

# THE CITY OF MARIBYRNONG 2020 HEALTH AND WELLBEING DATA BOOK

Image by Nico Keenan



Maribyrnong  
CITY COUNCIL

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## Introduction

The Public Health and Wellbeing Act 2008 requires councils to develop Municipal Public Health and Wellbeing Plans (MPHWP) that **identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing** that is **informed by an examination of data about health status and health determinants in the municipal district.**

The **City of Maribyrnong Municipal Health and Wellbeing Data Book** (Data Book) will assist in meeting this legislative requirement by presenting a wide range of information related to the health and wellbeing of the community.

### Purpose

The Data Book along with findings from consultations with staff, community, and health and welfare organisations will help to inform the next MPHWP, which will be incorporated in the Council Plan 2021-25.

The Data Book aims to;

- provide an overview of the **health and wellbeing status** of people in the city of Maribyrnong, as well as presenting data on the **wider determinants of health** which determine health and wellbeing outcomes in the municipality
- use the data presented to recommend key health and wellbeing priority areas for the city
- provide an evidence based resource for use by Council and community stakeholders to inform decision making, planning, action and investment that aims to improve the health and wellbeing of the community
- inform recovery planning post COVID-19

### Methodology

The data presented in this report is limited to what was available at the local government area level and was current at the time of publication, August 2020. We have also drawn on state and national level data to provide context on specific factors and determinants of health.

Data sources included Australian Bureau of Statistics (ABS), 2017 Victorian Population Health Survey, Turning Point, Victorian Responsible Gambling Foundation, Victorian Women's Health Atlas, Victoria Police and the Crime Statistics Agency for crime and family violence data.

## Our role

Local government plays an important role in the **promotion, improvement and protection of population health**. Council is intrinsically linked with communities where they **live, work and play**. It has responsibility for a range of areas including, roads, parks, waste, land use, local laws, housing, urban planning, personal and home care, early years services, recreation, community development, health protection, emergency management and advocating for community needs. Given this, local government is well placed to influence the wider determinants of health and as intended by the Public Health and Wellbeing Act 2008, to undertake its role in **creating an environment which supports the health of members in the local community and strengthen the capacity of the community and individuals to achieve better health**.

Health is determined by a complex interaction between genetics, health behaviours, access to quality healthcare, and the wider determinants of health. It is the **wider determinants that make the biggest impact on health**<sup>1</sup>. The wider determinants are shaped by the distribution of money, power and resources these are often beyond individual control and are the source of inequalities in health that are unfair and avoidable<sup>2</sup>. To promote and protect health and wellbeing at a population level, actions need to help improve daily living conditions and address the unequal distribution of power, money and resources. In this way, council is a partner in shaping and improving the physical, social, natural, cultural and economic environments that promote health and wellbeing<sup>3</sup>.

Recognising and responding to the wider determinants of health is consistent with the Victorian Public Health and Wellbeing Plan 2019-2023 and is the way forward in terms of achieving health equity.

*“Health equity” or “equity in health” implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.*

**World Health Organisation**

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<sup>1</sup> (Buck D, 2018)

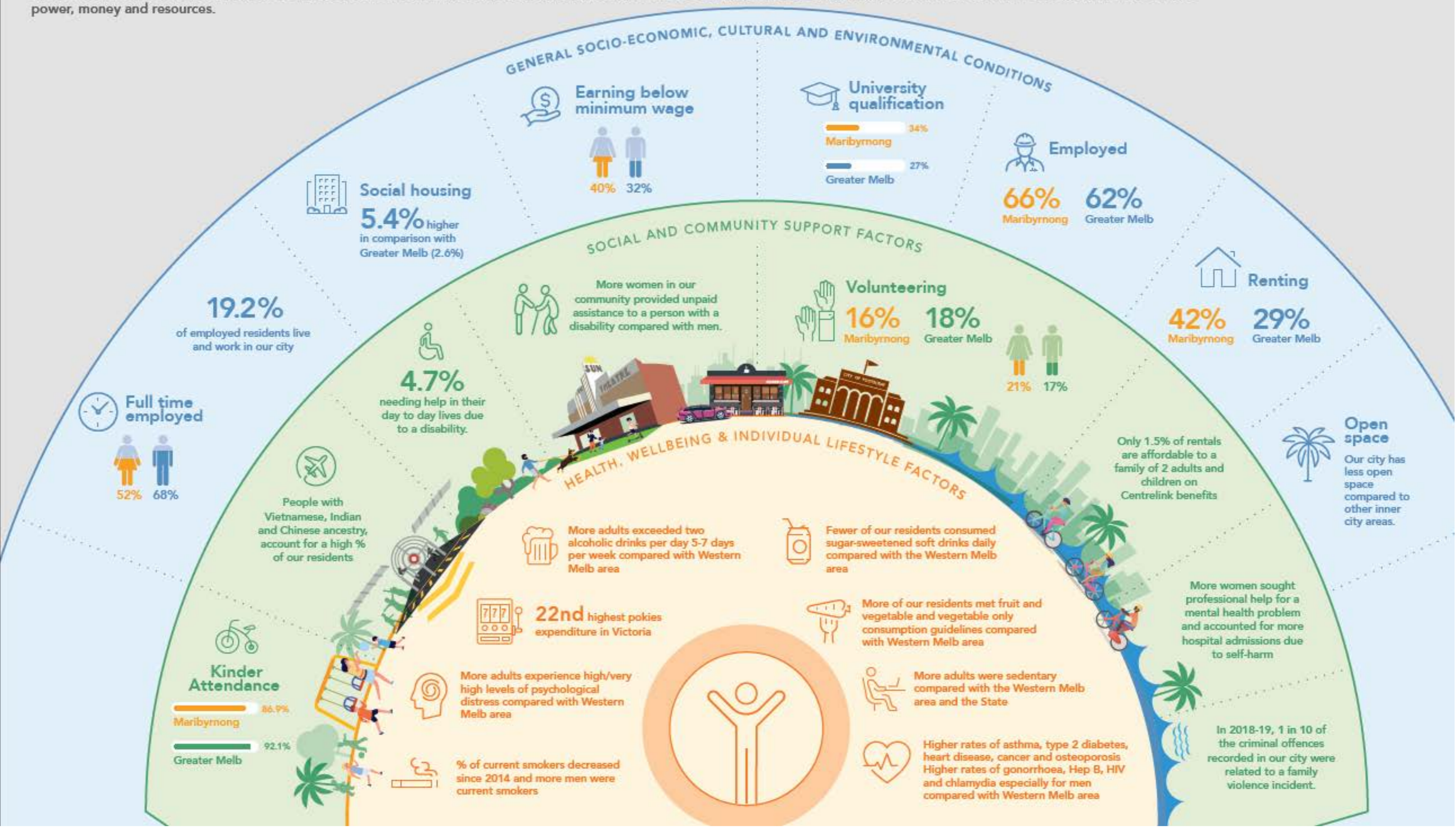
<sup>2</sup> (DHHS, Racism in Victoria and what it means for the health of Victorians, 2017)

<sup>3</sup> (WHO, 2007)

# The wider determinants of health of our city

Maribyrnong City Council undertook data analysis on health status and health determinants for our municipality as required under the Public Health Wellbeing Act (2008). This information is presented in the Health and Wellbeing Data Book 2020. Here are some key highlights to help us inform the development of the 2021-2025 Municipal Public Health and Wellbeing Plan which will outline how we will work in partnership to create and improve the physical, social, natural, cultural and economic environments that promote health and wellbeing.

Our health is shaped by a complex relationship between genetics, behaviours, access to quality healthcare, and the wider determinants of health. It is the wider determinants that make the biggest impact, and they are the social, economic and environmental factors that impact our daily lives. The systemic unequal distribution of power, money and resources leads to social inequalities and differences in health outcomes. To promote and protect health and wellbeing at a population level, actions need to help improve daily living conditions and address the unequal distribution of power, money and resources.



## In context

The Data Book was prepared at a time when Australia and the State experienced bushfires to an unprecedented scale and duration. The bushfires burned more than 12.6 million hectares across Australia, emitted about 430 tonnes of carbon dioxide into the atmosphere (about three-quarters of the country's total annual carbon dioxide emissions), directly caused at least 33 deaths and over one billion animals were killed<sup>4</sup>. People lost their homes and sources of employment. Smoke from the fires affected large numbers of people in New South Wales, Queensland, the Australian Capital Territory and Victoria<sup>5</sup>. Smoke from the Australian bushfires of the 2019-20 summer caused an estimated 445 deaths and put more than 4,000 people in hospital, a royal commission has heard.

Eighty per cent of the Australian population was affected by smoke from the fires, which burned in six states across six months<sup>6</sup>.

Estimating the long-term economic impact of a natural disaster on people's lives and health and wellbeing, is far more challenging than assessing the direct financial losses. It is well recognised that natural disasters have wide-ranging social impacts that are not only high in immediate impact, but often persist for the rest of people's lives<sup>7</sup>.

As the bushfires continued to burn, the first case of the novel corona virus was reported in Wuhan China in December 2019. By 30 January, 2020, the World Health Organisation (WHO) declared a global public-health emergency and announced the disease caused by the novel corona virus was to be called COVID-19. By 11 March, 2020, WHO declared the outbreak as a pandemic, this was followed by responses by the Australian Federal, State and local governments to minimise community transmission leading to the closure of community settings such as schools, community centres, libraries, local businesses, and playgrounds.

Victorians were ordered to stay home, to learn and work from home. These measures helped to minimise the devastating impact of COVID-19. Restrictions were lifted which subsequently resulted in a surge of cases in late June within a number of hotspot postcode areas, including 3012 (Maribyrnong, West Footscray, Tottenham and Maidstone). These zones failed to be contained and case numbers proliferated into a second wave across metropolitan Melbourne and Victoria re-introducing lockdown restrictions. Extreme lockdown measures were also enforced on two public housing towers in neighbouring local government areas. These measures have highlighted the inequitable impacts of the pandemic across the community.

In Australia, people at most risk of serious infection from COVID-19 include<sup>8</sup>:

- older people
- people with weakened immune systems

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<sup>4</sup> (Jalaludin, 2020)

<sup>5</sup> (Arriagada N. B., 2020)

<sup>6</sup> (The Guardian , 2020)

<sup>7</sup> (Deloitte, 2016)

<sup>8</sup> (DHHS, 2020)

- people with diagnosed chronic medical conditions (such as high blood pressure, heart and lung conditions, kidney disease and diabetes)
- Aboriginal and Torres Strait Islander people, who have higher rates of chronic illness

The impacts of lockdown, isolation and social distancing measures have had immediate impacts on people's lives and their health and wellbeing. There are members of the community who have experienced these impacts more severely than others. Areas of population health that will experience immediate and long-term impacts include; family violence both on the number and severity of incidents, mental health, alcohol and other drug use, experiences of food insecurity, education and employment outcomes<sup>9</sup>. We also know that some households in the city will experience these impacts not in isolation but rather there will be a complex interplay and culmination of multiple social, health and wellbeing consequences.

The number of COVID-19 cases was changing rapidly at the time of drafting. As of 31 July 2020, there were a total of 11,557 cases recorded in Victoria and 113 deaths. There were a total of 300 cases in the City of Maribyrnong.

Restrictions imposed to respond to the COVID-19 pandemic is impacting the health and wellbeing of residents. An online survey open to all residents of the City of Maribyrnong was undertaken during July and August 2020.

City of Maribyrnong residents have experienced severe economic hardship as a result of COVID-19 restrictions. According to the growth in JobSeeker recipients as a proportion of the total working age population (15 to 64 years), the economic impacts have been experienced disproportionately more than Greater Melbourne and Victoria overall. In total, 6,698 residents of the City of Maribyrnong received a JobSeeker payment in June 2020, which was around 9.8% of the total working age population. This was an increase of 3,693 residents, compared to the second half of 2019.

The Data Book in its current format, does not capture the impact of the most recent bushfires and the COVID-19 pandemic on health and wellbeing; therefore, when interpreting the data it is important to consider the context and apply a health equity lens.

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<sup>9</sup> (Colbourn, 2020)



Applying a health equity lens

When reading the Data Book, reflect and ask **WHO**

**Who** is affected/impacted?

**Who** is included/excluded?

When reading the Data Book, reflect and ask **WHAT**

**What** does the data tell us?

**What** data are missing?

**What** revisions are needed/what could be done differently?

**What** are the assumptions taking place?

When making decisions, reflect and ask **WHO**

**Who** is affected and how can they help to shape the/this \_\_\_\_\_?

**Who** benefits and who is harmed?

**Who** is/is not at the decision-making table?

## Victorian public health and wellbeing priorities focus areas and strategic actions, 2019–2023

Maribyrnong City Council’s current health and wellbeing priorities and areas of action are illustrated below alongside considerations for the 2021-2025 MPWHP, this will help inform priority setting moving forward.

# ALIGNMENT WITH STATE PUBLIC HEALTH AND WELLBEING PRIORITIES

Victorian health and wellbeing priorities 2019-2023	MCC health and wellbeing 2017-2021 priorities and actions	Considerations for the 2021-2025 MPWHP
<p><b>Tackling climate change and its impact on health</b></p> <p> <b>FOCUS AREA</b></p>	<p><b>PRIORITY</b> Climate change, air pollution, tree planting</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Zero Carbon Council</li> <li>• Urban Forest Strategy 2018</li> <li>• Waste Management Policy and Towards Zero Waste Strategy</li> <li>• Climate emergency strategy 2025</li> </ul>	<p>There are many initiatives that can be implemented by local government to both mitigate the impacts of climate change and improve health.</p>
<p><b>Increasing healthy eating</b></p> <p> <b>FOCUS AREA</b></p>	<p><b>PRIORITY</b> Healthy and active lifestyle</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Strategy for Children, Young people and their families 2020/30</li> <li>• Maternal and Child Health nurses</li> <li>• New Parent groups</li> <li>• Early Years playgroups</li> <li>• City of Maribyrnong Community Centre programs</li> </ul>	<p>More adults met fruit and vegetable consumption and never ate take away and fast food compared with the state and Western Melbourne area. Less residents consumed sugar sweetened beverage.</p> <p>Breastfeeding rates are very low and have seen a significant decline since 2016.</p> <p>Chronic disease rates are comparatively higher than the Western Melbourne area and the state, particularly Type 2 diabetes, heart disease and cancer.</p>
<p><b>Increasing active living</b></p> <p> <b>FOCUS AREA</b></p>	<p><b>PRIORITY</b> Healthy and active lifestyle</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Sports and recreation clubs</li> <li>• Maribyrnong Aquatic Centre</li> <li>• Parks and open space</li> <li>• Maribyrnong Bicycle Strategy 2020-2030</li> <li>• Active Maribyrnong</li> <li>• City of Maribyrnong Community Centre programs</li> </ul>	<p>More women had insufficient levels of physical activity.</p> <p>More adults sitting 6-8 hours a day compared with Western Melbourne area and the state.</p> <p>Less adults met physical activity guidelines compared with the state average.</p>
<p><b>Reducing tobacco-related harm</b></p> <p> <b>FOCUS AREA</b></p>	<p><b>PRIORITY</b> Alcohol and other drugs</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Alcohol and other Drugs Policy</li> </ul>	<p>Smoking rates slightly higher more men are current smokers.</p> <p>Smoking rate slightly higher than Western Melbourne area but lower than the state.</p>

# ALIGNMENT WITH STATE PUBLIC HEALTH AND WELLBEING PRIORITIES

Victorian health and wellbeing priorities 2019-2023	MCC health and wellbeing 2017-2021 priorities and actions	Considerations for the 2021-2025 MPHWP
Preventing all forms of violence	<p><b>PRIORITY</b> Prevention of violence against women</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Towards Gender Equity 2030</li> <li>• Royal Commission into Family Violence recommendations</li> <li>• Gender Equality Act 2021 implementation</li> </ul>	<p>More women are in part-time work and more women are earning below minimum weekly wage compared with men.</p> <p>84% of lone parents were women which is higher than the state and metro west average.</p> <p>Since 2017, the number of reported family violence incidents in the municipality have increased by 16.6%. Local partners have also revealed that that COVID-19 restrictions have led to an increase in demand for family violence services and Victorian family violence practitioners have reported that the pandemic has led to an increase in the frequency and severity of violence against women alongside an increase in the complexity of women's needs.</p>

# ALIGNMENT WITH STATE PUBLIC HEALTH AND WELLBEING PRIORITIES

Victorian health and wellbeing priorities 2019-2023	MCC health and wellbeing 2017-2021 priorities and actions	Considerations for the 2021-2025 MPHWP
<p><b>Improving mental wellbeing</b></p>	<p><b>PRIORITY</b> Participation and inclusion</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Strategy for Children, Young people and their families 2020/30</li> <li>• Volunteer Strategy 2018-2021</li> <li>• Arts and Culture and Strategy 2018-2030</li> <li>• Alcohol and other Drugs Policy</li> <li>• Towards Gender Equity 2030</li> <li>• City of Maribyrnong Community Centre programs</li> <li>• Reconciliation Action Plan</li> <li>• Disability Action and Inclusion Policy Statement and Action Plan</li> </ul>	<p>More adults experiencing high levels of distress compared with Western Melb area.</p> <p>More women admitted to hospital for self harm compared with men.</p> <p>The impacts of COVID-19 on mental health are expected to be profound.</p>
<p><b>Reducing harmful alcohol and drug use</b></p>	<p><b>PRIORITY</b> Alcohol and other drugs</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Alcohol and other Drugs Policy</li> </ul>	<p>There has been an increase in pharmaceutical drugs and illicit drug hospitalisation for women.</p> <p>From 2014 alcohol related hospitalisations for men have seen an increase compared with a decrease for women.</p>

# ALIGNMENT WITH STATE PUBLIC HEALTH AND WELLBEING PRIORITIES

Victorian health and wellbeing priorities 2019-2023

Improving sexual and reproductive health

MCC health and wellbeing 2017-2021 priorities and actions

**ACTIONS**

- Action for Equity

Considerations for the 2021-2025 MPHWP

Higher rates of chlamydia, gonorrhoea, Hep B and HIV compared with western Melbourne area and the state especially for men.

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Decreasing the risk of drug-resistant infections in the community

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Reducing injury

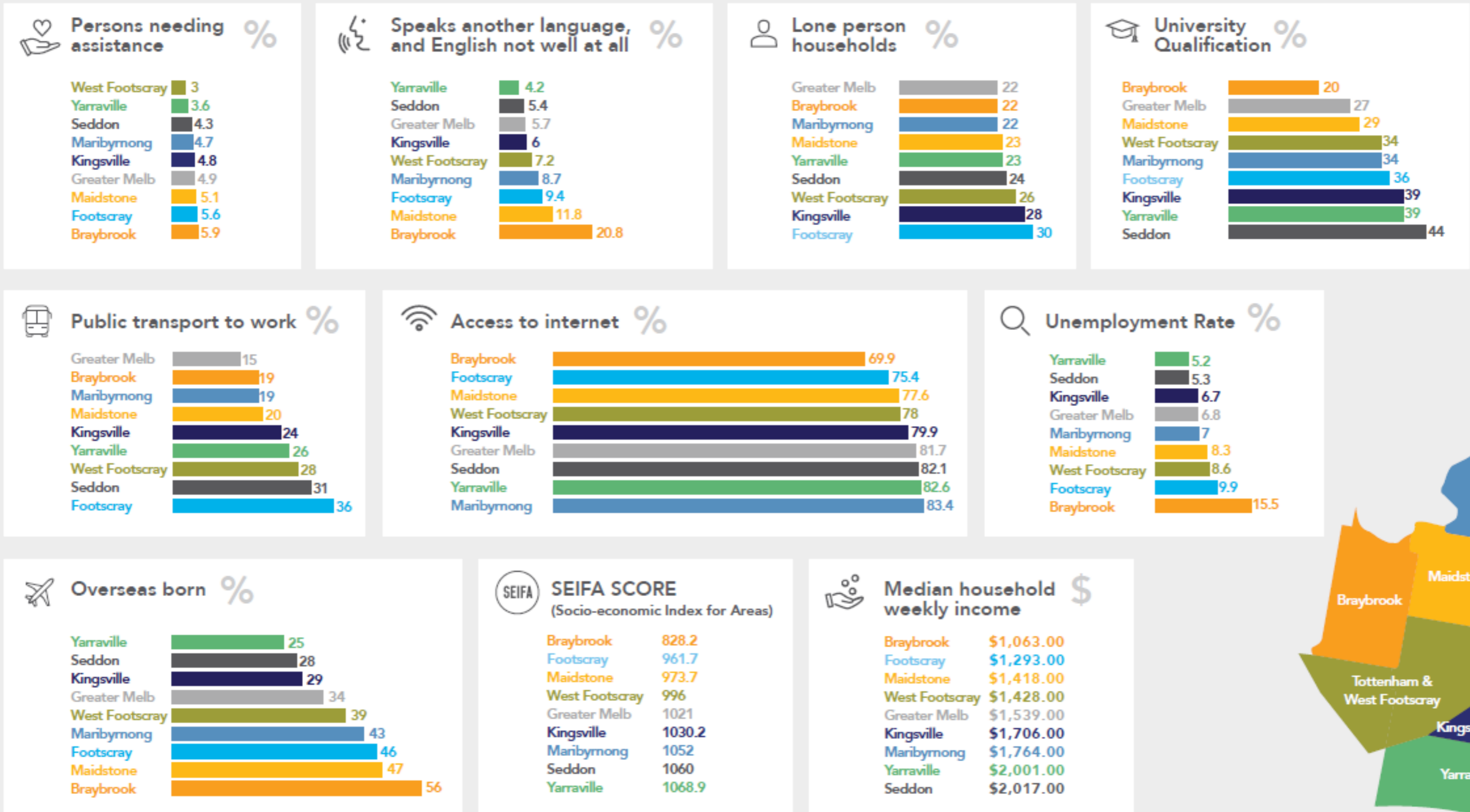
**ACTIONS**

- Road Management Plan 2017
- Maribyrnong Bicycle Strategy 2020-2030
- Safe Travel Strategy

# Our community at a glance

Maribyrnong City Council undertook data analysis on health status and health determinants for our municipality as required under the Public Health Wellbeing Act (2008). This information is presented in the Health and Wellbeing Data Book 2020. Here are some key highlights to help us inform the development of the 2021-2025 Municipal Public Health and Wellbeing Plan which will outline how we will work in partnership to create and improve the physical, social, natural, cultural and economic environments that promote health and wellbeing.

Our health is shaped by a complex relationship between genetics, behaviours, access to quality healthcare, and the wider determinants of health. It is the wider determinants that make the biggest impact, and they are the social, economic and environmental factors that impact our daily lives. The systemic unequal distribution of power, money and resources leads to social inequalities and differences in health outcomes. To promote and protect health and wellbeing at a population level, actions need to help improve daily living conditions and address the unequal distribution of power, money and resources.



## Our Community

### Mirring-gnay-bir-nong

The City of Maribyrnong covers 31.2 km<sup>2</sup> and includes the suburbs of Footscray, West-Footscray, Kingsville, Seddon, Yarraville, Maribyrnong, Maidstone and Braybrook.

The First Peoples of the Maribyrnong area are the **Wurundjeri Woi Wurrung and Boonwurrung Peoples of the Kulin nation**. Aboriginal Peoples have lived in the Maribyrnong River valley for at least 40,000 years.

Maribyrnong is an anglicised version of the Aboriginal term 'Mirring-gnay-bir-nong', which means as 'I can hear a ringtail possum'.

European colonisation of Maribyrnong in the 1830s had and continues to have devastating impacts on Aboriginal Peoples, the abuse of power and control at the hands of European colonisers resulted in dispossession of land, disruption of culture and kinship systems, removal of children, racism, social exclusion, institutionalisation and entrenched poverty for Aboriginal people<sup>10</sup>. In spite of this, Aboriginal culture remains a dynamic force in contemporary society, contributing to the diverse and thriving inner west.

According to 2016 ABS census data there were **326 people in the City of Maribyrnong who identified as Aboriginal and Torres Strait Islander**, which represents 0.5% of the population. The ABS acknowledges significant undercounting around Aboriginal and/ or Torres Strait Islander status. Today Aboriginal people live in every suburb of the city, with higher numbers of Aboriginal and Torres Strait people living in Footscray, West Footscray and Yarraville.

The National Aboriginal and/ or Torres Strait Islander Health Survey 2018-19 found that more than four in 10 (46%) people had at least one chronic condition that posed a significant health problem, up from 40% in 2012–13. **Aboriginal and Torres Strait Islanders aged 15 years and over were around half as likely as non-Indigenous people to have reported excellent or very good health<sup>11</sup>.**

The health and wellbeing of Aboriginal and/or Torres Strait Islander people are intrinsically linked with the historical and ongoing experience of racism. The race-based policies that created the Stolen Generations have led to intergenerational trauma for Aboriginal and Torres Strait Islander families<sup>12</sup>. Increasing Aboriginal over-representation in criminal justice institutions has the potential, to further perpetuate social and economic exclusion, and compound losses of culture, family and purpose<sup>13</sup>.

**Aboriginal and/or Torres Strait Islander people generally have poorer health outcomes than non- Aboriginal and/or Torres Strait Islander Australians, with a shorter life expectancy, a higher child mortality rate and a greater burden of chronic disease.** For Aboriginal and Torres

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<sup>10</sup> (Victorian Aboriginal Justice Agreement, 2020)

<sup>11</sup> (National Aboriginal and Torres Strait Islander Health Survey, 2019)

<sup>12</sup> (Changing the picture background paper , 2019)

<sup>13</sup> (Victorian Aboriginal Justice Agreement, 2020)

Strait Islander people, a strong connection to culture and country is strongly correlated with good health, through strengthened identity, resilience and wellbeing<sup>14</sup>. The lessons learnt from 12 years of closing the gap in Aboriginal and Torres Strait Islander health inequality, and other measures of social and economic disadvantage, have led to the cultural determinants of health which are vital to wellbeing;

- Self-determination and leadership
- Indigenous beliefs and knowledge
- Cultural expression and continuity
- Connection to Country<sup>15</sup>.

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<sup>14</sup> (My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017., 2017)

<sup>15</sup> (Close the Gap 2020, 2020)



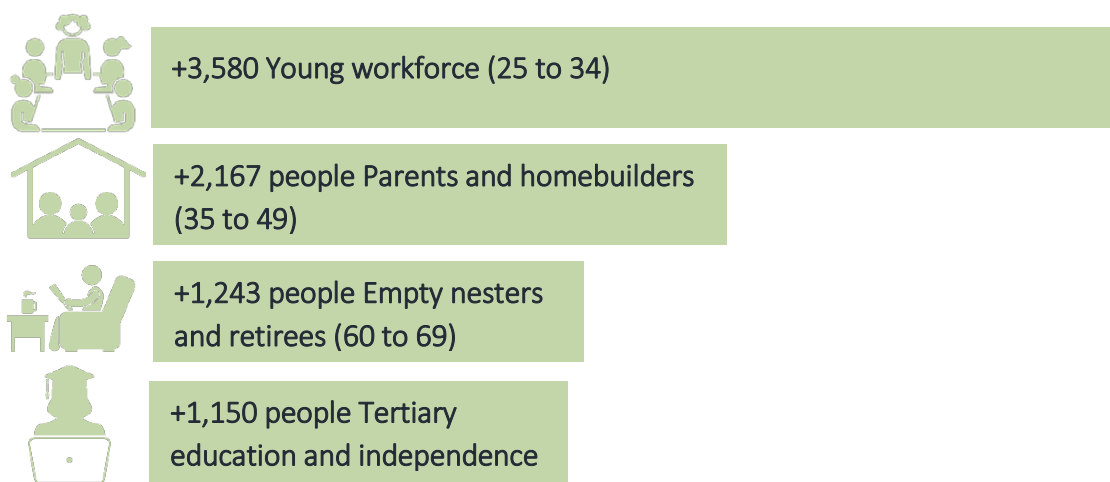
## Population

The estimated resident population for City of Maribyrnong as of June 2019 was 93,448. From 2011 to 2016, the population increased by 10,660 people (14.9%). This represents an average annual population change of 2.81% per year over the period. The population is expected to increase by 68% to 156,794 in 2041<sup>16</sup>.

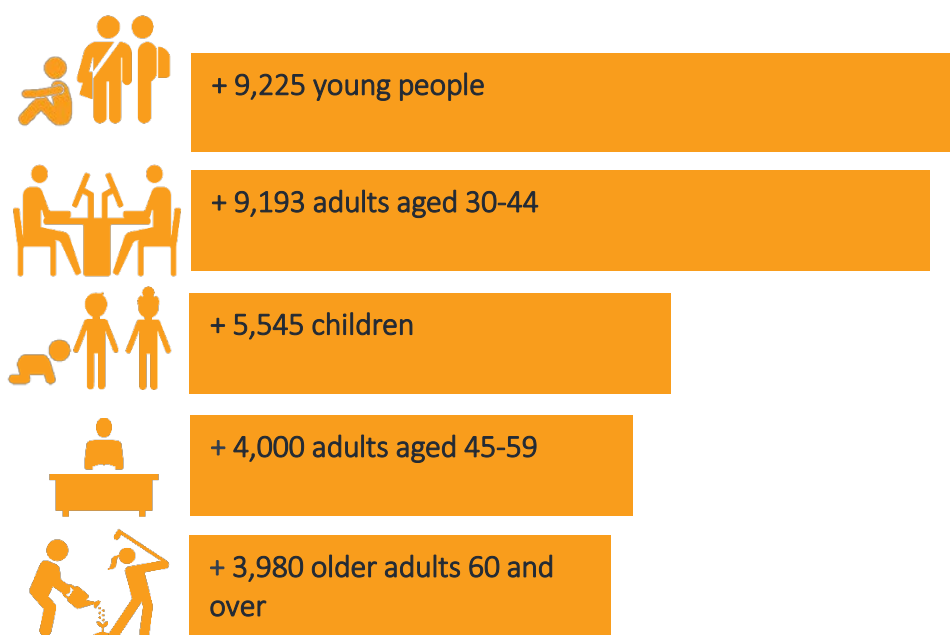
## Age structure

The City of Maribyrnong has a young population with a **median age of 33 years, well below the state average of 37.**

The largest changes in the age structure in this area between 2011 and 2016 were in the age groups:



In the next ten years, between 2016 and 2026, the population will increase by:



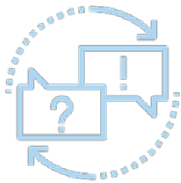
<sup>16</sup> (City of Maribyrnong community profile , 2019)

In 2016, 1 in 3 older Australians were born overseas. The older culturally and linguistically diverse (CALD) population of Australia is not homogenous, and the situation and needs of individuals varies greatly.

However, in general, older people from CALD backgrounds compared with the older Anglo-Australian population<sup>17</sup>:



Have poorer socioeconomic status



Face substantial language barriers in accessing services



Risk having differing cultural practices and norms, leading to lack of understanding of and barriers to service use

## Gender

Gender also influences social position and therefore health and wellbeing. Wherever possible sex-disaggregated data is included throughout this report. It needs to be acknowledged that not all gender diverse people fall within the traditional binary notions of sex and gender and they might be underrepresented or absent in the data used in this report.

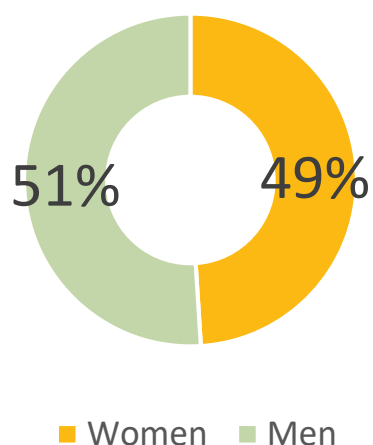
Roughly similar numbers of men 44,958 (49%) and women 46429 (51%) live in the City of Maribyrnong according to 2018 population estimates<sup>18</sup>.

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<sup>17</sup> (Australian Institute of Health and Welfare, 2018)

<sup>18</sup> (ABS, 2019)

Figure 1. Gender % according to 2018 population estimates.



External factors, such as **transphobia and abuse inhibit trans and gender diverse (TGD) health and wellbeing**, thereby necessitating and/or escalating the need to access a range of health service providers and increasing the risk of experiencing poorer health outcomes. The First Australian National TGD Mental Health Study was conducted in 2013, 946 people took part. The participants included trans women (51.0%), trans men (24.5%), people who were assigned female at birth but now had a non-binary identity (14.4%), and people who were assigned male at birth but now had a non-binary identity (10.1%). One in five participants (20.9%) reported thoughts of suicidal ideation or self-harm on at least half of the days in the two weeks preceding the survey. More than half of participants (57.2%) had been diagnosed with depression at some point in their lives<sup>19</sup>.

The Australian Bureau of Statistics (ABS) conducted the General Social Survey in 2014 and found that **37.8% of people who identified as gay or lesbian experienced discrimination compared to 18.2% of people identifying as heterosexual**<sup>20</sup>.

The survey also reported that **29.1 % of people who identified as gay or lesbian had a mental health condition compared to 17.8% of people identifying as heterosexual**.

**37.6% people identifying as bisexual and other sexual orientations had reported a mental condition, almost double the rate of people who identified as heterosexual**<sup>21</sup>.

People identifying as **gay or lesbian** were also more likely to have experienced homelessness **33.7% compared with 13.4%**.

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<sup>19</sup> (Thorne Harbour Health , 2019)

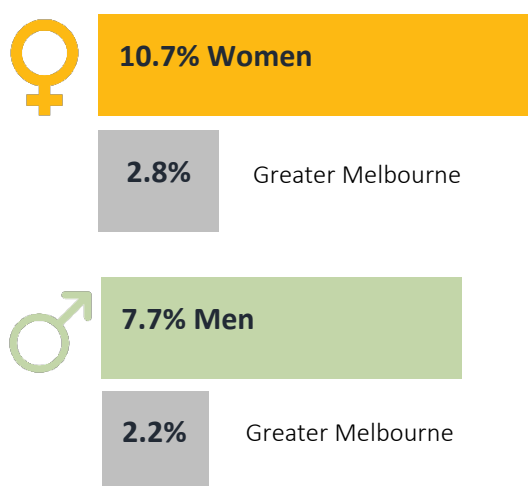
<sup>20</sup> (Australian Bureau of Statistics, 2014)

<sup>21</sup> (Australian Bureau of Statistics, 2014)

## Cultural Diversity

The City of Maribyrnong is home to residents from a wide range of cultural and linguistic backgrounds. Cultural diversity contributes to the richness and vibrancy of Maribyrnong. Understanding and valuing our diversity helps to ensure everyone has equitable access to services, opportunities, and can participate equally and meaningfully in the community. Individuals with lower English proficiency can experience significant barriers to access and participation. According to 2016 census data **20.8% of residents living in Braybrook spoke a language other than English and did not speak English well at all**. The percentage of persons who reported having 'low English' language proficiency in Maribyrnong, **10.7% of them were women and 7.7% were men**, well above the metropolitan and state average of 2.8% women and 2.2% men<sup>22</sup>.

Figure 2. Percentage of persons who reported having 'low English' language proficiency in the City of Maribyrnong.



In 2016, **42% of our residents spoke a language other than English at home which is almost double the state average of 26%**. In **Braybrook, 69%** of residents spoke a language other than English at home followed by **53% in Maidstone** and **48% Maribyrnong**.

Between 2011 and 2016, the number of people who spoke a language other than English at home increased by 3,717 or 12.1%, and the number of people who spoke English only also increased by 6,458 or 18.1%.

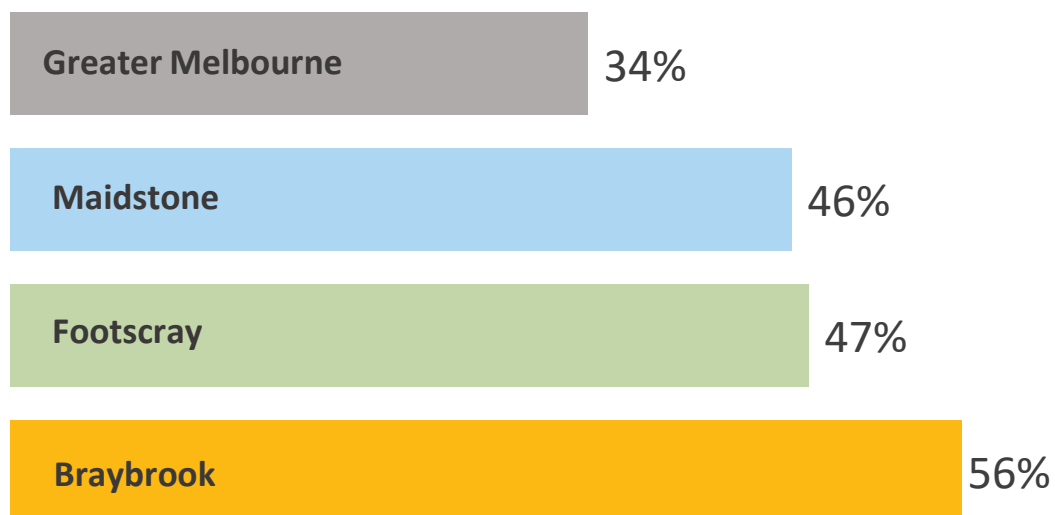
<sup>22</sup> (Victorian Women's Health Atlas, 2019)

Table 1. Language spoken at home.

City of Maribyrnong	2016		
Language (excludes English)	Number	%	Greater Melbourne %
Vietnamese	9,768	11.9	2.3
Mandarin	2,628	3.2	4.1
Cantonese	2,449	3.0	1.7
Greek	1,782	2.2	2.4
Italian	1,465	1.8	2.3
Spanish	1,058	1.3	0.8
Telugu	916	1.1	0.3
Hindi	870	1.1	1.1
Filipino/Tagalog	817	1.0	0.8
Arabic	801	1.0	1.7

The City of Maribyrnong is also made up of a high number of **residents who were born overseas, making up 40% of the population compared with 34% in Greater Melbourne.** Braybrook has the highest number of residents born overseas with 56%, followed by Maidstone 47% and Footscray 46%.

Figure 3. Percentage of residents born overseas.



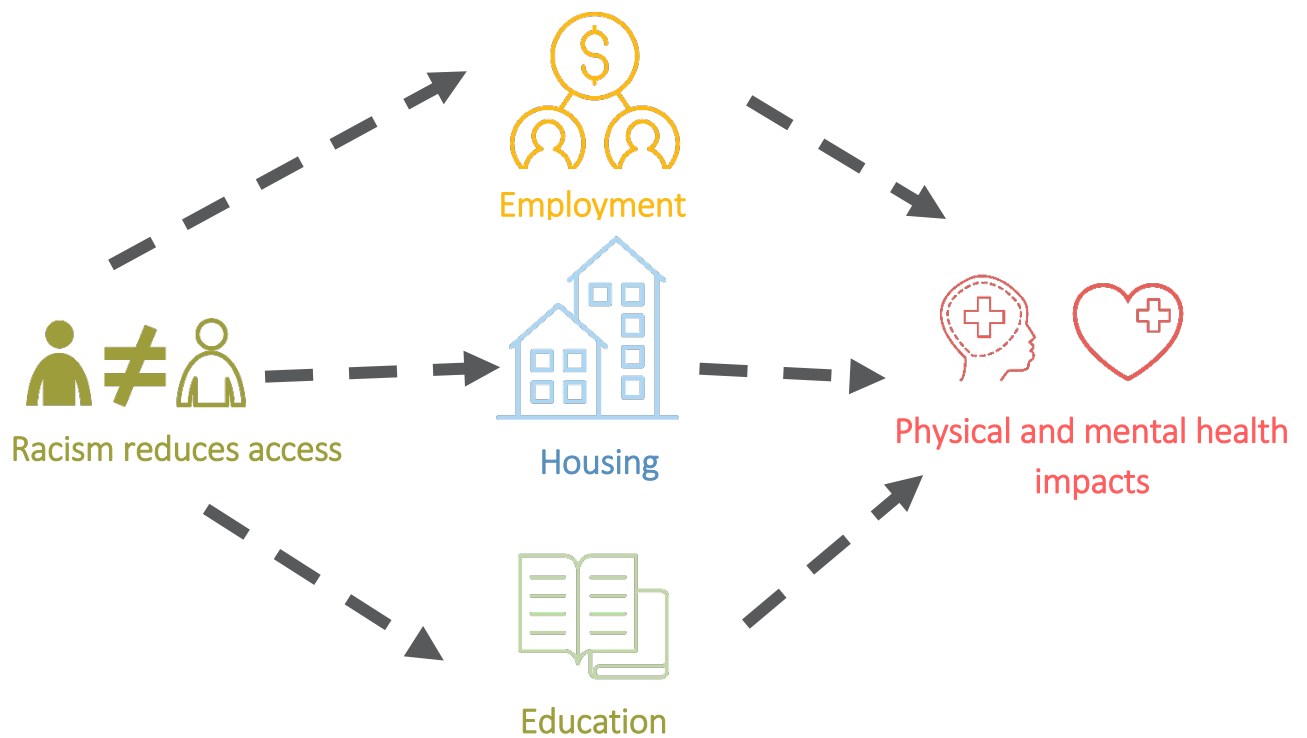
People with **Vietnamese, Indian and Chinese** ancestry, account for a high proportion (16.1%) of the population in Maribyrnong (compared to 8.8% in Greater Melbourne).

The city is home to a diverse range of cultures, and its social cohesion is highly dependent on the acceptance of different cultural beliefs and norms. Experiences of racism and

discrimination is an important measure of how welcoming and inclusive our communities are. The ABS General Social Survey in 2014 and found that **18% of Victorians had experienced discrimination compared with 23.6 % of recent migrants**<sup>23</sup>.

Racism affects health directly and indirectly via a number of pathways. **Racism reduces access to employment, housing and education, resulting in low socioeconomic status.** As socioeconomic status declines so does mental and physical health. **Racism can directly impact physical health, acting as a chronic stressor that over-stimulates the body's natural responses**<sup>24</sup>.

According to the Maribyrnong City Council – 2019 Annual Community Survey, the community is welcoming of people from diverse cultures scoring 7.97 up from 7.44 from the year before. These results show that the majority of respondents strongly agree that the community is accepting of people from diverse cultures and backgrounds. Most respondents strongly agreed that they feel welcome and included when accessing Council services (7.92), and agree that Council promotes connections between different cultural groups (7.52), and respects, reflects and is inclusive of indigenous people (7.44).



**Figure 4. Interrelationship between social determinants of health associated with racism in the community.**

<sup>23</sup> (Australian Bureau of Statistics, 2014)

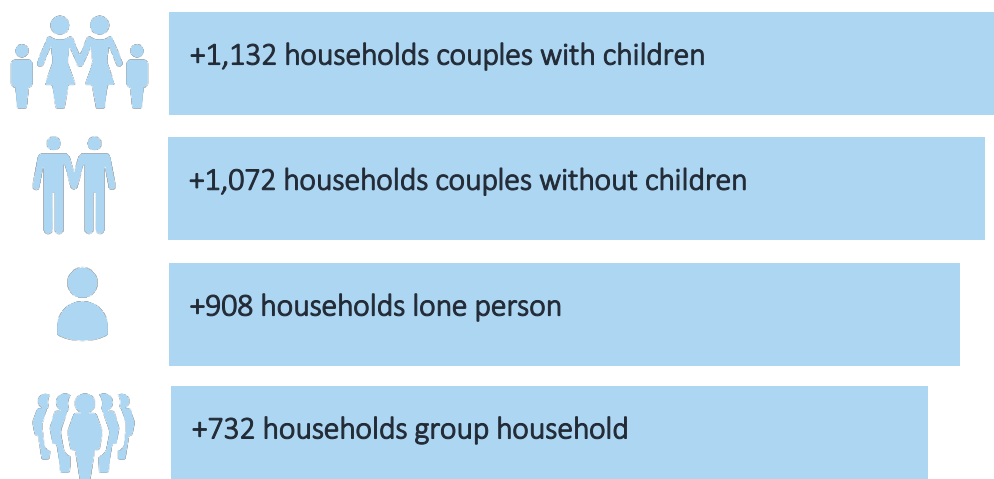
<sup>24</sup> (Department of Health and Human Services , 2017)

## Household structure

The City of Maribyrnong had a **higher proportion of lone person households 24.8% compared to 22.0% in Greater Melbourne** while the proportion of couples without children was 22.4% comparable to 22.9% in Greater Melbourne.

A lone parent is a person who has no spouse or partner usually resident in the household, but who forms a parent-child relationship with at least one child usually resident in the household. In Maribyrnong, **84% of lone parents were women which is higher than the state and metro west average**. Single mothers remain one of the most economically disadvantaged groups in Australia<sup>25</sup>.

The number of households in the city increased by 4,213 between 2011 and 2016. The largest changes in family/household types between 2011 and 2016 were:



## Disability and carers

In 2016, **3,847 people or 4.7% of the population in the City of Maribyrnong identified as needing help in their day to day lives due to a disability**. This includes people needing help or assistance in one or more of the three core activity areas

- Self-care;
- Mobility; and/or
- Communication.

People needing assistance covers a range of disabilities, including physical disability, long-term health conditions (lasting six months or more) and/or old age<sup>26</sup>.

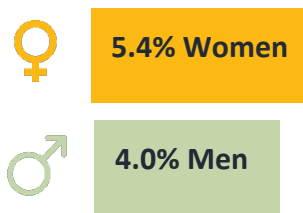
Australian women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives, but are less likely to receive an

<sup>25</sup> (Victorian Women's Health Atlas, 2019)

<sup>26</sup> (ABS, 2019; City of Maribyrnong community profile , 2019)

adequate service response<sup>27</sup>. In Maribyrnong, a higher percentage of persons needing assistance with core activities were women 5.4% compared with 4.0% men in 2016.

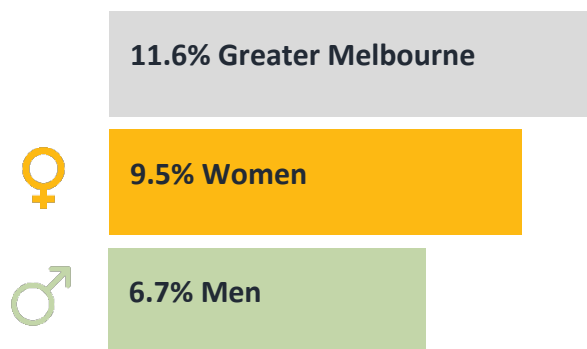
Figure 5. Percentage of persons need assistance with core activities in the City of Maribyrnong 2016.



There was a lower proportion of people who provided unpaid care either to family members or others in the city compared to Greater Melbourne. Overall, 9.6% of the population of the city provided unpaid care, compared with 11.3% for Greater Melbourne.

This indicator shows how many people provided unpaid help or supervision given in the previous two weeks to another person to assist them with daily activities because of a disability, a long-term illness or problems related to old age. A higher percentage of women in the city provided unpaid assistance to a person with a disability 9.5% compared with 6.7% of men.

Figure 6. Percentage of persons who provided unpaid care either to family members in the City of Maribyrnong 2016.



The 2019 Annual Community Survey results reported that Maribyrnong is accessible and inclusive for people with disability (7.69 up from 6.94).

<sup>27</sup> (Victorian Women's Health Atlas, 2019)





Image by Hannah Veljanovska

# Community

## COMMUNITY SNAPSHOT

### AGE GROUP

Growth in young people

**+9225**

by 2026

### GENDER



Gender diverse people under represented in data

### CULTURAL DIVERSITY



42% of our residents spoke a **language other than English at home** which is almost double the state average of 26%

### HOUSEHOLD STRUCTURE

**84%**

of **lone parents are female** which is higher than the state and metro west average

### DISABILITY AND CARERS

A higher percentage of women in our community provided unpaid assistance to a person with a disability **9.5%** compared with **6.7%** of men.



## Living and working conditions

### Socio-Economic Indices for Areas

The Socio-Economic Indices for Areas (SEIFA) provides a score of relative level of disadvantage in one area compared to others across Australia according to a number of different census variables, including income, education levels and employment status. Low scores indicate relative disadvantage and high scores indicate relative advantage. In the City of Maribyrnong there are significant inequities with the levels of comparative disadvantage being experienced across the suburbs. In 2016, **Yarraville had the lowest level of disadvantage in the city with a SEIFA index score of 1068.9**. While **Braybrook had the highest level of disadvantage in the City of Maribyrnong with a SEIFA index score of 828.2, ranking 4<sup>th</sup> in the most disadvantaged suburbs in Victoria<sup>28</sup>**.

Table 2. Socio-Economic Indices for Areas (SEIFA) by suburb 2016 ranked lowest to highest.

Suburb	SEIFA index score
Braybrook	828.2
Footscray	961.7
Maidstone	973.7
West Footscray	996.0
Kingsville	1030.2
Maribyrnong	1052.0
Seddon	1060.0
Yarraville	1068.9

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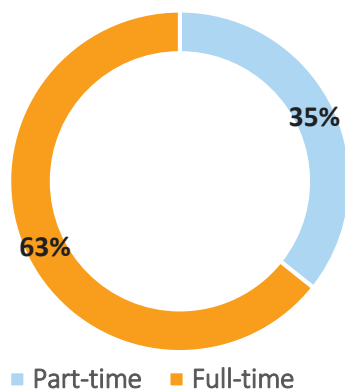
<sup>28</sup> (City of Maribyrnong community profile , 2019)

## Employment and income

### Employment status and participation

In 2016, 41,648 people aged 15 years and over living in the City of Maribyrnong were employed, of which 63% worked full-time and 35% part-time<sup>29</sup>.

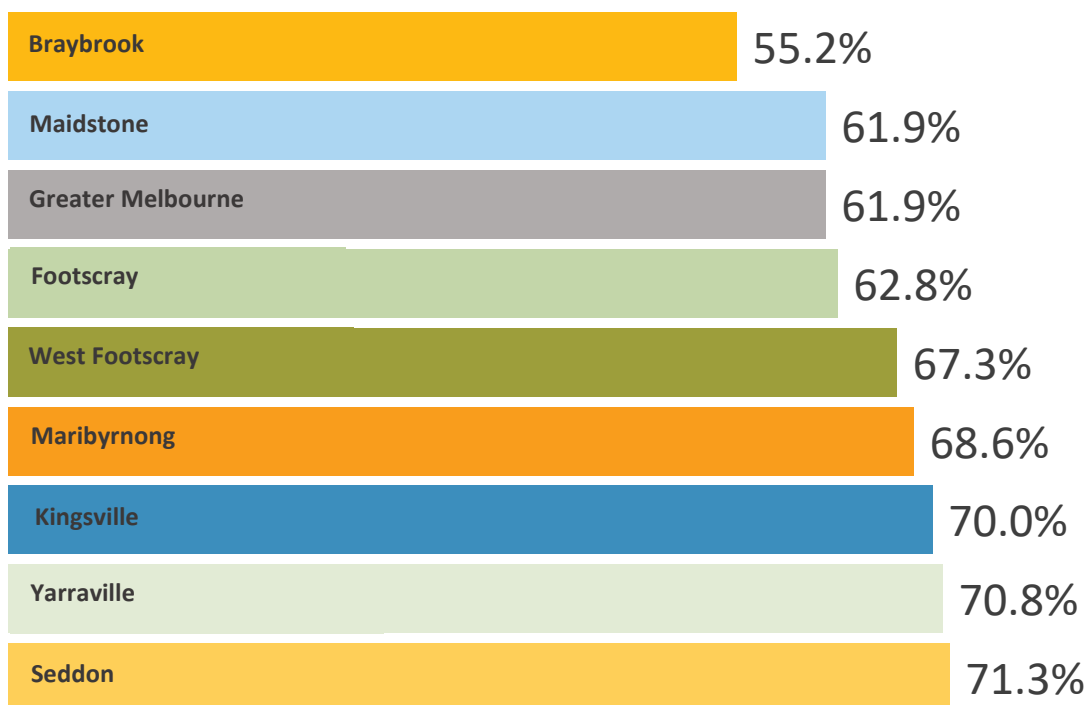
**FIGURE 7. PERCENTAGE OF PEOPLE AGED 15 YEARS AND OVER WHO WERE EMPLOYED IN 2016.**



The labour force participation rate refers to the proportion of the population aged 15 years and over that was employed or actively looking for work.

Analysis of the labour force participation rate of the population in the city in 2016 shows that there was a higher proportion in the labour force (65.7%) compared with Greater Melbourne (61.9%). However, looking at the labour force participation rate at a suburb level shows a marked difference.

**Figure 8. Labour force participation rate by suburb in the City of Maribyrnong 2016, ranked lowest to highest.**



<sup>29</sup> (City of Maribyrnong community profile , 2019)

In the City of Maribyrnong, less women work full-time compared with men; 51.7% compared with 68.3%. In addition, more women also worked part-time; 36.8% compared with 22.6%. The percentage of Chief Executives, General Managers or Legislators, in 2016, by gender was 38.6% women compared with 61.4% men <sup>30</sup>.

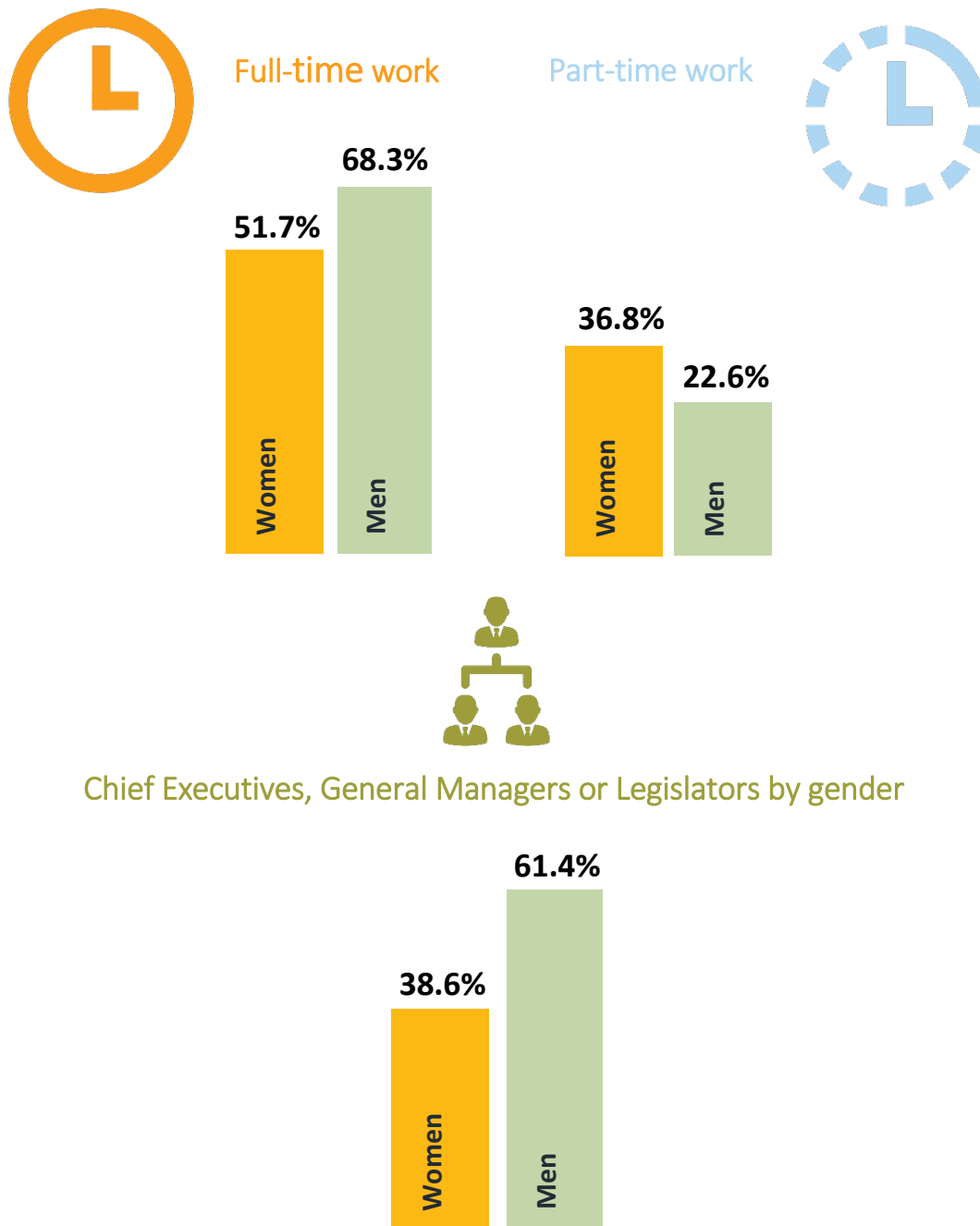
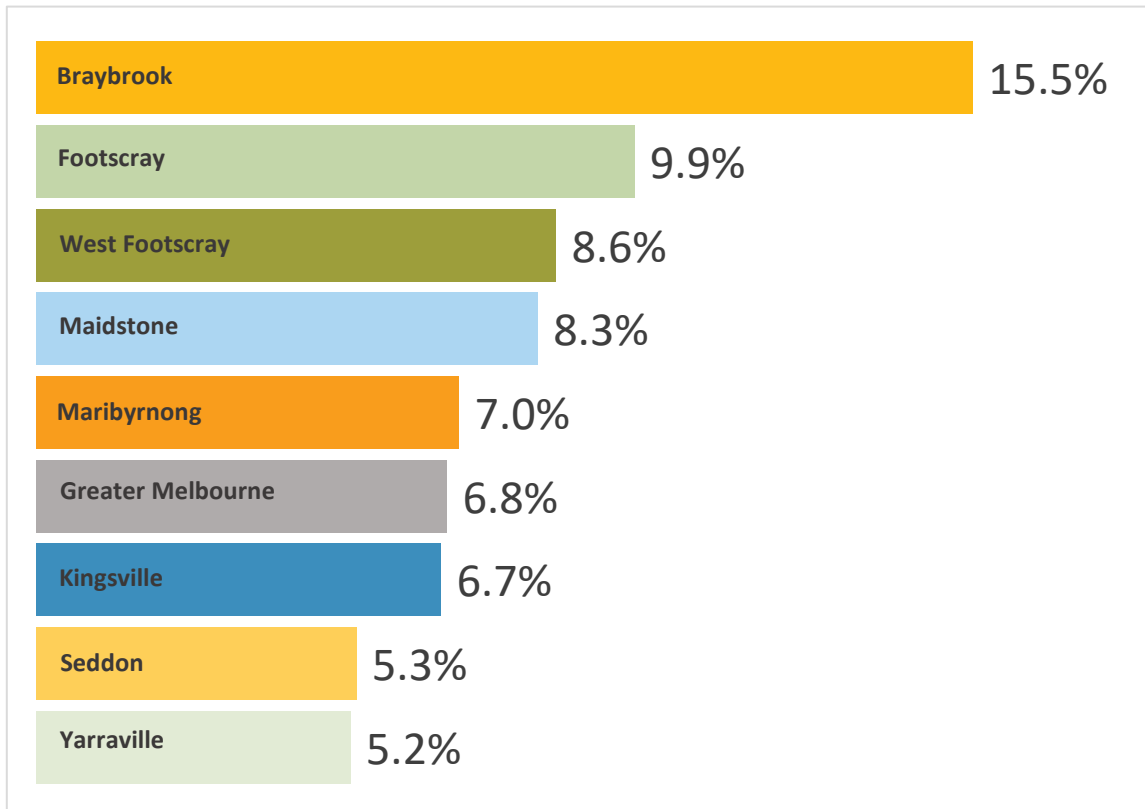


Figure 9. Gender comparison within Maribyrnong's workforce, based on full-time work, part-time work and Management positions (CEO, GM or Legislators).

<sup>30</sup> (Victorian Women's Health Atlas, 2019)

The unemployment rate in the City of Maribyrnong continues to be above the Northern and Western metropolitan region and Greater Melbourne averages. Unemployment rates varied greatly between the suburbs as demonstrated in Figure 3 below with, **15% unemployment in Braybrook** more than double the state and Greater Melbourne rates of 6.6% and 6.8% respectively. Since 2011 there has been an increase in unemployment rates in all suburbs except Maidstone, with the unemployment rate for the city going up from 7% to 8.3%. The percentage of persons over the age of 15 who are unemployed, 8.2% women and 8.4% men.

Figure 10. Unemployment rate by suburb in 2016 ranked highest to lowest for the City of Maribyrnong.



### Local employment

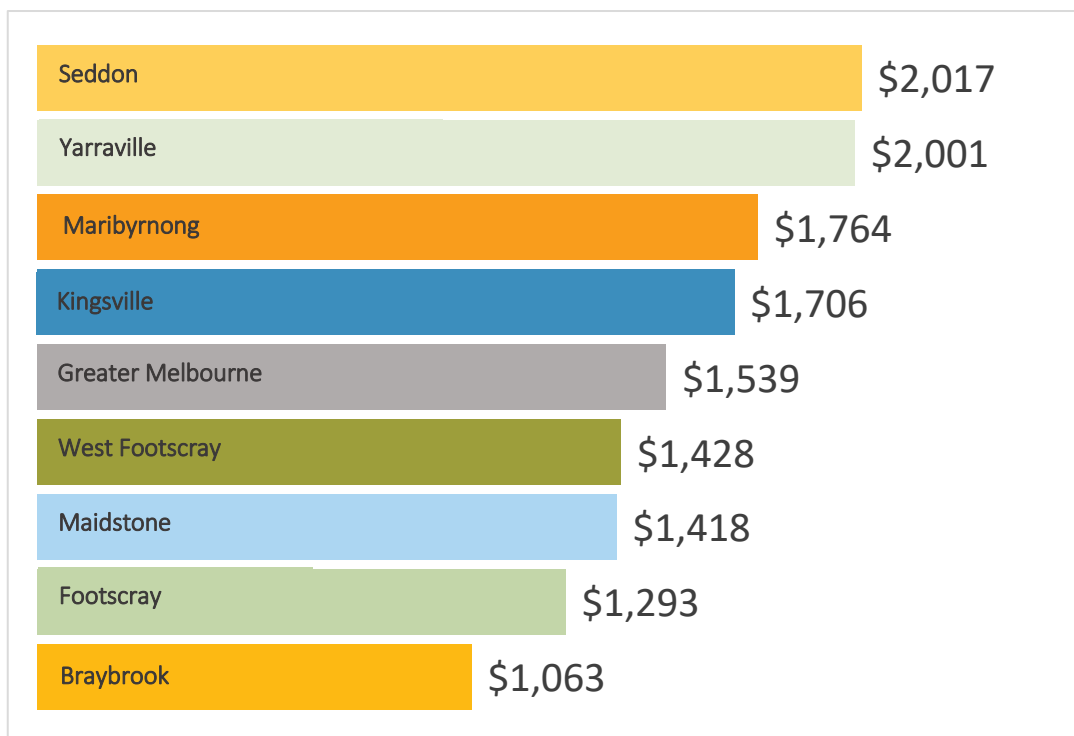
In 2016, 19.2% of residents also worked within the city, which had seen no change since 2011. A higher percentage of residents 33.6 travelled to city of Melbourne for work.

### Income

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

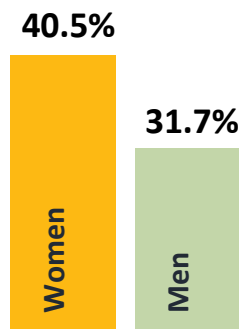
The median household income varies greatly within the city with the suburb of **Braybrook** having the lowest household income in 2016, followed by **Footscray** and **Maidstone**. Seddon had the highest household weekly income almost double that of Braybrook.

**Figure 11. Median household by suburb 2016 ranked highest to lowest for the City of Maribyrnong.**



Individual income data presents the total gross income (including pensions and allowances) that a person usually receives each week and applies to all persons 15 years and over. In 2016, 12.6% of the population earned an individual income of \$1,750 or more per week, 43% were earning below minimum weekly wage (\$0-\$649). **A higher percentage of women were earning below minimum weekly wage 40.5% compared with 31.7% men.**

Figure 12. Earning below minimum weekly wage.



Source: Profile id

The proportion of overseas born residents earning an individual income of \$1-\$499 per week was 32.5% in 2016, which was higher than 23.4% for those born in Australia. This suggests that residents born overseas were earning less compared to Australian born residents.

Individual income categories are not comparable over time because of the influences of economic change such as inflation. Income quartiles are the most objective method of comparing change in the income profile of a community over time.

Individual income quartiles look at the distribution of incomes in the area of interest relative to Victoria. Income quartiles are created for Victoria by ranking individuals from the lowest incomes to the highest incomes and then dividing the list into four equal groups or quartiles. In 2016, the **largest income group for women was the 'lowest' (\$0-\$250 weekly income)** income quartile with 28% of women in the income group. In comparison **largest income group for men was the 'highest' (\$1,435 and over weekly income)** income quartile with 33.2% of men in this group.

For both women and men however, there was an increase in the 'highest' quartile between 2011 and 2016.

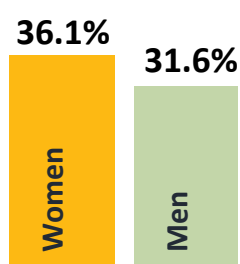
## Education

### University and trade qualifications

The level of education attainment in a population is an important indicator of socio-economic status.

In the city, 66.1% of men and 66.2% of women aged over 15 years had completed Year 12 schooling (or equivalent) as of 2016. This was greater than Greater Melbourne. **More women (36.1%) had a Bachelor or Higher degree qualification in 2016 compared with men (31.6%), higher than Greater Melbourne.**

Figure 13. Had a Bachelor or Higher degree qualification in the City of Maribyrnong 2016.



In 2016 34.0% of people in the city had a Bachelor or Higher degree qualification, higher than Greater Melbourne average of 27%. This represents an increase of 6,617 people since 2011 and has been improving substantially since 2006. Education attainment varies greatly between the suburbs with the lowest proportion of university qualifications in Braybrook with 20% of residents and the highest proportion in Seddon with 44% of residents. In 2016, University attendance for the city was 9%, higher than both the state and Greater Melbourne averages of 5% and 6% respectively.

### Kindergarten participation rates

The kindergarten participation rates for the city in 2018 was 86.9% lower than the state average of 92.1%<sup>31</sup>.

### School retention

In 2016, 3.9% of 15-19 year olds and 9.6% 20-24 year olds were not in paid employment or enrolled in education. This was lower in comparison with the Metropolitan Melbourne average of 4.6% and 10.7% respectively. Across these age groups there were higher numbers of young men who were not employed<sup>32</sup>.

## Early child development

### Mothers Index

<sup>31</sup> (Victorian Department of Education and Training , 2019)

<sup>32</sup> (City of Dandenong, 2020)



The concept of the Mothers Index has been developed and used by Save the Children globally for 15 years and is informed by an in-depth literature review and consultation with international and local experts. Indicators used measures that matters most to a mother: her health, the wellbeing of her children, her own education attainment, the family’s economic status and her relative socio-economic status. One significant area that is not well captured by the five indicators is family violence, as there is no nationally consistent data available at this time.

The **Mothers Index for Maribyrnong in 2016 was 25**, scores were sorted from low to high and ranked from 1 to 79 (1 being the best place for a mother to live) to give the overall ranking for each LGA. This is **higher than the Metro West average of 27.6**.

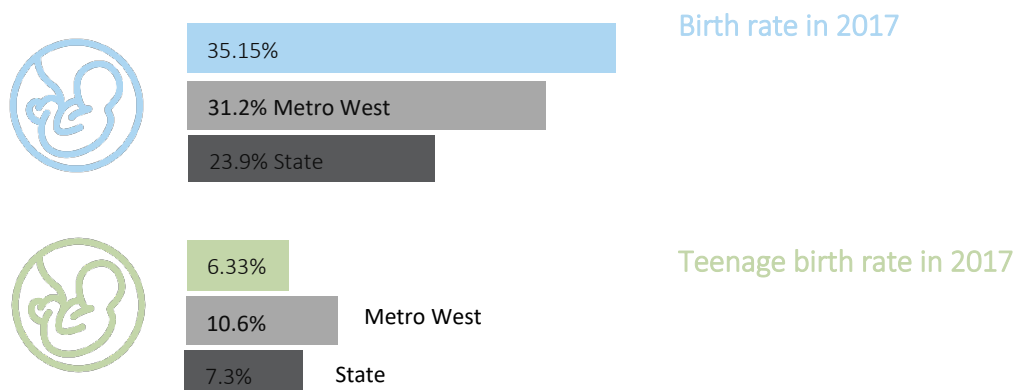
### Birth and fertility

The average number of children that women in the City of Maribyrnong bear during their reproductive lifetime is 1.6, this indicator is known as the total fertility rate. The **fertility rate in Maribyrnong was lower compared with both the Metro West and State averages**.

Assuming no net migration and unchanged mortality, a total fertility rate of 2.1 children per woman ensures a broadly stable population. Together with mortality and migration, fertility is an element of population growth, reflecting both the causes and effects of economic and social developments. The reasons for the decline in rates during the past few decades include postponed child-bearing and a decrease in family sizes. Policies that lower the direct and indirect costs to families of raising children and allow women to combine paid employment with childrearing are likely to boost the total fertility rate.

Over the past 30 years, Australia has seen the fertility rate for women aged 35-39 double, the rate for women aged 40-44 triple, and the rate for women aged 15-19 has halved. The **birth rate for Maribyrnong in 2017 was 35.15, higher than Metro West (31.2) and the State (23.9)**.

Figure 14. Percentage of overall birth rate and teenage birth rate in the City of Maribyrnong, compared to State-wide average and Metro West.



The teenage birth rate which is the number of live births to women aged 13-19 years, for city of Maribyrnong in 2017 was 6.33 well below the State average (10.6) and the Metro West average (7.3). The **teenage birth rate in Maribyrnong has declined significantly since 2013**

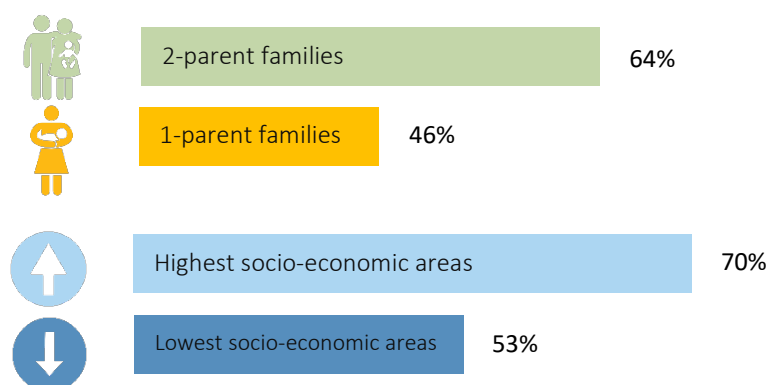
(12.72), declining teenage birth rates are attributed to improvements in availability and access to effective contraception and sexuality education<sup>33</sup>.

### Breastfeeding

Breastfeeding promotes the healthy growth and development of infants and young children. In Australia, the National Health and Medical Research Council publishes infant feeding guidelines which state ‘it is recommended that infants are exclusively breastfed until around 6 months of age when solid foods are introduced, and that breastfeeding is continued until 12 months of age and beyond, for as long as the mother and child desire<sup>34</sup>. According to Maternal and Child Health 2017-2018 reports the **breastfeeding rates for 2017-2018 in Maribyrnong were 27.9% at 6 months of age, this has decreased from 48% in 2013-2014<sup>35</sup>.**

According to the 2017-2018 National Health Survey, **nearly two-thirds (64%) of infants aged 4–47 months living in 2-parent families were exclusively breastfed to at least 4 months, compared with less than half of infants (46%) living in 1-parent families<sup>36</sup>. Around 7 in 10 (70%) infants aged 4–47 months living in the highest socioeconomic areas were exclusively breastfed to 4 months and over, compared with just over half (53%) in the lowest areas<sup>37</sup>. Rates of exclusive breastfeeding to at least 4 months were similar across other groups, regardless of the mother’s birthplace (Australia or overseas) and remoteness area.**

Figure 15. Rates of exclusive breastfeeding up to 4 months for the City of Maribyrnong 2017-2018.



<sup>33</sup> (Victorian Women's Health Atlas, 2019)

<sup>34</sup> (Australian Institute of Health and Welfare , 2018 )

<sup>35</sup> ( Victorian Department of Health and Human Services , 2018)

Caution should be exercised when interpreting and comparing these data as the data have been sourced directly from the Breastfeeding Rates table in the Maternal & Child Health Services Annual Report. Caution needs to be taken as not all M&CH Services use the same system to record information and the recording itself is highly reliant on M&CH Nurses completing the relevant data entry. Also, not all infants are seen by the M&CH Services as not all parents choose to visit them.

<sup>36</sup> ( Australian Institute of Health and Welfare, 2020)

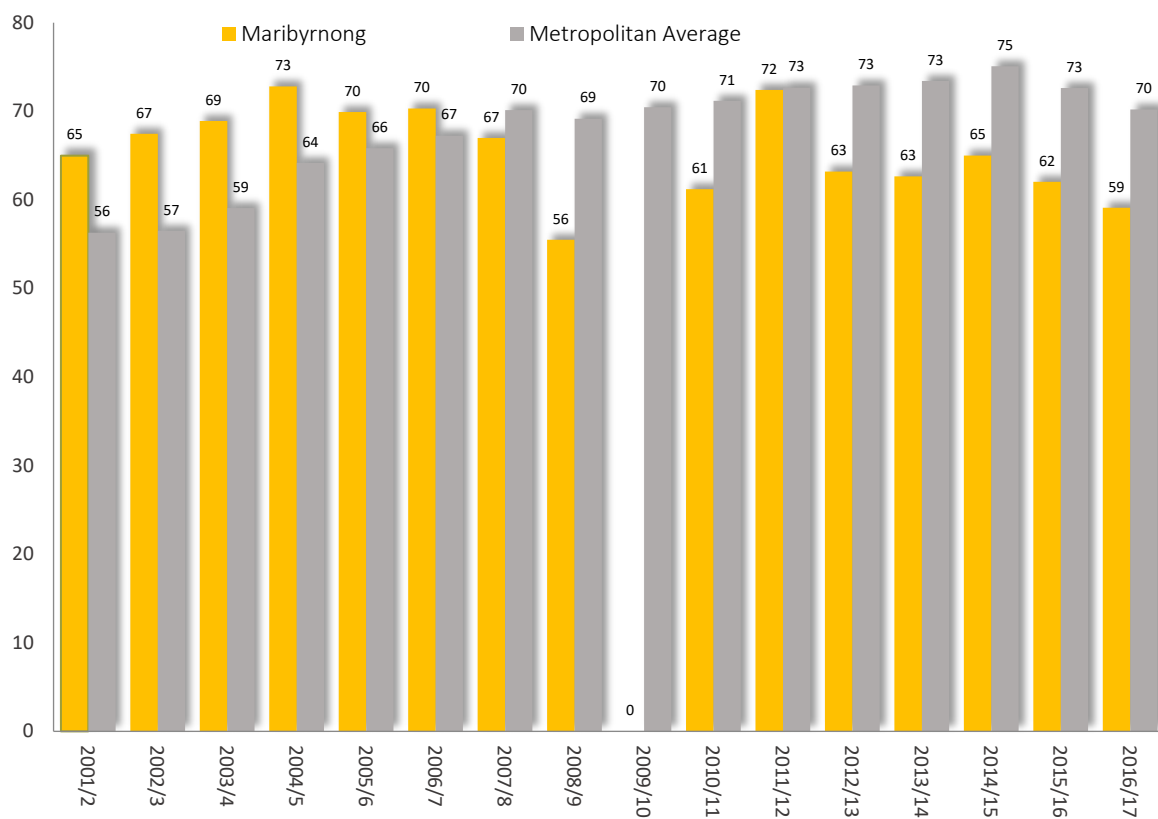
<sup>37</sup> *ibid*

### Child health assessment attendance

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

The 2016-17 attendance rates show that the visits at 4 weeks of age are higher than the metropolitan average with 99% of children attending Maternal and Child Health at four weeks of age. After that, **attendance rates drop, 78% of children attend the sessions at 12 months, 59% of children attend at 2 years of age, which is well below the Metropolitan and state average.** Attendance rates of Aboriginal infants are also well below state average<sup>38</sup>.

Figure 16. 2000-2017 Child Health Assessment attendance at 2 years.



<sup>38</sup> (City of Dandenong, 2020)

## Australian Early Development Census

Australia became the first country in the world to collect national data on the developmental health and wellbeing of all children starting school in 2009. The Australian Government continues to commit ongoing data collection every three years, with the most recent in 2018. The **Australian Early Development Census (AEDC)** measures the development of children in Australia in their first year of full-time school. The **proportion of children attending prep who are developmentally vulnerable in Maribyrnong, on one or more domains of the AEDC has dropped from 25% in 2009 to 16.5% in 2018.** The **proportion of children attending prep that are vulnerable on two or more domains has also dropped from 13% in 2009 to 6.8% in 2018.**

Since 2009 there have been significant increases in the proportion of children attending prep who are on track in the physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based) and communication skills and general knowledge domains. There have also been significant decreases in vulnerability across these domains as well since 2009<sup>39</sup>.

Table 3. Australian Early Development Census 2018.

		Percentage of children developmentally vulnerable (%)						
		Physical health and wellbeing †	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Number of children								
Maribyrnong community	994	5.6	7.2	6.6	3.3	6.9	16.5	6.8
Victoria	76,245	8.2	8.8	8.1	6.4	7.4	19.9	10.1
Australia	308,953	9.6	9.8	8.4	6.6	8.2	21.7	11

## Housing

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

### Housing tenure

Housing Tenure data provides insights into its socio-economic status as well as the role it plays in the housing market. For example, a high concentration of private renters may indicate a transient area attractive to young singles and couples, while a concentration of home owners indicates a more settled area with mature families and empty-nesters (Household Summary). Tenure can also reflect built form (Dwelling Type), with a significantly higher share of renters in high density housing and a substantially larger proportion of home-owners in separate houses, although this is not always the case.

<sup>39</sup> (Australian Early Development Census, 2018)

The City of Maribyrnong has a **higher proportion (42%) of renters** compared with Greater Melbourne, of these **5.4% were in social housing** also higher in comparison with Greater Melbourne. Compared with Greater Melbourne, the City of Maribyrnong also had a lower proportion of households purchasing or fully owned.

**Table 4. Housing tenure 2016 and 2011 comparison.**

City of Maribyrnong - Households (Enumerated)	2016			2011			Change
	Number	%	Greater Melbourne %	Number	%	Greater Melbourne %	
<b>Tenure type</b>							<b>2011 to 2016</b>
Fully owned	6,552	20.0	29.0	6,572	23.0	31.5	-20
Mortgage	9,451	28.9	34.3	8,572	30.1	35.3	+879
Renting - Total	13,757	42.0	28.8	10,650	37.3	26.5	+3,107
Renting - Social housing	1,758	5.4	2.6	1,755	6.2	2.9	+3
Renting - Private	11,846	36.2	25.8	8,741	30.6	23.1	+3,105
Renting - Not stated	153	0.5	0.4	154	0.5	0.5	-1
Other tenure type	183	0.6	0.8	160	0.6	0.7	+23
Not stated	2,807	8.6	7.1	2,565	9.0	5.9	+242
<b>Total households</b>	<b>32,750</b>	<b>100.0</b>	<b>100.0</b>	<b>28,519</b>	<b>100.0</b>	<b>100.0</b>	<b>+4,231</b>

Source: Australian Bureau of Statistics, [Census of Population and Housing](#) 2011 and 2016.

#### Household size

The size of households in general follows the life-cycle of families. Households are usually small at the stage of relationship formation (early marriage), and then increase in size with the advent of children. Some cultures often have a tradition of living with extended family members which significantly affects household size.

**An increasing household size in an area may indicate a lack of affordable housing opportunities for young people, an increase in the birth rate or an increase in family formation in the area.** A declining household size may indicate children leaving the area when they leave home, an increase in retirees settling in the area, or an attraction of young singles and couples to the area.

In 2016, the City of Maribyrnong had a compared **higher proportion of lone person households (25%) compared with Greater Melbourne (22%),** and a **lower proportion of larger households** (those with 4 persons or more).

#### Housing stress

In 2016, **28% of households experienced rent-related poverty in the City of Maribyrnong,** this data represents renting households whose income, after payment of rent and costs of living adjustments weekly income was below \$354. **The largest group within these households living**

below \$354 income threshold was families with children, which was 25% compared to the state average of 19%<sup>40</sup>.

#### Housing affordability

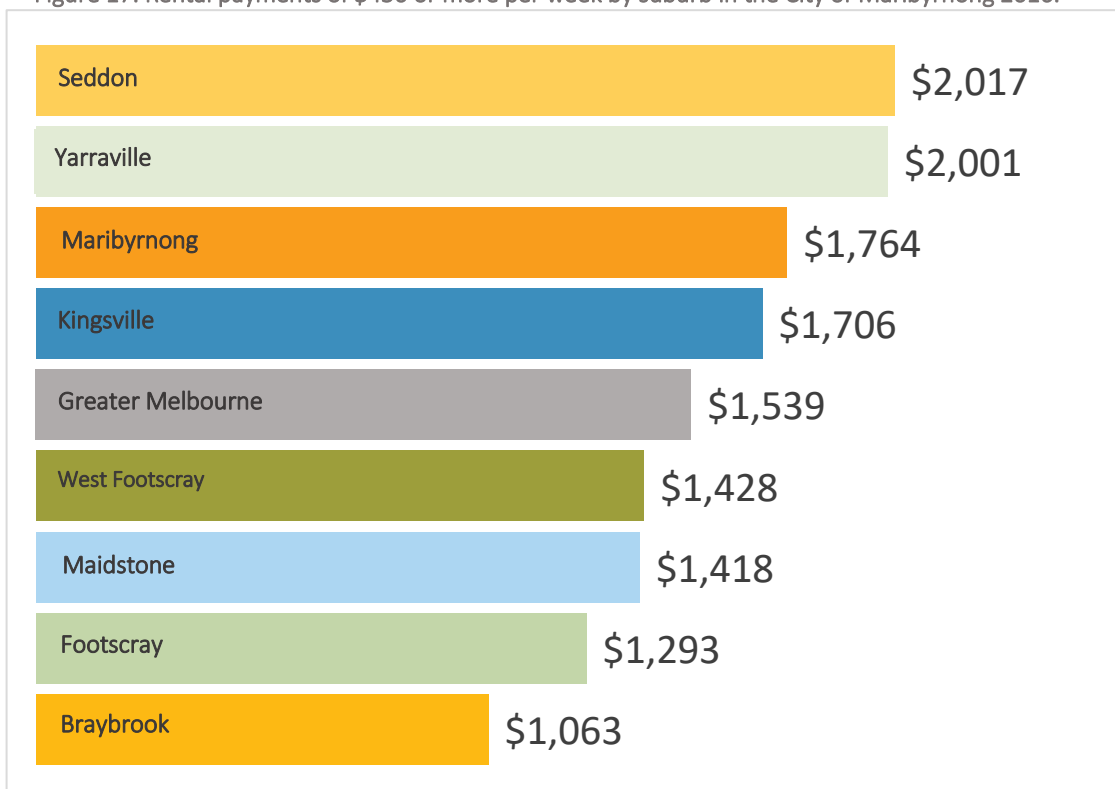
Mortgage repayments are directly related to house prices, length of occupancy and the level of equity of home owners. When viewed with Household Income data it may also indicate the level of housing stress households in the community are under.

Comparisons of monthly housing loan repayments of households in the City of Maribyrnong compared to Greater Melbourne shows that there was a **larger proportion of households paying high mortgage repayments (\$2,600 per month or more)**, and a smaller proportion of households with low mortgage repayments (less than \$1,200 per month).

Maribyrnong has the **lowest proportion of affordable properties in metropolitan Melbourne with less than 1.9% in 2019 available for rent to a family of two adults and children on Centrelink benefits**<sup>41</sup>.

Rental payments vary across the suburbs, in Braybrook, 4.8% of renting households were paying \$450 or more per week in rent compared with 37.3% of renting households in Yarraville. High rental payments may indicate desirable areas with mobile populations who prefer to rent, or a housing shortage, or gentrification. Low rental payments may indicate public housing, or areas where low income households move by necessity for a lower cost of living.

Figure 17. Rental payments of \$450 or more per week by suburb in the City of Maribyrnong 2016.



<sup>40</sup> (City of Dandenong, 2020)

<sup>41</sup> (Victorian Department of Health and Human Services, 2020)

## Homelessness

There were an estimated 718 people experiencing homelessness on census night in 2016 (0.9% of the enumerated population of City of Maribyrnong on census night). Of these 718 people experiencing homelessness, 265 people (37%) were staying in 'severely' crowded dwellings, 254 people (35%) were staying in supported accommodation for the homeless, 142 people (20%) were living in boarding houses, 41 people (6%) were staying temporarily with other households and 16 people (2%) were sleeping out, in tents and other improvised dwellings.

Two thirds of people experiencing homelessness in 2016 were men or boys. However, among young people there was a similar proportion of boys and girls experiencing homelessness. Most people experiencing homelessness were adults (25-64 years) (432 people, or 60%), however there were also 95 children (0-14 years) (13%), 166 young people (15-24 years) (23%) and 29 older adults (65 years and older) (4%).

As a response to the COVID-19 pandemic, people who were experiencing homelessness in March 2020 in Victoria were provided accommodation in hotels and motels. This is likely to have been limited to the most in need, that is, those who were sleeping out or staying in boarding homes where social distances was not possible. This program has been extended until April 2021 providing hotel accommodation for 2,000 people<sup>42</sup>.

## Violence and injury

### Violence against women

Violence against women is prevalent, pervasive, but also preventable. For Victorian women aged between 15 and 44 years, intimate partner violence is the leading cause of preventable death, disability and illness. The impact of violence against women is profound and long-term, generating personal, social and economic costs to individuals, the community and our nation. Specific groups of women are particularly at risk of violence due to the interplay of a number of complex systemic, social and cultural factors, including Aboriginal and Torres Strait Islander women, women with a disability and culturally and linguistically diverse women.

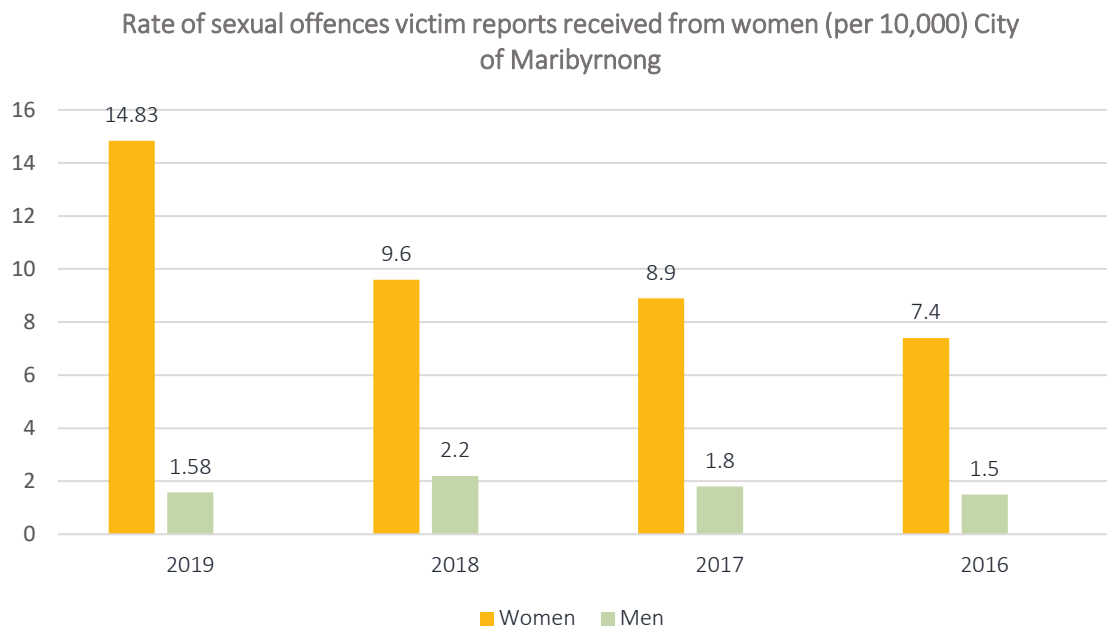
**In 2019 the number of victim reports received for the City of Maribyrnong was overwhelmingly from women.** The rate of victim reports received from women were 14.83 (per 10,000 persons) compared with the rate for men 1.58 for sexual offences. The 2019 rate of sexual of offences based on the number of victim reports received from women increased significantly from 2018 (9.6) , (8.9) in 2017 and (7.4) in 2016<sup>43</sup>.

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<sup>42</sup> (Knight, 2020)

<sup>43</sup> (Victorian Women's Health Atlas, 2019)

**Figure 18. Trajectory of reported sexual offences, by women in Maribyrnong, over the last 4-years (2016-19).**



The rate of victim reports received from women in the City of Maribyrnong was higher compared with the state average (13.9) but lower in comparison with the Metro West average (15.1). The City of Maribyrnong rate for of victim reports received from men was lower compared with both the state (3.0) and the Metro West average (2.4).

The actual number of victim reports of sexual offenses received in 2019 was 122 from women and 13 from men. The number of victim reports received from women has doubled since 2016 (61).

The number of victim reports where the alleged sexual offender was ‘known to the victim’ in for the City of Maribyrnong in 2019 was 61.0% for women and 64.5% for men, these are both below the state average (74.0%) for women and (71.7) for men. The number of victim reports from men where the alleged sexual offender was ‘known to the victim’ in the City of Maribyrnong was slightly higher compared with the Metro West (63.7%) average.

The rate of reports stalking, harassment and threatening behaviours in 2019 received from victims who were women for City Maribyrnong was 4.62 and from men it was 2.92. The rates for the City Maribyrnong were lower compared with the Metro West and state averages.

The number of victim reports received for City of Maribyrnong for stalking, harassment and threatening behaviour from women in 2019 was 38 which has seen a decrease from 2018 (48) and 2017 ( 56). The number of victim reports received for City of Maribyrnong for stalking, harassment and threatening behaviour from men in 2019 was 24, which had increased from 16 in 2018.



## Family Violence

Family violence includes not only physical assaults but an array of power and control which includes direct or indirect threats. In the vast majority of cases family violence is perpetrated by men against women<sup>44</sup>.

Family Violence is a crime under the Victorian Government's Family Violence Protection Act (2008) and is the single largest driver of homelessness for women, a common factor in child protection notifications, and results in a police call-out on average once every two minutes across Australia. In 2016, the Victorian Royal Commission into Family Violence made 227 recommendations to transform Victoria's response to family violence - all of which are being implemented by the Victorian Government<sup>45</sup>.

In 2018-19, 1 in 10 of the criminal offences recorded for City of Maribyrnong were related to a family violence incident<sup>46</sup>.

The rate of incidents family violence where women had been victims in the City of Maribyrnong for 2019 was 83.49 which had increased from 82.64 in 2018, 74.3 in 2017 and 76.8 in 2016. However, it has remained lower in comparison with the rate of family violence where women had been victims in 2015 (91.6).

The rate of family violence incidents whereby men were the victims for City of Maribyrnong was 27.59 in 2019 which has increased since 2018 (26.49) and 2017 (23.6). However it has remained lower in comparison with the rate of family violence in 2015 where men had been victims was 28.2. The rate of family violence for City of Maribyrnong have continued to stay below the Metro West and State averages since 2015.

In 2018-19, there were 929 family violence incidents for City of Maribyrnong. This has increased by 16.6% from 2017-18. A child or children were present in 20.9% (194) family violence incidents. Most (87.7%) of the family violence incidents were recorded as taking place at a residential location<sup>47</sup>.

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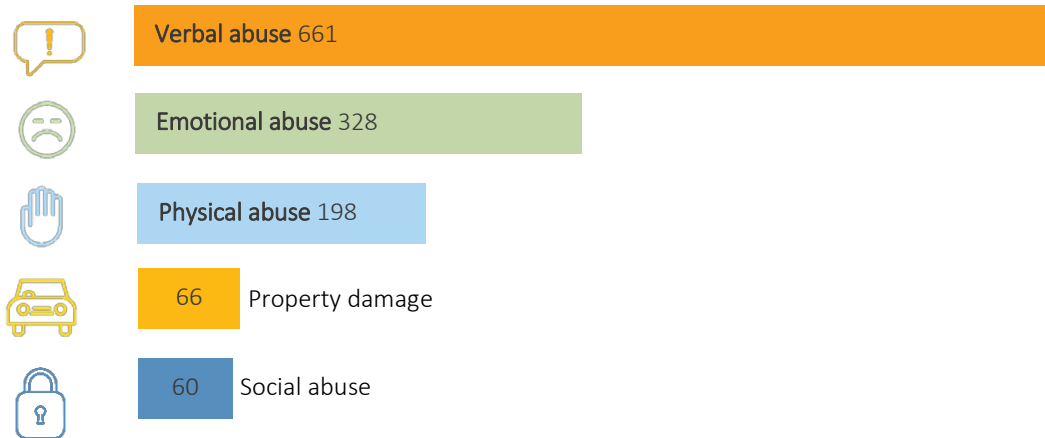
<sup>44</sup> (Victorian Women's Health Atlas, 2019)

<sup>45</sup> (Victorian Government , 2015)

<sup>46</sup> (Family Violence Data portal, 2020)

<sup>47</sup> (Family Violence Data portal , 2020)

Figure 19. The most frequently recorded types of abuse/ violence for City of Maribyrnong 2018-19.



### Intimate partner violence

Family violence carried out against a current or former partner is known as intimate partner violence. In Victoria, victim reports of intimate partner violence from women outnumber victim reports from men by a ratio of 4 to 1.

In 2018 -19, 7 in 10 family violence incidents for City of Maribyrnong were between current or former partners<sup>48</sup>. The rate of intimate partner violence victim reports for City of Maribyrnong made by women was 59.55 in 2019, and 16.65 for reports by men.

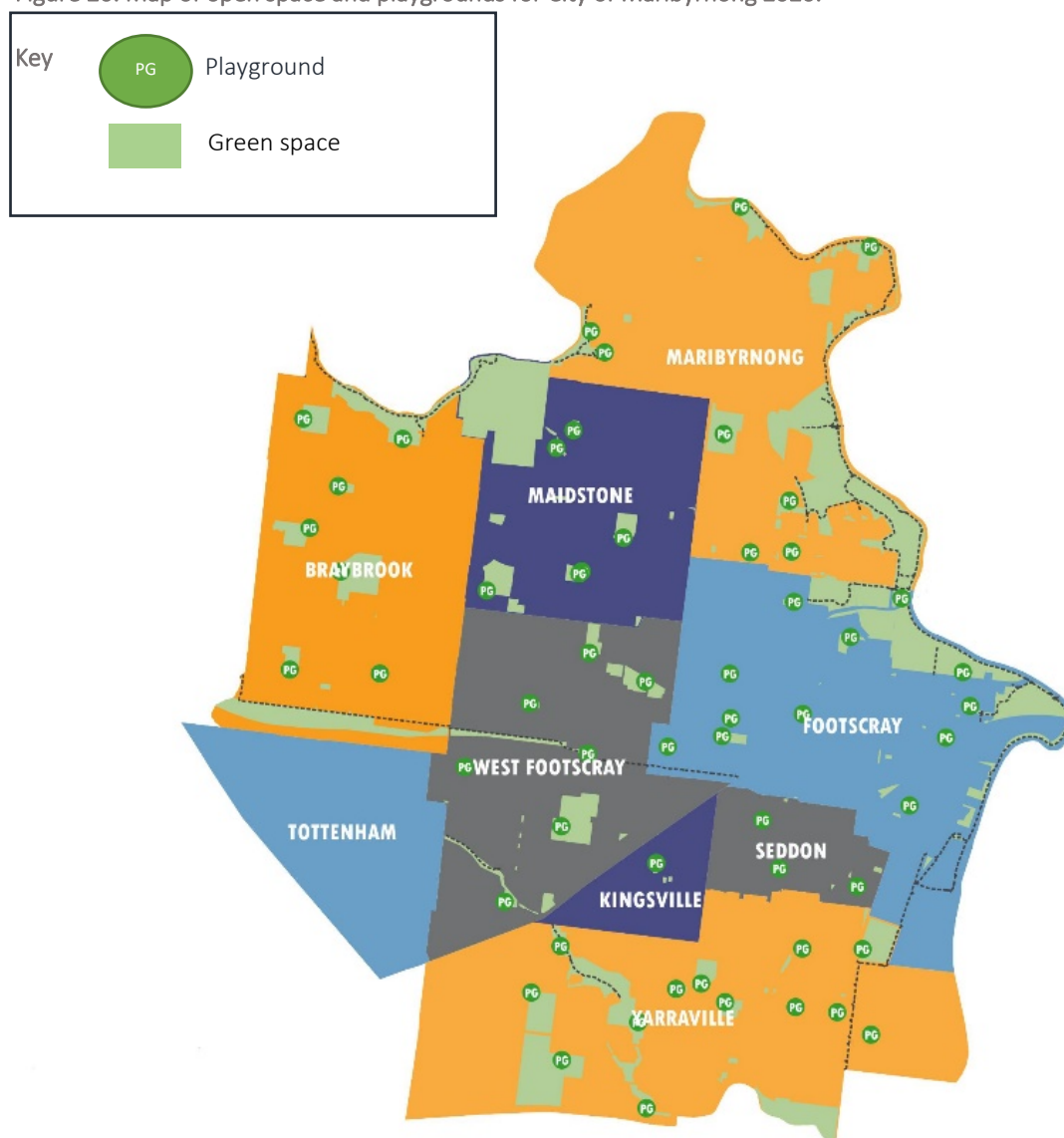
<sup>48</sup> (Family Violence Data portal , 2020)

## Healthy Environments

### Green and open space

The City of Maribyrnong has just over 150 open spaces, covering 307.9 hectares of land. This equates to 9.9 per cent of the total land area of the municipality<sup>49</sup>. The Victorian Environmental Assessment Council conducted the Metropolitan Melbourne Investigation in 2011 comparing the proportion an availability of open space for inner city local government areas. The proportion of open space in City of Maribyrnong was higher in comparison with Stonnington (6.7%) but lower than in Yarra (16.2%), Melbourne (16.6%) and Port Philip (20.1%).

Figure 20. Map of open space and playgrounds for City of Maribyrnong 2020.



<sup>49</sup> (City of Maribyrnong, 2014)

## Air quality

The Environment Protection Authority Victoria AirWatch shows the level of pollutants in the air at monitoring sites across Victoria. Air quality information in five good, moderate, poor, very poor and hazardous. The below readings were taken on 1 June 2020, 11 weeks into COVID-19 lockdown. A 'Good' reading means it is a good day to be outside<sup>50</sup>.

Table 5. Air pollution measurements for Maribyrnong suburbs, Footscray and Braybrook.

Suburb	Air quality reading
Footscray	Good PM 2.5
Braybrook	Good PM 2.5

Air pollution reduces the quality of the air. Poor air quality affects human health and the environment in adverse ways. Air pollutants such as small particles (PM2.5 and PM10) and ozone has been linked to increases in non-communicable diseases in adults, such as cardiovascular disease and respiratory problems<sup>51</sup>.

Some people are more sensitive to air pollution than others. Those most sensitive to air pollution include<sup>52</sup>:



Children younger than 14 years of age



People younger than 65 years of age



People with heart and lung conditions, including asthma



Pregnant women

<sup>50</sup> (Environmental Protection Authority Victoria , 2020)

<sup>51</sup> (Australia State of the Environment , 2016)

<sup>52</sup> (Environmental Protection Authority Victoria , 2020)

## Climate change

In February, 2019, Council acknowledged that we are in a state of climate emergency that requires urgent action by all levels of government.

The City of Maribyrnong first achieved net zero corporate carbon dioxide (CO<sub>2</sub>) emissions in 2015. Each year since, Council calculate the greenhouse gas emissions that we generate through activities such as electricity use, transport and other activities. Council then undertake a carbon accounting process, to ensure that any remaining emissions can be offset achieving zero carbon corporate status annually<sup>53</sup>.

Atmospheric CO<sub>2</sub> concentrations have risen from around 280 parts per million at the start of the industrial revolution, to current levels above 400 parts per million. Increasing concentrations of CO<sub>2</sub> and other greenhouse gases are trapping heat in the Earth's atmosphere and warming the planet. Victoria's climate has warmed by just over 1.0°C since official records began in 1910. Victoria has also become drier, especially in the cooler months<sup>54</sup>.

Climate change modelling shows that the City of Maribyrnong's urban environment will get hotter and drier, with more extreme weather events, like flooding and heatwaves. This will be particularly felt in Melbourne's west due to a number of factors including, rapid population growth and urban development combined and lower overall tree and green cover in comparison with the inner east.

The City of Maribyrnong is more vulnerable to the 'Urban Heat Island effect', whereby urban areas can generate and store more heat than rural areas. Cities can be a few degrees warmer than rural areas because surfaces such as roads, footpaths and the sides of buildings absorb and release energy from the sun. Extreme heat events can have serious health impacts especially for the most vulnerable in the community<sup>55</sup>.

Tree cover canopy can help to reduce the urban heat island effect and the health impacts of heat waves. In 2014, the City of Maribyrnong had an estimated tree cover of 7.4%<sup>56</sup>. This was a similar proportion to neighbouring cities – Wyndham (3.1%), Brimbank (6.2%), Melton (6.3%), Hobsons Bay (7.6%) – but less than most other local governments in metropolitan Melbourne, including Moonee Valley (11.9%), Melbourne (12.9%) and Yarra (18.5%).

Commuting to work contributes to greenhouse gas emissions, especially if workers are not using public or active transport (outlined earlier in this report). Of the almost 22,000 residents of City of Maribyrnong who used a private vehicle to commute to work, around 45% travelled more than 10km. This was a similar proportion to Moonee Valley (48%). Residents of other neighbouring municipalities to the west had much higher proportions of workers with long commuting distances. This would be highly related to these municipalities being further away from commercial and industrial areas in central Melbourne.

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<sup>53</sup> (City of Maribyrnong , 2015)

<sup>54</sup> (Victorian Government , 2019)

<sup>55</sup> (City of Maribyrnong , 2018)

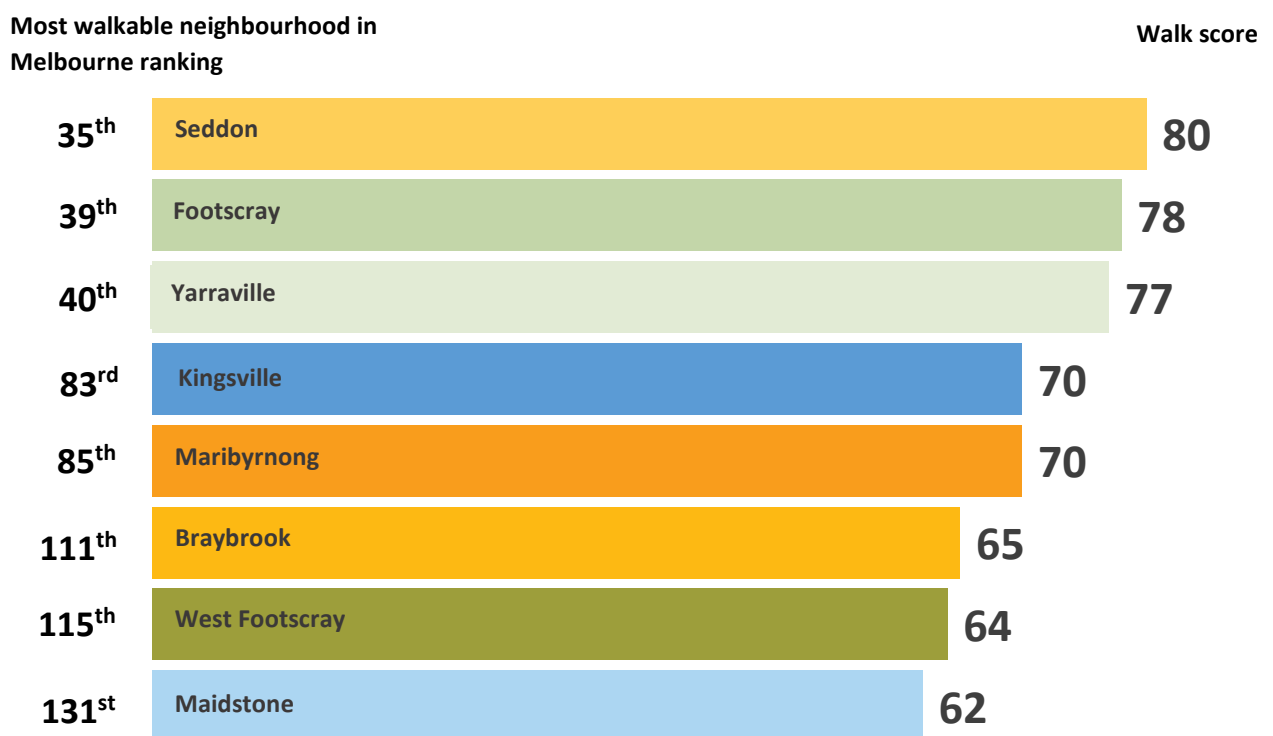
<sup>56</sup> (Jacobs, 2014)

Increasing the number and diversity of job opportunities within the municipality would increase workforce containment and reduce commuting distances, thus reducing contributions to climate change. The changes to workplace practices during COVID-19, including working from home, may create a permanent reduction in commuting or alternatively commuting behaviour may quickly return to the previous normal levels.

### Walkability

The walkability scores from Walk Score measures the walkability of any address using a patented system. For each address, Walk Score analyses walking routes to nearby amenities. Points are awarded based on the distance to amenities in each category. Amenities within a 5 minute walk are given maximum points. A decay function is used to give points to more distant amenities, with no points given after a 30 minute walk. Walk Score also measures pedestrian friendliness by analysing population density and road metrics such as block length and intersection density<sup>57</sup>.

Figure 21. Walkability scores for suburbs in the City of Maribyrnong and overall ranking within Metropolitan Melbourne.



<sup>57</sup> (Walk Score , n.d.)

## Transport

Transport affects the population health both directly and through pollution of the environment, and emissions are one of the major contributors to climate change. The main health effects include injuries from road traffic accidents, respiratory problems due to air and noise pollution, overweight/obesity associated with reduced physical activity. Children and elderly people, cyclists and pedestrians are more vulnerable to these health effects.

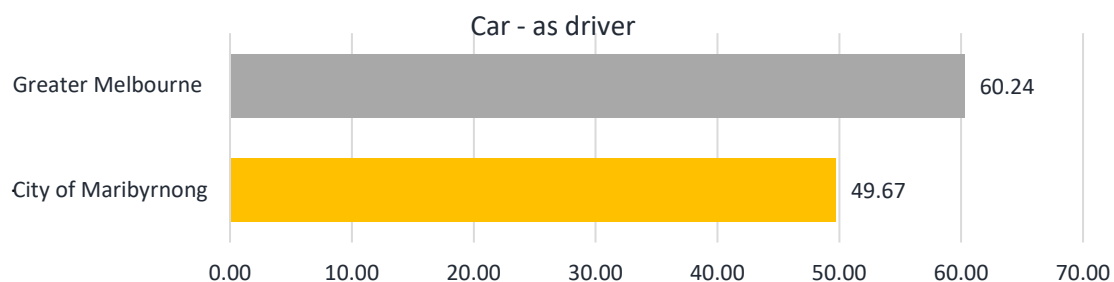
Commuting statistics provide an insight into the main modes of transport by which residents get to work. There are a number of factors why people use different modes of transport to get to work including the availability of affordable and effective public transport options, the number of motor vehicles available within a household, and the distance travelled to work.

On census day 2016, 26% of our residents travelled by public transport to work. The highest proportion of residents who travelled by public transport to work (36%) lived in Footscray. Braybrook and Maribyrnong had the lowest proportion of residents travelled by public transport to work (19%)<sup>58</sup>.

**Table 6. Percentage of people in the City of Maribyrnong who travel to work by public transport.**

Public transport to work ( Footscray highest - Braybrook lowest)	%
Footscray	36%
Seddon	31%
West Footscray	28%
Yarraville	26%
City of Maribyrnong	26%
Kingsville	24%
Maidstone	20%
Braybrook	19%
Maribyrnong	19%
Greater Melbourne	15%

**Figure 22. Percentage of people in the City of Maribyrnong who drive a car as their primary mode of transportation in comparison to Greater Melbourne**



<sup>58</sup> (City of Maribyrnong community profile , 2019)

Figure 23. Comparison of preferred modes of transportation for populations in the City of Maribyrnong and Greater Melbourne.





## Safety

### Road safety

Between 1 Jan 2016 and 1 June 2020 there were 13 road accident that result in fatalities in City of Maribyrnong. There was a higher number of men (10) compared with women (3) in these fatalities. A significant number of pedestrians were involved in these fatalities compared with other road user groups<sup>59</sup>.

Table 7. Road accident fatalities by road user from 2016 to 2020.

Year	Bicyclist	Driver	Motorcyclist	Passenger	Pedestrian	Unknown	Total
2016	1	0	0	0	0	0	1
2017	1	1	2	0	2	0	6
2018	0	0	0	0	3	0	3
2019	0	0	1	0	1	0	2
2020	0	0	1	0	0	0	1
Total	2	1	4	0	6	0	13

As at midnight, 16 July 2020

\*Please note the current year may not be a full year's worth of data.

Table 8. Road accident fatalities by gender from 2016 to 2020.

Women	Men
3	10

Table 9. Road accident fatalities by age range from 2016 to 2020.

Age range	Road accident fatalities
0 to 4	0
5 to 15	0
16 to 17	0
18 to 20	0
21 to 25	1
26 to 29	1
30 to 39	2
40 to 49	6
50 to 59	1
60 to 69	0
70 and over	2

<sup>59</sup> (Transport Accident Commission , n.d.)

## Perceptions of community safety

Perceptions of safety at night were similar for City of Maribyrnong and Victoria residents according to the results of the Victorian Population Health Survey (weighted, age standardised results<sup>60</sup>), however a slightly lower proportion of local respondents felt safe always and a slightly higher proportion felt safe sometimes. The proportion of respondents who always felt safe walking alone in their street after dark has been declining over recent years (2011, 2014 and 2017 results), but the proportion of respondents who sometimes felt safe has increased. The proportion of respondents who don't feel safe at all or often don't feel safe has remained steady.

Women felt less safe than men, with almost double the proportion of women than males responding that they don't feel safe at all.

Table 10. Perception of safety – felt safe walking alone down their street after dark.

Area	No, not at all	Not often	Sometimes	Yes, definitely	Don't know, not applicable, refused
<b>City of Maribyrnong – Time Series</b>					
2017 Persons	15.0%	7.1%	<b>24.6% ↑</b>	<b>47.7% ↓</b>	5.6% **
2014 Persons	17.5%	7.4% *	21.6%	<b>49.0% ↓</b>	4.5% *
2011 Persons	16.4%	<b>8.9% ↑</b>	15.6%	56.0%	3.1% **
<b>City of Maribyrnong – Gender Analysis</b>					
2017 Persons	15.0%	7.1%	<b>24.6% ↑</b>	<b>47.7% ↓</b>	5.6% **
2017 Men	10.2%	5.6% *	<b>22.3% ↑</b>	<b>58.1% ↓</b>	3.8% **
2017 Women	19.1%	7.8% *	26.8%	38.7%	7.6% **
<b>Victoria – Gender Analysis</b>					
2017 Persons	15.5%	5.5%	18.7%	56.3%	4.1% *
2017 Men	7.6%	3.3%	13.7%	72.6%	2.9% *
2017 Women	22.9%	7.7%	23.7%	40.7%	5.2% *

Notes: May not add to 100% due to rounding. Results that are statistically different to the Victorian data using the 95% confidence interval are shown in bold.

Source: Victorian Population Health Survey 2011/12, 2014 and 2017.

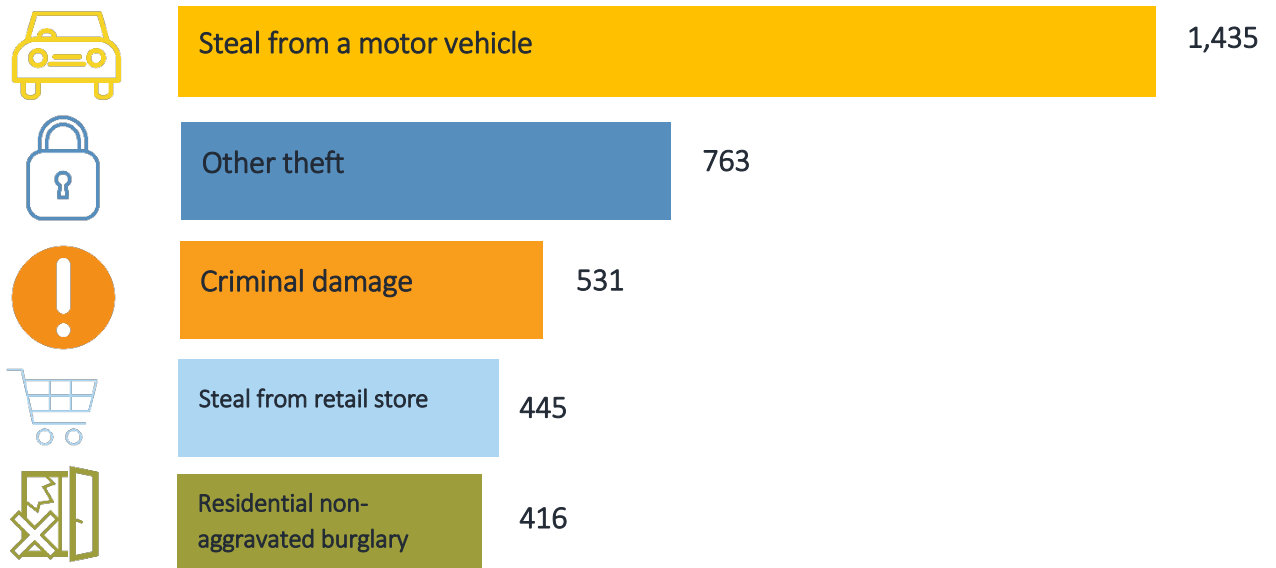
These results are weighted by age and other factors and then age standardised to the population of Victoria in 2011 to allow comparison across geographic locations and years. Therefore the analysis has focused on the comparison to Victoria, change over time and gender comparisons, rather than the number and proportion of responses

## Crime

The total criminal incidents in 2020 was 7,319 which had decreased by 9.7% from the number of incidents in 2019 (6,672).

The highest number of criminal incidents occurred in Footscray (2,090), followed by Maribyrnong (1,402), Braybrook (1,271), Maidstone (786) and Yarraville (714). There have been increases in the number of incidents from 2018 in the top 5 suburbs.

The top 5 type of offences were:



There have been increase in all four of the five the top principal offence subgroups since 2019 with the exception of 'steal from retail store'.



# Living and working conditions

## LIVING AND WORKING CONDITIONS SNAPSHOT

### DISADVANTAGE

**3019** Braybrook had the highest level of disadvantage in our city with a **SEIFA index score of 828.2**, ranking 4th in the most disadvantaged suburbs in Victoria.

Braybrook has the highest unemployment rate in our city with **15% enemployment**.

Braybrook	15%
VIC	6.6%
G.Melb	6.8%

This is **more than double** the state of Victoria and Greater Melbourne rates of 6.6% and 6.8% respectively.

### EMPLOYMENT

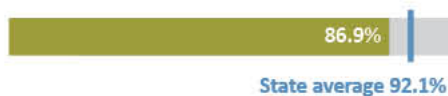
Less **women** work full-time compared with **men**



More **women** work part-time **36.8%** compared with **men 22.6%**

### EDUCATION

Kindergarten participation rates in 2018 was 86.9% which is lower than the state average of 92.1%



<sup>1</sup>VCAMS Kindergarten participation rate <https://discover.data.vic.gov.au/dataset/vcams-kindergarten-participation-rate>

### INCOME

**3011** Seddon had the highest household weekly income (**\$2017**) almost double that of Braybrook.

#### Minimum weekly wage



In 2016, the largest income group for **women** was the **'lowest'** (**\$0-\$250 weekly income**) quartile with **28%** of women in the income group.

In comparison the largest income group for **men** was the **'highest'** (**\$1,435 and over weekly income**) quartile with **33.2%** of men in this group

# LIVING AND WORKING CONDITIONS SNAPSHOT

## QUALIFICATIONS



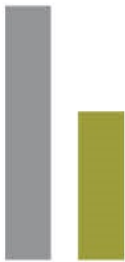
More **women (36.1%)** had a Bachelor or Higher degree qualification in 2016 compared with **men (31.6%)**, higher than Greater Melbourne.

## EARLY CHILDHOOD & MATERNAL HEALTH

**35.15** 

was **birth rate** for Maribyrnong in 2017 higher than Metro West (31.2) and the State (23.9)

### Breastfeeding at 6 months



The breastfeeding rates for 2017-2018 in Maribyrnong were **27.9%** at 6 months of age, this has decreased from 48% in 2013-2014

## HOUSING

**42%** of residents are renters (higher than Greater Melbourne).

**5.4%** were in social housing also higher in comparison with Greater Melbourne.



**28%** of our households experienced **rent-related poverty**

## PUBLIC TRANSPORT

The highest proportion of residents who travelled by public transport to work (**36%**) lived in **Footscray**.



**Braybrook** had the lowest proportion of residents travelling by public transport to work (**19%**).

## FAMILY VIOLENCE

In 2018-19, **1 in 10** of the criminal offences recorded in Maribyrnong were related to a **family violence incident**



A child/ren were present in **21%** of **family violence incidents**

## CRIME/SAFETY

The total criminal incidents in 2020 was

**7,319**

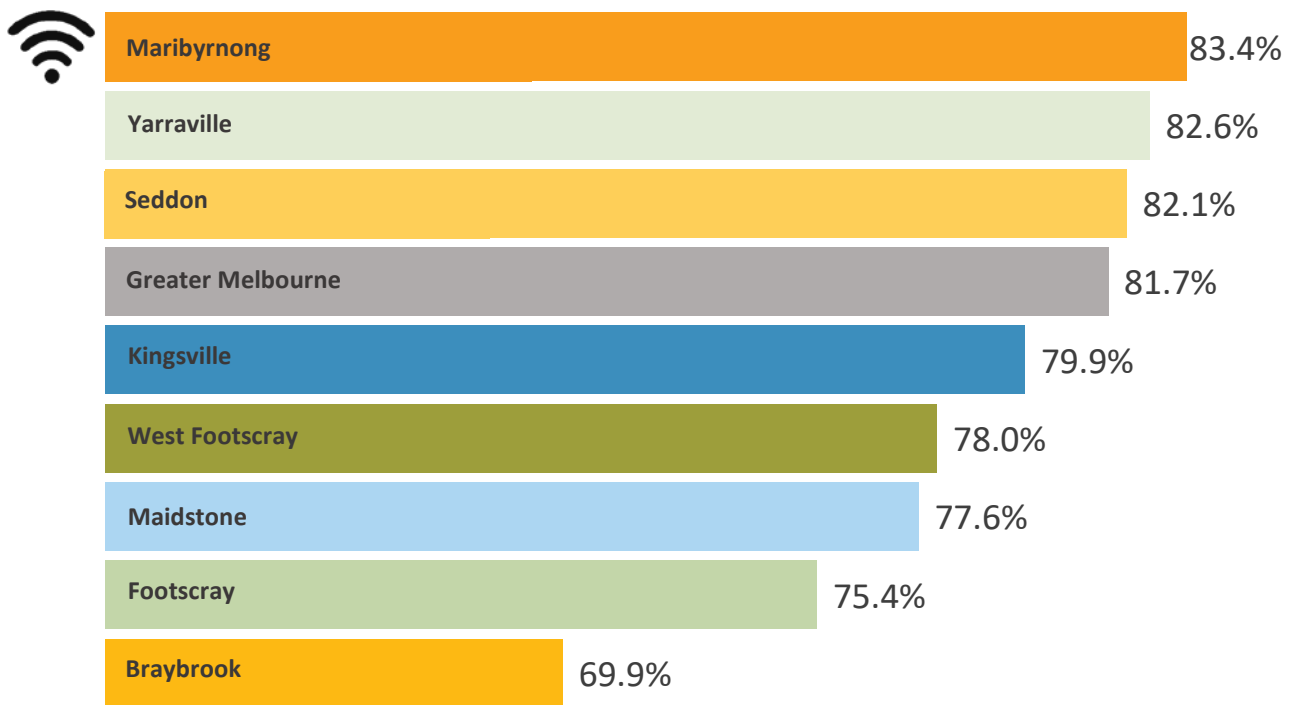
which had increased from 6,672 in 2019.

## Social and community networks

### Home internet access

In 2016, 78.5% homes in the city had an internet connection lower in comparison with Greater Melbourne 81.7%.

Figure 24. Percentage of homes with internet connection ranked by suburb.



## Social and civic trust

Feelings of trust were similar for City of Maribyrnong and Victorian residents according to the results of the Victorian Population Health Survey (weighted, age standardised results<sup>61</sup>), however a slightly lower proportion of local respondents felt that most people could always be trusted. The proportion of respondents who felt that most people could always be trusted has declined over recent years (2011, 2014 and 2017 results), but the proportion of respondents who felt that most people could sometimes be trusted increased. Women were less trusting than men.

Table 11. Feelings of trust – thought that most people can be trusted.

Area	No, not at all	Not often	Sometimes	Yes, definitely	Don't know, not applicable, refused
<b>City of Maribyrnong – Time Series</b>					
2017 Persons	11.3%	9.2%	50.9%	<b>24.4% ↓</b>	4.2% **
2014 Persons	10.5% *	11.4%	42.4%	34.2%	1.5% *
2011 Persons	15.6%	11.7%	38.7%	31.7%	2.3% *
<b>City of Maribyrnong – Gender Analysis</b>					
2017 Persons	11.3%	9.2%	50.9%	<b>24.4% ↓</b>	4.2% **
2017 Men	7.4% *	9.1% *	47.9%	29.0%	6.6% **
2017 Women	14.6%	9.2% *	53.8%	20.8%	1.6% **
<b>Victoria – Gender Analysis</b>					
2017 Persons	9.3%	8.2%	50.2%	30.8%	1.5%
2017 Men	8.4%	7.5%	48.1%	34.8%	1.2% *
2017 Women	10.2%	8.9%	52.2%	27.0%	1.7%

Notes: May not add to 100% due to rounding. Results that are statistically different to the Victorian data using the 95% confidence interval are shown in bold.

Source: Victorian Population Health Survey 2011/12, 2014 and 2017.

These results are weighted by age and other factors and then age standardised to the population of Victoria in 2011 to allow comparison across geographic locations and years. Therefore the analysis has focused on the comparison to Victoria, change over time and gender comparisons, rather than the number and proportion of responses.

Acceptance of diversity was higher amongst City of Maribyrnong residents compared to Victorian residents according to the results of the Victorian Population Health Survey (weighted, age standardised results<sup>62</sup>), with a higher proportion of local respondents thinking that multiculturalism definitely makes life in their area better. Acceptance of diversity has increased in recent years (2011, 2014 and 2017 results).

## Community and civic engagement

### Volunteering

In 2016, 16.4% of residents reported doing some form of voluntary work in the City of Maribyrnong. This was a smaller proportion than Greater Melbourne. In Australia more women (21%) tend to volunteer compared with men (17%).

Women are more likely to volunteer than men (21% of women to 17% of men). The age at which people volunteer has three distinct peaks.

Women in their 40s (but much less so for men), and both sexes in their late teens and again in senior years from 60-75 for both sexes (but again more for women)<sup>63</sup>.

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<sup>63</sup> (Victorian Government , 2019)

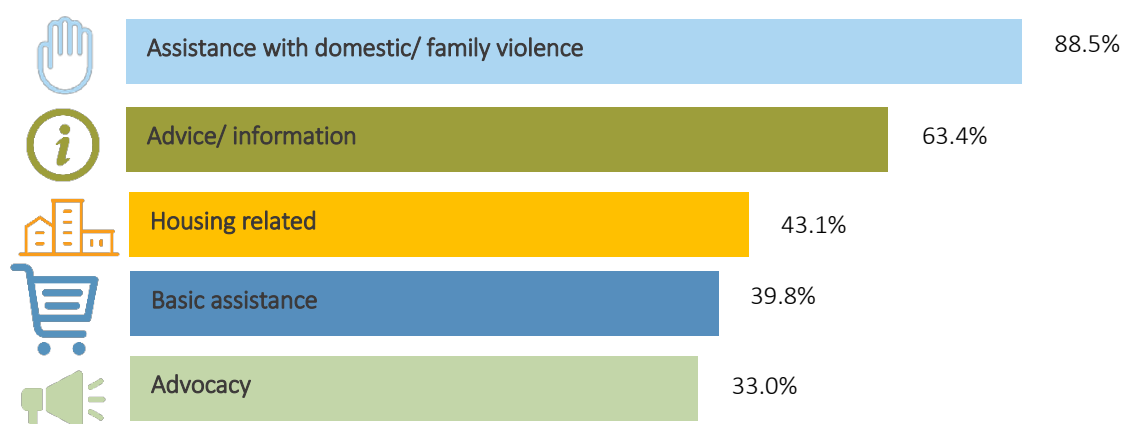


## Community and health care services

In 2018-19 there were 532 clients who had an open support period with Family Violence Specialist Homelessness Services for women and children, this is 14.9% increase since 2017-18.

Of the 532 clients 31.4% of support periods involved clients who presented with children and 27.3% referred by telephone/ crisis referral. The average age of the clients were 29 years of age and 3 in 10 clients were 21 or younger<sup>64</sup>.

The top 5 services provided were; assistance with domestic/ family violence 88.5%, advice/ information<sup>65</sup>.



<sup>64</sup> (Family Violence Data portal, 2020)

<sup>65</sup> (Family Violence Data portal , 2020)

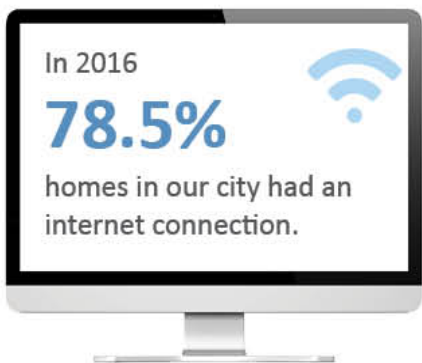


Image by Nico Keenan

# Social and community support factors

## SOCIAL AND COMMUNITY NETWORKS SNAPSHOT

### WIFI



This was lower than Greater Melbourne comparison of **81.7%**.

In 2018-19, **1 in 10** of the criminal offences recorded in Maribyrnong were related to a **family violence incident**

### DISABILITY AND SUPPORT

# 4.7%

of our residents need help in their day to day lives due to a disability

### PERCEPTIONS OF SAFETY

**Women felt less safe than men**, with almost double the proportion of women than males responding that they don't feel safe at all.

### VOLUNTEER WORK

In 2016

# 16.4%

of our residents reported doing some form of **voluntary work**. This was a smaller proportion than Greater Melbourne.



In Australia more women (21%) tend to volunteer compared with men (17%).

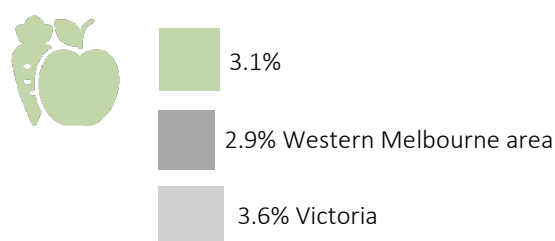
## Health, wellbeing and individual lifestyle factors

### Healthy eating, active living and lifestyles

#### Healthy Eating

According to the 2017 Victorian Population Health Survey the proportion of adults in the City of Maribyrnong who **met fruit and vegetable consumption guidelines was 3.1%, higher in comparison with the Western Melbourne Area 2.9%**, however lower compared with the State 3.6%<sup>66</sup>.

Figure 25. Proportion of adults in the City of Melbourne who met fruit and vegetable consumption 2017



The **proportion of Aboriginal and Torres Strait Islander people who had adequate daily fruit and vegetable consumption was 2.6%** according 2018-2019 National Aboriginal and Torres Strait Islander Health Survey. This has seen no change since 2012-2013<sup>67</sup>.

The 2018-19 National Health Survey found that children living in areas of greatest socioeconomic disadvantage (63%) were also less likely to meet the fruit consumption guidelines than children living in areas of least disadvantage (74%)<sup>68</sup>.

The proportion of adults in the City of Maribyrnong who **met vegetable consumption only guidelines was 4.4%, higher compared with both the Western Melbourne Area 2.9% and the State 3.6%**<sup>69</sup>. Only 1 in 25 children (4.4%) met vegetable consumption guidelines across Australia<sup>70</sup>.

<sup>66</sup> (Victorian Department of Health and Human Services, 2017)

<sup>67</sup> (Australian Bureau of Statistics, 2019)

<sup>68</sup> (Australian Institute of Health and Welfare, 2020)

<sup>69</sup> (Victorian Department of Health and Human Services, 2017)

<sup>70</sup> (Australian Institute of Health and Welfare, 2020)

The proportion of adults who **never eat take-away meals or snacks** was 22.7%, higher than both the Western Melbourne area 16.9% and the state 14.9%.

The proportion of adults who **consumed sugar-sweetened soft drinks daily** was also lower in the City of Maribyrnong 6.5% compared with the Western Melbourne area 10.8%.

Figure 26. Adults in the City of Maribyrnong who never eat take-away meals or snacks in 2017.

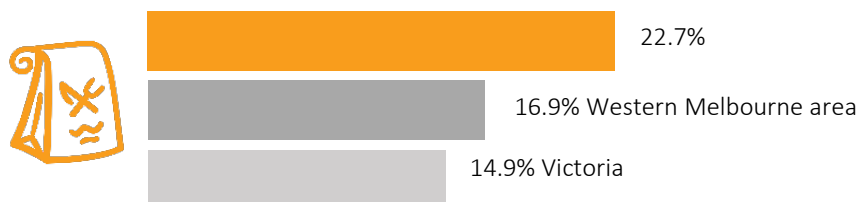
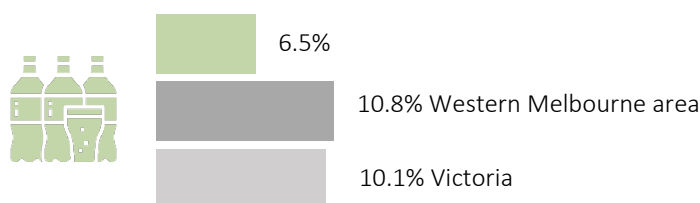


Figure 27. Adults in the City of Maribyrnong who consumed sugar-sweetened soft drinks daily.



The 2018-19 National Health Survey found that **children living in 2-parent families (40%) were less likely to consume sugar sweetened drinks** at least once a week compared with children in 1-parent families (50%). **Children born in Australia (42%) were also less likely to consume sugar sweetened drinks** at least once a week than children born<sup>71</sup>.

### Physical Activity

According to the 2017 Victorian Population Health Survey results the proportion of **adults in Maribyrnong who were sedentary was 3.2%** which was significantly higher compared with the Western Melbourne Area and the State. The proportion of **adults in the City Maribyrnong who met physical activity guidelines was 49.3%** which was lower compared with the State 50.9%.

<sup>71</sup> ( Australian Institute of Health and Welfare, 2020)

There was a **higher proportion of women with insufficient physical activity** 45.3% compared with 41.9% men.

Figure 28. Adults with insufficient physical activity for the City of Maribyrnong 2017.

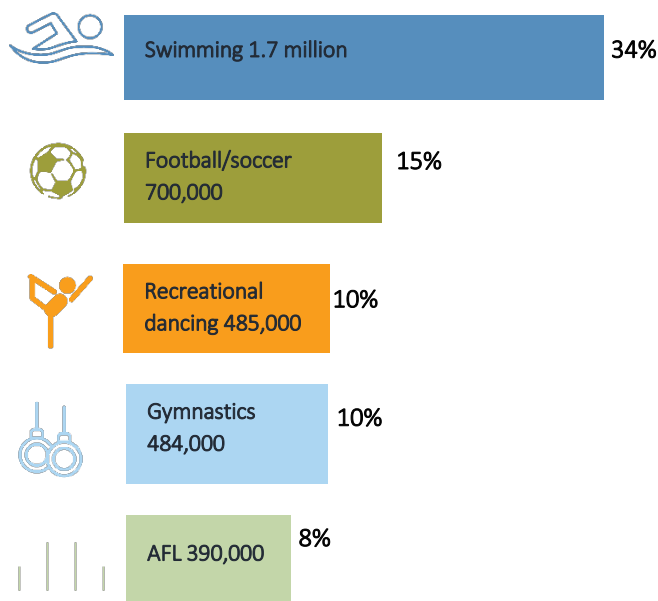


The City of Maribyrnong reported a **higher proportion of adults who were sitting 6 to 8 hours on average per weekend day** with 14.0% compared with the Western Melbourne Area 11.6% and the state 11.4%.

Almost nine in 10 (89%) **Aboriginal and Torres Strait Islander people aged 15 years and over did not meet the physical activity guidelines** for their age nationally<sup>72</sup>.

The 2018 AusPlay survey reported the **most popular activity for children in Australia was swimming**, with just under 1.7 million children aged 0–14 (34%) participating in organised swimming activities at least once in 2018. After swimming, the most popular organised activities for children in Australia were<sup>73</sup>:

Figure 29. 2018 Ausplay survey results for the most popular activity for children in Australia.



## Bodyweight

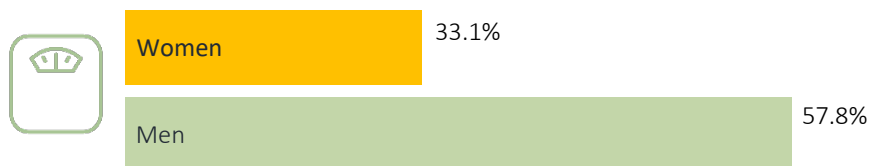
<sup>72</sup> (Australian Bureau of Statistics , 2019)

<sup>73</sup> ( Australian Institute of Health and Welfare, 2020)

There was a **slightly higher proportion of underweight adults for City of Maribyrnong** 2.8% compared with the Western Melbourne Area 2.4% and 2.2%. There was also a **lower proportion of adults for City of Maribyrnong that were obese** 15.3% compared with 16.6% in the Western Melbourne area and 19.3% in the State. However, in the obese class III (BMI greater than or equal to 40) there was a higher proportion of adults in this category 2.6% compared with the Western Melbourne area 1.6% and it was comparable with the State.

A **higher proportion of men were overweight** (pre-obese or overweight) 57.8% compared with 33.1% women.

Figure 30. Proportion of pre-obese or overweight adults for City of Maribyrnong 2017.

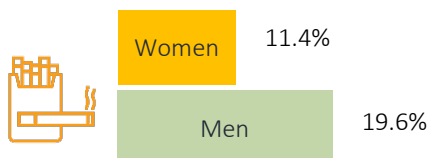


### Smoking

The proportion of adults that are **current smokers for City of Maribyrnong according to the 2017 Victorian Population Health Survey was 15.3%**, only slightly higher compared with the Western Melbourne Area, however it was lower than the State 16.6%. This has decreased slightly from 2014, with 16% of adults that were current smokers at the time.

There was a **higher proportion of men who were current smokers 19.6% compared with 11.4% women.**

Figure 31. Proportion of pre-obese or overweight adults for City of Maribyrnong 2017.



In Australia, people from CALD backgrounds 83% are more likely to report never smoking, compared with those whose primary language spoken at home is English 60%<sup>74</sup>.

<sup>74</sup> (Australian Institute of Health Welfare, 2020)

## Alcohol and drugs

Each year in Australia 4,186 people die from alcohol related injuries, illness and accidents and 144,000 people are hospitalised due to alcohol. The cost to the community from alcohol-related harm is estimated to exceed \$15.3 billion. For illegal drugs it exceeds \$8.2 billion<sup>75</sup>.

There is a causal relationship between the high risk alcohol consumption and a range of mental and behavioural disorders, other non-communicable conditions as well as injuries. Beyond direct health consequences, high risk drinking brings significant social and economic losses to individuals and society at large. The impacts of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers<sup>76</sup>.

The proportion of adults in 2017 who had abstained or no longer drink alcohol in Maribyrnong was 29.9% significantly higher than the Western Melbourne Area 25.8% and the State 21.8%. However, the proportion of adults who were at an increased weekly risk of alcohol related harm was 24.1% higher than the Western Melbourne area 22.6% and only slightly lower than the State 24.7% average.

The **proportion of adults in Maribyrnong who were exceeding two drinks per day 5-7 days per week was 20.3% significantly higher** than the Western Melbourne Area 16.7% and the State 18.1% average.

There was a **higher proportion of adults in Maribyrnong with an increased risk of weekly alcohol-related injury from a single occasion of drinking** 12.4% compared with 10.5% in the Western Melbourne Area and 11.5% in the State.

Figure 32. Proportion of adults in City of Maribyrnong who were exceeding 2 drinks per day 5-7 days per week for City of Maribyrnong 2017.

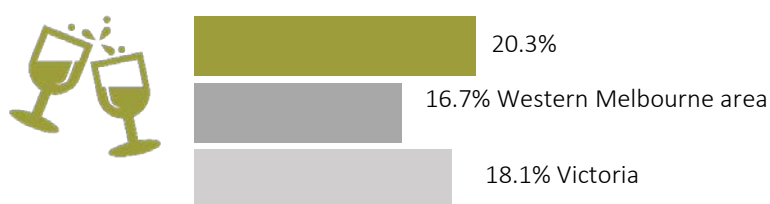
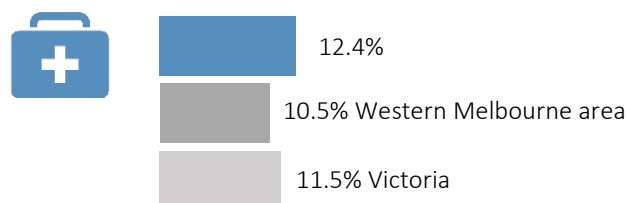


Figure 33. Proportion of adults with an increased risk of weekly alcohol-related injury from a single occasion of drinking for City of Maribyrnong 2017.



<sup>75</sup> (The Australian Drug Foundation, 2020)

<sup>76</sup> (World Health Organisation, n.d.)

The Victorian Department of Health has been funding Turning Point to investigate trends and emerging patterns of alcohol and other drug use and associated harms within and across populations at local, state and national levels<sup>77</sup>.

In 2017/18 the number of illicit drug related hospital admissions for women was 83 which has seen a steady increase since 2014-15, with 47 admissions. The number of illicit drug related hospital admissions for men in 2017/18 was 115, an increase from 2014/15 of 107, but a decrease from 2016/17 where there were 122 hospital admissions<sup>78</sup>.

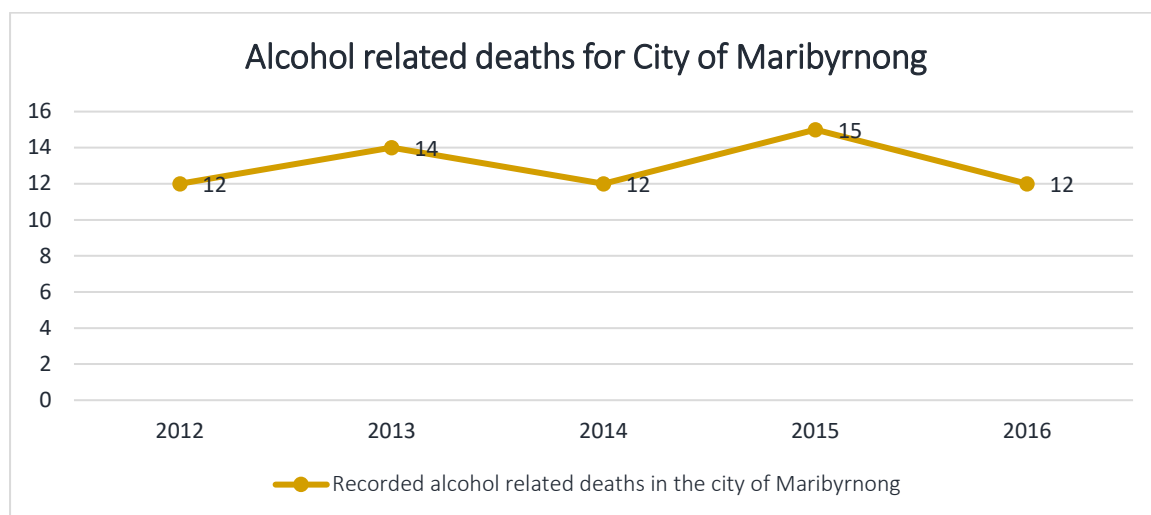
The number of pharmaceutical drug hospitalisations in 2017/18 for Maribyrnong was 108, 69 women and 39 men. This has seen a decrease since 2015/16 with 2016 total admissions, however since 2008/09 where there was 109 total admissions there has been an increasing trend. The number of pharmaceutical drug hospitalisation for women in 2008/09 was 49 which has more than doubled in 2017/18 at 109<sup>79</sup>.

In 2017/18 the number of alcohol hospital admissions for women in Maribyrnong was 145 compared with 356 for men. The number of alcohol hospital admissions has increased for men compared with 289 in 2014/15. For women the number of alcohol hospital admissions have been decreasing since 2015/16 from 164.

Of the total 214 alcohol hospital admissions in Maribyrnong, 53.7% were within the 40-64 years age group, unfortunately this was not broken down by sex.

In 2016 there were 12 recorded alcohol related deaths in the City of Maribyrnong, unfortunately sex-disaggregated data was not available for this indicator.

Figure 34. Trajectory of alcohol related deaths for city of Maribyrnong, from 2012-16



<sup>77</sup> (Turning Point, 2020)

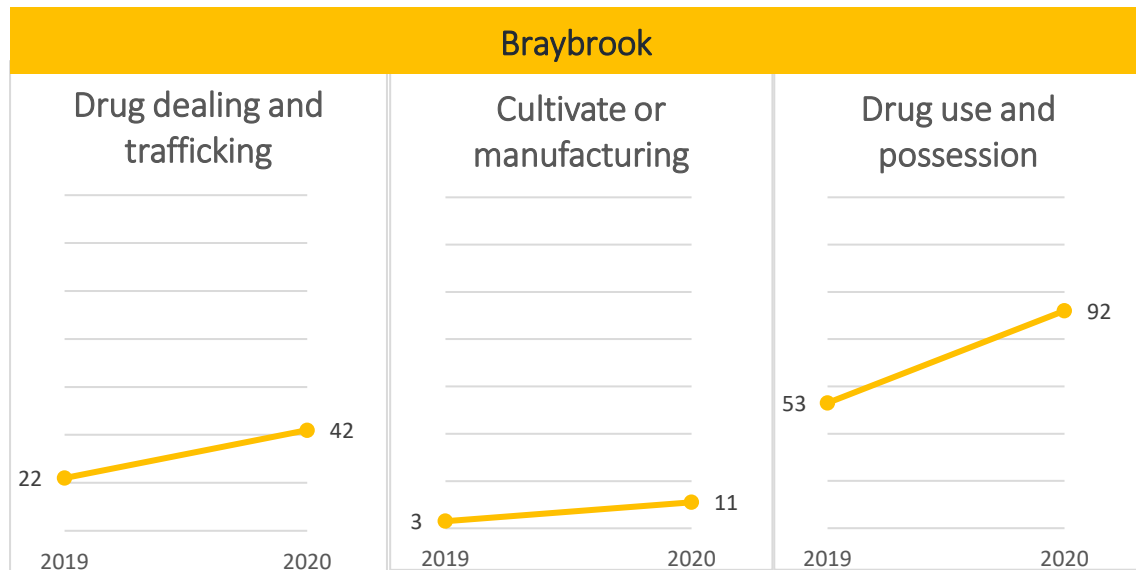
<sup>78</sup> (Turning Point, 2020)

<sup>79</sup> (Turning Point, 2020)

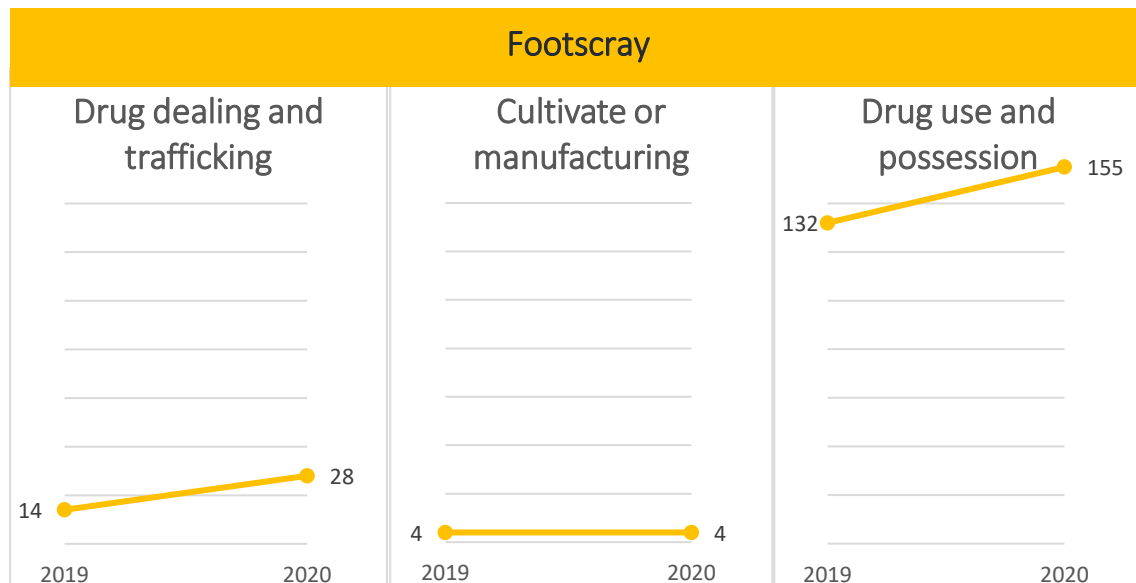


The number of alcohol related serious road injury in Maribyrnong has been decreasing since 2008/09 from 48 to 21 in 2017/18. The number of family violence incidents with a definite/possible alcohol link has decreased from 177 in 2011/12 to 15 in 2017/18<sup>80</sup>.

Figure 35. Comparison of drug offences in 2019 and 2020 for Maribyrnong suburbs (Braybrook & Footscray).



81



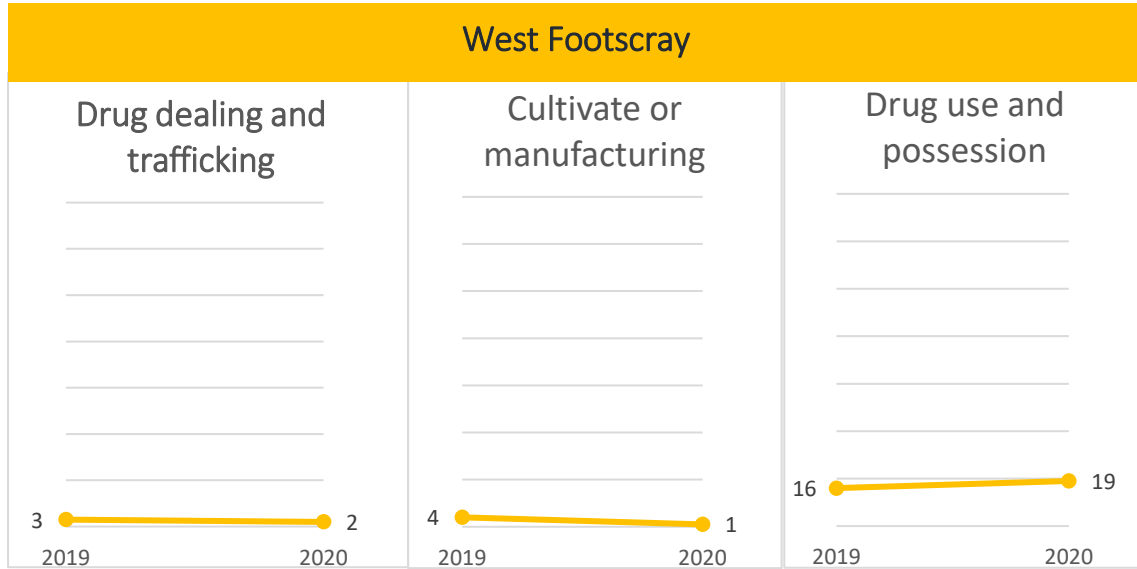
82

<sup>80</sup> (Turning Point, 2020)

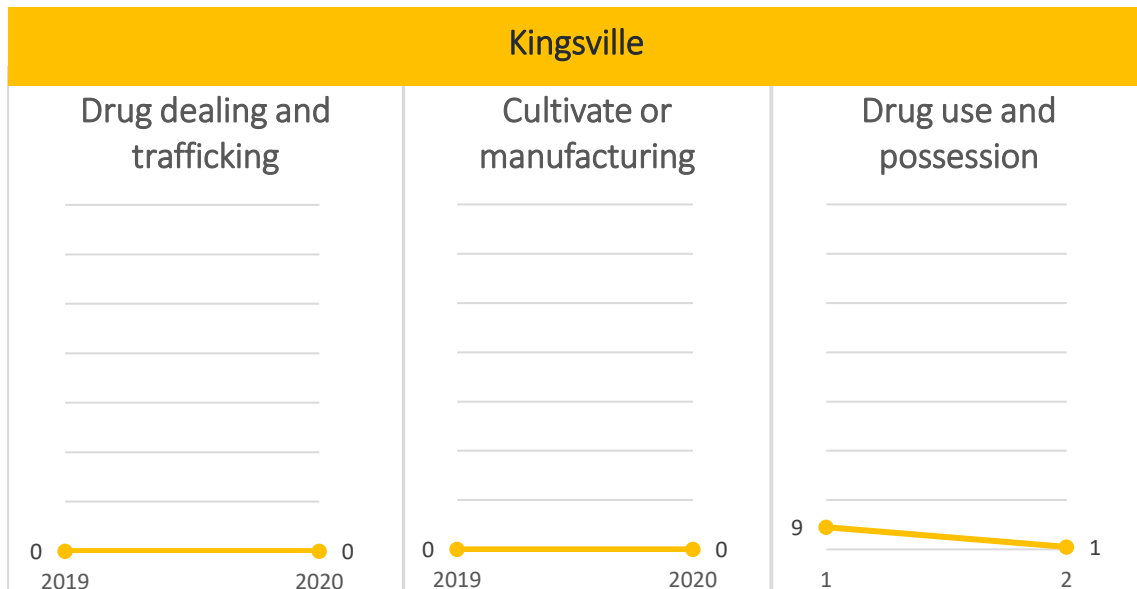
<sup>81</sup> ( Crime Statistics Agency, 2020)

<sup>82</sup> ( Crime Statistics Agency, 2020)

Figure 35. Comparison of drug offences in 2019 and 2020 for Maribyrnong suburbs



83

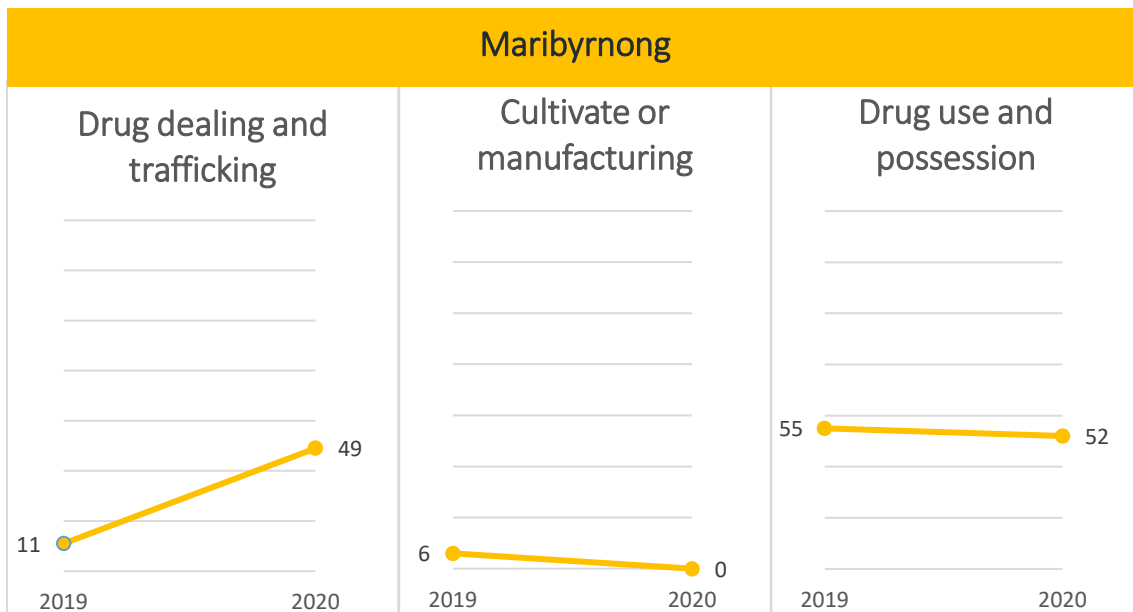


84

<sup>83</sup> ( Crime Statistics Agency, 2020)

<sup>84</sup> ( Crime Statistics Agency, 2020)

Figure 35. Comparison of drug offences in 2019 and 2020 for Maribyrnong suburbs continued



85

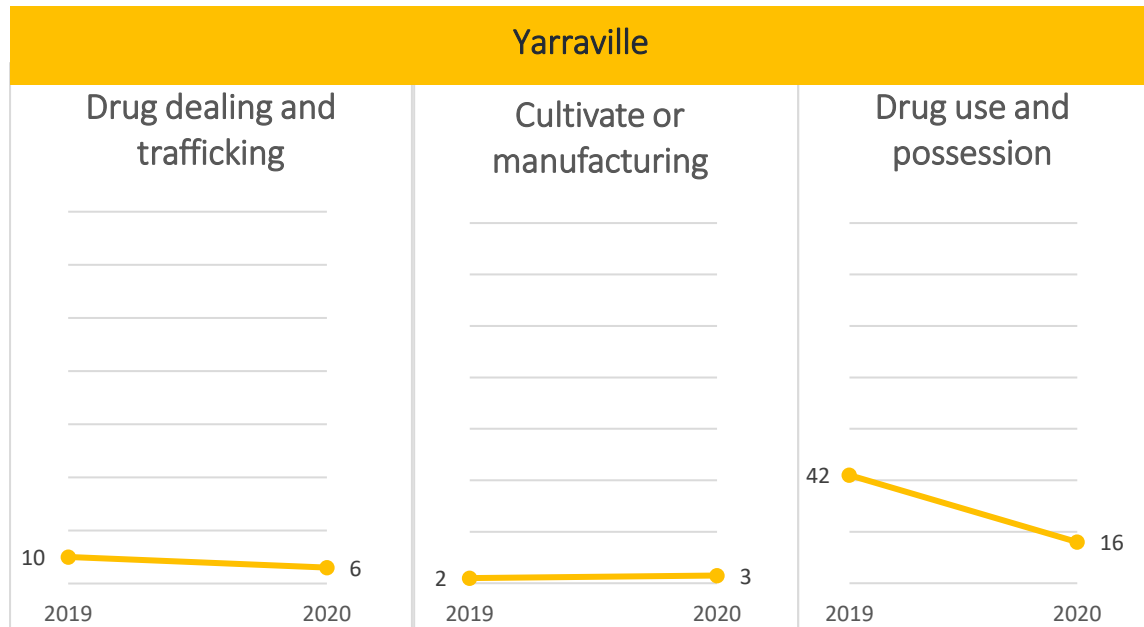


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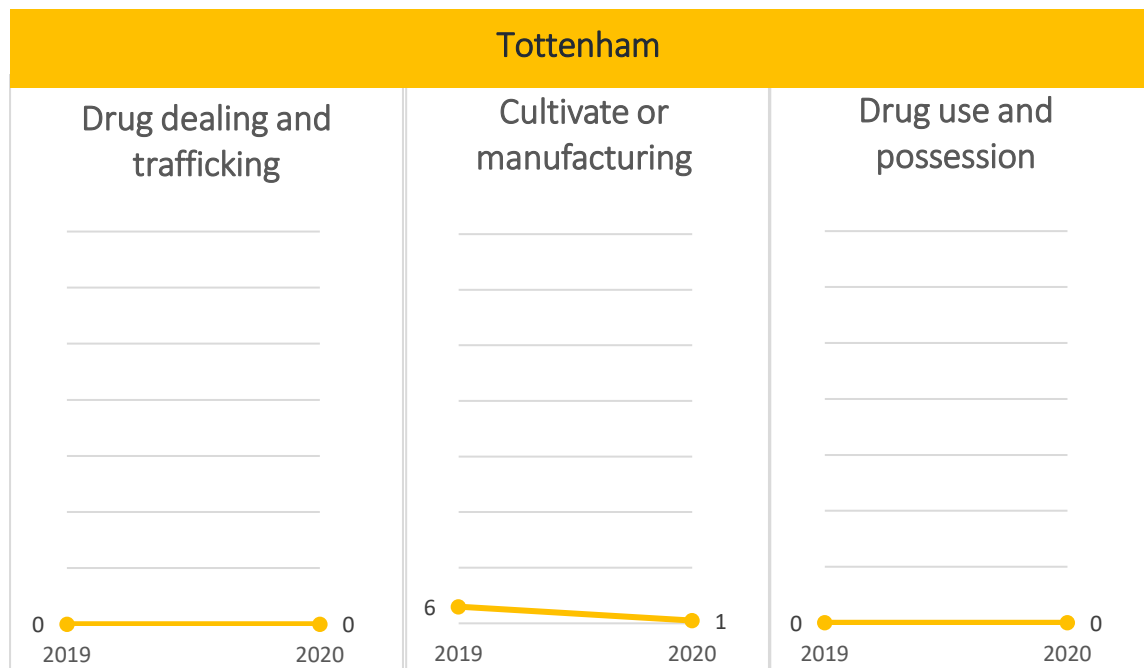
<sup>85</sup> ( Crime Statistics Agency, 2020)

<sup>86</sup> ( Crime Statistics Agency, 2020)

Figure 35. Comparison of drug offences in 2019 and 2020 for Maribyrnong suburbs continued.



87



There are currently limited data available on alcohol and other drug use in the culturally and linguistically diverse (CALD) population in Australia. Analysis of available data indicates that people from **CALD backgrounds** are less likely to consume alcohol and other drugs compared with people whose primary language spoken at home is English<sup>88</sup>.

<sup>87</sup> ( Crime Statistics Agency, 2020)

<sup>88</sup> (Welfare, Alcohol, tobacco and other drugs in Australia , 2019)

People from **CALD backgrounds are more likely than those whose primary language spoken at home is English to abstain** from alcohol consumption 49% compared with 19% and illicit drug use 54% compared with 82%. The non-medical use of pharmaceuticals is the most commonly used drug among people from CALD backgrounds 3.4%<sup>89</sup>.

### Gambling

In 2019 the total amount spent on electronic gaming machines (EGM) in Maribyrnong was \$57,257,924.75, this ranks Maribyrnong 22<sup>nd</sup> in the highest EGM expenditure in Victoria. There are 471 EGMs in the City of Maribyrnong which equates to 6.2 EGMS per 1000 adults<sup>90</sup>.

The Victorian population gambling and health study 2018–2019 found a modest decline in gambling participation, with the number of Victorian adults who gamble declining from 73.1% in 2008 to 69% in 2018–2019. Participation is highest among people aged 65–74 years (78%), and lowest among people 18–24 (52.4%). EGMs alone account for 37.7% of gambling harm in Victoria. Risky gambling behaviour, excessive alcohol consumption and heavy smoking are linked<sup>91</sup>.

Gambling can place a major burden of harm on individuals, families, communities and society. Harm is generated through a range of political, legislative, commercial and interpersonal actions. The most obvious type of harm associated with gambling is financial, but there are many others including relationship difficulties, health problems, emotional or psychological distress, issues with work or study, cultural stresses and criminal activity.

A person can experience gambling harm as a result of their own gambling or someone else's. Harm leads to poorer health and wellbeing of the individual, family, community or population.

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<sup>89</sup> ibid

<sup>90</sup> (Victorian Responsible Gambling Foundation , 2019)

<sup>91</sup> (Rockloff, 2020)

## Mental Health

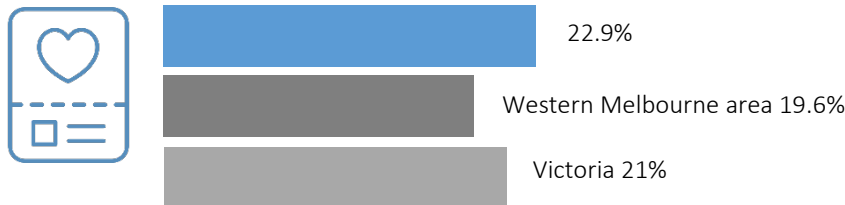
According to the 2017 Victorian Population Health Survey results the **proportion of adults who sought professional help for a mental health problem was 17.0% for City of Maribyrnong**, higher than the Western Melbourne Area 16.2%. There was a **higher proportion of women, 19.7% who sought professional help for a mental health problem compared with 15.3% men.**

Figure 36. Proportion of adults sought professional help for a mental health problem for City of Maribyrnong 2017.



The proportion of adults with a self-reported health status of fair/poor was 22.9%, significantly higher compared with the Western Melbourne Area 19.6% and the State 21.0%.

Figure 37. Proportion of adults with a self-reported health status of fair/poor for City of Maribyrnong 2017.



The proportion of adults who reported a **low or medium life-satisfaction was 25.9% significantly higher** than the Western Melbourne Area 21.5% and the State 20.5%.

Figure 38. Proportion of adults who reported a low or medium life-satisfaction for City of Maribyrnong 2017.



There was also a lower proportion of adults who reported a high life-satisfaction 48.5% (compared with Western Melbourne area 50.4% and the State 50.9) or very high life satisfaction 24.1% (compared with Western Melbourne area 26.3% and the State 27.0%).

There was also a higher proportion of adults for City of Maribyrnong who reported low or medium in terms of feeling life being worthwhile, 18.3 compared with the Western Melbourne area 17.5% and the State 16.7%.

The **proportion of adults experiencing high/ very high levels of psychological distress was 18.1% significantly higher** than 15.2% of the Western Melbourne Area and 15.4% of the State.

Figure 39. Proportion of adults experiencing high/ very high levels of psychological distress for City of Maribyrnong 2017.

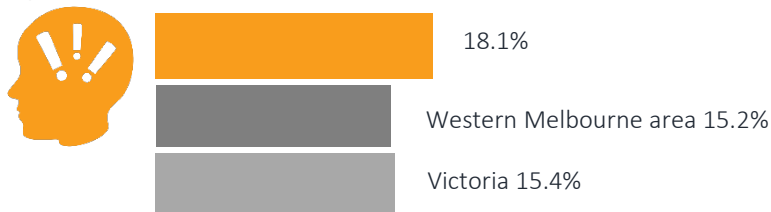
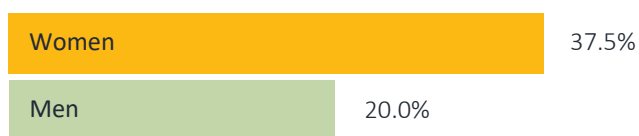


Figure 40. Proportion of adults experiencing high/ very high levels of psychological distress by gender for City of Maribyrnong 2017.



A **higher proportion of women experienced moderate levels of psychological distress**, 37.5% compared with 20.0% men. However, a **higher proportion of men experienced low levels of psychological distress** 54.5% compared with 35.7% women. Although the proportion of adults for City of Maribyrnong who have ever been diagnosed with anxiety or depression was lower in comparison to both the Western Metropolitan area and the State averages, it is worth noting that more women (29.3%) were ever diagnosed with anxiety or diagnosed compared with men (20.9%). The proportion of women who have ever been diagnosed with depression or anxiety in Maribyrnong has also almost doubled since 2014 from 15.1%.

In 2017 there were **more hospital admissions for women (52) due to self-harm** compared with men (14).

In Victoria all deaths from suspected non-natural causes including suspected suicides are required to be reported to the Coroners Court of Victoria. Table 12 shows the annual frequency of Victorian suicides as at 26 August each year for the period 2016-2020. This year to date frequency has been relatively steady over the past five years, with the year to date 2020 frequency slightly lower than in 2019<sup>92</sup>.

Table 12. Annual frequency of Victorian suicides as at 26 August each year for the period 2016-2020.

<sup>92</sup> (Victorian's Coroners Court , 2020)

Gender	2016	2017	2018	2019	2020
Women	110	130	115	113	116
Men	310	319	346	355	350
<b>Total</b>	<b>420</b>	<b>449</b>	<b>461</b>	<b>468</b>	<b>466</b>

Table 13. Annual suicide frequency by sex and age group, Victoria 2016-2020 (\*2020 data is part-year to 26 August 2020.)

Age	Women					Men				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Under 18	3	5	5	8	1	14	11	12	14	11
18 to 24	21	19	21	19	11	70	44	63	64	41
25 to 34	31	35	<b>41</b>	27	<b>26</b>	<b>108</b>	98	101	<b>109</b>	<b>63</b>
35 to 44	31	32	34	29	25	79	96	97	114	61
45 to 54	<b>38</b>	<b>43</b>	26	31	15	73	<b>106</b>	<b>109</b>	94	58
55 to 64	30	24	32	26	16	51	67	83	79	57
65 and over	23	30	28	<b>34</b>	22	81	77	77	70	59
<b>Total</b>	<b>177</b>	<b>188</b>	<b>187</b>	<b>174</b>	<b>116</b>	<b>476</b>	<b>499</b>	<b>542</b>	<b>544</b>	<b>350</b>



## Risk factors, non-communicable and preventable disease

### Chronic Disease

The proportion of adults for City of Maribyrnong who have ever been **diagnosed with a chronic disease in 2017 was comparatively higher than the Western Melbourne area and the state**. It was significantly high for **asthma, type 2 diabetes, heart disease, cancer, osteoporosis and arthritis**.

There has been **an increase in adults with Type 2 diabetes** since the last Victorian Population Health survey data in 2014, increasing from 6% to 8.3%. Type 2 diabetes is sometimes described as a 'lifestyle disease' because it is more common in people who do insufficient physical activity and are overweight or obese. It is strongly associated with high blood pressure, high cholesterol and an 'apple' body shape, where excess weight is carried around the waist.

Table 14. Proportion of adult population chronic disease.

	City of Maribyrnong	Western	Victoria
<b>Asthma</b>	<b>21.7</b>	18.6	20.0
Type 1 diabetes	*	0.7	0.8
<b>Type 2 diabetes</b>	<b>8.3</b>	5.3	5.5
<b>Heart disease</b>	<b>7.8</b>	6.9	6.7
Stroke	<b>1.4</b>	2.2	2.4
<b>Cancer</b>	<b>9.8</b>	6.8	8.1
<b>Osteoporosis</b>	<b>6.2</b>	4.2	5.7
Anxiety or depression	<b>25.3</b>	25.0	27.4
<b>Arthritis</b>	<b>21.6</b>	18.2	20.6

Source: 2017 Victorian Population Health Survey

\* Relative standard error (RSE) = standard error / point estimate \* 100; interpretation below: RSE greater than, or equal to, 50 per cent; point estimate (%) is unreliable, hence not reported.

### Oral Health

The proportion of adults in Maribyrnong who self-reported Excellent/ Very good dental health status was 34.1%, lower than Western Melbourne area (38.3) and State (37.2%). The proportion of adults in Maribyrnong who self-reported Fair/ Poor was 25.1% higher than Western Melbourne area (22.7%) and the State (24.4%).

The proportion of adults with gum disease as per self-reports in 2017 was 14% which was significantly higher compared with the Western Melbourne area (10.4%) and the State (10.8%). The proportion of adults who avoided or delayed visiting a dental professional because of the cost was 33.9% comparable with State but higher compared with the Western Melbourne area (31.0%).

## Health screening

The percentage of eligible women in Maribyrnong who participated in preventative breast screening in 2018 was 51.8%, lower in comparison with the State average (53.7%) but comparable with the Metropolitan Western average 51.6%. **Breast screening participation for women has remained lower than the State average since 2016**<sup>93</sup>.

Similarly the percentage of eligible women in Maribyrnong who had a cervical screening test in 2016 was 54.9%, again lower than the State average (57.8%), however this was higher than in comparison with the Metropolitan West average (51.9%). **The percentage of women in Maribyrnong who have had cervical screening has decreased since 2013** (57.7%), this decrease has also been seen in the state average<sup>94</sup>.

**The percentage of people in Maribyrnong who completed a bowel screening test in 2017 was below the state average.** More women (42.1%) compared with men (36.9%) completed a bowel screening in Maribyrnong<sup>95</sup>.

## Sexual and reproductive health

The **chlamydia rate for men in Maribyrnong (31.96) continued to be well above the state average (18.1) in 2018.** The chlamydia rate for women in Maribyrnong (24.06) was also higher than that state average.

The **gonorrhoea rate for men in 2018 was (14.46) in Maribyrnong almost three times the state average (6.6).** The gonorrhoea rate for women in Maribyrnong was (2.43) only slightly higher than the state average (2.1). The gonorrhoea rate in Maribyrnong has doubled since 2014<sup>96</sup>.

The **Hepatitis B rate for women (2.55) and men (4.25) in 2018 were both significantly higher than the state average** of (1.0) for both men and women. The Hepatitis B rate has decreased since 2014, however has remained well above the State average during this period.

**In 2018 the HIV rate for men in Maribyrnong (0.73) was higher than the state average (0.4).** The HIV rate for women was 0.00 lower than the state average (0.1).

## Life Expectancy

The life expectancy at birth for City of Maribyrnong residents was 79 years for men and 84 years for women based on average data between 2011 and 2015<sup>97</sup>. These life expectancies have increased slightly over time, but are slightly lower than the life expectancies for residents of Victoria overall (81 years for men and 85 years for women in Victoria).

**TABLE 15. LIFE EXPECTANCY, MEN AND WOMEN, 2006-10 AND 2011-15.**

Area	Men	Women
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<sup>93</sup> (Victorian Women's Health Atlas, 2019)

<sup>94</sup> Ibid

<sup>95</sup> Ibid

(Victorian Women's Health Atlas, 2019)

<sup>97</sup> (Victorian Department of Health and Human Services , 2020)

	2006-10	2011-15	2006-10	2011-15
City of Maribyrnong	78.98	79.16	84.17	84.32
Victoria	80.10	81.40	84.43	85.24

Source: Victorian Health Information Surveillance System 2020.

### Hospital Admissions

In 2017/18, 24,303 presentations to emergency departments were recorded for residents living in City of Maribyrnong<sup>98</sup>. This was a high rate of presentations to emergency departments compared to Greater Melbourne and Victoria. Of these presentations, 152 were classified as requiring immediate care (resuscitation) and 2,012 were classified as emergencies (could become life threatening) (the remaining were classified as urgent, semi-urgent and non-urgent).

Table 16. Total emergency department presentations (including those classified as immediate and emergency), Persons, 2017/18.

Area	Resuscitation		Emergency		All Presentations	
	#	ASR	#	ASR	#	ASR
City of Maribyrnong	152	186 ASR↑	2,012	2,404	24,303	27,582 ASR↑
Greater Melbourne	6,536	139	145,869	3,099	1,165,735	24,425
Victoria	9,293	146	205,012	3,217	1,655,413	25,888

Notes: ASR = Age standardised rate: Adjusts for different population age structures. ASR↑ - ASR is higher than Greater Melbourne and Victoria.

Source: Torrens University Australia 2019 (PHIDU).

In total, 28,121 admissions to hospital were recorded for residents of City of Maribyrnong in 2017/18<sup>99</sup>. This was a low rate of admissions to hospital compared to Greater Melbourne and Victoria for men, women and persons.

Table 17. Total admissions to hospital (public and private), males, females and persons, 2017-18.

Area	Males		Females		Persons	
	#	ASR	#	ASR	#	ASR
City of Maribyrnong	12,589	33,882	15,524	37,509	28,121	35,466
Greater Melbourne	830,682	39,924	1,025,120	43,256	1,855,959	40,114
Victoria	1,143,391	36,759	1,379,656	42,996	2,523,235	39,913

Notes: ASR = Age standardised rate: Adjusts for different population age structures. ASR↑ - ASR is higher than Greater Melbourne and Victoria.

Source: Torrens University Australia 2019 (PHIDU).

<sup>98</sup> (Torrens University Australia , 2018)

<sup>99</sup> (Torrens University Australia , 2018)

Of those admitted to hospital, the most common principal diagnosis was digestive system diseases (2,978 admissions), followed by injury, poisoning and other external causes (2,141 admissions), genitourinary system diseases (1,528 admissions) and cancer (1,413).

The City of Maribyrnong had higher rates of hospital admission compared to Greater Melbourne and Victoria for infectious and parasitic diseases (much higher compared to Greater Melbourne, Victoria and Australia) and eye and adnexa disease.

City of Maribyrnong residents had 166 admissions to hospital for vaccine preventable conditions (excluding influenza and pneumonia), which was a significant number of admissions compared to the general population. The rate of admission for these conditions was well above average for Greater Melbourne, Victoria and Australia.

Table 18. Admissions to hospital by principal diagnosis (public and private), men, women and persons, 2017-18.

Area	Men			Women			Persons		
	#	ASR	SR	#	ASR	SR	#	ASR	SR
Digestive system diseases	1,582	3,905	92	1,396	3,412	81	2,978	3,652	86
Injury, poisoning and other external causes	1,179	2,802	91	962	2,549	89	2,141	2,691	90
Genitourinary system diseases	574	1,567	101 SR↑	954	2,130	90	1,528	1,820	93
All cancers	670	2,118	72	743	2,062	83	1,413	2,086	77
Circulatory system diseases	774	2,452	92	609	1,847	97	1,383	2,144	94
Musculoskeletal system and connective tissue diseases	614	1,685	56	764	2,207	63	1,383	1,956	60
Respiratory system diseases	765	2,021 ASR↑	103 SR↑	584	1,519	82	1,349	1,764	92
Mental health related conditions	573	1,203	81	576	1,261	67	1,152	1,236	74
Nervous system diseases	439	1,149	90	634	1,541	118 SR↑	1,073	1,346	104 SR↑
Eye and adnexa diseases	472	1,587 ASR↑	105 SR↑	548	1,760 ASR↑	96	1,020	1,672 ASR↑	100
Infectious and parasitic diseases	435	1,097 ASR↑	162 SR↑	313	771	103 SR↑	748	930 ASR↑	130 SR↑
Endocrine, nutritional and metabolic diseases	330	896 ASR↑	141 SR↑	310	731	79	640	792	102 SR↑
Skin and subcutaneous tissue diseases	244	586	83	204	506	80	448	547	82

Ear and mastoid process diseases	86	207	72	104	258	98	190	232	85
Congenital malformations, deformations and chromosomal abnormalities	65	146	86	77	169 ASR↑	128 SR↑	142	157	104 SR↑
Pregnancy and childbirth (Females, 15-44 years)	NA	NA	NA	2,197	8,418	90	NA	NA	NA

Notes: ASR = Age standardised rate: Adjusts for different population age structures. ASR↑ = ASR is higher than Greater Melbourne and Victoria. SR = Standardised Ratio: Comparison of ASR to Australian rate which is assigned a value of 100. SR↑ = SR is higher than Australia (100).

Source: Torrens University Australia 2019 (PHIDU).

## Mortality

Death rates were significantly higher in City of Maribyrnong than Victoria, with residents 10% to 20% more likely to die in any given year compared to residents of the whole of Victoria (differences in age have been accounted for in these figures)<sup>100</sup>.

Table 19. Age standardised death rates per 1,000 population (smoothed), 2015-18.

Area	2015	2016	2017	2018
City of Maribyrnong	6.1	6.0	6.1	6.0
Greater Melbourne	5.1	5.1	5.0	4.8
Victoria	5.3	5.3	5.2	5.0

Source: ABS 2019 (Cat. No. 3302.0).

Data is also collected on deaths which are considered to be due to avoidable causes<sup>101</sup>. Of the 2,287 deaths recorded between 2013 and 2017, 380 were considered to be from avoidable causes for people under the age of 75 years. The rate of deaths from avoidable causes for City of Maribyrnong residents was higher than the average for Greater Melbourne and Victoria.

<sup>100</sup> ABS 2019 (Cat. No. 3302.0)

<sup>101</sup> (Torrens University Australia, 2018)

# Health, wellbeing and individual lifestyle factors



Image by Nico Keenan

## HEALTH, WELLBEING AND INDIVIDUAL LIFESTYLE FACTORS SNAPSHOT

### HEALTHY EATING



**3.1%** of adults in Maribyrnong met fruit and vegetable consumption guidelines. This was higher than the Western Melbourne Area comparison of **2.9%**



Adults who never eat take-away meals or snacks in **Maribyrnong**

Maribyrnong **22.7%**

W.Melb **16.9%**

VIC **14.9%**



Adults who consumed **sugar-sweetened soft drinks daily** was also lower in Maribyrnong **6.5%** compared with the Western Melbourne area **10.8%**

### PHYSICAL ACTIVITY

A higher proportion of women with **insufficient physical** activity compared with men



Maribyrnong reported a higher proportion of adults who were sitting **6 to 8 hours** on average per weekend day with **14.0%** compared with the Western Melbourne Area **11.6%** and the state **11.4%**.

# Health, wellbeing and individual lifestyle factors

## HEALTH, WELLBEING AND INDIVIDUAL LIFESTYLE FACTORS

### WEIGHT



A higher proportion of men were overweight (pre-obese or overweight) **57.8%** compared with **33.1%** women.

### SMOKING

Men **19.6%**

Women **11.4%**

### MENTAL HEALTH

The proportion of adults experiencing high/ very high **levels of psychological distress** was **18.1%** significantly higher than 15.2% of the Western Melbourne Area and 15.4% of the State.

### ALCOHOL



**20.3%** of adults in Maribyrnong drank more than two drinks per day 5-7 days per week.

This was significantly higher than the **Western Melbourne Area 16.7%** and the **State 18.1%** average.

### HEALTH SCREENING

Lower rates for bowel, breast and cervical screening compared with the state.

### GAMBLING

In 2019 the total amount spent on electronic gaming machines (EGM) in Maribyrnong was

**\$57,257,924.75**

### CHRONIC DISEASE

The proportion of adults in Maribyrnong who have ever been **diagnosed with a chronic disease** in 2017 was comparatively higher than the Western Melbourne area and the state. It was significantly higher for **asthma, type 2 diabetes, heart disease, cancer, osteoporosis and arthritis**.

### SEXUAL & REPRODUCTIVE HEALTH

Higher rates of **gonorrhoea, Hep B, HIV and chlamydia** especially for men



Image by Nico Keenan

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