



Moreland
City Council

Moreland Health & Wellbeing Profile

December 2020



Moreland City Council acknowledges the Wurundjeri Woi Wurrung people as the Traditional Custodians of the lands and waterways in the area now known as Moreland.

Contents

Introduction 4

Key Insights 8

Physical Health 13

Mental Health 24

Healthy Food Environment 32

Alcohol, Tobacco & Gambling Environment 44

Active & Green Living 53

Moving Around 65

Local Living..... 75

Local Identity & Participation 83

Learning Environment..... 94

Safe Environment 103

Safe & Affordable Housing 113

Healthy Livelihoods 125

References 134



Introduction

The Moreland Health and Wellbeing Profile 2020 provides a comprehensive analysis of data and research on health and wellbeing in Moreland. Considering the social determinants of health, liveability and urban resilience across 77 data measures, this profile identifies priority areas to inform planning, strategies and projects.

Health and wellbeing is shaped by individual genetics and behaviour but also by the wider determinants of health. These are the social, economic and environmental factors that affect our daily lives (AIHW, 2020). Local government is ideally placed to influence many determinants of health, both through the environments that people live, work, learn and play, as well as supporting individual choices and reducing health inequalities (DHHS, 2020).

The profile is presented through the following 12 health domains:

- Physical health
- Mental health
- Healthy food environment
- Alcohol, tobacco and gambling environment
- Active and green living
- Moving around
- Local living
- Local identity and participation
- Learning environment
- Safe environment
- Safe and affordable housing
- Healthy livelihoods



Framework

Social Determinants of Health

The Social Determinants of Health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (WHO, 2020). They have an important influence on health inequities - the unfair and avoidable differences in health outcomes and life expectancy across groups in society. Social determinants may include:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services.

Addressing the Social Determinants of Health is fundamental for improving health within the community and reducing longstanding inequities (WHO, 2020).

Liveability

Liveability refers to the degree to which a place, be it a neighbourhood, suburb or city, supports quality of life, health and wellbeing for the people who live, work or visit. Cities considered to have a high degree of liveability tend to have a high level of, and widespread accessibility to, amenities such as open and green space; educational, social, cultural and recreational facilities (SOAC, 2015).

The way cities are planned and built can therefore influence the behaviours and physical and mental health of those living within them (Gunn, 2020). A liveable community is one that is: safe, attractive, socially cohesive and inclusive, and environmentally sustainable; with affordable and diverse housing linked via convenient public transport, walking and cycling infrastructure to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities (Lowe et al, 2013). Healthy and liveable communities provide the basis for social equity, harmony, economic resilience and environmental and social sustainability (Gunn, 2020).

Urban resilience

Urban populations are facing increasing challenges such as rapid urbanisation, climate change, terrorism, pandemics and natural hazards. Cities must learn to adapt and thrive in the face of these diverse challenges and to build resilience in an uncertain world.

Resilience refers to the capacity of cities to function, so that the people living and working there, particularly those most vulnerable, survive and thrive no matter what stresses or shocks they encounter (City Resilience Index, 2020).

Stresses are ongoing challenges that can weaken the sustainability and viability of a city, such as rapid population growth, unemployment, social inequities and climate change. Shocks are sudden events that threaten a city, that usually strike suddenly and require immediate action. Examples are pandemics, natural disasters and other extremist acts such as terrorism or crime (Resilient Melbourne, 2020).

This profile has considered the following factors relating to resilience: Climate Change, Pandemic, Priority Groups and Urban Change. Research on each of these areas has been included within relevant measures for each health domain.



PANDEMIC

On March 11, 2020 the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. This Health Profile has been prepared during 2020, when the pandemic has ongoing global impacts on health and wellbeing. Where possible, the impacts have been noted through the most recent research available, however this will need to be updated as the situation evolves.



CLIMATE CHANGE

Climate change has been declared by the World Health Organisation as the defining issue for public health in the 21st century (WHO, 2020). Climate change affects environmental determinants of health, from extreme weather events to infectious and communicable diseases, and availability of food and water. While everyone will be affected by climate change, some populations will be more vulnerable than others (AIHW, 2020).



PRIORITY GROUPS

Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on the principles of dignity, equality, respect and fairness (Australian Human Rights Commission, 2020). Moreland's Human Rights Policy 2016-26 identifies the following priority groups, who have been considered throughout this profile: Aboriginal and Torres Strait Islander Community; Migrant and Refugee Communities; People with Disability; Women and LGBTIQ+ Communities.



URBAN CHANGE

Urban environments affect health and wellbeing through the air we breathe, the quality of spaces we use, the water we drink, the way we move, our access to food, and access to health care. Urbanisation can create or exacerbate health risks, or it can foster healthier environments, lifestyles and create resilient cities and societies (UN Habitat & WHO, 2020).

Legislative and policy context

Public Health and Wellbeing Act 2008

Under section 26 of the Public Health and Wellbeing Act 2008, local governments in Victoria are required to take responsibility for public health and wellbeing planning on behalf of their community. Every four years, Victorian Councils must develop a Municipal Public Health and Wellbeing Plan (MPHWP). They must also include an examination of data about health status and health determinants in the municipal district. The Moreland Health and Wellbeing Profile fulfils this legislative requirement and should be used to inform the MPHWP and Council planning processes.

Victorian Public Health and Wellbeing Plan 2019–23

The Victorian Public Health and Wellbeing Plan (VPHWP) identifies state level priorities for improvement of public health and wellbeing outcomes for all Victorians. The MPHWP must have regard to the VPHWP to ensure a consistent approach occurs on a local level. There are ten priority areas:

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

The priorities detailed in the VPHWP 2019 – 23 are reflected in the data collected in this profile.

Scope and use of this document

The aim of this document is to provide an examination of data about health status and health determinants in Moreland. Within scope was the collection and analysis of data relating to demographics, social determinants of health, liveability and resilience.

Outside of the scope of this document was detailed collection and analysis of the varied age groups in Moreland, including children, young people and older people. Selected other council documents address this evidence need, primarily the Moreland Early Years and Youth Plan and the Living and Ageing Well in Moreland Framework.

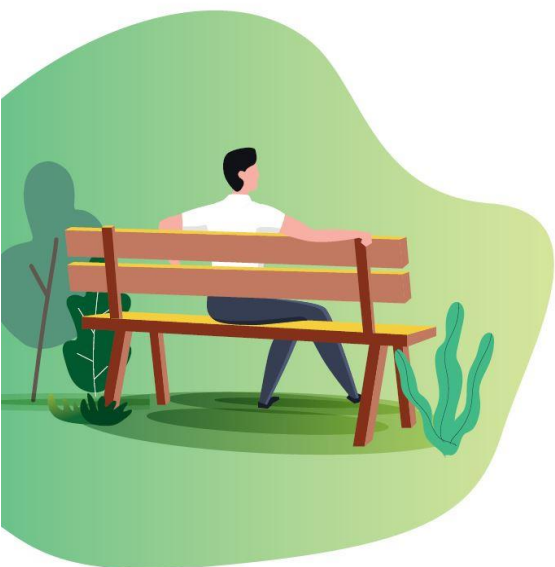
A total of 77 data measures have been examined across 12 health domains, with a list of key insights provided for health and wellbeing priorities. This should inform Council planning, strategies and projects in relation to health and wellbeing in Moreland. Each section contains context, key insights, data, research and analysis.

Key Insights

The following are a list of key insights formed from analysis of the data and research across all 12 health domains. They are identified as priority areas for health and wellbeing in Moreland.

Physical Health

- Over half of adults in Moreland have one or more chronic disease
- Half of adults in Moreland report being overweight
- A higher proportion of adults with heart disease or osteoporosis than Victoria
- A higher number of people needing assistance than Greater Melbourne
- Delayed dental visits because of the cost
- A high number of Sexually Transmitted Infection notifications for women
- Poorer health outcomes for Aboriginal and Torres Strait Islander people, LGBTIQ+ adults and people with disability



Mental Health

- Over one quarter of Moreland adults are diagnosed with anxiety or depression
- Increase in mental health impacts since Covid-19
- Low levels of subjective wellbeing for people aged over 75 years, Aboriginal Victorians, LGBTIQ+ adults and people with disability
- A much higher proportion of adults who identify as LGBTIQ+ are diagnosed with anxiety or depression and have experienced high or very high levels of psychological distress
- High rates of suicide and psychological distress in Aboriginal and Torres Strait Islander people in Victoria, with young people particularly at risk
- Lower levels of resilience for people with disability
- Climate related anxiety, particularly for young people

Healthy Food Environment

- Low compliance with fruit and vegetable consumption guidelines
- Rising food insecurity, particularly in Fawkner, Glenroy and Brunswick East
- Low levels of accessibility to fresh food within walking distance in Gowanbrae and Oak Park
- High consumption of unhealthy food and drinks for Aboriginal Victorians, with poor diet being a leading cause of disease burden
- Increases in the frequency and severity of extreme weather events may impact food security, affordability and safety



Alcohol, Tobacco and Gambling Environment

- A higher proportion of smokers than Victoria
- High access to off and on-licence alcohol premises in Brunswick and Brunswick East
- Increase in hospital admissions from illicit drug use, especially for young people
- Continued high level of losses on poker machines in the municipality



Green and Active Living

- Less than half of adults meet the physical activity guidelines
- A slightly lower proportion of adults participate in organised physical activity than Victoria. Impacts of Covid-19 have disproportionately affected participation for women and girls, seniors, people with disability and those experiencing socio-economic disadvantage
- The majority of adults participate in non-organised physical activity such as walking and cycling, with increases in use of paths and parks since Covid-19
- Brunswick and Hadfield have low proportions of large public open space within 400 metres of homes
- Open Space tree canopy cover is lowest in Brunswick and Road Reserve tree cover is lowest in Coburg North



Moving Around

- Low use of public transport in Gowanbrae, Hadfield and Pascoe Vale South, with very low levels of access to regular public transport in Oak Park and Glenroy
- A low proportion of people use active transport to get to work in Gowanbrae, Hadfield, Oak Park, and Glenroy
- Low levels of walkability in Hadfield, Pascoe Vale and Oak Park with longer distances to activity centres
- Barriers to equitable use of transport include access for people with disability and perceived sense of safety for women





Local Living

- Lower accessibility to social infrastructure in Hadfield, Oak Park and Gowanbrae
- Multiple daily destinations for everyday needs lacking in parts of Glenroy, Hadfield, Oak Park and Gowanbrae
- Lower accessibility to health services in northern suburbs of Moreland

Local Identity and Participation

- Loneliness and social isolation, especially in relation to Covid-19
- A high proportion of people living alone in Brunswick, Coburg and Glenroy
- No internet access for 16% of households, especially in Glenroy and Coburg
- Significant impacts on the arts and culture industry since Covid-19 and the ability to participate in volunteering or community activities

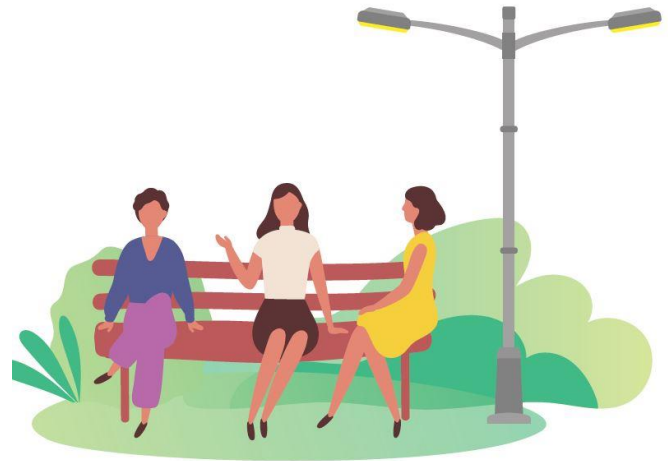


Learning Environment

- Lower kindergarten participation rate than Victoria
- Low Year 12 completion rates in Hadfield, Fawkner, and Glenroy
- Disruption to formal education and lifelong learning due to Covid-19

Safe Environment

- Family violence against women and their children remains high despite the Victorian Government's substantial investment for prevention and response
- Promotion of healthier masculinities is increasing, engaging men and boys about gender equality and respectful relationships
- Racism and discrimination, which has been exacerbated since Covid-19
- Lack of perceived safety in public places and at night, especially for women



Safe and Affordable Housing

- A higher than metropolitan average number of people experiencing homelessness
- 15% of households in housing stress, with impacts exacerbated by Covid-19
- Over half of households feel that rental or housing payments place heavy or moderate stress on finances
- An estimated 3,850 households with unmet need for affordable housing
- Young people disproportionately affected by crowded dwellings

Healthy Livelihoods

- Fawkner, Hadfield, Glenroy and Coburg North experience higher levels of socio-economic disadvantage, a higher concentration of low-income households and higher rates of unemployment
- Covid-19 has significantly impacted income and employment with women, young people and those from asylum seeker, refugee and migrant backgrounds disproportionately impacted
- A low proportion of people live and work within Moreland





Physical Health

Physical Health

Overview

Physical health refers to the condition of an individual's body and the extent to which it is affected by disability, illness and disease. Many people live with chronic conditions, which are the leading cause of illness, disability and death in Australia. Common conditions include cancer, heart disease and diabetes, which may lower quality of life and affect independence over time (Australian Institute of Health and Welfare, 2020).

Health reflects the complex interactions of a person's genetics, lifestyle and environment and is fundamental to overall wellbeing. Health outcomes and experiences of health are not the same for everyone. Social determinants such as income, education, employment and social support are known contributors to health inequalities between population groups. Health is also influenced by actions taken to improve health and the resources required for those interventions. These determinants can affect the health of individuals and communities (Australian Institute of Health and Welfare, 2020).

Moreland context

Overall, the health of Moreland residents is good and consistent with the rest of Victoria. 77.6% of adults in Moreland report their health to be good, very good or excellent, while this is true for 77.2% of Victorians. Measures of health such as life expectancy, disability, bodyweight and chronic disease report similar results in Moreland compared to the North Division as well as the rest of Victoria. There are, however, particular groups within Moreland who experience poorer physical health than others.

64% of the disease burden of Aboriginal and Torres Strait Islander Australians is caused by chronic disease, with Aboriginal and Torres Strait Islander people twice as likely to present to Victorian hospital emergency departments as non-Aboriginal people. The Victorian Aboriginal Affairs reported that in 2017-2018, the Aboriginal rate per 1,000 for chronic potentially preventable hospitalisations was 39.4, compared to 13.0 for non-Aboriginals. Similar trends are observed in dental health, as Aboriginal and Torres Strait Islander children have 1.6 times more decayed tooth surfaces than non-Aboriginal children. However, it seems that some progress is being made to close the gap. The proportion of Aboriginal and Torres Strait Islander children in Victoria aged 0-14 receiving health checks has increased tenfold and the proportion of Aboriginal and Torres Strait Islander Victorians aged 55 and over receiving annual health assessments has almost tripled between 2007 and 2017.

Another priority group experiencing poorer physical health is the LGBTQIA+ community. 36.1% of people who identify as LGBTQIA+ are diagnosed with two or more chronic diseases in Victoria, compared to 25.1% of non-LGBTQIA+ people. A lower proportion of people who identify as LGBTQIA+ also rate their self-reported health as excellent or very good (35.7% compared to 42.5% of broader population).

In summary, key issues include:

- Poorer health outcomes for Aboriginal and Torres Strait Islander people, LGBTQIA+ adults and people with disability.
- Over half of adults in Moreland have one or more chronic disease.
- Half of adults in Moreland report being overweight.
- A higher proportion of adults with heart disease or osteoporosis than Victoria.
- A higher number of people needing assistance than Greater Melbourne.
- Delayed dental visits because of the cost.
- A high number of STI notifications for women.

Key insights

Areas where Moreland performs at or above the Victorian average:

- **Self-reported health status:** Over three quarters (77.6%) of adults in Moreland report their health to be good, very good, or excellent. This is consistent with the Victorian average (77.2%).
- **Chronic disease:** Over half (55.5%) of adults in Moreland have one or more chronic disease. This is comparable to the Victorian average (57.8%).
- **Body mass index:** Half (50.2%) of adults in Moreland report being overweight (pre-obese and obese). This is consistent with the whole of Victoria (50.8%).
- **Self-reported dental health:** 70% of adults in Moreland self-report having good, very good, or excellent dental health. This is consistent with the Victorian state average (71.1%).
- **Asthma & Cancer instances:** Instances of Asthma were lower in Moreland (14.6%) than Victoria (20.0%), and instances of Cancer were lower in Moreland (5.1%) than Victoria (8.1%).

Areas where Moreland performs below the Victorian average:

- **Heart disease & Osteoporosis:** The proportion of adults with heart disease is higher (8.0%) in Moreland than the Victorian average (6.7%), and instances of Osteoporosis is higher in Moreland (8.3%) than Victoria (5.7%).
- **Disability:** At least 9,900 people are living with a severe disability in Moreland and modelling indicates there could be more than double the number living with a broad range of disabilities (approximately 20,500 people). The total percent of people needing assistance in Moreland (6.2%) is higher than the average for Greater Melbourne (4.9%).
- **Affordability of dental care:** Over one third (38%) of adults have avoided or delayed visiting a dental professional because of the cost. This is slightly higher in Moreland than the Victorian average (34%).
- **Cervical screenings:** A slightly lower percentage of women in Moreland (58.6%) participated in cervical screening in 2014-15 than the North Metro Region¹ average (60.3%).
- **STI notifications:** In 2019, Moreland had the highest number of STI notifications for women in the North Metro Region². The most common infection was Chlamydia, followed by Gonorrhoea. Moreland did not report any HIV notifications for women.

¹ North Metro Region (NMR) includes the Local Government Areas of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.

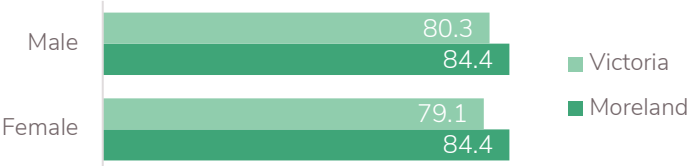
General health

Measure: Life expectancy

Female life expectancy in Moreland was the same as the Victorian state measure (84.4). While male life expectancy in Moreland (79.1) was slightly below the Victorian measure (80.3).

Table. Life expectancy in years, by gender 2015

Gender	Moreland	Victoria
Female	84.4 years	84.4 years
Male	79.1 years	80.3 years



Gender	Moreland	Victoria
Male	79.1	80.3
Female	84.4	84.4

Source: Department of Health, 2015



PRIORITY GROUPS

The life expectancy gap between Aboriginal and non-Aboriginal Australians is 9.5 years for women and 10.6 years for men (Korin Korin Balit Djak, 2017).

Measure: Self-reported level of health

77.6% of adults in Moreland report their health to be good, very good, or excellent. This is consistent with the Victorian average (77.2%).

Table. Self-reported health status among adults

Self-reported health status	Moreland	Victoria
Excellent / Very good	38.3%	41.6%
Good	39.3%	37.6%
Fair / Poor	22.0%	20.3%

Source: Victorian Population Health Survey 2017



PRIORITY GROUPS

A lower proportion of Aboriginal Victorians self-rate their health as good compared to non-Aboriginal Victorians (Korin Korin Balit Djak, 2017). Self-reported health for Aboriginal individuals reporting excellent health has declined in Victoria from 39.7% in 2004/5 to 36.9% in 2014/15. While reporting in poor health has increased from 29.9% (2004/5) to 33.5% (2014/15).

A lower proportion of LGBTIQ adults rated self-reported health as excellent or very good compared with the broader adult population (Victorian Population Health Survey 2017).

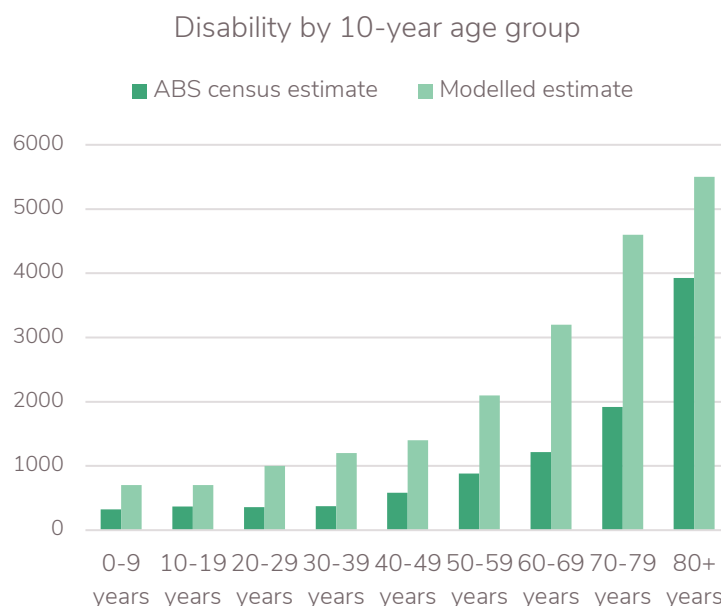
42% of people with disability rate their health as poor or fair as compared to 7.0% without disability (Australian Institute of Health and Welfare, 2020).

Measure: Disability

At least 9,900 people are living with a severe disability in Moreland and modelling indicates there could be more than double the number living with a broad range of disabilities (approximately 20,500 people). The total percent of people needing assistance in Moreland (6.2%) is higher than the average for Greater Melbourne (4.9%).

For more information on disability in Moreland, see the [Moreland City Council Disability Brief](#).

Age (years)	Persons living with severe disability (ABS census estimate)*	Persons living with disability (modelled estimate)^
0-9	323	700
10-19	370	700
20-29	358	1,000
30-39	375	1,200
40-49	582	1,400
50-59	880	2,100
60-69	1,216	3,200
70-79	1,916	4,600
80+	3,925	5,500
Total	9,937	20,500



Source:

*Australian Bureau of Statistics population census 2016;

^Propensity for disability based on Census core activity need for assistance and Survey of Disability, Ageing and Carers (SDAC). Using the relationship between age and disability identified in the SDAC, modelling was conducted to estimate the total number of people living with a disability in Moreland by age group. The SDAC propensity modelling was undertaken by ID community on behalf of Moreland City Council in 2019.



PRIORITY GROUPS

Aboriginal people are 2.4 times more likely to have a disability than non-Aboriginal people (Korin Korin Balit Djak, 2017).

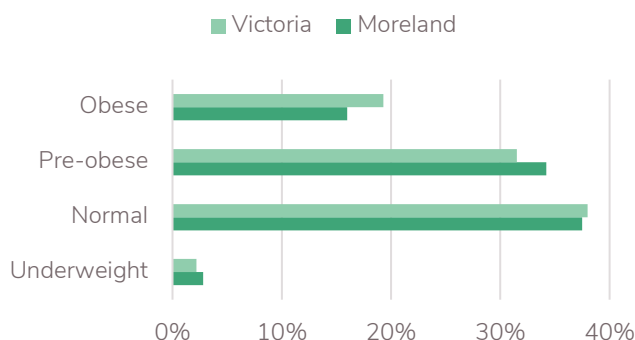
Over 35% of households in Moreland include a person with disability (Disability, Ageing and Carers Australia, 2018).

Measure: Bodyweight

Half (50.2%) of adults in Moreland report being overweight (pre-obese and obese). This is consistent with the whole of Victoria (50.8%).

Table. Proportion of adults by BMI category

BMI category	Moreland	Victoria
Underweight	2.8%	2.2%
Normal	37.5%	38.0%
Pre-obese	34.2%	31.5%
Obese	16.0%	19.3%



Source: Victorian Population Health Survey 2017



PRIORITY GROUPS

Obesity rates are increasing for all Victorians, but are higher for Aboriginal Victorians (Korin Korin Balit Djak, 2017).

Measure: Chronic disease

Over half (55.5%) of adults in Moreland have one or more chronic disease, and one quarter (25.3%) have two or more chronic diseases.

Instances of heart disease is higher in Moreland (8.0%) than the Victorian average (6.7%). Osteoporosis is also at a higher proportion in Moreland (8.3%) than Victoria (5.7%). Conversely, instances of Asthma were lower in Moreland (14.6%) than Victoria (20.0%), and instances of Cancer were lower in Moreland (5.1%) than Victoria (8.1%).

Table. Proportion of adults diagnosed with a chronic disease

Instance of chronic disease	Moreland	Victoria
No chronic disease	44.5%	42.2%
One chronic disease	30.2%	32.3%
2+ chronic diseases	25.3%	25.5%

Source: Victorian Population Health Survey 2017

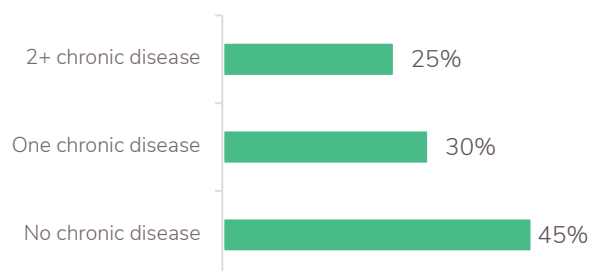
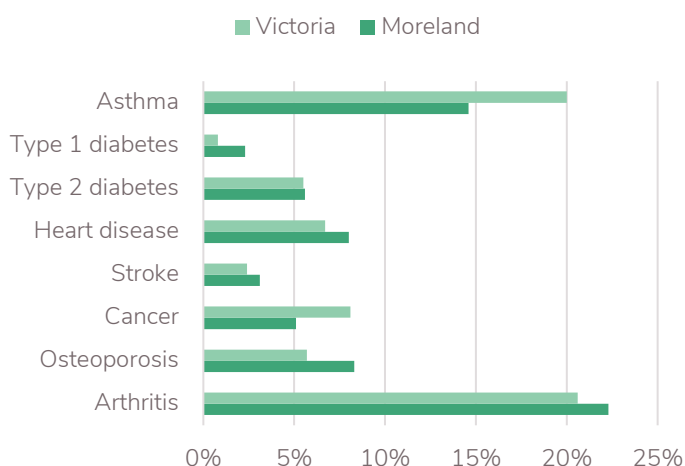


Table. Proportion of adults diagnosed with selected chronic diseases

Chronic Diseases	Moreland	Victoria
Asthma	14.6%	20.0%
Type 1 diabetes	2.3%	0.8%
Type 2 diabetes	5.6%	5.5%
Heart disease	8.0%	6.7%
Stroke	3.1%	2.4%
Cancer	5.1%	8.1%
Osteoporosis	8.3%	5.7%
Arthritis	22.3%	20.6%

Source: Victorian Population Health Survey 2017



PANDEMIC

Aboriginal and Torres Strait Islander people over the age of 50-years, or who have a pre-existing health condition, such as diabetes, asthma, heart and lung conditions, or immune problems are at higher risk of developing a severe illness associated with COVID-19. Younger Aboriginal and Torres Strait Islander people can also get COVID-19 and infect family, friends and Elders (Department of Health and Human Services, 2020).



CLIMATE CHANGE

People who live with chronic conditions are more vulnerable to the impacts of climate change. Heat stress, bacterial infections, asthma attacks and respiratory complications are all set to increase in frequency with current climate projections.



PRIORITY GROUPS

Chronic disease is responsible for 64 per cent of the disease burden of Aboriginal Australians, with presentations to Victorian hospital emergency departments double the rate for non-Aboriginal people (Korin Korin Balit Djak, 2017).

Aboriginal people are three times more likely than non-Aboriginal people to have diabetes (Korin Korin Balit Djak, 2017).

A higher percentage of LGBTIQ Victorians were diagnosed with two or more chronic diseases compared with the broader adult population (Victorian Population Health Survey, 2017).

Screening and health checks

Measure: Health check-ups

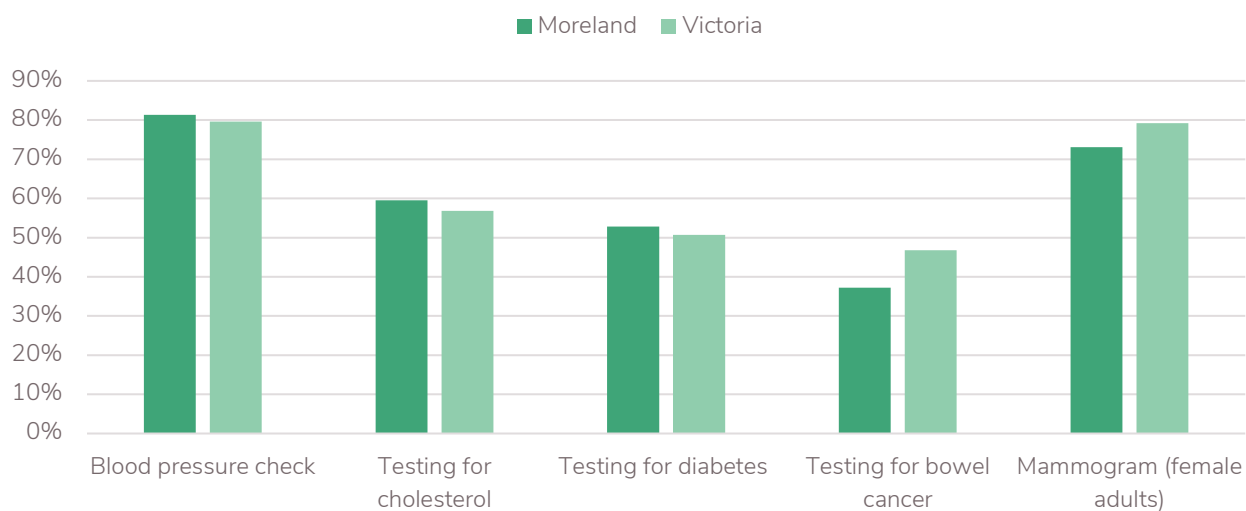
There are a lower number of testing for bowel cancer (37.2%) and mammograms (73.1%) than the Victorian percentage of adults for test for bowel cancer (46.8%) and mammograms (79.2%).

Table. Proportion of adults who have had health-rated check-ups in the past two years

Health-related check	Moreland	Victoria
Blood pressure check	81.3%	79.6%
Testing for cholesterol (Blood lipids check)	59.5%	56.8%
Testing for diabetes (Blood glucose)	52.8%	50.7%
Testing for bowel cancer (In the last 5 years)	37.2%	46.8%
Mammogram (female adults)	73.1%	79.2%

Source: Victorian Population Health Survey 2017

Health-related checks in Moreland and Victoria



PRIORITY GROUPS

The proportion of Aboriginal children in Victoria aged 0-14 receiving health checks has increased tenfold, from 1.5% in 2007 to 16.9% in 2017 (Victorian Aboriginal Affairs Report, 2019).

The proportion of Aboriginal Victorians in Victoria aged 55 and over receiving annual health assessments has more than tripled, from 7.5% in 2007 to 25.7% in 2017 (Victorian Aboriginal Affairs Report, 2019).

Dental health

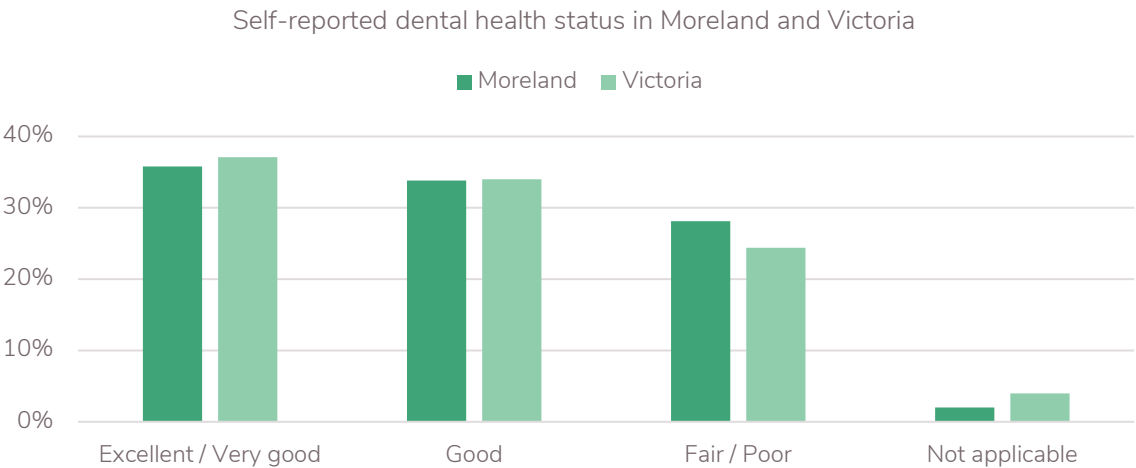
Measure: Self-reported dental health status

70% of adults in Moreland self-report having good, very good, or excellent dental health. This is consistent with the Victorian state average (71.1%).

Table. Proportion of adults by self-reported dental health status

Dental health status	Moreland	Victoria
Excellent / Very good	35.8%	37.1%
Good	33.8%	34.0%
Fair / Poor	28.1%	24.4%
Not applicable	2.0%	4.0%

Source: Victorian Population Health Survey 2017



Measure: Dental check-ups

Over one third (38%) of adults have avoided or delayed visiting a dental professional because of the cost. This is slightly higher in Moreland than the Victorian average (34%).

Table. Proportion of adults who avoided or delayed visiting a dental professional because of the cost

Dental check-ups	Moreland	Victoria
Have avoided or delayed dental check-ups due to cost	38.0%	33.9%
Have not avoided or delayed dental check-ups due to cost	61.6%	65.5%

Source: Victorian Population Health Survey 2017



PRIORITY GROUPS

Aboriginal children have 1.6 times more decayed tooth surfaces than non-Aboriginal children, and Aboriginal children aged 10 years and under have almost 1.5 times the rate of potentially preventable dental hospitalisations (Korin Korin Balit Djak, 2017).

The highest level of poor dental health for LGBTIQ individuals was the 55-64 year old age group with 33.7%, compared to 30% of heterosexual individuals, being the highest age bracket for poor health for both groups in Victoria (Victorian Population Health Survey 2017).

Early years & maternal health

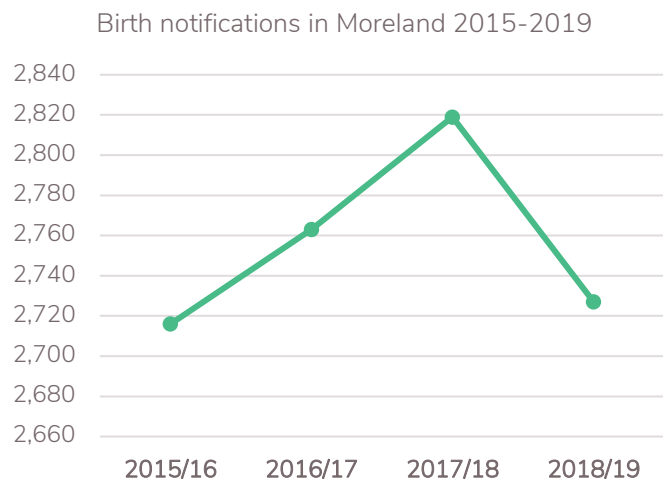
Measure: Births in Moreland

In 2018/19 there were 2,727 births in Moreland. This was a decrease of 92 births from the previous year.

Table. Birth notifications in Moreland

Year	Birth notifications
2018/19	2,727
2017/18	2,819
2016/17	2,763
2015/16	2,716

Source: MCC Maternal & Child Health 2019



Measure: Breastfeeding rates

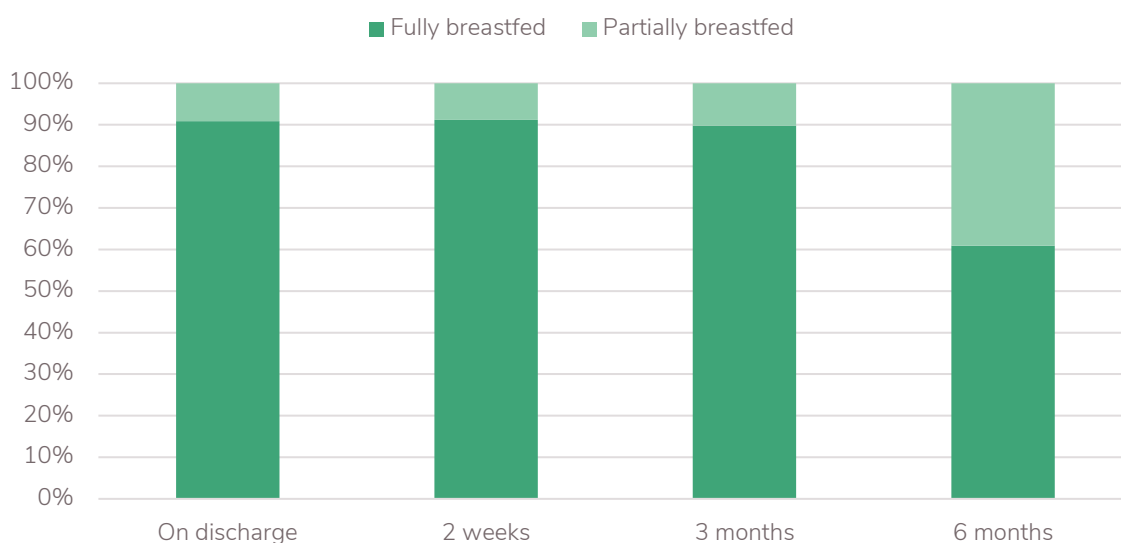
In 2018/19, there was a 90% breastfeeding rate at 3 months and a 60% breastfeeding rate at 60 months.

Table. Full and partial breastfeeding in Moreland in 2018/19

Age of child	Fully breastfed	Partially breastfed
On discharge	90.9%	9.1%
2 weeks	91.2%	8.8%
3 months	89.8%	10.2%
6 months	60.3%	38.7%

Source: MCC Maternal & Child Health 2019

Full and partial breastfeeding in Moreland in 2018/19



Measure: Vaccination rates

Immunisation data is available at the Statistical Area 3 level (SA3). For Moreland, this means data is divided into Brunswick-Coburg, and Moreland-North.

At 12-15 months, Brunswick-Coburg has a slightly higher percent of children who are fully vaccinated than the North Western Melbourne Region, and Moreland North has a slightly lower percentage. At 24-27 months, both Brunswick-Coburg and Moreland-North perform slightly higher than the North Western Melbourne Region average.

Table. Percent of children who are fully vaccinated at 12-15 months and 24-27 months.

Region (SA3)	12-15 months	24-27 months
Brunswick - Coburg	95.6%	93.4%
Moreland-North	94.1%	92.4%
North Western Melbourne Region*	95%	92%

*North Western Melbourne Region includes Moreland, Melbourne, Yarra, Darebin, Moonee Valley, Maribyrnong, Hobsons Bay, Wyndham, Brimbank, Melton, Hume, Macedon Ranges, and Moorabool.

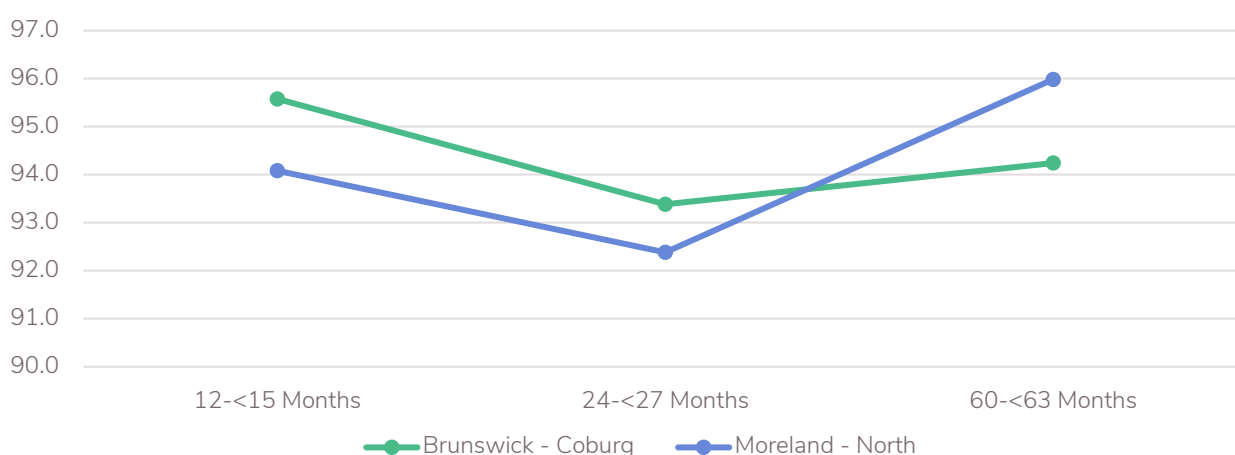
Source: Department of Health/Australian Immunisation Register 2020

Table. Breakdown of vaccination type

Region (SA3)	Age Group	% DTP	% Polio	% HIB	% HEP	% MMR	% Pneumo	% MenC	% Varicella	% Fully
Brunswick - Coburg	12-<15 Months	95.9	95.9	95.8	95.8	0.0	96.8	0.0	0.0	95.6
	24-<27 Months	94.0	97.4	95.3	97.3	94.9	96.6	96.2	95.2	93.4
Moreland - North	12-<15 Months	94.6	94.5	94.2	94.6	0.0	96.3	0.0	0.0	94.1
	24-<27 Months	94.2	96.6	94.8	96.8	94.2	96.4	96.2	94.5	92.4

Source: Department of Health/Australian Immunisation Register 2020

Immunisation rates by age group at the SA3 level and immunisation types (01 October 2019 - 30 September 2020).



Source: Department of Health/Australian Immunisation Register 2020

Sexual and reproductive health

Measure: Cervical screenings

A slightly lower percentage of women in Moreland (58.6%) participated in cervical screening in 2014-15 than the North Metro Region² average (60.3%).

Table. Participation in Cervical Screening 2014-2015.

Year	Moreland	North Metro Region ²
2014-2015	58.6%	60.3%

Source: Women's Health in the North, 2019

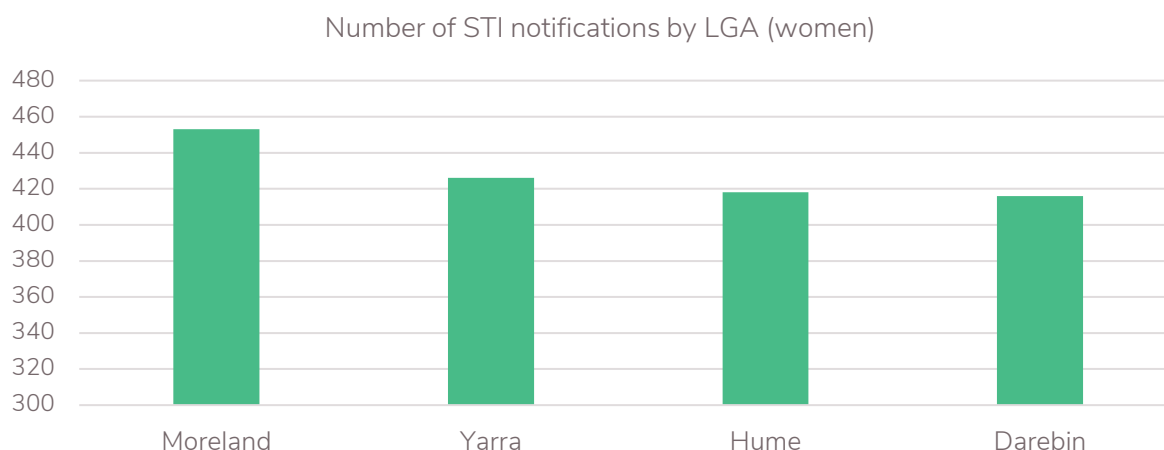
Measure: STI notifications

In 2019, Moreland had the highest number of STI notifications for women in the North Metro Region². The most common infection was Chlamydia, followed by Gonorrhoea. Moreland did not report any HIV notifications for women.

Table. Moreland Sexually Transmissible Infections (STI) Notifications (Women)

STI type	Moreland	Darebin	Yarra	Hume
Chlamydia	372	337	358	325
Gonorrhoea	62	38	49	61
Hepatitis B	15	35	15	23
Syphilis	4	5	4	7
HIV	0	1	0	2
Total	453	416	426	418

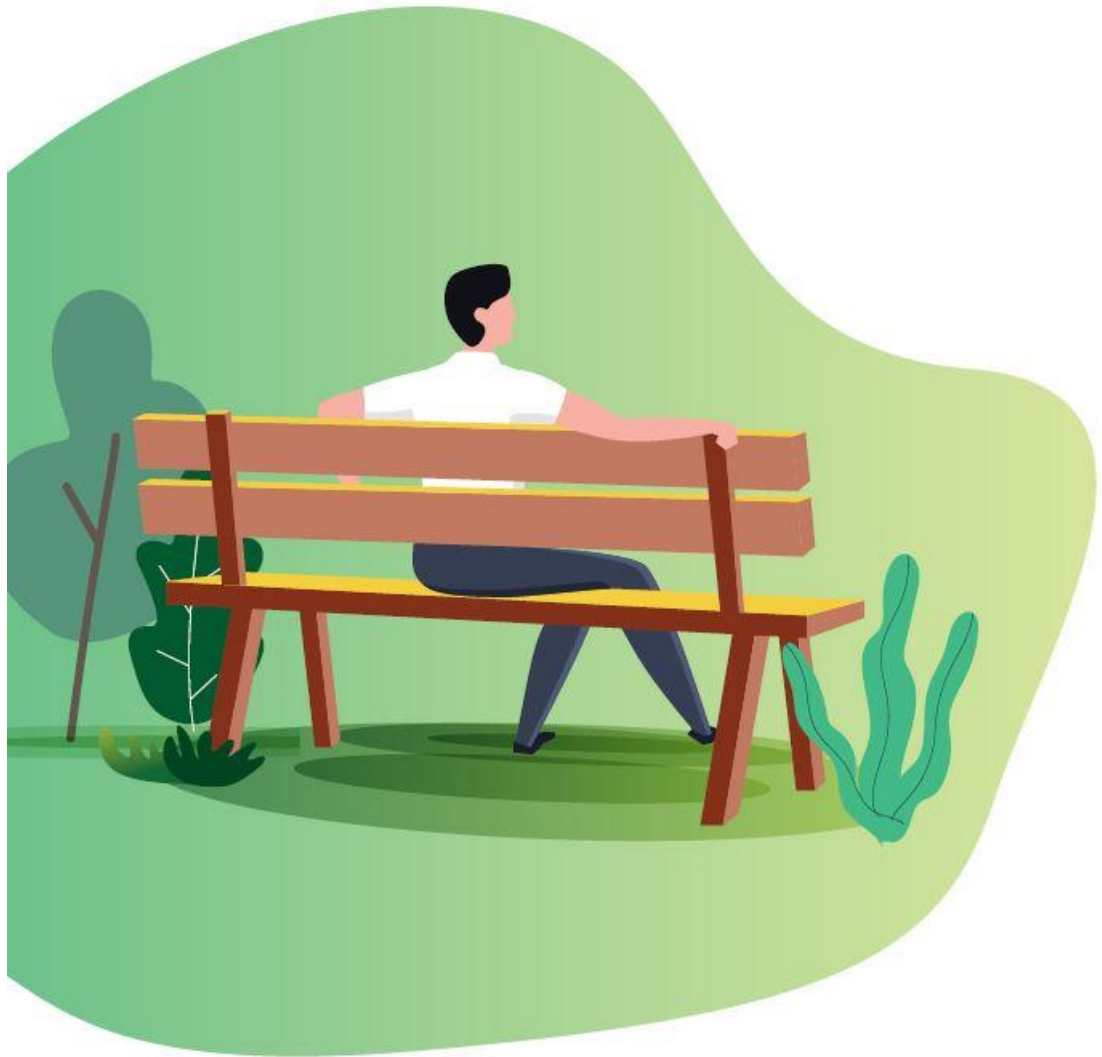
Source: Women's Health in the North 2019



PRIORITY GROUPS

Significantly higher rates of blood-borne viruses and sexually transmissible infections are among Aboriginal Victorians than non-Aboriginal Victorians (Korin Korin Balit Djak, 2017).

² North Metro Region (NMR) includes the Local Government Areas of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.



Mental Health

Mental Health

Overview

Aboriginal and Torres Strait Islander peoples are respectfully warned that the following section includes information associated with deceased persons from events that have occurred in Victoria. No names, voices or direct events are recorded within this report; however, the sensitive nature of the information is associated with the commencement of dreaming for many Aboriginal people and may impact some readers.

Mental Health is defined by the World Health Organisation as 'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community'. However, the term mental health is often used as a substitute to describe mental health conditions such as anxiety, depression, schizophrenia and others. Mental health can also be thought of as a continuum- where on one end there is good mental health, people can cope and manage stress well and on the other end is poor mental health, where mental health illnesses are present and can cause significant disruption to productivity, potential and daily life. Mental health is a core component of health, it, along with the physical and social components will determine a person's level of overall health and wellbeing.

Moreland context

Wellbeing is a measure of a deep and enduring sense of satisfaction. The average subjective wellbeing in Moreland is slightly lower than the Inner Metro Region average. It is particularly low for people aged 75 and over, with this age group reporting an average subjective wellbeing index of 71.0 out of 100, significantly lower than the Inner Metro Region average of 80.8. Over one quarter (27.4%) of adults are diagnosed with anxiety or depression in Moreland. Although it is equal to the proportion overall in Victoria, it nonetheless makes anxiety or depression the leading diagnosed chronic disease in Moreland.

A significantly higher proportion of adults who identify as LGBTQIA+ have experienced high or very high levels of psychological distress compared with the broader adult population in Victoria. This is also true for Aboriginal and Torres Strait Islander people, who are three times more likely to experience high or very high levels of psychological distress than non-Aboriginal people. 44.8% of adults who identify as LGBTQIA+ are diagnosed with anxiety or depression, which is significantly disproportionate when compared to 27.4% of all adults. Also, 62.3% of Aboriginal and Torres Strait Islander people who committed suicide had a diagnosed mental illness. Further to the point, suicide rates of Aboriginal and Torres Strait Islander people in Victoria are double that of the non-Indigenous population. Notably, young Aboriginal and Torres Strait Islander Victorians are most at risk.

In addition to Aboriginal and Torres Strait Islander people and people who identify as LGBTQIA+, people living with disability also experience lower subjective wellbeing and resilience than people without a disability. Out of 100 points, they score approximately 9 points lower for subjective wellbeing. They also score approximately 0.6 points lower out of 8 for resilience, which indicates a lower capacity to cope with stress and unexpected life events.

In summary, key issues include:

- Over one quarter of Moreland adults are diagnosed with anxiety or depression
- Increase in mental health impacts since Covid-19
- Low levels of subjective wellbeing for people aged over 75 years, Aboriginal Victorians, LGBTQIA+ adults and people with disability.
- A much higher proportion of adults who identify as LGBTQIA+ are diagnosed with anxiety or depression and have experienced high or very high levels of psychological distress.
- High rates of suicide and psychological distress in Aboriginal and Torres Strait Islander people in Victoria, with young people particularly at risk.
- Lower levels of resilience for people with disability.
- Climate related anxiety, particularly for young people

Key insights

Areas where Moreland performs at or above the regional average:

- In 2017, 15.6% of people in Moreland experienced a high or very high level of psychological distress. This is consistent with the rate for Victoria (15.4%).
- 27.4% of adults in Moreland have ever been diagnosed with anxiety or depression. This is consistent with the proportion in Victoria (27.4%).
- 20.9% of adults in Moreland have sought professional help for a mental health problem in the previous year, which is higher than the Victorian average (17.6%).

Areas where Moreland performs below the regional average:

- The average subjective wellbeing in Moreland is 76.1 out of 100, which is slightly lower than the average of 77.4 for the Inner Metro Region.
- Resilience is a measure that gives an indication of the individual's capacity to cope with stress or unexpected life events. The average level of resilience in Moreland is 6.3 out of a total possible of 8, which is slightly lower than the level of resilience of 6.5 for the Inner Metro Region.

Subjective wellbeing

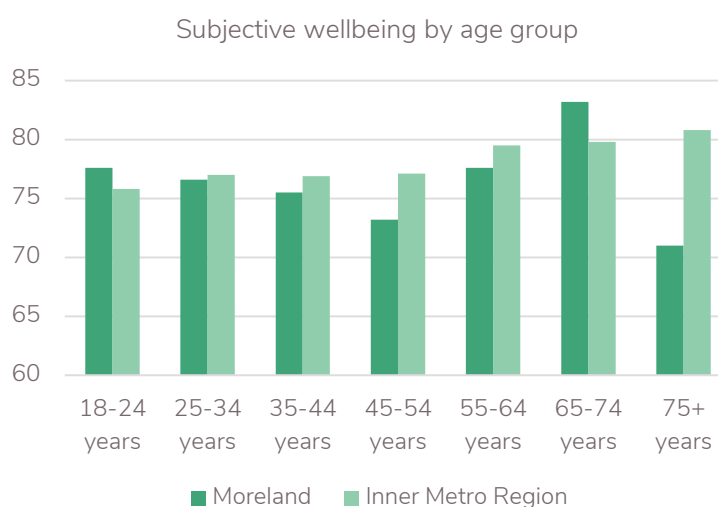
Measure: Subjective wellbeing

Wellbeing is a subjective measure of an individual's quality of life. Wellbeing is a measure of a deep and enduring sense of satisfaction, as opposed to a momentary burst of happiness. Wellbeing is measured in the VicHealth Indicators Survey using the Australian Unity Personal Wellbeing Index, which includes ratings across seven domains: standard of living, achievements in life, community connection, personal relationships, safety, and future security.

The average **subjective wellbeing in Moreland is 76.1 out of 100**, which is slightly lower than the average of 77.4 for the Inner Metro Region.

Table. Subjective wellbeing by age group for Moreland and Inner Metro Region

Age group	Moreland	Inner Metro Region
18-24 years	77.6	75.8
25-34 years	76.6	77.0
35-44 years	75.5	76.9
45-54 years	73.2	77.1
55-64 years	77.6	79.5
65-74 years	83.2	79.8
75+ years	71.0	80.8
Overall	76.1	77.4



Source: VicHealth Indicators Survey 2015



PANDEMIC

Women are experiencing worse mental health compared to men during the pandemic (Inner North West Primary Care Partnership, 2020).

COVID-19 will have a multi-faceted, disproportionate on long-term impact on young people's lives (YACVIC, 2020).



PRIORITY GROUPS

Aboriginal Victorians may experience increased negative mental health outcomes due to significant risk factors including widespread grief and loss, impacts of the Stolen Generations and removal of children, unresolved trauma, separation from culture and associated identity issues, and discrimination based on race or culture (VACCHO, 2020).

LGBTIQ individuals disclosed less favourable mental health outcomes than others, including lesser satisfaction with life, with 28% rating their life satisfaction as 'fair' or 'poor' compared with 20% of the broader population (Victorian Population Health Survey, 2017).

Aboriginal LGBTIQ Victorians are at an increased risk of mental ill-health, including depression, anxiety disorders, self-harm and suicide, compounded by the effects of intersectional marginalisation and discrimination (Australian Institute of Health and Welfare, 2015; Leonard et al. 2012; Farrell 2015).

People with disability scored significantly lower for subjective wellbeing than people without disability (approximately 9 points lower out of 100) for Victoria (Victorian Population Health Services 2017).

For young people in Moreland in Grades 3-12, 23% feel nervous, anxious or on edge and 21% don't feel good about themselves (Youth Resilience Survey, 2020)

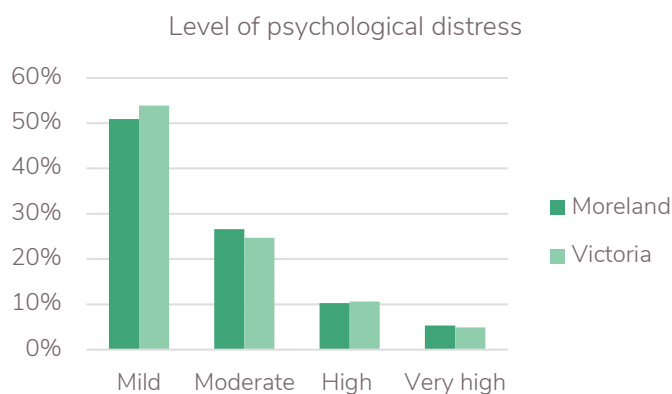
Psychological distress

Measure: Psychological distress

15.6% of people in Moreland have experienced a high or very high level of psychological distress. This is consistent with the rate for Victoria (15.4%) but lower than the average for the North Division (16.5%).

Table. Level of psychological distress in Moreland and Victoria

Level of psychological distress	Moreland	Victoria
Mild	50.9%	53.9%
Moderate	26.6%	24.7%
High	10.3%	10.6%
Very high	5.3%	4.9%



Source: Victorian Population Health Survey 2017



PANDEMIC

80% of Aboriginal Victorians are reporting high levels of psychological distress during the COVID-19 lockdown compared with 44% of all Victorians (Inner North West Primary Care Partnership, 2020).



PRIORITY GROUPS

In Moreland, a higher percentage of females (17.4%) than males (13%) reported high or very high levels of psychological distress (Victorian Population Health Survey, 2017).

24.4% of LGBTIQ adults had high or very high levels of psychological distress compared with 14.5% of the broader adult population in Victoria (Victorian Population Health Survey 2017).

Aboriginal people are around three times more likely to experience high or very high levels of psychological distress than non-Aboriginal Victorians (Korin Korin Balit Djak 2017).

CLIMATE CHANGE

Higher heat days can lead to increased rates of stress, anxiety and harmful behaviours, including more incidents of domestic violence (The Australia Institute, 2018).

Anxiety and depression

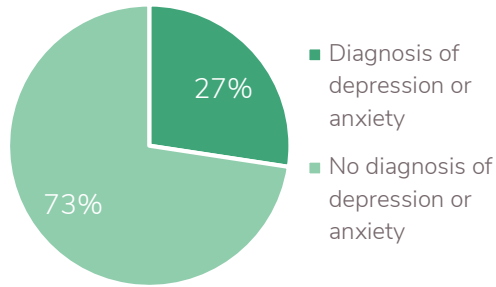
Measure: Adult population ever diagnosed with anxiety or depression

27.4% of adults in Moreland have ever been diagnosed with anxiety or depression. This is consistent with the proportion in Victoria (27.4%).

62.3% of suicides of Aboriginal and Torres Strait Island peoples had a diagnosed mental illness, which is a higher proportion than for all Victorians (55.7%). 44.8% of LGBTIQ adults had been diagnosed with anxiety or depression compared to 27.4% of all adults.

Table. Proportion of adult population ever diagnosed with anxiety or depression

Anxiety or depression	Moreland	Victoria
Diagnosis of anxiety or depression	27.4%	27.4%
No diagnosis of depression or anxiety	72.6%	72.6%



Source: Victorian Population Health Survey 2017

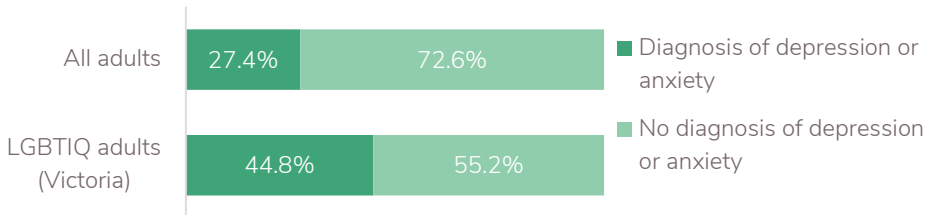


PRIORITY GROUPS

Suicide rates of Aboriginal and Torres Strait Islander people in Victoria are twice that of the State's non-Indigenous population, with young Indigenous Victorians being most at risk (Coroners Court of Victoria, 2020). Between 1 January 2009 – 30 April 2020, there were 117 Aboriginal and Torres Strait Islander suicides in Victoria. Of these, 82 were male and 35 were female (Coroners Court of Victoria, 2020).

A higher proportion of LGBTIQ adults have been diagnosed with anxiety or depression compared to all adults (Victorian Population Health Survey, 2017).

Proportion of all adults and LGBTIQ adults in Moreland who have been diagnosed with depression or anxiety



CLIMATE CHANGE

Climate anxiety describes anxiety related to the global climate crisis and the threat of environmental disaster. Symptoms may include panic attacks, insomnia, and obsessive thinking. Feelings of climate distress might negatively affect overall mental health, potentially leading to increases in stress-related problems such as substance use disorders, anxiety disorders, and depression. With little available data, the prevalence of climate anxiety cannot be quantified, although there are indications that young people are adversely affected (The Lancet, 2020).

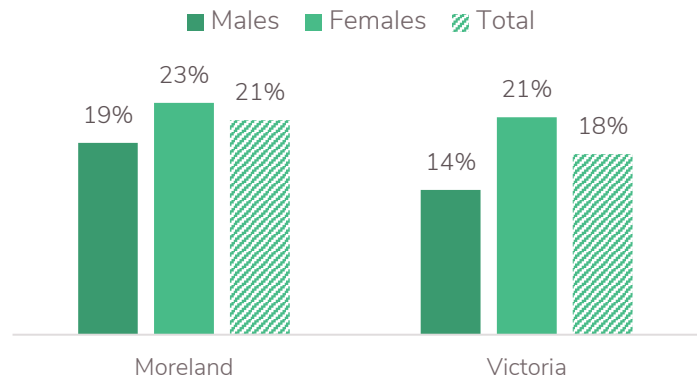
Accessing mental health services

Measure: Adult population who sought professional help for a mental health problem

20.9% of adults in Moreland have sought professional help for a mental health problem in the previous year, which is higher than the Victorian average (17.6%). More women (22.6%) have sought professional mental health help than men (18.7%) in Moreland.

Table. Proportion of adult population who sought professional help for a mental health problem in the previous year

Gender	Moreland	Victoria
Males	18.7%	14.1%
Females	22.6%	21.2%
Total	20.9%	17.6%



PANDEMIC

Many mental health services have closed or shifted to remote service during the pandemic.



PRIORITY GROUPS

The mental health-related hospitalisation rate of Aboriginal people from 2004 to 2015 increased by 22 per cent, whereas the rate for non-Aboriginal individuals decreased by 24 per cent over the same period. Mental and health related conditions are estimated to account for as much as 22 per cent of the health gap (12 per cent mental health conditions, 6 per cent alcohol and substance abuse and 4 per cent suicide) between Aboriginal and non-Aboriginal people (Korin Korin Balit Djak 2017).

Resilience

Measure: Resilience

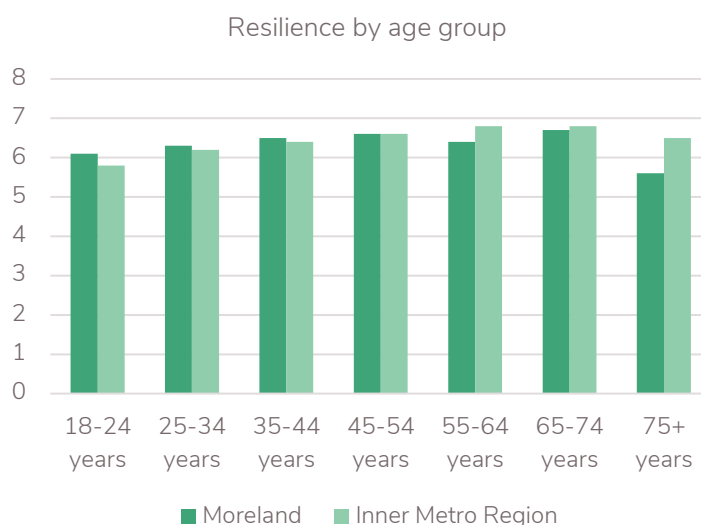
Resilience is an important measure of mental health and wellbeing as it gives an indication of the individual's capacity to cope with stress or unexpected life events. The 2015 VicHealth Indicators survey asked respondents to rate themselves in terms of their ability to adapt to change and whether they tend to bounce back after hardship. These ratings were then converted to a score out of 8 for an average resilience score, 8 representing the highest level of resilience.

The average level of resilience in Moreland is 6.3 out of a total possible of 8, which is slightly lower than the level of resilience of 6.5 for the Inner Metro Region.

Table. VicHealth resilience score by age

Age group	Moreland	Inner Metro Region
18-24 years	6.1	5.8
25-34 years	6.3	6.2
35-44 years	6.5	6.4
45-54 years	6.6	6.6
55-64 years	6.4	6.8
65-74 years	6.7	6.8
75+ years	5.6	6.5
Overall	6.3	6.5

Source: VicHealth Indicators Survey 2015



PRIORITY GROUPS

People with disability had significantly lower levels of resilience than people without disability (approximately 0.6 points lower out of 8) for Victoria (VicHealth Indicators Survey, 2015).

The average score for resilience among Aboriginal and Torres Strait Islander people was 6.3 compared to 6.4 among Non- Aboriginal and Torres Strait Islander people in 2015 (VicHealth Indicators Survey, 2015).



Healthy Food Environment

Healthy Food Environment

Overview

Food environments are the physical, social, economic, cultural and political factors that either help or hinder people's access to good quality food (National Collaborating Centre for Environmental Health, 2015). The availability and ease of access to food, the relative cost of healthy foods such as fruit and vegetables, prevalence and exposure to food advertising, the appeal of time saving convenience foods, and social and cultural norms all influence our diets. The combination of these factors give rise to the different food environments experienced in different locations and population groups.

Eating a healthy and balanced diet is crucial for health and can be a protective factor against chronic diseases. In conjunction with regular physical activity, eating well can help maintain a healthy body weight which reduces the risk of obesity, cardiovascular disease, diabetes and other chronic conditions (Australian Institute of Health and Welfare, 2020). Eating a wide variety of foods also assists with having enough energy and nutrients for function, growth and repair of the body (Eat for Health, 2017).

There are barriers to healthy eating that can be present and contribute to the under consumption of healthy foods (World Health Organisation, 2020). These barriers have a significant impact to healthy eating and may include living in a low-income household, social isolation, living with a disability or chronic illness, limited access to transport, migrant and refugee status, and housing stress or homelessness. Addressing these barriers can help improve food environments and increase access to nutritionally appropriate foods (Heart Foundation, 2017).

Moreland context

Three quarters of Moreland's population are located within 1 km of a source of fresh food. However, there are pockets with very low access such as Oak Park (<4%), Hadfield and Glenroy (<50%). These areas are also among the most disadvantaged in Moreland which makes them a priority for supporting more fresh healthy food options.

Food security refers to the ability to always access healthy, affordable culturally appropriate food. The reasons for people lacking food security relate not only to distance from food outlets, but also a lack of culturally appropriate food options, limited financial resources and transport options, lack of motivation or knowledge about a nutritious diet and mobility or mental health issues. Residents from Glenroy and Fawkner reported being more food insecure (6-9.5%) than the average Moreland resident (3.1%). Loss of income and jobs due to the COVID-19 pandemic led to a significant rise in the number of Moreland residents experiencing food insecurity as well as the severity. At the same time food supply chains were disrupted reducing the availability of food relief. Climate change events such as the 2019-2020 bushfires also disrupt food supplies and lead to increased food prices. Residents already experiencing food insecurity are disproportionately impacted by these events, as are those not eligible for government support, such as international students.

Moreland has considerable food growing skills and assets, with 47% of residents growing their own food as well as over 25 communal food growing sites. Studies have shown that residents who grow their own food are more likely to have a higher vegetable and fruit intake (The Australia Institute, 2014). Locally grown and distributed food was an important source of diverse and healthy food for those who needed it most during the COVID-19 pandemic, including the priority groups of women and low-income earners.

The health profile data relating to healthy food indicates that socioeconomic disadvantage is an underlying cause of unhealthy diets and food insecurity. A targeted multipronged response is required, which works in concert with other programs addressing inequality and disadvantage.

In summary, key issues include:

- Low compliance with fruit and vegetable consumption guidelines.

- Rising food insecurity, particularly in Fawkner, Glenroy and Brunswick East.
- Low levels of accessibility to fresh food within walking distance in Gowanbrae and Oak Park.
- High consumption of unhealthy food and drinks for Aboriginal Victorians, with poor diet being a leading cause of disease burden.
- Increases in the frequency and severity of extreme weather events may impact food security, affordability and safety.

Key insights

Healthy food consumption

- Half of adults in Moreland do not meet the recommended guidelines for fruit and vegetable consumption, however this is slightly lower than the averages for the North Division (52.2%) and for Victoria overall (51.7%).
- Nearly one in five (19.5%) of adults in Moreland eat take-away meals or snacks more than one time per week. This is higher than for the North Division (14.4%) and Victoria (15.2%).
- 9.4% of adults in Moreland consume sugar-sweetened beverages daily. This is consistent to North Division (9.5%) and slightly lower than Victoria (10.1%).

Food availability and accessibility

- Three quarters (74.1%) of dwellings in Moreland are within 1km of a supermarket. When compared with nearby LGAs, Moreland performs similarly: Darebin (66.8%), Moonee Valley (73.5%), and Maribyrnong (81.4%).
- Nearly all dwellings in Brunswick (98.1%) and Brunswick East (95.8%) are within 1km of a supermarket, whereas only very small portions of Gowanbrae (3.0%) and Oak Park (3.5%) have such close access to supermarkets, and less than half of households in Hadfield do (47.6%).

Food insecurity

- In 2019, 4.5% of Moreland residents had experienced food insecurity in the last 12 months. This is **higher** than in 2017 (3.2%) but consistent with 2015 (4.5%). Fawkner reported the highest instance of food insecurity (13.4%) followed by Glenroy (11.5%) and Brunswick East (8.3%).
- A recent COVID-19 community survey indicated that 15% of residents were somewhat or very concerned (4%) about their ability to afford food in the next four weeks (MCC 2020).

Food production

- In 2019, 40.5% of Moreland residents reported producing some of their own food through a home fruit or vegetable garden. Coburg North (60.7%), Coburg (59.1%), and Pascoe Vale South (53.2%) have the highest instances of residents who produce some of their own food.

Healthy food consumption

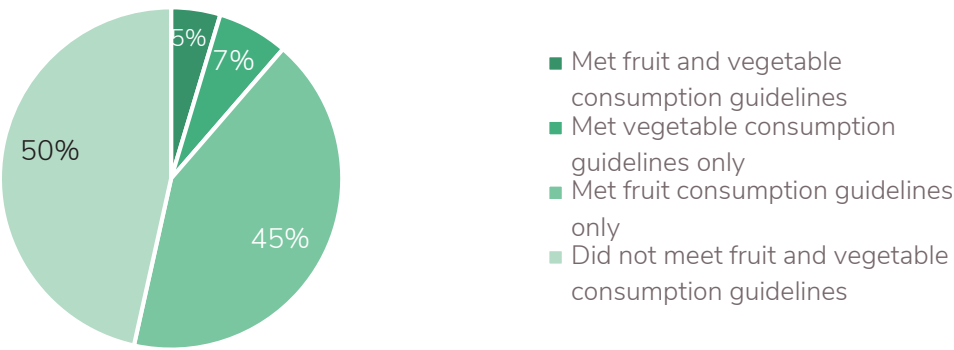
Measure: Compliance with fruit and vegetable consumption guidelines

5% of adults in Moreland meet the fruit and vegetable consumption guidelines, which is higher than in North Division (3.8%) and Victoria (3.6%). 7.2% of adults meet only the guidelines for vegetables, 45.3% of adults meet only the guidelines for fruit, and 50% of adults do not meet the guidelines for vegetables and fruit.

Table. Proportion of adults who meet the compliance with fruit and vegetable consumption guidelines

Level of compliance	Moreland	North Division ³	Victoria
Met fruit and vegetable consumption guidelines	5.0%	3.8%	3.6%
Met vegetable consumption guidelines only	7.2%	5.6%	5.4%
Met fruit consumption guidelines only	45.3%	43.1%	43.2%
Did not meet fruit and vegetable consumption guidelines	50.0%	52.2%	51.7%

Compliance with fruit and vegetable consumption guidelines in Moreland



Source: Victoria Population Health Survey 2017

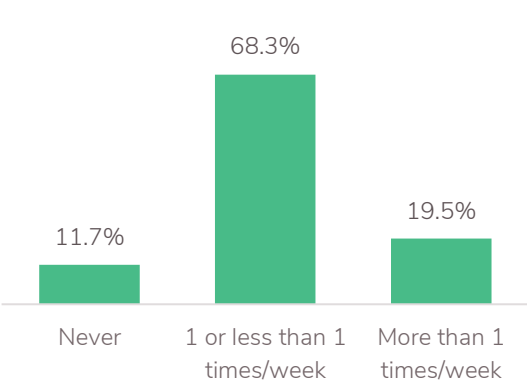
Measure: Consumption of take-away meals or snacks

Nearly one in five (19.5%) of adults in Moreland eat take-away meals or snacks more than one time per week. This is higher than for the North Division (14.4%) and Victoria (15.2%).

Table. Proportion of adults who eat take-away meals or snacks more than one time per week

Frequency	Moreland	North Division	Victoria
Never	11.7%	15.4%	14.9%
1 or less than 1 times/week	68.3%	69.5%	69.1%
More than 1 times/week	19.5%	14.4%	15.3%

Frequency of take-away meals or snacks



Source: Victoria Population Health Survey 2017

³ North division is: Moreland, Hume, Darebin, Whittlesea, Banyule, and Nillumbik

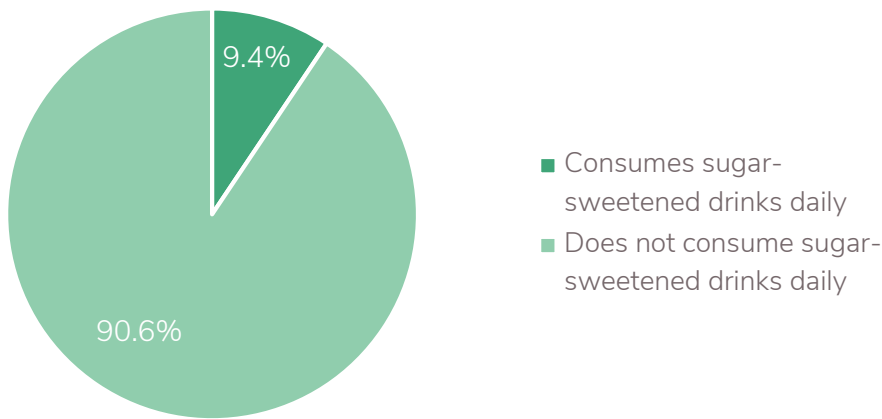
Measure: Consumption of sugar-sweetened beverages

9.4% of adults in Moreland consume sugar-sweetened beverages daily. This is consistent to North Division (9.5%) and slightly lower than Victoria (10.1%).

Table. Proportion of adults who consume sugar-sweetened beverages daily

Consumption of sugar-sweetened beverages	Moreland	North Division	Victoria
Consumes sugar-sweetened drinks daily	9.4%	9.5%	10.1%
Does not consume sugar-sweetened drinks daily	90.6%	90.5%	89.9%

Consumption of sugar-sweetened beverages in Moreland



Source: Victoria Population Health Survey 2017



PRIORITY GROUPS

Poor diet is a leading cause of the disease burden for all Victorians, with dietary risk factors more pronounced for Aboriginal Victorians. For example, 41 per cent of energy intake for Aboriginal adults in Victoria comes from unhealthy foods and drinks. (Korin Korin Balit Djak, 2017).

Access to nutritionally dense foods impacts the overall health of women. Women who have lower incomes are more likely to be unable to afford nutritionally dense foods to sustain a healthy diet. Inadequate nutrition in pregnant women is a health concern and has been associated with poor pregnancy outcomes including low birth weight and gestational diabetes.



PANDEMIC

Edible gardening contributed to diverse and healthy diets during the COVID-19 Pandemic (2020 Pandemic Gardening Survey, Sustain: The Australian Food Network).

Food availability & accessibility

Measure: Dwellings with access to fresh food within easy walking distance

Nearly three quarters (74.1%) of dwellings in Moreland are within 1km of a supermarket. Suburbs with the highest percentage of dwellings within 1km of a supermarket are Brunswick (98.1%), Brunswick East (95.8%), and Brunswick West (93.7%). Suburbs with the lowest percentage of dwellings within 1km of a supermarket are Gowanbrae (3.0%), Oak Park (3.5%), and Hadfield (47.6%). When compared with nearby LGAs, Moreland has a higher proportion of dwellings within 1km of a supermarket than neighbouring Darebin (66.8%), a very similar proportion of Moonee Valley (73.5%), and a lower proportion than Maribyrnong (81.4%).

Table. Percentage of dwellings within 1km of a supermarket.

Suburb	% within 1km
Brunswick	98.1%
Brunswick East	95.8%
Brunswick West	93.7%
Coburg	72.8%
Coburg North	66.8%
Fawkner	82.8%
Glenroy	52.4%
Gowanbrae	3.0%
Hadfield	47.6%
Oak Park	3.5%
Pascoe Vale	80.9%
Pascoe Vale South	47.9%
Moreland	74.1%

Source: Australian Urban Observatory 2018

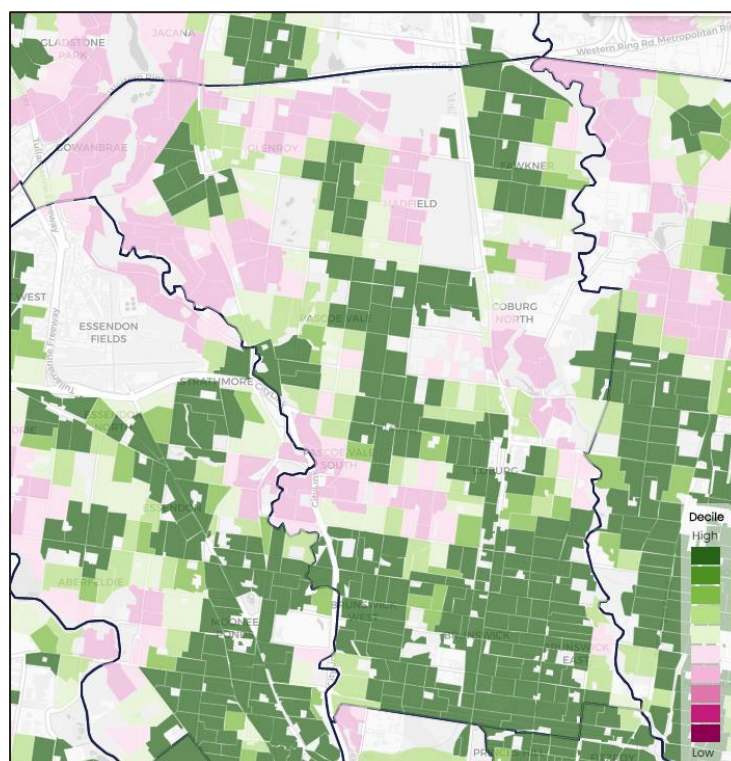


Table. Percentage of dwellings within 1km of a supermarket by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
% within 1km	74.1%	73.5%	66.9%	81.4%

Source: Australian Urban Observatory 2018



PANDEMIC

Food relief has been an important part of the pandemic response to ensure that those most vulnerable in the community have access to food. International students are one sub-group that have been particularly impacted by the pandemic and lack of social support. This has left many with limited accessibility to culturally safe, appropriate and affordable food (Moreland City Council, 2020).

Edible gardening has provided an accessible source of culturally appropriate nutritious food for households, including those on low incomes (2020 Pandemic Gardening Survey, Sustain: The Australian Food Network).



CLIMATE CHANGE

Sustainable food systems assist in mitigating emissions and provisions the consumption of fresh food. Ensuring food availability and access has co-benefits for population and environmental health such as reduced waste and landfill and correct nutrition to support a healthy life (Department of Health & Human Services 2017).

Food security

Measure: Residents who experience food insecurity

In 2019, 4.5% of Moreland residents had experienced food insecurity in the last 12 months. This is higher than in 2017 (3.2%) but consistent with 2015 (4.5%). Fawkner reported the highest instance of food insecurity (13.4%) followed by Glenroy (11.5%) and Brunswick East (8.3%).

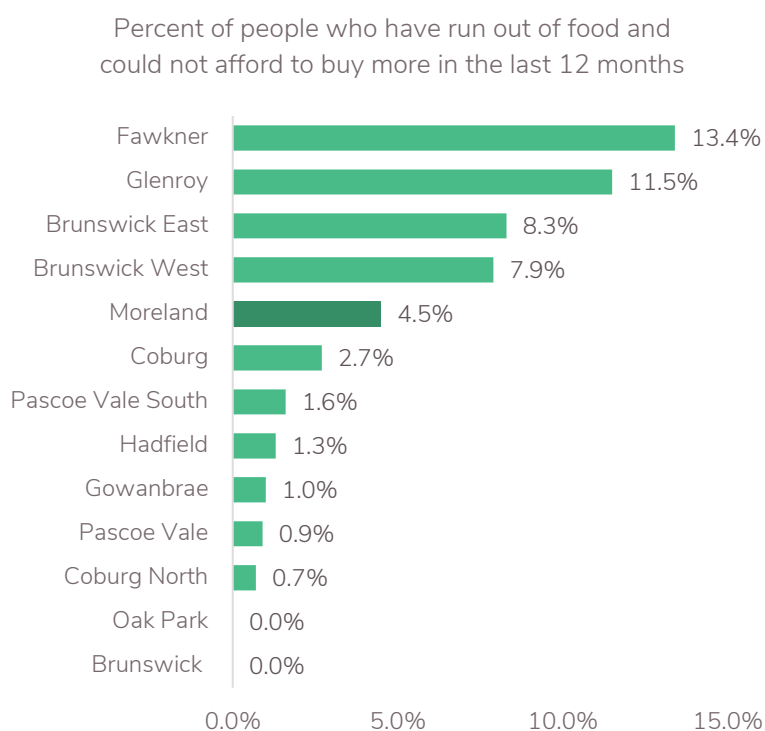
Table. People who have run out of food and could not afford to buy more in the last 12 months

Experience of food insecurity	%
Has experienced food insecurity	4.5%
Has not experienced food insecurity	94.5%
Could not say	1.0%

Source: MCC Household Survey 2019

Table. People who have run out of food and could not afford to buy more in the last 12 months by suburb

Suburb	%
Brunswick	0.0%
Brunswick East	8.3%
Brunswick West	7.9%
Coburg	2.7%
Coburg North	0.7%
Fawkner	13.4%
Glenroy	11.5%
Gowanbrae	1.0%
Hadfield	1.3%
Oak Park	0.0%
Pascoe Vale	0.9%
Pascoe Vale South	1.6%
Moreland	4.5%



Source: MCC Household Survey 2019



PANDEMIC

According to an MCC Covid-19 community survey, 15% of respondents reported being somewhat concerned (11%) or very concerned (4%) about their ability to afford food in the next four weeks (Moreland City Council, 2020).

There was concerning rise in food insecurity during the COVID-19 pandemic (VicHealth 2020). Data from community service providers in Moreland has highlighted food relief as the most prevalent need in the community, with a high number of requests coming from international students and the CALD community, and with specific requests for dietary restrictions and culturally appropriate food (Moreland City Council, 2020).

Edible Gardening is a source of good food for those that need it most with 45% of surveyed low-income gardeners reporting growing more than 30 percent of their own food during the

COVID-19 pandemic (2020 Pandemic Gardening Survey, Sustain: The Australian Food Network)



CLIMATE CHANGE

Climate change increases the frequency and severity of extreme weather events which impacts food security (World Health Organisation, 2020).



PRIORITY GROUPS

Women have higher rates of food insecurity than men. Women are more likely to experience difficulties in acquiring appropriate food which can be attributed to inequalities in income and the pay gap seen between men and women. Aboriginal and Torres Strait Islander women experience higher rates of food insecurity when compared non-Aboriginal and Torres Strait Islander women (Women's Health Victoria, 2017).

Aboriginal adults in Victoria are more than three times as likely to have experienced food insecurity than non-Aboriginal Victorians (Korin Korin Balit Djak, 2017).

LGBTQIA+ adults experience food insecurity at a higher rate than non-LGBTQIA+ (Victorian Agency for Health Information, 2017).

Food production

Measure: Residents who produce some of their own food

In 2019, 40.5% of Moreland residents reported producing some of their own food through a home fruit or vegetable garden. Coburg North (60.7%), Coburg (59.1%), and Pascoe Vale South (53.2%) have the highest instances of residents who produce some of their own food.

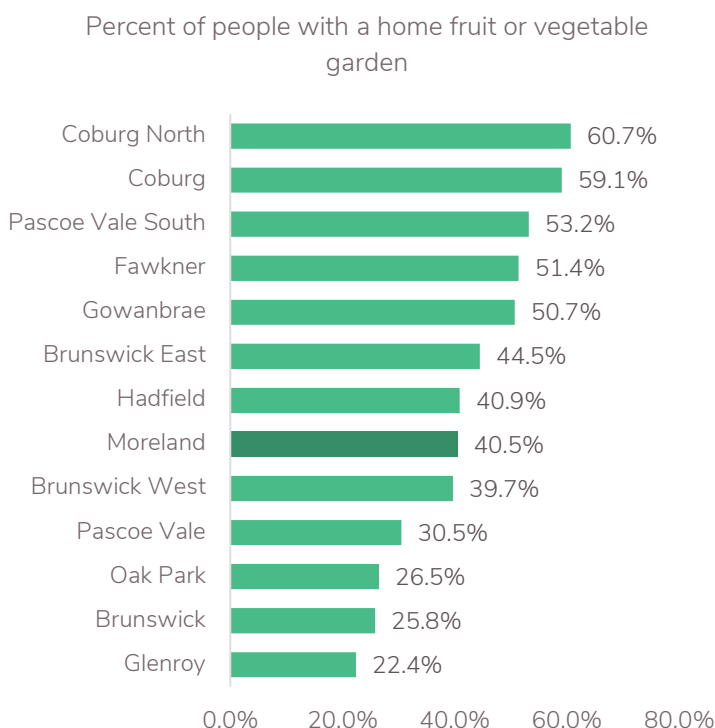
Table. People with a home fruit or vegetable garden

Households with home fruit or vegetable gardens	%
Yes, household has a home fruit or vegetable garden	40.5%
No, household does not have a home fruit or vegetable garden	58.7%
Can't say	0.8%

Source: MCC Household Survey 2019

Table. People with a home fruit or vegetable garden by suburb

Suburb	%
Brunswick	25.8%
Brunswick East	44.5%
Brunswick West	39.7%
Coburg	59.1%
Coburg North	60.7%
Fawkner	51.4%
Glenroy	22.4%
Gowanbrae	50.7%
Hadfield	40.9%
Oak Park	26.5%
Pascoe Vale	30.5%
Pascoe Vale South	53.2%
Moreland	40.5%



Source: MCC Household Survey 2019



PANDEMIC

Edible gardening contributed to: a sense of focus and reduced anxiety, and to connecting with family and neighbours through food sharing during the COVID-19 pandemic. Home gardeners also reported increasing their edible food growing activities (2020 Pandemic Gardening Survey, Sustain: The Australian Food Network).



CLIMATE CHANGE

Global food production and the agricultural industry contribute significantly to the impact of climate change. Unsustainable food systems present challenges of meeting the demand for high-quality diets for the growing population and supporting ecosystem resilience. With inadequate food production a rise may be seen in malnutrition and chronic conditions caused by poor nutrition (EAT - Lancet Commission, 2019).

Food affordability



PANDEMIC

7% of respondents to the VicHealth Coronavirus Impact Survey stated at some point during the pandemic they had run out of food and could not afford to buy more (increase of 3%). There was also a reliance from many (23%) on cheaper alternatives that were not consider 'healthy' (VicHealth, 2020).



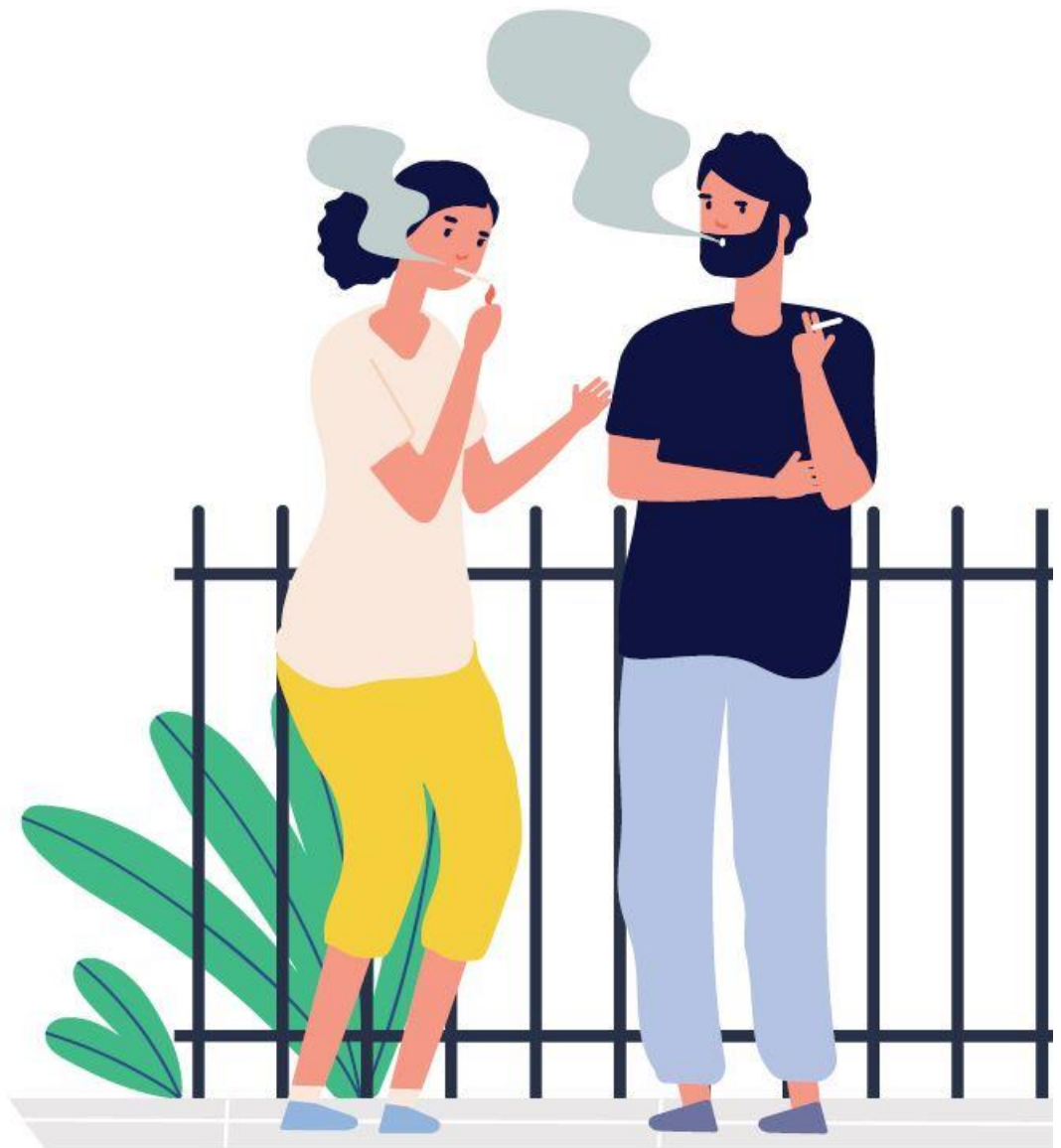
CLIMATE CHANGE

Victoria's climate projections include: more heat extremes, decrease in annual rainfall and increased fire danger (Department of Environment, Land, Water and Planning, 2019). These projections will create strain on the farming and agricultural industries, impacting local Victorian produce. Food affordability may therefore be impacted and see costs rise for local produce as local supply decreases. Inequalities to access of nutritious food may increase in frequency due to the higher cost (Department of Health and Human Services, 2019)



PRIORITY GROUPS

Food affordability is a significant issue in women's health. In some disadvantaged communities up to 25% of people are unable to purchase food when they run out. Women, especially those from low-income households or single-parent households often suffer the most in being able to purchase a sufficient amount of food. (Women's Health Victoria, 2017)



Alcohol, Tobacco & Gambling Environment

Alcohol, Tobacco & Gambling Environment

Overview

Tobacco Harm

Tobacco is a highly addictive stimulant that contains nicotine, a toxic substance that is found in cigarettes, cigars and pipes (Department of Health, 2019). Smoking tobacco is a major health concern. People who smoke tobacco have higher risks of many diseases and have poorer health outcomes (Department of Health, 2017). Long term smokers have greater health risks. Conditions that smoking increases the likelihood of include:

- Cancer (lung, mouth, throat, stomach, liver, kidney, pancreas, blood and more)
- Chronic respiratory conditions (chronic obstructive pulmonary disease and asthma)
- Heart disease, stroke and blood circulation problems
- Diabetes
- Dental problems (gum disease, tooth loss and sensitivity)
- Vision and hearing loss and
- Fertility problems (Better Health Channel, 2019).

It has been identified that smokers' lives will be cut short by an average of 10 years due to one of the above conditions when compared to non-smokers (Department of Health, 2020).

Smoking not only affects the health of the individual, but also impacts the health of those who live or are in an environment where there is on-going exposure to smoke. Second-hand smoke is a term that describes the smoke that has come from a burning tobacco product that has been inhaled by someone other than the 'active smoker' or who it was intended for. Children who live with parents that are regular smokers and those in certain occupations are some of those who experience a higher rate of second-hand smoking or passive smoking (Better Health Channel, 2017).

Alcohol Harm

Alcohol is a drug that alters the way people think, feel and behave and is both addictive and a depressant (Department of Health, 2019). There are many contributing factors to how alcohol affects people including gender, medical conditions, use of other drugs/medications, weight and age. Over consumption and binge drinking are two behaviours that pose the biggest risk to health. Long term and chronic alcohol users are more likely to develop mental health conditions, diabetes, weight gain, cancers (stomach, bowel, liver, etc.), and heart conditions, have liver failure or sustain an injury while under the influence. Unborn babies are also at risk of health conditions if their mother consumes alcohol whilst pregnant (Department of Health, 2020). Consumption of alcohol can also impact family relationships, exacerbate domestic violence as well as create financial and social stress (Department of Health, 2020).

Drinking culture in Australia is often fuelled by peer pressure and the belief that alcohol is a necessity for many social events. Young people are most at risk from the pressures to consume alcohol which could contribute to the higher rates of binge drinking from this age group (VicHealth, 2014). Men are also more likely to exceed the recommended single occasion drinking guidelines than women (Australian Bureau of Statistics, 2018).

Gambling Harm

Gambling harm is any negative consequence that comes from gambling and includes financial, relationship, health, emotional, work or cultural issues. Gambling harm can result from a person's own gambling or someone else's and leads to poorer health and wellbeing of the individual, family, community or population (Victorian Responsible Gambling Foundation, 2020). This might include:

- Financial harm: unable to pay for essential needs such as food, housing and medical supplies
- Poor mental health: increased rates of depression, anxiety and suicidal thoughts

- Social health: disruption and conflict within family relationships
- Co-morbidity: problem gamblers are more likely to excessively consume alcohol and smoke, leading to conditions previously mentioned (Victorian Responsible Gambling Foundation, 2020).

Key issues regarding the impact of gambling harm from the recent *Victorian Population Gambling and Health Study (2018-19)* include:

- Gambling harm increases significantly with each gambling risk category, e.g. it was reported by 29% of low-risk gamblers, 59% of moderate-risk and 100% of problem gamblers.
- Self-reported life satisfaction decreased with each gambling risk category and was lowest in problem gamblers.
- The gambling forms with the greatest population impact in relation to prevalence and source of gambling problems were electronic gambling machines (EGMs) (38%), casino table games (15%) and Keno (13%).
- Over the last ten years the internet has become the preferred method for betting, used by 78% and 35% of sports bettors and race bettors.

Moreland context

Moreland has a higher proportion of on-licence liquor premises within 400 metres of people's homes than neighbouring Local Government Areas, particularly in the southern suburbs of Brunswick, Brunswick East, Brunswick West and Coburg. Moreland also has a higher proportion of smokers than the Victorian average, with higher rates for Aboriginal Victorians, LGBTIQ+ adults and women from low-income households. There has been an increase in hospital admissions from drug use since 2009, particularly for young males, although these rates are still lower than the Greater Melbourne average.

Gambling losses from poker machines have stayed relatively stable since 2012, with approximately \$63 million lost per annum, and remains a public health issue for Moreland. The highest losses per gambling machine are hotels, not clubs, and Brunswick is the suburb with the highest gambling machine density in the municipality. Venue closures due to Covid-19 have changed gambling behaviour, with an increase in forms of online gambling, and changes to patterns of expenditure since re-opening. The ongoing impacts on all forms of gambling will need to be closely monitored in the near future.

In summary, key issues include:

- A higher proportion of smokers than Victoria
- High access to off and on-licence alcohol premises in Brunswick and Brunswick East
- Increase in hospital admissions from illicit drug use, especially for young people
- Continued high level of losses on poker machines in the municipality

Key insights

Access to alcohol outlets

- Moreland has an average number of 2.5 on-licenses within 400m. This is higher than Moonee Valley (1.9) and Darebin (2.3) but lower than Maribyrnong (2.9).
- Within Moreland, Gowanbrae (0) and Hadfield (0.1) have the lowest number of on-licenses within 400m, whereas Brunswick East (10.7) and Brunswick (6.7) have the highest.

Smoking and Tobacco Use

- In 2017, over one in ten (12.5%) of adults in Moreland smoked daily, which is consistent with the Victorian average (12.4%). An additional 6.1% of adults reported smoking occasionally.

Illicit drug use

- In the 2018-19 year there were 451 hospital admissions from drug use in Moreland. Over half of these hospital admissions were from people aged 25-29 years, and two thirds were male.
- Hospital admission rates in Moreland have increased annually for the past six years but remain lower than the average for Greater Melbourne.

Gambling rates

- Gambling expenditure in Moreland has remained relatively stable in the past six years between \$61.6-\$64.2 Million and has remained below the average for Greater Melbourne. Data for the 2019/20 year has been impacted by the closures of gambling venues due to the COVID-19 pandemic.

Access to gambling outlets

- Across Moreland there were 12 gambling venues with a total of 641 EGMs across six suburbs in 2018/19.
- Brunswick had both the highest number of EGMs (248) and the highest gambling expenditure (\$21.5 Million).

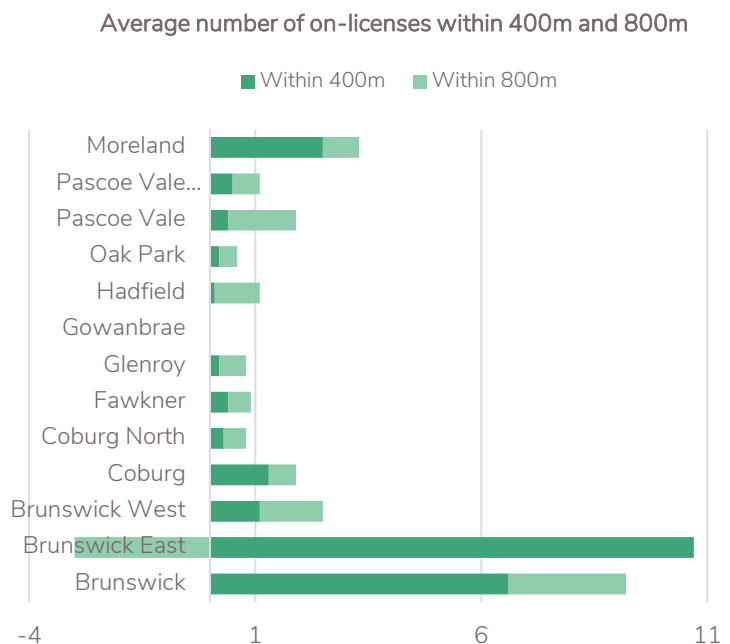
Access to alcohol outlets

Measure: Alcohol outlets within 400m

Moreland has an average number of 2.5 on-licenses within 400m. This is higher than Moonee Valley (1.9) and Darebin (2.3) but lower than Maribyrnong (2.9). Within Moreland, Gowanbrae (0) and Hadfield (0.1) have the lowest number of on-licenses within 400m, whereas Brunswick East (10.7) and Brunswick (6.7) have the highest.

Table. Average number of on-licenses within 400m and 800m.

Area	Within 400m	Within 800m
Glenroy	0.2	0.8
Gowanbrae	0	0
Hadfield	0.1	1.1
Fawkner	0.4	0.9
Pascoe Vale	0.4	1.9
Pascoe Vale South	0.5	1.1
Coburg North	0.3	0.8
Oak Park	0.2	0.6
Coburg	1.3	1.9
Brunswick West	1.1	2.5
Brunswick	6.6	9.2
Brunswick East	10.7	7.7
Moreland	2.5	3.3



Source: Australian Urban Observatory 2018

Table. Average number of on-licenses within 400m by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
400m	2.5	1.9	2.3	2.9

Source: Australian Urban Observatory 2018



PANDEMIC

Feeling anxious or stressed during the COVID-19 pandemic may have increased alcohol intake for some people (VicHealth 2020).



PRIORITY GROUPS

Women who have partners who drink excessively are more than twice as likely to experience physical abuse at the hands of a partner. Alcohol is a contributing factor to violence against women (Women's Health Victoria, 2017). Women who consume alcohol are also less likely to use alcohol and drug treatments due to fear of losing children, social stigma and the lack of gender-sensitive treatment programs (Women's Health Victoria, 2017).

Aboriginal Victorians present at emergency departments for alcohol-related causes at more than four times the rate of other Victorians (DPC 2015, in Korin Korin Balit-Djak, 2017).

Tobacco accessibility & use

Measure: People who smoke

In 2017, over one in ten (12.5%) of adults in Moreland smoked daily, which is consistent with the Victorian average (12.4%). An additional 6.1% of adults reported smoking occasionally.

Table. Proportion of the adult population smoking status and frequency in Moreland LGA compared to Victoria in 2017

Smoking status	% Moreland	% Victoria	Smoking frequency	% Moreland	% Victoria
Current smoker	18.6%	16.7%	Daily smoker	12.5%	12.4%
Ex-smoker	24.5%	24.4%	Occasional smoker	6.1%	4.3%
Non-smoker	55.9%	58.1%			

Source: Victorian Population Health Survey 2017



PANDEMIC

There was a mix of both positive and negative results for smoking rates during the pandemic (VicHealth 2020). Some Victorians attempted to quit because they believed smoking would increase the severity of COVID-19 if they were to contract the virus and many wanted to save money due to job loss of financial uncertainty (VicHealth, 2020).



PRIORITY GROUPS

Women with lower levels of education or from low-income households have higher rates of smoking compared to other women. Tobacco usage in women has the same health outcomes as men, however, women are exposed to additional risks such as smoking while pregnant (impact on child), smoking while taking an oral contraceptive and increased risk of cervical cancer (Women's Health Victoria 2017).

LGBTQIA+ adults have higher daily smoking rates compared to non-LGBTQIA+ adults, these rates are 17.8% and 12.3%, respectively (Victorian Agency for Health Information 2017).

Tobacco use by Aboriginal people in Victoria aged over 18 years is more than three times the rate of non-Aboriginal people (Korin Korin Balit-Djak 2017).

Smoke-free environments

Measure: Environments in Moreland that are smoke-free

Smoke free areas in Moreland include those that are mandated by the Victorian Tobacco Act 1987. Exposure to second-hand smoke is known to increase the risk of numerous health problems, particularly among young children. Reducing exposure to second-hand tobacco smoke by implementing smoke-free areas provides the community with protection from the harmful effects of second-hand smoke (Department of Health and Human Services, 2020). Council may prescribe designated smoke free environments under Part 4 of the General Local Law 2018.

Use of illicit drugs

Measure: Hospital admissions from illicit drug use

In the 2018-19 year there were 451 hospital admissions from drug use in Moreland. Over half of these hospital admissions were from people aged 25-29 years, and two thirds were male. Hospital admission rates in Moreland have increased annually for the past six years but remain lower than the average for Greater Melbourne.

Table. Total number of hospital admissions from illicit drug use for the year 2018-19

Year	Hospitalisation rate from illicit drug use	
	Moreland	Greater Melbourne
2018/19	24.8	33.6
2017/18	23.1	26.1
2016/17	22.7	28.8
2015/16	22.6	27
2014/15	18.1	24.8
2014/13	12.6	18.7

Source: AOD Stats 2019

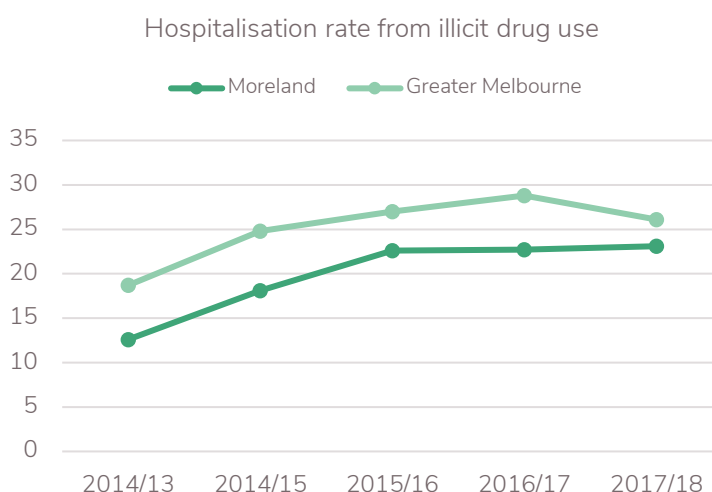


Table. Total number of hospitalisations by age and by sex

Age	Hospitalisations from illicit drug use	%
0-14 years	No data	-
15-24 years	98	21.7%
25-39 years	229	50.8%
40-64 years	108	23.9%
65 years +	No data	-
Total	451	100%

Source: AOD Stats 2019

Sex	Hospitalisations from illicit drug use	%
Male	296	65.6%
Female	155	34.4%
Total	451	100%



PANDEMIC

The trends and patterns of illicit drug use have changed since the pandemic lockdowns began. Rates of usage for some illicit drugs increased (cannabis increased usage 57%) for prior users however rates of usage for some other illicit drugs also decreased (cocaine, MDMA and ketamine) (Australian Institute of Health and Welfare 2020).



PRIORITY GROUPS

In 2019, 2 in 5 (40%) people who identify as LGBTQIA+ recently used illicit drugs (Australian Institute of Health and Welfare 2020).

Gambling rates

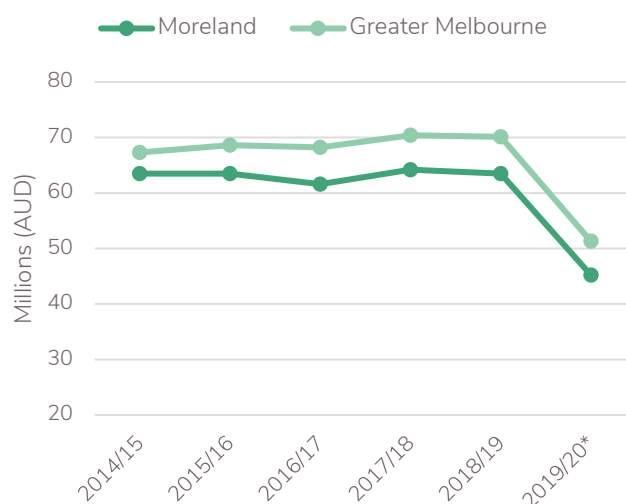
Measure: Gambling expenditure

Gambling expenditure in Moreland has remained relatively stable in the past six years between \$61.6-\$64.2 Million and has remained below the average for Greater Melbourne. Data for the 2019/20 year has been impacted by the closures of gambling venues due to the COVID-19 pandemic.

Table. Historical Yearly (2010-2020) EGM LGA Expenditure Data (Moreland LGA).

*Gambling venues across Victoria have been closed since 16 March 2020 to slow the spread of coronavirus. Gambling expenditure data published during that time reflects these closures (VCGLR).

Year	Yearly expenditure (Millions)	
	Moreland	Metropolitan Melbourne (Avg)
2019/20*	\$45.2	\$51.3
2018/19	\$63.5	\$70.1
2017/18	\$64.2	\$70.4
2016/17	\$61.6	\$68.2
2015/16	\$63.5	\$68.6
2014/15	\$63.5	\$67.3

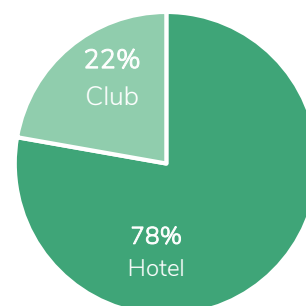


Source: Victorian Commission for Gambling and Liquor Regulation

Table. Player loss & adult gambling rates per machine & venue

Year	Total player loss (Millions)	EGMS per 1,000 adults	Adults per venue
2019/20*	\$45.2	-	-
2018/19	\$63.5	4.24	12,610
2017/18	\$64.2	4.43	12,252
2016/17	\$61.6	4.54	11,837

Expenditure by Venue Type in Moreland (2018/19)



Source: Victorian Commission for Gambling and Liquor Regulation



PANDEMIC

Before closures due to the COVID-19 pandemic, the rate of people who gambled four or more times a week was 23%, this number has risen during the pandemic to 32%. The survey identified that 79% of participants were classified as being at risk, or currently experiencing gambling-related harm. (Australian Gambling Research Centre 2020).

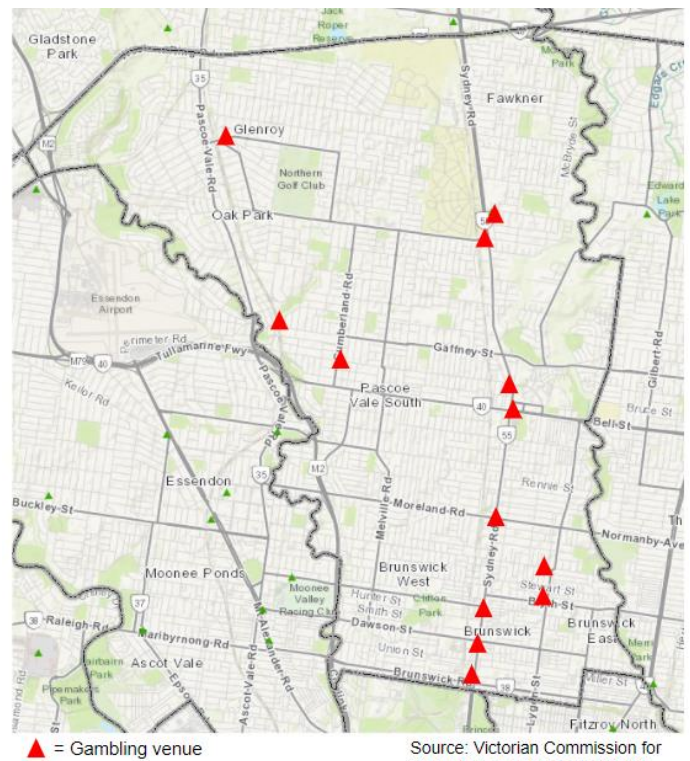
Access to gambling outlets

Measure: EGMs (Electronic Gambling Machines) per suburb

In 2018/19 there were 12 gambling venues with a total of 641 EGMs across six Moreland suburbs: Brunswick, Brunswick East, Coburg, Fawkner, Glenroy, and Pascoe Vale.

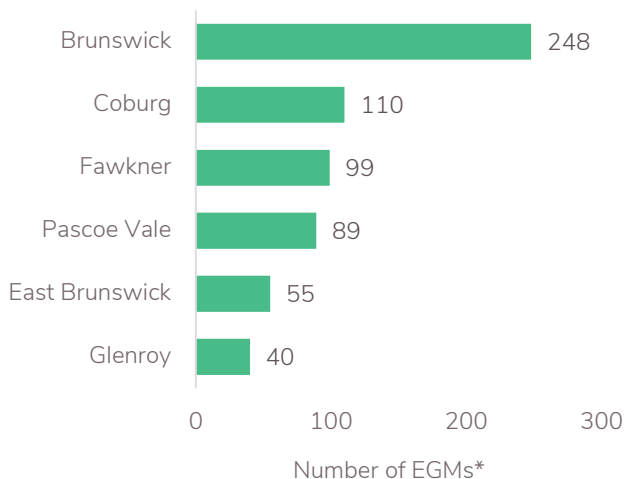
Brunswick had both the highest number of EGMs (248) and the highest gambling expenditure (\$21.5 Million).

The following suburbs of Moreland are capped on number of EGMs where the density has been highest: Brunswick, Brunswick East, Brunswick West, Coburg, Coburg North, Fawkner, and Fitzroy North. The Maximum permissible number of gambling machine entitlements in this area is: 551 (as determined under section 3.4A.5(3A). The remainder of the municipality is capped under a 'municipal district' and the maximum number of Moreland's remaining parts is: 514.



*'EGM Numbers' are defined as the average number of operating EGM's at the gaming venue during the month. This figure is consistent with the average entitlement applied to the EGM as per tax calculation (VCGLR).

EGMs by Moreland suburbs in June 2019



Expenditure by suburb in Moreland 2018/19



PANDEMIC

The closure of gambling and pokies venues did have an immediate benefit for some who gamble, particularly those who are not online gamblers. However, there was an increase in those who signed up to an online betting platform during the pandemic and a rise was seen in the amount of people who started to gamble online (Australian Gambling Research Centre 2020).



Active & Green Living

Active & Green Living

Context

Active living is a lifestyle that incorporates movement and physical activity into daily life and is extremely beneficial to an individual's physical and mental health (Better Health Channel, 2018). This includes:

- Reduced risk of chronic diseases (heart disease, stroke, diabetes and certain cancers)
- Improved muscular and cardiovascular fitness
- Reduced risk of obesity
- Improved mental health
- Increased levels of happiness and quality of life
- Ageing well (World Health Organisation, 2018).

Local government has a significant role in creating environments for active living and developing local policies and programs that enable community members to live a more active life. This includes transport infrastructure to encourage walking and cycling, safe and accessible local parks, sporting and leisure facilities and programs that reduce sedentary behaviour.

Healthy neighbourhoods have a well-distributed network of natural areas, as well as walkable and attractive public open spaces that allow the community to meet, play and connect. The mix of open space can be formal or informal, natural or man-made, sporting or passive, but they all help meet a community's recreational, sporting, play and social needs. Parks and open spaces are important for physical and mental health and provide places for physical activity, social interaction, community connections and wellbeing (Australian Institute of Health and Welfare, 2020).

Access to parks and open space has impacts on health and wellbeing, including:

- Residents with a larger neighbourhood park within 1600m engage in 150 minutes more recreational walking per week than those with smaller parks.
- Walkers exercising in urban parks report greater happiness and lower anger and depression scores.
- Adults with a wide range of green spaces around their home report 37% lower hospitalisation rates and 16% lower self-report rates of heart disease or stroke (Heart Foundation, 2017).

Opportunities for active living are essential for better physical, mental and social wellbeing outcomes for Moreland's community.

Moreland context

Less than half (47%) of all adults in Moreland met the physical activity guidelines, which is slightly lower than the average for Victoria (51%). While a quarter of adults participate in organised physical activity, such as sport, a much higher percentage (71%) participate in non-organised physical activity, such as walking or cycling. Two thirds of Moreland's community (66.5%) use recreation, exercise or leisure services, with the most commonly used being passive open space (31.6%), walking tracks (30.4%), and council run aquatic and leisure centres (20.4%). This highlights the importance of infrastructure to support both formal and informal recreation that meets the needs of our diverse community, including parks and open space near people's homes.

Less than half (42%) of households in Moreland are within 400m of a public open space that is larger than 1.5 hectares, with Brunswick (24.7%) and Hadfield (26.1%) having the lowest proportion of households. However, 81% of dwellings are within 400 metres of public open space of any size. Since COVID-19 there has been an increase in use of parks and paths for physical activity, with 71% of respondents to the Moreland Secondary Impact Assessment 2020 survey reporting walking more. 45% also said they will use parks, nature reserves and playgrounds more often compared to their usage pre-COVID times.

Tree canopy covers 8.8% of the municipality with Gowanbrae (3.9%), Fawkner (7.0%), and Brunswick (7.7%) having the lowest cover. In recent years there is a trend of decreasing green cover and increasing grey surfaces such as roads and roofs. Urban areas with a low percentage of tree canopy cover are more at risk to creating an urban heat island and populations in these areas are more likely to experience heat-related stress and mortality. With climate change predications of more higher heat days, this is an important consideration for the health of our community.

In summary, key issues include:

- Less than half of adults met the physical activity guidelines
- A slightly lower proportion of adults participate in organised physical activity than Victoria. Impacts of COVID-19 have disproportionately affected participation for women and girls, seniors, people with disability and those experiencing socio-economic disadvantage.
- The majority of adults participate in non-organised physical activity such as walking and cycling, with increases in use of paths and parks since COVID-19
- Brunswick and Hadfield have low proportions of large public open space within 400 metres of homes
- Open Space tree canopy cover is lowest in Brunswick and Road Reserve tree cover is lowest in Coburg North.

Key insights

Physical Activity

- Fewer than half (47%) of adults in Moreland met the physical activity guidelines in 2017. This is slightly lower than the average proportion for Victoria (51%).
- One quarter (24.6%) of adults in Moreland participate in an organised physical activity. This is slightly lower than the proportion of adults who participate in organised physical activity in Victoria (28.7%).
- Seven in ten adults in Moreland participate in non-organised physical activity, with walking (45.8%) as the most common form of non-organised physical activity. The cycling rate in Moreland (22.1%) is nearly double the average for Victoria (11.8%).

Equitable access to open space

- Less than half (42%) of households in Moreland are within 400m of a public open space that is larger than 1.5 hectares according to the Australian Urban Observatory 2018. This is lower than nearby Local Government Areas including Darebin (50%), and Moonee Valley (52%).
- However, according to the Victorian Planning Authority 2017, 81% the population of Moreland lived within 400m of public open space of any size, which is consistent with the average for Greater Melbourne (81%).
- At the suburb level, Gowanbrae (97%) and Coburg North (81%) had the highest number of dwellings within 400 meters of public open space larger than 1.5 hectares. Brunswick (25%) and Hadfield (26%) had the lowest average percentage in 2018.

Access and affordability of sporting & recreation infrastructure

- In 2018, the average distance to a playground was 460 meters in Moreland. This is a shorter distance than Hume (808m) and Darebin (521m). At the suburb level, the lowest average distance to a playground was in Brunswick East (299.5m) and Coburg (389.5m). With Glenroy (587m) and Coburg North (510.2) having the highest average distance to a playground.
- In 2019, 73% of people in Moreland reported using at least one recreation, exercise and/or leisure service. The most commonly used services were passive open space (31.6%), walking tracks (30.4%), and Moreland City Council run aquatic and leisure centres (20.4%).
- Whilst all residents in Moreland have access to an aquatic facility within 5km of their home, 98% have access to one facility within 3km of their home.
- Moreland has six aquatic facilities: Brunswick Baths, Coburg LC, Coburg O/D, Fawkner LC, Oak Park LC, and Pascoe Vale O/D. This is the highest number of aquatic facilities per LGA in Greater Melbourne, tied with Yarra City Council. Moreland also has a substantially lower population per facility than the Greater Melbourne average, and likewise has a very low area per facility when compared to the Greater Melbourne average.

Tree canopy cover

- According to Greener Spaces Better Places 2020, Moreland has 15.3% green cover, ranking 21 out of 23 similar local government areas recorded. When compared with neighbouring LGAs, Moreland performs lower than neighbouring Darebin (24.6%) and Moonee Valley (16.3%) but higher than Maribyrnong (8.6%).
- Moreland has seen a decrease of green cover by 3.5% between 2016 and 2020 and an increase of grey surface (hard surface, e.g. pavement, roads and roofs) in the same period.
- Moreland's 2020 Canopy report by Player Piano Data Analytics indicates a lower total canopy cover at 8.8%. According to this report, suburbs with the lowest canopy cover were Gowanbrae (3.9%), Fawkner (7.0%), and Brunswick (7.7%). Suburbs with the highest canopy cover were Hadfield (11.3%) and Coburg North (10.2%).

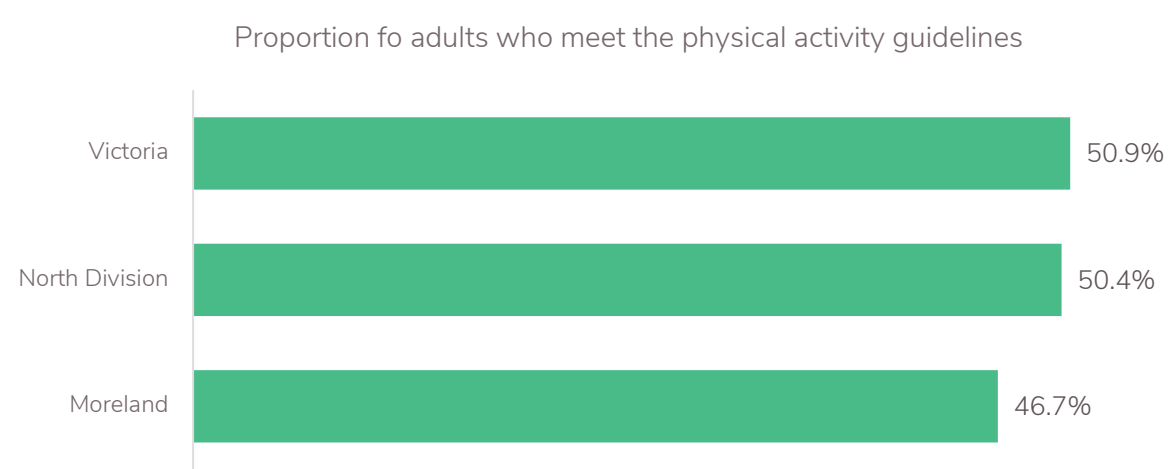
Physical activity

Measure: Proportion of adults in compliance with physical activity guidelines

46.7% of adults in Moreland met the physical activity guidelines in 2017. This is a slightly lower proportion than for the North Division (50.4%) and for Victoria (50.9%).

Table. Proportion of adult population, compliance with physical activity guidelines

Level of physical activity	Moreland	North Division	Victoria
Sedentary	1.3%	3.0%	2.5%
Insufficient	50.2%	43.8%	44.1%
Met Guidelines	46.7%	50.4%	50.9%

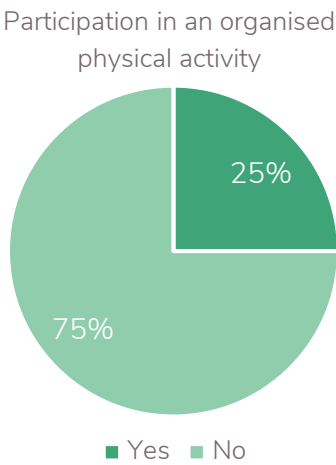


Source: Victorian Population Health Survey 2017

Measure: Participation in organised physical activity

One quarter (24.6%) of adults in Moreland participated in an organised physical activity in 2015. This is slightly lower than the proportion of adults who participate in organised physical activity in Victoria (28.7%).

Type of organised physical activity	Moreland	Victoria
Organised by a fitness, leisure or indoor sports centre	8.9%	9.2%
Organised by a sports club or association	9.2%	9.8%
Participation in any organised physical activity	24.6%	28.7%



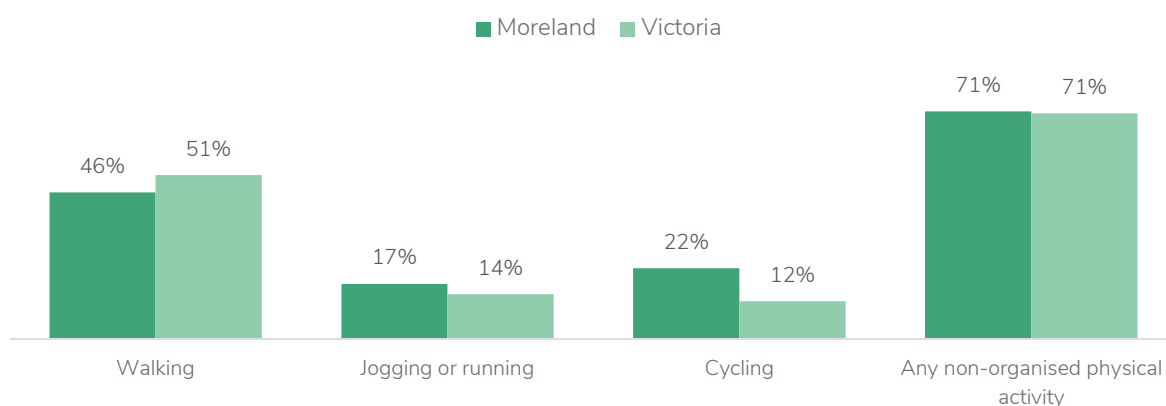
Source: VicHealth Indicators Survey 2015

Measure: Participation in non-organised physical activity

Seven in ten adults in Moreland participate in non-organised physical activity, with walking (45.8%) as the most common form of non-organised physical activity. The cycling rate in Moreland (22.1%) is nearly double the average for Victoria (11.8%).

Type of non-organised physical activity	Moreland	Victoria
Walking	45.8%	51.2%
Jogging or running	17.2%	14.0%
Cycling	22.1%	11.8%
Any non-organised physical activity	71.1%	70.5%

Participation in types of non-organised physical activity



Source: VicHealth Indicators Survey 2015



PANDEMIC

80% of respondents to the Moreland City Council Secondary Impact Assessment 2020 survey reported that they increased their physical activities during COVID-19 restrictions, with more than two thirds of respondents (71%) reporting walking more, one third (33%) doing more exercises using home gym or cardio equipment, and a quarter (23%) engaging in more outdoor exercises. Among those who have been doing more physical activities during COVID-19 restrictions, the majority (83%) felt that they would continue these activities when restrictions are lifted.

Most respondents to the VicHealth Coronavirus Impact Survey were able to continue being active but there were some limiting factors (VicHealth 2020). The pandemic has reduced access to sport and recreational facilities as well as limited participation in group settings. The barriers to participation have resulted in less engagement with physical activity and lower social connectedness.

Participation in community sport and active recreation has changed as a result of Covid-19 with participation rates of some groups disproportionately affected and inequalities amplified. Respondents to the Return to Play survey felt that the pandemic will have a negative impact on women and girls (56%), seniors over 65 years (57%), people with disability (54%) and people experiencing socio-economic disadvantage (67%).



CLIMATE CHANGE

Physical Activity contributes to increasing levels of active transport, which is an important way individuals can reduce their own emissions. However, current physical activity will be challenged as the climate continues to change. An increase in high heat days can make it

difficult to meet recommended activity levels; pollution will create harder environments for people to exert energy outside, especially those with respiratory problems; and unsafe waterways, beaches and rivers that have blue-green algal blooms will prevent many from swimming as a form of physical activity (Better Health Channel, 2019).



PRIORITY GROUPS

Women face unique barriers to physical activity and meeting the recommended levels of physical activity. Caring responsibilities, perceptions of safety and a lack of sporting facilities that have been created with women in mind are all significant challenges that impede on activity levels and participation (Women's Health in the North, 2020). 1 in 3 women aged 25 and older believed that sporting clubs are not welcoming to people like them (VicHealth, 2019). Cost is also a major consideration for women when participating in sport. Mothers will often consider sport and recreation a luxury for themselves as it costs to participate and the associated cost of having their children looked after (VicHealth, 2019).

As females progress into adulthood they are much more likely to stop or reduce their participation in sport and active recreation. More than two-thirds of Australian females have low activity levels or are sedentary. Participation rates in sport and active recreation also decrease significantly during the transition from teen to adult (VicHealth 2019).

People within the LGBTQIA+ community were less likely to be members of sports groups (Victorian Agency for Health Information, 2017). Many factors contribute to this but it was identified that many perceive sports clubs to not be inclusive and felt uncomfortable in those environments.

Equitable access to open space

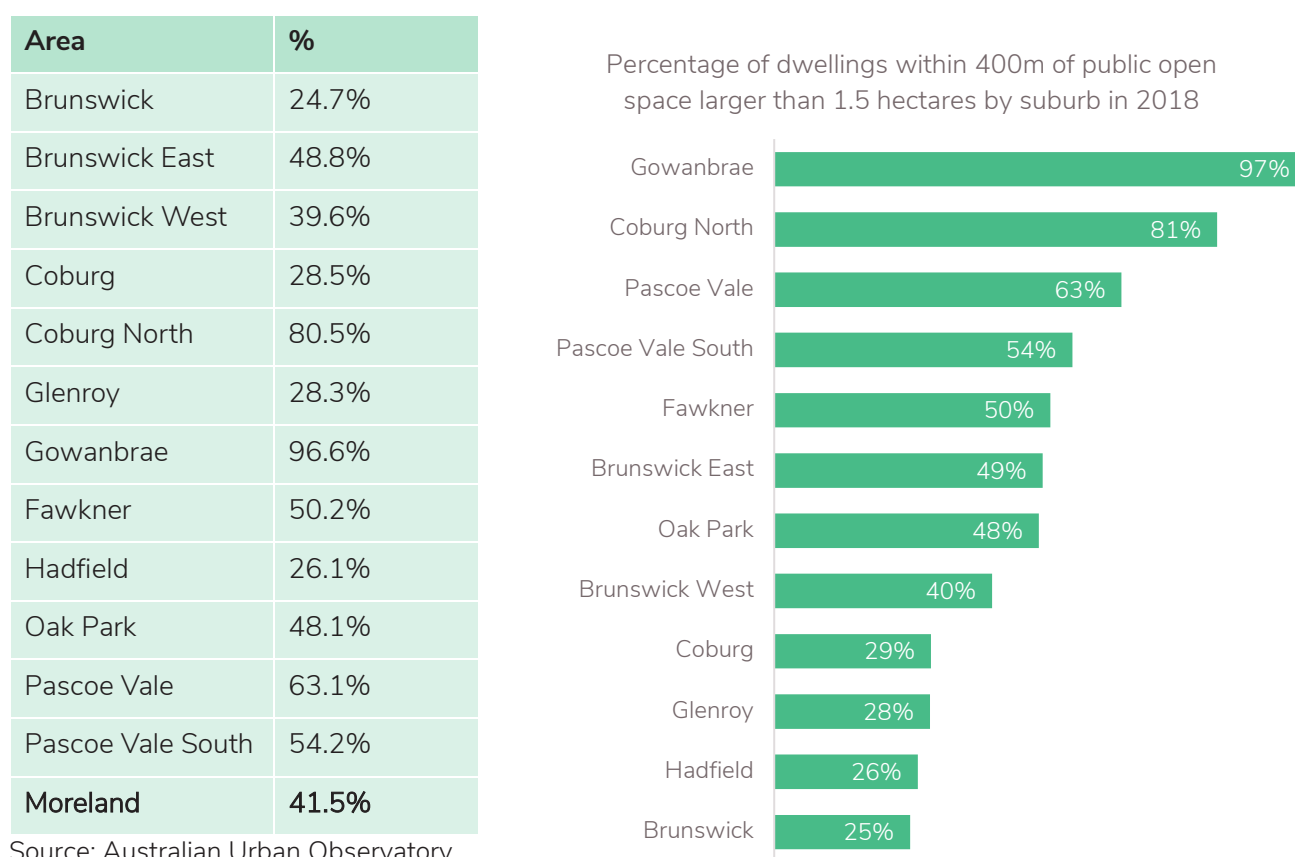
Measure: Dwellings within 400m of public open space larger than 1.5 hectares

Less than half (42%) of households in Moreland are within 400m of a public open space that is larger than 1.5 hectares according to the Australian Urban Observatory 2018. This is lower than nearby Local Government Areas including Darebin (50%), and Moonee Valley (52%). However, according to the Victorian Planning Authority 2017, 81% the population of Moreland lived within 400m of public open space of any size, which is consistent with the average for Greater Melbourne (81%).

At the suburb level, Brunswick (24.7%) and Hadfield (26.1%) have the lowest proportion of dwellings within 400m of public open space larger than 1.5 hectares, with approximately three quarters of dwellings not meeting the measure. Conversely, Gowanbrae (96.6%) and Coburg North (80.5%) have a much higher proportion of dwellings within 400m of public open space larger than 1.5 hectares.

Note: Moreland Open Space Strategy (MOSS) and Moreland's A Park Close to Home framework seek to provide quality open space within 500m of all residential properties and 300m to all activity centre properties. Those areas that do not have access to open space within these distances are open space gap areas. This health brief uses a different framework to measure access to public open space within 400m of all dwellings.

Table. Proportion of dwellings within 400m of public open space larger than 1.5ha by suburb in 2018



Source: Australian Urban Observatory 2018

Table. Proportion of dwellings within 400m of public open space larger than 1.5ha in 2018

Area	Moreland	Darebin	Moonee Valley	Hume
Percentage	41.5%	50.2%	52.4%	66.1%

Source: Australian Urban Observatory 2018

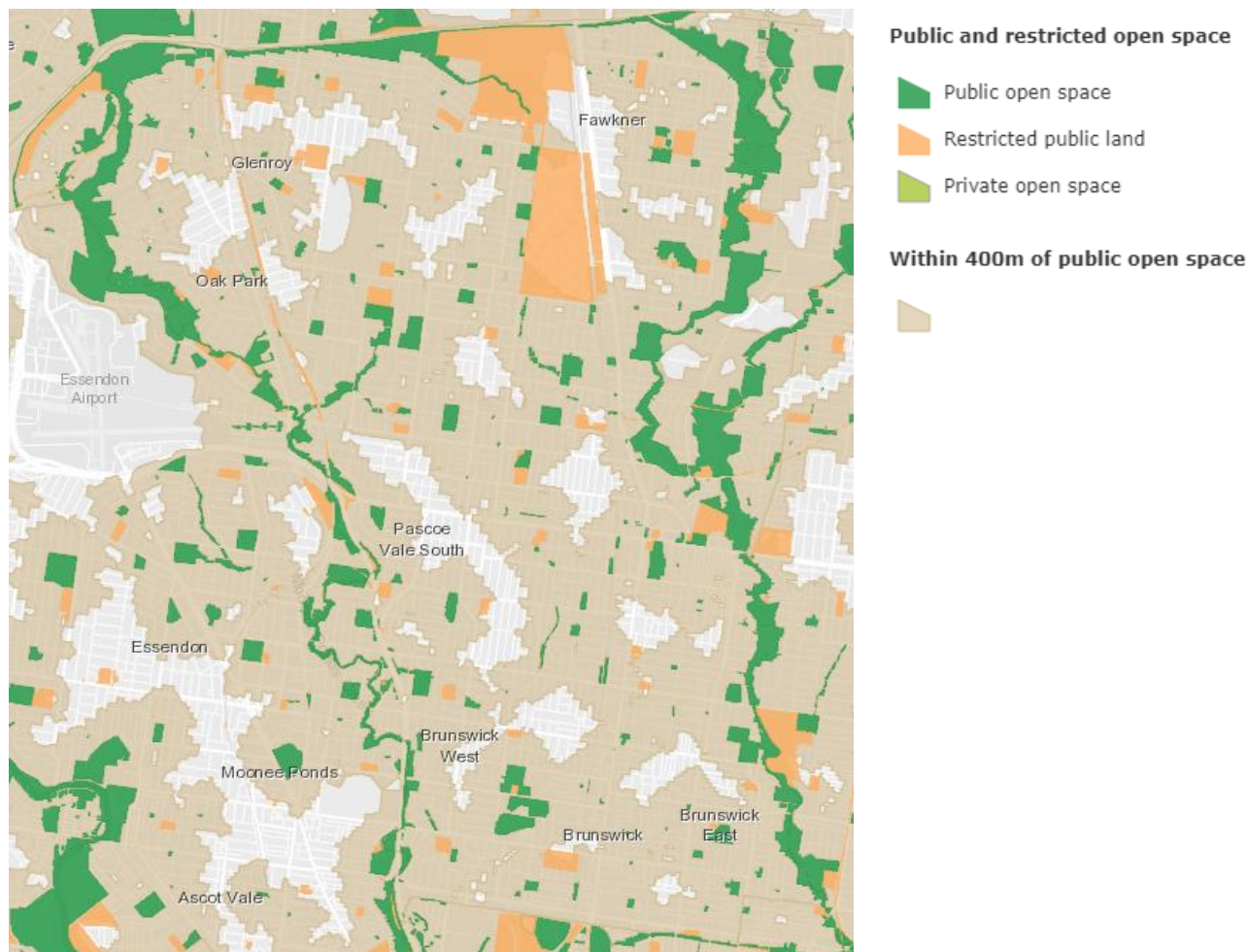
Measure: Dwellings within 400m of public open space of any size

Table. Proportion of dwellings within 400m of public open space of any size in 2017

Area	Moreland	Darebin	Moonee Valley	Hume	Greater Melbourne
Percentage	81.0%	76.8%	76.7%	86.8%	81.0%

Source: Victorian Planning Authority (VPA) 2017

Map. Open space network highlighting gaps in Moreland that are not within 400m of public open space



Source: Victorian Planning Authority (VPA) 2017



PANDEMIC

12% of respondents from the VicHealth COVID-19 survey reported that a contributing factor to their decrease in physical activity during the pandemic was due to not having a suitable park or path for physical activity outside (VicHealth, 2020).

45% of respondents from the Moreland City Council Secondary Impact Assessment survey said they believe they will use parks, nature reserves and playgrounds more often compared to their usage pre-COVID times.



URBAN CHANGE

The Moreland community has one of the lowest rates of access to public open space in the Melbourne Metropolitan area and forecasted population growth will put additional pressure on Moreland's public open space provision. Many residents do not have walkable distance to parks and there are several significant access gaps across the municipality (Moreland City Council, 2017).

Access and use of sporting & recreation infrastructure

Measure: Participation in recreation, exercise and/or leisure services

In 2019, 73% of people in Moreland reported using at least one recreation, exercise and/or leisure service. The most commonly used services were walking tracks (33.9%), passive open space (32.7%), and active open spaces (32.7%).

Table. Participation in recreation, exercise and/or leisure services 2019

Recreation, exercise, or leisure service	% of people who use each service
Yes, does use recreation, exercise and/or leisure services	72.7%
Walking tracks	33.9%
Passive open space (e.g. parks, gardens and open space)	32.7%
Active open spaces (e.g. sports ovals, sportsgrounds)	24.8%
Bicycle paths	24.1%
Moreland City Council run aquatic and leisure centres	22.1%
Children's playgrounds	19.2%
Sports clubs	13.7%
Privately run gyms or health clubs	12.6%
Recreation & leisure facilities outside of Moreland	12.5%
Privately run sports activities (e.g. dancing, martial arts)	6.3%
Waterways	4.0%
Outdoor gym equipment	3.6%
Golf course	3.4%
Privately run swim clubs	2.3%
Athletic centres	1.9%
None, do not use recreational, exercise, and/or leisure services	27.3%

Source: MCC Household Survey 2019

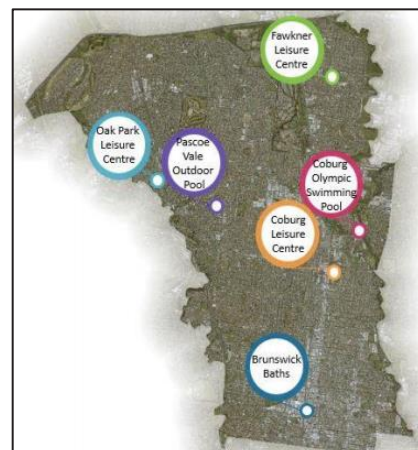
Measure: Access to aquatic facilities

Moreland has six aquatic facilities: Brunswick Baths, Coburg LC, Coburg O/D, Fawkner LC, Oak Park LC, and Pascoe Vale O/D. This is the highest number of aquatic facilities per LGA in Greater Melbourne, tied with Yarra City Council.

Table. Number of and access to aquatic facilities by LGA

LGA	# of aquatic facilities	Population per facility	Area per facility
Moreland	6	28,682	849m
Darebin	2	77,511	2,672m
Moonee Valley	4	30,724	1,077m
Maribyrnong	1	87,255	3,121m

Source: Moreland City Council Aquatic and Leisure Strategy Background Review Paper; Moreland City Council Aquatic and Leisure Strategy



Measure: Average distance to a playground

In 2018, the average distance to a playground was 460 meters in Moreland. This is a shorter distance than Hume (808m) and Darebin (521m). At the suburb level, the lowest average distance to a playground was in Brunswick East (299.5m) and Coburg (389.5m). With Glenroy (587m) and Coburg North (510.2) having the highest average distance to a playground.

Table. Average distance to a playground in 2018 by suburb.

Area	Average in meters		
Brunswick	456m	Glenroy	587
Brunswick East	300m	Coburg North	510
Brunswick West	403m	Gowanbrae	510
Coburg	399m	Pascoe Vale South	504
Coburg North	510m	Oak Park	501
Fawkner	498m	Fawkner	498
Glenroy	587m	Hadfield	487
Gowanbrae	510m	Pascoe Vale	478
Hadfield	487m	Brunswick	456
Oak Park	501m	Brunswick West	403
Pascoe Vale	478m	Coburg	399
Pascoe Vale South	504m	Brunswick East	300
Moreland	460m		

Source: Australian Urban Observatory 2018

Table. Average distance to a playground in 2018 by LGA

Area	Moreland	Darebin	Moonee Valley	Hume
Average in meters	460m	521m	499m	808m

Source: Australian Urban Observatory 2018



PANDEMIC

Restrictions surrounding usage of sporting and recreational facilities during the pandemic created barriers to access due to risk of spreading the virus.

Tree canopy cover

Measure: Percent tree canopy cover

According to Greener Spaces Better Places, Moreland has 15.3% green cover, ranking 21 out of 23 similar local government areas recorded. When compared with neighbouring LGAs, Moreland performs lower than neighbouring Darebin (24.6%) and Moonee Valley (16.3%) but higher than Maribyrnong (8.6%).

Table. Total green cover (canopy and shrub) by LGA

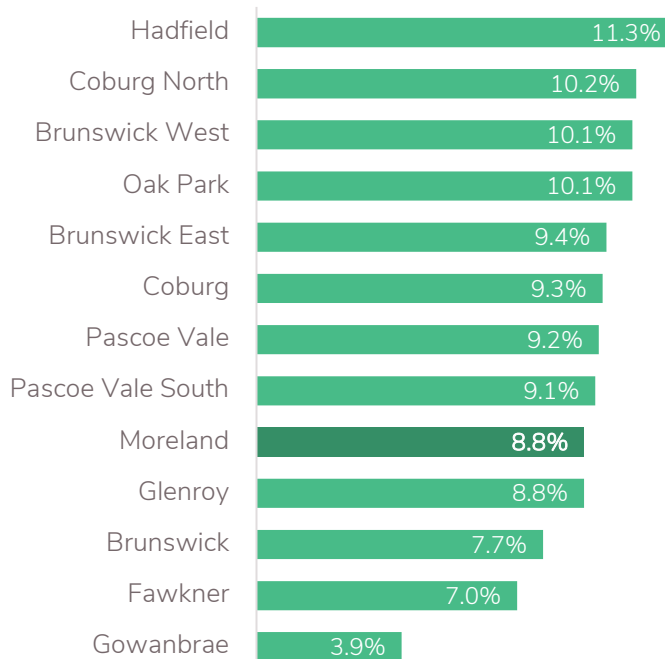
Area	Moreland	Darebin	Moonee Valley	Maribyrnong
Green cover	15.3%	24.6%	16.3%	8.6%

Source: Greener Spaces Better Places

Moreland's 2020 Canopy report indicates a lower total canopy cover at 8.8%. According to this report, suburbs with the lowest canopy cover were Gowanbrae (3.9%), Fawkner (7.0%), and Brunswick (7.7%). Suburbs with the highest canopy cover were Hadfield (11.3%) and Coburg North (10.2%).

Table. Percentage of tree canopy cover of the overall suburb area in 2019*

Suburb	Total
Brunswick	7.7%
Brunswick East	9.4%
Brunswick West	10.1%
Coburg	9.3%
Coburg North	10.2%
Fawkner	7.0%
Glenroy	8.8%
Gowanbrae	3.9%
Hadfield	11.3%
Oak Park	10.1%
Pascoe Vale	9.2%
Pascoe Vale South	9.1%
Moreland	8.8%



*The measure used to acquire this data is different to that used in the Urban Forest Strategy.

Source: Moreland's 2020 Canopy report by Player Piano Data Analytics



CLIMATE CHANGE

Urban areas with a low percentage of tree canopy cover are more at risk to creating an urban heat island (UHI), meaning the built environment holds and absorbs heat and results in higher temperatures for that area. Populations in areas with low tree canopy cover are more likely to experience heat-related stress and mortality within the population (Cool Communities, 2018). Tree cover provides benefits to both community and environmental health due to absorption of CO₂ from the atmosphere and emissions reduction.



Moving Around

Moving Around

Overview

Transport within a community is important for health and wellbeing as it allows for people to lead more active lives and provides community connectedness (Australian Urban Observatory, 2020). Access to public transport, environments that support active transport and a neighbourhood's level of walkability are all important factors in assessing and addressing mobility (Australian Urban Observatory, 2020).

Efficient, affordable and accessible public transport systems can reduce inequalities by providing opportunity to access services, education and jobs. Those within a 5-minute walk from stations and stops are more likely to use public transport services (Australian Urban Observatory, 2020).

Active Transport is the act of engaging in physical activity for transport by walking, cycling or other non-motorised transport. There are many benefits to health including:

- Higher likelihood of meeting recommended physical activity levels
- Reduced greenhouse gas emissions by taking cars off the road
- Improved social wellbeing
- Greater sense of community (Healthy Spaces & Places, 2016)

Walkability is how friendly a neighbourhood is to permit walking and has a strong influence on how people move around and access daily needs and services. Walkability is influenced by land use mix, street connectivity and dwelling density (Australian Urban Observatory, 2020). Walkable neighbourhoods have a strong link with health and wellbeing by positively influencing physical activity, social connectedness and life satisfaction.

Moreland context

Across the measures for public transport, active transport and walkability there are significant differences between suburbs in the south of the municipality (ie. Brunswick, Brunswick East, Brunswick West) and those in the north (ie. Oak Park, Glenroy, Hadfield).

One quarter of Moreland residents (25.2%) use public transport to travel to work, which is higher than the Greater Melbourne average (15.4%) however this varies greatly by suburb, with southern suburbs such as Brunswick East, Brunswick and Brunswick West all having high levels of access with very low levels of access in northern suburbs such as Oak Park and Glenroy. Inaccessible public transport stops and services are a barrier for people with disability and perceived sense of safety is a major concern for women.

While the proportion of residents using active transport (bicycle & walk) to get to work is much higher in Moreland (8.1%) than Greater Melbourne (4.4%), this is particularly high in the southern suburbs of Brunswick, Brunswick East, Brunswick West, and particularly low in Gowanbrae, Hadfield, Oak Park, and Glenroy.

Walkability varies greatly by suburb, with Brunswick, Brunswick West, Fawkner and Coburg considered walkable, whereas Hadfield, Pascoe Vale and Oak Park with longer distances to access activity centres.

These results impact access to daily services and needs, physical activity levels and equity, particularly given higher rates of disadvantage in Moreland's northern suburbs. Council can influence many factors relating to mobility including through the built environment, pedestrian and cyclist infrastructure, walkable destinations, and public transport and active transport connectivity. Sustainable transport systems and walkable communities have co-benefits for health as well as addressing climate change and have shown to be important for getting around safely since the Covid-19 pandemic.

In summary, key issues include:

- Low use of public transport in Gowanbrae, Hadfield and Pascoe Vale South, with very low levels of access to regular public transport in Oak Park and Glenroy.
- A low proportion of people use active transport to get to work in Gowanbrae, Hadfield, Oak Park, and Glenroy.
- Low levels of walkability in Hadfield, Pascoe Vale and Oak Park with longer distances to activity centres.
- Barriers to equitable use of transport include access for people with disability and perceived sense of safety for women.

Key insights

Usage and access to public transport

- Overall 74.5% of dwellings in Moreland were within 400m of public transport with regular 30-minute weekday service (7am – 7pm) (Australian Urban Observatory 2018).
- Compared with nearby LGAs, Moreland has a higher percentage of dwellings with close access to public transport than Moonee Valley (68.8%) but a lower percentage than Darebin (79.7%) and Maribyrnong (77.2%).
- Access to public transport varies greatly by suburb in Moreland. Suburbs of Brunswick East (98.4%), Brunswick (91.3%), and Brunswick West (91.0%) all have very high levels of access, whereas Oak Park (23.0%), and Glenroy (35.8%) all have very low levels of access.
- In 2016, one quarter (25.2%) of people in Moreland took public transport to work, which is substantially higher than the Greater Melbourne average of 15.4%.
- The proportion of people who took public transport to work was highest in Brunswick East (32.7%), Brunswick (32.5%), and Brunswick West (27.3%), and lowest in Gowanbrae (9.1%), Hadfield (15.4%), and Pascoe Vale South (17.2%).

Active Transport

- In 2016, 8.1% of people in Moreland relied on active transport (bicycle & walk) to get to work. This is higher than the Greater Melbourne average of 4.4%.
- The proportion of people who use active transport to get to work was especially high in Brunswick (16.8%), Brunswick East (15.2%), Brunswick West (11.3%), and Coburg 9%). The proportion is particularly low in Hadfield (1.5%), Oak Park (1.5%), and Glenroy (1.6%).
- A higher proportion of those who use active transport to get to work men (56.7%) than women (43.3%).

Walkability

- The walkability indicator has an average of 0, where higher than 0 is above average walkability and below 0 is below average. Moreland has a walkability of 2.5, higher than nearby suburbs of Maribyrnong (2.2), Darebin (1.9), and Moonee Valley (1.7).
- Mapping by the Australian Urban Observatory indicates a divide between the South and North of Moreland, with the highest walkability in Brunswick East (5.9) and Brunswick (5.4), and the lowest in Glenroy (-0.1) and Gowanbrae (-0.5).

Access to public transport

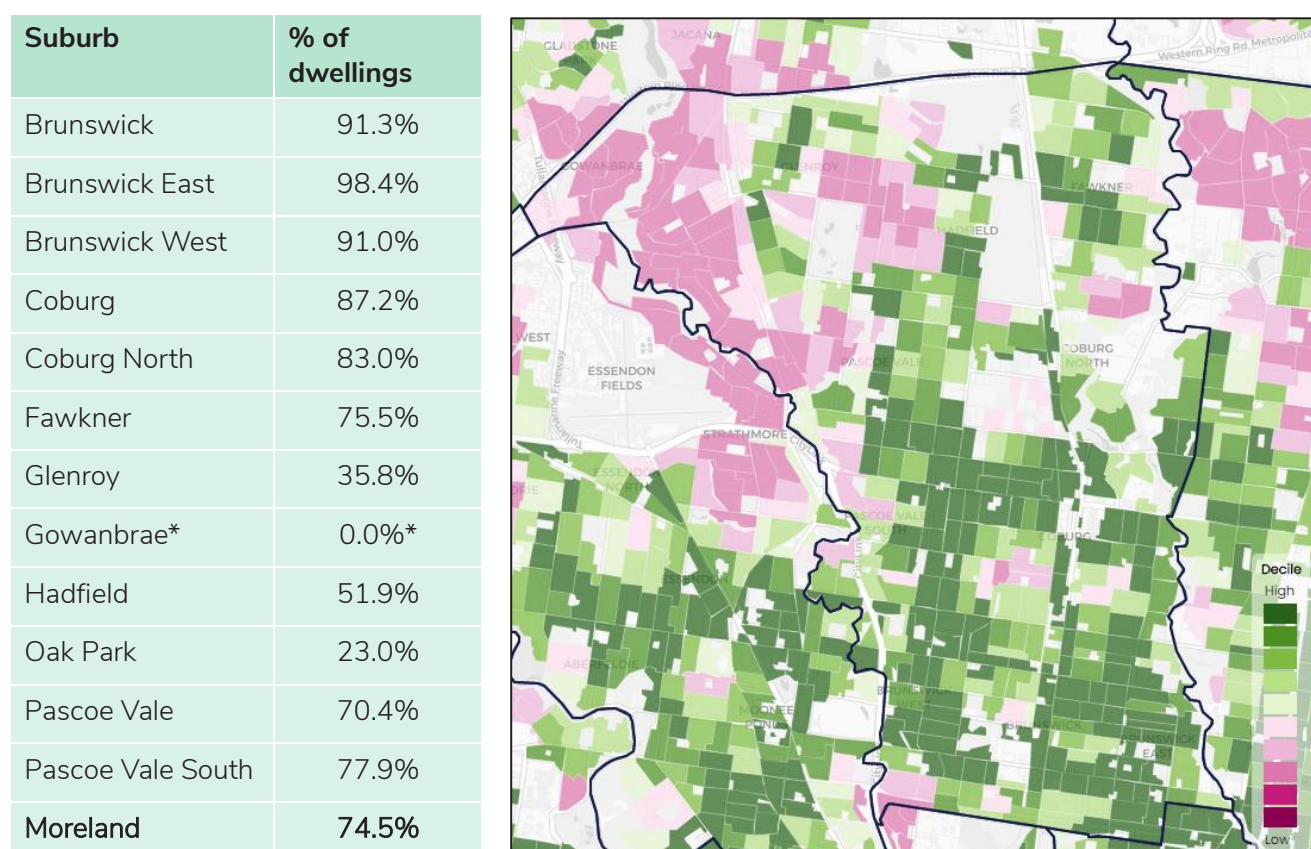
Measure: Dwellings with access to public transport within 400m

Overall 74.5% of dwellings in Moreland were within 400m of public transport with regular 30-minute weekday service (7am – 7pm) (Australian Urban Observatory 2018). Compared with nearby LGAs, Moreland has a higher percentage of dwellings with close access to public transport than Moonee Valley (68.8%) but a lower percentage than Darebin (79.7%) and Maribyrnong (77.2%).

Access to public transport within 400m with regular 30-minute weekday service varies greatly by suburb in Moreland. Brunswick East (98.4%), Brunswick (91.3%), and Brunswick West (91.0%) all have very high levels of access, whereas Oak Park (23.0%) and Glenroy (35.8%) all have very low levels of access.

Table. Percent of dwellings by suburb with access to public transport within 400m with regular 30-minute weekday service

*Note: Gowanbrae has a Monday to Friday, 30-minute intervals, 7am to 7pm public transport service that is within a 400m catchment to most Gowanbrae residents. This analysis of public transport access does not account for this service as a portion of this service is on-call. The below mapping and data is therefore not applicable for Gowanbrae.



Source: Australian Urban Observatory 2018

Table. Percentage of dwellings with access to public transport within 400m with regular 30-minute weekday service

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
% within 1km	74.1%	68.8%	79.7%	77.2%

Source: Australian Urban Observatory 2018

Measure: Public transport rates for method of travel to work

In 2016, one quarter (25.2%) of people in Moreland took public transport to work. This is substantially higher than the Greater Melbourne average of 15.4%.

The proportion of people who took public transport to work was highest in Brunswick East (32.7%), Brunswick (32.5%), and Brunswick West (27.3%), and lowest in Gowanbrae (9.1%), Hadfield (15.4%), and Pascoe Vale South (17.2%).

Table. Public transport usage for method of travel to work by suburb

Suburb	Number	%	% of people who use public transport as method of travel to work	
Brunswick	4,664	32.5%	Brunswick	32.5%
Brunswick East	2,442	32.7%	Brunswick East	32.7%
Brunswick West	2,082	27.3%	Brunswick West	27.3%
Coburg	3,482	26.2%	Coburg	26.2%
Coburg North	737	21.5%	Moreland	25.2%
Fawkner	828	17.3%	Oak Park	23.6%
Glenroy	2,114	23.4%	Glenroy	23.4%
Gowanbrae	128	9.1%	Pascoe Vale	21.7%
Hadfield	292	15.4%	Coburg North	21.5%
Oak Park	734	23.6%	Fawkner	17.3%
Pascoe Vale	1,747	21.7%	Pascoe Vale South	17.2%
Pascoe Vale South	847	17.2%	Hadfield	15.4%
Moreland	20,251	25.2%	Gowanbrae	9.1%
Greater Melbourne	-	15.4%		

Source: Australian Bureau of Statistics Population Census 2016

Table. Public transport usage for method of travel to work by sex

Sex	Number	%		
Male	9,484	47.4%	Female 52.6%	Male 47.4%
Female	10,530	52.6%		

Source: Australian Bureau of Statistics Population Census 2016



PANDEMIC

Throughout the pandemic the Victorian public transport system has continued to run as an essential service. However, there has been a decrease in demand of services due to many Victorian's working from home, as well as students learning from home.



CLIMATE CHANGE

Well-functioning and accessible transport systems are an integral part of climate change action. Transport is Australia's second biggest contributor of greenhouse gas pollution with cars and light commercial vehicles accounting for 60% of those levels (Climate Council, 2018). Currently in Australia the demand for public transport is not being met, with better



infrastructure to encourage the use of public transport major cities in Australia would help to reduce the national greenhouse emissions (Climate Council, 2018).

PRIORITY GROUPS

Studies conducted on women's usage of transport have found that 45% of female students 'rarely or never' feel safe whilst using public transport (University of Melbourne, 2019). This is a major concern and barrier to women accessing public transport and means that women are less likely to engage in active transport measures.

Inaccessible public transport stops and services are a barrier for people with disability. Moreland has very few tram super stops and without an extensive and fully accessible bus service, many users rely on expensive taxis or family or friends to get around.

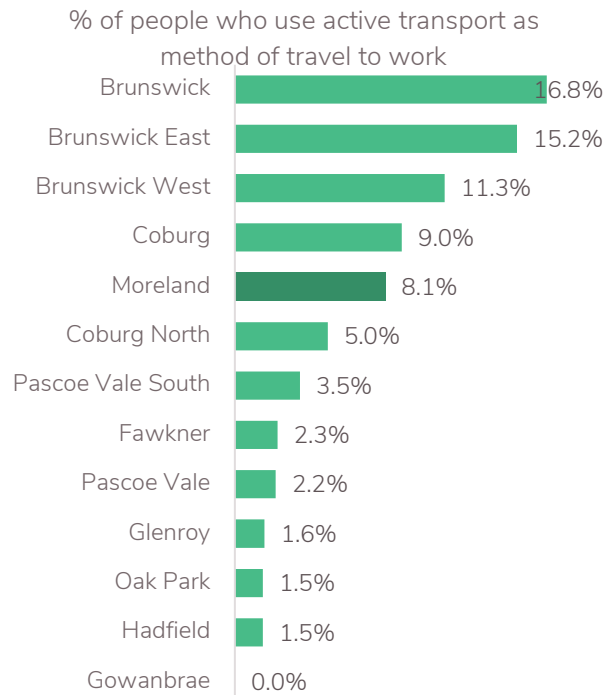
Active transport

Measure: Active transport as method of travel to work

In 2016, 8.1% of people in Moreland relied on active transport (bicycle & walk) to get to work. This is higher than the Greater Melbourne average of 4.4%. The proportion of people who use active transport to get to work was especially high in Brunswick (16.8%), Brunswick East (15.2%), Brunswick West (11.3%), and Coburg (9%). The proportion is particularly low in Gowanbrae (0%), Hadfield (1.5%), Oak Park (1.5%), and Glenroy (1.6%).

Table. Active transport (bicycle & walk) as method of travel to work by suburb

Suburb	Number	%
Brunswick	2,399	16.8%
Brunswick East	1,138	15.2%
Brunswick West	855	11.3%
Coburg	1,199	9.0%
Coburg North	172	5.0%
Fawkner	112	2.3%
Glenroy	149	1.6%
Gowanbrae	0	-
Hadfield	32	1.5%
Oak Park	44	1.5%
Pascoe Vale	173	2.2%
Pascoe Vale South	172	3.5%
Moreland	6,534	8.1%
Greater Melbourne	-	4.4%



Source: Australian Bureau of Statistics Population Census 2016

Table. Public transport usage for method of travel to work by sex

Sex	Number	%
Male	3,703	56.7%
Female	2,828	43.3%

Male
56.70%

Female
43.30%

Source: Australian Bureau of Statistics Population Census 2016



CLIMATE CHANGE

Active Transport is a climate change mitigation strategy meaning it stops or slows the effects of climate change by reducing or preventing more greenhouse gas emissions. Choosing to walk or cycle helps to reduce the demand for cars ultimately leading to less emissions being released. Active Transport also provides health co-benefits (Climate Council, 2018).

Walkability

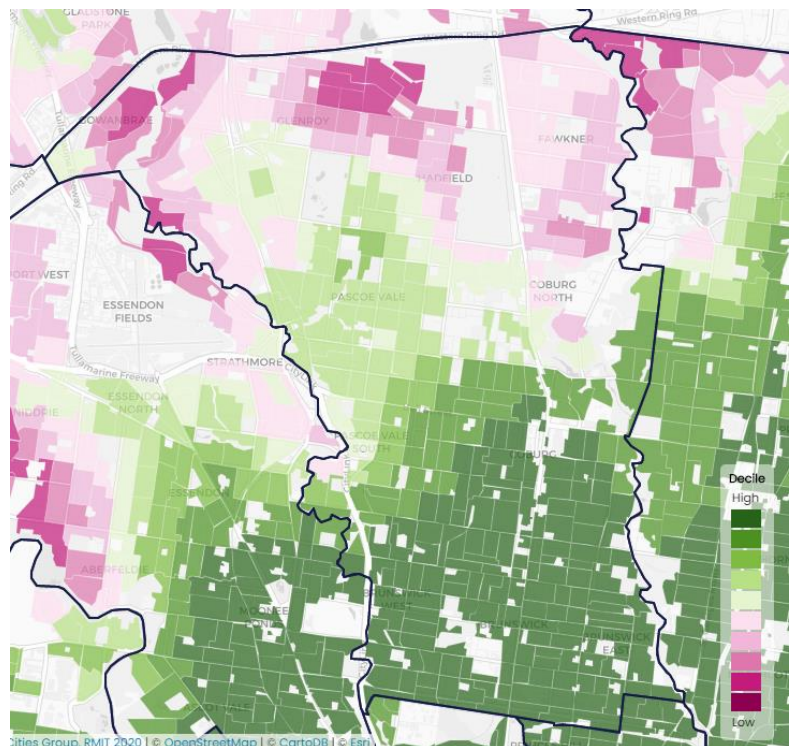
Measure: Walkability for transport

Walkability for transport is a metric from the Australian Urban Observatory (2018). It is calculated based on three key factors: land use mix and services of daily living (something to talk to); street connectivity (a way to get there); and dwelling density (higher population densities are associated with increased populations needed to supply services and different land uses). These factors influence how people move around their local neighbourhoods to complete everyday activities and the importance of access to supermarkets, convenience stores, petrol stations, newsagents, and public transport stops in community design (Australian Urban Observatory 2018).

The walkability indicator has an average of 0, where higher than 0 is above average walkability and below 0 is below average. Moreland has a walkability of 2.5, higher than nearby suburbs of Maribyrnong (2.2), Darebin (1.9), and Moonee Valley (1.7). Mapping by the Australian Urban Observatory indicates a divide between the South and North of Moreland, with the highest walkability in Brunswick East (5.9) and Brunswick (5.4), and the lowest in Glenroy (-0.1) and Gowanbrae (-0.5).

Table. Walkability for transport by suburb

Suburb	Walkability
Brunswick	5.4
Brunswick East	5.9
Brunswick West	3.5
Coburg	3
Coburg North	0.9
Fawkner	0
Glenroy	-0.1
Gowanbrae	-0.5
Hadfield	0
Oak Park	0.2
Pascoe Vale	1
Pascoe Vale South	1.4
Moreland	2.5



Source: Australian Urban Observatory 2018

Table. Walkability for transport by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
Walkability	2.5	1.7	1.9	2.2

Source: Australian Urban Observatory 2018



PANDEMIC

There has been an increase in the usage of roads and pathways by cyclists and pedestrians during the pandemic. Supporting the shift in modes of transport as a result of Covid-19 and the need for more walkable communities is essential to ensuring safe and healthy movement.



CLIMATE CHANGE

High rating walkable communities are more likely to have positive impacts on the environment. More walkable neighbourhoods have shown to decrease the reliance on car usage and instead empowers individuals to complete daily tasks by walking to and from appointments which helps to decrease the level of greenhouse gas emissions (Australian Institute of Health and Welfare, 2020).



URBAN CHANGE

Council seeks to create vibrant places that can house future populations, provide local employment and daily services. When residents have walking access to their everyday needs, it enhances liveability of a place as well as reduces congestion, the need for car travel and improves housing affordability. This approach is also supported through State Government policy which aims to provide jobs, services and transport to people which are close to their home.



Local Living

Local Living

Overview

Neighbourhoods are the places where we live, spend time with our family and friends, access shops and services and connect with our community. Providing active, walkable and vibrant places that meet our daily needs are critical in supporting community health and wellbeing.

Neighbourhood walkability affects health through its impact on physical activity and social capital. People are more likely to walk for recreation or exercise if they live in neighbourhoods that are within a walkable distance of destinations, have well connected streets and higher residential densities. Participating in 30 minutes of walking on average a day can lower the risk of heart disease, stroke, and diabetes by 30–40% (National Heart Foundation, 2019). Research by Healthy Active by Design shows:

- Living within close proximity (400-800m) of a mix of destinations is associated with higher levels of active transport (walking and cycling) across all age groups;
- People with access to main-street centres are over 7 times more likely to walk for over an hour each week;
- People living within 1600m of a convenience store, shopping centre or newsagent are 2 times more likely to walk regularly (Heart Foundation, 2017).

The Victorian Government's long-term planning strategy 'Plan Melbourne' aims to create a more inclusive, vibrant and healthy city through 20-minute neighbourhoods. This concept is all about 'living locally' - giving people the ability to meet most of their daily needs within a 20-minute walk from home, with access to safe cycling and local transport options (State Government of Victoria, 2020). Creating well-designed neighbourhoods that are connected through a mix of land-uses, housing types and access to quality public transport, supports healthier communities.

Moreland context

Moreland's suburbs vary in terms of urban form, social infrastructure, health services and access to daily living destinations. There is a clear difference between northern and southern suburbs within the municipality. Hadfield, Oak Park and Gowanbrae all have moderate to low levels of accessibility to social infrastructure, in comparison to Brunswick, Brunswick East, Brunswick West and Coburg that all have very high levels of accessibility. Social infrastructure includes community centres, culture and leisure facilities, early years facilities, education facilities, health and social services, and sports and recreation, and it is important to note that many of these community facility types are not owned by Council.

Daily living destinations includes supermarkets, public transport stops, and convenience, allowing people to meet their daily needs locally. Parts of Glenroy, Hadfield, Oak Park, and Gowanbrae are lacking multiple daily living destinations within 1,600m of homes.

There is also a clear North-South divide in terms of accessibility of health services (hospitals and general practitioners) with portions of Fawkner and Glenroy having moderate accessibility, and portions of Gowanbrae and Oak Park having low levels of accessibility.

This brief shows the difference in local living for northern and southern suburbs in our municipality, which correlates with areas of relative socio-economic disadvantage (refer to the Healthy Livelihoods brief). There is a need for more in-depth research on urban form, community facilities and daily destinations for population groups to ascertain the best response for addressing these differences and their impact on health for Moreland's community.

In summary, key issues include:

- Lower accessibility to social infrastructure in Hadfield, Oak Park and Gowanbrae.
- Multiple daily destinations for everyday needs lacking in parts of Glenroy, Hadfield, Oak Park and Gowanbrae.
- Lower accessibility to health services in northern suburbs of Moreland.

Key insights

Community infrastructure

- Moreland scores 9.4/15 on the Australian Urban Indicator Social Infrastructure Index, which is a composite measure of the average distance to different community infrastructure items including community centres, culture and leisure facilities, early years facilities, education facilities, health and social services, and sports and recreation.
- Moreland performs higher on this index than Moonee Valley (8.5/16) and Darebin (9/16) but slightly lower than Maribyrnong (9.5/16).
- Mapping from the Australian Urban Observatory indicates that Brunswick, Brunswick East, Brunswick West, and Coburg have high levels of accessibility to social infrastructure, whereas Hadfield and Oak Park only have moderate levels of accessibility, and Gowanbrae has relatively low accessibility.

Access to everyday needs

- In Moreland, the average distance to the closest activity centre is over 1km at 1,193m. This is farther than neighbouring Moonee Valley (967m) and Maribyrnong (1,144m) but closer than Darebin (1,232m).
- The average distance varies greatly by suburb: Brunswick (632m), Brunswick West (867m), Fawkner (879m), and Coburg (950m) are all considered walkable, whereas Hadfield (2,489m), Pascoe Vale (2,106m), and Oak Park (1,675m) have farther average distances to the closest activity centre.
- Moreland has an average of 2.8 daily living destinations (supermarkets, public transport stops, and convenience) within 1,600m of dwellings. This is equal to the average number of daily living destinations in nearby Darebin and Maribyrnong.

Access and affordability of health services

- There is a clear North-South divide in terms of accessibility of health services (hospitals and general practitioners).
- Brunswick, Brunswick East, and Brunswick West have very high accessibility of health services whereas portions of Fawkner and Glenroy have moderate accessibility, and portions of Gowanbrae and Oak Park have low levels of accessibility (AURIN 2014).

Community infrastructure

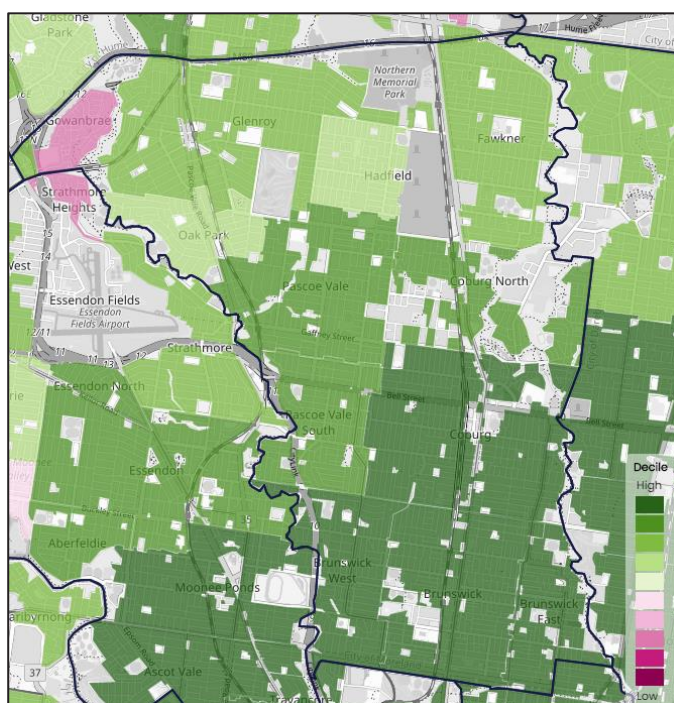
Measure: Access to social infrastructure

Moreland scores 9.4/16 on the Australian Urban Observatory Indicator Social Infrastructure Index, which is a composite measure of the average distance to different community infrastructure items including community centres, culture and leisure facilities, early years facilities, education facilities, health and social services, and sports and recreation. It is important to note that many of these community facility types are not owned by Council. Also, while access (travel time) is one important consideration for social infrastructure, specific facilities have various service catchments, with many extending beyond the local neighbourhood or 20-minute walk catchment. Moreland performs higher on this index than Moonee Valley (8.5/16) and Darebin (9/16) but slightly lower than Maribyrnong (9.5/16).

Mapping from the Australian Urban Observatory indicates that Brunswick, Brunswick East, Brunswick West, and Coburg have high levels of accessibility to social infrastructure, whereas Hadfield and Oak Park only have moderate levels of accessibility, and Gowanbrae has relatively low accessibility.

Table. Social infrastructure index

Suburb	Index Score (/16)	Percentile
Brunswick	11.4	98
Brunswick East	10.8	96
Brunswick West	10.1	94
Coburg	11.2	97
Coburg North	8.1	82
Fawkner	7.6	77
Glenroy	7.9	79
Gowanbrae	3.3	27
Hadfield	7	70
Oak Park	6.2	62
Pascoe Vale	8.6	86
Pascoe Vale South	8.7	86
Moreland	9.4	90



Source: Australian Urban Observatory – Social Infrastructure

Table. Social infrastructure index by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
Index score (/16)	9.4	8.5	9	9.5

Source: Australian Urban Observatory 2018



PANDEMIC

Access to community infrastructure has become increasingly important throughout the pandemic. The shift to live locally has highlighted certain areas do not have equal access to social infrastructure that benefits health. By creating more connected environments and communities it allows for living locally.



CLIMATE CHANGE

Changes to the climate will impact upon the quality and durability of community infrastructure. The cost of maintaining community infrastructure is forecast to increase due to

climate change. Most of Council's community facilities are long lived and require significant on-going investment for maintenance and renewal activities.



URBAN CHANGE

Council must plan for the increased future demand in community infrastructure in an approach to balance community expectations and desired service standards within Council's financial capacity. Much of Council's existing community infrastructure was planned and developed in a different era and had led to a mismatch between the location of current community facilities and future growth locations. Providing contemporary community services from existing facilities can be a challenge, and modification and improvements are necessary to meet current building regulations and standards.

Access to everyday needs

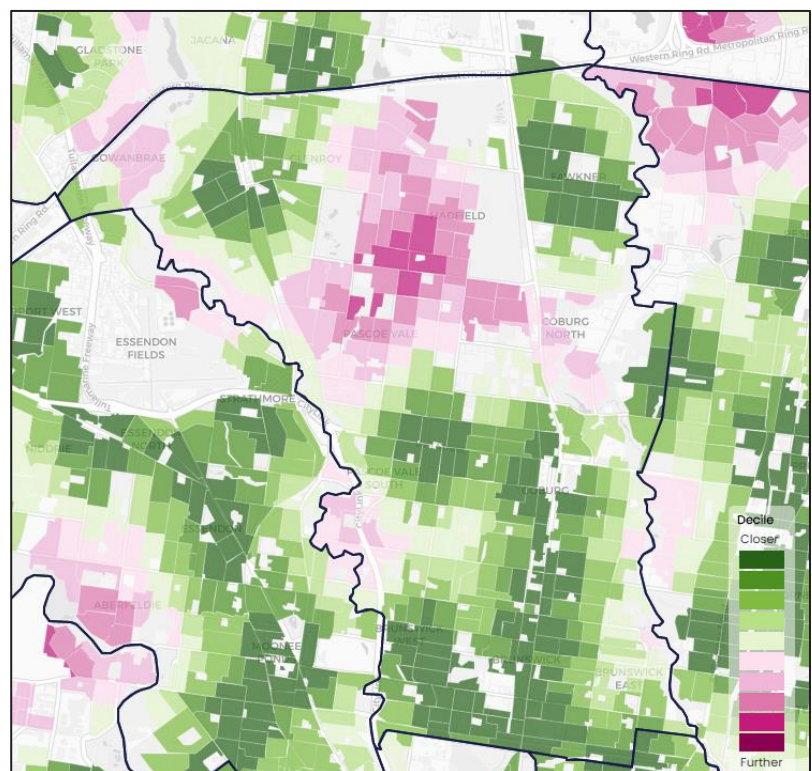
Measure: Average distance to closest activity centre

Research suggests most people will not regularly walk distances greater than 800m to 1km to destinations such as shops and services, especially if bulky purchases need to be carried (Gunn, King et al. 2017; Gunn, Mavoa, et al. 2017), and therefore distance to the closest activity centre is an important indicator for walkability.

In Moreland, the average distance to the closest activity centre is over 1km at 1,193m. This is farther than neighbouring Moonee Valley (967m) and Maribyrnong (1,144m) but closer than Darebin (1,232m). The average distance varies greatly by suburb: Brunswick (632.4m), Brunswick West (867m), Fawkner (879m), and Coburg (949.8m) are all considered walkable, whereas Hadfield (2,489.4m), Pascoe Vale (2,105.6m), and Oak Park (1,675.1m) have farther average distances to the closest activity centre.

Table. Average distance to closest activity centre by suburb

Suburb	Average distance
Brunswick	632m
Brunswick East	1099m
Brunswick West	867m
Coburg	950m
Coburg North	1,573m
Fawkner	879m
Glenroy	1,266m
Gowanbrae	1,772m
Hadfield	2,489m
Oak Park	1,675m
Pascoe Vale	2,105m
Pascoe Vale South	1,211m
Moreland	1,193m



Source: Australian Urban Observatory 2018

Table. Average distance to closest activity centre by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
Average distance	1,193m	967m	1,232m	1,144m

Source: Australian Urban Observatory 2018

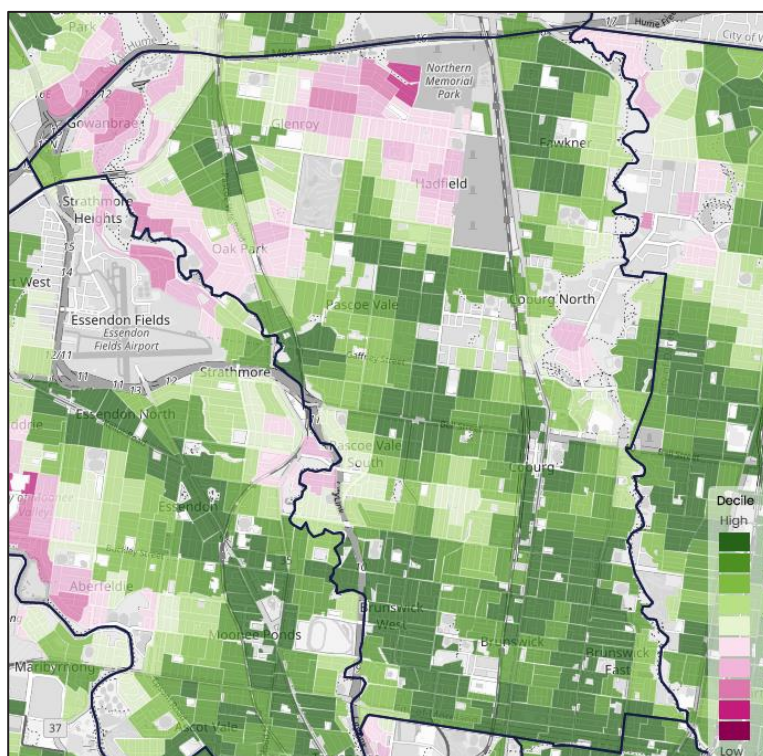
Measure: Number of daily living destinations present within 1,600m

According to the Australian Urban Observatory, daily living destinations includes three types of destinations: supermarkets, public transport stops, and convenience, which together allow people to meet their daily needs locally.

Moreland has an average of 2.8 daily living destinations (supermarkets, public transport stops, and convenience) within 1,600m of dwellings. This is equal to the average number of daily living destinations in nearby Darebin and Maribyrnong.

Table. Number of daily living destinations present within 1,600m by suburb

Suburb	Average number of daily living destinations (0-3)
Brunswick	2.9
Brunswick East	2.9
Brunswick West	2.9
Coburg	2.8
Coburg North	2.8
Fawkner	2.8
Glenroy	2.6
Gowanbrae	2.3
Hadfield	2.5
Oak Park	2.4
Pascoe Vale	2.9
Pascoe Vale South	2.8
Moreland	2.8



Source: Australian Urban Observatory 2018

Table. Number of daily living destinations present within 1,600m by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
Average number of destinations	2.8	2.7	2.8	2.8

Source: Australian Urban Observatory 2018



PANDEMIC

Living locally during the pandemic has become increasingly significant for many as restrictions on movement and services were enforced.



URBAN CHANGE

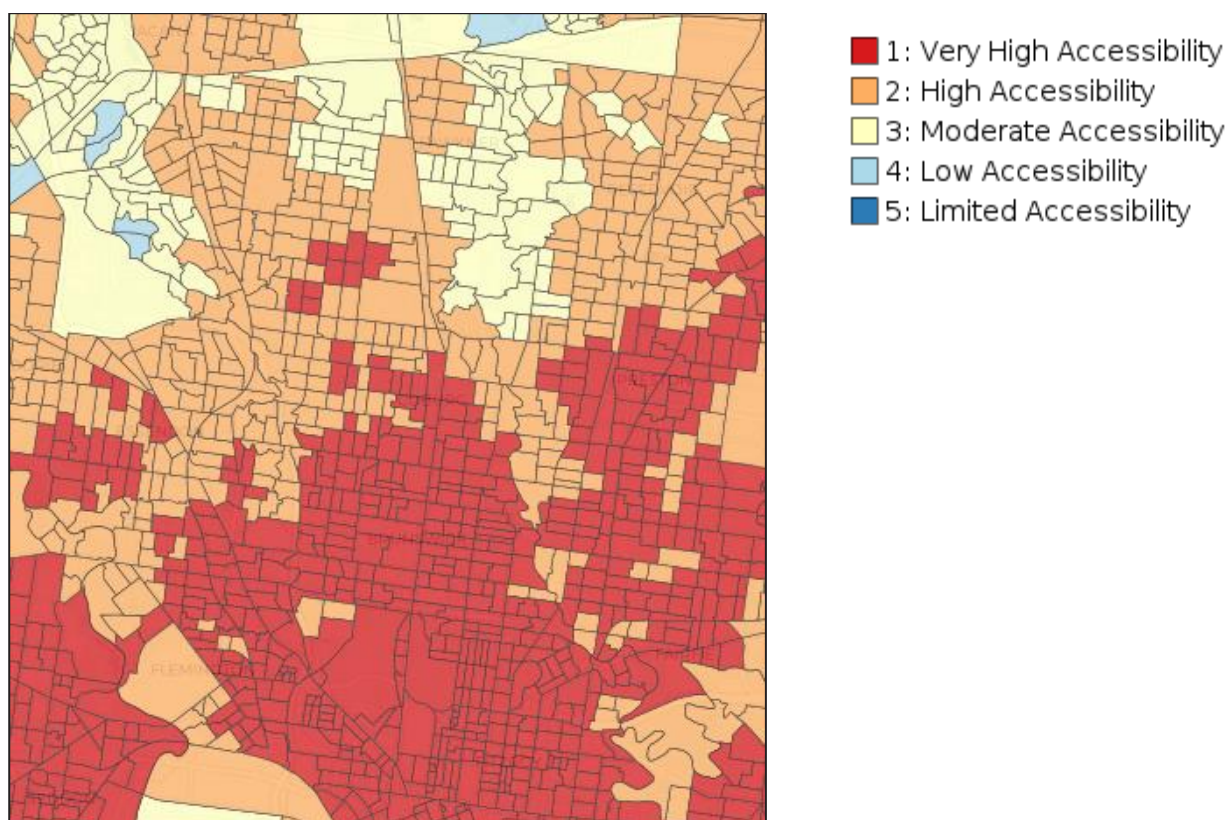
Living locally is central to how Moreland's neighbourhoods are designed, enabling residents to be able to meet most of their everyday needs within a 20-minute walk, cycle or short public transport trip from home. Keeping Activity Centres vibrant by facilitating a range of uses, retaining employment and making sure the right services are in the right spot while also managing amenity impacts and community expectations, is essential for a growing and changing population.

Access and affordability of health services

Measure: Access to health services (hospitals & general practitioners)

The Metropolitan Accessibility/Remoteness Index of Australia (Metro ARIA) dataset provides data on ease of difficulty people face accessing health services (hospitals and general practitioners). Findings are classified into five accessibility levels graded from low to high (AURIN 2014).

There is a clear North-South divide in terms of accessibility of health services (hospitals and general practitioners). Brunswick, Brunswick East, and Brunswick West have very high accessibility of health services whereas portions of Fawkner and Glenroy have moderate accessibility, and portions of Gowanbrae and Oak Park have low levels of accessibility (AURIN 2014).



Source: AURIN Map, Metro Health ARIA 2014



CLIMATE CHANGE

People who live with chronic conditions are more vulnerable to the impacts of climate change. Heat stress, bacterial infections, asthma attacks and respiratory complications are all set to increase in frequency with current climate projections. This increased need for health services to monitor these conditions will mean that having ease of access and ensuring affordability, especially for priority groups, is essential to adapting to climate change.



PRIORITY GROUPS

People who identify as LGBTQIA+ experience much higher rates of discrimination when using health services. 25.2% of LGBTQIA+ people had been discriminated against by a doctor, nurse or other staff member at a hospital or doctors' surgery, whereas non-LGBTQIA+ people's rate of discrimination was 9.8% (Victorian Agency for Health Information, 2017).



Local Identity & Participation

Local Identity & Participation

Context

Local identity and participation cover a wide range of activities that help to increase social cohesion and strengthen community connections. Healthy connections are extremely beneficial for physical and mental health. These connections might be with friends, family, work colleagues, pets, spirituality, culture or nature. People who have a strong sense of local identity and participate within the community are likely to have a healthy sense of belonging and better health outcomes.

Communities are formed in many ways and may be created through shared locations, common causes, hobbies, or lived experiences. Communities provide a sense of belonging and purpose, while also giving people a space to connect and expand their social support networks. Social connection contributes significantly to emotional wellbeing and can lower levels of anxiety, depression and increase self-esteem (Department of Health, 2019). Social connectedness can occur in many forms but essentially is about meeting with others or participating in an activity with others. This can be as simple as a phone chat, offering help to a neighbour or joining a sporting team or singing in a choir.

Volunteering is a way that people can develop their local identity and participate in the community. Many find volunteering a rewarding experience and it can help to develop skills and increase employability, give a sense of purpose and achievement, and provide an opportunity to meet new people. The health benefits of volunteering can reduce levels of stress, loneliness and social isolation (Heath Direct, 2019).

Loneliness is harmful to both mental and physical health (Australian Institute of Health and Welfare, 2019). Social isolation, living alone and not being in a relationship are risk factors for loneliness, however, it is important to recognise that just because an individual may be living alone or not in a relationship does not determine that this person is classified as lonely. Disconnect from an immediate community is another risk factor of loneliness which is why developing local identity and enhancing participation is crucial for health and wellbeing. Loneliness is associated with many health concerns and is linked to premature death (Australian Institute of Health and Welfare, 2019). Loneliness is a serious health concern as current reports state one in four Australian adults are lonely (Beyond Blue, 2019). Rates of loneliness in young people are continuing to rise and have been linked to the use of social media which has begun to replace physical connection and participation (VicHealth, 2015). Older Australians (aged 75 and above) are also more likely to feel lonely (VicHealth, 2015) as social connectedness is reduced due to access issues.

Participating in the community has health benefits, as it supports mental health and emotional wellbeing and lets people live more fulfilling lives. Enhancing opportunities to be involved in community groups gives purpose and a sense of belonging which are essential for good health. Following COVID-19 lockdowns, it will be important to re-establish many of these connections and groups to allow people to once again reconnect and contribute to their communities.

Moreland context

The majority of Moreland residents (89%) feel part of their community and this has steadily increased since 2014. There is also a high proportion of people (94%) that feel they can get help from family, friends or neighbours when they need it, however this substantially decreased during the pandemic.

Loneliness is an increasing public health issue that has been exacerbated by Covid-19 restrictions. Social isolation support was the second highest community need in Moreland during the pandemic and was more prevalent in certain population groups including older people, people with a disability, international students and/or temporary visa holders and culturally and linguistically diverse communities.

Almost a quarter of households are people living alone, which is higher than Greater Melbourne, with the highest proportion in Brunswick, Coburg and Glenroy. Of all households in Moreland, 16% have no access to the internet, however this rises sharply for some demographics such as people aged over 65 (46% without internet), and low-income households (38% without internet), as well as a strong correlation generally with vulnerable and disadvantaged populations. More than half of all households

without internet access are people living alone. While not directly correlated to loneliness these may be contributing factors to isolation, particularly during Covid-19 restrictions.

Positive contributing factors to wellbeing include participation and volunteering, with two thirds of residents (64%) using arts and culture services, over half of residents participating in community groups and 17% volunteering. These factors have been negatively affected by Covid-19 and need to be monitored as the situation unfolds to understand the ongoing impacts on Moreland's community.

In summary, key issues include:

- Loneliness and social isolation, especially in relation to Covid-19
- A high proportion of people living alone in Brunswick, Coburg and Glenroy
- No internet access for 16% of households, especially in Glenroy and Coburg
- Significant impacts on the arts and culture industry since Covid-19 and the ability to participate in volunteering or community activities.

Key insights

Feeling of belonging

- Overall, 89% of residents felt a part of their community in 2018. Feeling of belonging has steadily increased from 80% in 2014 to 84% in 2016 and 89% in 2018.
- Of those who did not feel a part of their community, one third of respondents stated the reason for their response was that they keep to themselves or that others keep to themselves.

Social connection

- In 2018, 94% of people in Moreland said that they can get help from family, friends or neighbours when they need it. However, there was a substantial decrease in the proportion of people who felt they could get help from family, friends or neighbours reported in 2020 during the COVID-19 pandemic, with only 79% strongly or slightly agreeing.

Loneliness

- There are more than 16,000 people living alone in Moreland, and approximately 5,000 people living alone in Moreland without Internet access. It should be noted that living alone does not directly equate to loneliness as people who live alone may not be lonely and people who do not live alone may be lonely.

Participation in arts & cultural events

- In 2019, nearly two thirds (64.9%) of residents reported that their households currently use arts and culture services.
- In 2017-18, nearly one third (29%) of people in Wills electorate (covering portions of Brunswick, Brunswick East, Brunswick West, Coburg, Coburg North, Pascoe Vale, and Pascoe Vale South) reported being involved in creative activities themselves, such as performing, singing or playing a musical instrument, dancing, writing, visual art and craft.

Participation in community groups

- Over half (54.3%) of residents in Moreland reported participating in community groups. The community groups most commonly participated in are sports clubs (18.4%), gyms or exercise (17.3%), and volunteer/welfare (7.5%). This is lightly higher than in 2017 and 2015.

Volunteering

- In 2016, 16.7% of the Moreland population reported doing some form of volunteering. The Moreland volunteering rate is lower than Greater Melbourne with 17.6% of the population volunteering.
- In 2016, one quarter of volunteers in Moreland were in their twenties.
- In 2016, the majority (57.5%) of volunteers in Moreland are female.

Access to Internet

- There were over 9,500 households with no access to the Internet in 2016, or 16% of households.
- Glenroy and Coburg were the suburbs with the highest number of households with no access to the Internet, each with approximately 1,500 households with no access.

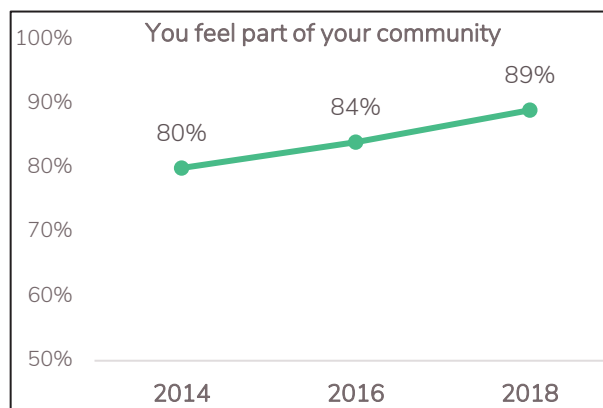
Feeling of belonging

Measure: People who feel part of the Moreland community

Overall, 89% of Moreland residents felt a part of their community in 2018. This is an increase from 2016 when 84% agreed that they felt a part of the Moreland community.

In addition to the 89% of residents who agreed that they felt part of their community, 9% disagreed with the statement, and 2% were neutral.

Of those who did not feel a part of their community, one third of respondents stated the reason for their response was that they keep to themselves or that others kept to themselves.



Source: Moreland City Council Community Indicator Survey 2018



PANDEMIC

VicHealth research has shown that groups that were feeling less connected during Covid-19 lockdown restrictions include those with a self-reported disability (33%), those who were unemployed (36%), those in a lower income bracket (30%), and young people aged 18 to 24 who were more likely to report that they have had difficulties staying connected with others (39%). Those speaking a language other than English at home (39%) and Aboriginal and Torres Strait Islanders (51%) were also more likely to report difficulties maintaining connections. Restrictions on movement and social interactions due to Covid-19 is also likely to disrupt these connections and may decrease the number of positive social interactions that LGBTQIA+ people experience (VicHealth, 2020).



PRIORITY GROUPS

The proportion of LGBTQIA+ individuals who did not feel valued by society was higher (17%) than others (12%), though other perceptions of connection with the community were similar to the average for all survey respondents (Victorian Population Health Survey, 2017).

Social connection

Measure: People who feel they can get help from family, friends, or neighbours when they need it

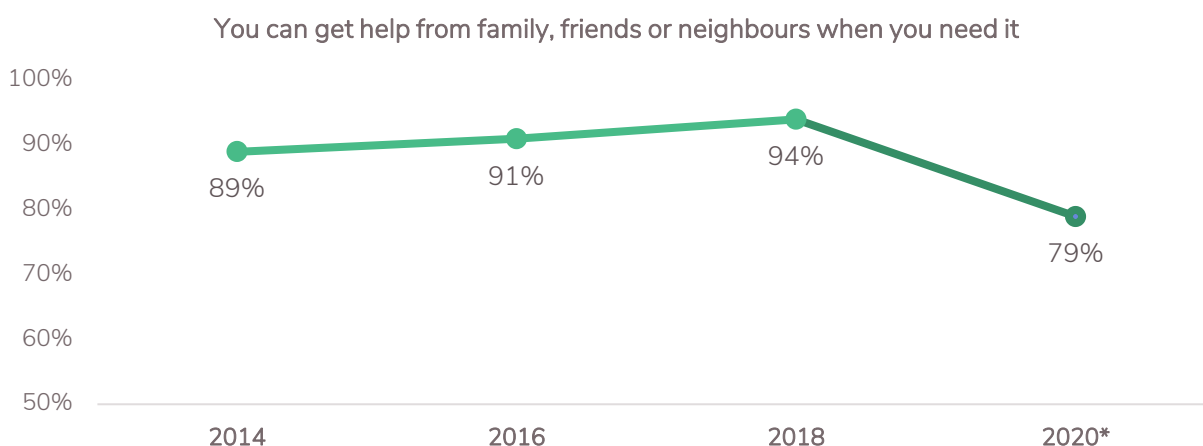
In 2018, 94% of people in Moreland said that they can get help from family, friends or neighbours when they need it. However, there was a substantial decrease in the proportion of people who felt they could get help from family, friends or neighbours reported in 2020 during the COVID-19 pandemic, with only 79% strongly or slightly agreeing.

In addition to the 94% of residents who agreed that they could get help from family, friends, or neighbours when they need it, 5% disagreed and 1% were neutral.

Table. People who feel they can get help from family, friends, or neighbours when they need it

Year	People who agree they can get help from family, friends or neighbours when they need it	*2020: In 2020 a COVID-19 Secondary Impact Analysis Community Survey was conducted to understand the impacts of COVID-19 on the Moreland community. This same question asked in the Community Indicator Survey was asked in this survey, and results showed a decrease in the number of people who agree they can get help from family, friends or neighbours when they need it.
2014	89%	
2016	91%	
2018	94%	
2020*	79%	

Source: Moreland City Council Community Indicator Survey 2018, Moreland City Council COVID-19 Secondary Impact Analysis Community Survey 2020



PANDEMIC

Social isolation support was the second highest community need in Moreland during the pandemic and was more prevalent in certain population groups including older people, people with a disability, international students and/or temporary visa holders and culturally and linguistically diverse communities (Moreland City Council, 2020). Additionally, Australians over 65 are the most digitally excluded population group and are the least able to use digital technologies for social connection and service access (Thomas, et al., 2017).



PRIORITY GROUPS

Some aspects of social connection were lower for people who identify as LGBTQIA+. Being able to get help from family and neighbours when required was much lower, however there no significant difference in getting help/assistance from friends when needed (Victorian Agency for Health Information, 2017).

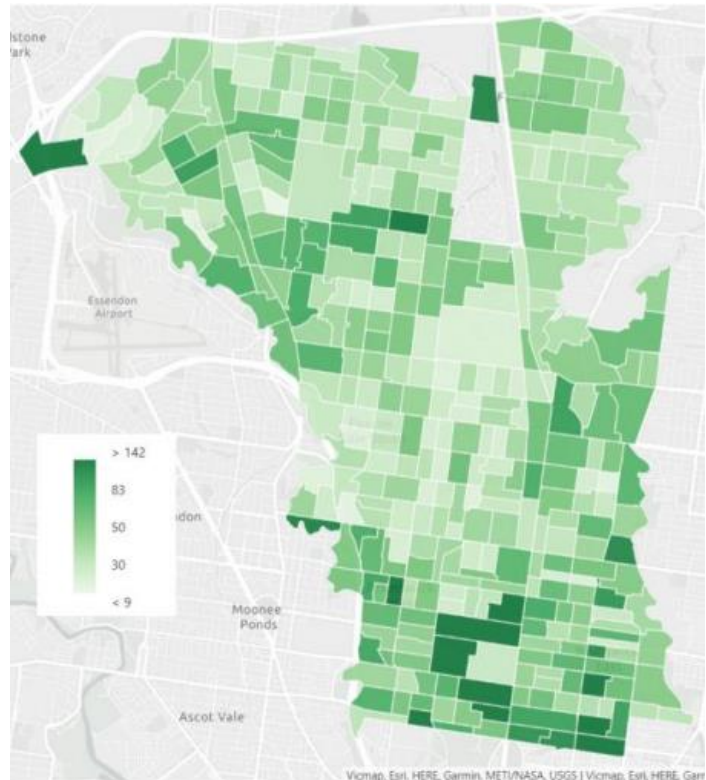
People living alone

Measure: People living alone

There are more than 16,000 people living alone in Moreland, and approximately 5,000 people living alone in Moreland without Internet access.

For more information on people living alone in Moreland, view the [Moreland City Council People Living Alone Brief](#).

Suburb	People living alone	% of all households
Brunswick	3,000	25%
Coburg	2,280	21%
Glenroy	2,043	23%
Brunswick West	1,945	28%
Pascoe Vale	1,846	25%
Brunswick East	1,598	27%
Fawkner	1,044	20%
Pascoe Vale South	715	18%
Coburg North	654	21%
Hadfield	591	25%
Oak Park	527	21%
Gowanbrae	203	19%
Total	16,446	23%



Source: Australian Bureau of Statistics Population Census 2016



PANDEMIC

Loneliness and social isolation are increasingly concerning issues facing communities. Recent research has identified that loneliness is the most commonly experienced personal stressor related to Covid-19, with 22% reporting high levels of loneliness and one in two (50%) people reporting that they feel lonelier since the pandemic begun (Australian Bureau of Statistics, 2020; Lim, et al., 2020).

Participation in arts & cultural activities

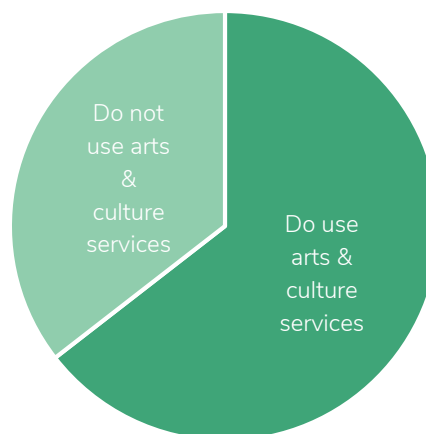
Measure: Engagement in arts and cultural activities

In 2019, nearly two thirds (64.9%) of residents reported that their households currently use arts and culture services.

Table. Breakdown of arts and cultural services reported by residents

Activity	%
Total residents who reported using arts & culture services	64.9%
Library service	43.5%
Music events	25.2%
Theatres	20.5%
Art galleries	20.2%
Do not use arts & culture services	35.1%

Source: MCC Household Survey 2019



Measure: Involvement in creative activities (in Wills electorate)

Note: The Australia Council for the Arts collects data by electorate, which does not correspond with the boundaries of Moreland City Council. The Wills Electorate covers Brunswick West, Pascoe Vale South, and parts of Brunswick East, Coburg, Coburg North, and Pascoe Vale. It also includes several suburbs not in Moreland City Council.

In 2017-18, nearly one third (29%) of people reported being involved in creative activities themselves, such as performing, singing or playing a musical instrument, dancing, writing, visual art and craft.

Table. Involvement in creative activities themselves in Wills 2017-18

Cultural venue or event	%
Involved in creative activities themselves (performing, singing or playing a musical instrument, dancing, writing, visual art and craft)	29%
Not involved in creative activities themselves	71%
Total	100%

Source: Australia Council for the Arts 2017/18



PANDEMIC

Arts and cultural activities have been significantly impacted during the pandemic lockdowns with many being forced to close or shift online (Moreland City Council, 2020).

Participation in community groups

Measure: Participation in community groups

Over half (54.3%) of residents in Moreland reported participating in community groups. The community groups most commonly participated in are sports clubs (18.4%), gyms or exercise (17.3%), and volunteer/welfare (7.5%). This is lightly higher than in 2017 and 2015.

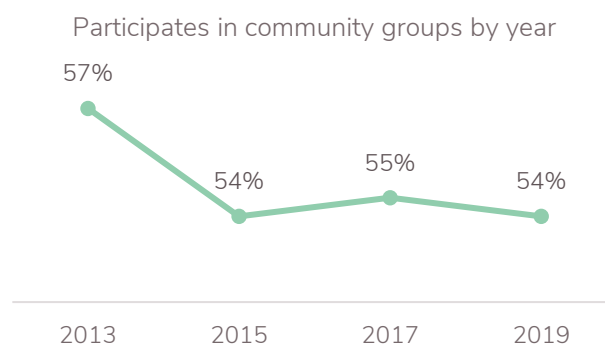
Table. Participation in community groups

Activity	%
Do participate in community groups	54.3%
Sports clubs	18.4%
Gym or exercise	17.3%
Volunteer/welfare	7.5%
Arts & cultural	6.6%
Religious groups	6.1%
Kids' playgroups	4.4%
Community support	4.2%
Adult learning	3.1%
Do not participate in community groups	45.7%

Source: MCC Household Survey 2019

Table. Participation in community groups over time

Year	Participates in community groups
2019	54.3%
2017	54.8%
2015	54.3%
2013	57.2%



Source: MCC Household Survey 2013, 2015, 2017, 2019

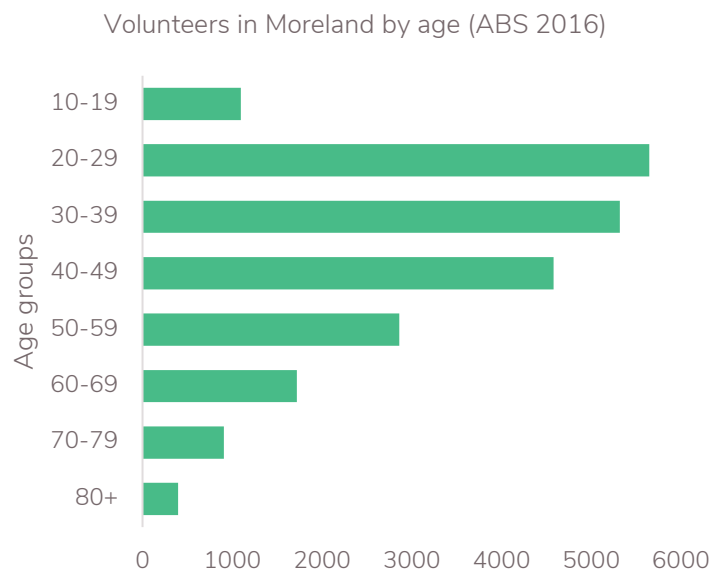
Volunteering

Measure: Rates of volunteering

In 2016, 16.7% of the Moreland population reported doing some form of volunteering. The Moreland volunteering rate is lower than Greater Melbourne with 17.6% of the population volunteering. The majority (57.5%) of volunteers in Moreland are female. One quarter of volunteers in Moreland are aged 20-29 years.

Table. Volunteers in Moreland by age

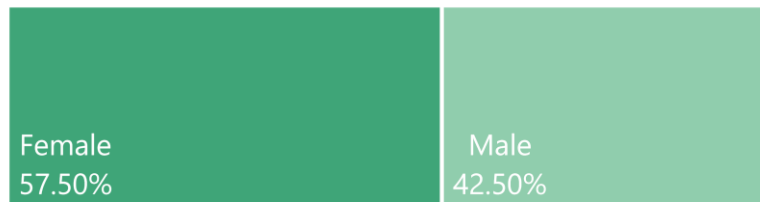
Age	Number of volunteers	% of population
10-19	1,097	4.9%
20-29	5,649	25.1%
30-39	5,322	23.6%
40-49	4,581	20.3%
50-59	2,861	12.7%
60-69	1,721	7.6%
70-79	907	4.0%
80+	398	1.8%
Total	22,537	100%



Source: Australian Bureau of Statistics Population Census 2016

Table. Volunteers in Moreland by sex

Sex	Number of volunteers	% of volunteers
Female	12,965	57.5%
Male	9,572	42.5%



Source: Australian Bureau of Statistics Population Census 2016



PANDEMIC

There has been an increased demand for skilled volunteers during the pandemic to provide support and food relief to the Moreland community. Volunteers with knowledge of specific languages and with skills in food relief have particularly been in demand (Moreland City Council, 2020).



PRIORITY GROUPS

LGBTQIA+ adults have significantly higher rates of volunteering in local community groups compared to non-LGBTQIA+ adults (Victorian Agency for Health Information, 2017).

Equitable access to Internet

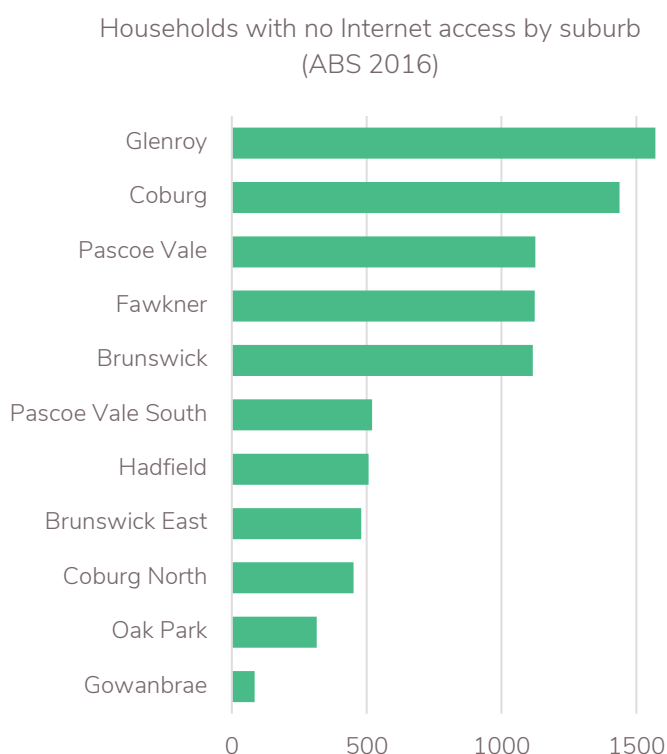
Measure: Population who have access to Internet from the dwelling

Internet access is defined as including internet access using desktop/laptop computers, mobile or smart phones, tablets, music or video players, gaming consoles, smart TVs etc., and includes Internet access through any type of connection including ADSL, fibre, wireless, satellite and mobile broadband (3G/4G).

There were over 9,500 households with no access to the Internet in 2016, which is 16% of all households in Moreland. Glenroy and Coburg were the suburbs with the highest number of households with no access to the Internet, each with approximately 1,500 households with no access.

For more information, see the [Moreland City Council Households without internet access Brief](#).

Suburb	No access to Internet (households)	% of total households
Glenroy	1,570	21%
Coburg	1,438	15%
Pascoe Vale	1,125	18%
Fawkner	1,123	26%
Brunswick	1,116	11%
Pascoe Vale South	520	15%
Hadfield	507	25%
Brunswick East	480	10%
Coburg North	451	17%
Oak Park	315	14%
Gowanbrae	84	9%
Total	9,521	16%



Source: Australian Bureau of Statistics Population Census 2016



PANDEMIC

Access to internet at home has become increasingly important to remain socially connected and participate in work and education during the pandemic. This has exposed and exacerbated the digital divide with the need for IT support being in the top issues reported in Moreland's Service Provider Research throughout the period of April-October 2020. Older residents, those with a disability, families (especially mothers) and those on low incomes reported being most impacted (Moreland City Council, 2020).



CLIMATE CHANGE

The projection that extreme weather events will increase in frequency in the future puts a strong demand on the need for equitable access to information. During such events it is vital for all residents to have access to information that can help keep them safe. Language and cultural barriers will need to be a focus in information distribution to ensure equity.



PRIORITY GROUPS

The percentage of households that do not have internet access in their home rises sharply for some demographics such as people aged over 65 (46% without internet), and low-income households (38% without internet), as well as a strong correlation generally with vulnerable and disadvantaged populations (Australian Bureau of Statistics, 2016).



Learning Environment

Learning Environment

Context

Formal education and lifelong learning opportunities make up learning environments. Formal education is the structured and systematic approach that is used in schooling, while lifelong learning opportunities have no demographic limit and mean that people can always choose to develop and improve their capacity, knowledge, skills, attitudes and competencies.

Education and learning environments have an important role in health and wellbeing. Education is an indicator of health- those that have higher levels of education are more likely to have better health outcomes. Good education and learning environments provide people with the ability to enhance their capacity, improve future opportunities, promote healthier choices and can better other social determinants of health such as income and occupation.

Literacy levels are one example of how lifelong learning opportunities can impact health for the better. People with low literacy levels are more at risk of experiencing poor physical health, anxiety, depression and self-esteem. The reason poor health is more prevalent is due to not being able to study, work or participate in community activities as desired (Australian Institute of Health and Welfare, 2020). However, certain places, like libraries, can connect with those who have low literacy levels and enhance and continue to build on their skills to ensure they can live healthier and more satisfying lives (State Library Victoria, 2016).

Health and education have strong links, here are some of the ways they influence each other:

- Knowledge and behaviours: Education provides people with tools to make better decisions and lifestyle choices. Smoking rates are one example of people making healthier choices. For those who completed year 11 or less and those who completed a bachelor's degree, current smoke rates were 29.3% and 7.9% respectively (Tobacco in Australia, 2020). The differences in these rates could be attributed to education and how individuals understanding that the choices they make impact their health.
- Employment and income: Attaining higher education is linked to higher paying jobs. Having a higher income and a higher education level puts people in a higher socioeconomic status. Being in a higher socioeconomic group means better health outcomes are more likely because people can choose where they want to live (places with lower crime rates, pollution, etc.), afford a balanced diet and participate in paid sport and recreation which all impact health.
- Social and psychological factors: people who attain higher education are more likely to have confidence in their abilities and relationships with others. This helps to reduce stress levels and provides for better access to emotional and practical support (State Library Victoria, 2016)

Prioritising education, both formal and informal, means that people within the community can experience better health.

Moreland context

The Kindergarten participation rate in Moreland was 84.4% in 2018, which is lower than the Victorian average of 91.1%. While this rate has fluctuated over the past three years it has remained below the State average. While nearly two thirds (64%) of people aged over 15 years in Moreland have completed year 12 or equivalent, the suburbs of Hadfield, Fawkner, and Glenroy are below the Greater Melbourne average (59%).

Over one third (37%) of Moreland residents have no qualification, consistent with the Greater Melbourne average (38.6%). However, there is a higher proportion of residents with a bachelor or higher degree (34%) than for Greater Melbourne (27.5%). For recent arrivals to Australia, who have settled in Moreland, 52% have a degree qualification, which is 10% higher than the average for those arriving across the wider Greater Melbourne area.

In addition, the majority of Moreland residents (74%) agreed that there are opportunities for learning and development for all ages. Library programs and services generate a range of benefits for all of Moreland's community, with an emphasis on life-long learning. Formal education and lifelong learning has been challenged during the pandemic as a result of working and studying from home, access to internet connection and financial uncertainty.

In summary, key issues include:

- Lower kindergarten participation rate than Victoria.
- Low Year 12 completion rates in Hadfield, Fawkner, and Glenroy.
- Disruption to formal education and lifelong learning due to Covid-19.

Key insights

Formal education

- In 2018, the Kindergarten participation rate in Moreland was 84.4%, which is lower than the Victorian average of 91.1%. The Kindergarten participation rate in Moreland has fluctuated over the past three years but has remained below the State average.
- Nearly two thirds (64%) of people in Moreland aged 15+ have completed year 12 or equivalent, which is higher than 59% in Greater Melbourne.
 - Moreland suburbs with the lowest year 12 completion rates are Hadfield (46.7%), Fawkner (50.6%), and Glenroy (54.6%).
- Over one third (37%) of Moreland residents have no qualification, which is slightly lower than the Greater Melbourne average (38.6%). One third (34%) of Moreland residents have a bachelor or higher degree, which is higher than the Greater Melbourne average (27.5%).

Opportunities for lifelong learning

- 74% of respondents to the Community Indicator Survey agreed that there are opportunities for learning and development for all ages in Moreland. This is an increase from 2016 when only 70% of respondents agreed.

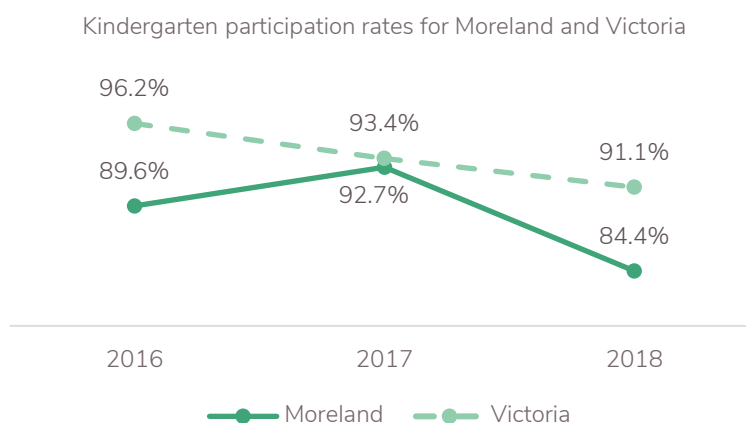
Formal education

Measure: Kindergarten participation rate

In 2018, the Kindergarten participation rate in Moreland was 84.4%, which is lower than the Victorian average of 91.1%. The Kindergarten participation rate in Moreland has fluctuated over the past three years but has remained below the State percentage.

Table. Kindergarten participation rate for Moreland and Victoria

Year	Kindergarten participation rate	
	Moreland	Victoria
2016	89.6%	96.2%
2017	92.7%	93.4%
2018	84.4%	91.1%



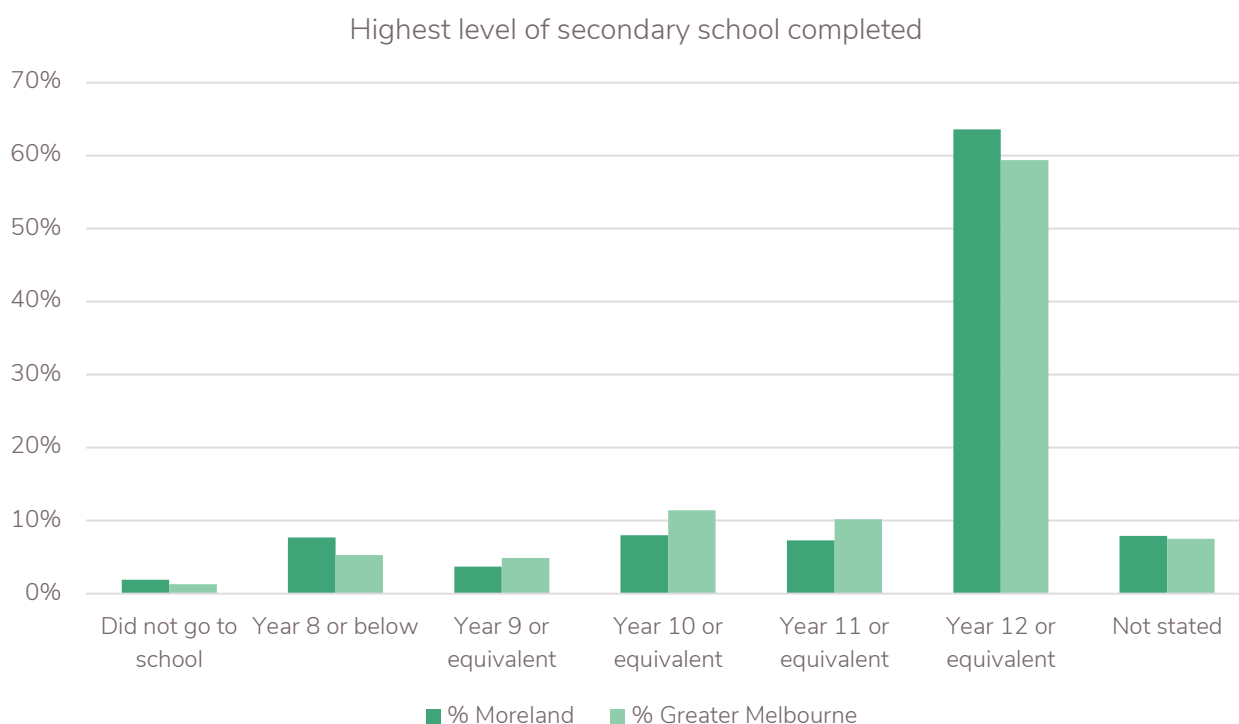
Source: Victorian Child and Adolescent Monitoring System (VCAMS) 2018

Measure: Highest level of secondary school completed

Nearly two thirds (64%) of people aged over 15 years in Moreland have completed year 12 or equivalent, which is higher than 59% in Greater Melbourne. Moreland suburbs with the lowest year 12 completion rates are Hadfield (46.7%), Fawkner (50.6%), and Glenroy (54.6%).

Table. Highest level of secondary school completed in Moreland

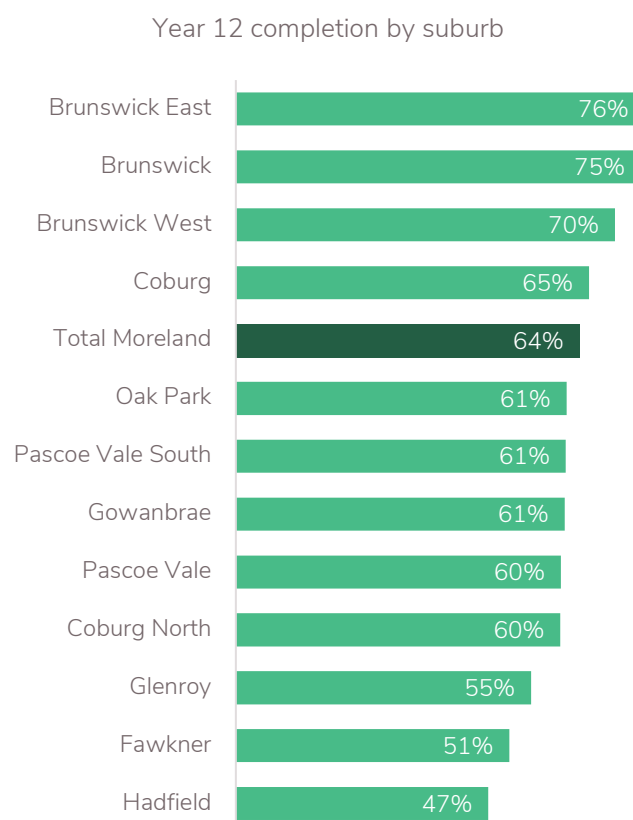
Level of schooling	People in Moreland	% Moreland	% Greater Melbourne
Did not go to school	2,534	1.9%	1.3%
Year 8 or below	10,471	7.7%	5.3%
Year 9 or equivalent	5,002	3.7%	4.9%
Year 10 or equivalent	10,922	8.0%	11.4%
Year 11 or equivalent	9,990	7.3%	10.2%
Year 12 or equivalent	86,791	63.6%	59.4%
Not stated	10,746	7.9%	7.5%
Total	136,456	100%	100%



Source: Australian Bureau of Statistics Population Census 2016

Table. Year 12 completion by suburb

Suburb	Number completed	% completed
Brunswick	16,292	74.9%
Brunswick East	8,365	75.6%
Brunswick West	8,606	70.1%
Coburg	14,355	65.3%
Coburg North	3,728	60.0%
Fawkner	5,469	50.6%
Glenroy	9,823	54.6%
Gowanbrae	1,374	60.8%
Hadfield	2,259	46.7%
Oak Park	3,176	61.2%
Pascoe Vale	8,365	60.1%
Pascoe Vale South	4,992	61.0%
Total Moreland	86,791	63.6%



Source: Australian Bureau of Statistics Population Census 2016

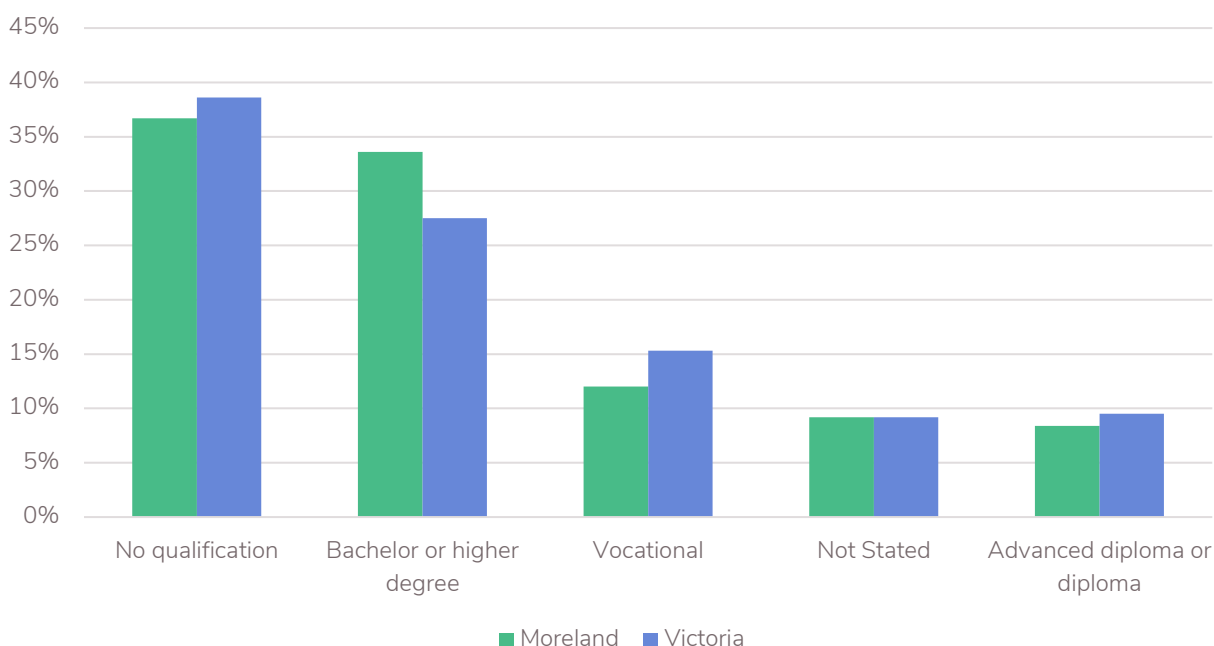
Measure: Highest qualification achieved

Over one third (37%) of Moreland residents have no qualification, which is slightly lower than the Greater Melbourne average (38.6%). One third (34%) of Moreland residents have a bachelor or higher degree, which is higher than the Greater Melbourne average (27.5%).

Table. Highest qualification achieved by Moreland residents aged 15+

Qualification level	Moreland		Greater Melbourne
	Number	%	%
Bachelor or higher degree	45,882	33.6%	27.5%
Advanced diploma or diploma	11,430	8.4%	9.5%
Vocational	16,313	12%	15.3%
No qualification	50,340	36.7%	38.6%
Not Stated	12,499	9.2%	9.2%
Total persons aged 15+	136,464	100%	100%

Highest qualification achieved in Moreland and Victoria



Source: Australian Bureau of Statistics Population Census 2016



PANDEMIC

Formal education has been challenged during the pandemic as a result of working and studying from home, access to internet connection and financial uncertainty.

Service provider data has highlighted the additional needs of families and parents to support with home schooling during the pandemic.



PRIORITY GROUPS

52.0% of recent arrivals to Australia, who have settled in Moreland, had a degree qualification, compared to 34.2% of total population. Levels of qualifications are high among

arrivals everywhere, but in Moreland these levels are 10% higher than the average for those arriving across the wider Greater Melbourne area.

In addition to the high level of qualifications, many more recent arrivals are studying; this can be seen in the percentage of recent arrivals attending university. 22.6% were attending university in 2016, compared to 9.3% of Moreland's total population (id consulting, Social Cohesion Monitoring Report 2019).

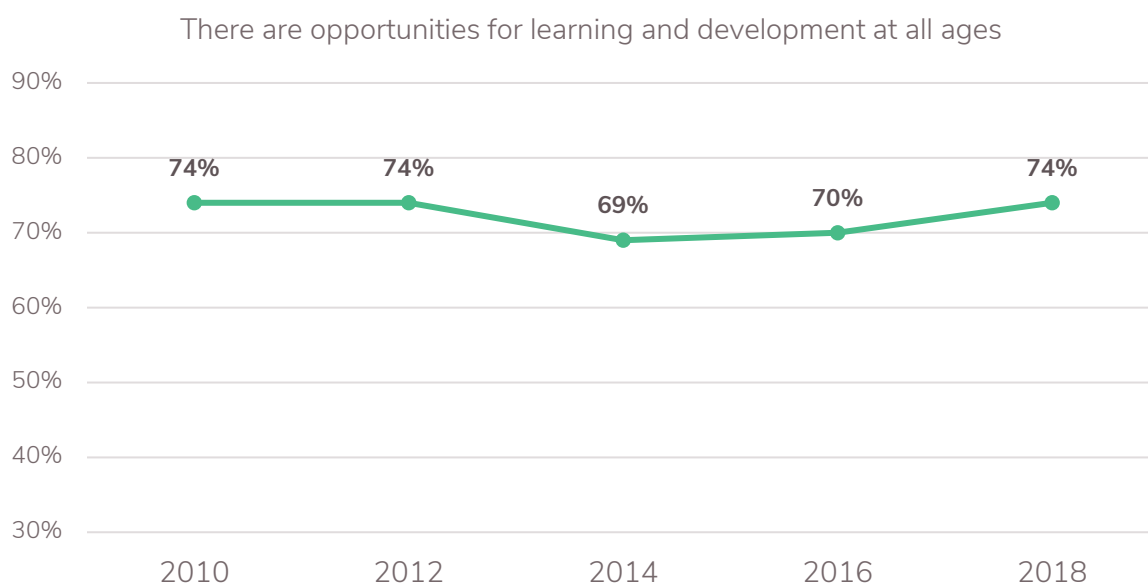
Opportunities for lifelong learning

Measure: Opportunities for learning and development at all ages

74% of respondents to the Community Indicator Survey agreed that there are opportunities for learning and development for all ages in Moreland. This was an increase from 2016 when 70% of respondents felt there were opportunities for learning and development at all ages. Of those who did not agree with the statement, 21% disagreed and 6% were neutral.

Table. Level of agreement that there are opportunities for learning and development for all ages in Moreland by year

Year	Level of agreement that there are opportunities for learning and development at all ages in Moreland
2010	74%
2012	74%
2014	69%
2016	70%
2018	74%



Source: Moreland Community Indicator Survey 2018



PANDEMIC

There has been an increase in unpaid work for many women during the pandemic, as well as reduced paid work hours or leaving paid work altogether to support family or neighbours (Women's Health in the North, 2020). This may impact career opportunities and continual professional development.



PRIORITY GROUPS

Library programs and services generate a range of benefits for all of Moreland's community. The emphasis on life-long learning contributes to language and digital literacy, complementing other educational opportunities available to community members. Access to information technology, literacy-based programs and job search activities contributes to employment opportunities, while access to health information contributes to positive community health outcomes. Libraries create a sense of place within the local community and can contribute to overall social cohesion and wellbeing (State Library Victoria, 2018).



Safe Environment

Safe Environment

Context

Environments are surroundings in which we find ourselves every day. Safe home, work, learning, play and public space environments impact many aspects of life, health and wellbeing. Ensuring safety for all regardless of age, gender or background is important for creating better health outcomes for Moreland's community.

Perception of safety is a large factor in reaching optimal health. If perceived safety is low for an individual, they are less likely to participate in community events, engage in active transport and use public transport (Safe Communities, 2015). For example, if parents have a poor perception of safety in the local community, they are less likely to let children walk or ride to school or play outside in parks and playgrounds. All these activities are important for producing healthy communities and healthy people as well as boosting community wellbeing. Crime rates contribute to perceived community safety (OECD, Better Life Index, 2020), in areas with low crime rates people feel safer which enhances wellbeing and encourages participation.

Safe home environments are incredibly important for every individual's health and wellbeing and supporting these safe environments will continue to be a priority area. Family violence is a hugely concerning issue that contributes to poor health outcomes. It is a predominately gendered issue with 1 in 4 women experiencing intimate partner violence and since the emergence of the COVID-19 pandemic the impact has increased further (Australian Institute of Criminology, 2020). Family violence occurs in a range of situations and is not limited to heterosexual relationships, with research showing that same-sex relationships have very similar rates of family violence. Children are also significantly impacted by family violence as it causes damage to their development, physical, social, emotional and psychological wellbeing (Domestic Violence Victoria, 2019).

Racism is an ongoing issue and dramatically impacts health and wellbeing. The effects of racism limit many people from living fulfilling lives by their definition. It creates job limitations, unfairly distributed resources, lower levels of social engagement and contributes to many mental health issues (VicHealth, 2014). Racism can be:

- Internalised: racist attitudes that shape an individual's beliefs or ideologies
- Interpersonal: interactions between people that display racial discrimination
- Systemic: access to resources and dominance of race in society (VicHealth, 2014).

Aboriginal and Torres Strait Islander people have long endured racism in Australia. Over half of young Aboriginal Australians (12-26 years) in Victoria have experienced raced based discrimination (VicHealth, 2014). In conjunction with this, many systemic and oppressive behaviours have severely impacted Aboriginal and Torres Strait Islander people's health (Australian Indigenous Doctor's Association, 2017). Other people from culturally and linguistically diverse backgrounds are also exposed to racism which leads to poor environments for many to live their life in. Health impacts range from high-risk factors for mental health conditions, increased likelihood of physical health problems, poorer child and maternal health outcomes (low birth weight, higher rates of gestational diabetes) and greater risk of community violence (VicHealth, 2014).

Moreland's commitment to safe environments is to ensure that all feel safe, welcome and can access what they need when they need it. Without safe environments, many people, especially those within Moreland's priority groups have inequitable access to services as well as daily opportunities. Supporting safe home, work and play opportunities and environments for all yields better health benefits.

Moreland context

The rate of reported family violence incidents per 100,000 population in Moreland was higher than the rate for Greater Melbourne in 2019 (1,064 and 926 respectively). Since the start of the pandemic there has been an increase in the severity of reported incidents of family violence. Mostly female family members are affected, often related to violence by current or former intimate partners. Family violence disproportionately affects priority groups, with Victorian Aboriginal women 45 times more likely to

experience family violence. Other groups at higher risk of family violence impacts include young women, women with a disability, young women, those living outside major cities, women and girls from diverse cultural backgrounds and LGBTQIA+ adults. Issues contributing to these groups' vulnerability may include social isolation, less accessible services and community or family pressures (Australian Institute of Health and Welfare, 2019).

The strongest predictors of attitudes supportive of violence against women were low level of support for gender equality and a low level of understanding of the behaviours representing violence against women (Australia's National Research Organisation for Women's Safety, 2017). One third of Moreland residents have a low gender equality score, with a higher proportion of males scoring lower than females. Gender equality has been impacted by the pandemic with women disproportionately affected by unemployment, financial stress and increases in caring responsibilities.

Racism and discrimination negatively affect health outcomes, with priority groups including women, LGBTQIA+ adults, Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities most impacted. Racism has increased since Covid-19.

In 2020, there were a total of 11,058 criminal incidents in Moreland, which is slightly lower than the rate for the North West Metro Region. Most Moreland residents (92%) felt safe in their area during the day, however this decreases to only 72% at night. Women are particularly impacted, and this influences their ability to participate fully in the community.

In summary, key issues include:

- Family violence against women and their children remains high despite the Victorian Government's substantial investment for prevention and response.
- Promoting healthier masculinities is growing to engage men and boys about gender equality and respectful relationships.
- Racism and discrimination, which has been exacerbated since COVID-19.
- Perceived safety in public places and at night, especially for women.

Key insights

Perception of safety

- In 2018, 92% of people felt safe in their area during the day, and 72% of people felt safe in their area during the night.

Crime incidents

- In 2020, there were a total of 11,058 criminal incidents in Moreland, which is a 0.6% increase from 2019.
- The rate of criminal incidents per 100,000 population was 5,860 in Moreland, which is lower than the rate for the North West Metro Region with 6,688.

Family violence

- There were 1,977 reported incidents of family violence in Moreland in 2019.
- The rate of family violence per 100,000 population in Moreland (1,064) is higher than the rate for Greater Melbourne (926) but lower than the rate for North West Metro Region (1,109).
- Mostly female family members are affected, often related to violence by current or former intimate partners. In 2019, the proportion of affected family members was 71% female.

Low gender equality score

- One third (32.7%) of Moreland residents have a low gender equality score, which is consistent with the low gender equality score for the Inner Metro Region (32.1%).
- A higher proportion of male residents (39.3%) have a low gender equality score than female residents (26.4%).

Racism

- There is an absence of reliable data quantifying experiences of racism in Moreland.
- Experiences of racism have increased three-fold during the COVID-19 pandemic according to the Victoria Equal Opportunity & Human Rights Commission 2020.

Perceptions of safety

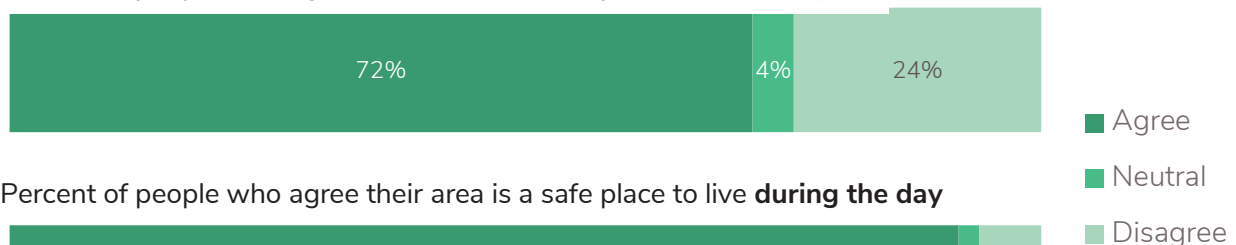
Measure: Perceptions of safety during the day & night

In 2018, 92% of people in Moreland agreed they felt safe during the day in their area, and 72% agreed they felt safe at night in their area.

Table. Percent of people who agree their area is a safe place to live during the day and night

Year	% who feel safe during the day	% who feel safe at night
2018	92%	72%
2016	92%	71%
2014	94%	71%
2012	91%	77%

Percent of people who agree their area is a safe place to live **at night**



Percent of people who agree their area is a safe place to live **during the day**



Source: Moreland City Council Community Indicator Survey 2018



PANDEMIC

Perceptions of safety influenced many lifestyle changes during the pandemic. 17% of respondents from the VicHealth survey (2020) stated that the reason they had reduced their physical activity level was because they did not feel safe to exercise outside.



PRIORITY GROUPS

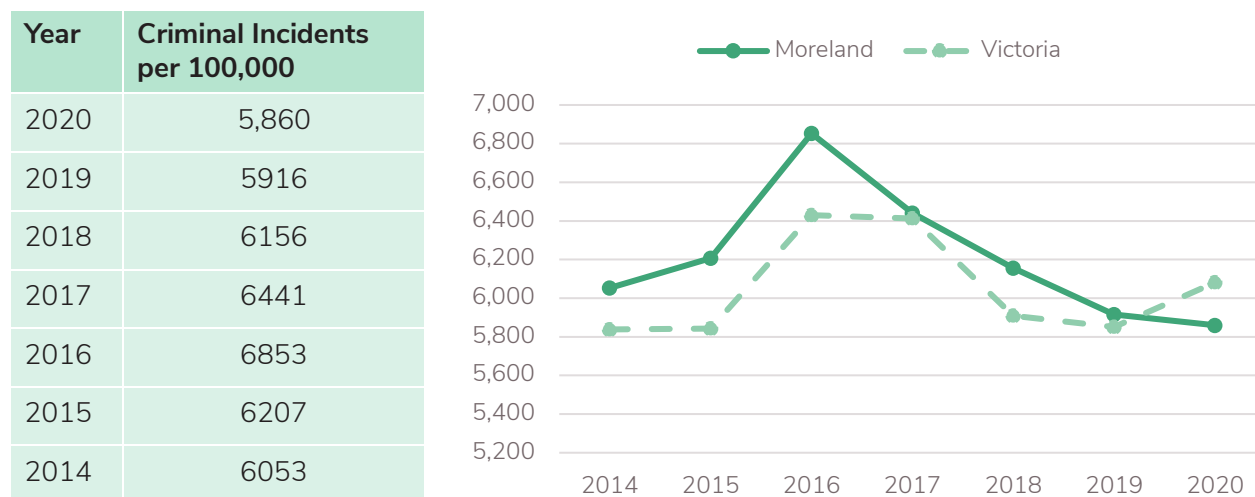
Perceptions of safety dictates many women's ability to participate in the community. Women are less likely to live active lives if their perception of community safety is low. In Moreland, 26% of women compared to 68% of men felt 'Very safe' or 'Safe' when walking alone in the local area at night (VicHealth Community Indicators Survey, 2015).

Crime rates

Measure: Crime incidents

In 2020, there were a total of 11,058 criminal incidents in Moreland, which is a 0.6% increase from 2019. The rate per 100,000 population was 5,860 in Moreland, which is lower than the rate for the North West Metro Region with 6,688.

Table. Criminal incidents per 100,000 population by year in Moreland



Source: Victoria Crime Statistics Portal, Criminal Incidents – Moreland Year ending June 2020



PANDEMIC

Crime rates have been altered as a result of the pandemic. A decrease has been experienced in non-family violence related assaults, burglary and break in offences and shop steal offences, however, there has been a significantly higher rate of domestic violence offences reported during the lockdown periods. (Victorian Crime Statistics Agency, 2020)

Family violence

Measure: Family violence rates

The Victorian Crime Statistics Agency defines a family incident as an incident attended by Victoria Police where a Risk Assessment and Risk Management Report (also known as an L17 form) was completed. According to this definition, there were **1,977 reported incidents of family violence** in Moreland in 2019.

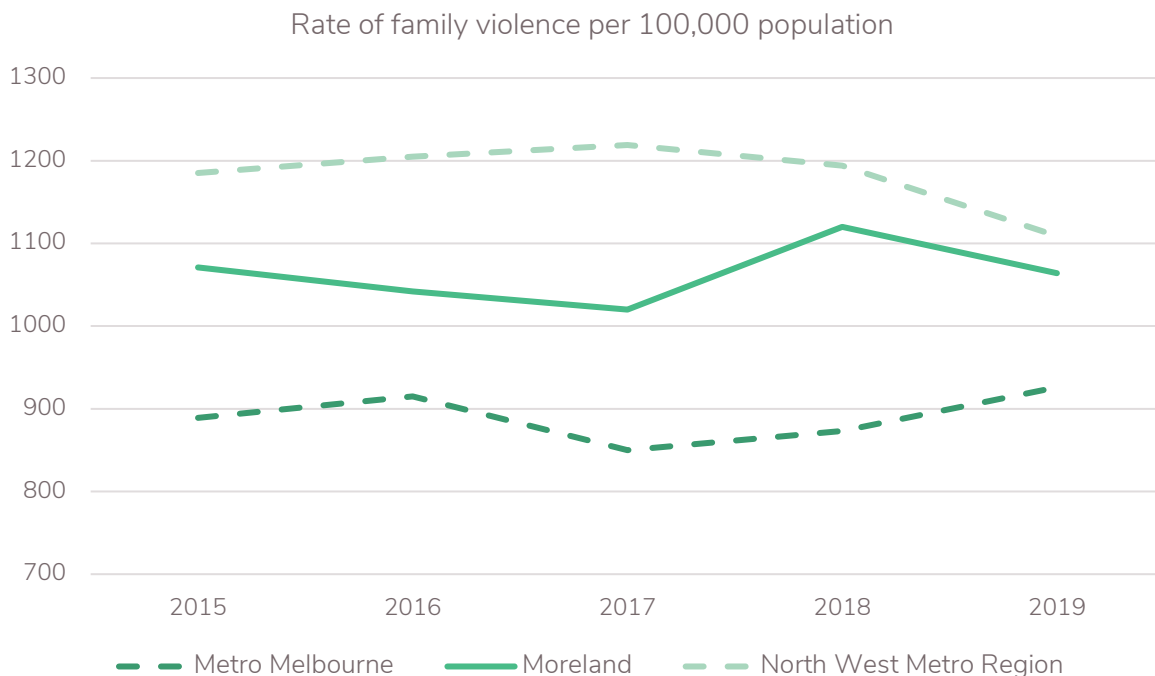
The rate of family violence per 100,000 population in Moreland (1,064) is higher than the rate for Greater Melbourne (926) but lower than the rate for North West Metro Region (1,109).

Mostly female family members are affected, often related to violence by current or former intimate partners. In 2019, the proportion of affected family members was 71% female.

For further details of affected family members by sex, age and types of family violence view [Moreland City Council Family Violence Brief](#).

Table. Family violence rate per 100,000 population

Year	Moreland	North West Metro Region	Greater Melbourne
2019	1,064	1,109	926
2018	1,120	1,194	873
2017	1,020	1,219	850
2016	1,042	1,205	915
2015	1,071	1,185	889

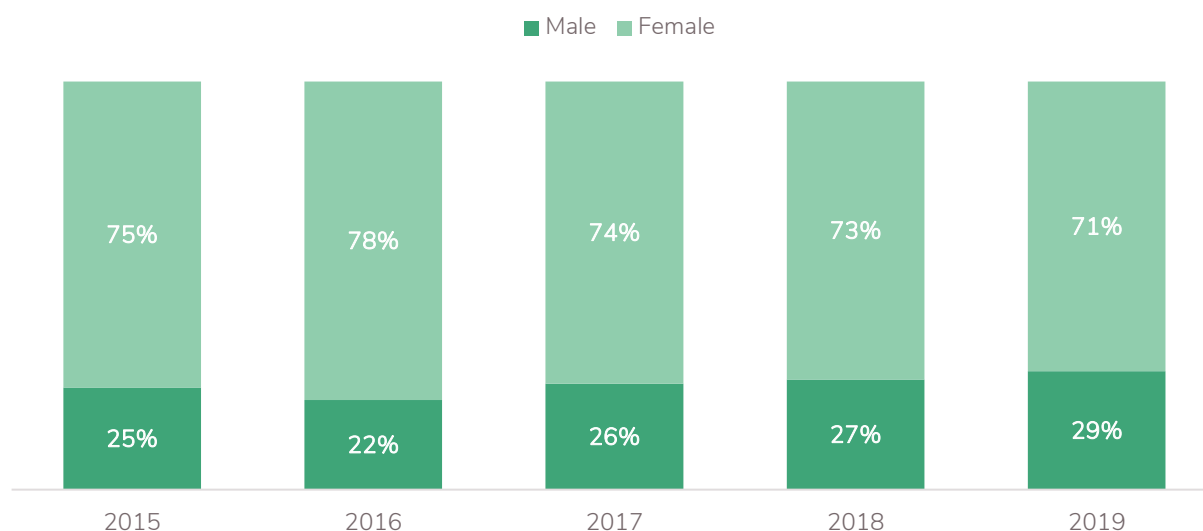


Source: The Crime Statistics Agency 2019 (Calendar year).

Table. Family violence incidents by sex (victim)

Year	Males		Females	
	Number	Percent	Number	Percent
2019	567	29%	1,408	71%
2018	543	27%	1,490	73%
2017	470	26%	1,329	74%
2016	396	22%	1,399	78%
2015	454	25%	1,340	75%

Proportion of affected family members by sex



Source: The Crime Statistics Agency 2019 (Calendar year)



PANDEMIC

In the Inner North West region, one in ten women reported experiencing intimate partner violence since the pandemic began, of which 33.1% said they had never experienced violence from their partner before and 53.1% reported that the violence had increased in frequency and severity (Inner North West Primary Care Partnership, 2020). However, it is not certain whether Moreland has seen the same increase in family violence incidents. Data from the Crime Statistics Agency suggest a decrease of 3.7% between June 2019 and June 2020, which covers several months of the pandemic period.



PRIORITY GROUPS

Most instances of family violence are against women. Concerningly, 1 in 5 Australian women have experienced sexual violence and on average 1 woman in Australia is killed by her intimate partner every week. Aboriginal and Torres Strait Islander women experience higher rates of violence when compared to non-Aboriginal and Torres Strait Islander women. 3 in 5 indigenous women have experienced physical or sexual violence by an intimate partner since age 15 (Victorian Government, 2020).

A significantly higher amount of LGBTQIA+ adults experienced forms of family violence compared to non-LGBTQIA+ adults. 13.4% of LGBTQIA+ had experienced family violence in the last 2 years as opposed 5.1% for non-LGBTQIA+ adults (Victorian Agency for Health Information, 2017).

It is estimated that Victorian Aboriginal women are 45 times more likely to experience family violence than non-Aboriginal women (Korin Korin Balit-Djak).

Low gender equality score

Measure: Low gender equality score

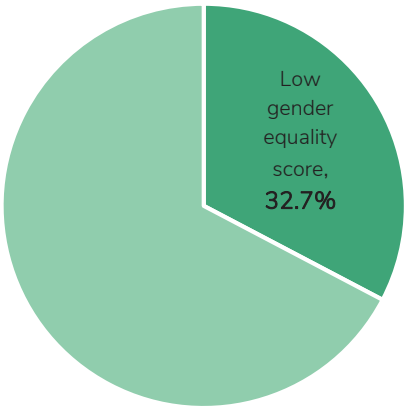
The ability to participate in equal and respectful relationships is an important contributing factor in mental health and wellbeing and negative attitudes to the opposite sex are frequently linked to the experience of intimate partner violence.

In the 2015 VicHealth Indicators survey asked respondents to rate their level of agreement with two statements designed to indicate attitudes around gender equality. These were: “Men should take control in relationships and be the head of the household” and “Women prefer a man to be in charge of the relationship”. Respondents who stated they strongly agreed or agreed with these statements had low levels of gender equality.

One third (32.7%) of Moreland residents have a low gender equality score, which is consistent with the low gender equality score for the Inner Metro Region (32.1%). A higher proportion of male residents (39.3%) have a low gender equality score than female residents (26.4%).

Table. Low gender equality score by gender

Gender	Moreland	Inner Metro Region
Male	39.3%	40.9%
Female	26.4%	23.4%
Other	Sample too small	Sample too small
Total	32.7%	32.1%



Source: VicHealth Indicators Survey 2015



PANDEMIC

The pandemic has caused many to return to traditional gender roles due to factors such as higher unemployment in females (Women's Health in the North, 2020). The increase in violence against women is compounded by these traditional roles as well as increased financial stress, social isolation and less access to support.

Racism

Measure: Reports of racism

Racism comes in many forms. From overt acts of violence and aggression, to regular persistent incidents of casual racism, to the systems and structures that perpetuate racism and in themselves act in a discriminatory manner. Racism has a negative effect on health both directly and indirectly, from harmful physical health effects including diseases and conditions as well as racially motivated assaults, to systemic racism which serves to maintain or exacerbate the unequal distribution of opportunity across ethnic groups (Cohealth 2017). There is an absence of reliable data quantifying experiences of racism in Moreland.



PANDEMIC

There has been an increase in racism relating to COVID-19, with 3 times increase in reports of racism (Victorian Equal Opportunity & Human Rights Commission, 2020). Many young Victorian's have expressed concern about returning to 'normal life' as 85% of young Victorian's reported having a direct experience of racial discrimination (Centre for Multicultural Youth, 2020).

According to the COVID-19 Racism Incident Report, Asians in Australia have experienced many racist incidents relating to the pandemic, including international students (Asian Australian Alliance 2020).

The absence of data illustrating the increase in racial abuse during the COVID-19 pandemic shows Australia needs to do better at recording and monitoring racism (Australian Human Rights Commission 2020).



PRIORITY GROUPS

Many women face judgement due to their race and religion. Racism is a barrier to many women accessing services they need or want. Racism can prevent many women from being physically active in public therefore leading to poorer health outcomes and weakening their support systems (VicHealth Gender Equality Health and Wellbeing 2017-19).

34% of LGBTIQ+ survey participants had endured discrimination in the previous year, compared with 16% of others - though fewer than one in ten (9%) of the incidents experienced by LGBTIQ+ persons were reported to any authority (Victorian Population Health Survey 2017).

The latest Australia-wide Mapping Social Cohesion survey reveals that at a national-level while support for multiculturalism remains high, there are some areas in which negative attitudes towards immigration remain relatively high and communities report experiencing racism and discrimination (Scanlon Foundation, 2019).

Noise



PANDEMIC

Noise complaints have increased during the COVID-19 pandemic. This is likely due to the increased number of people working from home and otherwise spending more time at home (MCC internal data 2020).

Environmental health inspections



CLIMATE CHANGE

Environmental Health Inspections will become increasingly pertinent in managing the indirect impacts of climate change in particular managing both food and water-borne diseases. Higher heat days and increasing temperatures will heighten food safety challenges. Bacteria such as salmonella thrives in hotter spaces and leads to a greater risk of food poisoning, so it is important to continue the close monitoring of food process and education surrounding food safety (Food Safety Information Council, 2016).

Bacteria in swimming pools are also likely to increase due to climate change so again it is important for regular environmental health checks of such facilities to ensure there is minimal bacteria that can cause infection within the community (Better Health Channel, 2017).



Safe & Affordable Housing

Safe & Affordable Housing

Context

Affordable, sustainable and appropriate housing is a social determinant that impacts people's health and wellbeing. Housing provides shelter, safety, security and privacy and enables people to better participate in the social, economic and community aspects of their lives. Housing construction and design and the social and neighbourhood environment can affect various aspects of physical and mental health and quality of life (Australian Institute of Health and Welfare, 2020).

Many people face insecurity with their housing, meaning people are fearful or unable to repay their mortgage or sustain rental payments. Housing stress is most apparent in low-income households and has risen during the COVID-19 pandemic as many people have experienced reduced hours of work or have lost their jobs or income (VicHealth, 2020). Anxieties about housing produce negative health outcomes with mental health particularly impacted (VicHealth, 2011).

Physical health is also impacted by housing. Overcrowding is a term that deems housing is inadequate, that there is not enough space within the home for the amount of people that currently reside there. Many people who live in overcrowded dwellings experience poorer health (Australian Institute of Health and Welfare, 2020). The indoor environment also impacts health, for example, a house with poor insulation and heating and cooling methods is more likely to have poor air quality and more extreme temperatures which can be associated with negative physical health outcomes such as increasing risk of certain respiratory conditions and heat stress (VicHealth, 2011). As extreme weather events, high heat days and heat-related deaths are expected to increase over time with climate change, thermal performance of housing is an important consideration for health (Australian Institute of Health and Welfare, 2020).

Homelessness is another housing consideration. There are three tiers to homelessness, they are:

1. Primary homelessness: people who are sleeping rough, in cars or improvised dwellings
2. Secondary homelessness: people who are unable to secure appropriate accommodation and it may involve moving between houses of friends, relatives and emergency accommodation
3. Tertiary homelessness: people who have no security of tenure, who often occupy hotels and motels and have no alternative accommodation options (Homelessness Australia, 2018)

Experiencing homelessness compounds many health issues, for instance, if an individual is unable to work due to illness and forced out of their current housing unable to pay rent, their illness is more likely to worsen without a safe place for recovery as well as the stress they are placed under to find somewhere safe and welcoming to stay.

Safe and affordable housing provides people with better health outcomes. It provides stability, sense of control, safe and healthy physical environments to live in which all contribute to overall health and wellbeing.

Moreland context

A good home is the foundation for a healthy, fulfilled life. The housing system is failing to provide enough safe, affordable and appropriate homes for our Moreland community. We have a higher than metropolitan average number of people who are unhoused, with no safe shelter to call their own. There were 770 people experiencing homelessness in Moreland in 2016 and this number is likely to be exacerbated by the impacts of COVID-19.

For many others, being in housing stress means that paying for housing comes at the cost of other necessities like nutritious food or transport. There are more than 9,900 households in Moreland in housing stress (15.3%), of these the majority are lone person households and families with children. Housing stress has increased since COVID-19 with one third (34%) of respondents to the Moreland Covid-19 Secondary Impact Analysis survey experiencing heavy or moderate stress on finances from mortgage or rent within the next 6 months.

There is a significant gap between the supply and need of social housing and this will persist in the short to medium term despite welcome commitments by the State Government announced in November 2020 to invest in additional social housing across Victoria. There were an estimated 3,850 households with unmet need for affordable housing in Moreland in 2016.

Therefore, the affordability, supply and quality of private rental housing is a critical setting for looking at the health impacts for community members. 36% of households in Moreland are rented, the majority being in the suburbs of Brunswick, Brunswick East and Brunswick West and over half being one family households. Younger people with insecure incomes or older people on government pensions are particularly vulnerable in the private rental market. In addition, an estimated 1,090 people in Moreland live in crowded or severely crowded dwellings, with over half being young people aged 20-29 years.

In summary, key issues include:

- A higher than metropolitan average number of people experiencing homelessness
- 15% of households in housing stress, with impacts exacerbated by COVID-19
- An estimated 3,850 households with unmet need for affordable housing
- Young people disproportionately affected by crowded dwellings

Key insights

Housing affordability

- Overall, more than 9,900 households in Moreland were in housing stress in 2016. The proportion of households in housing stress in Moreland is 15.3%.
- In 2017, 51% of purchaser/renter households felt that the rental or housing payment places heavy (13%) or moderate (38%) stress on the household's finances in an average month (Moreland Household Survey 2019).
- One third (34%) of respondents to the MCC Covid-19 Secondary Impact Analysis survey reported experiencing heavy or moderate stress on finances from mortgage/rent in the next 6 months.

Housing tenure

- 36% of households in Moreland are rented, equal to approximately 22,716 rented households (33% rented privately and 3% rented social housing).
- Over half (54%) of rented households are single family households, and one quarter (26%) of rented households are lone person households.
- In 2017, most renters (60.9%) felt secure in their current rental agreement, with 22.9% feeling very secure. A very high proportion of respondents selected "Prefer not to say" (22.6%). The main reasons for feeling insecure were that the property may be sold (65%) and rising rent (65%).

Housing need

- There are an estimated 3,850 households with unmet need for affordable housing in Moreland in 2016 according to ID Consulting A Home in Moreland report. This represents around 6% of all households in Moreland.
- Housing need is also projected to grow; by 2036 housing need in Moreland is forecast to exceed 7,000 households, representing 6.9% of the population.

Safe & healthy housing

- In 2016, there were an estimated 1,090 in Moreland living in crowded or severely crowded dwellings.
- People aged 20-29 years make up over half (54%) of people living in crowded dwellings.

Homelessness

- In the past 12 months, Vincent Care provided Intake and Assessment (IAP) services to 823 people and the rental access program to 161 households.
- The homeless rate in Moreland was 94 persons per 10,000 of the population in 2016. This rate is well above the metropolitan average of 88 (Australian Bureau of Statistics 2016).
- According to the ABS homelessness estimates for Moreland, there were 770 people experiencing homelessness in 2016, however this is likely an undercount considering Vincent Care data.

Housing affordability

Measure: Households experiencing housing stress

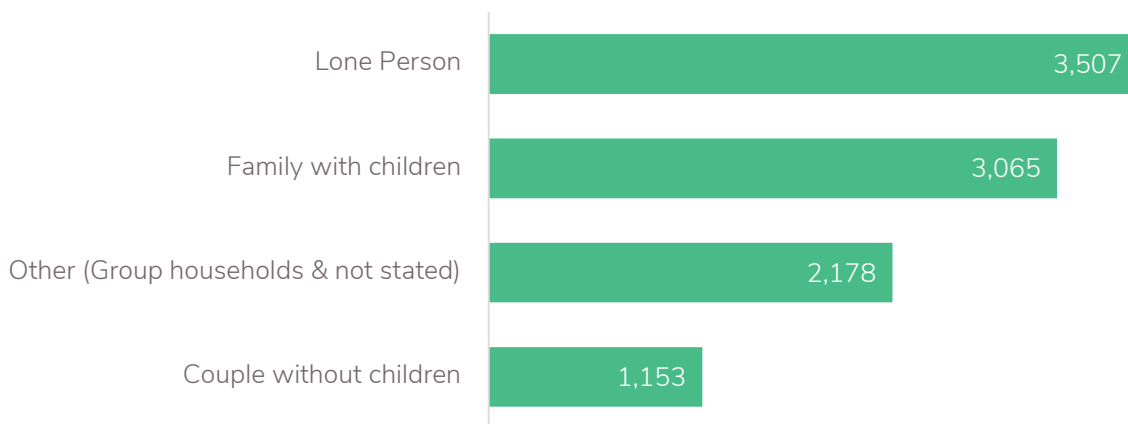
Housing stress refers to households having trouble meeting their rent or mortgage payments. Generally, lower-income households spending more than 30% of income on housing costs is considered housing stress, or generally unaffordable (id. Consulting, *A Home in Moreland*).

Overall, more than 9,900 households in Moreland were in housing stress in 2016. The proportion of households in housing stress in Moreland is 15.3%.

For information on households experiencing financial distress, see the [Moreland Households experiencing financial distress brief](#).

Household Type	Households experiencing housing stress	% households experiencing housing stress
Lone person	3,507	35%
Family with children	3,065	31%
Other (Group household & not stated)	2,178	22%
Couple without children	1,153	12%
Total	9,903	100%

Households experiencing housing stress by household type

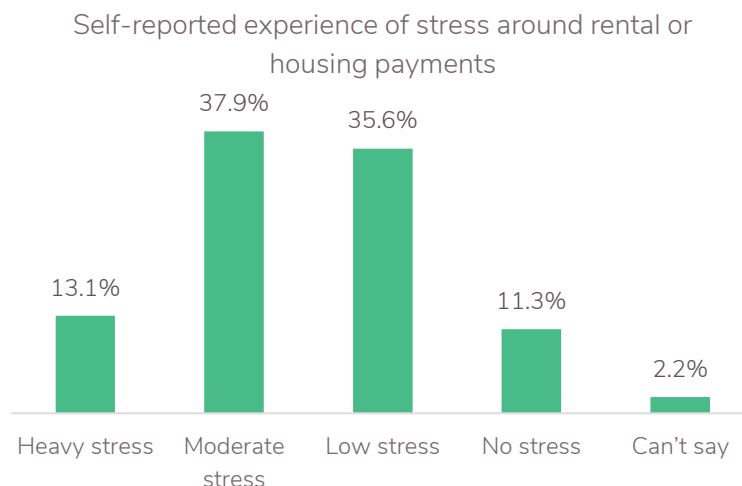


Source: A Home in Moreland Report, ID Consulting

Measure: People who experience stress around rental or housing payments

In 2017, over half (51%) of purchaser/renter households felt that the rental or housing payment places heavy (13%) or moderate (38%) stress on the household's finances in an average month (Moreland Household Survey 2019).

Self-reported level of stress	% of respondents
Heavy stress	13.1%
Moderate stress	37.9%
Low stress	35.6%
No stress	11.3%
Can't say	2.2%
Total	100%



Source: Moreland City Council Household Survey 2019



PANDEMIC

One third (34%) of respondents to the MCC Covid-19 Secondary Impact Analysis survey reported experiencing heavy or moderate stress on finances from mortgage/rent in the next 6 months.

There have been both positive and negative impacts seen in housing affordability since the beginning of the pandemic. This is rapidly changing and therefore the situation cannot be comprehensively analysed. Housing affordability will need to be continually monitored as the situation evolves.



URBAN CHANGE

Moreland needs quality homes that are well-designed, liveable, environmentally friendly and accessible, to suit the changing housing needs of the community. A range of housing that is affordable to all members of the community is also needed, so that living in Moreland is a choice open to everyone. Council can support this by identifying areas for significant, incremental and minimal housing growth, encouraging design that reduces the ongoing living costs of housing and increasing housing that is designed to be accessible.

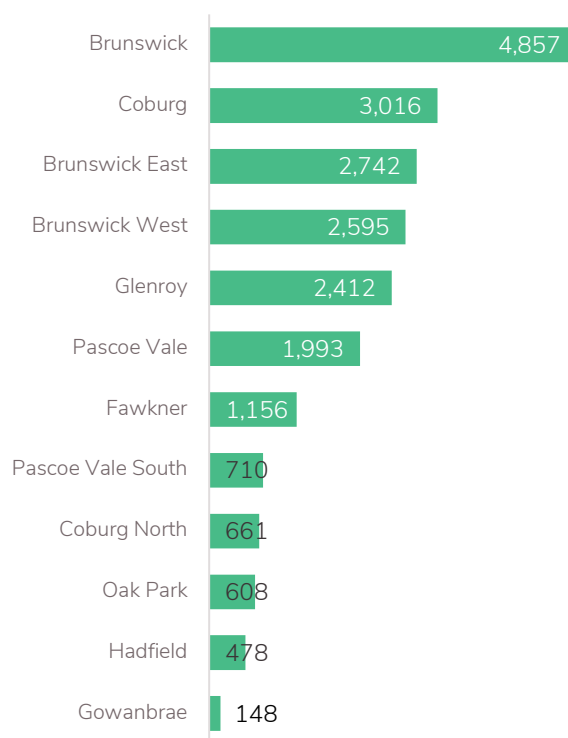
Housing tenure

Measure: Households that are rented

36% of households in Moreland are rented, equal to approximately 22,716 rented households (33% rented privately and 3% rented social housing). Over half (54%) of rented households are single family households, and one quarter (26%) of rented households are lone person households.

Table. Households rented privately by suburb

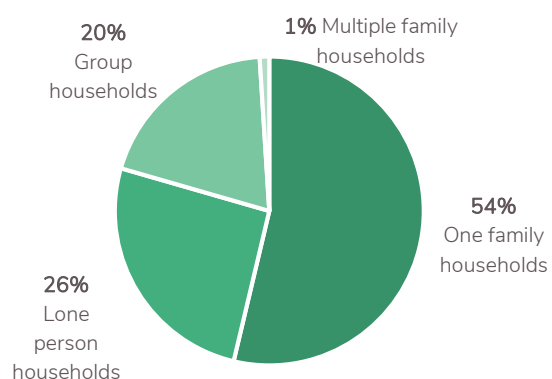
Suburb	Households rented privately	% of households
Brunswick	4,857	46%
Coburg	3,016	30%
Brunswick East	2,742	48%
Brunswick West	2,595	42%
Glenroy	2,412	30%
Pascoe Vale	1,993	30%
Fawkner	1,156	25%
Pascoe Vale South	710	19%
Coburg North	661	24%
Oak Park	608	26%
Hadfield	478	20%
Gowanbrae	148	14%
Total	21,450	33%



Source: Australian Bureau of Statistics population census 2016, Tenure by suburb

Table. Households that are rented privately by household composition

Household composition	Rented households	%
One family household	12,171	54%
Lone person household	5,835	26%
Group household	4,427	20%
Multiple family household	227	1%
Total	22,716	100%



Source: Australian Bureau of Statistics population census 2016, Tenure by household composition

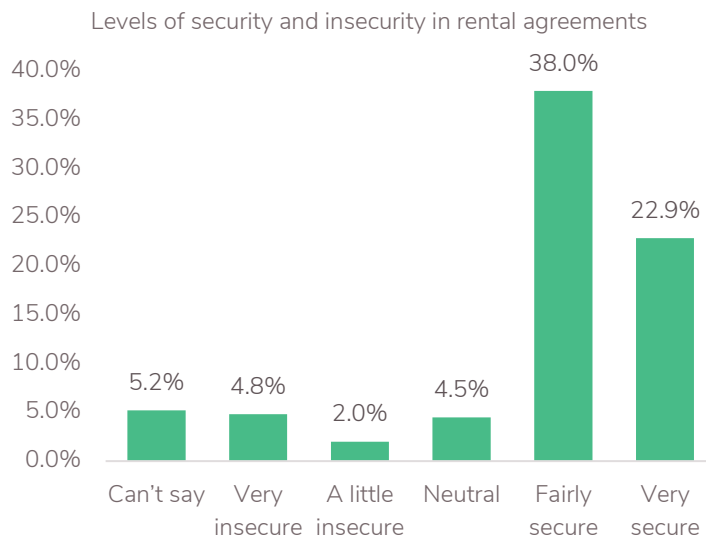
Measure: Households that feel insecure in their rental agreement

In 2017, most renters (60.9%) felt secure in their current rental agreement, with 22.9% feeling very secure. A very high proportion of respondents selected “Prefer not to say” (22.6%). The main reasons for feeling insecure were that the property may be sold (65%) and rising rent (65%).

Table. Feelings of security in current rental agreement

Feelings of security in current rental agreement	% of respondents
Very secure	22.9%
Fairly secure	38.0%
Neutral	4.5%
A little insecure	2.0%
Very insecure	4.8%
Can't say	5.2%
Prefer not to say	22.6%
Total	100%

Source: Moreland City Council Household Survey 2017



PANDEMIC

The VicHealth Coronavirus Impact Survey reported that 19% of respondents were concerned about the stability of their housing. (VicHealth, 2020)



PRIORITY GROUPS

Adults who identify as LGBTQIA+ are more likely to rent homes than non-LGBTQIA+ adults, they also have significantly lower rates of mortgages and home ownership (Victorian Agency for Health Information, 2017).

Housing need

Measure: Unmet affordable housing need

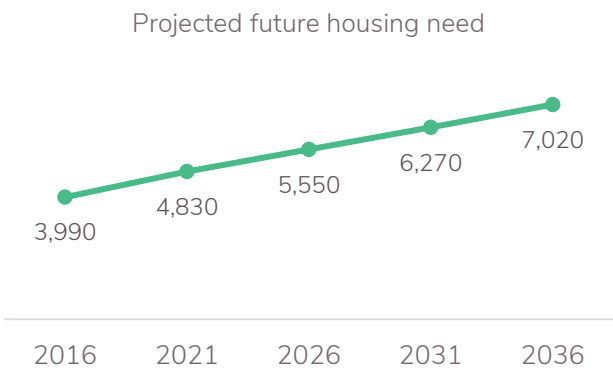
There are an estimated 3,850 households with unmet need for affordable housing in Moreland in 2016 according to ID Consulting A Home in Moreland report. This represents around 6% of all households in Moreland. To put this gap into context, it would take around 20 years to meet this need if 10% of all dwelling completions in Moreland were affordable housing. The group with the largest unmet need are households in rental stress on very low incomes (ID Consulting, A Home in Moreland Report).

Housing need is also projected to grow; by 2036 housing need in Moreland is forecast to exceed 7,000 households, representing 6.9% of the population.

Table. Projected households with unmet need for affordable housing 2016-2036

Year	Projected households with unmet need for affordable housing
2016	3,990
2021	4,830
2026	5,550
2031	6,270
2036	7,020

Source: ID Consulting, A Home in Moreland Report



URBAN CHANGE

More people will be living in Moreland in the future, who will all need a place to live. More people will be living on their own and household sizes will decrease. This means a greater need for smaller, more affordable houses. By providing a diversity of housing options, Council can facilitate those who live in Moreland, to stay in Moreland as their circumstances change.

Access to healthy & quality housing

Measure: Overcrowding in dwellings

In 2016, there were an estimated 1,090 in Moreland living in crowded or severely crowded dwellings according to ABS Homelessness Estimates 2016. People aged 20-29 years made up over half (54%) of people living in crowded dwellings.

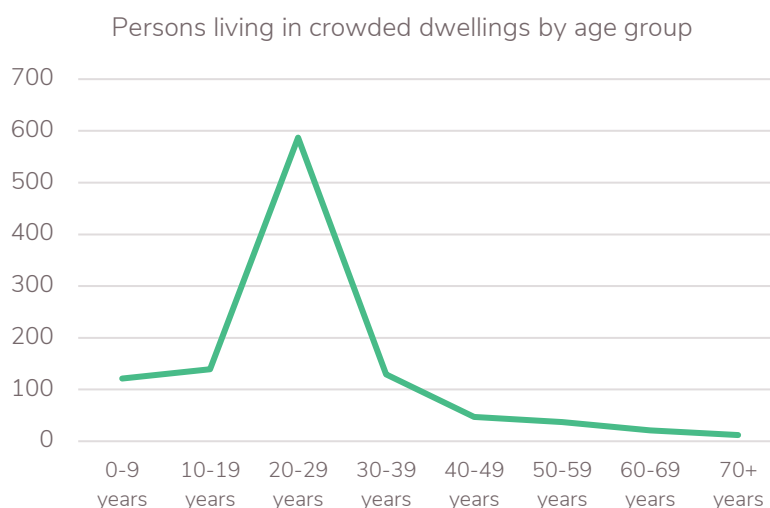
Table. ABS homelessness estimates for dwellings that are overcrowded

Overcrowding estimates	Population
Persons living in 'severely' crowded dwellings	336
Persons living in other crowded dwellings	758
Total	1,094

Source: Australian Bureau of Statistics Homelessness Estimates 2016

Table. Dwellings that are overcrowded by age group

Age	Persons living in crowded dwellings
0-9 years	121
10-19 years	139
20-29 years	587
30-39 years	129
40-49 years	47
50-59 years	37
60-69 years	21
70+ years	12
Total	1,094



Source: Australian Bureau of Statistics Homelessness Estimates 2016

Measure: Indoor temperatures of dwellings

Moreland City Council does not currently collect or have access to data pertaining to the indoor temperatures of dwellings. However, Council recognises that this is an important indicator to ensuring access to safe and quality housing.



CLIMATE CHANGE

Quality housing encompasses heating and cooling methods that improve the efficiency of energy used. With climate change projections of rising temperatures, it is important for houses to be equipped to manage such weather events. By improving thermal efficiency and encouraging better design of housing, fewer emissions are released and more energy can be conserved (Your Home, Australian Government, 2017).



URBAN CHANGE

Council should encourage taller buildings and more housing to be located near public transport routes and where daily needs like shopping and community services are just a walk away. This enables community infrastructure to be planned so that people have the services they need close to them. Ensuring the quality of new development is of a higher standard than the planning scheme requires will enable people's experience of places in Moreland to be positive and enable residents living in new developments to live in good quality housing.

Homelessness

Measure: People accessing Vincent Care support

Vincent Care provides support to people experiencing homelessness in Moreland accommodating them in emergency options, and through the private rental access program by establishing new tenancies or providing financial support to retain the tenancy.

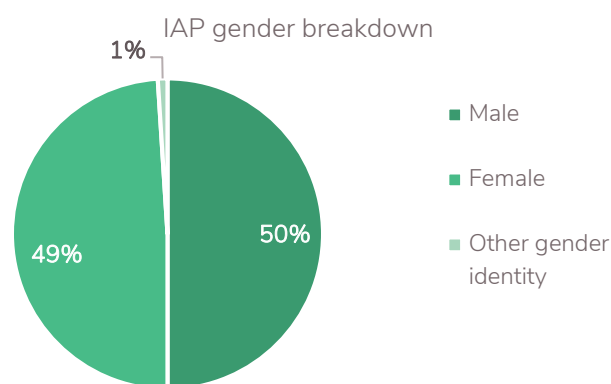
In the past 12 months, Vincent Care provided Intake and Assessment (IAP) services to 823 people and the rental access program to 161 households.

Their contacts are primarily rough sleepers, people experiencing housing unaffordability and housing crisis. Many of the people they support from Moreland are students and asylum seekers, and they tend to see an older demographic from the area seeking assistance. In IAP services, 50% of the people they supported identified as male, 49% identified as female, and 1% reported another gender identity.

Table. Number of people accessing IAP services from Vincent Care with Moreland addresses & close family contacts

Type of support	Number receiving support	Amount spent
IAP (front door) service	823 people	\$147,801
Private rental access program	161 households	\$291,912

Source: Vincent Care 2020



Measure: Homelessness rate estimate (ABS)

According to Australian Bureau of Statistics, a person is considered homeless when they do not have suitable accommodation alternatives or if their current living arrangement is in a dwelling that is inadequate; has no tenure, or if their initial tenure is short and not extendable; or does not allow them to have control of, and access to space for social relations.

The homeless rate in Moreland was 94 persons per 10,000 of the population in 2016. This rate is well above the metropolitan average of 88. According to the ABS homelessness estimates for Moreland, there were 770 people experiencing homelessness in 2016.

Table. Homelessness Operational Groups ABS homelessness estimates for Moreland

Homelessness Operational Groups	Total
Persons living in improvised dwellings, tents, or sleeping out	12
Persons in supported accommodation for the homeless	217
Persons staying temporarily with other households	80
Persons living in boarding houses	134
Persons living in 'severely' crowded dwellings	336
Total experiencing homelessness	768

Source: Australian Bureau of Statistics Homelessness Estimates 2016



PANDEMIC

People experiencing homelessness are at higher risk during the pandemic without regular access to safe and affordable housing and personal protective equipment.



CLIMATE CHANGE

Climate impacts will affect people in different ways based on their degree of vulnerability. All levels of homelessness (primary, secondary and tertiary) will be impacted by the changing climate. Those living on streets are more exposed to extreme weather events and those living in boarding houses or temporary shelters may not have access to adequate housing to remain cool and sheltered from extreme weather events. In conjunction with this homeless people also have more exposure to polluted airways and disease. This significantly decreases the likelihood of positive health outcomes.



PRIORITY GROUPS

Aboriginal Victorians are four times more likely to be homeless than non-Aboriginal Victorians (Korin Korin Balit-Djak 2017).

People who identify as LGBTQIA+ make up a large proportion of the homeless population in Victoria. Young people in particular are over-represented as often they feel unsafe at home or rejected (Department of Health and Human Service, 2017).

Domestic and family violence is the main reason women and children leave their homes in Australia and is consistently one of the most common reasons clients seek assistance from Specialist Homelessness Services (Australian Housing and Urban Research Institute, 2012).



Healthy Livelihoods

Healthy Livelihoods

Context

Livelihoods are defined as being able to secure the necessities of life through balanced, healthy and safe environments. Livelihoods are dependent on the quality of employment and socio-economic status, therefore those who have a higher socioeconomic status and have secure employment are more likely to live healthier lives as they can access the necessities of life.

Socioeconomic status is a combination of an individual's education, income and occupation status and can be used as an indicator of health to identify trends in population groups. Socioeconomic status can also be used to identify advantages and disadvantages within populations and is a useful tool to identify groups that may need extra support or assistance. Within Moreland, 24.6% of households are classified as 'low-income' (Moreland City Council, 2020). Low-income households are more likely to have higher rates of smoking, inadequate intake of fruit and vegetables and are more likely to be inactive (Australian Institute of Health and Welfare, 2016). Having a low-socioeconomic status affects health outcomes as there are many chronic disease inequalities. Arthritis, asthma, chronic kidney disease, diabetes, coronary heart disease, mental health conditions and lung cancer are just some of the chronic diseases which are more prevalent in low socioeconomic groups than in high socioeconomic groups (Australian Institute of Health and Welfare, 2016).

Employment is a social determinant of health and is an important part of a person's wellbeing as it provides income, sense of purpose and reduces psychological stress. Safe work environments and healthy work policies are important for protecting people and their health in a range of ways including, reducing workplace injuries and accidents, addressing discrimination, or ensuring employees do not burn out at work (Australian Institute of Health and Welfare, 2016). Those who are unemployed have a higher risk of death, illness and disability (Australian Institute of Health and Welfare, 2016), and there are many psychological challenges that unemployment brings which can quickly deteriorate mental health (Australian Institute of Health and Welfare, 2016). Employment can often be attributed to the quality of education an individual has achieved or their skills and qualifications. Those who receive a quality education and finish their qualifications are more likely to attain higher-paying, secure jobs which will raise their socioeconomic status and thus, produce better health outcomes. Employment and education are strongly intertwined so both need to be addressed to ensure that the inequalities experienced by those from low-socioeconomic status backgrounds are reduced and more equal futures and opportunities are available to all.

Inclusive labour policies help to promote healthy livelihoods. They protect the right to work regardless of a person's backgrounds or beliefs and create environments with a zero-tolerance towards discrimination. Having an inclusive labour policy means those with a specific vulnerability are not penalised for this and have opportunities to work and provide for their lifestyle.

Moreland context

Moreland has a slightly higher level of socio-economic disadvantage than the Greater Melbourne average, with the suburbs of Fawkner, Glenroy, Hadfield and Coburg North being the most disadvantaged. A quarter of households are classified as 'low income', which is slightly higher than for Greater Melbourne and equates to approximately 13,600 households, again concentrated in these northern suburbs.

In June 2020, the unemployment rate in Moreland was 6.1%, which is slightly higher than for Greater Melbourne (5.7%). Unemployment is substantially higher for Aboriginal and Torres Strait Islander people, for people with a need for assistance due to a severe or profound disability, and for those who are recent arrivals in Australia within the last 5 year. A low proportion of people live and work within Moreland (15%) compared to neighbouring municipalities and the average for Australia.

Covid-19 has significantly impacted both employment and income, with nearly one third (30%) of respondents to the Moreland Covid-19 Secondary Impact Analysis survey reporting that their financial situation got worse during the pandemic. Unemployment has increased by 0.7% between March and

June 2020, with women, young people and those from asylum seeker, refugee and migrant backgrounds disproportionately impacted.

In summary, key issues include:

- Fawkner, Hadfield, Glenroy and Coburg North experience higher levels of socio-economic disadvantage, a higher concentration of low-income households and higher rates of unemployment.
- Covid-19 has significantly impacted income and employment, with women, young people and those from asylum seeker, refugee and migrant backgrounds disproportionately impacted.
- A low proportion of people live and work within Moreland.

Key insights

Employment & Unemployment

- In June 2020, the **unemployment rate in Moreland was 6.1%**, higher than the unemployment rate of 5.7% for Greater Melbourne.
- Suburbs with the highest unemployment rates in June 2020 were Fawkner (8.2), Coburg (7.5), and Hadfield (7.5).

Residents employed locally

- In Moreland, an average of **15% of employed persons live and work in the same local area**. This is considered very low with Moreland placing in the bottom 2 percentile for all of Australia. Compared to neighbouring LGAs, Moreland performs slightly lower than Moonee Valley (17.7%), Darebin (17.7%) and Maribyrnong (20.3%).

Socioeconomic status

- The SEIFA IRSD Index of disadvantage, an indicator to measure relative disadvantage, was 1,014 for the City of Moreland in 2016, which is slightly lower than the score for greater Melbourne with 1,026. This means that Moreland has **slightly higher level of disadvantage** than the greater Melbourne average.
- In Moreland, **24.6% of households** with stated incomes were classified as “low income”, which is slightly higher than in greater Melbourne (23.6% of households) and equates to approximately **13,600 households**.

Employment & Unemployment

Measure: Unemployment rate

Small area labour markets (SALM) presents regional estimates of unemployment and the unemployment rate on a quarterly basis at the local government area (LGA) level and statistical area 2 (SA2) level.

In June 2020, the unemployment rate in Moreland was 6.1, higher than the unemployment rate of 5.7 for Greater Melbourne. Suburbs with the highest unemployment rates in June 2020 were Fawkner (8.2), Coburg (7.5), and Hadfield (7.5).

For more information on unemployment including unemployment payment data current to November 2020, see the [Moreland Unemployed and residents at risk of unemployment brief](#).

Table. Unemployment rate in Moreland SA2s (June 2020)

Suburb	June 2020		Baseline: 2016 Population Census	
	Unemployment Rate (%)	Unemployed persons	Unemployment Rate (%)	Unemployed persons
Brunswick	5.9	1,251	5.8	904
Brunswick East	5.5	541	5.5	428
Brunswick West	6.8	690	6.2	541
Coburg	7.5	1,324	7.0	990
Coburg North	5.8	278	6.4	254
Fawkner	8.2	530	10.2	584
Glenroy	7.0	867	9.1	766
Gowanbrae	3.7	66	4.0	292
Hadfield	7.5	202	7.3	184
Pascoe Vale & Oak Park	3.8	578	6.2	907
Pascoe Vale South	5.0	320	5.7	56
Moreland	6.1	6,677	6.9	5,904
Greater Melbourne	5.7	-	6.8	-

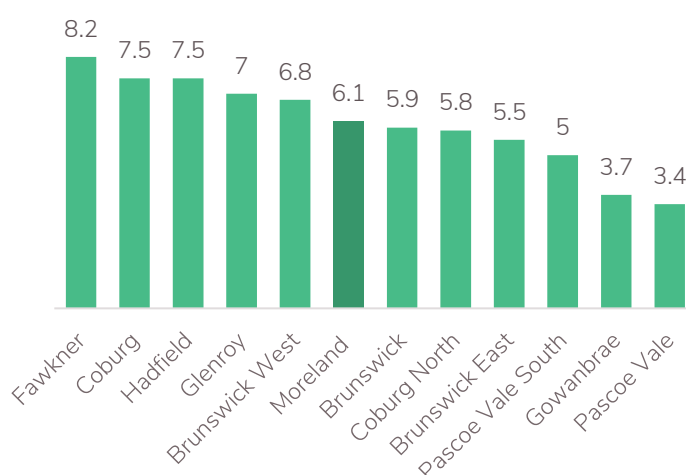
Source: Small Area Labour Markets (SALM) reporting on unemployment rate by SA2 June 2020, Australian Bureau of Statistics Population Census 2016

Table. Baseline unemployed persons in 2016 by sex

Sex	Unemployed, looking for work	% of all unemployed
Male	3,246	55%
Female	2,657	45%
Total	5,904	100%

Source: Australian Bureau of Statistics Population Census 2016

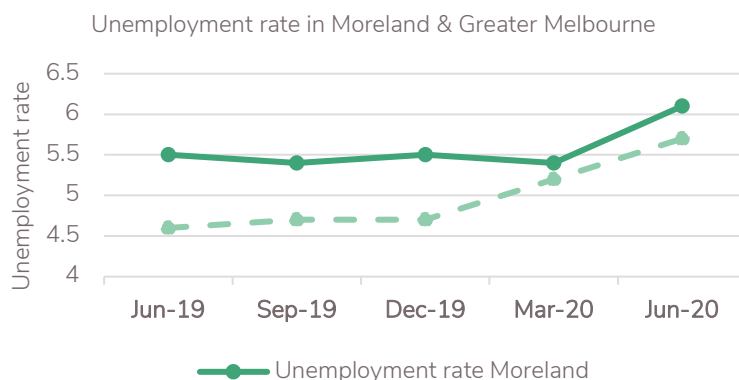
Unemployment rate by suburb (June 2020)





PANDEMIC

Between March and June 2020, the unemployment rate in Moreland increased by 0.7%. Suburbs with the largest increase between March and June were Pascoe Vale South (+2.1%), Fawkner (+1.3%), and Hadfield (+1.3%).



Four in ten respondents to the VicHealth Coronavirus Impact Survey reported less hours of work being available to them and one in ten reported losing their job in the first lockdown. Young people were the most severely impacted by job loss (7% higher than the State average) with young women overrepresented in job loss and unemployment. 29% of people in Victoria are concerned about future job prospects (VicHealth, 2020).

Women have experienced a greater rate of unemployment during the pandemic. The majority of casual workers unable to access job keeper are women; 55% of job losses due to the pandemic are women; and women's unemployment has increased five-fold since the crisis (Gender Equality Victoria, 2020). They have also had a larger responsibility of caring responsibilities and amounts of unpaid work (VicHealth, 2020).

People from asylum seeker, refugee and migrant backgrounds are also disproportionately impacted, being overrepresented in highly casualised and low-income industries that have been heavily affected by COVID-19, such as hospitality and retail (Koy, 2020) and those on temporary visas, who have been largely excluded from federal support packages (VicHealth, 2020).



CLIMATE CHANGE

The economic impacts projected as a result of climate change suggest higher rates of unemployment and economic uncertainty. These rates will be attributed to extreme weather conditions and changes to Victoria's climate which may reduce productivity in Victoria (Department of Environment, Land, Water and Planning, 2017).



PRIORITY GROUPS

Unemployment is substantially higher for Aboriginal and Torres Strait Islander people (11.4%), for people with a need for assistance due to a severe or profound disability (16.0%) and for those who are recent arrivals in Australia within the last 5 years (14.1%) (ABS Census of Population and Dwellings, 2016).

In 2014, 39% of LGBTQIA+ people stated they have hidden their sexuality or gender at work due to fear of discrimination (Australian Human Rights Commission, 2014).

Residents employed locally

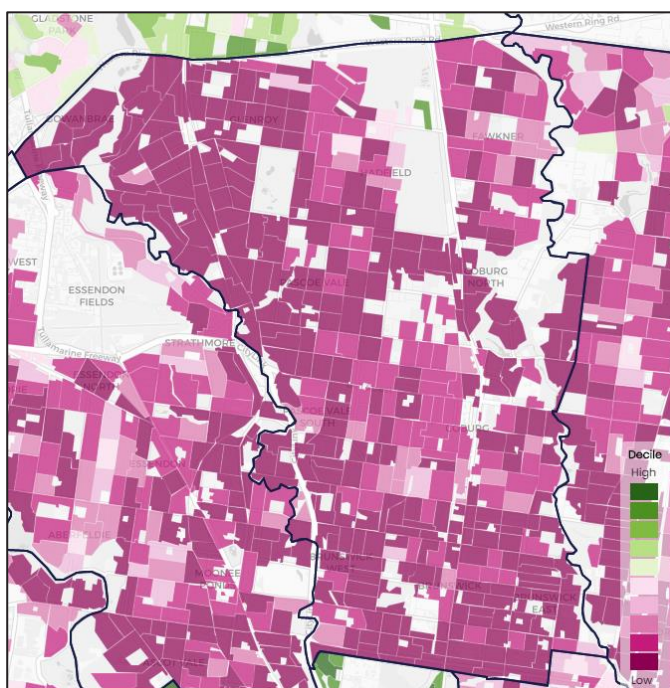
Measure: Percent of employed persons living and working in the same local area

When employees live closer to their workplaces, the likelihood of individuals commuting to work using public transport, walking and cycling as opposed to relying on private vehicles is increased. The use of public and active transport reduces traffic congestion and emissions from private vehicles which positively supports the build and natural environment as well as individual physical activity. (Australian Urban Observatory 2018).

In Moreland, an average of 15% of employed persons live and work in the same local area. This is considered very low with Moreland placing in the bottom 2 percentile for all of Australia. Compared to neighbouring LGAs, Moreland performs slightly lower than Moonee Valley (17.7%), Darebin (17.7%) and Maribyrnong (20.3%).

Table. Percent of employed persons living and working in the same local area by suburb

Suburb	%
Brunswick	14.1%
Brunswick East	13.6%
Brunswick West	14.9%
Coburg	18%
Coburg North	11.7%
Fawkner	18.4%
Glenroy	15.3%
Gowanbrae	9.3%
Hadfield	19.7%
Oak Park	11.5%
Pascoe Vale	12.6%
Pascoe Vale South	14.8%
Moreland	15%



Source: Australian Urban Observatory 2018

Table. Social infrastructure index by LGA

LGA	Moreland	Moonee Valley	Darebin	Maribyrnong
%	15%	17.7%	17.7%	20.3%

Source: Australian Urban Observatory 2018



URBAN CHANGE

Council seeks to create vibrant places that can house future populations and provide local employment. Finding ways to encourage developers to provide commercial floor space to support local job creation in Activity Centres will be important for a growing population and changing work patterns.

Socio-economic status

Measure: SEIFA score

SEIFA (Socio-Economic Indexes for Areas) is a product developed by the Australian Bureau of Statistics (ABS) that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the Census. SEIFA 2016 is based on Census 2016 data. The Index of Relative Socio-economic Disadvantage (IRSD) is one of four SEIFA indexes. It is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. This index includes only measures of relative disadvantage.

A **low** score indicates relatively greater disadvantage in general. For example, an area could have a low score if there are:

- Many households with low income
- Many people with no qualifications
- Many people in low skill occupations

A **high** score indicates a relative lack of disadvantage in general. For example, an area may have a high score if there are:

- Few households with low incomes
- Few people with no qualifications
- Few people in low skilled occupations

The SEIFA index has several limitations worth noting:

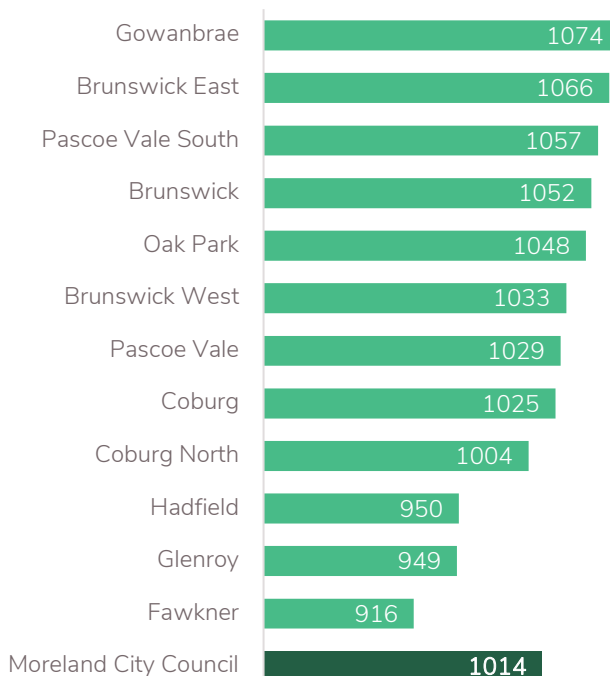
The indexes are assigned to areas, not to individuals. They indicate the collective socio-economic characteristics of the people living in an area.

Due to inputs such as low incomes, SEIFA will pick up large aged care homes and retired people who may have large assets but low incomes. These irregularities are important to note when considering the SEIFA index.

Table. SEIFA IRSD by suburb

Suburb	SEIFA IRSD Score
Gowanbrae	1074
Brunswick East	1066
Pascoe Vale South	1057
Brunswick	1052
Oak Park	1048
Brunswick West	1033
Pascoe Vale	1029
Coburg	1025
Coburg North	1004
Hadfield	950
Glenroy	949
Fawkner	916
Moreland City Council	1014

SEIFA IRSD score by suburb



Source: Australian Bureau of Statistics Population Census 2016

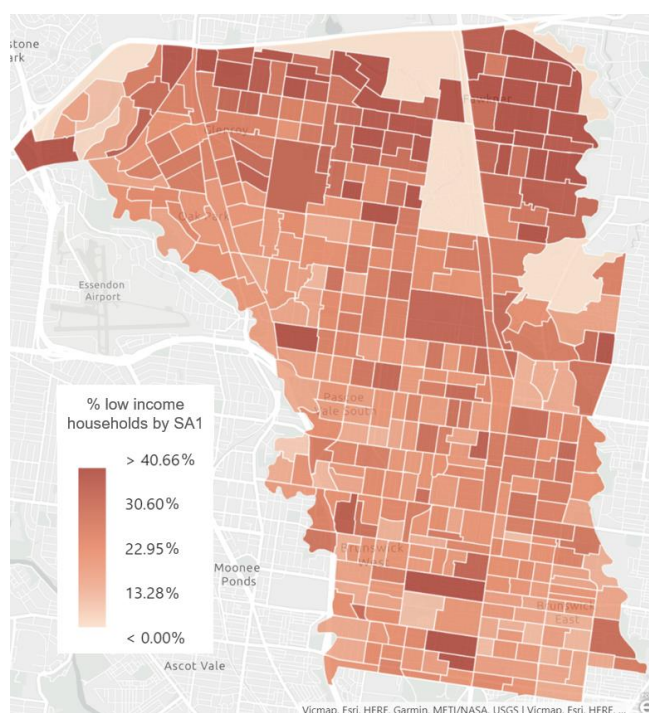
Measure: Low-income households in Moreland

Low-income households⁴ are defined as those with equivalised⁵ household income less than \$500 per week. This is the standard range closest to the bottom 25% of all households in Australia.

In Moreland, **24.6% of households** with stated incomes were classified as “low income”, which is slightly higher than in greater Melbourne (23.6% of households) and equates to approximately **13,600 households**. Lone-person households and single-parent families are more likely to have low equivalised incomes than other household types (id consulting, Social Cohesion Monitoring Report 2019).

Table. Low-income households by suburb

Suburb	Low-income households	% of all households
Glenroy	2,231	32%
Coburg	2,025	24%
Brunswick	1,797	20%
Fawkner	1,640	40%
Pascoe Vale	1,355	23%
Brunswick West	1,195	22%
Brunswick East	798	17%
Hadfield	662	36%
Coburg North	661	27%
Pascoe Vale South	625	20%
Oak Park	423	21%
Gowanbrae	157	18%
Moreland	13,570	24.6%
Greater Melbourne	-	23.6%



Source: Australian Bureau of Statistics population census 2016, Equivalised Total Household Income (weekly) by statistical area 1 (SA1). Map prepared in Power Bi by Moreland Research Team.



PANDEMIC

Nearly one third (30%) of respondents to the MCC Covid-10 Secondary Impact Analysis survey reported that their financial situation got worse during the pandemic. Younger respondents aged 18-34 were more likely to have their financial situation worsen. CALD respondents were also more likely to have their financial situation worsen. On the other hand, respondents in higher income (over \$100k) households reported an improved situation.

Stark differences have been noted between the experiences of some people or communities and the rest of Victoria. Those who earn less than \$59,999 annually experienced an increase in their financial hardship (VicHealth, 2020).

⁴ Relationship between “low-income” and poverty: Low income definition used is not an indicator of poverty and there will be people on more than \$500 per week living in poverty as per the Henderson Poverty Line definition by [Melbourne Institute University of Melbourne](#).

⁵ Equivalised household income is a good measure of the resources available to a household. It adjusts total income to account for household size in terms of adults and children and puts all households on equal footing with a single person household of the same income (ID Consulting 2019).



CLIMATE CHANGE

Communities with a low socio-economic status have a higher sensitivity to the impacts of climate change. There is a higher prevalence of underlying chronic health conditions that will be exacerbated by climate change, ultimately putting people from this group at greater risk of adverse health effects (Department of Health and Human Services, 2019).



PRIORITY GROUPS

The gender pay gap contributes to women's socioeconomic status. This status is a key social determinant in assessing future health outcomes. People with a lower socioeconomic standing have higher risks of many physical and mental illnesses (VicHealth, Gender Equality Health and Wellbeing 2017).

LGBTQIA+ adults are more likely to have a lower socioeconomic status. There is a higher proportion of this community that have an annual household income of less than \$40,000. There is also a much lower proportion of people in higher income households (over \$100,000 annual household income) when compared to non-LGBTQIA+ adults (Victorian Agency for Health Information, 2017).

Fawkner, Hadfield, Glenroy and Coburg North experience higher levels of socio-economic disadvantage, higher rates of unemployment, and have a relatively high percentage of people with poor or no spoken English (Australian Bureau of Statistics, 2016).

References

Introduction

Australian Human Rights Commission (2020). What are human rights?

<https://humanrights.gov.au/about/what-are-human-rights>

Australian Institute of Health and Welfare (2020). Social Determinants of Health.

<https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>

Australian Urban Observatory. Liveability. <https://auo.org.au/portal/metadata/urban-liveability-index/>

City Resilience Index (2020). <https://www.cityresilienceindex.org/#/>

Department of Health and Human Services (2020). Planning for healthy environments.

<https://www2.health.vic.gov.au/public-health/population-health-systems/municipal-public-health-and-wellbeing-planning/healthy-environments>

Gunn, L. (2020). Can a liveable city be a healthy city, now and into the future? Healthy, Liveable Cities Group, Centre of Urban Research, RMIT University, Melbourne Australia.

Lowe M, Whitzman C, Badland H, Davern M, Hes D, Aye L, et al. (2013). Liveable, Healthy, Sustainable: What Are the Key Indicators for Melbourne Neighbourhoods? Research Paper 1 Place, Health and Liveability Research Program, University of Melbourne.

Moreland City Council (2016). Moreland Human Rights Policy 2016-26.

<https://www.moreland.vic.gov.au/globalassets/key-docs/policy-strategy-plan/human-rights-policy.pdf>

Public Health and Wellbeing Act 2008. <https://www.legislation.vic.gov.au/in-force/acts/public-health-and-wellbeing-act-2008/043>

Resilient Melbourne (2020). Strategy. <https://resilientmelbourne.com.au/strategy/>

State of Australian Cities (2015). State of Australian Cities 2014-15 Full Report.

<https://www.infrastructure.gov.au/infrastructure/pab/soac/>

State of Victoria (2019). Victorian public health and wellbeing plan 2019–2023

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023>

UN-Habitat & World Health Organisation (2020). Integrating health in urban and territorial planning: A sourcebook. <https://www.who.int/publications/i/item/9789240003170>

World Health Organisation (2020). Climate Change and Health. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

World Health Organisation (2021). Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Physical Health

Australian Institute of Health and Welfare, 2020. What is health?

<https://www.aihw.gov.au/reports/australias-health/what-is-health>

Department of Health (2015). Hume Moreland Area 2015.

<https://www2.health.vic.gov.au/about/publications/data/hume-moreland-area-2015>

Department of Health (2020). Australian Immunisation Register. <https://www.health.gov.au/health-topics/immunisation>

Department of Health and Human Services (2020). Coronavirus (COVID-19) information for Aboriginal and Torres Strait Islander communities. <https://www.dhhs.vic.gov.au/coronavirus-information-aboriginal-and-torres-strait-islander-communities>

Disability, Ageing and Carers Australia (2018). *Disability, Ageing and Carers, Australia: Summary of Findings*. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (2017). State of Victoria, Australia, Department of Health and Human Services. <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

Moreland City Council (2019) Maternal & Child Health Data

Victorian Government Aboriginal Affairs Report (2019). <https://www.aboriginalvictoria.vic.gov.au/aboriginal-affairs-report>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Women's Health in the North (2019). *Sexual and reproductive health resources*. <https://www.whin.org.au/resources/sexual-and-reproductive-health-resources/>

Mental Health

Australian Institute of Health and Welfare (2015). *Mental Health*. <https://www.aihw.gov.au/reports/australias-health/mental-health>

Coroners Court of Victoria (2020). Victorian suicides of Aboriginal and Torres Strait Islander people. <https://www.coronerscourt.vic.gov.au/victorian-suicides-aboriginal-and-torres-strait-islander-people-2020-end-year-update>

Inner North West Primary Care Partnership (2020). The Impacts of COVID-19 on Health and Wellbeing: Rapid Evidence Review. Dr Anita Trezona. <http://inwpcp.org.au/resources/covid-19/>

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (2017). State of Victoria, Australia, Department of Health and Human Services. <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

Moreland Youth Resilience Survey (2020). <https://www.moreland.vic.gov.au/community-health/moreland-youth/youth-survey-project/>

The Lancet, 2020. <https://www.thelancet.com/journals/lanpub/home>

VicHealth (2015). *VicHealth Indicators Survey 2015*. <https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015>

Victorian Aboriginal Community Controlled Health Organisation (2020). *Mental Health*. <https://www.vaccho.org.au/resources/mental-health/>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017> VACCHO, 2020

YACVIC (2020). COVID-19 Recovery Plan for Young People. <https://www.yacvic.org.au/advocacy/covid-19-recovery/>

Healthy Food Environment

Australian Institute of Health and Welfare (2020). Diet. <https://www.aihw.gov.au/reports/australias-health/diet>

Australian Urban Observatory. (2020). Food. <https://auo.org.au/portal/metadata/access-to-food/>

Department of Environment, Land, Water and Planning. (2019). Greater Melbourne Climate Projections 2019. https://www.climatechange.vic.gov.au/_data/assets/pdf_file/0038/429878/Greater-Melbourne-Climate-Projections-2019_20200219.pdf

Department of Health and Human Services. (2019). Pilot health and human services climate change adaptation action plan 2019-21. <https://www.dhhs.vic.gov.au/sites/default/files/documents/201912/Pilot%20health%20and%20human%20services%20climate%20change%20adaptation%20action%20plan%202019-21-20191209.pdf>

Department of Health and Human Services. (2020). Increasing Healthy Eating. <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-healthy-eating>

Eat for health. (2017). Australian Healthy Eating Guide. <https://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating>

EAT-Lancet Commission. (2019). Healthy Diets from Sustainable Food Systems: Food Planet Health. Retrieved from: https://eatforum.org/content/uploads/2019/07/EAT-Lancet_Commission_Summary_Report.pdf

Heart Foundation. (2017). Healthy Food. <https://www.healthyactivebydesign.com.au/design-features/healthy-food>

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (2017). State of Victoria, Australia, Department of Health and Human Services. <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

Moreland City Council (2019). Household Survey. <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

Moreland City Council (2020). Covid-19 Community Impact Survey. Unpublished

Moreland City Council (2020). Understanding Community Need in a Pandemic. Unpublished

National Collaborating Centre for Environmental Health. (2015). Food Environments: An Introduction for Public Health Practice. https://www.nccch.ca/sites/default/files/Food_Environments_Public_Health_Practice_Dec_2015.pdf

Sustain: The Australian Food Network (2020). The Pandemic Gardening Survey Report. <https://sustain.org.au/projects/pandemic-gardening-survey-report>

VicHealth. (2020). Healthy and sustainable food systems. <https://www.vichealth.vic.gov.au/programs-and-projects/healthy-and-sustainable-food-systems>

VicHealth (2020). VicHealth Coronavirus Victorian Wellbeing Impact Study: Report for Survey #1. Victorian Health Promotion Foundation, Melbourne. <https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study>

Victorian Agency for Health Information (2017), The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne. <https://www.bettersafercare.vic.gov.au/publications/vphs2017-lgbtqi>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Wise, P (2014). *Grow your own: The potential value and impacts of residential and community food gardening*. The Australia Institute: Canberra. <https://australiainstitute.org.au/report/grow-your-own/>

Women's Health Victoria. (2017). How sex and gender impact women's relationship with food. [https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_\(Fulltext-PDF\).pdf](https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_(Fulltext-PDF).pdf)

World Health Organisation (2020). Healthy diet. <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>

World Health Organisation. (2020). Nutrition. <https://www.who.int/health-topics/nutrition>

Tobacco, Alcohol and Gambling Environment

AOD Stats by Turning Point (2019). AODStats Victoria. <https://www.aodstats.org.au/index.php>

Australian Bureau of Statistics. (2018). National Health Survey: First results. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>

Australian Gambling Research Centre (2020). *Gambling in Australia during Covid-19*. <https://aifs.gov.au/agrc/publications/gambling-australia-during-covid-19>

Australian Institute of Health and Welfare. (2019). National Drug Strategy Household Survey 2019. <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data>

Australian Institute of Health and Welfare. (2020). Alcohol, tobacco & other drugs in Australia. <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impact-of-covid-19-on-alcohol-and-other-drug-use>

Australian Urban Observatory. (2020). Alcohol. <https://auo.org.au/portal/metadata/alcohol/>

Better Health Channel. (2017). Victoria's Tobacco Laws. <https://www.betterhealth.vic.gov.au/health/healthyliving/victorias-tobacco-laws>

Better Health Channel. (2019). Smoking Statistics. <https://www.betterhealth.vic.gov.au/health/healthyliving/smoking-statistics>

Department of Health and Human Services. (2017). Smoke-free areas. <https://www2.health.vic.gov.au/public-health/tobacco-reform/smoke-free-areas>

Department of Health. (2020). What are the effects of alcohol? <https://www.health.gov.au/health-topics/alcohol/about-alcohol/what-are-the-effects-of-alcohol>

Department of Health (2019). About alcohol. <https://www.health.gov.au/health-topics/alcohol/about-alcohol>

Department of Health (2020). What are the effects of smoking and tobacco? <https://www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/what-are-the-effects-of-smoking-and-tobacco#health-effects>

Department of Health and Human Services (2020). Reducing tobacco-related harm. <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/reducing-tobacco-related-harm>

Gambling Help. (2020). Impact on Health. <https://www.gamblinghelponline.org.au/understanding-gambling/impact-on-health>

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (2017). State of Victoria, Australia, Department of Health and Human Services. <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

VicHealth. (2014). *A snapshot of Victoria's drinking culture*. https://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/alcohol%20misuse/A-snapshot-of-Victorias-alcohol-culture_selected%20findings.ashx

VicHealth. (2017). *Preventing tobacco use*. <https://www.vichealth.vic.gov.au/media-and-resources/2017-vichealth-highlights-tobacco>

VicHealth (2020). *VicHealth Coronavirus Victorian Wellbeing Impact Study: Report for Survey #1*. Victorian Health Promotion Foundation, Melbourne. <https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study>

Victorian Agency for Health Information (2017), *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017*, State of Victoria, Melbourne. <https://www.bettersafecare.vic.gov.au/publications/vphs2017-lgbtq>

Victorian Commission for Gambling and Liquor Regulation. *Data and Research*. <https://www.vcglr.vic.gov.au/resources/data-and-research>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Victorian Responsible Gambling Foundation. (2020). *Victorian population gambling and health study*. <https://responsiblegambling.vic.gov.au/resources/publications/victorian-population-gambling-and-health-study-20182019-759/>

Women's Health Victoria (2018) *Victorian Women's Health Atlas*. Women's Health Victoria, Melbourne. <http://victorianwomenshealthatlas.net.au>

Active and Green Living

Australian Institute of Health and Welfare (2020). *Built environment and health*. <https://www.aihw.gov.au/reports/australias-health/built-environment-and-health>

Australian Urban Observatory. (2020). *Public Open Space*. <https://auo.org.au/portal/metadata/access-to-areas-of-public-open-space/>

Better Health Channel. (2018). *Physical activity- it's important*. <https://www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-its-important>

Department of Health and Human Services. (2017). *Increasing Active Living*. <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-active-living>

Heart Foundation. (2017). *Healthy Active by Design*. <https://www.healthyactivebydesign.com.au/>

Moreland City Council (2017) *A Park Close to Home*. <https://www.moreland.vic.gov.au/planning-building/strategic-plans/park-close-to-home/>

Moreland City Council (2018). *Aquatic and Leisure Strategy 2018-38 Background Review Paper*; *Moreland City Council Aquatic and Leisure Strategy*. <https://www.moreland.vic.gov.au/globalassets/areas/recreation/aquatic-and-leisure-strategy-2018---2038-background-paper.pdf>

Moreland City Council Household Survey (2019). <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

VicHealth (2020). *VicHealth Coronavirus Victorian Wellbeing Impact Study: Report for Survey #1*. Victorian Health Promotion Foundation, Melbourne. <https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study>

VicHealth (2015). *VicHealth Indicators Survey 2015*. <https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015>

VicHealth (2019). *Females and Physical Activity*. <https://www.vichealth.vic.gov.au/media-and-resources/publications/females-and-physical-activity>

Victorian Agency for Health Information (2017). *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017*, State of Victoria, Melbourne. <https://www.bettersafecare.vic.gov.au/publications/vphs2017-lgbtq>

Victorian Planning Authority (2017). *Metropolitan Open Space Network*. <https://vpa.vic.gov.au/wp-content/uploads/2018/02/Open-Space-Network-Provision-and-Distribution-Reduced-Size.pdf>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Women's Health in the North. (2020). *Promoting Women's Health, Safety and Wellbeing in Health Plans*. <https://www.whin.org.au/resources/resources-for-gender-equity/>

World Health Organisation. (2018). *Physical activity*. https://www.who.int/health-topics/physical-activity#tab=tab_1

Moving Around

Australian Bureau of Statistics (2016). *Moreland Community Profile*. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/LGA25250?opendocument

Australian Institute of Health and Welfare (2020). *Built Environment and Health*. <https://www.aihw.gov.au/reports/australias-health/built-environment-and-health>

Australian Urban Observatory. (2020). *Employment*. <https://auo.org.au/portal/metadata/employment/>

Australian Urban Observatory. (2020). *Transport*. <https://auo.org.au/portal/metadata/access-to-public-transport/>

Australian Urban Observatory. (2020). *Walkability*. <https://auo.org.au/portal/metadata/walkability/>

Climate Council. (2018). *Waiting for the Green Light: transport Solutions to Climate Change*. Retrieved from: https://www.climatecouncil.org.au/wp-content/uploads/2018/09/CC_MVSA0154-Report-Transport_V5-FA_Low-Res_Single-Pages.pdf

Healthy Spaces & Places. (2016). *Active Transport*. http://www.healthyplaces.org.au/site/design_for_active_transport.php#:~:text=Active%20transport%20provides%20tangible%20benefits,a%20greater%20sense%20of%20community.

University of Melbourne. (2019). *Tertiary students' public transport safety in Melbourne, Australia*. https://msd.unimelb.edu.au/_data/assets/pdf_file/0011/2993339/Tertiary-Students-Public-Transport-Safety-in-Melbourne.-Australia.pdf

Local living

Australian Urban Observatory (2018). *Social Infrastructure*. <https://auo.org.au/portal/metadata/social-infrastructure-mix-index/>

AURIN (2014). *Metropolitan Accessibility/Remoteness Index of Australia (Metro ARIA)*. <https://data.aurin.org.au/dataset/ua-hcmpr-adh-hcmpr-sa1-metro-aria-2014-australia-sa1>

Heart Foundation (2017). *Healthy Active by Design*. <https://www.healthyactivebydesign.com.au/>

National Heart Foundation (2019). *Benefits of Walking*. <https://walking.heartfoundation.org.au/benefits-of-walking>

State Government of Victoria, 2020. *20-minute neighbourhoods*. <https://www.planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods>

Local identity and participation

Australian Bureau of Statistics (2016). *Moreland Community Profile*. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/LGA25250?opendocument

Australian Council for the Arts. (2018). *Wills Electorate Profile*. <https://www.australiacouncil.gov.au/research/electorate-profiles/wills/#!Wills>

Australian Institute of Health and Welfare. (2019). *Social Isolation and Loneliness*. <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

Beyond Blue. (2019). *Loneliness: the public health issue we should all know about*. <https://www.beyondblue.org.au/personal-best/pillar/in-focus/loneliness-the-public-health-issue-we-should-all-know-about>

Department of Health. 2019. *Connectedness*. <https://headtohealth.gov.au/meaningful-life/connectedness/connectedness>

Department of Health. 2019. *Connecting with community*. <https://headtohealth.gov.au/meaningful-life/connectedness/community>

Department of Health. 2019. *Purposeful activity – volunteering*. <https://headtohealth.gov.au/meaningful-life/purposeful-activity/volunteering>

Health Direct. (2019). *Benefits of volunteering*. <https://www.healthdirect.gov.au/benefits-of-volunteering>

Lim, M. & Smith, B. (2020). *How the Covid-19 pandemic is focusing attention on loneliness and social isolation*. *Public Health Research & Practice*. Vol 30 (2) <https://www.phrp.com.au/wp-content/uploads/2020/06/PHRP3022008.pdf>

Moreland City Council Household Survey (2019). <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

Moreland City Council COVID-19 Secondary Impact Analysis Community Survey 2020

Moreland City Council (2018). *Community Indicators Survey*. <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

VicHealth. (2015). *Loneliness*. <https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness>

VicHealth (2020). *VicHealth Coronavirus Victorian Wellbeing Impact Study: Report for Survey #1*. Victorian Health Promotion Foundation, Melbourne. <https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study>

Victorian Agency for Health Information (2017), *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017*, State of Victoria, Melbourne. <https://www.bettersafercare.vic.gov.au/publications/vphs2017-lgbtq>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Learning Environment

Australian Bureau of Statistics (2016). Moreland Community Profile.

https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/LGA25250?opendocument

Australian Institute of Health and Welfare. (2017). Education in Australia.

<https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017-in-brief/contents/education-in-australia>

Australian Institute of Health and Welfare. (2020). Health Literacy.

<https://www.aihw.gov.au/reports/australias-health/health-literacy>

Moreland City Council (2018). Community Indicators Survey. <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

State Library Victoria. (2016). Reading and Literacy for all: Adult literacy- Victorian public libraries in action. <https://www.slv.vic.gov.au/sites/default/files/Reading-and-literacy-for-all-adult-literacy-libraries.pdf>

Victorian Child and Adolescent Monitoring System (2018).

<https://www.education.vic.gov.au/about/research/pages/vcams.aspx?Redirect=1>

Women's Health in the North. (2020). Promoting Women's Health, Safety and Wellbeing in Health Plans. Retrieved from: <https://www.whin.org.au/resources/resources-for-gender-equity/>

Safe Environment

Asian Australian Alliance (2020). COVID-19 Coronavirus Racism Incident Report.

<https://asianaustalianalliance.net/>

Australian Human Rights Commission (2020). Racism undermines COVID-19 response.

<https://humanrights.gov.au/about/news/racism-undermines-covid-19-response>

Australian Indigenous Doctor's Association. (2017). Racism in Australia's health system.

https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

Australian Institute of Health and Welfare (2020). Health impacts of family, domestic and sexual violence. <https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence>

Australian Institute of Criminology. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic. <https://www.aic.gov.au/publications/sb/sb28>

Australia's National Research Organisation for Women's Safety (2017). <https://www.anrows.org.au/>

Better Health Channel (2017). What is family violence?

<https://www.betterhealth.vic.gov.au/health/HealthyLiving/What-is-family-violence>

Centre for Multicultural Youth. (2020). Hidden Cost: Young multicultural Victorians and COVID-19.

<https://www.cmy.net.au/resource/hidden-cost/>

Cohealth (2017). Racism. It's a health problem. <https://www.cohealth.org.au/chief-executive/racism-health-problem/>

Domestic Violence Victoria. (2019). About Family Violence. <https://dvvic.org.au/understand/about-family-violence/>

Food Safety Information Council. (2016). Food poisoning bacteria and viruses review. Retrieved from: <https://foodsafety.asn.au/food-poisoning-bacteria-and-viruses-overview/>

Inner North West Primary Care Partnership (2020). The Impacts of COVID-19 on Health and Wellbeing: Rapid Evidence Review. Dr Anita Trezona. <http://inwpcp.org.au/resources/covid-19/>

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (2017). State of Victoria, Australia, Department of Health and Human Services. <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

Moreland City Council (2018). Community Indicators Survey. <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

OECD Better Life Index. (2020). Safety. <http://www.oecdbetterlifeindex.org/topics/safety/>

Safe Communities. (2015). Why the Perception of Community Safety is Important. <https://www.safecommunities.org.nz/blog/why-perception-safety-important#:~:text=Not%20only%20is%20it%20about,measuring%20injury%20and%20crime%20rate>

VicHealth. (2014). Racism and its links to the health of children and young people. https://www.vichealth.vic.gov.au/~/_media/resourcecentre/publicationsandresources/discrimination/vh_racism-and-child-health_factsheet.pdf?la=en

VicHealth (2015). VicHealth Indicators Survey 2015. <https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015>

VicHealth (2017) Gender Equality Health and Wellbeing Strategy 2017-19. <https://www.vichealth.vic.gov.au/media-and-resources/publications/gender-equality-health-and-wellbeing>

Victorian Crime Statistics Agency. (2020). Police-recorded crime trends in Victoria during the COVID-19 pandemic. Retrieved from: <https://www.crimestatistics.vic.gov.au/media-centre/news/police-recorded-crime-trends-in-victoria-during-the-covid-19-pandemic>

Victorian Equal Opportunity & Human Rights Commission (2020). Community Reporting Tool. <https://www.humanrights.vic.gov.au/>

Victorian Population Health Survey (2017). <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Scanlon Foundation (2019). Mapping Social Cohesion. <https://scanloninstitute.org.au/report2019>

Women's Health in the North. (2020). Promoting Women's Health, Safety and Wellbeing in Health Plans. <https://www.whin.org.au/resources/resources-for-gender-equity/>

Safe and affordable housing

Australian Bureau of Statistics (2016). Census of Population and Housing: Estimating Homelessness. <https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/latest-release>

Australian Bureau of Statistics (2016). Moreland Community Profile. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/LGA25250?opendocument

Australian Housing and Urban Research Institute (2012). Home and safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless. <https://www.ahuri.edu.au/research/final-reports/196>

Australian Human Rights Commission. (2016). Homelessness. <https://humanrights.gov.au/our-work/education/homelessness#:~:text=Homelessness%20can%20be%20caused%20by,cause%20of%20homelessness%20in%20Australia>.

Australian Institute of Health and Welfare. (2020). Housing assistance in Australia 2020. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2020/contents/summary>

Australian Urban Observatory. (2020). Housing. <https://auo.org.au/portal/metadata/housing/>

id. consulting (2018). A Home in Moreland: The housing we need now and in the future. <https://www.moreland.vic.gov.au/globalassets/areas/social-policy/final-report-a-home-in-moreland.pdf>

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (2017). State of Victoria, Australia, Department of Health and Human Services. <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

Moreland City Council Household Survey (2019). <https://www.moreland.vic.gov.au/about-us/our-city/demographics-and-data/research-reports/>

VicHealth. (2011). Housing and Health. https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Housing_and_Health_Research-Summary_web.pdf?la=en&hash=42ABE51F99703B698663E4368306FA4B34652DA8

VicHealth. (2020). VicHealth Coronavirus Victorian Wellbeing Impact Study. <https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study>

Vincent Care (2020). Intake and Assessment Data.

Your Home, Australian Government. (2017). Design for Climate. <https://www.yourhome.gov.au/passive-design/design-climate>

Healthy Livelihoods

Australian Bureau of Statistics (2016). Moreland Community Profile. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/LGA25250?opendocument

Australian Human Rights Commission. (2014). Face the facts: Lesbian, Gay, Bisexual, Trans and Intersex People. Retrieved from: <https://humanrights.gov.au/our-work/education/face-facts-lesbian-gay-bisexual-trans-and-intersex-people>

Australian Institute of Health and Welfare (2020). Health across socioeconomic groups. <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

Australian Institute of Health and Welfare. (2020). Social determinants of health. <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>

Australian Government (2020). Small Area Labour Markets. <https://lmip.gov.au/default.aspx?LMIP/Downloads/SmallAreaLabourMarketsSALM/Estimates>

Australian Urban Observatory. (2020). Employment. <https://auo.org.au/portal/metadata/employment/>

Department of Environment, Land, Water and Planning. (2017). Victoria's Climate Change Adaptation Plan 2017-2020. https://www.climatechange.vic.gov.au/_data/assets/pdf_file/0024/60729/Victorias-Climate-Change-Adaptation-Plan-2017-2020.pdf

Gender Equity Victoria. (2020). COVID-19 Resources. <https://www.genvic.org.au/resources/covid-19-resources/>

Victorian Agency for Health Information (2017), *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017*, State of Victoria, Melbourne.

<https://www.bettersafercare.vic.gov.au/publications/vphs2017-lgbtiq>

VicHealth (2017). VicHealth Gender Equality, Health and Wellbeing Strategy 2017-19.

<https://www.vichealth.vic.gov.au/media-and-resources/publications/gender-equality-health-and-wellbeing>

VicHealth (2020). VicHealth Coronavirus Victorian Wellbeing Impact Study: Report for Survey #1.

Victorian Health Promotion Foundation, Melbourne. <https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study>

