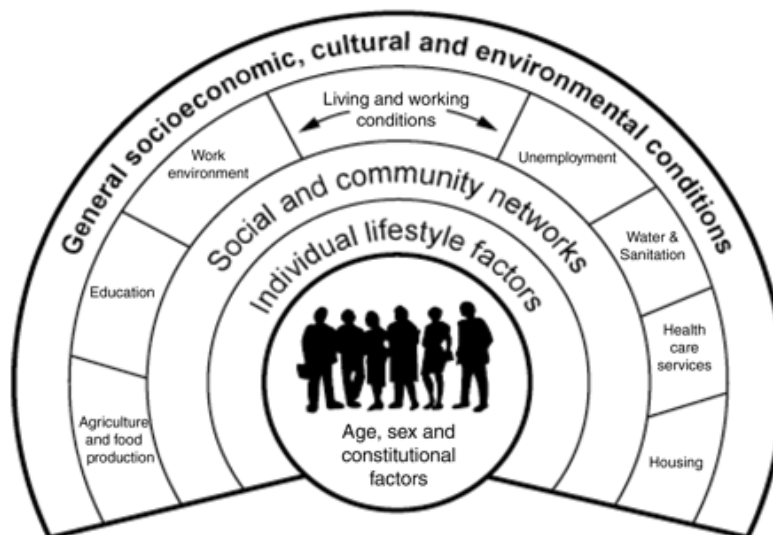


Figure 2 - Determinants of health²⁰

4.2 Environments for Health

Focusing on the broader factors that influence health and wellbeing supports the approach outlined within the *Environments for Health Municipal Public Health Framework*.²¹ The framework was designed to support local government's health planning processes and provides an approach for

planning for health and wellbeing that takes into consideration the built, social, economic and natural environments. Key components that form part of the four environmental dimensions are outlined in Figure 3.





| <i>Environmental dimensions</i> | <i>Key components</i> |
|--|--|
| Built  | Designing our neighbourhoods to ensure they provide key infrastructure |
| Social  | Providing opportunities for people to participate in the community and to feel safe within the community |
| Economic  | Encouraging economic development and employment opportunities |
| Natural  | Preserving and enhancing our natural environment |

Figure 3 - Environments for Health²²

4.3 Risk and protective factors

As outlined earlier, determinants of health are factors that can have positive and negative impacts on health and wellbeing. Negative determinants can be classified as risk factors and positive determinants can be classified as protective factors. Risk factors are factors that can predict negative health and wellbeing outcomes, whereas protective factors are factors that can moderate and mediate risk factors and predict positive health and wellbeing outcomes.

When considering risk and protective factors, for example for young people, several domains/settings for potential interventions are typically identified including community, family, school, peer and individual. Figure 4 outlines an example of how risk and protective factors can affect young people in these domains/settings.

| RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems. | DOMAIN | PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems. |
|--|-------------------|--|
| <ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey) | COMMUNITY | <ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey) |
| <ul style="list-style-type: none"> • Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour | FAMILY | <ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement |
| <ul style="list-style-type: none"> • Academic failure (low academic achievement) • Low commitment to school • Bullying | SCHOOL | <ul style="list-style-type: none"> • Opportunities for prosocial involvement in school • Recognition of prosocial involvement |
| <ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement | PEER / INDIVIDUAL | <ul style="list-style-type: none"> • Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers |

Figure 4 - Example risk and protective factors for young people²³

4.4 The social gradient and health inequities

Health inequalities are unjust health differences that occur between different social groups.²⁴ The social gradient in health refers to the fact that inequalities in population health status are related to inequalities in social status.²⁵ In summary, health inequalities result from social inequalities.

For example, evidence demonstrates that low income and disadvantaged groups generally experience poorer health, have less access to services and have a lower life expectancy compared to higher socioeconomic groups.²⁶ While socioeconomic status is a commonly used measure to explain health inequities, other characteristics such as gender, sexual orientation and race can also lead to health inequities, for example through discrimination.

Health inequalities are therefore reflected in the social gradient across whole populations. Focusing solely on the most disadvantaged will not necessarily reduce health inequalities at a population level, as the broader population is negatively impacted to a greater or lesser extent. To reduce health inequities, actions should be universal, but with a scale and intensity that is proportionate to the level of disadvantage and need.²⁷ This type of method has been termed 'proportionate universalism'. Proportionate universalism can be described as a combination of focusing on improving the health and wellbeing of the most disadvantaged groups and focusing on reducing the

entire social gradient. This results in services that are universally available (not only for the most disadvantaged) but in ways that are able to respond best to level of need required.²⁸

Fair Society Healthy Lives

A recent report titled *Fair Society Healthy Lives*²⁹ examines the most effective evidence-based strategies for reducing health inequalities and identifies the following six policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

4.5 Impacts of climate change

The many consequences of climate change that affect the natural environment have a resulting impact on health. The range of direct and indirect climate change impacts affect Victorian communities through severe weather events such as flooding, heatwaves, increased frequency and intensity of storms, as well as greater air pollution and higher urban temperatures. Climate change can also have an impact on food production and food security.

These climatic changes also have the potential to impact on health disproportionately, affecting the most vulnerable groups in the community such as the elderly and infirm, babies and infants, and people with existing health conditions. The direct effects of higher summer temperatures and heatwaves increase the risk of respiratory problems, affect water quality, and produce higher levels of food and water borne disease.

5. How does Yarra City Council influence health and wellbeing?

5.1 Services, programs, infrastructure and facilities

Local Government plays an important role in influencing health and wellbeing outcomes. Yarra City Council delivers a wide range of services and programs for the community and maintains and provides infrastructure and facilities. Key services, programs, infrastructure and facilities provided by Council that can influence health and wellbeing include:

- Maternal and child health, childcare, youth services, aged and disability services, libraries, and neighbourhood houses
- Construction and maintenance of roads and footpaths, drainage, street cleaning, waste collection, public realm improvements, and building inspections
- Water and food sampling, immunisation, needle and syringe disposal, provision of public toilets, enforcement of noise controls, food premises inspections, and animal management
- Recreation facilities including leisure centres, parks and open space

- Sustainability projects including community gardens and the Yarra Energy Foundation
- Arts and cultural activities

5.2 Community grants

Yarra City Council provides a significant amount of funding to the community in the form of grants. In 2016 a total of \$839,462 was provided for Annual Grants, a significant portion of which was awarded for projects that aim to influence health and wellbeing.³⁰ Additionally, Council provides further funding through Small Project Grants, Investing In Community Grants, and Richmond and Collingwood Youth Project Grants.

5.3 Advocacy

Federal, State and Local Governments are responsible for implementing services, programs, infrastructure and facilities that influence health and wellbeing. Council advocates on behalf of the community in a range of areas where it does not have primary responsibility for implementation. Recent examples include the provision of social and public housing, improving public transport services, the provision of drug related harm reduction measures, and gambling reform.

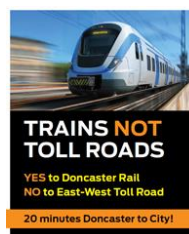
Yarra Council takes a stand against gambling

10 August 2016

Yarra Council is taking a stand against poker machines and sports betting, joining calls for the Federal Government to implement gambling reforms.

Council will sign an open letter from the Alliance for Gambling Reform to Prime Minister Malcolm Turnbull and Opposition Leader Bill Shorten, urging them to make a difference to thousands of Australians by reducing the devastation caused by gambling by introducing:

- a ban on sports betting advertising during G-rated time periods;
- a Joint Select Committee on Gambling Reform to build on existing knowledge of the problems and solutions; and
- legislation that limits poker machine harm to a maximum \$1 bet and maximum loss of \$120 per hour.



5.4 Working with partners

Yarra City Council works closely with a range of stakeholders in order to support and coordinate the delivery of community health and wellbeing initiatives across the City of Yarra. Council supports and has representation on a range of committees and groups such as the Yarra Drug and Health Forum, Yarra Liquor Forum, Yarra Family Violence Network, Yarra Mental Health Alliance, and Yarra Settlement Forum.

Council also convenes several advisory committees and reference groups that are relevant to health and wellbeing. Members of these groups typically include industry experts and community members. Committees and reference groups include:

- Health and Wellbeing Plan Advisory Committee
- Aboriginal Advisory Committee
- Active Ageing Advisory Committee
- Bicycle Advisory Committee
- Business Advisory Group
- Disability Advisory Committee
- Early Years Reference Group

- Environment Advisory Committee
- Libraries Advisory Committee
- Local Safety Reference Group
- Multicultural Advisory Group
- Youth Advisory Committee

Health and Wellbeing Plan Advisory Committee (HWPAC)

Yarra's HWPAC comprising of a wide range of professionals from across Yarra's health and community sectors, play a key role in overseeing the delivery of the Yarra Municipal Public Health and Wellbeing Plan. Recently adopted Terms of Reference (ToR) also include community members as part of the committee.

The purpose of the HWPAC is to:

- To provide advice to Council on health and wellbeing matters
- To assist Council with advocacy on relevant health and wellbeing matters
- To identify strategies and actions to be included within the Yarra Health and Wellbeing Plan and associated yearly implementation plans
- To oversee and assist with the implementation and evaluation of strategies and actions in the Yarra Health and Wellbeing Plan and associated yearly implementation plans
- To identify current and emerging health and wellbeing issues and trends
- To collaboratively identify and implement measures to enhance the health and wellbeing of the Yarra community
- To strengthen partnerships across member organisations and other relevant networks and organisations
- To identify funding opportunities for relevant health and wellbeing projects and to contribute to submissions
- To complement the role of and align with the Local Safety Reference Group, Yarra Liquor Forum and other Council advisory committees and groups

Existing core membership (reflected in the current ToR) includes:

- Two Yarra City Council Councillors
- Three community representatives from within the City of Yarra
- Australian Catholic University
- cohealth
- Department of Health and Human Services
- Access Health and Community
- Inner North West Primary Care Partnership
- Melbourne Primary Care Network
- North Richmond Community Health
- Neighbourhood Houses and Learning Centres
- Project Respect
- Yarra City Council officers including staff from the Social Policy and Research Unit and Community Wellbeing Division

6. The health status of the Yarra community

This section presents data on a range of health and wellbeing indicators. The areas covered are based on the priority areas identified within the Victorian Health and Wellbeing Plan 2015-2019. In selecting the indicators, consideration has been given to the availability of data (including whether data is available at the local government level), currency of data and the survey methodology utilised for collecting the data.

The most recent data available has been utilised at the time of writing this report, however data for a number of indicators are only released every four to five years. Trends for some indicators have been shown where recent data is available. Local Government Area (LGA) ranks have also been included where these are able to be clearly established. Unless otherwise specified, the rankings are based on a high-to-low score for Victoria's 79 municipalities.

Headline indicators



RED LIGHT: Latest value significantly less favourable than previous value or Victorian average

YELLOW LIGHT: Latest value not significantly different to previous value or Victorian average

GREEN LIGHT: Latest value significantly more favourable than previous value or Victorian average

Key indicators

N.B. Numbers highlighted in **green** suggest a significantly more favourable result than what is reported for Victoria, and **red** a significantly less favourable result (in terms of healthy living or outcomes), taking into account the relevant survey methodology including sample size.

6.1 Healthy eating and active living

Diet and exercise play a major part in reducing the risk of many health conditions such as heart disease, diabetes and some cancers. Guidelines recommend that those aged 12-18 years consume three serves of fruit on a daily basis and two serves for those aged 19 years or over. For vegetables, guidelines recommend that those aged 12-18 years consume four or more serves on a daily basis and five or more serves for those aged 19 years or over.³¹

Generally, to obtain a health benefit from physical activity participation in at least moderate-intensity activity is required. Accruing 150 or more minutes of moderate-intensity physical activity (such as walking) or 75 or more minutes of vigorous physical activity and undertaking muscle-strengthening activities on at least two days on a regular basis over one week is believed to be 'sufficient' for health benefits and is the recommended threshold of physical activity for adults between 18 and 64 years of age.³²

There are indications that while Yarra's population is eating less take away food and drinking fewer soft drinks compared to the state average, our rates of obesity are growing. Even though Yarra has a lower rate of overweight and obese people compared to average rates across Victoria, it is still notable that 36% of the population is considered either overweight or obese. In addition, 22.5% of

the Yarra population has high blood pressure and 3.5% of the population is diagnosed with type 2 diabetes.

In terms of healthy eating, data demonstrates that significantly more women than men meet fruit and vegetable dietary guidelines. In younger age groups, data indicates that fruit and vegetable intakes, along with the percentage of students who eat breakfast before school reduces between year 6 and year 8.

There are also a high percentage of adults in Yarra who predominantly sit whilst at work. On the other hand, the population is more likely to use public transport, walk and cycle than the average Victorian population, reflecting a high take-up of active transport options.

| Headline indicators | Latest data | Change over time | Trend | Benchmark | Compare | | | | |
|---|---|---|---------|-----------|---------|-------|--|--|--|
| MODIFIABLE RISK FACTORS | | | | | | | | | |
| Fruit & vegetable intake <i>% adult population who do <u>not</u> meet fruit and vegetable dietary guidelines</i> | Yarra 47.9% (2014) <i>Males</i> 60.3% (2011-12) <i>Females</i> 37.1% (2011-12) | <table><tr><td>2011-12</td><td>47.9%</td></tr><tr><td>2014</td><td>47.9%</td></tr></table> | 2011-12 | 47.9% | 2014 | 47.9% | | Victoria 48.6% (2014) | |
| 2011-12 | 47.9% | | | | | | | | |
| 2014 | 47.9% | | | | | | | | |
| Physical activity <i>% adult population who do <u>not</u> meet physical activity guidelines</i> | Yarra 51.8% (2014) | <table><tr><td>2011-12</td><td>26.5%</td></tr><tr><td>2014</td><td>51.8%</td></tr></table> <p><i>N.B. The physical activity guidelines have changed in the time between the two surveys, caution must therefore be used in comparing the results over time.</i></p> | 2011-12 | 26.5% | 2014 | 51.8% | | Victoria 53.7% (2014) | |
| 2011-12 | 26.5% | | | | | | | | |
| 2014 | 51.8% | | | | | | | | |

| RISK FACTORS | | | | | |
|---|--|--|--|---|--|
| Obesity <i>% adult population who are obese (based on BMI)</i> | Yarra 12.1% (2014) | | | Victoria 18.8% (2014) | |
| | | | | | |
| High blood pressure <i>% adult population reporting high blood pressure</i> | Yarra 22.5% (2014) | | | Victoria 25.9% (2014) | |
| | | | | | |
| ASSOCIATED HEALTH CONDITIONS | | | | | |
| Type II diabetes <i>% adult population reporting type 2 diabetes</i> | Yarra 3.5% (2011-12) | | | Victoria 5% (2011-12) | |
| | | | | | |
| Heart disease <i>% adult population reporting heart disease</i> | Yarra 7% (2011-12) | Comparison with earlier years not available. | | Victoria 6.9% (2011-12) | |
| | | | | | |

Healthy eating

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|--|
| Percentage of adults consuming recommended intake of fruit | 47.3 | 33 | 47.8 | Victorian Population Health Survey, 2014 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|------------------|--|
| Percentage of adults consuming recommended intake of vegetables | 7.9 | 31 | 6.4 | Victorian Population Health Survey, 2014 |
| Percentage of Year 6 students who met dietary guidelines for fruit and vegetable intake | 29 | - | - | Communities that Care Survey, 2015 ³³ |
| Percentage of Year 8 students who met dietary guidelines for fruit and vegetable intake | 19 | - | 16 ³⁴ | Communities that Care Survey, 2015 |
| Percentage of people reporting poor dental health | 6 | 36 | 5.6 | Victorian Population Health Survey, 2014 |
| Percentage of adults who drink soft drink every day | 7.7 | 69 | 11.2 | Victorian Population Health Survey, 2014 |
| Percentage of adults who never eat take-away meals | 28.7 | - | 16.6 | Victorian Population Health Survey, 2014 |
| Percentage of adults who ran out of food in the last 12 months and could not afford to buy more | 2.7 | 65 | 4.6 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who share a meal with family at least 5 days per week | 60.3 | 75 | 66.3 | VicHealth Indicators Survey, 2011 |
| Percentage of Year 6 students who always eat breakfast before school | 62 | - | - | Communities that Care Survey, 2015 |
| Percentage of Year 8 students who always eat breakfast before school | 47 | - | 51 ³⁵ | Communities that Care Survey, 2015 |

Active living

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|------------------|--|
| Percentage of adults who undertook adequate physical activity | 45.9 | - | 41.4 | Victorian Population Health Survey, 2014 |
| Percentage of adults who undertook inadequate physical activity | 48.8 | - | 50.4 | Victorian Population Health Survey, 2014 |
| Percentage of year 6 students who met physical activity guidelines | 27 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who met physical activity guidelines | 17 | - | 17 ³⁶ | Communities that Care Survey, 2015 |
| Percentage of employed adults who predominantly sit at work | 68.3 | - | 49.6 | Victorian Population Health Survey, 2014 |
| Percentage of adults who sit 8+ hours on an average weekday | 24.9 | - | 23.8 | Victorian Population Health Survey, 2014 |
| Percentage of adults who engaged in sedentary behaviour | 3 | 41 | 3.6 | Victorian Population Health Survey, 2014 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------------------|----------|------------------|---|
| Percentage of year 6 students who met recommendation for avoiding sedentary behaviour | 74 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who met recommendation for avoiding sedentary behaviour | 49 | - | 48 ³⁷ | Communities that Care Survey, 2015 |
| Percentage of population near to public transport ³⁸ | 100 ³⁹ | 1 | 74.2 | Local Government Area Profile for Yarra, Modelling, GIS and Planning Products Unit, DoH, 2013 |
| Percentage of employed males who travel to work by public transport | 24.6 | - | 10.4 | ABS Census, 2011 |
| Percentage of employed females who travel to work by public transport | 27.3 | - | 11.7 | ABS Census, 2011 |
| Percentage of employed persons who travel to work by active transport ⁴⁰ | 45.8 | - | 15.5 | ABS Census, 2011 |
| Percentage of employed persons who travel to work by bicycle | 8.5 | 1 | 1.2 | ABS Census, 2011 |
| Percentage of adults who cycled 4+ days for transport in preceding week | 12.5 | - | 2.3 | Victorian Population Health Survey, 2014 |
| Percentage of adults who walked 4+ days for transport in preceding week | 34.8 | - | 18.1 | Victorian Population Health Survey, 2014 |

Obesity

| Key indicators | Yarra | LGA rank | Victoria | Source |
|----------------------------------|-------|----------|----------|---|
| Percentage of overweight adults | 23.5 | - | 31.2 | Victorian Population Health Survey, 2014 |
| Percentage of females overweight | 26 | 41 | 24.6 | Victorian Population Health Survey, 2011-12 |
| Percentage of males overweight | 42.1 | 30 | 40.6 | Victorian Population Health Survey, 2011-12 |
| Percentage of obese adults | 12.1 | - | 18.8 | Victorian Population Health Survey, 2014 |
| Percentage of females obese | 8.4 | 75 | 17.2 | Victorian Population Health Survey, 2011-12 |
| Percentage of males obese | 7.2 | 78 | 17.4 | Victorian Population Health Survey, 2011-12 |

Associated health conditions

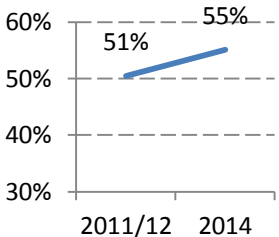



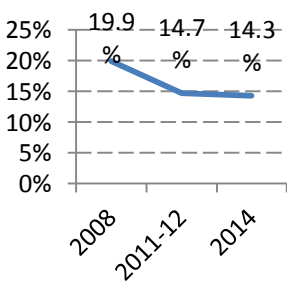


| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|---|----------|----------------------|--|
| Percentage of adult population reporting high blood pressure (hypertension) | 22.5 | - | 25.9 | Victorian Population Health Survey, 2014 |
| Percentage of adult population reporting type 2 diabetes | 3.5 | 69 | 5 | Victorian Population Health Survey, 2011-12 |
| Percentage of adult population reporting heart disease | 7 | 39 | 6.9 | Victorian Population Health Survey, 2011-12 |
| Avoidable deaths from diabetes, persons aged 0 to 74 years | 6.9 ASR per 100,000 ⁴¹ 20 (n) | 63 | 5.4 ASR per 100,000 | Cause of Death Unit Files, 2009-2013 ⁴² |
| Avoidable deaths from ischaemic heart disease, persons aged 0 to 74 years | 18.8 ASR per 100,000 55 (n) | 64 | 21.9 ASR per 100,000 | Cause of Death Unit Files, 2009-2013 ⁴³ |


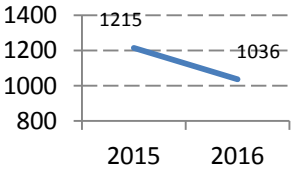
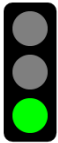

6.2 Alcohol, tobacco and other drugs

The National Health and Medical Research Council (NHMRC) guidelines for alcohol consumption indicate that males who drink more than six standard drinks and females who drink more than four standard drinks per drinking occasion are at risk of alcohol-related harm in the short-term. Short-term alcohol-related harm can include violence, risky behaviour, road trauma and injury. Lifetime risk of alcohol-related harm associated with heavy, regular use of alcohol may include cirrhosis of the liver, cognitive impairment, heart and blood disorders, ulcers, cancers and damage to the pancreas.

The prevalence of current smoking in Victoria continues to decline. Between 2003 and 2014, the prevalence of current smoking declined by almost 40 per cent (3.6 per cent per year), representing an absolute percentage point reduction of 8.8 per cent over 11 years.⁴⁴ Smoking is associated with a range of conditions including heart disease, stroke and numerous forms of cancer.

Illicit drug use is a significant health risk for affected individuals and has broader impacts on the community. Drug use is often driven by complex factors and the legislative and policy framework for drugs and drug-related crime is predominantly set by federal and state governments. Responses are commonly underpinned by harm minimisation approaches which recognise that total prevention or eradication of drug use is not always possible and therefore there is a need to minimise the risks to individuals and the community.

| Headline indicators | Latest data | Change over time | Trend | Benchmark | Compare |
|--|--|--|--|---|---|
| MODIFIABLE RISK FACTORS | | | | | |
| Alcohol related harm – short term <i>% adult population with increased risk of harm on a single occasion</i> | Yarra 55% (2014) |  <p>60% 50% 40% 30%</p> <p>51% 55%</p> <p>2011/12 2014</p> |  | Victoria 43% (2014) |  |
| Alcohol related harm – lifetime <i>% adult population with increased lifetime risk of harm</i> | Yarra 65% (2014) | Comparison with earlier years not available. | | Victoria 59% (2014) |  |
| Tobacco <i>% adult population who are current smokers</i> | Yarra 14.3% (2014) |  <p>25% 20% 15% 10% 5% 0%</p> <p>19.9% 14.7% 14.3%</p> <p>2008 2011-12 2014</p> |  | Victoria 13.1% (2014) |  |

| CLIENTS | | | | | |
|-----------------------------|-----------|---|--|-----------|---|
| Drug and alcohol clients | Yarra | Comparison with earlier years not available. | | Victoria | |
| | 111 | | | 58 |  |
| Rate per 10,000 population | (2012-13) | | | (2012-13) | |
| CRIME | | | | | |
| Drug related crime | Yarra |  | | Victoria | |
| | 1035.5 | |  | 508.8 |  |
| Rate per 100,000 population | (2015-16) | | | (2015-16) | |

Alcohol

Data indicates that there are significant differences in alcohol consumption between men and women and between different age groups. Overall, the Yarra population has a higher risk of short term alcohol-related harm compared to the Victorian average and the proportion of people at risk seems to be increasing.

Yarra compares less favourably in the vast majority of alcohol-related indicators examined, including those that examine males and females independently. Males however compare significantly less favourably than females in all alcohol-related indicators examined, including emergency department rates, hospital admissions, ambulance attendances and treatment episodes. Alcohol-related assaults during high alcohol hours⁴⁵ are also high, with rates for males and 18-24 year olds more than double the state rate.

Data relating to year 6 and year 8 school students who attend school in Yarra indicates that alcohol consumption increases between year 6 and year 8. The proportion of year 6 students reporting that they had recently consumed alcohol is 3% compared with 23% for year 8 students. Similarly, 17% of year 6 students reported ever drinking alcohol, compared to 46% of students in year 8. The percentage of year 6 students who reported binge drinking in the two weeks prior to the survey was 2%, however this number increased to 10% for year 8 students.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|------------------|---|
| Percentage of adults with increased risk of short term alcohol-related harm (on a single occasion either yearly, monthly or weekly) | 55.1 | 12 | 42.5 | Victorian Population Health Survey, 2014 |
| Percentage of adults with increased lifetime risk of alcohol-related harm | 64.9 | 27 | 59.2 | Victorian Population Health Survey, 2014 |
| Drug and alcohol clients, per 10,000 population | 111 | 10 | 58 | ADIS, Mental Health, Drugs and Regions Division, DoH, 2012-13 ⁴⁶ |
| Percentage of adults who purchased alcohol in the last 7 days | 48.2 | - | 36.3 | VicHealth Indicators Survey, 2011 |
| 7 day \$ spend on packaged liquor | 49 | - | 45 | VicHealth Indicators Survey, 2011 |
| 7 day \$ spend at licensed premises | 48 | - | 45 | VicHealth Indicators Survey, 2011 |
| Percentage of year 6 students who have ever drunk alcohol | 17 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who have ever drunk alcohol | 46 | - | 45 ⁴⁷ | Communities that Care Survey, 2015 |
| Percentage of year 6 students who report recent alcohol use (past 30 days) | 3 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who report recent alcohol use (past 30 days) | 23 | - | 17 ⁴⁸ | Communities that Care Survey, 2015 |
| Percentage of year 6 students who report binge drinking in the last 2 weeks | 2 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who report binge drinking in the last 2 weeks | 10 | - | 5 ⁴⁹ | Communities that Care Survey, 2015 |
| Alcohol emergency department presentations per 10,000 population | 30.2 | 1 | 13.8 | Turning Point, AOD Stats, 2012-13 |
| Alcohol emergency department rate (males) | 42.8 | 1 | 17.2 | Turning Point, AOD Stats, 2012-13 |
| Alcohol emergency department rate (females) | 18 | 6 | 10.4 | Turning Point, AOD Stats, 2012-13 |
| Alcohol hospital admissions per 10,000 population | 63.2 | 9 | 47 | Turning Point, AOD Stats, 2012-13 |
| Alcohol hospital admission rate (males) | 79.6 | 8 | 59 | Turning Point, AOD Stats, 2012-13 |
| Alcohol hospital admission rate (females) | 47.4 | 15 | 35.1 | Turning Point, AOD Stats, 2012-13 |
| Alcohol hospital admission rate (15-24 years) | 42 | 5 | 22 | Turning Point, AOD Stats, 2012-13 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|----------|-----------------------------------|
| Alcohol ambulance attendances per 10,000 population ⁵⁰ | 69.6 | 3 | 34.4 | Turning Point, AOD Stats, 2013-14 |
| Alcohol ambulance attendance rate (males) | 97.4 | 3 | 44.3 | Turning Point, AOD Stats, 2013-14 |
| Alcohol ambulance attendance rate (females) | 43.1 | 5 | 24.7 | Turning Point, AOD Stats, 2013-14 |
| Alcohol ambulance attendance rate (15-24 years) | 110.9 | 6 | 55.8 | Turning Point, AOD Stats, 2013-14 |
| Alcohol ambulance attendance rate (25-39 years) | 61.7 | 13 | 41.9 | Turning Point, AOD Stats, 2013-14 |
| Alcohol ambulance attendance rate (40-64 years) | 98.7 | 3 | 45.2 | Turning Point, AOD Stats, 2013-14 |
| Alcohol ambulance attendance rate (65+ years) | 44.8 | 4 | 19 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care per 10,000 population | 65.8 | 20 | 45.1 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care rate (males) | 89.7 | 21 | 59.3 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care rate (females) | 42.9 | 23 | 31.1 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care rate (15-24 years) | 86.1 | 16 | 53.7 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care rate (25-39 years) | 59.3 | 54 | 70.6 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care rate (40-64 years) | 111.8 | 11 | 64 | Turning Point, AOD Stats, 2013-14 |
| Alcohol treatment episodes of care rate (65+ years) | 16.4 | 12 | 9.5 | Turning Point, AOD Stats, 2013-14 |
| Serious road injuries during high alcohol hours per 10,000 population ⁵¹ | 1.8 | 25 | 1.7 | Turning Point, AOD Stats, 2013-14 |
| Assaults during high alcohol hours (HAH) per 10,000 population | 23.3 | 10 | 13.1 | Turning Point, AOD Stats, 2012-13 |
| Alcohol assault HAH rate (males) | 31.3 | 9 | 15.3 | Turning Point, AOD Stats, 2012-13 |
| Alcohol assault HAH rate (females) | 15.3 | 25 | 10.9 | Turning Point, AOD Stats, 2012-13 |
| Alcohol assault HAH rate (18-24 years) | 60.6 | 23 | 28.9 | Turning Point, AOD Stats, 2012-13 |
| Alcohol family violence incidents per 10,000 population | 17.9 | 56 | 21.9 | Turning Point, AOD Stats, 2012-13 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|-----------------------------------|
| Alcohol family violence rate (males) | 9.3 | 46 | 10.6 | Turning Point, AOD Stats, 2012-13 |
| Alcohol family violence rate (females) | 26.3 | 56 | 32.9 | Turning Point, AOD Stats, 2012-13 |
| Alcohol family violence rate (18-24 years) | 31.2 | 34 | 22.7 | Turning Point, AOD Stats, 2012-13 |

Tobacco

The proportion of smokers in Yarra is slightly higher than that for Victoria, however smoking during pregnancy is lower. Data for the proportion of year 8 students who have ever smoked or have smoked in the past 30 days is significantly higher than comparison data for across Australia.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|------------------|--|
| Current smokers | 14.3 | 38 | 13.1 | Victorian Population Health Survey, 2014 |
| Percentage of year 6 students who have ever smoked cigarettes | 1 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who have ever smoked cigarettes | 20 | - | 12 ⁵² | Communities that Care Survey, 2015 |
| Percentage of year 6 students who smoked in the last 30 days | 0 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who smoked in the last 30 days | 12 | - | 4 ⁵³ | Communities that Care Survey, 2015 |
| Smoking during pregnancy ⁵⁴ | 5.3 | 70 | 11.4 | VicHealth, 2009-11 |

Illicit drugs

Yarra tracks well above state rates for most of the illicit drug indicators. Yarra has the highest rate of illicit and heroin related ambulance attendances, as well as overdose deaths. Yarra also has a particularly high rate of drug offences, emergency department presentations relating to illicit substances, and drug and alcohol clients. Although a significant portion of this can be attributed to visitors coming to the area both for support services and to trade and use illicit substances, the high emergency department and hospital admissions (which are based on patient residential addresses rather than location of incidence) suggests that those living in Yarra are experiencing drug-related harm through the use of illicit substances. The drug trade and associated health behaviours and outcomes therefore affect the municipality both from a community safety perspective, as well as from a resident health and wellbeing perspective.

People who inject drugs are at risk of contracting blood borne viruses such as hepatitis C through the sharing of unsterile drug injecting equipment. Notifications of newly acquired hepatitis C are significantly higher in Yarra compared to rates for Victoria.

Drug activity in Yarra can also be measured by the volume of discarded syringes. Council monitors data on syringe collections in the municipality which occur through regular sweeps (considered unsafe disposal), disposal unit collections (safe disposal), as well as sporadic requests for collection from the community. From 2014 to 2015, the total number of syringes collected increased by over 30%, however the increase was attributed to safely disposed syringes collected from disposal units. In keeping with past trends, Richmond and Abbotsford are the key locations for syringe disposals.

In terms of drug-related crime, Fitzroy had the highest rate (per 100,000 people) of drug offences of Yarra's suburbs in 2015-16, however Richmond had by far the highest number of drug offences equaling 44% of all recorded drug offences in Yarra between April 2015 and March 2016. Within the drug offences category, the number of offences for drug use and possession well exceeded that for drug dealing and trafficking, and cultivate or manufacture drugs.

Data relating to year 6 and year 8 school students who attend school in Yarra indicates that illicit drug use is relatively low compared to alcohol consumption. However like alcohol, illicit drug use increases between year 6 and year 8 with 13% reporting that they had ever used marijuana in year 8, compared with 0% in year 6. Of note, 40% of year 8 students reported that they perceive drugs to be available in the community.

North Richmond Community Health (NRCH) has been delivering alcohol and other drug (AOD) services in the North Richmond area since the 1990s. The health and community services provided include a focus on culturally and linguistically diverse (CALD), Aboriginal, and low income populations. The Burnet Institute conducted an analysis of the NRCH AOD program over 2014 and 2015 and recruited 128 people who inject drugs who use NRCH AOD services to be part of a study. The study identified that participants have a range of complex and high needs stemming from issues relating to:

- Inadequate and unaffordable housing
- Personal drug use
- Contact with criminal justice systems
- Poor mental health reflecting their marginalisation from 'mainstream society'
- Prevalence of blood-borne viruses
- Poor harm reduction literacy

The study also identified a high level of disadvantage in the participants, including:

- Over 90% being unemployed
- Less than 20% having completed Year 12 schooling
- 57% having a mental health problem
- 37% living in unstable accommodation

Participants were also found to have relatively high levels of hepatitis C and HIV and relatively low levels of full hepatitis B vaccinations.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|--------|----------|----------|---|
| Drug offences, rate per 100,000 | 1035.5 | 4 | 508.8 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Drug offences <i>in Fitzroy</i> , rate per 100,000 ⁵⁵ | 1624.8 | - | 508.8 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Drug offences <i>in Collingwood</i> , rate per 100,000 ⁵⁶ | 1600.5 | - | 508.8 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Drug offences <i>in Richmond</i> , rate per 100,000 ⁵⁷ | 1343.9 | - | 508.8 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Overdose deaths, average annual rate per 100,000 population ⁵⁸ | 23.7 | 1 | 7.0 | Victorian Overdose Deaths Register, Coroners Prevention Unit, 2009-2015 |
| Notifications of hepatitis C (newly acquired) in previous 12 months per 100,00 population | 8.9 | - | 2.1 | Victorian Notifiable Infectious Diseases Surveillance database, 2016 |
| Illicit emergency department presentations per 10,000 population | 4.6 | 2 | 2.1 | Turning Point, AOD Stats, 2012-13 |
| Illicit emergency department rate (males) | 7.1 | 2 | 2.7 | Turning Point, AOD Stats, 2012-13 |
| Illicit emergency department rate (females) | 2.2 | 8 | 0.7 | Turning Point, AOD Stats, 2012-13 |
| Illicit hospital admissions per 10,000 population | 19.0 | 11 | 14.4 | Turning Point, AOD Stats, 2012-13 |
| Illicit hospital admissions rate (males) | 23.6 | 9 | 16.5 | Turning Point, AOD Stats, 2012-13 |
| Illicit hospital admissions rate (females) | 14.6 | 13 | 12.3 | Turning Point, AOD Stats, 2012-13 |
| Illicit ambulance attendances per 10,000 population ⁵⁹ | 66.3 | 1 | 12.2 | Turning Point, AOD Stats, 2013-14 |
| Illicit ambulance attendance rate (males) | 95.7 | 1 | 16.3 | Turning Point, AOD Stats, 2013-14 |
| Illicit ambulance attendance rate (females) | 37.9 | 1 | 8.2 | Turning Point, AOD Stats, 2013-14 |
| Illicit ambulance attendance rate (15-24 years) | 66.8 | 4 | 29.2 | Turning Point, AOD Stats, 2013-14 |
| Illicit ambulance attendance rate (25-39 years) | 86.3 | 1 | 24.4 | Turning Point, AOD Stats, 2013-14 |
| Illicit ambulance attendance rate (40-64 years) | 74.7 | 1 | 8.1 | Turning Point, AOD Stats, 2013-14 |
| Heroin related ambulance attendances per 10,000 population ⁶⁰ | 49.9 | 1 | 4.4 | Turning Point, Ambo Report, 2013-14 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|------------------|------------------------------------|
| Meth/amphetamine ambulance attendances per 10,000 population ⁶¹ | 2.2 | 3 | 1 | Turning Point, AOD Stats, 2013-14 |
| Crystal methamphetamine ambulance attendances per 10,000 population ⁶² | 4.9 | 4 | 2.7 | Turning Point, AOD Stats, 2013-14 |
| Illicit treatment episodes of care per 10,000 population | 98.4 | 6 | 52.3 | Turning Point, AOD Stats, 2013-14 |
| Meth/amphetamine treatment episodes of care per 10,000 population | 24.8 | 15 | 17.6 | Turning Point, AOD Stats, 2013-14 |
| Meth/amphetamine treatment episodes of care rate (males) | 33.5 | 13 | 23.3 | Turning Point, AOD Stats, 2013-14 |
| Meth/amphetamine treatment episodes of care rate (females) | 16.5 | 17 | 12 | Turning Point, AOD Stats, 2013-14 |
| Percentage of year 6 students who have ever used marijuana | 0 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who have ever used marijuana | 13 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who report recent marijuana use (past 30 days) | 7 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 6 students who have ever used solvents to get high | 2 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who have ever used solvents to get high | 8 | - | 13 ⁶³ | Communities that Care Survey, 2015 |
| Percentage of year 6 students who perceive drugs to be available in the community | 8 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who perceive drugs to be available in the community | 40 | - | 24 ⁶⁴ | Communities that Care Survey, 2015 |

Pharmaceutical drugs

Data relating to the misuse of pharmaceutical drugs indicates that this is less of a significant issue in Yarra compared to other local government areas. However ambulance attendance rates are higher compared to state rates per 10,000 people and also state rates for males and females.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|----------|-----------------------------------|
| Pharmaceutical emergency department presentations per 10,000 population | 12.8 | 30 | 12.6 | Turning Point, AOD Stats, 2012-13 |
| Pharmaceutical emergency department rate (males) | 8.4 | 28 | 8.8 | Turning Point, AOD Stats, 2012-13 |
| Pharmaceutical emergency department rate (females) | 17 | 27 | 16.3 | Turning Point, AOD Stats, 2012-13 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|-----------------------------------|
| Pharmaceutical hospital admissions per 10,000 population | 11.5 | 34 | 12 | Turning Point, AOD Stats, 2012-13 |
| Pharmaceutical hospital admissions rate (males) | 8.4 | 33 | 8.7 | Turning Point, AOD Stats, 2012-13 |
| Pharmaceutical hospital admissions rate (females) | 14.6 | 39 | 15.2 | Turning Point, AOD Stats, 2012-13 |
| Pharmaceutical hospital admissions rate (15-24 years) | 15.8 | 47 | 22.2 | Turning Point, AOD Stats, 2012-13 |
| Pharmaceutical ambulance attendances per 10,000 population ⁶⁵ | 24.8 | 6 | 16.9 | Turning Point, AOD Stats, 2013-14 |
| Pharmaceutical ambulance attendance rate (males) | 22.3 | 7 | 13.5 | Turning Point, AOD Stats, 2013-14 |
| Pharmaceutical ambulance attendance rate (females) | 27.2 | 9 | 20.3 | Turning Point, AOD Stats, 2013-14 |
| Pharmaceutical treatment episodes of care per 10,000 population | 6.9 | 34 | 5.9 | Turning Point, AOD Stats, 2013-14 |

6.3 Mental health

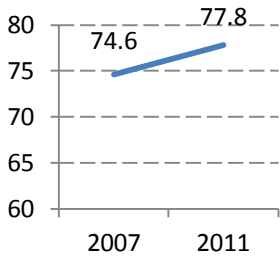


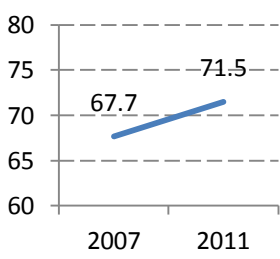




Mental health can be defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.⁶⁶ Similar to physical health, mental health can vary in individuals.


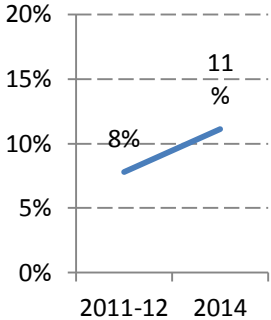


Data for the Yarra community relating to subjective wellbeing, feeling part of community, feeling valued by society, lifetime prevalence of anxiety/depression and psychological distress is similar to Victorian levels. However, the percentage of the adult population who feel under time pressure is higher, indicating that a significant part of the Yarra population may experience time-related stress.

The Yarra population is highly accepting of diverse cultures and the proportion of adults who agree that cultural diversity is a good thing for society is significantly higher than the Victorian average. Similarly a higher proportion of the Yarra community agrees that most people can be trusted.

Yarra has a lower number of gaming machines compared to other local government areas, and while the losses per adult were also lower than the Victorian average, this still equaled \$419 per adult for the 2015-2016 period.

The proportion of the Yarra community that have sought help for a mental health problem during 2010-11 was higher compared to the state average. While hospitals admissions rates for mental health related conditions do not exceed state rates, rates are notably higher for women in Yarra compared to men.

| Headline indicators | Latest data | Change over time | Trend | Benchmark | Compare |
|---|---|---|--|--|---|
| RISK & PROTECTIVE FACTORS | | | | | |
| Subjective wellbeing <i>Index score (0-100)</i> | Yarra 77.8 (2011) |  |  | Victoria 77.5 (2011) |  |
| Feeling part of the community <i>Index score (0-100)</i> | Yarra 71.5 (2011) |  |  | Victoria 72.3 (2011) |  |
| Feel valued by society <i>% adult population who feel valued by society</i> | Yarra 59.5% (2011-12) | Comparison with earlier years not available. | | Victoria 52.6% (2011-12) |  |
| Feel under time pressure <i>% adult population who feel under time pressure</i> | Yarra 53.8% (2011) | Comparison with earlier years not available. | | Victoria 41.3% (2011) |  |

| POOR MENTAL HEALTH OUTCOMES & CONDITIONS | | | | | |
|---|------------------------|--|--|------------------------|---|
| Lifetime prevalence of anxiety/depression % adult population reporting lifetime prevalence of anxiety/depression | Yarra | Comparison with earlier years not available. | | Victoria | |
| | 21.3% (2011-12) | | | 19.9% (2011-12) |  |
| Psychological distress % adult population reporting high or very high levels of psychological distress | Yarra |  |  | Victoria |  |
| | 11.1% (2014) | | | 12.6% (2014) | |

Community engagement/involvement/attachment

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|----------|---|
| Satisfaction with feeling part of the community (index score) | 71.5 | 60 | 72.3 | VicHealth Indicators Survey, 2011 |
| Males satisfaction with feeling part of the community (index score) | 69.4 | 66 | 71 | VicHealth Indicators Survey, 2011 |
| Females satisfaction with feeling part of the community (index score) | 73.6 | 57 | 73.7 | VicHealth Indicators Survey, 2011 |
| Percentage of adults who feel valued by society | 59.5 | 17 | 52.6 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who agree that most people can be trusted | 52.6 | 5 | 38.9 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who are accepting of diverse cultures | 78 | 1 | 50.6 | VicHealth Indicators Survey, 2011 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|--------------------|---|
| Percentage of adults who agree that cultural diversity is a good thing for a society | 72.7 | 2 | 51 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who can get help from friends or family or neighbours when needed | 91.8 | 58 | 92.3 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who can get help from family | 78.5 | - | 82.6 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who can get help from friends | 81.9 | - | 82.1 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who can get help from neighbours | 44.2 | - | 54.3 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who have access to community services and resources | 89.2 | 25 | 85.1 | Victorian Population Health Survey, 2011-12 |
| Percentage of adults who feel they have opportunities to have a say | 41.7 | 46 | 40.1 | Victorian Population Health Survey, 2011-12 |
| Percentage of people who do voluntary work | 20.3 | 47 | 17.7 | ABS Census, 2011 |
| Percentage of adults who have participated in citizen engagement in the previous year | 63.2 | 23 | 50.5 | VicHealth Indicators Survey, 2011 |
| Percentage of Year 6 students with low community attachment | 18 | - | - | Communities that Care Survey, 2015 |
| Percentage of Year 8 students with low community attachment | 25.4 | - | 33.4 ⁶⁷ | Communities that Care Survey, 2015 |

Lifestyle and risk factors

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|-----------------------------------|
| Subjective wellbeing index ⁶⁸ | 77.8 | 57 | 77.5 | VicHealth Indicators Survey, 2011 |
| Percentage of adults who feel under time pressure | 53.8 | - | 41.3 | VicHealth Indicators Survey, 2011 |
| Percentage of adults who have a good work/life balance | 53.2 | 28 | 53.1 | VicHealth Indicators Survey, 2011 |
| Percentage of adults who get inadequate sleep (<7 hours per weekday) | 27.9 | - | 31.5 | VicHealth Indicators Survey, 2011 |
| Percentage of adults who have a long commute (>2 hours per day) | 3.4 | - | 11.6 | VicHealth Indicators Survey, 2011 |
| Percentage of adults who lack of time for family and friends | 25.4 | - | 27.4 | VicHealth Indicators Survey, 2011 |

| | | | | |
|--|------|----|--------------------|---|
| Percentage of adults who visit green space (once or more per week) | 67.7 | - | 50.7 | VicHealth Indicators Survey, 2011 |
| Number of electronic gaming machine venues | 8 | 28 | 512 | Victorian Commission for Gambling and Liquor Regulation, 2016 ⁶⁹ |
| Rate of gaming machines per 1,000 adults | 3.9 | 52 | 5.3 | Victorian Commission for Gambling and Liquor Regulation, 2015-16 |
| Gaming machine losses per adult | 419 | 40 | 526 | Victorian Commission for Gambling and Liquor Regulation, 2015-16 |
| Percentage of children at school entry whose parents report high levels of family stress in the past month | 8 | 69 | 10 | School Entrant Health Questionnaire, 2015 ⁷⁰ |
| Percentage of children at school entry with emotional or behavioural difficulties | 2.6 | 65 | 4.6 | School Entrant Health Questionnaire, 2015 ⁷¹ |
| Percentage of children who report being bullied in years 5 & 6 | 15.6 | 38 | 15.0 | Student Attitudes to School Survey, DEECD, 2015 ⁷² |
| Percentage of children who report being bullied in years 7-9 | 9 | 72 | 18 | Student Attitudes to School Survey, DEECD, 2015 ⁷³ |
| Percentage of year 6 students who report being bullied recently | 28 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who report being bullied recently | 21.6 | - | 39.9 ⁷⁴ | Communities that Care Survey, 2015 |
| Percentage of year 6 students with poor family management | 28 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students with poor family management | 40.3 | - | 28.6 ⁷⁵ | Communities that Care Survey, 2015 |
| Percentage of year 6 students who report family conflict | 25.1 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who report family conflict | 38.1 | - | 38.1 ⁷⁶ | Communities that Care Survey, 2015 |
| Percentage of year 6 students who are coping with stress | 74.9 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students who are coping with stress | 47.2 | - | 53.8 ⁷⁷ | Communities that Care Survey, 2015 |

Prevalence of mental health conditions

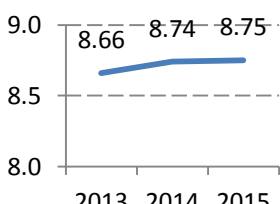


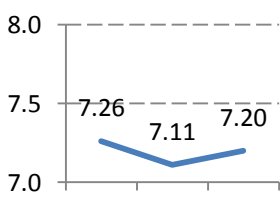

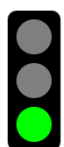
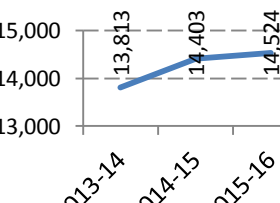


| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|---|
| Percentage of adults reporting lifetime prevalence of anxiety/depression | 21.3 | 31 | 19.9 | Victorian Population Health Survey, 2011-12 |

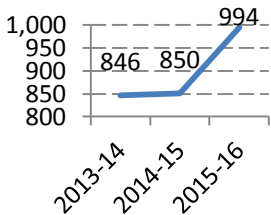


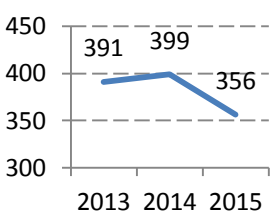

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|--------|----------|--------------------|--|
| Percentage of adults with high or very high levels of psychological distress ⁷⁸ | 11.1 | 44 | 12.6 | Victorian Population Health Survey, 2014 |
| Percentage adult population who sought help for a mental health problem (in previous 12 months) | 16.4 | 7 | 12.4 | Victorian Population Health Survey, 2011-12 |
| Registered mental health clients per 1,000 population | 12.8 | 37 | 11.1 | Mental Health, Drugs and Regions Division, DoH, 2012-13 |
| Medicare subsidised mental health-related services (rate of patients per 1,000 population) | 116 | - | 98 | Medicare benefits schedule claims for mental health services, DoH, 2014-15 |
| Number of female mental health-related services patients | 6,070 | - | - | Medicare benefits schedule claims for mental health services, DoH, 2014-15 |
| Number of male mental health-related services patients | 3,951 | - | - | Medicare benefits schedule claims for mental health services, DoH, 2014-15 |
| Deaths from suicide and self-inflicted injuries (average annual ASR ⁷⁹ per 100,000) | 7.2 | 62 | 9.4 | Cause of death unit record files, 2009-13 ⁸⁰ |
| Hospital admissions for mental health related conditions (ASR per 100,000) | 1093.8 | 24 | 1271.2 | Australian Institute of Health and Welfare, 2012-13 ⁸¹ |
| Hospital admissions for mental health related conditions - males (ASR per 100,000) | 1052.8 | 17 | 1007.3 | Australian Institute of Health and Welfare, 2012-13 ⁸² |
| Hospital admissions for mental health related conditions - females (ASR per 100,000) | 1130.7 | 33 | 1534.9 | Australian Institute of Health and Welfare, 2012-13 ⁸³ |
| Estimated population with mental and behavioural problems (average annual ASR per 100,000) | 12.5 | 52 | 12.7 | Modelled estimates from Australian Health Survey, 2011-2013 ⁸⁴ |
| Estimated male population with mental and behavioural problems (average annual ASR per 100,000) | 9.9 | 67 | 10.8 | Modelled estimates from Australian Health Survey, 2011-13 ⁸⁵ |
| Estimated female population with mental and behavioural problems (average annual ASR per 100,000) | 14.9 | 43 | 14.6 | Modelled estimates from Australian Health Survey, 2011-13 ⁸⁶ |
| Percentage of year 6 students reporting depressive symptomology (past month) | 19.6 | - | - | Communities that Care Survey, 2015 |
| Percentage of year 8 students reporting depressive symptomology (past month) | 41.9 | - | 40.9 ⁸⁷ | Communities that Care Survey, 2015 |

6.4 Community safety

Safety is an issue that concerns everyone in the community and is a responsibility that sits across the three tiers of government. Much of the work to address safety issues also requires coordination and partnerships between a wide range of government services, agencies and the community.

Yarra is generally a safe place to live, work and visit, however whether people feel safe while in Yarra is influenced by a range of factors.

| Headline indicators | Latest data | Change over time | Trend | Benchmark | Compare | | | | | | | | |
|---|---|--|--------|-----------|---------|--------|---------|--------|---------|--------|--|--|---|
| PERCEPTIONS OF SAFETY | | | | | | | | | | | | | |
| Safety in public areas during the day <i>Rating 0-10</i> | Yarra 8.75 (2015) |  <table><tr><th>Year</th><th>Rating</th></tr><tr><td>2013</td><td>8.66</td></tr><tr><td>2014</td><td>8.74</td></tr><tr><td>2015</td><td>8.75</td></tr></table> | Year | Rating | 2013 | 8.66 | 2014 | 8.74 | 2015 | 8.75 |  | Metro Melbourne 8.58 (2015) |  |
| Year | Rating | | | | | | | | | | | | |
| 2013 | 8.66 | | | | | | | | | | | | |
| 2014 | 8.74 | | | | | | | | | | | | |
| 2015 | 8.75 | | | | | | | | | | | | |
| Safety in public areas at night <i>Rating 0-10</i> | Yarra 7.20 (2015) |  <table><tr><th>Year</th><th>Rating</th></tr><tr><td>2013</td><td>7.26</td></tr><tr><td>2014</td><td>7.11</td></tr><tr><td>2015</td><td>7.20</td></tr></table> | Year | Rating | 2013 | 7.26 | 2014 | 7.11 | 2015 | 7.20 |  | Metro Melbourne 6.93 (2015) |  |
| Year | Rating | | | | | | | | | | | | |
| 2013 | 7.26 | | | | | | | | | | | | |
| 2014 | 7.11 | | | | | | | | | | | | |
| 2015 | 7.20 | | | | | | | | | | | | |
| SAFETY INCIDENTS & OFFENCES | | | | | | | | | | | | | |
| Total offences <i>Rate per 100,000 population</i> | Yarra 14,524 (2015-16) |  <table><tr><th>Period</th><th>Rate</th></tr><tr><td>2013-14</td><td>13,813</td></tr><tr><td>2014-15</td><td>14,403</td></tr><tr><td>2015-16</td><td>14,524</td></tr></table> | Period | Rate | 2013-14 | 13,813 | 2014-15 | 14,403 | 2015-16 | 14,524 |  | Victoria 8,576 (2015-16) |  |
| Period | Rate | | | | | | | | | | | | |
| 2013-14 | 13,813 | | | | | | | | | | | | |
| 2014-15 | 14,403 | | | | | | | | | | | | |
| 2015-16 | 14,524 | | | | | | | | | | | | |

| | | | | | |
|--|---|---|--|---|---|
| Family violence incidents <i>Rate per 100,000 population</i> | Yarra 994.3 (2015-16) |  |  | Victoria 1264.2 (2015-16) |  |
| Road crashes <i>Number of crashes</i> | Yarra 356 (2015) |  |  | Victoria 14,318 (2015) | N/A |

Perceptions of safety

Issues relating to drugs and alcohol were reported as being the most common reasons for feeling unsafe by residents within Council's Annual Customer Satisfaction Survey (ACSS) for 2015. The 2015 survey demonstrates that there is a measurable and significant variation across the municipality in the perceptions of safety in the public areas of the City of Yarra in the day and at night. This was particularly evident for residents living within Abbotsford and Richmond North who generally had lower perceptions of safety compared to other parts of Yarra. Overall, women were also more likely to report feeling unsafe at night compared to men.

Data from the Planning for the Future Survey 2015 also provides insight into community safety concerns and a number of similar findings to the ACSS were identified. Like the ACSS, the results indicate that women feel much more unsafe at night compared to men. Additionally, in terms of location, a higher proportion of people living in Richmond and Abbotsford indicated that they felt unsafe at night compared to people in other suburbs. Furthermore, of the 477 respondents who reported a specific area in Yarra where they feel unsafe at night, 41% of the responses related to Victoria Street. The reasons for identifying Victoria Street were predominantly associated with drug related issues, which accounted for approximately 72% of responses.

Other reasons for feeling unsafe identified for across Yarra included lack of lighting in specific locations, public drinking, and public housing.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|--------------------|---|
| Safety in public areas during the day (rating 0-10) | 8.75 | - | 8.58 ⁸⁸ | Yarra Annual Customer Satisfaction Survey, 2015 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|--------------------|---|
| Percentage of people who feel unsafe during the day | 0.9 | - | - | Yarra Annual Customer Satisfaction Survey, 2015 |
| Safety in public areas at night (rating 0-10) | 7.2 | - | 6.93 ⁸⁹ | Yarra Annual Customer Satisfaction Survey, 2015 |
| Percentage of people who feel unsafe at night | 9.6 | - | - | Yarra Annual Customer Satisfaction Survey, 2015 |
| Percentage of males who feel unsafe at night | 7.8 | - | - | Yarra Annual Customer Satisfaction Survey, 2015 |
| Percentage of females who feel unsafe at night | 11.7 | - | - | Yarra Annual Customer Satisfaction Survey, 2015 |
| Percentage of adults reporting that there are areas where they feel unsafe at night in Yarra | 57 | - | - | Yarra Planning for the Future Survey, 2015 |
| Percentage of females reporting that there are areas where they feel unsafe at night in Yarra | 68 | - | - | Yarra Planning for the Future Survey, 2015 |
| Percentage of males reporting that there are areas where they feel unsafe at night in Yarra | 47 | - | - | Yarra Planning for the Future Survey, 2015 |
| Percentage of adults who feel most people can be trusted | 52.6 | 5 | 38.9 | Victorian Population Health Survey, 2011-12 |

Crime

Victoria Police crime statistics for 2015-16 at the local government level demonstrate that the rates of crime in Yarra are higher than state rates for total offences, crime against the person, crime against property, drug offences and other crime.

Of note, the rate of crime for drug offences in Yarra is significantly higher than the state rate with 1,035.5 per 100,000 residents compared to 508.8 per 100,000 residents. The rate for crime against property is also significantly higher, with Yarra recording 9,955 offences per 100,000 residents compared to the state rate of 5,086.8 offences per 100,000 residents. Of note in this category was the high proportion of crimes relating to property damage, theft from motor vehicle and theft (other).

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|----------|----------|----------|--|
| Total offences (rate per 100,000) | 14,524.3 | 4 | 8,575.9 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| % change in total offence rate 2015-16 | 0.8 | 71 | 10.3 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Crimes against the person (rate per 100,000) | 1,365.1 | 33 | 1,228.1 | Crime Statistics Agency, Apr 2015-Mar 2016 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|---------|----------|----------|--|
| Assault offences (rate per 100,000) | 824.1 | 28 | 676.3 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Sexual offences (rate per 100,000) | 150.7 | 57 | 193.3 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Property and deception offences (rate per 100,000) | 9,955 | 2 | 5,086.8 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Drug offences (rate per 100,000) | 1,035.5 | 4 | 508.8 | Crime Statistics Agency, Apr 2015-Mar 2016 |

Family violence

Family violence incidents in Yarra have substantially increased since 2013. Comparatively rates in Yarra are lower than that for Victoria, however many family violence incidents are not reported and therefore figures are likely to underestimate the full extent of incidents.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|---|
| Family violence incidents (rate per 100,000) | 994.3 | 56 | 1,264.2 | Crime Statistics Agency, Apr 2015-Mar 2016 |
| Family violence incidents (rate per 100,000) | 879.1 | 57 | 1,191.5 | Crime Statistics Agency Victoria, 2014-15 ⁹⁰ |
| Family violence incidents (n) | 781 | - | 70,906 | Crime Statistics Agency Victoria, 2014-15 ⁹¹ |
| % where charges laid | 64 | - | 38 | Crime Statistics Agency Victoria, 2014-15 ⁹² |
| % where children present | 25 | - | 34 | Crime Statistics Agency Victoria, 2014-15 ⁹³ |
| % where IVOs ⁹⁴ and FVSNs ⁹⁵ were issued | 28 | - | 29 | Crime Statistics Agency Victoria, 2014-15 ⁹⁶ |
| % where female was victim | 73 | - | 75 | Crime Statistics Agency Victoria, 2014-15 ⁹⁷ |
| % where male was perpetrator | 72 | - | - | Crime Statistics Agency Victoria, 2014-15 ⁹⁸ |
| Percentage of recorded assaults arising from family violence | 29 | - | - | Crime Statistics Agency Victoria, 2014-15 ⁹⁹ |

Vulnerable road users

Cycling and walking are popular modes of travel in Yarra. While road fatalities are relatively low, the proportion of injuries for vulnerable road users including cyclists and pedestrians are significantly higher than for Victoria.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|---|
| Number of road crashes | 356 | - | 14,318 | VicRoads Crash Stats, 2015 |
| Number of road fatalities (5 years) | 7 | - | 262 | VicRoads Crash Stats, 2011-2015 |
| Number of road crashes involving serious injuries | 90 | - | 4,093 | VicRoads Crash Stats, 2015 |
| Number of road crashes involving minor injuries | 266 | - | 9,994 | VicRoads Crash Stats, 2015 |
| Percentage of crashes occurring on local roads | 30 | - | 36 | VicRoads Crash Stats, 2015 |
| Percentage of crashes occurring on state roads | 70 | - | 64 | VicRoads Crash Stats, 2015 |
| Percentage of injuries - car drivers or passengers | 40 | - | 71 | VicRoads Crash Stats, 2015 |
| Percentage of injuries - cyclists | 34 | - | 8 | VicRoads Crash Stats, 2015 |
| Percentage of injuries - motorcyclists | 14 | - | 11 | VicRoads Crash Stats, 2015 |
| Percentage of injuries - pedestrians | 11 | - | 7 | VicRoads Crash Stats, 2015 |
| Satisfaction with safety travelling on main roads (rating 0-10) | 7.22 | - | - | Yarra Annual Customer Satisfaction Survey, 2015 |
| Satisfaction with safety travelling on local roads (rating 0-10) | 7.31 | - | - | Yarra Annual Customer Satisfaction Survey, 2015 |

Workplace injuries

Workplaces must provide a safe environment for employees. In 2015 Yarra was ranked 15 in the number of workplace claims reported.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|-------------------------------------|-------|----------|----------|-------------------------|
| Number of workplace claims reported | 570 | 15 | 26,498 | WorkSafe Victoria, 2015 |

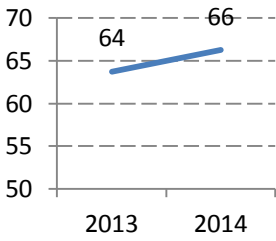


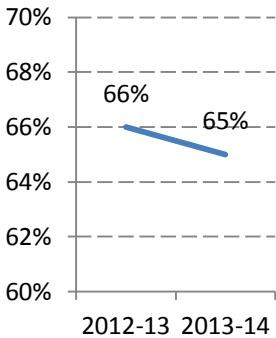


6.5 Sexual and reproductive health

Safe sexual practices can protect against sexually transmitted infections and unwanted pregnancies.

Chlamydia is the most commonly notified infectious disease and sexually transmissible infection in Victoria. Notifications of chlamydia as well as gonococcal disease are significantly higher in Yarra compared to the Victorian rate. Yarra also has a higher prevalence of chronic hepatitis B and syphilis notifications.

In terms of prevention, cervical screening rates in Yarra are significantly higher than average rates across Victoria, however complete human papilloma virus immunisation rates for 15 year old girls are lower than the Victorian coverage rate.

Yarra is also home to women who are from communities where female genital cutting (FGC) is practiced. FGC has serious implications for the psychological, sexual and reproductive health of girls and women, with both short term and long term consequences. FGC is a harmful traditional practice with no health benefits and immigrants from practicing countries may have already undergone the practice or are considered to be at risk of continuing the practice.¹⁰⁰

| <u>Headline indicators</u> | <u>Latest data</u> | <u>Change over time</u> | <u>Trend</u> | <u>Benchmark</u> | <u>Compare</u> |
|--|---|--|---|--|--|
| Chlamydia <i>Notifications of chlamydia per 10,000 population</i> | Yarra 66.2 (2014) |  |  | Victoria 34.3 (2014) |  |
| Cervical screening <i>Estimated proportion of women participating in cervical screening - two year rates</i> | Yarra 65% (2013-14) |  |  | Victoria 59.2% (2013-14) |  |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|--|
| Birth rate per 1,000 women | 1.21 | 76 | 1.8 | ABS, 3301.0 Births, Australia, 2014 |
| Rate of live births to women aged under 19 years (per 1,000 women in this age group) | 9.6 | 43 | 10.6 | Perinatal Data Collection, 2011 ¹⁰¹ |
| Notifications of chlamydia per 10,000 population | 66.2 | - | 34.3 | Data Request – Communicable Diseases Epidemiology and Surveillance, 2014 |
| Number of notifications of chlamydia (up to 18 years) | 6 | - | 2,305 | Data Request – Communicable Diseases Epidemiology and Surveillance, 2014 |

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|---|
| Number of notifications of chlamydia (up to 25 years) | 184 | - | 11,461 | Data Request – Communicable Diseases Epidemiology and Surveillance, 2014 |
| Notifications of gonococcal disease per 10,000 population | 35.6 | - | 8.3 | Victorian Notifiable Infectious Diseases Surveillance database, 2016 |
| Notifications of syphilis (infectious) per 10,000 population | 7.0 | - | 1.6 | Victorian Notifiable Infectious Diseases Surveillance database, 2016 |
| Notifications of chronic hepatitis B per 10,000 population | 7.5 | - | 3.3 | Hepatitis B Mapping Project - National Report, 1998-2012 ¹⁰² |
| Percentage of population living with chronic hepatitis B | 1.3 | 9 | 1.1 | Hepatitis B Mapping Project - Estimates of chronic hepatitis B, 2011 ¹⁰³ |
| Notifications of HIV (newly acquired) per 10,000 population | 0.9 | - | 0.2 | Victorian Notifiable Infectious Diseases Surveillance database, 2016 |
| Notifications of AIDS per 10,000 population | 0.2 | - | 0.1 | Victorian Notifiable Infectious Diseases Surveillance database, 2016 |
| Estimated percentage of women participating in cervical screening - two year rates | 65 | 14 | 59.2 | Victorian Cervical Cytology Registry Annual Report, 2013-2014 |
| Percentage of 15 year old girls receiving complete HPV immunisation | 69.5 | - | 75.2 | National HPV Vaccination Program Register, 2013 ¹⁰⁴ |

6.6 Health and wellbeing through the life stages (early childhood and older age)

As we move through the different stages of life such as infancy, childhood, adolescence, adulthood and older age different factors will influence our health and wellbeing and we will have different health and wellbeing needs. While Council influences health and wellbeing throughout all life stages, Council provides key services that focus on people towards the start and towards the end of the life stages. Relevant data relating to these two key parts of the life stages is further examined in detail below.

Early childhood

Early childhood development sets the stage for health and wellbeing through the life course and is influenced by the parenting or caring from others, which in turn is influenced by the circumstances in which the parenting takes place.

Breastfeeding provides essential nutrients for healthy growth and can assist with providing resistance to infections and allergies. Data indicates that the proportion of infants breastfed at both 3 months of age and 6 months of age is higher in Yarra compared to the Victorian average.

Proper and timely immunisation effectively protects children from a host of diseases and is most effective when a high proportion of the population has been immunised. Immunisation rates for Yarra children who are fully vaccinated at 12, 24 and 60 months are generally on par with the Victorian average.

Breastfeeding

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|---|
| Percentage of infants fully breastfed at 3 months of age | 66.7 | 6 | 51.4 | Maternal and Child Health data, 2014-15 |
| Percentage of infants fully breastfed at 6 months of age | 49 | 18 | 34 | Maternal and Child Health data, 2014-15 |

Immunisation

| Key indicators | Yarra | LGA rank | Victoria | Source |
|--|-------|----------|----------|---|
| Percentage of children who are fully vaccinated at 12 months | 91.7 | 36 | 91.2 | Australian Childhood Immunisation Registry, 2014-15 |
| Percentage of children who are fully vaccinated at 24 months | 88.6 | 60 | 89.6 | Australian Childhood Immunisation Registry, 2014-15 |
| Percentage of children who are fully vaccinated at 60 months | 91.9 | 60 | 92.6 | Australian Childhood Immunisation Registry, 2014-15 |

Influencing early childhood development

The *Fair Society Healthy Lives*¹⁰⁵ report identifies the following three priority objectives for influencing early childhood development:

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills
2. Ensure high quality maternity services, parenting programs, childcare and early years education to meet need across the social gradient
3. Build the resilience and well-being of young children across the social gradient

Australian Early Development Census (AEDC)¹⁰⁶

The AEDC provides an insight at a community level into the learning and development needs of young children across five domains (as shown in figure 5), through measuring the development of children in Australia in their first year of full-time school. In terms of measuring data, the following is used:

- Children falling below the 10th percentile are categorised as 'developmentally vulnerable'

- Children falling between the 10th and 25th percentile are categorised as ‘developmentally at risk’
- All other children were categorised as ‘developmentally on track’






| Domain | Icon | Domain description |
|--|---|--|
| Physical health and wellbeing |  | Children's physical readiness for the school day, physical independence and gross and fine motor skills. |
| Social competence |  | Children's overall social competence, responsibility and respect, approach to learning and readiness to explore new things. |
| Emotional maturity |  | Children's pro-social and helping behaviours and absence of anxious and fearful behaviour, aggressive behaviour and hyperactivity and inattention. |
| Language and cognitive skills (school-based) |  | Children's basic literacy, interest in literacy, numeracy and memory, advanced literacy and basic numeracy. |
| Communication skills and general knowledge |  | Children's communication skills and general knowledge based on broad developmental competencies and skills. |

Figure 5 - Descriptions of the AEDC developmental domains¹⁰⁷

Overall, the census indicates significant decreases in the proportion of children who could be classified as ‘developmentally on track’ in four of the five domains between 2012 and 2015 (no significant change was noted for language and cognitive skills). This is demonstrated in table 1. Table 2 shows a significant increase in the proportion of children considered to be ‘developmentally at risk’ within the physical health and wellbeing domain. Table 3 however shows a significant increase in the proportion of children considered to be ‘developmentally vulnerable’ in four of the five domains (no significant change was noted for communication skills and general knowledge).

| AEDC domain | 2012 Developmentally on track | | 2015 Developmentally on track | | 2012-2015 change in percent on track | Critical difference | Significant change |
|--|----------------------------------|---------------------------------|----------------------------------|---------------------------------|---|------------------------|-----------------------|
| | (Number of children) | (Percentage of children - %) | (Number of children) | (Percentage of children - %) | | | |
| Physical health and wellbeing | 462 | 80.2 | 452 | 72.4 | -7.8 | 2.8 | Significant decrease |
| Social competence | 459 | 79.7 | 455 | 72.9 | -6.8 | 2.2 | Significant decrease |
| Emotional maturity | 454 | 79.9 | 463 | 74.2 | -5.7 | 2.3 | Significant decrease |
| Language and cognitive skills (school-based) | 481 | 83.5 | 513 | 82.2 | -1.3 | 2.3 | No significant change |
| Communication skills and general knowledge | 430 | 74.7 | 445 | 71.3 | -3.3 | 2.5 | Significant decrease |

Table 1 - AEDC findings for developmentally on track across all domains (differences between 2012 and 2015)¹⁰⁸

| AEDC domain | 2012 Developmentally at risk | | 2015 Developmentally at risk | | 2012-2015 change in percent on track | Critical difference | Significant change |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|------------------------|-----------------------|
| | (Number of children) | (Percentage of children - %) | (Number of children) | (Percentage of children - %) | | | |
| Physical health and wellbeing | 67 | 11.6 | 100 | 16.0 | 4.4 | 3.0 | Significant increase |
| Social competence | 83 | 14.4 | 87 | 13.9 | -0.5 | 2.7 | No significant change |
| Emotional maturity | 74 | 13.0 | 95 | 15.2 | 2.2 | 2.9 | No significant change |
| Language and cognitive skills (school-based) | 63 | 10.9 | 54 | 8.7 | -2.3 | 2.9 | No significant change |
| Communication skills and general knowledge | 90 | 15.6 | 106 | 17.0 | 1.4 | 3.1 | No significant change |

Table 2 - AEDC findings for developmentally at risk across all domains (differences between 2012 and 2015)¹⁰⁹

| AEDC domain | 2012 Developmentally vulnerable | | 2015 Developmentally vulnerable | | 2012-2015 change in percent on track | Critical difference | Significant change |
|--|------------------------------------|---------------------------------|------------------------------------|---------------------------------|---|------------------------|-----------------------|
| | (Number of children) | (Percentage of children - %) | (Number of children) | (Percentage of children - %) | | | |
| Physical health and wellbeing | 47 | 8.2 | 72 | 11.5 | 3.4 | 2.4 | Significant increase |
| Social competence | 34 | 5.9 | 82 | 13.1 | 7.2 | 1.7 | Significant increase |
| Emotional maturity | 40 | 7.0 | 66 | 10.6 | 3.5 | 1.8 | Significant increase |
| Language and cognitive skills (school-based) | 32 | 5.6 | 57 | 9.1 | 3.6 | 1.8 | Significant increase |
| Communication skills and general knowledge | 56 | 9.7 | 73 | 11.7 | 2.0 | 2.1 | No significant change |

Table 3 - AEDC findings for developmentally vulnerable across all domains (differences between 2012 and 2015)¹¹⁰

A further breakdown of the data relating to the proportion of children considered to be developmentally vulnerable reveals significant increases in the proportion of children considered to be vulnerable in one or more domains, as well as vulnerable in two or more domains, as shown in Table 4.

| AEDC domain | 2012 Developmentally vulnerable | | 2015 Developmentally vulnerable | | 2012-2015 change in percent on track | Critical difference | Significant change |
|--------------------------------------|------------------------------------|---------------------------------|------------------------------------|---------------------------------|---|------------------------|----------------------|
| | (Number of children) | (Percentage of children - %) | (Number of children) | (Percentage of children - %) | | | |
| Vulnerable on one or more domains(s) | 102 | 17.9 | 160 | 25.6 | 7.7 | 2.8 | Significant increase |
| Vulnerable on two or more domains | 51 | 8.9 | 92 | 14.7 | 5.9 | 2.1 | Significant increase |

Table 4 - AEDC findings for developmentally vulnerable, number of domains (differences between 2012 and 2015)¹¹¹

The AEDC also provides data for suburbs within the City of Yarra as well as comparisons against national and state/territory results. Table 5 shows that the proportion of children considered to be vulnerable in one or more domains, as well as vulnerable in two or more domains varies across different suburbs. It also shows that the proportion of children considered to be vulnerable in one or more domains, as well as vulnerable in two or more domains is higher in the City of Yarra compared to both Victorian and Australian levels in 2015.

| Region (including local communities) ²⁶ | Number of children with valid scores (one or more domains) | | | Vulnerable on one or more domains(s) (%) | | | Number of children with valid scores (two or more domains) | | | Vulnerable on two or more domains(s) (%) | | |
|--|--|--------|--------|---|------|------|--|--------|--------|---|------|------|
| | 2009 | 2012 | 2015 | 2009 | 2012 | 2015 | 2009 | 2012 | 2015 | 2009 | 2012 | 2015 |
| Australia | 246421 | 272282 | 286041 | 23.6 | 22.0 | 22.0 | 246873 | 273275 | 286616 | 11.8 | 10.8 | 11.1 |
| VIC | 57277 | 63584 | 67670 | 20.3 | 19.5 | 19.9 | 57420 | 63889 | 67812 | 10.0 | 9.5 | 9.9 |
| Yarra | 537 | 569 | 624 | 22.2 | 17.9 | 25.6 | 538 | 575 | 624 | 10.6 | 8.9 | 14.7 |
| Abbotsford | 30 | 30 | 33 | 30.0 | 23.3 | 27.3 | 31 | 31 | 33 | 16.1 | 9.7 | 21.2 |
| Carlton North/Princes Hill | 63 | 72 | 54 | 7.9 | 12.5 | 16.7 | 63 | 71 | 54 | 3.2 | 5.6 | 9.3 |
| Clifton Hill | 42 | 70 | 74 | 16.7 | 14.3 | 18.9 | 42 | 70 | 74 | 2.4 | 8.6 | 8.1 |
| Collingwood | 45 | 59 | 61 | 22.2 | 23.7 | 37.7 | 45 | 59 | 61 | 13.3 | 18.6 | 21.3 |
| Fitzroy | 66 | 58 | 81 | 36.4 | 25.9 | 43.2 | 66 | 58 | 81 | 12.1 | 12.1 | 24.7 |
| Fitzroy North | 90 | 105 | 129 | 8.9 | 8.6 | 17.1 | 90 | 108 | 129 | 3.3 | 1.9 | 7.8 |
| Richmond/Burley | 201 | 175 | 192 | 27.9 | 21.7 | 25.0 | 201 | 178 | 192 | 15.9 | 10.1 | 16.1 |

Table 5 - AEDC findings for developmentally vulnerable, by suburb with state and national comparisons (differences between 2009, 2012 and 2015)¹¹²

Older age

Data indicates that the level of overall wellbeing for the Yarra population aged 55 years and older is similar to average levels for Victoria. Of note, the proportion of people aged 55 years and over who participated in citizen engagement activities in the last 12 months well exceeds average levels for across Victoria.

Falls are the leading cause of injury-related deaths, hospital admissions and emergency department presentations in older Victorians (aged 65 years and over). Additionally, age discrimination is a form of stigmatisation and exclusion for all older people and adds an additional burden to those already experiencing poverty and exclusion such as those in public housing and CALD backgrounds.

| Key indicators | Yarra | LGA rank | Victoria | Source |
|---|-------|----------|----------|--|
| People aged 55 years and over: personal wellbeing index (index score) | 78.1 | 58 | 78.1 | VicHealth Indicators Survey, 2011 |
| People aged 55 Years and over: satisfaction with feeling part of the community (index score) | 72.29 | 66 | 74.7 | VicHealth Indicators Survey, 2011 |
| Percentage of people aged 55 years and over who participated in citizen engagement activities in the last 12 months | 66.7 | 14 | 49.6 | VicHealth Indicators Survey, 2011 |
| HACC clients aged 0–69 per 1,000 target population | 190.1 | 25 | 142.3 | HACC Program, Aged Care Branch, Wellbeing, Integrated Care and Ageing Division, DoH, 2012-13 |
| HACC clients aged 70 and over per 1,000 target population | 414.9 | 53 | 407.9 | HACC Program, Aged Care Branch, Wellbeing, Integrated Care and Ageing Division, DoH, 2012-13 |

Need for assistance

The need for assistance with day to day activities increases with age. In total, 2,832 people in Yarra have a need for assistance with core activities.¹¹³ Of those 79% are over the age of 50, however the 'not stated' category is high for this question with roughly 7%-10% of the population opting out of this question across the age groups.¹¹⁴

Figure 6 shows the number and proportion of males and females with need for assistance with core activities for each five year age group. There are similar proportions of males and females with need for assistance for the working age years, with greater proportions and numbers of women in their seventies and over. Comparing the Yarra and Greater Melbourne data shows a lower incidence of people with need for assistance in Yarra than Greater Melbourne and this is likely attributed to the younger age profile of Yarra.

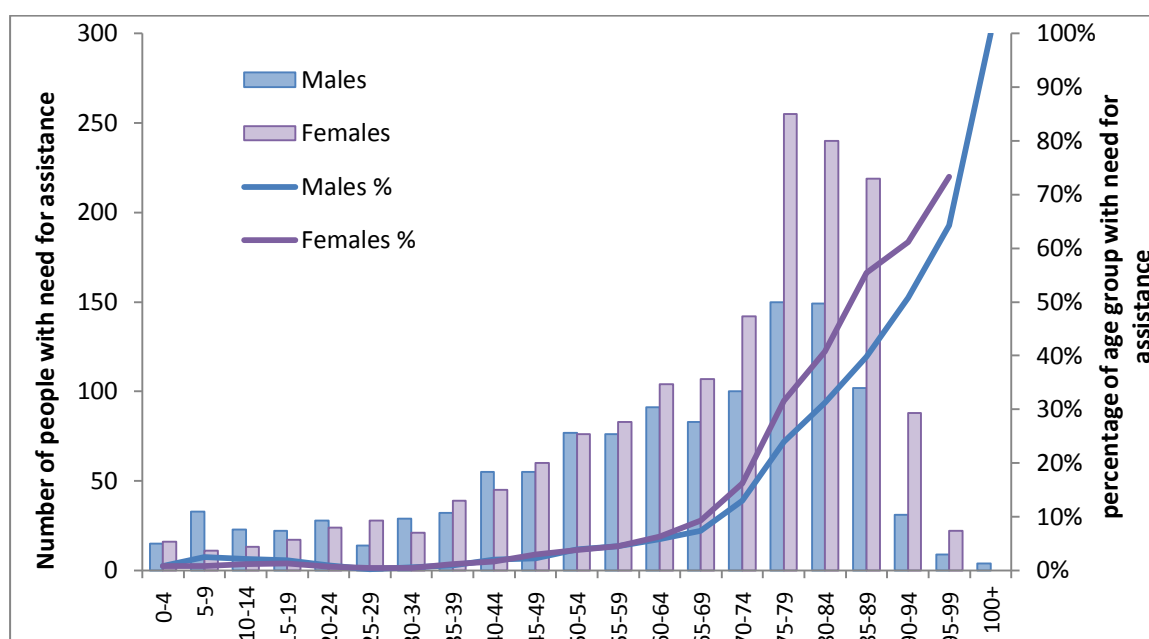


Figure 6 - number and percentage of males and females in Yarra with need for assistance¹¹⁵

The incidence of disability appears to have increased at a greater rate than that of the population not needing assistance between the Census years (2006-2011), as shown in Table 6. This would partly be due to the lower response rate in 2006, suggesting that people were perhaps more willing to identify themselves as having a need for assistance in 2011 compared to 2006.

| | 2006 | 2011 | Change | % change |
|---------------------------------------|---------------|---------------|---------------|-----------|
| | 2006-2011 | | | |
| Persons needing assistance | 2,462 | 2,791 | +329 | 13% |
| Persons not needing assistance | 59,230 | 65,302 | +6,072 | 10% |
| Not stated | 7,639 | 5,998 | -1,641 | -21% |
| Total population | 69,331 | 74,091 | +4,760 | 7% |

Table 6 - Change in population with need for assistance in Yarra¹¹⁶

It is estimated that over 1 in 10 Yarra residents have a physical disability. This is by far the most common disability, followed by sensory disabilities and psychological conditions. These disabilities affect people in a number of different ways in their abilities to conduct everyday activities.

Age friendly cities

Supporting communities to become age friendly across a number of domains can assist with promoting healthy ageing. The World Health Organization (WHO) defines an age-friendly city as one that 'adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities'.¹¹⁷ In 2007 the WHO identified eight key domains essential to ageing well, including outdoor spaces and buildings, transportation, housing, social participation, respect and

social inclusion, civic participation and employment, communication and information, and community support and health services.

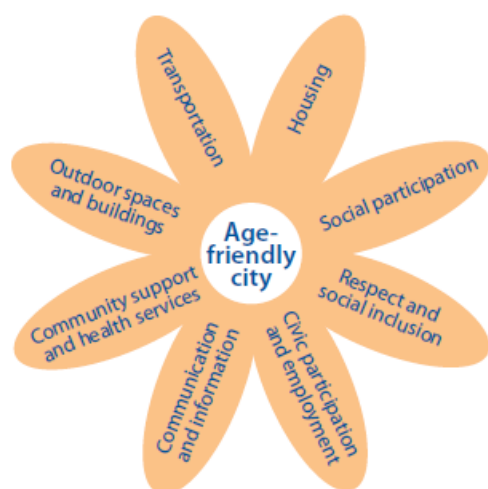


Figure 7 - WHO Age-friendly city topic areas¹¹⁸

7. Key issues and population groups

The data examined in this report highlights that while Yarra's health and wellbeing is generally good at the population level, there are key issues impacting on the health of the community. There are also parts of the population that are vulnerable to poorer health and wellbeing outcomes, for example those experiencing socio-economic disadvantage that suffer disproportionately from ill health and have a higher burden of disease. Other factors affecting key populations may include discrimination, stigmatisation, increased barriers in accessing the healthcare system, or a combination of these and other issues.

The Victorian Health and Wellbeing Plan 2015-2019 identifies six priority areas which provide a useful framework for identifying potential future priorities for the next municipal health and wellbeing plan. The areas covered in this health status report are broadly based on these state priorities. This health status report has also examined data relevant to early years and older age groups as key service areas for Council, and given the significant opportunities to influence future health and wellbeing outcomes for adults during early childhood development.

Key health and wellbeing issues that have been identified through examining relevant indicators are outlined below, along with groups who are vulnerable to poorer health and wellbeing outcomes.

Key issues

Healthy eating and active living

There is an identified need to provide health promoting environments that encourage active living and healthy eating

- Fruit and vegetable consumption (particularly for younger people and men)
- Breakfast consumption (younger people)

- Time spent sitting at work

Alcohol, tobacco and other drugs

There is an identified need to reduce the harms from alcohol, tobacco and other drugs on individuals and the community

- Short term alcohol-related harm (particularly in men and younger people)
- Alcohol-related assaults (particularly for 18-24 year olds)
- Binge drinking (students)
- Smoking (adults and younger people)
- Illicit drug use and overdoses
- Unsafe injecting practices
- Unsafe syringe disposals

Mental health

There is an identified need to provide opportunities for people to be involved in and connect with their community

- Gambling losses (particularly for those on low incomes)
- Mental health hospital admissions (particularly for women)
- People who report being under time pressure (indication of stress)

Community safety

There is an identified need to create safe environments and promote gender equity

- Family violence incidents (and likely underreporting)
- Crime rates (particularly crimes against the person, drug related crime and crimes against property)
- Perceptions of safety in the public areas of Yarra during the day and night (particularly within Richmond North and Abbotsford, on and nearby public housing, and within entertainment precincts)
- Perceptions of safety in the public areas of Yarra during the day and night (particularly relating to drug and alcohol usage)
- Road injuries for vulnerable road users including cyclists and pedestrians

Sexual and reproductive health

There is an identified need to promote and support safe and respectful sexual relationships, practices and reproductive choices

- Chlamydia rates
- Gonococcal disease rates
- Syphilis rates
- Human papilloma virus (HPV) immunisation rates
- Female genital cutting

Key population groups

Groups who are vulnerable to poorer health and wellbeing outcomes:

- People living in long term disadvantage
- People from diverse cultural backgrounds
- People aged 0 to 17 years (there are also significant opportunities to influence adult health and wellbeing outcomes for this age group)
- People aged over 65 years
- People living with a disability
- Aboriginal and Torres Strait Islander people
- People who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)
- People experiencing or at risk of homelessness
- People who suffer from an addiction (for example drug or gambling)
- People working in the sex industry

8. References and notes

- ¹ ABS Census, 2011
- ² ABS Census, 2011
- ³ ABS Census, 2011
- ⁴ ABS Census, 2011
- ⁵ ABS Census, 2011
- ⁶ ABS Census, 2011
- ⁷ ABS Census, 2011
- ⁸ Unless otherwise specified, all demographic data is based on the 2011 ABS Census
- ⁹ Estimated Resident Population as of 30 June 2015, Australian Bureau of Statistics
- ¹⁰ Department of Education, Employment and Workplace Relations, 2013-14
- ¹¹ ABS Census, 2011
- ¹² Victorian Population Health Survey, 2011-12
- ¹³ Australian Institute of Health and Welfare 2016, 'National health priority areas', [online], <http://www.aihw.gov.au/national-health-priority-areas/> [Accessed 5 November 2016]
- ¹⁴ AustLII, 'Public Health and Wellbeing Act 2008', [online], http://www.austlii.edu.au/au/legis/vic/consol_act/phawa2008222/ [Accessed 5 November 2016]
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- ¹⁶ Department of Health and Human Services 2015, 'Victorian public health and wellbeing plan 2015–2019', [online], <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan> [Accessed 5 November 2016]
- ¹⁷ VicHealth 2016, 'VicHealth Action Agenda for Health Promotion: 2016 update', [online], <https://www.vichealth.vic.gov.au/actionagenda> [Accessed 5 November 2016]
- ¹⁸ Yarra City Council 2013, 'Public Health Plan', [online], <http://www.yarracity.vic.gov.au/services/Community-Planning/public-health-plan/> [Accessed 5 November 2016]
- ¹⁹ World Health Organization 2011, 'Social determinants of health', [online], http://www.who.int/social_determinants/sdh_definition/en/ [Accessed 5 November 2016]
- ²⁰ Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.
- ²¹ Department of Human Services 2001, 'Environments for Health', [online], <http://www.healthyplaces.org.au/userfiles/file/Environments%20for%20Health%20Victoria.pdf> [Accessed 5 November 2016]
- ²² Department of Human Services 2001, 'Environments for Health', [online], <http://www.healthyplaces.org.au/userfiles/file/Environments%20for%20Health%20Victoria.pdf> [Accessed 5 November 2016]
- ²³ Communities that Care 2016, 'Risk and Protective Factors', [online], <http://www.communitiesthatcare.org.au/how-it-works/risk-and-protective-factors> [Accessed 5 November 2016]

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- ²⁴ World Health Organization 2007, 'The social determinants of health: Developing an evidence base for political action', [online], http://www.who.int/social_determinants/resources/mekn_report_10oct07.pdf [Accessed 5 November 2016]
- ²⁵ Kosteniuk, JG., Dickinson, HD. 2003, 'Tracing the social gradient in the health of Canadians: primary and secondary determinants', *Soc Sci Med*, vol.57, pp.263-76.
- ²⁶ World Health Organization 2007, 'The social determinants of health: Developing an evidence base for political action', [online], http://www.who.int/social_determinants/resources/mekn_report_10oct07.pdf [Accessed 5 November 2016]
- ²⁷ Marmot, M., 2010, 'Fair Society Healthy Lives', [online], <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> [Accessed 5 November 2016]
- ²⁸ Marmot, M., 2010, 'Fair Society Healthy Lives', [online], <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> [Accessed 5 November 2016]
- ²⁹ Marmot, M., 2010, 'Fair Society Healthy Lives', [online], <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> [Accessed 5 November 2016]
- ³⁰ Yarra City Council 2016, 'Annual Grants', [online], <http://www.yarracity.vic.gov.au/services/Community-Planning/Community-grants/annual-grants/> [Accessed 5 November 2016]
- ³¹ Victorian Population Health Survey, 2014
- ³² Department of Health 2004, Australia's physical activity and sedentary behaviour guidelines
- ³³ The Communities that Care Yarra Survey was collected in 2015 by Deakin University in partnership with Yarra City Council, following an internationally established model. 357 year 6 students (in 14 primary schools) and 275 year 8 students (in 4 secondary schools) across Yarra were surveyed.
- ³⁴ Comparison with Australian 2013 data, not Victorian
- ³⁵ Comparison with Australian 2013 data, not Victorian
- ³⁶ Comparison with Australian 2013 data, not Victorian
- ³⁷ Comparison with Australian 2013 data, not Victorian
- ³⁸ Within 400 metres of a bus and/or tram stop and/or within 800 metres of a train station
- ³⁹ In-house mapping suggests that Yarra does not quite have 100% coverage as per the above criteria but in order to ensure comparison to Vic and other LGAs figures produced in the 2013 Department of Health LGA profiles have been utilised
- ⁴⁰ Includes public transport, cycling and walking
- ⁴¹ Average annual age standardised rate (ASR) per 100,000
- ⁴² Data compiled by PHIDU from deaths data based on the 2009 to 2013 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registry of Births, Deaths and Marriages and the National Coronial Information System
- ⁴³ Data compiled by PHIDU from deaths data based on the 2009 to 2013 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registry of Births, Deaths and Marriages and the National Coronial Information System
- ⁴⁴ Victorian Population Health Survey, 2014
- ⁴⁵ Typically late afternoon to early morning the following day

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- ⁴⁶ Local Government Area Profile for Yarra, Modelling, GIS and Planning Products Unit, Department of Health, 2013
- ⁴⁷ Comparison with Australian 2013 data, not Victorian
- ⁴⁸ Comparison with Australian 2013 data, not Victorian
- ⁴⁹ Comparison with Australian 2013 data, not Victorian
- ⁵⁰ All ambulance attendance rates are based on event location rather than person's LGA of residence
- ⁵¹ Road injuries data is based on scene of injury
- ⁵² Comparison with Australian 2013 data, not Victorian
- ⁵³ Comparison with Australian 2013 data, not Victorian
- ⁵⁴ Data includes women who reported that they smoked during a pregnancy, expressed as a proportion of the number of pregnancies. Data may include women who were pregnant more than once during the time period (3 years).
- ⁵⁵ Suburb area rates calculated based on SA2 Estimated Resident Population, ABS 2015
- ⁵⁶ Suburb area rates calculated based on SA2 Estimated Resident Population, ABS 2015
- ⁵⁷ Suburb area rates calculated based on SA2 Estimated Resident Population, ABS 2015
- ⁵⁸ Based on location where fatal overdose incident occurs
- ⁵⁹ All ambulance attendance rates are based on event location rather than person's LGA of residence
- ⁶⁰ All ambulance attendance rates are based on event location rather than person's LGA of residence
- ⁶¹ All ambulance attendance rates are based on event location rather than person's LGA of residence
- ⁶² All ambulance attendance rates are based on event location rather than person's LGA of residence
- ⁶³ Comparison with Australian 2013 data, not Victorian
- ⁶⁴ Comparison with Australian 2013 data, not Victorian
- ⁶⁵ All ambulance attendance rates are based on event location rather than person's LGA of residence
- ⁶⁶ World Health Organization 2014, 'Mental health: a state of well-being', [online], http://www.who.int/features/factfiles/mental_health/en/ [Accessed 5 November 2016]
- ⁶⁷ Comparison with Australian 2013 data, not Victorian
- ⁶⁸ Respondents were asked to rate their satisfaction with their lives on a number of domains resulting in an aggregated Personal Wellbeing Index ranging between 0-100
- ⁶⁹ Extracted from "EGM gambling and your community 2016" spreadsheet as provided by Hayden Brown, City of Greater Dandenong
- ⁷⁰ Data accessed from Victorian Child and Adolescent Monitoring System (VCAMS), <http://www.education.vic.gov.au/about/research/Pages/vcams.aspx>
- ⁷¹ Data accessed from Victorian Child and Adolescent Monitoring System (VCAMS), <http://www.education.vic.gov.au/about/research/Pages/vcams.aspx>
- ⁷² Data accessed from Victorian Child and Adolescent Monitoring System (VCAMS), <http://www.education.vic.gov.au/about/research/Pages/vcams.aspx>
- ⁷³ Data accessed from Victorian Child and Adolescent Monitoring System (VCAMS), <http://www.education.vic.gov.au/about/research/Pages/vcams.aspx>
- ⁷⁴ Comparison with Australian 2013 data, not Victorian

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- ⁷⁵ Comparison with Australian 2013 data, not Victorian
- ⁷⁶ Comparison with Australian 2013 data, not Victorian
- ⁷⁷ Comparison with Australian 2013 data, not Victorian
- ⁷⁸ Based on the Kessler 10 Psychological Distress Scale (K10); a set of 10 questions designed to categorise the level of psychological distress over a four-week period
- ⁷⁹ Average annual age standardised rate (ASR) per 100,000
- ⁸⁰ Data compiled by PHIDU from deaths data based on the 2009 to 2013 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registry of Births, Deaths and Marriages and the National Coronial Information System
- ⁸¹ Data compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2012/13 and the average of the ABS Estimated Resident Population, 30 June 2012 and 2013
- ⁸² Data compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2012/13 and the average of the ABS Estimated Resident Population, 30 June 2012 and 2013
- ⁸³ Data compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2012/13 and the average of the ABS Estimated Resident Population, 30 June 2012 and 2013
- ⁸⁴ Data compiled by PHIDU based on modelled estimates from the 2011–13 Australian Health Survey, ABS (unpublished); and the average of the ABS Estimated Resident Population, 30 June 2011 and 30 June 2012, based on the Australian standard
- ⁸⁵ Data compiled by PHIDU based on modelled estimates from the 2011–13 Australian Health Survey, ABS (unpublished); and the average of the ABS Estimated Resident Population, 30 June 2011 and 30 June 2012, based on the Australian standard
- ⁸⁶ Data compiled by PHIDU based on modelled estimates from the 2011–13 Australian Health Survey, ABS (unpublished); and the average of the ABS Estimated Resident Population, 30 June 2011 and 30 June 2012, based on the Australian standard
- ⁸⁷ Comparison with Australian 2013 data, not Victorian
- ⁸⁸ Comparison to metropolitan Melbourne average, not Victorian
- ⁸⁹ Comparison to metropolitan Melbourne average, not Victorian
- ⁹⁰ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹¹ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹² Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹³ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹⁴ Family Violence Intervention Orders
- ⁹⁵ Family Violence Safety Notices
- ⁹⁶ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹⁷ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹⁸ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15
- ⁹⁹ Extracted from the Women’s Health in the North ‘Yarra Violence against Women’ factsheet 2014-15

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- ¹⁰⁰ Women's Health in the North 'Female Genital Cutting factsheet'
- ¹⁰¹ Extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal
- ¹⁰² Extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal
- ¹⁰³ Extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal
- ¹⁰⁴ Women's Health in the North 'Yarra Sexual and Reproductive Health Snapshot 2016'
- ¹⁰⁵ Marmot, M., 2010, 'Fair Society Healthy Lives', [online],
<http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> [Accessed 5 November 2016]
- ¹⁰⁶ Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹⁰⁷ Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹⁰⁸ Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹⁰⁹ Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹¹⁰ Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹¹¹ Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹¹² Extracted from the Australian Early Development Census Community Profile 2015, Yarra
- ¹¹³ ABS Census, 2011
- ¹¹⁴ ABS Census, 2011
- ¹¹⁵ ABS Census, 2011
- ¹¹⁶ ABS Census, 2006 and 2011
- ¹¹⁷ World Health Organization 2007, 'Global Age-friendly Cities: A Guide', [online],
http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf [Accessed 5 November 2016]
- ¹¹⁸ World Health Organization 2007, 'Global Age-friendly Cities: A Guide', [online],
http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf [Accessed 5 November 2016]