

# URBAN HEALTH AND WELLBEING PROFILE

An analysis of health and wellbeing data for the City of  
Melbourne Local Government Area

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Melbourne, August 2016

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Disclaimer: The data presented in this report is limited to what is available at the LGA level and was current at the time of publication, August 2016.

# SUMMARY OF CoM HEALTH AND WELLBEING PRIORITY AREAS 2017-2021

The following is a summary of the health and wellbeing priority areas for the City of Melbourne Local Government Area (LGA), drawn from the evidence presented in this Urban Health and Wellbeing Profile. These priority areas will be fed into the upcoming Council Plan 2017-21 (which incorporates the city’s Municipal Public Health and Wellbeing Plan), as required under the *Public Health and Wellbeing Act 2008*.

## Priority physical and mental health issues:

- ⇒ Rising rates of Type 2 diabetes and hypertension (high blood pressure)
- ⇒ Sexual and reproductive health issues, specifically STIs in adolescents and prevalence of chlamydia
- ⇒ Poor dental health (especially in children)
- ⇒ Mental health – people’s day to day levels of psychological distress are increasing

## Priority health behaviours:

- ⇒ Low levels of physical activity and high levels of sedentary behaviour (e.g. workers sitting all day)
- ⇒ Poor fruit and vegetable consumption and high soft drink consumption
- ⇒ Alcohol and drug related harms both short term e.g. injury and in the long term e.g. illness and disease
- ⇒ Passive smoking effects
- ⇒ Lack of sun protection habits (e.g. wearing a hat and sunglasses)
- ⇒ Low levels of childhood immunisations

## Priority environmental conditions that will impact the health and wellbeing of the community:

<p><b>Social Environment:</b></p> <ul style="list-style-type: none"> <li>⇒ Community safety issues, particularly around alcohol and other drug use and crime</li> <li>⇒ Rising reports of family violence</li> </ul>	<p><b>Economic Environment:</b></p> <ul style="list-style-type: none"> <li>⇒ Rising cost of living (e.g. food, petrol, housing and transport) with people experiencing disadvantage the hardest hit</li> <li>⇒ Rising homelessness</li> <li>⇒ High levels of food insecurity</li> </ul>
<p><b>Built Environment:</b></p> <ul style="list-style-type: none"> <li>⇒ Issues stemming from a rapidly growing/24 hour city (e.g. community infrastructure to meet growing population needs – including active transport and open space, and issues around increasing noise and congestion)</li> <li>⇒ Poor access to healthy food and high access to fast food and alcohol outlets</li> </ul>	<p><b>Natural Environment:</b></p> <ul style="list-style-type: none"> <li>⇒ Increasing community interest in food production</li> <li>⇒ Environmental health protection– food safety, heat wave and disaster management</li> </ul>

## Priority population groups:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>⇒ People who live in North Melbourne, Carlton and Kensington</li> <li>⇒ People who live in housing estates</li> <li>⇒ Low income earners (earning &lt;\$399 per week)</li> <li>⇒ Families with children under 0 to 12 years, particularly single parent households</li> <li>⇒ Students, particularly international students</li> </ul> | <ul style="list-style-type: none"> <li>⇒ The unemployed</li> <li>⇒ Older adults, particularly those who have a disability, who live alone, and/or in public housing</li> <li>⇒ People who are severely or profoundly disabled needing assistance with core activities</li> <li>⇒ People who are sleeping rough or homeless</li> </ul> |
|---|---|

## INTRODUCTION

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***Healthy citizens are the greatest asset any community can have.***

*Winston Churchill*

Local government plays a key role in creating an environment for communities to prosper and enjoy improved health and wellbeing. This role is articulated under Section 3C of the Local Government Act 1989 which states a council must: ***'promote the social, economic and environmental viability and sustainability of the municipal district; and to improve the overall quality of life of people in the local community'***.

Council also has a specific legislative responsibility for public health planning and health promotion under the *Public Health and Wellbeing Act 2008* (the Act). Under this Act, councils must prepare a four year Municipal Public Health and Wellbeing Plan (MPHWP) for their municipal area or include health and wellbeing priorities into their Council Plan. The MPHWP must identify the public health and wellbeing needs of people in their municipality through an examination of the health status and determinants of health within the local area, to be used as an evidence base for Council strategic planning and priority setting.

### Aim

The objective of this Urban Health and Wellbeing Profile is to:

- ⇒ Provide an overview of the health and wellbeing status of people in the City of Melbourne Local Government Area (LGA), as well as the lifestyle behaviours and environmental conditions (social, economic, built and natural) which determine health and wellbeing outcomes in the municipality, as required under the Act.
- ⇒ Use the data presented to recommend key health and wellbeing priority areas for the municipality to be targeted in the upcoming City of Melbourne Council Plan for 2017-2012 (which will incorporate the MPHWP).
- ⇒ Provide an evidence based resource for use by Council and community stakeholders to inform ongoing strategic planning and activity that aims to improve the health and wellbeing of the local community.

### Method

The data presented in this report is limited to what is available at the LGA level and was current at the time of publication, July 2016.

This profile uses the most up-to-date data available at the LGA level for the City of Melbourne municipality. The profile is a combination of meta-analysis of data sets from City of Melbourne's own research including:

- ⇒ Future Melbourne Social Indicators of Wellbeing Survey 2014 and 2015
- ⇒ City of Melbourne Council Plan Intercept Survey 2016
- ⇒ ISO 37120 Indicators for Quality of Life (World Council on City Data)
- ⇒ City of Melbourne Annual Report 2014-15
- ⇒ Review of Future Melbourne 2008 Report 2015
- ⇒ Future Melbourne 2016: Bringing Your Ideas Together 2016
- ⇒ City of Melbourne Multicultural Community Demographic Profile 2013

- ⇒ City of Melbourne Student and Education Profile 2014
- ⇒ City of Melbourne Younger People Profile 2014
- ⇒ City of Melbourne Older People Profile 2013
- ⇒ City of Melbourne Census 2006-2011: Key Changes in the City of Melbourne
- ⇒ City of Melbourne Census of Land Use and Employment (CLUE) database
- ⇒ City of Melbourne Daily Population Estimates and Forecasts (2015 Update)
- ⇒ Geografia 2015 for population forecast data
- ⇒ Perceptions of Safety Survey 2013

As well as a collation of available secondary data sets relevant to public health in the municipality including:

- ⇒ Australian Bureau of Statistics, Census of Population and Housing 2011
- ⇒ Victorian Population Health Survey 2011-12 and 2014
- ⇒ Victorian Health Information Surveillance System 2013-14
- ⇒ Department of Health LGA Profile for the City of Melbourne 2013
- ⇒ VicHealth Indicators Survey 2011
- ⇒ Community Indicators Victoria (from their own research and data from various sources including Department of Planning and Community Development and Victoria Police, Department of Education and Early Childhood Development)
- ⇒ Victoria Police for crime and family violence data

Each section includes an overview of the data, links to the data sources as well as some commentary around what this data means for the Council's future strategic planning. Where there is information available, Victorian data has also been provided to benchmark how we are tracking in comparison to the rest of the state. In addition, where there is comparable data available across multiple years, trends have been identified and are indicated with the following key:

TRENDS KEY:	
▲	Negative increase
▼	Negative decrease
▲	Positive increase
▼	Positive decrease
●	No or minimal change

Red and green circles have been used in the graphs throughout the report to help focus reader's attention on important data. For example, a positive result will be circled green and a negative result will be circled red.

Refer to the [References](#) at the end of this document for a full list of data sources.

## Profile Framework

This profile report uses the Environments for Health framework to examine the health and wellbeing of the City of Melbourne community. The Environments for Health framework has been the standard reference for Councils planning for municipal public health and wellbeing since its release in 2001. This framework recognises the importance of the environment (social, economic, built and natural domains) in determining people's lifestyle choices and health and wellbeing outcomes.

This Profile report is broken up into sections based on answering the following questions:

- ⇒ **Who are we?**
- ⇒ **How healthy is our community, physically and mentally?**
- ⇒ **What lifestyle factors are contributing to our community's health and wellbeing status?**
- ⇒ **What are the key social, economic, built and natural environmental conditions which either support or hinder our community to lead healthy lifestyles and enjoy a good quality of life?**
- ⇒ **Based on the evidence, what are the top health and wellbeing issues which need to be prioritised for action in the upcoming Council Plan 2017-21?**

See below for a visual overview of the Profile Framework.

## Urban Health and Wellbeing Profile Framework

### CoM People: *Who are we?*

- ⇒ Population and Growth
- ⇒ Age Structure
- ⇒ Cultural Diversity
- ⇒ Housing Structure

### CoM Health and Wellbeing Status: *How healthy is our community, physically and mentally?*

#### Physical Health

- ⇒ Self-Reported Health
- ⇒ Disability
- ⇒ Life Expectancy
- ⇒ Chronic Disease
- ⇒ Body Weight

- ⇒ Dental Health
- ⇒ Sexual and Reproductive Health
- ⇒ Hospital Admissions

#### Mental Health

- ⇒ Subjective Wellbeing
- ⇒ Work/Life Balance
- ⇒ Psychological Distress
- ⇒ Depression and Anxiety

### CoM Lifestyles: *What lifestyle factors are contributing to our community's health and wellbeing status?*

- ⇒ Physical activity and Sedentary Behaviour
- ⇒ Fruit and Vegetable Consumption
- ⇒ Takeaway consumption
- ⇒ Water and Soft Drink Consumption
- ⇒ Alcohol and Drug Use
- ⇒ Smoking
- ⇒ Vaccination
- ⇒ Sun Protection

### CoM Environments for Health: *What are the key social, economic, built and natural environmental conditions which either support or hinder our community to lead healthy lifestyles and enjoy a good quality of life?*

#### Social Environment

- ⇒ Feeling of Belonging
- ⇒ Participation in Art and Cultural Activities
- ⇒ Volunteering
- ⇒ Access to Health Services
- ⇒ Civic Participation
- ⇒ Education and Lifelong Learning
- ⇒ Perceptions of Safety
- ⇒ Crime
- ⇒ Family Violence

#### Economic Environment

- ⇒ Socio-Economic Status
- ⇒ Homelessness
- ⇒ Housing Affordability
- ⇒ Food Insecurity
- ⇒ Food Affordability

#### Built Environment

- ⇒ Noise
- ⇒ Food Availability and Accessibility
- ⇒ Access to Alcohol Outlets
- ⇒ Active Transport

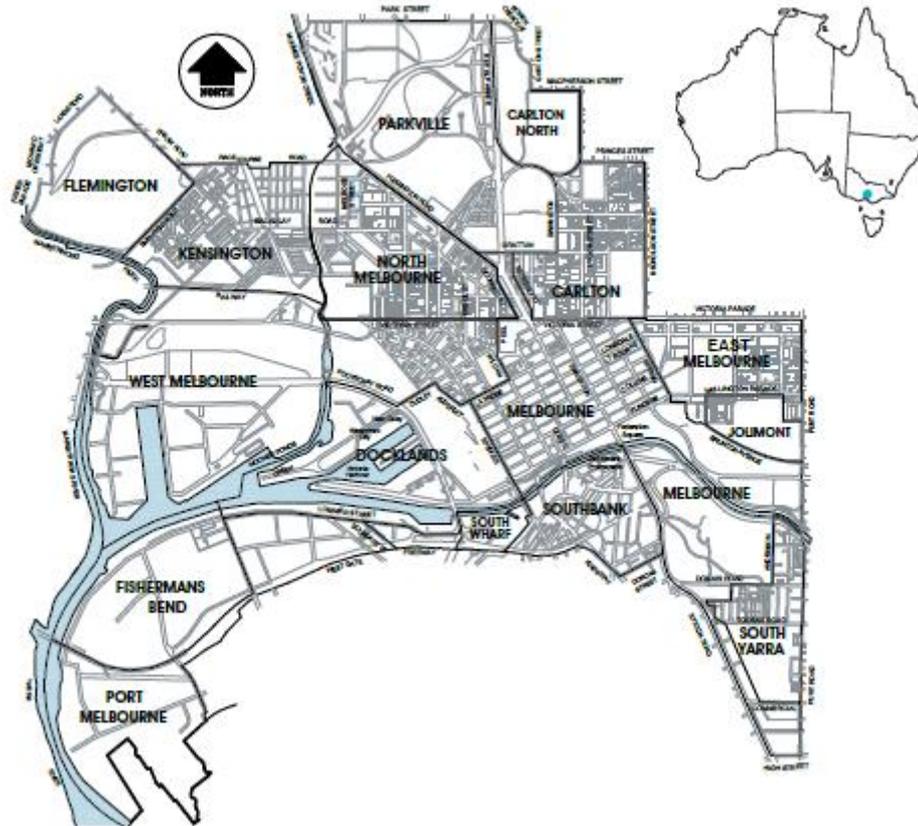
#### Natural Environment

- ⇒ Access to Open Space
- ⇒ Food Production
- ⇒ Food Safety
- ⇒ Climate Change

### CoM Health and Wellbeing Priorities 2017-2021: *Based on the evidence, what are the top health and wellbeing issues which need to be prioritised for action in the upcoming Council Plan 2017-21?*

## Population and Growth <sup>[1, 2, 3]</sup>

The City of Melbourne Local Government Area (LGA) is the heart of greater Melbourne and covers the central city and 16 inner city suburbs as shown in Figure 1 below.



Approximately 129,980 residents live in the City of Melbourne municipality, with approximately 50/50 males and females. There is also a large transient population with around 1.2 million people (including residents, workers, students and visitors) accessing the city in an average 24 hours for work or play, making the municipality a hub for economic and cultural activity, as well as a residential city.

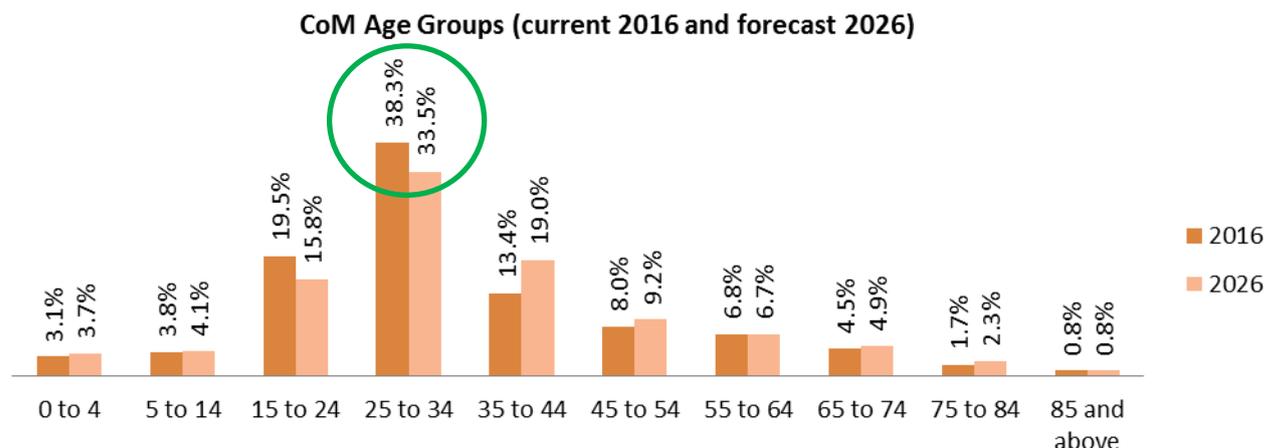
Population growth has been strong over the last ten years and this is predicted to continue. In coming years, the population is expected to grow at an average annual rate of 5.8% reaching a forecast population of around 152,000 by 2021.

With the city’s population growing quickly, the challenge will be to ensure that appropriate community infrastructure is funded and delivered to accommodate growing community needs.

## Age Structure <sup>[1, 2, 3]</sup>

The population is youthful with young people and young adults (between 15-44 years of age) making up the largest proportion of the residential population at 71.2% and the median age is 28 years, compared to 36 years for greater Melbourne. While the municipality’s population will grow, the demographic profile is expected to remain relatively similar, with populations of all age groups

continuing to increase. Therefore, unlike Australia and Victoria, the population is not ‘ageing’. CoM’s population is, and will remain, relatively young.



### Cultural Diversity <sup>[4, 5, 6, 9]</sup>

The City of Melbourne is home to people of different races and ethnicities, and this richness of diversity is one of our cities greatest strengths and community assets.

Nearly half of the population (48.7%) was born in a non-English speaking country, and 38.2% speak a language other than English at home. 8.8% have low English proficiency and 1% cannot speak English at all. The municipality also comprises a number of large universities, attracting 34,909 international students who contribute to the youthful and multicultural fabric of the community.

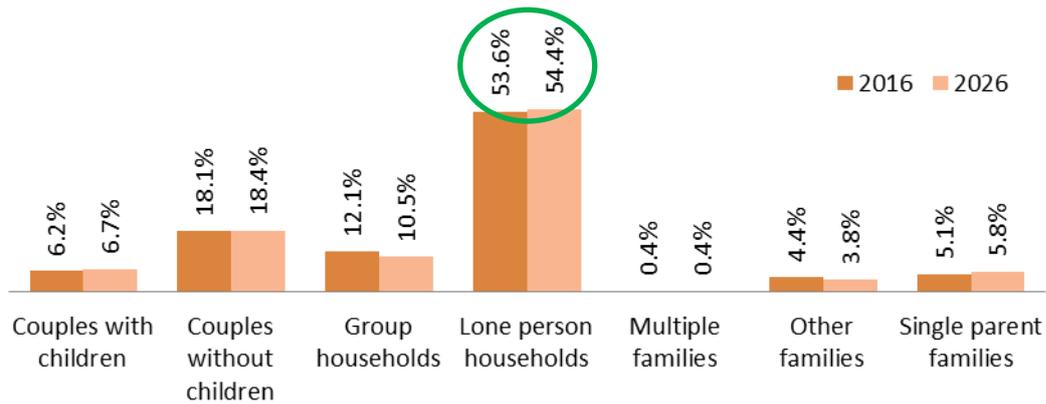
The municipality also has the highest rates of new settler arrivals in the state (arrivals from overseas under the permanent resident visa category) (4200.2 compared to Victoria’s 1415.1 per 100,000 population). Around 17,413 people have arrived between 2010 and 2015, although, only 0.9% of these were humanitarian arrivals.

According to the 2015 City of Melbourne Social Indicators of Wellbeing Survey, the municipality’s population sees the value of celebrating these diverse cultures with 93.3% of residents agreeing that it’s a good thing for a society to be made up of people from different cultures.

### Household Structure <sup>[1, 2]</sup>

The majority of residents in the municipality live alone (53.6%) and this is increasing. While average household sizes in Australia have remained stable (2.6 people per household), CoM’s household size is 2 persons per household and is forecast to decline annually to reach around 1.73 in the long-term.

The next largest group are couples without children (18.1%) and people living in group or share houses (12.1%). Around 6.2% are two parent households and 5.1% are single parent families.



There is also total of 1059 individuals (1.1% of the CoM residential population) living in a same sex relationship household. When this is compared to Victoria (0.3%) and Australia (0.3%) we see that CoM has a higher proportion of residents living in same sex relationships. 785 were male same sex couple households (0.8%) and 274 (0.3%) were female same sex couple households. This data does not include individuals which identify as gay or lesbian but don't live together.

Around half of the elderly population (those aged 75 or older) live on their own (44.8%). More elderly women live alone (68.9%) than men (34.1%). This is a demographic group that may require additional support and services.

### WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

The City of Melbourne is home to people of diverse races, ethnicities, gender, sexualities and ages and this richness of diversity is one of our cities greatest strengths and community assets.

While the population continues to grow, it will remain relatively young. The proportionately largest residential group will comprise youthful, culturally diverse, tech-savvy, relatively asset poor students and young professionals, often living in single person households and often from an overseas background. The youthful residential population is also likely to cause an increase in the number of births in the municipality.

This has implications for the types of social services and community activities that the City of Melbourne provides in the future. More specifically, this growth will translate into an increased demand for: waste collection and recycling, social, family and early childhood services, public and environmental health regulation (for example, dealing with noise complaints as the city grows), open space/gardens/parks, public transport, pedestrian flow management, entertainment, cultural and sporting activities and maximising safety at night time. It will also affect the way Council consults with the community and involves them in civic decision-making.

## CoM HEALTH AND WELLBEING STATUS

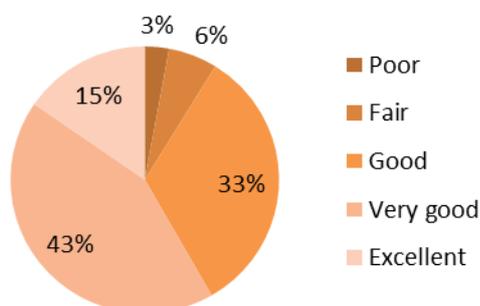
### PHYSICAL HEALTH

Physical health relates to the functioning of the physical body. The following outlines the key statistics regarding physical health for people in the City of Melbourne LGA.

#### Self-Reported Health <sup>[5]</sup>

Around 58% of residents self-report their health as being 'very good' or 'excellent', and this is similar to the proportion in 2012 (58.5%). Fewer than 10% of residents reported 'fair' or 'poor' health. There was no difference between males and females rating of their health. People aged 18-35 years were more likely than people aged 36 years and over to rate their health more favourably.

Self-reported health (2015)



#### Disability <sup>[1, 7, 9]</sup>

Around 2.2% of people in the municipality need help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting 6 months or more), a disability (lasting six months or more), or old age. This is lower than the rate for Victoria (5.0%).

There are 1.6% of people with a severe and profound disability and who live in the community, rather than long-term residential care, compared to 4.0% for the whole of Victoria. 11.3% are over the age of 65 years (13.7% in Victoria).

There are 2,131 people receiving the Disability Support Pension from Centrelink in the municipality. The rate of people receiving the Disability Support Pension in the CoM LGA is significantly lower than the rate for Victoria (25.6 per 1,000 population, compared to 54.9 per 1,000 population).

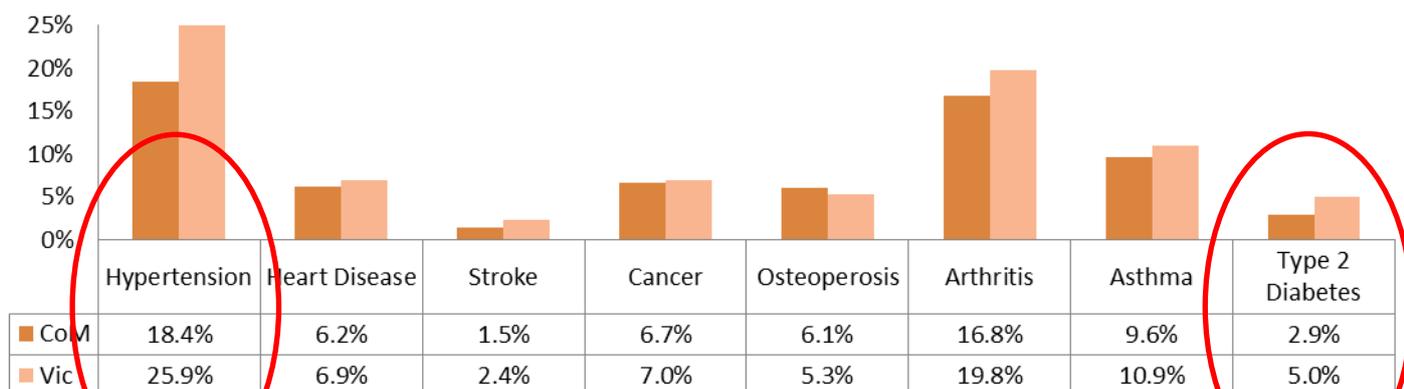
## Life Expectancy <sup>[10, 9]</sup>

Life expectancy is an estimate of the average length of time that a person can expect to live. Average life expectancy in inner Melbourne is 83.5 years, which is relatively high compared to other cities globally. Life expectancy is higher for females (85.7 years) than for males (81.5 years).

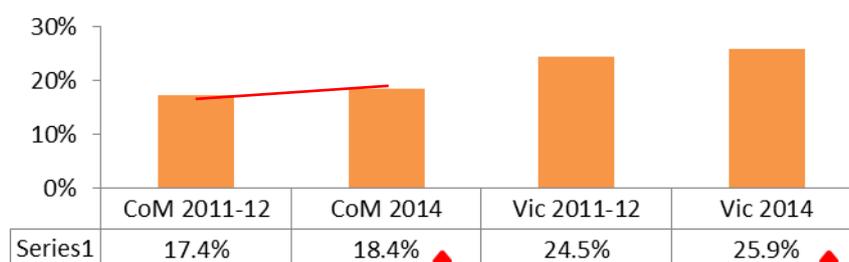
## Chronic Disease <sup>[15, 12]</sup>

The most prevalent chronic disease in the municipality is hypertension (high blood pressure) at 17.4%), followed by arthritis (16.8%), asthma (9.6%), cancer (6.7%) and heart disease (6.2%). Overall, the prevalence of chronic disease in the municipality is similar to the rates for all Victoria adults, with the exception of hypertension and type 2 diabetes which are significantly lower in the City of Melbourne than the rest of Victoria. However, rates of hypertension and type 2 diabetes are on the rise in the municipality. In particular, the prevalence of type 2 diabetes has almost doubled in the five years between 2008 and 2011-12. This trend is unique to the City of Melbourne, as it is not reflected at the state level and indicates a growing health issue.

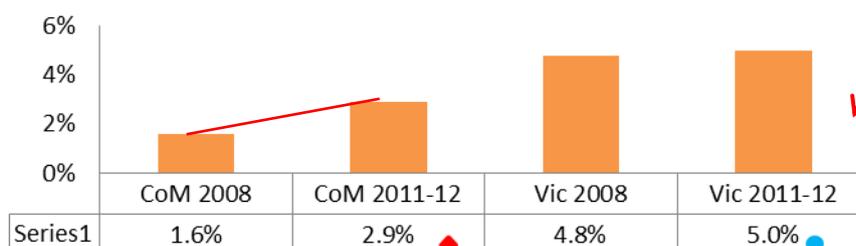
**Prevalence of selected chronic disease in CoM**  
Hypertention data (2014), remainder (2011-12)



**Prevalence of hypertension between 2011-12 and 2014**



**Prevalence of type 2 diabetes between 2008 and 2011-12**



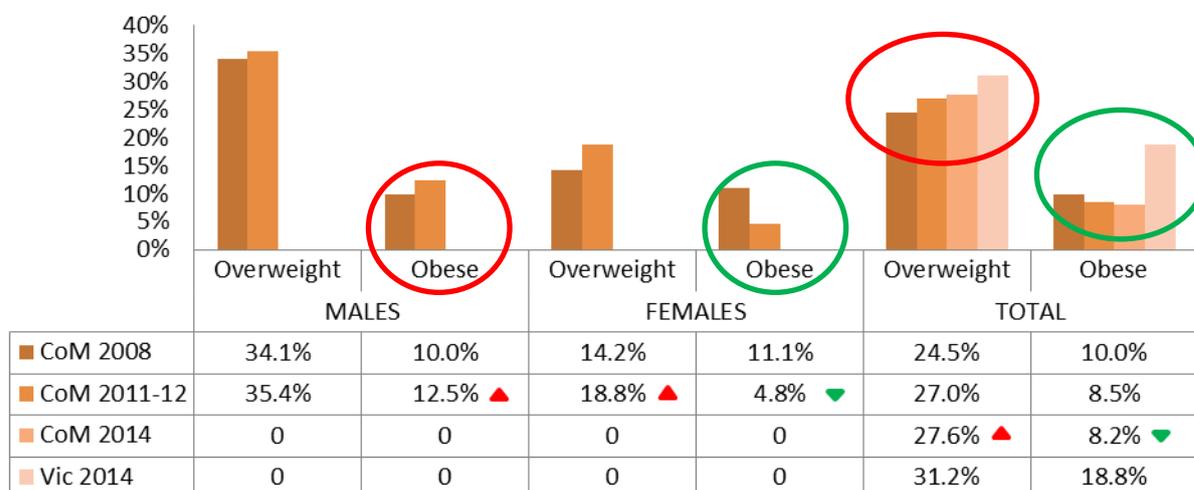
## Body Weight <sup>[15]</sup>

Being obese or overweight increases the risk of many chronic diseases. While individual factors such as genetics play a part in body weight, overweight and obesity are preventable diseases. To prevent them, we need to choose healthier, lower-energy foods and be more physically active.

In the City of Melbourne, 35.8% of the adult population are overweight or obese (27.6% are overweight and 8.2% are obese). This is significantly lower than the Victorian rate of 50.0%. Over time, more people appear to be moving from obese into the overweight range.

Males are more likely than females to be overweight and obese, however these rates are still lower than the rates of overweight and obesity in Victorian males and females. Between 2008 and 2011-12 reporting, the prevalence of overweight males has remained consistent; however they have shown an increase in obesity. Females on the other hand have significantly lowered their levels of obesity with more women moving into the overweight range. A gender breakdown for data in 2014 is not available.

**Prevalence of overweight and obesity by age, 2008 to 2014**



## Sexual and Reproductive Health <sup>[13, 14]</sup>

Safe sexual practices, such as contraception use, can protect against both unwanted pregnancy and sexually transmitted infections (STIs).

In the City of Melbourne, 72.6% of sexually active adolescents reported that they practiced safe sex by using a condom. This was higher than, but not significantly different to that reported across Victoria (58.1%). And 95.8% of sexually active adolescent females have used contraception to avoid pregnancy. This was higher than, but not significantly different to that reported across Victoria (78.9%).

Despite these safe sex practices in adolescents, the rate of Sexually Transmitted Infections (STIs) among adolescents in the City of Melbourne was 5.0 per 1,000 adolescents. This rate was more than double that of the rate in Victoria (1.7 per 1,000 adolescents). Specifically, the municipality has the highest rate of Chlamydia notifications of all LGAs in Victoria, with a rate of 9.7 per 100,000 populations (Vic 3.5 per 100,000), indicating that this is a key health issue for the community.

## Dental Health <sup>[12]</sup>

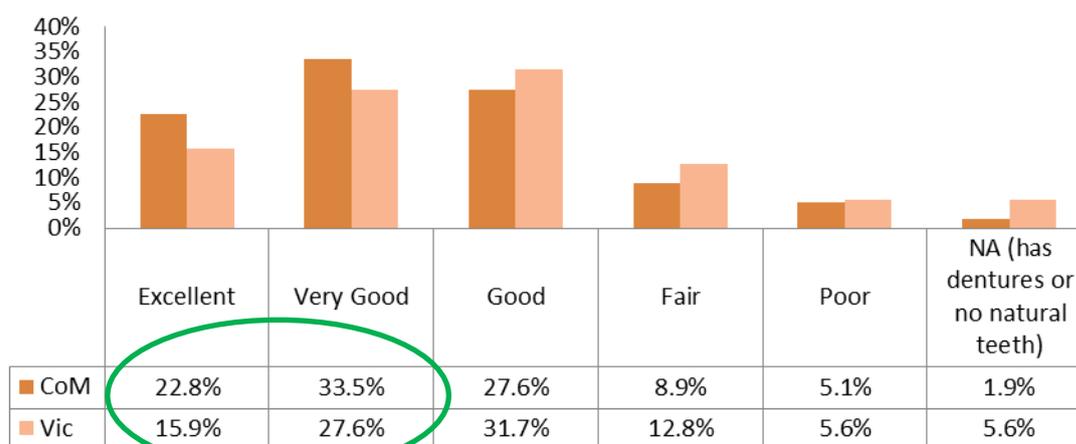
Oral health is linked to overall health and wellbeing in a number of ways. The ability to chew and swallow our food is essential for obtaining the nutrients we need. Other adverse impacts of poor dental health include problems with speech and low self-esteem. Most oral diseases (tooth decay, gum disease, oral cancer) are amendable to prevention through good nutrition, exposure to fluoride (such as in water and toothpastes), maintenance of adequate oral hygiene and access to regular dental visits.

Just over half of the City of Melbourne population self-reports their dental health as 'very good' or 'excellent' (56.3%), which is significantly above the rest of Victorian adults at 43.5%.

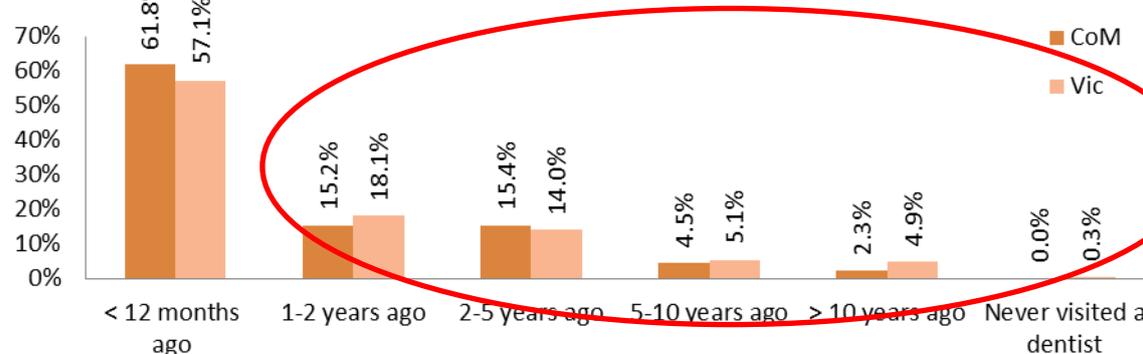
For 61.8% of adults in the municipality, their last visit to the dentist was within the last 12 months. This means that for around 40% of the population, their last visit to the dentist has been over a year ago. This is significant given the high levels of avoidable hospital admissions related to dental conditions in the municipality (refer to Hospital Admissions section).

One potential barrier to regular dental check-ups is cost with 22.1% of adults reporting that they have avoided or delayed a visit to the dentist due to cost.

**Self-rated dental health, 2011-12**



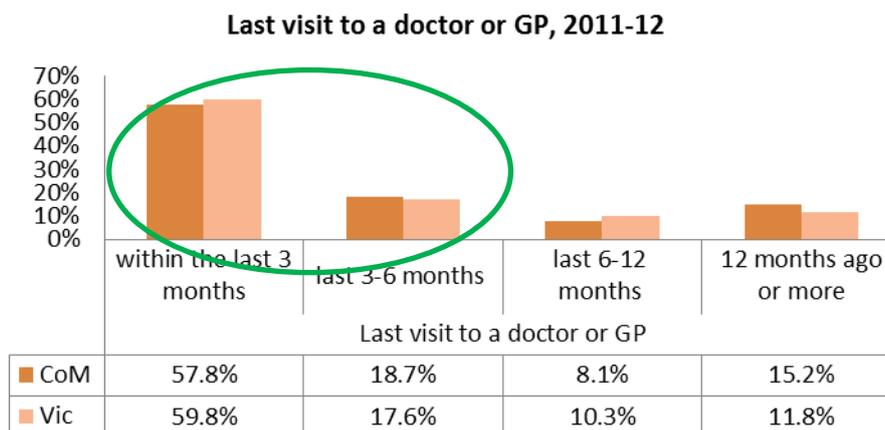
**Last visit to a dental professional, 2011-12**



## Health Checks <sup>[9, 12]</sup>

The majority of the population have gone to see a doctor or GP within the last 6 months (76.5%). The proportion of adults who have had other biomedical tests in the past 2 years (2010-12) is outlined in the following table. Number of adults getting blood glucose tests are slightly lower than the Victorian rate, which is a concern given the rising rates of type 2 diabetes in the municipality.

Health Checks	CoM	Victoria
Blood pressure check	81.7%	81.9%
Cholesterol check	60.3%	60.4%
Blood glucose check (diabetes)	53.9%	55.6%
Bowel cancer screen (aged 50+)	56.9%	61.2%
Mammogram/breast cancer screen ( females)	72.4%	70.6%
Pap smear/cervical cancer screen (females)	77.7%	70.6%



## Hospital Admissions <sup>[19]</sup>

The table below highlights the Ambulatory Care Sensitive Conditions (ACSC's) which resulted in hospitalisations for the Melbourne LGA. ACSCs are medical conditions for which hospitalisation should be able to be avoided because the disease or condition has been prevented from occurring (through prevention and early intervention), or because individuals have had access to timely and effective primary care (e.g. through their GP).

Complications associated with diabetes are the most common, followed by dental conditions. This is true for both males and females, however males have more problems associated with Chronic Obstructive Pulmonary Disease (lung disease in which cigarette smoke is the most significant risk factor) and congestive cardiac failure (heart disease in which obesity, poor diet, high blood pressure, diabetes, smoking and physical activity are the major risk factors).

In the early years; asthma, ear, nose and throat infections and dental conditions are the most common HCSC's that resulted in hospital admissions. Diabetes complications start appearing from the age of 30 years. Conditions related to the heart are observed from the age of 50 years.

Hospital admissions related to dental conditions are prominent through the life course, with children as young as 0-4 years being admitted.

In terms of time spent in hospital, people being admitted for diabetes complications, COPD and congestive cardiac failure stay in hospital for about a week (between 6-8 days) and dental conditions stay for 1-2 days. This places significant pressure on our hospital system for conditions that are largely preventable.

<b>Hospital Admissions 2013-14 (top 5 conditions and number of admissions)</b>		
<b>Total Population</b>	<b>Males</b>	<b>Females</b>
<b>Diabetes complications (806)</b>	Diabetes complications (464)	Diabetes complications (342)
<b>Dental conditions (183)</b>	Chronic obstructive pulmonary disease (lung disease) (83)	Pyelonephritis (kidney infection) (132)
<b>Pyelonephritis (kidney infection) (194)</b>	Congestive cardiac failure (heart disease) (71)	Dental conditions (87)
<b>Chronic obstructive pulmonary disease (lung disease) (118)</b>	Dental conditions (96)	Asthma (68)
<b>Congestive cardiac failure (heart disease) (110)</b>	Pyelonephritis (kidney infection) (62)	Iron deficiency anaemia (80)

## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

People in the City of Melbourne rate their physical health favourably, with only 10% reporting 'fair' or 'poor' health. Life expectancy is high compared to other cities globally and the rate of persons with a disability is the lowest in the state (however, the rate of HACC clients aged 0-69 years is well above average).

The most prevalent chronic diseases are arthritis (16.8%), asthma (9.6%), cancer (6.7%) and heart disease (6.2%), with rates comparative to the rest of the state. Rates of type 2 diabetes on the other hand are significantly lower in CoM than the rest of Victoria (2.9% compared to 5.0%). However, the prevalence of type 2 diabetes has almost doubled in the municipality over the past 5 years and this is not a trend seen at the state level. This means that it is unique to the residents in the CoM, and indicates a growing area of need.

One key risk factor for type 2 diabetes, as well as the other chronic diseases listed, is weight. Over a third of the population (35.5%) are overweight or obese, with males more likely to be obese than females. In fact, obesity in males has been increasing in recently years, while it has been decreasing in women.

The rate of Sexually Transmitted Infections (STIs) among adolescents in the municipality is more than double that of the rate in Victoria (5.0 compared to 1.7 per 1,000 adolescents). Specifically, the municipality has the highest rate of Chlamydia notifications of all LGAs in Victoria (9.7 compared to 3.5 per 100,000 population), indicating that this is a key health issue for the community.

Just over half of the population rate their dental health as 'very good' or 'excellent' (56.3%), which is significantly above the rest of Victorian adults (43.5%). While 61% have been to the dentist in the past 12 months, 40% have not.

The majority of the population have gone to see a doctor or GP within the last 6 months (76.5%). However, the proportion of adults getting blood glucose tests are lower than the Victorian rate, which is a concern given the rising rates of type 2 diabetes in the municipality.

These issues are leading people to be admitted to hospital with complications associated with diabetes and dental health, the highest cause of preventable hospital admissions in the municipality. In the early years, asthma, ear, nose and throat infections and dental conditions are the most common conditions that result in hospital admissions. Diabetes complications start coming through from the age of 30 years. Conditions related to the heart start appearing from the age of 50 years. Hospital admissions related to dental conditions are prominent through the life course, with children as young as 0-4 years being admitted.

## MENTAL HEALTH

Mental health relates to people's emotions, thoughts and behaviours. As with physical health, mental health can be impaired to varying degrees. Generally, a person with good mental health is able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society. However, even minor mental health problems can affect everyday activities so that individuals cannot function within their family and community as they would wish to, or are expected to. The following outlines the key statistics regarding mental health for people in the City of Melbourne LGA.

### Subjective Wellbeing <sup>[5]</sup>

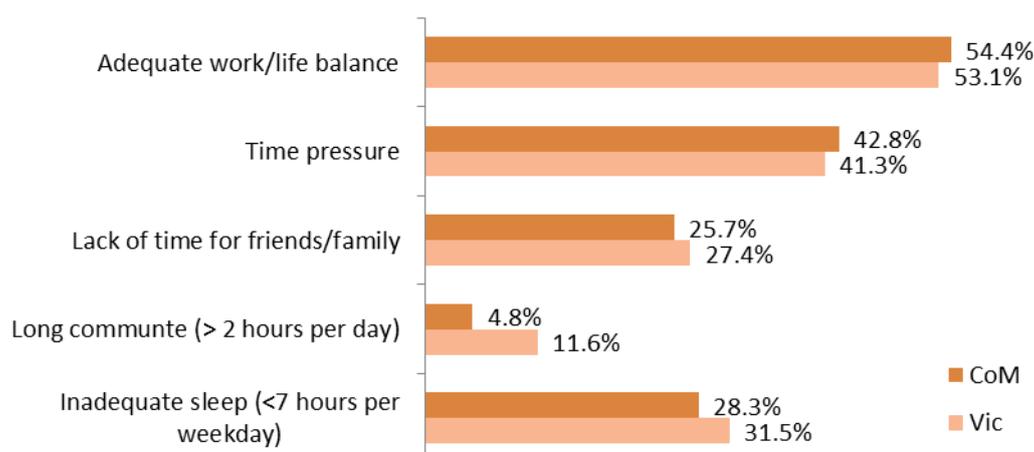
Subjective views on personal wellbeing are strong in the City of Melbourne with residents scoring their personal wellbeing at 76.9 out of 100, in terms of satisfaction with their standard of living, health, community connection and safety, and this appears to be increasing over time. The Australian Unity Wellbeing Index indicates that the average personal wellbeing score for Australians is approximately 75 out of 100 points, so residents in this municipality have around average levels of satisfaction with the quality of their lives.

### Work/Life Balance <sup>[20]</sup>

Work/life balance is the maintenance of a balance between responsibilities at work and home life. When work/life balance is achieved, people feel that they have attained the best quality of life.

Overall, only half of the adults living in the municipality (54.4%) feel they have a good balance between work and family. This is similar to the Victorian average (53.1%). More specifically, 25.7% of residents report a lack of time for friends and family, 42.8% say they feel time pressure, 4.8% have a commute which is greater than 2 hours per day<sup>1</sup>, and 28.3% report getting inadequate sleep (<7 hours per weekday). Most adults require 7-9 hours' sleep per night for optimal functioning. Lack of sleep impacts on health and wellbeing, normal functioning of the endocrine and immune systems and has been linked with a number of chronic diseases. It also increases the risk of accidents.

**Work, life and time in the City of Melbourne (2011)**



<sup>1</sup> Of people who were employed

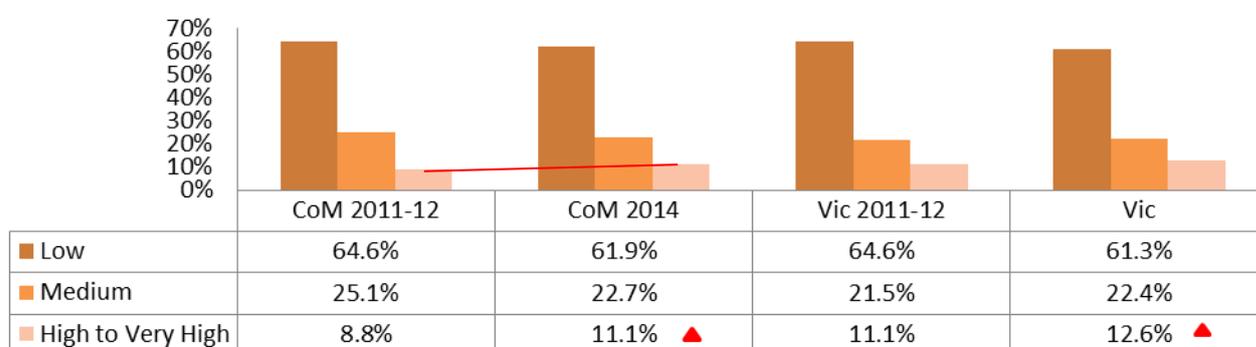
## Psychological Distress <sup>[15, 12]</sup>

Psychological distress covers feelings of nervousness, hopelessness, restlessness, sadness and worthlessness. The experiences of high levels of psychological distress is an important risk factor for a number of diseases and conditions including fatigue, migraine, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), cerebrovascular disease, injury, obesity, depression and anxiety. It is also a significant risk factor for risky drinking, smoking and drug use.

In the City of Melbourne, 61.9% of persons aged 18 and over had experienced low levels of psychological distress and a further 22.7% experienced moderate levels of psychological distress in the month prior to being surveyed (similar to the Victorian rates 61.3% and 22.4% respectively).

High to very high levels of psychological distress were reported by 11.1% of people, slightly lower than the Victorian rate of 12.6%. However, over time the proportion of adults reporting high to very high levels of psychological distress is increasing (an increase of 2.3% between 2011-12 and 2014).

Levels of psychological distress, 2011-12 to 2014



Overall, the higher the level of psychological distress the greater the impact on people's ability to function in their day to day lives. Research shows that there is a correlation between people with 'high or very high' levels of psychological distress and the following characteristics:

- ⇒ Only completed primary level education
- ⇒ unemployed
- ⇒ total annual household income of less than \$40,000
- ⇒ sedentary
- ⇒ current smoker
- ⇒ fair/poor self-reported health
- ⇒ diagnosed with diabetes by a doctor

The majority of adults (89.3%) had not visited a health professional about their psychological distress, similar to the Victorian rate of 88.1%.

## Depression and Anxiety <sup>[12]</sup>

Around 20% of adults in the municipality reported having ever been diagnosed with depression or anxiety by a doctor, similar to the Victorian rate of 19.9%. Females (25.1%) were more likely than males (15%) to have been diagnosed with depression and/or anxiety. It is important to note that this gender difference may be due to men not seeking help as readily as females and are therefore going undiagnosed.

## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

Adults in the City of Melbourne report a slightly higher level of wellbeing or quality of life than the average Australian (score of 76.5 compared to 75). However, the population does report experiencing a number of stressors. Over half of the adult population feel they have a poor work/life balance (54.4%), 42.8% report feeling time pressure, 28.3% report getting inadequate sleep (less than 7 hours sleep per weekday), 25.7% report a lack of time for friends and family and 4.8% have a commute which is greater than 2 hours per day.

Furthermore, around 20% of the adult population have been diagnosed with depression and anxiety. An even greater number experience psychological distress to varying degrees. The majority (61.9%) of adults experienced low levels of psychological distress, and a further 22.7% experienced moderate levels of psychological distress in the month prior. High levels of distress were reported by 11.1% of the adult population and this is seen to be increasing over time. The majority of people (89.3%) had also not been to see a mental health professional.

Social isolation, socio-economic disadvantage and stressors around a poor work/life balance are key triggers for living with high/very high psychological distress day to day and the onset of more severe forms of mental ill health such as depression and anxiety. These factors will be explored in more detail in the Social Environment section below.

## CoM LIFESTYLES

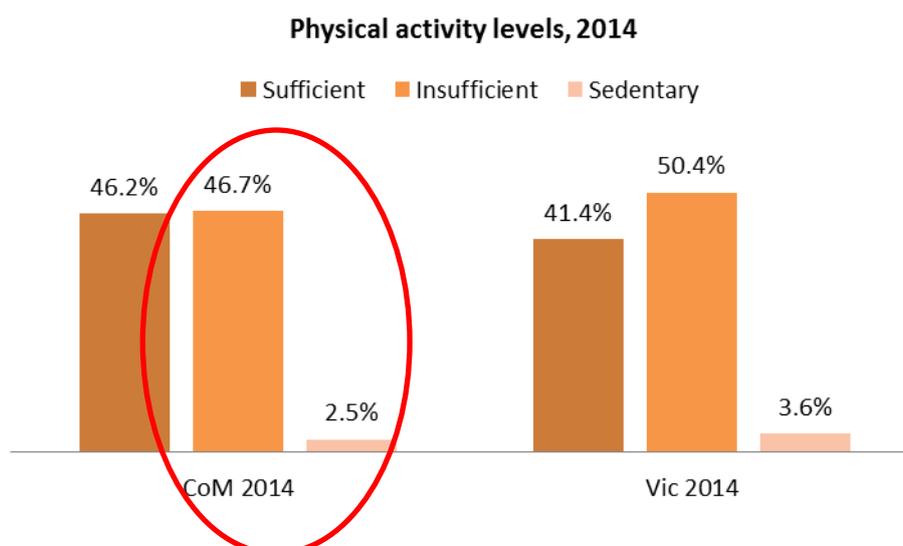
There are a number of factors that influence physical and mental health outcomes. Some of these factors are beyond the control of the individual, such as their age, sex and genetic makeup. However, many other factors are controllable to some degree, for instance, lifestyle behaviours such as physical activity levels, diet, smoking and alcohol and drug consumption. The following outlines the key statistics regarding lifestyle behaviours in the City of Melbourne.

### Physical Activity and Sedentary Behaviour <sup>[15, 16]</sup>

Physical activity is a major factor in preventing and reducing the risk of many physical health conditions including heart disease, diabetes and some cancers as well as improving mental health and wellbeing. Sedentary behaviour, including time spent sitting at work or school each day, car travel and screen time, is also a key risk factor for poor health.

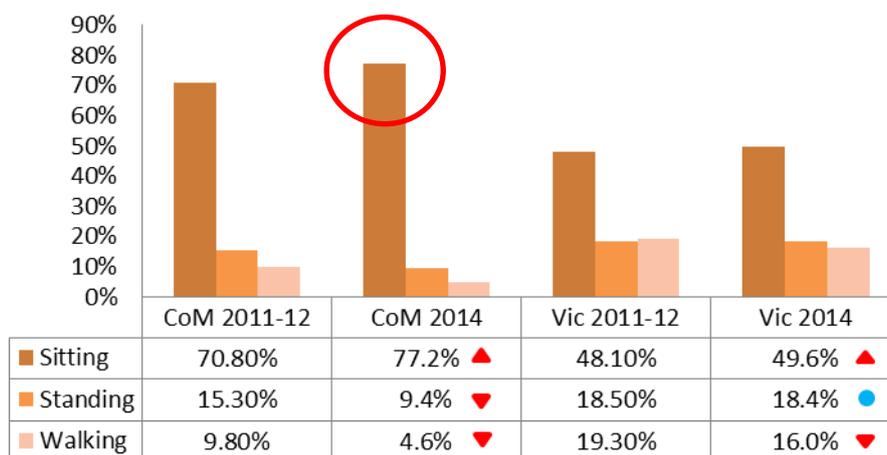
The level of health benefit achieved from physical activity partly depends on the intensity of the activity. In general, to obtain a health benefit from physical activity requires participation in moderate-intensity activities (at least). Accruing 150 or more minutes of moderate-intensity physical activity (such as walking) or 75 or more minutes of vigorous physical activity and doing muscle-strengthening activities on at least two days on a regular basis over one week is believed to be 'sufficient' for health benefits and is the recommended threshold of physical activity for adults between 18 and 64 years of age according to Australia's physical activity and sedentary behaviour guidelines (2014). These national guidelines also recommend minimising the amount of time spent in prolonged sitting and to break up long periods of sitting as often as possible.

In CoM, 46.2% of the adult population are engaging in sufficient levels of physical activity (>150 minutes and >2 sessions), slightly higher than the rest of the Victoria at 41.4%. However, 49.2% are not engaging in sufficient levels of physical activity to receive health benefits (46.7%; <150 minutes and <2 sessions) or are completely sedentary (2.5%; 0 minutes per week).



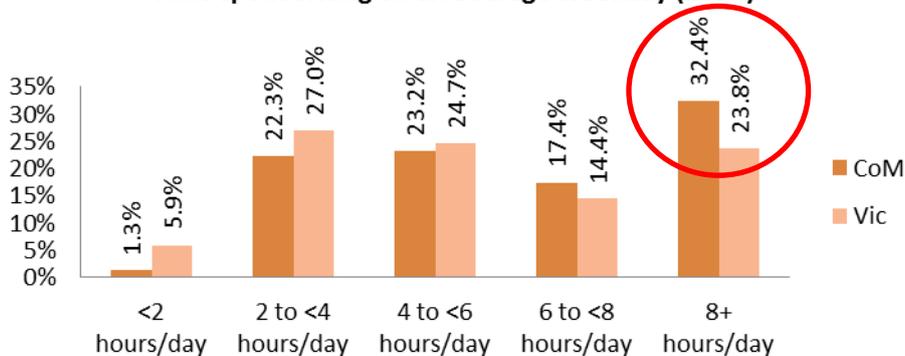
Furthermore, a large portion of the population report being sedentary during the day with the majority of workers aged 18 years describing their work-based activity as mostly sitting (77.2%), which is significantly more than the Victorian average of 49.6%. They also report a significantly lower proportion of standing in their jobs (9.4% compared to Vic 18.4%) and walking in their jobs (4.6% compared to Vic 16%). And this situation is worsening over time.

**Predominant type of physical activity undertaken at work among those employed, 2011-12 to 2014**

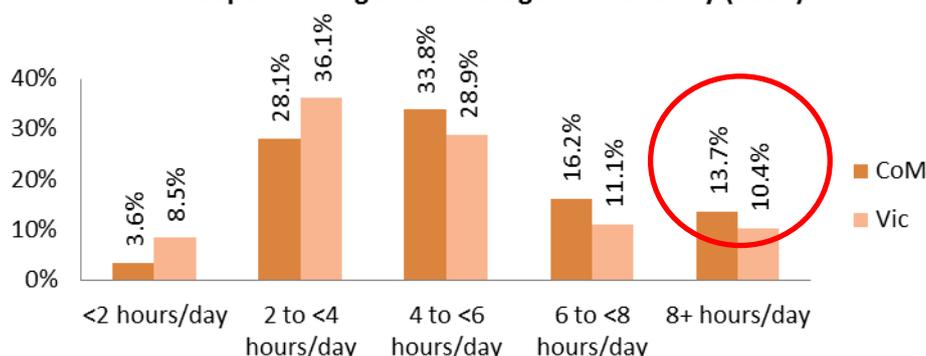


The proportion of adults who spent eight hours or more sitting on an average weekday during the preceding week was significantly higher among those who lived in the CoM (32.4%) compared with all Victorian adults (23.8%). The time spent sitting on an average weekend day is also higher in CoM than the rest of Victoria.

**Time spent sitting on an average weekday (2014)**



**Time spent sitting on an average weekend day (2014)**



## Fruit and Vegetable Consumption <sup>[15]</sup>

Food and nutrition have long been recognised as important contributors to physical and mental health. New Australian Dietary Guidelines were introduced in 2013, altering some of the serving sizes and recommendations for fruit and vegetable consumption. For information on these new guidelines, go to this link:

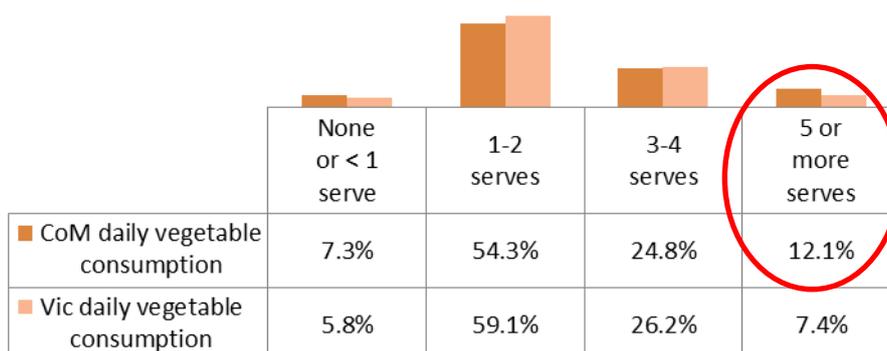
[www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n55a\\_australian\\_dietary\\_guidelines\\_summary\\_131014.pdf](http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55a_australian_dietary_guidelines_summary_131014.pdf)

Overall, the guidelines encourage adults to eat two serves of fruit and five serves of vegetables per day, where a serve is defined as one medium piece of fruit and half a cup of cooked vegetables or a cup of salad vegetables.

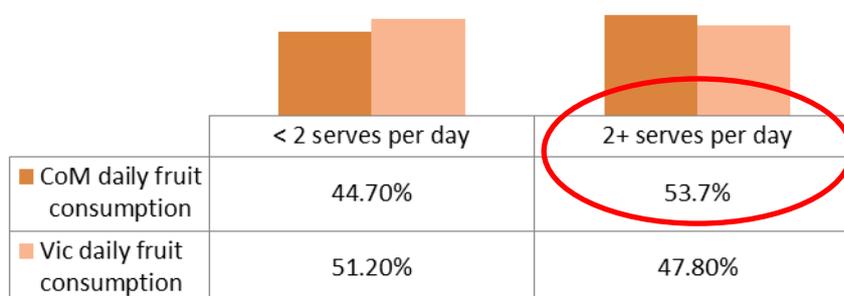
In the City of Melbourne, around half of the adult population (53.7%) report eating sufficient serves of fruit per day (2+ serves), and 12.1% report eating sufficient services of vegetables per day (5+ serves). This is in line with the rest of Victoria (47.8% and 7.4% respectively).

This means that half of the population are not eating enough fruit per day (46.3%) and the vast majority of the population do not eat enough vegetables per day (87.9%) for health benefits.

**Daily vegetable consumption, 2014**

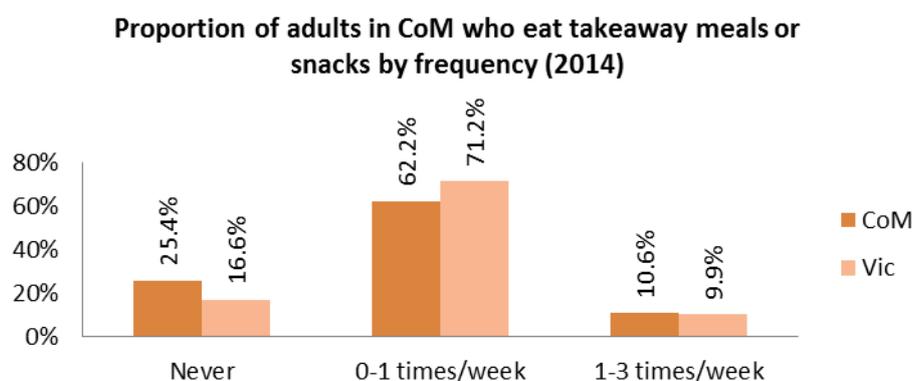


**Daily fruit consumption, 2014**



## Takeaway Consumption <sup>[15]</sup>

The following graph shows the proportion of the population who reported consuming takeaway meals or snacks the week prior to being surveyed. Around 62.2% report eating takeaway meals or snacks once a week, 10.6% 1-3 times per week and 25.4% responded 'never'.



## Water and Soft Drink Consumption <sup>[15, 12]</sup>

The mean daily water intake of adults in CoM is 1.28 litres, similar to the Victorian rate (1.25 litres).

6.9% of adults in the municipality report consuming sugar-sweetened soft drinks (for example Coke, Solo and energy drinks like Red Bull) on a daily basis (Vic 11.2%) and 11.7% consume diet soft-drinks daily, once or several times per week (Vic 16.3%). While figures are lower than Victorian rates, consumption of soft drinks has implications for the cities high levels of avoidable hospital admissions related to dental health problems.

## Alcohol and Drug Use <sup>[15, 36, 37]</sup>

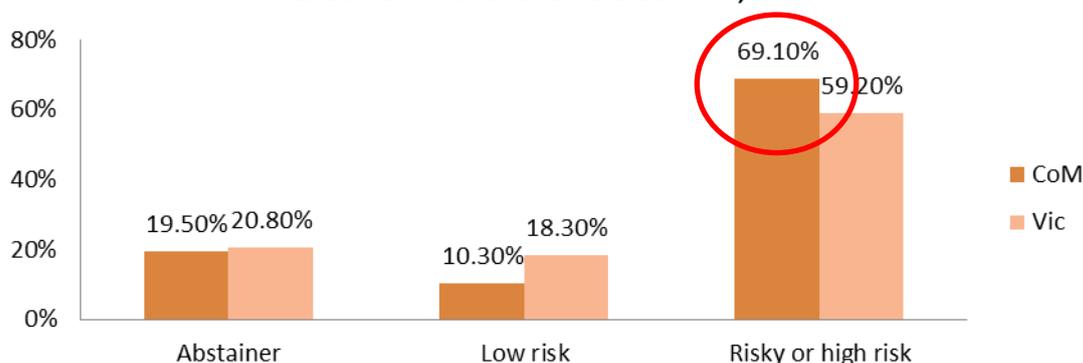
There are significant psychosocial consequences that arise from alcohol and drug misuse that affect not only the individuals concerned but their families, bystanders and the broader community. In the long-term, alcohol dependence and misuse, illicit drug use and tobacco smoking are the biggest contributors to chronic disease prevalence and early mortality. In the short term, intoxication can lead to social and interpersonal violence, risky behaviour and injury, as well as impact feelings of community safety.

Most Australians drink alcohol, generally for enjoyment, relaxation and sociability, and do so at levels that cause few adverse effects. However, a substantial proportion of people drink at levels that increase their risk of alcohol-related harm. According to the National Health and Medical Research Council's (NHMRC) 'Australian Guidelines to Reduce Health Risks from Drinking Alcohol', for healthy men and women, drinking no more than 2 standard drinks on any day reduced the lifetime risk of harm from alcohol related disease or injury and drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

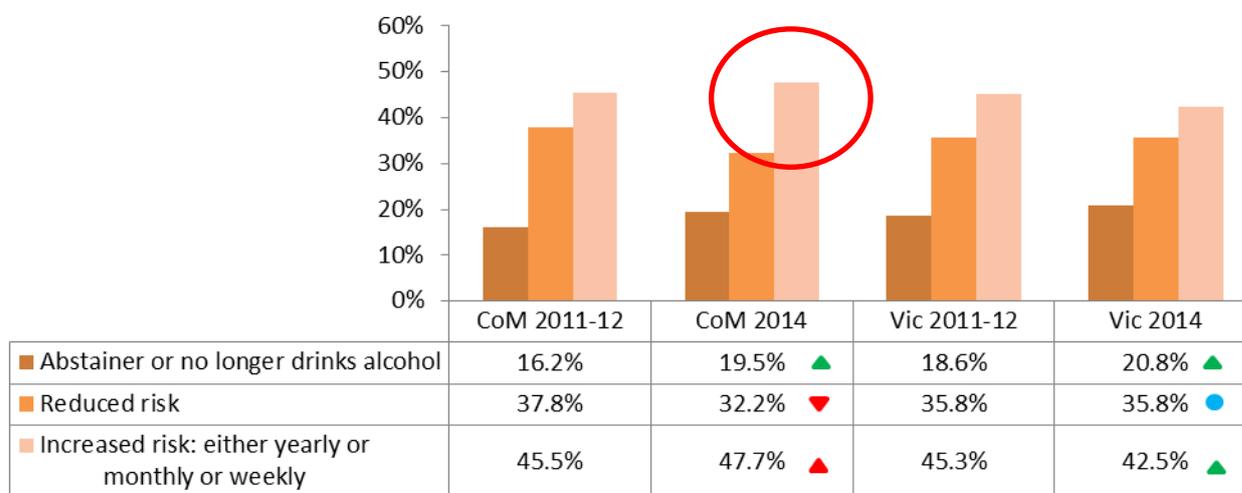
Lifetime risk of alcohol-related harm attempts to measure the risk associated with developing an illness such as cirrhosis of the liver, dementia, other cognitive problems, various cancers and alcohol dependence. In CoM, the proportion of adults at an increased lifetime risk of alcohol-related harm is significantly higher than the rate for Victoria (69.1% compared to 59.2%).

Risk of alcohol-related injury on a single occasion refers to the acute effects of excess alcohol consumption that can result on death or injury due to road traffic accidents, falls, drowning, assault, suicide and acute alcohol toxicity. In CoM, the proportion of adults at increased risk of alcohol related injury on a single occasion (either yearly, monthly or weekly) was higher than the rate for Victoria (47.7% compared to 42.5%). What's more, this is a trend that appears to be worsening over time.

**Lifetime risk of alcohol related harm, 2014**

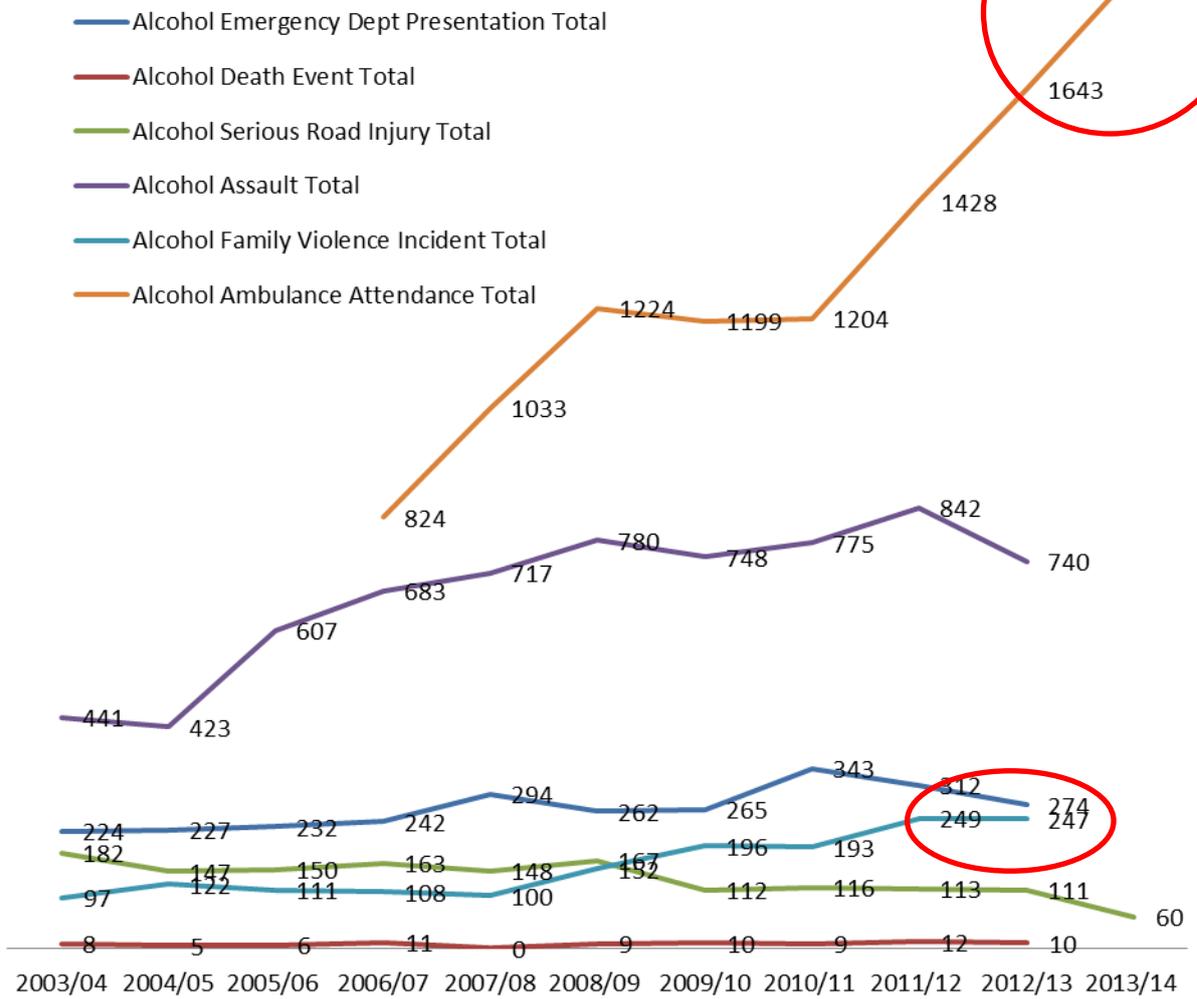


**Risk of alcohol related injury on a single occasion (short-term harm), 2011-12 to 2014**



The effects of this excess alcohol consumption are resulting in harm. The CoM LGA has the highest proportion of alcohol-related ambulance attendances in Metropolitan Melbourne with 1867 attendances reported in 2013/14. The majority of attendances were for males (1235) and for people aged 15-39 years (1261). Over 40% of attendances occurred on Saturday and Sunday, between 10pm and 2am. Furthermore, this appears to be a growing trend, as can be seen in the graph below. There is also an upward trend for alcohol related ambulance attendances relating to family violence incidents in the municipality.

### Alcohol related harms in CoM (2003-2014)



In regards to drugs, CoM also has the highest proportion of drug-related ambulance attendances of any local government area in metropolitan Melbourne. In 2012/13, CoM was ranked as one of the top three LGAs in metropolitan Melbourne for ambulance attendance rates related to all of the following drugs: alcohol, cannabis, ecstasy, amphetamines (including crystal methamphetamine), benzodiazepines, inhalants, heroin, gamma-hydroxybutyrate (GHB), antidepressants, antipsychotics and other analgesics.

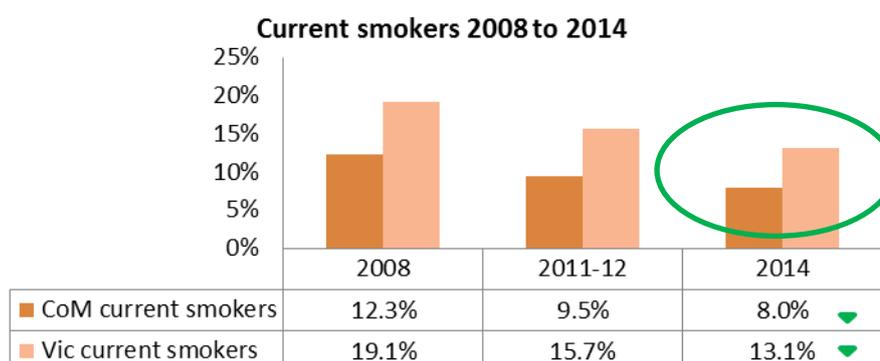
In regards to the number of drug-related ambulance attendances (refer to table below for details), between 2011 and 2013 there has been an increase in attendances related to cannabis, ecstasy, amphetamines (including crystal methamphetamine), gamma-hydroxybutyrate (GHB), antidepressants and antipsychotics. Conversely, there has been a decrease in attendances related to alcohol, benzodiazepines, inhalants, heroin and other analgesics (such as aspirin, ibuprofen and paracetamol). Despite these decreases, they still remain high in the municipality.

### Drug related ambulance attendances

Drug types	Rank across metro Melbourne in 2011/12	2011/12 (n)	2012/13 (n)	Change between 2011-13
Alcohol	1	1665	1418	▼
Cannabis	1	68	96	▲
Ecstasy	1	45	90	▲
Amphetamines	1	98	164	▲
○ Crystal Methamphetamine	1	63	104	▲
○ Other Amphetamines	1	35	60	▲
Benzodiazepines	1	174	118	▼
Inhalants	1 to 2	19	11	▼
Heroin	3 to 2	231	193	▼
○ Heroin Overdose	3 to 2	133	101	▼
○ Other heroin	3 to 2	98	92	▼
Gamma-Hydroxybutyrate (GHB)	1	79	212	▲
Antidepressants	2	47	48	▲
Antipsychotics	3	40	43	▲
Opioid Analgesics	1 to 5	26	26	●
Other Analgesics	1 to 5	26	25	▼

### Smoking <sup>[15]</sup>

Eight percent of adults 18 years of age or older in the municipality report being current smokers, significantly lower than the rate for Victorian adults (13.1%), 22.6% are ex-smokers and 69.1% identify as non-smokers. 7.1% of current smokers report that they smoke daily, also significantly lower than the Victorian rate (9.8%). Between 2008 and 2014 reporting, there was a 4.3% decrease in the percentage of adults identifying as a current smoker.



## Vaccination <sup>[11]</sup>

Immunisation protects children and adults against harmful infections before they come into contact with them in the community. Immunisation uses the body's natural defence mechanism – the immune response – to build resistance to specific infections. Immunisation helps children stay healthy by preventing serious diseases.

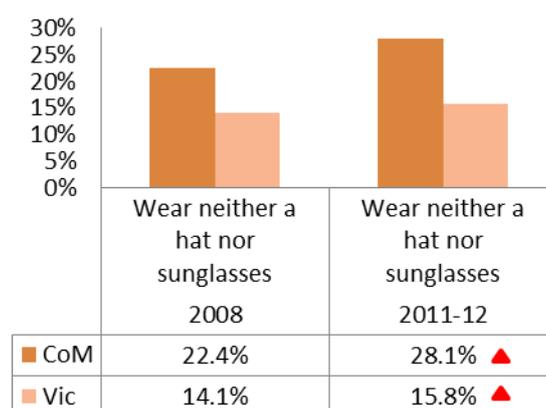
In 2014/15, 83.2% of children in the municipality were fully immunised by 5 years of age, which is lower than the Victorian average of 92.6%. Rates for children's immunisation fall below Victorian rates up to the age of 5 years.

2014/15	Children fully immunised at 1 year	Children fully immunised at 2 years	Children fully immunised at 5 years
CoM	89.0%	84.9%	83.2%
Victoria	91.2%	89.6%	92.6%

## Sun Protection <sup>[12]</sup>

Sun protection is poor in the City of Melbourne. In 2011-12, 30.1% say they wear a hat and sunglasses when they go out in the sun, significantly lower than the rate of all Victorian adults (39%). This has worsened over time, with a 5.7% decrease in people wearing a hat or sunglasses when they go out into the sun between 2008 and 2011-12. This may enhance risk of skin cancer. There is currently no local data on the prevalence of skin cancer in the municipality.

**Sun protective behaviours for CoM and Vic 2008 - 2011-12**



## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

Lifestyle behaviours such as poor physical activity and sedentary behaviour, eating an unhealthy diet, smoking, alcohol and drug consumption, not getting vaccinated or wearing a hat and sunglasses outside are key risk factors for poor physical and mental health.

In the City of Melbourne, 49.2% of adults do not undertake sufficient levels of physical activity for health benefits. These levels of inactivity may be contributors to the levels of type 2 diabetes, hypertension and depression and anxiety seen within the municipality.

Another area of concern is the amount of the population who report being sedentary, and are not getting opportunities for incidental physical activity during the day. In CoM, the vast majority of workers (77.2%) have desk-based jobs and 'mostly sit' during the day, which is significantly more than the Victorian average (49.6%) and this is worsening over time. Furthermore, CoM also has higher proportion of adults who spend eight or more hours sitting on an average day (both weekday and weekend day) than the rest of Victoria.

Healthy eating is poor within the municipality, with 46.3% not eating enough fruit and 87.9% are not eating enough vegetables to meet the daily dietary guidelines. In addition, 62.2% eat takeaway at least once a week and 6.9% of the adult population consume soft drinks such as Coke, Solo and energy drinks on a daily basis.

Alcohol and drug use, and its associated harms, are significant health and wellbeing issue in the municipality both in the short and long term. CoM has a higher proportion of adults at an increased lifetime risk of alcohol-related harm than Victoria (69.1% compared to 59.2%). And almost half the adult population (47.7%) consume alcohol at levels regarded as risky or high risk for harm in the short-term. Furthermore, the CoM LGA has the highest proportion of alcohol and drug related ambulance attendances in metropolitan Melbourne, particularly on Friday and Saturday nights. And since 2008, there has been increasing numbers of alcohol-related hospital admissions and family violence incidences. Ambulance attendance rates for drug misuse relate to: cannabis, ecstasy, amphetamines (including crystal methamphetamine), benzodiazepines, inhalants, heroin, gamma-hydroxybutyrate (GHB) as well as pharmaceutical drugs such as antidepressants, antipsychotics and other analgesics.

The CBD attracts people from all over greater Melbourne to socialise. The significant health and safety consequences that arise from such patterns of drinking and drug use affect not only the individuals concerned but also their families and the wider community. Indeed, alcohol and drug use is implicated in community safety issues raised in the sections below.

In regards to tobacco use, there are relatively low rates of current smokers in the municipality and the number of adults who smoke appears to be decreasing over time. However, with the large numbers of people who come in and out of the city on a daily basis, the emphasis from a health and wellbeing perspective needs to be on the effects of passive, second hand smoke from people coming into the city and smoking, as even small amounts of exposure to tobacco smoke can be harmful to people's health.

Childhood immunisations rates and sun protection behaviours, such as wearing a hat and sunglasses are also low in the municipality.

## CoM ENVIRONMENTS FOR HEALTH

The City of Melbourne is an urban environment where people live, work, study and play. The quality and liveability of this environment is fundamental to people's health, wellbeing and overall quality of life. For example, features of the environment can support people's lifestyle choices such as physical activity and eating patterns, impact opportunities for positive social interaction and inclusion, provide access to resources such as employment, food, housing and transport and offer protection from climate change impacts. The following section outlines available data related to the four Environments for Health domains – social, economic, built and natural – as outlined below.

'Environments for Health' Domains	Indicators
<p><b>Social Environment</b></p> <p>People have a connection to their community and a sense of belonging, access to community support services and arts and cultural activities, feelings of safety, opportunities to learn and build knowledge and participate in civic decision making.</p>	<ul style="list-style-type: none"> <li>• Feeling of belonging</li> <li>• Participation in art and cultural activities</li> <li>• Volunteering</li> <li>• Civic participation</li> <li>• Education</li> <li>• Perceptions of safety</li> <li>• Crime</li> <li>• Family violence</li> </ul>
<p><b>Economic Environment</b></p> <p>People have secure employment and sufficient resources to afford necessities like food and housing.</p>	<ul style="list-style-type: none"> <li>• Socio-economic status</li> <li>• Homelessness</li> <li>• Housing affordability</li> <li>• Food insecurity</li> <li>• Food affordability</li> </ul>
<p><b>Built Environment</b></p> <p>People have access to a clean and safe environment with community facilities and amenities such as parks, recreation facilities and transport infrastructure.</p>	<ul style="list-style-type: none"> <li>• Noise</li> <li>• Food availability and access</li> <li>• Alcohol access</li> <li>• Active transport</li> </ul>
<p><b>Natural Environment</b></p> <p>People have access to nature, safe and sustainable food and protection from climate change impacts.</p>	<ul style="list-style-type: none"> <li>• Access to open space</li> <li>• Food safety</li> <li>• Food production</li> <li>• Climate protection</li> </ul>

## SOCIAL ENVIRONMENT

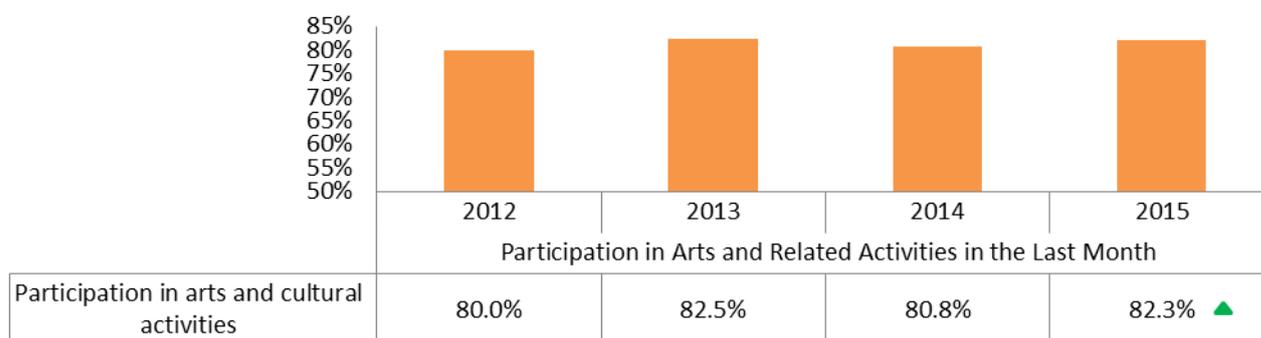
### Feeling of Belonging <sup>[5]</sup>

People need to feel that they belong - to one another, to friends and families, to their culture, and their wider community. Belonging is primal, and fundamental to people’s sense of wellbeing. Residents in the City of Melbourne have average levels of satisfaction with feeling part of the community (community connection score = 70.1 out of 100). This is equivalent to the Australian average (community connection score = 70 out of 100). No gender differences were found (males scored 70.4 and females scored 70.7). However, there was an age difference with people aged 36 years and older reporting stronger feelings of belonging to their community (score 72.8) than people aged 18-35 years (score 68).

### Participation in Arts and Cultural Activities <sup>[5]</sup>

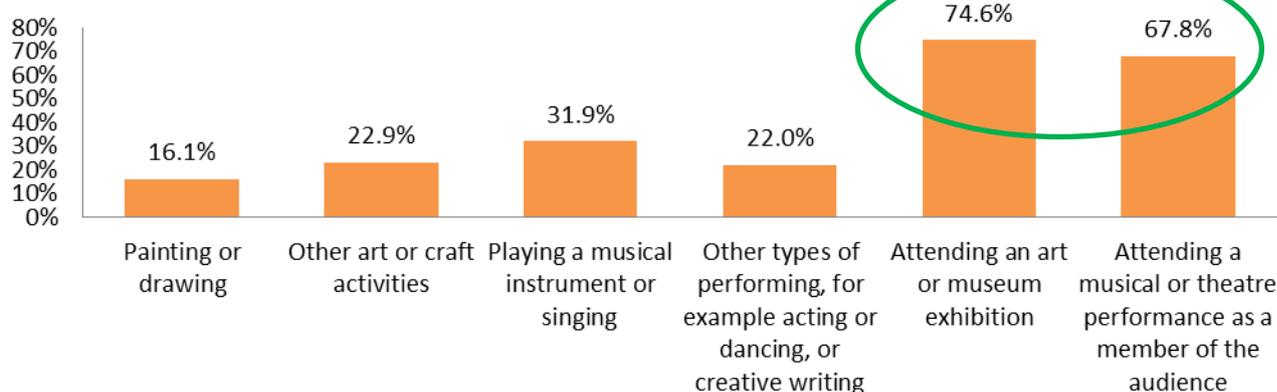
Melbourne is known for its arts and culture. Indeed, the City of Melbourne 2014–15 Annual Report found that 91% of residents, workers, visitors and students surveyed agree the City of Melbourne is an artistic and cultural city. And our residents actively participate in the city’s arts and cultural scene, with 82.3% of the adult population reporting that they have participated in some form of arts and cultural activity in the last month, and this is increasing over time.

Participation in arts and cultural activities in the last month, 2012-15



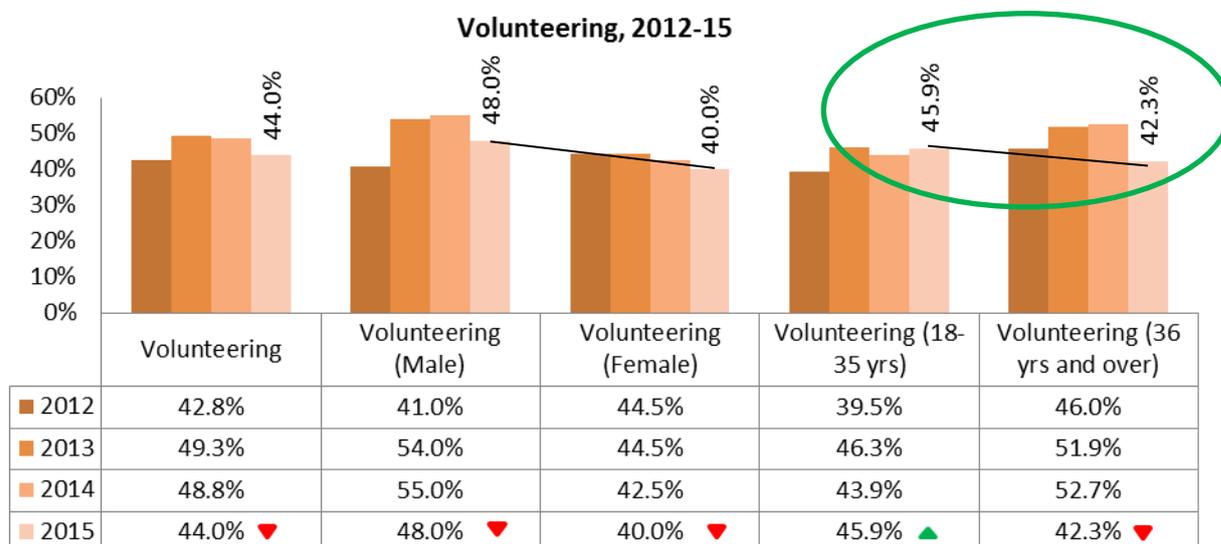
The most common type of arts and cultural activity people engage in are attending art or museum exhibits (74.6%) and musical or theatre performances (67.8%).

Types of arts and cultural activities (2014)



## Volunteering <sup>[5]</sup>

44% of the residential population give their time as volunteers. Rates of volunteering in 2015 appear lower than the previous year, for both males and females and people aged 36 years and over. Interestingly, there are higher rates of volunteering in males compared to females and younger adults compared to adults aged 18-35 years. Although, this may be a reflection of the predominately young demographic in the municipality.



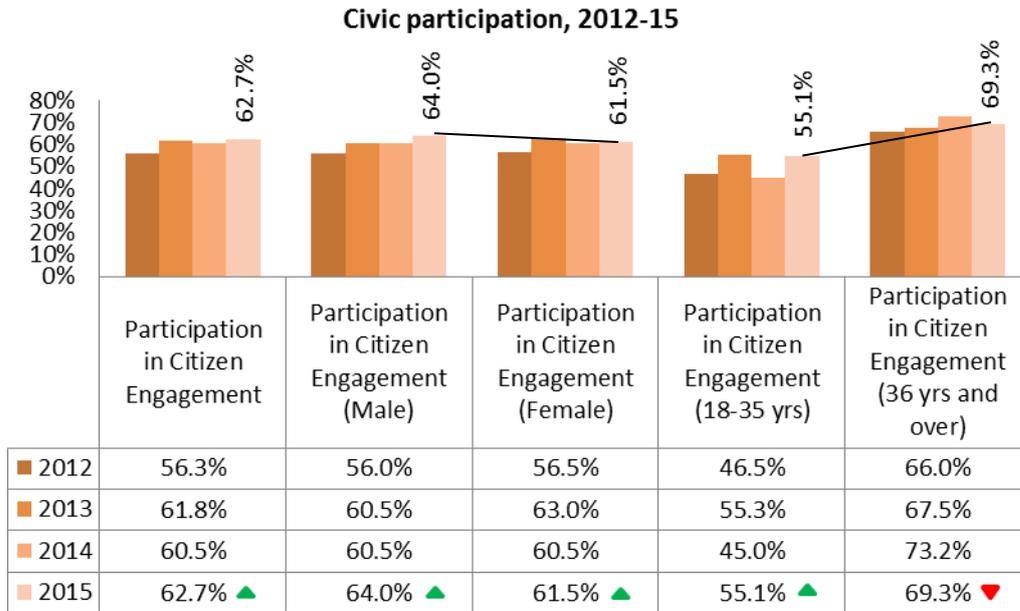
## Access to Health Services <sup>[9, 12]</sup>

The municipality has some of the best access to Hospitals, General Practitioners (GP), Dental Health, Allied Health and Pharmaceutical Services in the state. The majority of the adult population have visited their local doctor or GP within the last 3 months (57.8%). This is similar to the rest of Victoria (59.8%).

	CoM	Rank among LGAs	Victoria
Number of hospitals/health services	23	NA	305
General practitioners per 1,000 population	2.0	2	1.2
General practice clinics per 1,000 population	1.8	2	0.5
Dental service sites per 1,000 population	1.1	1	0.2
Allied health services sites per 1,000 population	1.7	2	0.5
Pharmacies per 1,000 population	0.5	8	0.2

## Civic Participation <sup>[5]</sup>

62.7% of the residential population participate in citizen engagement activities and this is increasing over time. The most common form of citizen engagement is signing a petition, followed by providing feedback to Council online. This indicates a preference towards online participation in civic matters, over formats which require more personal time such as attending a town meeting, meeting with a local politician or joining a protest or demonstration. This has implications for the way Council engages its citizens in civic matters.



## Education and Lifelong Learning <sup>[21, 22, 18]</sup>

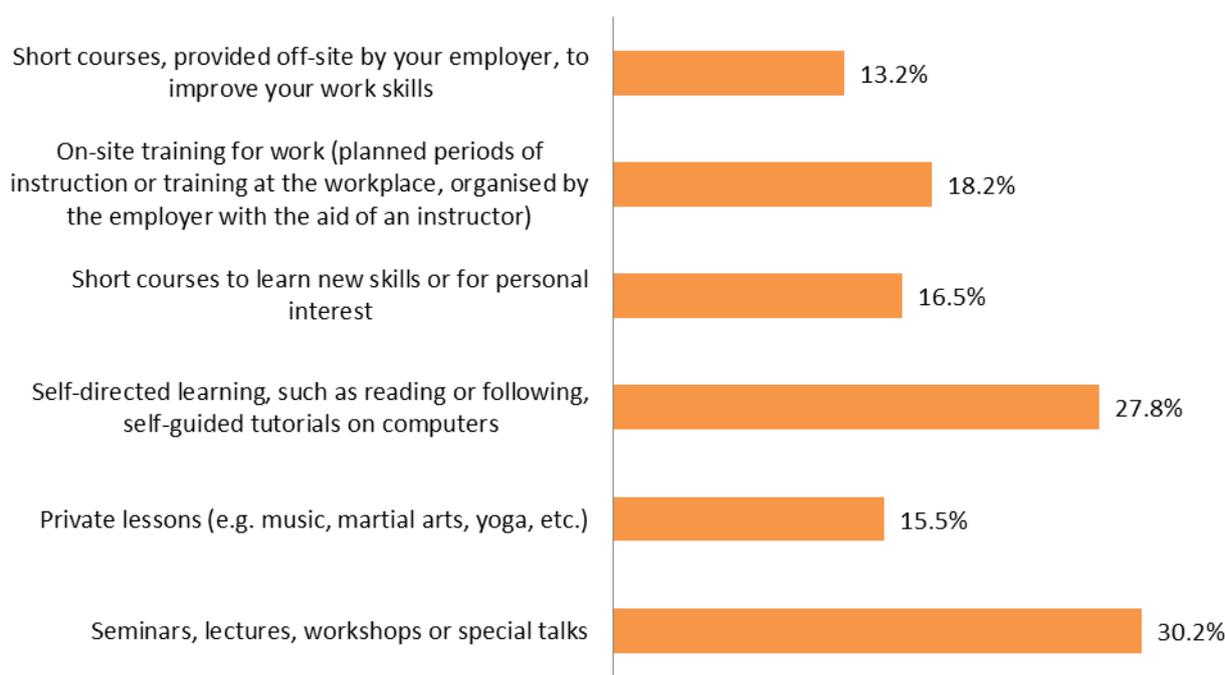
Education is an essential component of community wellbeing, enabling people to develop their intellectual potential and maximising their capacity to deal with all aspects of life. The education and skills base of residents influences their capacity to gain employment and contributes to equity and the opportunity to make lifestyle choices. There are different types of learning, from the more formal such as studying at school and university, to the more informal such as self-directed learning around personal interest, also known as lifelong learning.

The City of Melbourne has a highly educated population, with the highest rate of people with higher degree qualifications than any other LGA in Victoria (76.4% compared to 45.7% across Victoria) and the lowest number of people who did not complete year 12 (13.2% compared to 43.7% across Victoria).

Furthermore, the municipality is home to eight universities and over 200 educational institutions. As a result, on any one day in CoM there are more than 30,000 international students studying in the municipality, with approximately 50% also residing in the area. The majority of these students are under 25 and are tech savvy, living alone and studying postgraduate or undergraduate degrees. City of Melbourne international student surveys highlight student concerns about the cost of public transport, the struggle to find work, the lack of affordable housing and difficulty meeting daily living costs.

As shown in the graph below, there are also good participation rates in non-formal learning activities, with city users spending time engaging in extra opportunities to learn and up skill.

**City users participation in non-formal learning activities in the past 6 months (2015)**

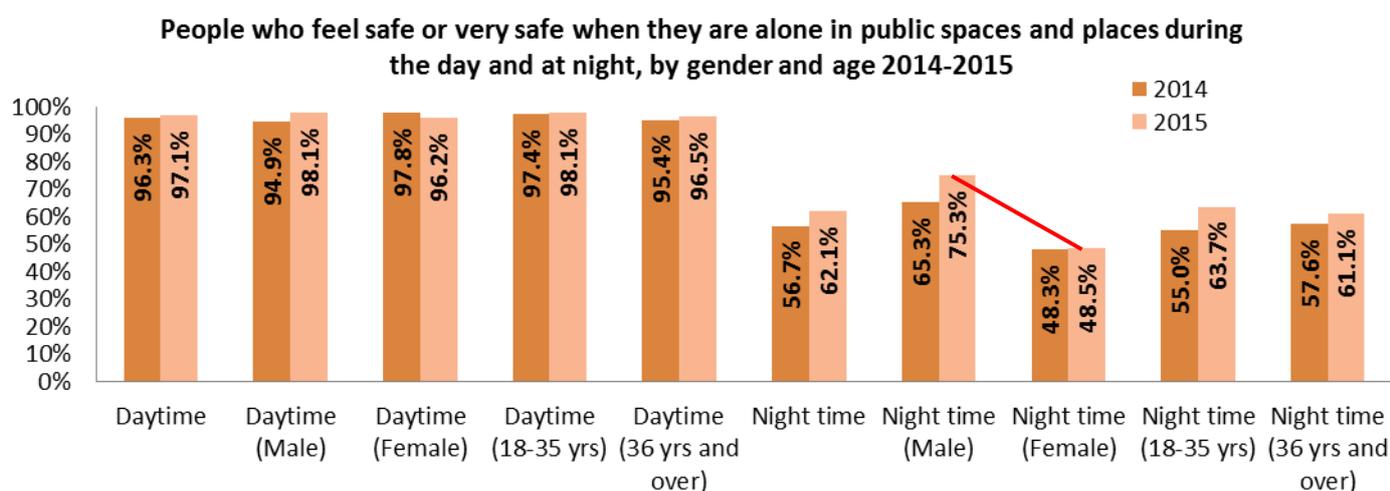


## Perceptions of Safety <sup>[5, 23]</sup>

Neighbourhoods which are perceived as safe, foster community participation, encourage physical activity, community connectedness and add to the health and wellbeing of local residents and visitors.

Most city users report feeling 'safe' or 'very safe' when they are by themselves in public spaces during the day (97.1%). Public spaces are physical spaces that the public can see or be in. They include streets and footpaths, lanes, outdoor malls, squares, parks, playgrounds, public buildings open to the public, such as community centres and libraries. However, city users feelings of safety in public spaces markedly decrease at night time (62.1%).

While there is little difference between men and women's feelings of safety during the day, women feel significantly less safe than men when they are alone in public spaces at night time (75.3% of males feel safe or very safe in public spaces at night; compared to 48.5% of females). There is no significant age difference between feelings of safety during the day or night.



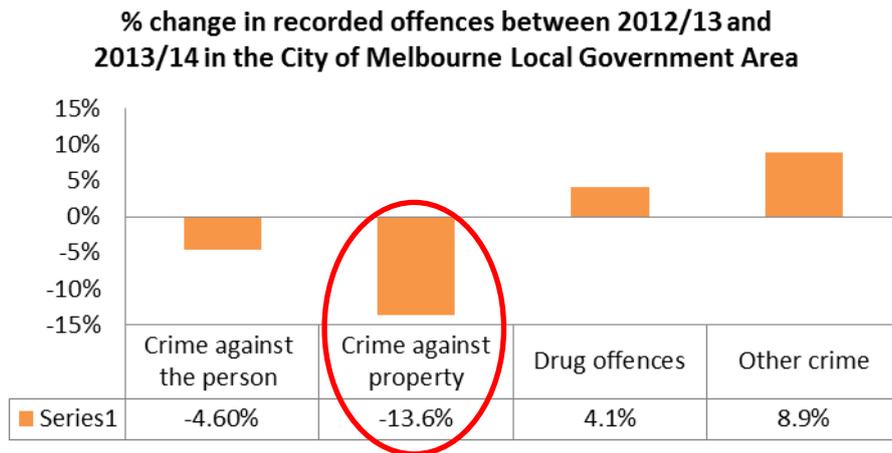
The City of Melbourne's Perceptions of Safety Survey 2013 found that the factors most commonly cited as contributing to feeling safe was activity and people on the street (mentioned by 49%) followed by police presence (40%) and abundant lighting (22%). Fewer people mentioned camera surveillance (8%) and presence of uniformed staff (5%).

The factors that contribute to feeling unsafe in the central city are: public drunkenness (48% of city users and 39% of residents and traders), threatening and aggressive behaviour (29%), and groups of people hanging around (22%).

The major safety concerns identified for Council to address over the next five years include use or condition of infrastructure such as roads, footpaths or public transport (28%), drugs, public drunkenness or licenced venues (20%), theft and violent crimes (11%), managing growth and increased population (13%) and groups of people hanging around and antisocial behaviour (6%).

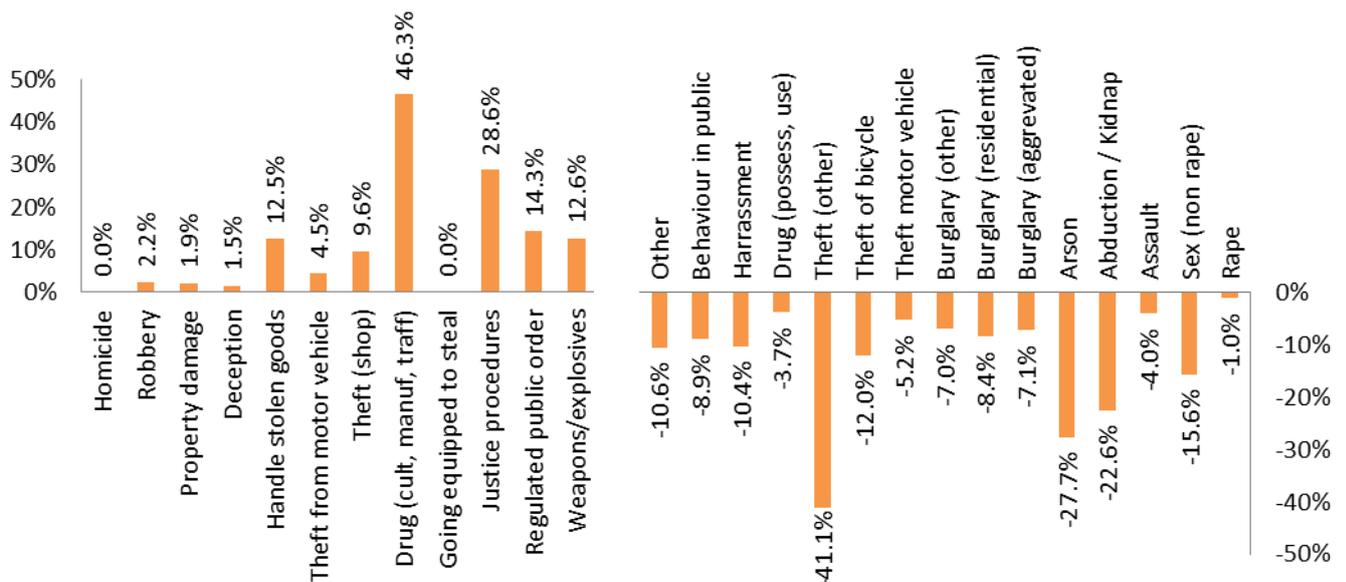
## Crime [24, 25, 21]

Statistics from Victoria Police show that the overall crime rate in the City of Melbourne decreased by 7.4% between 2012/13 and 2013/14 (a decrease of offences recorded from 31,340 to 29,027). The highest proportion of overall offences committed in the municipality relate to property and deception. Between 2012 and 2014, crimes against property and crimes against the person were down by 13.6% and 4.6% respectively. However, drug related offences and public order and security related offences were up by 4.1% and 8.9% respectively.

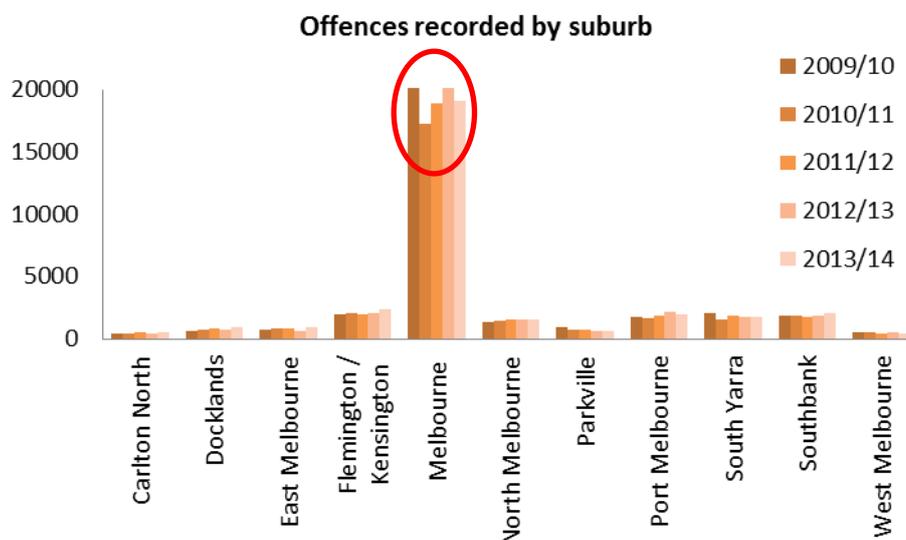


The graph below shows the percentage change in specific areas of crime between 2012/13 and 2013/14. What stands out the most is the increase in drug related offences, specifically around the cultivation, trafficking, conspire to trafficking, and aiding and abetting trafficking of illicit drugs, controlled substances and other drugs of dependence such as heroin, cocaine, cannabis, hashish, amphetamine and ecstasy.

### % change in number of recorded offences between 2012/13 and 2013/14



More offences are recorded in Melbourne (postcode 3000) than any other suburb. This is unsurprising given that it is the central business district and attracts people from all over greater Melbourne.



Comparison across different areas of metro Melbourne show that CoM has significantly higher rates of crime with 2812.4 recorded crimes against the person per 100,000 population in 2012-14 compared to 1132.6 in the Northern & Western Metro Region and the Victorian State average of 1043.8. And 14966.5 recorded crimes against property per 100,000 population in 2012-14, compared to 6189.7 in the Northern & Western Metro Region and the Victorian State average of 4758.7.

## Family Violence <sup>[26]</sup>

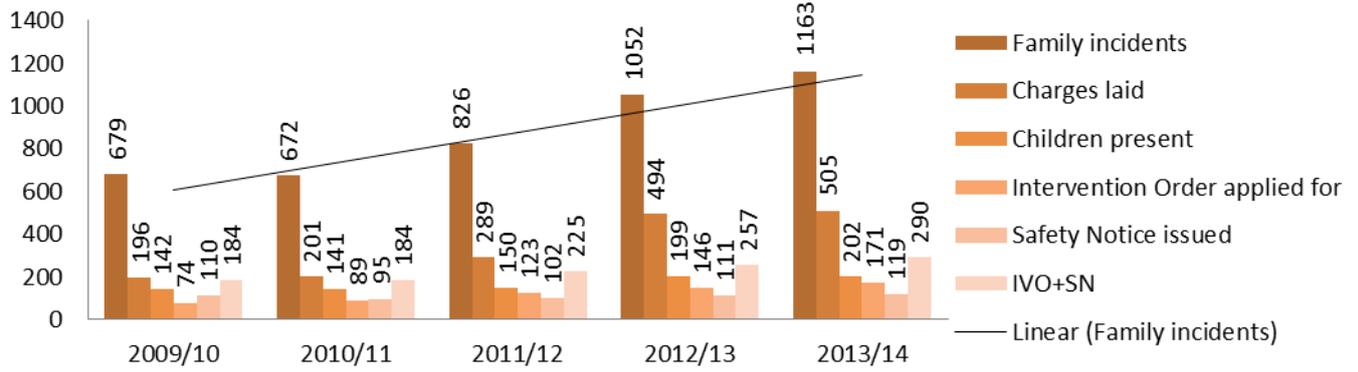
The *Family Violence Protection Act 2008* defines family violence as any behaviour that in any way controls or dominates a family member and causes them to feel fear for their own, or other family member's safety or wellbeing. It can include physical, sexual, psychological, emotional or economic abuse and any behaviour that causes a child to hear, witness, or otherwise be exposed to the effects of that behaviour. A person's age, gender, sexual identity, cultural background, ability, religion, wealth, status or even location doesn't matter – anyone can be affected by family violence.

People subjected to family violence are unable to feel safe and live fulfilling lives. The factors that contribute to family violence include a range of socio-economic and cultural conditions, structures and attitudes. Unequal power relations between women and men, an adherence to rigid gender stereotypes and broader cultures of violence, are key determinants of violence against women (Vic Health, 2007).

Victoria Police Crime Statistics from 2009 to 2014 show that the reporting of family violence is increasing with each passing year. In 2013/14, there were 1163 family incident reports made, 505 charges laid, 202 incidences where children were present, 171 Intervention Orders applied for and 119 Safety Notices issued<sup>2</sup>.

<sup>2</sup> An Intervention Order is made when there is not enough evidence to charge someone with a crime. They intend to prevent unsafe contact between the victim, any affected children and the person who is violent. A Safety Notice (SN) is taken to be an application for a family violence intervention order (IVO). For an accurate picture of IVOs in an area, combine the figures for IVO and SN.

### Family violence incident reports 2009/10 to 2013/14



## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

People's health and happiness are inextricably tied to the feeling that they belong and that they have the opportunities to socialise and participate meaningfully in their community. Overall, people in the City of Melbourne have a strong sense of belonging to their community. They actively engage in the city's strong art and cultural scene; almost half of the population volunteer their time (although this is declining); there are good rates in civic participation and lifelong learning opportunities. It is interesting to note that the ways in which people are choosing to participate in civic matters are becoming more digital. This supports CoM's move towards a more digital government for both keeping the public informed and to engage community feedback on Council activities, with examples such as Participate Melbourne, City Lab and the Online Data Portal.

The City of Melbourne also has a very highly educated population with a strong student culture due to the large number of educational institutions located in the municipality. These students bring many cultural benefits to our city including cross-cultural interaction, increased exposure and exchange of ideas, and improved intercultural understanding. However, it is also important to note their unique health and wellbeing needs, particularly those relating to cost of living pressures.

Community safety is a priority issue for the City of Melbourne. Family violence rates are increasing every year and the CoM LGA has significantly higher rates of crime compared to both the Northern and Western Region and the state of Victoria. The majority of offences are recorded in the CBD. This is unsurprising given the centralised nature of the municipality, with the CBD attracting people from all over greater Melbourne. However, it is contributing to poor perceptions of safety by people using the city at night, especially for women.

Drugs and alcohol are particular issues, with public drunkenness the top factor contributing to feeling unsafe in the central city. And while there has been an overall decrease in crime rates (-7%), there is an increase in drug related crime, specifically around the cultivation and trafficking of illicit drugs, controlled substances and other drugs of dependence such as heroin, cocaine, cannabis, hashish, amphetamine and ecstasy. Given the levels of alcohol and drug misuse and associated harms reported above, this is a significant health and wellbeing issue for the municipality.

One a positive note, one of the benefits of being the city centre is that the municipality has some of the best access to Hospitals, General Practitioners (GP), Dental Health, Allied Health and Pharmaceutical Services in the state.

## ECONOMIC ENVIRONMENT

### Socio-Economic Status <sup>[27, 28, 1, 29]</sup>

Socio-economic status - people's access to material and social resources - can affect their ability to participate in society and to afford basic necessities such as food, housing, transport and health care. There is evidence that people of lower socio-economic status have worse health than those in more advantaged areas. Evidence shows they rate their health more negatively, have higher rates of some chronic illnesses, lead less healthy lifestyles and are less likely to get health checks. It can also limit their ability to participate in their community leading to higher levels of anxiety, social isolation and marginalisation.

This has significant implications for the disadvantaged in the City of Melbourne. While at face value, CoM is a relatively advantaged LGA, ranking as the 13th most socio-economic advantaged municipality in metro Melbourne (SEIFA score of 1026), there are pockets of socio-economic disadvantage found in North Melbourne, Carlton and Kensington which cannot be overlooked. Refer to Appendix A for detailed SEIFA data for the CoM LGA.

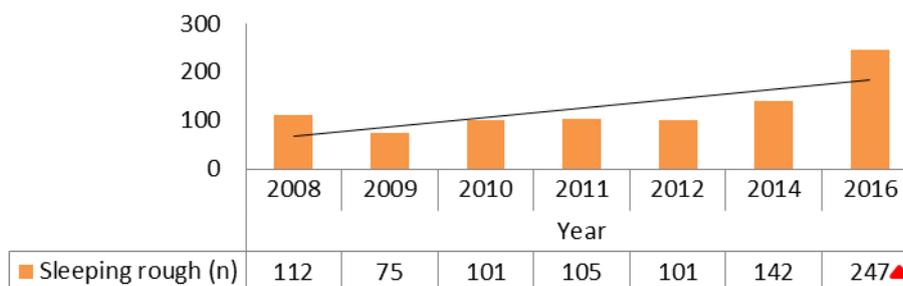
Furthermore, public housing comprises 7% of the municipality's total housing, mostly concentrated in public housing estates; more than a third of the population (36%) are low income earners, earning less than \$399 per week; and 4.2% of the population are unemployed (as of March 2016). However, the unemployment rate is lower than the state average of 6.0%, and it has declined over the past 2 years (it was 6.4% in 2014).

### Homelessness <sup>[1, 30, 31]</sup>

A range of factors can lead to homelessness, including unemployment, housing affordability, mental illness, childhood trauma or abuse, family violence and substance abuse. Homelessness is a big problem for Melbourne, as it is in cities worldwide.

The ABS Census data for 2011 indicates that the City of Melbourne had the third highest number of homeless people (1,232) in Victoria after Dandenong (1,634) and Port Phillip (1,562). This includes people sleeping in derelict buildings or cars, 'couch surfing' between family or friends, or living in boarding or rooming houses. 68% were male and 32 per cent were female, and 65% were aged between 19 and 44 years old. According to the latest StreetCount data (2016), 247 of these people are 'sleeping rough' on Melbourne streets each night. And the situation is worsening, with a 74% increase of people sleeping rough since the previous count in 2014<sup>3</sup>.

**Number of people sleeping rough in the City of Melbourne, 2008-2016**



<sup>3</sup> StreetCount point in time council is conducted every 2 years.

A qualitative research project of those sleeping rough in 2015 found that people sleep in a range of places including the street, parks, squats, under bridges, in train stations and alleyways. Research participants reported that they use services such as public transport, food relief services, showers, laundry, libraries, health care and other support services (i.e. employment, legal, drug and alcohol) on a daily basis to survive.

Trying to stay mentally stable, dealing with boredom and social isolation, exposure to drugs and alcohol, a lack of sleep and dealing with the cold were commonly reported as having an impact on health and wellbeing. Trying to function on little sleep and/or interrupted sleep has a significant impact on mental and physical health. Safety – or feeling unsafe is a big issue and was the main reason why people moved where they sleep every few days.

***About half of the people did ‘not feel safe’. ‘Always needing to be alert’, ‘always watching your back’, ‘always on the lookout for people that might harm you’ were frequent comments.***

When asked what would make a difference, suggestions for action included:

- ⇒ Housing and accommodation (main area for improvement)
- ⇒ More showers and laundry facilities
- ⇒ Increased number of lockers and access to lockers 24/7
- ⇒ Access to open spaces and facilities where people sleeping rough could play sport, get fit at a gym, and/or participate in team games
- ⇒ Places where people can paint or be involved in creative, artistic expression
- ⇒ More centres where homeless people can go to relax, sit comfortably, catch up with people
- ⇒ A women’s’ place where women can go and relax and talk
- ⇒ Shelters or places where people sleeping rough can be sheltered from the rain and cold
- ⇒ More security around the hot spots where people are sleeping rough
- ⇒ Better weekend services – especially food services
- ⇒ Increase fresh food and vegetarian options available through the food services
- ⇒ A job or engagement in study, with study options ranging from learning to read, adult education type courses, work skills through to tertiary studies
- ⇒ ‘Living skills course’ to support people in the transition from homelessness to housing

## Housing Affordability [21, 32, 1]

Housing satisfies the essential needs of people for shelter, security and privacy. Shelter is recognised throughout the world as a basic human right. The cost of housing is particularly significant to people on lower incomes. When costs are high, people have less residual income to spend on other essential household items.

International research suggests metropolitan Melbourne house prices increased faster than income levels with Australian cities among the most unaffordable housing markets in the world. Indeed, across the City of Melbourne, 36% of households experience housing stress<sup>4</sup> whereby they are paying 30% or more of their household income on rent or mortgages. The highest rates of housing stress are experienced by renters (29.5%; compared with home purchasers 6.5%).

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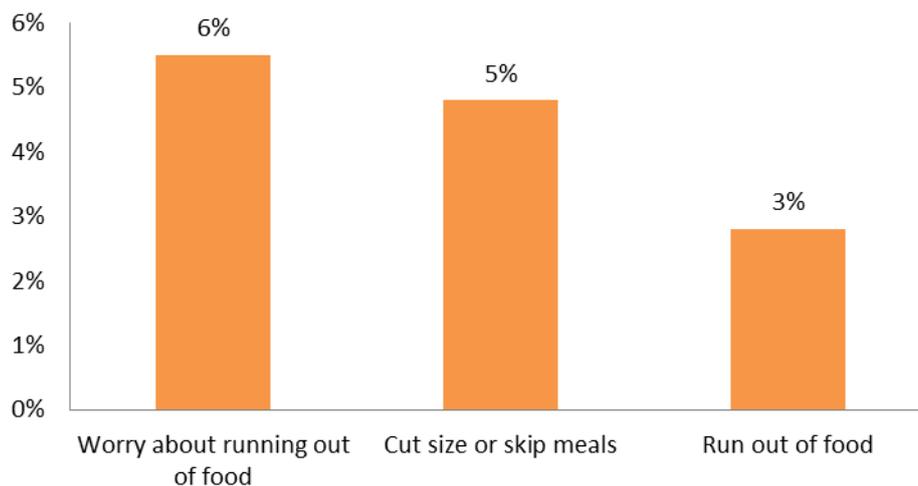
<sup>4</sup> Housing stress is defined as households on the lowest 40 per cent of equivalised household incomes who spend more than 30 per cent of their income on housing costs. This 30/40 measure is used because it is households on lower incomes who, when spending more than 30 per cent of their income on housing, face difficulties meeting the other basic costs of living.

## Food Insecurity <sup>[33, 34, 5]</sup>

Food insecurity - the state of being without reliable access to a sufficient quantity of affordable, nutritious food – is a growing issue in the Western world. The 2016 Hunger Report from Australia’s largest food relief organisation Foodbank states that food insecurity in Australia is hitting crisis point, with 1 in 6 Australians having gone hungry in the past year. Consequently, demand for food relief services is also rising (including in Melbourne) with 75% of welfare agencies and community groups who provide food relief not having enough food to meet demand so they are turning people away empty handed. They estimate that around 29% more donated food is required to bridge the gap. They also report that the main recipients of food relief are individuals and families who have generally low incomes or are unemployed, not just those who are homeless.

This situation is reflected within the City of Melbourne, with 8.8% of the population experiencing some degree of food insecurity. At the more severe end, 3% of residents report that they have run out of food and not been able to afford more within the past 12 months. An even higher percentage (5%) reported suffering milder forms of food insecurity such as using coping strategies to manage not having enough money for food e.g. cutting the size of their meals or skipping meals. And 6% said they experience anxiety or stress that their food would run out before they had money to buy more.

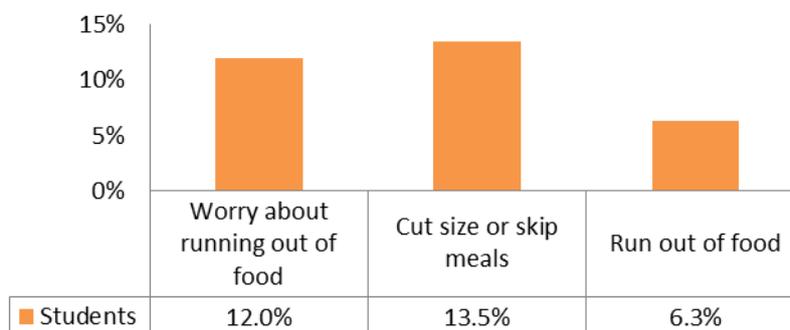
**Experience of food insecurity in the City of Melbourne (2015)**



Based on the estimated adult population for the City of Melbourne (129,980), this highlights that more than 10,000 adults within the municipality are food insecure. And it is anticipated that these figures would be an underestimate as it doesn’t take into account children or other dependents within the household who may also be affected.

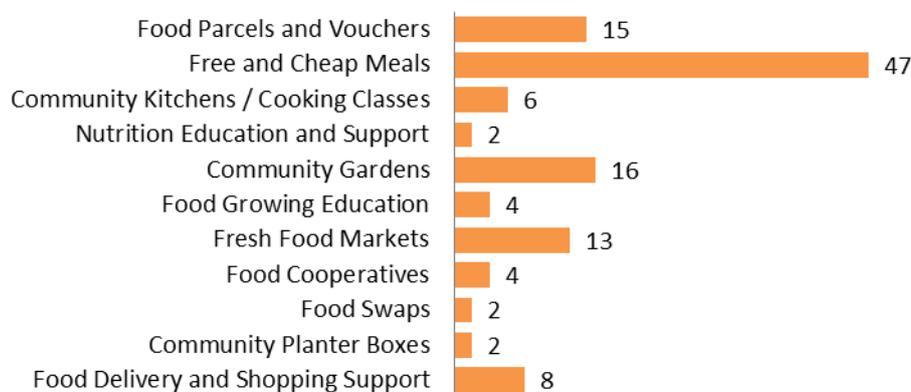
The people who are most affected are females, people aged 18-35 years, people who live on their own or in group households, people who live in the suburbs of Melbourne (3000), North Melbourne and Kensington and people with incomes below \$31,000 (particularly below \$15,000 per annum). As shown in the graph below, tertiary students (both full and part-time) experience all levels of food insecurity in higher proportions than the rest of the city’s population.

### Levels of food insecurity for tertiary students in the City of Melbourne (2014)



In times of need, people turn to Community Food Programs (CFPs) for support. CFPs are any community based program or service that support individuals and families in need to access and use food. There are currently around 120 Community Food Programs operating in the City of Melbourne and surrounding suburbs. The majority (52%) are emergency relief based (e.g. food parcels, vouchers and free and cheap meals) and are geared towards assisting people access food in times of crisis. 24% were identified as capacity building programs (community kitchen or cooking classes, food growing opportunities and nutrition education), and 24% were community enterprise style models (fresh food markets, food delivery/box schemes and food cooperatives).

### Number of Community Food Programs in the City of Melbourne and surrounding suburbs (2014)



## Food Affordability <sup>[35]</sup>

A Healthy Food Basket Survey conducted in 2014 found that overall ALDI is the cheapest supermarket in the municipality. When considering just fresh food (fruit, vegetables and meat), the Queen Victoria Market followed by ALDI, sell the cheapest fresh food. Generally, the large chain supermarkets are cheaper than the independent or express supermarkets.

The price of a healthy food basket was also compared against the standard income from Government assistance payments for four family types: a single adult receiving Newstart allowance as the only income, an elderly person receiving an aged pension and two families (one single parent and the other with two parents) both with children receiving family assistance payments. This process found that a healthy basket of food is not affordable for families with one or two parents on Government assistance, as they would need to spend 36% of their total income on food. These figures are well above the Australian average of 17% of income spent on food and non-alcoholic beverages, and are also above estimates which suggest that affordable food should not acquire more than 30%.

Reference Family	Total Fortnightly Centrelink Payment (\$)	Average Fortnightly Healthy Basket Cost in CoM (\$)	Percentage of Income (%)
<b>Typical Family of Four</b>	\$1,194.60	\$ 431.44	36%
<b>Single Parent Family</b>	\$825.20	\$292.95	36%
<b>Elderly Pensioner</b>	\$842.80	\$103.88	12%
<b>Single Adult</b>	\$510.50	\$138.76	27%

## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

Economic wellbeing is a crucial element contributing to quality of life because most basic needs such as food and shelter have to be purchased.

While overall, the CoM LGA is an area of socio-economic advantage, there are demographic areas and population groups experiencing disadvantage who are at higher risk of associated social and health issues. Specifically vulnerable population groups in the municipality include:

- People who live in North Melbourne, Carlton and Kensington
- People who live in housing estates
- Low income earners (earning less than \$399 per week)
- Families with children under 0 to 12 years, particularly single parent households
- Students
- Unemployed
- People with low English proficiency
- Older adults, particularly those who have a disability, who live alone and/or in public housing
- People who are severely or profoundly disabled needing assistance with core activities
- People who are sleeping rough or homeless
- People who are food insecure

Homelessness is also big issue for the City of Melbourne. There are 1,300 people experiencing homelessness in the CBD, which includes people sleeping in derelict buildings or cars, 'couch surfing' between family or friends, or living in boarding or rooming houses. 142 of these people are sleeping rough on Melbourne streets each night. And the situation is worsening. This demographic has unique health and wellbeing needs.

There are also issues associated with cost of living, with 36% of households experience housing stress, up to 7% of the population experiencing food insecurity and low income households struggling with the affordability of food, particularly healthy food.

While there is food relief support available in the inner city, demand in Melbourne is growing and providers state that they do not have enough donated food to meet this demand. In addition to this, while emergency relief services are vital and address the immediate needs felt by many vulnerable individuals in the municipality, a reliance on food relief is not a long-term solution to food insecurity. It is important that CoM look towards the other models of community food provision which aim to build food security resilience over the longer term such as capacity building programs and community food enterprises.

## BUILT ENVIRONMENT

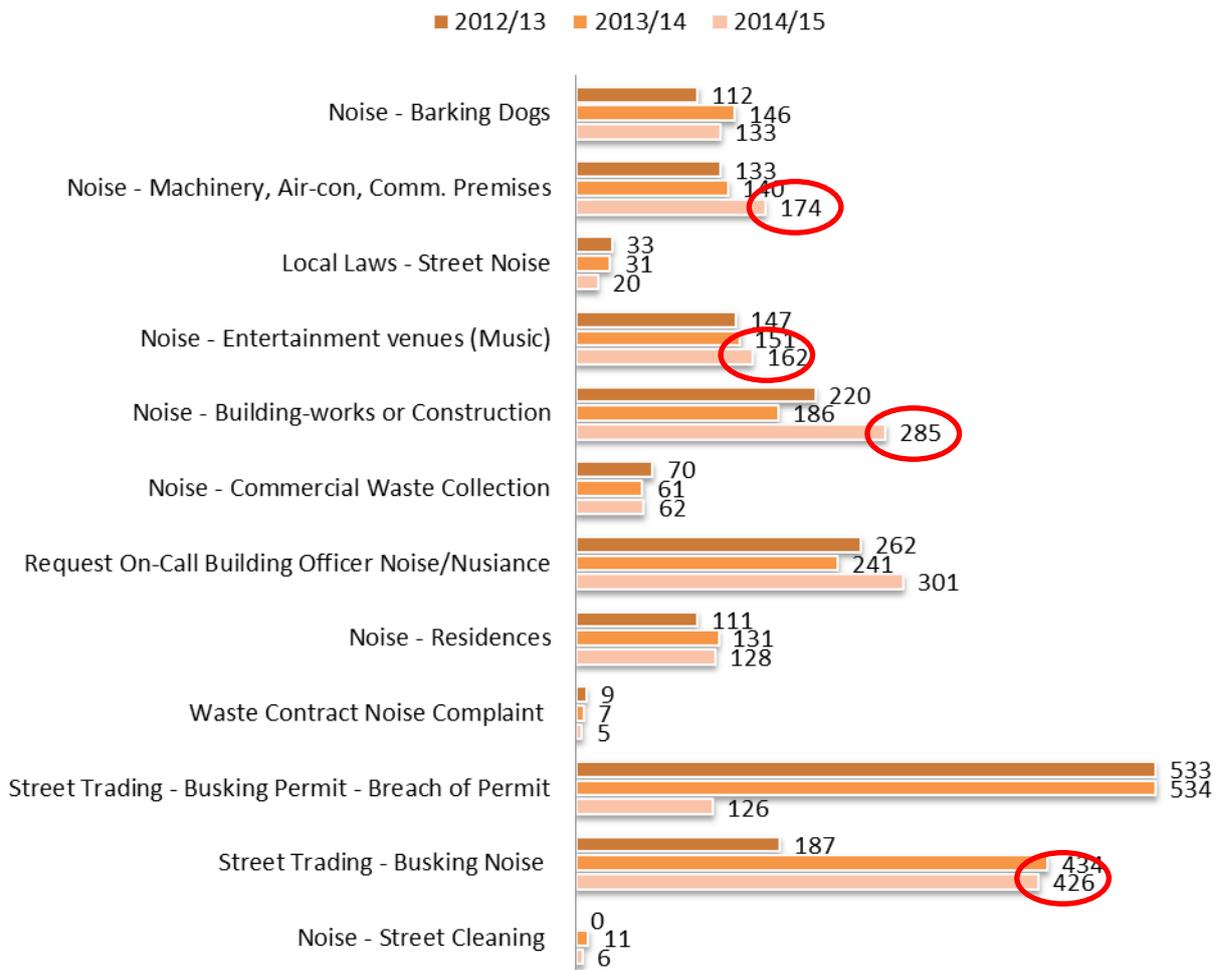
### Noise <sup>[39]</sup>

Elevated noise does have health consequences. It has been shown to cause hearing impairment, hypertension, heart disease, annoyance, sleep disturbance and decreased work/school performance. It can also cause stress, increase workplace accident rates, as well as stimulate aggression and other anti-social behaviours.

The number of noise complaints received by Melbourne City Council over the last 7 years has increased each year. However, in the past year (2014/15) there was actually an 11% decrease, from 2073 complaints to 1828.

Overall, the most significant causes of noise complaints in the municipality are related to busking. The second most significant cause of noise complaints are related to building and construction noise and it is noted that this is increasing over time. Noise related to entertainment venues (music) has also been increasing over time. This is expected given the rate of growth in the municipality, and the increasing shift towards a 24 hour city.

**Number of noise related complaints received by Melbourne City Council, 2012/13-2014/15**



## Food Availability and Accessibility <sup>[40]</sup>

The availability of nutritious food within the city supports residents and other city users to make healthy food choices. Anecdotally, local residents have reported that healthy food is difficult to access in the municipality. Indeed, a geographic investigation into the availability of fresh food in the municipality found that there was three times the number of unhealthy food premises than healthy food premises in the municipality (620 as opposed to 190<sup>5</sup>).

Healthy food premises		Unhealthy food premises	
Supermarkets	60	Takeaway/fast food	480
- Full line	25		
- Mini/Express	20		
- Low cost (e.g. ALDI)	3		
- Cultural	12		
Greengrocer	71	Convenience stores	140
Delicatessen	23		
Bakery	36		
<b>Total</b>	<b>190</b>		<b>620</b>

As shown in the map below, unhealthy food also has a 20% wider geographical coverage than healthy food options, making them more physically accessible and therefore more convenient options. Healthy food premises are not evenly distributed across the municipality with the majority located centrally within the CBD and the Queen Victoria Market (QVM). For instance, of the 71 green grocers in the municipality, 59 of them (or 83%) are housed within QVM.



<sup>5</sup> As of March 2013

When considering access to fruit and vegetables (in urban environments, this is typically purchased through supermarkets and greengrocers), half of the population (47% or 480 Ha) of City of Melbourne residential areas are considered a 'fruit and vegetable food desert' - defined as "beyond a 400 metre walking distance to the closest healthy food premise (e.g. supermarket or greengrocer)". This reduces significantly to 12% (and 119 Ha) for people that cycle and almost non-existent for people travelling in a car. However, it is important to note that walking is a common mode of transport in the municipality, with 36.2% of households not owning a car and this is a trend that is increasing.

Looking at areas of socio-economic disadvantage in the municipality where food insecurity is already a problem, Kensington and North Melbourne (largely around the public housing estates) are located in a healthy food desert, in that they live beyond a reasonable walking distance to their closest source of healthy food. Furthermore, unhealthy foods are more readily available and closer in proximity than healthy food options making them a more convenient choice. This indicates that people living in these areas may not only have economic barriers to food, but also physical barriers. Residents in North Melbourne are particularly vulnerable as they also have the second lowest rate of car ownership in the municipality (37%) and are therefore reliant on walking or other forms of transport to access their food.



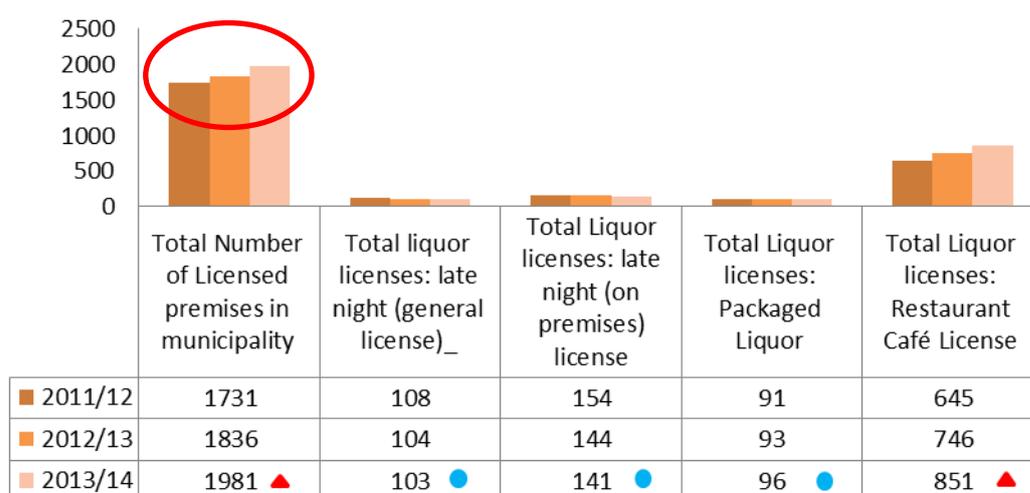
## Access to Alcohol Outlets <sup>[36, 38]</sup>

The research literature on alcohol outlet density shows that there is a link between number of outlets that sell alcohol, and consumption and drinking patterns, drink-driving and traffic accidents, assault, homicide and other violent crimes, child abuse and neglect, sexually transmitted infections, drunkenness and neighbourhood disturbances, property damage and vandalism, and personal injury.

The nature of the municipality covering the CBD means that it attracts people from all over greater Melbourne to socialise and access the cities late night culture. As such, there are more liquor licence outlets in the Melbourne LGA (165.72 per 10,000 population) than any other LGA in the north and west metro region (29.27 per 10,000 population) and Victoria (27.20 per 10,000 population).

As of 2014, there were 1981 licenced premises within the municipality, and this increased by 14% in the previous 3 years. However, it is important to note that since 2008, there has been a freeze on late night licensed premises operating past 1am in the municipality, issued by the then Victorian State Government due to the correlation between the incidence of alcohol-related harm and licensed premises trading after 1am. While, this freeze assisted with restricted the growth of late night licensed premises past 1am (there are 293), growth in overall licensed premises trading before 1am continued to grow; for example, restaurant café licences have grew by 31% between 2011 and 2014.

**Licensed premises in the City of Melbourne, 2011/12-2013/14**

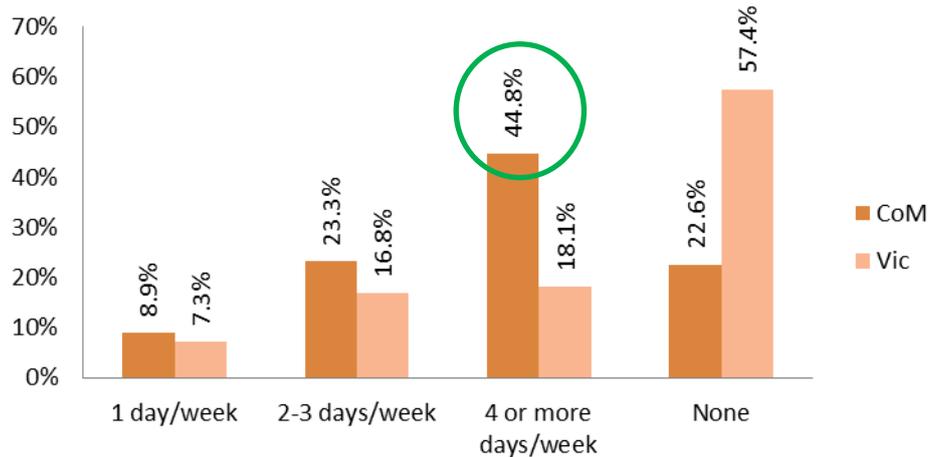


## Active Transport <sup>[15, 41, 42, 1, 44]</sup>

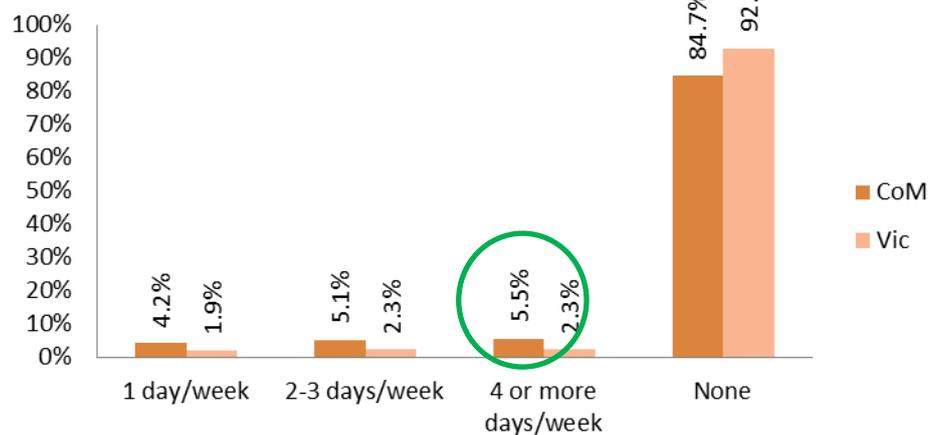
Transport supports people's health and wellbeing in a number of ways. Walking and cycling to destinations, and to and from public transport modes, increases daily physical activity levels. The Victorian Integrated Survey of Travel and Activity (VISTA) found that people who use public transport spend an average of 41 minutes being physically active per day (through their walking or cycling as part of their travel), compared to only 8 minutes for people who use private transport. It also facilitates lifestyle choices, by allowing residents to live close to their sources of employment, food and recreation. Other benefits include improved social connections and a greater sense of community as well as reduced air pollution through fewer cars on the road.

Adults in CoM are more likely to use walking or cycling for transport than the rest of Victoria. Higher density living in the inner city provides shorter distances to destinations, as well as good access to tram, train and bus services which means that active transport use in the municipality is well supported. On average, 77% of the adult population in CoM use walking for transport 1 to 4 days of the week and 15% use cycling for transport 1-4 days per week. Furthermore, 41% of households in the municipality do not own a car, and this is an increasing trend.

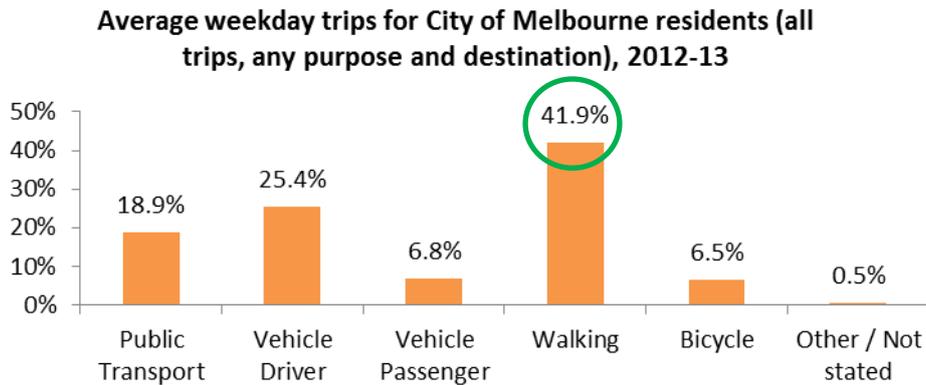
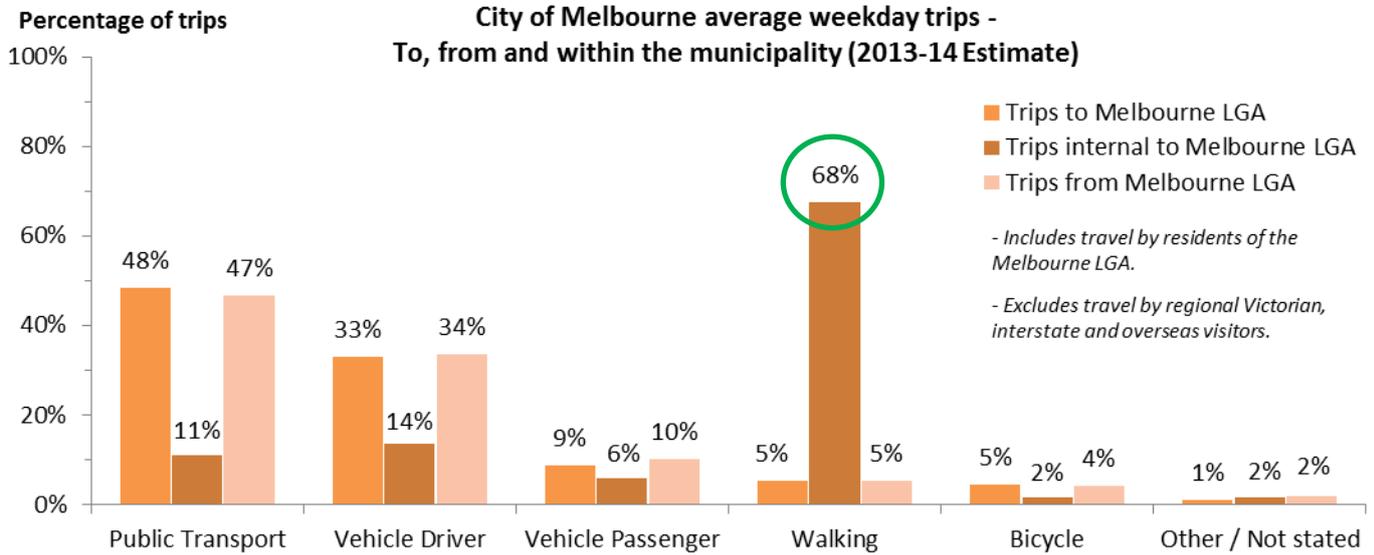
**Days walked for transport, for trips longer than 10 minutes (2014)**



**Days cycled for transport, for trips longer than 10 minutes (2014)**



For people coming in and out of the city on an average weekday, public transport is the main method of travel, followed by car use, walking, and cycling. Once in the city, the majority of trips made around the municipality are on foot (68%), followed by car use (14%) and public transport (11%). Just looking at residents transport behaviour (for any purpose or destination), the majority use walking to get around the municipality (41.9%), followed by car (25.4%) and then public transport (18.9%).



## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

Noise complaints in the city are increasing, particularly around late night activity (e.g. entertainment/music venues) and building and construction noise. This has been and will continue to be an increasing health and wellbeing issue in the municipality as the city grows and moves towards a 24 hour city. And while a vibrant night scene and development is a fundamental part of the City of Melbourne's urban environment, there needs to be a balance between residents and city activity.

There is three times the number of unhealthy food premises than healthy food premises in the municipality. Furthermore, unhealthy food has a 20% wider geographical coverage than healthy food options, making them more physically accessible and therefore more convenient options. Almost half (47%) of City of Melbourne residential areas are considered a 'fruit and vegetable food desert' - defined as beyond a 400 metre walking distance to the closest healthy food premise (e.g. supermarket or greengrocer). Kensington and North Melbourne (largely around the public housing estates) are located in a healthy food desert, and are also areas that experience socio-economic disadvantage and food insecurity, indicating that people living in these areas not only have economic barriers to food, but also physical barriers.

Alcohol is also very accessible, with the City of Melbourne having the most liquor licenced outlets in the state. While this is an important aspect of the socialisation and late night culture of the city, as we learned above in the alcohol consumption and community safety sections of this report, alcohol consumption and its associated harms are a significant health and safety issue in the municipality.

The use of active modes of transport such as walking, cycling and public transport use is good in the municipality. Conversely, car use and ownership is declining. Given the levels of physical inactivity and sedentary behaviour reported above, promoting opportunities for incidental physical activity, such as through active transport, are particularly important to the health of the CoM population. However, with the expected increase in population, issues around congestion, overcrowding and road safety arise. Crowding discourages people from walking, creates delays which waste time and can cause stress and annoyance. It can also 'squeeze out' other normal functions of a footpath, such as socialising, window shopping or simply enjoying a space.

Overall, urban growth and density are important issues to consider in relation to the City of Melbourne's future. Good management and planning are important to make the city an attractive place to live and if not done well, quality of life for the people who live in and use the city will diminish.

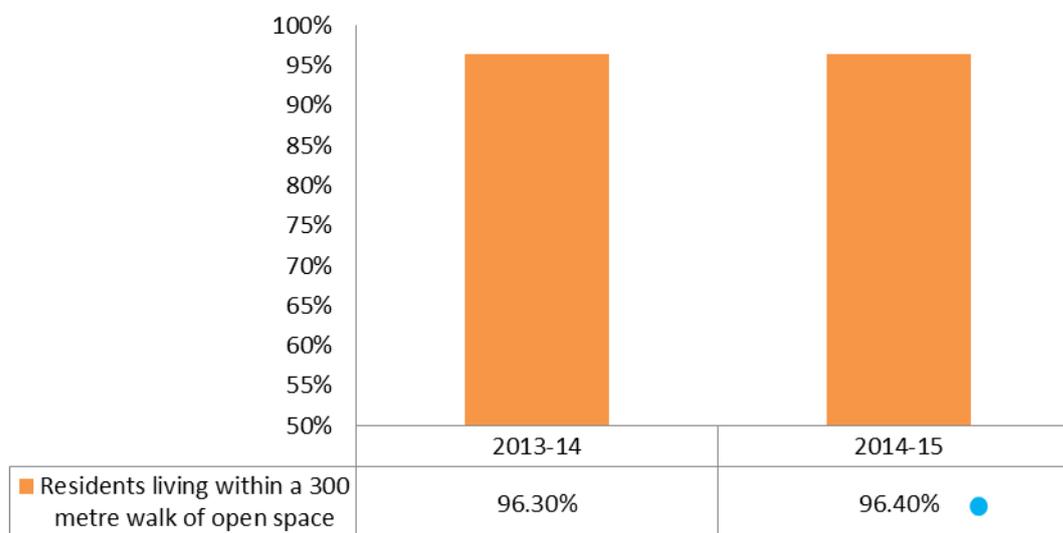
## NATURAL ENVIRONMENT

### Access to Open Space <sup>[45, 46, 47]</sup>

Parks and other areas of public open space provide local destinations for people to walk and cycle to and be active in; provide exposure to nature which can be restorative and provide positive mental health benefits; as well as places for social interaction which is critical for creating and maintaining community cohesion and building social capital.

The City of Melbourne manages more than 500 hectares of open space. This represents almost 15% of the total area of the municipality. In 2014, almost all of the municipality's population (96.4%) lived within a 300-metre radius or walking distance to public open spaces and publicly-accessible private outdoor space.

**The proportion of the residential population that lives within a 300 metre walk of open space, 2013/14 to 2014/15**



The majority of city users (74.2%) are satisfied with the quality of the city's public spaces, based on several aspects including sun and shade, sights and sounds, fresh air, greenery, the presence of art and furniture, accessibility and ability to enjoy using the space.

However, with growing numbers of people coming to the city to live, work and visit, the ratio of people per hectare of open space is increasing. Indeed, community comments about open public spaces through the Future Melbourne 2016 Refresh process highlighted people's desire for more green or natural space in the city:

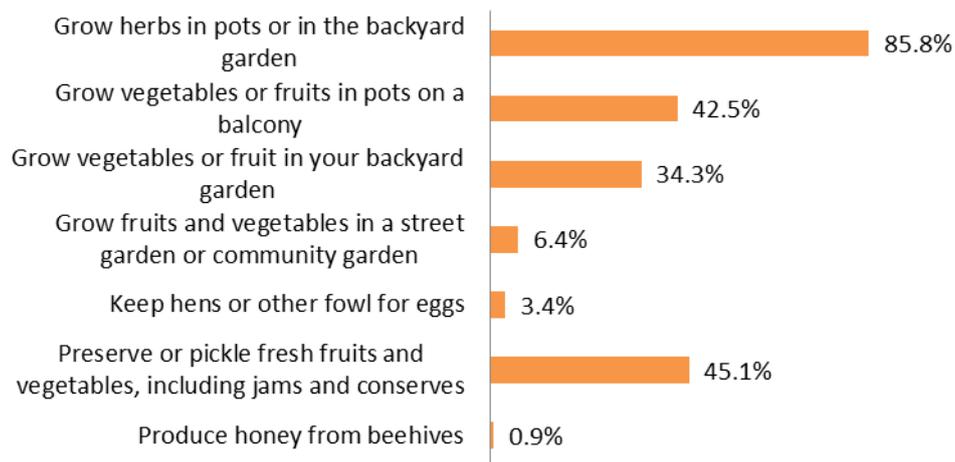
***“People seek green space to counter the negative effects of the built environment (i.e. the ‘concrete jungle’) and deliver benefits such as better health and areas to recreate and relax”.***

## Food Production <sup>[48, 5]</sup>

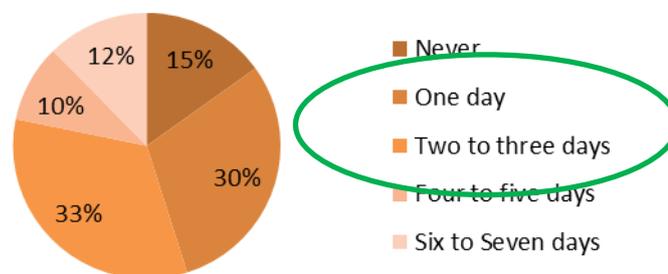
Australia's high rate of urbanisation has meant that most people experience a disconnect between their food production and consumption, with a declining understanding and appreciation for how their food is grown. Furthermore, climate change impacts such as changed rain fall patterns and hotter temperatures are leading to reduced food supply and increased prices of some foods. Recent years have seen a renewed interest in the quality, provenance, freshness and price of food, driving an increasing interest in people growing their own food at home or in community gardens.

Local data suggests that around 58.3% of the population in the City of Melbourne produce their own food in some form. This includes all aspects of production from entry level herb growing in pots (85.8%) to larger garden projects such as growing vegetables and fruits in pots (42.5%), backyard gardens (34.3%) or street/community gardens (6.4%), keeping fowl for eggs (3.4%), producing honey from beehives (0.9%) and preserving or pickling produce such as jams and conserves (45.1%). According to the Australian Institutes 'Grow your own' report in 2014, this is line with the 52% of all Australian households growing some of their own food.

### Home food production in the City of Melbourne (2015)



### Weekly consumption of food produced by residents (2015)



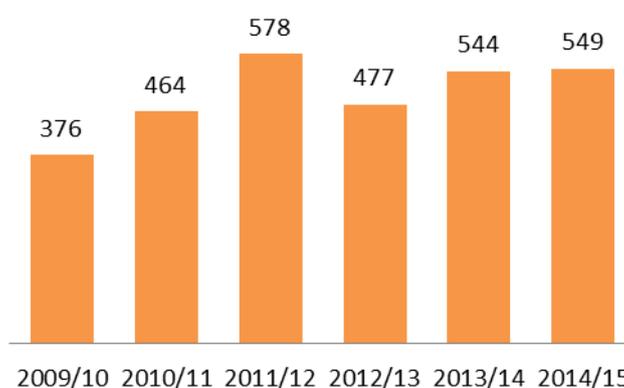
Over 60% of residents who produce their own food report eating it from one to three days per week. Around 20% eat the food they have produced almost every day of the week, making fresh healthy food a significant portion of their weekly food intake.

## Food Safety <sup>[49, 50]</sup>

Protection against food borne illness is preventable through good hygiene and safe food handling practices. The regulation of food safety is a key ongoing role for Council.

Within the City of Melbourne, there are 3785 registered food businesses (as of the 2014/15 financial year). In the past 6 years, there has been a 29% increase in the number of registered food businesses in the municipality. Over the same time period, there has also been a 46% increase in the total number of food related complaints received by Melbourne City Council (from 376 in 2009/10 to 549 in 2014/15). This rise is not surprising given the rise in the number of food premises. The majority of complaints related to alleged food poisoning (36%), unsafe/unsuitable food (23%), condition of premises (22%) and food safety practices hygiene (19%).

**Food related complaints received by the City of Melbourne, 2009/10-2014/15**



## Climate Change <sup>[51, 52]</sup>

Environmental consequences of climate change affect people's health both directly and indirectly. For instance, direct health consequences include respiratory conditions such as asthma, hay fever and longer-term heart disease due to increased exposure to pollen, moulds and air pollution; cancer risk due to increased duration and intensity of ultraviolet (UV) radiation; foodborne diseases through food contamination and illnesses; and deaths associated with heat stress. Indirectly, it can impact health and wellbeing through a reduction in food supply due to changed rain fall patterns and hotter temperatures; threats to infrastructure such as curtailed transport services due to extreme heat; and increased utility costs (e.g. power and water bills, petrol) due to peak oil conditions.

People who are most vulnerable to these impacts include:

- those with existing illnesses
- people living in dense urban environments
- low income households
- older adults
- indigenous communities
- tourists
- obese and overweight people
- children

At present, there is no local level data on the impact of the climate on the health of the CoM population. What we do know from the information presented above is that the CoM is vulnerable to climate related impacts due to the dense, urban environment and associated urban heat island effect, plus the presence of vulnerable population groups (e.g. 9.6% of the adult population have asthma, 6.2% have heart disease and 35.5% are overweight or obese) whose health conditions could be exacerbated, as well as the 36% of low income households who will feel the pressure of increase cost of living associated with food and utilities.

To give an indication of the impact of heat waves on health, Victorian data captured during the January 2014 heatwave found: a 7% increase in (all cause) public hospital emergency department presentations with a 23% increase for Victorians aged 75 years of more; a 25% increase in the Ambulance Victoria emergency caseload in the metro region and there were 858 deaths, with 691 expected during the week of the heatwave (12-18 Jan 2014). This represents an estimated 167 excess deaths and corresponds to a 24% increase in mortality.

## WHAT DOES THIS MEAN FOR THE CITY OF MELBOURNE?

Open space has been described by the CoM community as important places to escape from the 'urban jungle', offering places of leisure and relaxation. Overall, the municipality has good access to quality open space, with the majority (96.4%) of the population residing in walking distance to a public open space. However, a broader network of open spaces will need to be created that provide for a variety of recreational, sporting, play and social activities to meet the needs of the growing population, and the resilience of these open spaces to the effects of climate change will also need to be managed to ensure the quality of these spaces is maintained.

There is an increasing interest from the community in food production, with 60% of residents producing their own food in some form. Encouraging and supporting this local food production is an important consideration for Council as a mechanism for promoting healthy eating and environmentally sustainable food practices.

Food related complaints have increased, although this rise is not surprising given the parallel increase in registered food businesses. The regulation of food safety is a key ongoing role for Council.

The environmental consequences of climate change will have an affect (both directly and indirectly) on the health and wellbeing of the CoM population. Key health impacts will relate to heat stress, air quality and increased cost of living associated with rising food and utility costs. While the whole population will be impacted by the urban heat island effect, those with existing illnesses such as asthma and heart disease and those on low incomes will be most adversely affected. Improving the resilience of the community to manage the health and wellbeing impacts of climate change will need to a priority for Council.

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## APPENDIX A: Socio-Economic Indexes for Areas (SEIFA), Census 2011 – City of Melbourne LGA

Socio-Economic Indexes for Areas (SEIFA), 2011 – City of Melbourne LGA		Score	Rank in Victoria
<b>Index of Disadvantage</b>	The social and economic resources of people and households.	1026	61 out of 80
<b>Index of Advantage and Disadvantage</b>	The social and economic resources of people and households using both relative advantage and disadvantage measures including high income, low income, professional occupation, as well as people in unskilled occupations.	1051	70 out of 80
<b>Index of Economic Resources</b>	Access to economic resources for people and households related to family income, rental and mortgage repayments, and dwelling size.	870	1 out of 80
<b>Index of Education and Occupation</b>	The general level of education and occupation-related skills of people including people who are employed, unemployed, level of qualification and the type of jobs people are employed in.	1175	80 out of 80

Note: A lower SEIFA score indicates that an area is relatively *disadvantaged* compared with an area with a higher score.

SEIFA Indexes*	Carlton	Melbourne (3000)	Parkville	North Melbourne	Southbank / South Wharf	Kensington	South Yarra	East Melbourne	Docklands	Flemington Racecourse
<b>Index of Disadvantage</b>	939	1002	1053	983	1092	1042	1110	1117	1090	1074
<b>Index of Advantage and Disadvantage</b>	977	1033	1078	1012	1110	1060	1114	1126	1113	1099
<b>Index of Economic Resources</b>	762	785	932	860	929	955	973	987	944	914
<b>Index of Education and Occupation</b>	1148	1194	1136	1196	1199	1152	1200	1212	1191	1200

\* Highlighted boxes indicate areas with the lowest scores, indicating higher levels of disadvantage.