



NEPHU POPULATION HEALTH CATCHMENT PLANNING

APPENDICES

STAGE 1 REPORT
PHASES 1 - 3

DECEMBER 2022



NEPHU

NORTH EASTERN
PUBLIC HEALTH UNIT

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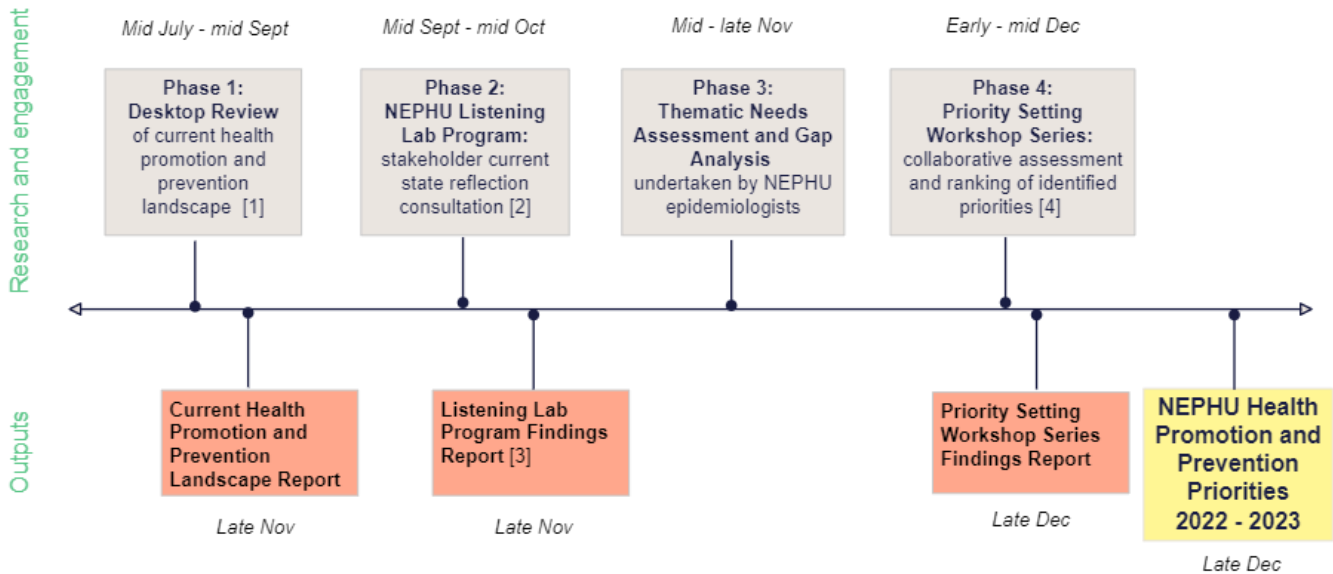
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1. INTRODUCTION



A1: NEPHU HEALTH PROMOTION AND STRATEGIC PLANNING ROADMAP



[1] Desktop review: inclusive of PHN Needs Assessments, Community Health Integrated Health Promotion Plans, LGA MHWPs, Womens Health Integrated Health Promotion Plans, Health Service strategic plans, ACCHO relevant planning documents, Sexual Health Victoria relevant planning documents, Community Health Health Promotion Planning Guidelines, DH-LPHU Outcomes Framework.

[2] Catchment-wide stakeholder consultation with internal and external component. Methodology for internal consultation: 1:1 interviews with NEPHU leadership team (undertaken by IPP team and Community Engagement Lead). Methodology for external consultation: online survey (unlimited) and 1:1 interviews with key leaders undertaken by NEPHU leadership team (limited).

[3] Report will include survey and interview findings and a commentary on stakeholder reflections in comparison with the Current Landscape Report.

[4] Inclusive of: presentation of synthesised findings from phases 1 and 2, and interactive methodologies to establish stakeholder shared position on priorities.

Notes:

a) Activities in the Roadmap will be undertaken in parallel with strategic planning for health promotion and prevention partnerships and networks (including PCP partnership transition), and also the broader NEPHU governance framework development.

b) The above process will ultimately be integrated with NEPHU health protection functionality to form a NEPHU Strategic Planning Framework.

2. CURRENT LANDSCAPE



A1: AN OVERVIEW OF KEY POLICIES AND STRATEGIES WHICH SHAPE CURRENT HEALTH PROMOTION AND PREVENTION ACTIVITY IN VICTORIA

Victorian Public Health and Wellbeing Plan 2019 – 2023¹

The Plan is required by the Public Health and Wellbeing Act 2008. It provides a legislated foundation for Victoria's prevention and population health priorities and guides multi-sector public health and wellbeing planning. The Plan sets out ten priority areas:

- Tackling climate change and its impact on health
- Reducing injury
- Preventing all forms of violence
- Increasing healthy eating
- Decreasing the risk of drug resistant infections in the community
- Increasing active living
- Improving mental health and wellbeing
- Improving sexual and reproductive health
- Reducing tobacco related harm
- Reducing harmful alcohol and drug use

Victorian Public Health and Wellbeing Outcomes Framework²

This framework sets out five Domains for Health and Wellbeing, as well as outcomes and indicators for each domain. NEPHU will work within Domain 1, specifically Outcomes 1.1 and 1.3.

Domain 1 indicators include:

Outcome 1.1 Victorians have good physical health

- Increase healthy start in life
- Reduce premature death
- Reduce preventable chronic diseases
- Increase self-rated health
- Decrease unintentional injury
- Increase oral health
- Increase sexual and reproductive health

Outcome 1.3 Victorians act to protect and promote health

- Increase healthy eating and active living

- Reduce overweight and obesity
- Reduce smoking
- Reduce harmful alcohol and drug use
- Increase immunisation

Note: there is a significant overlap with the Victorian Public Health and Wellbeing Plan 2019-2023.

Local Public Health Population Health Catchment Planning Framework (draft) ³

This framework guides planning and describes the focus of effort for LPHUs across the prevention continuum and specifically notes the focus of effort will be on preventable chronic disease and associated modifiable risk factors.

Victorian women’s health program funding and reporting guidelines 2022-23⁴

This document guides women’s health services – Victorian women’s health program over the next 12 months.

The program will focus on common priorities to achieve optimal health and wellbeing of all Victorian women including:

- Gender equality
- Gendered violence prevention
- Sexual and reproductive health
- Mental health and wellbeing
- Women in a changing society – climate change, emergency and disaster situations.

Approximately 20 percent of the funding will be allocated to prevention of gender-based violence practice, with the remainder allocated to deliver the Victorian women's health programs.

Municipal public health and wellbeing planning 2021-2025 – Advice Note 1⁵

This is the formal advice for guiding health and wellbeing planning within local government.

Community Health – Health Promotion Program Transitional program guidelines 2022-2023⁶

This document guides community health services - Health Promotion programs over the next 12 months.

Community Health and Health Promotion funded agencies will work towards a minimum of 70 percent of funding contributing to achieving impact on one or more of three focus areas drawn from the Victorian Public Health and Wellbeing Plan 2019-2023 including:

- Increasing healthy eating
- Increasing active living
- Reducing tobacco and e-cigarette related harm (can include alcohol and other drugs harm reduction)

The remaining 30 percent of funding allocation can be invested in identified local promotion and prevention needs.

It is anticipated that over time the effort will increase on the focus health areas with funded agencies to meet (or achieve above) the 70/30 percent split by the final year of the cycle in 2024-2025.

A2: KEY SECTORS AND PEAK BODIES WORKING WITHIN THE HEALTH PROMOTION AND PREVENTION LANDSCAPE

Department of Health⁷

The Department of Health public health vision is that *Victorians are the healthiest people in the world.*

The Public Health Division within the department works with community health, local government, women's health and Aboriginal health services to support the development, implementation and review of their health promotion/municipal public health and wellbeing plans that align to the Victorian Public Health and Wellbeing Plan 2019-2023 priority health areas.

This work is coordinated through the Policy and Programs branch of the Public Health Division with support from the Department for Health Regions prevention teams.

Community Health

There are 13 Community Health organisations across the NEPHU catchment. Community Health organisations typically have small health promotion teams of approximately three to seven full time equivalent staff. Health promotion teams work with their local community, within their organisation, and with other organisations (to influence local settings). They often work in partnership with other local organisations.

Health promotion teams within Community Health organisations typically work toward three to four selected priority areas across a four-year planning cycle, with annual action plans.

The most common health promotion priority areas for Community Health in the NEPHU region for 2021 – 2022 were:

- Healthy Eating
- Active Living
- Social Inclusion
- Prevention of Violence against Women (PVAW).

Less common priorities (2021 – 2022):

- Tackling climate change*
- Reducing harmful alcohol and drug use
- Reducing tobacco related harm
- Improving sexual and reproductive health
- Reducing injury.

* Denotes an emerging priority area

Local Government

There are 12 local government organisations (or councils) across the NEPHU region. In local government, work in health promotion and prevention is more commonly referred to as 'Health and Wellbeing'. This work takes place across many areas of council. Local government tend to work toward a larger number of priorities (approximately eight) compared to community health organisations.

The most common priority areas for local government:

- Tackling climate change
- Active Living
- Mental health
- Healthy eating
- Reducing tobacco related harm
- Preventing all forms of violence.

Less common

- Reducing harmful alcohol and drug use
- Reducing injury
- Improving sexual and reproductive health.

Within the above health priority areas, further health focus areas addressed within local government's municipal public health and wellbeing plans include:

- Gambling and reducing harm
- Social isolation and connectedness
- Promotion of immunisation program
- Thunderstorm asthma
- Mosquito management
- Food security and food systems.

Women's Health^{8,9}

There are two Women's Health organisations within the NEPHU region: Women's Health in the North (WHIN) and Women's Health East (WHE).

Key health priority areas for these organisations are:

- Prevention of Violence Against Women (PVAW)
- Gender equity
- Sexual and reproductive health

An emerging priority in women's health is applying a gender lens to climate action and disaster planning.

Women's Health organisations work in a range of ways, including with communities at high risk. It is important to note that women's health organisations in the NEPHU region play a key role in leading

and coordinating other organisations at a regional level (especially community health and local government) in relevant priority areas. Examples include:

- Women’s Health East lead:
 - Together for Equality and Respect (TFER) Partnership
 - Women's Health East Sexual and Reproductive Health Strategic Reference Group (SRG).

Sexual Health Services^{10, 11}

There are two Sexual and Reproductive Health Services within the NEPHU region: Sexual Health Victoria and Thorne Harbour Health (which operates the Equinox and Pronto! Services in the NEPHU region).

Key health priorities for these health services are sexually transmitted infections and blood borne viruses, including:

- Gonorrhoea
- Chlamydia
- Genital Herpes
- Genital Warts
- Human Papilloma Virus
- HIV
- Syphilis
- Trichomoniasis
- Hepatitis A, B, C
- Pubic lice and genital scabies
- Monkeypox.

Sexual Health Services work in partnership with local health service providers, including Women’s Health East to inform the development of ‘A Strategy for Equality: Women’s Sexual and Reproductive Health in Melbourne’s East 2020-2025.

Aboriginal Community Controlled Health Organisations (ACCHO)¹²

An ACCHO is a peak organisation representing Aboriginal and Torres Strait Islander people in the community. ACCHOs key role is to support their members in the delivery of high quality, culturally safe health and social services for the Aboriginal and Torres Strait Islander community by:

- Advocating on issues related to community health and wellbeing
- Enhancing support networks and partnerships
- Increasing workforce development opportunities
- Partnering with government and health organisations to embed self-determination and culturally informed approaches across health services and systems.

It should be noted that recent information indicates that the Department of Health – specifically the Public Health Division and Aboriginal Health team, led by the Chief Aboriginal Health Advisor – will

support the Aboriginal health and community-controlled sector and community to lead a process to design a self-determined Aboriginal Public Health model.

Primary Health Networks^{13, 14, 15}

The Primary Health Networks (PHN's) are primarily funded by the Australian Government and commission a suite of interventions to close the access and equity gaps in the primary healthcare system for the community.

According to the Department of Health and Aged Care, PHN's concentrate on improving local community health outcomes and improve coordination of health services increasing access and quality support for people. A significant portion of the PHN's commissioning funding is focused on mental health, suicide prevention and reducing the impact of alcohol and other drugs. Further commissioned services also focus on:

- Chronic disease
- Digital health
- Aboriginal and Torres Strait Islander health
- Immunisation
- General practice support
- Sexual and reproductive health
- Cardiovascular health
- Overweight and obese
- Diabetes
- Injury prevention and control
- Tobacco related harm

Tertiary Health Services^{16, 17, 18}

There are six public tertiary health services operating in the NEPHU catchment. NEPHU is led and coordinated by Austin Health and works in partnership with Northern Health and Eastern Health in a networked operational structure. The key health priorities relevant to health promotion and prevention for the three sites include:

- Northern Health (NH)*
 - Health care for the homeless population
 - Post prisoner release population
- Austin Health (AH)*
 - Physical activity
 - Healthy food
 - Alcohol and drugs
 - Smoking
 - Loneliness and social connectedness
- Eastern Health

- Increasing active and sustainable food and drink choices
- Reducing harm from tobacco alcohol and drugs (including tobacco and e-cigarettes)
- Resilient, respectful, and inclusive communities (inclusion and diversity and climate change).

* NH and AH have been augmented by findings from the Listening Lab phase.

Cancer Council Victoria^{19, 20, 21, 22, 23, 24.}

Cancer Council Victoria is an independent not-for-profit organisation that plays a leading role in reducing the impact of all cancers on all people. Cancer Council Victoria acts to:

- Alter the environment to enable healthier behaviours via prevention programs and policies
- Increase people’s participation equitably in cancer screening, early detection and Human papillomavirus infection immunisation programs
- Enable all people to have equitable access to trusted cancer resources, support and optimal care
- Research new prevention, detection, treatment and support opportunities to improve cancer outcomes and save lives.

There are six cancer areas that have been identified as a focus for consideration and these include:

- Cervical cancer - National Cervical Screening Program
- Breast cancer - BreastScreen Australia Program
- Bowel cancer – National Bowel Cancer Screening Program
- Oral cancer – The Victorian Oral Cancer Screening and Prevention Program
- Lung cancer – National Lung Cancer Screening Program

Diabetes Victoria^{25, 26}

Diabetes Victoria is a leading charity and peak consumer body working to reduce the impact of diabetes. Diabetes Victoria focuses on type 1, type 2 and gestational diabetes, as well as programs for people at risk. Diabetes Victoria acts to support, research, empower and campaign for people living with diabetes.

The Life! Program, funded by the Victorian Government and managed by Diabetes Victoria, is a Victorian lifestyle modification program that helps people to reduce the risk of type 2 diabetes and cardiovascular disease.

Heart Foundation²⁷

The Heart Foundation is the peak body to work towards reducing heart disease through prevention, detection, and support of all Australians. The Heart Foundation acts to improve heart health through:

- Funding high impact research, working to improve heart disease prevention, detection, care and support
- Focusing on risk reduction, support, care and research to improve the heart health and quality of life of Victorians
- Advocating to governments for increased funding and resources to improve heart health outcomes
- Increasing community awareness about heart disease through accessible information and resources
- Increasing the capacity of health professionals to work towards preventing, diagnosing, treating and managing heart disease.

Dental Health Services Victoria²⁸

Dental Health Services Victoria (DHSV) focus on oral health, taking a value base approach. They deliver early interventions, research and training and development in partnership with education providers to promote oral health and prevent disease.

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3. LISTENING LABS



A1: INTERVIEW QUESTIONS FOR INTERNAL STAKEHOLDERS

1 About You

1.1 Position title of interviewee

2 Reflections on the current health promotion and prevention landscape

Organisation reflection

- 2.1 When thinking about NEPHU's role within health promotion and prevention, outside of COVID-19, what are your top three priorities, and why?
- 2.2 What do you think the three main drivers shaping our annual health promotion and prevention priorities should be and why?
- 2.3 What do you think will enable successes within health promotion and prevention space for NEPHU and why?

System reflection

- 2.4 When thinking about the current health promotion and prevention landscape, beyond NEPHU, what do you see as: a) current strengths? b) current weaknesses?

3. Reflections on local needs

- 3.1. In addition to what statistical data tells us, are there any key local insights relating to health and wellbeing needs that you would like to share with us and if so, what?
4. Gaps and opportunities
 - 4.1 What do you see as the top three current opportunities for improving our local health promotion and prevention landscape?
 - 4.2 What is your current understanding and expectation of NEPHU's role in health promotion and prevention?
 - 4.3 With consideration of the health promotion and prevention priorities which align with outcomes 1.1 and 1.3 of the Victorian Health and Wellbeing Outcomes Framework (below), which health promotion and prevention priorities do you think NEPHU should prioritise, and why?

Priority areas aligned with Domain 1 (Outcomes 1.1 and 1.3):

- Reducing injury in the community
- Increasing healthy eating
- Increasing active living
- Improving sexual and reproductive health
- Reducing tobacco related harm
- Reducing harmful alcohol and drug use
- Reducing preventable chronic disease (including screening)
- Improving oral health
- Increasing immunisation
- Other _____

A2: ORGANISATIONS INVITED TO PARTICIPATE IN THE LISTENING LAB PROGRAM INTERVIEW

The following organisations were invited to participate in a leadership interview and to complete the online survey.

Department of Health, Department of Families, Fairness and Housing

- Dept of Health North Region, Prevention and Population Health
- Dept of Health Eastern Region, Prevention and Population Health
- Dept of Health Public Health Reform, Policy & Programs
- Dept of Health Aboriginal Health and Wellbeing Division
- Dept of Families, Fairness and Housing Aboriginal Health and Engagement

Community Health

- Sunbury Cobaw Community Health
- DPV Health
- healthAbility
- Banyule Community Health
- Your Community Health
- Access Health and Community
- Link Health and Community/Latrobe Community Health Service
- EACH
- Inspiro Community Health
- Eastern Health (Yarra Ranges)
- North Richmond Community Health
- Merri Health
- Cohealth (City of Yarra)

Local Government

- City of Hume
- City of Whittlesea
- Nillumbik Shire
- City of Banyule
- City of Darebin
- City of Whitehorse
- City of Manningham
- City of Boroondara

- City of Maroondah
- City of Knox
- Yarra Ranges Shire
- City of Yarra

Women’s Health

- Women’s Health in the North
- Women’s Health East

Sexual Health

- Sexual Health Victoria
- Thorne Harbour

Aboriginal Community Controlled Health Organisations

- Victorian Aboriginal Health Service
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Child Care Agency
- Oona Belonging Place

Primary Health Networks (PHNs)

- Eastern Melbourne PHN
- North Western Melbourne PHN

Health Services/Hospitals

- Northern Health
- Austin Health
- Eastern Health
- St Vincent’s Hospital

In addition, the following organisations participated through completing the online survey:

- Australian Hellenic Educational Progressive Association (AHEPA) Victoria Inc.
- Oorja Foundation
- Deakin University (Health Promotion team)

A3: INTERVIEW QUESTIONS FOR EXTERNAL STAKEHOLDERS

1 About You

1.1 Organisation type

- Department of Health
- Local Government
- Community Health
- Women’s Health
- Sexual Health
- Aboriginal Community Controlled Health Organisation
- Primary Health Network
- Health Service/Hospital
- Other _____

1.2 Position title of respondent

2 Reflections on the current health promotion and prevention landscape

- 2.1 When thinking about NEPHU’s role within health promotion and prevention, outside of COVID-19, what are your top three priorities, and why?
- 2.2 What do you think the three main drivers shaping our annual health promotion and prevention priorities should be and why?
- 2.3 What do you think will enable successes within health promotion and prevention space for NEPHU and why?
- 2.4 When thinking about the current health promotion and prevention landscape, beyond NEPHU, what do you see as: a) current strengths? b) current weaknesses?

3 Reflections on local needs

- 3.1. In addition to what statistical data tells us, are there any key local insights relating to health and wellbeing needs that you would like to share with us and if so, what?

4. Gaps and opportunities

- 4.1 What do you see as the top three current opportunities for improving our local health promotion and prevention landscape?
- 4.2 What is your current understanding and expectation of NEPHU’s role in health promotion and prevention?

With consideration of the health promotion and prevention priorities which align with outcomes 1.1 and 1.3 of the Victorian Health and Wellbeing Outcomes Framework (below), which health promotion and prevention priorities do you think NEPHU should prioritise, and why?

Priority areas aligned with Domain 1 (Outcomes 1.1 and 1.3):

- Reducing injury in the community
- Increasing healthy eating
- Increasing active living
- Improving sexual and reproductive health
- Reducing tobacco related harm
- Reducing harmful alcohol and drug use
- Reducing preventable chronic disease (including screening)
- Improving oral health
- Increasing immunisation
- Other _____

4. HEALTH PROFILE



A1: POPULATION AND GROWTH

Table A1.1: Population and population projections 2021 – 2036 for NEPHU and Victorian regions

Area	2021 Population	2026 Population Projection	Population Growth 2021-2026	2036 Population Projection	Population Growth 2021-2036
NEPHU	1,793,282	2,075,602	15.04%	2,378,262	30.33%
Metro Victoria	4,833,424	5,740,915	18.84%	6,736,146	38.17%
Regional Victoria	1,660,691	1,754,279	1.54%	1,986,620	8.29%
Victoria	6,494,115	7,495,194	8.06%	8,722,766	19.86%

Table A1.2: Population and population projections 2021 – 2036 by NEPHU LGA

LGA	2021 Population	2026 Population Projection	Population Growth 2021 - 2026	2036 Population Projection	Population Growth 2021 - 2036
Banyule	126,237	139,080	10.2%	150,761	19.4%
Boroondara	167,897	195,521	16.5%	213,838	27.4%
Darebin	148,570	182,406	22.8%	210,649	41.8%
Hume	243,910	286,532	17.5%	343,989	41.0%
Knox	159,089	174,266	9.5%	191,532	20.4%
Manningham	124,681	136,787	9.7%	148,411	19.0%
Maroondah	115,089	128,801	11.9%	143,794	24.9%
Nillumbik	62,874	66,760	6.2%	70,314	11.8%
Whitehorse	169,353	195,465	15.4%	220,245	30.1%
Whittlesea	229,402	285,917	24.6%	364,453	58.9%
Yarra	90,112	115,587	28.3%	136,454	51.4%
Yarra Ranges	156,068	168,481	8.0%	183,821	17.8%

A2: POPULATION AGE PROFILE

Table A2.1: Proportion of population aged under 19 years, and 60 years and above, for NEPHU and Victorian regions

Area	Population under 19 (%)	Population 60 and above (%)
NEPHU	23.7%	21.6%
Metro Victoria	23.6%	20.2%
Regional Victoria	23.4%	28.9%
Victoria	23.6%	22.4%

Table A2.3: Proportion of population aged under 19 years, and 60 years and above, by NEPHU LGA

LGA	Population under 19 (%)	Population 60 and above (%)
Banyule	23.2%	24.7%
Boroondara	23.2%	24.0%
Darebin	19.6%	19.5%
Hume	28.7%	15.5%
Knox	22.9%	24.1%
Manningham	22.1%	28.4%
Maroondah	23.9%	23.2%
Nillumbik	25.8%	23.9%
Whitehorse	21.8%	23.8%
Whittlesea	27.0%	17.8%
Yarra	13.4%	16.2%
Yarra Ranges	24.7%	24.1%

A3: CULTURAL DIVERSITY

Table A3.1: Cultural diversity indicators for NEPHU, Victoria and metro Victoria

LGA	Born overseas (%)	Speak a language other than English at home (%)	Aboriginal and/or Torres Strait Islander Population (%)	LGBTQ Population (%)
NEPHU	32.5%	32.4%	0.67%	5.8%*
Metro Victoria	36.0%	34.8%	0.66%	6.0%
Victoria	29.9%	27.8%	1.01%	5.7%

*Average of NEPHU LGA estimates

Table A3.2: Cultural diversity indicators by LGA

LGA	Born overseas (%)	Speak a language other than English at home (%)	Aboriginal and/or Torres Strait Islander Population (%)	LGBTQ Population (%)*
Banyule	27.5%	22.0%	0.7%	6.5%
Boroondara	35.3%	28.9%	0.3%	4.7%
Darebin	35.6%	32.5%	1.0%	10.6%** (7.6% LL – 14.5% UL)
Hume	44.9%	49.4%	0.8%	5.1%
Knox	35.9%	28.9%	0.6%	6.1%
Manningham	46.4%	46.3%	0.2%	1.5%
Maroondah	28.0%	20.0%	0.6%	3.3%
Nilumbik	18.8%	9.7%	0.6%	4.6%
Whitehorse	44.8%	40.5%	0.3%	6.3%
Whittlesea	41.8%	45.4%	1.0%	6.8%
Yarra	33.6%	20.2%	0.6%	10.0%** (6.3% LL – 15.6% UL)
Yarra Ranges	20.5%	8.21%	1.1%	4.2%

*Data Source: Victorian Population Health Survey 2017

**Estimates are significantly different from the corresponding estimate for Victoria, and may therefore be unreliable.

A4 EDUCATION AND EMPLOYMENT

Table A4.1: Highest qualification achieved*, by LGA

LGA	Bachelor Degree level and above (%)	Advanced Diploma or Diploma (%)	Vocational (%)	No Qualification (%)
Banyule	37.8%	9.9%	14.6%	32.0%
Boroondara	52.3%	8.8%	7.0%	26.6%
Darebin	39.6%	8.8%	11.6%	33.1%
Hume	20.2%	10.0%	17.1%	44.6%
Knox	28.0%	10.9%	18.4%	36.9%
Manningham	38.2%	10.2%	11.4%	34.4%
Maroondah	30.1%	11.1%	18.1%	34.8%
Nillumbik	32.2%	11.2%	19.1%	32.5%
Whitehorse	41.7%	10.1%	10.3%	31.5%
Whittlesea	23.4%	10.3%	17.5%	41.7%
Yarra	56.1%	7.7%	7.8%	21.5%
Yarra Ranges	21.4%	11.2%	24.3%	36.7%
NEPHU	35.1%	10.0%	14.8%	33.3%

*Percentage is based on population of people aged 15 years and over

Source: Australian Bureau of Statistics

Table A4.2: Employment status* by LGA

LGA	Works Full-time (%)	Works part-time (%)	Unemployed (%)
Banyule	56.8%	32.8%	4.3%
Boroondara	56.8%	33.5%	4.3%
Darebin	55.9%	32.5%	5.3%
Hume	54.6%	31.1%	7.5%
Knox	57.7%	32.2%	4.4%
Manningham	54.5%	34.6%	5.2%
Maroondah	57.4%	32.7%	4.0%
Nillumbik	55.3%	34.7%	3.5%
Whitehorse	54.3%	34.8%	5.4%
Whittlesea	56.3%	31.5%	5.9%
Yarra	65.2%	25.7%	3.8%
Yarra Ranges	55.3%	34.0%	3.6%
NEPHU	56.7%	32.5%	4.8%

*People aged 15 years and above who reported being in the labour force

Source: Australian Bureau of Statistics

A5 WALKABILITY INDEX

Table A5.1: Number and average distance to off-license alcohol stores by LGA, NEPHU

LGA	Average distance to off-license alcohol store (m)	Number of off-license alcohol stores
Banyule (C)	875.5	1.0
Boroondara (C)	576.7	2.0
Darebin (C)	571.4	3.0
Hume (C)	1265.1	1.0
Knox (C)	1083.2	1.0
Manningham (C)	1000.5	1.0
Maroondah (C)	1049.5	1.0
Nillumbik (S)	1247.3	0.0
Whitehorse (C)	759.3	1.0
Whittlesea (C)	1089.2	1.0
Yarra (C)	248.8	16.0
Yarra Ranges (S)	1336.3	1.0
NEPHU	925.2	2.4
31 Metropolitan LGAs	835.1	3.5

A6 SOCIOECONOMIC FACTORS

Table A6.1: Median total family income (\$/weekly) by NEPHU LGA

LGA	Median total Family income (\$/Weekly)
Banyule (C)	\$ 2,521
Boroondara (C)	\$ 3,186
Darebin (C)	\$ 2,369
Hume (C)	\$ 1,852
Knox (C)	\$ 2,194
Manningham (C)	\$ 2,252
Maroondah (C)	\$ 2,306
Nillumbik (S)	\$ 2,772
Whitehorse (C)	\$ 2,300
Whittlesea (C)	\$ 1,970
Yarra (C)	\$ 3,138
Yarra Ranges (S)	\$ 2,203
NEPHU	\$ 2,422

Table A6.2: Housing by tenure type* by NEPHU LGA

LGA	Owned Mortgage (%)	Owned Outright (%)	Renters (%)
Banyule	13.3%	13.9%	9.7%
Boroondara	11.1%	14.5%	10.7%
Darebin	11.9%	11.8%	15.3%
Hume	14.7%	7.6%	7.8%
Knox	14.8%	12.4%	7.7%
Manningham	11.6%	15.5%	7.2%
Maroondah	15.1%	12.3%	9.1%
Nillumbik	16.0%	13.6%	3.0%
Whitehorse	11.8%	13.3%	10.8%
Whittlesea	14.7%	9.2%	8.3%
Yarra	10.8%	9.1%	24.1%
Yarra Ranges	17.2%	12.6%	5.0%
NEPHU	13.7%	11.8%	9.6%

*People who occupied private dwellings (excl. visitor only and other non-classifiable households)

Table A6.3: SEIFA score by NEPHU LGA

LGA	Index of Relative Socio-economic Disadvantage (IRSD)
Banyule	1055
Boroondara	1097
Darebin	1004
Hume	947
Knox	1048
Manningham	1066
Maroondah	1045
Nillumbik	1099
Whitehorse	1049
Whittlesea	991
Yarra	1035
Yarra Ranges	1040

A7 HEALTHY EATING

Table A7.1: Proportion of population of healthy eating behaviours by LGA, NEPHU

LGA	Complied with fruit consumption guidelines	Complied with vegetable consumption guidelines	Daily consumer of sugar sweetened soft drinks	Take-away food consumed >1 day/week
Banyule	48%	7%	7%	18%
Boroondara	48%	8%	5%	13%
Darebin	43%	5%	6%	11%
Hume	36%	2%	14%	9%
Knox	40%	4%	9%	16%
Manningham	45%	6%	3%	17%
Maroondah	42%	5%	13%	17%
Nillumbik	48%	7%	6%	13%
Whitehorse	43%	5%	6%	17%
Whittlesea	44%	2%	13%	16%
Yarra	48%	8%	5%	16%
Yarra Ranges	45%	6%	15%	10%

Table A7.2: Proportion of population of healthy eating behaviours by Area, Victoria

Area	Complied with fruit consumption guidelines	Complied with vegetable consumption guidelines	Daily consumer of sugar sweetened soft drinks	Take-away food consumed >1 day/week
NEPHU	44%	5%	9%	16%
Metro Victoria	44%	5%	9%	16%
Regional Victoria	41%	6%	14%	13%
Victoria	43%	5%	10%	15%

A8 ACTIVE LIVING

Table A8.1: Compliance with physical activity guidelines by LGA, NEPHU

LGA	Insufficiently physically active (%)	Sedentary (%)
Banyule	41%	3%
Boroondara	39%	2%
Darebin	48%	4%
Hume	46%	5%
Knox	45%	1%
Manningham	45%	3%
Maroondah	42%	3%
Nillumbik	37%	2%
Whitehorse	47%	3%
Whittlesea	44%	4%
Yarra	41%	3%
Yarra Ranges	38%	2%

Table A8.2: Compliance with physical activity guidelines by Area, Victoria

Area	Insufficiently physically active (%)	Sedentary (%)
NEPHU	43%	3%
Metro Victoria	44%	3%
Regional Victoria	43%	2%
Victoria	44%	3%

A9 TOBACCO-RELATED HARM

Table A9.1: Proportion of population by smoking behaviours and Area, Victoria

Area	Current smoker - Daily	Current smoker - Occasional
NEPHU	10%	5%
Metro Victoria	11%	4%
Regional Victoria	13%	3%
Victoria	12%	4%

Table A9.2: Proportion of population by smoking behaviours and LGA, NEPHU

LGA	Current smoker - Daily	Current smoker - Occasional
Banyule	8%	2%
Boroondara	7%	3%
Darebin	14%	6%
Hume	12%	8%
Knox	16%	4%
Manningham	8%	6%
Maroondah	7%	3%
Nillumbik	9%	5%
Whitehorse	7%	2%
Whittlesea	16%	5%
Yarra	9%	9%
Yarra Ranges	11%	4%

A10 HARMFUL ALCOHOL AND DRUG USE

Table A10.1: Proportion of population by drinking behaviours and LGA, NEPHU

LGA	Increased lifetime risk of alcohol-related harm	Increased risk of injury from a single occasion of drinking
Banyule	64%	48%
Boroondara	66%	45%
Darebin	62%	47%
Hume	51%	33%
Knox	60%	45%
Manningham	55%	38%
Maroondah	63%	47%
Nillumbik	70%	47%
Whitehorse	55%	39%
Whittlesea	48%	33%
Yarra	70%	53%
Yarra Ranges	67%	50%

Table A10.2: Proportion of population by drinking behaviours and Area, Victoria

Area	Increased lifetime risk of alcohol-related harm	Increased risk of injury from a single occasion of drinking
NEPHU	61%	44%
Metro Victoria	60%	43%
Regional Victoria	66%	50%
Victoria	59%	43%

A11 CHRONIC DISEASE

Table A11.1: Proportion of population by BMI category and LGA, NEPHU

LGA	Pre-obese or obese (BMI >25)	Obese (BMI >=30)
Banyule	34%	17%
Boroondara	31%	11%
Darebin	29%	14%
Hume	30%	31%
Knox	27%	18%
Manningham	29%	12%
Maroondah	32%	21%
Nillumbik	37%	18%
Whitehorse	33%	11%
Whittlesea	28%	28%
Yarra	25%	25%
Yarra Ranges	30%	30%

Table A11.2: Proportion of population by BMI category by Area, Victoria

Area	Pre-obese or obese (BMI >25)	Obese (BMI >=30)
NEPHU	31%	17%
Metro Victoria	30%	18%
Regional Victoria	31%	29%
Victoria	30%	21%

Table A11.3: Proportion of population by screening participation by NEPHU LGA

LGA	Bowel cancer screening	Breast cancer screening	Cervical cancer screening
Banyule	48.6%	50.2%	55.0%
Boroondara	45.6%	51.1%	56.8%
Darebin	41.7%	44.0%	50.2%
Hume	40.3%	44.8%	43.4%
Knox	45.3%	51.8%	53.4%
Manningham	45.0%	52.3%	54.1%
Maroondah	47.7%	51.9%	53.6%
Nillumbik	52.5%	53.5%	61.9%
Whitehorse	46.5%	51.8%	52.3%
Whittlesea	41.9%	44.9%	45.5%
Yarra	40.7%	44.9%	53.1%
Yarra Ranges	46.6%	50.6%	52.8%

Table A11.4: Proportion of population by screening participation and Area, Victoria

Area	Bowel cancer screening	Breast cancer screening	Cervical cancer screening
NEPHU	44.8%	49.2%	49.6%
Metro Victoria	42.8%	47.8%	49.9%
Regional Victoria	48.6%	49.4%	48.8%
Victoria	44.4%	48.3%	49.6%

A12 LONG-TERM HEALTH CONDITIONS

Table A12.1: Number and proportion of population by long-term health conditions and LGA, NEPHU

LGA	None of the selected conditions	None (%)	One or more conditions	One or more conditions (%)
Banyule	82,501	65.4%	36,532	28.9%
Boroondara	117,522	70.0%	41,729	24.9%
Darebin	96,733	65.1%	41,874	28.2%
Hume	167,003	68.5%	57,331	23.5%
Knox	104,233	65.5%	45,930	28.9%
Manningham	87,029	69.8%	31,212	25.0%
Maroondah	74,550	64.8%	33,961	29.5%
Nillumbik	41,862	66.6%	17,318	27.5%
Whitehorse	117,242	69.2%	42,707	25.2%
Whittlesea	158,209	69.0%	54,921	23.9%
Yarra	58,832	65.3%	24,512	27.2%
Yarra Ranges	97,172	62.3%	48,170	30.9%

**Does not include 'Other long-term health conditions'*

Table A12.2: Number and proportion of population by long-term health conditions and Area, Victoria

Area	None of the selected conditions	None (%)	One condition or more	One or more (%)
NEPHU	1,202,888	67.1%	476197	26.6%
Metro Victoria	3263768	67.5%	1230866	25.5%
Regional Victoria	960859	57.9%	549265	33.1%
Victoria	4,228,219	65%	1780131	27.4%

**Does not include 'Other long-term health conditions'*

A13 MENTAL WELLBEING

Table A13.1: Proportion of population by level of psychological distress and LGA, NEPHU

LGA	High, or very high, levels of psychological distress (K10 22+)	Sought help for a mental health related problem
Banyule	11%	19%
Boroondara	9%	13%
Darebin	20%	25%
Hume	22%	17%
Knox	18%	16%
Manningham	11%	11%
Maroondah	13%	15%
Nillumbik	13%	21%
Whitehorse	10%	12%
Whittlesea	17%	17%
Yarra	12%	25%
Yarra Ranges	15%	25%

Table A13.2: Proportion of population by level of psychological distress and Area, Victoria

Area	High, or very high, levels of psychological distress	Sought help for a mental health related problem
NEPHU	14%	18%
Metro Victoria	15%	18%
Regional Victoria	16%	17%
Victoria	15%	18%

Table A13.3: Proportion of population by self-reported health status and LGA, NEPHU

LGA	Excellent/very good	Fair/poor
Banyule	44.6%	21.7%
Boroondara	47.2%	16.8%
Darebin	42.2%	23.2%
Hume	34.2%	25.8%
Knox	41.1%	22.6%
Manningham	41.5%	16.6%
Maroondah	40.1%	23.6%
Nillumbik	50.8%	15.8%
Whitehorse	44.0%	22.3%
Whittlesea	30.7%	24.2%
Yarra	48.2%	15.9%
Yarra Ranges	43.6%	17.7%

Table A13.4: Proportion of population by self-reported health status and Area, Victoria

Area	Excellent/very good	Fair/poor
NEPHU	42.4%	20.5%
Metro Victoria	41.7%	20.8%
Regional Victoria	45.3%	19.8%
Victoria	43.9%	20.2%

A14 ORAL HEALTH

Table A14.1: Proportion of population by self-reported dental health status by LGA

LGA	Excellent/very good	Good	Fair/poor	Not Applicable
Banyule	37.3%	36.8%	21.1%	4.0%
Boroondara	48.0%	34.4%	15.7%	1.9%
Darebin	37.3%	30.4%	27.7%	3.8%
Hume	31.1%	37.8%	26.3%	4.4%
Knox	36.2%	32.1%	28.2%	2.6%
Manningham	45.0%	32.5%	20.8%	1.4%
Maroondah	39.6%	31.9%	24.4%	3.7%
Nillumbik	49.0%	30.5%	18.6%	1.8%
Whitehorse	37.6%	38.4%	21.7%	2.1%
Whittlesea	32.3%	32.0%	30.4%	4.9%
Yarra	41.1%	36.40%	19.5%	2.4%
Yarra Ranges	36.6%	35%	25.3%	3.1%

Table A14.2: Proportion of population by self-reported dental health status for NEPHU region and Victoria

Region	Excellent/very good	Fair/poor
NEPHU	38%	25%
Victoria	37%	24%

Table A14.3: Proportion of population who delayed visit to a dental professional, by LGA

LGA	Avoided or delayed visiting a dental professional because of the cost
Banyule	34%
Boroondara	19%
Darebin	30%
Hume	37%
Knox	34%
Manningham	28%
Maroondah	30%
Nillumbik	32%
Whitehorse	25%
Whittlesea	38%
Yarra	30%
Yarra Ranges	37%

Table A14.4: Proportion of population by delayed visit to a dental professional for NEPHU region and Victoria

Region	Avoided or delayed visiting a dental professional because of the cost
NEPHU	34%
Victoria	34%

A15 IMMUNISATION

Table A15.1: Proportion of children fully vaccinated by age group and by area (SA3)

SA3 Name	12-<15 Months	24-<27 Months	60-<63 Months
Banyule	94.9%	93.5%	95.6%
Boroondara	94.7%	91.9%	93.3%
Darebin - North	94.0%	92.8%	95.1%
Darebin - South	94.2%	95.5%	95.0%
Knox	95.8%	94.6%	95.8%
Manningham - East	94.3%	91.7%	92.8%
Manningham - West	93.9%	91.0%	92.7%
Maroondah	94.8%	94.3%	95.6%
Nillumbik - Kinglake	92.5%	93.0%	96.3%
Sunbury*	94.5%	94.4%	96.5%
Tullamarine – Broadmeadows*	92.3%	90.1%	94.8%
Whitehorse - East	96.7%	95.1%	96.2%
Whitehorse - West	96.7%	91.9%	94.4%
Whittlesea - Wallan	94.7%	94.0%	96.0%
Yarra	95.7%	93.2%	94.8%
Yarra Ranges	92.9%	93.8%	96.1%

*The Sunbury and Tullamarine-Broadmeadows SA3 boundaries together approximate the Hume LGA

September 2022 annualised data - all children. 1 October 2021 – 30 September 2022.

Note. SA3s are geographical areas for the output of regional data, and have a population of between 30,000 to 130,000. (Source: Australian Bureau of Statistics)

A16 SEXUAL TRANSMITTED INFECTION (STI)

Table A16.1: Age standardised rates of chlamydia by local government area, 2016 – 2021.

LGA	2016	2017	2018	2019	2020	2021
Banyule	423.1	429.0	503.0	396.7	336.0	347.5
Boroondara	568.0	493.3	514.1	457.9	346.0	352.4
Darebin	449.9	484.4	600.7	523.7	405.0	383.4
Hume	326.3	314.9	349.9	356.1	311.1	246.5
Knox	401.3	325.9	304.0	291.9	264.3	214.2
Manningham	391.9	364.1	407.8	372.8	304.7	264.9
Maroondah	397.7	398.6	470.4	346.6	361.9	288.2
Nillumbik	433.4	498.9	528.1	478.2	391.7	377.3
Whitehorse	311.7	353.2	390.5	313.0	291.7	291.3
Whittlesea	324.6	322.3	335.2	344.3	220.9	212.9
Yarra	955.4	995.9	993.1	954.7	857.7	930.4
Yarra Ranges	405.0	384.0	380.5	341.7	309.0	294.2
NEPHU	345.6	365.3	369.4	355.0	279.3	269.5
Victoria	379.4	434.4	410.4	404.1	337.3	282.8

Table A16.2: Age standardised rates of gonorrhoea by local government area, 2016 – 2021.

LGA	2016	2017	2018	2019	2020	2021
Banyule	95.9	106.9	140.7	152.5	116.6	147.0
Boroondara	121.2	143.4	170.3	140.2	135.3	156.8
Darebin	162.3	189.0	197.6	201.7	166.2	162.6
Hume	86.1	95.1	105.4	117.0	85.6	114.5
Knox	84.1	82.8	108.6	96.2	41.7	77.4
Manningham	80.7	73.7	98.4	119.8	89.6	95.7
Maroondah	84.2	74.0	98.7	128.4	79.5	86.9
Nillumbik	124.2	119.3	172.6	133.7	145.3	159.5
Whitehorse	187.8	103.5	95.1	96.1	65.5	84.7
Whittlesea	76.8	76.3	91.3	96.1	66.1	80.3
Yarra	535.5	440.7	492.5	613.4	411.9	602.7
Yarra Ranges	72.0	90.3	105.5	88.6	69.3	48.2
NEPHU	93.9	98.1	115.7	117.3	87.5	110.7
Victoria	102.8	111.9	130.9	142.8	94.0	112.3

Table A16.3: Age standardised rates of infectious syphilis by local government area, 2016 – 2021.

LGA	2016	2017	2018	2019	2020	2021
Banyule	20.1	26.3	18.8	28.9	23.6	30.3
Boroondara	30.1	31.2	24.3	33.5	34.6	28.7
Darebin	29.1	43.6	47.6	39.7	39.5	40.0
Hume	25.3	26.3	22.0	42.9	22.7	31.4
Knox	30.7	21.3	19.2	23.2	21.6	22.8
Manningham	25.8	29.3	26.4	17.5	17.9	12.1
Maroondah	27.2	23.0	18.2	30.5	23.2	32.4
Nillumbik	28.2	68.3	66.2	50.0	52.4	67.9
Whitehorse	20.2	17.0	21.5	18.0	16.1	24.5
Whittlesea	20.1	21.5	24.0	21.1	23.7	18.3
Yarra	124.4	107.1	104.1	159.6	81.6	116.4
Yarra Ranges	17.4	23.4	21.0	18.0	17.7	24.9
NEPHU	20.5	23.1	20.4	27.7	20.3	22.7
Victoria	23.4	25.7	24.1	31.1	27.3	27.8

Table A16.4: Age standardised rates of late syphilis by local government area, 2016 – 2021.

LGA	2016	2017	2018	2019	2020	2021
Banyule	20.5	18.6	24.8	20.6	14.0	16.4
Boroondara	16.0	18.4	13.5	16.1	17.4	11.2
Darebin	21.9	24.7	16.3	25.9	28.6	13.4
Hume	15.2	18.5	17.8	14.0	17.3	10.4
Knox	14.3	11.1	11.1	15.5	13.3	12.7
Manningham	15.6	16.7	13.7	18.8	18.1	20.4
Maroondah	18.2	16.7	22.2	12.9	12.7	20.8
Nillumbik	39.1	28.4	28.3	26.9	0.0	30.8
Whitehorse	17.3	13.7	13.7	18.5	12.8	16.0
Whittlesea	15.7	12.0	11.2	11.3	13.1	13.7
Yarra	58.8	44.5	35.4	53.0	32.8	39.8
Yarra Ranges	12.4	18.1	13.5	13.4	17.1	12.7
NEPHU	10.0	10.5	9.2	11.2	10.8	7.3
Victoria	13.9	14.0	14.0	16.4	12.5	12.5

A17 INJURIES (UNINTENTIONAL INJURIES)

Table A17.1: Injury count and Injury rates per 100,000 population by LGA NEPHU

LGA	Injury count	Rate per 100,000 population
Banyule (C)	4,803	1822.2
Boroondara (C)	5,765	1574.2
Darebin (C)	5,399	1632.8
Hume (C)	8,020	1689.4
Knox (C)	5,578	1691.8
Manningham (C)	4,352	1696.6
Maroondah (C)	4,338	1822.9
Nillumbik (S)	2,488	1909.2
Whitehorse (C)	5687	1581.9
Whittlesea (C)	7,250	1553
Yarra (C)	3,025	1478.2
Yarra Ranges (S)	6,431	2013.3
NEPHU	5,261.3	1705.5
Metro Melbourne	5,383	1694.3
Regional	1,317.3	1950.2