Banyule Population Health Profile

Research Report



Banyule City Council is proud to acknowledge the Wurundjeri Woi-wurrung people as traditional custodians of the land and we pay respect to all Aboriginal and Torres Strait Elders, past, present and emerging, who have resided in the area and have been an integral part of the region's history.

Our community is made up of diverse cultures, beliefs, abilities, bodies, sexualities, ages and genders. We are committed to access, equity, participation and rights for everyone: Principles which empower, foster harmony and increase the wellbeing of an inclusive community.

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Introduction

Purpose of this document

The purpose of this document is to provide Council staff and the Banyule community with a resource for understanding health and wellbeing trends (existing and emerging), with a focus on local government's role in addressing these.

Development of a Banyule Population Health Profile will inform decision-making that benefits all who live, work, and play in Banyule. It will be instrumental in the development of the 2025-2029 Municipal Public Health and Wellbeing Plan (MPHWP).

Policy context and framework

Under the Victorian Public Health and Wellbeing Act 2008 and Local Government Act 2020, Banyule City Council is legislated to develop, implement and evaluate a Municipal Public Health and Wellbeing Plan every four-years. When undertaking this planning, Councils are required to take into account the state public health and wellbeing plan, **the Victorian public health and wellbeing plan 2019–2023**, which aims to create "*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.*"[1] The plan sets 10 priorities for public health and wellbeing in Victoria, which have been used to guide the structure of this document.

1. Tackling climate change and its impact on health
2. Reducing injury in the community
3. Preventing all forms of violence
4. Increasing healthy eating
5. Decreasing the risk of drug-resistant infections in the community
6. Increasing active living
7. Improving mental wellbeing
8. Improving sexual and reproductive health
9. Reducing tobacco-related harm
10. Reducing harmful alcohol and drug use

[1] https://www.health.vic.gov.au/health-strategies/public-health-and-wellbeing-planning Public health and wellbeing plan 2019–2023, Department of Health, Victoria, 2021.

At Banyule City Council, the current iteration of the Municipal Public Health and Wellbeing Plan 2021-2025 is integrated in the Council Plan 2021-2025.

In 2021, Council adopted the Banyule Community Vision 2041. The priority theme most closely related to this document is 'our inclusive and connected community' with the objective "A safe, healthy, vibrant, and connected community where people of all ages and life stages love to live, work and stay; diversity and inclusion are valued and encouraged". The themes developed in the Community Vision formed the framework for the Council Plan 2021-2025.



The framework on the following page shows the topic areas covered throughout this report, and how they link back to Banyule's planning themes and the determinants of health.

	Banyule's planning themes				
Priorities ↓	Inclusive and connected	Thriving local economy	Valued community assets & facilities	Well-built city	Sustainable environment
Climate change		Resilience (employment, education, income, SEIFA)	Volunteering	Active transport, housing stress	Municipal emissions, sustainability behaviours
Reduce injury	Injury			Walkability, road accidents	
Prevent violence	Family violence, gender equity, multiculturalism			Community safety	
Healthy eating	Eating habits	Food insecurity		Proximity to food outlets	
Drug-resistant infection	Health screening, illnesses	Private health insurance	Access to services		
Active living	Physical activity, self-reported health, long term health conditions		Social infrastructure		Public open space
Mental wellbeing	Mental health, child and youth development		Isolation, art and culture participation		
Sexual and reproductive health	Sexual and reproductive health				
Tobacco harm	Smoking behaviours				
Alcohol and drug harm	Alcohol and drug behaviours				
Other	Gambling			Public transport	
Determinants of health →	Characteristics & behaviours	Social and economic		Physical	

Scope of analysis

The analysis conducted in this document has sought to collate data that meets the following criteria, where possible:

- Identify trends over time;
- Forecasting future need;
- Diverse population groups (age, gender, financial situation, cultural background, disability);
- Breaking out Banyule data by precinct (see Figure 1 Banyule precinct definitions); and
- Comparing Banyule data to Greater Melbourne (Metropolitan area), Victoria, and the Local Government areas of Nillumbik, Yarra, Manningham, and Darebin.

FIGURE 1 BANYULE PRECINCT DEFINITIONS

Precinct	Includes suburbs of:
North West	Bundoora, Watsonia, Watsonia North
North East	Briar Hill, Eltham North, Montmorency, St Helena
North	Greensborough
West	Bellfield, Heidelberg Heights, Heidelberg West
Mid	Heidelberg, Macleod, Rosanna
East	Lower Plenty, Viewbank, Yallambie
South	Eaglemont, Ivanhoe, Ivanhoe East

Note, the terms 'men' and women' have been used when the data covers just adults. When the data also covers children we have used the terms 'males' and 'females'.

In this report we have considered the impact that terminology and framing of content can have on community understandings of and reactions to communications on a topic. A strength based / values approach has been taken to the framing of analysis.

References within **the Victorian public health and wellbeing plan 2019–2023** quotes at the start of each section (grey boxes) have not been reproduced in this report. They can be sourced here: https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/victorian-public-health-and-wellbeing-plan-2019-2023.pdf

Glossary

AEDC	Australian Early Development Census
DHHS	Department of Health and Human Services (Federal)
DOH	Department of Health (Victoria)
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse
LOE	Language other than English
PBS	Pharmaceutical Benefits Scheme
SEIFA	Social Economic Index of Advantage and Disadvantage
VPHWOF	Victorian Population Health and Wellbeing Outcomes Framework
VPHS	Victorian Population Health Survey
WHO	World Health Organisation

1 Public health and wellbeing priorities

1.1 Tackling climate change and its impact on health

Victorian public health and wellbeing plan 2019–2023

The World Health Organization has described climate change as the defining issue for public health in the 21st century (WHO 2015). It is an urgent challenge, with implications at the global, national and community levels. Climate change affects health in many ways – directly by the increased intensity and frequency of extreme weather events such as prolonged heatwaves, floods and bushfires, and indirectly through worsening air quality, changes in the spread of infectious diseases, risks to food safety and drinking water quality, and effects on mental health.

Aim to achieve:

- Resilient and safe communities that are adapting to the public health impacts of climate change.
- Decreased health impacts associated with climate change (for example, fewer deaths from extreme heat events, fewer mosquito-borne diseases, fewer food outbreaks, fewer algal blooms in drinking water catchments).
- Increased action to reduce greenhouse gas emissions and realise associated health co-benefits.

It is local governments' role to help the community be in a resilient position so that they can adapt to the changes in the climate, and minimise the health risks associated with climate change. Councils can also make structural changes to reduce negative environmental impacts, and encourage the community to adopt more sustainable behaviours.

1.1.1 Resilience

Resilience can be strengthened by employment, education, adequate income and volunteering.

Banyule City Council has an inclusive local jobs strategy that aims to enable residents to work close by, and an economic development strategy which aims to ensure local workforce supply and diversity.

TABLE 1 ASPECTS OF RESILIENCE AND HOW THEY RELATE TO CLIMATE CHANGE AND HEALTH

Topic	Tackling climate changes impact on health	Other general health benefits
Education	With a higher quality of education, more complex tasks can be solved, and behaviour suffers less from fewer mistakes. Usually, the individuals themselves, the environment near them, and more broadly society as a whole benefit[2].	The positive side effects from solving complex tasks with fewer mistakes spread into everyday life and social relations.
Employment	When employees live closer to their workplaces, the likelihood of commuting to work using public transport, walking or cycling, as opposed to relying on private vehicles, is increased. The use of public and active transport reduces emissions from	Employment can increase an individual's feelings of social connection, which in turn lead to improved mental health outcomes. However poor employment conditions can also lead to poorer

[2] https://www.psychologytoday.com/au/blog/finding-the-next-einstein/201803/how-education-can-impact-the-well-being-nation How Education Can Impact the Well-Being of a Nation, 2018, Psychology Today

	private vehicles which positively supports the built and natural environment as well as an individual's physical activity[3].	physical and mental health outcomes.
Income	Income is the backbone to being able to afford to buy products and afford activities that can improve resilience to climate changes, such as heating and cooling of houses.	Adequate income can provide an individual and/or household with the capacity to afford to undertake healthy activities (eating, exercise etc.) and access health services.
SEIFA	The socio-economic advantage and disadvantage score provides an easy to interpret indicator to help identify geographic areas that may have lower levels of resilience, and therefore may struggle more with adapting to climate change.	There is often a relationship between socio-economic disadvantage and various health and educational outcomes[4].
Housing stress	When households are spending significant proportions of their income on housing they may not be in a position to afford to make structural changes to improve sustainability. Furthermore, renters often don't have the option or long-term stability to improve the sustainability of their housing.	When households are spending significant proportions of their income on housing they may not have the spare income to undertake healthy activities (eating, exercise etc.) and access health services.
Volunteering	There are many organisations that rely on volunteers to tackle environmental aspects of reducing the human impact of climate change.	Volunteering helps people develop stronger social networks and friendships. It can help people become more active, mentally and physically. It can even contribute to getting better sleep. Some people find that volunteering helps them experience less stress and anxiety[5].

TABLE 2 RESILIENCE DATA SOURCES

Source	Question	Update	Notes
Census	Last week, did the person have a job of any kind? In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group? What is the level of the highest qualification the person has completed?	2026	Individual level data. Covers almost all residents (compulsory survey) therefore no error margins. Base = 15+ year olds (those in the labour force). The lower the SEIFA score/decile the more disadvantaged the area.

[3] https://auo.org.au/portal/metadata/employment/ Employment indicator rationale, Australian Urban Observatory, RMIT University

[4] https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa Socio-Economic Indexes for Areas, 2016, Australian Bureau of Statistics

[5] https://www.headtohealth.gov.au/meaningful-life/purposeful-activity/volunteering Purposeful activity - volunteering, 2019, Head to Health, Australian Government Department of Health and Aged Care

	SEIFA index of advantage and disadvantage generated by the ABS using Census data.		
Census	Is this dwelling: How much does your household pay for this dwelling? Mortgage or rental stress defined as paying more than 30% of income on rent/mortgage	2026	Household level data. Covers almost all residents (compulsory survey) therefore no error margins.
DSS	Centrelink payments	Annual	Next due in September 2023
Household survey	On a scale of 0 (very unimportant) to 10 (very important), can you please rate the importance your household places on the following issues? Have there been times in the last 12 months where you needed to use heating or cooling but chose to go without to save money? On a scale of 0 (strongly disagree) to 10 (strongly agree), please rate your households' agreement with the following statements? Due to financial hardship, have you accessed any of the following in the last 12 months? In the last 12 months, did any member of this household do any unpaid voluntary work for any of the following types of organisations?	Annual	Household level data, n=758. Q56, Q60, Q61 and Q71 on a very intensive survey, so may be influenced by order fatigue.

Employment

The proportion of adults (15+) in full time employment in Banyule has remained relatively stable over time, and is at a similar level to the metropolitan and state averages, therefore it does not appear that COVID-19 has had any lasting impact on the overall rate of full time employment in Banyule. However, the comparison areas of Nillumbik and Yarra have higher instances of adults in full time employment, suggesting that it is possible to increase this proportion under different demographic and infrastructure conditions.

FIGURE 2 PROPORTION OF ALL ADULTS IN FULL TIME EMPLOYMENT COMPARED TO OTHER REGIONS, OVER TIME

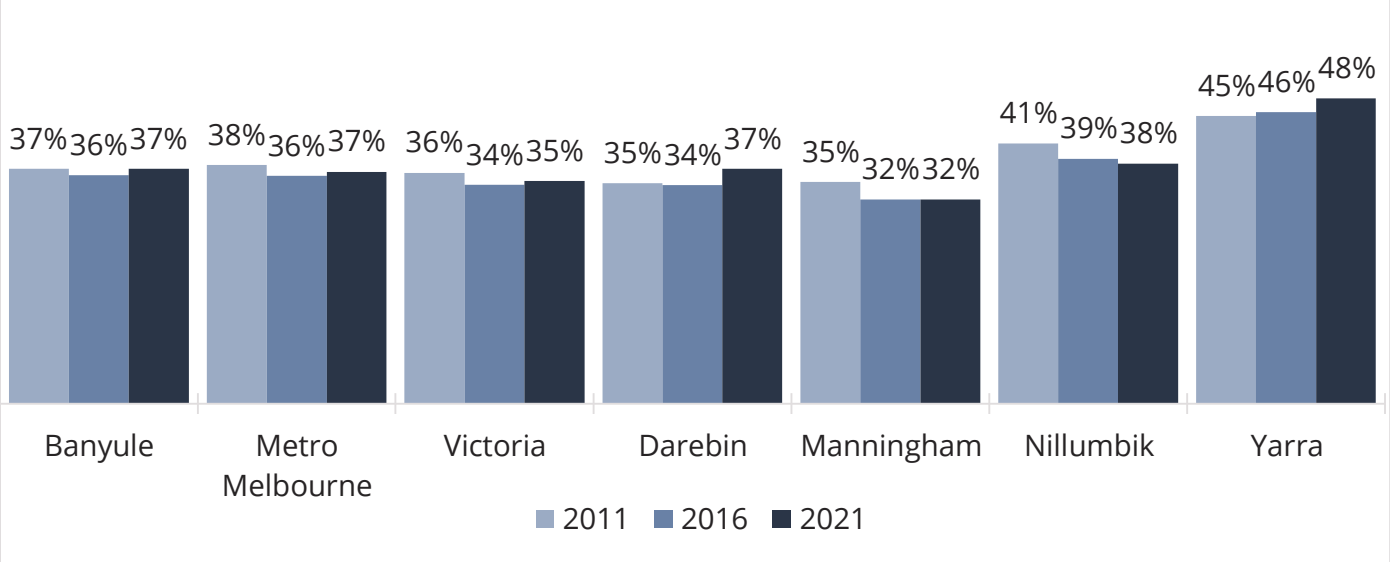


FIGURE 3 PROPORTION OF ALL ADULTS IN FULL TIME EMPLOYMENT BY PRECINCT, OVER TIME

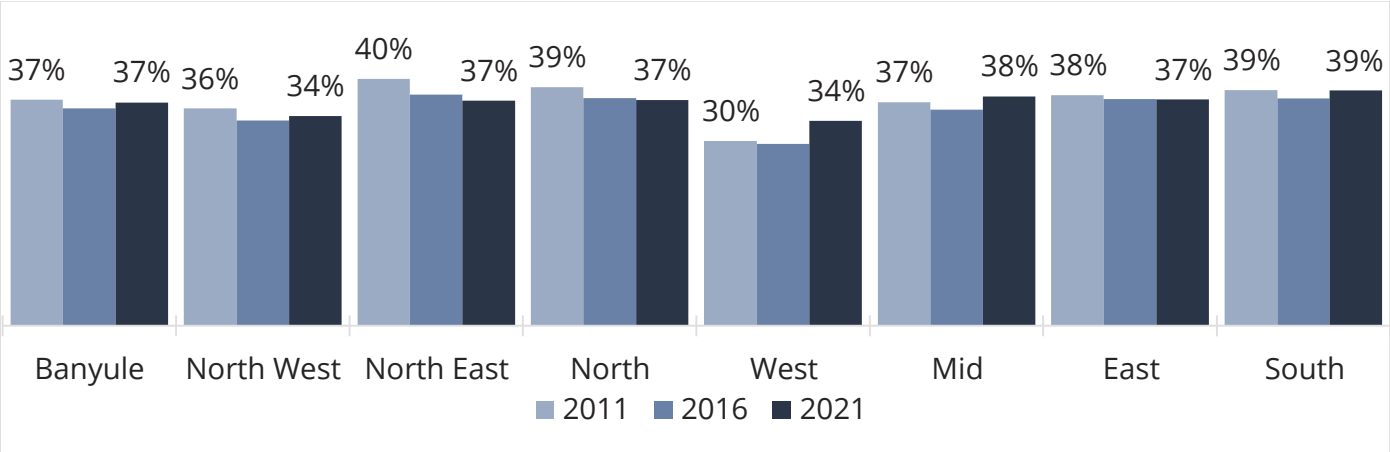
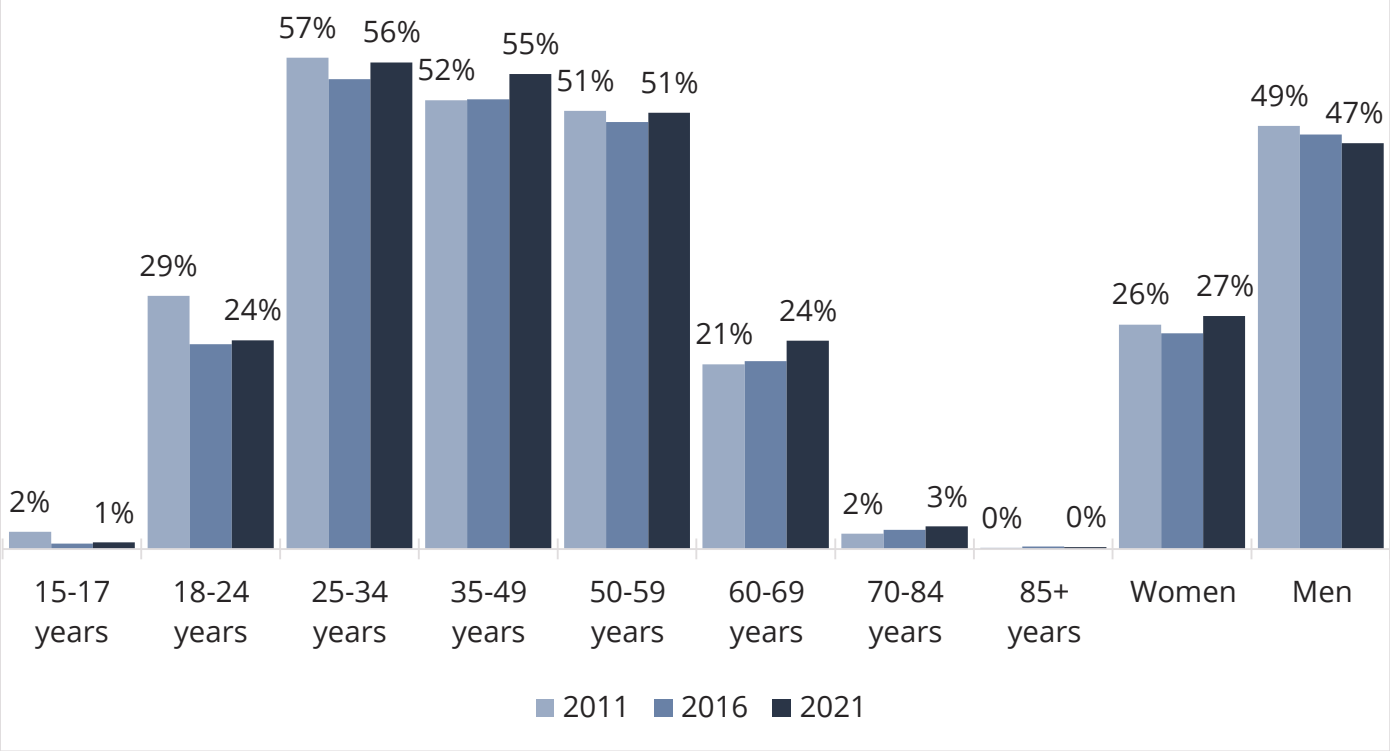


FIGURE 4 PROPORTION OF ALL ADULTS IN FULL TIME EMPLOYMENT IN BANYULE BY AGE AND GENDER, OVER TIME



In 2021, analysis of the incidence of being in full time employment by segment of the Banyule community showed:

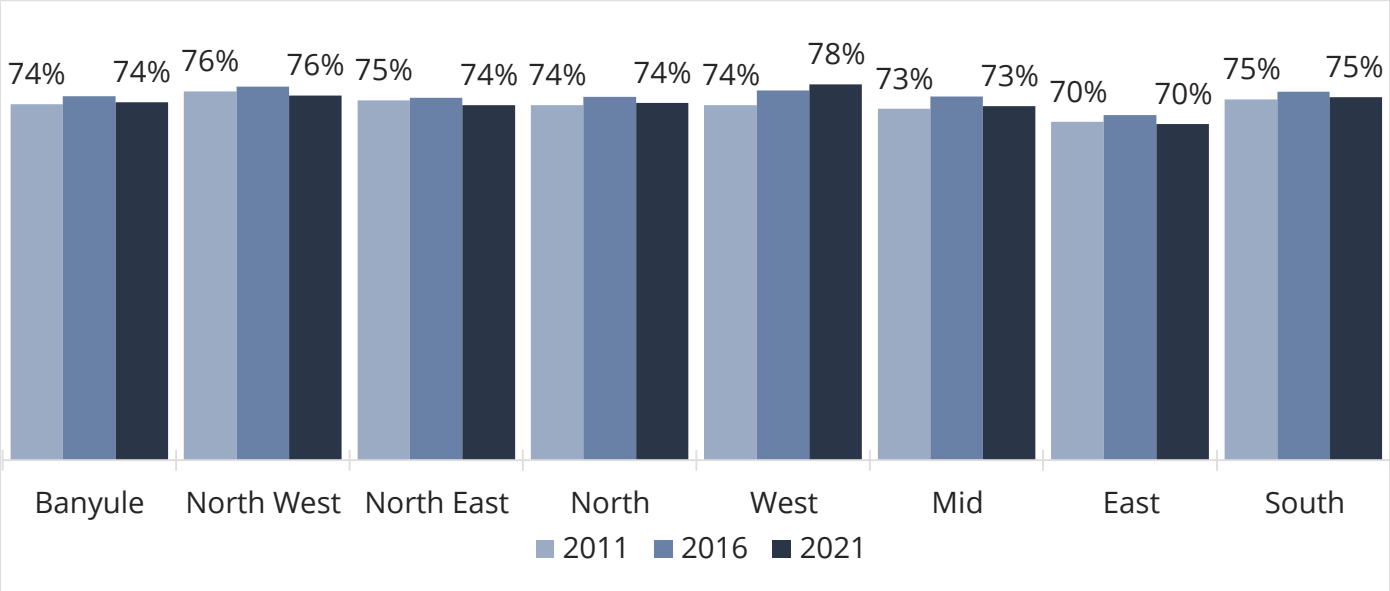
- 27% of females are in full time employment, compared to 47% of males. Further detail about this variation can be found in the Gender equity section.
- 33% of Aboriginal and Torres Strait Islander adults were in full time employment, compared to 38% of non-indigenous adults.
- A similar proportion of those who speak a language other than English are in full time employment (36%) as those who speak English only (38%).
- 3% of those with a disability are in full time employment, compared to 40% of those without a disability.
- 5% of low income earners (less than $800 a week) are in full time employment, compared to 66% of those who earn over $800 a week.

When compared to non-indigenous people, Aboriginal and Torres Strait islander people in Banyule show higher instances of being unemployed and looking for work (7% 15+ year old Aboriginal and Torres Strait Islander people, compared to 2% non-indigenous).

When people are in employment, the ability to be able to find work locally can have flow-on health benefits by reducing car travel (reduced emissions / pollution), introducing the opportunity for active transport (reduced emissions, increased exercise), and more time for healthy habits due to reduced travel time (healthy eating, exercise, socialising , time with family etc.) The Banyule community generally recognises the importance of being able to work locally: In the 2022 Banyule Household Survey, households were asked to rate the importance of a range of statements (mean rating out of 10 where 0 is 'Very unimportant' and 10 is 'Very important'). The availability of local jobs received a mean importance rating of 7.67.

Despite this high level of importance assigned to local jobs, the majority of the Banyule population is travelling outside of Banyule for work. This has been increasing over time in the West precinct.

FIGURE 5 PROPORTION OF EMPLOYED BANYULE RESIDENTS WHO TRAVEL TO A FIXED LOCATION OUTSIDE OF BANYULE FOR WORK BY PRECINCT, OVER TIME



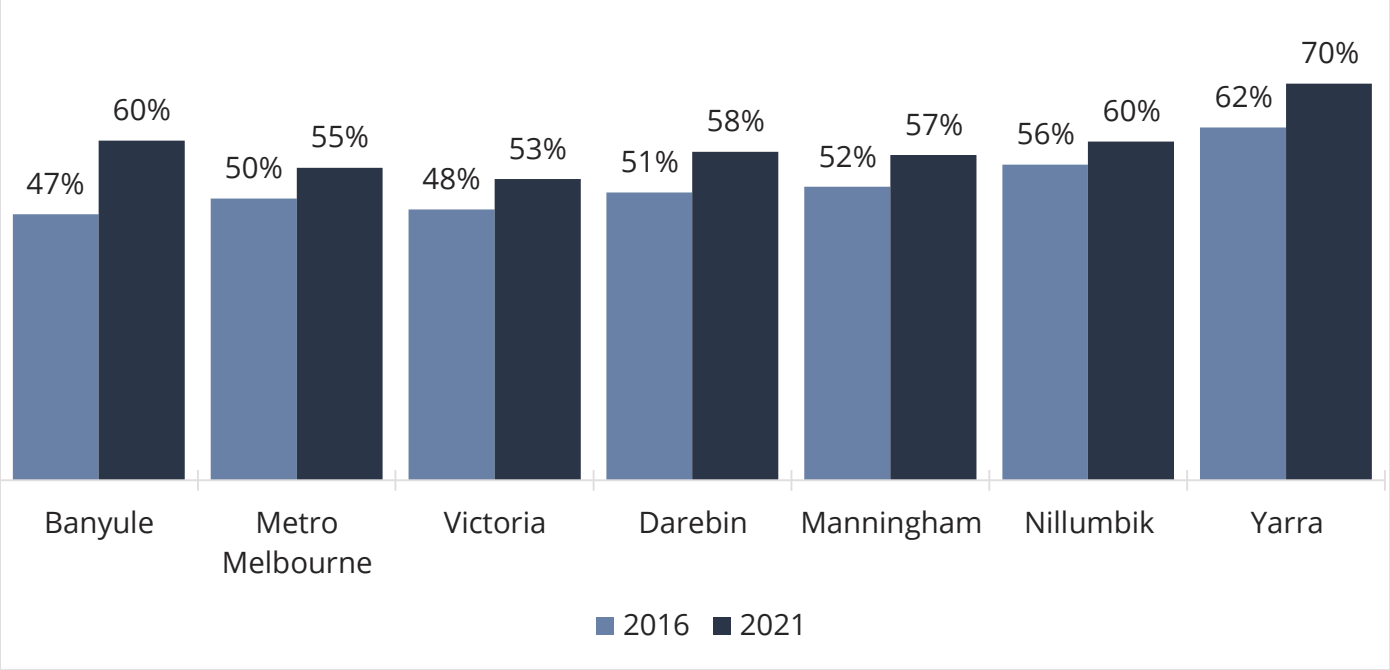
In the 2021 Census, traveling outside of Banyule for work varies by segment:

- More common amongst 25-34 year olds (80%) and less common amongst 12-17 year olds (48%).
- More common amongst those who speak a language other than English (76%, compared to 73% English only).
- Those with a disability have a lower rate (67%).
- Males show a higher instance of travelling outside of Banyule for work (77%) than females (71%).
- Those on higher incomes more often travel outside of Banyule for work (78% on those on incomes over $800 a week work outside Banyule, compared to 62% of lower income workers).

Education

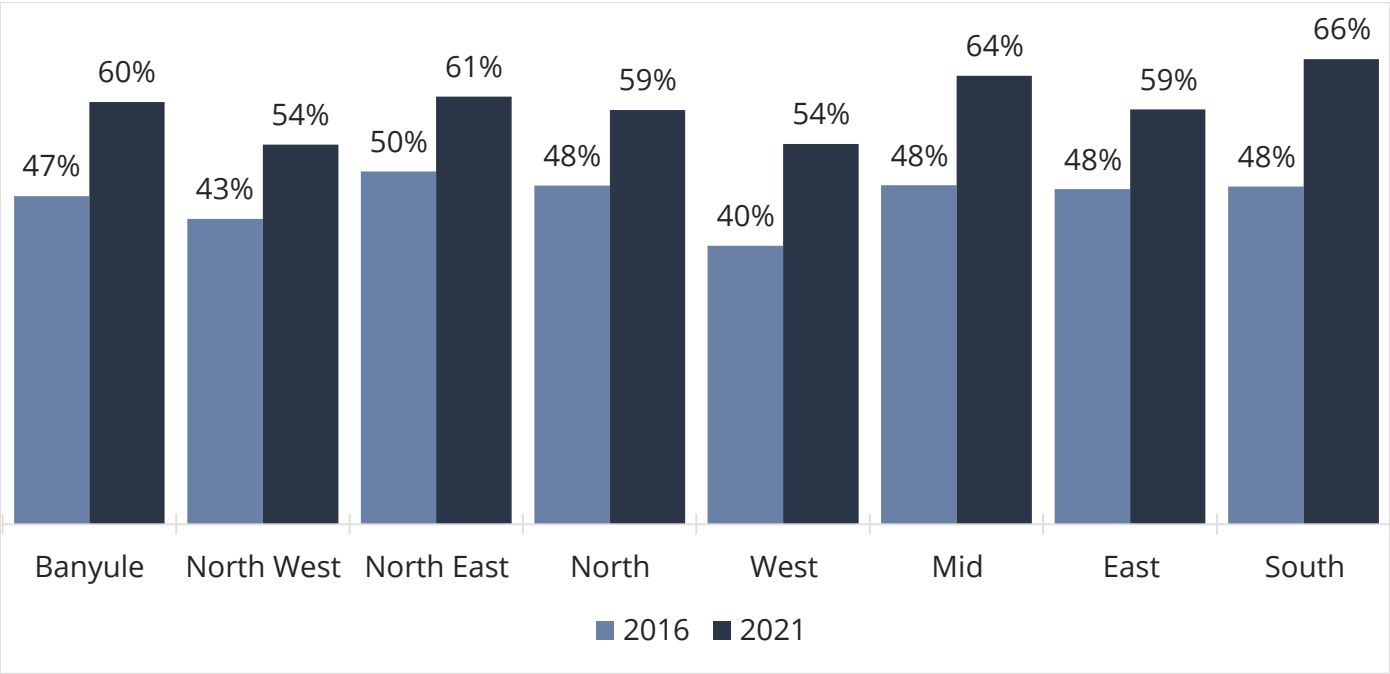
Banyule has recently experienced a significant increase in the proportion of the population having completed Year 12, more so than the metro and state averages, and comparison areas.

FIGURE 6 INSTANCE OF COMPLETING EDUCATION BEYOND YEAR 12 COMPARED TO OTHER REGIONS, OVER TIME



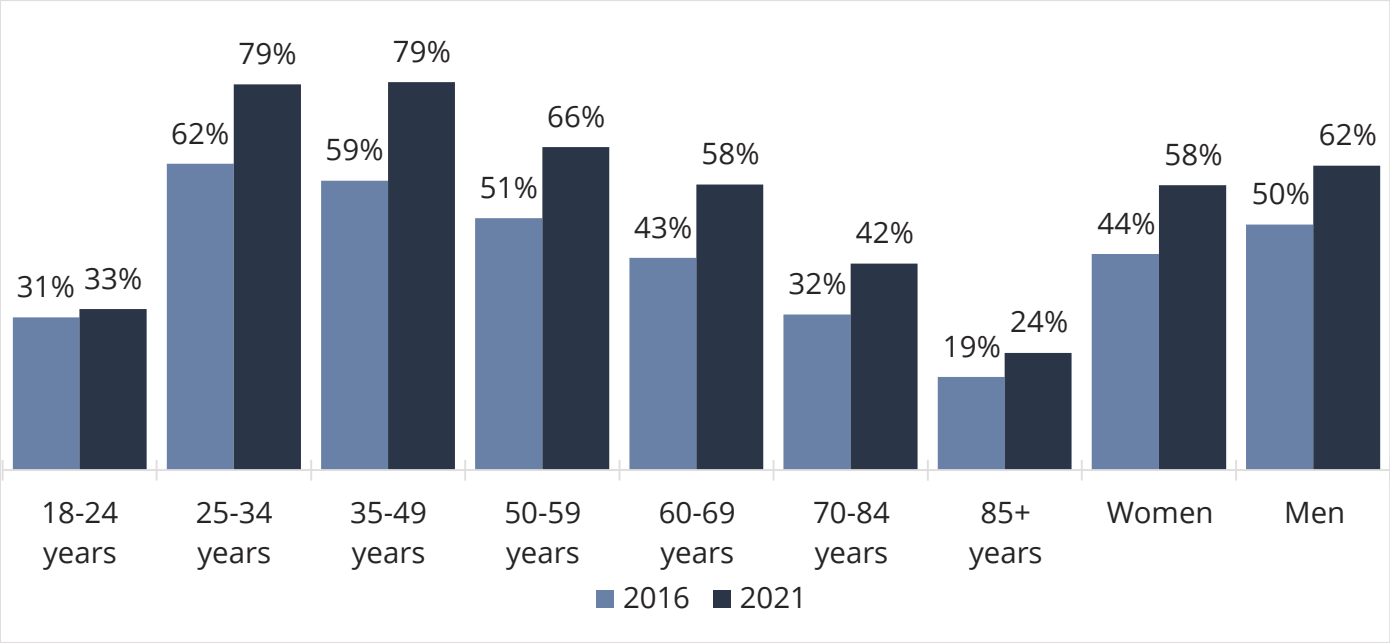
This increase in educated population is particularity apparent in the Mid and South precincts.

FIGURE 7 INSTANCE OF COMPLETING EDUCATION BEYOND YEAR 12 BY PRECINCT, OVER TIME



Whilst this increase in the proportion of the population educated beyond Year 12 is apparent across all demographics, it is more pronounced amongst 25-49 year olds and females.

FIGURE 8 INSTANCE OF COMPLETING BEYOND YEAR 12 IN BANYULE BY AGE AND GENDER, OVER TIME

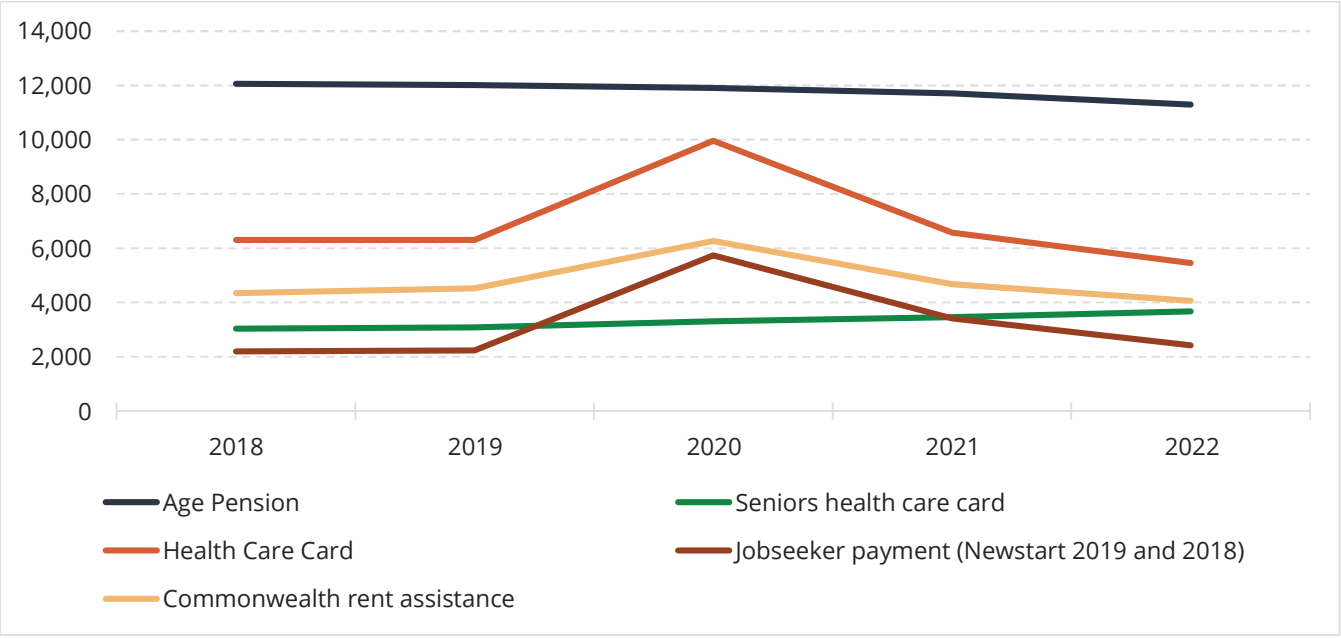


This data shows that Banyule is clearly moving in the right direction to have a community who is suitably equipped to comprehend what they might need to do to adapt to climate change, and therefore minimise the associated health risks.

Income

Low incomes can impact on ability to undertake behaviours to protect oneself from the health impacts of climate change. During the COVID-19 lockdowns there was a significant increase in the number of Banyule residents receiving Centrelink payments, suggesting that there are many who don't have the independent financial resilience to adapt to extreme events, and are therefore at risk of experiencing financial challenges from future unplanned events. However, the number of residents on Centrelink payments has since returned to pre-COVID-19 levels, suggesting that most were able to 'bounce back' relatively quickly. This suggests that short term assistance programs are likely to be needed in future extreme weather events that disrupt people's ability to work.

FIGURE 9 NUMBER OF BANYULE RESIDENTS RECEIVING CENTRELINK PAYMENTS OVER TIME

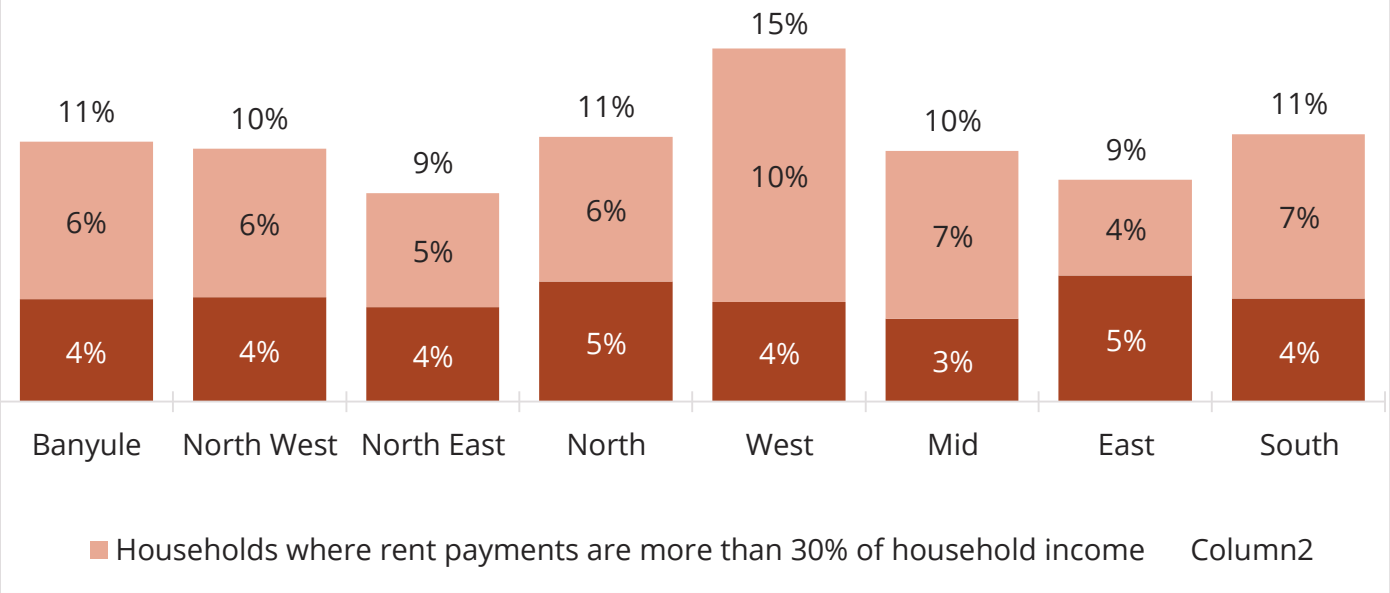


Aboriginal and Torres Strait Islander people may be disproportionately affected by cost of living increases or extreme weather events impacting on their income. According to the 2021 Census, the median personal income of employed Aboriginal and Torres Strait Islander people in Banyule is lower ($835) than non-indigenous workers ($918).

Despite stable proportions in full time employment there are still many Banyule households struggling, and at particular risk of potential health impacts from extreme weather events. In the 2022 Banyule Household Survey, 38% of households surveyed reported that in the 12 months prior to interview there had been at least one time that they needed to use heating or cooling but chose to go without to save money (13% many times + 25% a few times). This was a consistent finding across all precincts.

Almost one in ten households (8%) in the 2022 Banyule Household Survey indicated that they had accessed a financial hardship service in the 12 months prior to interview, the most common being bill deferment (4%), rate reduction (3%) and emergency relief (2%). There were no notable variations by precinct.

FIGURE 10 PROPORTION OF ALL HOUSEHOLDS IN MORTGAGE OR RENTAL STRESS IN 2021 BY PRECINCT



Aboriginal and Torres Strait Islander households in Banyule show a higher instance of being renters (54%, 25% non-indigenous) and 19% are in rent or mortgage stress (spending more than 30% of income on rent/mortgage), compared to 11% non-indigenous households. Aboriginal and Torres Strait Islander households also show a higher instance of living in housing where extra bedrooms are needed for the number of occupants (5%, compared to 2% non-indigenous).

SEIFA

In the case of SEIFA, the distribution of scores is divided into ten equal groups, called deciles. The lowest scoring 10% of areas are given a decile number of 1, the second-lowest 10% of areas are given a decile number of 2 and so on, up to the highest 10% of areas which are given a decile number of 10.

When breaking out the SEIFA personal advantage or disadvantage data by decile (suburb level) it is clear that the South, North East and East precincts have low levels of disadvantage, Mid and North West have moderate levels of disadvantage, and the West has a high level of disadvantage.

In 2016 Heidelberg West was in SEIFA decile 1 (very low) but has since increased to decile 2. Likewise there have been improvements in SEIFA score and decile for Bellfield, Heidelberg Heights, Watsonia, Watsonia North and Macleod, whilst the score for Bundoora has declined.

TABLE 3 SEIFA SCORES OF ECONOMIC ADVANTAGE AND DISADVANTAGE BY SUBURB, 2016 AND 2021

		Socioeconomic score of advantage and disadvantage		Decile		Rank in Victoria	
Suburb	**Precinct**	**2016**	**2021**	**2016**	**2021**	**2016**	**2021**
Heidelberg West	West	868	923	1	2	56	282
Bellfield	West	966	995	3	6	671	1344
Heidelberg Heights	West	1003	1031	5	8	1322	2045
Bundoora	North West	1023	1015	7	7	1789	1705
Watsonia	North West	1011	1027	6	8	1536	1948
Watsonia North	North West	1039	1046	8	9	2048	2299
Macleod	Mid	1069	1074	9	10	2399	2595
Greensborough	North	1058	1060	9	9	2300	2448
Briar Hill	North East	1057	1053	9	9	2292	2386
Viewbank	East	1070	1077	10	10	2418	2607
Rosanna	Mid	1079	1093	10	10	2478	2690
Heidelberg	Mid	1087	1085	10	10	2519	2650
Montmorency	North East	1073	1072	10	10	2432	2585
St Helena	North East	1073	1066	10	9	2438	2515
Ivanhoe	South	1105	1113	10	10	2605	2753
Yallambie	East	1075	1076	10	10	2448	2605
Lower Plenty	East	1105	1092	10	10	2604	2684
Eltham North	North East	1110	1111	10	10	2615	2747
Ivanhoe East	South	1145	1150	10	10	2665	2813
Eaglemont	South	1142	1144	10	10	2659	2804

Volunteering

FIGURE 11 INSTANCE OF VOLUNTEERING COMPARED TO OTHER REGIONS, OVER TIME

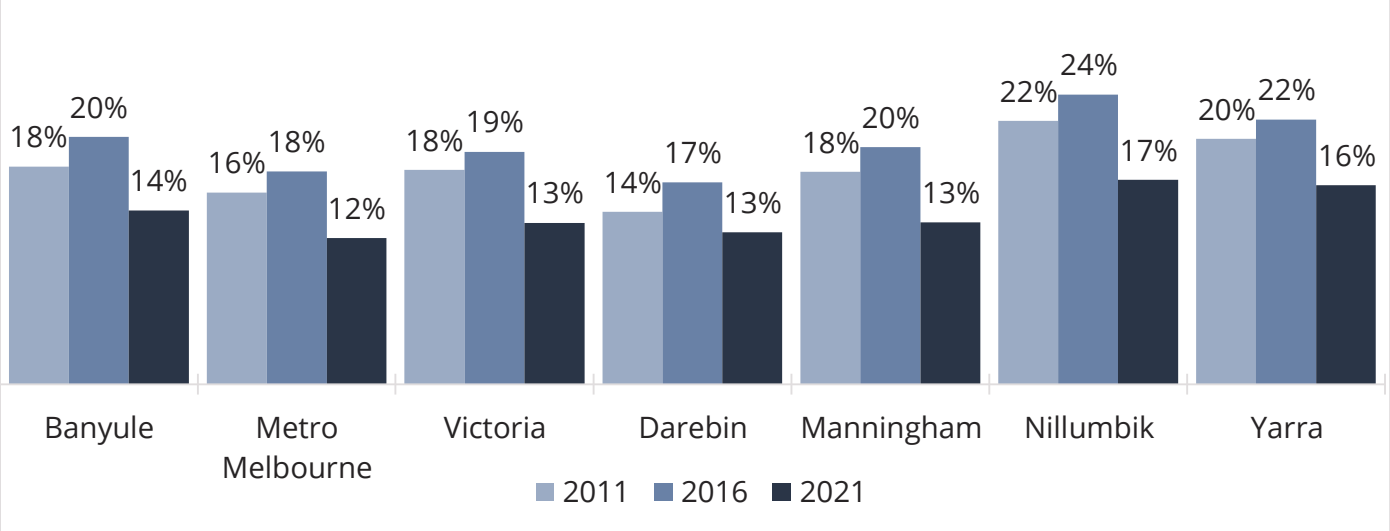
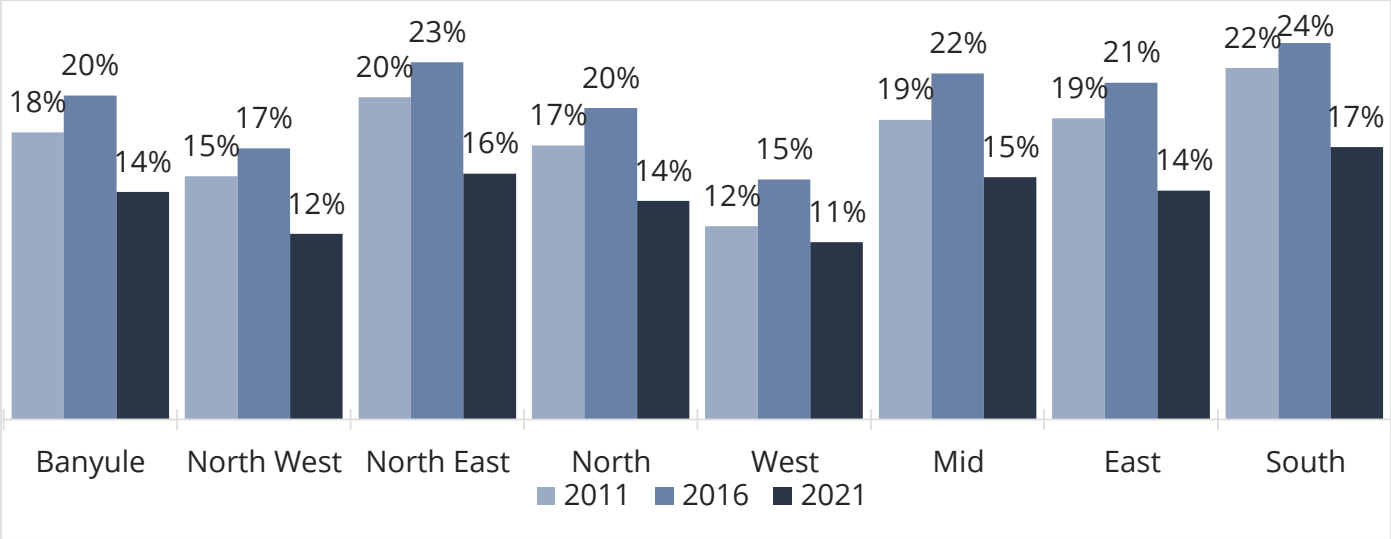
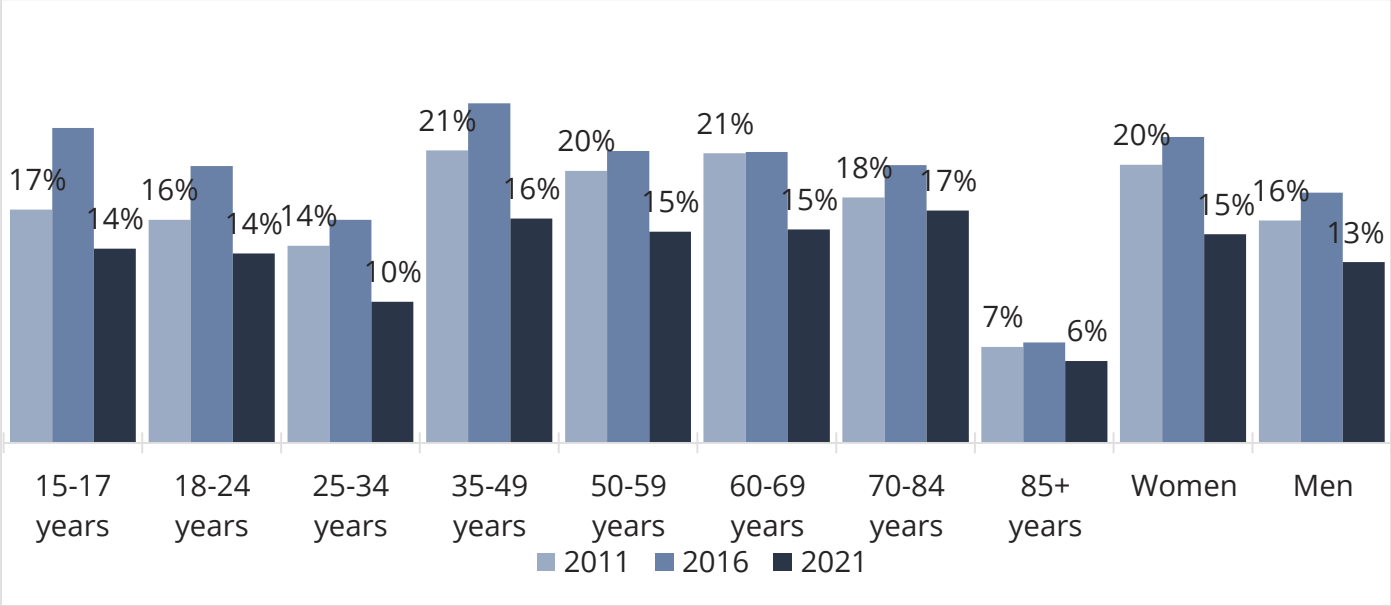


FIGURE 12 INSTANCE OF VOLUNTEERING BY PRECINCT, OVER TIME



Declines in volunteering are more pronounced amongst 35-49 year olds and females. 2021 Census data shows those who speak a language other than English less often volunteer (10%) than those who speak English only (16%), and Aboriginal and Torres Strait Islander people less often volunteer (2%) and non-indigenous community members (15%).

FIGURE 13 INSTANCE OF VOLUNTEERING IN BANYULE BY AGE AND GENDER, OVER TIME



The 2022 Banyule Household Survey provides some further insight into the type of volunteering that people are participating in. The most common organisation that people volunteer for was local sports, recreation or hobby group (49% of households with a resident who volunteers), followed by school, education, training or youth development (27%) and welfare or community group (22%).

1.1.2 Reducing environmental impact

Reducing environmental impact can improve human health directly, through the reduction in harmful pollutants, as well as indirectly through the reduction in the long-term impacts of climate change.

TABLE 4 ASPECTS OF REDUCING ENVIRONMENTAL IMPACT AND HOW THEY RELATE TO CLIMATE CHANGE AND HEALTH

Topic	Tackling climate changes impact on health	Other general health benefits
Active transport	Reduced pollution from car emissions.	Cycling strengthens your heart muscles, lowers resting pulse and reduces blood fat levels. Research also shows that people who cycle to work have two to three times less exposure to pollution than car commuters, so their lung function is improved[6].
Municipal emissions	A commitment by Council to reduce emissions can improve the health of the local community by contributing to the slowing down of climate change and its subsequent health impacts. It also demonstrates a commitment to the community, which places Council in a good position to encourage the community to also reduce their emissions.	
Tree canopy	Tree canopy can reduce the heat island effect, which in turn can reduce heat related health issues in humans. Trees can also help remove pollutants from the air and reduce flood risk by absorbing stormwater.	Regularly spending time around trees provides a wide range of human health benefits, from lowering stress to improving cognition to boosting longevity[7]
Sustainability behaviours	Changing behaviour to reduce environmental impact can have flow on effects on human health by reducing pollutants and sowing down climate change.	Participating in sustainability behaviours can also have positive mental health benefits through people feeling a sense of achievement.

Council has the Banyule Integrated Transport Plan and the Banyule Bicycle Strategy which have components that guide infrastructure and behaviour change programs to improve the uptake and safety of active transport. Council also has a Corporate emissions reduction plan which provides targets for emissions reduction and a Banyule Community Climate Action Plan that provides mechanisms for assisting the broader community with reducing their emissions and improving sustainability behaviours.

Furthermore, an increase in tree canopy is supported within Banyule Council's Biodiversity Plan and Urban Forest Strategic Plan.

[6] https://www.betterhealth.vic.gov.au/health/healthyliving/cycling-health-benefits Cycling health benefits, 2013, Better Health Channel, Victorian State Government, Department of Health

[7] https://www.hsph.harvard.edu/news/hsph-in-the-news/the-health-benefits-of-trees/ The health benefit of trees, 2021, Harvard T.H. Chan School of Public Health

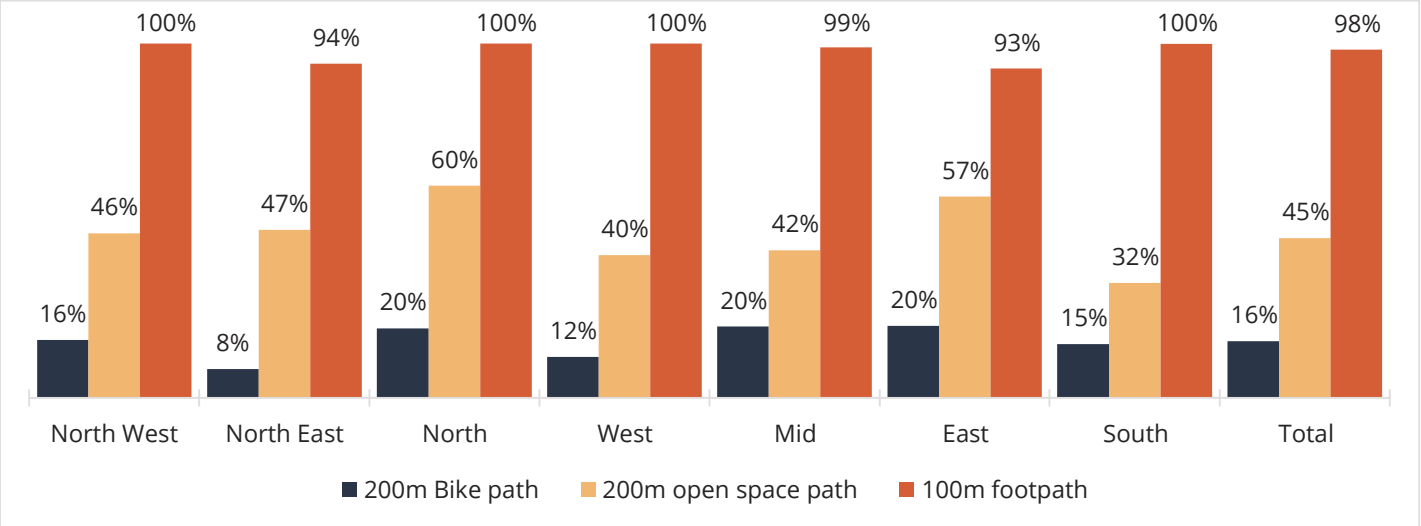
TABLE 5 REDUCING ENVIRONMENTAL IMPACT DATA SOURCES

Source	Question	Update	Notes
Council	Proportion of households within 400m of a bike path, km on road bike lanes, km shared roadways Proportion of canopy cover	On request (GIS)	As at 2023
Census	How did the person get to work on Tuesday 10 August 2021?	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	How often does the person use public transport for non-work or non-study trips?	Annual	Person level data, n=1,859 in 2022.
Household survey	What are all the aspects you like and dislike about living in your neighbourhood? Can you please list what you consider to be the top three issues for Council to address at the moment? On a scale of 0 (very unimportant) to 10 (very important), can you please rate the importance your household places on the following issues? Has this household made, or considering making any of the following changes in the next 2 years	Annual	Household level data, n=758. Q70, Q39, Q54 and Q71 on a very intensive survey, so may be influenced by order fatigue.
Climate snapshot	Municipal emissions	2023	https://snapshotclimate.com.au/locality/municipality/australia/victoria/banyule/2020/fy

Active transport

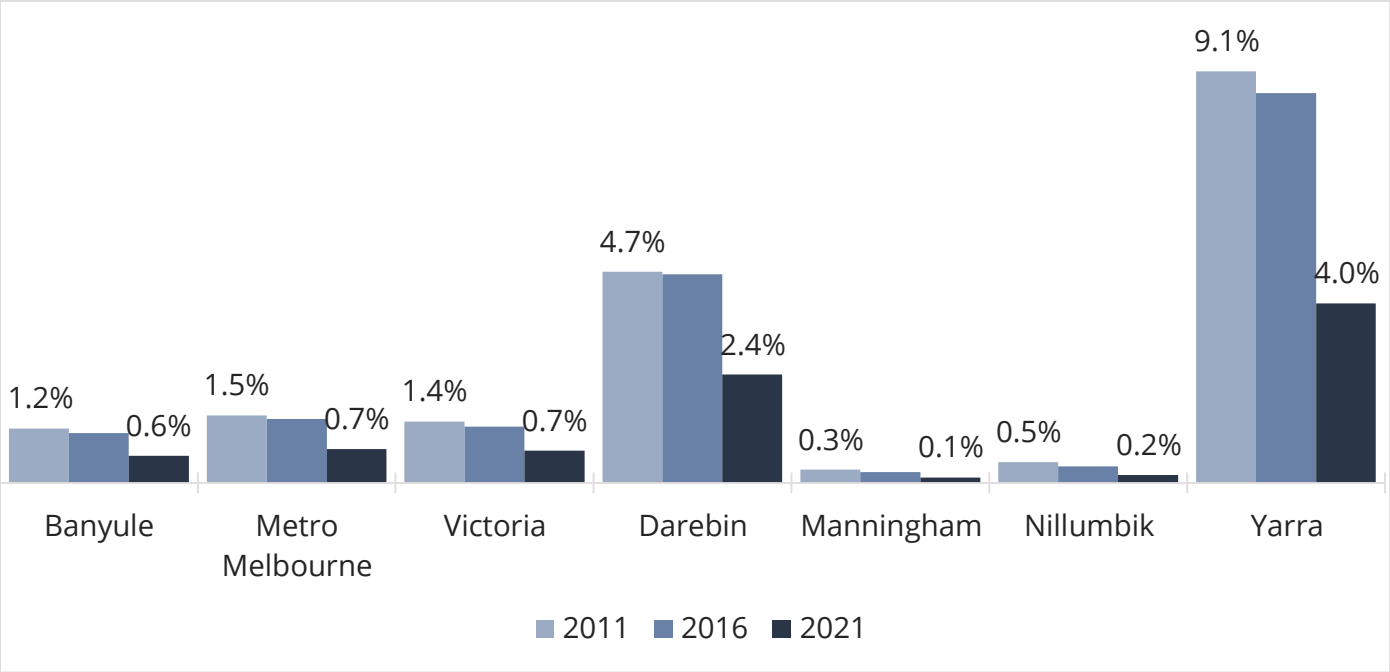
Having easy access to active transport paths is key to uptake of active travel to get places (walking and cycling). Active travel can reduce pollution from car use, as well as improve human health through exercise.

FIGURE 14 PROPORTION OF HOUSEHOLDS WITHIN IDEAL PROXIMITY TO ACTIVE TRANSPORT BY PRECINCT



Bike riding to work has been decreasing over time in Banyule. This decrease in 2021 is consistent across all areas and may have been impacted by COVID-19 changes in work format (working from home).

FIGURE 15 PROPORTION OF EMPLOYED ADULTS WHO CYCLE TO WORK COMPARED TO OTHER REGIONS, OVER TIME



Incidence of riding a bike to work is similar across precincts, and is slightly higher amongst those aged 35-59 (0.7%) and males (0.9%, compared to 0.3% females).

Half (50%) of the Banyule population indicated that they own a bike in the 2022 Banyule Household Survey. Bike ownership is more common amongst:

- Mid precinct residents (57%);
- East precinct residents (56%);
- Males (55%);
- 5-11 year olds (93%) and 12-17 year olds (88%);
- Those who speak English only (53%); and
- Those who don't have a disability (52%).

One in ten (10%) of the overall sample said they ride at least weekly for non-work journeys.

The 2022 Banyule Household Survey showed that COVID-19 resulted in more use of bike paths (13%), particularly amongst men (15%, compared to 12% females). Cycling / bike riding was selected by 20% of respondents as a sport or recreation activity, with this being more common amongst those in East Precinct (30%), males (27%, compared to 14% females), and 5-11 year olds (51%).

When asked what they consider to be the top three issues for Council to address at the moment, 6% of households in the 2022 Banyule Household Survey said provision and maintenance of cycling and walking tracks.

Whilst many have a bike, use of bikes for active transport in Banyule is quite low. Although there was an uptake over COVID-19 so this could be harnessed to help reduce car usage and consequently pollution.

Municipal emissions

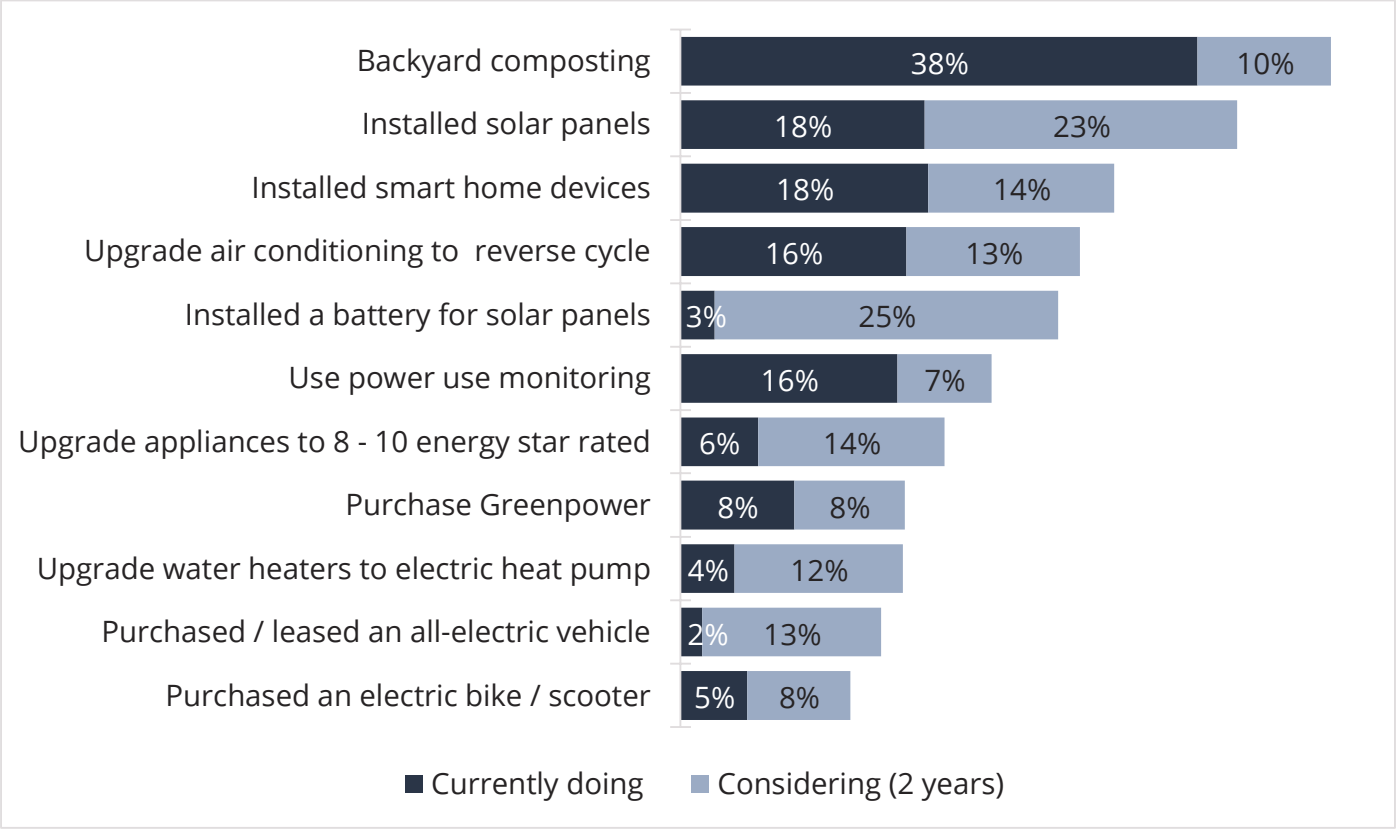
From 2018 to 2021 the Banyule municipality reduced their emissions by almost 10%, from 1,158,000 tonnes of CO2 in 2018-19 financial year to 1,048,000 in 2020-21. Most of this came from a reduction in electricity use and transport. Use of gas actually increased during this period.

The residential contribution towards emissions in 2020-21 was 24% residential electricity and 14% residential gas (total 38%). Commercial contribution (electricity and gas) was 23% and industrial was 13%. Therefore, encouraging a reduction in emissions amongst residents could have a notable impact on the overall municipal emissions. The other major contributor was on road transport (15%), emphasising the importance of moving people towards active transport.

Sustainability behaviours

In the 2022 Banyule Household Survey, households were asked to rate the importance of a range of statements (mean rating out of 10 where 0 is 'Very unimportant' and 10 is 'Very important'). Climate change, carbon emissions, and environmental sustainability received a mean importance rating of 8.15, indicating that it is widely accepted across the community that this topic is one that should be addressed.

Of the sustainability behaviours covered in the 2022 Household Survey, backyard composting was the most common currently being undertaken, and almost one in five households said they had installed solar and/or smart home devices. Battery for solar is of particular interest to many households, and could offer a range of benefits both in the reduction of emissions, opportunity to use heating and cooling without excessive additional cost to the householder, and also increasing resilience by maintaining access to electricity during mains power outages due to extreme weather events.



Case study – Cool refuges

Bega Valley Shire - https://begavalley.nsw.gov.au/community/cooler-places-in-a-warmer-climate

The project aims to create cool refuges in local community halls and increase the resilience of these facilities during power outages.
Communities of the Bega Valley rural villages of Bemboka, Quaama and Wyndham are identified as vulnerable to extreme heat events due to the age of residents, distance to health providers, and design of community infrastructure.
The project included installation of solar batteries with a plug-in generator option designed to allow a number of community halls to be completely separated from the grid if needed, so they could continue to provide cool spaces for residents during heatwaves.

More case studies can be found here: https://lgnsw.org.au/Public/Public/Policy/IRCC-2/IRCC_grants.aspx?New_ContentCollectionOrganizerCommon=3

1.2 Reduce injury in the community

Victorian public health and wellbeing plan 2019–2023

Injury is a leading cause of morbidity and permanent disability in Australia and is the principal cause of death in people under 45 years of age (Australian Institute of Health and Welfare 2018d). Injuries cause a range of physical and psychological impacts that seriously affect the quality of life of injured people and their families. Injury is a complex public health issue that covers an extremely broad range of causes including transport, falls, drowning, suicide, assault, poisoning, burns/scalds, sporting injuries and workplace injuries.

Aim to achieve:

- Decrease injury across the population, with an emphasis on priority populations: children 0–14 years, young adults 15–24 years, older adults 65+, Aboriginal Victorians and rural populations.

Local government's role in reducing injury revolves around providing safe infrastructure (footpaths, roadways etc.) and public spaces.

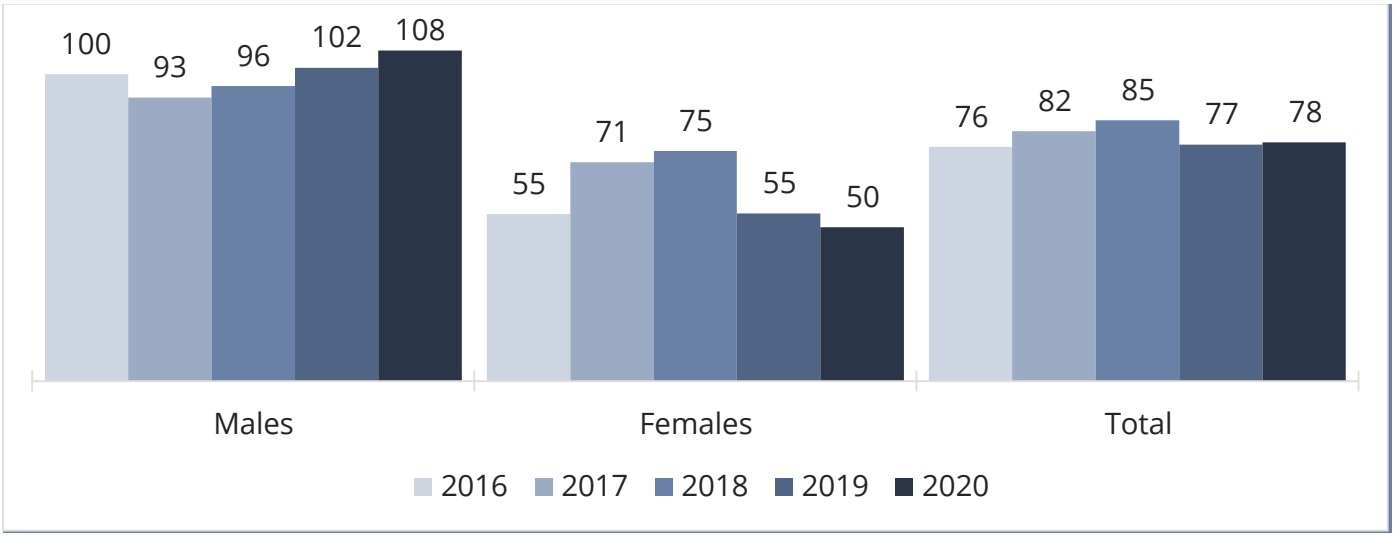
TABLE 6 REDUCING INJURY IN THE COMMUNITY DATA SOURCES

Source	Question	Update	Notes
AIHW	Premature deaths	Unknown	https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books
Council	Proportion of households within 100m of a footpath and km of footpaths	On request (GIS)	As at 2023
Census	How did the person get to work on Tuesday 10 August 2021?	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	Has the person made changes to their local living due to COVID-19? What are all the leisure, arts, and cultural activities in which the person usually participates?	Annual	Person level data, n=1,859 in 2022.
Household survey	Can you please list what you consider to be the top three issues for Council to address at the moment?	Annual	Household level data, n=758.
https://vicinjuryatlas.org.au/	Falls-related hospital admission data are extracted from the Victorian Admitted Episodes Dataset (VAED)	Annual	Supplied to VISU by the Victorian Agency for Health Information (VAHI) at the Victorian Department of Health (DH).
VicRoads	Road accidents	Unknown	Out of date data – requested more recent data from crashstats_support@roads.vic.gov.au

1.2.1 Injuries

In 2020, 78 out of every 100,000 Banyule residents under the age of 75 died of potentially avoidable causes.

FIGURE 16 AGE STANDARDISED RATE PER 100,000 POPULATION OF POTENTIALLY AVOIDABLE DEATHS IN BANYULE, BY GENDER OVER TIME



The main causes of avoidable deaths are coronary heart disease, diabetes and suicide / self-inflicted injuries. In order to address this increasing rate of potentially avoidable death amongst males there is a need for improvements in healthy eating and exercise, and mental health support.

The rate of falls in Banyule is higher than the state average and most of the comparison LGAs, with the exception of Manningham.

FIGURE 17 RATE PER 100,000 POPULATION OF FALLS OVER TIME, COMPARED TO OTHER REGIONS

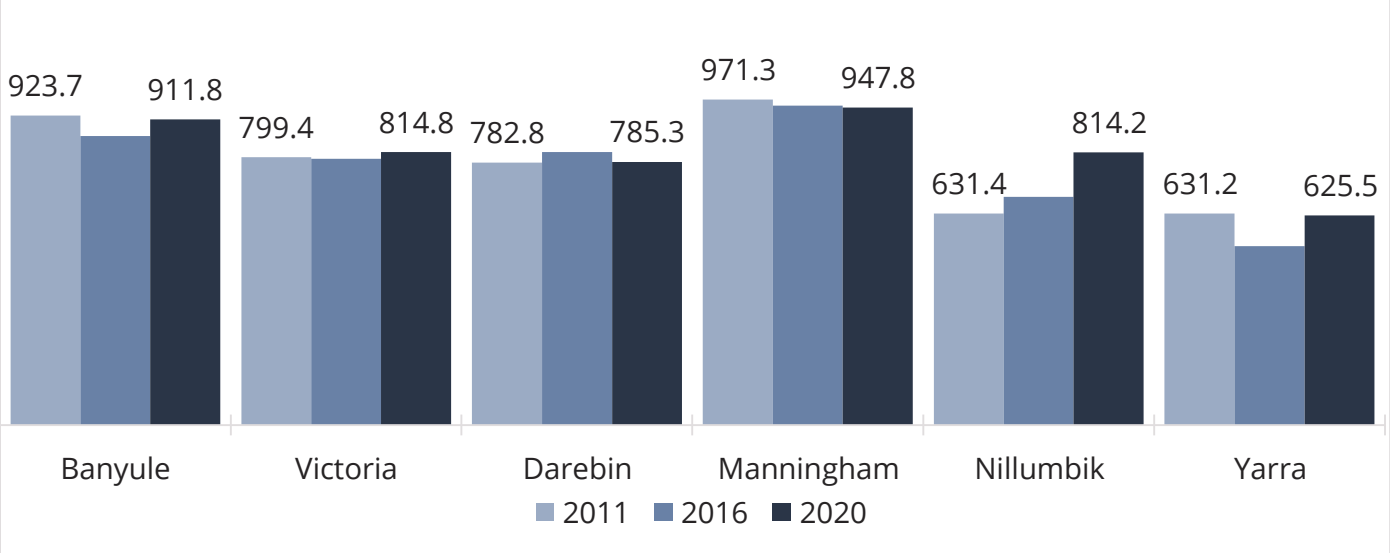


TABLE 7 RATE PER 100,000 POPULATION OF FALLS IN 2020 BY AGE

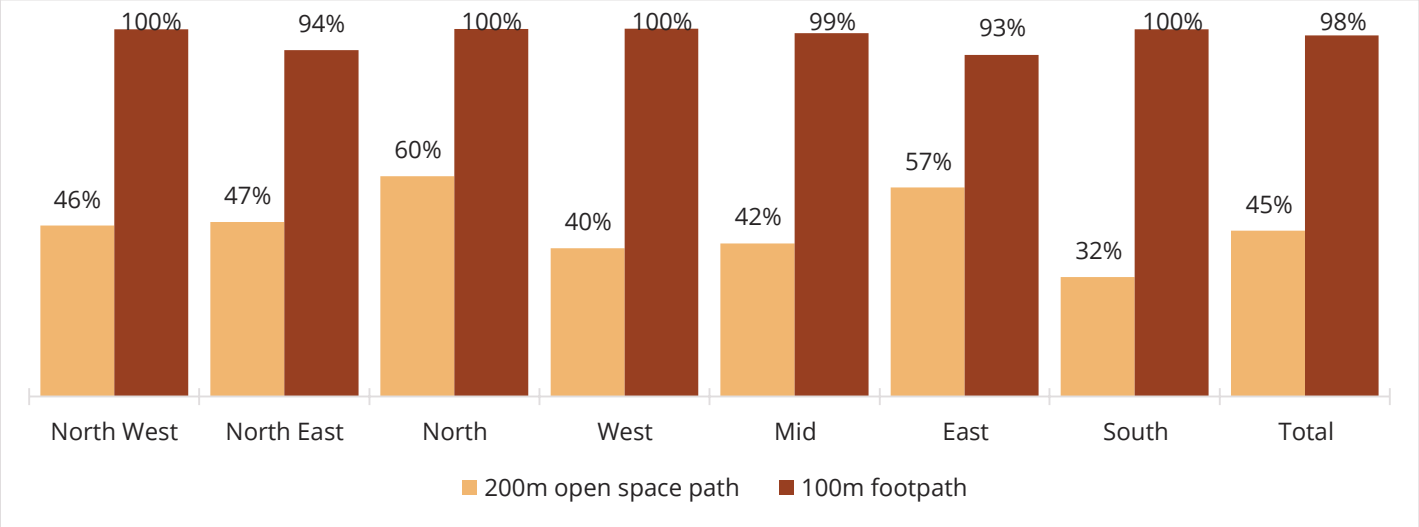
Age	Banyule rate per 100,000 population	Victoria rate per 100,000 population
0-9	517.5	564.1
10-19	278.3	269.6
20-29	184.8	199.7
30-39	171.1	237.5
40-49	312.7	336
50-59	720.6	552.9
60-69	1,058.1	982.3
70-79	2,252.2	2,097.9
80+	7,054.8	7,155.6

1.2.2 Walkability

Walking for 30 minutes every day can increase cardiovascular fitness, strengthen bones, reduce excess body fat, and boost muscle power and endurance[8].

Council has a Banyule Integrated Transport Plan and Banyule Walking Strategy to guide uptake of walking amongst the community.

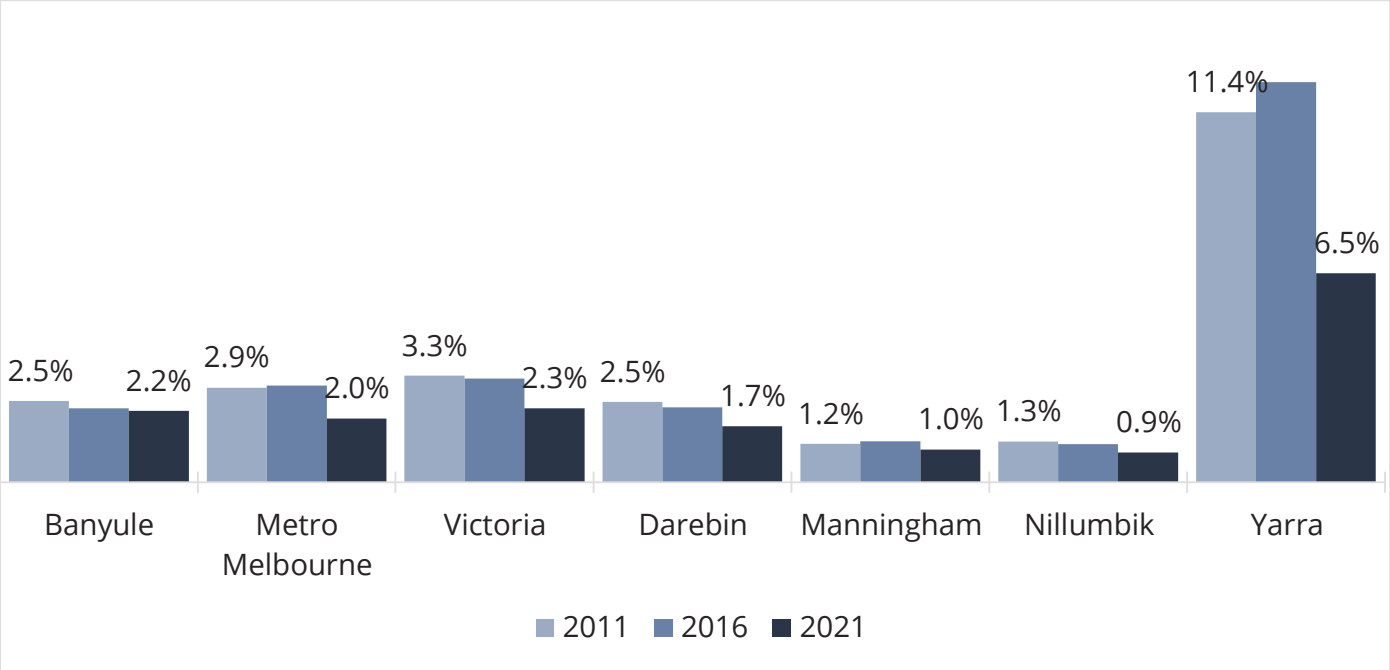
FIGURE 18 PROPORTION OF HOUSEHOLDS WITHIN IDEAL PROXIMITY TO FOOTPATHS BY PRECINCT



Walking to work, whilst decreasing slightly over time, hasn't fallen as much in Banyule as experienced across the metropolitan area and some neighbouring LGAs.

[8] https://www.betterhealth.vic.gov.au/health/healthyliving/walking-for-good-health Walking for good health, 2023, Better Health Channel, Victorian State Government, Department of Health

FIGURE 19 PROPORTION OF EMPLOYED ADULTS WHO WALKED (ONLY) TO WORK COMPARED TO OTHER REGIONS, OVER TIME



Incidence of walking is slightly higher in Mid (3.3%) and East (3.5%) precincts, and lower in the North East (1%) and North West (1.1%) precincts. Walking to work is more common amongst those aged 18-24 (4.5%) and females (2.5%, compared to 2% males).

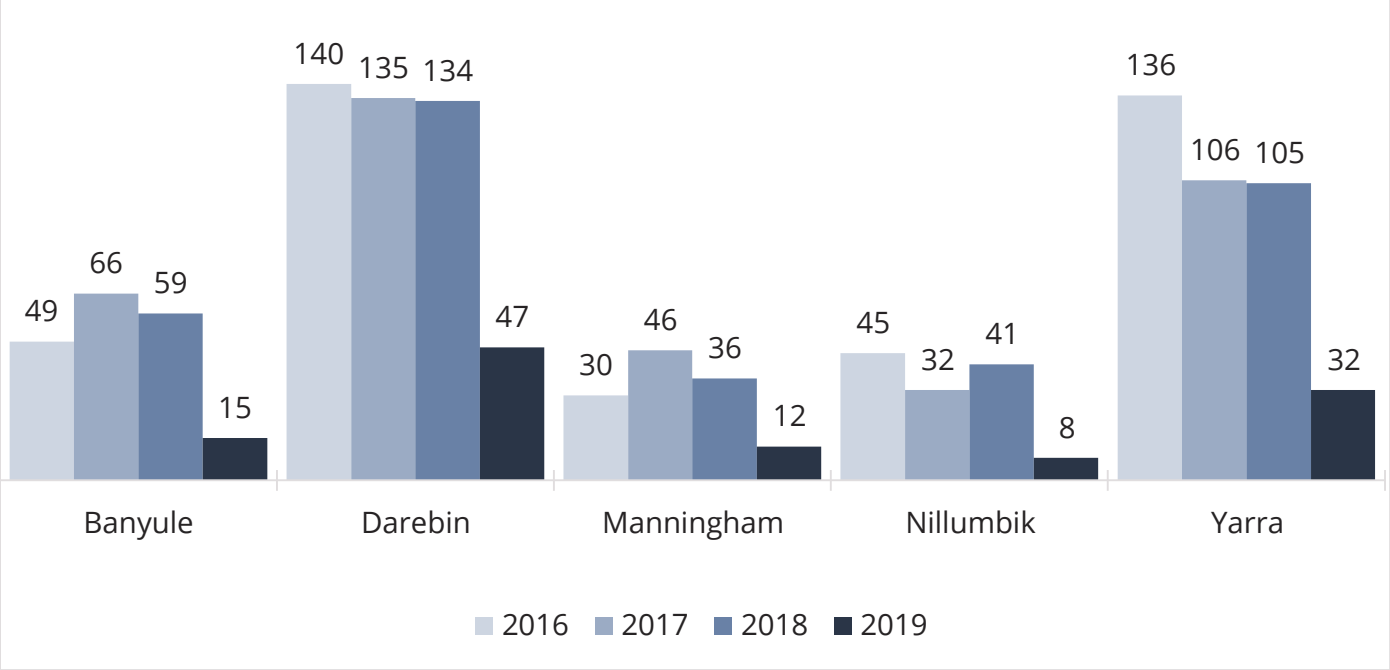
The 2022 Banyule Household Survey showed that COVID-19 resulted in more use of walking tracks (26%), particularly amongst those in the South (32%) precinct (compared to 20% in North West), despite South precinct having less access to open space paths. Indeed, 58% said that the walk in streets or parks for leisure, up from 53% in 2017. In 2022 the incidence of walking for leisure was particularly high amongst women (61%, compared to 55% men), and 69% 50-69 year olds (compared to 35% 18-24 year olds and 31% 85+ year olds).

When asked what they consider to be the top three issues for Council to address at the moment, 8% of households in the 2022 Banyule Household Survey said footpath maintenance and repairs.

1.2.3 Road accidents

When focusing on road crashes on local roads (as local roads are under Council control), Banyule has fewer crashes than Darebin and Yarra. All LGAs record fewer crashes in 2019 due to the data being incomplete (only covers up to 24 July in that year). As such, there is no notable trend over time.

FIGURE 20 NUMBER OF ROAD CRASHES ON LOCAL ROADS OVER TIME, COMPARED TO OTHER REGIONS



In Banyule, across these 4 years (total 189 local road crashes, involving 397 people), crashes on local roads were characterised as follows:

- 11 (6%) in 30 or 40km/h speed zones
- 128 (68%) in 50 km/h speed zones
- 39 (21%) in 60+ km/h speed zones
- 28 (15%) involving pedestrians
- 18 children (under 18) (5% of effected persons) experiencing an injury
- 46 x 18-29 year olds (12% of effected persons) experiencing an injury
- 121 x 30-59 year olds (30% of effected persons) experiencing an injury
- 23 x 60+ year olds (6% of effected persons) experiencing an injury

This data suggests that safer bike routes are needed.

Case study – Home Safety Checklist

NSW Government – Active and Healthy
https://www.activeandhealthy.nsw.gov.au/preventing-falls/home-safety-checklist/
The Home safety checklist helps people check their home to reduce infrastructure characteristics that might lead to an increased risk of falls. The checklist is divided up according to spaces within the house (entranceway, stairs, kitchen, lunge, bedroom etc.) and refers to features such as light switches, lighting, handrails, and floor surfaces.

1.3 Preventing all forms of violence

Victorian public health and wellbeing plan 2019–2023

Family violence has a profound impact on health and wellbeing – with far-reaching impacts including deteriorated physical and mental health, loss of housing, loss or limited access to employment, precarious financial security, isolation and alienation of extended family/social support and, in extreme cases, death. One in three women over the age of 15 has experienced physical violence, one in four has experienced physical or sexual violence by a current or former partner and one in five has experienced sexual violence (Office of Prevention and Women's Equality 2017). Some groups of women are disproportionately affected, including those with a disability and Aboriginal women. At its core, family violence and violence against women is rooted in the inequality between women and men. When family violence occurs in the home, children are often present. Exposure to family violence can have profound long- term effects on a child's development, mental health, behaviour and learning (Office of Prevention and Women's Equality 2017).

Street and community violence primarily affects men. Tolerance of violence between men is conveyed through social attitudes held by some men and women, and through popular media and film.

Aim to achieve:

- Women, men, girls and boys are treated equally with respect and dignity.
- All parts of the community are engaged in practical and creative ways to learn about respectful, safe and equitable relationships.
- Women and children are resourced, supported and empowered to make decisions regarding their safety and wellbeing.
- All Victorians feel safe and empowered to take a stand against family violence.

It is Council's role to ensure gender equality in the workplace, provide links to resources for the community, and encourage respectful relationships amongst community members.

At present there are clear gaps in data for the region regarding elder abuse and racial violence.

TABLE 8 PREVENTING ALL FORMS OF VIOLENCE DATA SOURCES

Source	Question	Update	Notes
Crimestats	Family violence portal	Annual	
VPHS	Do you feel safe walking alone down your street at night? (not asked in 2020) Do you think multiculturalism makes life in your area better?	2024	Small sample (n=400) means large error margins. Cannot compare figures directly to other LGAs, but can see if the trends are similar.
Crimestats	Crime data tables	Annual	Care should be taken when viewing changes in crime statistics over time as they can be influenced by police programs (e.g. if they are targeting a specific crime, the rates will increase).

Household survey	On a scale of 0 (strongly disagree) to 10 (strongly agree), please rate your households' agreement with the following statements?	Annual	Household level data, n=758. Q60 on a very intensive survey, so may be influenced by order fatigue.
VPHWOF Dashboard	Hospitalisation rate per 100,000 population due to assault. Victorian Admitted Episodes Dataset, DHHS	2023	Victorian public health and wellbeing outcomes dashboard. Excludes same-day admissions.
Census	In the last week did the person spend time doing unpaid domestic work for their household? Income by gender, age and labour force status	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	In the last 12 months, has the person experienced any discrimination, abuse, or social exclusion due to the following?	Annual	Person level data, n=1,859 in 2022. Includes multiple responses.

1.3.1 Family violence

Women experiencing domestic and family violence are more likely to experience depression, panic attacks, phobias, anxiety and sleeping disorders. They have higher stress levels and are at greater risk of suicide attempts[9].

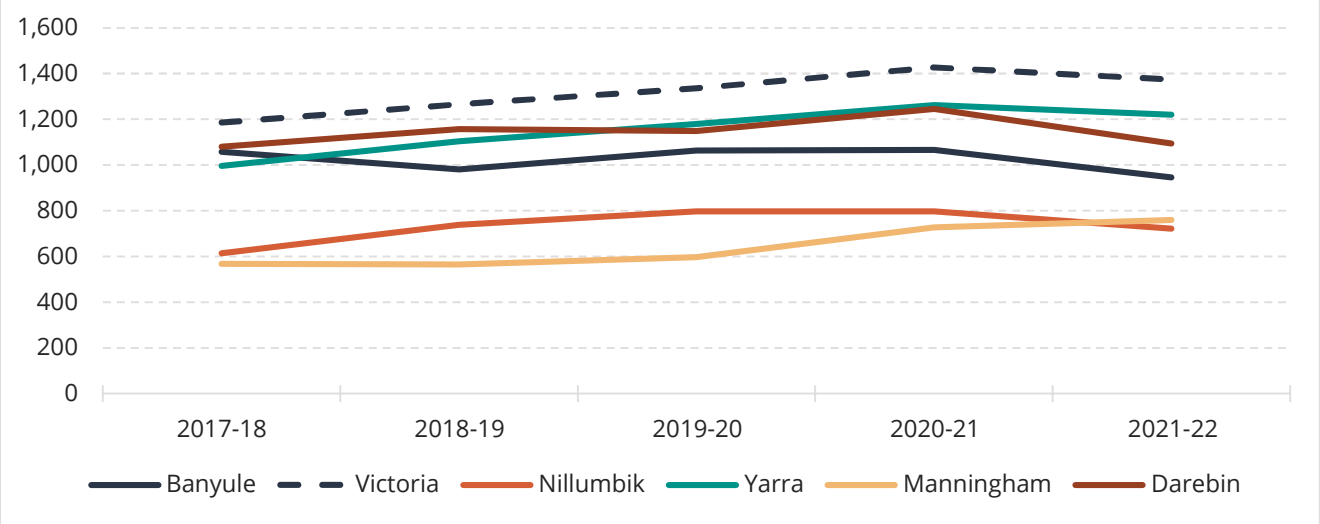
National research conducted on the topic (Private Lives 3, 2020) shows that intimate partner violence is especially high amongst LGBTIQA+ people, with 42% reporting ever having been in a relationship where they felt they were abused in some way by their partner.

Climate change can also have an impact on the rates of family violence, with rates rising during extreme weather events. Extreme weather events can also limit access to help and support services.

In Banyule, the rate of family violence incidents was increasing from 2018 to 2021, however it has declined in 2021-22, a trend that has been experienced across all of the comparison regions except Manningham.

[9] https://www.communityservices.act.gov.au/domestic-and-family-violence-support/what-is-act-government-doing/dfv-risk-assessment/fact-sheets/impacts-of-domestic-and-family-violence-on-women Fact sheet 3: Impacts of domestic and family violence on women, 2022, ACT Government, Community Services https://www.health.vic.gov.au/sites/default/files/2022-02/tackling-climate-change-and-its-impacts-on-health-through-MPHWP-guidance-for-local-government.pdf Tacking climate change and its impact on health through MHWP guidance for local government, 2021, VicHealth, Victorian Government

FIGURE 21 RATE OF FAMILY VIOLENCE INCIDENTS PER 100,000 POPULATION OVER TIME

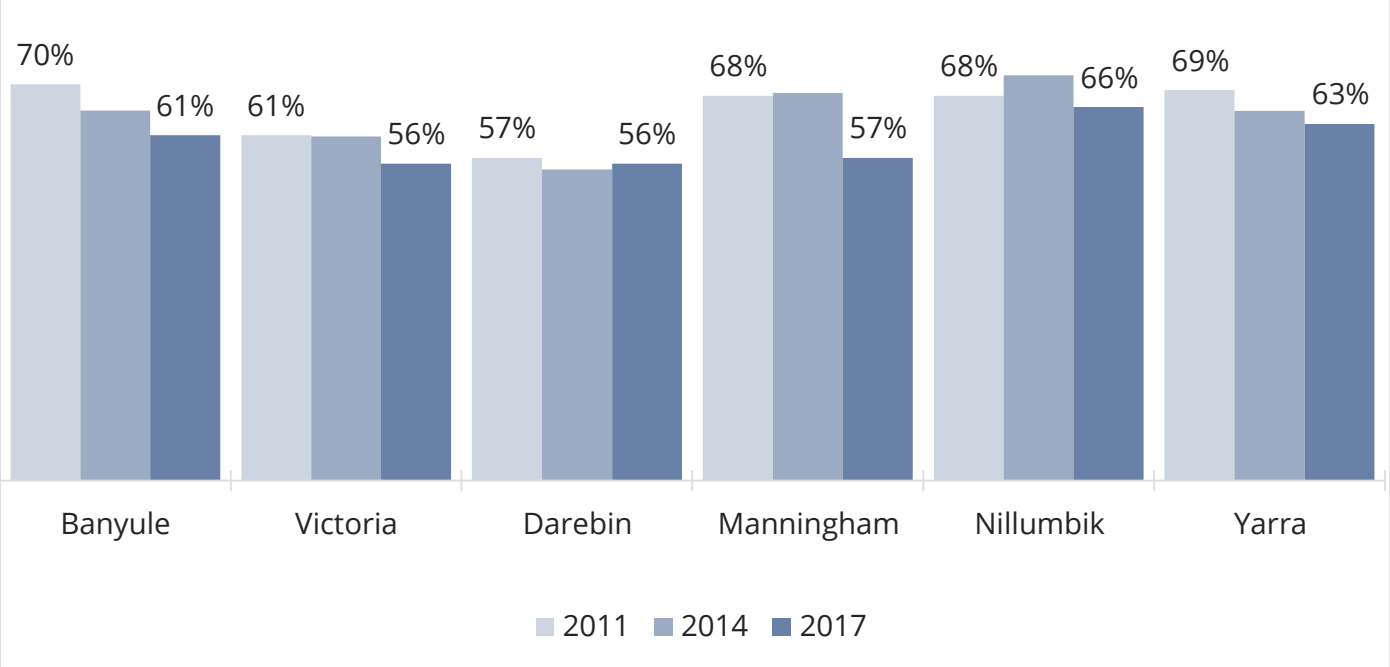


1.3.2 Community safety

Feeling safe in the neighbourhood is linked to lower rates of mental illness, greater social interaction, and neighbourhood trust[10]. Banyule Council has a Safer Banyule Plan and Neighbourhood Safer Places Plan to guide improvements in community safety.

From 2011 to 2017 the incidence of people feeling safe walking alone down their street at night was decreasing.

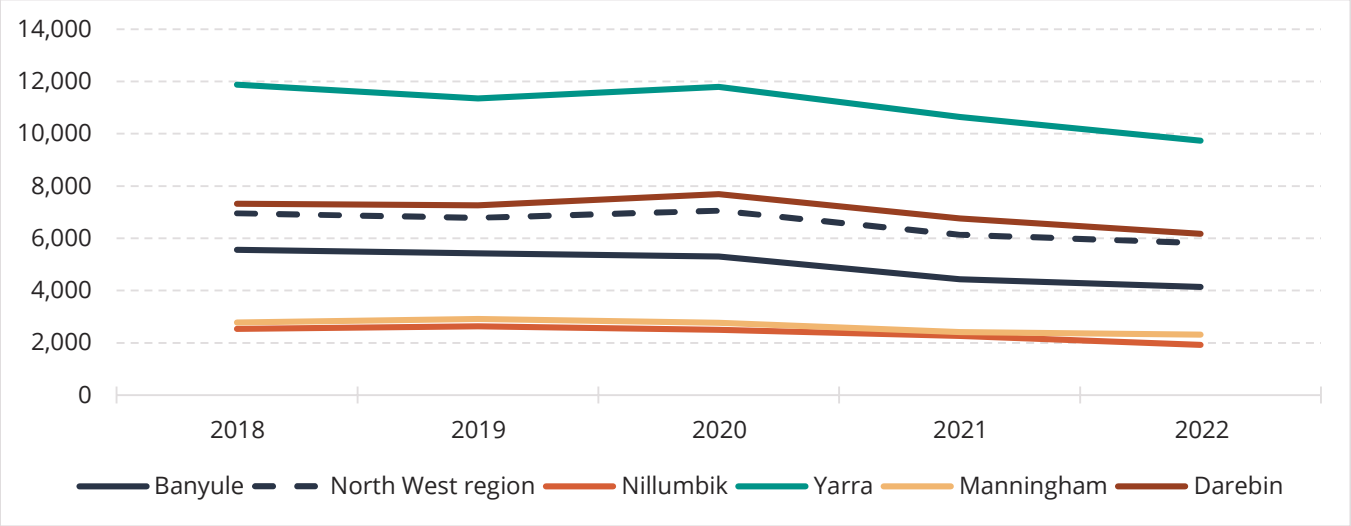
FIGURE 22 INSTANCE OF DEFINITELY FEELING SAFE WALKING ALONE DOWN THEIR STREET AT NIGHT COMPARED TO OTHER REGIONS, OVER TIME



[10] https://www.headtohealth.gov.au/meaningful-life/feeling-safe-stable-and-secure/neighbourhood Neighbourhood, 2019, Head to Health

In Banyule the rate of criminal incidents has been decreasing over time, in line with regional trends.

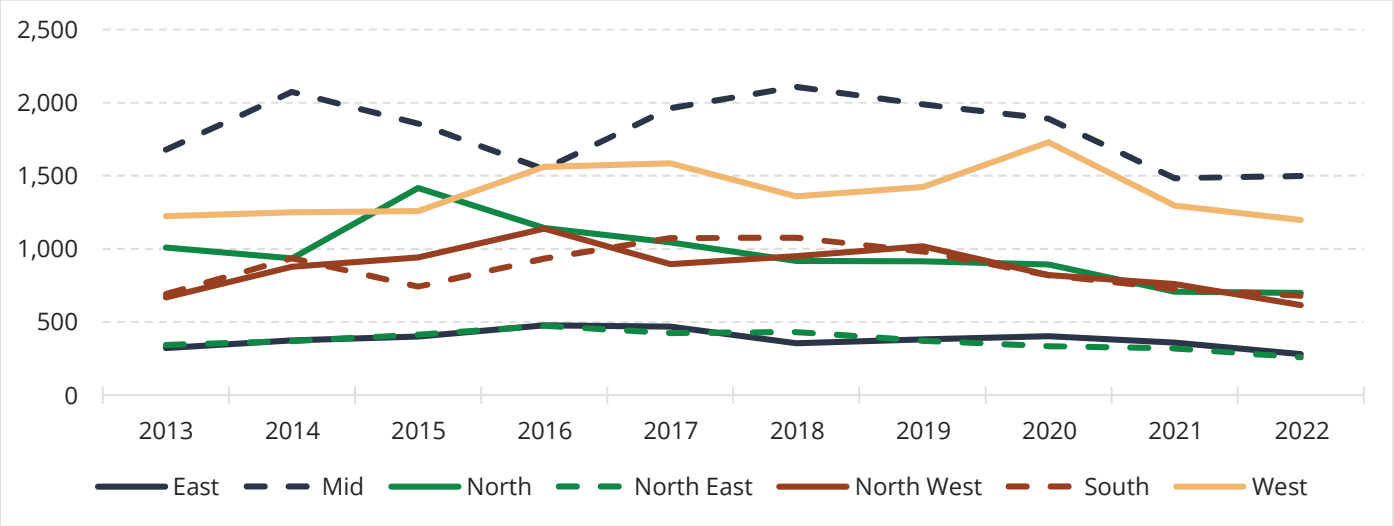
FIGURE 23 RATE OF CRIMINAL INCIDENTS PER 100,000 POPULATION OVER TIME



When comparing Banyule's rate of criminal offences per 100,000 population across the different offence categories from 2013 to 2021, the following notable trends are evident:

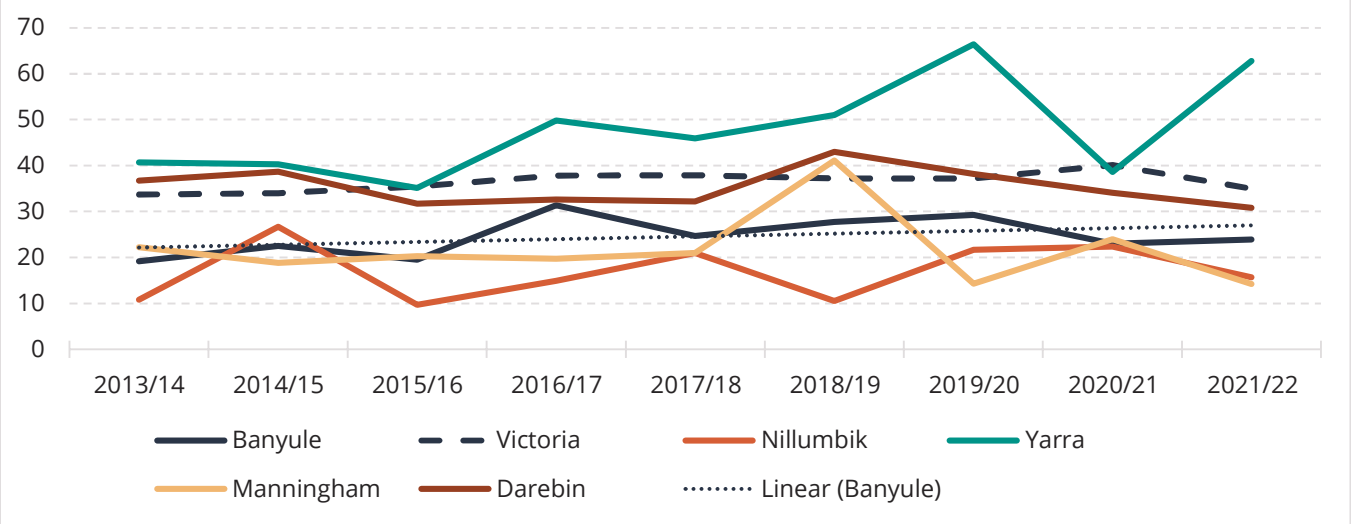
- Dangerous driving increased from 0.8 per 100,000 population in 2013 to 6.3 in 2021;
- Breach of intervention order increased from 12.9 per 100,000 population in 2013 to 62.5 in 2021;
- Possession of drug manufacturing equipment increased from 1.6 per 100,000 population in 2013 to 7.1 in 2021. However, there has been a notable decrease in the rate of criminal incidents classified as drug use, from 9.7 per 100,000 population in 2013 to 1.6 in 2021;
- Drunk and disorderly decreased from 56.3 per 100,000 population in 2013 to 11.9 in 2021; and
- Residential non-aggravated burglary decreased from 530.1 per 100,000 population in 2013 to 229.6 in 2021.

FIGURE 24 NUMBER OF CRIMINAL INCIDENTS REPORTED BY PRECINCT OVER TIME



Residential settings are the most common for criminal incidents, increasing from 42% of incidents being in a residential setting in 2013, to 46% in 2022. Just over a third are in community settings (38% in 2022, 37% in 2013), mostly on streets and footpaths (15%), and police stations (11%). Just over one in ten incidents are in retail settings (12% in 2022, down from 16% in 2013).

FIGURE 25 HOSPITALISATION RATE PER 100,000 POPULATION DUE TO ASSAULT, OVER TIME

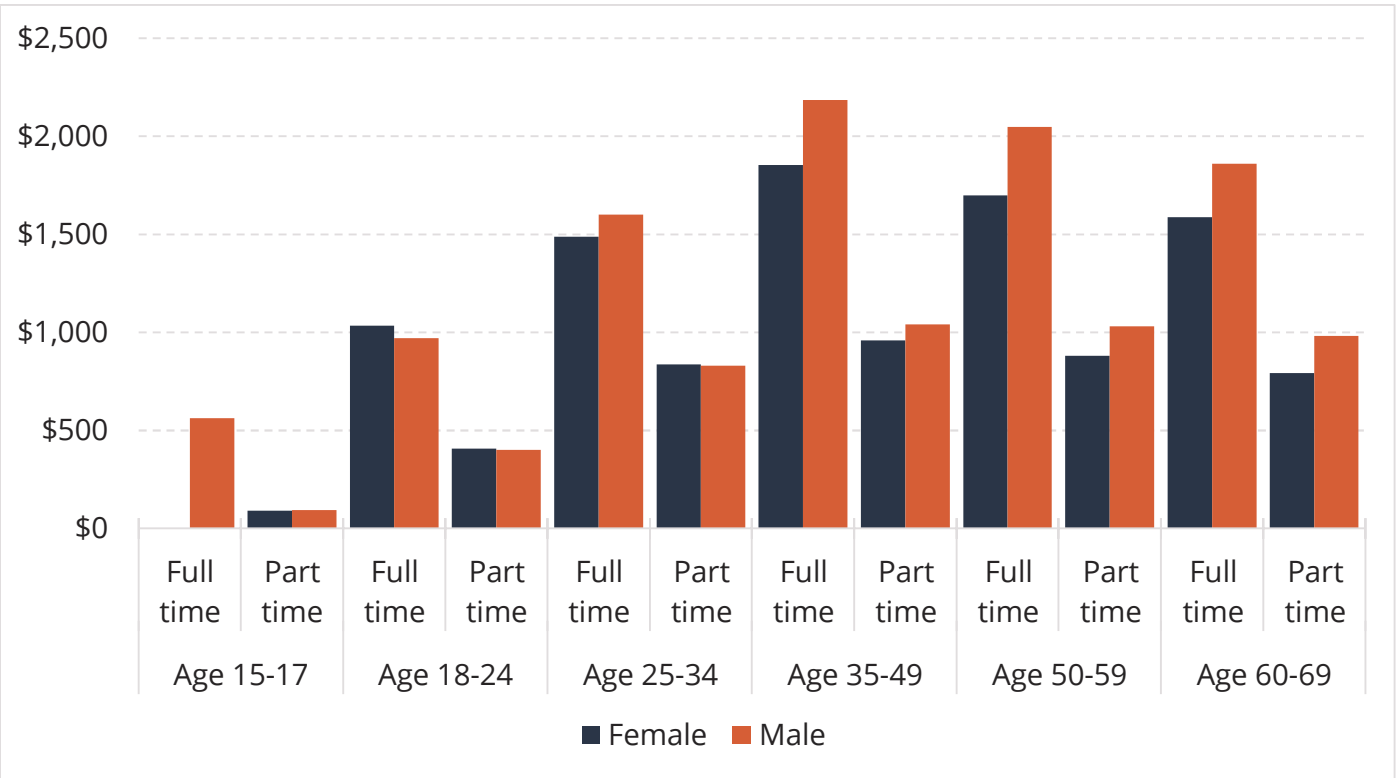


1.3.3 Gender equity

Gender inequality can lead to more mental health problems, financial difficulties, physical safety, and risky behaviours[11].

Key aspects of gender inequality include income and home duties. Differences in income can stem from employment type (part time versus full time) and the industry people work in.

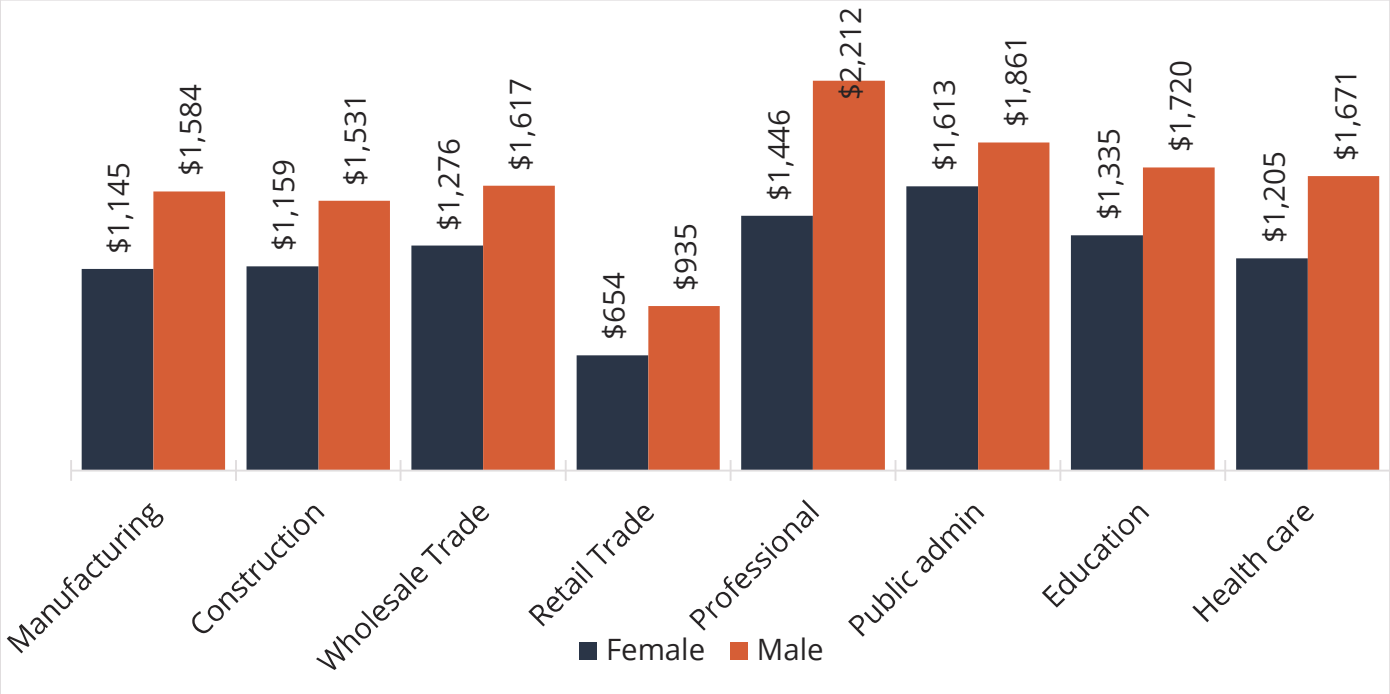
FIGURE 26 MEDIAN INCOME OF BANYULE RESIDENT WORKERS BY AGE, GENDER AND EMPLOYMENT TYPE, 2021



[11] https://www.vic.gov.au/gender-equality-health-and-wellbeing Gender equality in health and wellbeing, Victorian Government, 2021

When breaking out median income by gender across the top industries, male median incomes are always higher, even in female dominated industries.

FIGURE 27 MEDIAN INCOME OF BANYULE RESIDENT WORKERS BY GENDER AND INDUSTRY



When breaking out median income by gender across the top occupations, male median incomes are always higher.

FIGURE 28 MEDIAN INCOME OF BANYULE RESIDENT WORKERS BY GENDER AND OCCUPATION

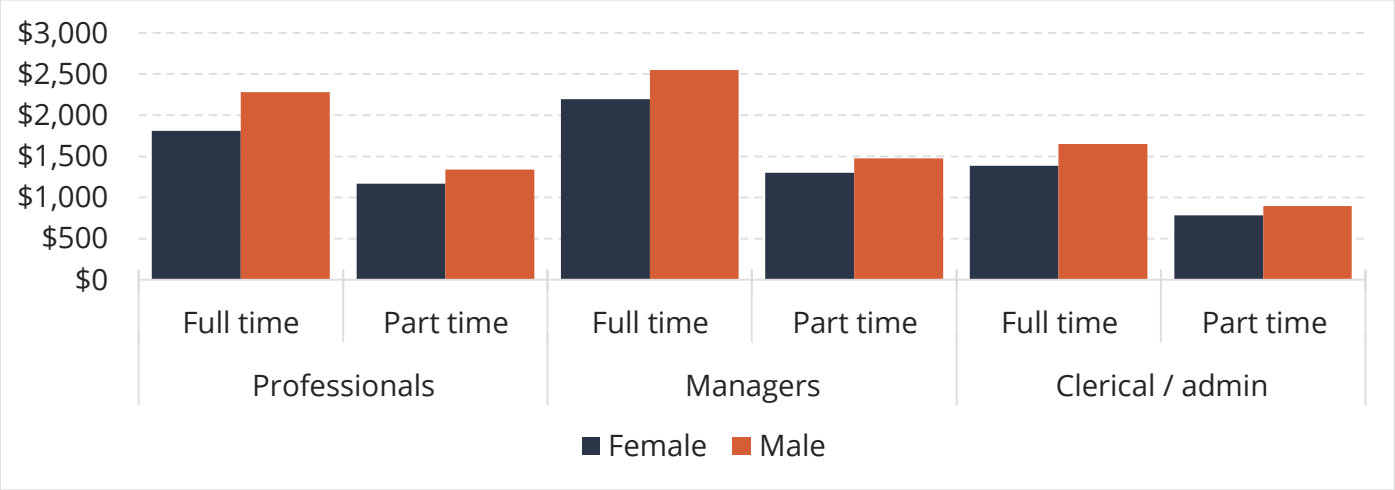
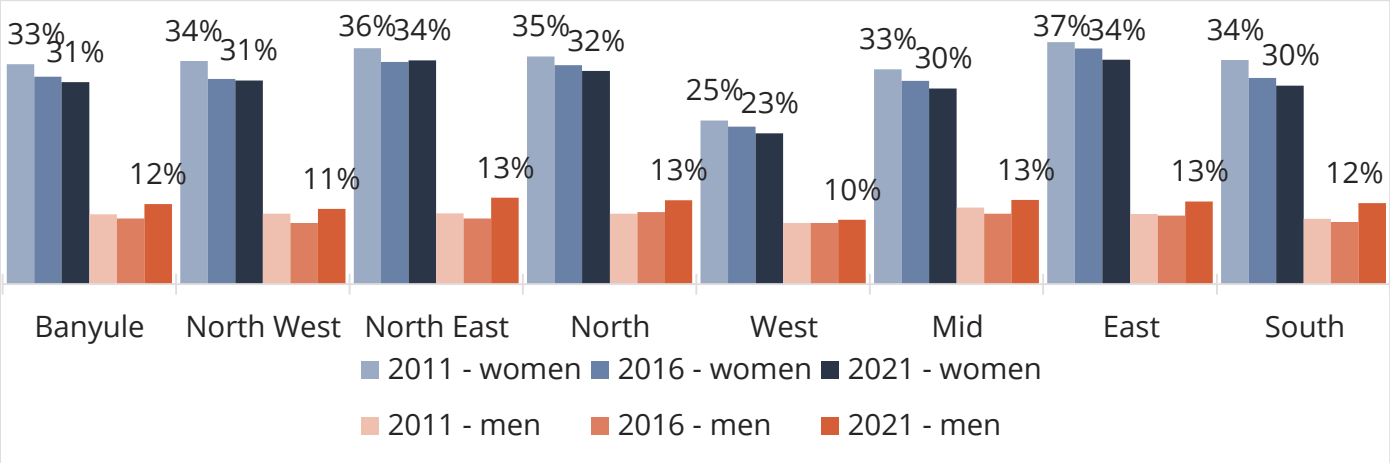


FIGURE 29 INSTANCE OF DOING 15 HOURS OR MORE OF UNPAID DOMESTIC WORK A WEEK BY PRECINCT AND GENDER, OVER TIME



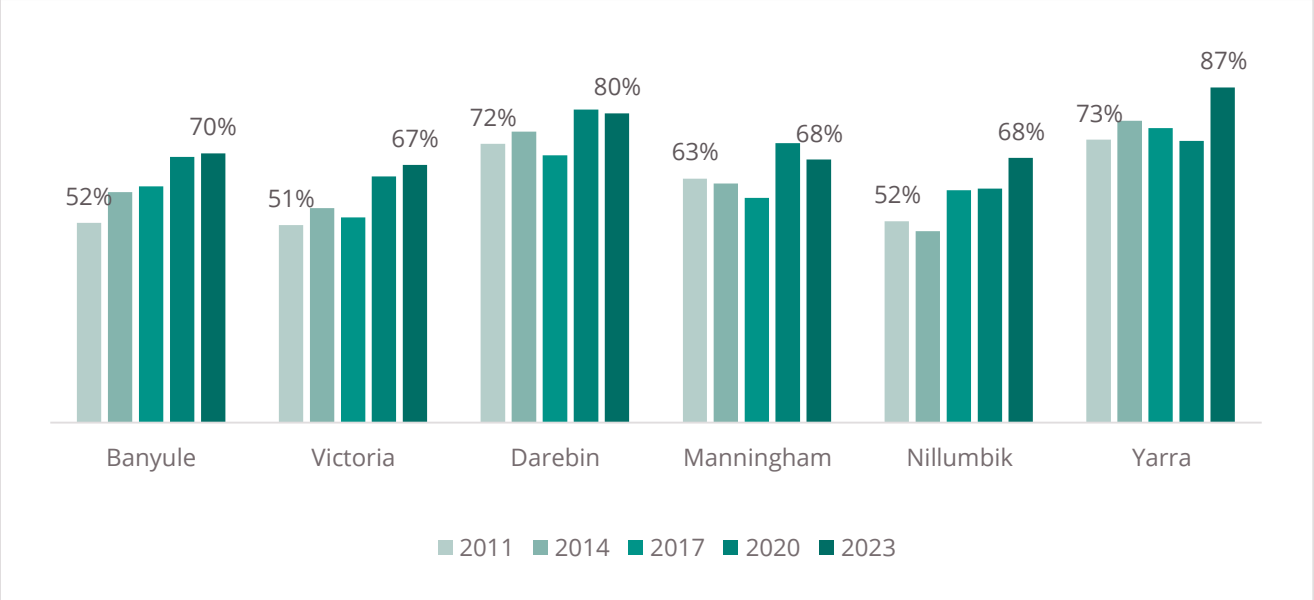
Council has a role to ensure gender equity amongst their workforce, but also to try and encourage gender equity across the community, both businesses and residents. Banyule Council has a Workplace Gender Equality Action Plan and is required to undertake gender impact assessments on all projects.

1.3.4 Discrimination

One of the areas of risk of violence in the community relates to lack of respect for diversity.

Encouragingly, there has been a steady increase over time in recognition of the value of multiculturalism. This increase has been steadier and more pronounced for Banyule when compared neighbouring LGAs.

FIGURE 30 PROPORTION OF ADULTS WHO INDICATED THAT MULTICULTURALISM DEFINITELY MAKES LIFE IN THEIR AREA BETTER (SOURCE: VPHS)



In the 2022 Banyule Household Survey, 11% of those who speak a language other than English reported experiencing some form of discrimination (compared to 8% of English only speakers) with the most common type of discrimination being due to ethnicity (8%).

In the 2022 Banyule Household Survey, 25% of those who identified as LGBTIQA+ (n=48) reported experiencing some form of discrimination (compared to 8% of non-LGBTIQA+) with the most common type of discrimination being due sexuality (17%), gender (10%), age (6%), and/or physical attributes (5%).

Sections 2.4 and 2.5 of this report provides further information about Banyule's multicultural ad LGBTIQA+ community (age, languages, location etc.)

Case study – Prevention of violence against women in emergencies

https://www.mrsc.vic.gov.au/Live-Work/Healthy-Living/Violence-Against-Women Macedon Ranges Council has developed action plans to aim to prevent violence before it occurs, considering community members effected by extreme weather events, as well as volunteers and emergency response staff. Actions include raising awareness of the risks.

Case study – Together We Can

https://www.mrsc.vic.gov.au/Live-Work/Healthy-Living/Violence-Against-Women
This was a collective impact initiative run by Cardinia Shire Council, partnering with local police and support groups.
Activities included summits, promotion on waste transfer trucks, respectful relationships training and extensive community and staff research to understand gender inequality and perceptions of family violence.
For more case studies see here: https://www.vic.gov.au/gender-equality-case-studies

1.4 Increasing healthy eating

Victorian public health and wellbeing plan 2019–2023

Our diet and food environment has changed markedly over the past 30 years or more, with many Victorians not consuming enough of the foods and drinks required to keep us healthy (such as vegetables, fruit and wholegrain cereals) and consuming too many discretionary foods and drinks that are high in energy, saturated fat, added sugar, salt or alcohol. This change has coincided with an increase in obesity and contributed to chronic diseases such as cardiovascular disease, type 2 diabetes, some cancers and dental caries, as well as to poor mental health.

Aim to achieve:

- Increase access to healthier food and drinks, and decrease access to discretionary foods and drinks.
- Increase capacity to breastfeed, and prepare and consume healthier foods and drinks.
- Increase capacity to not consume discretionary food and drinks.
- Increase socio-cultural norms reinforcing healthier eating, drinking and breastfeeding.
- Decrease sodium, saturated fat and added sugar, and increase fruit, vegetables, wholegrains and dairy/alternatives in processed and ready-to-eat foods.
- Increase purchase of healthier food and drinks, and decrease purchase of discretionary food and drinks.
- Decrease the quantity of discretionary food and drinks served eating out and at home.
- Decrease exposure to marketing of discretionary food and drink, and increase exposure to marketing of healthier food and drinks.

Banyule Council can impact on healthy eating through the Banyule Urban Food Strategy which aims to celebrate, create and enhance Banyule's food systems to ensure they are healthy, sustainable, equitable, inclusive and accessible.

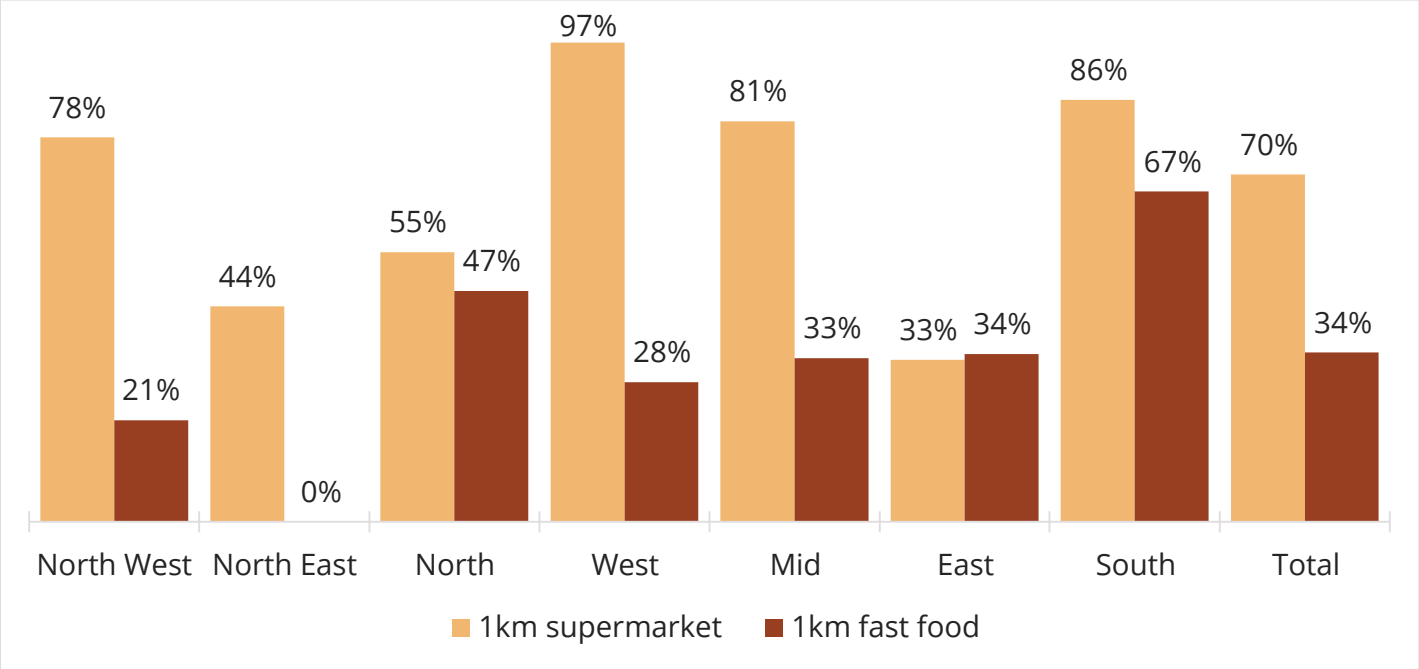
TABLE 9 INCREASING HEALTHY EATING DATA SOURCES

Source	Question	Update	Notes
Council	Proportion of households within 1km of a supermarket and 1km of fast food	On request (GIS)	As at 2023 using valuation codes: Supermarket (214.2), fast food (210.8 and 245)
VPHS	Calculated fruit and vegetable consumption based on National Health and Medical Research Council (2013) guidelines for fruit and vegetable consumption. A serve is one medium piece or two small pieces of fruit or one cup of diced pieces. A serve is half a cup of cooked vegetables or a cup of salad vegetables. Were there any times during the previous 12 months when you had run out of food and could not afford to buy more?	2024	Small sample (n=400) means large error margins. Vegetable consumption questions not asked in 2020. Cannot compare figures directly to other LGAs, but can see if the trends are similar.

	Obesity - determined by calculation of body mass index (BMI = weight (kg) / height (m2)) from self-reported height and weight.		
Household survey	Which of the following statements best describes your household's food consumption over the last 12 months?	Annual	Household level data, n=758. Q57 on a very intensive survey, so may be influenced by order fatigue.

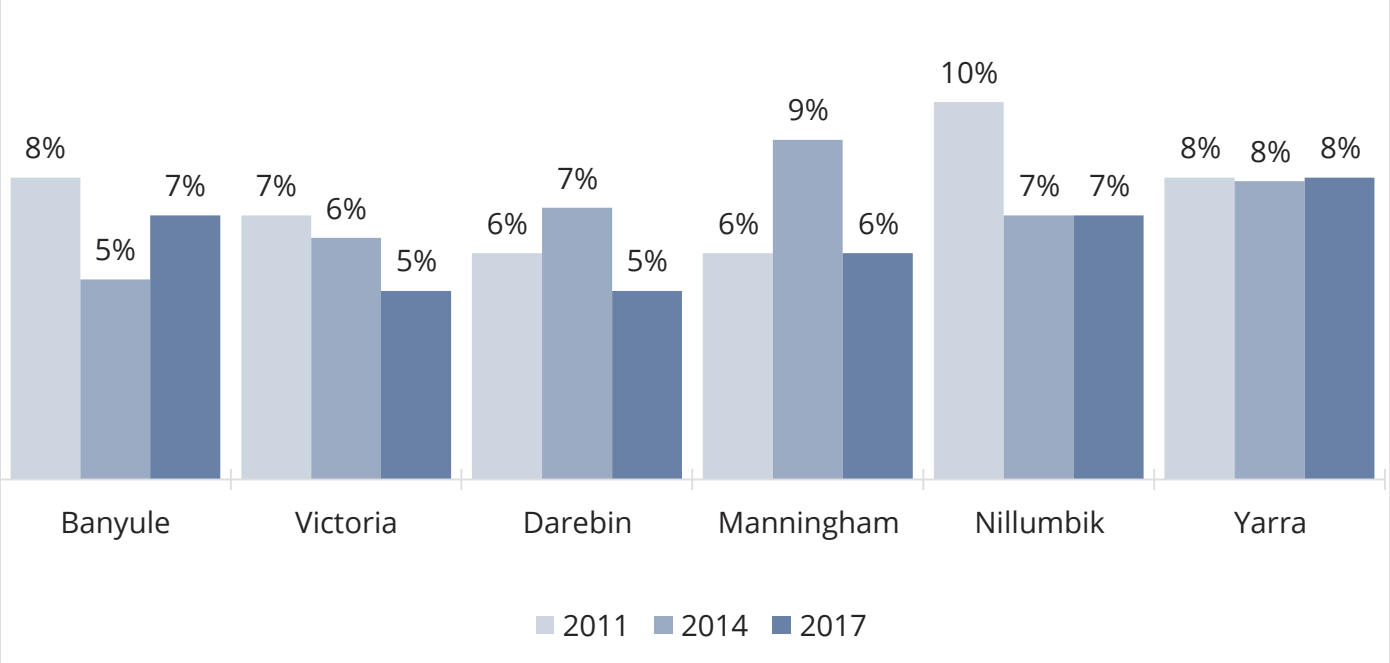
1.4.1 Proximity to food outlets

FIGURE 31 PROPORTION OF HOUSEHOLDS WITHIN DEFINED DISTANCES TO FOOD OUTLETS BY PRECINCT



1.4.2 Eating habits

FIGURE 32 INSTANCE OF EATING RECOMMENDED DAILY INTAKE OF VEGETABLES COMPARED TO OTHER REGIONS, OVER TIME



Likewise, the proportion of the population eating the recommended amount of fruit per day also remains relatively stable, at just under half of the adult population. In Banyule in 2017, males more often meet the fruit consumption guidelines (50%) than females (46%).

FIGURE 33 INSTANCE OF EATING RECOMMENDED DAILY INTAKE OF FRUIT COMPARED TO OTHER REGIONS, OVER TIME

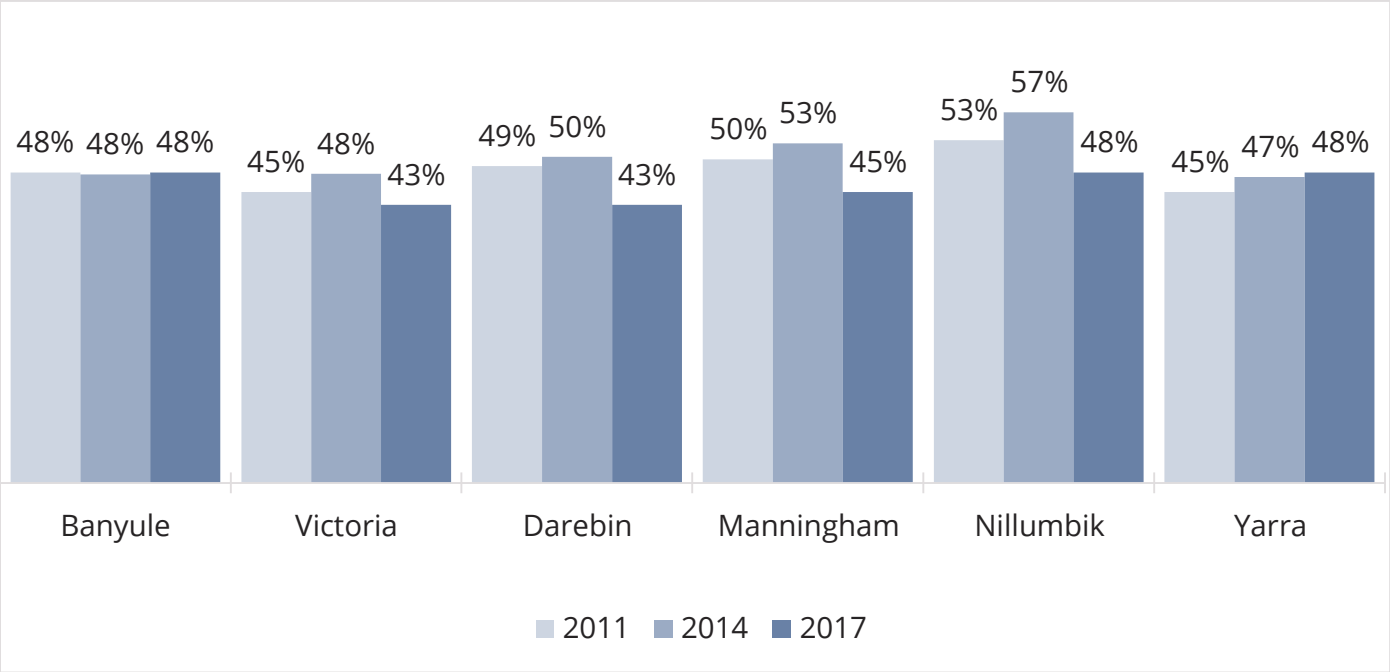
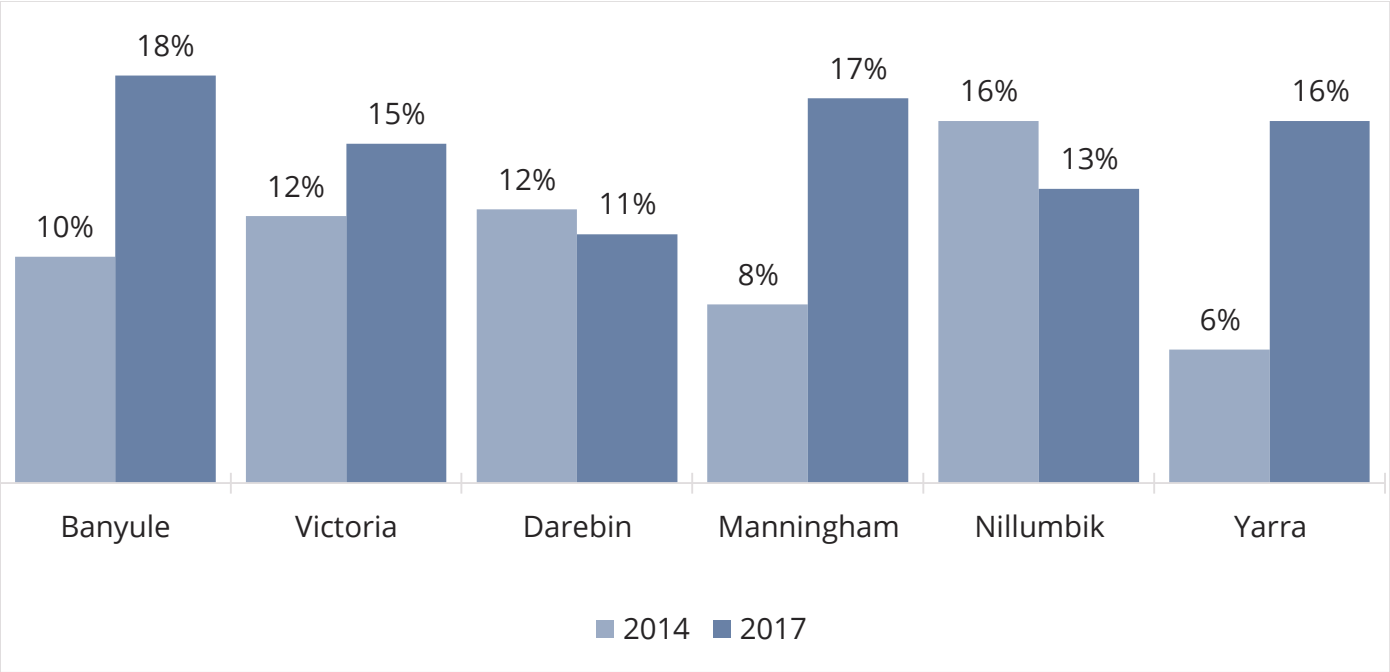
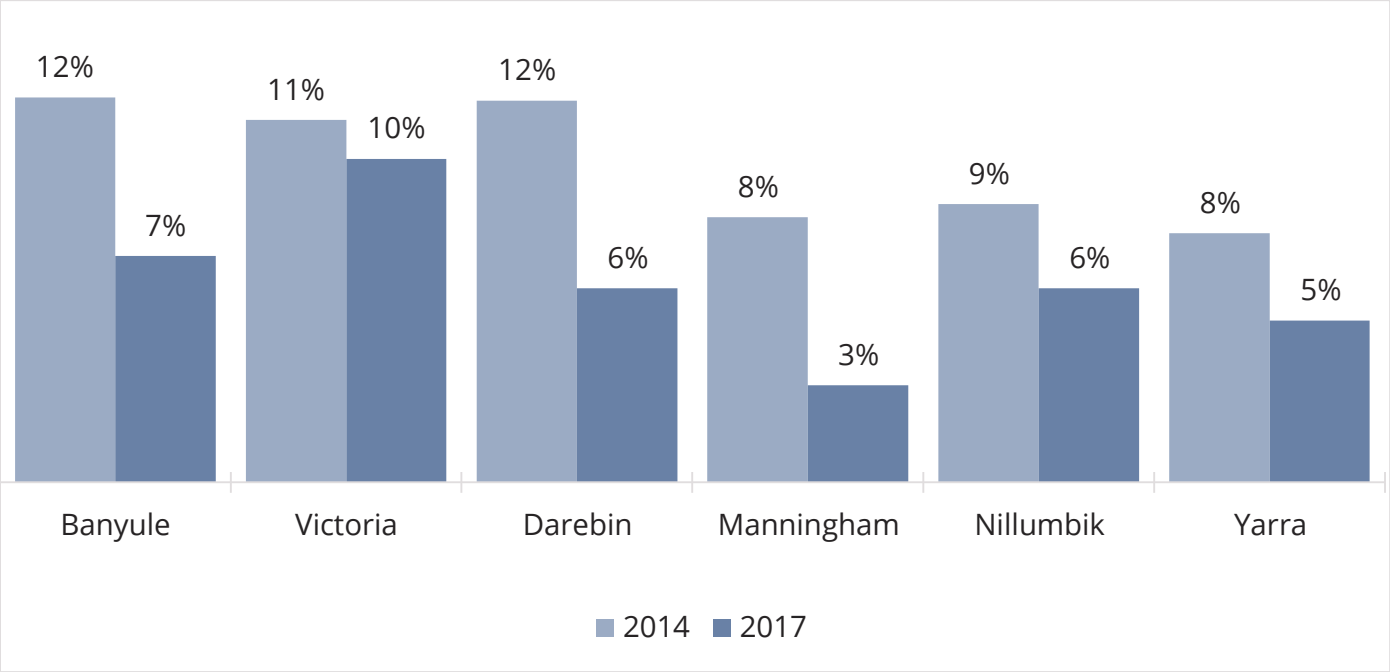


FIGURE 34 INSTANCE OF EATING TAKE-AWAY MEALS OR SNACKS MORE THAN ONCE A WEEK COMPARED TO OTHER REGIONS, OVER TIME



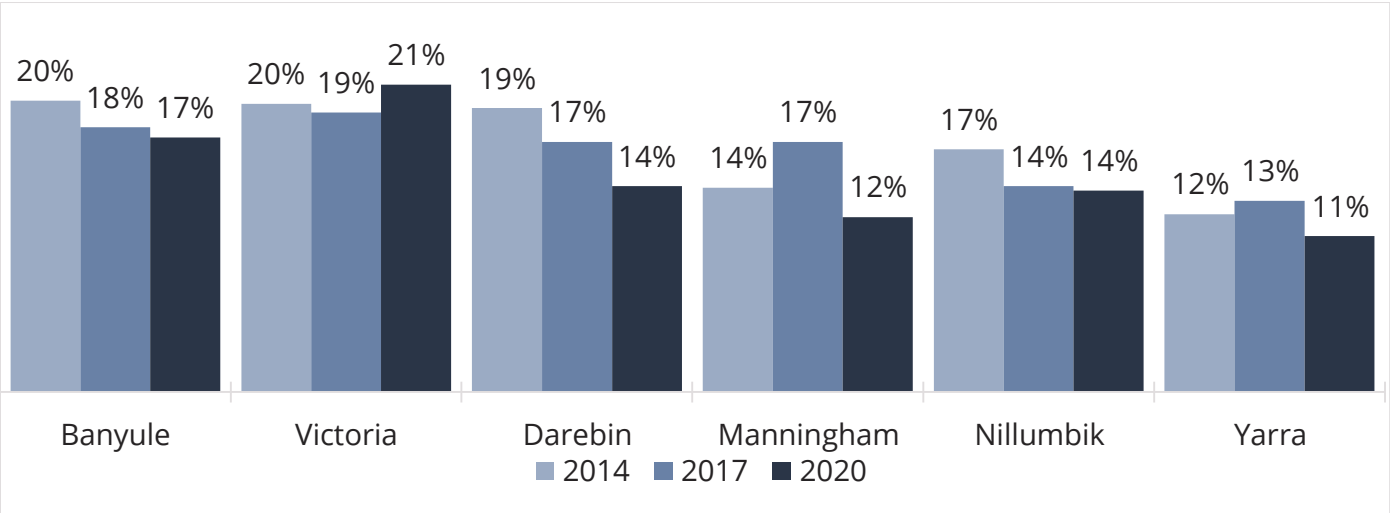
Conversely, across the same period, incidence of drinking sugar-sweetened drinks decreased across the board.

FIGURE 35 INSTANCE OF DRINKING SUGAR SWEETENED DRINKS DAILY COMPARED TO OTHER REGIONS, OVER TIME



One of the main consequences of not eating healthily is obesity. In Banyule, rates of obesity have been falling over time, despite state-wide rates remaining relatively constant.

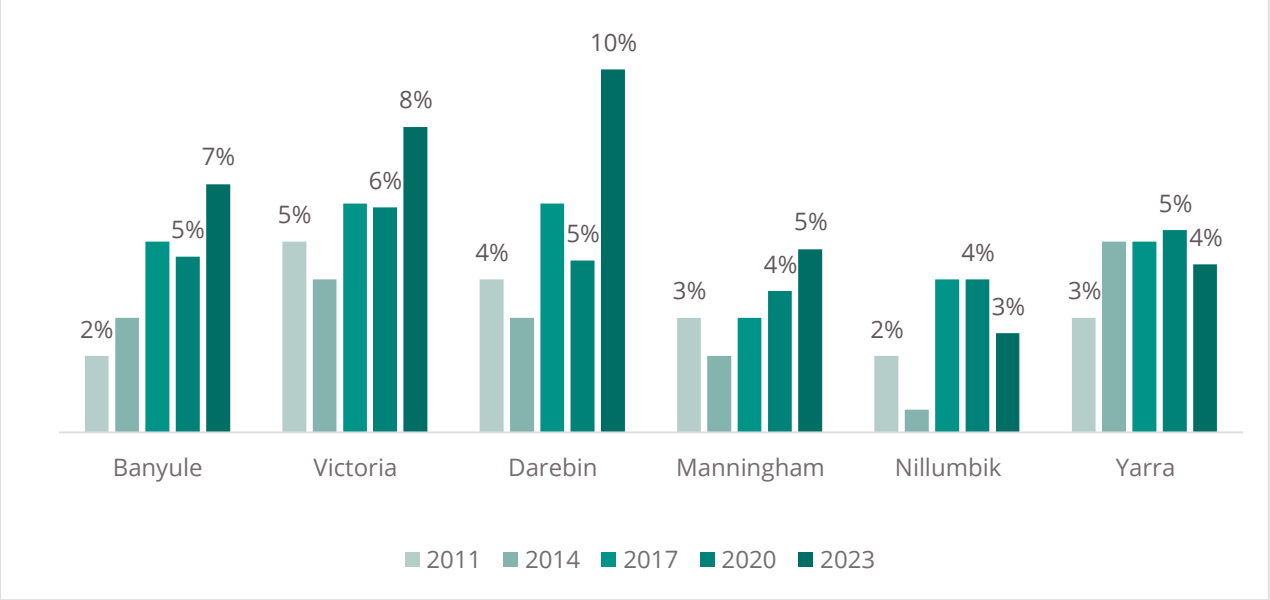
FIGURE 36 INSTANCE OF OBESITY COMPARED TO OTHER REGIONS, OVER TIME



1.4.3 Food insecurity

Given the small percentages, fluctuations in food insecurity over time are not significant, however there is a trending increase in Banyule. The proportion of Banyule households reporting food insecurity is in line with the state average, and neighbouring LGAs.

FIGURE 37 PROPORTION OF ADULTS WHO EXPERIENCED FOOD INSECURITY (I.E. RAN OUT OF FOOD AND COULDN'T BUY MORE) SOURCE: VPHS



In the 2022 Banyule Household Survey, 1% of households surveyed reported that in the 12 months prior to interview they sometimes didn't have enough to eat, and a further 13% said they have enough food but it is not always the kind of food they want. This was a consistent finding across all precincts.

Case study – My smart garden

http://www.mysmartgarden.org.au

This is a program that offers residents events and workshops to encourage sustainable gardening. The aim is to improve access to healthy, local and sustainably sourced food, whilst also providing opportunities for community connections.

A number of Council's have signed up including Moonee Valley, Hobsons Bay, Maribyrnong, Brimbank, Wyndham and Stonnington.

1.5 Decreasing the risk of drug-resistant infections in the community

Victorian public health and wellbeing plan 2019–2023

Developing drug-resistant infections is one of the most serious threats to human health. 'Antimicrobial resistance' refers to the ability of an infection (caused by a bacterium, fungus or virus) to become resistant to the drugs we use to treat them, such as antibiotics (World Health Organization 2019). The emergence and spread of resistant microorganisms is driven by human and non-human antimicrobial drug usage in Australia and overseas.

Aim to achieve:

- Increased awareness and understanding of antimicrobial resistance across the community, health, environmental and agricultural sectors.
- Improved surveillance of antimicrobial resistance across the human, animal and environmental sectors.
- Create a comprehensive evidence base on which to base interventions across all sectors – human, animal and environmental.
- Halt the increase in antimicrobial resistance in Australia across human and animal health.

Council can help decrease the risk of drug-resistant infections in the community through health and wellbeing planning, specifically by:

- Ensuring households have close and convenient access to health services;
- Working to reduce the rate of hard-to-treat infections; and
- Educating the community on when it is appropriate to use antibiotics.

TABLE 10 DECREASING DRUG-RESISTANT INFECTIONS DATA SOURCES

Source	Question	Update	Notes
Household survey	Does the person have private health insurance? Does the person hold a health care card? How would the person describe their physical health?	Annual	Person level data, n=1,859 in 2022. On the first survey page so high level of accuracy.
AIHW screening data	Quarterly cancer screening data for bowel screening, breast screening and cervical screening.	Annual	
Medicare	GP and Allied health attendances	Annual	Financial year
Household survey	Which of the following Council run / Council provided community services does your household use now and which do you think your household may require within the next twelve months? On a scale of 0 (very poor) to 10 (very well), how well do you believe your local area is serviced with Council facilities? On a scale of 0 (strongly disagree) to 10 (strongly agree), please rate your households' agreement with the following statements? On a scale of 0 (very unimportant) to 10 (very important), can you please rate the	Annual	Household level data, n=758. Q46, Q60 and Q71 on a very intensive survey, so may be influenced by order fatigue.

	importance your household places on the following issues?		
Council	Proportion of households within 1km of a health service	On request (GIS)	As at 2023 using valuation codes: 270, 271, 710, 711, 713, 714
Department of Health	Infectious diseases report. https://www.health.vic.gov.au/infectious-diseases/local-government-areas-surveillance-report	Annual	Notifications received from medical practitioners and laboratories and does not necessarily reflect the true incidence of disease

1.5.1 Private health insurance

The level of privately insured people in the population is an indicator of households that can afford private healthcare, and will therefore have access to care with reduced waiting periods should they encounter drug resistant infections. A high level of private health cover may also indicate that the area could be under-represented in government-funded services. In the 2022 Banyule Household Survey, 74% of Banyule residents reported that they have private health insurance, a similar proportion to that recorded in 2017 (73%). There are notable variations in residents having private health insurance by precinct and demographics:

- Higher rates of having private health insurance in South (85%), North East (79%), East (78%) and Mid (75%) precincts.
- Lower rates of having private health insurance amongst those aged 25-34 (54%), 18-24 (65%) and 12-17 (68%).
- Those who speak English only more often have private health insurance (75%, compared to 67% of those who speak a language other than English).
- Those with a disability in need of assistance less often have private health insurance (54%, compared to 75% of those without a disability).

In the 2022 Banyule Household Survey, just over one in four (22%) said they had a health care card, down from 26% in 2017. Incidence of residents having a Low Income Health Care Card is lower in the East precinct (14%), and higher amongst older adults (58% 70-84 year olds and 78% 85+ year olds), those who speak a language other than English (27%), and those with a disability in need of assistance (66%).

1.5.2 Health screening

Regular health screening can catch diseases early, and therefore reduce the incidence of needing to undertake more extensive medical interventions which may increase the risk of drug resistant infections.

FIGURE 38 BOWEL SCREENING RATE (% 50-74 YEAR OLDS) COMPARED TO OTHER REGIONS, OVER TIME

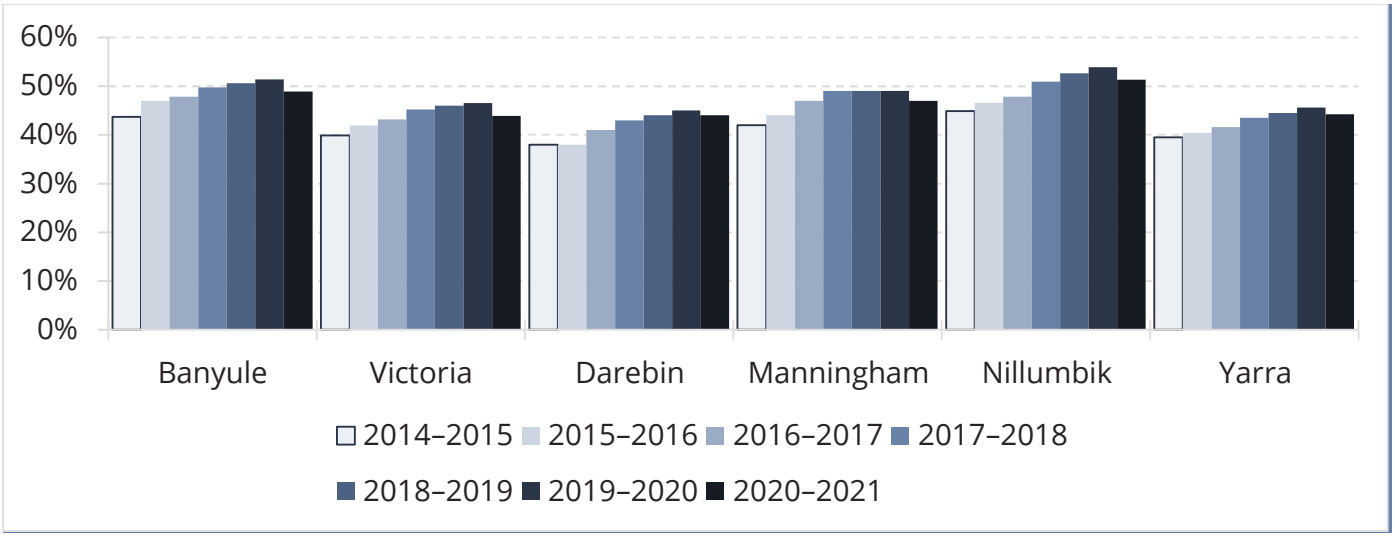
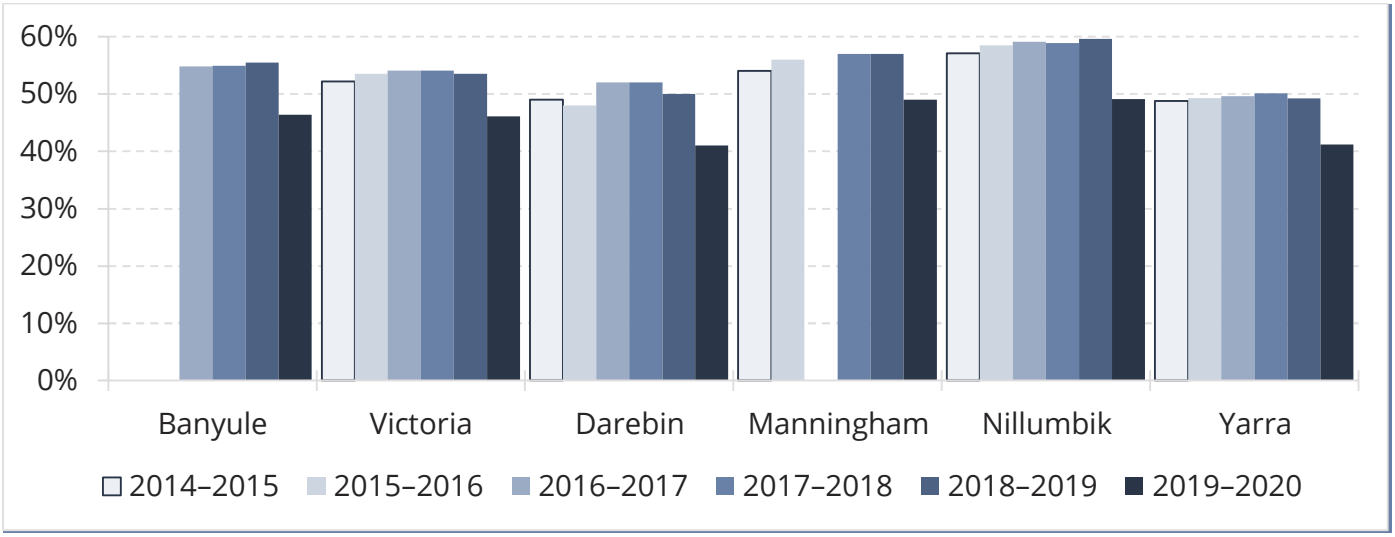


FIGURE 39 BREAST SCREENING RATE (50-74 YEAR OLD FEMALES) COMPARED TO OTHER REGIONS, OVER TIME



In figure 39 (above) no data was available for Banyule in 2014-2016, nor Manningham in 2016-17.

In 2021, the rate of 25-74 year old females in Banyule undertaking cervical screening was higher than the state average, although rate of screening was lower amongst 30-39 year olds.

FIGURE 40 CERVICAL SCREENING RATE AMONGST 25-74 YEAR OLDS IN 2021 COMPARED TO OTHER REGIONS

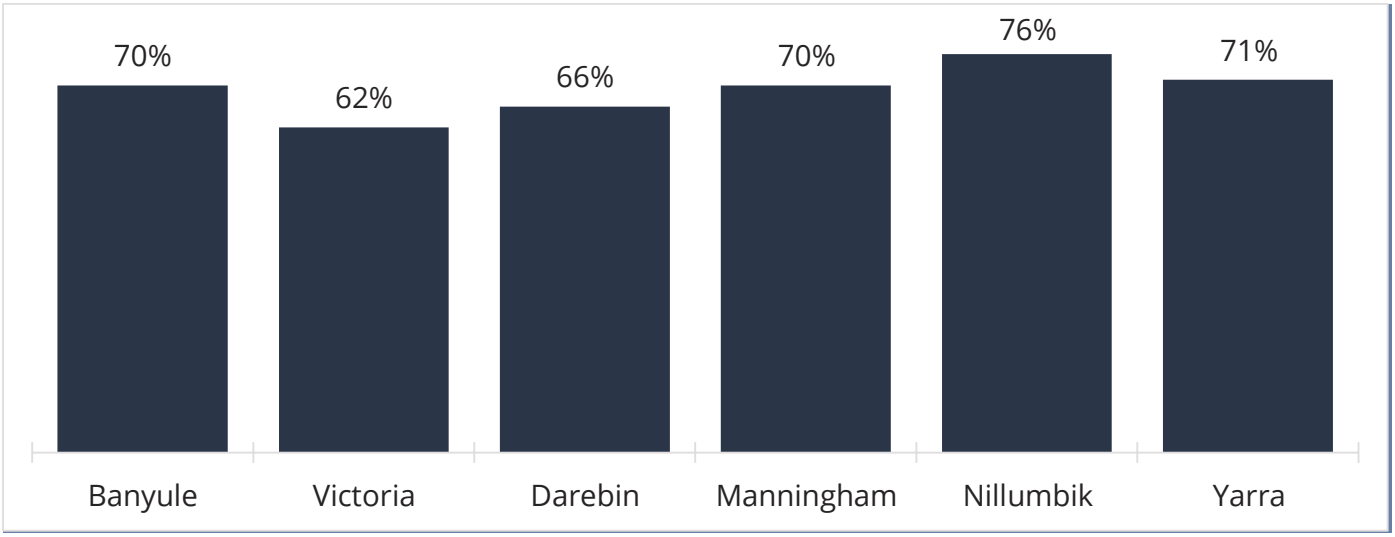
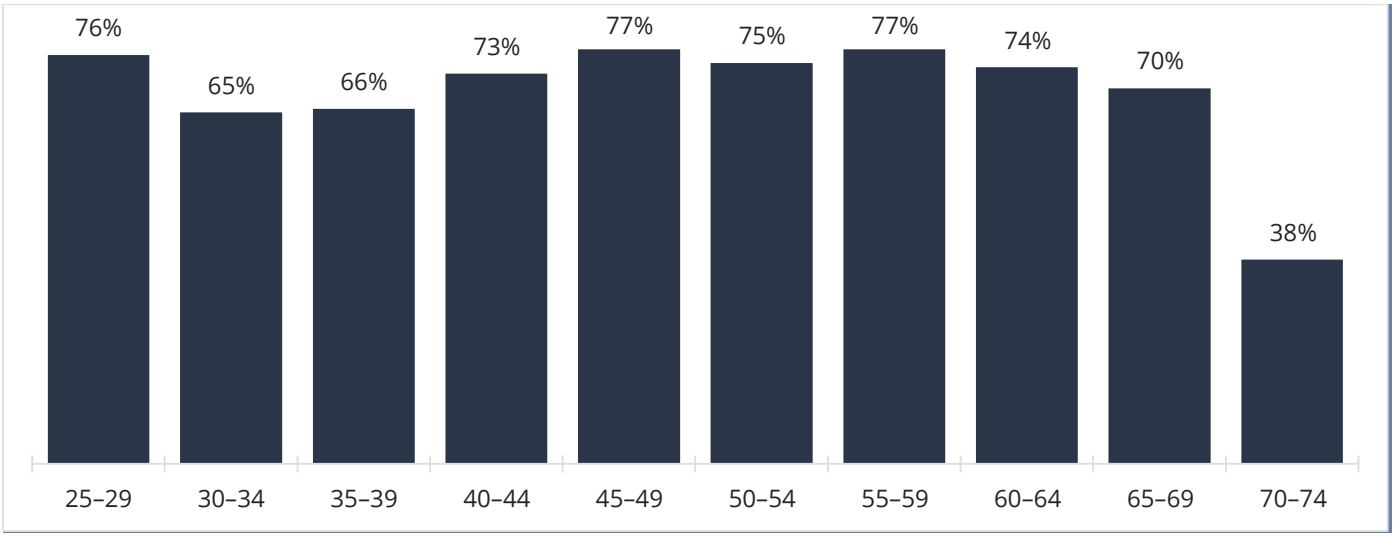


FIGURE 41 CERVICAL SCREENING RATE (2018-2021 FEMALES) IN BANYULE BY AGE

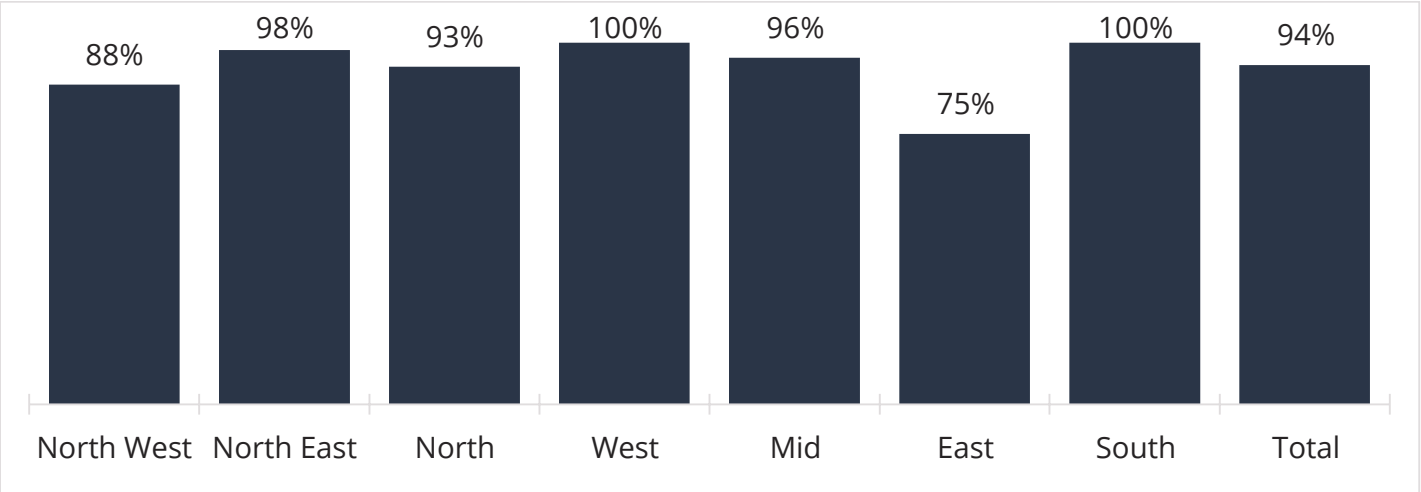


1.5.3 Access to services

Having timely access to health-care professionals when a person needs it is crucial to preventing, treating and managing health conditions[12].

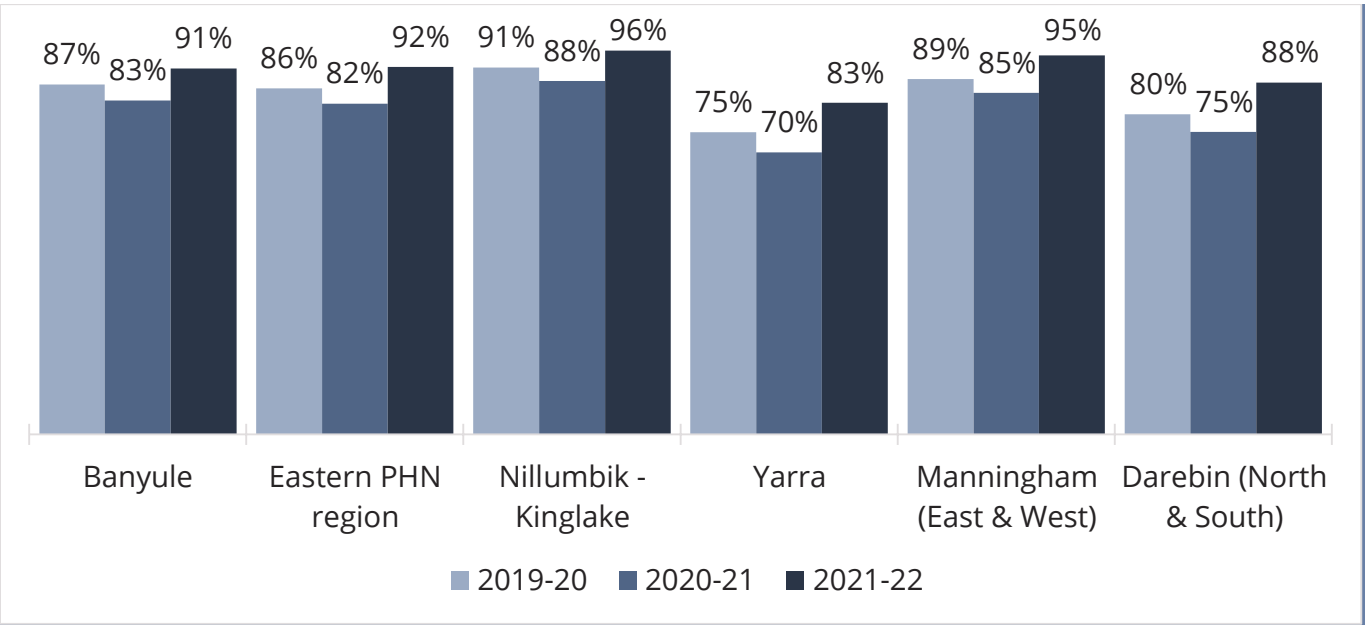
Close access to health facilities can have an impact on the health and wellbeing of residents. In Banyule, fewer households in the East and North West districts are within 1km of a health facility (hospital, GP or allied health), meaning that residents in these precincts may have poorer health outcomes due to reduced access to health facilities.

FIGURE 42 PROPORTION OF HOUSEHOLDS WITHIN 1KM OF A HEALTH SERVICE BY PRECINCT



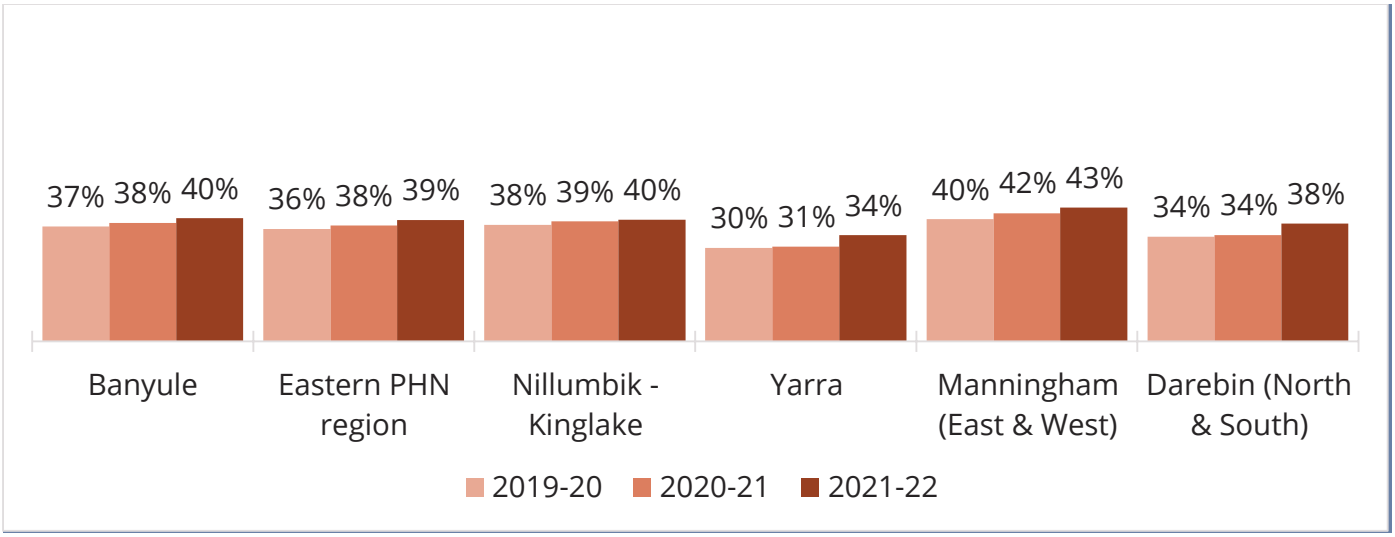
[12] https://www.aihw.gov.au/reports/primary-health-care/coordination-of-health-care-experiences-barriers/summary Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over, 2020, AIHW

FIGURE 43 PROPORTION OF POPULATION WHO HAD ATTENDED A GP AT LEAST ONCE ACROSS TIME



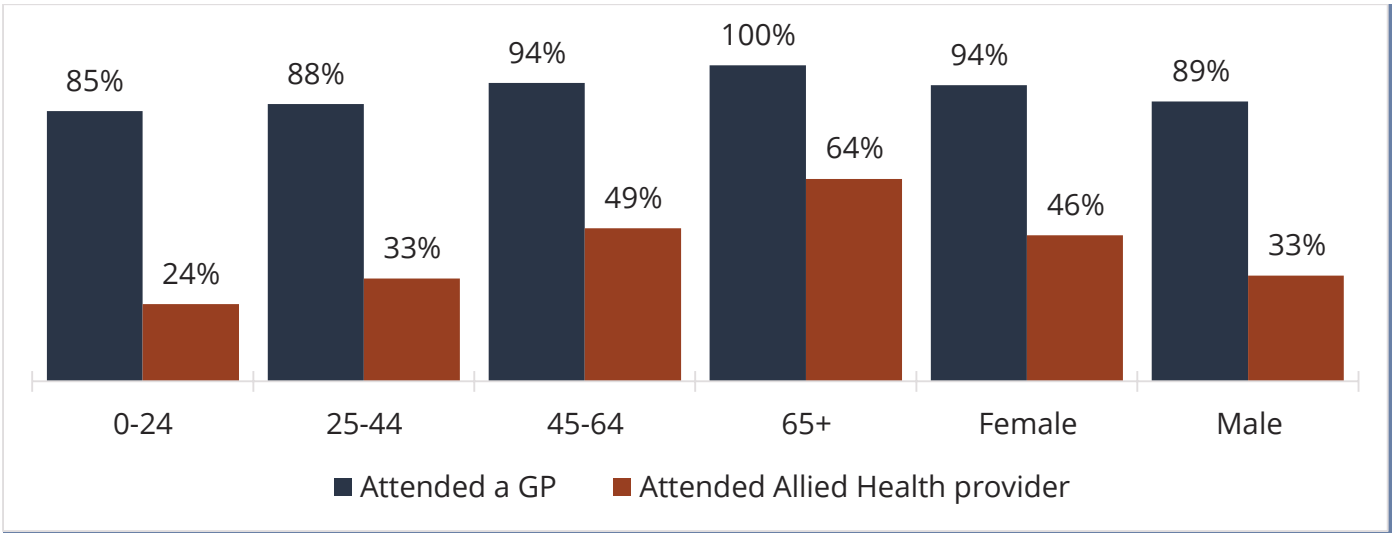
Use of allied health services is also increasing over time, in Banyule and across the region.

FIGURE 44 PROPORTION OF POPULATION WHO HAD ATTENDED ALLIED HEALTH AT LEAST ONCE ACROSS TIME



Typically, females more often use health services, with an increase in use as people age.

FIGURE 45 PROPORTION OF BANYULE POPULATION ATTENDING HEALTH PROVIDER IN 2021-22 BY AGE AND GENDER



Over a quarter (27%) of households in the 2022 Banyule Household Survey said that they currently use bulk billing doctors. This increases to 36% amongst North precinct residents and 34% in North West precinct. A further 14% (overall) said they will need bulk billing doctors in the 12 months following interview, and 5% said they require a bulk billing doctor but can't access one.

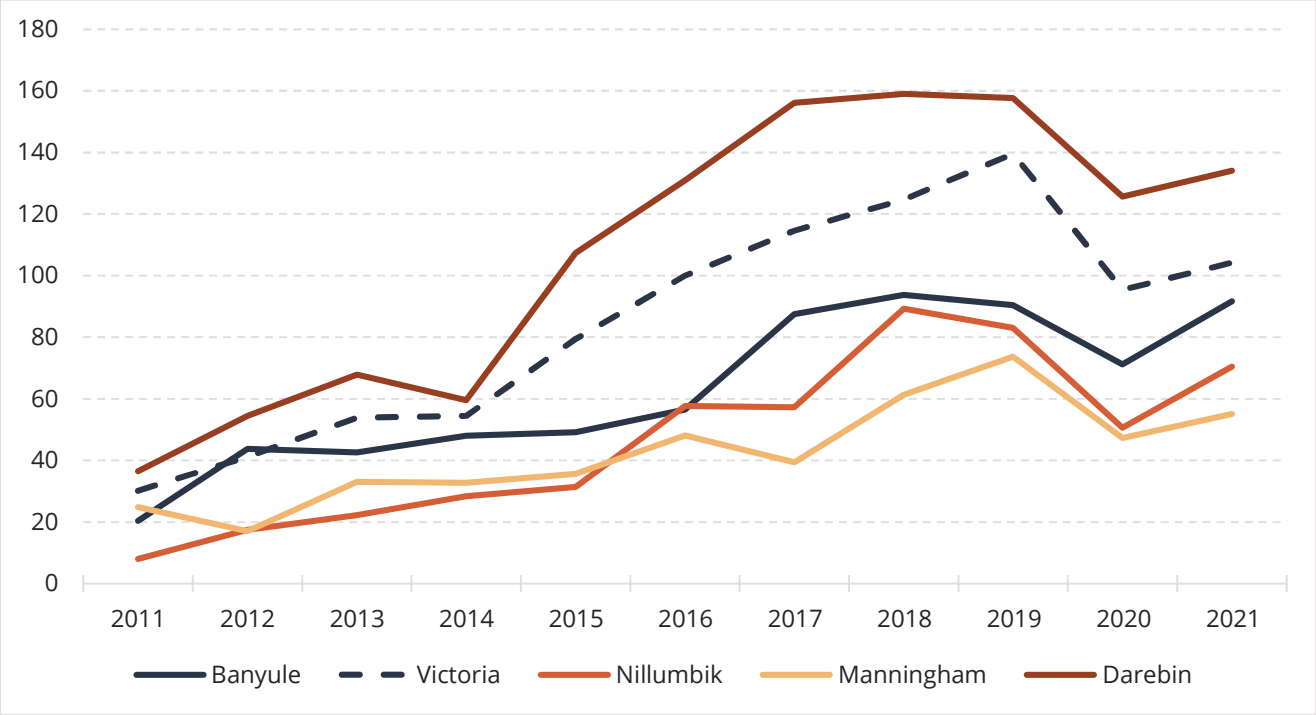
In the 2022 Banyule Household Survey, households were asked to rate their agreement with a range of statements (mean rating out of 10 where 0 is 'strongly disagree' and 10 is 'strongly agree'). *We have good access to health services* received a mean agreement rating of 7.98. The mean agreement rating was higher in South precinct (8.45) and lower in North West precinct (7.65).

1.5.4 Drug-resistant illnesses

It has been identified by the WHO that a range of infections are becoming more difficult to treat, including pneumonia, tuberculosis, gonorrhoea and salmonellosis.

In Banyule the rate per 100,000 of gonorrhoea has been increasing over time. There was a dip in 2020, across all comparison areas, however current data shows the rate has started increasing again. Indeed, the number of reported infections in 2022 (132) represented an additional increase (from 123 in 2021), and the highest count since 1991 (4).

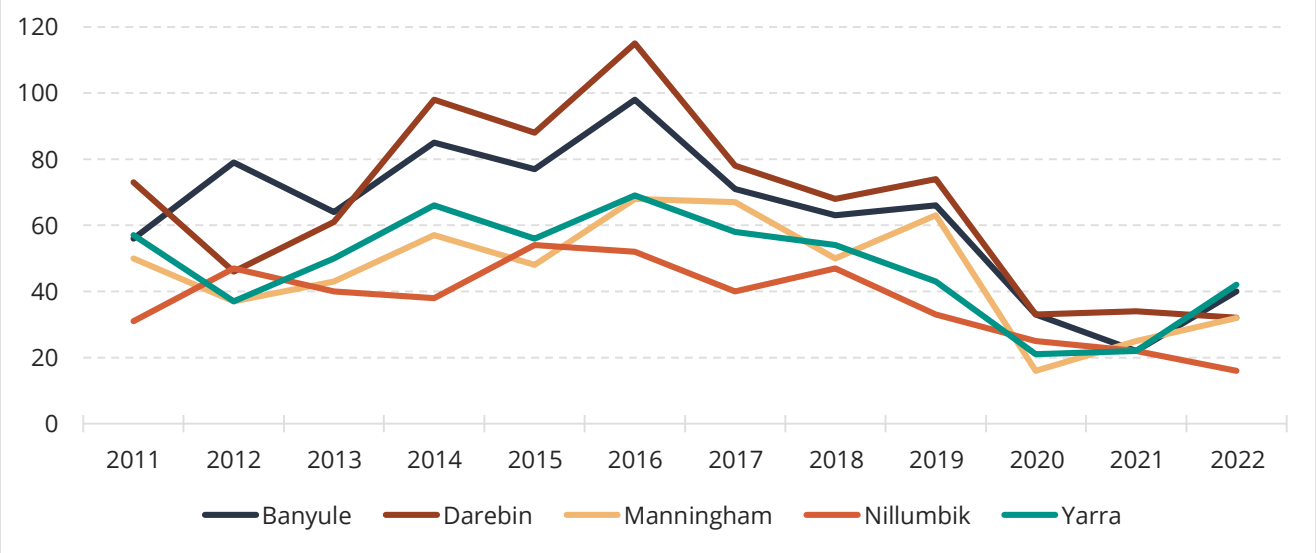
FIGURE 46 GONORRHOEA NOTIFICATION RATE PER 100,000 POPULATION, OVER TIME



In the above table Yarra has been removed from the comparison set as the rates in Yarra are significantly higher (from 143.2 in 2011 to 559.5 in 2021), and lead to the other data being difficult to read.

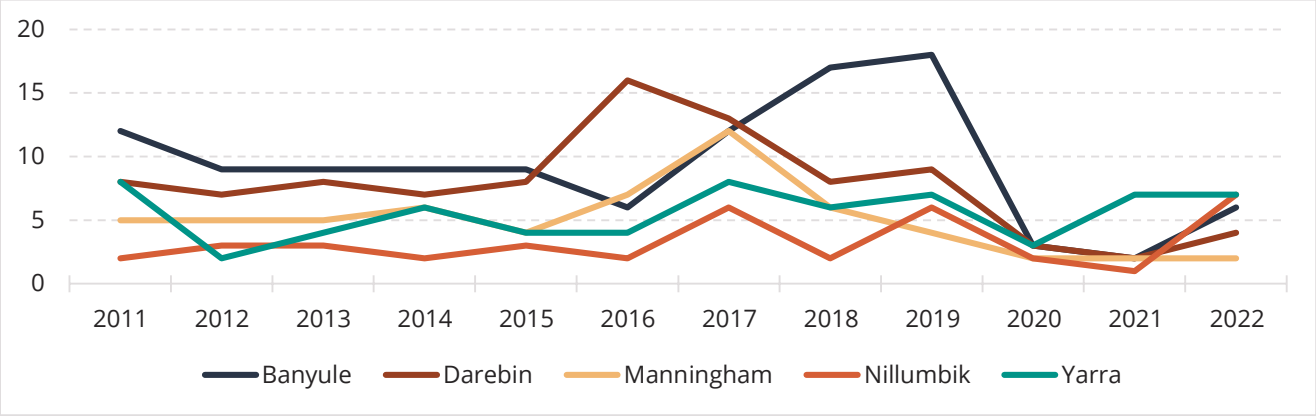
The number of salmonellosis infections decreased notably during COVID-19 lockdowns, and has since begun to increase again.

FIGURE 47 NUMBER OF REPORTED SALMONELLOSIS INFECTIONS, OVER TIME



Prior to COVID-19 the number of pneumococcal infections was increasing. The COVID-19 lockdowns greatly reduced the numbers, and they have since started increasing again.

FIGURE 48 NUMBER OF REPORTED PNEUMOCOCCAL INFECTIONS, OVER TIME



Case study – NPS MedicineWise campaign

https://www.nps.org.au/about-us/services/knowledge-transfer/public-health-campaigns/reducing-antibiotic-resistance

This campaign used resources at doctor's surgeries, mass media campaigns, social media campaigns and information on their website to raise awareness of antibiotic resistance and resistant bacteria, including the current extent of the issue, how it spreads, and how misuse of antibiotics contributes to it. The campaign succeeded in increasing community knowledge of the issue and a reduction in prescribing of antibiotics.

1.6 Increasing active living

Victorian public health and wellbeing plan 2019–2023

Leading an active life improves our health and wellbeing. By moving more and sitting less we reduce the risk of ill health and all-cause mortality. That is, regular physical activity can help to prevent (and
treat) many non-communicable diseases such as heart disease, some cancers, diabetes, musculoskeletal conditions and depression (Booth, Roberts & Laye 2011; Pedersen & Saltin 2015). Moreover, being physically active in combination with a healthy diet helps to reduce other risk factors for disease such as high blood pressure and overweight and obesity (Australian Institute of Health and Welfare 2017b). Incorporating physical activity, preferably any type that you enjoy, into every day is associated with improved mental health, ageing well and increased levels of happiness. It is never too late to start leading an active life, with the health and wellbeing benefits realised well into older age.

Aim to achieve:

- Improve neighbourhood and precinct planning to better support active living.

- Increase accessible and adaptable spaces for active living, ensuring compliance with appropriate state and national regulations and standards.
- Increase socio-cultural norms reinforcing active living.
- Increase capacity to be more physically active and less sedentary.
- Improve integration and accessibility of public transport.
- Increase active transport.
- Increase participation in sport and active recreation activities.
- Decrease sedentariness in workplaces, schools and early learning centres and during leisure time.

Banyule Council has a range of policy documents that help guide Council's strategies for improving active living:

- Banyule Health and Wellbeing Plan
- Banyule Recreation Plan
- Banyule Community Infrastructure plan
- Banyule Public Open Space Plan

TABLE 11 INCREASING ACTIVE LIVING DATA SOURCES

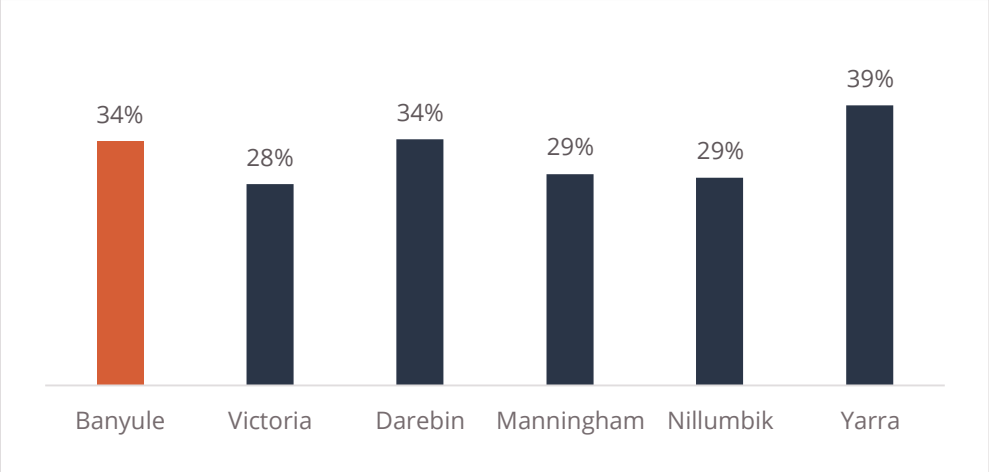
Source	Question	Update	Notes
VPHS	Calculated physical activity based on Department of Health (2014) guidelines. In general, would you rate your current health status as excellent, very good, good, fair or poor? Recorded instances of GP diagnosed diseases. In 2023, sedentary is defined as the proportion of adults who on an average weekday spend 8 or more hours sitting. Proportion of adults who did not do any moderate to vigorous physical activity or who did less than 150 minutes of moderate to vigorous physical activity per week	2024	Small sample (n=400) means large error margins. Cannot compare figures directly to other LGAs, but can see if the trends are similar.
Household survey	What are all the sports and recreation activities in which the person usually participates (plays)? Includes multiple responses. How would the person describe their physical health?	Annual	Person level data, n=1,859 in 2022.

	Has the person made changes to their local living due to COVID-19? Includes multiple responses.		
Census	Has the person been told by a doctor or nurse that they have any of these long-term health conditions?	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Council	Proportion of households within defined distance to social infrastructure Proportion of households within 400m of a public open space and number of playgrounds and recreation reserves	On request (GIS)	As at 2023, using Valuation codes. Sports facility (810, 811, 812, 813, 814, 815, 821.2, 821.3, 822, 823) Cultural facility (252, 251, 250, 253, 831, 832, 841) Library (830, 840) Community facility (752, 750) Open space (821.4, 835, 844, 91, 92, 93, 950, 960, 970, 980, 981, 984, 985, 990)
Household survey	On a scale of 0 (very poor) to 10 (very well), how well do you believe your local area is serviced with Council facilities? Can you please list what you consider to be the top three issues for Council to address at the moment? On a scale of 0 (very unimportant) to 10 (very important), can you please rate the importance your household places on the following issues?	Annual	Household level data, n=758. Q39, Q47, Q71 on a very intensive survey, so may be influenced by order fatigue.

1.6.1 Physical activity

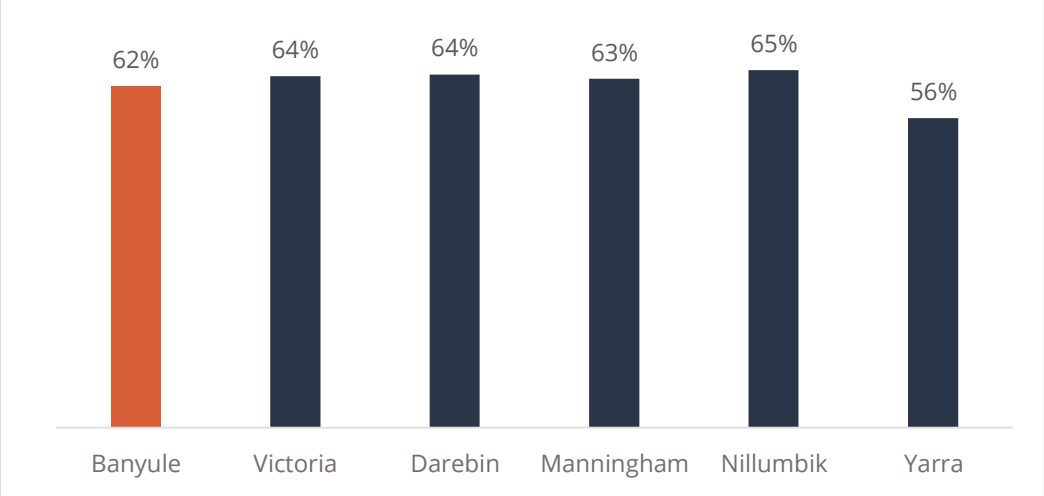
The proportion of the population in Banyule who are sedentary is 34%. This is higher than the State average which is 28%.

FIGURE 49 PROPORTION OF ADULTS SITTING 8 OR MORE HOURS ON AN AVERAGE WORKDAY (SOURCE: VPHS 2023)



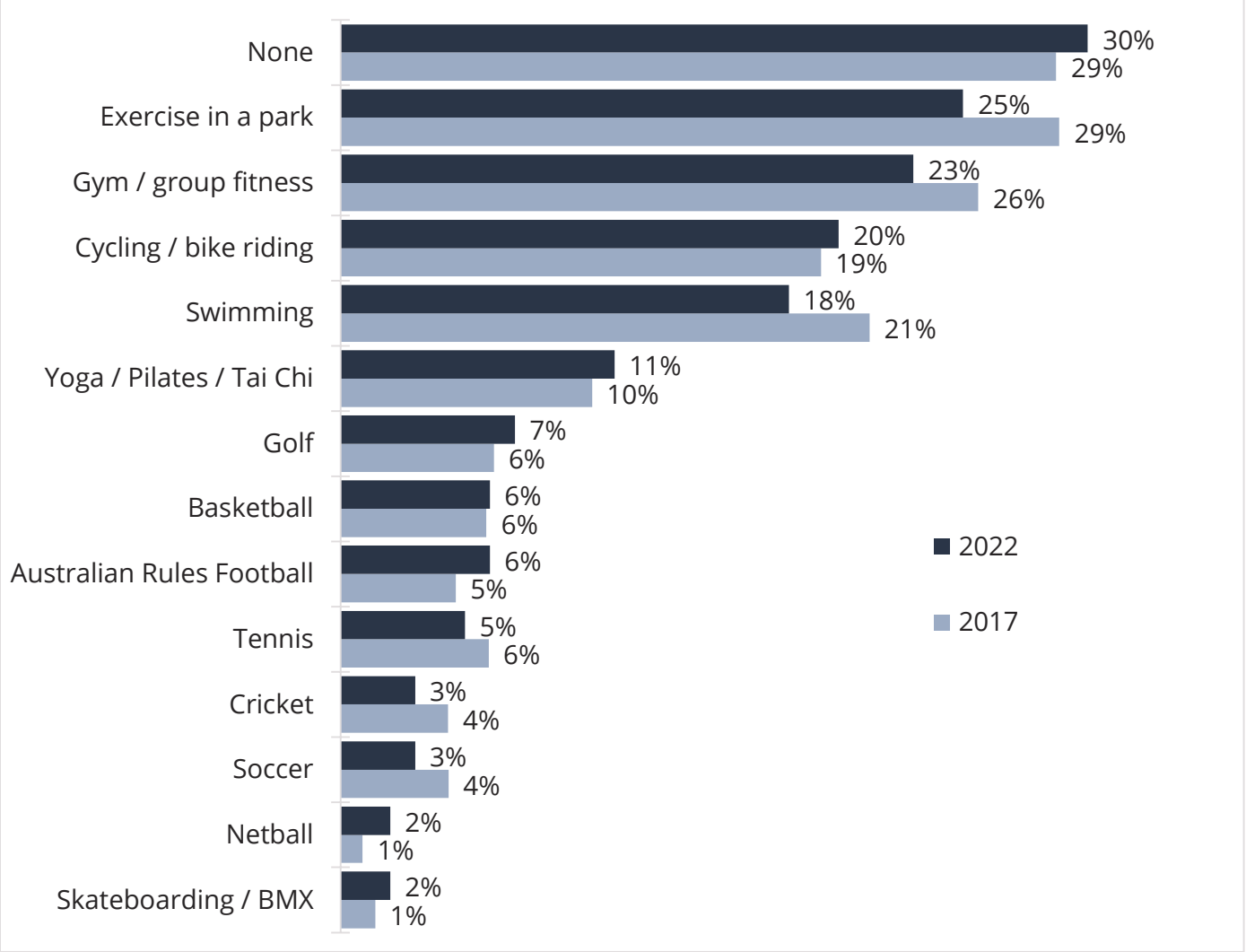
Most Banyule residents do not undertake sufficient levels of exercise. This is consistent with the State and other neighbouring LGAs.

FIGURE 50 PROPORTION OF ADULTS WHO DID NOT DO ANY MODERATE TO VIGOROUS PHYSICAL ACTIVITY OR WHO DID LESS THAN 150 MINUTES OF MODERATE TO VIGOROUS PHYSICAL ACTIVITY PER WEEK (SOURCE: VHPS 2023)



Amongst Banyule residents, the most common forms of physical activity are exercising in a park, gym, cycling and swimming.

FIGURE 51 SPORT AND RECREATION ACTIVITIES IN BANYULE OVER TIME

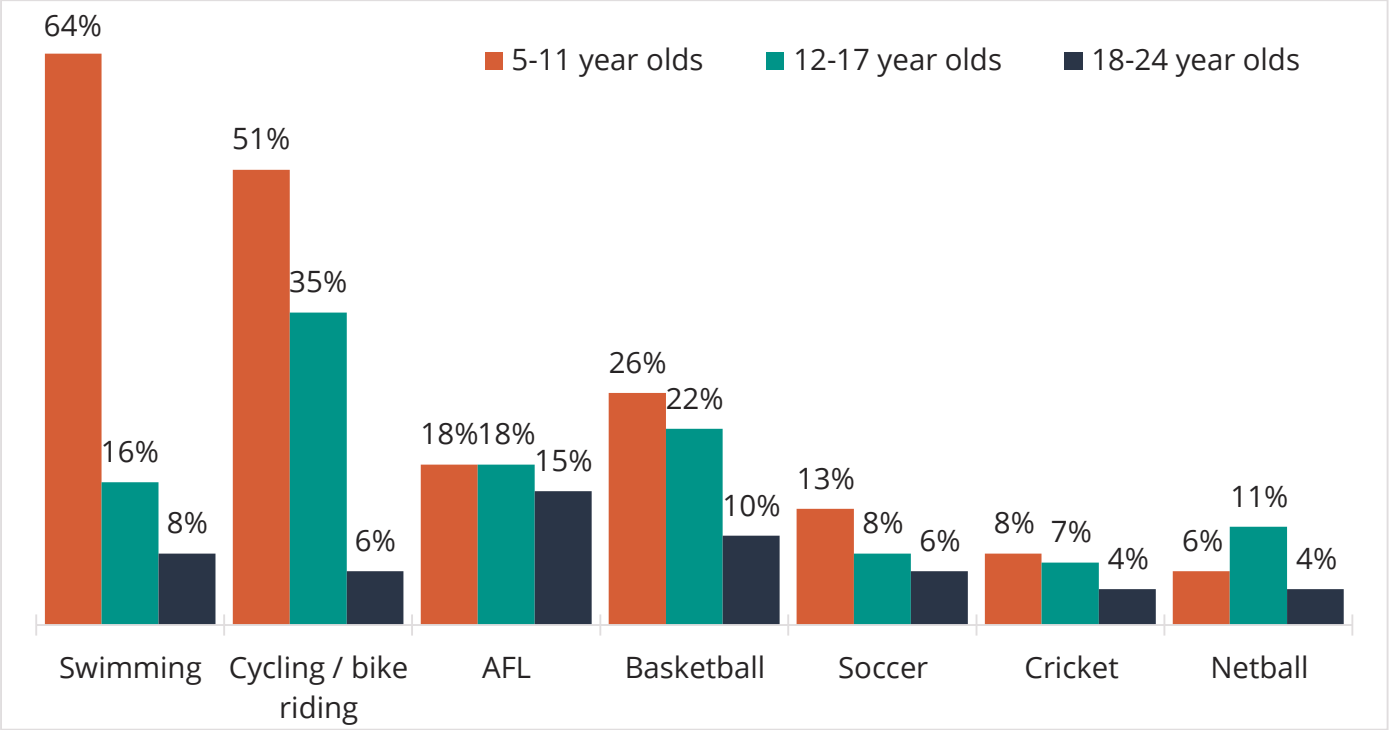


Some notable variations in exercise activity type were apparent by precinct and demographics:

- **Swimming** was very common amongst 5-11 year olds (64%);
- **Gym / group fitness** was more popular amongst 18-24 year olds (43%) and those in the South precinct (32%);
- **Exercise in a park** was more common amongst those in the East precinct (36%);
- **Cycling / bike riding** was more common amongst those in the East Precinct (30%), males (27%, compared to 14% females), and 5-11 year olds (51%).
- **Yoga / Pilates** was more common amongst women (18% compared to 4% men), 25-34 year olds (22%) and those who identify as LGBTIQA+ (21%).
- **Team sports (AFL, Basketball, Soccer, Netball)** were most popular amongst children and youth aged 5-24, with notable declines in participation amongst adults.

In the 2022 Banyule Household Survey findings suggest that young people lead more active lifestyles than adults, with high instances of participation in swimming, cycling / bike riding, AFL, basketball, soccer, cricket, and netball. Exercise is important for development of healthy bodies into adulthood.

FIGURE 52 EXERCISE AND RECREATION PARTICIPATION IN BANYULE AMONGST CHILDREN AND YOUTH, 2022



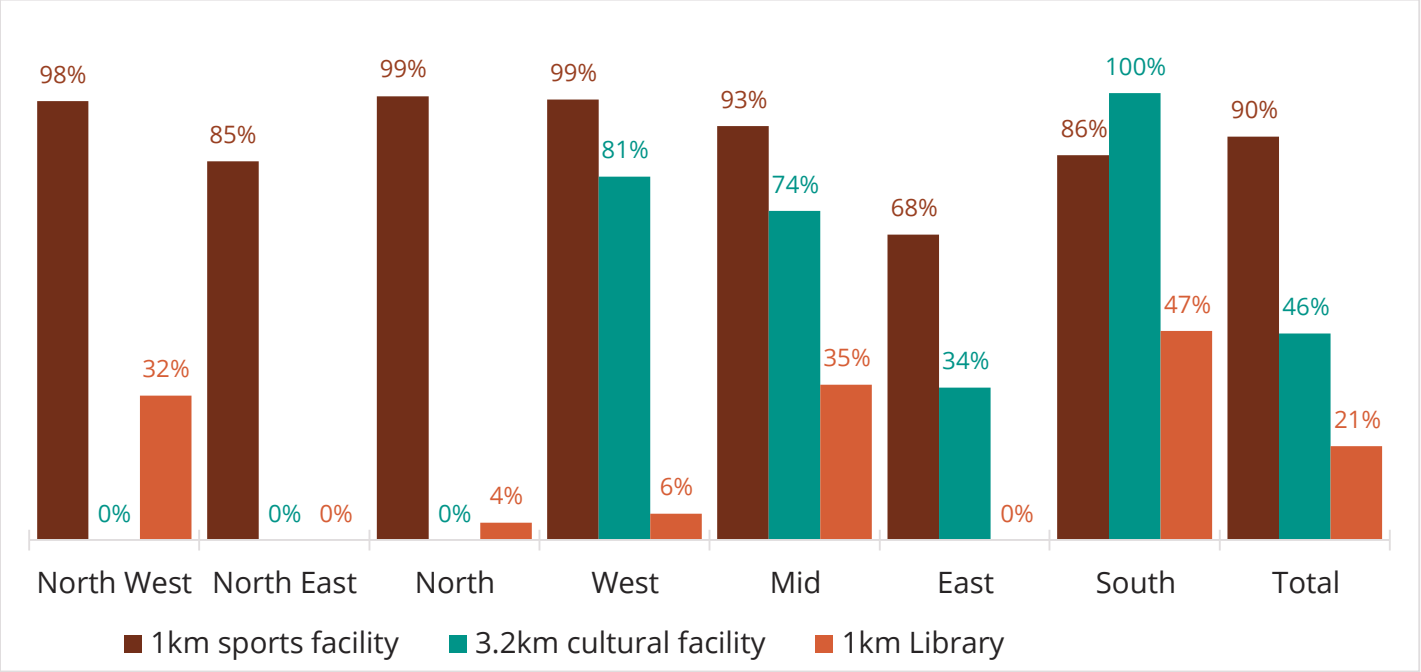
When asked to rate how well they believe their local area is serviced with Council facilities in the 2022 Banyule Household Survey (mean rating out of 10 where 0 is 'very poor' and 10 is 'very well'), sports pavilions received a mean of 7.70. The mean scores were relatively consistent across all precincts.

1.6.2 Social infrastructure

Social infrastructure addresses social service needs across the lifespan and provides essential societal resources that support wellbeing and provides space for people to live active lives. It is associated with people's improved physical and mental health and increased satisfaction with the area in which they live[13].

In Banyule, residents in the South and Mid precincts have better access to social infrastructure, whereas those in the North East and North have few social infrastructure options nearby other than sports facilities.

FIGURE 53 PROPORTION OF HOUSEHOLDS WITHIN IDEAL DISTANCE TO SOCIAL INFRASTRUCTURE BY PRECINCT



When asked to rate how well they believe their local area is serviced with Council facilities in the 2022 Banyule Household Survey (mean rating out of 10 where 0 is 'very poor' and 10 is 'very well'), health, youth and community services received a relatively low mean of 6.55. There was not notable difference in mean scores across precincts.

In the 2022 Banyule Household Survey, households were asked to rate the importance of a range of statements (mean rating out of 10 where 0 is 'very unimportant' and 10 is 'very important'). Recreation, community facilities / buildings received a mean importance rating of 8.24.

This shows that recreation facilities are important to residents, but provision is lacking.

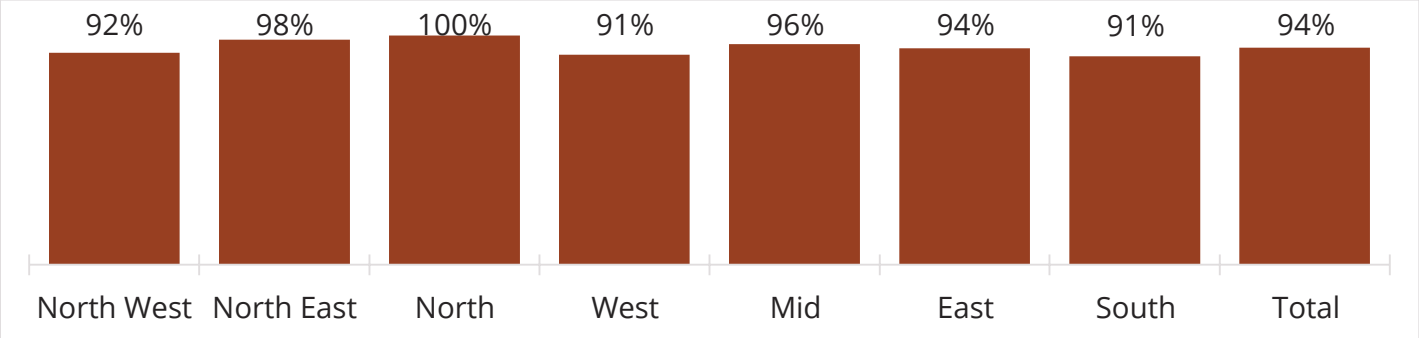
[13] https://auo.org.au/portal/metadata/social-infrastructure-mix-index/ Social infrastructure indicator rational, Australian Urban Observatory, RMIT

1.6.3 Public open space

Open spaces are important as they provide places for people to meet, socialise, play and connect and access to these areas is associated with increased physical activity and improved mental health[14].

Broadly, most households have close access to public open space, although there are some gaps in the West and South precincts.

FIGURE 54 PROPORTION OF HOUSEHOLDS WITHIN 400M OF PUBLIC OPEN SPACE BY PRECINCT



Indeed, in 2022 52% reported visiting local parks (up from 47% in 2017) and 26% reported visiting a playground (similar to 2017, 24%). These activities were more common amongst those in the East precinct (65% visit local parks and 40% visit playgrounds) and amongst families with children under 12 years of age. When asked what type of exercise activities they undertake, 25% reported exercising in a park, with this increasing to 36% amongst residents in the East precinct.

When asked what they consider to be the top three issues for Council to address at the moment 11% of households in the 2022 Banyule Household Survey said parks, gardens and open space, which was the equal fifth highest response. This topic was more prominent amongst residents in the North West (18%) and Mid (16%) precincts, and very uncommon amongst South precinct respondents (1%).

Over half (51%) of households in the 2022 Banyule Household Survey said that they currently use passive open spaces (e.g. parks). This increases to 58% amongst South precinct residents and 56% in Mid precinct. A further 11% (overall) said they will need passive open space in the 12 months following interview, and 1% said they require passive open space but can't access any.

When asked to rate how well they believe their local area is serviced with Council facilities in the 2022 Banyule Household Survey (mean rating out of 10 where 0 is 'very poor' and 10 is 'very well'), leisure spaces (e.g. sports ovals, playing courts) received a mean of 7.78. There was not notable difference in mean scores across precincts.

In the 2022 Banyule Household Survey, households were asked to rate the importance of a range of statements (mean rating out of 10 where 0 is 'Very unimportant' and 10 is 'Very important'). Local open space received a mean importance rating of 8.79 and bushland areas received a mean importance rating of 8.68.

1.6.4 Self-reported health

A lack of physical exercise / active living can lead to poor health outcomes overall. In Banyule, less than one in five residents self-reports their physical health as 'fair' or 'poor'. This is a lower level

[14] https://auo.org.au/portal/metadata/access-to-areas-of-public-open-space/ Public open space indicator rational, Australian Urban Observatory, RMIT

compared to the state average and slightly lower compared to selected neighbouring areas (within error margins).

FIGURE 55 PROPORTION OF PEOPLE WHO SELF-REPORTED THEIR HEALTH STATUS AS FAIR OR POOR
SOURCE: VPHS

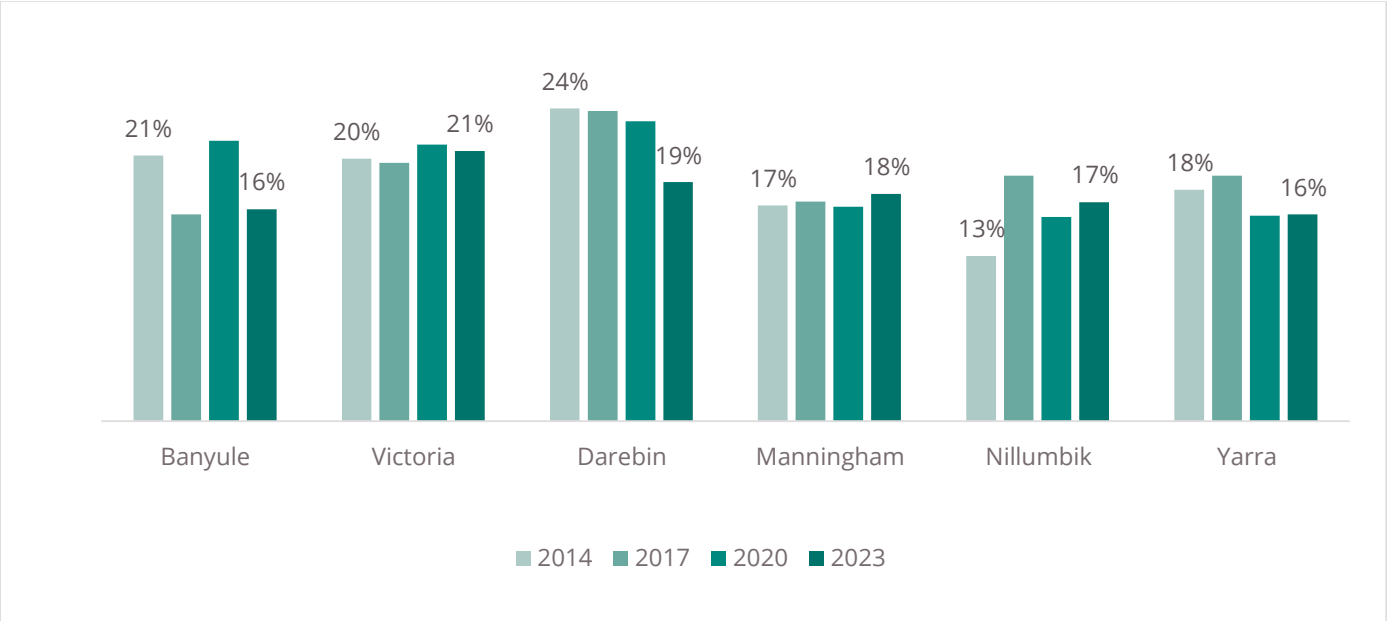
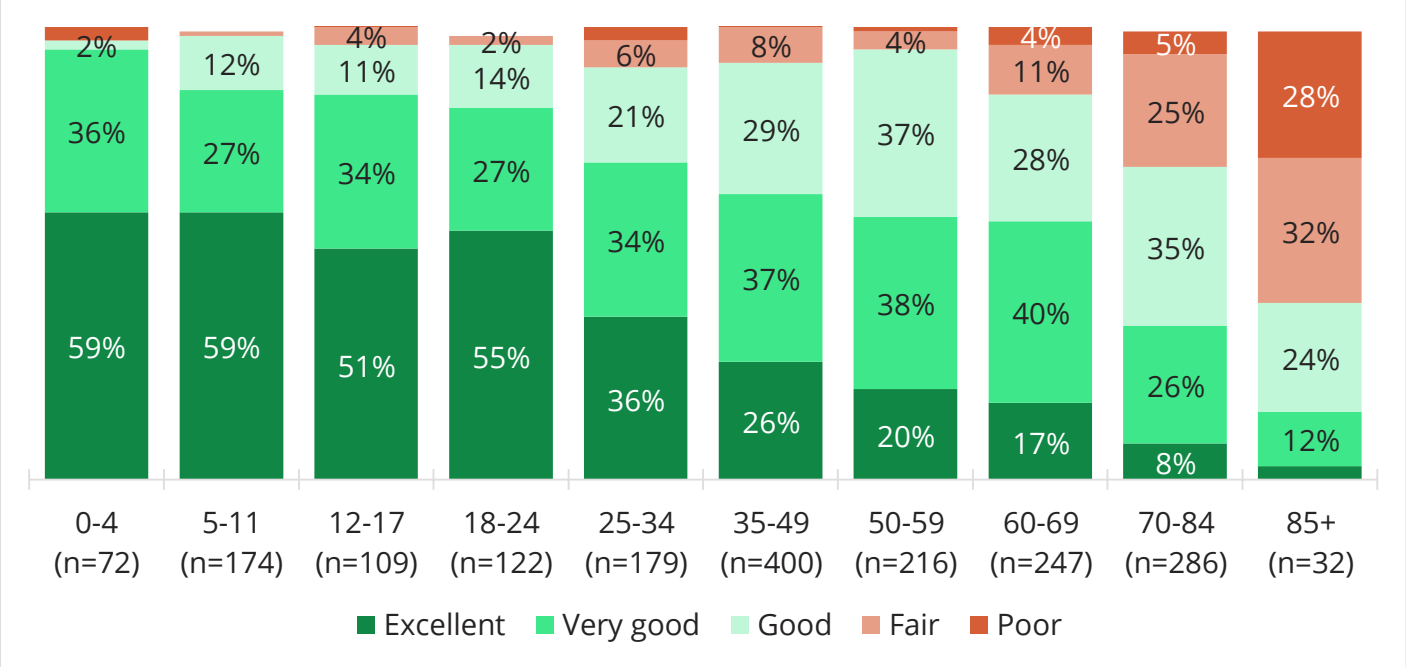


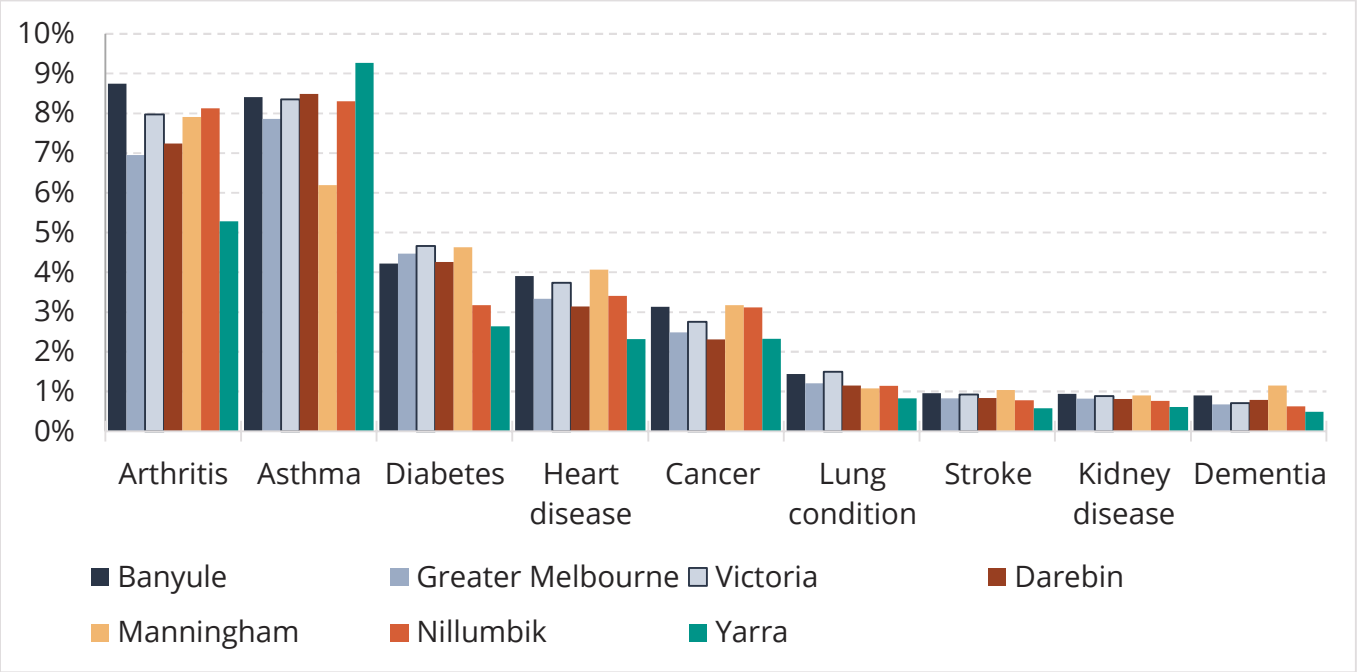
FIGURE 56 SELF-REPORTED PHYSICAL HEALTH BY AGE, 2022



1.6.5 Long-term health conditions

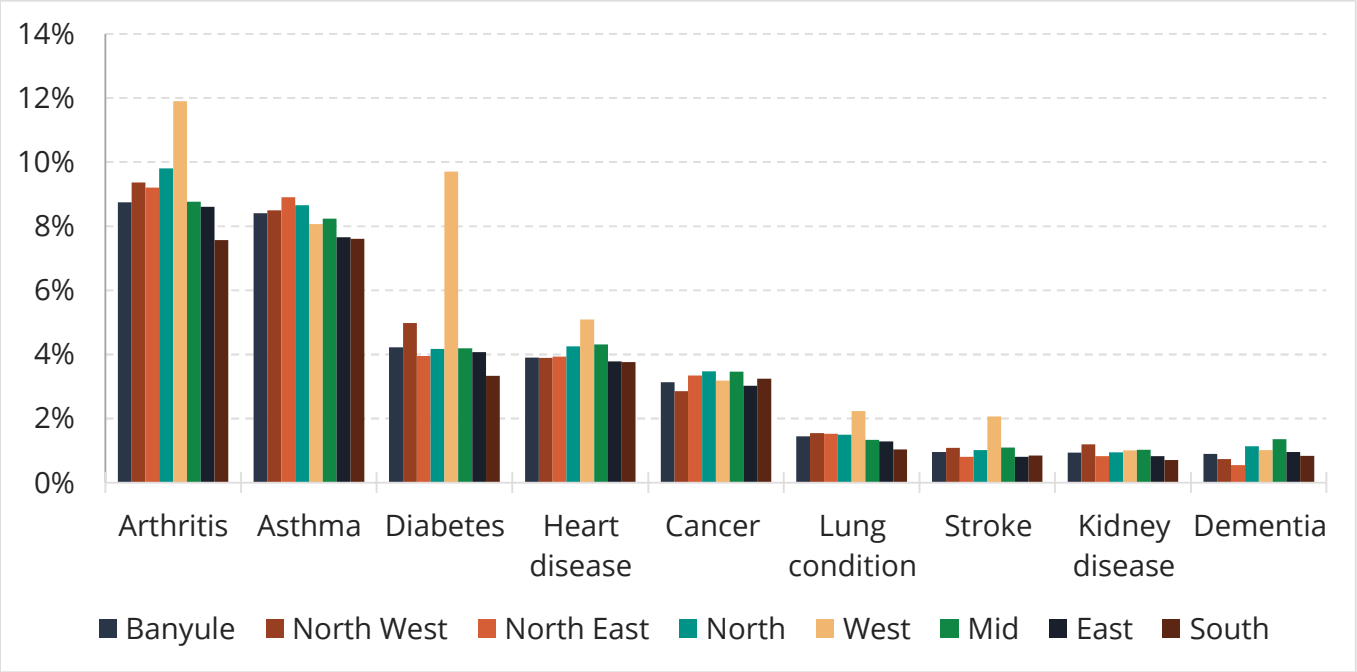
A lack of physical exercise can increase the risk of long-term health conditions.

FIGURE 57 INCIDENCE OF LONG TERM HEALTH CONDITIONS COMPARED TO OTHER REGIONS



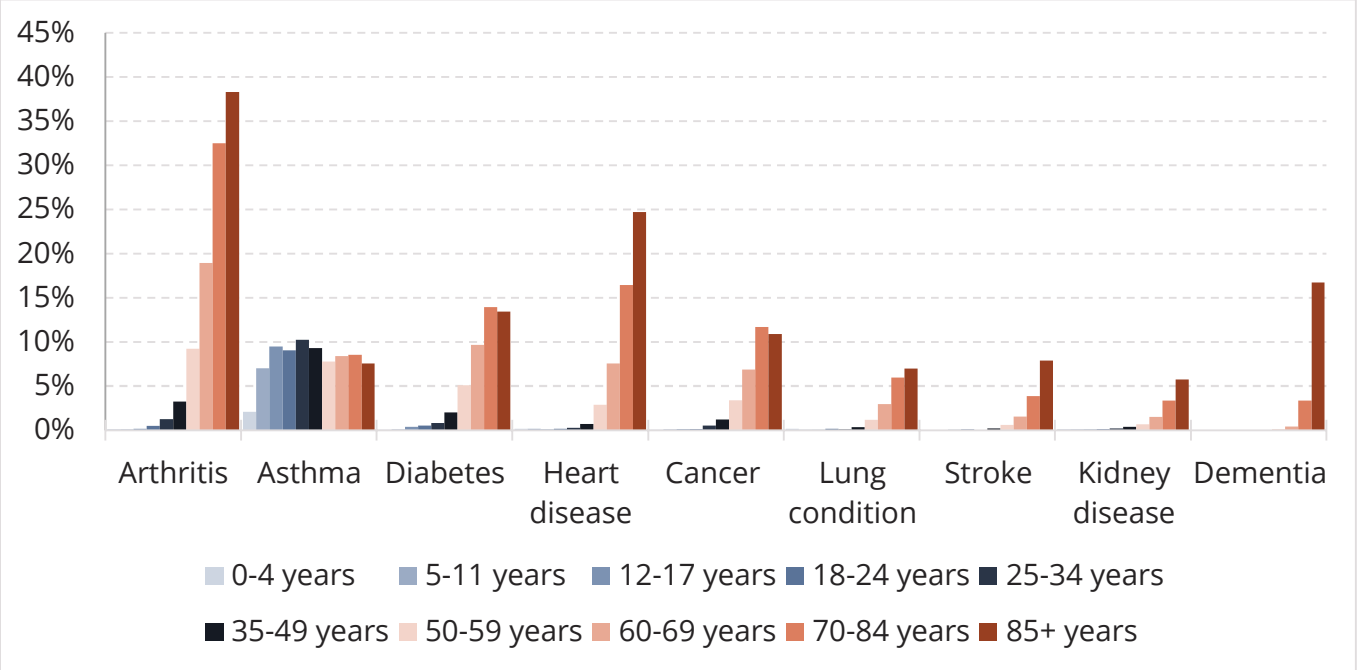
Residents in the West precinct show notably higher instances of arthritis, diabetes, heart disease, lung conditions and stoke.

FIGURE 58 INCIDENCE OF LONG-TERM HEALTH CONDITIONS BY PRECINCT



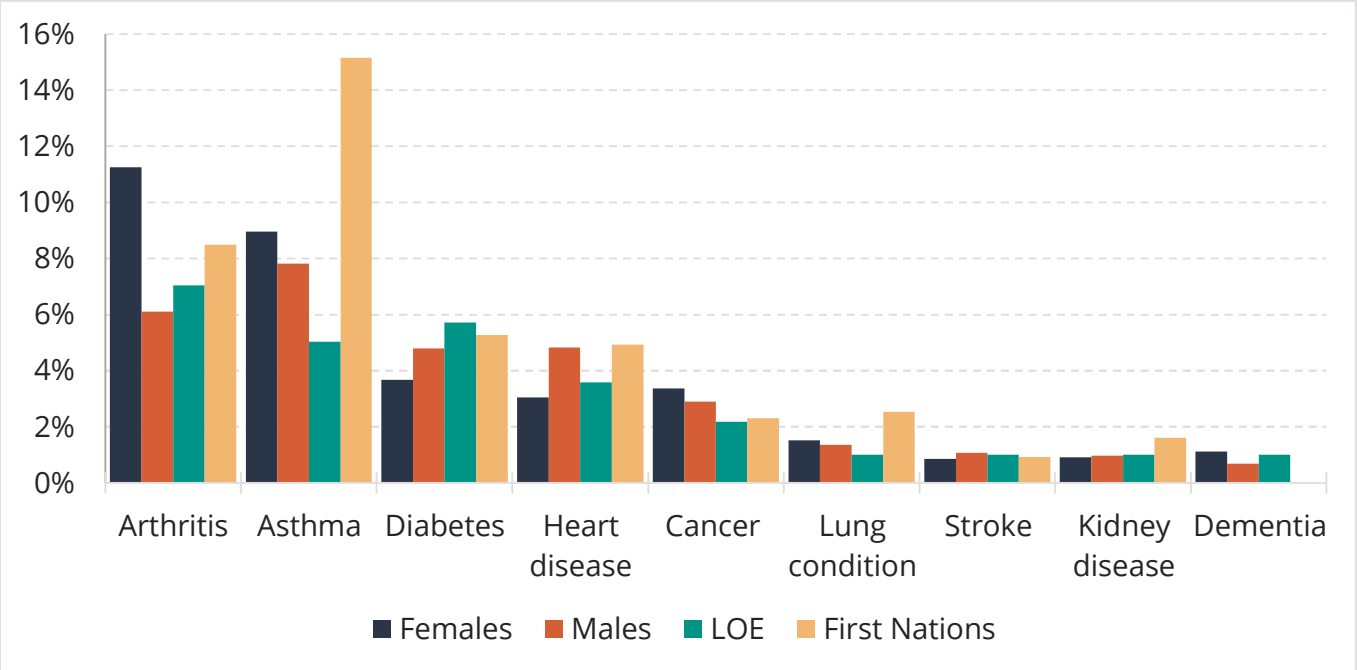
All measured health conditions other than asthma increase in line with age.

FIGURE 59 INCIDENCE OF LONG-TERM HEALTH CONDITIONS IN BANYULE BY AGE



In Banyule, females more commonly report arthritis and asthma, whereas males more often report having diabetes and heart disease. Diabetes is also more common amongst those who speak a language other than English, whilst the incidence of asthma is notably high amongst the Aboriginal and Torres Strait Islander population.

FIGURE 60 INCIDENCE OF LONG-TERM HEALTH CONDITIONS IN BANYULE BY GENDER AND DIVERSITY



When analysing long-term health conditions by the top 20 ancestries in Banyule, those from English and Germanic speaking backgrounds tend to have higher rates of most health conditions.

TABLE 12 INCIDENCE OF LONG-TERM HEALTH CONDITIONS BY ANCESTRY IN BANYULE, 2021

	Mental health	Arthritis	Asthma	Cancer	Diabetes	Heart disease	Lung condition
Australian	11%	8%	10%	3%	3%	3%	1%
Irish	12%	12%	11%	5%	4%	5%	2%
Italian	8%	7%	8%	3%	4%	3%	1%
English	12%	12%	10%	4%	4%	5%	2%
Scottish	13%	13%	11%	5%	5%	6%	2%
Greek	8%	8%	7%	3%	4%	3%	1%
Macedonian	8%	8%	6%	2%	4%	3%	0%
Chinese	3%	3%	4%	1%	3%	2%	0%
German	13%	12%	10%	4%	5%	5%	2%
Indian	3%	2%	5%	1%	4%	2%	0%
Dutch	13%	8%	10%	3%	3%	4%	1%
Croatian	10%	9%	6%	3%	6%	4%	2%
Maltese	11%	7%	9%	3%	5%	3%	2%
Polish	12%	9%	7%	3%	3%	4%	1%
Vietnamese	4%	3%	7%	1%	3%	2%	0%
Lebanese	8%	8%	7%	2%	6%	4%	0%
Filipino	6%	4%	11%	2%	4%	1%	0%
Somali	2%	4%	7%	0%	5%	1%	0%
Australian Aboriginal	18%	9%	17%	2%	5%	5%	3%
Iranian	4%	3%	3%	1%	3%	2%	0%

Case study – This Girl Can

https://thisgirlcan.com.au/

This program has been implemented across Victoria and encourages women and girls across to get active – whatever their age, size, background, gender identity or ability.

It provides a range of communication resources to assist sponsors in engaging women in physical activity.

In 2021 the program inspired 340,000 women to get active.

Banyule Council is currently listed as a supporter of this program.

1.7 Improving mental wellbeing

Victorian public health and wellbeing plan 2019–2023

Mental health is an essential ingredient of individual and community wellbeing and significantly contributes to the social, cultural and economic life of Victoria. Each year, one in five Victorians will experience a mental health condition, with 45 per cent of Victorians experiencing that in a lifetime (Australian Bureau of Statistics 2008). Certain population groups are at higher risk of poor mental health and mental illness because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, including social isolation and loneliness. Feeling connected to others, being able to cope with the usual stresses of life, having the opportunity and capacity to contribute to community and being productive are all critical to mental health. Mental health conditions overlap considerably with chronic diseases such as diabetes, cardiovascular disease and cancers, alcohol and substance misuse, and problem gambling. These various groups of conditions share numerous risk factors, are risk factors for each other, and frequently co-occur.

Aim to achieve:

- A reduction in the prevalence of mental illness, and increased resilience among Victorian individuals, families and communities.
- Reductions in the gap in social and emotional wellbeing for at-risk groups, including Aboriginal Victorians, with an emphasis on loneliness and increasing social connectedness.
- Reductions in the occurrence of suicide deaths, suicidal ideation and suicidal attempt, and the gap between the suicide rates for vulnerable groups and the general population.

Banyule Council has a range of documents that guide activities to enhance mental health:

- Banyule Health and Wellbeing Plan
- Banyule Child, Youth and Family Plan
- Child and Youth Framework
- Banyule Arts and Culture Strategic Plan
- Creative Banyule 2031

TABLE 13 IMPROVING MENTAL WELLBEING DATA SOURCES

Source	Question	Update	Notes
VPHS	Level of psychological distress, based on 'Kessler 10' Psychological Distress Scale (K10). Individuals are categorised to three levels of psychological distress based on their score: low (10-15) | moderate (16-21) | high or very high (>=22). How satisfied are you with your life? (0-10 scale, low to medium=0-6) To what extent do you agree that people can be trusted?	2024	Small sample (n=400) means large error margins. Satisfaction question changed in 2017 and is therefore not comparable to earlier data. Cannot compare figures directly to other LGAs but can see if the trends are similar.
Household survey	How would the person describe their mental health?	Annual	Person level data, n=1,859 in 2022. Includes multiple responses.

	What are all the sports and recreation activities in which the person usually participates (plays)? Has the person made changes to their local living due to COVID-19? Does the person participate in any community groups? What are all the leisure, arts, and cultural activities in which the person usually participates?		
Census	Has the person been told by a doctor or nurse that they have any of these long-term health conditions? Mental Health. Derived variable – engagement in work or study (EETP)	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Council	Proportion of households within 800m of childcare and 1.6km of a school	On request (GIS)	As at 2023 using valuation codes childcare (715, 720.2), School (721, 723)
DOH	Immunisation rates from the Department of health and aged care	2023	Next update due in September
AEDC	Physical health and wellbeing indicators	2024	
Household survey	What are all the leisure, arts, and cultural activities in which the person usually participates? Which of the following Council run / Council provided community services does your household use now and which do you think your household may require within the next twelve months? On a scale of 0 (very poor) to 10 (very well), how well do you believe your local area is serviced with Council facilities? If there are any household members aged 50 years and over, what do you feel you may need in order to live and age well in Banyule either now or in the future? On a scale of 0 (strongly disagree) to 10 (strongly agree), please rate your households' agreement with the following statements?	Annual	Household level data, n=758. Q60, Q46 and Q47 on a very intensive survey, so may be influenced by order fatigue.
VPHWOF Dashboard	Suicide rate – rate per 100,000 population. ABS Causes of Death. Number of deaths of residents, where the underlying cause was recorded as ICD–10 codes X60–X84, Y87.0,	2023	Victorian public health and wellbeing outcomes dashboard. Age standardised rate from AIHW https://www.aihw.gov.au/suicide-

	registered in the respective calendar year.		self-harm-monitoring/data/data-downloads
VPHWOF Dashboard	Proportion of babies born of low birth weight, from Victorian Perinatal Data Collection (VPDC) DHHS	Annual	Victorian public health and wellbeing outcomes dashboard. Calculated from live births where the birth weight was less than 2500 grams, excluding multiple births
VPHWOF Dashboard	Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy from Victorian Perinatal Data Collection (VPDC) DHHS	Annual	Victorian public health and wellbeing outcomes dashboard. Number of women who smoked at any time during the first 20 weeks of pregnancy. This includes women who quit smoking after becoming pregnant and before 20 weeks of pregnancy, or continued smoking up to 20 weeks of pregnancy.
Banyule Council	Youth survey	Annual	N=767 13-18 year olds
Mission Australia	Annual Youth Survey – Victoria report for 2022	Annual	N=5,097 for Victoria. Victorian level data, not specific to Banyule.

1.7.1 Mental health

FIGURE 61 PROPORTION OF ADULTS WITH HIGH OR VERY HIGH LEVEL OF PSYCHOLOGICAL DISTRESS
SOURCE: VPHS

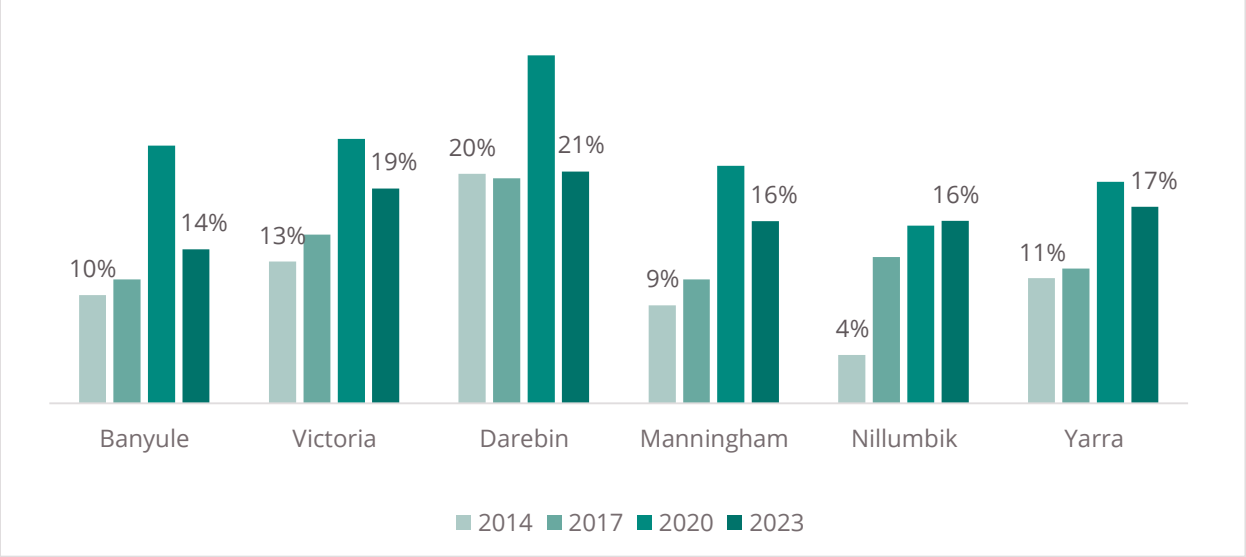
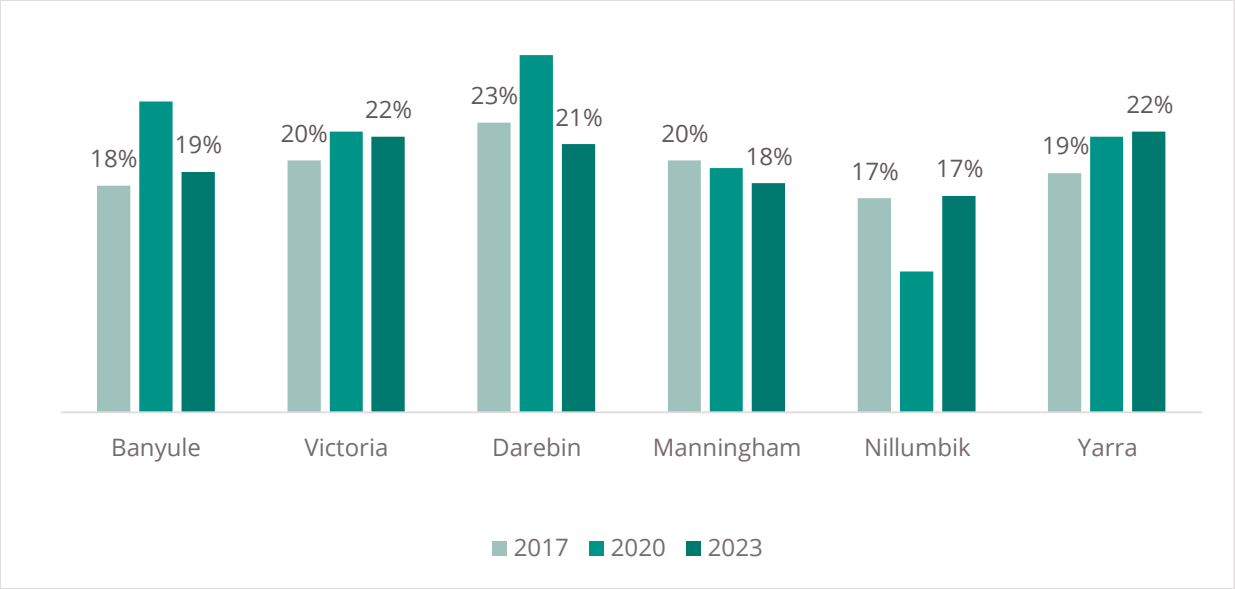


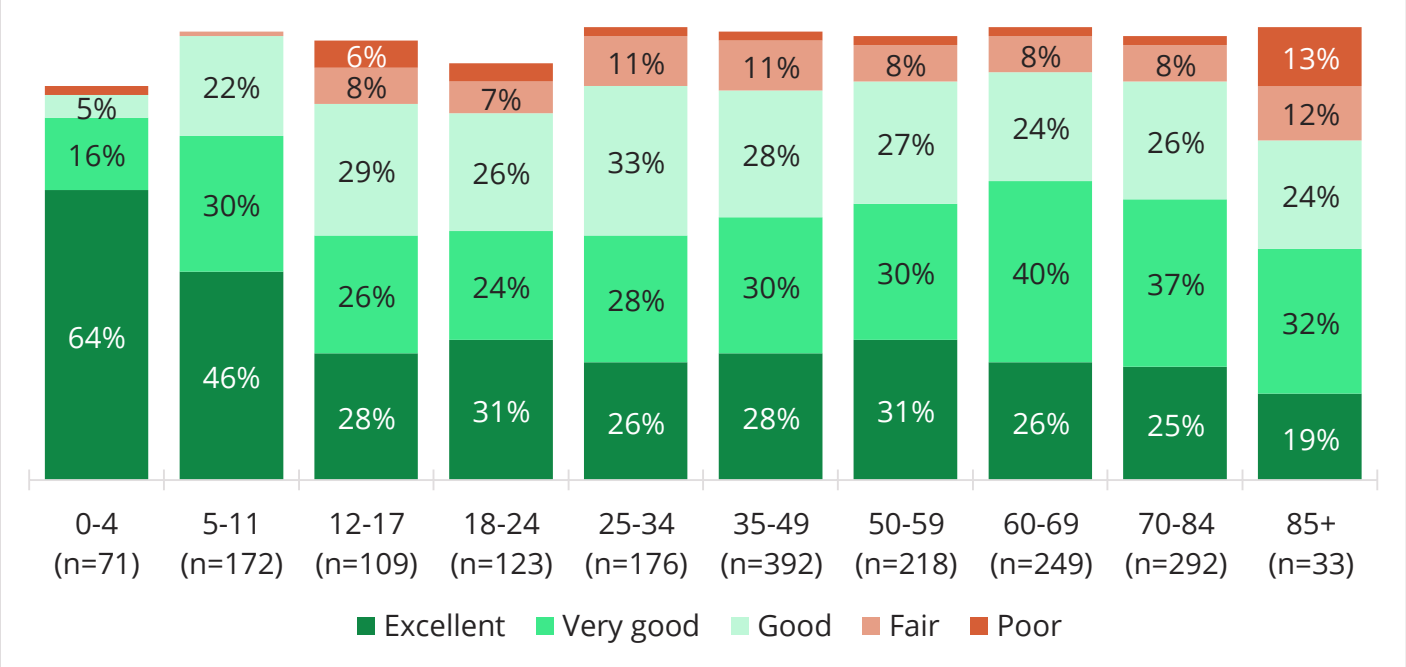
FIGURE 62 PROPORTION OF ADULTS WITH LOW TO MEDIUM LIFE SATISFACTION (SOURCE: VPHS)



The 2017 life satisfaction data was available by gender and showed a similar finding for men and women.

The 2022 Banyule Household Survey clearly shows the trend in self-reported mental health across the lifespan, with perceptions of 'very good' / 'excellent' mental health increasing through adulthood, until people reach 70 years old, when it then declines. Those with a disability that requires assistance more commonly report 'fair' or 'poor mental' health (30%, compared to 9% of those without a disability). There were high rates of respondents not being able to rate mental health for those aged under 5 (14%) and 18-24 year olds (7%).

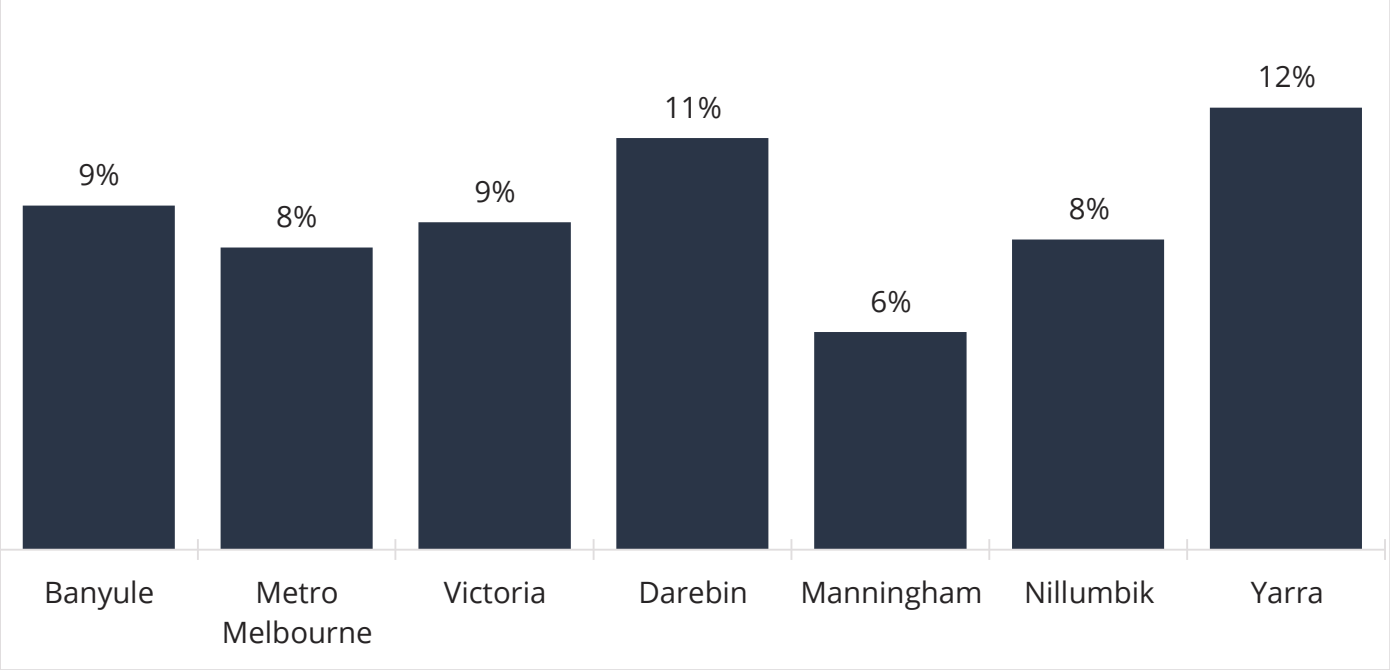
FIGURE 63 SELF-REPORTED MENTAL HEALTH BY AGE, 2022



Those who identified as LGBTIQA+ in the 2022 Banyule Household Survey (n=48) more often rated their mental health as 'poor' (7%, compared to 2% of those not LGBTIQA+).

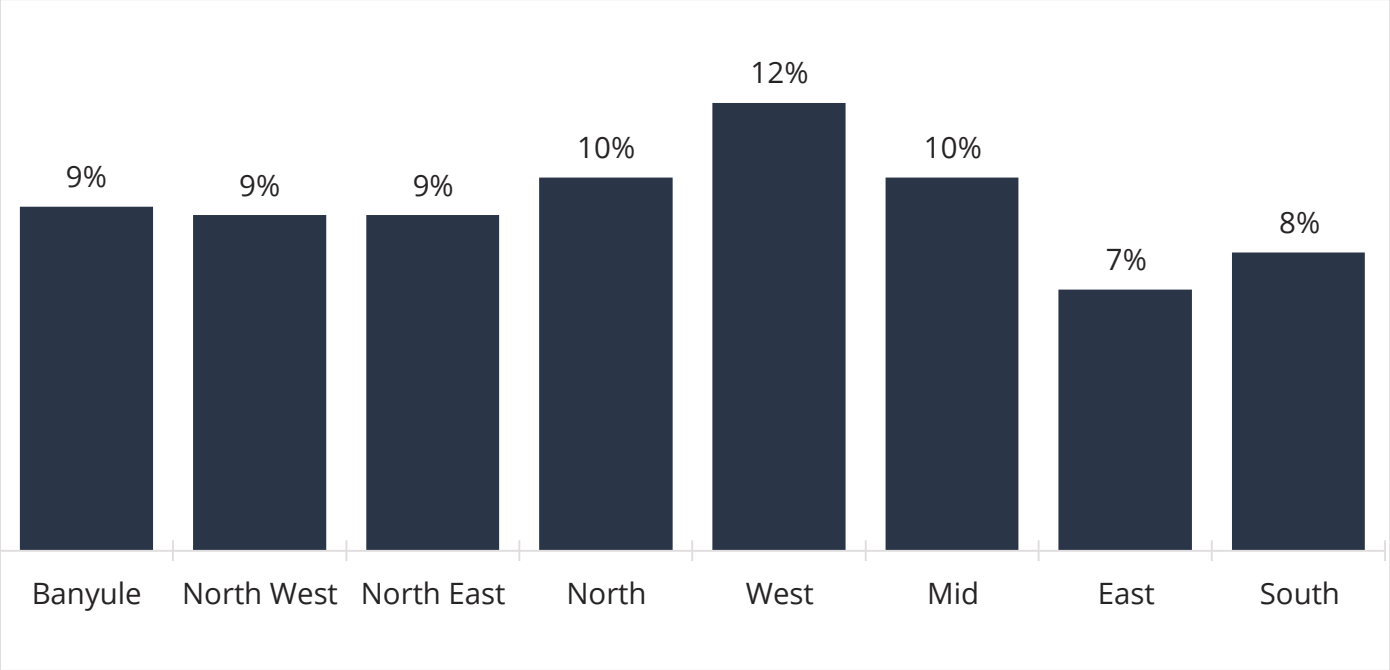
In the 2021 Census a new question was added to understand the extent of long-term health conditions amongst the population. Data shows that almost one in ten Banyule residents have a long-term mental health condition, which is a similar proportion to Melbourne metro and state-wide average, yet higher than Manningham.

FIGURE 64 INSTANCE OF LONG-TERM MENTAL HEALTH CONDITION COMPARED TO OTHER REGIONS



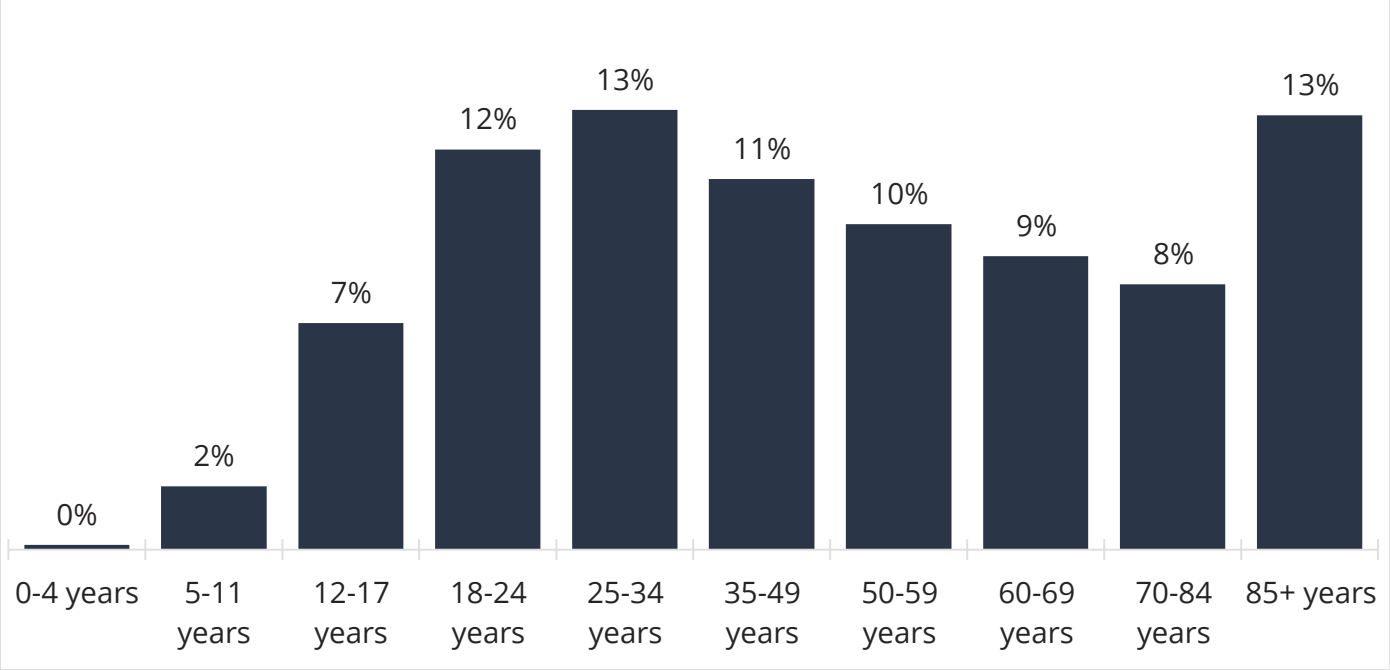
A higher proportion of residents in the West, North and Mid precincts experience long-term mental health conditions than those in the East and South precincts, therefore adequate resources need to be provided in these precincts.

FIGURE 65 INSTANCE OF LONG-TERM MENTAL HEALTH CONDITION BY PRECINCT



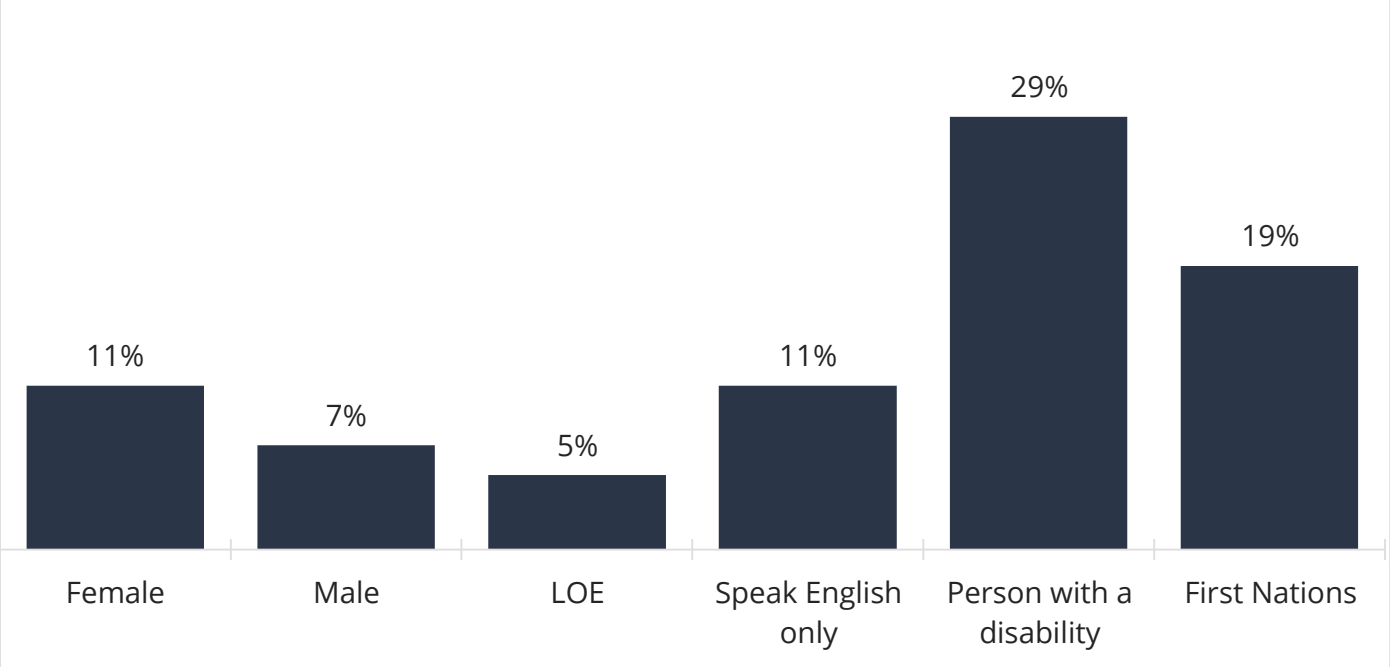
The incidence of experiencing a long-term mental health condition peaks amongst 25-34 year olds and then decreases with age, before spiking again amongst those aged 85 years and over.

FIGURE 66 INSTANCE OF LONG TERM MENTAL HEALTH CONDITION BY AGE



The incidence of reporting a long-term mental health condition is higher amongst females, people with a disability and Aboriginal and Torres Strait Islander people.

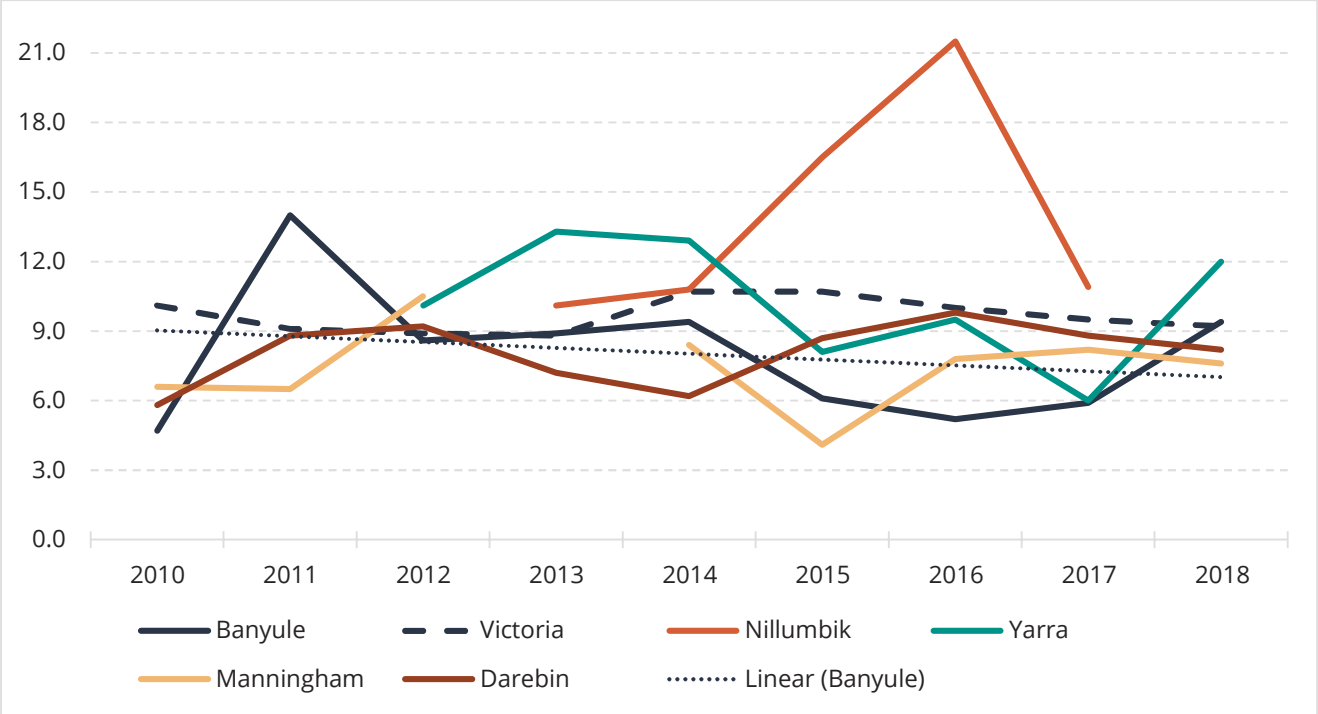
FIGURE 67 INSTANCE OF LONG TERM MENTAL HEALTH CONDITION BY GENDER AND DIVERSITY



A small percentage (3%) of households in the 2022 Banyule Household Survey said that they currently use mental health services. This increases to 5% amongst Mid precinct residents and 6% in North West precinct. A further 4% (overall) said they will need mental health services in the 12 months following interview, and 2% said they require mental health services but can't access one.

In Banyule the suicide rate has been fluctuating over time, and showed a clear increase from 2016 to 2018. The age standardised suicide rate in Banyule from 2017-2021 was 7.4 per 100,000 population, slightly lower than the 10.5 recorded for Victoria overall.

FIGURE 68 SUICIDE RATE PER 100,000 POPULATION, OVER TIME



1.7.2 Child and youth development

The benefits of investing in children and young people flow through to the entire population with outcomes as diverse as greater productivity, lower burden of disease, stronger families, and safer and more connected communities. This is achieved through promoting the physical, social, emotional, and cognitive development of children and young people[15].

Local Governments have a range of focus areas specific to different life stages, specifically infants, children, youth, families and older adults. It is local governments' responsibility to:

- Manage maternal child health and immunisations;
- Coordinate kindergarten bookings and provide the infrastructure for adequate free kindergarten spaces to meet state government guidelines (Best Start, recently expanded to include 3 and 4 year olds);
- Provide spaces for sports clubs (frequently used by children);
- Provide and maintain free public playgrounds and ovals;
- Provide and maintain recreational facilities for youth;
- Provide both youth and older adults with the opportunity to guide Council policies and programs relating to their age group; and
- Provide programs and activities for residents across all age ranges.

This work is supported by the Child and Youth Framework.

Babies and children

Babies with a low birth weight are more likely to experience illnesses, poor growth and chronic health problems. There are a range of factors that can contribute to low birth weight including poor maternal nutrition, maternal smoking, alcohol or drug use, premature birth and environmental pollution.

[15] https://www.aihw.gov.au/reports/children-youth/making-progress-health-development-wellbeing/summary
Making progress: the health, development and wellbeing of Australia's children and young people, 2008, AIHW

FIGURE 69 PROPORTION OF BABIES BORN WITH LOW BIRTH WEIGHT, OVER TIME

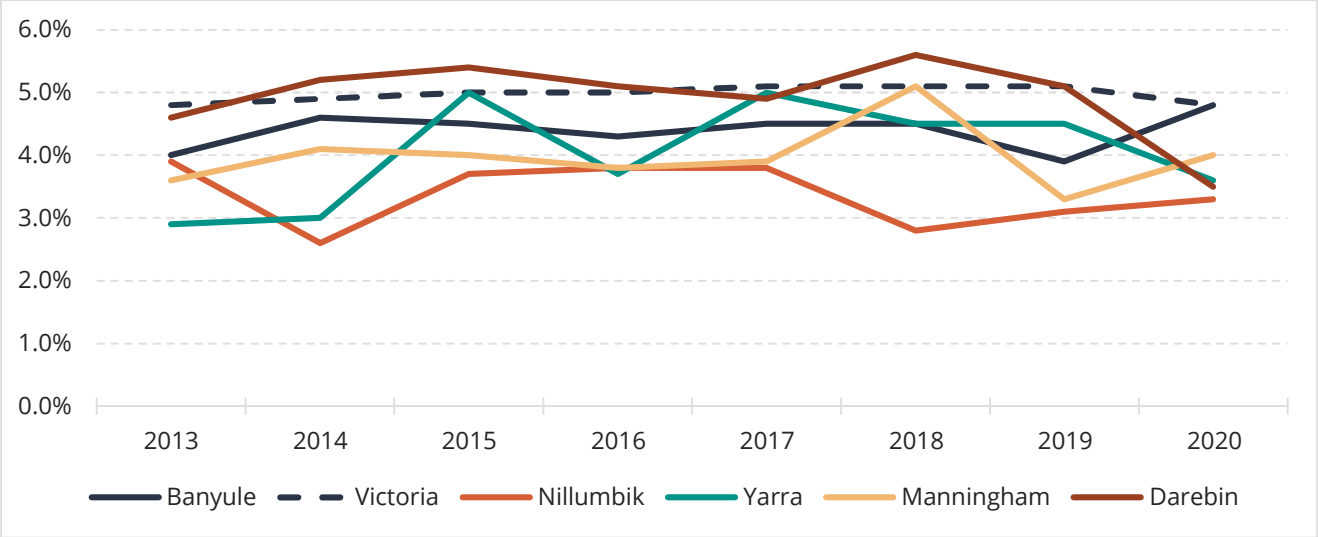
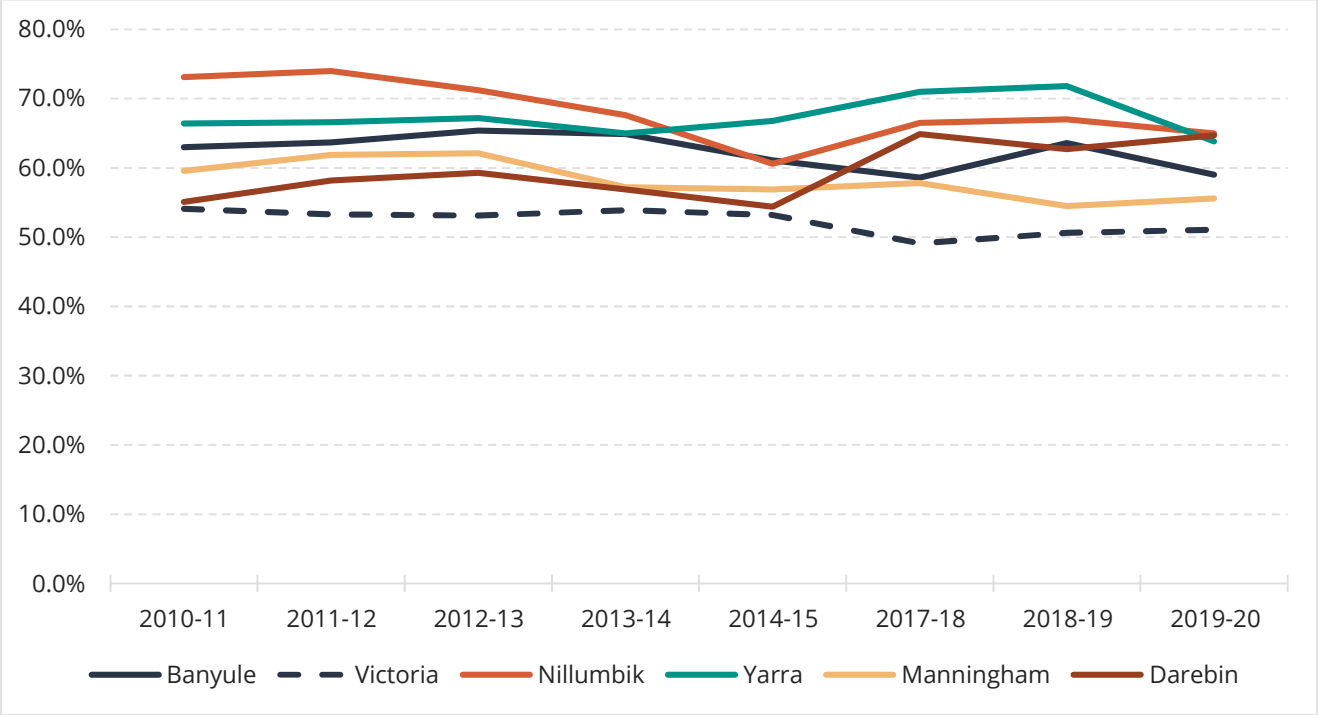


FIGURE 70 PROPORTION OF CHILDREN EXCLUSIVELY BREASTFED, OVER TIME



In the above table, the time series has skipped 2015-2017 due to a lack of available data.

Immunisation rates for children in Banyule have remained relatively stable over time.

FIGURE 71 PROPORTION OF INFANTS FULLY IMMUNISED AT 60-63 MONTHS OVER TIME

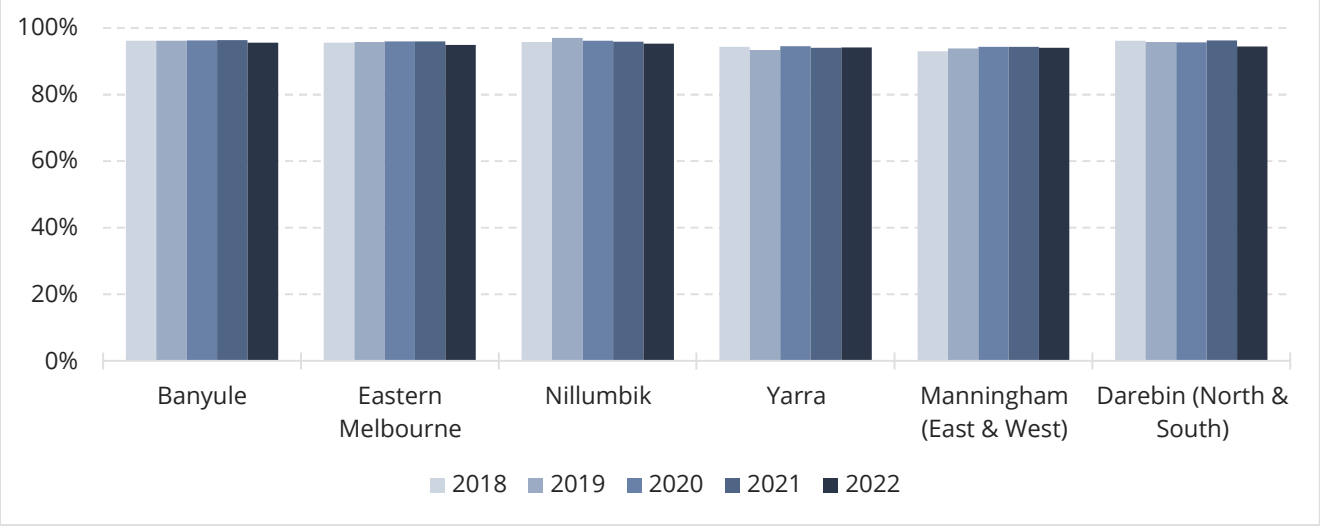
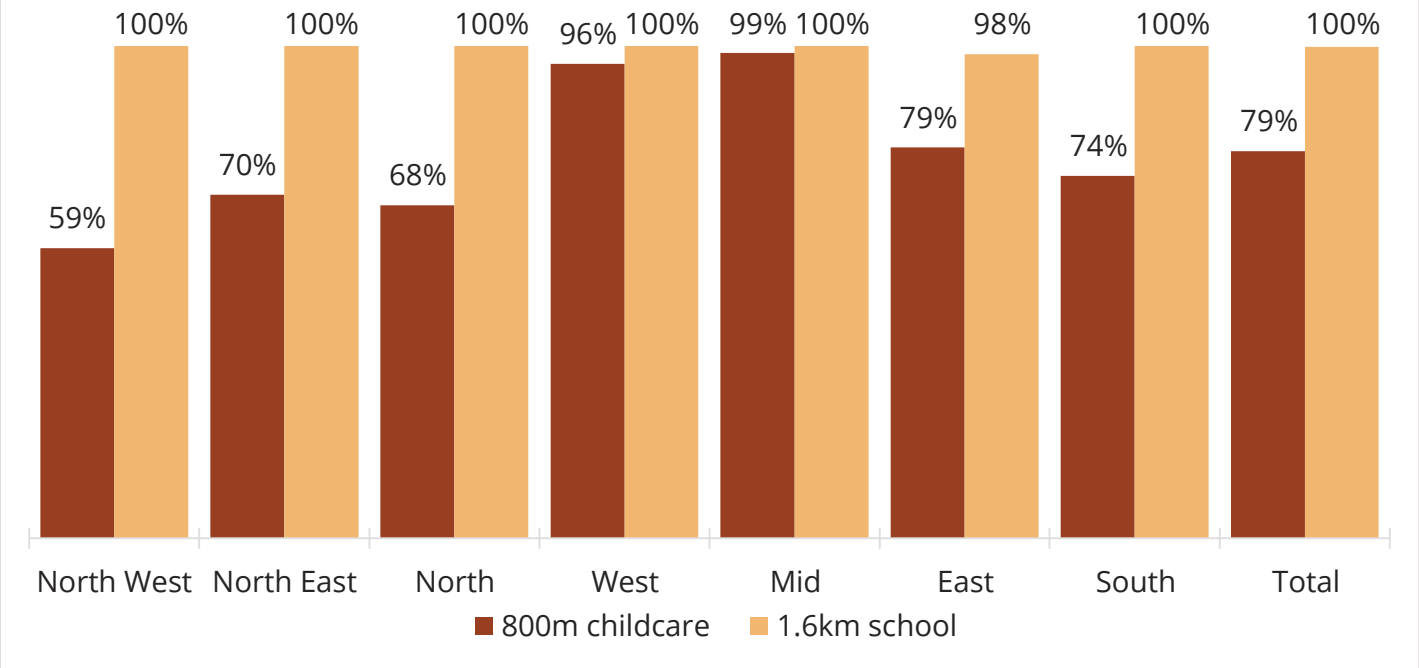
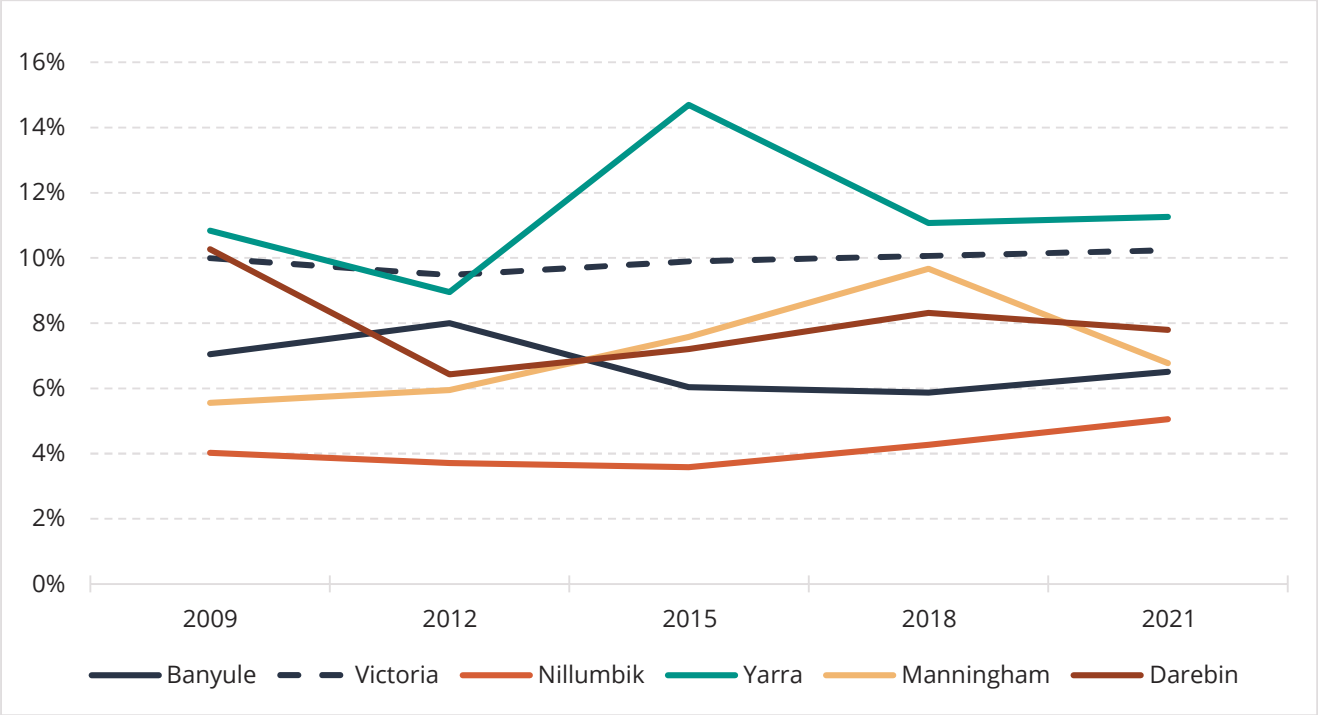


FIGURE 72 PROPORTION OF HOUSEHOLDS WITHIN IDEAL DISTANCES TO CHILD EDUCATION BY PRECINCT



The proportion of children in Banyule classified as developmentally vulnerable has remained relatively stable since 2015, currently sitting at around 6 percent. This is lower than the Victorian average and many of the comparison regions.

FIGURE 73 PROPORTION OF CHILDREN DEVELOPMENTALLY VULNERABLE ON 2 OR MORE AEDC DOMAINS OVER TIME



Youth

In the 2022 Banyule Youth Survey it was found that the main health and wellbeing issues for youth were:

- **Mental health** (leading by a significant amount) - anxiety, depression, managing emotions, self-harm and suicide;
- **Body image** – self-esteem, self-acceptance, disordered eating;
- **Racism** (increased in 2022);
- **Relationships** (increased in 2022) – knowing when to step away from harmful relationships;
- **Employment**;
- **Gender equality and LGBTIQA+ support** (self-exploration and acceptance, rejection, bullying); and
- **Safety**.

Furthermore, in the Mission Australia Youth Survey for 2022, some key findings about the health and wellbeing of Victorian youth were as follows.

Mental health;

- 23% females and 8% males identify as having a mental health condition (54% gender diverse).
    - 29% had high psychological distress.
    - 22% felt lonely all or most of the time.
    - 45% were extremely or very concerned about coping with stress.
    - 50% females and 25% of males reported their mental health and wellbeing as 'fair' or 'poor'.
- Mental health more commonly mentioned as a personal concern by females (50%) than males (21%).

- Mental health was also reported as the main potential barrier to achieving study or work goals (60% females, 40% males).
- 34.4% named mental health as one of the most important issues in Australia today (after the environment and equality / discrimination);
- 54.3% reported that they felt the need for support with their mental health at some point in their life;
- To get support for mental health, most would go to a health professional (69%) and/or family (57%). However, there is a stigma to seeking help (particularly amongst males - 42%, 40% females), and concerns about confidentiality (41%). 34% don't know where to go for help.

Other key findings about Victorian young people in the Mission Australia Youth Survey for 2022 were:

- Body image was more commonly mentioned as a personal concern by females (46%) than males (14%);
- 9.2% were worried about having a safe space to stay;
- 5% said their family couldn't pay bills or car expenses;
- 53.7% agreed their community had the things they need to have a positive and thriving future;
- 39% participate in arts and culture activities
- 39% of gender diverse respondents (4.2% of respondents identified as gender diverse) rated high levels of personal concern about discrimination and 61% had reported being on the receiving end of unfair treatment or discrimination in the 12 months prior to interview (25% average). The main discrimination experienced by youth is gender (41% of those experiencing discrimination), cultural background (32%) and mental health (27%);
- 25% females rated physical health as a personal concern, compared to 16% males. 72% said they participate in sport, although this is more common amongst males (78%) than females (70%);
- Most school age young people reported that they were planning to go to University after school (80% females, 63% male), although around a third were planning a gap year (36% female, 26% male).

Census measures disengagement for all residents aged 15 years or over. This measure explores the extent to which an individual is engaged in employment and/or education. In 2021 Youth (15-24 year olds) disengagement in Banyule was at 6% 'fully disengaged', and 11% 'partially engaged'. The rate of youth disengagement is lower in Banyule than the metropolitan and state-wide averages, yet higher than that experienced in Manningham.

FIGURE 74 YOUTH DISENGAGEMENT COMPARED TO OTHER REGIONS, 2021

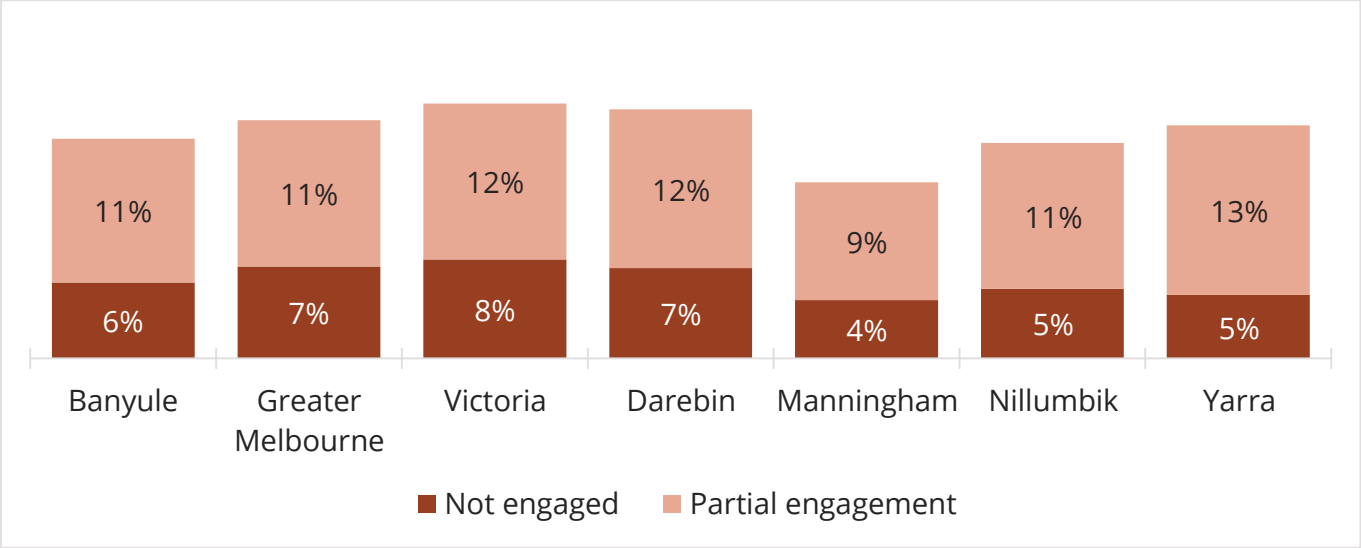
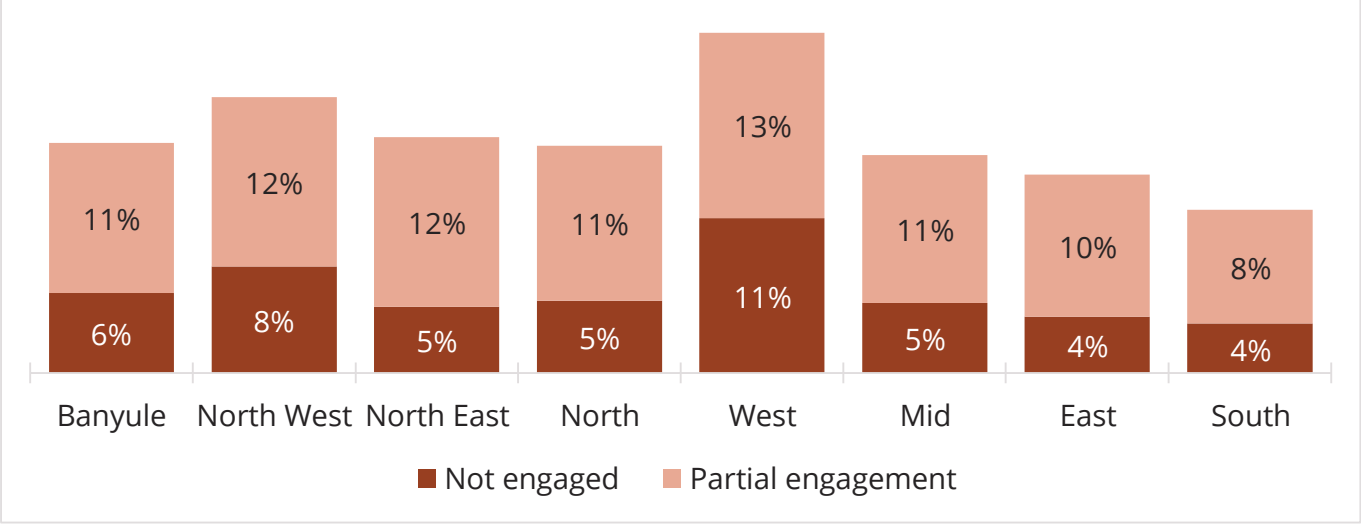


FIGURE 75 YOUTH DISENGAGEMENT BY PRECINCT, 2021



1.7.3 Isolation

Social isolation and loneliness can be harmful to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on peoples' lives. Social isolation has also been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and biological effects, including high blood pressure and poorer immune function[16].

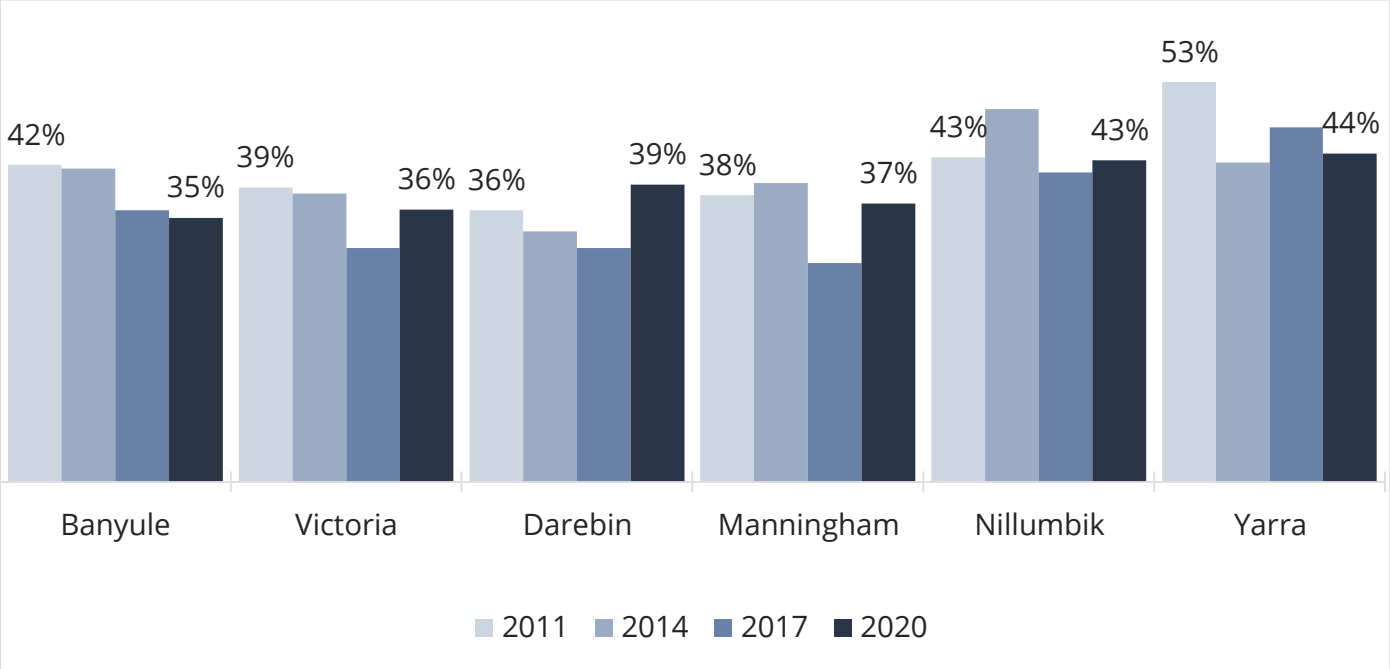
The last time social isolation was measured in the VPHS Survey was in 2014, where Banyule showed 16% of the population to have a 'high' or 'very high' level of social isolation, which was similar to the Victorian average (17%).

The 2022 Banyule Household Survey showed that 34% reported less social interaction due to COVID-19. This was more prominent amongst 85+ year olds (40%) and those who don't speak a language other than English (36%). In this same survey, 42% reported participation in some type of community group, mostly sports clubs (16%, more common in South (21%) and North East (20%) precincts, and

[16] https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness-covid-pandemic Social Isolation and Loneliness, 2021, AIHW

amongst males (20%) and religious groups (11%, mostly amongst older adults). In this same survey 97% reported that someone in their household had contact with friends/family who they do not live with.

FIGURE 76 INSTANCE OF DEFINITELY AGREEING THAT PEOPLE CAN BE TRUSTED COMPARED TO OTHER REGIONS, OVER TIME



In the 2022 Banyule Household Survey, households were asked to rate their agreement with a range of statements (mean rating out of 10 where 0 is 'strongly disagree' and 10 is 'strongly agree'). There are good opportunities to connect with others in the community received a mean agreement rating of 6.49 (no notable variations by precinct). 'I/we often stop and chat with someone from our local community' received a mean agreement rating of 7.12 (higher in South precinct (7.95) and lower in West (6.13) and North West (6.79) precincts).

Furthermore, 'we feel part of the local community' received a mean agreement rating of 6.96. The mean agreement rating was higher in South (7.5) and North East (7.21) precincts, and lower in West precinct (6.11). Furthermore, 'we get along with our neighbours' received a mean agreement rating of 8.11, increasing to 8.75 in South precinct (notably low in West (7.66), Mid (7.85) and East (7.87) precincts). 'In times of need I / we could turn to the neighbours for help' received a mean agreement rating of 7.30. This was higher amongst those in the South precinct (8.0) and lower in the West precinct (6.56).

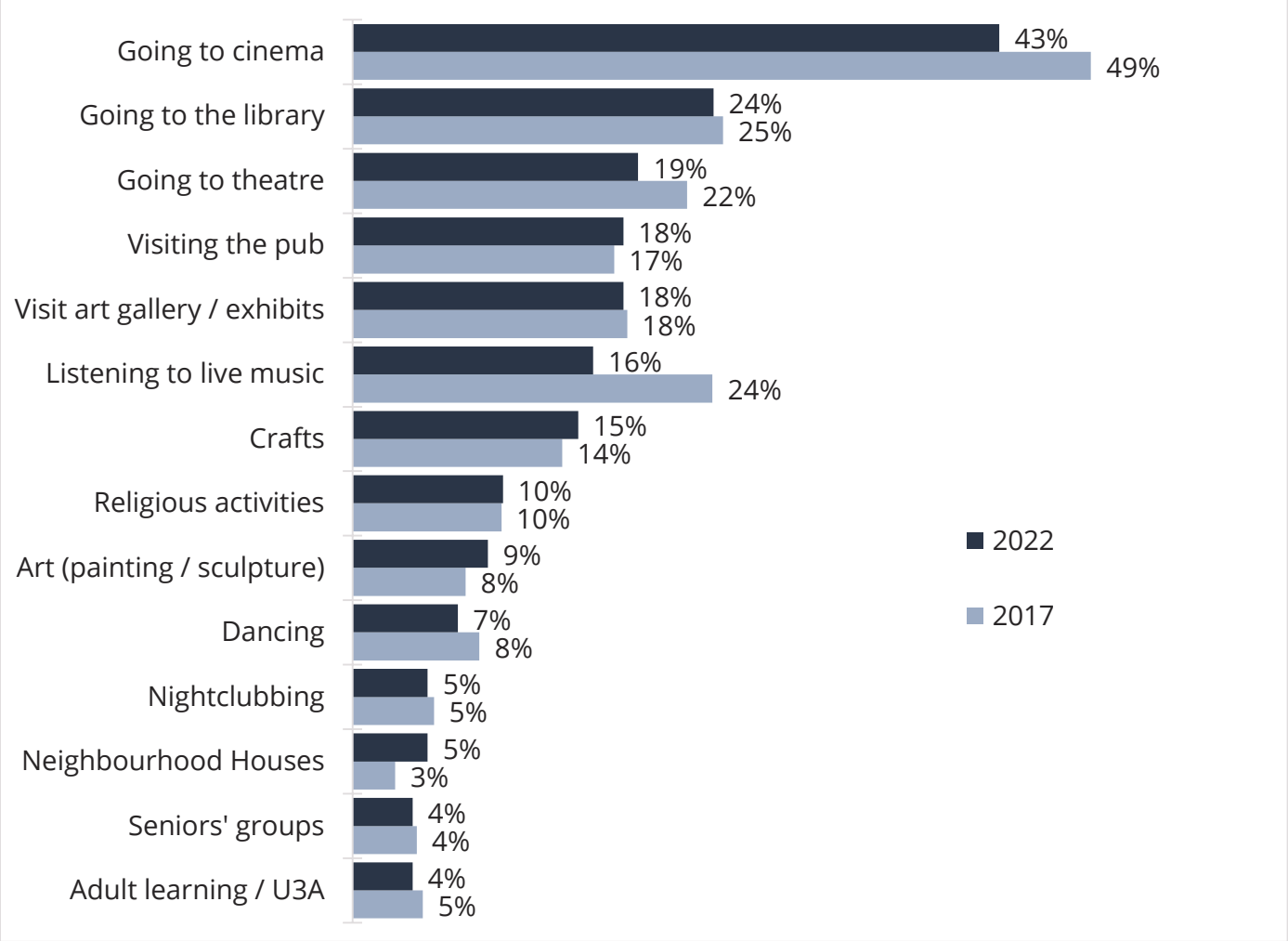
1.7.4 Art and culture participation

Arts and cultural engagement has been shown to: enhance social inclusion; reduce loneliness; increase confidence; and improve feelings of self-worth[17].

The 2022 Banyule Household Survey shows that the most popular art and cultural activities amongst residents are going to the cinema, going to the library and going to the theatre.

[17] https://newapproach.org.au/wp-content/uploads/2021/08/ANA-4-Health-InsightReport2-Factsheet4.pdf A New Approach, 2020, 'Health and wellbeing: Transformative impacts of arts, culture and creativity' [Factsheet 4]. Produced by A New Approach think tank with lead delivery partner the Australian Academy of the Humanities, Canberra

FIGURE 77 ARTS AND CULTURE PARTICIPATION IN BANYULE OVER TIME



Findings in the 2022 Banyule Household Survey show some notable variations in arts and culture participation by precinct and demographics:

- **Going to the cinema** is more prominent amongst residents of South (50%) and East (50%) precincts, those aged 18-24 (60%, compared to 28% 85+ year olds)), those who speak English only (45%, compared to 35% LOE) and those without a disability (41%, compared to 33% of those with a disability).
- **Going to the library** is more common amongst those in the South (31%) and East (30%) precincts, women (29%, compared to 19% males), and children (41% 0-4 and 47% 5-11 year olds, compared to 6% 85+ year olds).
- **Going to the theatre** is more common amongst those in South (24%) precinct, women (24%, compared to 13% men), 60-69 year olds (26%), those who speak English only (21%, compared to 12% LOE) and those who identify as LGBTIQA+ (32%, compared to 19% non-LGBTIQA+).
- **Neighbourhood houses** are more commonly frequented by women (6%, compared to 3% men) and those who speak a language other than English (9%, compared to 4% who speak English only).
- **Seniors groups** are used by 18% of 70-84 year olds and 21% of 85+ year olds.
- **Visiting an art gallery** is more common amongst residents in South (23%) precinct, women (22%, compared to 13% men), 25-49 year olds (21%), 60-69 year olds (26%), those who only speak English (19%, compared to 123% LOE), those who identify as LGBTIQA+ (32%, compared to 17% non-LGBTIQA+) and those without a disability (18%, compared to 9% of those with a disability where they need assistance).

Over a third (37%) of households in the 2022 Banyule Household Survey said that they currently use library services. This increases to 44% amongst North precinct residents and 42% in North West precinct. A further 14% (overall) said they will need a library service in the 12 months following interview, and 1% said they require a bulk billing doctor but can't access one.

When asked to rate how well they believe their local area is serviced with Council facilities in the 2022 Banyule Household Survey (mean rating out of 10 where 0 is 'very poor' and 10 is 'very well'), libraries and library services received a mean of 8.19. Notably lower mean scores were recorded in the West (7.72) and North East (7.61) precincts, whilst the South precinct received a higher mean rating (8.9).

Case study – Mental Health training and support for schools

Havering Council, UK - https://www.local.gov.uk/case-studies/havering-council-children-and-young-people-mental-health-training-and-support-schools

This project used a multi-agency steering group including police, mental health services, youth services and volunteer sector organisations to help schools implement a 'whole school approach' towards mental health. This project primarily helped schools identify appropriate training resources so staff could upskill to support students.

1.8 Improving sexual and reproductive health

Victorian public health and wellbeing plan 2019–2023

Sexual and reproductive health is important for everyone. It is not only about physical wellbeing – it includes the right to healthy and respectful relationships, health services that are inclusive, safe and appropriate, access to accurate information testing, treatment, and timely support and services (including access to affordable contraception). Sexual and reproductive health is important across the life course. Good sexual and reproductive health involves gender equality, respect, safety and freedom from discrimination, violence and stigma. It is critically influenced by power dynamics, gender norms and expectations and is expressed through diverse sexualities. Sexually transmissible infections and bloodborne viruses including human immunodeficiency virus (HIV) continue to impact the health and wellbeing of Victorians, in particular those at greatest risk. The virtual elimination of new transmissions of HIV and hepatitis B and C in Victoria is a possibility due to the significant advances in prevention, testing, treatment and management.

Aim to achieve:

- Promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice (including planned, safe and healthy pregnancy and childbirth).
- Improve knowledge and awareness of factors that affect the ability to conceive a child, and increase access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights.
- Early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause
- Reduce sexually transmissible infections and blood-borne viruses through prevention, testing, treatment, care and support.
- Work towards eliminating HIV and viral hepatitis transmission and significantly increase treatment rates.
- Reduce and eliminate stigma, including homophobia, transphobia and biphobia.

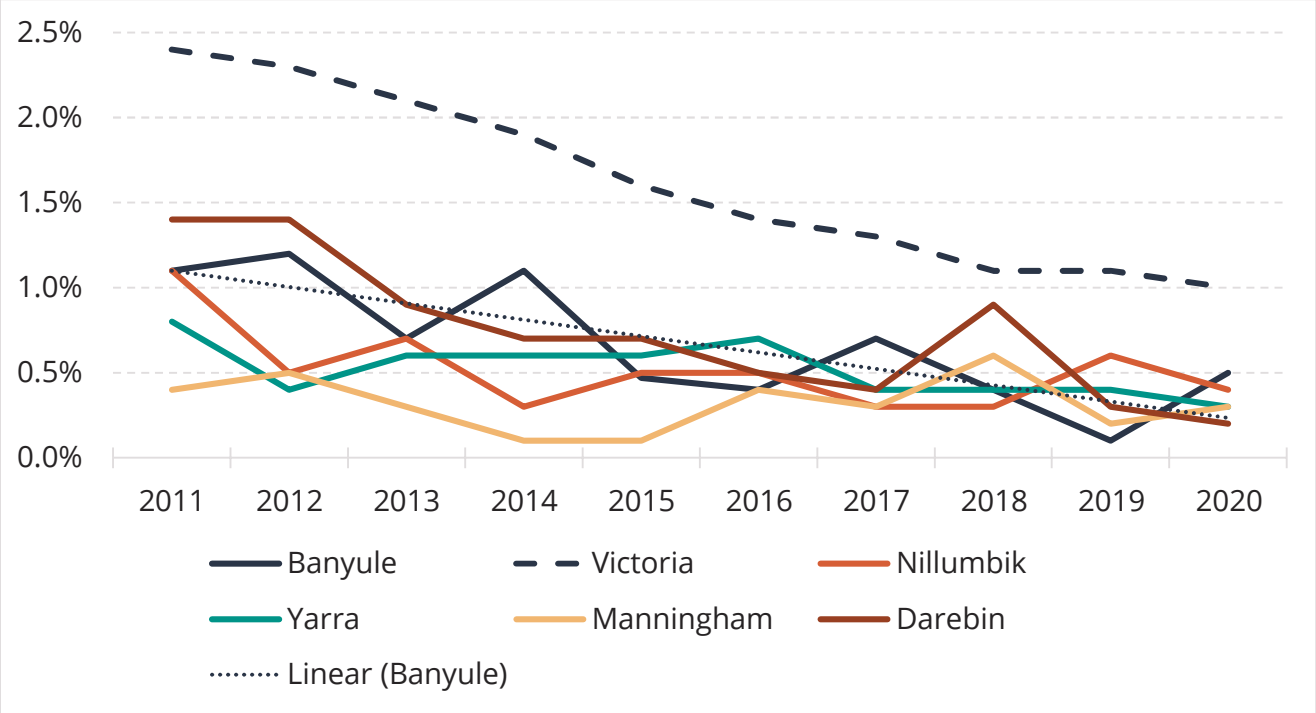
TABLE 14 IMPROVING SEXUAL AND REPRODUCTIVE HEALTH DATA SOURCES

Source	Question	Update	Notes
VPHWOF Dashboard	Birth rate of young women 15-19 years, from Victorian Perinatal Data Collection (VPDC) DHHS	2023	Victorian public health and wellbeing outcomes dashboard.
Women's Health Atlas	Medical abortion rate per 1,000 population, from Services Australia Medicare statistics PBS claims item 10211K	Annual	Females aged 12-54 residing in the LGA
Women's Health Atlas	Birth rate per 1,000 population from Australian Bureau of Statistics, 3301.0 - Births, Australia, 2020	Annual	Birth rates for 2016 an 2017 may be inflated due to registry system changes.
Women's Health Atlas	Contraceptive implant and IUD per 1,000 population, from Medicare Benefits Scheme item 14206 & Item 35503 respectively	Annual	Doesn't include services provided in public hospitals.
Women's Health Atlas	Rate of Chlamydia per 1,000 population by gender. Department of Health and Human Services. Interactive infectious disease reports.	Annual	

Women's Health Atlas	Rate of Gonorrhoea per 10,000 population by gender. Department of Health and Human Services. Interactive infectious disease reports.	Annual	

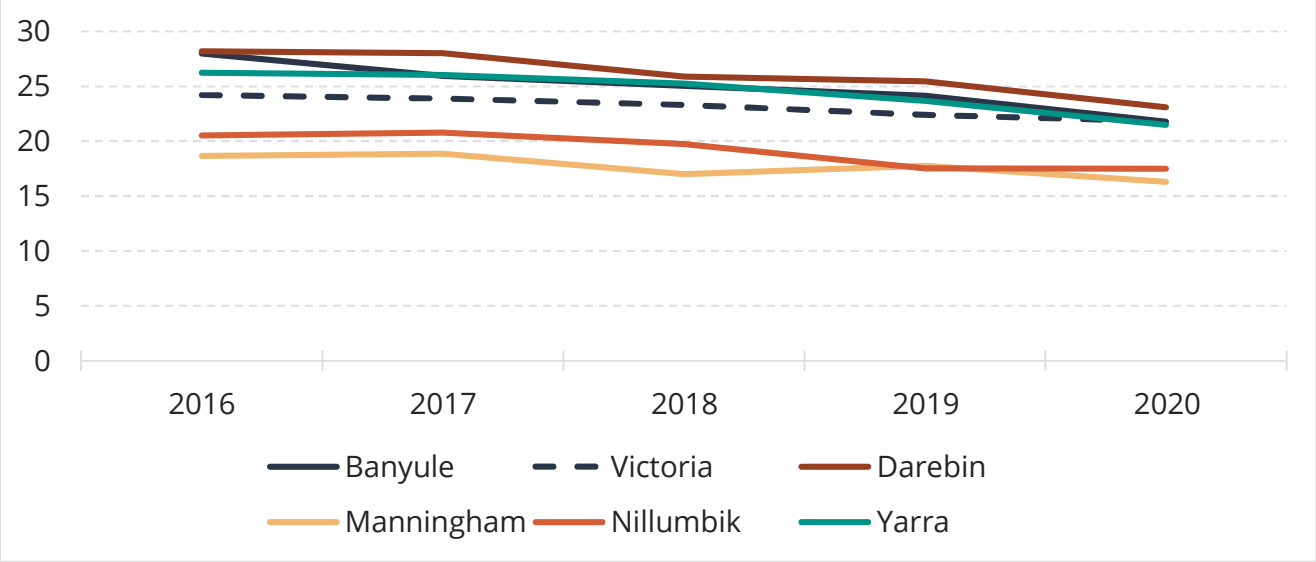
The birth rate amongst young women can provide a sense for the extent of safe sex practices. In Banyule, the proportion of 15-19 year olds giving birth has been fluctuating over time, trending down, in line with the overall average for Victoria.

FIGURE 78 PROPORTION OF 15-19 YEAR OLDS GIVING BIRTH, OVER TIME



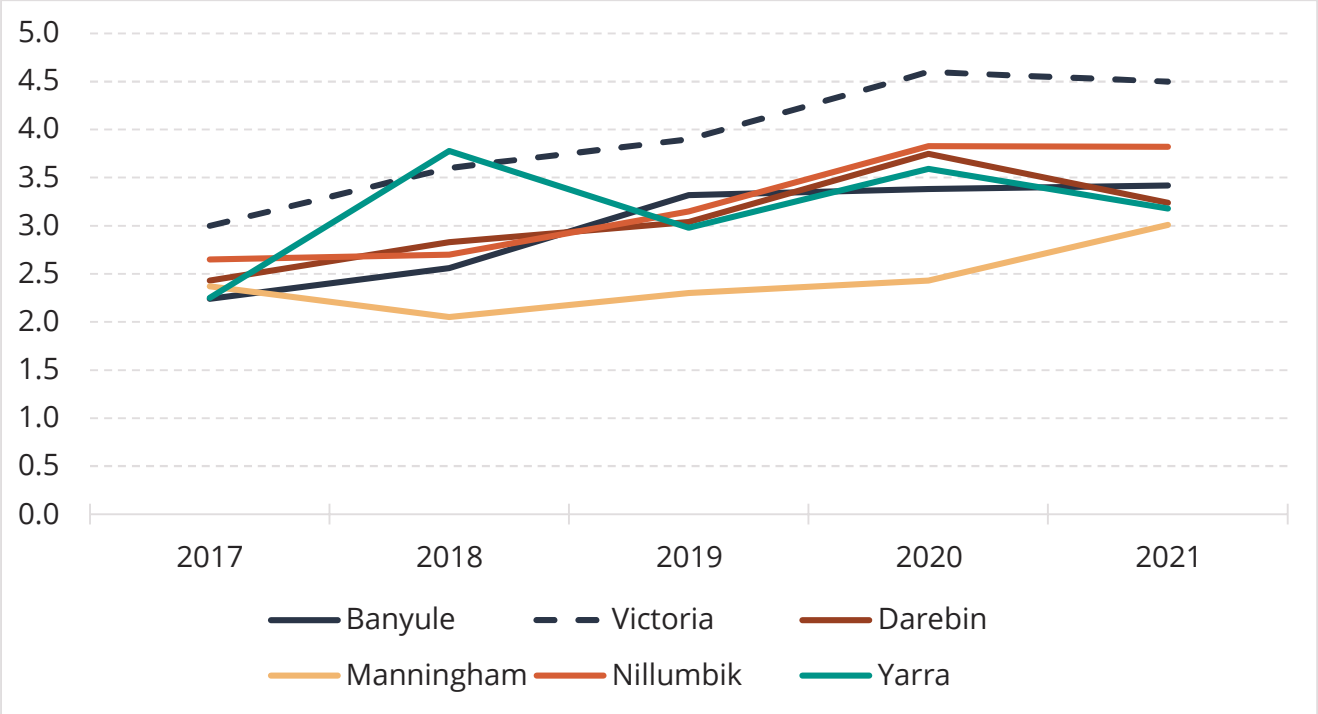
The birth rate more broadly (all women) has also been decreasing across the board.

FIGURE 79 BIRTH RATE PER 1,000 POPULATION, OVER TIME



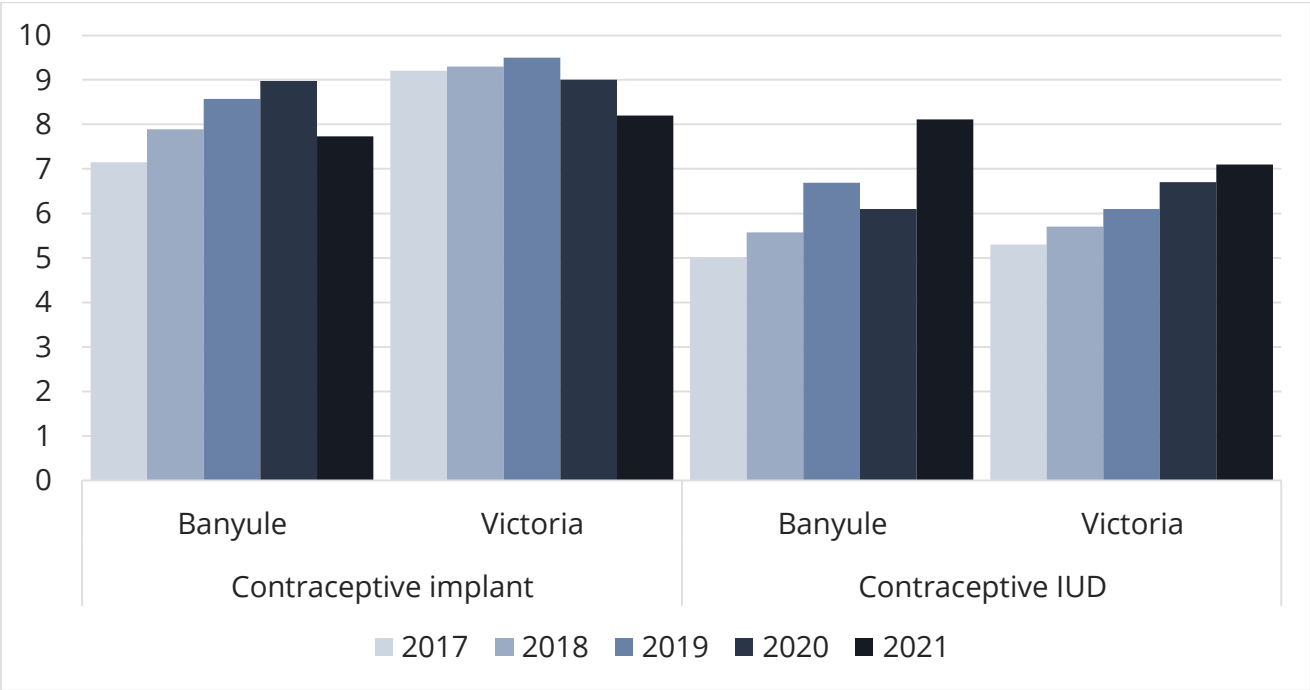
Further to a declining birth rate, there has also been an increase in medical abortions over time. This suggests that the community is becoming more informed about their reproductive options.

FIGURE 80 MEDICATION ABORTION RATE PER 1,000 POPULATION, OVER TIME



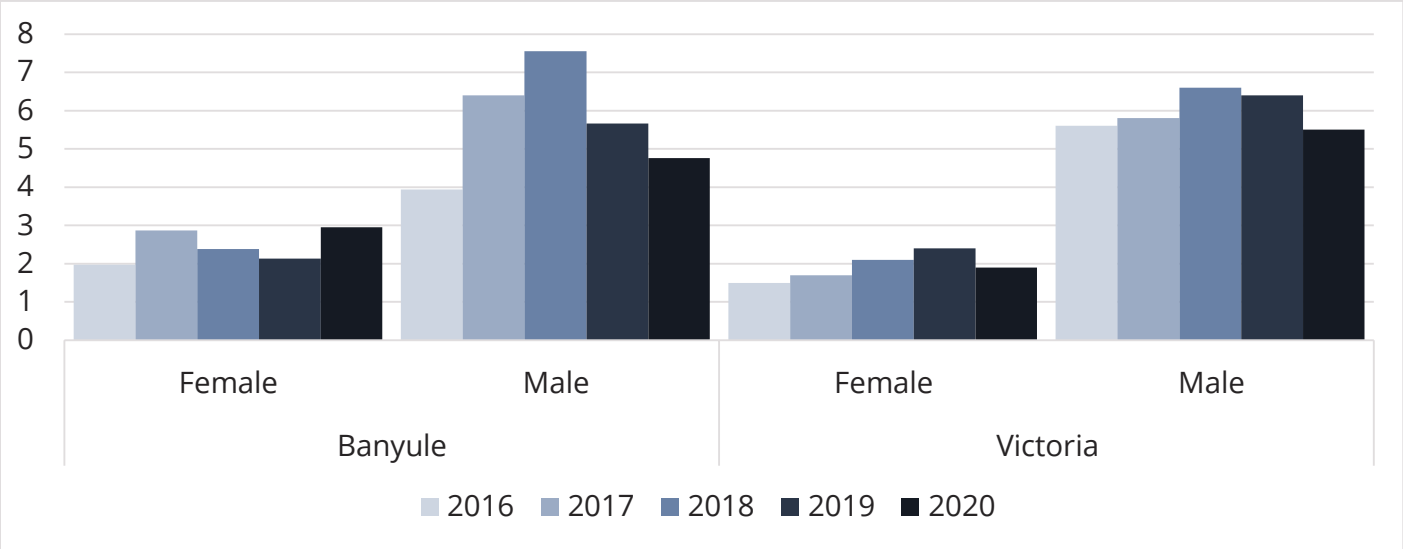
Further data about reproductive options shows a recent uptake in IU contraception, swinging away from implants.

FIGURE 81 RATE PER 1,000 POPULATION OF CONTRACEPTION



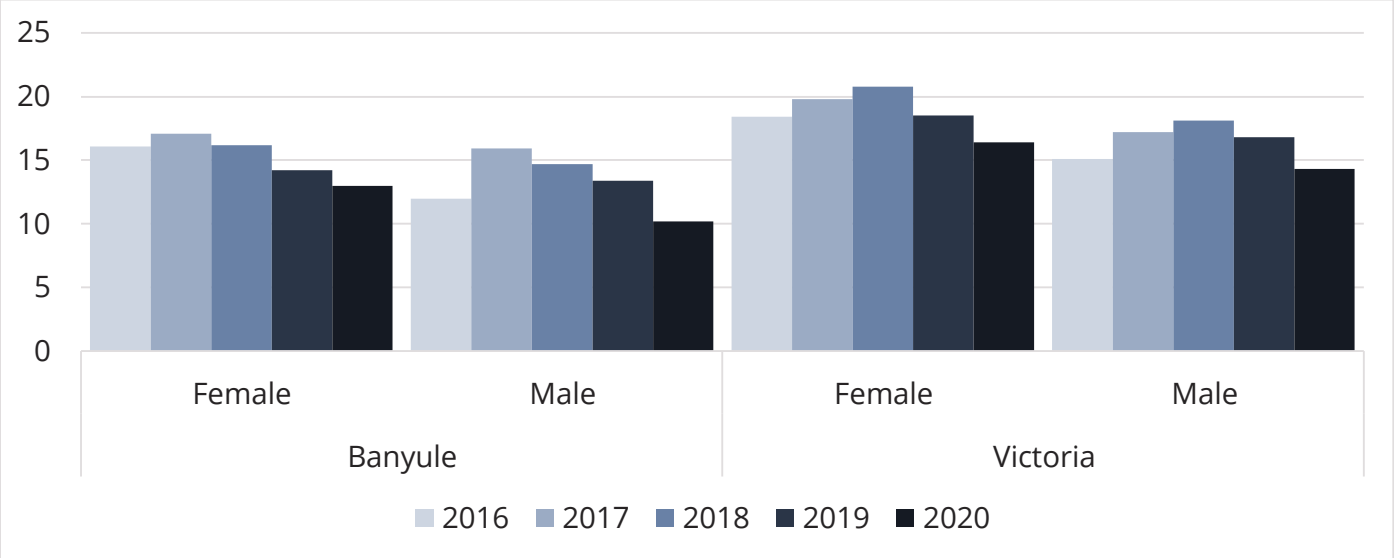
In section 1.5 of this report it is shown that rates of gonorrhoea are increasing in Banyule. The rate of gonorrhoea is higher amongst males than females, although in recent years the rate amongst males has been declining.

FIGURE 82 RATE PER 10,000 POPULATION OF GONORRHOEA



In Banyule, the rate of chlamydia has been declining over time, amongst males and females.

FIGURE 83 RATE PER 1,000 POPULATION OF CHLAMYDIA



1.9 Reducing tobacco-related harm

Victorian public health and wellbeing plan 2019–2023

Tobacco use is the leading contributor to disease and death burden. It is responsible for 9.3 per cent of disease burden and 13.3 per cent of deaths in Australia (Australian Institute of Health and Welfare 2019). Smoking increases the risk of lung cancer, cardiovascular disease, chronic obstructive pulmonary disease, gum disease and many other illnesses, and evidence suggests that smoking kills almost two in three regular users (Banks et al. 2015). The health burden of tobacco use does not just affect smokers. Children who live in a smoking household are significantly more likely to suffer from bronchiolitis and other respiratory conditions (Jones et al. 2011).
Aim to achieve:

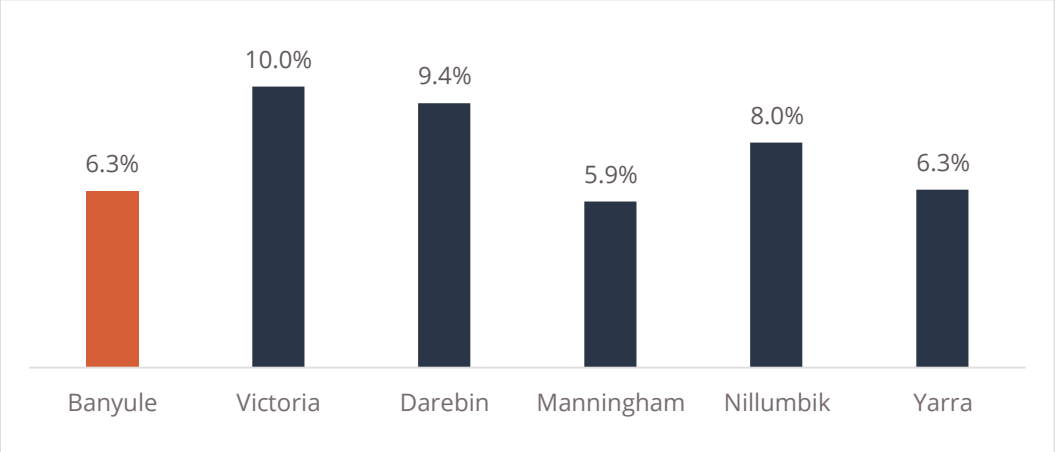
- Decrease access and affordability of tobacco products.
- Decrease the number of environments in which to smoke.
- Decrease exposure to second- and third-hand smoke.
- Decrease social acceptability of smoking.
- Increase capacity to stop smoking and use of nicotine.
- Increase uptake of stop-smoking supports.

TABLE 15 REDUCING TOBACCO RELATED HARM DATA SOURCES

Source	Question	Update	Notes
VPHS	How often do you smoke cigarettes? A person who smoked daily, or occasionally, was categorised as a current smoker. In 2023, the measure related to smoking is based on people who smoke tobacco daily. Alcohol harm identified through recording number of drinks consumed per week. In 2023, risk of harm from alcohol-related disease or injury is based on those who consumed alcohol in the last year. The risk is further broken down into 'At reduced risk' and 'At increased risk'.	2024	Small sample (n=400) means large error margins. Cannot compare figures directly to other LGAs, but can see if the trends are similar.
VPHWOF Dashboard	Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy, from Victorian Perinatal Data Collection (VPDC) DHHS	2023	Victorian public health and wellbeing outcomes dashboard.

The rate of smoking in Banyule is lower than Darebin, Nillumbik and the state average.

FIGURE 84 PROPORTION OF ADULTS WHO SMOKED TOBACCO DAILY (SOURCE: VPHS 2023)



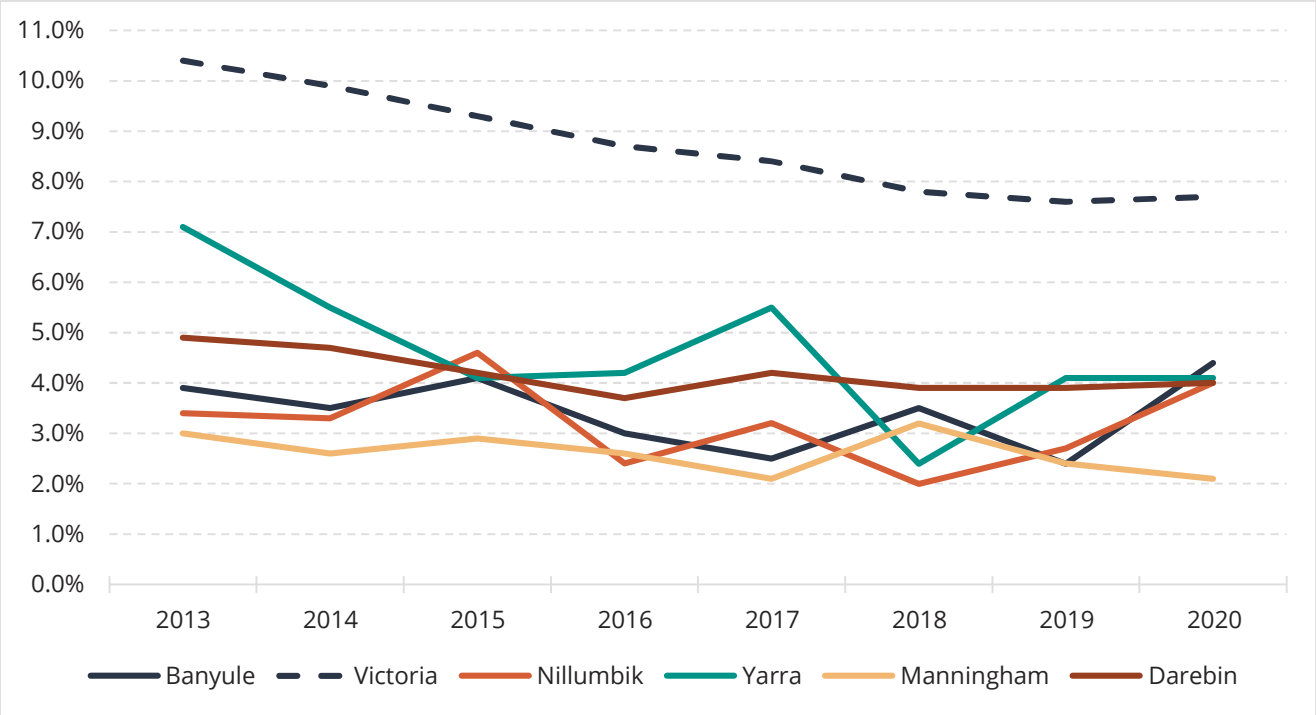
In the Victorian Population Health Survey prior 2023, there was no notable variation in smoking rates between men and women. (Smoking rates by gender are not yet available for 2023.)

Whilst local level data is not yet available on the topic, e-cigarettes are considered to be an emerging crisis by a number of health and cancer organisations, with particular concerns about the ease of access for young people. A Cancer Council NSW survey found that 1 in 3 16-23 year olds had used an e-cigarette, with 11% using them regularly[18]. This is currently a gap in the data.

[18] https://www.cancercouncil.com.au/cancer-prevention/smoking/electronic-cigarettes/ E-cigarettes, Cancer Council NSW

The proportion of mothers who smoke within the first 20 weeks of pregnancy is lower in Banyule than the state-wide average. The proportion in Banyule was decreasing over time, however showed a marked increase in 2020, bringing it to the highest of all of the comparison LGAs.

FIGURE 85 PROPORTION OF MOTHERS WHO SMOKED TOBACCO IN THE FIRST 20 WEEKS OF PREGNANCY, OVER TIME



Case study - Get the Facts – Vaping Toolkit

NSW Health awareness campaign - https://www.health.nsw.gov.au/tobacco/Pages/vaping.aspx
This campaign is aimed at secondary school students and their parents and aims to educate students on the harmful additives in e-cigarettes and the potential flow-on health impacts such as depression and anxiety.
It provides videos and fact sheets for students, parents, schools and health professionals through a website (see above).

1.10 Reducing harmful alcohol and drug use

Victorian public health and wellbeing plan 2019–2023

Alcohol and other drug problems are complex, affecting not only individuals but their families, their friends and their communities. We see the impacts of these problems in our health system, child and family services, family violence response and law enforcement. It is an issue that spans health, wellbeing, housing, community safety, child protection and mental health.

Aim to achieve:

- Increased capability in all service systems including mental health, housing, child protection and family violence to assist people with alcohol and other drug-related issues.
- Better outcomes for those who access treatment, reducing harm (such as overdose, drug-related illness) and improving social outcomes (such as employment, stable housing and family reunification).
- Improved capability of primary care providers to assist people to manage alcohol and other drug-related issues before treatment is required or complexity develops.
- Change risky drinking cultures and deliver environments that support low-risk drinking.

Banyule Council has a Safer Banyule Plan and a Banyule Drug and Alcohol Plan to help guide Council's approach to this topic.

TABLE 16 REDUCING HARMFUL ALCOHOL AND DRUG USE DATA SOURCES

Source	Question	Update	Notes
Council	Proportion of households within 400m of an off-license alcohol outlet	On request (GIS)	As at 2023 using valuation codes 217, 218, 240, 241
VPHS	How often do you smoke cigarettes? A person who smoked daily, or occasionally, was categorised as a current smoker. Alcohol harm identified through recording number of drinks consumed per week. 2023 survey measure changed for alcohol harm – at risk rather than increased risk. At risk if consumed alcohol in the last year.	2024	Small sample (n=400) means large error margins. Cannot compare figures directly to other LGAs, but can see if the trends are similar.
AODstats	Ambulance attendances and hospital admissions data	annual	Reporting rate per 100,000 population to allow for comparability to other regions.

Close access to an off-license alcohol outlet (liquor store or restaurant permitted to sell liquor) can potentially increase the risk of alcohol related harm due to ease of access to alcohol. The South and Mid precincts have notably high proportions of households within easy access of alcohol retailers.

FIGURE 86 PROPORTION OF HOUSEHOLDS WITHIN 400M OF AN ALCOHOL OUTLET BY PRECINCT

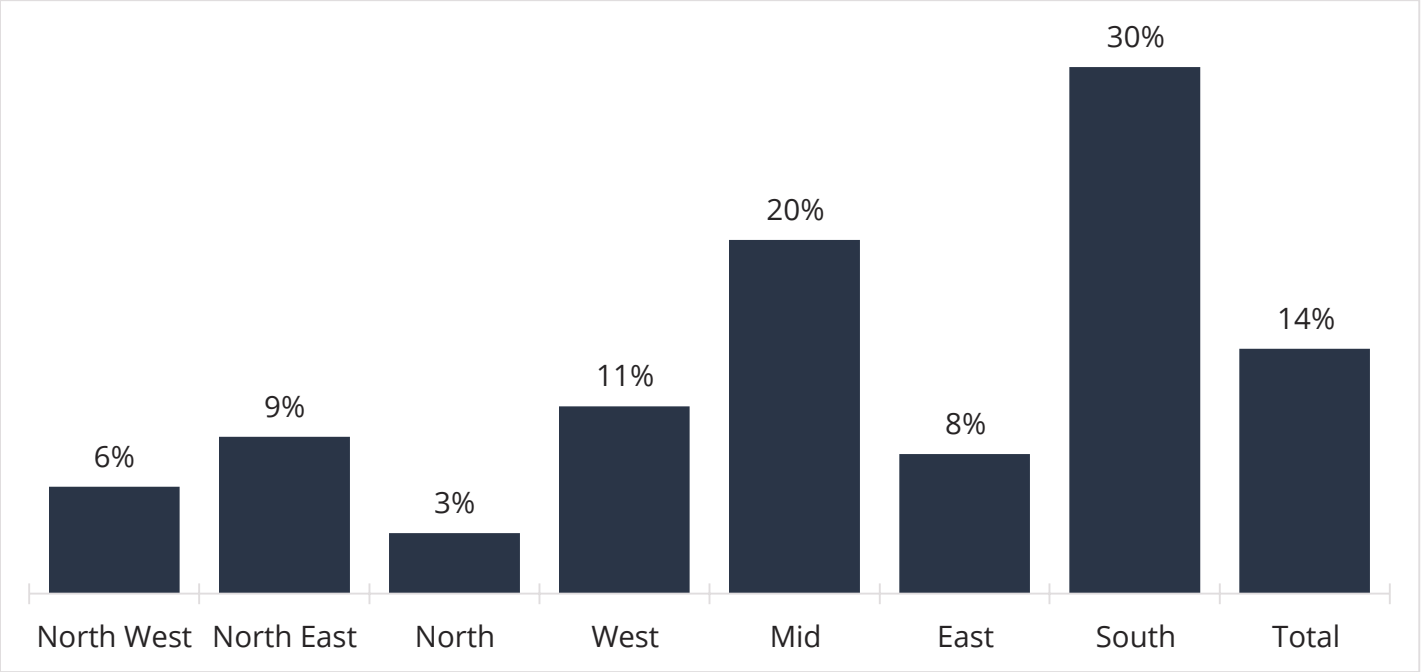
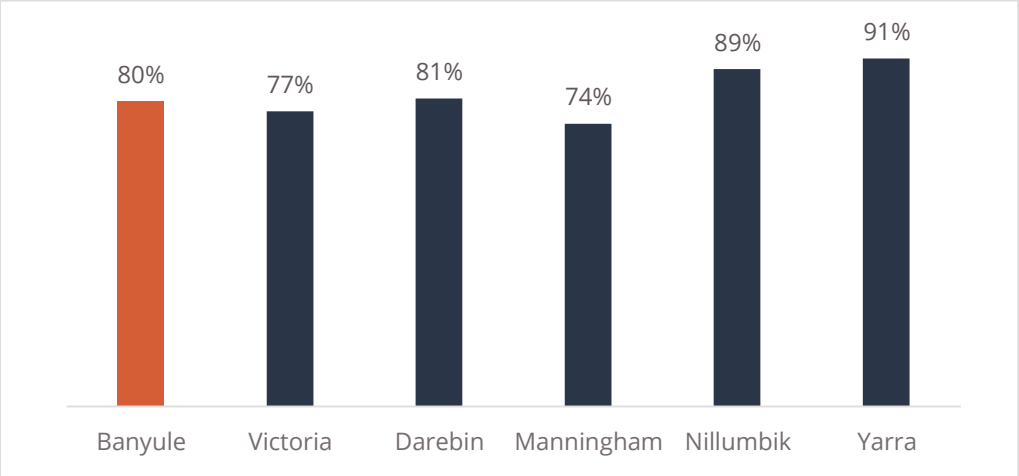
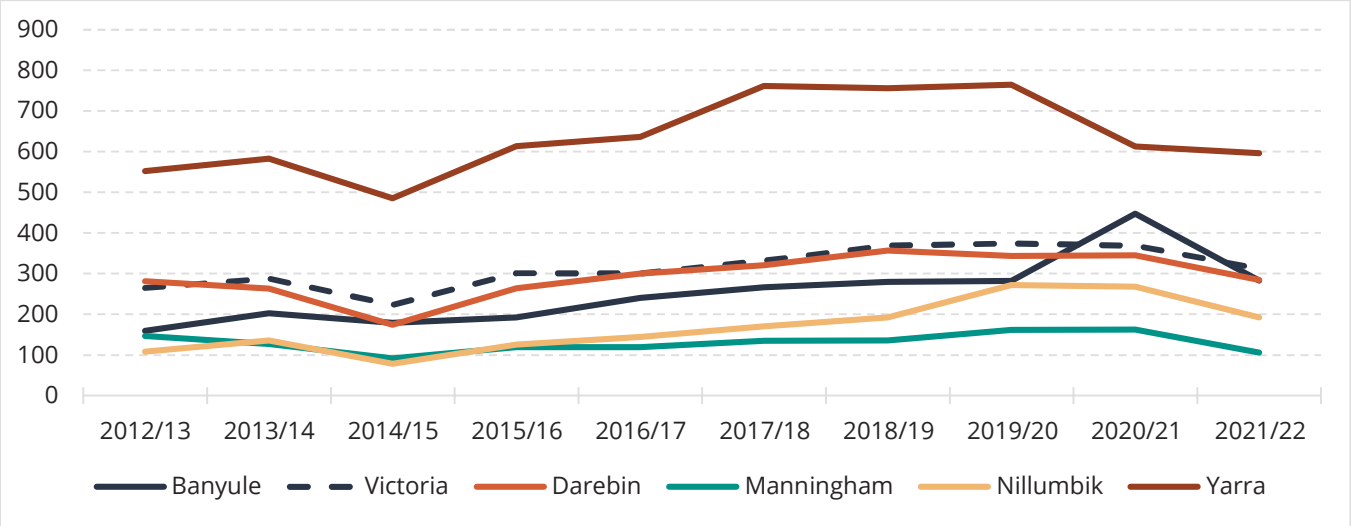


FIGURE 87 PROPORTION OF ADULTS AT RISK OF HARM FROM ALCOHOL-RELATED DISEASE OR INJURY
SOURCE: VPHS 2023



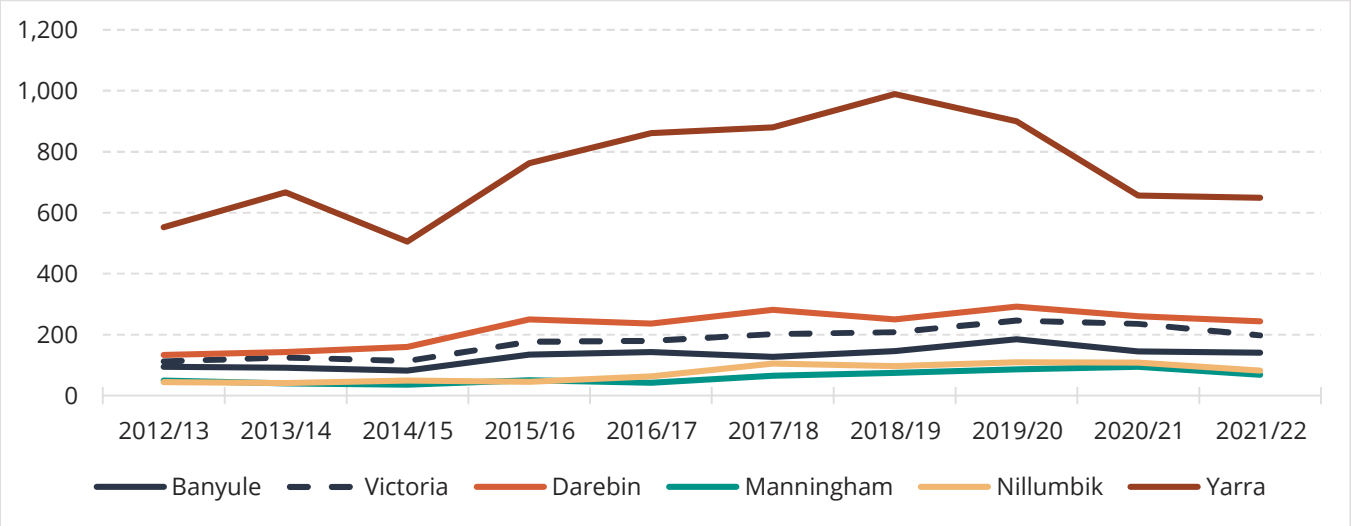
The rate of ambulance attendances for alcohol in Banyule had been consistently lower than the state average until 2020-21 where it spiked up to the second highest rate of all of the comparison regions. It has since fallen back to a level similar to the state average.

FIGURE 88 RATE OF AMBULANCE ATTENDANCES FOR ALCOHOL INTOXICATION (ONLY) PER 100,000 POPULATION COMPARED TO REGIONS OVER TIME



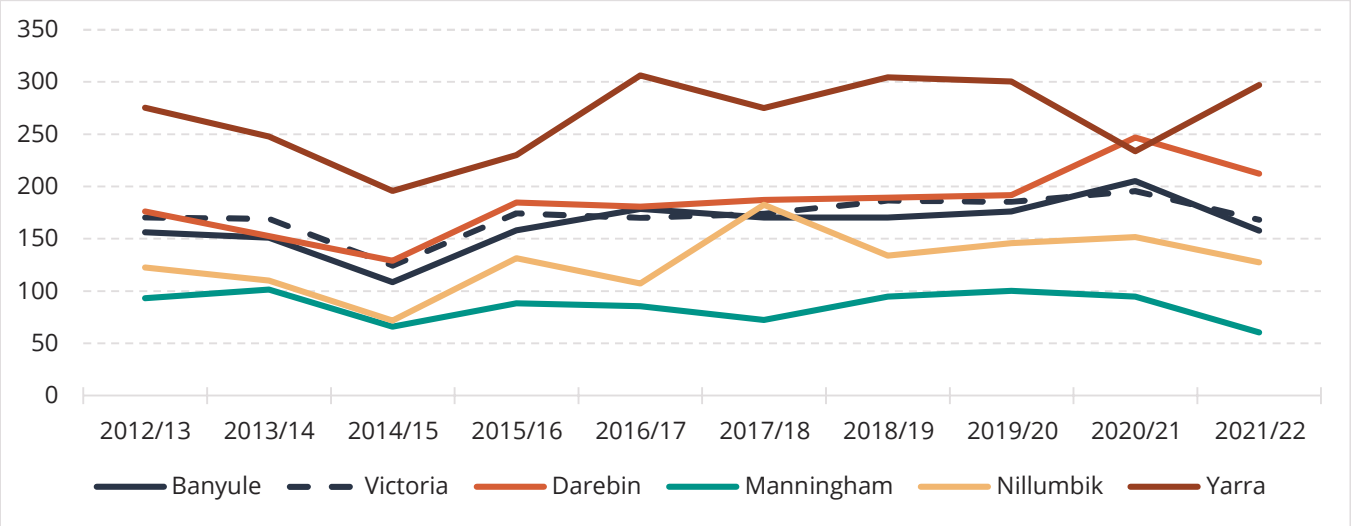
The fluctuation observed for alcohol related ambulance attendances wasn't evident for attendances for illicit drugs, where the rate has remained relatively consistent over time, and lower than the state average.

FIGURE 89 RATE OF AMBULANCE ATTENDANCES FOR ILLICIT DRUGS PER 100,000 POPULATION COMPARED TO REGIONS OVER TIME



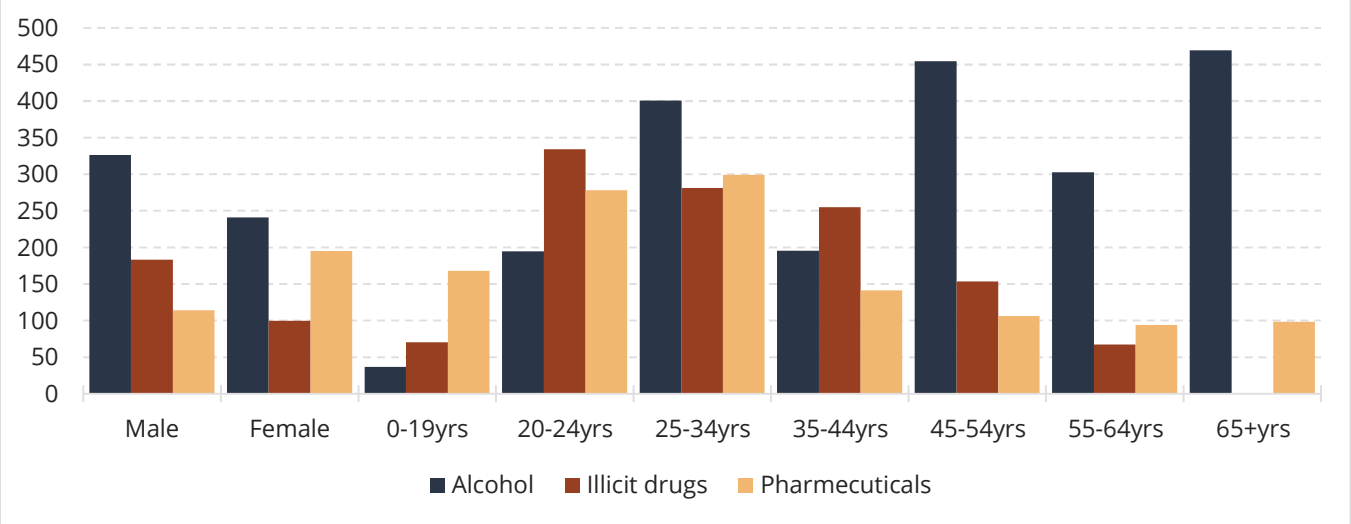
In terms of ambulance attendances for pharmaceutical drugs, an increase was observed in 2020-21, however unlike attendances for alcohol, this increase was also apparent across many of the comparison areas (except Yarra).

FIGURE 90 RATE OF AMBULANCE ATTENDANCES FOR PHARMACEUTICAL DRUGS PER 100,000 POPULATION COMPARED TO REGIONS OVER TIME



When analysing these findings by gender and age it is clear that males more commonly experience harm from alcohol and illicit drugs, whereas females more often experience harm from pharmaceuticals. Illicit drugs harm peaks amongst 20-24 year olds, whilst alcohol related harm is prominent in 25-34 year olds and those aged over 45 years.

FIGURE 91 RATE OF AMBULANCE ATTENDANCES PER 100,000 BANYULE POPULATION IN 2021-22 BY AGE AND GENDER



Case study – Street festival

City of Rockhampton golden bay street festival - https://alcoholthinkagain.com.au/media/2tppgyld/managing-alcohol-in-communities.pdf
Whilst being for all ages, this festival was designed and promoted to target youth, and was alcohol-free. It provided youth with a fun and engaging activity that didn't revolve around drinking.

2 Key segment profiles

2.1 Ages and stages

Most aspects of health status vary with age, with problems usually increasing over the life stages[19]. Some of the key health considerations for the different age stages are:

Babies	Children	Youth	Adults	Older adults
• Infant mortality • Nutrition (breastfeeding) • Body weight • Illnesses • Allergies	• Critical time as the foundation for mental and physical health later in life. • Communicable diseases • Injuries • Bullying • Body image • Vaccine preventable diseases • Nutrition • Alcohol and smoking • Sun protection • Anxiety and mental health • Exercise	• Disengagement • Drugs, alcohol and smoking • Sexually transmitted infections • Mental health • Addiction • Healthy eating • Teenage pregnancy • Puberty • Eating disorders	• Females – childbirth • Avoidable injury and accidents • Family violence • Mental health • Dental health • Physical activity • Healthy eating • Alcohol and smoking • Work related injury • Hearing and eyesight	• Cancer • Dementia • Arthritis • Diabetes • Elder abuse • Disability • Mortality

Furthermore, as per the Commonwealth Aged Care Act 1997 there are a number of populations who have particular care needs, which have been covered in separate sections of this report:

- Aboriginal and Torres Strait Islander people;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people who are experiencing homeless; and
- people who identify as lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQA+).

A separate section of this report addresses child and youth development (section 1.7.2) and impacts on different age ranges will be referenced in each of the relevant sections, where data is available.

[19] https://www.aihw.gov.au/getmedia/e90dd55d-94d2-4a87-88be-0f87321fbf84/ah08-c06.pdf.aspx Health across the life stages, Australia's Health 2008, AIHW

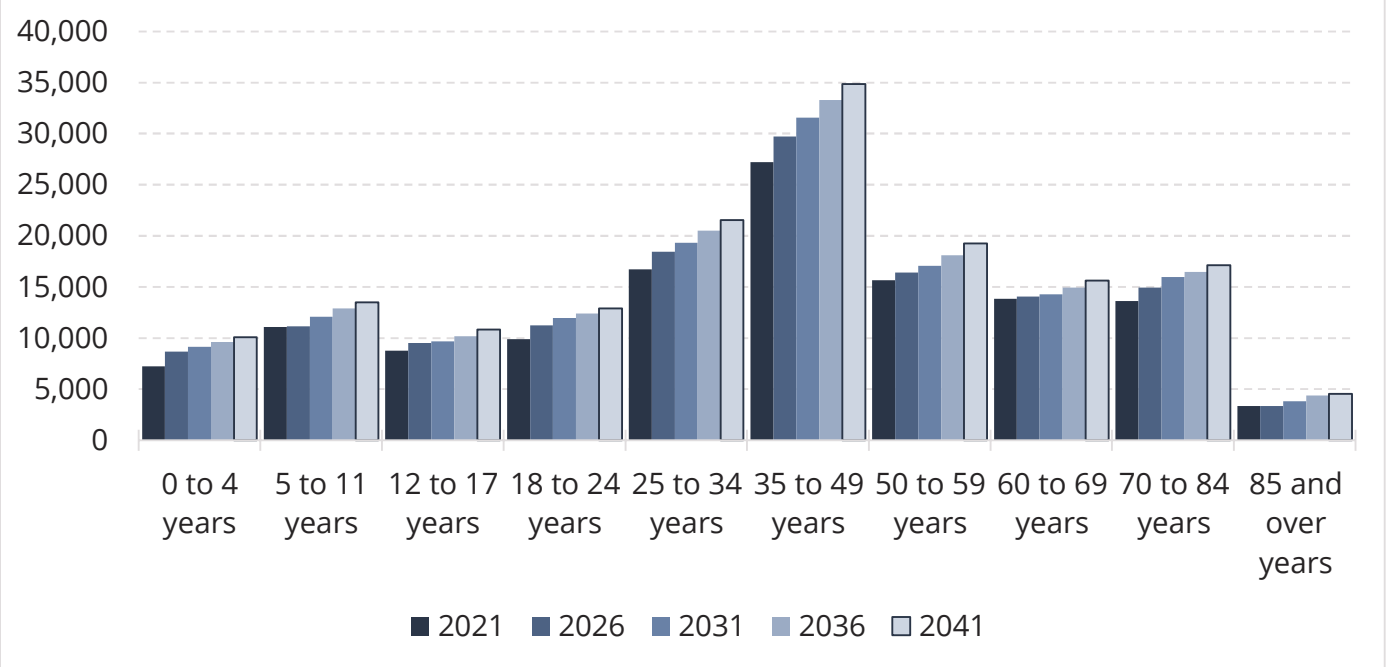
TABLE 17 AGES AND STAGES DATA SOURCES

Source	Question	Update	Notes
ID	Forecast.id.com.au/Banyule	Annual	
Household survey	If there are any household members aged 50 years and over, what do you feel you may need in order to live and age well in Banyule either now or in the future? On a scale of 0 (strongly disagree) to 10 (strongly agree), please rate your households' agreement with the following statements?	Annual	Household level data, n=758. Q60, Q46 and Q47 on a very intensive survey, so may be influenced by order fatigue.

From 2021 to 2041 it is forecast that the population of Banyule will increase by 26%, from 127,380 to 160,175.

The greatest number of additional residents is forecast to occur amongst those aged 25-49 (+12,432, 29% increase), with the greatest proportional increase occurring amongst 85+ year olds (+1,196, 36% increase)

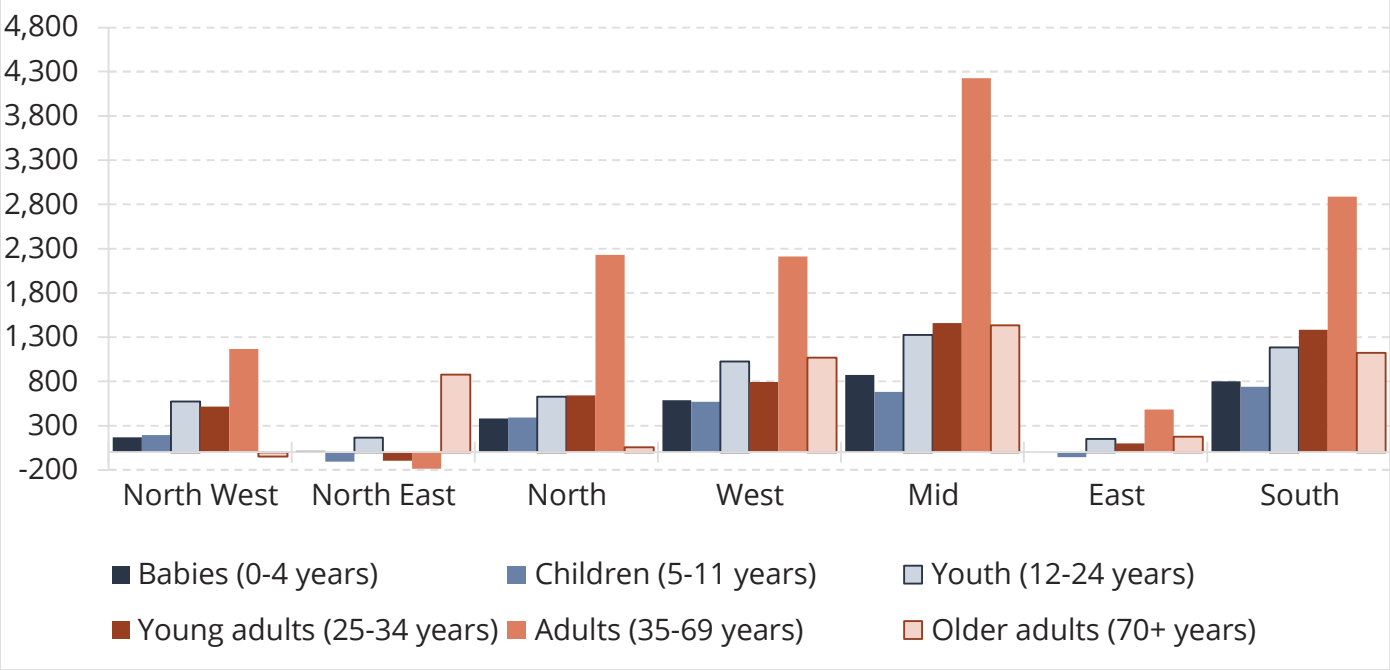
FIGURE 92 BANYULE POPULATION FORECAST BY AGE



The main precincts where this population increase is due to occur are Mid, (42%, 9999 people), South (38%, 8,122) and West (44%, 6,261).

When calculating the change in population from 2021 to 2041 by precinct, it is apparent that the North East demographic will shift towards older adults, whilst the North West and North precincts will have relatively stable older adult numbers over time, and instead see an increase in adults and youth. The number of infants, children and youth in the East precinct is expected to remain relatively stable, with small increases in the adult population.

FIGURE 93 CHANGE IN POPULATION FROM 2021-2041 BY AGE AND PRECINCT



Older adults experience a unique set of health and wellbeing challenges, as covered throughout the sections in this document. They are transitioning into a period of reduced physical health, coupled with an increase in spare time, alongside increasing unpaid carer duties (for grandchildren and partners with a disability) and a reduced income. In order to stay close to social, family and service provider networks older adults will often continue to live in houses that are larger than they need, where they require assistance with maintenance and upkeep. As they age, accessible and safe transport becomes particularly important to ensure access to health services and recreation.

When 2022 Banyule Household Survey respondents were asked what they what they feel may be needed in order for 50+ year olds to live and age well in Banyule either now or in the future, the most common topics put forth related to home care and independent living assistance (16%), hospital and healthcare services (15%), public transport (14%), and home maintenance (13%).

In the 2022 Banyule Household Survey, households were asked to rate their agreement with a range of statements (mean rating out of 10 where 0 is strongly disagree and 10 is strongly agree). Banyule is an 'age friendly' community received a mean agreement rating of 7.75, and Banyule is a 'child friendly' community received a mean agreement rating of 7.98. There were no notable variations by precinct.

To help support older adults, Banyule has the Banyule Older Adults Strategic Plan and Age Friendly Cities Framework. There will be a need for Banyule City Council to plan for an increasing number of older adults, particularly in Mid, South, West and North East precincts.

Case study – home sharing

https://www.careconnect.org.au/packages/homeshare-program/

The Homeshare program brings together older householders who could benefit from help and companionship at home, with a homesharer who is prepared to lend a hand in return for affordable accommodation.

It helps older adults maintain independence in their own home, whist receiving assistance with daily tasks. The sharer can access secure housing and a sense of connection to the community.

2.2 Disability

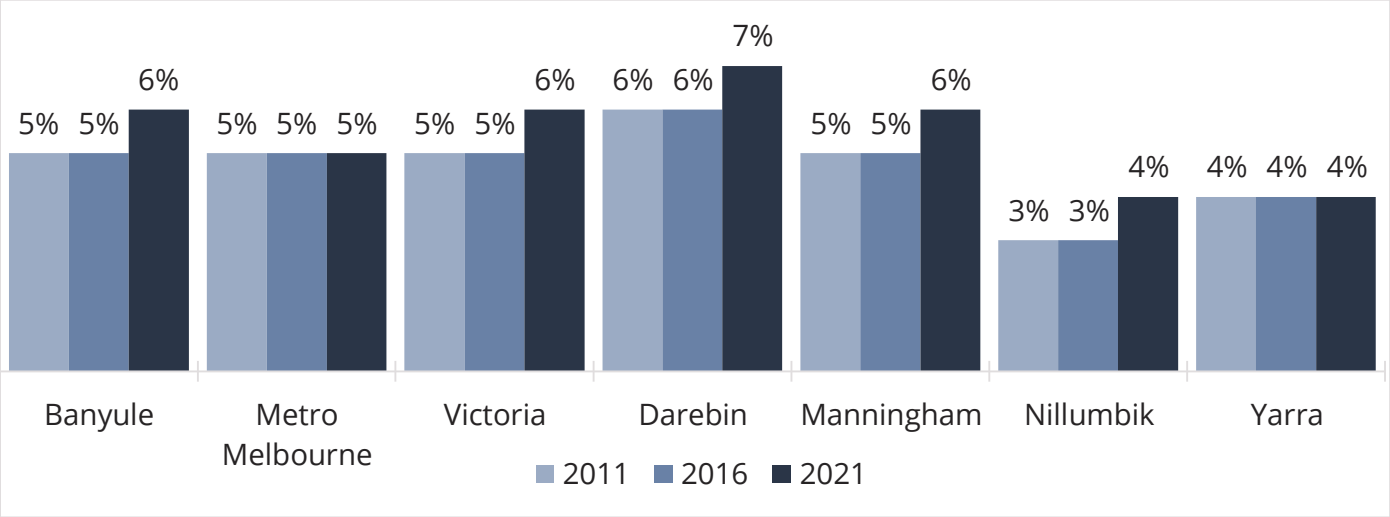
Disability may limit an individual's access to, and participation in, social and physical activities[20]. There are a range of disabilities that can have varying impacts on an individual's health beyond the health impacts of the disability itself, such as lower workforce participation, and higher instances of experiencing violence and discrimination. People with a disability may also have difficulty accessing appropriate housing and healthcare.

TABLE 18 DISABILITY DATA SOURCES

Source	Question	Update	Notes
Census	Does the person ever need someone to help with, or be with them for, self-care activities? Does the person ever need someone to help with, or be with them for, body movement activities? Does the person ever need someone to help with, or be with them for, communication activities?	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	Does the person have permanent or long term (six months or longer) disability? Does the person require assistance for their disability?	Annual	Person level data, n=1,859 in 2022. Includes multiple responses.

The incidence of Banyule residents reporting a disability for which they need assistance is similar to the Melbourne metro and state-wide averages. Banyule has a slightly high instance of people with a disability than neighbouring LGAs Nillumbik and Yarra.

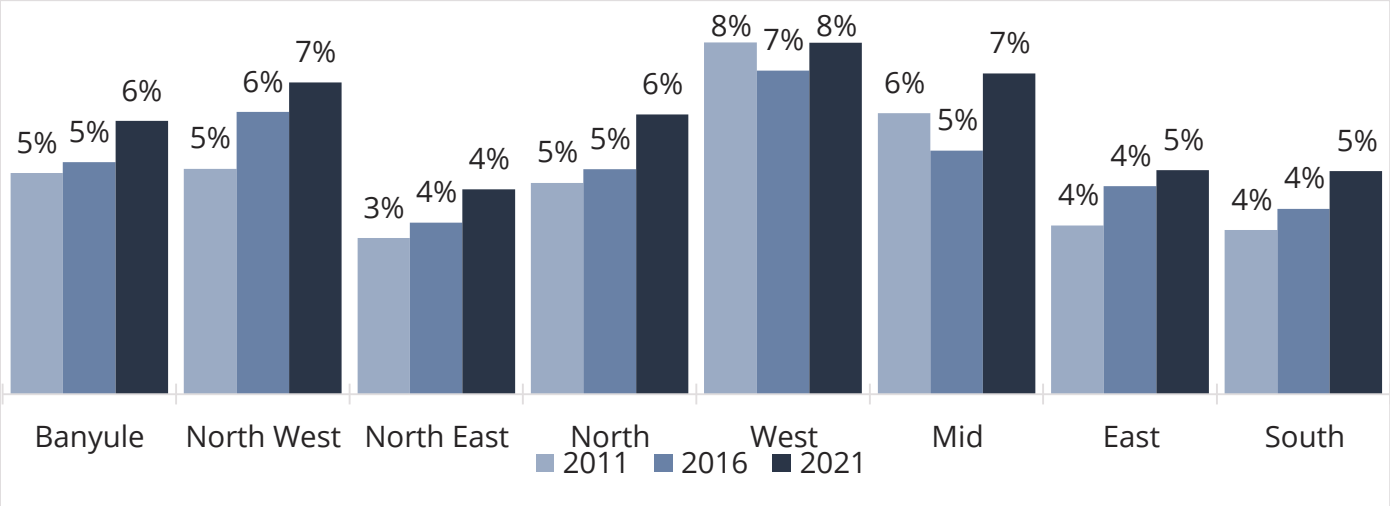
FIGURE 94 INSTANCE OF DISABILITY COMPARED TO OTHER REGIONS, OVER TIME



When analysing by precinct there has been a steady increase in the proportion of residents with a disability in North West, North East, East and South precincts, in line with increases in the number of older adults.

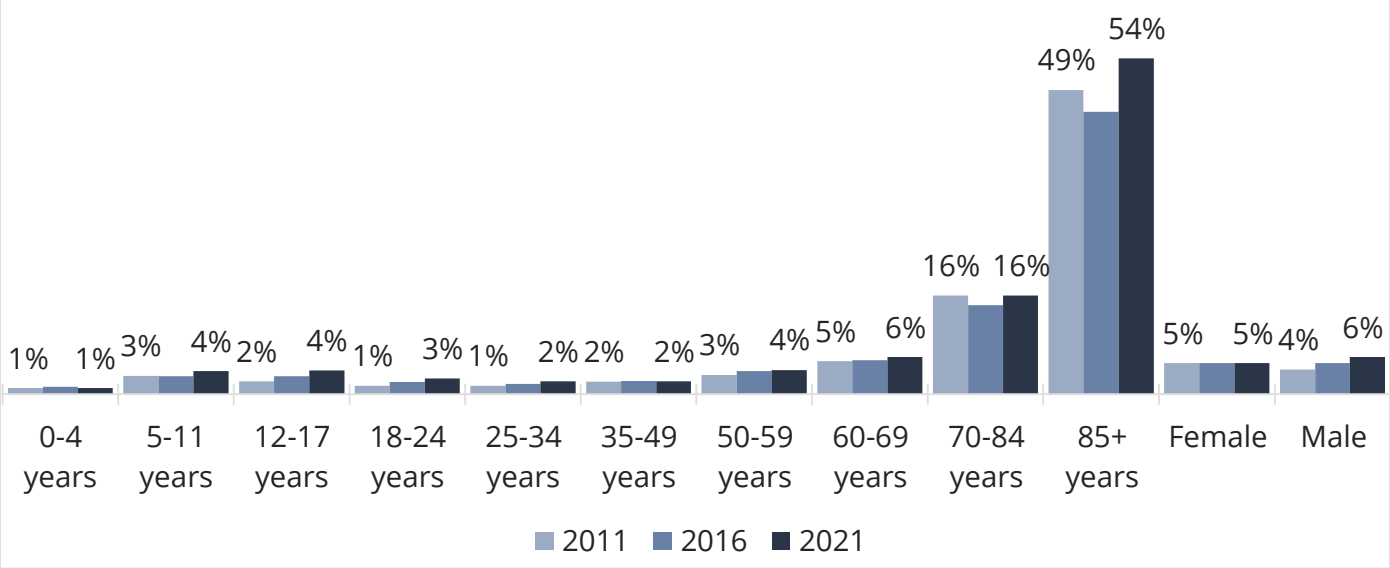
[20] https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary People with a disability in Australia summary, 2022, AIHW

FIGURE 95 INSTANCE OF DISABILITY BY PRECINCT, OVER TIME



The incidence of reporting a disability requiring assistance increases significantly after the age of 70. In 2021, Banyule showed an increase in the incidence of 85+ year olds reporting a disability.

FIGURE 96 INSTANCE OF DISABILITY IN BANYULE BY AGE, OVER TIME



In Banyule, the incidence of reporting a disability was higher amongst Aboriginal and Torres Strait Islander people (9%) and those who speak a language other than English (8%).

The Census definition of disability is limited, therefore a more detailed understanding of the range of disabilities experienced by the community is ascertained through the 2022 Banyule Household Survey. The 2022 data suggests that 30% of the population experiences a form of disability, the most common being a physical disability (14%). The number of disability types being experienced increases past the age of 60, with 85+ year olds experiencing particularly high instances of hearing impairment (52%), mobility impairment (47%), physical disability (50%), and/or vision impairment (38%).

Some notable variations by other demographics were:

- There was a notably high incidence of people in North precinct reporting vision impairment (14%).
- Women more often experience physical disabilities (16%) than men (11%). Whilst men more often experience hearing impairments (10%, compared to 5% women).

- A very high 24% of LGBTIQA+ respondents reported a psychological permanent or long-term disability (compared to 9% non-LGBTIQA+)

In the 2022 Banyule Household Survey 5% reported needing assistance for their disability (in line with Census), which was mostly help with communication, social participation, financial support and/or emotional support (each 3%). 85+ year old respondents showed particularly high instances of needing support with mobility aids (29%), accessible design elements in their housing (26%), help with daily tasks (24%) and /or help with communication (22%). The need for emotional support was particularly high amongst LGBTIQA+ respondents (13%).

Council has an Inclusive Banyule Plan, which aims to promote and foster diversity and inclusion across the organisation and municipality. Addressing the needs of people with a disability is one of the components of this plan. In addition to ensuring accessibility through the built environment, council has a role in ensuring that its services and programs are accessible and promote inclusion. It can also support people with a disability through employment policies and, in some instances, through providing financial assistance.

Given the rate of reporting a disability increases significantly after the age of 70, forecast increases in the number of older adults in Mid, West, South and North East precincts will necessitate increased services for the unique health needs of disabled people in these precincts.

Disability services need to have appropriate materials and staff to assist Aboriginal and Torres Strait Islander and culturally and linguistically diverse clients, as these groups show higher instances of reporting a disability.

Case study – 1200 buildings

https://www.melbourne.vic.gov.au/business/sustainable-business/1200-buildings/retrofit-tips-advice/Pages/1200-buildings-case-studies.aspx

This program was specific to retrofitting for sustainability, but a similar principle could be used to assist residents with retrofitting for disabilities. The process would be to :

- Identify motivations to retrofit
- Outline the potential benefits (objectives)
- Identify price points (with grants and rebates)
- Develop an easily scalable implementation plan

2.3 Aboriginal and Torres Strait Islander people

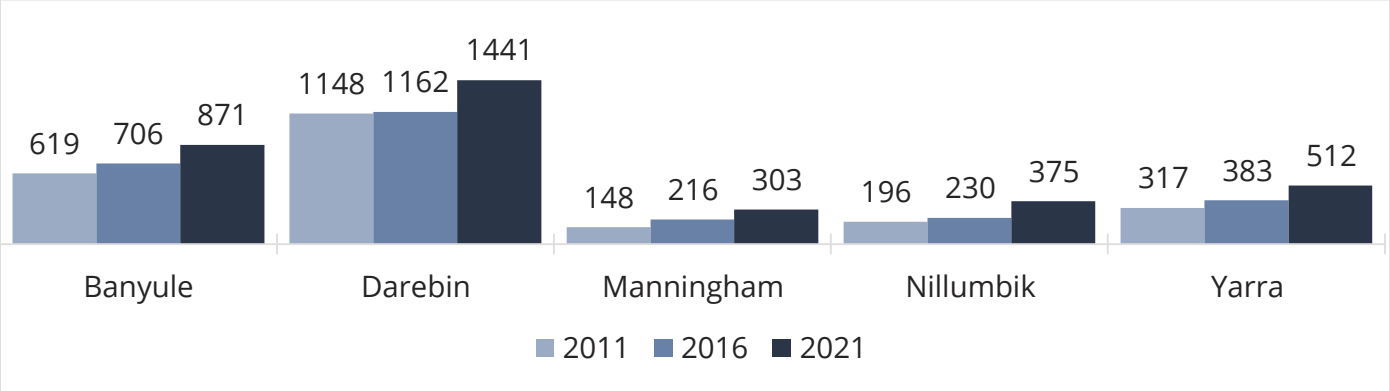
For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community[21].

TABLE 19 ABORIGINAL AND TORRES STRAIT ISLANDER DATA SOURCES

Source	Question	Update	Notes
Census	Is the person of Aboriginal or Torres Strait Islander origin?	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	Does the person identify as Aboriginal or Torres Strait Islander?	NA	Insufficient sample for analysis (n=13 in 2017 and n=7 in 2022)

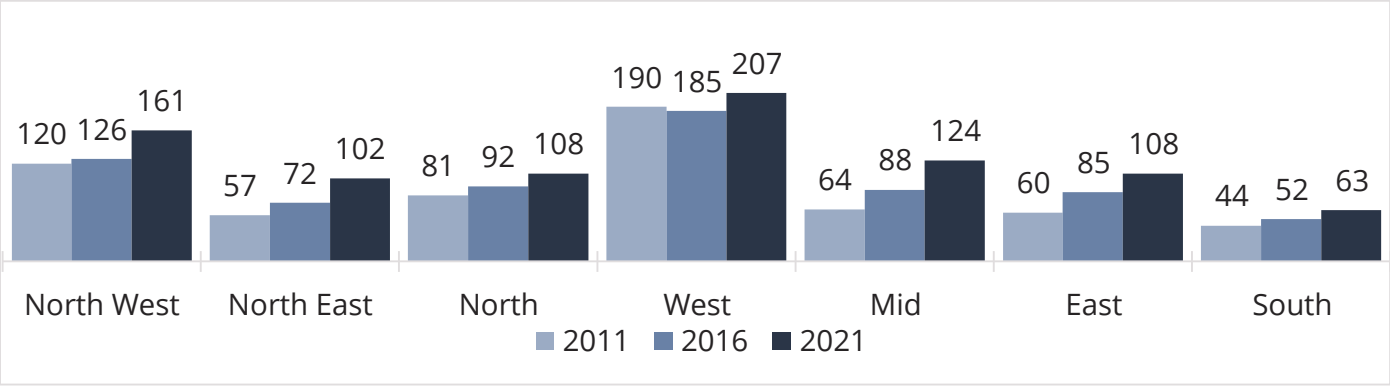
In the 2021 Census there were 871 Banyule residents who identified as Aboriginal and Torres Strait Islander. For the last 3 Census there has been a steady increase in the number of Aboriginal and Torres Strait Islander people in Banyule, a trend that has been experienced in neighbouring LGAs, and indeed across the state.

FIGURE 97 NUMBER OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE COMPARED TO OTHER REGIONS, OVER TIME



In Banyule, this increase in the number of residents identifying as Aboriginal and Torres Strait Islander has occurred across all precincts, with the largest increase in numbers occurring in the North West and Mid precincts.

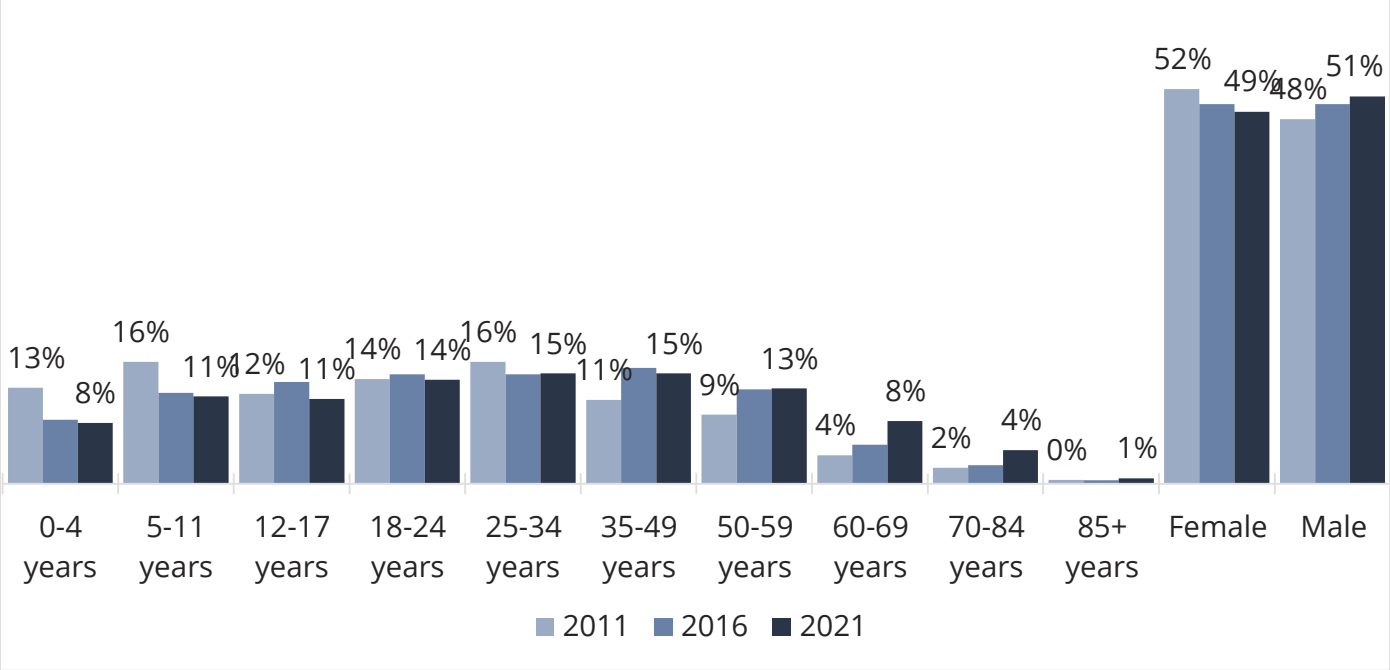
FIGURE 98 NUMBER OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE BY PRECINCT, OVER TIME



[21] https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing Indigenous health and wellbeing, 2022, AIHW

The recent increase in the number of Aboriginal and Torres Strait Islander people in Banyule has mostly been amongst the older population. Some of this increase may be attributed to an increase in people feeling comfortable identifying as such. The proportion of females has been decreasing, coupled by an increase in the proportion of males.

FIGURE 99 AGE DISTRIBUTION OF BANYULE ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, OVER TIME



Banyule Council has Reconciliation Banyule and the Reconciliation Action Plan to demonstrate Council's commitment to 'assisting to promote, protect and preserve their identity and culture'.

Given the increasing number of Aboriginal and Torres Strait Islander people is mostly occurring amongst older adults, it will be important to ensure that the local health services are suitably equipped to manage unique health issues and cultural considerations.

Aboriginal and Torres Strait Islander people experience a higher instance of unemployment, being at risk of housing stress and low incomes, therefore tailored and culturally respectful support services may be needed to help this segment of your community if they face challenges.

Case study - Aboriginal Community-Controlled Health Service

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394990/

Aboriginal community-controlled health services have been found to yield 'more impressive outcomes in several areas—multidisciplinary work, community participation, cultural respect and accessibility strategies, preventive and promotive work, and advocacy and intersectional collaboration on social determinants of health'

2.4 Multicultural community

Health services and health professionals who can deliver culturally responsive and equitable services are needed to ensure the whole population receives quality healthcare[22].

There are a number of key things to consider when supporting the health and wellbeing of the multicultural community:

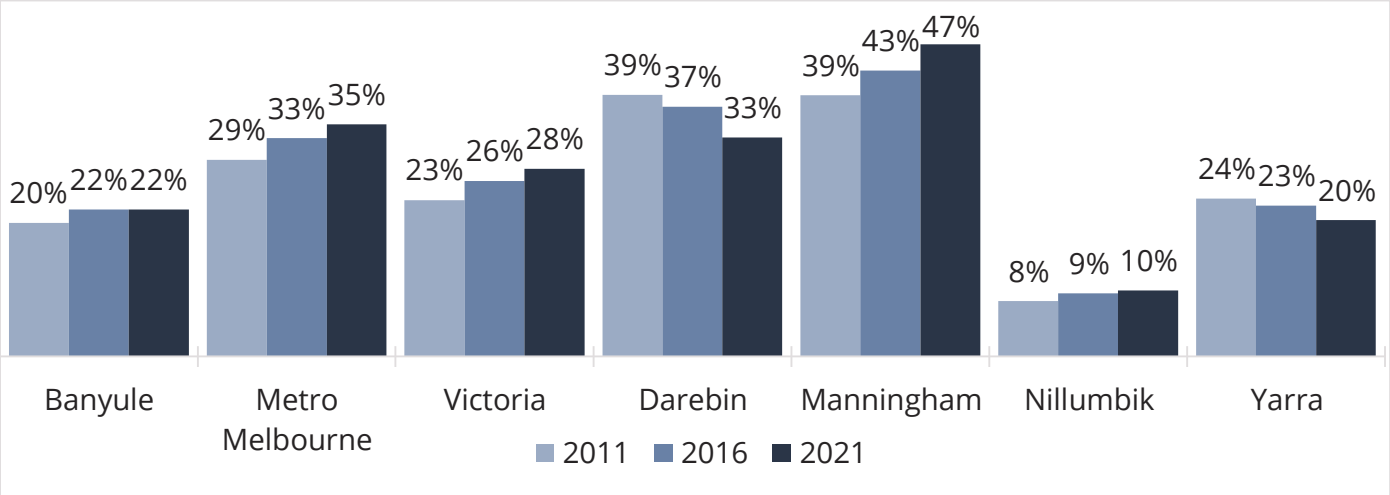
- Provision if information and availability of providers who speak appropriate languages other than English.
- Differences in levels of trust of healthcare providers and government based on cultural background.
- Many multicultural communities have strong cultural bonds and celebratory activities that can be showcased and shared with the rest of the community.

TABLE 20 MULTICULTURAL COMMUNITY DATA SOURCES

Source	Question	Update	Notes
Census	Does the person use a language other than English at home? What is the person's ancestry? How well does the person speak English?	2026	Covers almost all residents (compulsory survey) therefore no error margins.

Banyule has a lower instance of residents who speak a language other than English than many of the neighbouring regions. The proportion of the population who speaks a language other than English in Banyule has remained relatively stable over time, whilst the rest of the metropolitan area and the state have been experiencing increases.

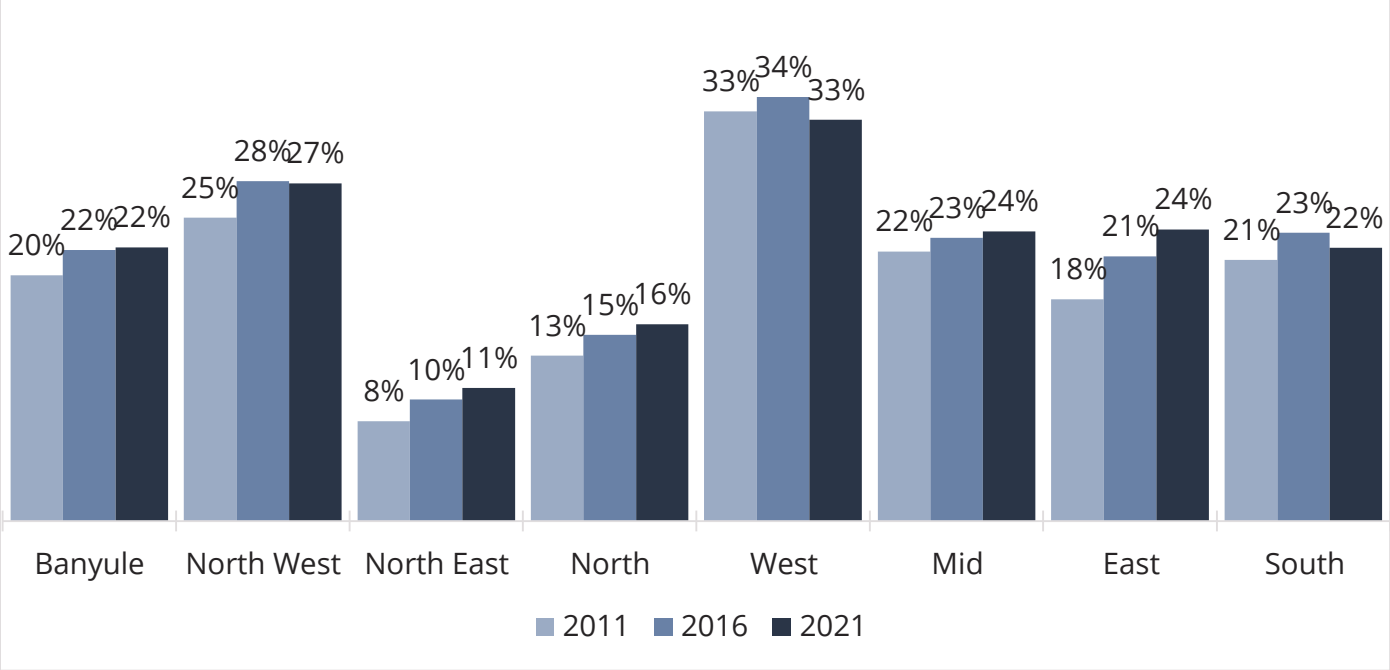
FIGURE 100 INSTANCE OF SPEAKING A LANGUAGE OTHER THAN ENGLISH COMPARED TO OTHER REGIONS, OVER TIME



[22] https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds Improving health for Victorians from culturally and linguistically diverse backgrounds, 2022, Victorian Department of Health

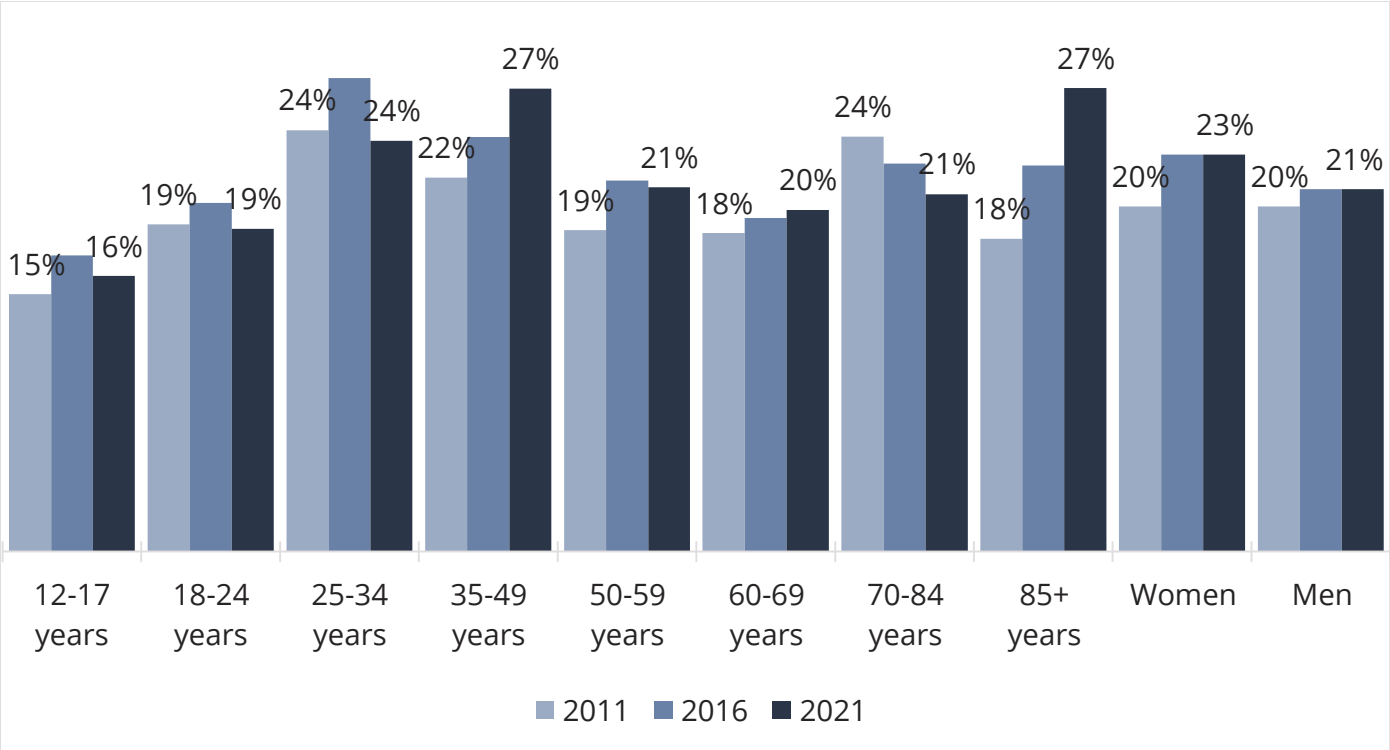
Within Banyule, the North West and West precincts have higher proportions of the population who speak a language other than English, whilst the North East has relatively few. However, the proportion of residents who speak a language other than English in North West and West has remained stable in recent years, whilst the North East precinct is increasing over time, along with the East, North and Mid precincts.

FIGURE 101 INSTANCE OF SPEAKING A LANGUAGE OTHER THAN ENGLISH BY PRECINCT, OVER TIME



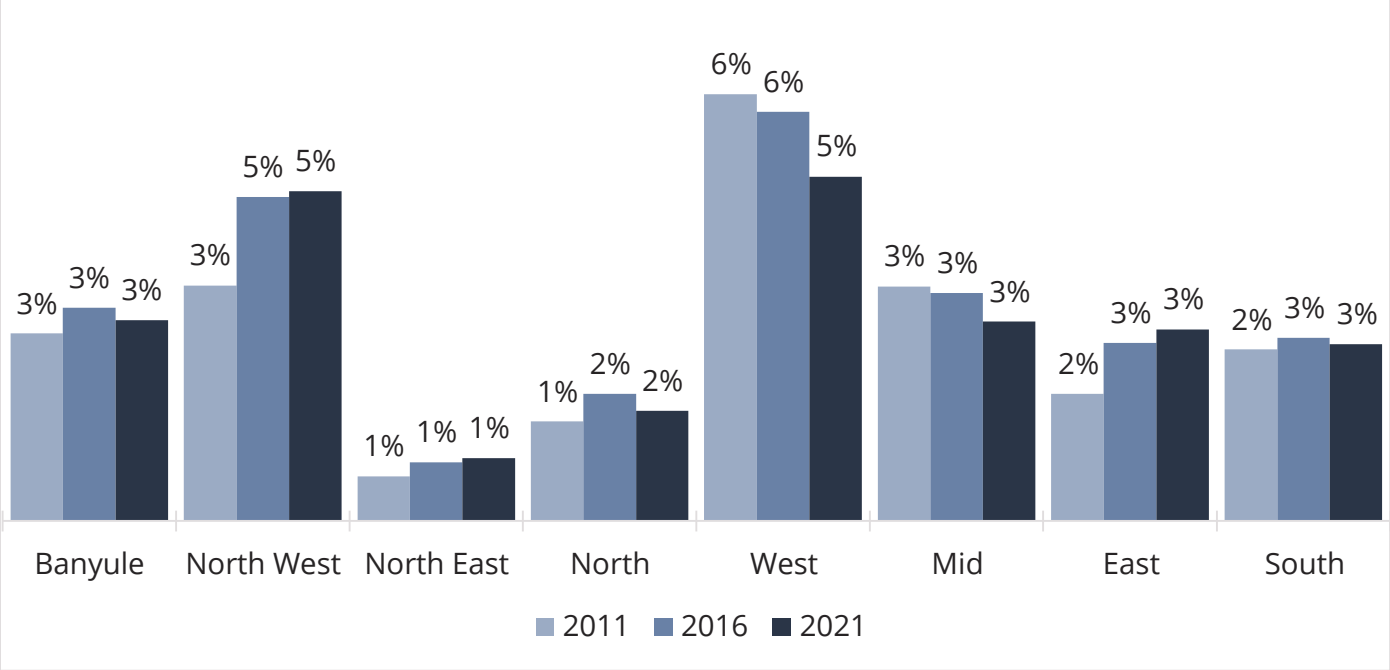
Over time there are clearly marked increases in the proportion of the population aged 35-49 and 85+ who speak a language other than English.

FIGURE 102 INSTANCE OF SPEAKING A LANGUAGE OTHER THAN ENGLISH IN BANYULE BY AGE AND GENDER, OVER TIME



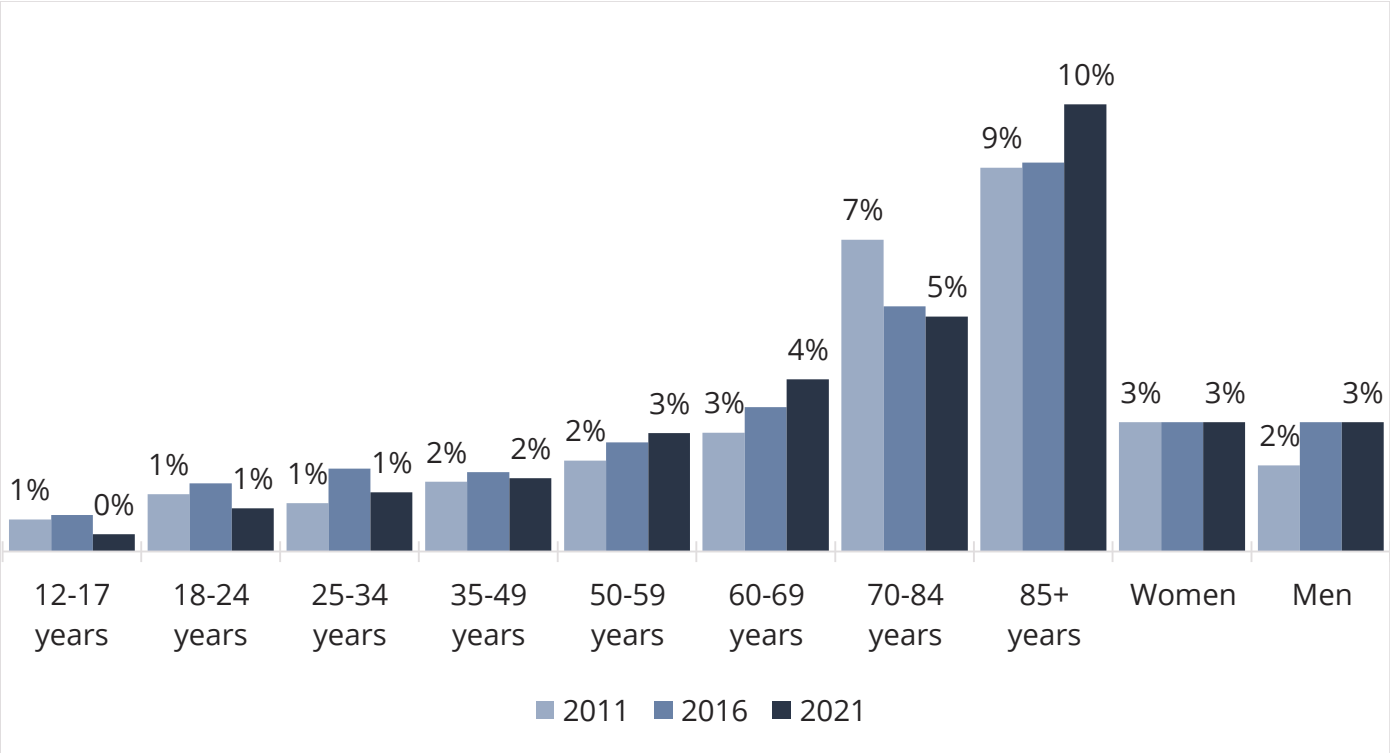
Whilst many speak a language other than English, the instance of speaking English 'poorly' or 'not at all' is relatively low. Precincts with the highest proportion of the population in need of language support are North West (increasing over time, in particular older Italian and Greek residents) and West (decreasing over time).

FIGURE 103 INSTANCE OF SPEAKING ENGLISH NOT WELL OR NOT AT ALL BY PRECINCT, OVER TIME



Higher instances of speaking English 'poorly' or 'not at all' are evident in older adult residents, therefore communications and services specific to the older population are most in need of translation, for instance aged care services and health messages specific to older adults.

FIGURE 104 INSTANCE OF BANYULE RESIDENTS SPEAKING ENGLISH NOT WELL OR NOT AT ALL BY AGE AND GENDER, OVER TIME



From 2014 to 2020, there was a 25% increase in the number of people who settled in Banyule with a Bridging visa E[23].

In terms of ancestry, the top 10 backgrounds of residents varies slightly by precinct, with a high Somali population in the West, due to Heidelberg West being home of the second largest Somali population in Australia (507, behind Inala, QLD, 609).

TABLE 21 TOP TEN ANCESTRY'S BY PRECINCT

North West	North East	North	West	Mid	East	South
English	English	English	English	English	English	English
Australian	Australian	Australian	Australian	Australian	Australian	Australian
Italian	Irish	Irish	Irish	Irish	Irish	Irish
Irish	Scottish	Scottish	Scottish	Italian	Italian	Italian
Chinese	Italian	Italian	Chinese	Scottish	Scottish	Scottish
Scottish	German	Chinese	Italian	Chinese	Chinese	Chinese
Greek	Chinese	German	Somali	Indian	Greek	Greek
German	Greek	Greek	Greek	German	German	German
Indian	Dutch	Indian	German	Greek	Indian	Indian
Macedonian	Maltese	Dutch	Indian	Croatian	Macedonian	Macedonian

When looking at the age profile of those born overseas it is apparent that those from Malta, Italy, Greece and Germany are of an older age profile, suggesting that health education materials and services for older adults will need to be culturally appropriate for these group. Those born in China, India, Philippines and Somalia have a younger age profile, therefore health promotion materials and services to help young families would need to be appropriate for those from these cultures.

TABLE 22 AGE PROFILE OF BANYULE RESIDENTS BY COUNTRY OF BIRTH, 2021

Country of birth	0-4 years	5-11 years	12-17 years	18-24 years	25-34 years	35-49 years	50-59 years	60-69 years	70-84 years	85+ years
Australia	7%	11%	8%	9%	12%	19%	12%	10%	9%	2%
England	1%	3%	3%	3%	9%	21%	17%	17%	22%	6%
Ireland	1%	1%	4%	2%	8%	39%	16%	11%	15%	4%
Italy	0%	0%	0%	0%	2%	4%	7%	18%	48%	20%
Scotland	0%	2%	2%	2%	7%	19%	15%	20%	29%	5%
Greece	0%	1%	1%	1%	1%	5%	10%	26%	42%	14%
North Macedonia	0%	0%	0%	0%	4%	15%	19%	22%	32%	6%
China	0%	2%	4%	6%	21%	33%	15%	12%	6%	1%
Germany	1%	0%	2%	3%	7%	15%	11%	9%	42%	10%
India	1%	4%	3%	8%	25%	41%	7%	6%	4%	1%
Netherlands	0%	4%	2%	3%	9%	15%	9%	12%	39%	11%
Croatia	0%	0%	0%	1%	1%	6%	20%	23%	40%	10%
Malta	0%	0%	0%	0%	0%	5%	7%	27%	58%	7%
Poland	0%	1%	0%	1%	7%	26%	15%	22%	21%	9%
Vietnam	1%	3%	4%	6%	14%	35%	17%	13%	5%	1%
Lebanon	0%	1%	1%	1%	6%	15%	26%	23%	23%	4%
Philippines	1%	3%	1%	5%	24%	34%	13%	11%	7%	2%

[23] Inclusive Banyule 2022-26

Somalia	0%	2%	4%	5%	23%	38%	18%	7%	3%	0%
Iran	1%	2%	3%	4%	17%	60%	7%	5%	3%	0%

Along with language diversity, the residents of Banyule hold a range of religious beliefs including 38% observing Christianity (down from 51% in 2016), 4% Islam and 3% Buddhism. However, 45% state they 'do not practice religion' (up from 36% in 2016).

In the 2022 Banyule Household Survey, attending religious activities was far more common amongst older adults (28% 85+ year olds), and relatively rare amongst young adults (4% 25-34 year olds). Likewise, participation in a religious community group was reported by 47% of 85% year olds, yet less than 10% of 18-49 year olds.

In the 2022 Banyule Household Survey, households were asked to rate their agreement with a range of statements (mean rating out of 10 where 0 is 'strongly disagree' and 10 is 'strongly agree'). We interact with people of diverse faiths, cultures and backgrounds received a mean agreement rating of 6.62. There were no notable variations by precinct.

Council has an Inclusive Banyule Plan, which aims to promote and foster diversity and inclusion across the organisation and municipality. Addressing cultural diversity is one of the components of this plan.

Council aims to deliver equitable services, and recognise and strengthen diverse communities and neighbourhoods.

2.5 LGBTIQA+

There are significant disparities in health and wellbeing for LGBTIQA+ communities, compared to the general population. This is likely attributable to experiences of stigma and discrimination, violence and abuse driven by homophobia, biphobia, transphobia and intersex phobia[24].

National research conducted on the topic (Private Lives 3, 2020) shows that intimate partner violence is especially high amongst LGBTIQA+ people, with 42% reporting ever having been in a relationship where they felt they were abused in some way by their partner. Furthermore, 57% of LGBTIQA+ survey respondents were classified as having 'high' or 'very high' levels of psychological distress on the Kessler Psychological Distress Scale (compared to 13% amongst the general population)[25].

TABLE 23 LGBTIQA+ DATA SOURCES

Source	Question	Update	Notes
Census	Derived variable – same sex household	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	How would the person describe their mental health? In the last 12 months, has the person experienced any discrimination, abuse, or social exclusion due to the following? Does the person participate in any community groups? What are all the leisure, arts, and cultural activities in which the person usually participates?	Annual	Person level data, n=1,859 in 2022. Includes multiple responses.

According to the 2021 Census there were 381 same sex households in Banyule, up from 221 in 2016. In 2021, 56% of these were female same sex households.

This represents 0.7% of all Banyule households which is slightly higher than Manningham and Nillumbik (each 0.5%), and similar to the greater Melbourne average (0.8%), yet lower than Darebin (1.6%) and Yarra (2.8%).

There were 48 respondents in the 2022 Banyule Household Survey who identified as LGBTIQA+; more than half of these were aged 25-49 (56%).

LGBTIQA+ respondents in the 2022 Banyule Household Survey showed higher instances of participating in a range of cultural activities, specifically:

- listening to music at home (80%, compared to 57% non-LGBTIQA+);
- cooking (56%, compared to 38% non-LGBTIQA+);
- visiting art galleries / exhibitions (32%, compared to 17% non-LGBTIQA+);
- listening to live music (29%, compared to 16% non-LGBTIQA+);
- music (singing / piano) (28%, compared to 13% non-LGBTIQA+);

[24] https://www.rainbowhealthvic.org.au/media/pages/research-resources/research-matters-why-do-we-need-lgbtiq-inclusive-services/3898382955-1614819704/research-matters-lgbtq-inclusive-services.pdf Research matters: Why do we need LGBTIQ-inclusive services? 2020, Rainbow Health Victoria,

[25] Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University

- going to the theatre (32%, compared to 19% non-LGBTIQA+);
- crafts (29%, compared to 15% non-LGBTIQA+);
- dancing (17%, compared to 7% non-LGBTIQA+); and
- art (painting / sculpture) (25%, compared to 9% non-LGBTIQA+).

Given this high level of participation in arts and culture, providing creative community cohesion activities is a good way to support and show respect for this segment of the community.

This LGBTIQA+ segment also less often watches television (58%, compared to 73% non-LGBTIQA+) and more often uses social media (70%, compared to 37% non-LGBTIQA+). In terms of sport and recreation, 21% said they do yoga/Pilates, compared to 11% of non-LGBTIQA+ respondents and 6% said they play hockey (compared to 0% non-LGBTIQA+).

Council has an Inclusive Banyule Plan, which aims to promote and foster diversity and inclusion across the organisation and municipality. Supporting LGBTIQA+ communities is one of the components of this plan.

Council aims to deliver equitable services (particularly in the metal health sector), and recognise and strengthen diverse communities and neighbourhoods.

Case study

https://www.vlga.org.au/sites/default/files/200311%20VLGA%20Rainbow%20Resource%20for%20Victorian%20Councils.pdf

A number of case studies are available at the link above.

2.6 Carer

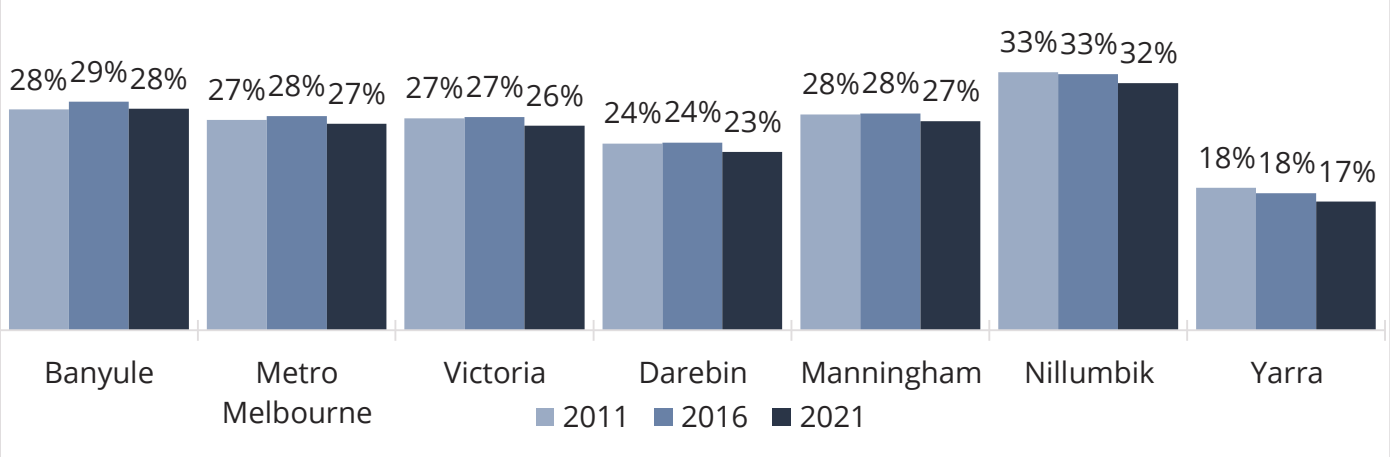
Carers are more likely than other Australians to experience a range of health, wellbeing and socioeconomic issues, and many are not able to access the support they need[26].

TABLE 24 CARER DATA SOURCES

Source	Question	Update	Notes
Census	In the last two weeks did the person spend time looking after a child, without pay? In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age?	2026	Covers almost all residents (compulsory survey) therefore no error margins.

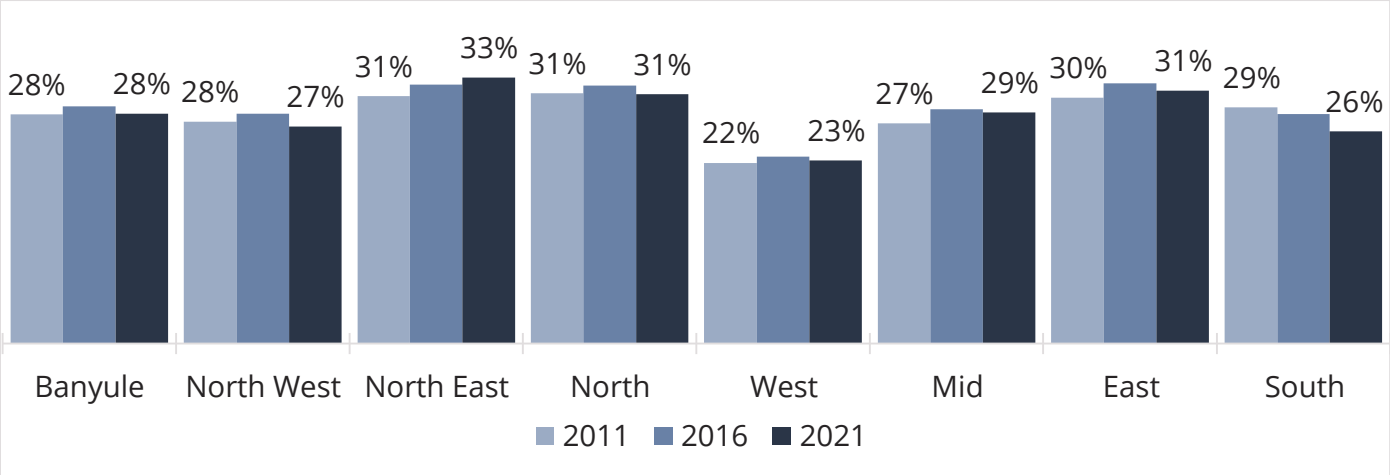
The proportion of Banyule residents providing unpaid childcare has remained relatively constant over the last 15 years. Providing unpaid childcare was slightly more common in Banyule than the metropolitan and state-wide average, yet was less common than in Nillumbik.

FIGURE 105 INSTANCE OF PROVIDING UNPAID CHILDCARE COMPARED TO OTHER REGIONS, OVER TIME



Providing unpaid childcare was more common in the North East and East precincts, and less common in the West precinct.

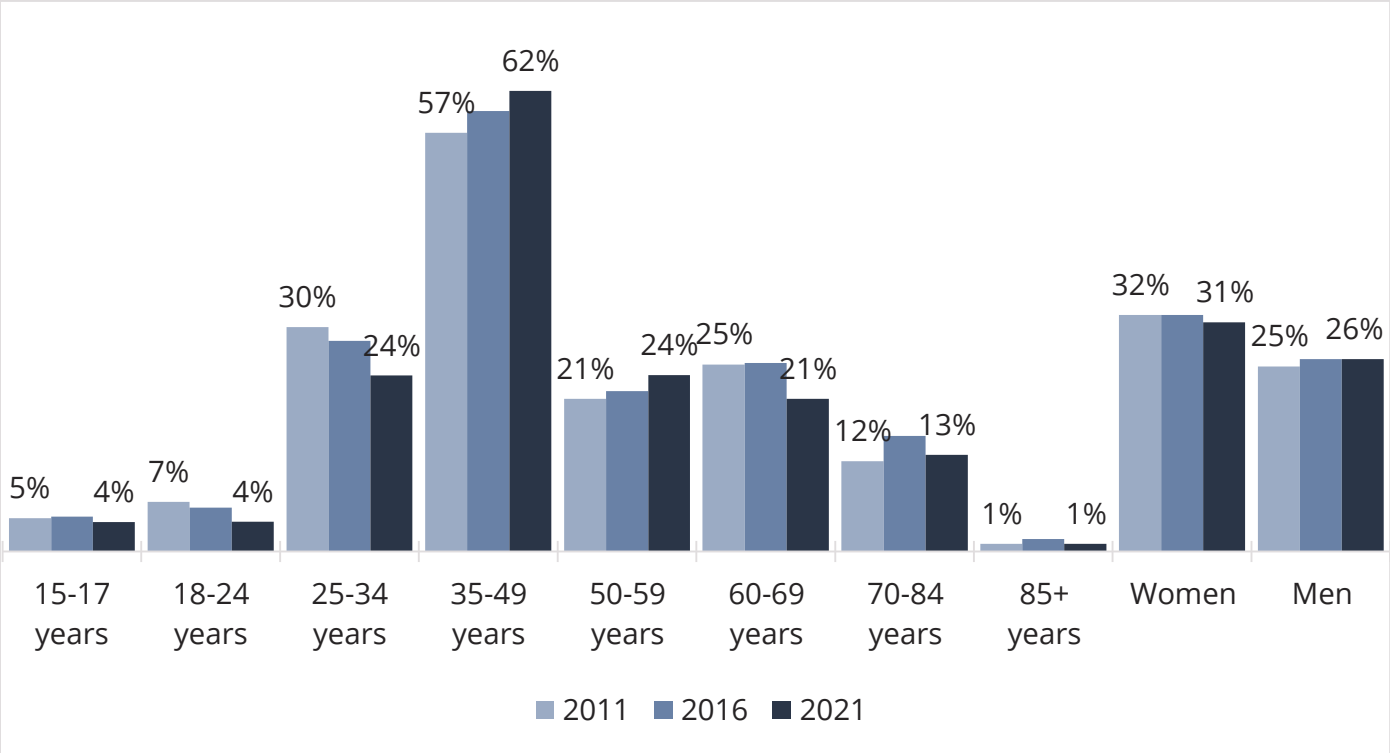
FIGURE 106 INSTANCE OF PROVIDING UNPAID CHILDCARE BY PRECINCT, OVER TIME



[26] https://www.carersnsw.org.au/about-caring/impacts-of-caring Impacts of caring and 2020 National Carer Survey, Carers NSW

More women provide unpaid childcare than men, and the main ages when this occurs are between 25-49. This data suggests that people are waiting until they are older to have children than was the case 15 years ago, which may bring with it unique support needs when undertaking a carer role.

FIGURE 107 INSTANCE OF PROVIDING UNPAID CHILDCARE IN BANYULE BY AGE AND GENDER, OVER TIME

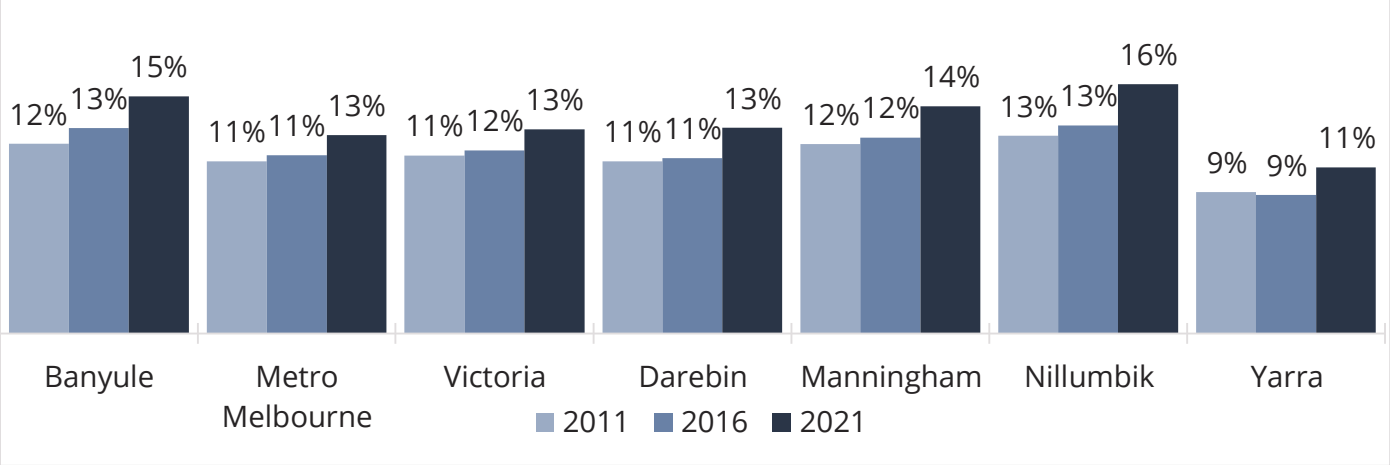


Notable variations in the 2021 Census by other demographic subgroups were:

- Providing unpaid childcare was much less common amongst those who have a disability (8%, compared to 31% of those without a disability), likely due to the high proportion of older people with a disability.
- Those on lower incomes (less than $800 a week) less often provide unpaid childcare (21%, compared to 37% of those eating $800+ per week), likely due to the age profile of those who provide unpaid childcare (typically in age ranges with higher incomes).

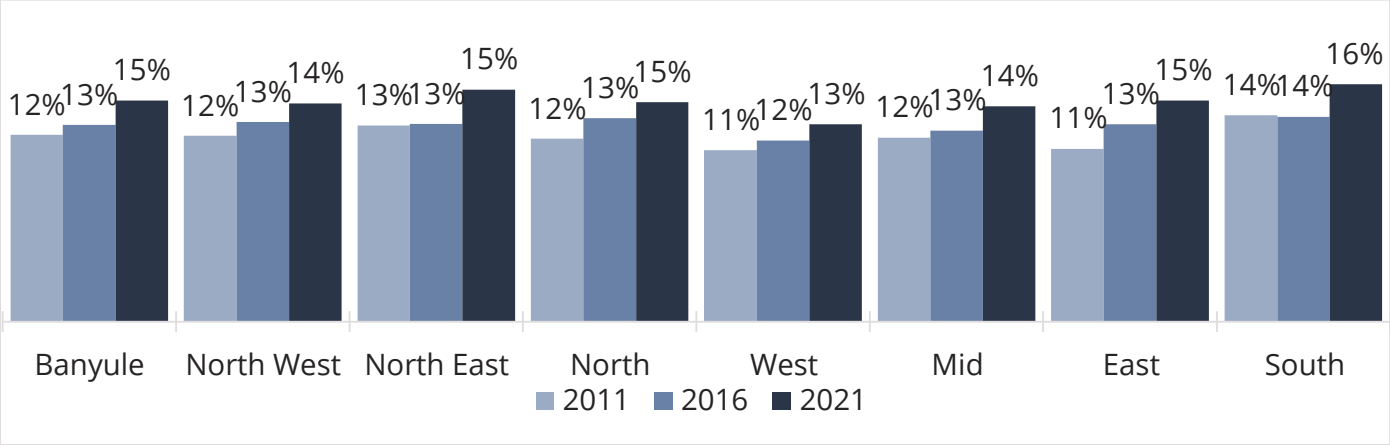
Providing unpaid care to a person with a disability is increasing over time in Banyule and across the state, which is not surprising given the increasing numbers of older adults.

FIGURE 108 INSTANCE OF PROVIDING CARE TO A PERSON WITH A DISABILITY COMPARED TO OTHER REGIONS, OVER TIME



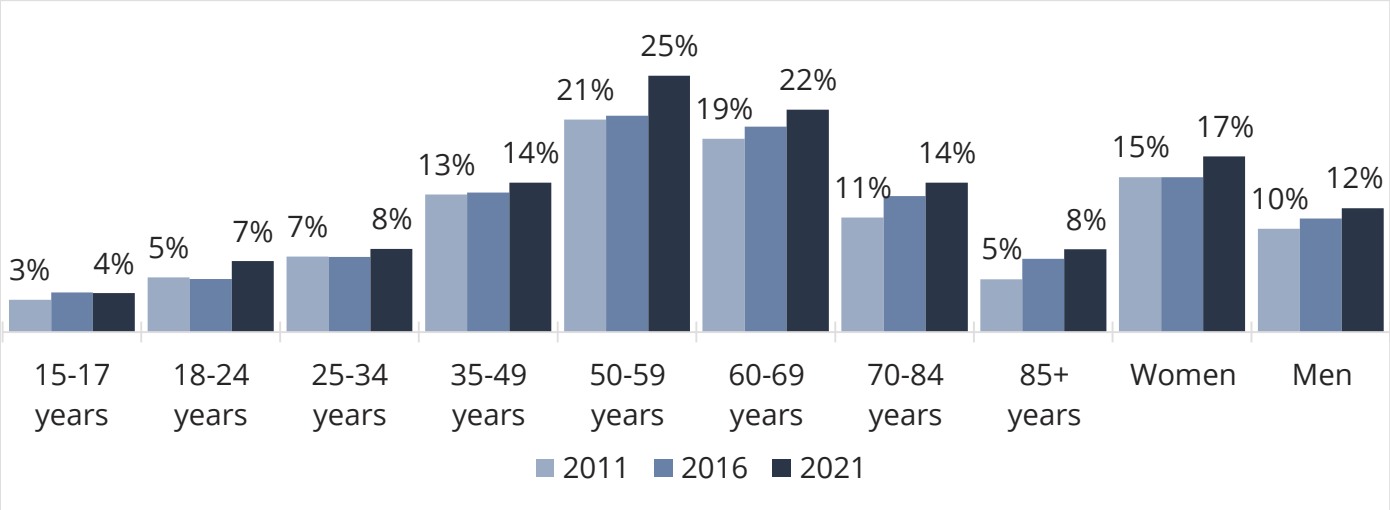
This increase in the proportion of residents who provide unpaid care for someone with a disability is increasing across all precincts.

FIGURE 109 INSTANCE OF PROVIDING CARE TO A PERSON WITH A DISABILITY BY PRECINCT, OVER TIME



Women show a higher instance of providing care to someone with a disability, although the incidence of males providing care is on the rise suggesting there may be a need to provide support resources targeted at men. There has been a recent spike in the proportion of 50-59 year olds taking on a carer role for someone with a disability, whilst steady increases over time are evident amongst 70+ year olds.

FIGURE 110 INSTANCE OF PROVIDING CARE TO A PERSON WITH A DISABILITY BY AGE AND GENDER, 2021



Local Councils are well positioned to provide support networks for local carers as well as information and resources, transport options, and respite options. Support for carers sits under Banyule's Health and Wellbeing Plan and Council currently provides a carer support program that provides wellbeing passes to local fitness centres and carer meet-ups and activities.

Case study – Discount card for carers

https://www.local.gov.uk/sites/default/files/documents/22.31%20Carers%20publication_05.pdf
A local council in the UK has provided a discount card for carers, to be used at local businesses. This helps create a carer-friendly community, but also assist carers with the rising cost of living challenges and connect them to the broader carer community. The program has had more than 7,000 carers sign up for it.
Other case studies are also available at the above link.

3 Other important topics

The following section addresses some other key aspects of community life that can impact on human health more broadly, but are largely driven by outside influences. However, there are things that Local Government can do to address these risks.

3.1 Gambling

The social costs of gambling – including adverse financial impacts, emotional and psychological costs, relationship and family impacts, and productivity loss and work impacts[27].

Patients with problem gambling often present symptoms that appear unrelated to gambling, such as depression, anxiety, stomach upsets, headaches, and other stress-related symptoms of physical and psychological ill health[28].

Banyule Council has a 2018-2022 Gambling Policy that outlines how the municipality manages gambling issues. The primary opportunities for Council to address problem gambling are through:

- Conducting social impact assessments on all applications for new venues with poker machines;
- Working with local sports groups to reduce exposure of participants and spectators to gambling advertising;
- Helping local sports groups reduce their dependency on revenue from poker machines; and
- Support systematic linkages and referral pathways between health, welfare, and problem gambling services.

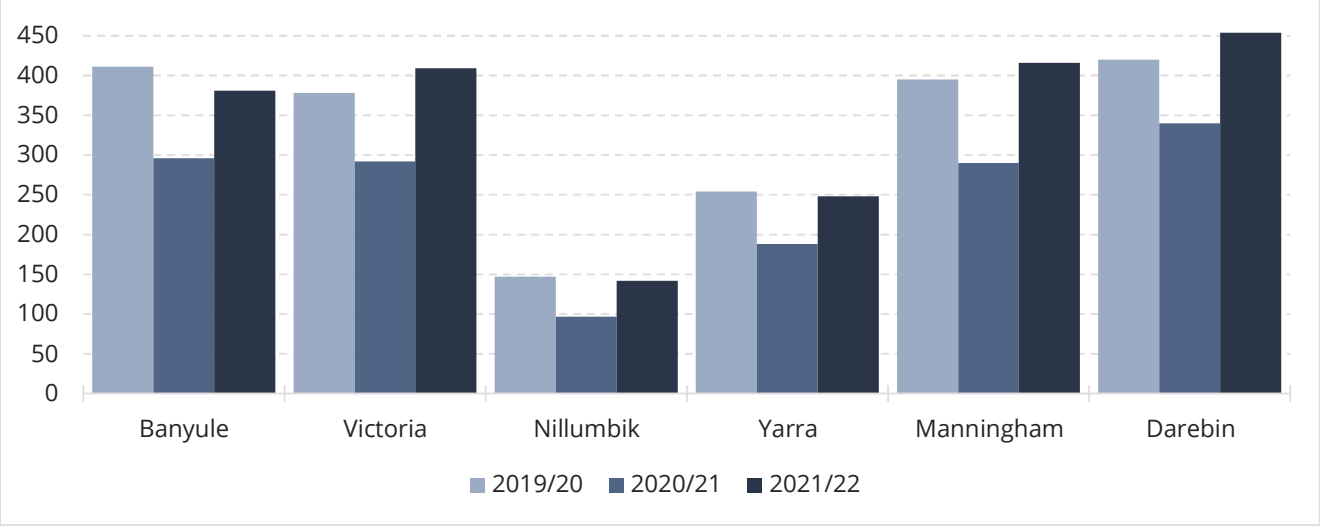
TABLE 25 GAMBLING DATA SOURCES

Source	Question	Update	Notes
VGCCC	Victorian Gambling and Casino Control Commission electronic gaming machine expenditure data.	Annual	

In Banyule the loss per adult to pokies fell during COVID-19 lockdown, when the gaming venues were closed. It has since returned to a level almost as high as 2019. This trend is evident across the comparison regions as well.

[27] https://www.aihw.gov.au/reports/australias-welfare/gambling Gambling in Australia, 2021, AIHW
[28] https://www.ama.com.au/position-statement/health-effects-problem-gambling-2013 Health Effects of Problem Gambling, 2013, Australian Medical Association

FIGURE 111 EXPENDITURE PER ADULT ON ELECTRONIC GAMBLING MACHINES OVER TIME



In the 2022 Banyule Household Survey, 3% of respondents reported gambling as a leisure activity. This activity was more common amongst men (5%, compared to 2% women).

3.2 Housing affordability

The World Health Organisation (WHO) suggests that there are four interlinked levels of housing and its impact on health and wellbeing[29]:

1. Physical structure (mould growth, quality, design, noise etc.);
2. Safety (safe, intimate refuge);
3. Local area (public services, green space, places to socialise); and
4. Community (social cohesion, trust etc.)

These levels of housing can be effective by an individual's / families ability to find housing options that are affordable. Housing issues can place considerable stress on individual and families.

Access to good quality, affordable housing is fundamental to wellbeing. It can help reduce poverty and enhance equality of opportunity, social inclusion and mobility. Housing affordability typically refers to the relationship between expenditure on housing (prices, mortgage payments or rents) and household incomes[30].

Some of the key sector trends to take into consideration are:

- Younger people are taking longer to transition into home ownership.
- Households are renting for longer.
- Growth in international students and migrants can put pressures on the housing market.
- Australian rental housing often not adequately equipped for extreme weather (poor insulation / heating / cooking, in need of repair).
- People living in rental stress can be at risk of homelessness.
- House prices increased significantly during COVID-19.

[29] https://aifs.gov.au/resources/policy-and-practice-papers/housing-stress-and-mental-health-and-wellbeing-families Housing stress and the mental health and wellbeing of families, 2008, The Australian Institute of Family Studies

[30] https://www.aihw.gov.au/reports/australias-welfare/housing-affordability Housing affordability, 2021, AIHW

- Interest rates have increased from less than 0.5% to over 3.5% since the start of 2022 which can have an impact on those with a mortgage, especially those who have a mortgage beyond their means[31].
- Ability for local government to take action to address affordable housing is reliant on State and Federal Government programs and funding.
- Banyule currently has a lack of resourcing for homeless people.

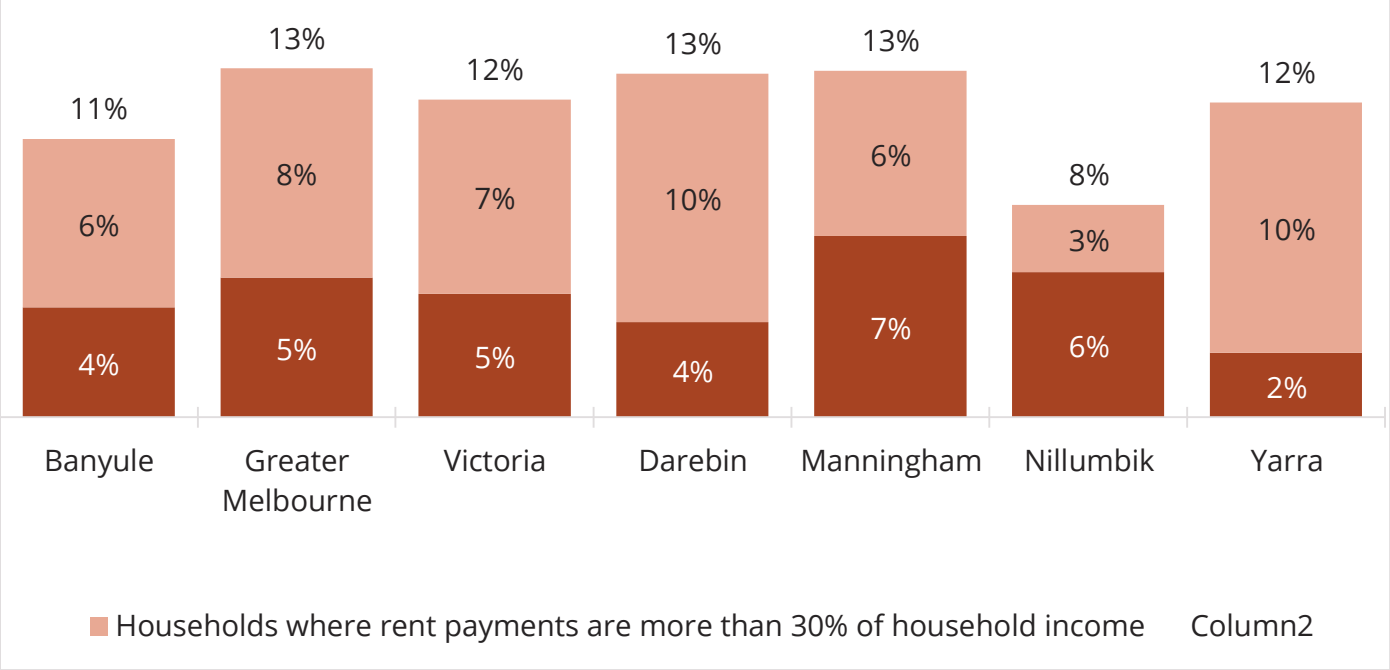
Banyule Council has a Housing Strategy which guides how housing is managed in the municipality.

TABLE 26 HOUSING AFFORDABILITY DATA SOURCES

Source	Question	Update	Notes
Census	Is this dwelling: How much does your household pay for this dwelling?	2026	Covers almost all residents (compulsory survey) therefore no error margins. Mortgage or rental stress defined as paying more than 30% of income on rent/mortgage
Homes Victoria	Quarterly rental report	2023	June
Household survey	What are all the aspects you like and dislike about living in your neighbourhood?	Annual	Household level data, n=758. Q70 on a very intensive survey, so may be influenced by order fatigue.

Just over one in ten households in Banyule are in mortgage or rental stress (spending more than 30% of their income on mortgage or rent). This is slightly lower than the metropolitan Melbourne and state averages.

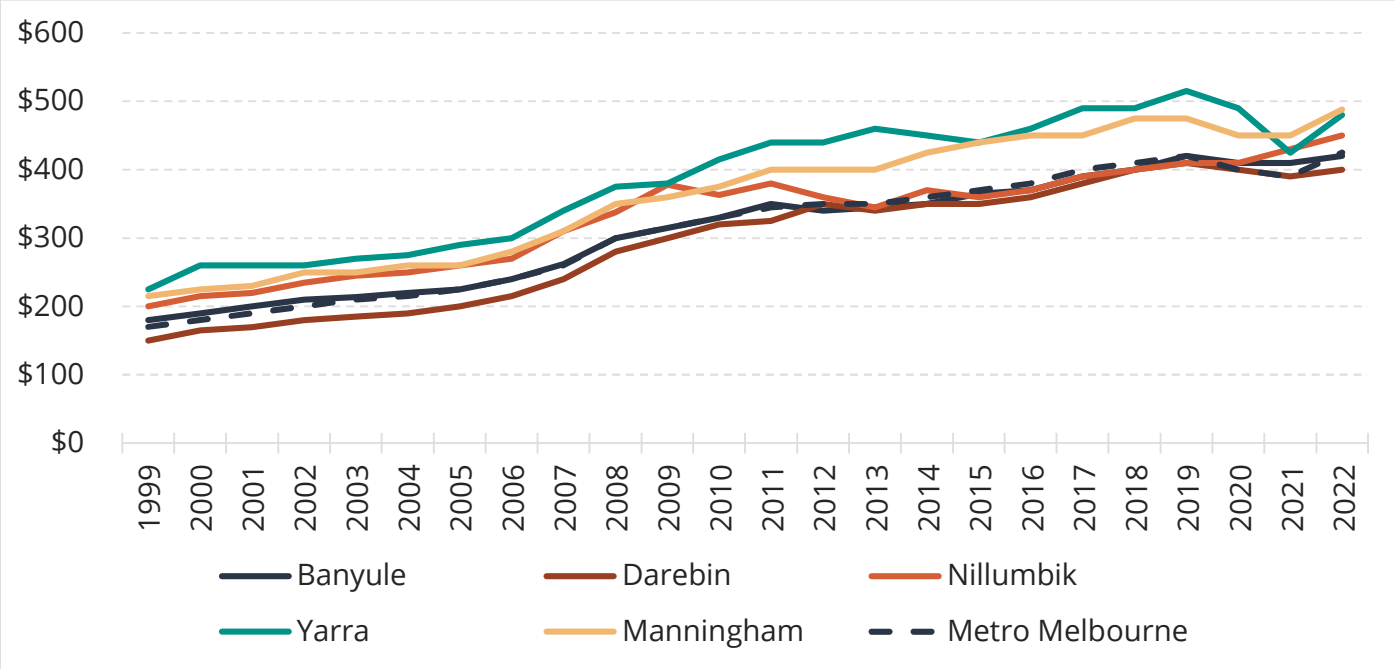
FIGURE 112 PROPORTION OF ALL HOUSEHOLDS IN MORTGAGE OR RENTAL STRESS IN 2021 COMPARED TO OTHER REGIONS



[31] https://tradingeconomics.com/australia/interest-rate Australia's interest rate, 2023, Trading Economics

The median rent in Banyule has levelled out since COVID-19 (2020) and hasn't shown a return to increasing like many of the other areas (including metropolitan Melbourne).

FIGURE 113 JUNE QUARTER MEDIAN RENT ALL PROPERTIES BY PRECINCT



In the 2022 Banyule Household Survey a third of households selected 'cost of housing' as an aspect of their neighbourhood that they disliked. Selecting this as a dislike was more common in the East precinct (41%) and less common in the North precinct (21%).

3.3 Public transport

Motorised road transport (cars) linked to damage to human health through road accidents, air pollution and noise. At the same time, declining levels of physical activity induced by car travel and the fragmentation of neighbourhoods which heavy traffic and road infrastructure have generated, have been shown to pose additional health risks[32].

Banyule Council has an Integrated Transport Plan that guides Council's actions relating to transport. The role of Council with regards to public transport is typically an advocacy role, to try and encourage safer stops and stations and better transport links.

TABLE 27 PUBLIC TRANSPORT DATA SOURCES

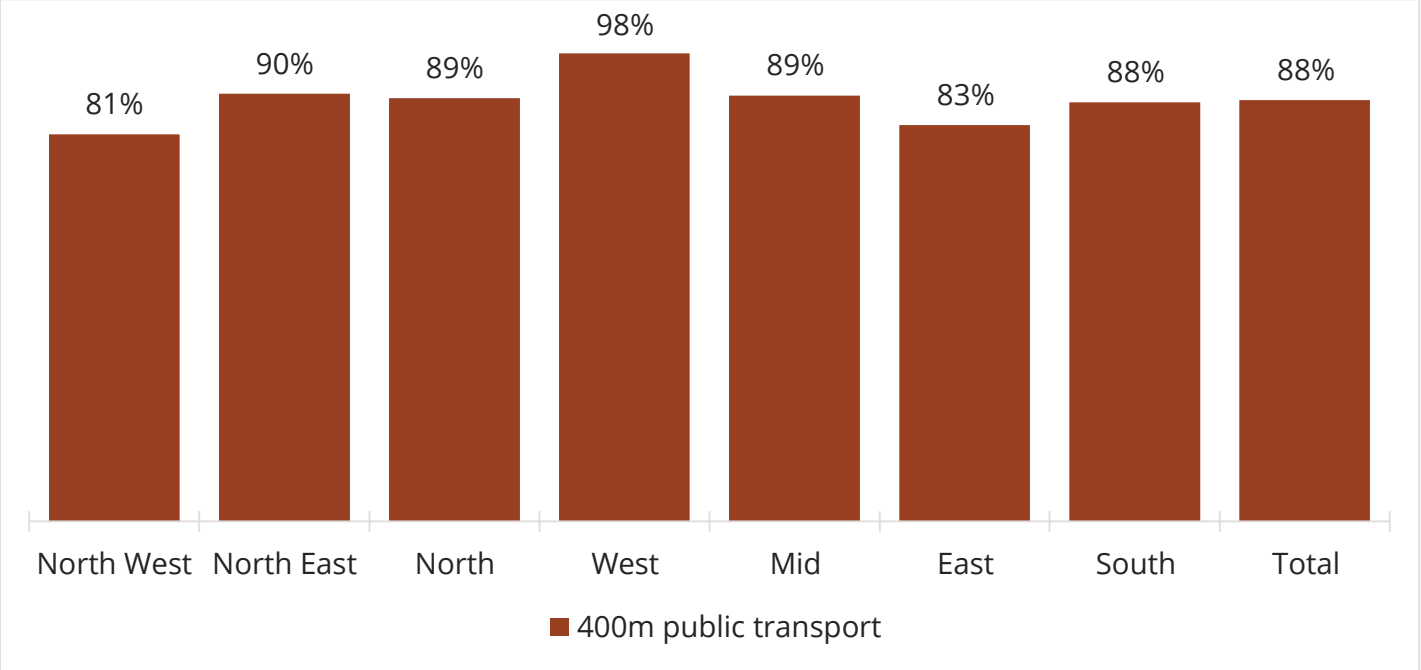
Source	Question	Update	Notes
Council	Proportion of households within 400m of a public transport stop	On request (GIS)	As at 2023
Census	How did the person get to work on Tuesday 10 August 2021?	2026	Covers almost all residents (compulsory survey) therefore no error margins.
Household survey	How often does the person use public	Annual	Person level data, n=1,859 in 2022.

32 https://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/PlanningHealthyEnvironments/Attachments/vhtransch2.ashx The relationship between transport and health, 1999, VicHealth

	transport for non-work or non-study trips?		
Household survey	What are all the aspects you like and dislike about living in your neighbourhood?	Annual	Household level data, n=758. Q70 on a very intensive survey, so may be influenced by order fatigue.

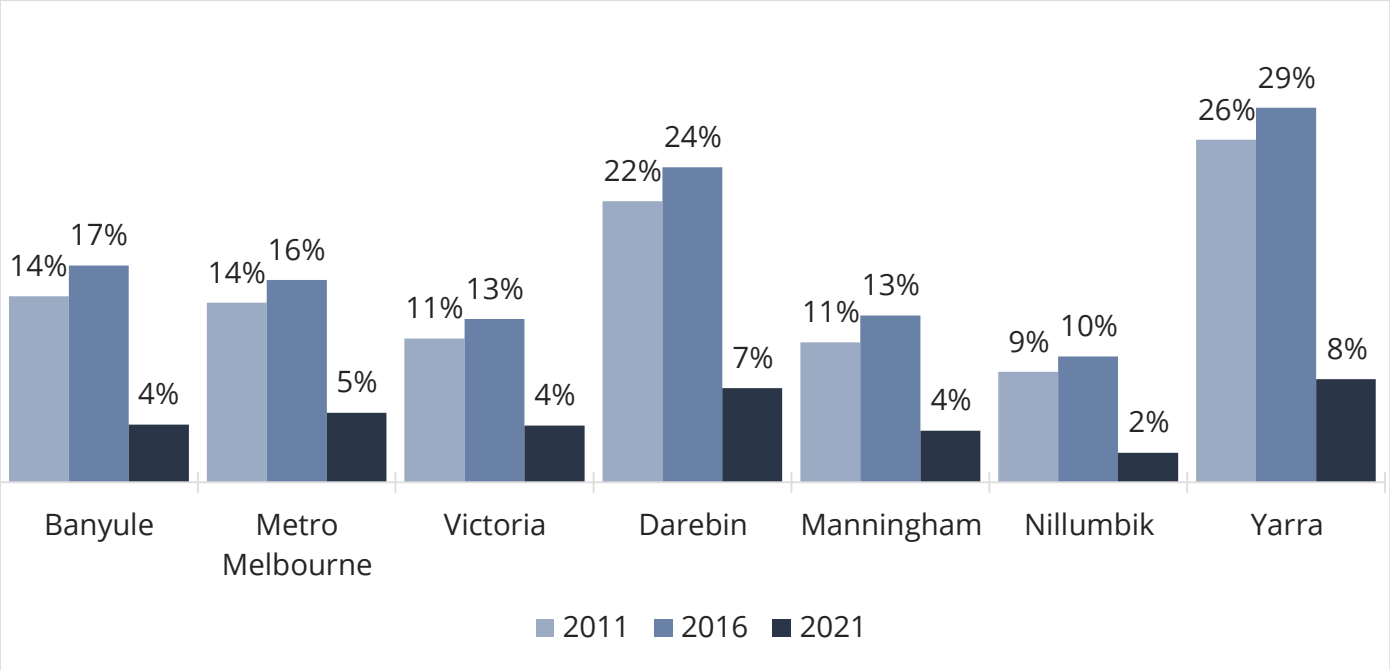
Overall, just under nine in ten Banyule households are within 400m of a public transport stop or station. Access to public transport is more widespread in the West precinct, and less widespread in the North West and East precincts.

FIGURE 114 PROPORTION OF HOUSEHOLDS WITHIN 400M OF PUBLIC TRANSPORT BY PRECINCT



Use of public transport to get to work decreased significantly during COVID-19, across both Banyule and comparison regions. Use of public transport to get to work has typically been on par with the metropolitan average, and before COVID-19 was increasing.

FIGURE 115 PROPORTION OF EMPLOYED ADULTS WHO CATCH PUBLIC TRANSPORT TO WORK COMPARED TO OTHER REGIONS, OVER TIME



Incidence of catching public transport is slightly lower in the North East precinct (3%), and more common amongst younger people (8% 18-24 year olds).

In the 2022 Banyule Household Survey 8% of respondents reported using public transport more than just occasionally for non-work trips, and 64% reported occasional use. Daily use was notably high amongst respondents in the West precinct (9%) and 12-24 year olds (10%). High instances of reporting that they 'never use public transport' was evident amongst respondents in the West (30%), North West (38%) and North East (31%) precincts, 85+ year olds (57%), those who speak a language other than English (31%) and those who have a disability where they need assistance (45%).

Furthermore, in this 2022 Banyule Household Survey, *access to public transport* was selected as a local neighbourhood aspect that was liked by a high proportion of households in South (85%) and Mid (82%) precinct. Relatively high instances of West (36%) and East (33%) precinct households rated this as something they dislike about living in their local neighbourhood.

4 Segment highlights

This section summarises the key findings and planning / strategic considerations for each precinct and demographic segment.

4.1 Precinct

Precinct	Key findings
North West	High proportion of using bulk billing doctors (34%, compared to 27% average for Banyule).
	Higher proportion saying they don't participate in any form of physical activity (38%, compared to 30% Banyule average).
	59% of households are within 800m of childcare (compared to 79% Banyule average).
	Low agreement rating to I/we often stop and chat with someone from our local community (6.79 compared to 7.12 Banyule average).
North East	Decline in full time employment (from 40% in 2011 to 37% in 2021)
	Not well serviced for bike paths (8% of households within 200m of bike path)
	6% don't have a footpath within 100m
	Higher proportion saying they don't participate in any form of physical activity (36%, compared to 30% Banyule average)
	Lower instance of social infrastructure close to home (no cultural facility within 3.2km and no library within 1km)

Precinct	Key findings
North	Decline in full time employment (from 39% in 2011 to 37% in 2021)
	High proportion using bulk billing doctors (36%, compared to 27% average for Banyule)
	Higher proportion saying they don't participate in any form of physical activity (39%, compared to 30% Banyule average)
	Lower instance of social infrastructure close to home (no cultural facility within 3.2km and only 4% within 1km of a library)
	68% of households are within 800m of childcare (compared to 79% Banyule average)
Mid	Increase in proportion of population who have completed year 12 (from 48% in 2016 to 64% in 2021)
	Higher instance of owning a bike (57%, compared to 50% average for Banyule)
	56% said they use passive open spaces (compared to 51% average for Banyule)
East	Higher instance of owning a bike (56%, compared to 50% average for Banyule)
	7% don't have a footpath within 100m
	Relatively few households with either supermarket (33%) or fast food (34%) in close proximity.
	Exercising in a park was more common (36%, compared to 25% average)
	Cycling / bike riding for exercise was more common (30%, compared to 20% average)
South	Increase in proportion of population who have completed year 12 (from 48% in 2016 to 66% in 2021)
	58% said they use passive open spaces (compared to 51% average for Banyule). There was an increase in the use of parks and reserves during COVID-19 (39%, compared to 31% across Banyule)

Precinct	Key findings
West	Increasing proportion of workers going outside of Banyule for work (from 74% in 2011 to 78% in 2021)
	15% of households in the West precinct are paying more than 30% of their household income on mortgage or rent
	High level of SEIFA disadvantage (868 in Heidelberg West and 966 in Bellfield)
	Not well serviced for bike paths (12% of households within 200m of bike path)
	Safety of the area / streets was selected as a local neighbourhood aspect that was disliked by a high proportion of households in West (29%) precinct
	Residents show notably higher instances of arthritis (12%, compared to 9% Banyule average), diabetes (10%, compared to 4% Banyule average), heart disease (5%, compared to 4% Banyule average), lung conditions (2%, compared to 1% Banyule average) and stoke (2%, compared to 1% Banyule average)
	12% reported having a long-term mental health condition (compared to 9% average for Banyule
	High instance of youth disengagement (24%, compared to 17% average for Banyule)
	Low agreement rating to: I/we often stop and chat with someone from our local community (6.13 compared to 7.12 Banyule average); we feel part of the local community (6.11 compared to 6.96 Banyule average); we get along with our neighbours (7.66 compared to 8.11 Banyule average); and in times of need I / we could turn to the neighbours for help (6.56 compared to 7.30 Banyule average)

4.2 Key segments

Segment	Key findings
Females	27% of females are in full time employment, compared to 47% of males
	The rate per 100,000 population of falls was higher amongst females (1,027.2) than males (791.4)
	Only 48% of women said they felt definitely safe walking in their local area at night, compared to 75% of men.
	A higher proportion of females say they don't participate in any form of physical activity (33%, compared to 27% males)
	More commonly report having arthritis (11%, compared to 6% males) and asthma (9%, compared to 8% males)
	17% of women reported high or very high levels of psychological distress, compared to 6% men
Males	Males show a higher instance of travelling outside of Banyule for work (77%) than females (71%)
	Higher instance of owning a bike (55%)
	The rate of potentially avoidable deaths amongst males is increasing over time (from 93 per 100,000 in 2017 to 108 in 2020)
	A higher proportion of men in the overweight (pre obese and obese) category (57%, compared to 43% women)
	Males less often use health services (89% males used a GP in 2021-22 compared to 94% females)
	More commonly report having diabetes (5%, compared to 4% females) and heart disease (5%, compared to 3% females)

Segment	Key findings
Children	Higher instance of owning a bike (93% 5-11 year olds)
	Participating in swimming activities was more common amongst 5-11 year olds (64%, compared to 18% average)
	Cycling / bike riding for exercise was more common amongst 5-11 year olds (51%, compared to 20% average)
Youth	Fewer 18-24 year olds entering full time work (24% 18-24 year olds in full time work, down from 29% in 2011)
	Higher instance of owning a bike (88% 12-17 year olds)
	Lower rates of having private health insurance (68% of 12-17 and 65% of 18-24 year olds)
	Participating in group fitness activities was more common amongst 18-24 year olds (43%, compared to 23% average)
	Cycling / bike riding for exercise was more common amongst 12-17 year olds (35%, compared to 20% average)
	Mental health was identified by Banyule youth as a key issue for local youth
	High instance of youth disengagement in the West precinct (24%, compared to 17% average for Banyule)
Older adults	Staying in full time work longer (24% 60-69 year olds working full time in 2021, up from 21% in 2011)
	The rate of falls per 100,000 population starts increasing significantly after the age of 50 (from 312 per 100,000 amongst 40-49 year olds to 720 amongst 50-59 year olds, up to 7,054 amongst 80+ year olds)
	Breast cancer screening for 50-74 year old women also fell during COVID-19 (46%, down from 56% in 2018-19)
	Participation in exercise activities declines rapidly after the age of 60 years of age (around a quarter of 18-59 year olds said they don't undertake any physical activity, increasing to 84% of 85+ year olds)
	60% 85+ year olds reported poor physical health (compared to less than 10% of those aged under 60)
Segment	**Key findings**
Multicultural	More often travel outside of Banyule for work (76% LOE, compared to 73% English only)
	11% of those who speak a language other than English reported experiencing some form of discrimination (compared to 8% of English only speakers)
	Lower rates of having private health insurance (67% of those who speak a language other than English, compared to 75% of those who speak English only)
Aboriginal and Torres Strait Islander	Aboriginal and Torres Strait Islander people in Banyule show higher instances of being unemployed and looking for work (7% 15+ year old Aboriginal and Torres Strait Islander people, compared to 2% non-Indigenous) and 33% of Aboriginal and Torres Strait Islander adults were in full time employment, compared to 38% of non-Indigenous adults
	The median personal income of employed Aboriginal and Torres Strait Islander people in Banyule is lower ($835) than non-Indigenous workers ($918)

	Aboriginal and Torres Strait Islander households in Banyule show a higher instance of being renters (54%, 25% non-Indigenous) and 19% are in rent or mortgage stress (spending more than 30% of income on rent/mortgage), compared to 11% non-Indigenous households
	More commonly report having asthma (15%, compared to 8% Banyule average) and mental health conditions (19%, compared to 9% average)

Segment	Key findings
People with a disability	3% of those with a disability are in full time employment, compared to 40% of those without a disability
	Lower rates of having private health insurance (54% compared to 75% of those without a disability)
	A higher proportion of people with a disability say they don't participate in any form of physical activity (54%, compared to 30% of those without a disability)
	65% reported fair or poor physical health (compared to 8% of those without a disability)
	29% reported having a mental health condition (compared to 9% average for Banyule
LGBTIQA+	More often rated their mental health as poor (7%, compared to 2% of those not LGBTIQA+)
	Show higher instances of participating in going to the theatre (32%, compared to 19% non-LGBTIQA+) and visiting art galleries (32%, compared to 17% non-LGBTIQA+)
	Males less often use health services (89% males used a GP in 2021-22 compared to 94% females)
	More commonly report having arthritis (11%, compared to 6% males) and asthma (9%, compared to 8% males)