

THE CITY OF  
GREATER GEELONG

# OUR COMMUNITY PLAN 2021-25

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DEMOGRAPHICS AND HEALTH  
PROFILE BACKGROUND DOCUMENT

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# Abbreviations

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- ABS:** Australian Bureau of Statistics
- AEDC:** Australian Early Development Census
- AOD:** Alcohol and Other Drugs
- COGG:** City of Greater Geelong
- CSA:** Crime Statistic Agency
- DHHS:** Department of Health and Human Services
- LGA:** Local Government Area
- NAPLAN:** National Assessment Program – Literacy and Numeracy
- PHIDU:** Public Health Information Development Unit
- RCP:** Representative Concentration Pathway
- SEIFA:** Socio-Economic Indexes for Areas
- VAED:** Victorian Admitted Episodes Dataset
- VCAA:** Victorian Curriculum and Assessment Authority
- VCAMS:** The Victorian Child and Adolescent Monitoring System
- VCGLR:** Victorian Commission for Gambling and Liquor Regulation
- VCHWS:** Victorian Child Health and Wellbeing Survey
- VEMD:** Victorian Emergency Minimum Dataset
- VHISS:** Victorian Health Information Surveillance System
- VISU:** Victorian Injury Surveillance Unit
- VPHS:** Victorian Population Health Survey
- VSHAWS:** Victorian Student Health and Wellbeing Survey

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# Executive summary

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Local government has a unique role in the community for creating, improving and maintaining an environment where residents can maximise their health and wellbeing.

The City of Greater Geelong takes a holistic view of health and wellbeing and recognises that biological factors as well as the conditions in which people are born, grow, live, work, play and age (the social determinants of health) influence health outcomes.

The *Victorian Public Health and Wellbeing Act 2008* (State Government of Victoria, 2008) outlines the statutory obligation for local governments in public health planning with the requirement for councils to produce a Municipal Public Health and Wellbeing Plan every four years.

When developing a Municipal Public Health and Wellbeing Plan, the legislation requires that councils undertake an examination of health data and health determinants in the municipality.

This background report, *Municipal Public Health and Wellbeing Plan 2021-2025 Demographics and Health Profile Background Document*, has been developed to identify the public health and wellbeing needs for the City of Greater Geelong. The data in this report is presented in domains – broad areas of action - adapted from the *Victorian public health and wellbeing outcomes framework* (Department of Health and Human Services (2019a) and the *Department of Health and Human Services outcomes framework* (Department of Health and Human Services, 2019b) to reflect the Greater Geelong community. These domains are aligned with achieving the vision of the *Victorian public health and wellbeing plan 2019-2023* (Department of Health and Human Services 2019c) which requires local government to have regard to the state plan when developing municipal public health and wellbeing plans:

- Domain 1: Our people are healthy and well
- Domain 2: Our people are safe and secure
- Domain 3: Our people have the capabilities to participate
- Domain 4: Our people are connected to culture and community
- Domain 5: Greater Geelong is liveable

This document will:

- Provide an overview of community health and wellbeing indicators by domains and outcomes relevant for the people in the City of Greater Geelong.
- Inform the 2021-2025 Municipal Public Health and Wellbeing and Council Plan planning processes.
- Provide an evidence base resource for use by council and community stakeholders for ongoing strategic planning relating to health and wellbeing.

The tables throughout the document are hyperlinked to help the reader navigate through the data by the domain, outcome or indicator of interest.

## EMERGING PRIORITY AREAS

The table below highlights priority areas and areas which are doing well or okay (i.e. in line with the Victorian average/no change over time). This table was informed by the [summary of the community/health and wellbeing indicators](#) (next section) and whether the trend was going in the right direction (green), wrong direction (red) or if it was a neutral trend (yellow).

Please note that this data is only one input into the Community Plan and needs to be considered together with the Community Consultation data representing the community views.





Domain	Priority area	Areas doing okay	Areas doing well	Strategic Direction informed in Community Plan
<b>Domain 1: Our people are healthy and well</b>	Premature death	Healthy eating and active living	Sexual and reproductive health	Data in Domain 1 has informed Strategic Direction 1
	Self-rated health			
	Unintentional injury	Preventable chronic diseases		
	Mental wellbeing	Overweight and obesity		
	Suicide	Biomedical checks		
	Dementia	Breastfeeding		
	Harmful alcohol and drug use	Smoking		
	Gambling	Immunisation		
	Oral health			
<b>Domain 2: Our people are safe and secure</b>	Family violence	Community safety		Data in Domain 2 has informed Strategic Directions 1 and 2
	Homelessness			
<b>Domain 3: Our people have the capabilities to participate</b>	Financial stress	Developmental vulnerability		Data in Domain 3 has informed Strategic Directions 1 and 3
	Educational attainment	Labour market participation		
<b>Domain 4: Our people are socially engaged and live in inclusive communities</b>	Tolerance of diversity	Connection to culture and communities		Data in Domain 4 has informed Strategic Direction 1
		Access to social support		
<b>Domain 5: Greater Geelong is liveable</b>	Adaptation to the impacts of climate change	Liveability		Data in Domain 5 has informed Strategic Direction 2
	Environmental sustainability and quality			

## SUMMARY OF COMMUNITY/HEALTH AND WELLBEING INDICATORS

Where trend data is available across multiple years or comparisons to Victoria can be made, these results are highlighted with:




















- a green, yellow or red **circle** for comparisons to Victoria
- a green, yellow or red **triangle** for comparisons across multiple years

Key to colour coding:

-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

### Domain 1: Our people are healthy and well

#### Outcome 1: Our people have good physical health

Indicator	Trend when compared to Victoria			Trend when compared over time		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Premature death</u>						
<u>Preventable chronic diseases</u>				2014-17 	2014-17 	
<u>Self-rated health</u>				2014-17 	2014-17 	2014-18 
<u>Unintentional injury</u>				2014-19 	2014-19  	
<u>Oral health</u>						2017-19 
<u>Sexual and reproductive health</u>						2014-18 

Outcome 2: Our people have good mental health



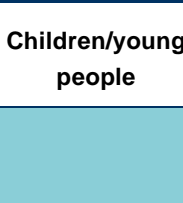


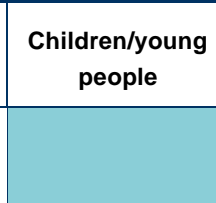








Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Mental wellbeing</u>				2014-17 	2014-17 	2014-18 
<u>Suicide</u>						
<u>Dementia</u>					2017-50 	

Outcome 3: Our people act to protect and promote health



Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Healthy eating and active living</u>				2014-17 	2014-17 	2014-18 
<u>Overweight and obesity</u>				2014-17 	2014-17 	
<u>Biomedical checks</u>					2014-17 	2014-17 
<u>Breastfeeding</u>						2014-18 
<u>Smoking</u>				2014-17 	2014-17 	2016-18 
<u>Harmful alcohol and drug use</u>				2014-19 	2014-19 	2014-19 
<u>Gambling</u>					2016-19 	
<u>Immunisation</u>				2018-19 		2017-20 

## Domain 2: Our people are safe and secure

### Outcome 1: Our people live free from abuse and violence

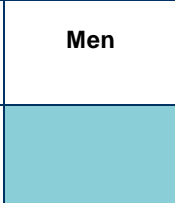
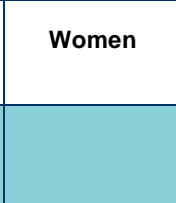

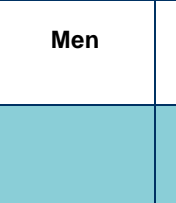
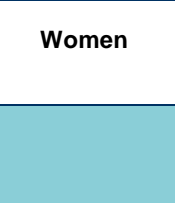








Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Family violence</u>				2015-19 	2015-19 	
<u>Community safety</u>				2014-19  	2014-19  	20016-18 

### Outcome 2: Our people have suitable and stable housing

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Homelessness</u>				2011-16 		

## Domain 3: Our people have the capabilities to participate

### Outcome 1: Our people participate in learning and education

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Developmental vulnerability</u>						2015-18 
<u>Educational attainment</u>				2011-16 	2011-16  	2016-17 

Outcome 2: Our people participate and contribute to the economy

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Labour market participation</u>				2011-16 	2011-16 	

Outcome 3: Our people have financial security





Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Financial stress</u>				2011-16 	2011-16 	

**Domain 4: Our people are connected to culture and community**

Outcome 1: Our people are socially engaged and live in inclusive communities




Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Connection to culture and communities</u>				2014-17 		
<u>Access to social support</u>				2014-17 	2014-17 	2016-18 

Outcome 2: Our people can safely identify and connect with their culture and identity



Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Tolerance of diversity</u>				2014-17 	2014-17 	

### Domain 5: Greater Geelong is liveable

Outcome 1: Our people belong to resilient and liveable communities

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Liveability</u>						
<u>Adaptation to the impacts of climate change</u>				2020-2099 		

Outcome 2: Our people have access to sustainable built and natural environments

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Environmental sustainability and quality</u>						

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# Introduction

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## LEGISLATION

The Municipal Public Health and Wellbeing Plan (MPHWP) and the Council Plan are prepared every four years in accordance with the *Public Health and Wellbeing Act 2008* (PHWB) (State Government of Victoria, 2008) and the *Local Government Act 1989* (State Government of Victoria, 1989) respectively.

The Victorian *Climate Change Act 2017* (State Government of Victoria, 2017) addresses both climate change mitigation and adaptation and requires key government decision makers to have regard for climate change when making certain decisions. This includes local government and its preparation of the MPHWP (s17 schedule 1).

Additional legislation to be considered in this plan includes:

- Tobacco Act 1987 (State Government of Victoria, 1987);
- Safe Drinking Water Act (State Government of Victoria, 2003);
- Food Act 1984 (State Government of Victoria, 1984);
- Environmental Protection Act 1970 (State Government of Victoria, 1970);
- Crown Land (Reserves) Act 1978 (State Government of Victoria, 1978);
- Child Wellbeing and Safety Act 2005 (State Government of Victoria, 2005);
- Drugs, Poisons and Controlled Substances Act 1981 (State Government of Victoria, 1981);
- Sport and Recreation Act 1972 (State Government of Victoria, 1972); and
- Charter of Human Rights and Responsibilities 2006 ((State Government of Victoria, 2006).

## AIM

The objective of the *Municipal Public Health and Wellbeing Plan 2021-2025 – Demographics and Health Profile Background Document* is to:

- Provide an overview of community and health and wellbeing indicators by domains and outcomes relevant for the people in the City of Greater Geelong aligning with the *Victorian public health and wellbeing outcomes framework* (Department of Health and Human Services 2019a);
- Using the data presented, inform key health and wellbeing priority areas to include in the City of Greater Geelong Council Plan, integrating the Municipal Public Health and Wellbeing Plan 2021-2025;
- Provide an evidence base resource for use by Council and community stakeholders to inform ongoing strategic planning regarding health and wellbeing.

## METHOD

The local government level data collated in this report is presented in domains – broad areas of action - adapted from the *Victorian public health and wellbeing outcomes framework* (Department of Health and Human Services, 2019a) and the *Department of Health and Human Services outcomes framework* (Department of Health and Human Services, 2019b) to reflect the Greater Geelong community. These domains are aligned with achieving the vision of the *Victorian*

*public health and wellbeing plan 2019-2023* (Department of Health and Human Services 2019c). The data presented in this report was current at the time of publication and data sources included:

- Australian Childhood Immunisation Registry, Department of Health & Human Services 2020 (DHHS 2020);
- Alcohol and other drug stats 2019 (AODStats 2019);
- Australian Bureau of Statistics Census 2016 (2016 ABS Census);
- Australian Early Development Census 2015 (AEDC 2015);
- Australian Early Development Census 2018 (AEDC 2018);
- City of Greater Geelong Community Profile (profile.id 2020);
- City of Greater Geelong Population Forecast (forecast.id 2020);
- Crime Statistics Agency 2019 (CSA 2019);
- Dementia Australia 2017;
- Surveillance of notifiable conditions in Victoria Department of Health & Human Services 2020 (DHHS 2020);
- Victorian Admitted Episodes Dataset 2019 (VAED 2019);
- Victorian Emergency Minimum Dataset 2019 (VEMD 2019);
- Victorian Population Health Survey 2008 (VPHS 2008);
- Victorian Population Health Survey 2011 (VPHS 2011);
- Victorian Population Health Survey 2014 (VPHS 2014);
- Victorian Population Health Survey 2017 (VPHS 2017);
- Victorian Child Health and Wellbeing Survey 2013 (VCHWS 2013);
- Victorian Commission for Gambling and Liquor Regulation (VCGLR 2019);
- Victorian Student Health and Wellbeing Survey 2014 (VSHAWS 2014);
- Victorian Student Health and Wellbeing Survey 2018 (VSHAWS 2018);
- Victorian Child and Adolescent Monitoring System 2020 (VCAMS 2020); and
- Women's Health Atlas (Women's Health Atlas 2019).

The report is structured as follows:

- A summary of our community now and how our population will look in 2041.
- An overall summary of indicators for each outcome in each of the domains. This includes an overview of the indicators for that outcome and comparisons to Victorian level data and trends over time where data is available. Where time trends are discussed throughout the report, the time period is specified as this varies by indicator type. The indicators used are absolute measures unless otherwise stated. For example, if self-reported measures have been used, these are clearly stated throughout the report.

Table 3. Summary of indicators – Our people have good physical health

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Premature death</u>		●				
<u>Preventable chronic diseases</u>	●	●		2014-17 ▲	2014-17 ▲	
<u>Self-rated health</u>	●	●	●	2014-17 ▲	2014-17 ▲	2014-18 ▲
<u>Unintentional injury</u>				2014-19 ▲	2014-19 ▲▲	
<u>Oral health</u>		●	●			2017-19 ▲
<u>Sexual and reproductive health</u>			●			2014-18 ▲

- Individual indicators explained at a deeper level.

Table 4. Data for individual indicators – Our people have good physical health

Indicator	Status	Trend
<u>Premature death</u>		<a href="#">Back to Summary</a>
Overall premature deaths	The overall average annual age standardised death rate per 100,000 people (ADR) for Greater Geelong men (aged 0-74 years) between 2013-2017 was 304.6 compared to 267.3 for Victoria (PHIDU 2013-17). The overall ADR for Greater Geelong women (aged 0-74 years) between 2013-2017 was 185.6 compared to 169.6 for Victoria (PHIDU 2013-17).	●
Premature deaths due to cancer	The ADR due to cancer in Greater Geelong (aged 0-74 years) between 2013-2017 was 101.4 compared to 94.4 for Victoria (PHIDU 2013-17).	●
Premature deaths due to diabetes	The ADR due to diabetes in Greater Geelong (aged 0-74 years) between 2013-2017 was 6.5 compared to 4.8 for Victoria (PHIDU 2013-17).	●
Premature deaths due to circulatory system diseases	The ADR due to diabetes in Greater Geelong (aged 0-74 years) between 2013-2017 was 43.1 compared to 40.4 for Victoria (PHIDU 2013-17).	●
Premature deaths due to respiratory system diseases	The ADR due to diabetes in Greater Geelong (aged 0-74 years) between 2013-2017 was 19.5 compared to 14 for Victoria (PHIDU 2013-17).	●

- Supporting visual data for each indicator

Overall death rates for men and women

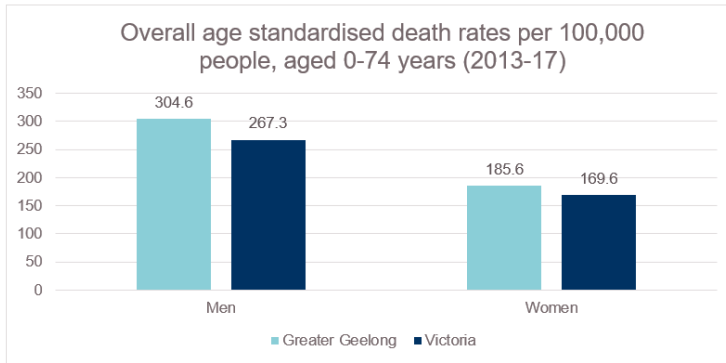






Figure 18. Overall age standardised death rates per 100,000 people, aged 0-74 years (Source: PHIDU 2013-17)

Data is included for a variety of community/health and wellbeing indicators. Where trend data is available across multiple years or comparisons to Victoria can be made, these results are highlighted with:

- a green, yellow or red **circle** for comparisons to Victoria
- a green, yellow or red **triangle** for comparisons across multiple years

Where time trends are discussed throughout the report, the time period is specified as this varies by indicator type.

Key to colour coding:

-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

This information presented provides a high-level summary of key data to assist in understanding Greater Geelong’s current and future community, the health and wellbeing status, and the factors that are having a significant impact in the community.

All adult health data included is for the City of Greater Geelong local government area and where applicable is compared to the state of Victoria.

**Note:** Child (aged 5 - under 11) and adolescent (students aged 12-17) health data is for the Barwon region which covers City of Greater Geelong, Surf Coast Shire, Colac Otway Shire and Borough of Queenscliffe municipalities. Further breakdown of child health data at the local government area level is not available.

# About our people

## OUR COMMUNITY NOW

- Adults aged 35-49 are the dominant age group (2016 ABS Census).

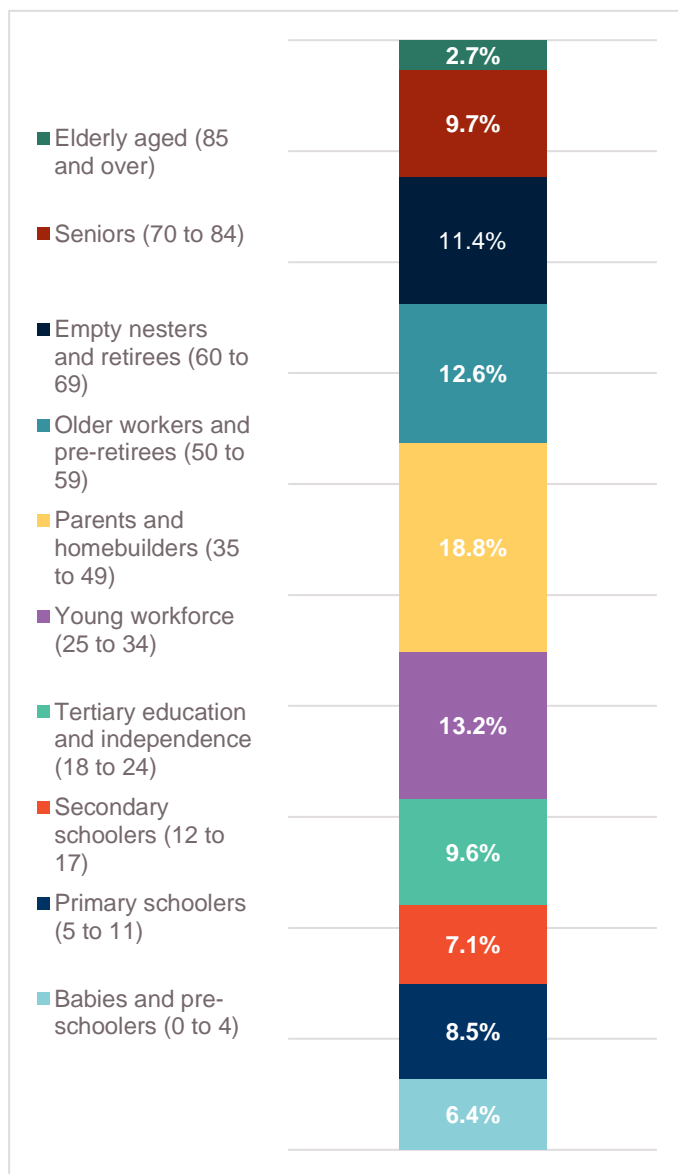
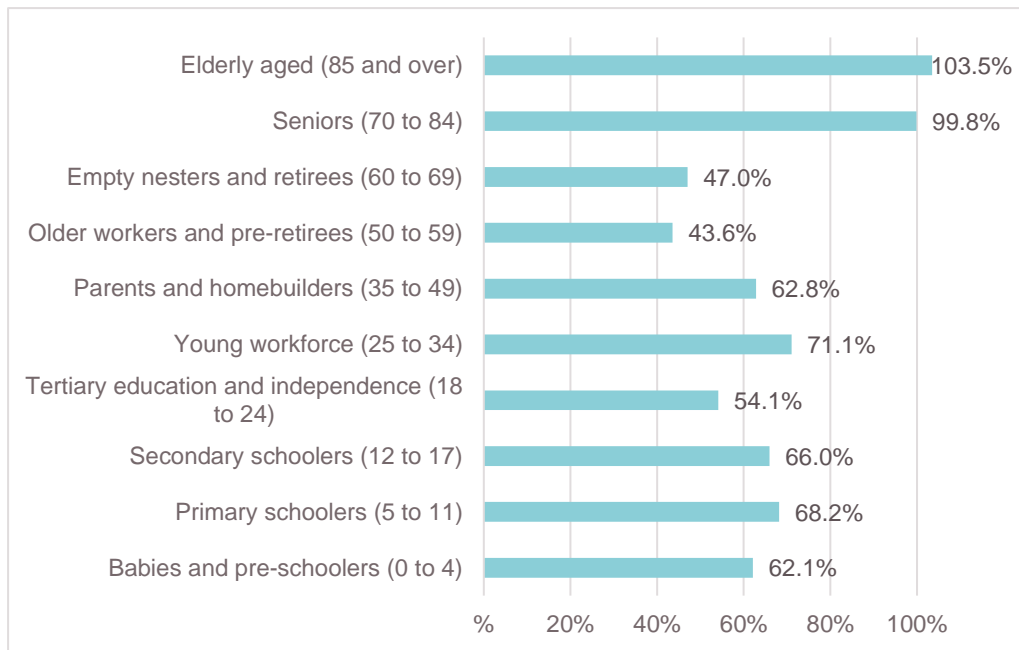


Figure 1. Population by service age groups in 2016 (Source: profile.id 2016)

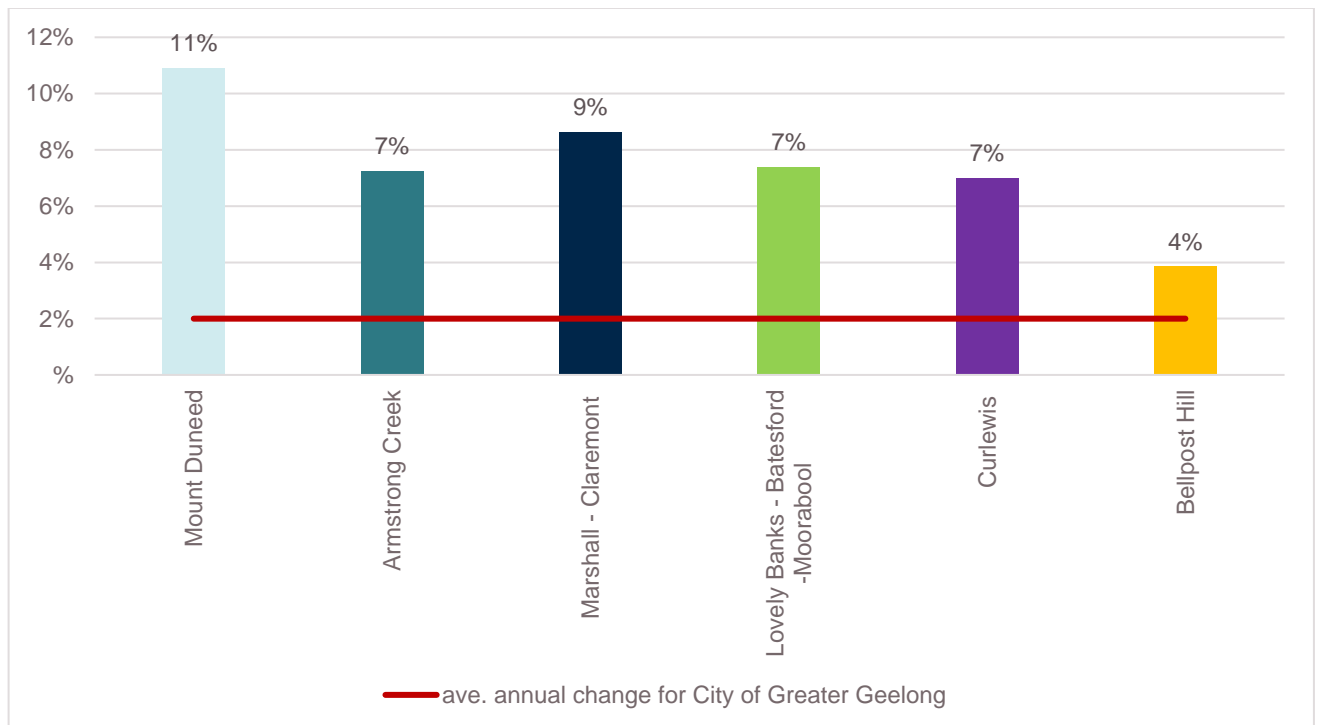
## HOW WILL OUR COMMUNITY LOOK BY 2041?

- The population of the City of Greater Geelong is 239,531 (ABS, 2016) and is expected to increase by 64% reaching 393,216 by 2041 (forecast.id 2020).
- Adults aged 70 to 84 (100% increase) and 85 years and over (104% increase) will have the biggest population increases from 2016 to 2041 (2016 ABS Census and profile.id 2020).



**Figure 2. Population change from 2016 to 2041 by service age groups (Source: profile.id 2020)**

- Greater Geelong suburbs expected to experience the most growth by 2041 are Mount Duneed, Armstrong Creek, Marshall -Claremont, Lovely Banks - Batesford-Moorabool, Curlewis (forecast.id 2020).



**Figure 3. Summary of areas with highest forecast average annual change in population 2016 to 2041 (Source: forecast.id 2020)**

2016

2041

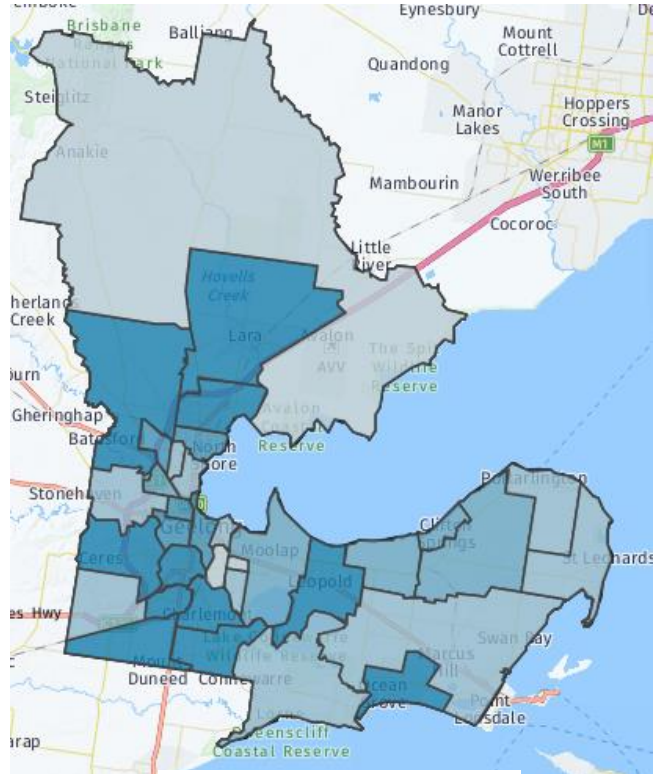
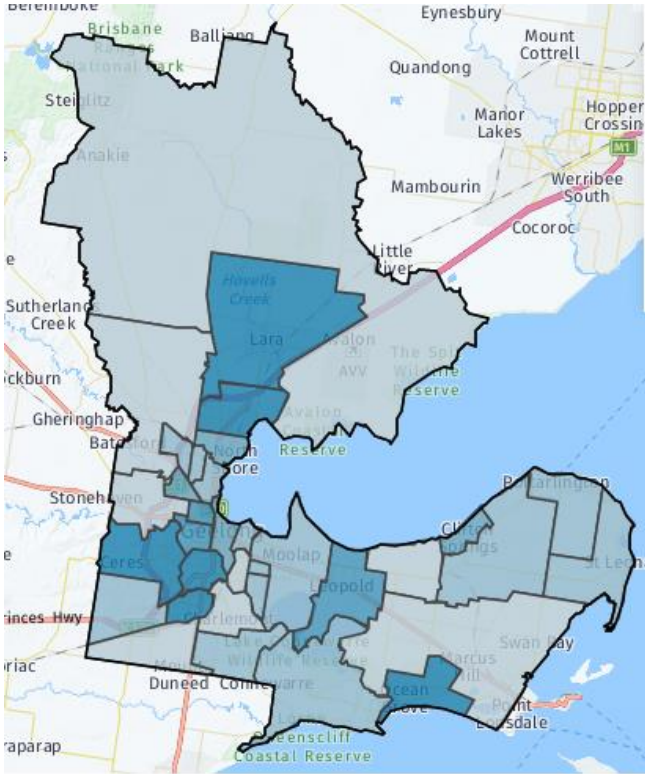


Figure 4. Map showing forecast population change from 2016 to 2041 by suburb (Source: forecast id 2020)

**Table 1. Forecast population change from 2016 to 2041 by suburb (Source: forecast id 2020)**

	2016	2041	% Change
Mount Duneed	1,169	15,544	1229.7%
Marshall - Charlemont	2,290	18,101	690.4%
Lovely Banks - Batesford - Moorabool	2,736	16,269	494.6%
Armstrong Creek	4,397	25,274	474.8%
Curlewis	1,602	8,669	441.1%
Bell Post Hill	5,030	12,913	156.7%
Geelong - South Geelong - Drumcondra	6,947	15,058	116.8%
Herne Hill - Fyansford	3,652	6,777	85.6%
Drysdale - Bellarine	4,573	7,989	74.7%
St Leonards - Indented Head	3,679	6,122	66.4%
<b>City of Greater Geelong</b>	<b>239,531</b>	<b>393,216</b>	<b>64.2%</b>
Rural Bellarine Peninsula	2,901	4,752	63.8%
Portarlington	3,671	5,853	59.4%
Lara	16,756	24,551	46.5%
Ocean Grove	14,607	21,316	45.9%
Leopold	13,140	18,263	39.0%
Clifton Springs	7,586	10,246	35.1%
Hamlyn Heights	6,482	8,456	30.5%
Newcomb - Moolap	5,990	7,648	27.7%
Barwon Heads - Connewarre - Breamlea	4,763	6,029	26.6%
Rural North	1,828	2,314	26.6%
Belmont	14,301	17,777	24.3%
Bell Park	5,196	6,459	24.3%
Newtown	10,483	13,011	24.1%

	2016	2041	% Change
Thomson - Breakwater	2,679	3,310	23.6%
Highton - Wandana Heights - Ceres	21,975	27,135	23.5%
North Geelong - Ripplside	3,906	4,800	22.9%
Norlane - North Shore	8,890	10,911	22.7%
Grovedale	14,616	17,661	20.8%
Geelong West - Manifold Heights	9,884	11,925	20.6%
East Geelong	4,027	4,849	20.4%
Waurm Ponds	5,152	5,865	13.8%
Corio	15,741	17,590	11.7%
St Albans Park	4,926	5,453	10.7%
Whittington	3,956	4,324	9.3%

#### Impact of COVID-19 on population growth (Source: forecast.id.com.au)

Description	Potential impact	Why?
International student intake	Some negative impacts	The City of Greater Geelong is a major regional city with a large university which usually attracts many international students. COVID-19 may negatively impact International student intake in the short-to-medium term.
Intrastate migration	Positive impact	The City may attract large numbers of new residents from other areas within the State, particularly from metropolitan capital cities.
Interstate migration	Some negative impacts	Affected in the short-term due to border closures and economic uncertainty. If usually experience net-in migration, Greater Geelong will not gain as many new residents.
Births	Some negative impacts	Births are likely to be fewer in the short-term as fertility typically declines in times of economic uncertainty.

Description	Potential impact	Why?
Deaths	Some exposure	Deaths caused by COVID-19 are currently at very low levels due to low overall case numbers. 13.1% of Greater Geelong residents are aged 70+ years.

## OUR DIVERSITY

- 2402 people (1%) in Greater Geelong identify as being Aboriginal or Torres Strait Islander (2016 ABS Census).
- The countries with the highest number of people recently arriving to Geelong (between 2011 and 2016) were from India (+1244), China (+650) and Afghanistan (+432) (profile.id 2020).
- 26.7% of Greater Geelong adults speak a language other than English at home, the top three languages include Italian, Croatian and Mandarin (profile.id 2020).
- The City of Greater Geelong has the highest proportion of people born in predominantly non-English speaking countries in the G21 region (11%) (which includes Colac Otway Shire, Golden Plains Shire, Borough of Queenscliff and Surf Coast Shire) (profile.id 2020).
- Diversitat has 2026 refugee clients (Humanitarian entrants who have arrived in Australia within the last 5 years) (June 2020). The top three ethnicities are Hazara (578 refugees), Karen (360 refugees) and Iraqi (184 refugees).<sup>1</sup> (Diversitat 2020).
- In June 2020, 2.4% of all the asylum seekers who had arrived in Australia by boat were living in Greater Geelong. This has increased from September 2014 where 1.9% of all the asylum seekers who had arrived in Australia by boat were living in Greater Geelong (Department of Immigration and Border Protection 2020).

<sup>1</sup> Please note that this data was accurate at the time of collection which was in June 2020. This data is continually changing as there are new arrivals every month and these numbers do not reflect the number of refugees living in Greater Geelong who have arrived in Australia for longer than 5 years and who are not in the Humanitarian Entrants Program.

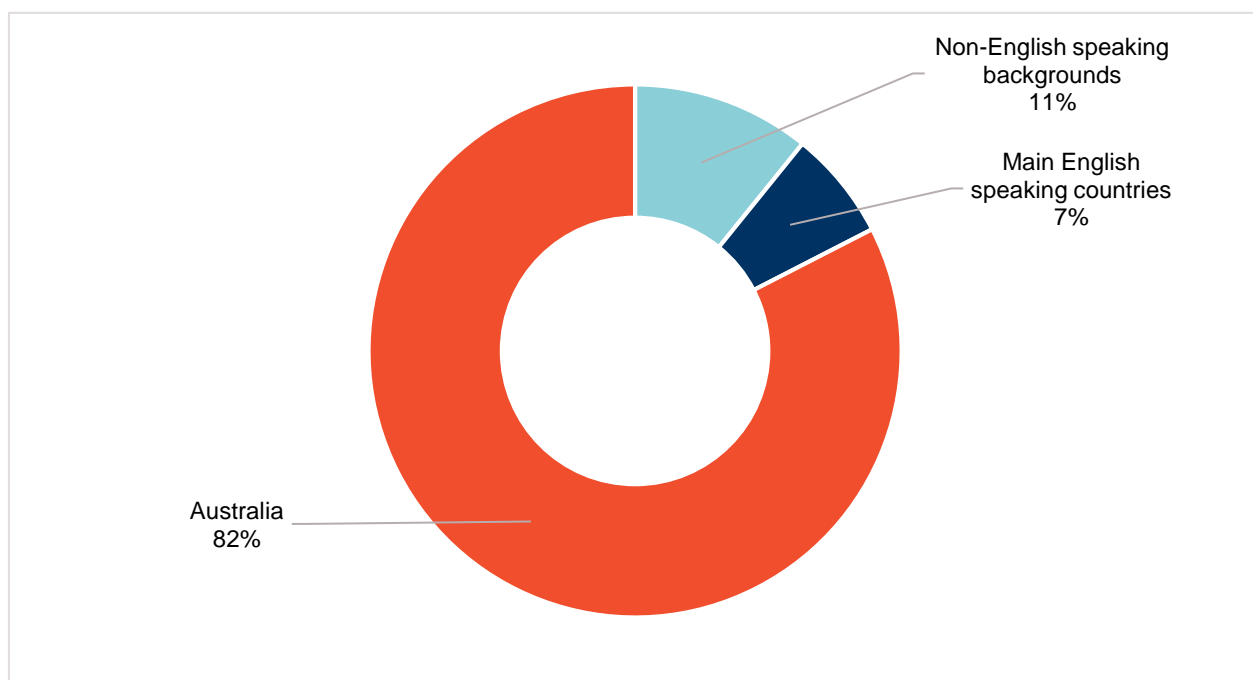
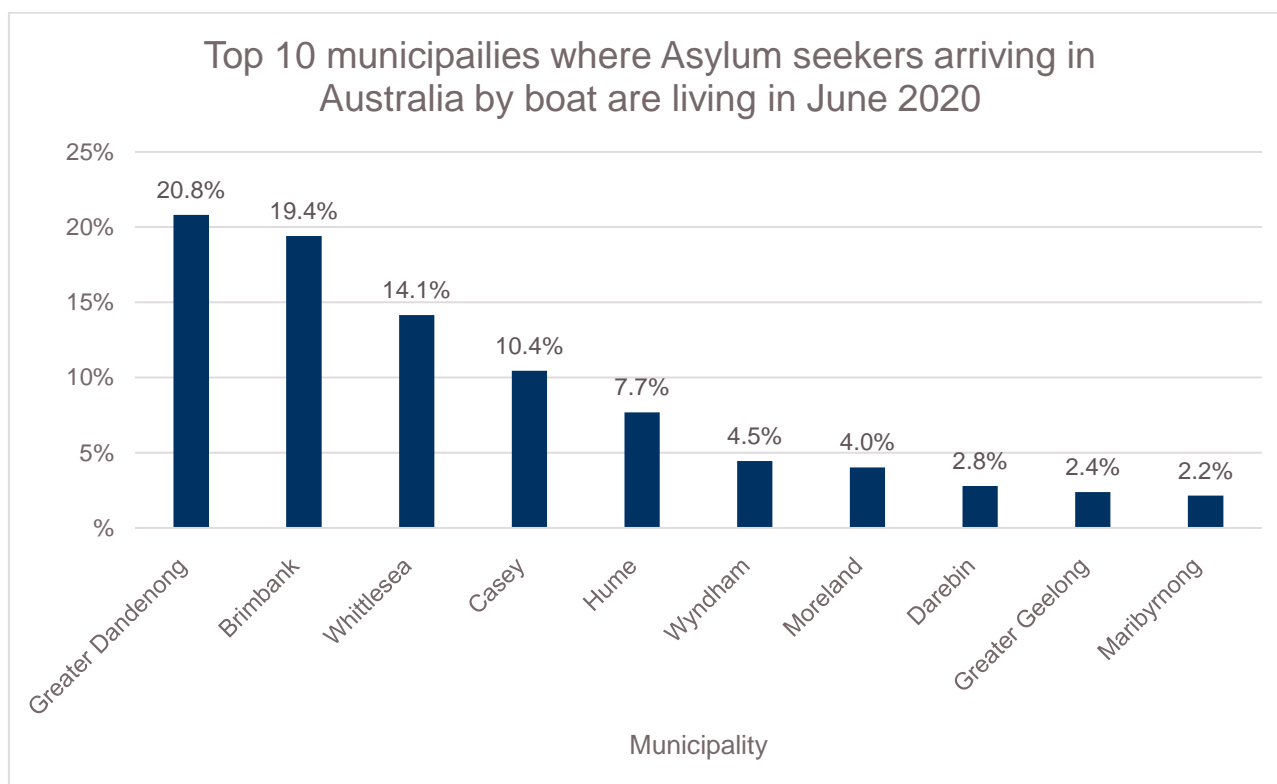


Figure 5. Birthplace (Source: profile.id 2016)

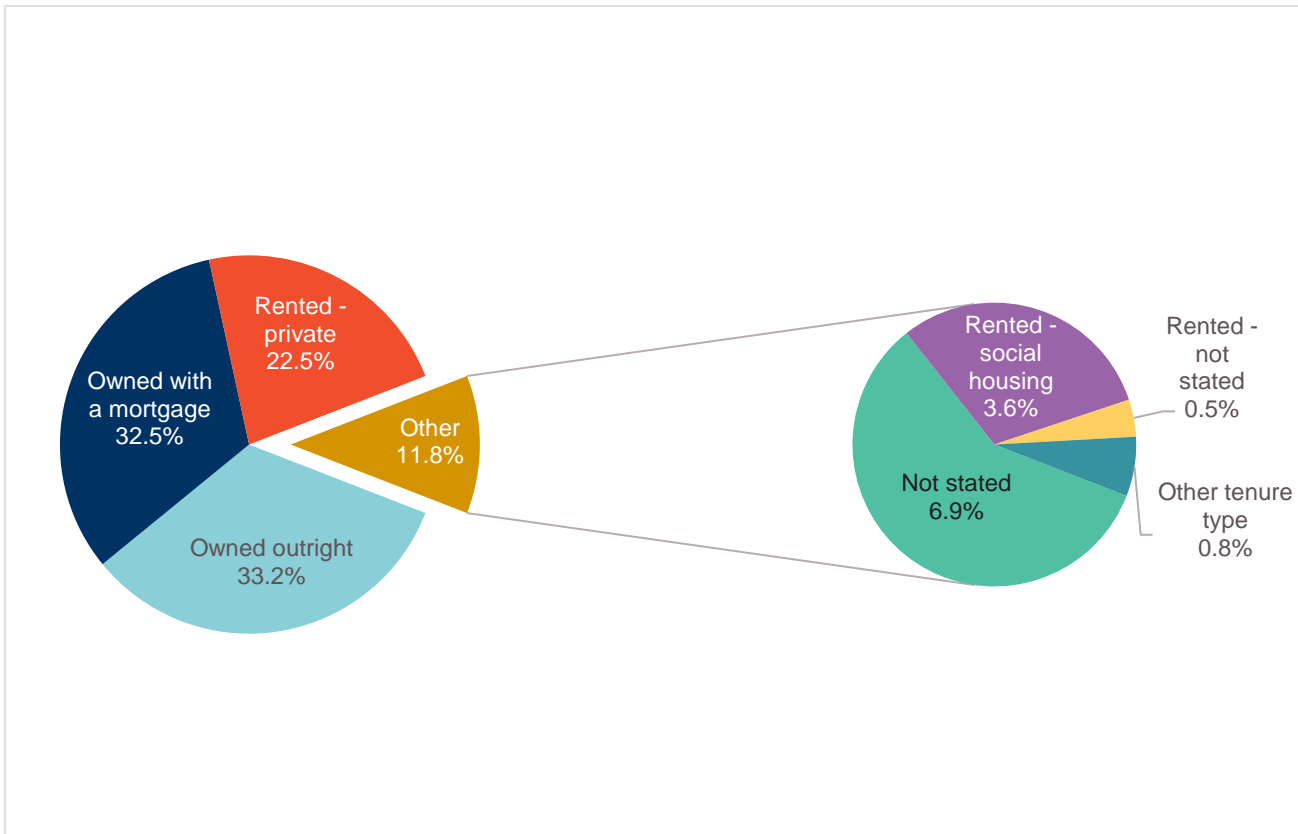


**Figure 6. Top 10 municipalities where Asylum seekers arriving in Australia by boat are living in June 2020 (Source: Department of Immigration and Border Protection 2020)**

- English proficiency is an issue for 1.7% of residents (3896 people).
- English remains the top identified ancestry (38.4%) along with Australian (35.7%) and Irish (13.2%). Italian is the most common non-English speaking ancestry type (4.2%).
- The City of Greater Geelong has the highest proportion of permanent migrants (0.8%) entering Australia under the Offshore Humanitarian Program (arriving between 2000 and 2016) in the G21 region (which includes Colac Otway Shire, Golden Plains Shire, Borough of Queenscliffe and Surf Coast Shire) (PHIDU 2016).
- The City of Greater Geelong has the highest proportion of permanent migrants (1.3%) entering Australia on a Family stream visa (arriving between 2000 and 2016) in the G21 region (which includes Colac Otway Shire, Golden Plains Shire, Borough of Queenscliffe and Surf Coast Shire) (PHIDU 2016).
- The City of Greater Geelong has the highest proportion of permanent migrants (2.3%) entering Australia on a Skill stream visa (arriving between 2000 and 2016) in the G21 region (which includes Colac Otway Shire, Golden Plains Shire, Borough of Queenscliffe and Surf Coast Shire) (PHIDU 2016).

## HOW WE LIVE

- 65.7% of homes are either owned outright or with a mortgage, 26.1% are rented, either through private rental or rented through a government housing authority, housing co-operative, community organisation or church group.



**Figure 7. Household tenure type (Source: ABS Census 2016)**

- Couples with children (27.7%) and lone persons (26.3%) make up the largest household type in Greater Geelong. Single parent families account for 11.1% of households (2016 ABS Census).

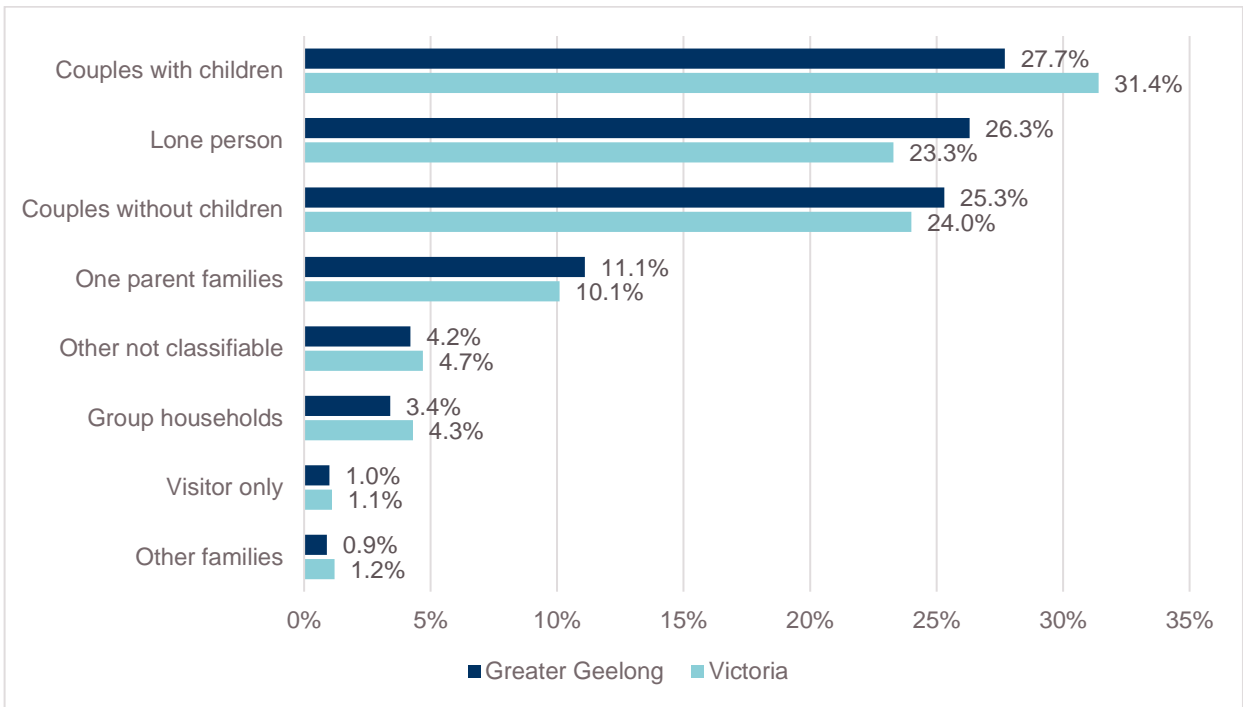


Figure 8. Household composition (Source: profile.id 2016)

- There will be a 60% increase in the number of households from 2016 to 2041.

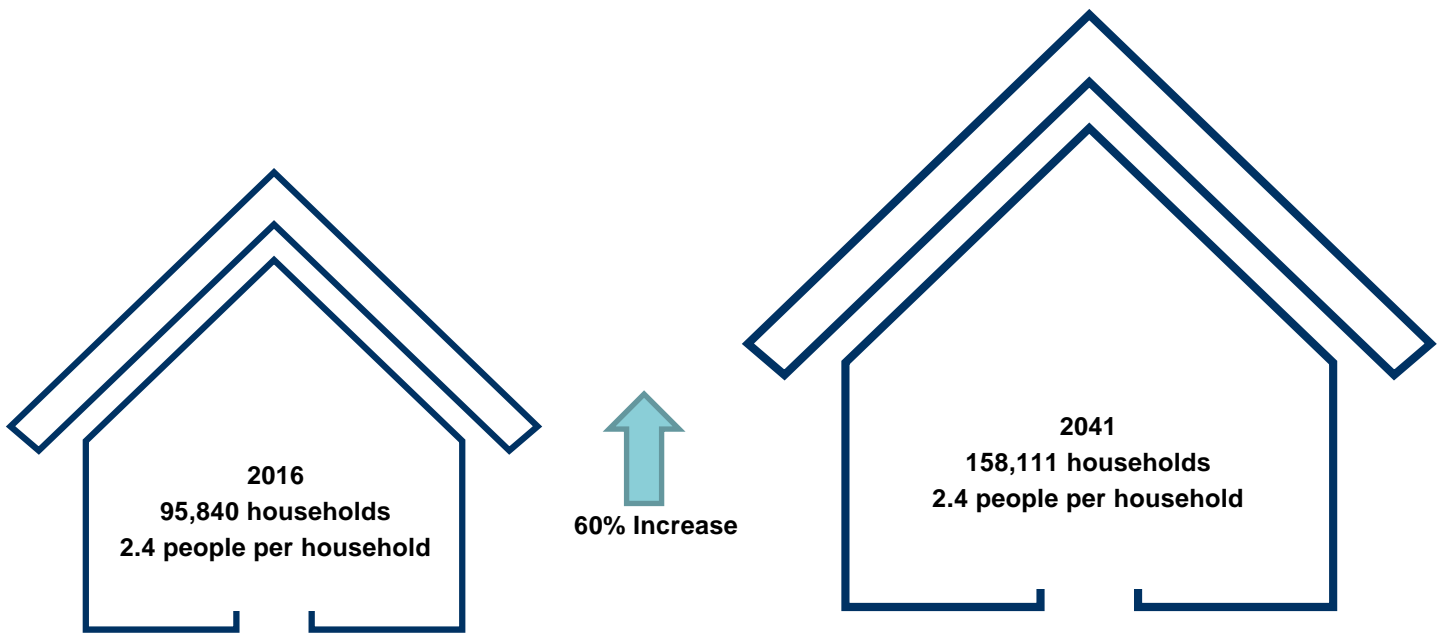


Figure 9. Housing growth in Greater Geelong 2016 to 2041 (forecast.id 2020)

## INCOME

- 28.9% of Greater Geelong households are classified as low income (earn less than \$740 per week), compared to 25% for Victoria (2016 ABS Census).
- 10% of Greater Geelong families are low-income and welfare-dependent, compared to 8.4% for Victoria (PHIDU, 2017).
- 22.8% of Greater Geelong children are in low-income and welfare-dependent families, compared to 19.3% for Victoria (PHIDU, 2017).

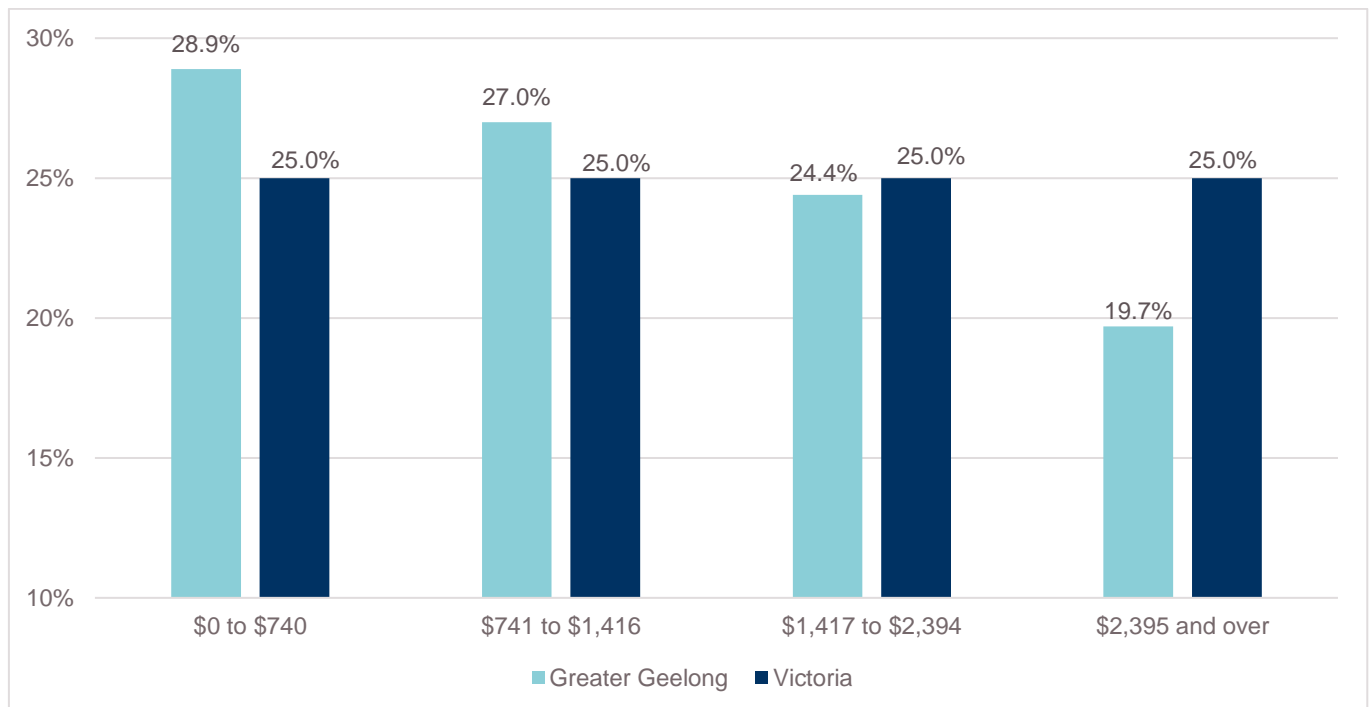


Figure 10. Household weekly income quartiles (Source: ABS census 2016)

## UNEMPLOYMENT

Please note that this data presented is pre-COVID-19 and does not include the impact of COVID-19.

- The rate of unemployment in Greater Geelong is 6.4% (Men: 6.7%; Women: 6%), compared to 6.6% (Men: 6.6%; Women: 6.7%), for Victoria (2016 ABS Census).

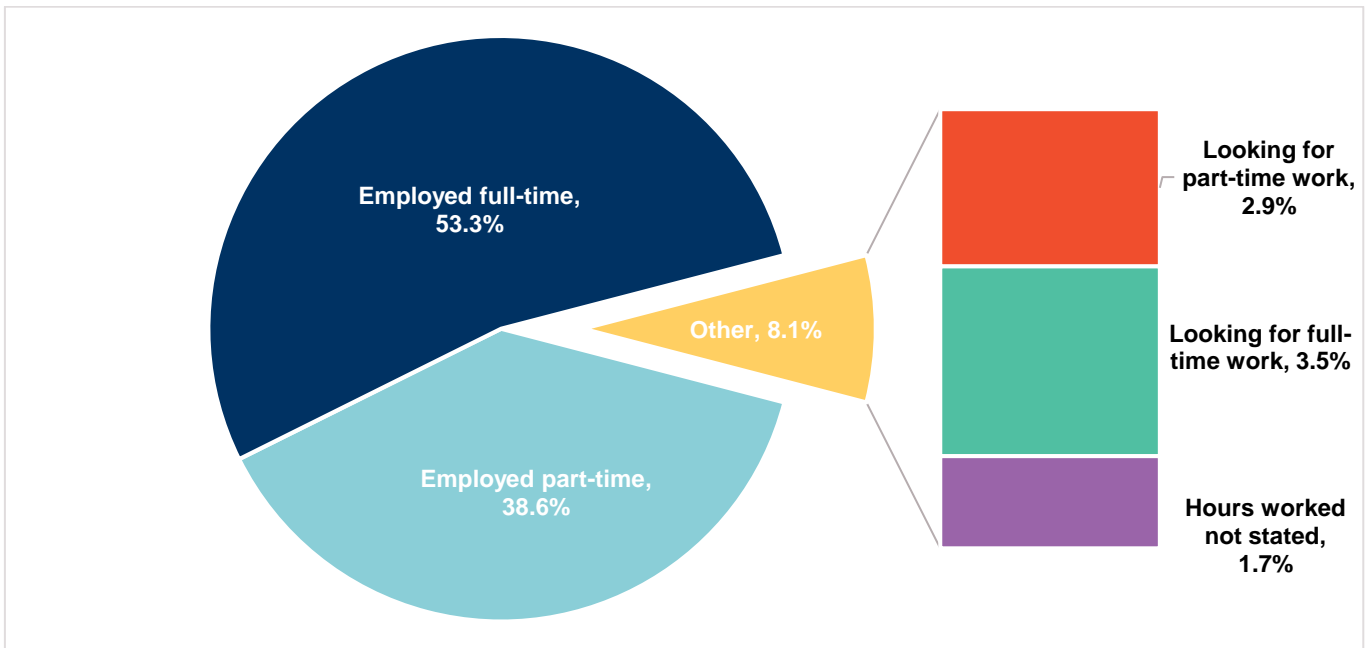


Figure 11. Employment status for Greater Geelong adults over 15 years of age (Source: profile.id 2016)

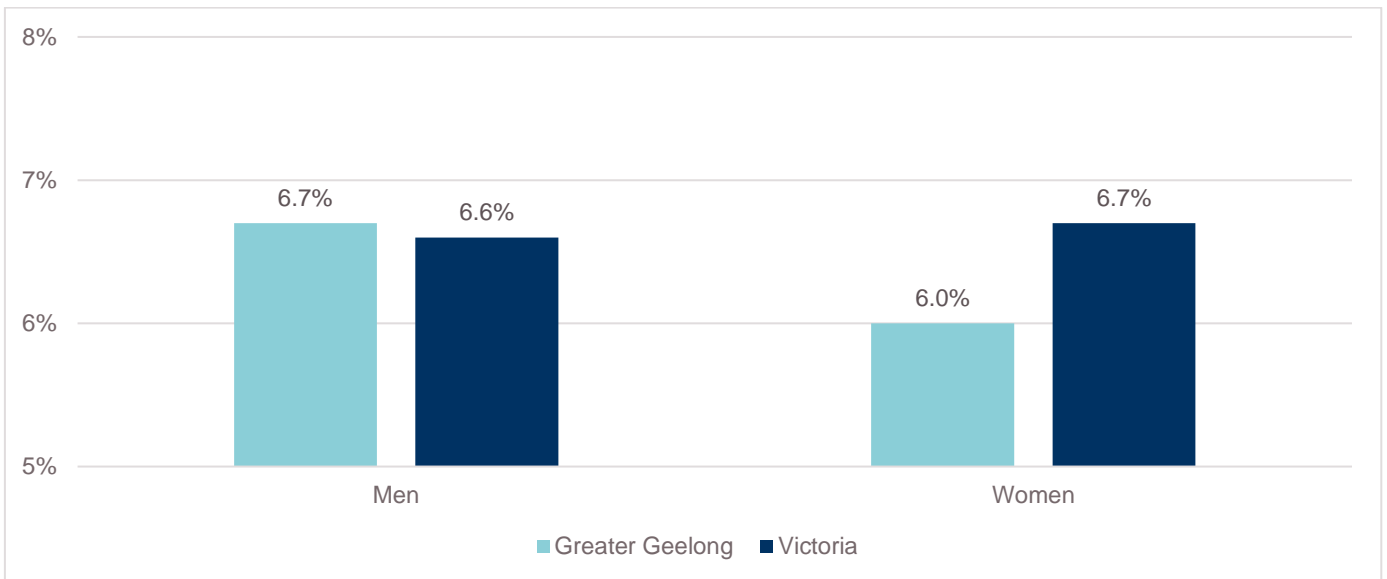
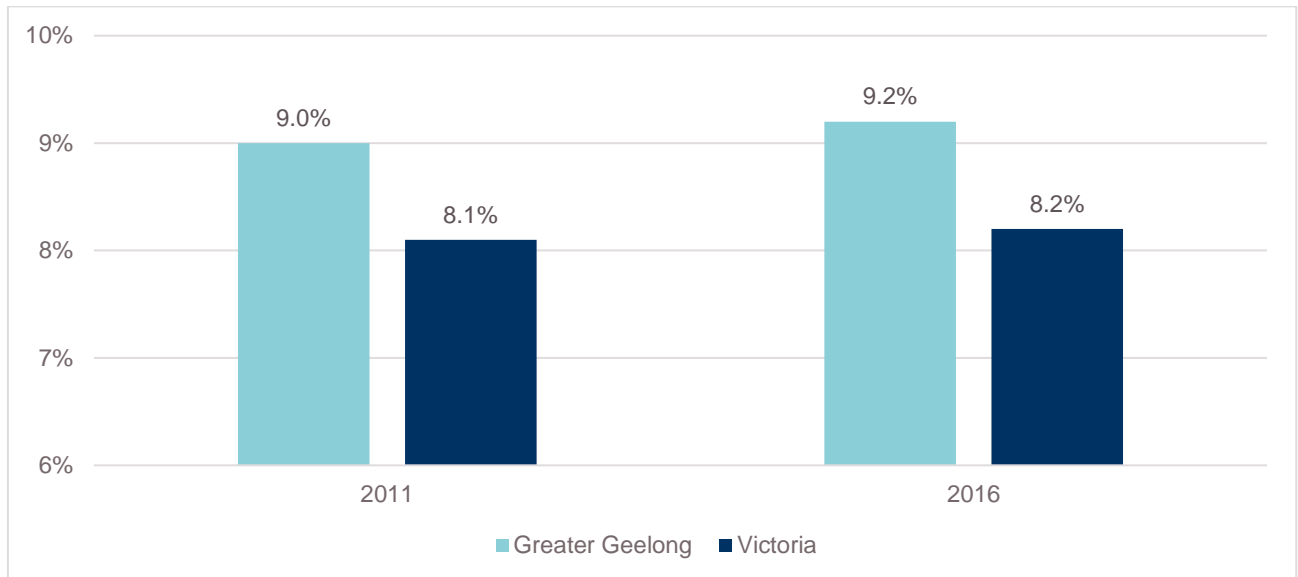
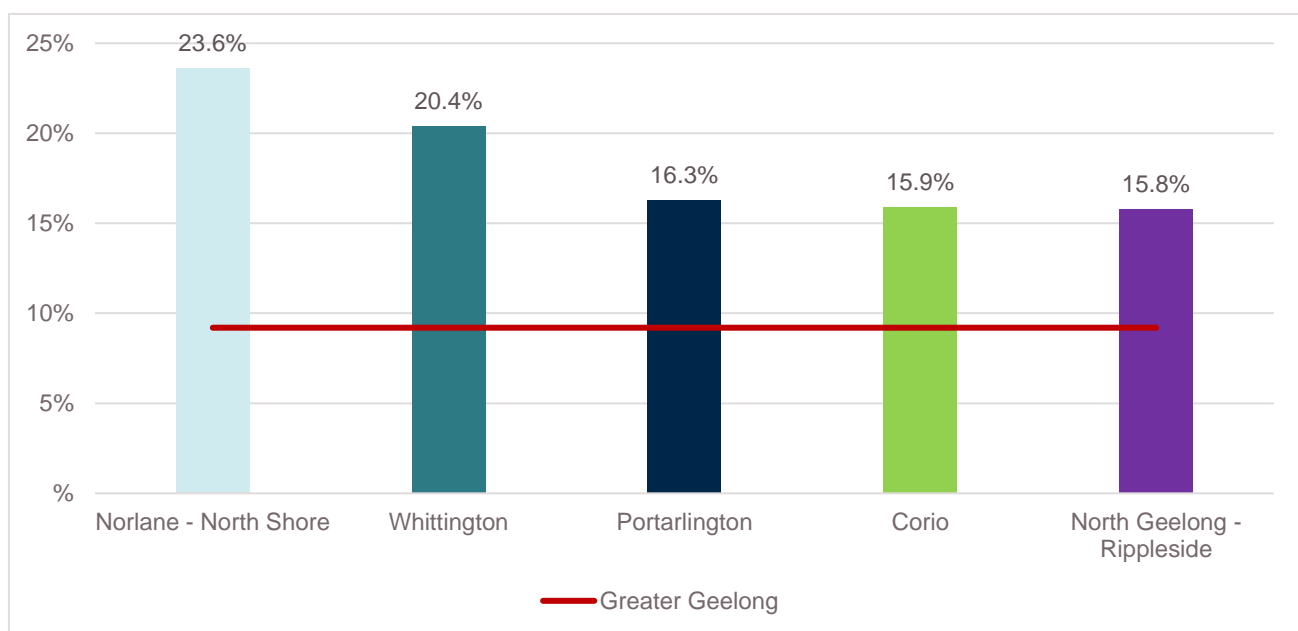


Figure 12. Unemployment rate (Source: atlas.id 2016)

- Youth unemployment rate (15-24 years) for Greater Geelong is 13.5% compared to 15.2% for Victoria (2016 ABS Census).
- Seniors unemployment rate (aged 55 or more) for Greater Geelong is 4.7% compared to 4.4% for Victoria (2016 ABS Census).
- Disengaged youth (aged 15-24 not employed or in education) is 9.2% for Greater Geelong, compared to 8.2% for Victoria. Greater Geelong suburbs with the highest proportion of disengaged youth are Norlane – Northshore (23.6%), Whittington (20.4%), Portarlington (16.3%), Corio (15.9%) and North Geelong (15.8%) (2016 ABS Census).
-



**Figure 13. Disengaged (not employed or in education) young people (aged 15-24 years) (Source: profile.id 2016)**



**Figure 14. Disengaged (not employed or in education) young people (aged 15-24 years) (Source: profile.id 2016)**

- 25.1% of Greater Geelong men are employed part-time compared to 23.7% for Victoria (2016 ABS Census).
- 58.2% of Greater Geelong women are employed part-time compared to 51.7% for Victoria (2016 ABS Census).
- Labour force participation (aged 15 years and over have a full time or part time job, or who did not have a job but were actively looking for and available to start work) is 58.6% for Greater Geelong, compared to 60.9% for Victoria (2016 ABS Census).
- 69.4% of Greater Geelong mothers are in the labour force, compared to 67.5% for Victoria (2016 ABS Census).

## OCCUPATION

- The most common occupations for Greater Geelong women are professionals (25%), clerical and administrative workers (19.4%) and community personal service workers (18.9%).
- The top employment industries for Greater Geelong men are construction (17.3%), manufacturing (11.3%) and retail trade (9.6%).
- The most common occupations for Greater Geelong men are technicians and trades workers (24.3%), professionals (16.8%) and managers (13.4%).
- The top employment industries for Greater Geelong women are health care and social assistance (25.4%), retail trade (14.2%) and education and training (13.7%).

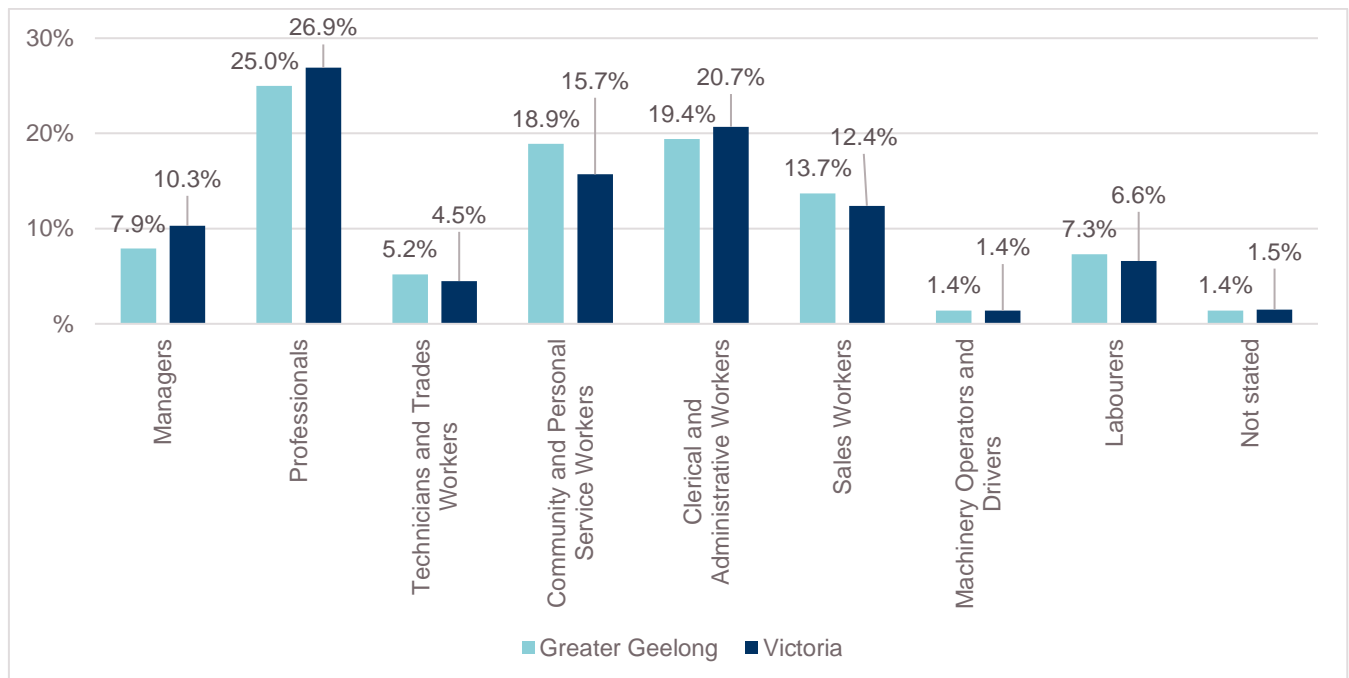
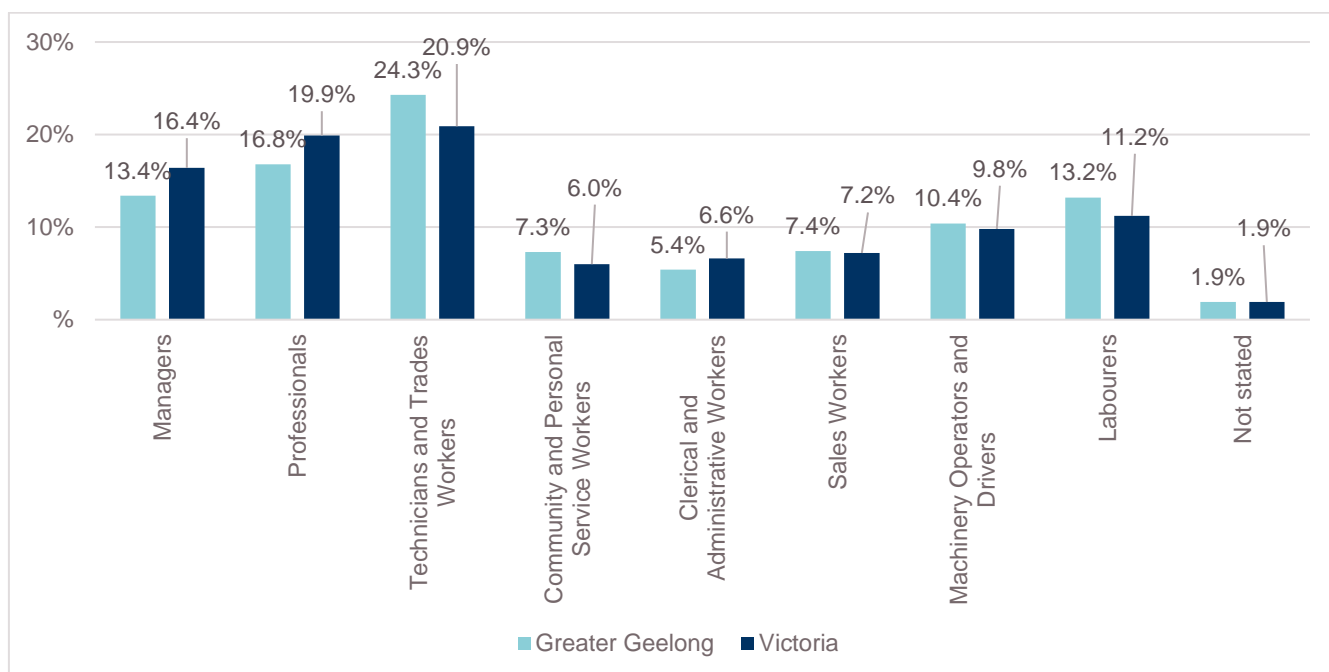


Figure 15. Occupations of Greater Geelong women (Source: profile.id 2016)



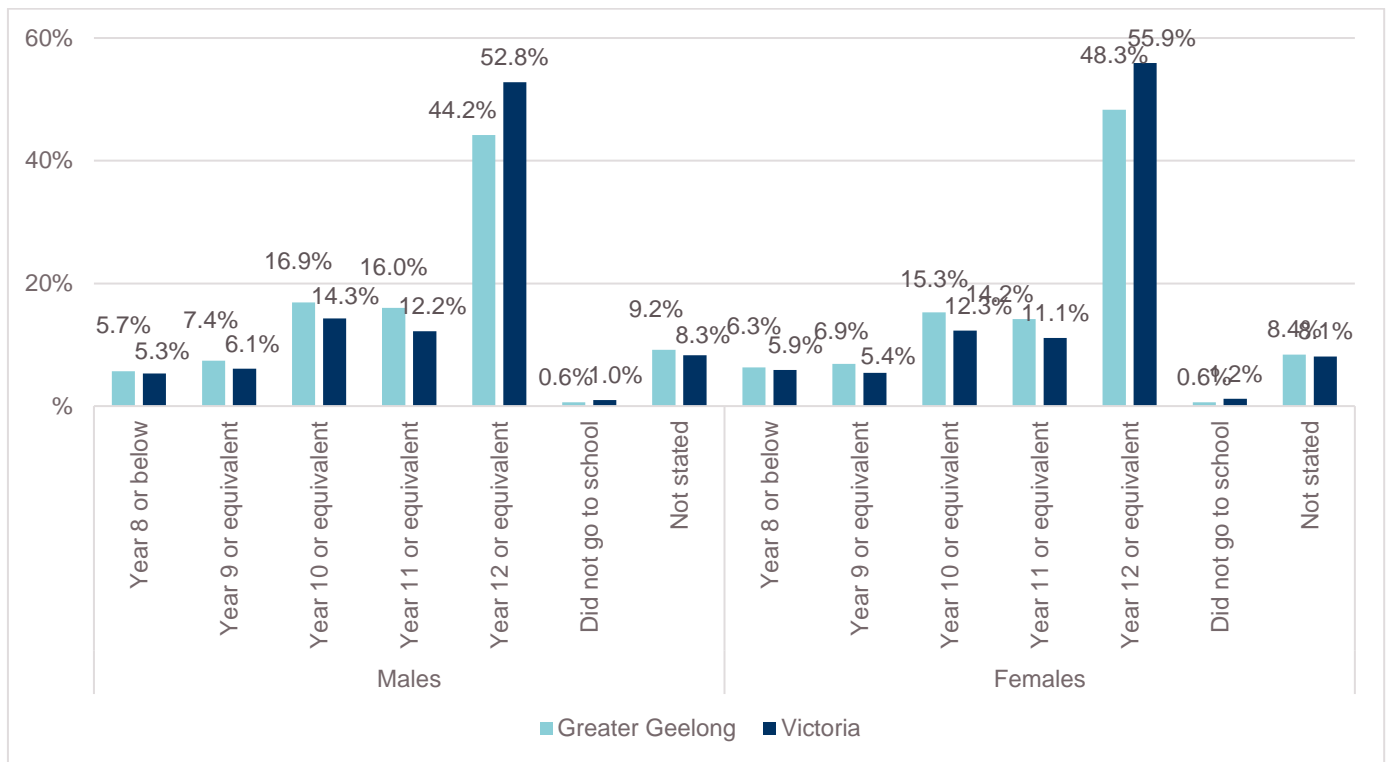
**Figure 16. Occupations of Greater Geelong men (Source: profile.id 2016)**

## SOCIOECONOMIC STATUS

- The Socio-Economic Indexes for Areas (SEIFA) measures the relative level of socio-economic disadvantage. A higher score of the index means a lower level of disadvantage. The average SEIFA index score for Greater Geelong is 994, compared to 1010 for Victoria (2016 ABS).
- The areas with the highest disadvantage according to their SEIFA score include Norlane, Whittington and Corio (2016 ABS).

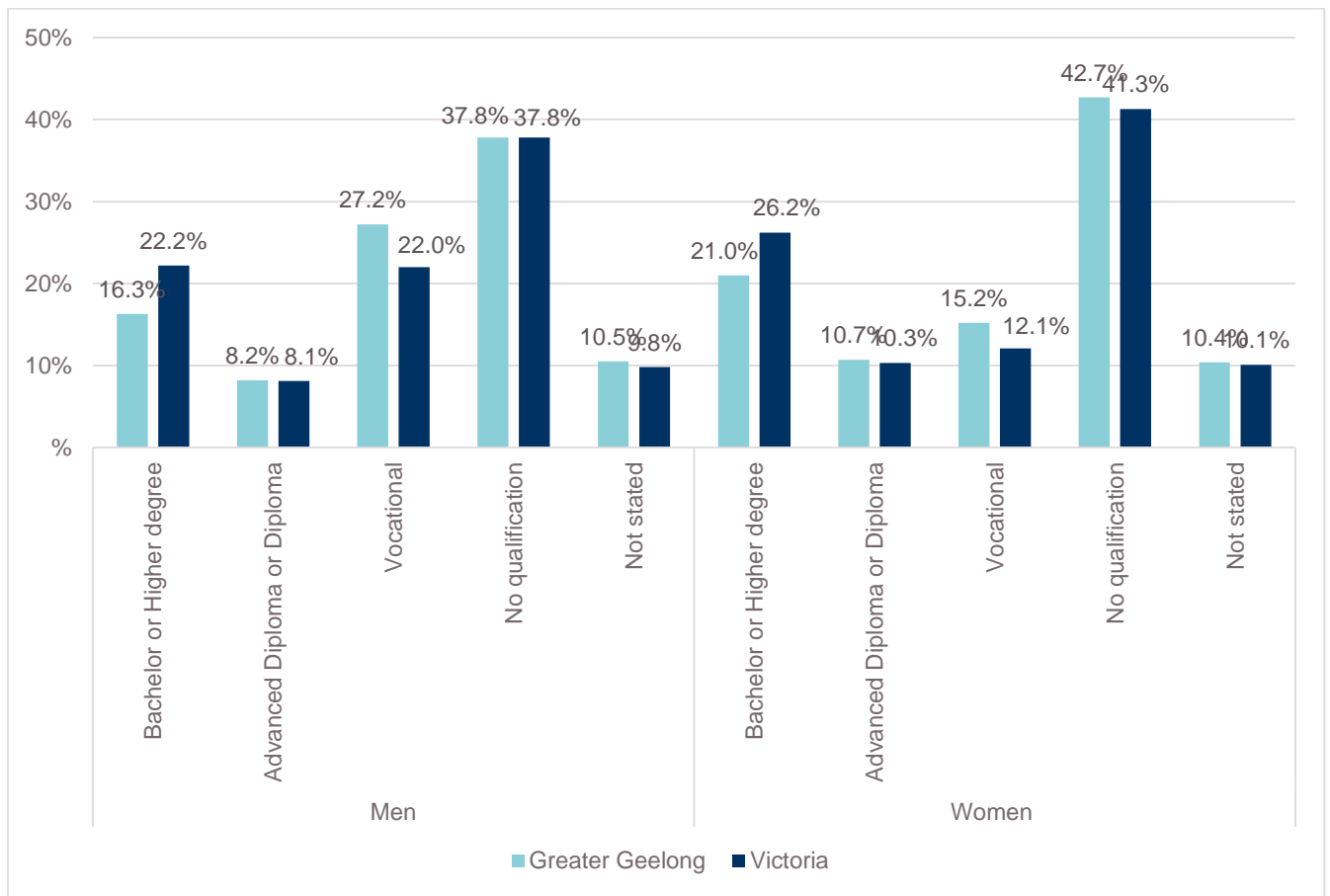
## EDUCATION

- On average, fewer Geelong adults have completed year 12 (or equivalent) when compared to Victoria.
- For 44.2% of Greater Geelong males, year 12 (or equivalent) was the highest level of secondary education attained, compared to 52.8% for Victoria (2016 ABS Census).
- For 48.3% of Greater Geelong females, year 12 (or equivalent) was the highest level of secondary education attained, compared to 55.9% for Victoria (2016 ABS Census).



**Figure 17. Highest level of schooling completed (Source: profile.id 2016)**

- 27.2% of Greater Geelong men had a vocational qualification, compared to 22% for Victoria (2016 ABS Census).
- 21% of Greater Geelong women had a Bachelor or Higher degree, compared to 26.2% for Victoria (2016 ABS Census).



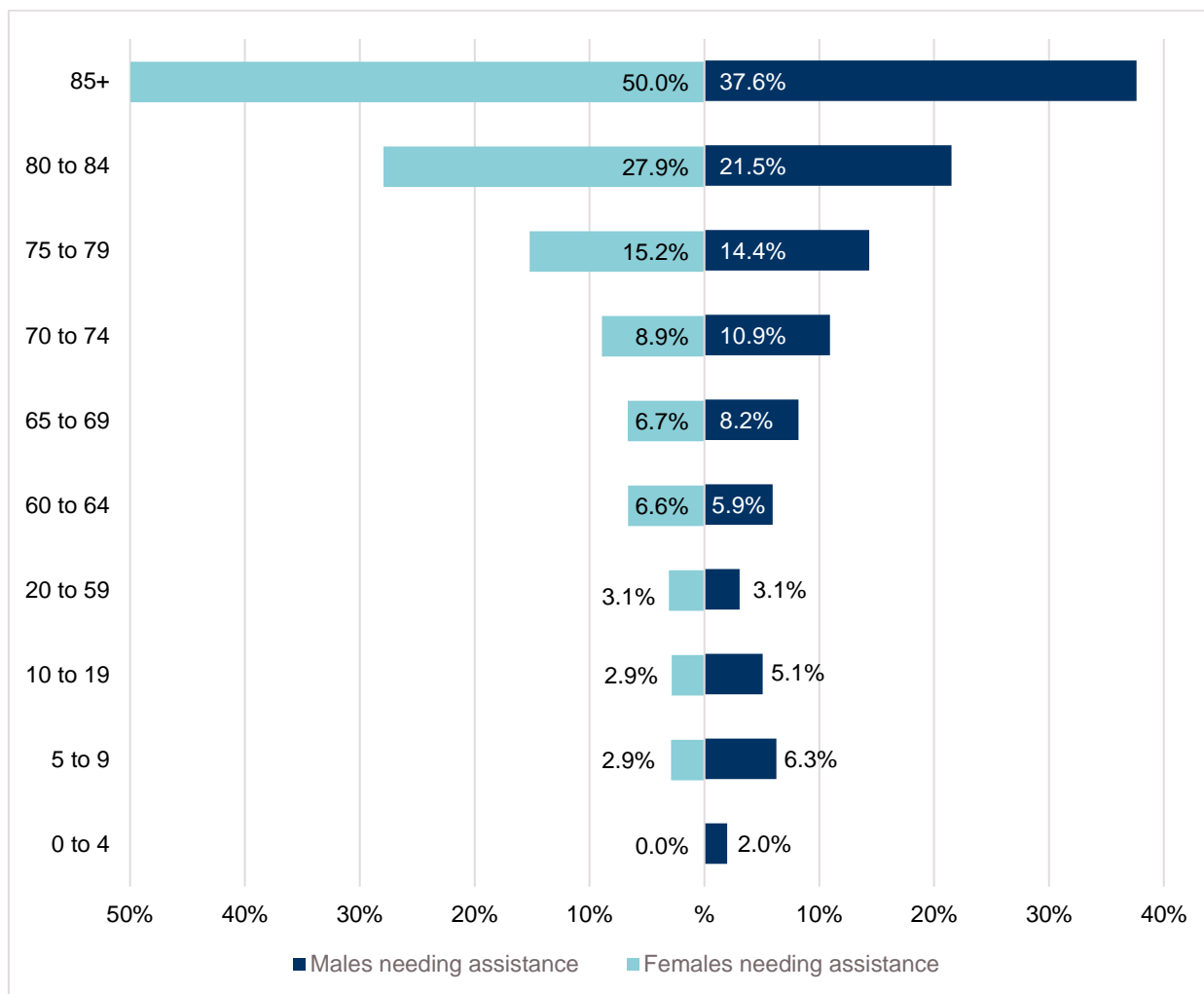
**Figure 18. Highest qualification (non-school) achieved (Source: profile.id 2016)**

## DISABILITY

The reported need for assistance due to a severe or profound disability was higher for Greater Geelong females (6.3%) than males (5.7%) (ABS 2016):

The need for assistance also increases with increasing age:

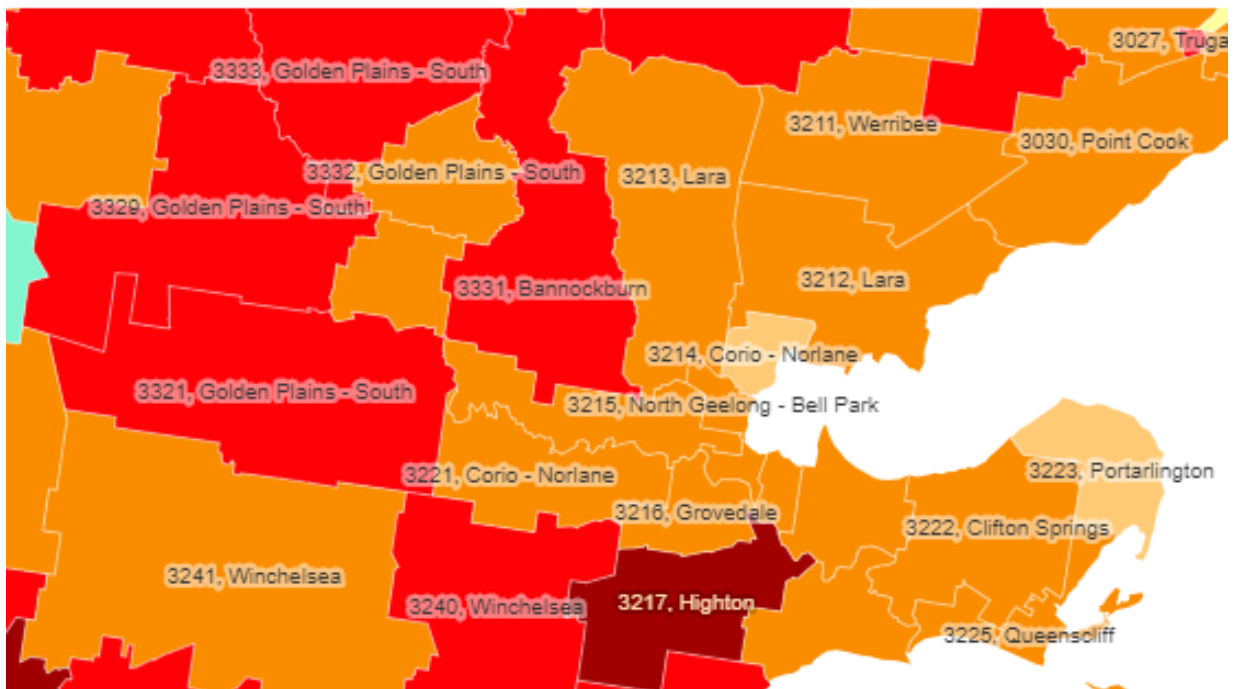
- 27.9% of women aged 80-84 years needed assistance compared to 21.5% for men.
- 50% of women aged 85 years and over needed assistance compared to 37.6% for men.



**Figure 19. Need for assistance (disability) by age and gender (Source: profile.id 2016)**

## FINANCIAL

The COVID-19 Financial Impact score estimates the financial impact by postcode by considering a person’s income (whether income is lost as a result of unemployment or underemployment and to what extent JobKeeper and JobSeeker cover pre-pandemic income) and expenditure (whether current income is likely to cover non-discretionary expenses based on pre-pandemic income and life stage). Postcodes were given a score between 0 and 6.5, with 6.5 being the most severe. Greater Geelong, Highton experienced the most severe financial impact (score = 6.5+) compared to the other suburbs which experienced a high financial impact (score = 5.5-6).



Financial Impact score:



Map 1. Financial Impact Score for Greater Geelong suburbs (Source: Taylor Fry 2020)

# Summary of indicators by domain

The domains, outcomes and indicators explored are outlined in Table 2 below. The table is hyperlinked to help you navigate through the data by taking you directly to the domain, outcome or indicator of interest.

**Table 2. Summary of domains**

Domain	Outcomes	Indicators
<a href="#">Domain 1: Our people are healthy and well</a>	<a href="#">Outcome 1: Our people have good physical health</a>	<a href="#">Premature death</a> <a href="#">Preventable chronic diseases</a> <a href="#">Self-rated health</a> <a href="#">Unintentional injury</a> <a href="#">Oral health</a> <a href="#">Sexual and reproductive health</a>
	<a href="#">Outcome 2: Our people have good mental health</a>	<a href="#">Mental wellbeing</a> <a href="#">Suicide</a> <a href="#">Dementia</a>
	<a href="#">Outcome 3: Our people act to protect and promote health</a>	<a href="#">Healthy eating and active living</a> <a href="#">Overweight and obesity</a> <a href="#">Breastfeeding</a> <a href="#">Smoking</a> <a href="#">Harmful alcohol and drug use</a> <a href="#">Gambling</a> <a href="#">Immunisation</a>
<a href="#">Domain 2: Our people are safe and secure</a>	<a href="#">Outcome 1: Our people live free from abuse and violence</a>	<a href="#">Abuse of children</a> <a href="#">Family violence</a> <a href="#">Community safety</a>
	<a href="#">Outcome 2: Our people have suitable and stable housing</a>	<a href="#">Homelessness</a>
<a href="#">Domain 3: Our people have the capabilities to participate</a>	<a href="#">Outcome 1: Our people participate in learning and education</a>	<a href="#">Developmental vulnerability</a> <a href="#">Educational attainment</a>
	<a href="#">Outcome 2: Our people participate and contribute to the economy</a>	<a href="#">Labour market participation</a>

Domain	Outcomes	Indicators
	<u>Outcome 3: Our people have financial security</u>	<u>Financial stress</u>
<u>Domain 4: Our people are connected to culture and community</u>	<u>Outcome 1: Our people are socially engaged and live in inclusive communities</u>	<u>Connection to culture and communities</u> <u>Access to social support</u>
	<u>Outcome 2: Our people can safely identify and connect with their culture and identity</u>	<u>Tolerance of diversity</u>
<u>Domain 5: Greater Geelong is liveable</u>	<u>Outcome 1: Our people belong to resilient and liveable communities</u>	<u>Liveability</u> <u>Adaptation to the impacts of climate change</u>
	<u>Outcome 2: Our people have access to sustainable built and natural environments</u>	<u>Environmental sustainability and quality</u>

## DOMAIN 1: OUR PEOPLE ARE HEALTHY AND WELL

### Outcome 1: Our people have good physical health

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:
























-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

Table 3. Summary of indicators – Our people have good physical health

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Premature death</u>						
<u>Preventable chronic diseases</u>				2014-17 	2014-17 	
<u>Self-rated health</u>				2014-17 	2014-17 	2014-18 
<u>Unintentional injury</u>				2014-19 	2014-19  	
<u>Oral health</u>						2017-19 
<u>Sexual and reproductive health</u>						2014-18 



What does this mean?












Emerging priority areas for this outcome are reducing premature death, increasing “excellent/very good” self-rated health, decreasing unintentional injury and better oral health in children. This has informed our Community Plan under Strategic Direction 1.












Individual Indicators explained



Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

Table 4. Data for individual indicators – Our people have good physical health

Indicator	Status	Trend
<u>Premature death</u>		<a href="#">Back to Table 3. Summary of indicators</a>
Overall premature deaths	The overall average annual age standardised death rate per 100,000 people (ADR) for Greater Geelong men (aged 0-74 years) between 2013-2017 was 304.6 compared to 267.3 for Victoria (PHIDU 2013-17).	
	The overall ADR for Greater Geelong women (aged 0-74 years) between 2013-2017 was 185.6 compared to 169.6 for Victoria (PHIDU 2013-17).	



Indicator	Status	Trend
	<b>The ADR is higher for men than for women (304.6 and 185.6, respectively) and higher than Victoria for both men and women (PHIDU 2013-17).</b>	
Premature deaths due to cancer	The ADR due to cancer for Greater Geelong adults (aged 0-74 years) between 2013-2017 was 101.4 compared to 94.4 for Victoria (PHIDU 2013-17).	
Premature deaths due to diabetes	The ADR due to diabetes for Greater Geelong adults (aged 0-74 years) between 2013-2017 was 6.5 compared to 4.8 for Victoria (PHIDU 2013-17).	
Premature deaths due to circulatory system diseases	The ADR due to diabetes for Greater Geelong adults (aged 0-74 years) between 2013-2017 was 43.1 compared to 40.4 for Victoria (PHIDU 2013-17).	
Premature deaths due to respiratory system diseases	The ADR due to diabetes for Greater Geelong adults (aged 0-74 years) between 2013-2017 was 19.5 compared to 14 for Victoria (PHIDU 2013-17).	
Median age of death	The median age of death for Greater Geelong men was 80 between 2013-17 compared to 79 for Victoria (PHIDU 2013-17).	
	The median age of death for Greater Geelong women was 88 between 2013-17 which was the same for Victoria (PHIDU 2013-17).	
	<b>The median age of death is lower for Greater Geelong men than for women (80 and 88, respectively) and is similar (less than a 5% difference) to Victoria for both men and women (PHIDU 2013-17).</b>	
<b>Preventable chronic diseases</b>		<a href="#">Back to Table 3. Summary of indicators</a>
Diagnosed heart disease (self-reported)	5.7% of Greater Geelong men are diagnosed with heart disease, compared to 8.2% for Victoria (VPHS 2017).	
	8.0% of Greater Geelong women are diagnosed with heart disease, compared to 5.4% for Victoria (VPHS 2017).	
	In 2014, 7% of Greater Geelong men were diagnosed with heart disease, compared to 5.7% in 2017 (VPHS 2014-17).	
	In 2014, 4.1% of Greater Geelong women were diagnosed with heart disease, compared to 8% in 2017 (VPHS 2014-17).	
	<b>More Greater Geelong women than men are diagnosed with heart disease (8% and 5.7%, respectively) and is similar (less than a 5% difference) to Victoria and over time (2014-17) for both men and women (VPHS 2017).</b>	
Diagnosed cancer (self-reported)	5.9% of Greater Geelong men are diagnosed with cancer, compared to 7.7% for Victoria (VPHS 2017).	

Indicator	Status	Trend
	<p>6.7% of Greater Geelong women are diagnosed with cancer, compared to 8.5% for Victoria (VPHS 2017).</p> <p>In 2014, 4.2% of Greater Geelong men were diagnosed with cancer, compared to 5.9% in 2017 (VPHS 2014-17).</p> <p>In 2014, 5.5% of Greater Geelong women were diagnosed with cancer, compared to 6.7% in 2017 (VPHS 2014- 17).</p> <p><b>Slightly more Greater Geelong women than men are diagnosed with cancer (6.7% and 5.9%, respectively) and is similar (less than a 5% difference) to Victoria and over time (2014-17) for both men and women (VPHS 2017).</b></p>	  
<p>Diagnosed type 2 diabetes (self-reported)</p>	<p>6.6% of Greater Geelong men are diagnosed with type 2 diabetes, compared to 6.4% for Victoria (VPHS 2017).</p> <p>3.3% of Greater Geelong women are diagnosed with diabetes, compared to 4.6% for Victoria (VPHS 2017).</p> <p>In 2014, 4.9% of Greater Geelong men were diagnosed with type 2 diabetes, compared to 6.6% in 2017 (VPHS 2014-17).</p> <p>In 2014, 5.3% of Greater Geelong women were diagnosed with type 2 diabetes, compared to 3.3% in 2017 (VPHS 2014-17).</p> <p><b>There are twice as many Greater Geelong men than women diagnosed with type 2 diabetes (6.6% and 3.3%, respectively) and is similar (less than a 5% difference) to Victoria and over time (2014-17) for both men and women (VPHS 2017).</b></p>	   
<p><b>Self-rated health</b> <span style="float: right;"><a href="#">Back to Table 3. Summary of indicators</a></span></p>		
<p>Self-rated health status - adults</p>	<p>38.7% of Greater Geelong men said their health was excellent/very good, compared to 41.8% for Victoria (VPHS 2017).</p> <p>39.8% of Greater Geelong women said their health was excellent/very good, compared to 41.5% for Victoria (VPHS 2017).</p> <p>In 2014, 45.3% of Greater Geelong men said their health was excellent/very good, compared to 38.7% in 2017 (VPHS 2014-17).</p> <p>In 2014, 46.4% of Greater Geelong women said their health was excellent/very good, compared to 39.8% in 2017 (VPHS 2014-17).</p> <p><b>A similar proportion of men and women said their health was excellent/very good (38.7% and 39.8%, respectively) and is similar (less than a 5% difference) to Victoria but declines over time (2014-17) for both men and women (VPHS 2017).</b></p>	   









Indicator	Status	Trend
Self-rated health status – young people	89.3% of young people from the Barwon region were reported to have good, very good or excellent health, compared to 85.9% for Victoria (VSHAWS 2018).	
	In 2014, 88.7% of young people from the Barwon region were reported to have good, very good or excellent health, compared to 89.3% in 2018 (VSHAWS 2014-18).	










**Unintentional injury** [Back to Table 3. Summary of indicators](#)


Hospital admissions due to falls in adults 65-84 years*	Hospital admissions due to falls amongst Greater Geelong women aged 65-84 years have increased from 353 in 2014/15 to 610 in 2018/19 (VISU providing VAED data 2019).	
	Hospital admissions due to falls amongst Greater Geelong men aged 65-84 years have increased from 180 in 2014/15 to 349 in 2018/19 (VISU providing VAED data 2019).	
<b>In 2018/19, there were more hospital admissions due to falls by Greater Geelong women aged 65-84 years (610), than for Greater Geelong men (349) which increased from 2014/15 to 2018/19 for both men and women (VISU providing VAED data 2019).</b>		
Hospital admissions due to falls in adults 85 years and over*	Hospital admissions due to falls amongst Greater Geelong women aged 85 years and over have increased from 294 in 2014/15 to 472 in 2018/19 (VISU providing VAED data 2019).	
	Hospital admissions due to falls amongst Greater Geelong men aged 85 years and over have increased from 127 in 2014/15 to 232 in 2018/19 (VISU providing VAED data 2019).	
<b>In 2018/19, there were twice as more hospital admissions due to falls by Greater Geelong women aged 85 years and over (472), than for Greater Geelong men (232) which increased from 2014/15 to 2018/19 for both men and women (VISU providing VAED data 2019).</b>		
Hospital emergency department presentations due to falls in adults 65-84 years**	From 2014/15 to 2018/19 the number of hospital presentations due to falls by Greater Geelong women aged 65-84 years ranged from 290 (lowest) in 2015/16 to 322 (highest) in 2016/17 (VISU providing VEMD data 2019).	
	From 2014/15 to 2018/19 the number of hospital presentations due to falls by Greater Geelong men aged 65-84 years ranged from 164 (lowest) in 2015/16 to 224 (highest) in 2018/19 (VISU providing VEMD data 2019).	
<b>In 2018/19, there were more hospital presentations due to falls by Greater Geelong women aged 65-84 years (304), than for Greater Geelong men (224) which increased from 2014/15 to 2018/19 for men only (VISU providing VEMD data 2019).</b>		

Indicator	Status	Trend
Hospital emergency department presentations due to falls in adults 85 years and over**	From 2014/15 to 2018/19 the number of hospital presentations due to falls by Greater Geelong women aged 85 years and over ranged from 165 (lowest) in 2017/18 to 204 (highest) in 2015/16 (VISU providing VEMD data 2019).	
	From 2014/15 to 2018/19 the number of hospital presentations due to falls by Greater Geelong men aged 85 years ranged from 67 (lowest) in 2017/18 to 92 (highest) in 2014/15 (VISU providing VEMD data 2019).	
<p><b>In 2018/19, there were more hospital presentations due to falls by Greater Geelong women aged 85 years and over (184), than for Greater Geelong men (87) with not much change over time (2014/15 to 2018/19) for both men and women (VISU providing VEMD data 2019).</b></p>		

**Oral health** [Back to Table 3. Summary of indicators](#)

Self-rated dental health status - adults	38.8% of Greater Geelong adults said their dental health was excellent/very good, compared to 37.7% for Victoria (VPHS 2017).	
Self-reported gum disease - adults	9.1% of Greater Geelong adults have gum disease, compared to 10.8% for Victoria (VPHS 2017).	
Brushing teeth twice a day – children (parent-reported)	70.8% of children from the Barwon region brush their teeth twice a day, compared to 71.7% for Victoria (VCHWS 2013).	
Brushing teeth twice a day or more – young people (self-reported)	69.8% of young people from the Barwon region brush their teeth twice a day or more, compared to 64.4% for Victoria (VSHAWS 2014).	
Potentially preventable hospitalisations due to dental conditions - children	In 2018-19, the rate of potentially preventable hospital admissions due to dental conditions for Greater Geelong children (aged 0-9 years) was 5.8 per 1,000 children compared to 6.1 for Victoria (VHISS, DHHS 2018-19).	
	In 2017-18, the rate of potentially preventable hospital admissions due to dental conditions for Greater Geelong children (aged 0-9 years) was 5.7 per 1,000 children compared to 5.8 for 2018-19 (VHISS, DHHS 2017-19).	
Proportion of children presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services - children	In 2017-19, the proportion of Greater Geelong children aged 0-5 years presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services was 31% compared to 26% for Victoria (Dental Health Services Victoria 2017-19).	
	In 2017-19, the proportion of Greater Geelong children aged 6 years presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services was 59% compared to 51% for Victoria (Dental Health Services Victoria 2017-19).	

Indicator	Status	Trend
	In 2017-19, the proportion of Greater Geelong children aged 12 years presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services was 77% compared to 59% for Victoria (Dental Health Services Victoria 2017-19).	
Average number of decayed, missing or filled primary (baby) and permanent teeth for children attending public dental services - children	In 2017-19, the average number of decayed, missing or filled primary (baby) and permanent teeth for Greater Geelong children aged 0-5 years attending public dental services was 1.22, compared to 1.11 for Victoria (Dental Health Services Victoria 2017-19).	
	In 2017-19, the average number of decayed, missing or filled primary (baby) and permanent teeth for Greater Geelong children aged 6 years attending public dental services was 2.78, compared to 2.36 for Victoria (Dental Health Services Victoria 2017-19).	
	In 2017-19, the average number of decayed, missing or filled primary (baby) and permanent teeth for Greater Geelong children aged 12 years attending public dental services was 3.75, compared to 1.87 for Victoria (Dental Health Services Victoria 2017-19).	
<b>Sexual and reproductive health</b>		<a href="#">Back to Table 3. Summary of indicators</a>
Sexually active young people who always use a condom (self-reported)	57.6% of sexually active young people from the Barwon region always use a condom, compared to 25.5% for Victoria (VSHAWS 2018).	
	In 2014, 27.1% of sexually active young people from the Barwon region always used a condom, compared to 57.6% in 2018 (VSHAWS 2014-18).	
<b>The proportion of sexually active young people always using a condom is higher in the Barwon region (57.6%) than for Victoria (25.5%) and has improved over time (2014-18) (VSHAWS 2014-18).</b>		
Notification rate for sexually transmitted infections:		
Chlamydia trachomatis infection	In 2019, the notification rate per 100,000 population for chlamydia trachomatis infection in Greater Geelong was 273.7, compared to 352.5 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
Gonococcal infection	In 2019, the notification rate per 100,000 population for gonococcal infection in Greater Geelong was 75, compared to 141.6 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
Infectious syphilis	In 2019, the notification rate per 100,000 population for infectious syphilis in Greater Geelong was 9.6, compared to 27 for Victoria	

Indicator	Status	Trend
	(Communicable Disease Section, Department of Health and Human Services, 2019).	
	In 2019, the notification rate per 100,000 population for unspecified Hepatitis B in Greater Geelong was 15.1, compared to 26.8 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	<b>The notification rate per 100,000 population for all of the above sexually transmitted diseases are lower for Greater Geelong than for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).</b>	

\*VAED collects data on admitted patients from all Victorian public and private acute hospitals. Readmissions for day-treatments within 30 days of initial admission were excluded. ICD-10 diagnostic codes for falls included W000 to W19.

\*\*VEMD collects data from Victorian public hospitals with 24-hour emergency departments. The presentations include first presentations only and excludes return visits and pre-arranged admissions. ICD-10 diagnostic codes for falls included W000 to W19.

## Outcome 2: Our people have good mental health

### [Overall summary of indicators](#)

### [Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:
















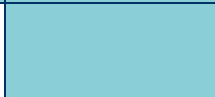
-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

Table 5. Summary of indicators – Our people have good mental health

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Mental wellbeing</u>				2014-17 	2014-17 	2014-18 
<u>Suicide</u>						
<u>Dementia</u>				2017-50 		









## What does this mean?



Emerging priority areas for this outcome are improving mental wellbeing in both adults and children and reducing suicide and dementia rates. This has informed our Community Plan under Strategic Direction 1.

### Individual Indicators explained


Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

**Table 6. Data for individual indicators – Our people have good mental health**



Indicator	Status	Trend
<u>Mental wellbeing</u>	<a href="#">Back to Table 5. Summary of indicators</a>	
Psychological distress – adults (self-reported)	15.6% of Greater Geelong men have high/very high psychological distress, compared to 12.8% for Victoria (VPHS 2017).	
	20.6% of Greater Geelong women have high/very high psychological distress, compared to 18% for Victoria (VPHS 2017).	
	High/very high psychological distress in Greater Geelong men has increased from 7.8% in 2014 to 15.6% in 2017 (VPHS 2014-17).	
	High/very high psychological distress in Greater Geelong women has increased from 10.3% in 2014 to 12.8% in 2017 (VPHS 2014-17).	
	<b>More Greater Geelong women (20.6%) than men (15.6%) have high/very high psychological distress with the % increase over time (2014-17) higher for men than women (VPHS 2014-17).</b>	
Psychological distress – young people (self-reported)	16.2% of young people from the Barwon region showed high levels of psychological distress, compared to 20.4% for Victoria (VSHAWS 2018).	
	In 2014, 10.2% of young people from the Barwon region showed high levels of psychological distress, compared to 16.2% in 2018 (VSHAWS 2014-18).	
	<b>The proportion of young people with high levels of psychological distress is lower in the Barwon region (16.2%) than for Victoria (20.4%) but has increased over time (2014-18) (VSHAWS 2014-18).</b>	
Anxiety or depression – adults (self-reported)	24.3% of Greater Geelong men are diagnosed with anxiety or depression, compared to 21% for Victoria (VPHS 2017).	
	36.9% of Greater Geelong women are diagnosed with anxiety or depression, compared to 33.6% for Victoria (VPHS 2017).	

Indicator	Status	Trend
	<b>More Greater Geelong women (36.9%) than men (24.3%) are diagnosed with anxiety or depression and is similar (less than a 5% difference) to Victoria for both men and women (VPHS 2017).</b>	
Sought professional help for a mental health problem in the previous year (self-reported)	15.9% of Greater Geelong men sought professional help for a mental health problem in the previous year, compared to 14.1% for Victoria (VPHS 2017).	
	24.9% of Greater Geelong women sought professional help for a mental health problem in the previous year, compared to 21.2% for Victoria (VPHS 2017).	
	<b>More Greater Geelong women (24.9%) than men (15.9%) sought professional help for a mental health problem in the previous year and is similar (less than a 5% difference) to Victoria for both men and women (VPHS 2017).</b>	

**Suicide** [Back to Table 5. Summary of indicators](#)

Death from suicide and self-inflicted injuries	The ADR from suicide and self-inflicted injuries in Greater Geelong (aged 0-74 years) between 2013-2017 was 12.4 compared to 10.1 for Victoria (PHIDU 2013-17).	
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**Dementia** [Back to Table 5. Summary of indicators](#)

Prevalence of dementia	Greater Geelong has the highest number of diagnosed dementia cases of all local government areas in Victoria, with 4706 persons or 2% of the local population affected (Dementia Australia 2017).	
	By 2050, it is estimated that there will be a 204% growth, bringing the number of diagnosed dementia cases to 14,284 or approximately 3.6% of the local population affected (based on population estimates for 2041) (Dementia Australia 2017).	
	In 2050, it is estimated that Greater Geelong will drop its rank from first place, having the highest number of diagnosed dementia cases of all local government areas to 7 <sup>th</sup> place (Dementia Australia 2017).	



### Outcome 3: Our people act to protect and promote health



[Overall summary of indicators](#)


[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:

  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).

  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.

 Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).





















































 Blue – indicates that data was not available/unable to obtain.

Table 7. Summary of indicators – Our people act to protect and promote health

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Healthy eating and active living</u>				2014-17 	2014-17 	2014-18 
<u>Overweight and obesity</u>				2014-17  	2014-17  	
<u>Biomedical checks</u>				2014-17 	2014-17 	
<u>Breastfeeding</u>						2014-18  
<u>Smoking</u>				2014-17 	2014-17 	2016-18 
<u>Harmful alcohol and drug use</u>				2014-19 	2014-19 	2014-19 
<u>Gambling</u>					2016-19 	
<u>Immunisation</u>					2018-19 	2017-20 











What does this mean?










Emerging priority areas for this outcome are reduce overweight and obesity, smoking, harmful alcohol and drug use and gambling. This has informed our Community Plan under Strategic Direction 1.












Individual Indicators explained










Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.









Table 8. Data for individual indicators – Our people act to protect and promote health





Indicator	Status	Trend
<u>Healthy eating and active living</u>		<a href="#">Back to Table 7. Summary of indicators</a>
Fruit and vegetable consumption – adults (self-reported)*	6.9% of Greater Geelong adults eat the recommended daily amount of vegetables, compared to 5.4% for Victoria (VPHS 2017).	
	47.1% of Greater Geelong adults eat the recommended daily amount of fruits, compared to 43.2% for Victoria (VPHS 2017).	
	<b>More Greater Geelong adults eat the recommended daily amount of fruits (47.1%) than vegetables (6.9%) which is similar (less than a 5% difference) to Victoria (VPHS 2017).</b>	
Fruit and vegetable consumption – children (parent reported)/young people (self-reported)*	76.9% of children in the Barwon region eat the daily recommended serves of fruit, compared to 73.2% for Victoria (VCHWS 2013).	
	2.4% of children in the Barwon region eat the daily recommended serves of vegetables, compared to 2.9% for Victoria (VCHWS 2013).	
	62.4% of young people in the Barwon region eat the minimum daily recommended serves of fruit, compared to 56.6% for Victoria (VSHAWS 2018).	
	2.3% of young people in the Barwon region eat the minimum daily recommended serves of vegetables, which is the same for Victoria (VSHAWS 2018).	
	In 2014, 61.1% of young people in the Barwon region ate the minimum daily recommended serves of fruit, compared to 62.4% in 2018 (VSHAWS 2014-18).	
	In 2014, 3% of young people in the Barwon region ate the minimum daily recommended serves of vegetables, compared to 2.3% in 2018 (VSHAWS 2014-18).	
	<b>More children and young people from the Barwon region ate the daily recommended/minimum daily recommended serves of fruit than vegetables and were similar (less than a 5% difference) to Victoria and over time (2014-18 for young people) except for a higher proportion of young people eating the minimum daily recommended serves of fruit than for Victoria (VCHWS 2013/VSHAWS 2018).</b>	
Daily consumption of sugar sweetened beverages – adults (self-reported)*	8.7% of adults in Greater Geelong drink sugar-sweetened soft drinks daily, once or several times per week, compared to 10.1% for Victoria (VPHS 2017).	
	In 2014, 11.5% of adults in Greater Geelong drank sugar-sweetened soft drinks daily, once or several times per week, compared to 8.7% in 2017 (VPHS 2014-17).	

Indicator	Status	Trend
	<p><b>The proportion of Greater Geelong adults drinking sugar-sweetened soft drinks daily is similar (less than a 5% difference) to Victoria and over time (2014-17) (VPHS 2014-17).</b></p>	
Take-away foods and snacks consumption – adults (self-reported)	<p>15.6% of Greater Geelong adults eat take-away meals or snacks MORE THAN ONCE per week, compared to 15.3% for Victoria (VPHS 2017).</p> <p>In 2014, 11.1% of Greater Geelong adults ate take-away meals or snacks MORE THAN ONCE per week, compared to 15.6% in 2017 (VPHS 2014-17).</p>	  
	<p><b>The proportion of Greater Geelong adults eating take-away meals or snacks more than once per week is similar (less than a 5% difference) to Victoria and over time (2014-17) (VPHS 2014-17).</b></p>	
Physical activity – adults (self-reported)	<p>54% of Greater Geelong men meet the physical activity guidelines, compared to 52.8% for Victoria (VPHS 2017).</p> <p>55.6% of Greater Geelong women meet the physical activity guidelines, compared to 49% for Victoria (VPHS 2017).</p> <p>In 2014, 46.8% of Greater Geelong men met the physical activity guidelines, compared to 54% in 2017 (VPHS 2014-17).</p> <p>In 2014, 35.4% of Greater Geelong women met the physical activity guidelines, compared to 55.6% in 2017 (VPHS 2014-17).</p>	   
	<p><b>A similar proportion of Greater Geelong women and men meet the physical activity guidelines (55.6% and 54%, respectively) but the proportion of Greater Geelong women meeting the guidelines is higher than for Victoria (VPHS 2017). Over time, the proportion of Greater Geelong women and men meeting the guidelines increased (2014-17) (VPHS 2014-17).</b></p>	
Physical activity – children (parent reported)/young people (self-reported)	<p>66.2% of children in the Barwon region do the recommended amount of physical activity every day, compared to 62.2% for Victoria (VCHWS 2013).</p> <p>32.3% of young people in the Barwon region do the recommended amount of physical activity every day, compared to 23.4% for Victoria (VSHAWS 2018).</p> <p>In 2014, 29.9% of young people in the Barwon region did the recommended amount of physical activity every day, compared to 32.3% in 2018 (VSHAWS 2014-18).</p>	  
	<p><b>Compared to Victoria, more young people than children in the Barwon area do the recommended amount of physical activity and over time it was similar (less than a 5% difference) for young people in the Barwon area (2014-18) (VSHAWS 2014-18).</b></p>	





Indicator	Status	Trend
Sitting for more than 7 hours on average week day – adults (self-reported)	25.2% of Greater Geelong adults sit for 8+ hours on an average week day compared to 22% for Victoria (VPHS 2017).	
	In 2014, 17.4% of Greater Geelong adults sat for 8+ hours on an average week day, compared to 25.2% in 2017 (VPHS 2014-17).	
	<b>The proportion of Greater Geelong adults sitting for 8+ hours on an average week day is similar (less than a 5% difference) to Victoria but over time this increased (2014-17) (VPHS 2014-17).</b>	
Screen time – young people (self-reported)	56.6% of young people in the Barwon region have more than 2 hours of screen time for entertainment per day, compared to 64.4% for Victoria (VSHAWS 2018).	
	In 2014, 66.2% of young people in the Barwon region had more than 2 hours of screen time for entertainment per day, compared to 56.6% in 2018 (VSHAWS 2014-18).	
	<b>The proportion of young people in the Barwon region that have more than 2 hours of screen time for entertainment per day was fewer than for Victoria and over time (2014-18) (VSHAWS 2014-18).</b>	
<b>Overweight and obesity</b>		<a href="#">Back to Table 7. Summary of indicators</a>
Overweight/pre-obese – adults (self-reported)	36.9% of Greater Geelong men are classed as overweight/pre-obese, compared to 39.3% for Victoria (VPHS 2017).	
	19.5% of Greater Geelong women are classed as overweight/pre-obese, compared to 24.2% for Victoria (VPHS 2017).	
	In 2014, 42.4% of Greater Geelong men were classed as overweight/pre-obese, compared to 36.9 in 2017 (VPHS 2014-17).	
	In 2014, 22.9% of Greater Geelong women were classed as overweight/pre-obese, compared to 19.5% in 2017 (VPHS 2014-17).	
	<b>More Greater Geelong men (36.9%) than women (19.5%) are classed as overweight/pre-obese but is similar (less than a 5% difference) to Victoria for both Greater Geelong men and women (VPHS 2017). Over time, there was a drop in the proportion of Greater Geelong men classed as overweight/pre-obese but not for women (2014-17) (VPHS 2014-17).</b>	
Obese- adults (self-reported)	19.4% of Greater Geelong men are classed as obese, compared to 19% for Victoria (VPHS 2017).	
	23.6% of Greater Geelong women are classed as obese, compared to 19.5% for Victoria (VPHS 2017).	
	In 2014, 16.3% of Greater Geelong men were classed as obese, compared to 19.4% in 2017 (VPHS 2014-17).	

Indicator	Status	Trend
	<p>In 2014, 16.9% of Greater Geelong women were classed as obese, compared to 23.6% in 2017 (VPHS 2014-17).</p> <p><b>More Greater Geelong women (23.6%) than men (19.4%) are classed as obese but is similar (less than a 5% difference) to Victoria for both Greater Geelong women and men (VPHS 2017). Over time, there was an increase in the proportion of Greater Geelong women classed as obese but not for men (2014-17) (VPHS 2014-17).</b></p>	
Overweight – children and young people (2-17 years old)**	<p>The modelled estimate for the age-standardised rate for overweight per 100 children is 17.9% for Greater Geelong boys aged 2-17 years, compared to 16.7% for Victoria (PHIDU 2018).</p> <p>The modelled estimate for the age-standardised rate for overweight per 100 children is 17.4% for Greater Geelong girls aged 2-17 years, compared to 16.1% for Victoria (PHIDU 2018).</p> <p><b>The modelled estimate for the age-standardised rate for overweight per 100 children is similar in girls and boys (17.4% and 17.9%, respectively) (PHIDU 2018).</b></p>	 
Obesity – children and young people (2-17 years old)**	<p>The modelled estimate for the age-standardised rate for obesity per 100 children is 9% for Greater Geelong boys aged 2-17 years, compared to 8% for Victoria (PHIDU 2018).</p> <p>The modelled estimate for the age-standardised rate for obesity per 100 children is 8.9% for Greater Geelong girls aged 2-17 years, compared to 7.9% for Victoria (PHIDU 2018).</p> <p><b>The modelled estimate for the age-standardised rate for obesity per 100 children is similar in girls and boys (8.9% and 9%, respectively) (PHIDU 2018).</b></p>	 
<a href="#">Biomedical checks</a>		<a href="#">Back to Table 7. Summary of indicators</a>
Cholesterol check – adults (self-reported)	<p>54.4% of Greater Geelong men had their cholesterol checked in the previous two years, compared to 56.9% in Victoria (VPHS 2017).</p> <p>52.4% of Greater Geelong women had their cholesterol checked in the previous two years, compared to 56.8% in Victoria (VPHS 2017).</p> <p>In 2014, 59.9% of Greater Geelong men had their cholesterol checked in the previous two years, compared to 54.4% in 2017 (VPHS 2014-17).</p> <p>In 2014, 58.3% of Greater Geelong women had their cholesterol checked in the previous two years, compared to 52.4% in 2017 (VPHS 2014-17).</p>	   












Indicator	Status	Trend
	<p><b>A similar proportion of Greater Geelong men and women had their cholesterol checked in the previous two years (54.4% and 52.4%, respectively) and was also similar (less than a 5% difference) to Victoria for both men and women (VPHS 2017). Over time, more greater Geelong women and men had their cholesterol checked in the previous two years (2014-17) (VPHS 2014-17).</b></p>	
<p>Blood sugar check- adults (self-reported)</p>	<p>45% of Greater Geelong men had their blood sugar checked in the previous two years, compared to 49.1% in Victoria (VPHS 2017).</p> <p>46.2% of Greater Geelong women had their blood sugar checked in the previous two years, compared to 52.5% in Victoria (VPHS 2017).</p> <p>In 2014, 55.7% of Greater Geelong men had their blood sugar checked in the previous two years, compared to 45% in 2017 (VPHS 2014-17).</p> <p>In 2014, 47.5% of Greater Geelong women had their blood sugar checked in the previous two years, compared to 46.2% in 2017 (VPHS 2014-17).</p> <p><b>A similar proportion of Greater Geelong men and women had their blood sugar checked in the previous two years (45% and 46.2%, respectively) (VPHS 2017). However, the proportion of Greater Geelong women who had their blood sugar checked in the previous two years was less than for Victoria (VPHS 2017). Over time, the proportion of Greater Geelong men who had their blood sugar checked in the previous two years increased but not for women (2014-17) (VPHS 2014-17).</b></p>	   
<p>Blood pressure check- adults (self-reported)</p>	<p>72.8% of Greater Geelong men had their blood pressure checked in the previous two years, compared to 76.3% in Victoria (VPHS 2017).</p> <p>86.1% of Greater Geelong women had their blood pressure checked in the previous two years, compared to 83% in Victoria (VPHS 2017).</p> <p>In 2014, 84.1% of Greater Geelong men had their blood pressure checked in the previous two years, compared to 72.8% in 2017 (VPHS 2014-17).</p> <p>In 2014, 88.9% of Greater Geelong women had their blood pressure checked in the previous two years, compared to 86.1% in 2017 (VPHS 2014-17).</p> <p><b>More Greater Geelong women than men had their blood pressure checked in the previous 2 years (72.8% and 86.1%, respectively) and was similar (less than a 5% difference) to Victoria for both men and women (VPHS 2017). Over time, there was an increase in the proportion of Greater Geelong men who had their blood pressure checked in the previous two years but not for women (less than a 5% difference) (2014-17) (VPHS 2014-17).</b></p>	   










Indicator	Status	Trend
Bowel cancer check- adults aged 50 years and over (self-reported)	45.9% of Greater Geelong men aged 50 years and over were screened for bowel cancer, compared to 48.5% in Victoria (VPHS 2017).	
	49.6% of Greater Geelong women aged 50 years and over were screened for bowel cancer, compared to 44.5% in Victoria (VPHS 2017).	
	In 2014, 49.8% of Greater Geelong men aged 50 years and over were screened for bowel cancer, compared to 45.9% in 2017 (VPHS 2014-17).	
	In 2014, 49.6% of Greater Geelong women aged 50 years and over were screened for bowel cancer, which was the same in 2017 (VPHS 2014-17).	
<p><b>More Greater Geelong women than men aged 50 years and over were screened for bowel cancer (49.6% and 45.9%, respectively) (VPHS 2017). There was also a higher proportion of Greater Geelong women aged 50 years and over screened for bowel cancer than for Victoria but not for men (VPHS 2017). Over time, there was a similar proportion of men and women aged 50 years and over being screened for bowel cancer 2014-17 (VPHS 2014-17).</b></p>		

**Breastfeeding** [Back to Table 7. Summary of indicators](#)


Proportion of infants aged 3 months of age attending Maternal and Child Health services reported to be breastfed	49.8% of infants aged 3 months attending Maternal and Child Health services in Greater Geelong are reported to be breastfed, compared to 49.4% for Victoria (Health and Human Services 2017-18).	
	In 2014/15, 53.3% of infants aged 3 months attending Maternal and Child Health services in Greater Geelong are reported to be breastfed, compared to 49.8% in 2017/18 (Health and Human Services 2014-18).	
Proportion of infants aged 6 months of age attending Maternal and Child Health services reported to be breastfed	17.4% of infants aged 6 months attending Maternal and Child Health services in Greater Geelong are reported to be breastfed, compared to 22% for Victoria (Health and Human Services 2017-18).	
	In 2014/15, 41.4% of infants aged 6 months attending Maternal and Child Health services in Greater Geelong are reported to be breastfed, compared to 17.4% in 2017/18 (Health and Human Services 2014-18).	
<p><b>The proportion of infants aged 3 months and 6 months attending Maternal and Child Health services in Greater Geelong reported to be breastfed is similar (less than a 5% difference) to Victoria ((Health and Human Services 2017-18). However, the proportion of infants aged 6 months reported to be breastfed dropped over time (2014-18) (Health and Human Services 2014-18).</b></p>		









**Smoking** [Back to Table 7. Summary of indicators](#)

Indicator	Status	Trend
Current smoker – adults (self-reported)	24.7% of Greater Geelong men are current smokers, compared to 20.3% of Victorian men (VPHS 2017).	
	11.4% of Greater Geelong women are current smokers, compared to 13.2% of Victorian men (VPHS 2017).	
	In 2014, 17.5% of Greater Geelong men were current smokers, compared to 24.7% in 2017 (VPHS 2014-17).	
	In 2014, 7% of Greater Geelong women were current smokers, compared to 11.4% in 2017 (VPHS 2014-17).	
<p><b>The proportion of current smokers is more than double for Greater Geelong men than for women (24.7% and 11.4%, respectively) and was similar (less than a 5% difference) to Victoria (VPHS 2017). However, over time the proportion of Greater Geelong men that were current smokers increased but not for women (2014-17) (VPHS 2014-17).</b></p>		
Children exposed to smoke in the home (parent-reported) and young people who have ever smoked (self-reported)	18.4% of children in the Barwon region are exposed to smoke in the home, compared to 18.5% for Victoria (VCHWS 2013).	
	8.1% of young people in the Barwon region have ever smoked, compared to 8% for Victoria (VSHAWS 2018).	
	In 2016, 12.7% of young people in the Barwon region have ever smoked, compared to 8.1% in 2018 (VSHAWS 2016-18).	
<p><b>Compared to Victoria, there is a similar proportion of children in the Barwon region exposed to smoke in the home and young people who have ever smoked (VCHWS 2013 VSHAWS 2018). However, over time the proportion of young people in the Barwon region who have ever smoked increased (2016-18) (VSHAWS 2016-18).</b></p>		
<b>Harmful alcohol and drug use</b>		<a href="#">Back to Table 7. Summary of indicators</a>
Alcohol harm – lifetime risk – adults (self-reported)	69.0% of Greater Geelong men are at increased lifetime risk of alcohol related harm which is similar to Victoria (VPHS 2017).	
	63.6% of Greater Geelong women are at increased lifetime risk of alcohol related harm compared to 50.6% for Victoria (VPHS 2017).	
	In 2014, 67.5% of Greater Geelong men were at increased lifetime risk of alcohol related harm, compared to 69% in 2017 (VPHS 2014-17).	
	In 2014, 49.4% of Greater Geelong women were at increased lifetime risk of alcohol related harm, compared to 63.6% in 2017 (VPHS 2014-17).	
<p><b>More Greater Geelong men than women are at increased lifetime risk of alcohol related harm (69% and 63.6%, respectively), however there has been a significant (more than 5%) increase in</b></p>		


Indicator	Status	Trend
	<b>the proportion of women drinking at risky levels since 2014 which is also higher than Victoria (VPHS 2014-17).</b>	
Alcohol harm – short-term risk – adults (self-reported)	58.6% of Greater Geelong men are at increased risk of short-term harm due to their level of alcohol consumption, compared to 54.3% for Victoria (VPHS 2017).	
	41.7% of Greater Geelong women are at increased risk of short-term harm due to their level of alcohol consumption, compared to 32.2% for Victoria (VPHS 2017).	
	In 2014, 60% of Greater Geelong men were at increased risk of short-term harm due to their level of alcohol consumption, compared to 58.6% in 2017 (VPHS 2014-17).	
	In 2014, 30.5% of Greater Geelong women were at increased risk of short-term harm due to their level of alcohol consumption, compared to 41.7% in 2017 (VPHS 2014-17).	
	<b>More Greater Geelong men than women are at increased risk of short-term harm due to their level of alcohol consumption (58.6% and 41.7%, respectively), however there has been a significant (more than 5%) increase in the proportion of women drinking at risky levels since 2014 which is also higher than Victoria (VPHS 2014-17).</b>	
Young people who have ever drunk alcohol or ever used marijuana or other illegal drugs (self-reported)	59.1% of young people in the Barwon area have ever drunk alcohol (more than just a sip), compared to 51.8% in Victoria (VSHAWS 2018).	
	In 2014, 54.4% of young people in the Barwon area have ever drunk alcohol (more than just a sip), compared to 59.1% in 2018 (VSHAWS 2014-18).	
	17.1% of young people in the Barwon area have ever used marijuana or other illegal drugs, compared to 10.3% for Victoria (VSHAWS 2018).	
	In 2014, 14.7% of young people in the Barwon area have ever used marijuana or other illegal drugs, compared to 17.1% in 2018 (VSHAWS 2014-18).	
	<b>The proportion of young people in the Barwon area that have ever drunk alcohol or have ever used marijuana or other illegal drugs is higher than for Victoria (VSHAWS 2018). Also, over time there has been an increase in the proportion of young people in the Barwon area that have ever drunk alcohol but not for use of marijuana or other illegal drugs (VSHAWS 2014-18).</b>	
Rate of alcohol related ambulance attendances – refer to Figure 70	The alcohol related ambulance attendances rate per 100,000 people for <u>Greater Geelong men</u> in 2018/19 was 669.8 compared to 474.3 for Victoria (AODStats.org.au 2019).	

Indicator	Status	Trend
	The alcohol related ambulance attendances rate per 100,000 people for <u>Greater Geelong women</u> in 2018/19 was 334.4 compared to 265.6 for Victoria (AODStats.org.au 2019).	
	The alcohol related ambulance attendances rate per 100,000 people for those <u>aged 15-24 years</u> in Greater Geelong in 2018/19 was 547.9 compared to 506 for Victoria (AODStats.org.au 2019).	
	The alcohol related ambulance attendances rate per 100,000 people for those <u>aged 25-39 years</u> in Greater Geelong in 2018/19 was 679.9 compared to 410.2 for Victoria (AODStats.org.au 2019).	
	The alcohol related ambulance attendances rate per 100,000 people for those <u>aged 40-64 years</u> in Greater Geelong in 2018/19 was 782.4 compared to 536.5 for Victoria (AODStats.org.au 2019).	
	In 2015/16, the alcohol related ambulance attendances rate per 100,000 people for <u>Greater Geelong men</u> was 433.9 compared to 669.8 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the alcohol related ambulance attendances rate per 100,000 people for <u>Greater Geelong women</u> was 234.4 compared to 334.4 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the alcohol related ambulance attendances rate per 100,000 people for those <u>aged 15-24 years</u> in Greater Geelong was 465.5 compared to 506 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the alcohol related ambulance attendances rate per 100,000 people for those <u>aged 25-39 years</u> in Greater Geelong was 356.4 compared to 410.2 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the alcohol related ambulance attendances rate per 100,000 people for those <u>aged 40-64 years</u> in Greater Geelong was 409.8 compared to 536.5 in 2018/19 (AODStats.org.au 2019).	
	<b>In 2018/19, there were twice as many alcohol related ambulance attendances per 1000,000 people for Greater Geelong men than women (669.8 and 334.4, respectively) and increased over time from 2015/16 for both men and women (AODStats.org.au 2015-19).</b>	
	<b>In 2018/19, the alcohol related ambulance attendances per 1000,000 people was higher for Greater Geelong people aged 40-64 years old (782.4) than the other age groups and increased over time from 2015/16 for all age groups (AODStats.org.au 2015-19).</b>	
Rate of prescription drug related ambulance attendances – refer to Figure 71	The prescription drug related ambulance attendances rate per 100,000 people for <u>Greater Geelong men</u> in 2018/19 was 213.5 compared to 154.8 for Victoria (AODStats.org.au 2019).	
	The prescription drug related ambulance attendances rate per 100,000 people for <u>Greater Geelong women</u> in 2018/19 was 297.1 compared to 216.8 for Victoria (AODStats.org.au 2019).	

Indicator	Status	Trend
	The prescription drug related ambulance attendances rate per 100,000 people for those <u>aged 15-24 years</u> in Greater Geelong in 2018/19 was 581 compared to 350.9 for Victoria (AODStats.org.au 2019).	
	The prescription drug related ambulance attendances rate per 100,000 people for those <u>aged 25-39 years</u> in Greater Geelong in 2018/19 was 395.9 compared to 251.5 for Victoria (AODStats.org.au 2019).	
	The prescription drug related ambulance attendances rate per 100,000 people for those <u>aged 40-64 years</u> in Greater Geelong in 2018/19 was 288.5 compared to 218 for Victoria (AODStats.org.au 2019).	
	In 2015/16, the prescription drug related ambulance attendances rate per 100,000 people for <u>Greater Geelong men</u> was 162.9 compared to 213.5 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the prescription drug related ambulance attendances rate per 100,000 people for <u>Greater Geelong women</u> was 232.6 compared to 297.1 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the prescription drug related ambulance attendances rate per 100,000 people for those <u>aged 15-24 years</u> in Greater Geelong was 370.9 compared to 581 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the prescription drug related ambulance attendances rate per 100,000 people for those <u>aged 25-39 years</u> in Greater Geelong was 309.8 compared to 395.9 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the prescription drug related ambulance attendances rate per 100,000 people for those <u>aged 40-64 years</u> in Greater Geelong was 227.2 compared to 288.5 in 2018/19 (AODStats.org.au 2019).	
	<b>In 2018/19, the prescription drug related ambulance attendances per 1000,000 people was higher for Greater Geelong women than men (297.1 and 213.5, respectively) and increased over time from 2015/16 for both men and women (AODStats.org.au 2015-19).</b>	
	<b>In 2018/19, the prescription drug related ambulance attendances per 1000,000 people was higher for Greater Geelong people aged 15-24 years old (350.9) than the other age groups and increased over time from 2015/16 for all age groups (AODStats.org.au 2015-19).</b>	
Rate of illicit drug related ambulance attendances – refer to Figure 72	The illicit drug related ambulance attendances rate per 100,000 people for Greater Geelong men in 2018/19 was 332.5 compared to 284.1 for Victoria (AODStats.org.au 2019).	
	The illicit drug related ambulance attendances rate per 100,000 people for Greater Geelong women in 2018/19 was 163.3 compared to 133.1 for Victoria (AODStats.org.au 2019).	

Indicator	Status	Trend
	The illicit drug related ambulance attendances rate per 100,000 people for those aged 15-24 years in Greater Geelong in 2018/19 was 550.9 compared to 408.3 for Victoria (AODStats.org.au 2019).	
	The illicit drug related ambulance attendances rate per 100,000 people for those aged 25-39 years in Greater Geelong in 2018/19 was 537.9 compared to 375 for Victoria (AODStats.org.au 2019).	
	The illicit drug related ambulance attendances rate per 100,000 people for those aged 40-64 years in Greater Geelong in 2018/19 was 201.5 compared to 201.5 for Victoria (AODStats.org.au 2019).	
	In 2015/16, the illicit drug related ambulance attendances rate per 100,000 people for Greater Geelong men was 218.7 compared to 332.5 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the illicit drug related ambulance attendances rate per 100,000 people for Greater Geelong women was 112.5 compared to 163.3 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the illicit drug related ambulance attendances rate per 100,000 people for those aged 15-24 years in Greater Geelong was 407.6 compared to 550.9 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the illicit drug related ambulance attendances rate per 100,000 people for those aged 25-39 years in Greater Geelong was 372.2 compared to 537.9 in 2018/19 (AODStats.org.au 2019).	
	In 2015/16, the illicit drug related ambulance attendances rate per 100,000 people for those aged 40-64 years in Greater Geelong was 115.6 compared to 201.5 in 2018/19 (AODStats.org.au 2019).	
	<b>In 2018/19, the illicit drug related ambulance attendances per 1000,000 people was higher for Greater Geelong men than women (332.5 and 163.3, respectively) and increased over time from 2015/16 for both men and women (AODStats.org.au 2015-19).</b>	
	<b>In 2018/19, the illicit drug related ambulance attendances per 1000,000 people was higher for Greater Geelong people aged 15-24 years old (550.9) than the other age groups and increased over time from 2015/16 for all age groups (AODStats.org.au 2015-19).</b>	

Gambling		<a href="#">Back to Table 7. Summary of indicators</a>
Total losses in Greater Geelong on poker machine	In 2016/17, the estimated annual total losses for players using electronic gaming machines was approximately \$115 million compared to \$120 million for 2018/19 (VCGLR 2016-19).	
Number of gaming venues	There are 26 gaming venues in Greater Geelong. Greater Geelong ranks as number 1 of all LGAs across Victoria with the highest number of gaming venues (VCGLR 2019).	












Indicator	Status	Trend
Number of poker machines	There are 1305 poker machine in Greater Geelong. Greater Geelong ranks as number 1 of all LGAs across Victoria with the highest number of poker machines (VCGLR 2019).	







## Immunisation

[Back to Table 7. Summary of indicators](#)

Notification rate for vaccine preventable diseases:

Polio, diphtheria and tetanus	There are no notifications for polio, diphtheria and tetanus for Greater Geelong or Victoria for 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Measles	In 2019, the notification rate per 100,000 population for measles in Greater Geelong was 0.4, compared to 0.9 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019)	
	The notification rate per 100,000 population for measles in Greater Geelong was the same from 2015 to 2019 (both at 0.4) (Communicable Disease Section, Department of Health and Human Services, 2019).	
Mumps	In 2019, the notification rate per 100,000 population for mumps in Greater Geelong was 0.4, compared to 0.3 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for mumps in Greater Geelong has decreased from 2.1 in 2018 to 0.4 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Rubella	In 2019, the notification rate per 100,000 population for rubella in Greater Geelong was 0, compared to 0.1 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for rubella in Greater Geelong was 0 for both 2018 and 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Influenza	In 2019, the notification rate per 100,000 population for influenza in Greater Geelong was 938.4, compared to 1126.4 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for influenza in Greater Geelong has increased from 179 in 2018 to 939.2 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Pertussis	In 2019, the notification rate per 100,000 population for pertussis in Greater Geelong was 21.4, compared to 35.8 for Victoria	

Indicator	Status	Trend
	(Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for pertussis has decreased from 35.6 in 2018 to 21.4 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Notification rate for other communicable diseases:		
Rotavirus	In 2019, the notification rate per 100,000 population for rotavirus in Greater Geelong was 17.2, compared to 8 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for rotavirus in Greater Geelong has increased from 8.8 in 2018 to 17.2 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Campylobacter	In 2019, the notification rate per 100,000 population for campylobacter in Greater Geelong was 108.5 compared to 111.1 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for campylobacter has decreased from 129.9 in 2018 to 108.5 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Salmonellosis	In 2019, the notification rate per 100,000 population for salmonellosis in Greater Geelong was 55.3, compared to 51.7 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for salmonellosis has increased from 49.9 in 2018 to 55.3 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Pneumococcal infection	In 2019, the notification rate per 100,000 population for pneumococcal infection in Greater Geelong was 10.9, compared to 8.1 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for pneumococcal infection has increased from 9.2 in 2018 to 10.9 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).	
Mycobacterium ulcerans	In 2019, the notification rate per 100,000 population for mycobacterium ulcerans in Greater Geelong was 8.8, compared to 4.8 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).	
	The notification rate per 100,000 population for mycobacterium ulcerans has decreased from 9.6 in 2018 to 8.8 in 2019	

Indicator	Status	Trend
	(Communicable Disease Section, Department of Health and Human Services, 2019).	
Proportion of children fully immunised at 12-15 months	98% of Greater Geelong children were fully immunised at 12-15 months for the quarter April to June 2020, compared to 95% for Victoria (Immunisation Unit, Health Protection Branch, Department of Health and Human Services, 2020).  In 2017/18, 96% of Greater Geelong children were fully immunised at 12-15 months, which is lower than for the quarter April to June 2020 (98%) (Immunisation Unit, Health Protection Branch, Department of Health and Human Services, 2020).	  
Proportion of children fully immunised at 24-<27 months	95% of Greater Geelong children were fully immunised at 24-<27 months for the quarter April to June 2020, compared to 93% for Victoria (Immunisation Unit, Health Protection Branch, Department of Health and Human Services, 2020).  In 2017/18, 92% of Greater Geelong children were fully immunised at 24-<27 months, which is lower than for the quarter April to June 2020 (95%) (Immunisation Unit, Health Protection Branch, Department of Health and Human Services, 2020).	  
Proportion of children fully immunised at 60-63 months	97% of Greater Geelong children were fully immunised at 60-63 months for the quarter April to June 2020, compared to 96% for Victoria (Immunisation Unit, Health Protection Branch, Department of Health and Human Services, 2020).  In 2017/18, 97% of Greater Geelong children were fully immunised at 60-63 months which is the same for the quarter April to June 2020 (Immunisation Unit, Health Protection Branch, Department of Health and Human Services, 2020).	  

\*Self-reported data on consumption can be confounded by factors such as estimates of serving size.

\*\*Local child overweight/obesity data is not available. These are **modelled estimates** based on the National Health Survey which has a small size and has a high opt-out rate.

## DOMAIN 2: OUR PEOPLE ARE SAFE AND SECURE

### Outcome 1: Our people live free from abuse and violence

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:




Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).

















Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.



Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).

 Blue – indicates that data was not available/unable to obtain.

**Table 9. Summary of indicators – Our people live free from abuse and violence**

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Family violence</u>				2015-19 	2015-19 	
<u>Community safety</u>				2014-19  	2014-19  	20016-18 





**What does this mean?**

Emerging priority areas for this outcome are to reduce family violence and improve community safety. This has informed our Community Plan under Strategic Direction 1.

Individual Indicators explained

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

**Table 10. Data for individual indicators – Our people live free from abuse and violence**

Indicator	Status	Trend
<u>Family violence</u>	<a href="#">Back to Table 9. Summary of indicators</a>	
Rate of incidents of family violence recorded by police	In 2019, the rate of reported family violence incidents per 100,000 people was 1,450 for Greater Geelong, compared to 1,282 for Victoria (CSA 2019).	
	In 2019, the victim reports of family violence incidents are higher for women than men in Greater Geelong (121.58 and 38.73 per 10,000 people, respectively) and Victoria (115.6 and 38.1 per 10,000 people, respectively) (Victorian Women’s Health Atlas 2019).	
	In 2015, the rate of reported family violence incidents per 100,000 people was 1,350 for Greater Geelong, compared to 1,450 in 2019 (CSA 2015-19).	
	There has been an increase in the victim reports of family violence incidents from 2015 to 2019 for both Greater Geelong men (2015:	

Indicator	Status	Trend
	33.4; 2019:38.73) and women (2015: 115.5; 2019:121.58) (Victorian Women's Health Atlas 2015-19).	
<b>Community safety</b>		<a href="#">Back to Table 9. Summary of indicators</a>
Proportion of adults feeling safe walking in their street at night (self-reported)	76.6% of Greater Geelong men feel safe walking down their streets at night, compared to 72.6% for Victoria (VPHS 2017).	
	45% of Greater Geelong women feel safe walking down their streets at night, compared to 40.7% for Victoria (VPHS 2017).	
	In 2014, 71.4% of Greater Geelong men felt safe walking down their streets at night, compared to 76.6% in 2017 (VPHS 2014-17).	
	In 2014, 48% of Greater Geelong women felt safe walking down their streets at night, compared to 45% in 2017 (VPHS 2014-17).	
<p><b>More Greater Geelong men than women feel safe walking down their streets at night (76.6% and 45%, respectively) but is similar (less than a 5% difference) to Victoria for both men and women. Over time there was an increase in the proportion of men feeling safe walking down their streets at night but not for women (2014-17) (VPHS 2014-17).</b></p>		
Perception of neighbourhood safety – parents and young people (self-reported)	95.2% of parents of children (under 13 years of age) in the Barwon area “agree” or “strongly agree” that their neighbourhood is safe, compared to 95.8% for Victoria (VCHWS 2013).	
	89.9% of young people in the Barwon area feel safe, compared to 85.4% for Victoria (VSHAWS 2018).	
	In 2016, 90.2% of young people in the Barwon area feel safe, compared to 89.9% in 2018 (VSHAWS 2016-18).	
Rate of victimisation due to crimes recorded by police	In 2019, the rate of reported victimisations per 100,000 people is 3,533 for Greater Geelong, compared to 3,503 for Victoria (CSA 2019).	
	In 2015, the rate of reported victimisations per 100,000 people was 4,026 for Greater Geelong, compared to 3,533 in 2019 (CSA 2015-19).	

## Outcome 2: Our people have suitable and stable housing

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.


Key to colour coding:




Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).





Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.

 Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).

 Blue – indicates that data was not available/unable to obtain.

**Table 11. Summary of indicators – Our people have suitable and stable housing**

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Homelessness</u>				2011-16 		




**What does this mean?**

An emerging priority area for this outcome is to reduce homelessness. This has informed our Community Plan under Strategic Directions 1 and 2.

Individual Indicators explained

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

**Table 12. Data for individual indicators – Our people have suitable and stable housing**

Indicator	Status	Trend
<u>Homelessness</u>	<a href="#">Back to Table 11. Summary of indicators</a>	
Estimated number of homeless persons*	The estimated number of homeless persons in Greater Geelong was 750 in 2016 which is a 19% increase from 2011 (630 persons) (ABS, 2016).	
	In Greater Geelong, Corio-Norlane has the highest proportion of homeless persons (21%), followed by Grovedale (14%) then Belmont (13%) (ABS, 2016).	
	The estimated number of homeless persons in Victoria was 24,828 in 2016 which is a 12% increase from 2011 (22,259 persons) (ABS, 2011-16).	

\*Homeless persons include those living in impoverished dwellings, tents, or sleeping out, in supported accommodation for the homeless, staying temporarily with other households, living in boarding houses, other temporary lodgings or living in 'severely' crowded dwellings.

## DOMAIN 3: OUR PEOPLE HAVE THE CAPABILITIES TO PARTICIPATE

### Outcome 1: Our people participate in learning and education

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:














-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

Table 13. Summary of indicators – Our people participate in learning and education

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<a href="#"><u>Developmental vulnerability</u></a>						2015-18 
<a href="#"><u>Educational attainment</u></a>				2011-16 	2011-16  	2016-17 

What does this mean?













This outcome has informed our focus on workforce participation through Strategic Direction 3.





[Individual Indicators explained](#)

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

Table 14. Data for individual indicators – Our people participate in learning and education

Indicator	Status	Trend
<a href="#"><u>Developmental vulnerability</u></a>		<a href="#">Back to Table 13. Summary of indicators</a>

Indicator	Status	Trend
Children who are developmentally vulnerable on ONE or more domains of the Australian Early Development Census	21.4% of Greater Geelong children are developmentally vulnerable on one or more domains of the AEDC, compared to 19.9% for Victoria (AEDC 2018).	
	In 2015, 17.8% of Greater Geelong children were developmentally vulnerable on one or more domains of the AEDC, compared to 21.4% in 2018 (AEDC 2015-18).	
Children who are developmentally vulnerable on TWO or more domains of the Australian Early Development Census	11% of Greater Geelong children are developmentally vulnerable on two or more domains of the AEDC, compared to 10.1% for Victoria (AEDC 2018).	
	In 2015, 8.7% of Greater Geelong children were developmentally vulnerable on two or more domains of the AEDC, compared to 11% in 2018 (AEDC 2015-18).	
<b>Educational attainment</b>		<b><a href="#">Back to Table 13. Summary of indicators</a></b>
Proportion of Year 9 students achieving the national minimum standards in numeracy	95.8% of Greater Geelong year 9 students are achieving the national minimum standards in numeracy, compared to 95.5% for Victoria (NAPLAN, Victorian Curriculum and Assessment Authority, 2017).	
	In 2016, 95.5% of Greater Geelong year 9 students achieved the national minimum standards in numeracy, compared to 95.8% in 2017 (NAPLAN, Victorian Curriculum and Assessment Authority, 2016-17).	
Proportion of Year 9 students achieving the national minimum standards in literacy	90.9% of Greater Geelong year 9 students are achieving the national minimum standards in literacy, compared to 92% for Victoria (NAPLAN, Victorian Curriculum and Assessment Authority, 2017).	
	In 2016, 92.9% of Greater Geelong year 9 students achieved the national minimum standards in literacy, compared to 90.9% in 2017 (NAPLAN, Victorian Curriculum and Assessment Authority, 2016-17).	
Highest level of secondary schooling completed	For 44.2% of Greater Geelong males, year 12 (or equivalent) was the highest level of secondary education attained, compared to 52.8% for Victoria (2016 ABS Census) (Figure 17).	
	For 48.3% of Greater Geelong females, year 12 (or equivalent) was the highest level of secondary education attained, compared to 55.9% for Victoria (2016 ABS Census) (Figure 17).	
	In 2011, for 39.8% of Greater Geelong males, year 12 (or equivalent) was the highest level of secondary education attained, compared to 44.2% in 2016 (2011-16 ABS Census).	
	In 2011, for 55.4% of Greater Geelong females, year 12 (or equivalent) was the highest level of secondary education attained, compared to 48.3% in 2016 (2011-16 ABS Census).	
<b>There is a lower proportion of Greater Geelong males and females attaining year 12 (or equivalent) as their highest level of</b>		

Indicator	Status	Trend
	<b>secondary education compared to Victoria. Over time, the proportion of Greater Geelong women attaining year 12 (or equivalent) as their highest level of secondary education dropped significantly (more than 5% difference) but not as significantly for men (2011-16 ABS Census).</b>	
Highest qualification (non-school) achieved	21% of Greater Geelong women had a Bachelor or Higher degree, compared to 26.2% for Victoria (2016 ABS Census) (Figure 18).	
	16.3% of Greater Geelong men had a Bachelor or Higher degree, compared to 22.2% for Victoria (2016 ABS Census) (Figure 18).	
	In 2011, 17.3% of Greater Geelong women had a Bachelor or Higher degree, compared to 21% in 2017 (2011-16 ABS Census).	
	In 2011, 13.9% of Greater Geelong men had a Bachelor or Higher degree, compared to 16.3% in 2017 (2011-16 ABS Census).	
	<b>There is a higher proportion of Greater Geelong women with a Bachelor or Higher degree than Greater Geelong men (21% and 16.3%, respectively). The proportion of Greater Geelong men and women with a Bachelor or Higher degree is lower than for Victoria but over time has similar proportions (less than a 5% difference) (2011-16 ABS Census).</b>	





## Outcome 2: Our people participate and contribute to the economy

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:

-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

**Table 15. Summary of indicators – Our people participate and contribute to the economy**

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people

Indicator	Trend when compared to Victoria			Trend when compared overtime		
				2011-16	2011-16	
<u>Labour market participation</u>						

#### What does this mean?

This outcome was identified as a priority area through the community consultation informing our Community Plan under Strategic Direction 3.

#### Individual Indicators explained

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

Table 16. Data for individual indicators – Our people participate and contribute to the economy

Indicator	Status	Trend
<u>Labour market participation</u>	<a href="#">Back to Table 15. Summary of indicators</a>	
Unemployment rate	6.7% of Greater Geelong men are unemployed, compared to 6.6% for Victoria ( <a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a> , 2016).	
	6% of Greater Geelong women are unemployed, compared to 6.7% for Victoria ( <a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a> , 2016).	
	In 2011, 5.6% of Greater Geelong men were unemployed, compared to 6.7% in 2016 ( <a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a> , 2011-16).	
	In 2011, 5.5% of Greater Geelong women were unemployed, compared to 6% in 2016 ( <a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a> , 2011-16).	
<p><b>A similar proportion of Greater Geelong men and women are unemployed (6.7% and 6%, respectively) which is similar (less than a 5% difference) to Victoria and over time for both men and women (<a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a>, 2016).</b></p>		
Proportion of young people (aged 15-24 years) who are disengaged from full-time education and/or work	9.2% of Greater Geelong young adults (aged 15-24 years) are disengaged from full-time education and/or work, compared to 8.2% for Victoria ( <a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a> , 2016).	
	In 2011, 9% of Greater Geelong young adults (aged 15-24 years) were disengaged from full-time education and/or work, compared to 9.2% in 2016 ( <a href="https://atlas.id.com.au/geelong">https://atlas.id.com.au/geelong</a> , 2011-16).	

### Outcome 3: Our people have financial security

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:



Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).



Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.










Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).



Blue – indicates that data was not available/unable to obtain.

**Table 17. Summary of indicators – Our people have financial security**

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Financial stress</u>	 			2011-16 	2011-16 	


What does this mean?












Emerging priority areas for this outcome is to reduce financial stress. This has informed our Community Plan under Strategic Direction 1.








[Individual Indicators explained](#)

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

**Table 18. Data for individual indicators – Our people have financial security**

Indicator	Status	Trend
<u>Financial stress</u>	<a href="#">Back to Table 17. Summary of indicators</a>	
Proportion of adults who ran out of food and could not afford to buy more (self-reported)	6.5% of Greater Geelong men ran out of food at any time during the previous 12 months and could not afford to buy more, compared to 5.7% for Victoria (VPHS 2017).	

Indicator	Status	Trend
	<p>11.7% of Greater Geelong women ran out of food at any time during the previous 12 months and could not afford to buy more, compared to 6.7% for Victoria (VPHS 2017).</p> <p>In 2014, 7.2% of Greater Geelong adults ran out of at any time during the previous 12 months and could not afford to buy more, compared to 9.2% in 2017 (VPHS 2014-17).*</p> <p><b>More Greater Geelong women than men ran out of food at any time during the previous 12 months and could not afford to buy more (11.7% and 6.5%, respectively) (VPHS 2017).</b></p>	 
<p>Proportion of adults unable to raise \$2000 within 2 days in an emergency (self-reported)</p>	<p>7.4% of Greater Geelong men are unable to raise \$2000 within 2 days in an emergency, compared to 11.1% for Victoria (VPHS 2017).</p> <p>20.4% of Greater Geelong women are unable to raise \$2000 within 2 days in an emergency, compared to 16.1% for Victoria (VPHS 2017).</p> <p>In 2014, 13.9% of Greater Geelong men were unable to raise \$2000 within 2 days in an emergency, compared to 7.4% in 2017 (VPHS 2014-17).</p> <p>In 2014, 9.7% of Greater Geelong women were unable to raise \$2000 within 2 days in an emergency, compared to 20.4% in 2017 (VPHS 2014-17).</p> <p><b>The proportion of Greater Geelong women unable to raise \$2000 within 2 days in an emergency is more than double than men (20.4% and 7.4%, respectively). Over time, there was a significant (more than 5% difference) increase in proportion of greater Geelong women unable to raise \$2000 within 2 days in an emergency and the opposite was seen for Greater Geelong men (VPHS 2014-17).</b></p>	   
<p>Reliance on restricted range of low-cost food because running out of money – adults (self-reported)</p>	<p>83.1% of Greater Geelong adults did NOT have to rely on a restricted range of low-cost food for their children because they were running out of money to buy food, compared to 83.8% for Victoria (VPHS 2017).</p> <p>90.3% of Greater Geelong adults did NOT have to rely on a restricted range of low-cost food for their children because they were running out of money to buy food, compared to 83.1% in 2017 (VPHS 2014-17).</p>	 
<p>Housing stress - proportion of households paying more than 30% of their usual gross weekly income on housing costs</p>	<p>11.8% of Greater Geelong households are experiencing housing stress, compared to 11.4% for Victoria (ABS 2016).</p> <p>Norlane-North Shore (20%), Whittington (18.2%) and Corio (17.8%) are the three main areas where households are living in housing stress (ABS 2016).</p> <p>In 2011, 10.9% of Greater Geelong households were experiencing housing stress, compared to 11.8% in 2016 (ABS 2011-16).</p>	  

Indicator	Status	Trend
Rental stress - proportion of households paying more than 30% of their usual gross weekly income on rent	33.1% of Greater Geelong households are experiencing rental stress, compared to 28.1% for Victoria (ABS 2016).	
	St Leonards – Indented Head (47.5%), St Albans Park (44.8%) and Drysdale - Bellarine (40.2%) are the three main areas where households are living in rental stress (ABS 2016).	
	In 2011, 29.5% of Greater Geelong households were experiencing rental stress, compared to 33.1% in 2016 (ABS 2011-16).	
Mortgage stress - proportion of households paying more than 30% of their usual gross weekly income on home loan repayments	9.2% of Greater Geelong households are experiencing mortgage stress, compared to 11% for Victoria (ABS 2016).	
	Corio (15.4%), Norlane-North Shore (14.1%) and Newcomb-Moolap (13.7%) are the three main areas where households are living in mortgage stress (ABS 2016).	
	In 2011, 10.1% of Greater Geelong households were experiencing mortgage stress, compared to 9.2% in 2016 (ABS 2011-16).	
Proportion of adult population who avoided or delayed visiting a dental professional because of the cost	40.2% of Greater Geelong adults avoided or delayed visiting a dental professional because of the cost, compared to 33.9% for Victoria (VPHS 2017).	

\*Data by gender not available.

## DOMAIN 4: OUR PEOPLE ARE CONNECTED TO CULTURE AND COMMUNITY

### Outcome 1: Our people are socially engaged and live in inclusive communities

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:





-  Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

Table 19. Summary of indicators – Our people are socially engaged and live in inclusive communities

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Connection to culture and communities</u>				2014-17 		
<u>Access to social support</u>				2014-17 	2014-17 	2016-18 

What does this mean?













This outcome was identified as a priority area through the community consultation informing our Community Plan under Strategic Direction 1.















Individual Indicators explained











Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.




Table 20. Data for individual indicators – Our people are socially engaged and live in inclusive communities

Indicator	Status	Trend
<u>Connection to culture and communities</u>		<a href="#">Back to Table 19. Summary of indicators</a>
	Please also refer to <a href="#">Table 22</a> (Tolerance of diversity)	
Proportion of adults who belong to a community group (self-reported)	28.2% of Greater Geelong adults belong to a sports group, compared to 23.5% for Victoria (VPHS 2017).	
	11% of Greater Geelong adults belong to a religious group, compared to 15.3% for Victoria (VPHS 2017).	
	11.3% of Greater Geelong adults belong to a school group, compared to 11.4% for Victoria (VPHS 2017).	
	20.4% of Greater Geelong adults belong to a professional group, compared to 19.3% for Victoria (VPHS 2017).	
	In 2014, 27.9% of Greater Geelong adults belong to a sports group, compared to 28.2% in 2017 (VPHS 2014-17).	
	19.9% of Greater Geelong adults belong to a religious group, compared to 11% in 2017 (VPHS 2014-17).	

Indicator	Status	Trend
	12.8% of Greater Geelong adults belong to a school group, compared to 11.3% in 2017 (VPHS 2014-17).	
	19.3% of Greater Geelong adults belong to a professional group, compared to 20.4% in 2017 (VPHS 2014-17).	
<p><b><u>Access to social support</u></b> <span style="float: right;"><b><u>Back to Table 19. Summary of indicators</u></b></span></p>		
Proportion of adults who have someone outside their household they can rely on to care for them or their children in an emergency (self-reported)	89.2% of Greater Geelong men have a friend or relative (not living with them) that could care for them (or their children) in an emergency, compared to 86.9% for Victoria (VPHS 2017).	
	92% of Greater Geelong women have a friend or relative (not living with them) that could care for them (or their children) in an emergency, compared to 88% for Victoria (VPHS 2017).	
	In 2014, 89.8% of Greater Geelong men had a friend or relative (not living with them) that could care for them (or their children) in an emergency, compared to 89.2% in 2017 (VPHS 2014-17).	
	In 2014, 92.5% of Greater Geelong women had a friend or relative (not living with them) that could care for them (or their children) in an emergency, compared to 92% in 2017 (VPHS 2014-17).	
	<p><b>A similar proportion of Greater Geelong men and women have a friend or relative (not living with them) that could care for them (or their children) in an emergency (89.2% and 92%, respectively) (VPHS 2017). The proportions are similar when compared to Victoria and over time (VPHS 2014-17).</b></p>	
Help from family, friends and neighbours – adults (self-reported)	83.4% of Greater Geelong adults can get help from family if they needed it, compared to 81.6% for Victoria (VPHS 2017).	
	80.7% of Greater Geelong adults can get help from friends if they needed it, compared to 79.7% for Victoria (VPHS 2017).	
	56.4% of Greater Geelong adults can get help from neighbours if they needed it, compared to 51.2% for Victoria (VPHS 2017).	
	In 2014, 94.8% of Greater Geelong adults can get help from family if they needed it, compared to 83.4% in 2017 (VPHS 2014-17).	
	In 2014, 93% of Greater Geelong adults can get help from friends if they needed it, compared to 80.7% in 2017 (VPHS 2014-17).	
	In 2014, 57.3% of Greater Geelong adults can get help from neighbours if they needed it, compared to 56.4% in 2017 (VPHS 2014-17).	

Indicator	Status	Trend
Children from families who are able to get support in a time of crisis/when needed (parent-reported)	93.1% of children (under 13 years old) from families in the Barwon area are able to get support in a time of crisis/when needed, compared to 93.8% in Victoria (VCHWS 2013).	
Life satisfaction - adults (self-reported)	78% of Greater Geelong adults are satisfied with life, compared to 77.9% for Victoria (VPHS 2017).	
	In 2014, 88.4% of Greater Geelong adults are satisfied with life, compared to 78% in 2017 (VPHS 2014-17).	
Satisfaction with quality of life – young people (self-reported)	75.3% of young people from the Barwon area are satisfied with the quality of their life, compared to 71.9% for Victoria (VSHAWS 2018).	
	In 2016, 76.3% of young people from the Barwon area were satisfied with the quality of their life, compared to 75.3% in 2018 (VSHAWS 2016-18).	
Average extent that adults report that their life is worthwhile (self-reported)	75.3% of Greater Geelong adults feel life is worthwhile, compared to 80.2% for Victoria (VPHS 2017).*	
Proportion of adults who feel most adults can be trusted (self-reported)	43.3% of Greater Geelong men agree that most people can be trusted, compared to 34.8% for Victoria (VPHS 2017).	
	26.9% of Greater Geelong women agree that most people can be trusted, compared to 27% for Victoria (VPHS 2017).	
	In 2014, 43.5% of Greater Geelong men agree that most people can be trusted, compared to 43.3% in 2017 (VPHS 2014-17).	
	In 2014, 32.5% of Greater Geelong women agree that most people can be trusted, compared to 26.9% in 2017 (VPHS 2014-17).	
	<b>More Greater Geelong men than women agree that most people can be trusted (43.3% and 26.9%, respectively) (VPHS 2017). Over time, the proportion of Greater Geelong women agreeing that most people can be trusted declines but not men (VPHS 2014-17).</b>	
Young people who have a trusted adult in their life (self-reported)	75.4% of young people in the Barwon area have a trusted adult in their life, compared to 69.3% for Victoria (VSHAWS 2016-18).	
	In 2016, 71.9% of young people in the Barwon area had a trusted adult in their life, compared to 75.4% for 2018 (VSHAWS 2016-18).	
Proportion of adults who feel valued by society (self-reported)	46.5% of Greater Geelong men feel valued by society, compared to 48.3% for Victoria (VPHS 2017).	
	51.6% of Greater Geelong women feel valued by society, compared to 48.4% for Victoria (VPHS 2017).	

Indicator	Status	Trend
	<p>In 2014, 50% of Greater Geelong men feel valued by society, compared to 46.5% in 2017 (VPHS 2014-17).</p> <p>In 2014, 50.6% of Greater Geelong women feel valued by society, compared to 51.6% in 2017 (VPHS 2014-17).</p> <p><b>More Greater Geelong women than men feel valued by society (51.6% and 46.5%, respectively) but the proportions for both men and women are similar (less than a 5% difference) to Victoria and over time (VPHS 2014-17).</b></p>	 
Proportion of adults who had opportunities to have a real say on issues that were important to them (self-reported)	<p>31.1% of Greater Geelong men definitely had opportunities to have a real say on issues that were important to them, compared to 30% for Victoria (VPHS 2017).</p> <p>31.9% of Greater Geelong women definitely had opportunities to have a real say on issues that were important to them, compared to 29.9% for Victoria (VPHS 2017).</p> <p>In 2014, 27.6% of Greater Geelong men definitely had opportunities to have a real say on issues that were important to them, compared to 31.1% in 2017 (VPHS 2014-17).</p> <p>In 2014, 42.3% of Greater Geelong women definitely had opportunities to have a real say on issues that were important to them, compared to 31.9% in 2017 (VPHS 2014-17).</p> <p><b>A similar proportion of Greater Geelong men and women definitely had opportunities to have a real say on issues that were important to them (31.1% and 31.9%, respectively) (VPHS 2017) with proportions similar (less than a 5% difference) to Victoria. Over time, there was a significant drop (more than 5% difference) in the proportion of Greater Geelong women who definitely had opportunities to have a real say on issues that were important but not for men (VPHS 2014-17).</b></p>	   
Proportion of adults who help out a local group as a volunteer (self-reported)	<p>17.9% of Greater Geelong men help out at a local group as a volunteer, compared to 20% for Victoria (VPHS 2017).</p> <p>22.7% of Greater Geelong women help out at a local group as a volunteer, compared to 20% for Victoria (VPHS 2017).</p> <p>In 2014, 27.7% of Greater Geelong men helped out at a local group as a volunteer, compared to 17.9% in 2017 (VPHS 2014-17).</p> <p>In 2014, 25.4% of Greater Geelong women helped out at a local group as a volunteer, compared to 22.7% in 2017 (VPHS 2014-17).</p> <p><b>A similar proportion of Greater Geelong men and women help out at a local group as a volunteer (17.9% and 22.7%, respectively) but</b></p>	   

Indicator	Status	Trend
	<b>when compared to Victoria the proportion of Greater Geelong women who help out at a local group as a volunteer is less (VPHS 2017). Over time, the proportions for Greater Geelong women and men are similar (VPHS 2014-17).</b>	
Number of people spoke to yesterday – adults (self-reported)	77.3% of Greater Geelong adults spoke to five or more people yesterday, compared to 74.8% for Victoria (VPHS 2017).  In 2014, 80.1% of Greater Geelong adults spoke to five or more people yesterday, compared to 77.3% in 2017 (VPHS 2014-17).	 
Digital inclusion index	The digital inclusion index for Greater Geelong (61.7) is similar to Victoria (63.1) (Thomas et al. 2020).**	

\*Borderline red circle difference of 4.9%.

\*\* Please note that sample size for Greater Geelong is below 150.

## Outcome 2: Our people can safely identify and connect with their culture and identity

[Overall summary of indicators](#)

[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.

Key to colour coding:














-   Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).
-   Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-   Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

Table 21. Summary of indicators – Our people can safely identify and connect with their culture and identity

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<b>Tolerance of diversity</b>				2014-17 	2014-17 	





What does this mean?

This outcome was identified as a priority area through the community consultation informing our Community Plan under Strategic Direction 1.

### Individual Indicators explained

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

**Table 22. Data for individual indicators – Our people can safely identify and connect with their culture and identity**

Indicator	Status	Trend
<u>Tolerance of diversity</u>		<a href="#">Back to Table 21. Summary of indicators</a>
Proportion of adults who think multiculturalism makes life in their area better (self-reported)	47.1% of Greater Geelong men think multiculturalism makes life in their area better, compared to 53.2% for Victoria (VPHS 2017).	
	56.4% of Greater Geelong women think multiculturalism makes life in their area better, compared to 53.8% for Victoria (VPHS 2017).	
	In 2014, 50.3% of Greater Geelong men thought multiculturalism made life in their area better, compared to 47.1% in 2017 (VPHS 2014-17).	
	In 2014, 64.6% of Greater Geelong women thought multiculturalism made life in their area better, compared to 56.4% in 2017 (VPHS 2014-17).	
<p><b>More Greater Geelong women than men think multiculturalism makes life in their area better (56.4% and 47.1%, respectively) and when compared to Victoria, a smaller proportion of Greater Geelong men think multiculturalism makes life in their area better (VPHS 2017). Over time, there was a decline in the proportion of Greater Geelong women who thought multiculturalism made life in their area better but this was not seen for Greater Geelong men (VPHS 2014-17).</b></p>		

## DOMAIN 5: GREATER GEELONG IS LIVEABLE

### Outcome 1: Our people belong to resilient and liveable communities

#### Overall summary of indicators

[Back to Table 2. Summary of domains](#)


Click on each indicator to see the supporting data.


Key to colour coding:







Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).

Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.

 Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).

 Blue – indicates that data was not available/unable to obtain.

**Table 23. Summary of indicators – Our people belong to resilient and liveable communities**

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Liveability</u>						
<u>Adaptation to the impacts of climate change</u>				2020-2099 		


#### What does this mean?







An emerging priority area for this outcome is to improve our adaption capacity to the impacts of climate change. This has informed our Community Plan under Strategic Direction 2.

#### Individual Indicators explained







Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.













**Table 24. Data for individual indicators – Our people belong to resilient and liveable communities**












Indicator	Status	Trend
<u>Liveability</u>		<a href="#">Back to Table 23. Summary of indicators</a>
Liveability index*	The liveability index for Greater Geelong is 100.8 (average is 100) (Australian Urban Observatory, 2018).	
<u>Adaptation to the impacts of climate change</u>		<a href="#">Back to Table 23. Summary of indicators</a>

Indicator	Status	Trend
Hospital emergency department presentations due to heat-related conditions (e.g. heat stroke and heat syncope)	<p>From 2009/10 to 2018/19 the number of hospital emergency presentations due to heat-related conditions by the Greater Geelong population ranged from 5 (lowest) in 2017/18 to 19 (highest) in 2012/13 (VISU providing VEMD data 2009-19).</p> <p>The latest data shows there were 12 hospital emergency presentations due to heat-related conditions by the Greater Geelong population in 2018/19 compared to 5 in 2017/18 (VISU providing VEMD data 2019).</p>	
Number of historic and projected days per year with maximum temperature greater than 35°C	<p>Between 1981-2010, the City of Greater Geelong had 6.4 days per year with a maximum temperature greater than 35°C.</p> <p>Between 2040-2059, the City of Greater Geelong will have a projected 10.9 days per year with a maximum temperature greater than 35°C under a lower greenhouse gas emissions (using Representative Concentration Pathway [RCP] 4.5) scenario (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	
	<p>Between 2040-2059, the City of Greater Geelong will have a projected 12.6 days per year with a maximum temperature greater than 35°C under a high greenhouse gas emissions (using RCP 8.5) scenario (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	
Number of historic and projected days per year with minimum temperature less than 2°C	<p>Between 1981-2010, the City of Greater Geelong had 3.8 days per year with a minimum temperature less than 2°C.</p> <p>Between 2040-2059, the City of Greater Geelong will have a projected 1.5 days per year with a minimum temperature less than 2°C under a lower greenhouse gas emissions (using RCP 4.5) scenario (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	
	<p>Between 2040-2059, the City of Greater Geelong will have a projected 1 day per year with a minimum temperature less than 2°C under a high greenhouse gas emissions (using RCP 8.5) scenario (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	
Projected annual maximum temperature change	<p>Between 1986-2005, the average annual maximum temperature in the City of Greater Geelong was 19.1°C.</p> <p>Between 2020-2039, the average annual maximum temperature in the City of Greater Geelong is projected to increase by 0.9°C under a lower greenhouse gas emissions (using RCP 4.5) scenario. The projected increase in maximum temperature is 1.4°C between 2040-2059 and 2.1°C between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	

Indicator	Status	Trend
	<p>Between 2020-2039, the annual maximum temperature in the City of Greater Geelong is projected to increase by 1.1°C under a high greenhouse gas emissions (using RCP 8.5) scenario. The projected increase in maximum temperature is 1.9°C between 2040-2059 and 3.8°C between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	
Projected annual minimum temperature change	<p>Between 1986-2005, the average annual minimum temperature in the City of Greater Geelong was 9°C.</p> <p>Between 2020-2039, the annual minimum temperature in the City of Greater Geelong is projected to increase by 0.6°C under a lower greenhouse gas emissions (using RCP 4.5) scenario. The projected increase in minimum temperature is 1.1°C between 2040-2059 and 1.7°C between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p> <p>Between 2020-2039, the annual minimum temperature in the City of Greater Geelong is projected to increase by 0.7°C under a high greenhouse gas emissions (using RCP 8.5) scenario. The projected increase in minimum temperature is 1.3°C between 2040-2059 and 2.7°C between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	 
Projected solar radiation	<p>Between 2020-2039, the annual solar radiation in the City of Greater Geelong is projected to increase by 1.8% under a lower greenhouse gas emissions (using RCP 4.5) scenario. The projected increase in solar radiation is 2.2% between 2040-2059 and 3.2% between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p> <p>Between 2020-2039, the annual solar radiation in the City of Greater Geelong is projected to increase by 2.0% under a high greenhouse gas emissions (using RCP 8.5) scenario. The projected increase in solar radiation is 3.3% between 2040-2059 and 6.2% between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p>	 
Projected annual rainfall change	<p>Between 1986-2005, the average annual rainfall in the City of Greater Geelong was 548.4mm.</p> <p>Between 2020-2039, the annual rainfall in the City of Greater Geelong is projected to drop by 7% under a lower greenhouse gas emissions (using RCP 4.5) scenario. The projected drop in annual rainfall is 6% between 2040-2059 and 10% between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water &amp; Planning 2019).</p> <p>Between 2020-2039, the annual rainfall in the City of Greater Geelong is projected to drop by 10% under a high greenhouse gas emissions</p>	 

Indicator	Status	Trend
	(using RCP 8.5) scenario. The projected drop in annual rainfall is 11% between 2040-2059 and 24% between 2080-2099 (Barwon Climate Projections 2019, Department of Environment, Land, Water & Planning 2019).	
Projected sea level change	In 2030, the sea level in the City of Greater Geelong is projected to rise by 0.12m under a lower greenhouse gas emissions (using RCP 4.5) scenario. The projected rise in sea level is 0.32m in 2070 (Climate-ready Victoria: Barwon South West, Department of Environment, Land, Water & Planning 2015).	
	In 2030, the sea level in the City of Greater Geelong is projected to rise by 0.12m under a high greenhouse gas emissions (using RCP 8.5) scenario. The projected rise in sea level is 0.40m in 2070 (Climate-ready Victoria: Barwon South West, Department of Environment, Land, Water & Planning 2015).	
Projected soil moisture	In 2030, the soil moisture in the City of Greater Geelong is projected to drop by 1.55% under a lower greenhouse gas emissions (using RCP 4.5) scenario. The projected drop in soil moisture is 1.92% in 2070 (Climate-ready Victoria: Barwon South West, Department of Environment, Land, Water & Planning 2015).	
	In 2030, the soil moisture in the City of Greater Geelong is projected to drop by 2.12% under a high greenhouse gas emissions (using RCP 8.5) scenario. The projected drop in soil moisture is 4.97% in 2070 (Climate-ready Victoria: Barwon South West, Department of Environment, Land, Water & Planning 2015).	
Heat vulnerability	<p>These top ten vulnerable suburbs impacted by heatwaves for 2020 were identified through the climate change and heatwave project. These suburbs will continue to be highest ranked at risk from 2020 to 2100 (Roös et al 2020):</p> <ol style="list-style-type: none"> <li>1. Wandana Heights</li> <li>2. St Albans</li> <li>3. Marshall</li> <li>4. Point Lonsdale</li> <li>5. Newcomb</li> <li>6. Barwon Heads</li> <li>7. Highton</li> <li>8. Clifton</li> <li>9. Portarlington</li> <li>10. Whittington</li> </ol>	
Proportion of tree canopy cover	Greater Geelong's Urban Forest Strategy 2015-2025 (City of Greater Geelong 2020) states that the municipal wide tree canopy cover is 10.9% with the urban tree canopy cover at 14%. This is below the peer reviewed literature recommendation of 40%. Barwon Heads has the most canopy cover with Wandana Heights having the lowest. The	

Indicator	Status	Trend
	strategy has an ambitious target of improving Geelong's tree canopy cover from 14% to 25% over a thirty-year period.	
Agree that 'climate change is an issue that requires urgent action now'	A similar proportion of Barwon (77%) and Victorian (78%) residents aged 15 years and over agree that climate change is an issue and requires urgent action now (Sustainability Victoria 2017).	
Interested in information about climate change	A similar proportion of Barwon (73%) and Victorian (74%) residents aged 15 years and over are interested in information (e.g. news items, documentaries etc) about climate change (Sustainability Victoria 2017).	
Noticed more occurrences of this environmental event	Barwon residents mostly noticed an increase of bushfires (69%), severe storms (65%) and coastal erosion (59%). Victorian residents mostly noticed an increase of bushfires (61%), severe storms (58%) and air pollution (55%) (Sustainability Victoria 2017).	
Climate change is influencing the observed increased in this environmental event	Similar proportions of Barwon and Victorian residents understand that climate change is influencing the occurrence of: <ul style="list-style-type: none"> <li>• Heatwaves (Barwon, 91%; Victoria, 90%)</li> <li>• Coastal erosion and changes to seas levels (Barwon, 86%; Victoria, 89%)</li> <li>• Severe storms and floods (Barwon, 86%; Victoria, 83%)</li> <li>• Water shortage and drought (Barwon, 84%; Victoria, 84%)</li> <li>• Crop failures or declining agriculture (Barwon, 77%; Victoria, 82%)</li> <li>• Severe bushfires (Barwon, 68%; Victoria, 71%) (Sustainability Victoria 2017).</li> </ul>	     
Concerned about this environmental event	Similar proportions of Barwon and Victorian residents are mostly concerned about water shortage and drought (Barwon, 81%; Victoria, 72%), crop failures or declining agriculture (Barwon, 80%; Victoria, 71%), severe bushfires (Barwon, 77%; Victoria, 68%) and air pollution (Barwon, 76%; Victoria, 68%) (Sustainability Victoria 2017).	
Issues of importance	Barwon residents ranked climate change (Barwon, 21%; Victoria, 30%) as last in a list of six issues of importance. Healthcare (Barwon, 58%; Victoria, 60%) and cost and living and housing (Barwon, 62%; Victoria, 56%) were ranked as the main issues of importance (Sustainability Victoria 2017).	
Level of concern about climate change	A similar proportion of Barwon (78%) and Victorian (77%) residents aged 15 years expressed some level of concern about climate change (Sustainability Victoria 2017).	

Indicator	Status	Trend
Reasons for concern	When asked to explain what they were concerned about in relation to climate change, the commonly stated responses for both Barwon and Victorian residents were:  -The impact on future generations (Barwon, 64%; Victoria, 76%) -The state of the planet (Barwon, 61%; Victoria, 48%) -The impact on health/quality of life (Barwon, 45%; Victoria, 38%) (Sustainability Victoria 2017).	  
Willingness to take action to tackle climate change	A similar proportion of Barwon (79%) and Victorian (78%) residents aged 15 years are willing to take action to tackle climate (Sustainability Victoria 2017).	
Everyday energy use reducing behaviours	Barwon and Victorian residents are MORE likely to: -Actively limit energy used to heat and cool the home (Barwon, 73%; Victoria, 66%) -Choose to buy energy efficient household appliances (Barwon, 77%; Victoria, 74%) -Limit the amount of food thrown out (Barwon, 78%; Victoria, 75%) Barwon and Victorian residents are LESS likely to: -Actively reduce car use (Barwon, 37%; Victoria, 36%) -Encourage others to adopt pro climate change behaviours (Barwon, 38%; Victoria, 37%)	    
Support of Victoria's emissions and renewable energy targets	A similar proportion of Barwon (81%) and Victorian (78%) residents support the renewable energy targets (25% by 2020 and 40% by 2025) (Sustainability Victoria 2017).  A similar proportion of Barwon (83%) and Victorian (84%) residents support the net zero emissions target by 2050 (Sustainability Victoria 2017).	 

\*The liveability index comprises of 13 measures which are street connectivity, dwelling density, access to community, culture and leisure destinations, access to childcare services, access to public schools, access to health services, access to sport and recreation facilities, access to fresh food, access to convenience stores, access to regular public transport, access to large public open space, low affordability stress and local employment opportunities.

## Outcome 2: Our people have access to sustainable built and natural environments

[Overall summary of indicators](#)

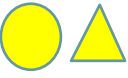


[Back to Table 2. Summary of domains](#)

Click on each indicator to see the supporting data.



Key to colour coding:



Green - indicates a trend in the right direction, favourable improvements for this indicator and/or a more than a 5% favourable result when compared to Victorian data (circle) or across multiple years (triangle).

-  Yellow – indicates a neutral trend (less than 5% difference compared to Victoria [circle] or across multiple years [triangle]) but worthy of discussion because of the importance of this indicator to health/wellbeing.
-  Red - indicates a trend in the wrong direction, poor improvements for this indicator and/or a more than 5% negative result when compared to Victorian data (circle) or across multiple years (triangle).
-  Blue – indicates that data was not available/unable to obtain.

**Table 25. Summary of indicators – Our people have access to sustainable built and natural environments**

Indicator	Trend when compared to Victoria			Trend when compared overtime		
	Men	Women	Children/young people	Men	Women	Children/young people
<u>Environmental sustainability and quality</u>						



**What does this mean?**




An emerging priority area for this outcome is to improve environmental sustainability and quality. This has informed our Community Plan under Strategic Direction 2.

Individual Indicators explained

Click on each underlined summary indicator in the light blue rows to view the supporting visual data for that indicator.

**Table 26. Data for individual indicators – Our people have access to sustainable built and natural environments**

Indicator	Status	Trend
<u>Environmental sustainability and quality</u>		<a href="#"><u>Back to Table 25. Summary of indicators</u></a>
Greenhouse gas emissions (air quality)	In 2018-19, the total municipal emissions was 3,183,600 tCO2-e compared to 3,231,800 tCO2-e for 2017-18 (snapshotclimate.com.au, 2017-19).	
	In 2018-19, the municipal emissions per capita was 12.6 tCO2-e (using estimated population of 252,229) compared to 13.2 tCO2-e (using estimated population of 245,728) for 2017-18 (snapshotclimate.com.au, 2017-19).	

Indicator	Status	Trend
Notification rate of salmonellosis	<p>In 2019, the notification rate per 100,000 population for salmonellosis in Greater Geelong was 55.3, compared to 51.7 for Victoria (Communicable Disease Section, Department of Health and Human Services, 2019).</p> <p>The notification rate per 100,000 population for salmonellosis has increased from 49.9 in 2018 to 55.3 in 2019 (Communicable Disease Section, Department of Health and Human Services, 2019).</p>	  
Presence of blue-green algae blooms in the 13 water bodies across Greater Geelong (water quality)	<p>Between December 2019- April 2020, there were 3 blue-green algae blooms present in the Greater Geelong water bodies which would have posed a potential public health issue if the public had primary contact with the water.</p> <p>The number of blue-green algae blooms present in the Greater Geelong water bodies which would have posed a potential public health issue if the public had primary contact with the water was 16 between December 2017-April 2018 and 19 between December 2018-April 2019.</p>	

# Supporting visual data by domain

## DOMAIN 1: OUR PEOPLE ARE HEALTHY AND WELL

### Outcome 1: Our people have good physical health

Premature death

[Back to individual indicators table](#)

#### Overall death rates for men and women

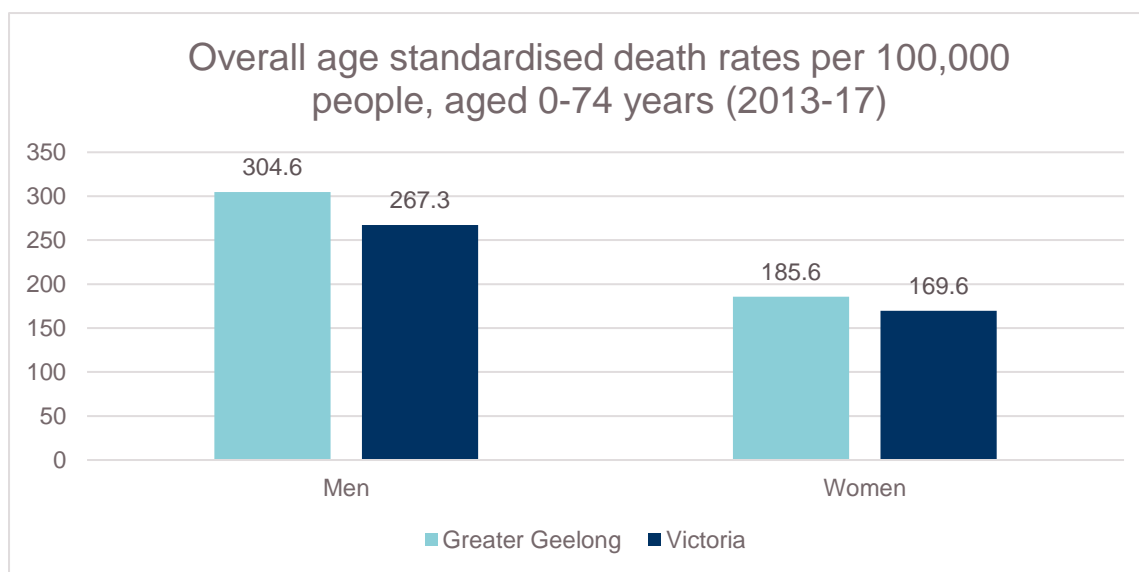


Figure 20. Overall age standardised death rates per 100,000 people, aged 0-74 years (Source: PHIDU 2013-17)

#### Death rates due to cancer, diabetes, circulatory system diseases and respiratory system diseases

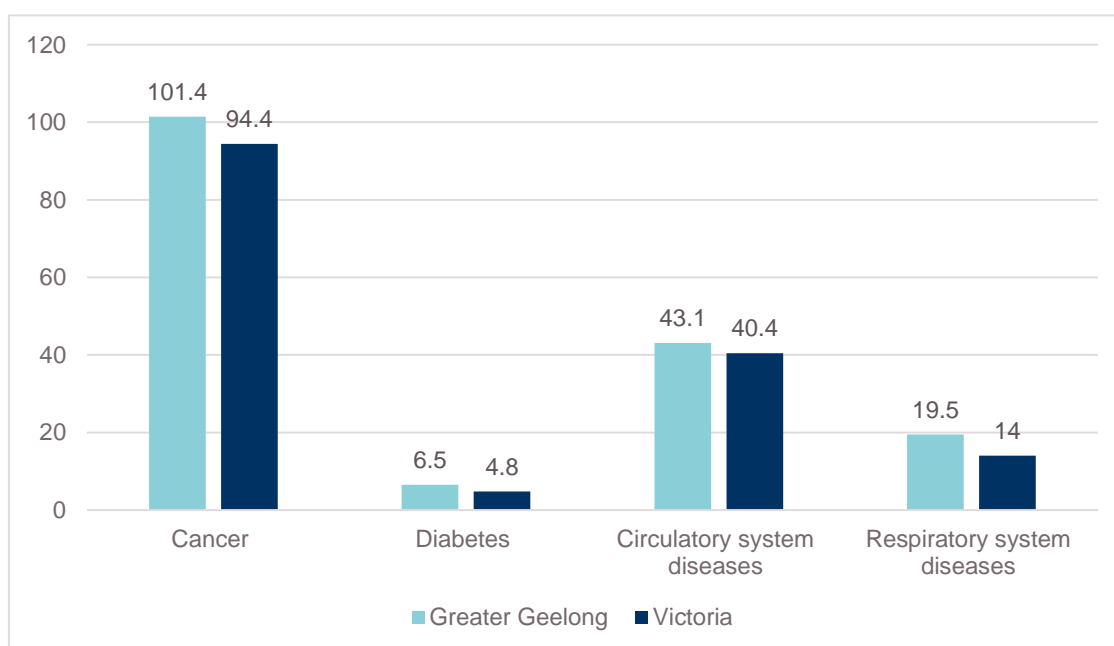


Figure 21. Age standardised death rates per 100,000 people, aged 0-74 years (Source: PHIDU 2013-17)

Preventable chronic diseases

[Back to individual indicators table](#)

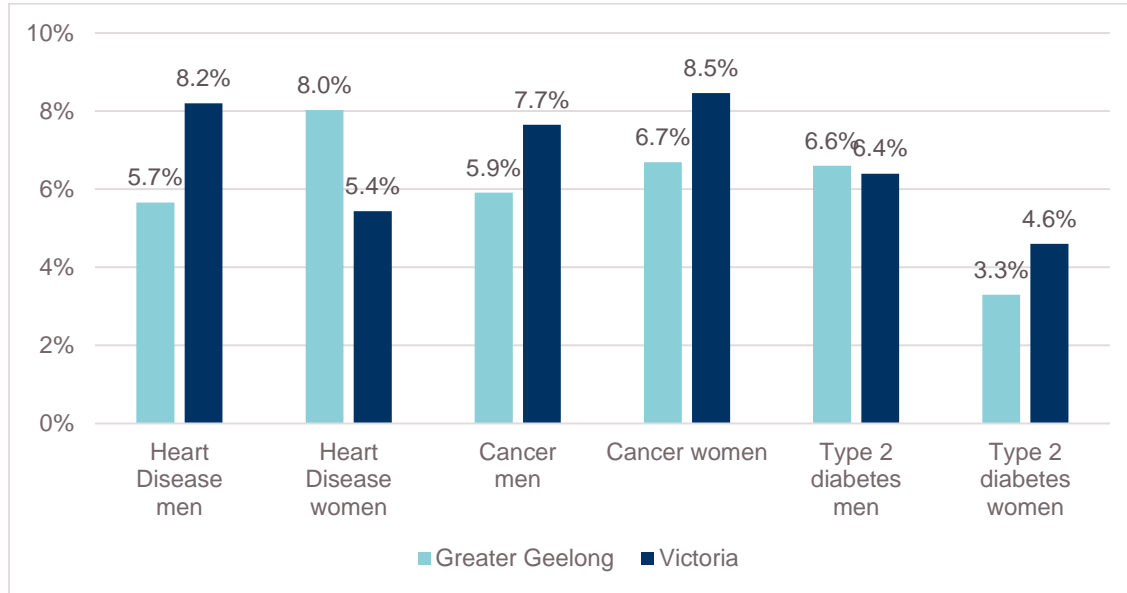


Figure 22. Diagnosed preventable chronic health conditions – adults (Source: VPHS 2017)

Self-rated health

[Back to individual indicators table](#)

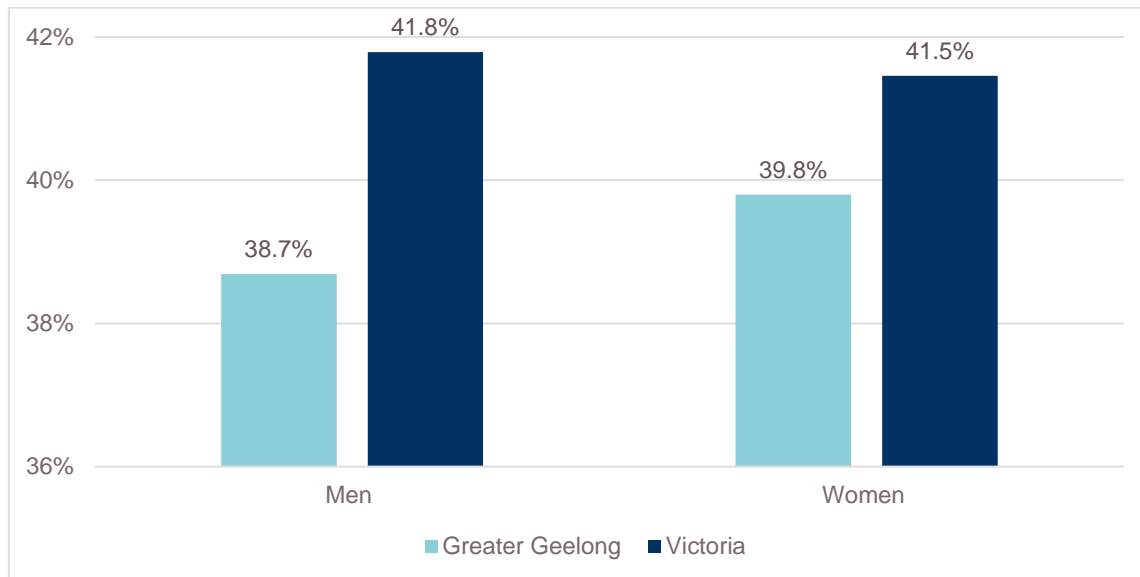


Figure 23. Proportion of adults who said their health was excellent/very good (Source: VPHS 2017)

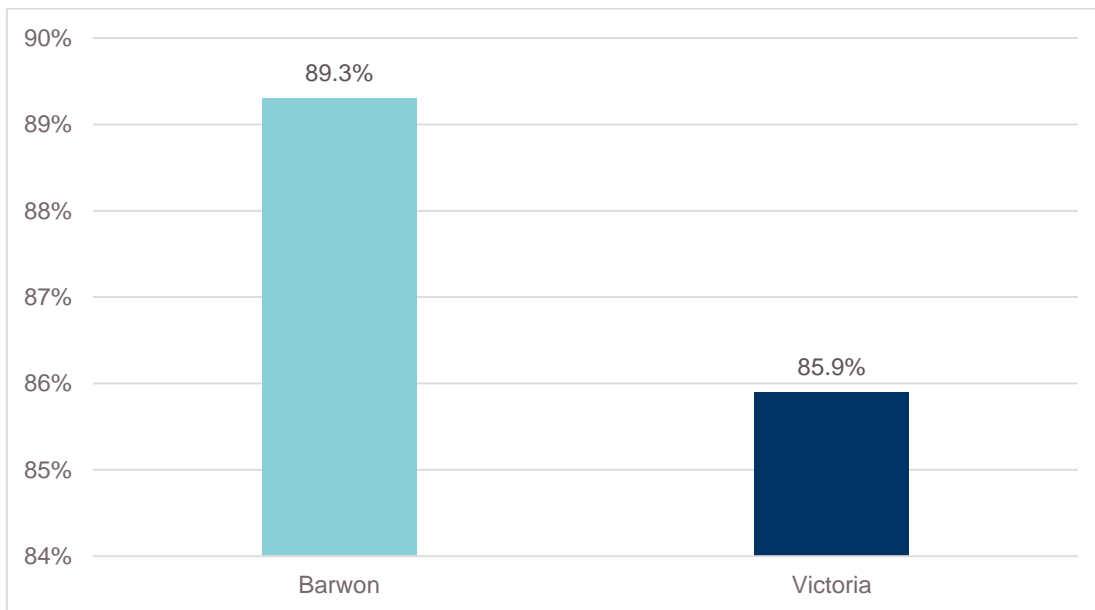


Figure 24. Proportion of young people with reported good, very good or excellent health (Source: VSHAWS 2018)

Unintentional injury

[Back to individual indicators table](#)

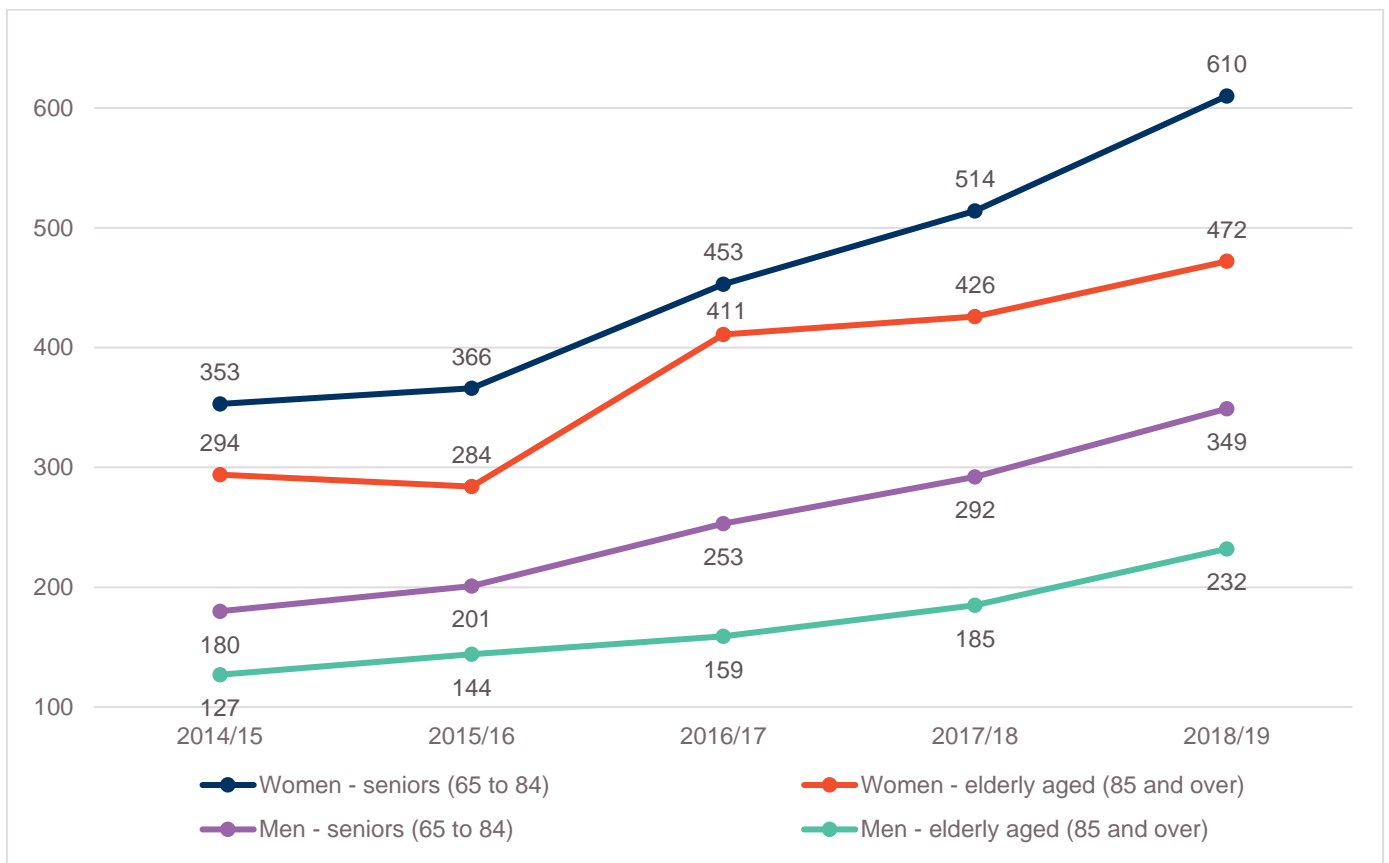


Figure 25. Hospital admissions of falls by age group & sex 2014/15 to 2018/19 (Source: VAED, VISU 2020)

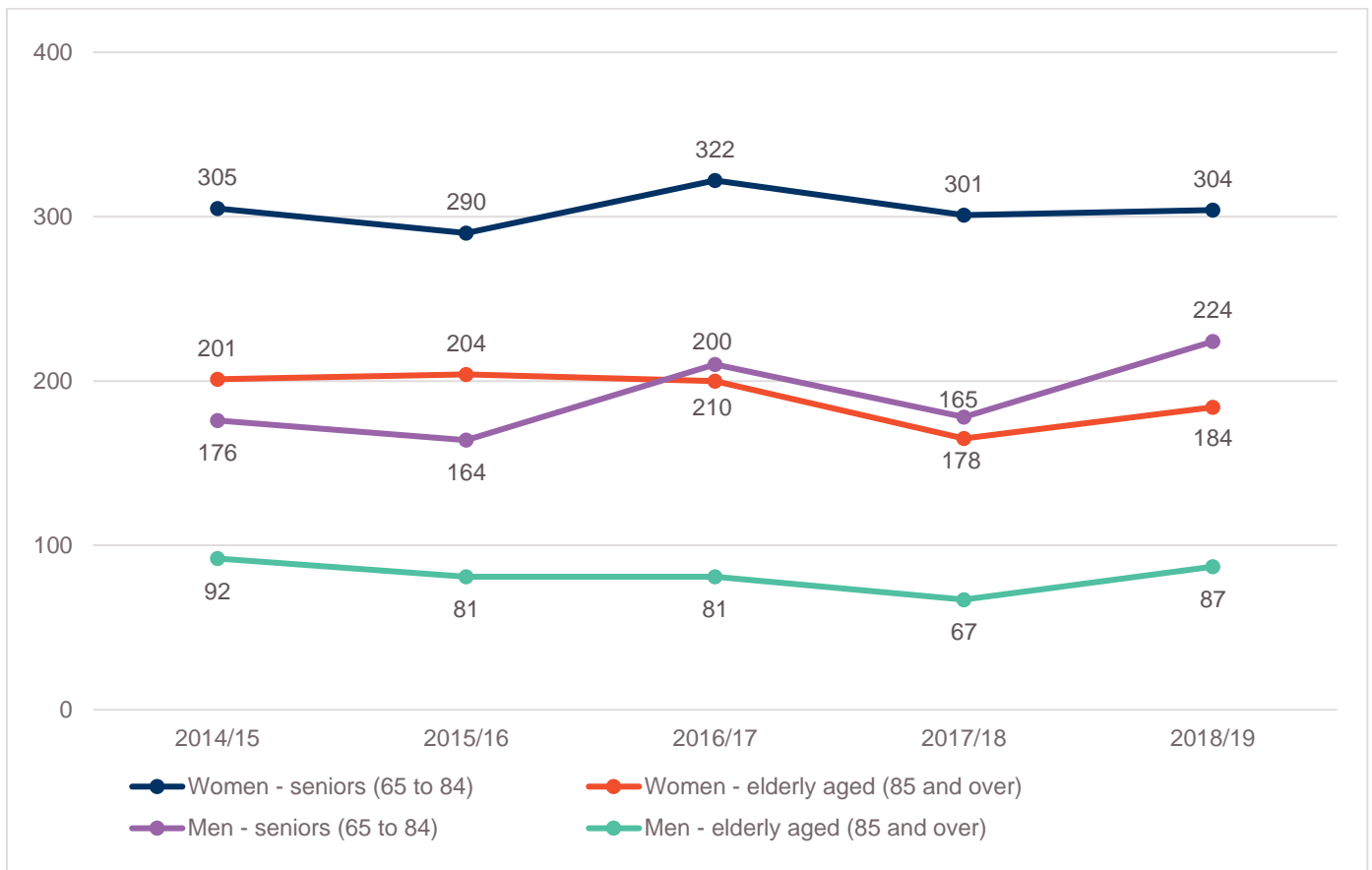


Figure 26. Hospital emergency presentations for falls by age group & sex 2014/15 to 2018/19 (Source: VEMD, VISU 2020)

Oral health

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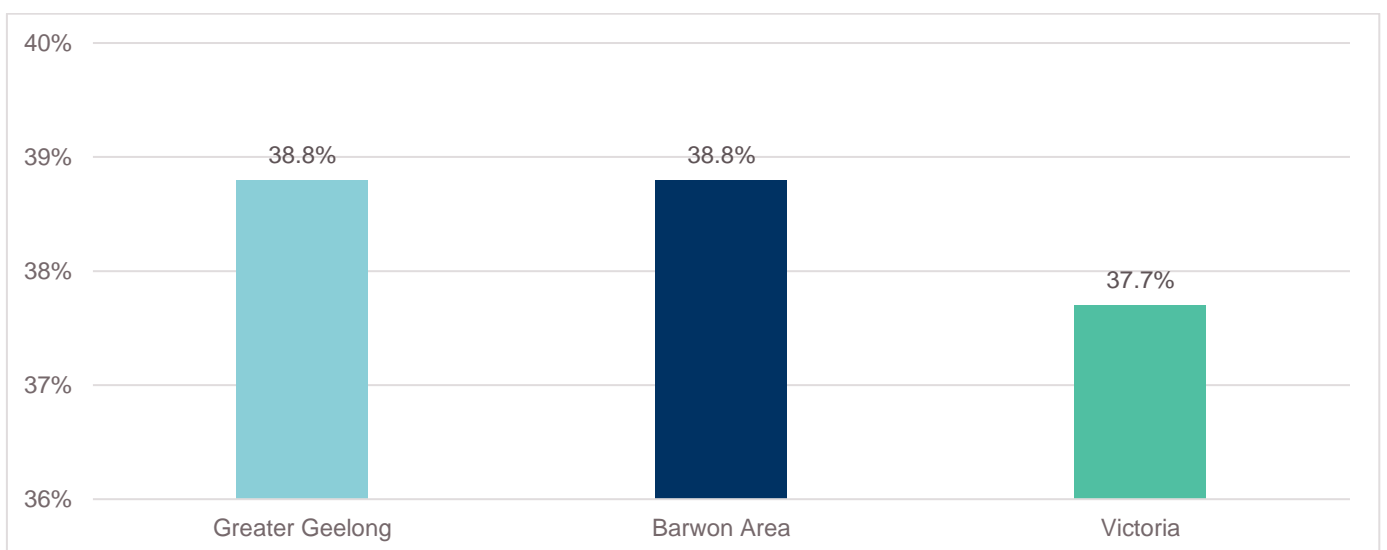


Figure 27. Proportion of adults reporting good or excellent dental health (Source: VPHS 2017)

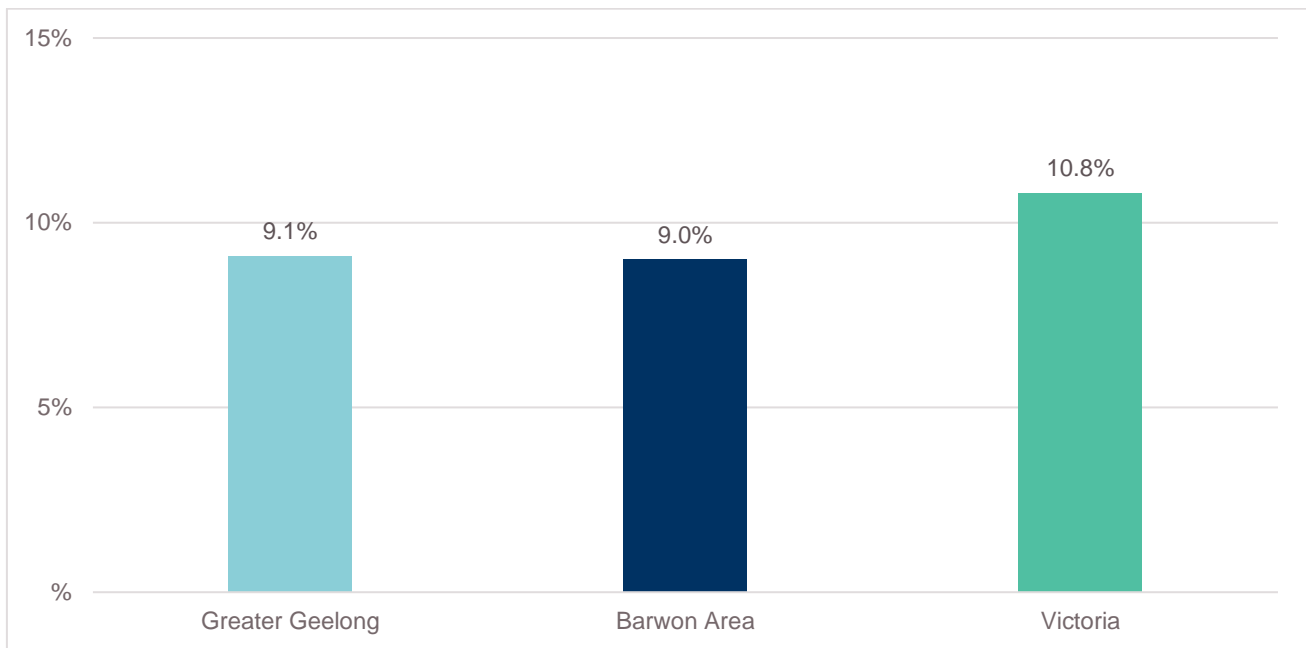


Figure 28. Proportion of adults reporting gum disease (Source: VPHS 2017)

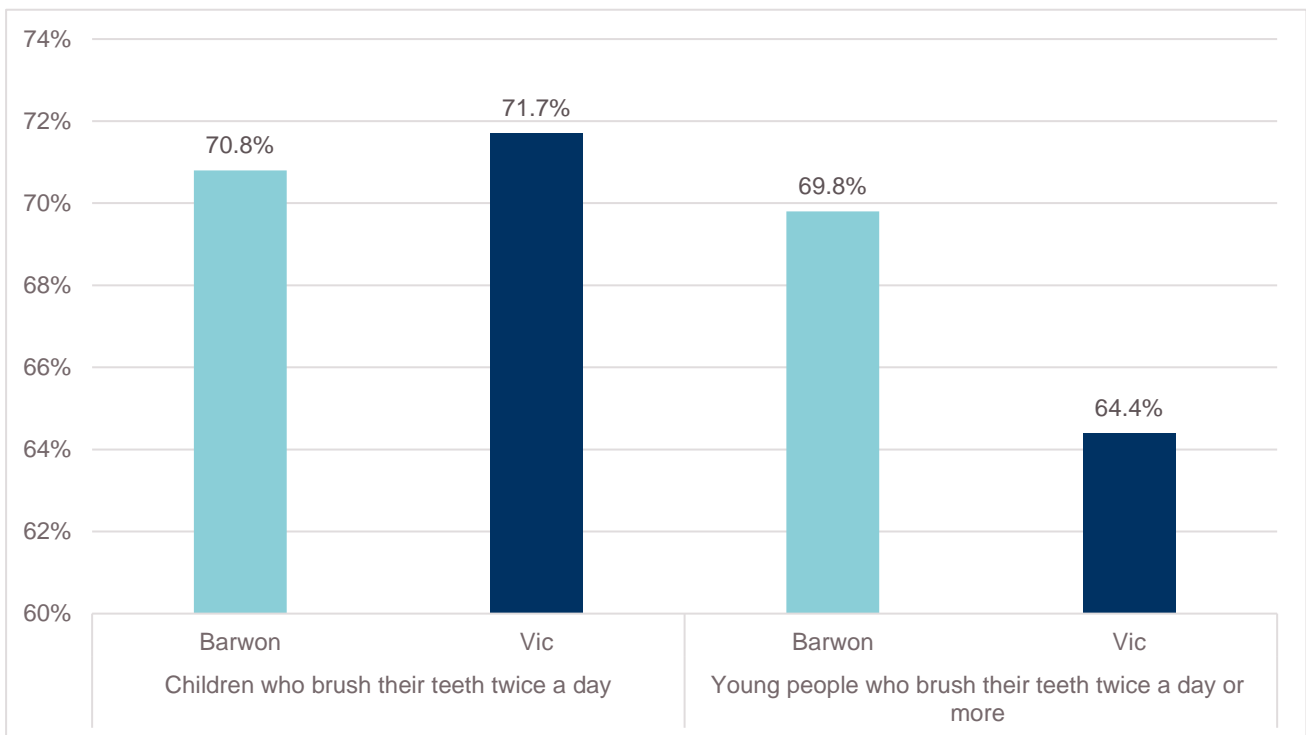
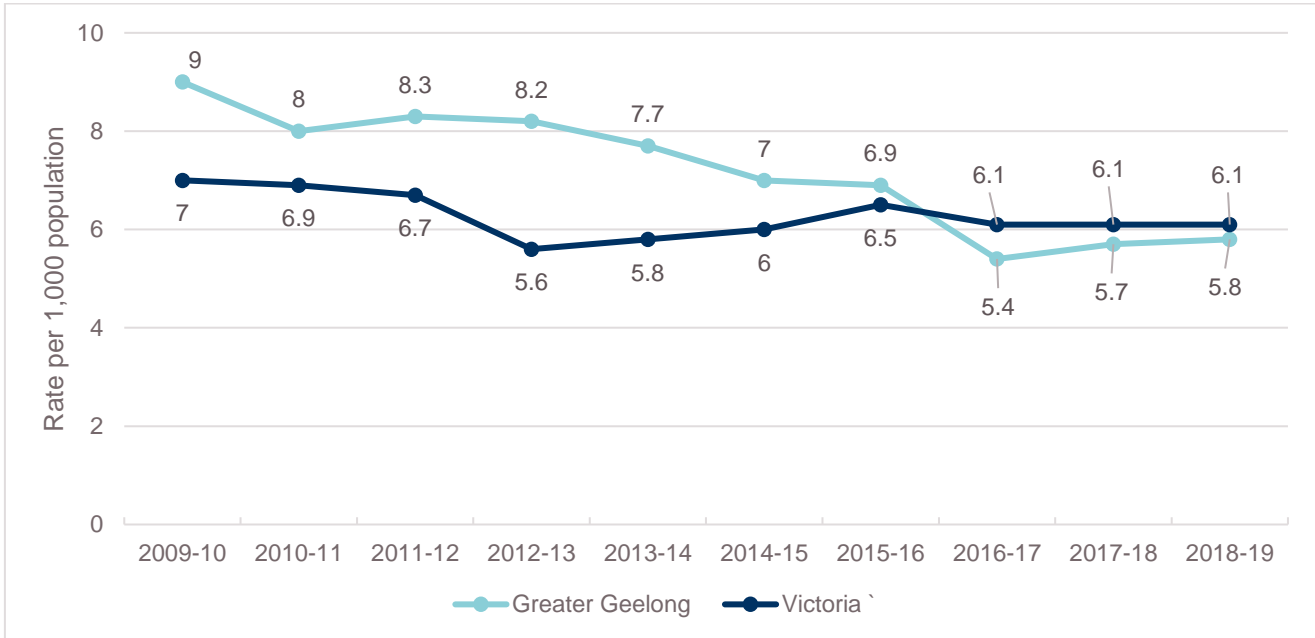
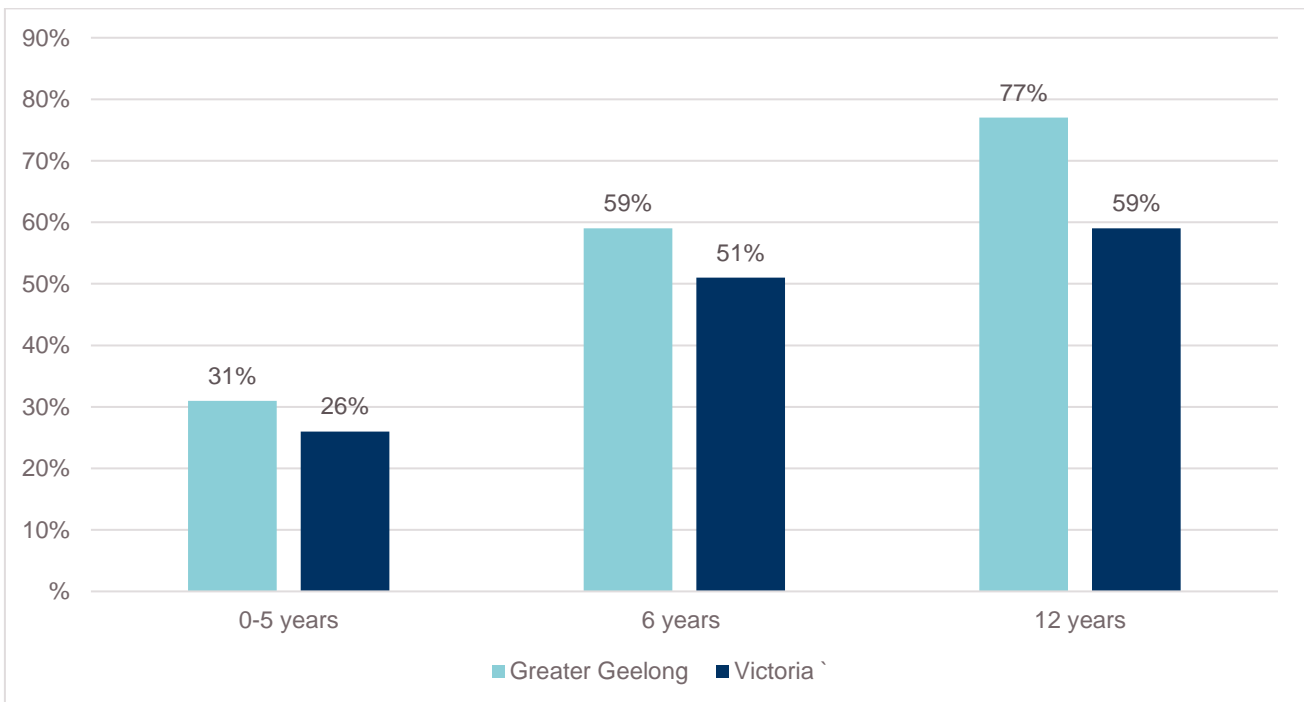


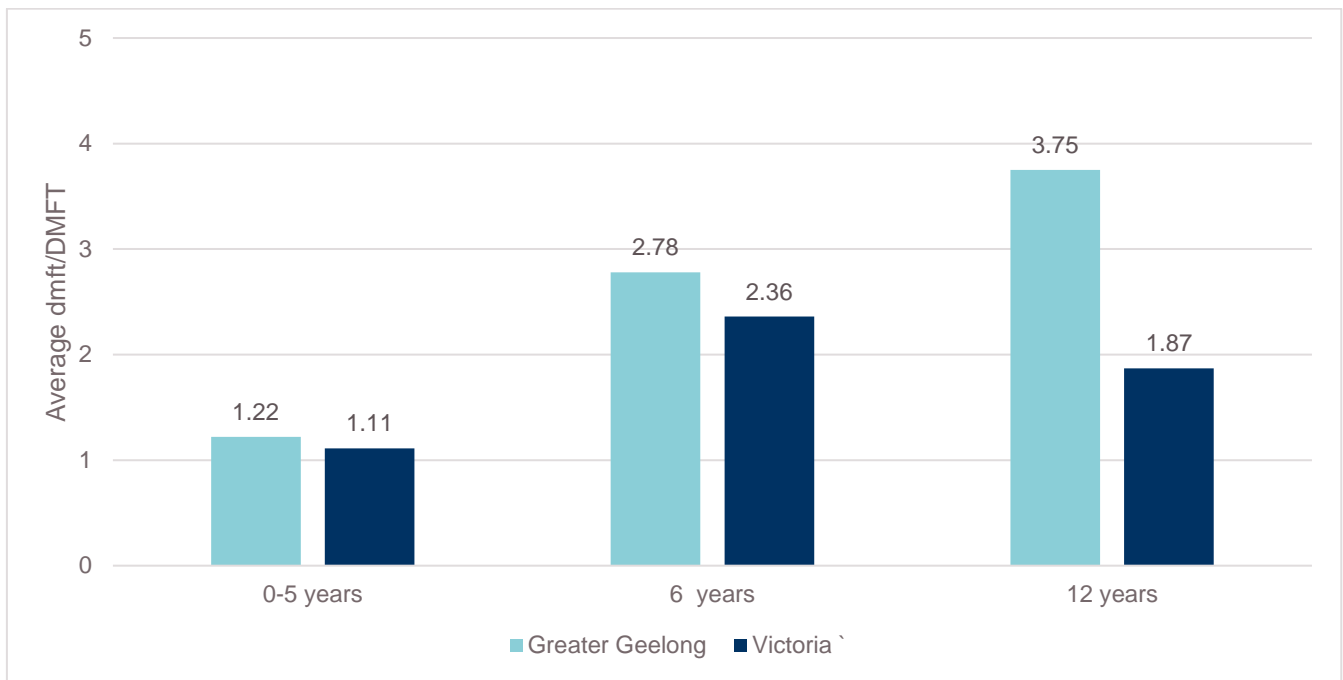
Figure 29. Frequency of brushing teeth – children and young people (Source: VCHWS 2013 and VSHAWS 2014)



**Figure 30. Potentially preventable hospitalisations due to dental conditions for children aged 0-9 years (DHSS 2009-19)**



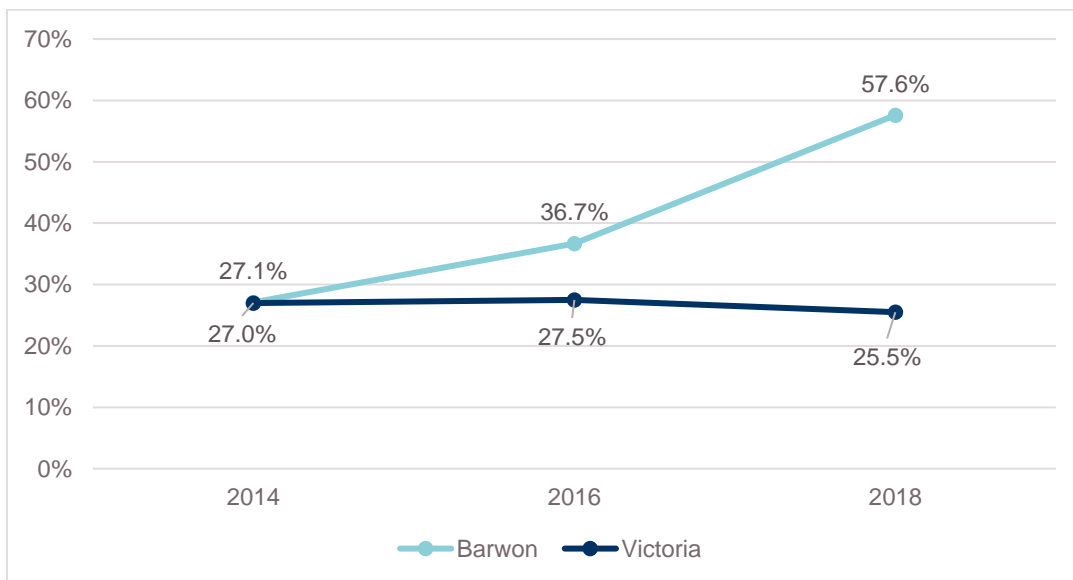
**Figure 31. Proportion of children (aged 0-5, 6 and 12 years) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services (Dental Health Services Victoria 2017-19)**



**Figure 32. Average number of decayed, missing or filled primary (baby) and permanent teeth for children (aged 0-5, 6 and 12 years) attending public dental services (Dental Health Services Victoria 2017-19)**

Sexual and reproductive health

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**Figure 33. Proportion of sexually active young people who always use a condom (Source: VSHAWS 2014-18)**

## Notification rate for sexually transmitted infections

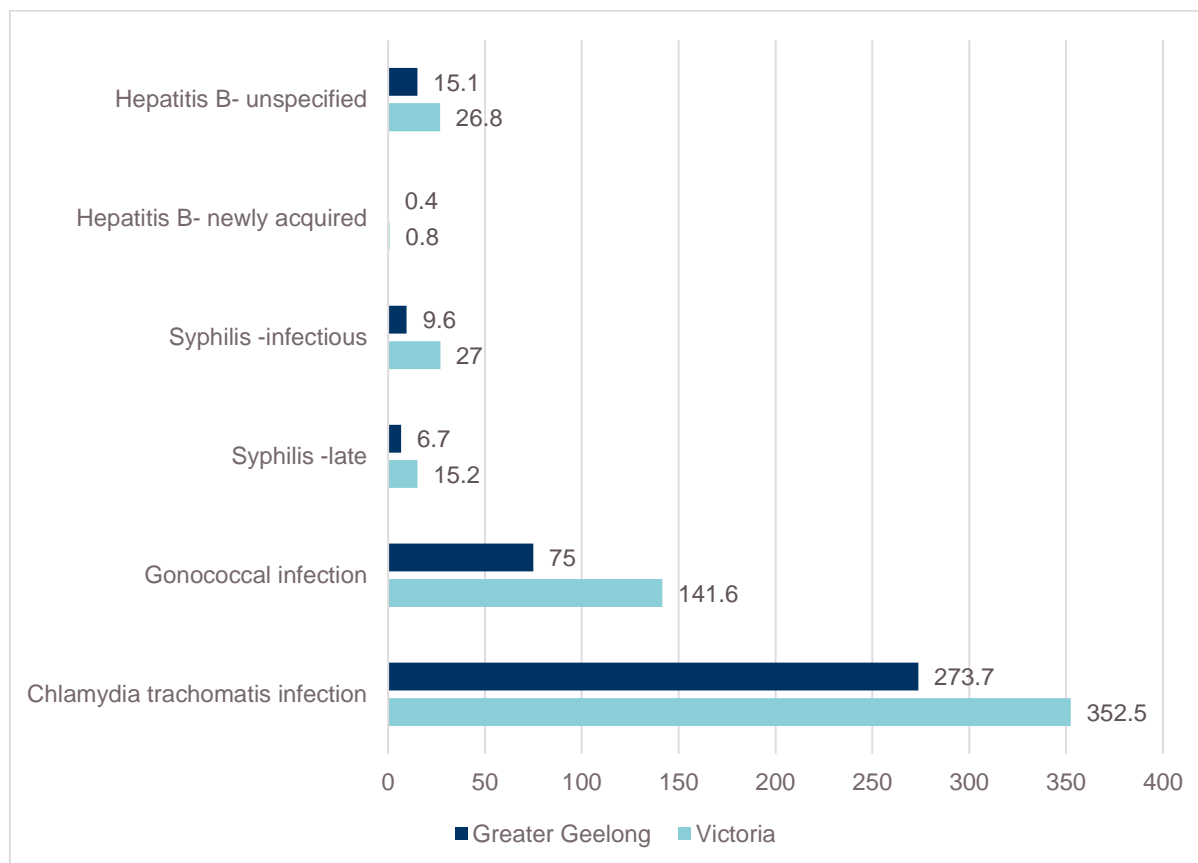


Figure 34. Rate of notification for specific sexually transmitted infections per 100,000 population for 2019 (Source: Communicable Disease Section, DHHS 2020)

## Outcome 2: Our people have good mental health

[Mental wellbeing](#)

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### Psychological distress – adults

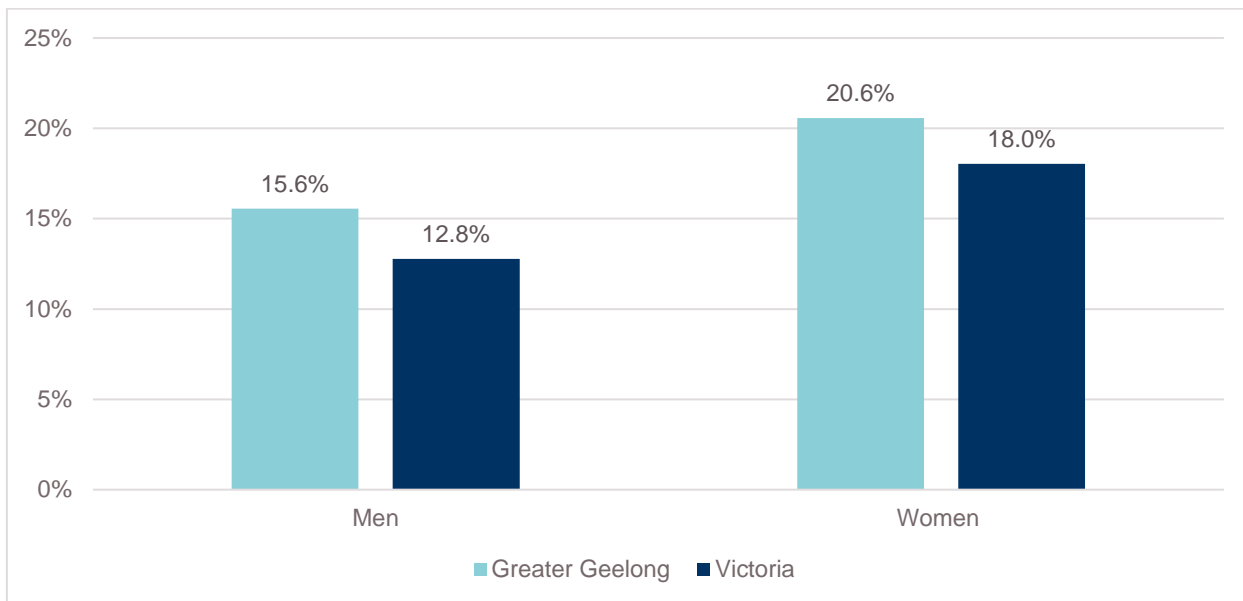


Figure 35. Proportion of adults with high/very high psychological distress (Source: VPHS 2017)

Psychological distress – young people

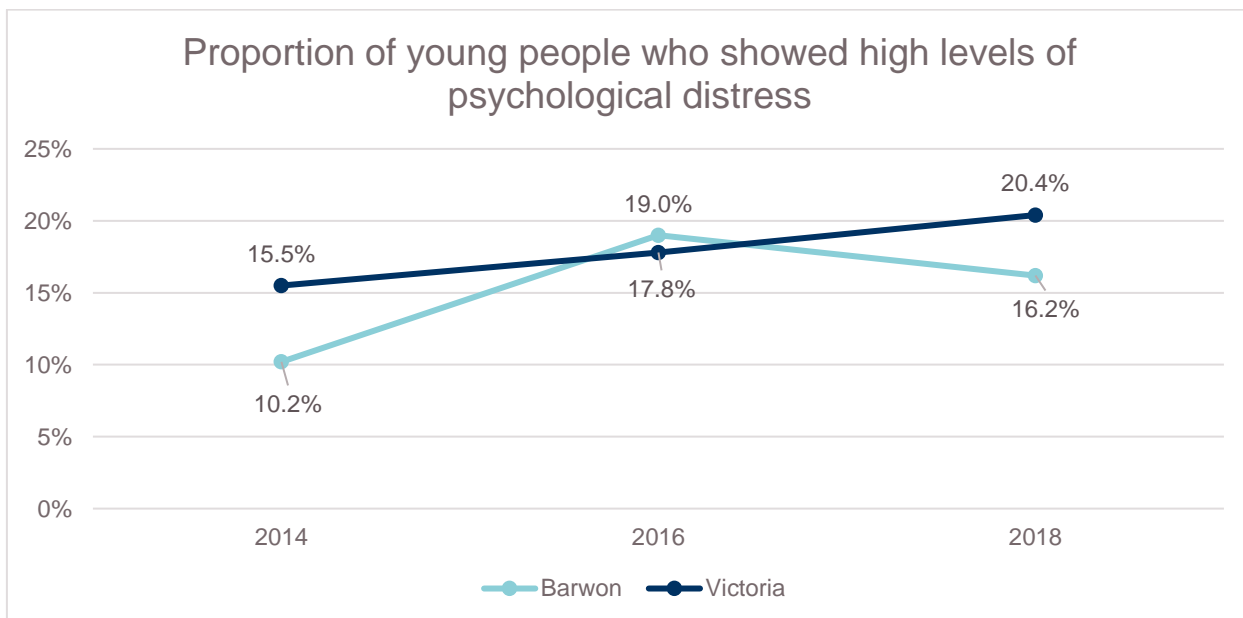


Figure 36. Proportion of young people who showed high levels of psychological distress (Source: VSHAWS 2014-2018)

### Anxiety or depression – adults

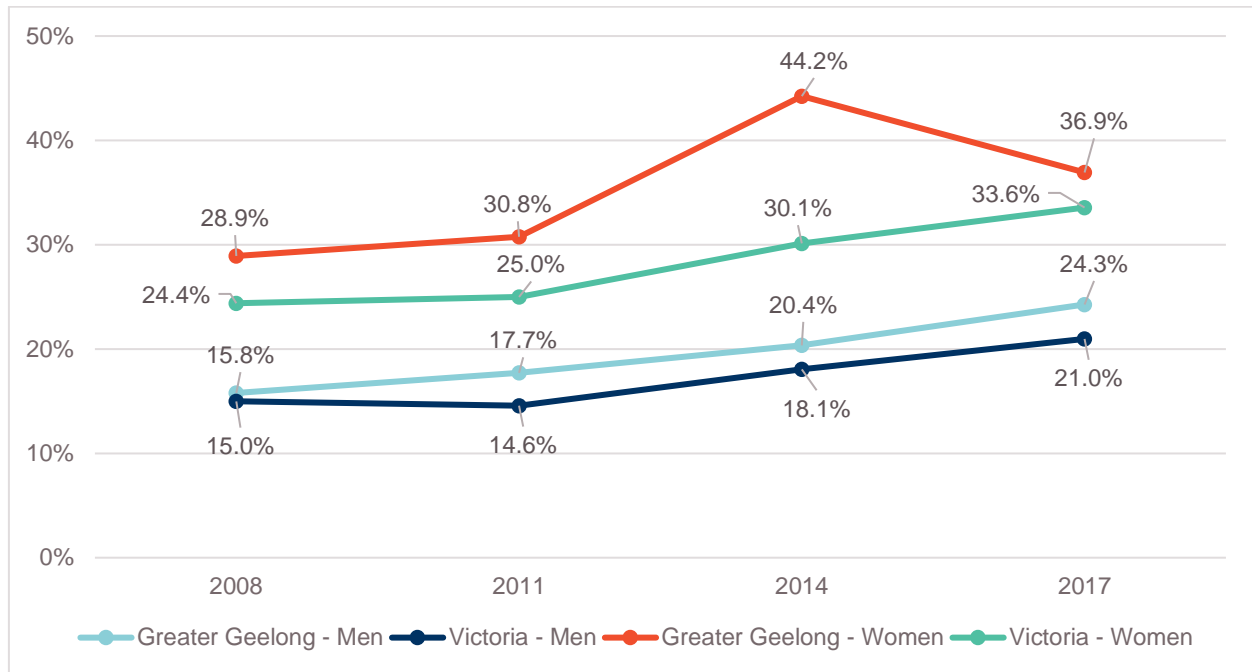


Figure 37. Prevalence of anxiety/depression in adults - trend 2008-2017 (Source: VPHS 2017)

### Sought professional help for a mental health problem in the previous year

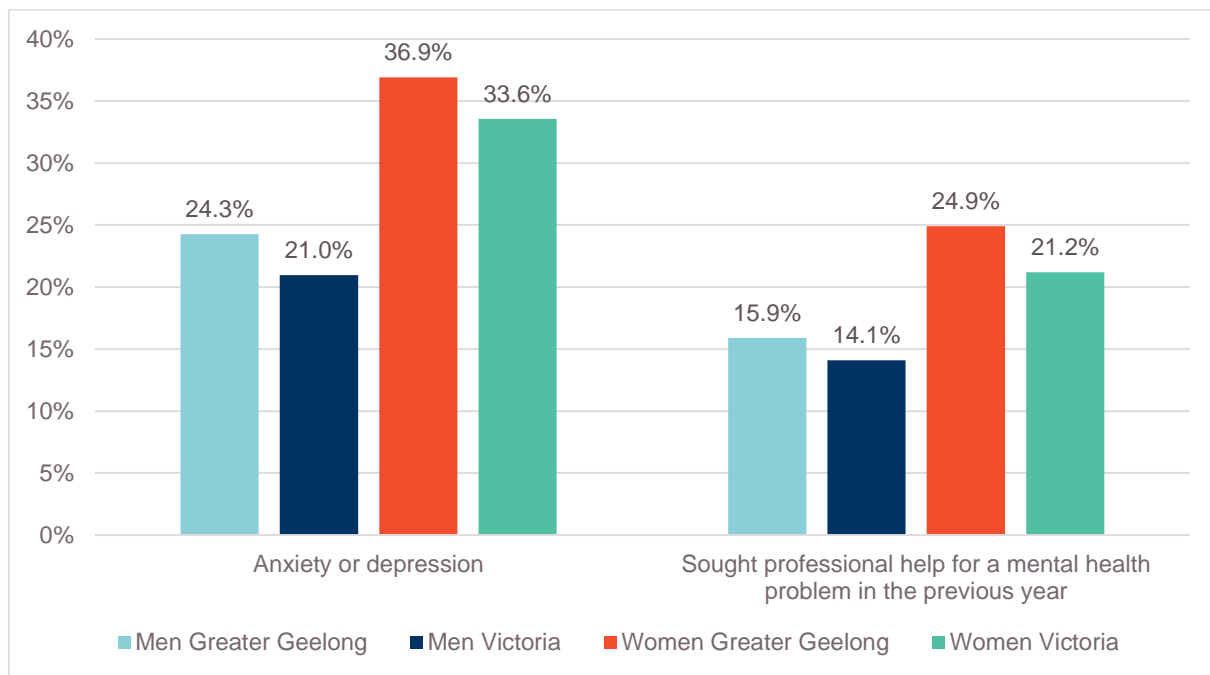
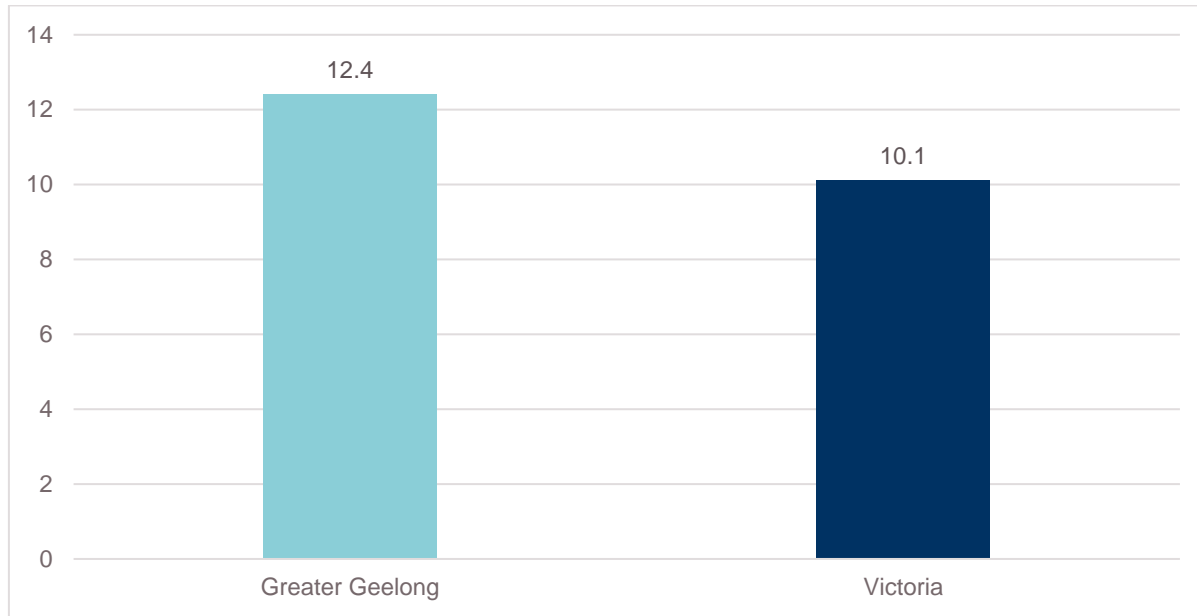


Figure 38. Prevalence of anxiety/depression and seeking professional help for a mental health problem - adults (Source: VPHS 2017)

Suicide

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**Figure 39. Average annual age standardised death rate per 100,000 for suicide and self-inflicted injuries, aged 0-74 years (Source: PHIDU 2013-2017)**

Dementia

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**Figure 40. Number of persons with a dementia diagnosis for the top 5 local government areas in 2017 (Source: Dementia Australia 2017)**

### Outcome 3: Our people act to protect and promote health

[Healthy eating and active living](#)

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#### Fruit and vegetables consumption - adults

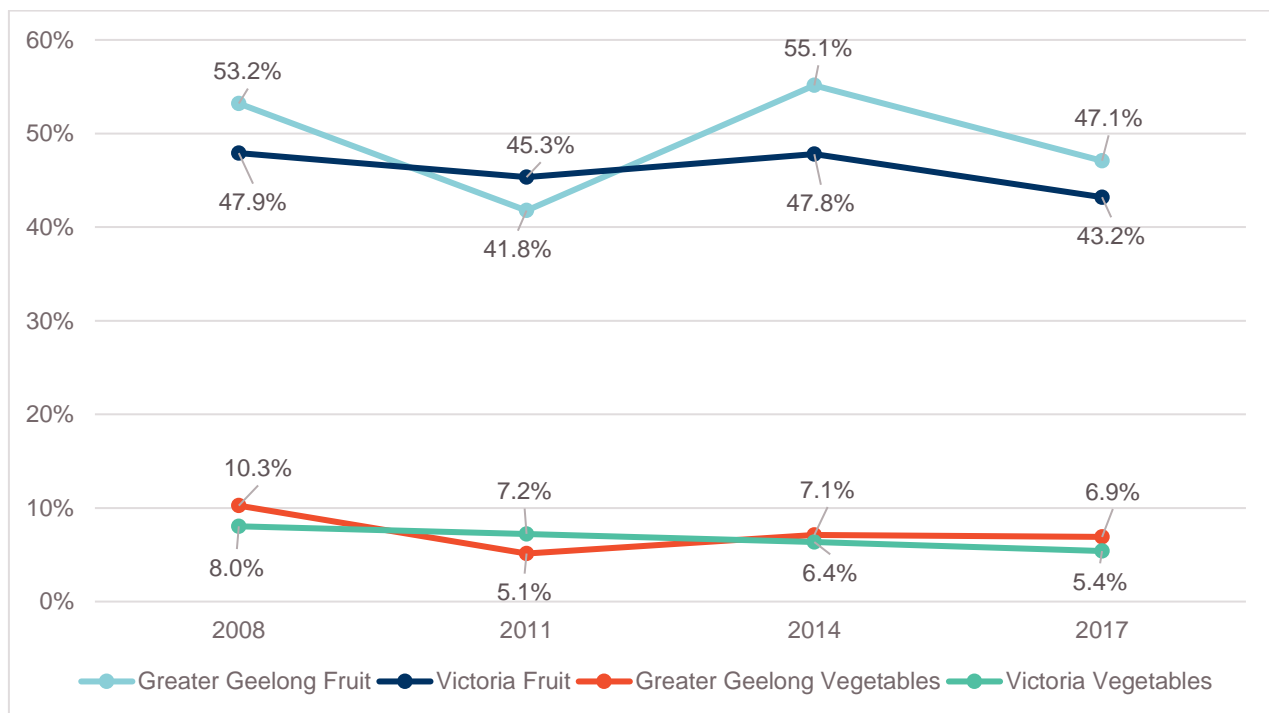
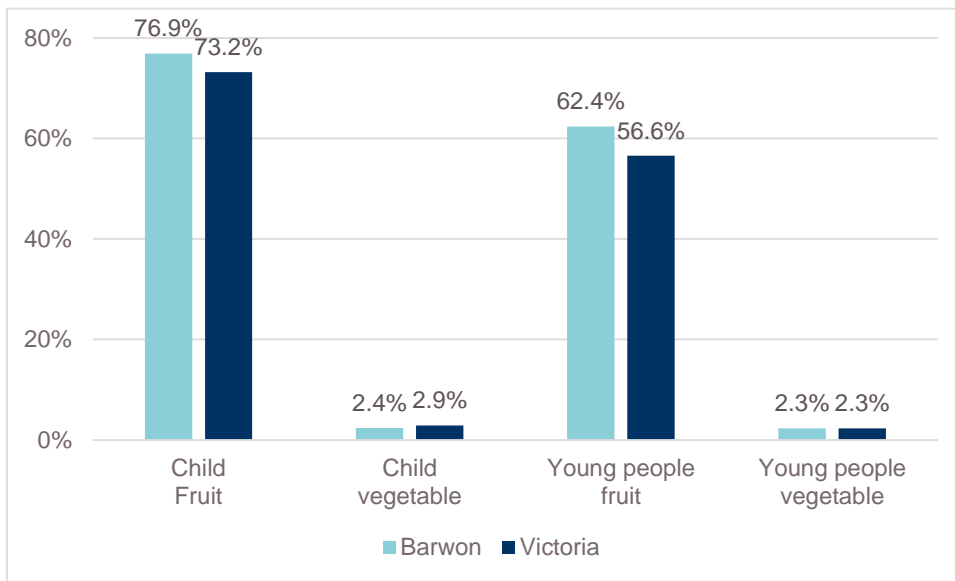


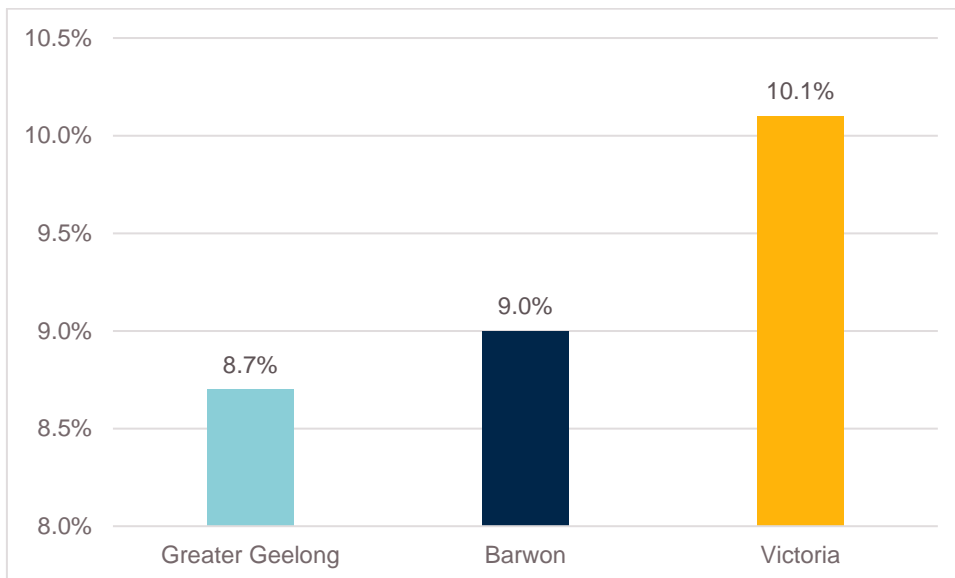
Figure 41. Proportion of adults who met fruit & vegetables intake guidelines - trend 2008 to 2017 (Source: VPHS 2008-17)

#### Fruit and vegetables consumption – children/young people

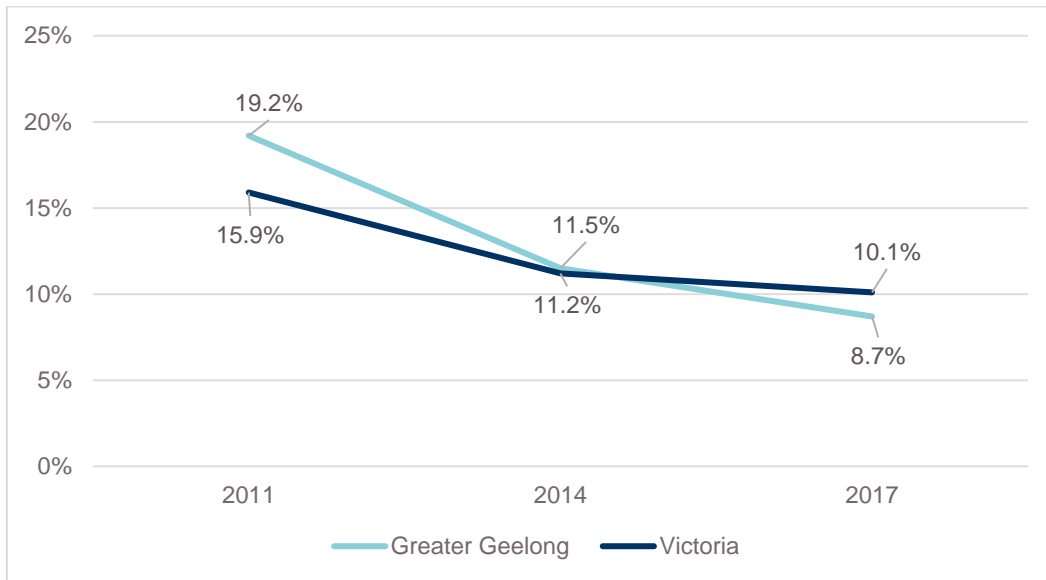


**Figure 42. Proportion of children/young people who eat the daily recommended serves of fruit & vegetables (Source: VCHWS 2013, VSHAWS 2018)**

#### Daily consumption of sugar sweetened beverages

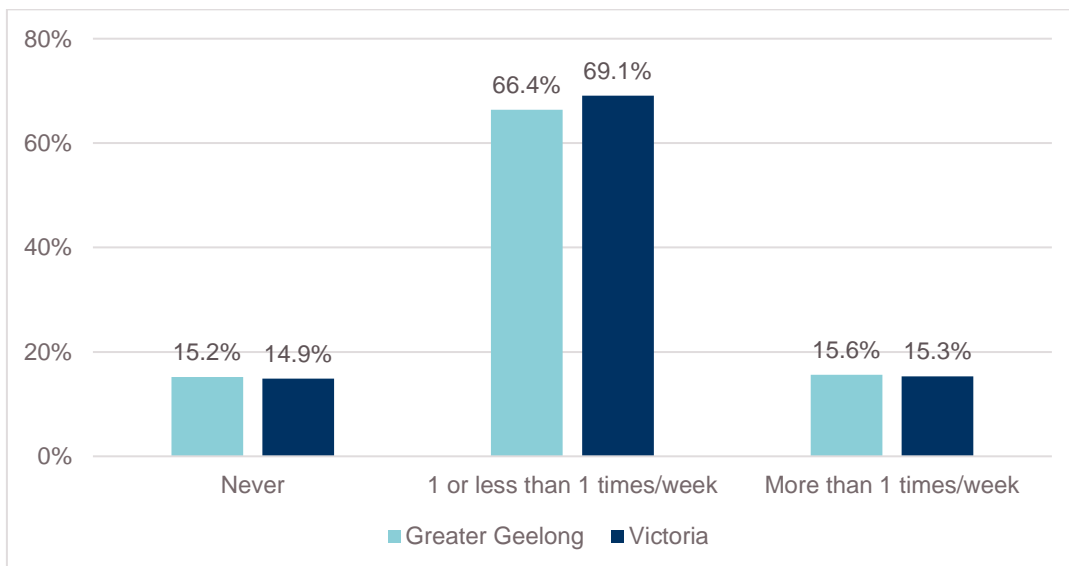


**Figure 43. Adult daily consumption of sugar-sweetened soft drinks (Source: VPHS 2017)**



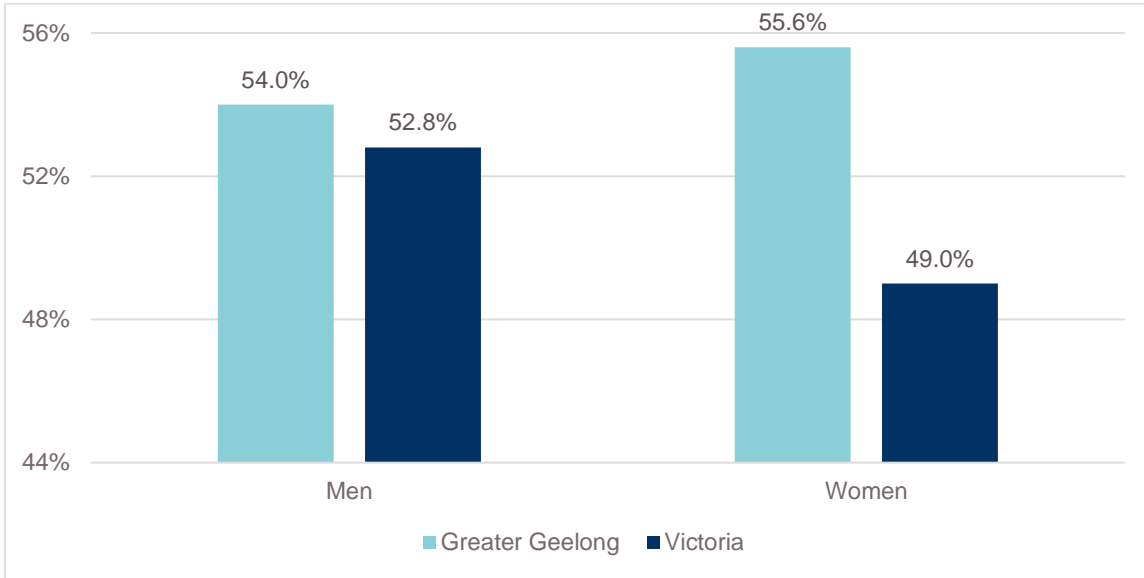
**Figure 44. Adult daily consumption of sugar-sweetened soft drinks 2011-17 (Source: VPHS 2011-17)**

#### Take-away foods and snacks consumption

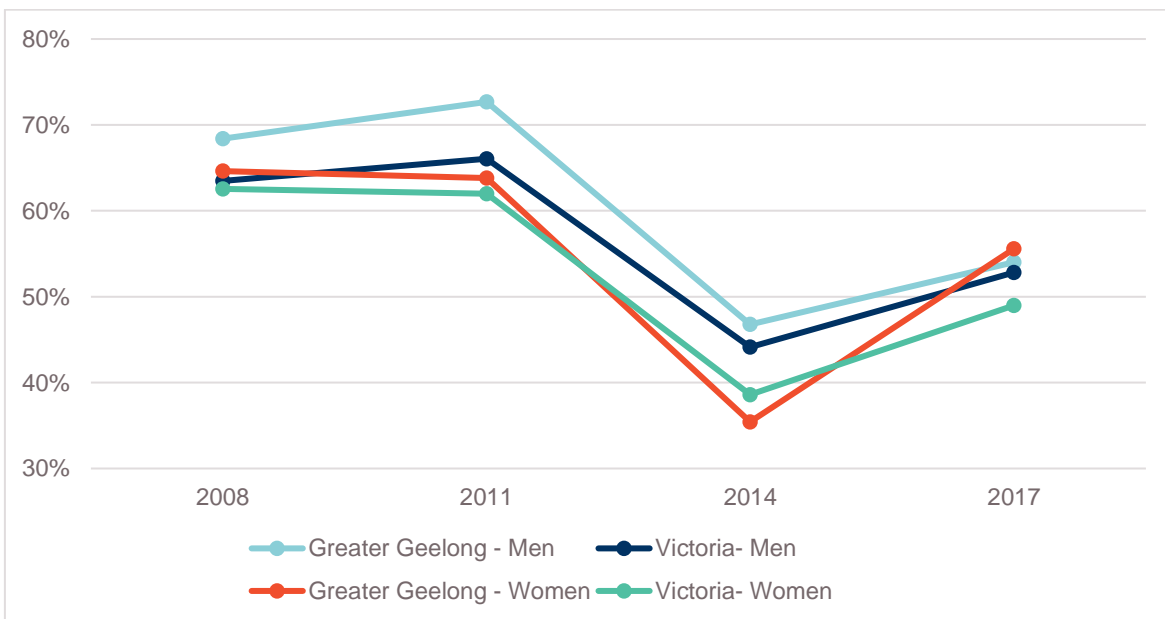


**Figure 45. Proportion of adults who eat take-away meals or snacks (Source: VPHS 2017)**

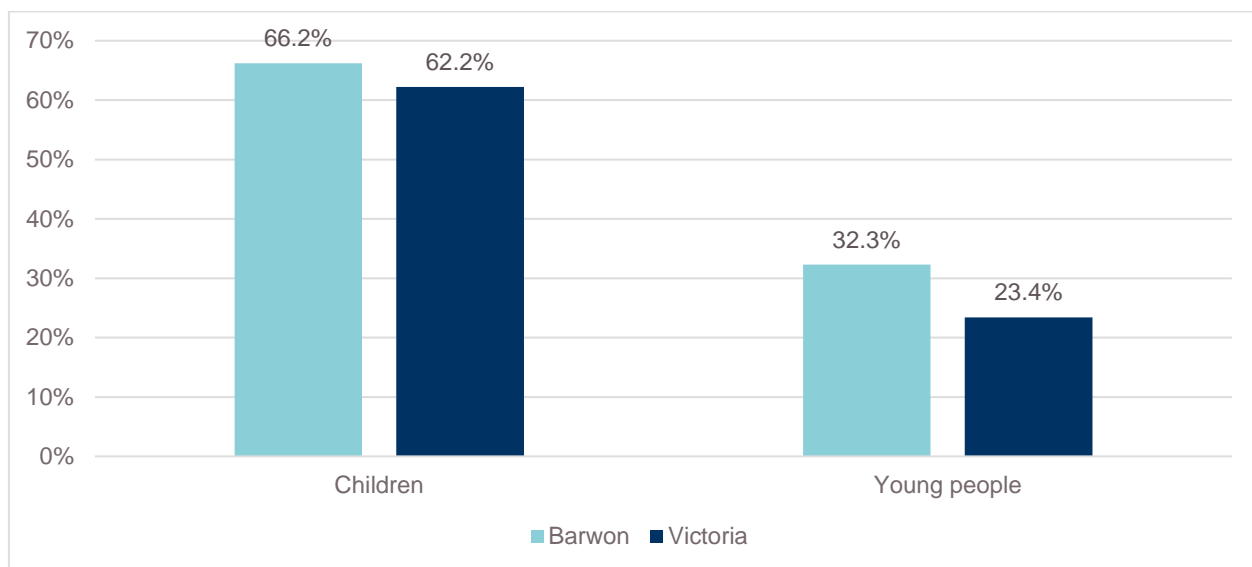
**Physical activity - adults**



**Figure 46. Proportion of adults meeting physical activity guidelines by gender (Source: VPHS 2017)**

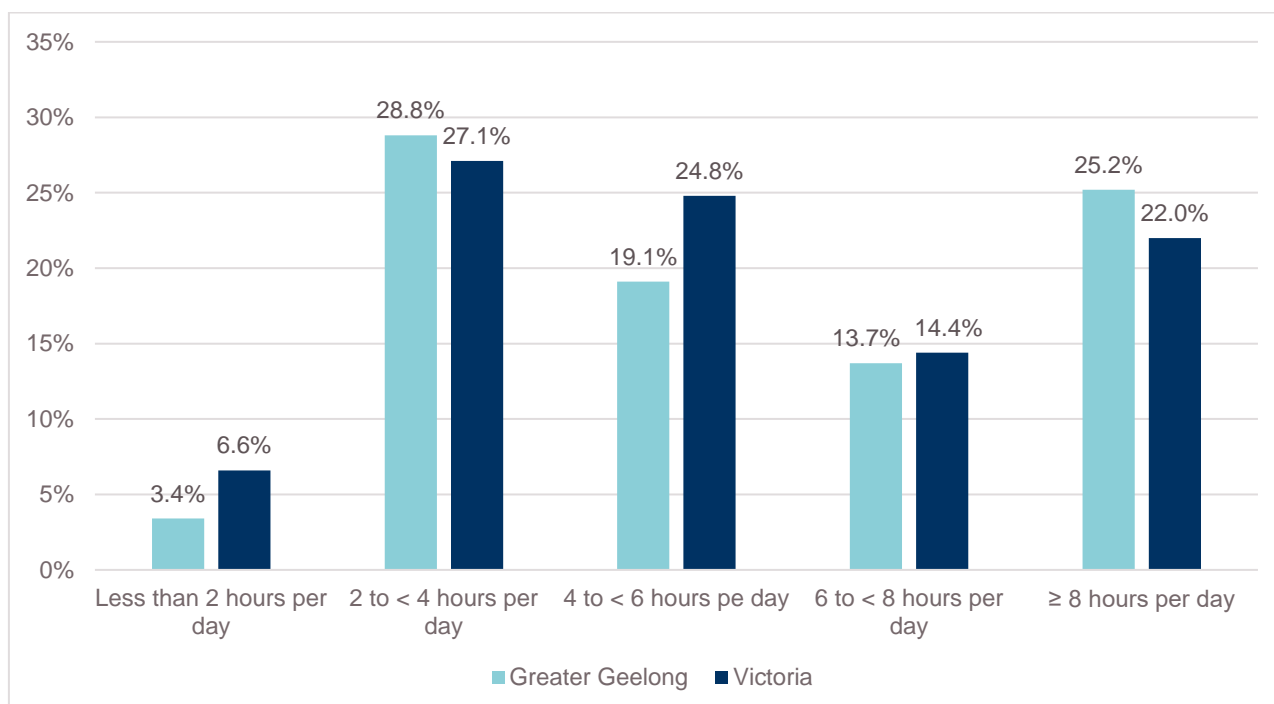


**Figure 47. Proportion of adults meeting physical activity guidelines - 2008-17 (Source: VPHS 2018-17)**



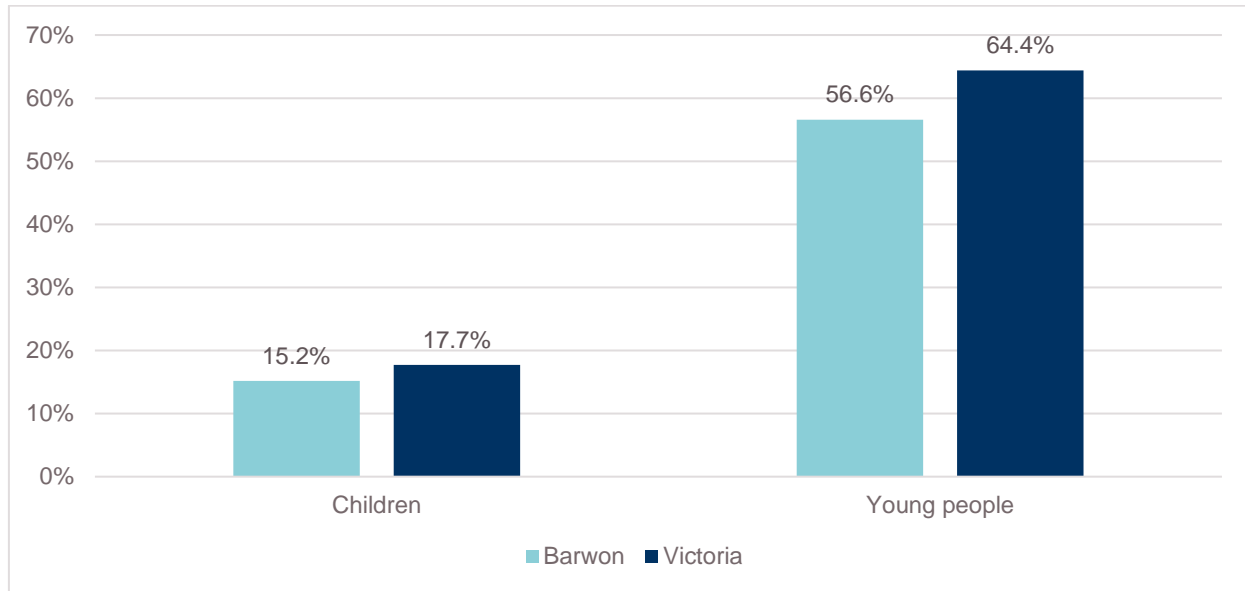
**Figure 48. Proportion of children/young people who do the recommended amount of physical activity every day (Source: VCHWS 2013, VSHAWS 2018)**

**Proportion of adults sitting for seven or more hours on an average weekday**

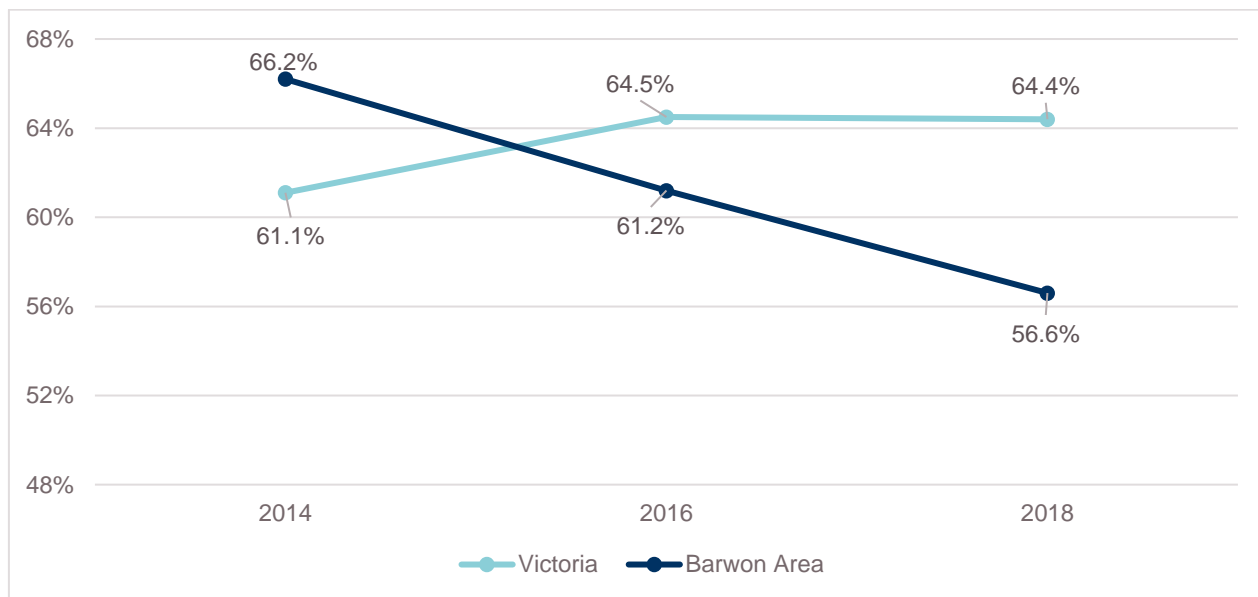


**Figure 49. Time spent sitting during average week day - adults (Source: VPHS 2017)**

**Screen time**



**Figure 50. Proportion of children/young people using electronic media for more than two hours per day (Source: VCHWS 2013, VSHAWS 2018)**



**Figure 51. Proportion of young people using electronic media for more than two hours per day - 2014-2018 (Source: VSHAWS 2018)**

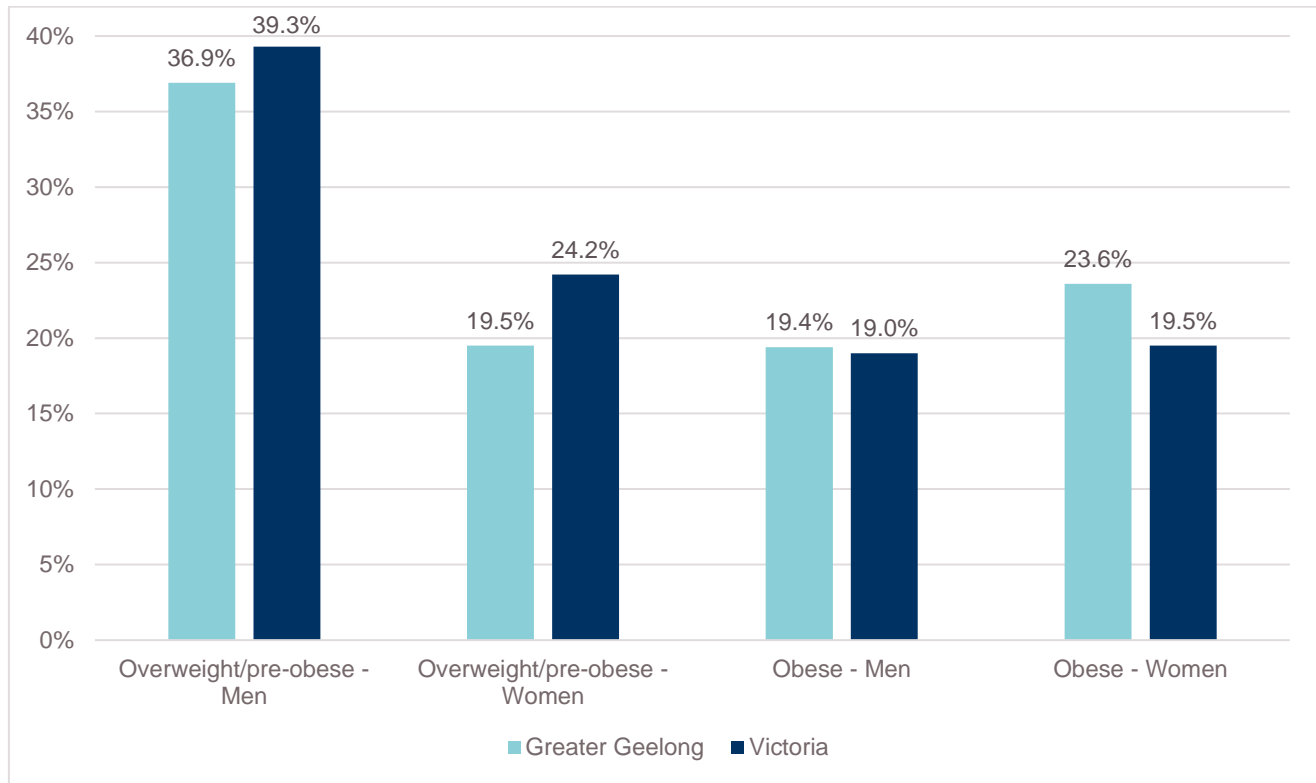


Figure 52. Proportion of adults classed as overweight/pre-obese and obese (Source: VPHS 2017)

Proportion of adults who are overweight/pre-obese (self-report)

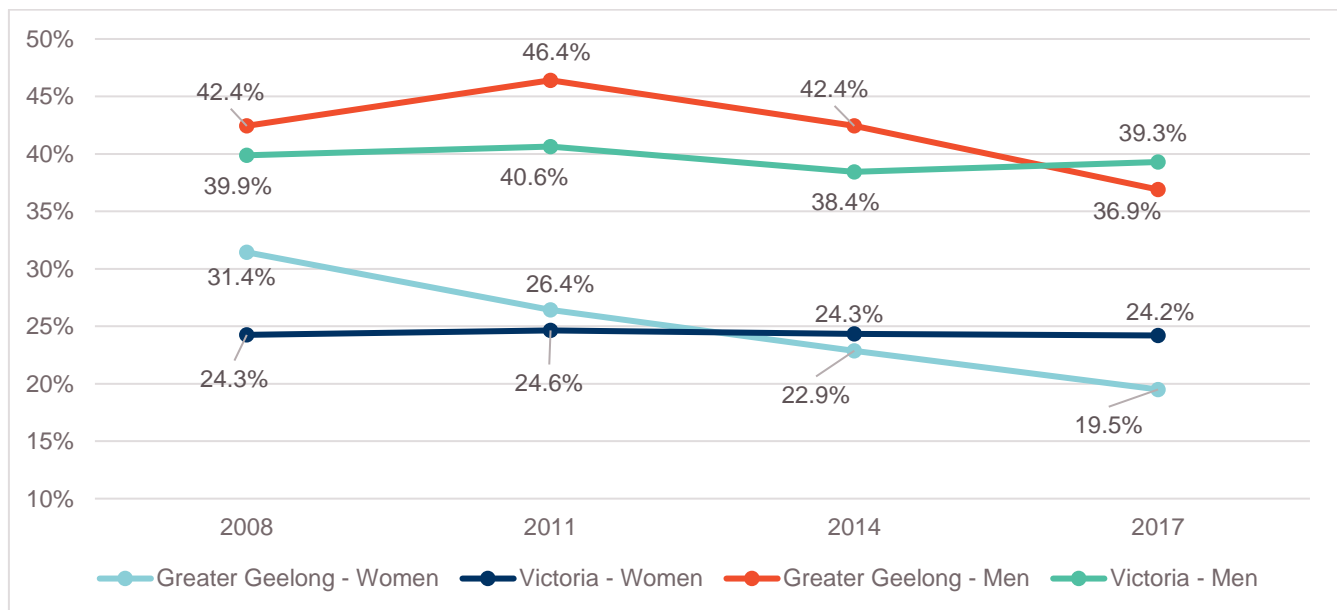
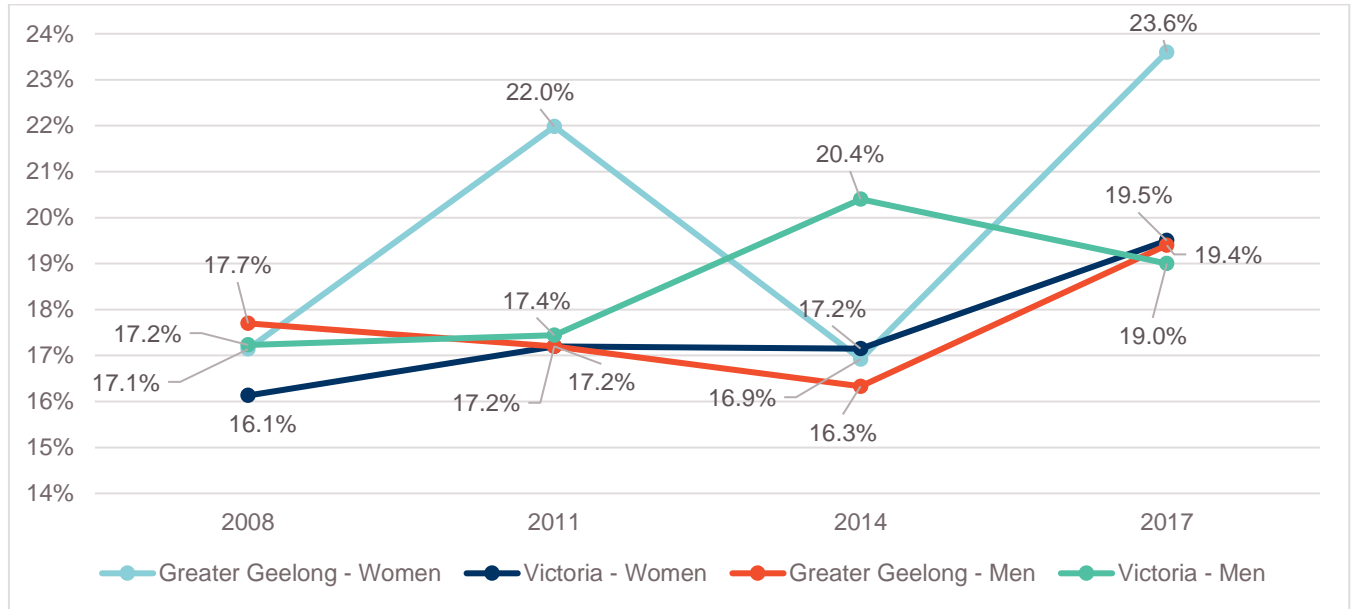


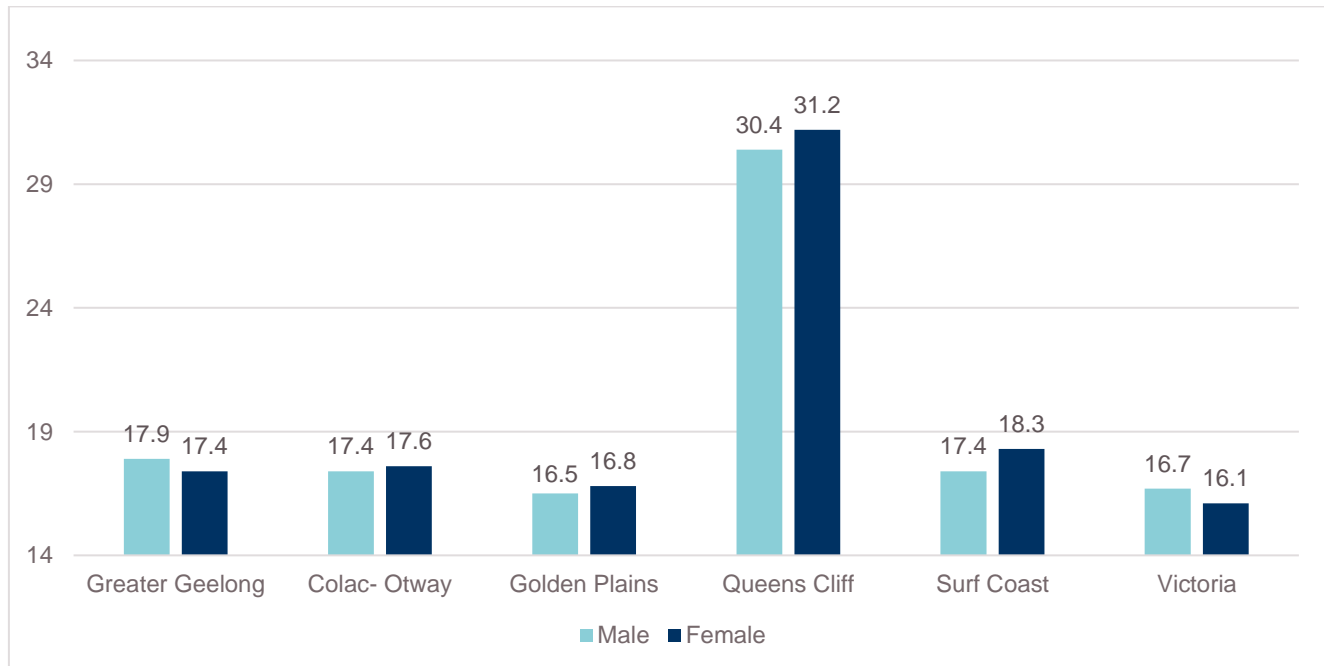
Figure 53. Proportion of adults classed as overweight/pre-obese - 2008-2017 (Source: VPHS 2008-17)

**Proportion of adults who are obese (self-report)**



**Figure 54. Proportion of adults classed as obese - 2008-2017 (Source: VPHS 2008-17)**

**Overweight or obese – children and young people (2-17 years old)**



**Figure 55. Overweight - Modelled estimate for age-standardised rate per 100 children for 2017-18 (Source: PHIDU Social Health Atlas of Australia 2020)**

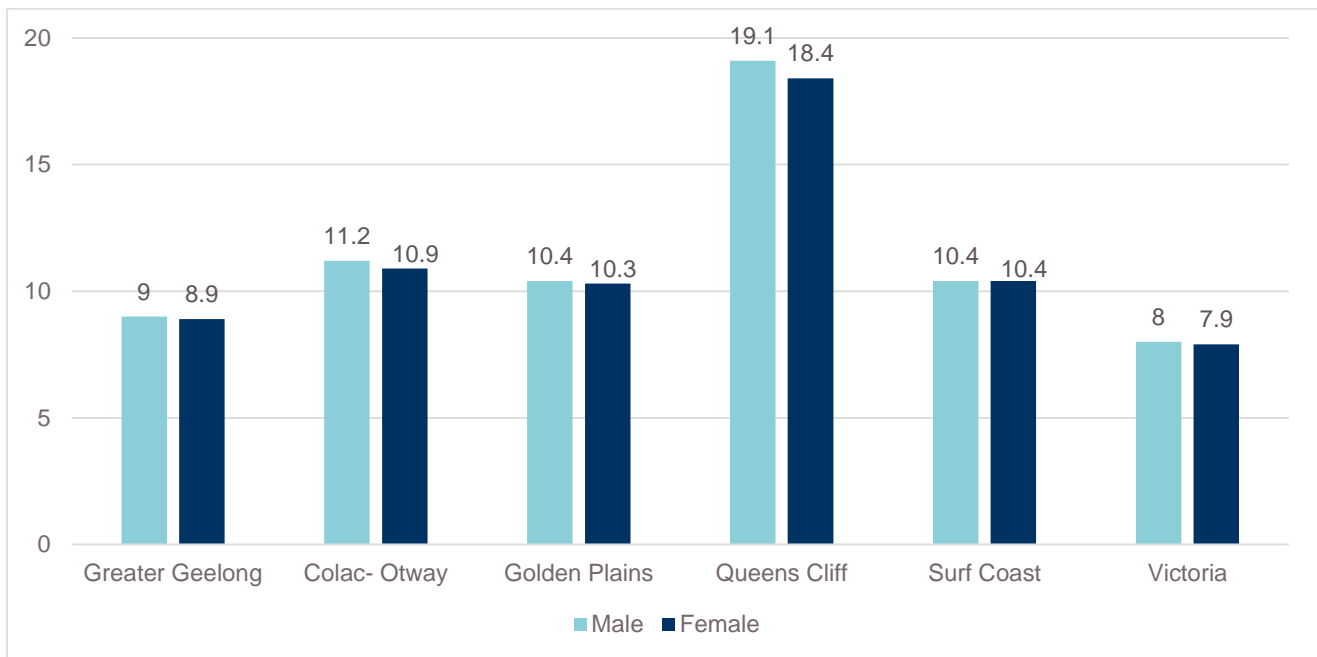


Figure 56. Obesity - Modelled estimate for age-standardised rate per 100 children for 2017-18 (Source: PHIDU Social Health Atlas of Australia 2020)

[Biomedical checks](#)

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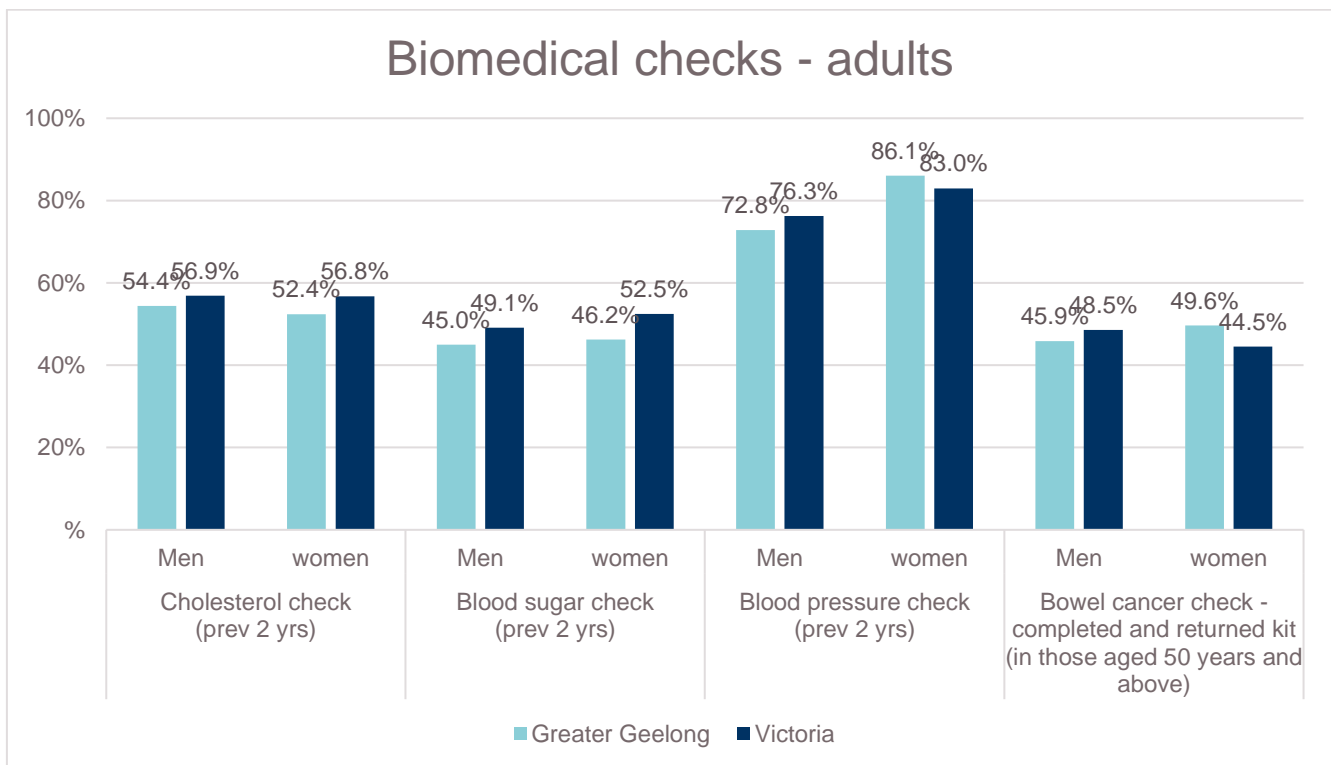


Figure 57. Proportion of adults doing biomedical checks (Source: VPHS 2017)

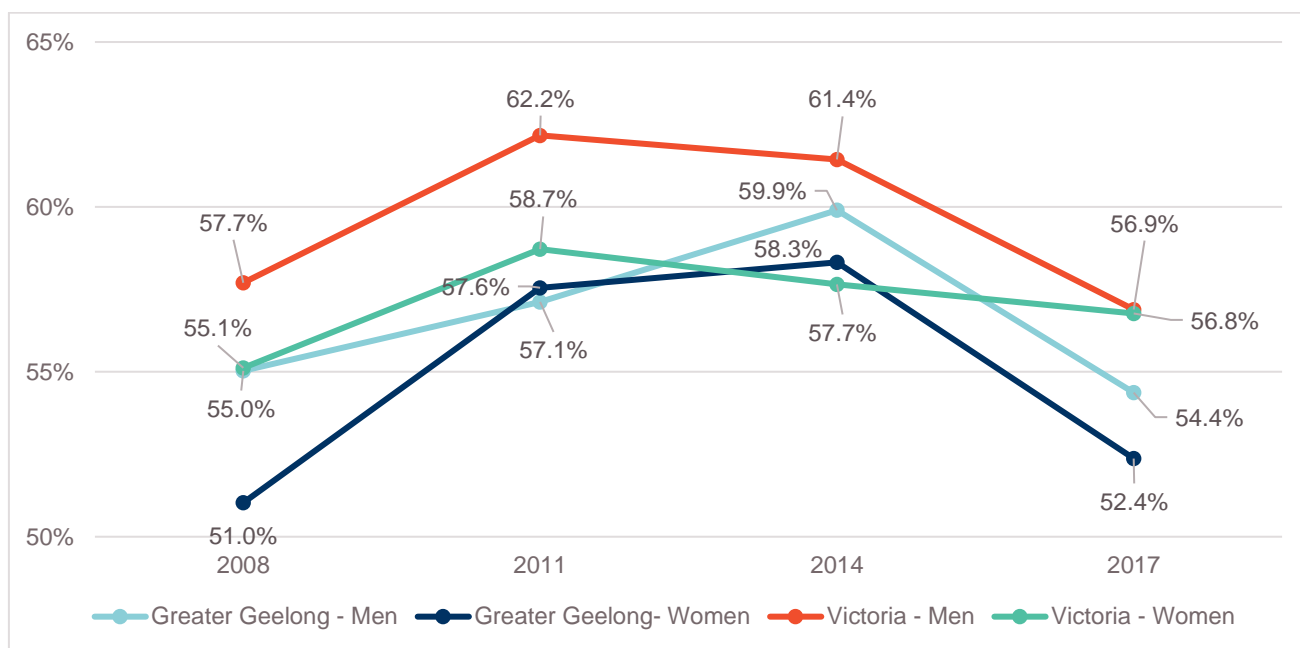


Figure 58. Proportion of adults getting their cholesterol checked - 2008-17 (Source: VPHS 2008-17)

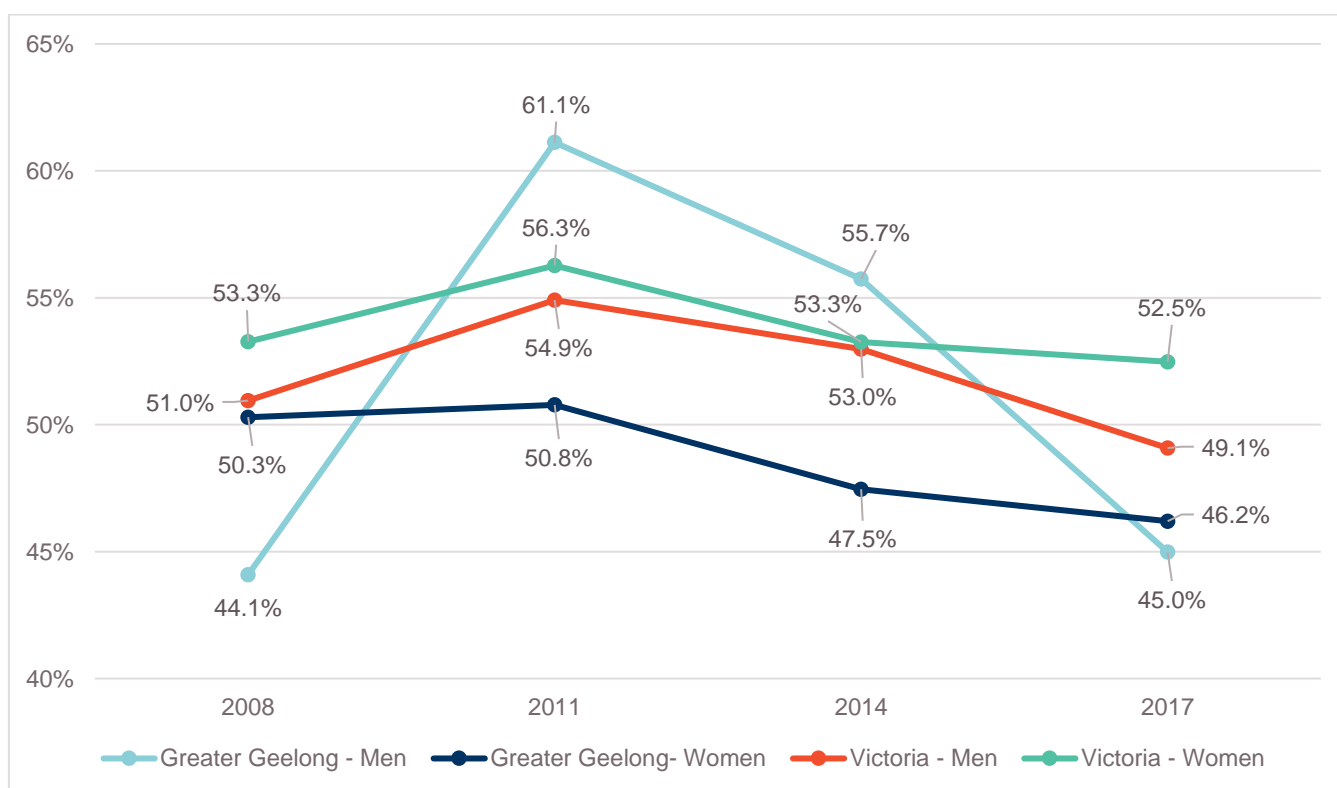


Figure 59. Proportion of adults getting their blood sugar checked - 2008-17 (Source: VPHS 2008-17)

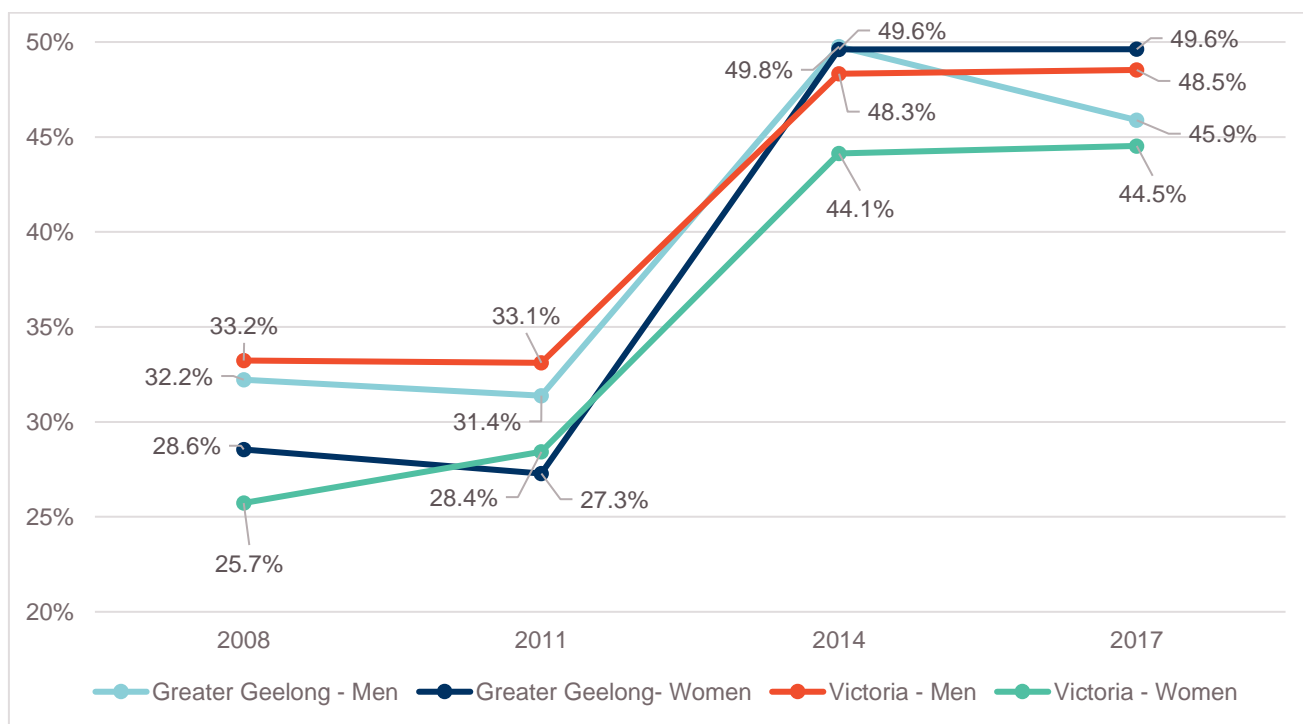


Figure 60. Proportion of adults screening for bowel cancer - 2008-17 (Source: VPHS 2008-17)

**Breastfeeding**

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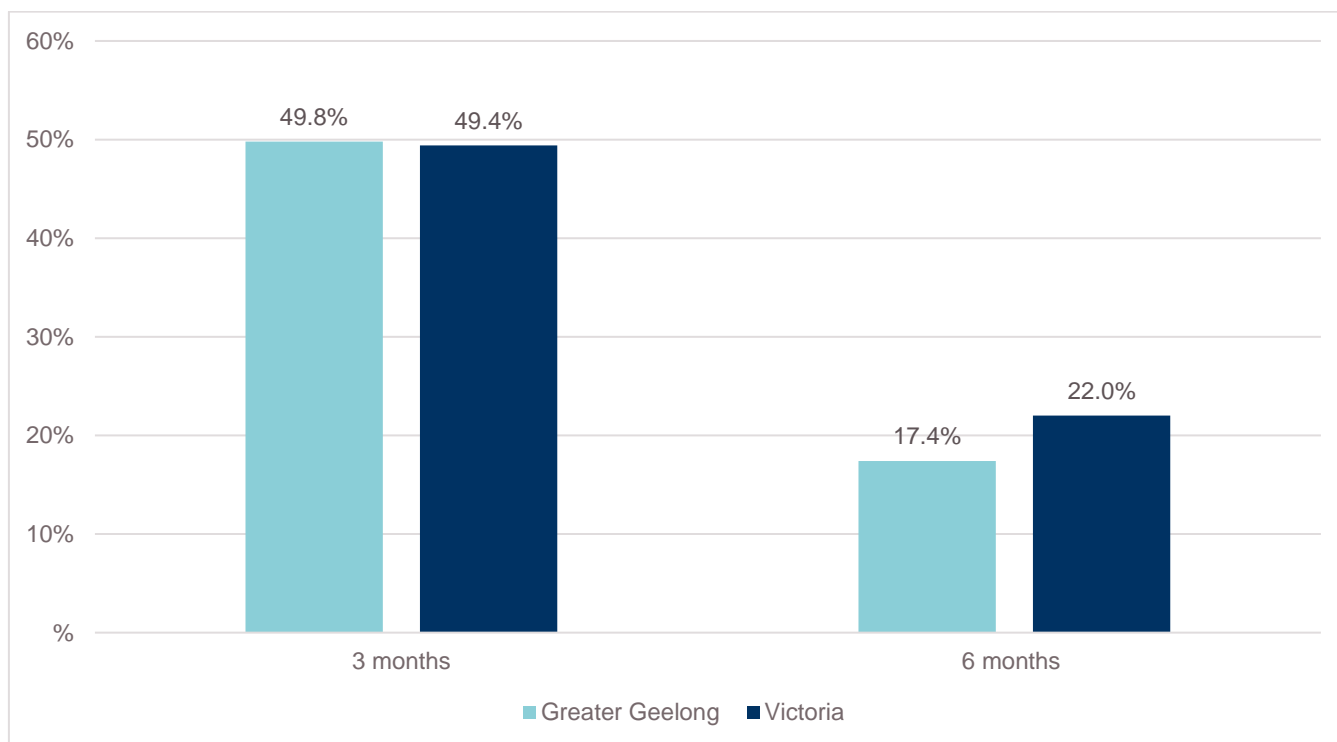
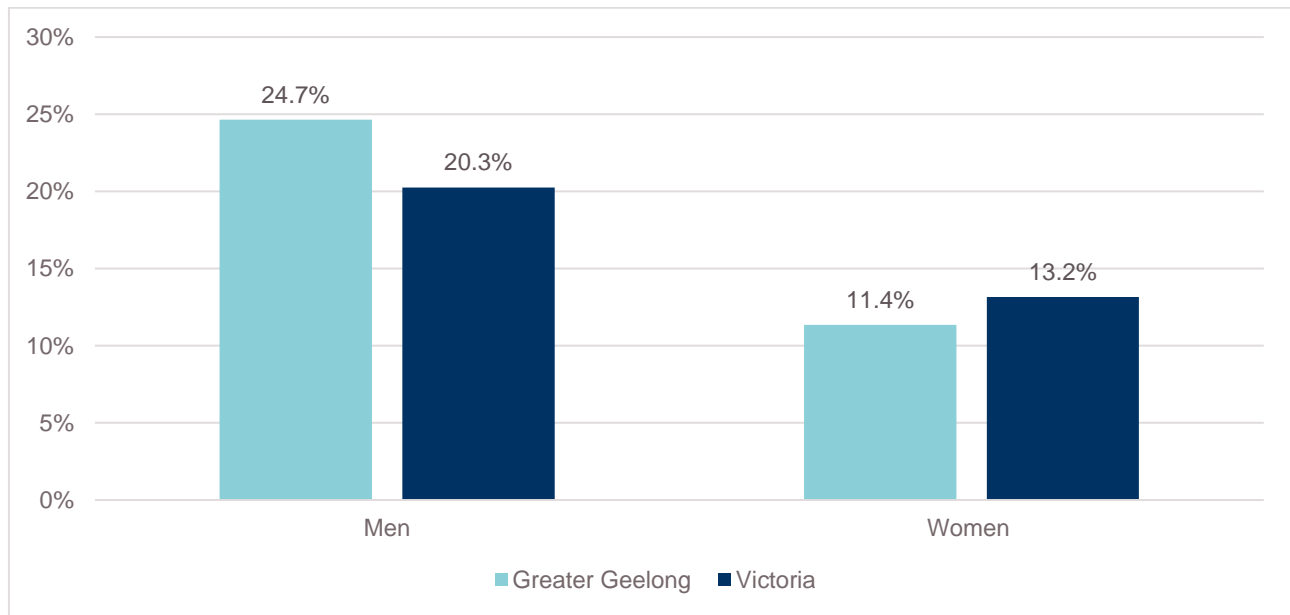
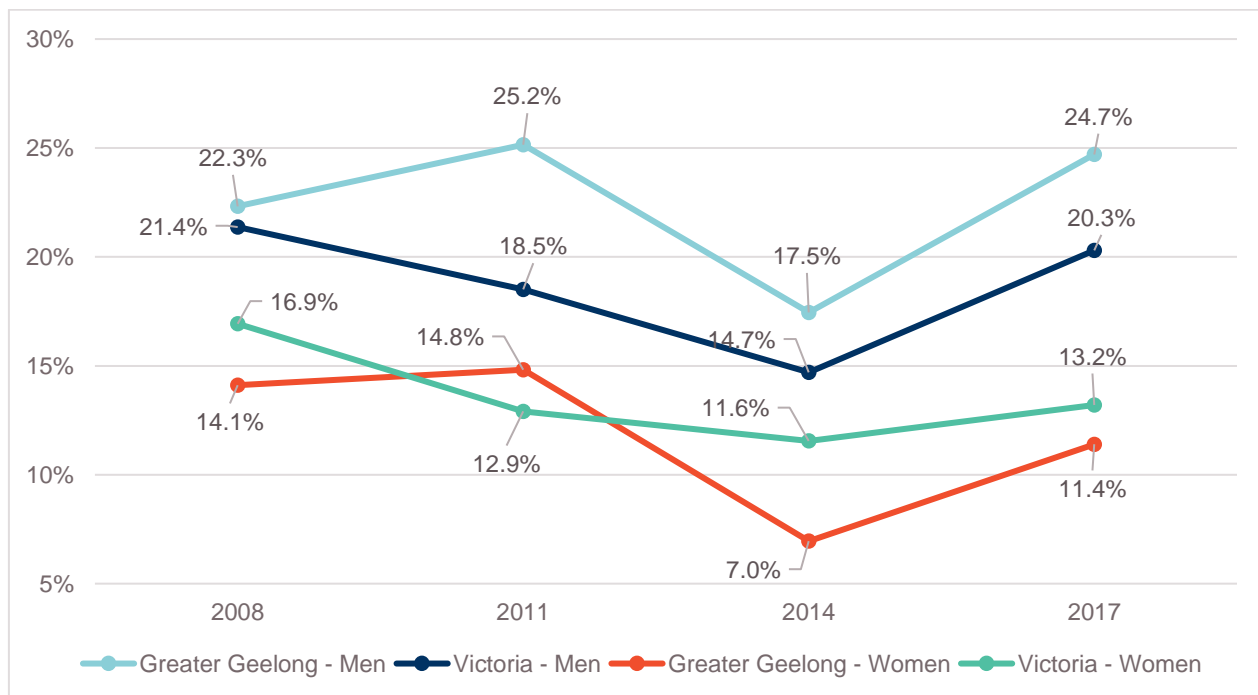


Figure 61. Infants breastfed at 3 and 6 months for 2017/18 (Source: DHHS 2020)

**Proportion of adults who smoke daily**



**Figure 62. Proportion of adults who are current smokers (Source: VPHS 2017)**



**Figure 63. Proportion of adults who are current smokers - 2008-2017 (Source: VPHS 2008-17)**

### Children exposed to smoke in the home

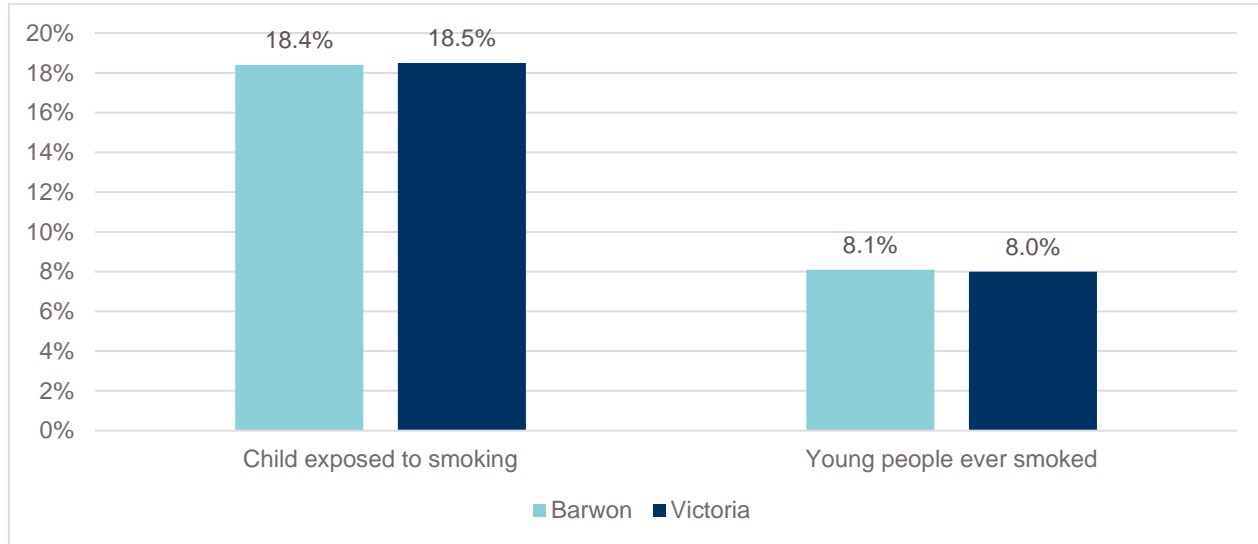


Figure 64. Proportion of children exposed to smoke in the home (Source: VCHWS 2013) and proportion of adolescents who have ever smoked (Source: VSHAWS 2018)

### Young people who have ever smoked

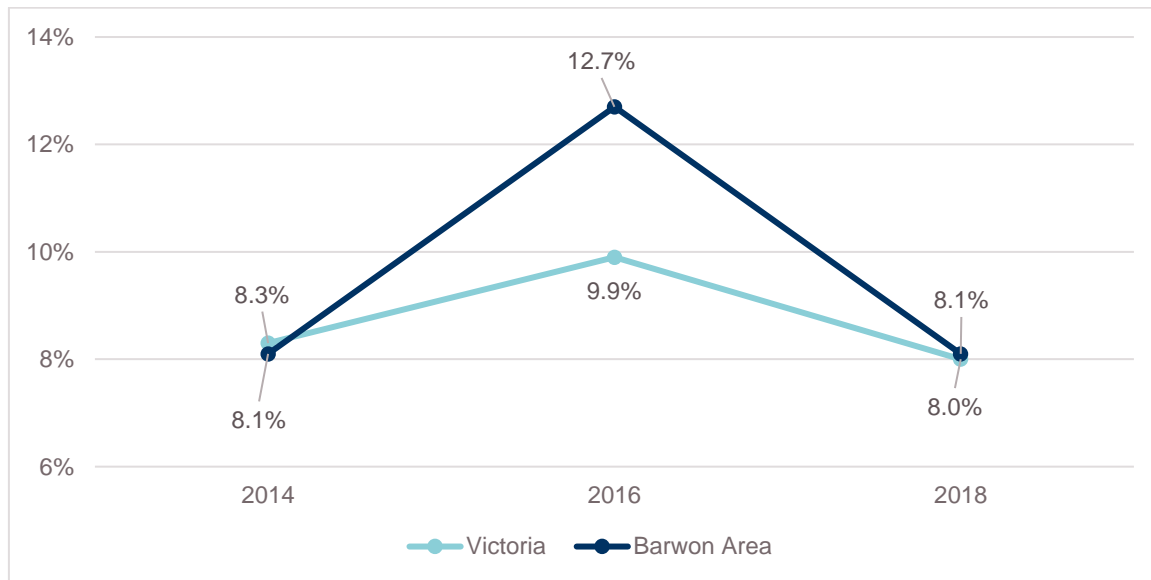


Figure 65. Proportion of adolescents who have ever smoked - 2014-18 (Source: VSHAWS 2014-18)

**Proportion of adults who consume alcohol at risk of alcohol-related harm over a lifetime**

**Proportion of adults who consume alcohol at risk of alcohol related injury on a single occasion at least monthly**

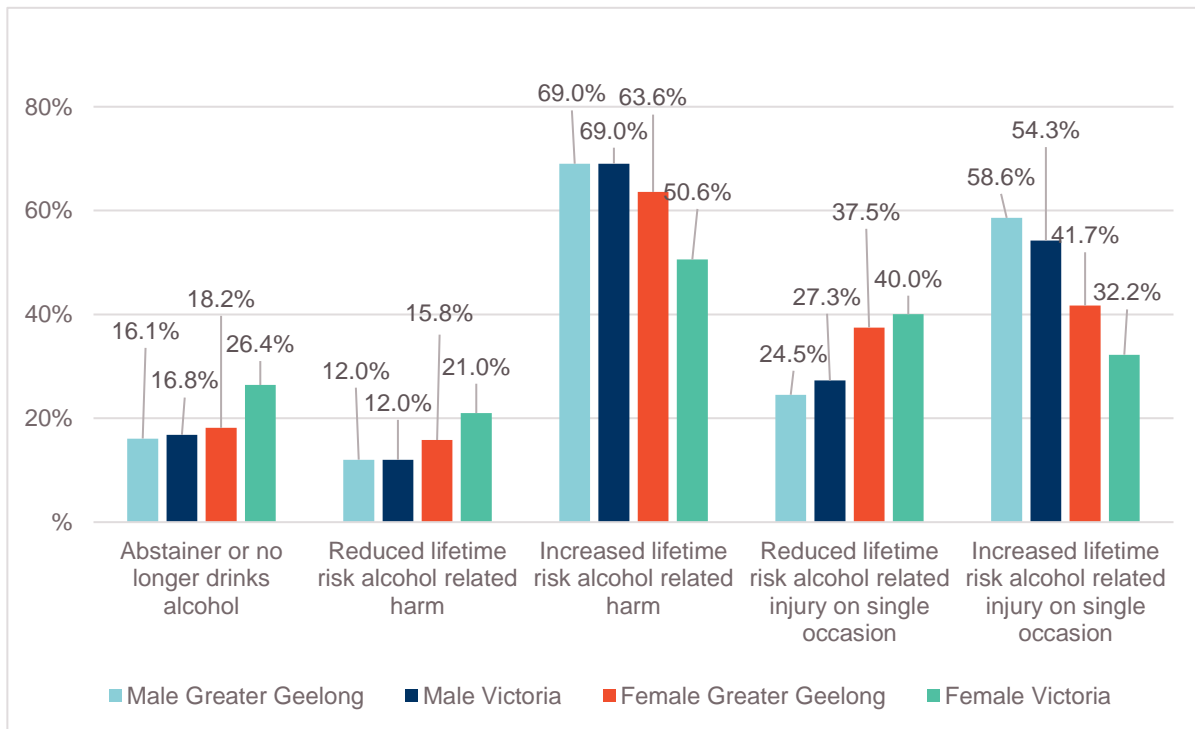
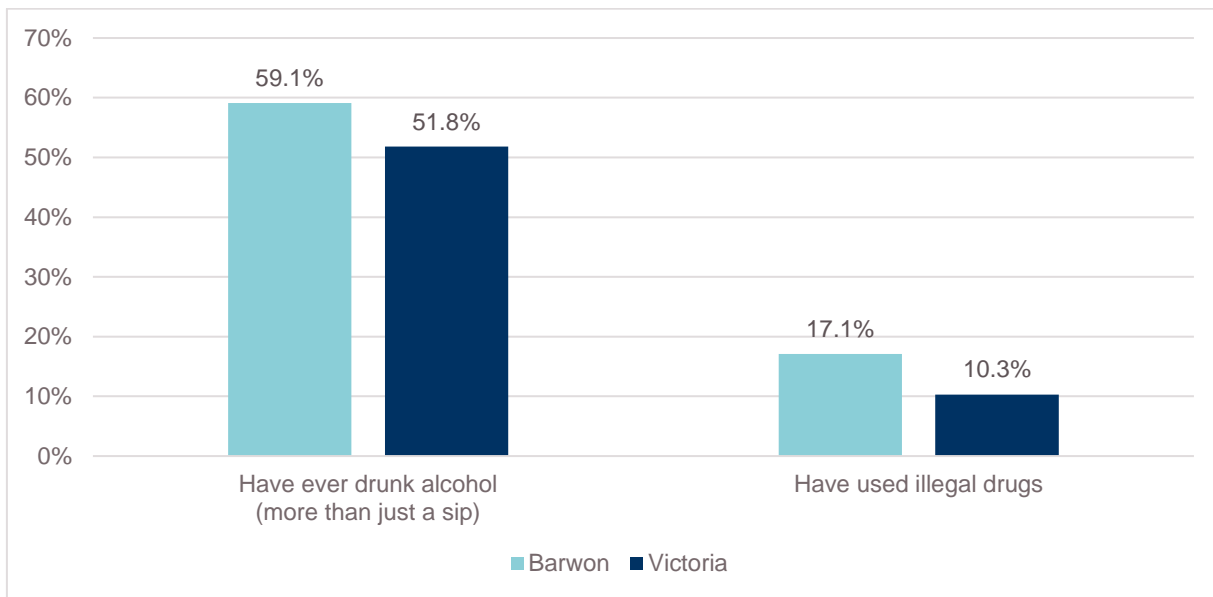
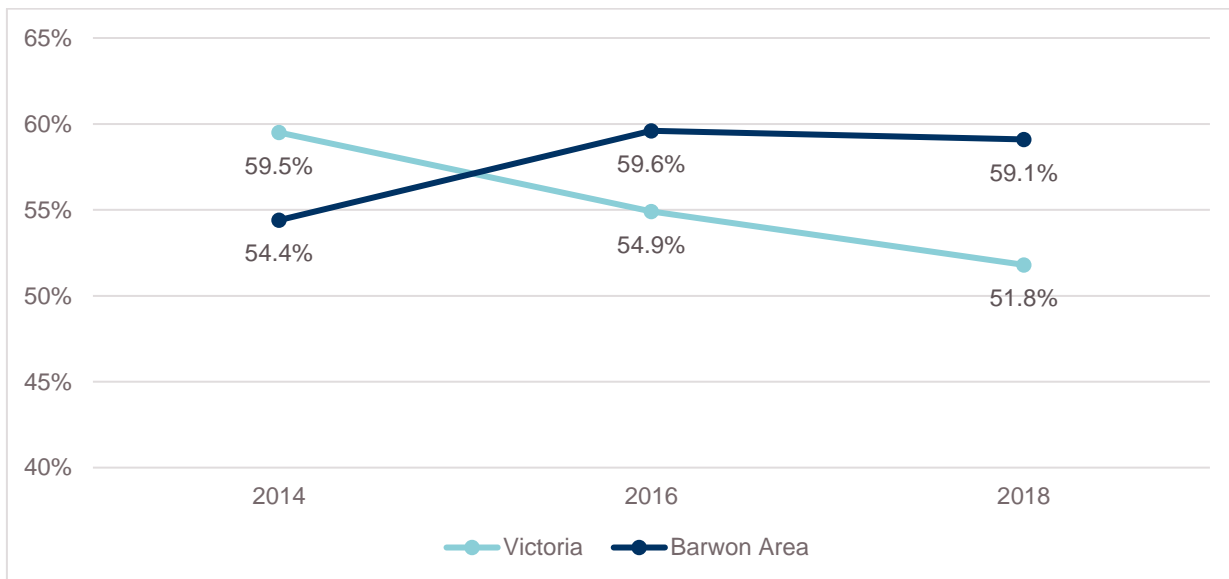


Figure 66. Proportion of adults at risk of alcohol related harm (Source: VPHS 2017)

**Young people who have ever drunk alcohol or ever used marijuana or other illegal drugs**



**Figure 67. Proportion of young people who have ever drunk alcohol (more than a few sips) or ever used marijuana or other illegal drugs (Source: VSHAWS 2018)**



**Figure 68. Proportion of young people who have ever drunk alcohol (more than a few sips) – 2014-18 (Source: VSHAWS 2014-18)**

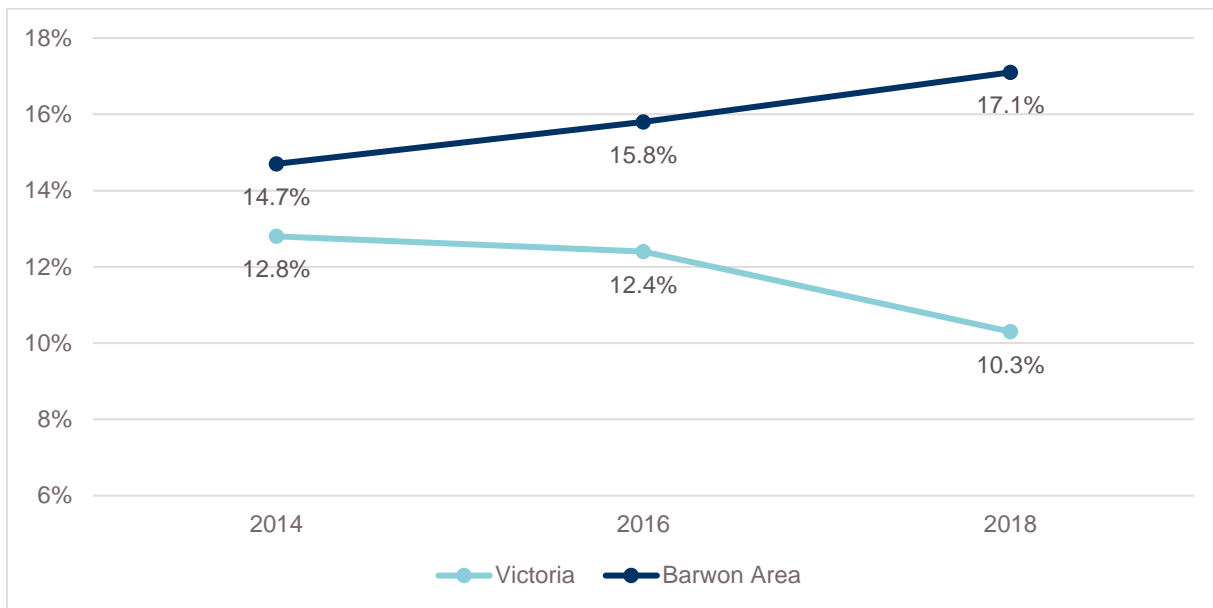


Figure 69. Proportion of young people who have ever used marijuana or other illegal drugs – 2014-18 (Source: VSHAWS 2014-18)

### Rate of alcohol related ambulance attendances

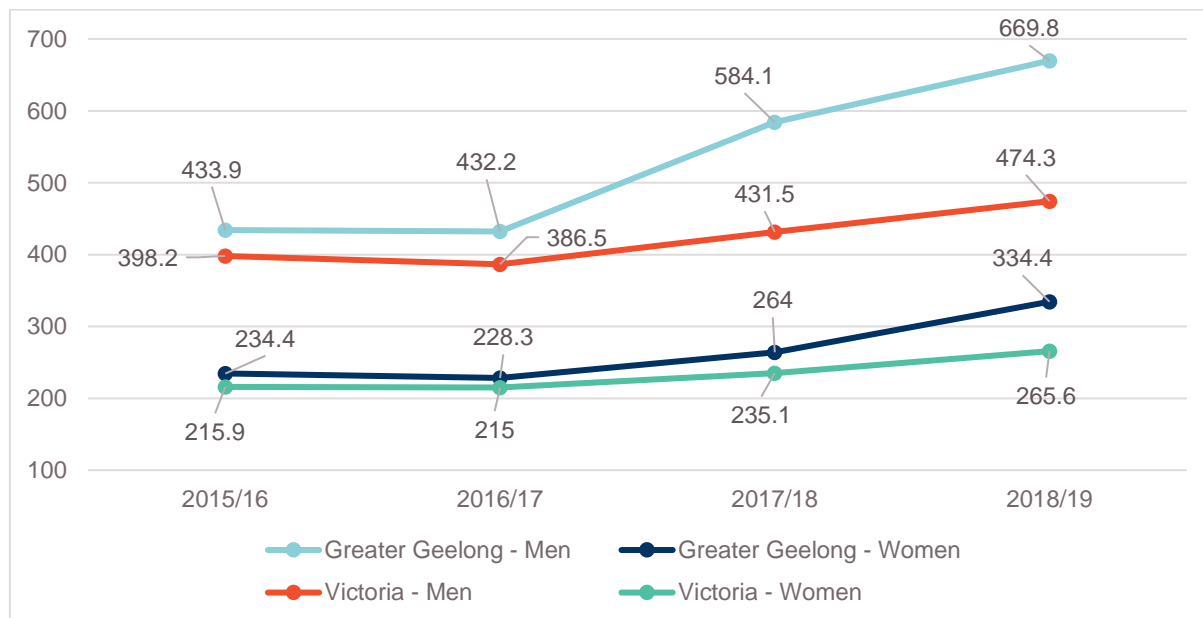


Figure 70. Rate of alcohol related ambulance attendances per 100,000 population – 2015/16-2018/19 (Source: <https://aodstats.org.au> 2020)

### Rate of prescription drug related ambulance attendances

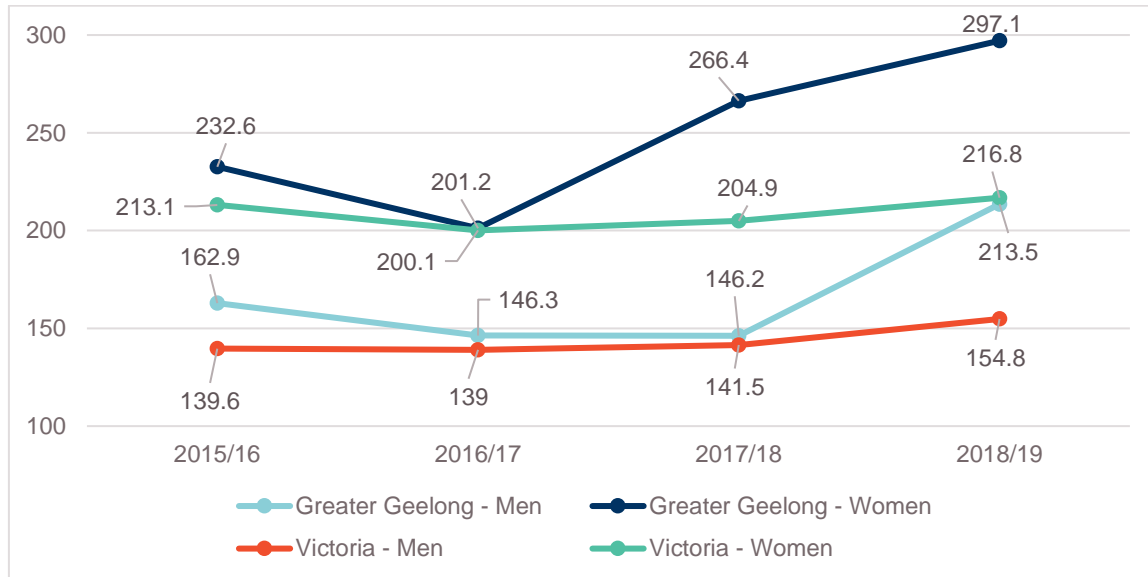


Figure 71. Rate of prescription drug related ambulance attendances per 100,000 population – 2015/16-2018/19 (Source: <https://aodstats.org.au> 2020)

### Rate of illicit drug related ambulance attendances

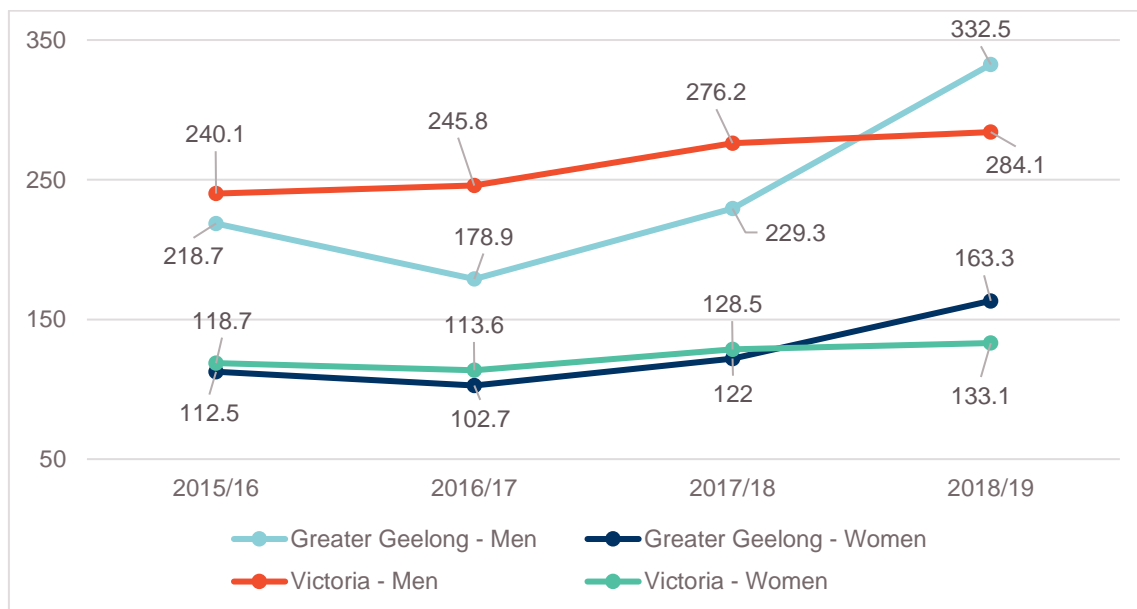


Figure 72. Rate of illicit drug related ambulance attendances per 100,000 population – 2015/16-2018/19 (Source: <https://aodstats.org.au> 2020)

Total losses in Greater Geelong on poker machines 2010/11 to 2018/19 (Victorian Commission for Gambling and Liquor Regulation)

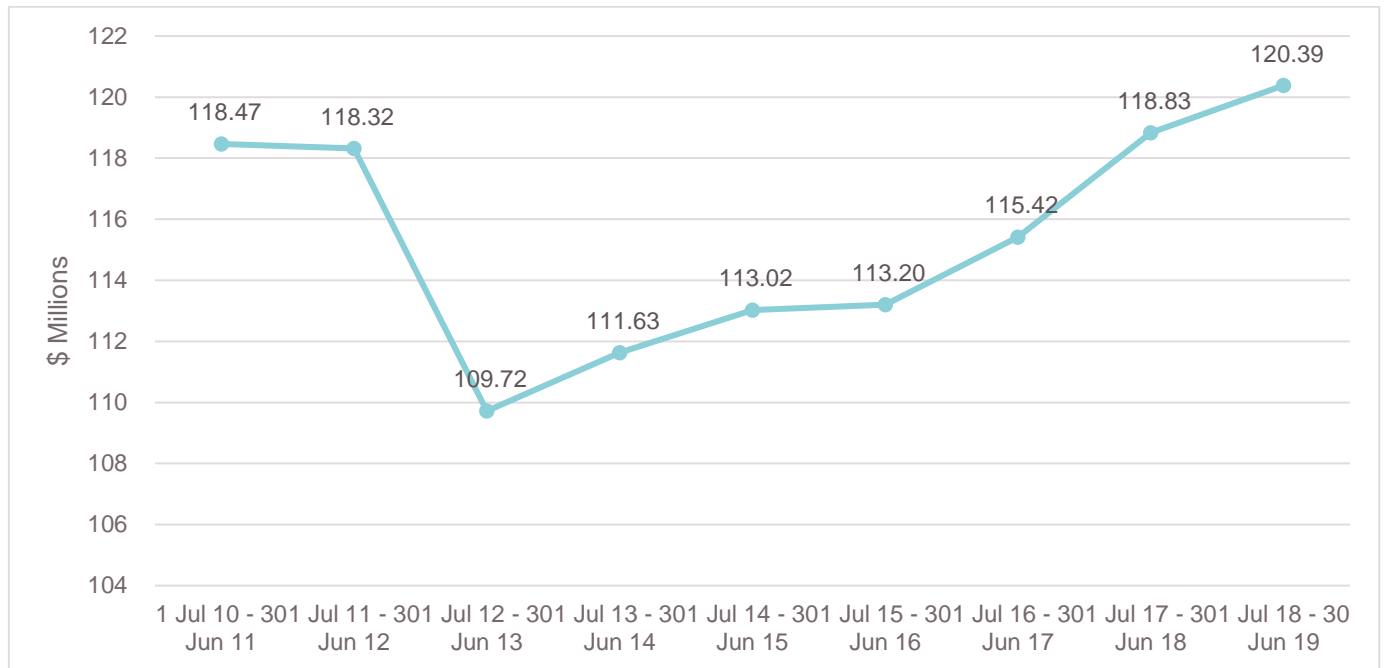


Figure 73. Electronic gaming machines expenditure for Greater Geelong – 2010-19 (Source: <https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-local-area> 2020)

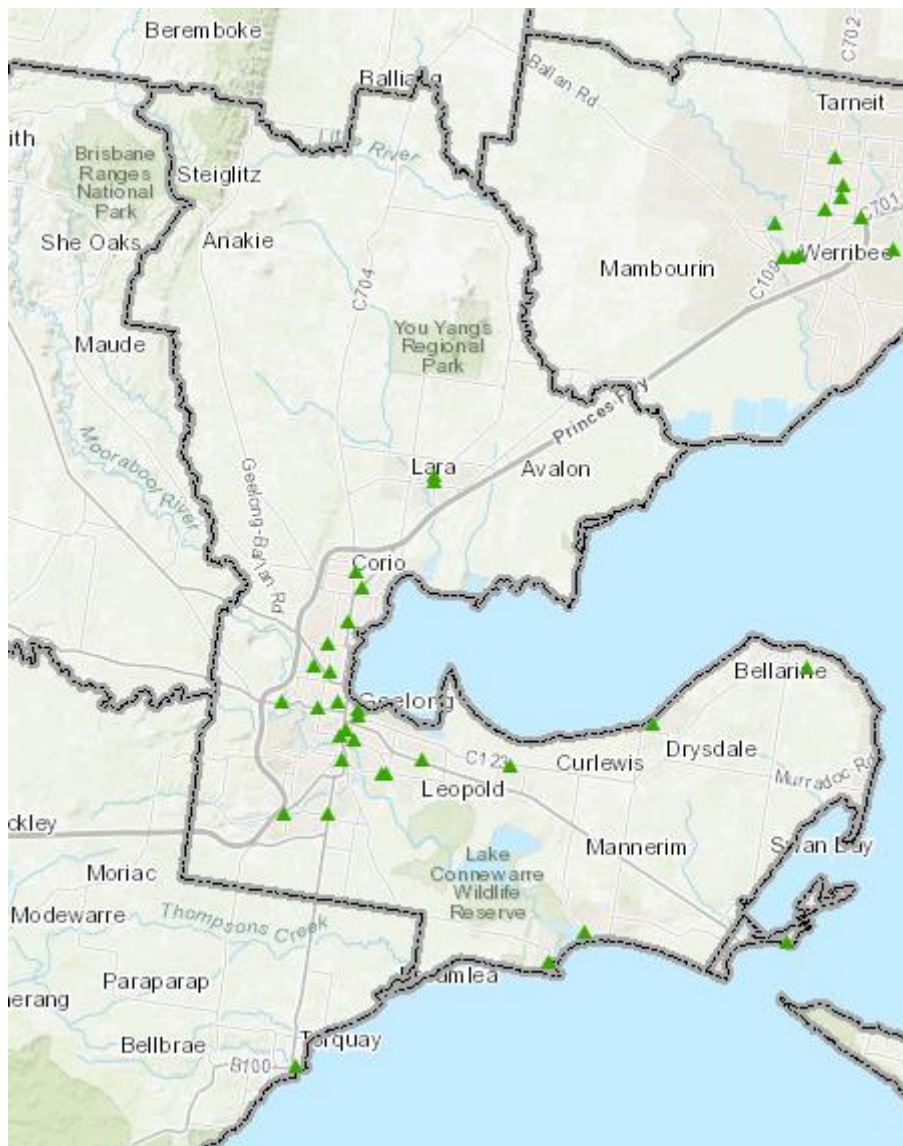
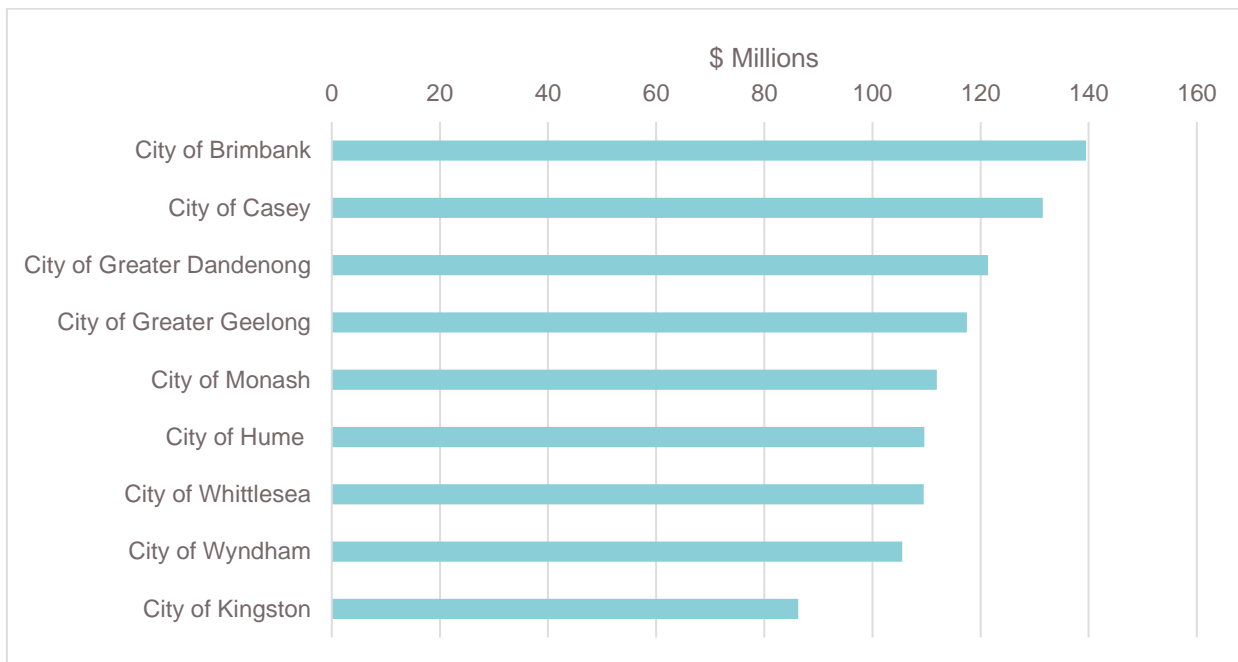


Figure 74. Poker machine venues (green triangles) in Greater Geelong (Source: <https://geomaps.vcglr.vic.gov.au/Gaming/> 2020)

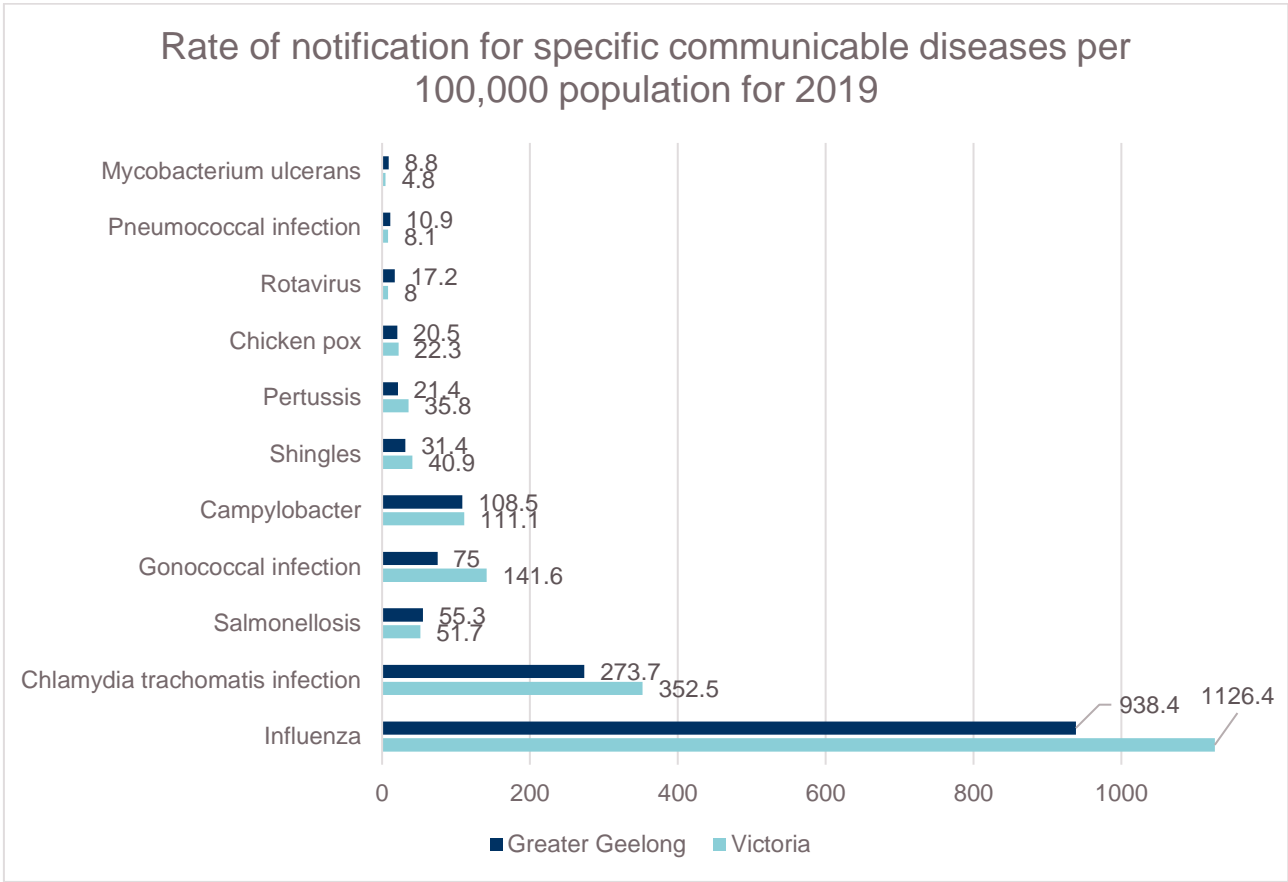


**Figure 75. Total losses for players using electronic gaming machines in 2017-18 by municipality (Source: <https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-local-area> 2020)**

[Immunisation](#)

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**Notification rate for vaccine preventable diseases and other communicable diseases**



**Figure 76. Rate of notification for specific communicable diseases per 100,000 population for 2019 (Source: Communicable Disease Section, DHHS 2020) N.B: Does not include diseases below 1.**

**Immunisation coverage rate at school entry**

**Children fully immunised**

Proportion of children fully immunised at 12-15 months, 24<27 months and 60-63 months (source: Immunisation Unit | Health Protection Branch | Regulation, Health Protection & Emergency Management Division | Department of Health and Human Services, 2020)

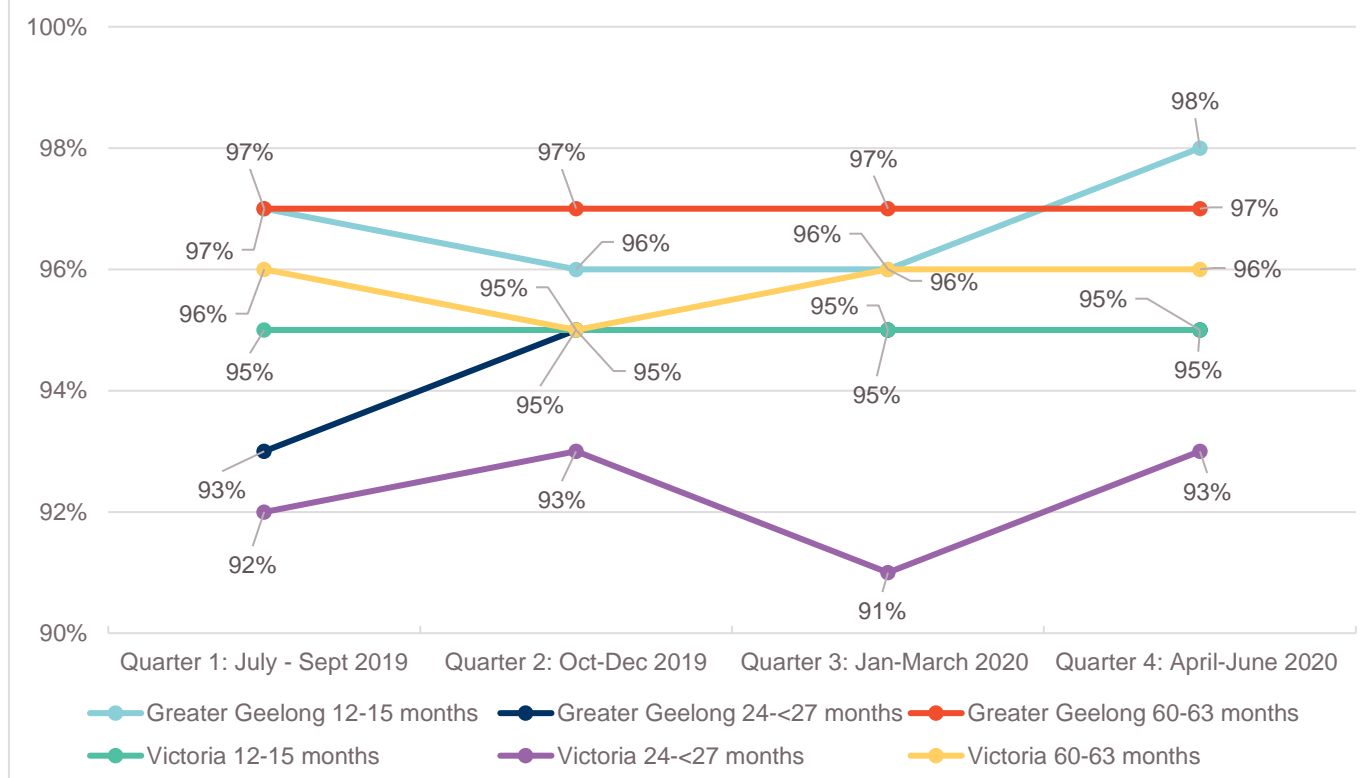


Figure 77. Proportion of children fully immunised at 12-15 months, 24<27 months and 60-63 months for 2019-20 (Source: Immunisation Unit, Health Protection Branch | Regulation, Health Protection & Emergency Management Division, Department of Health and Human Service)

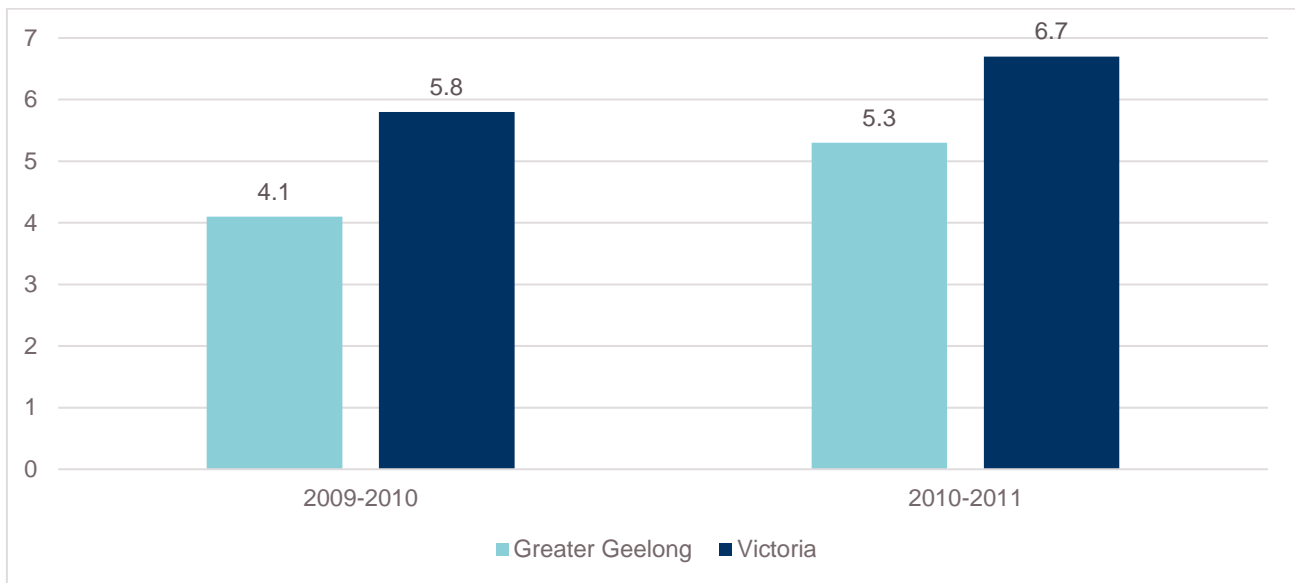
## DOMAIN 2: OUR PEOPLE ARE SAFE AND SECURE

### Outcome 1: Our people live free from abuse and violence

[Abuse and neglect of children](#)

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#### Rate of substantiated child abuse

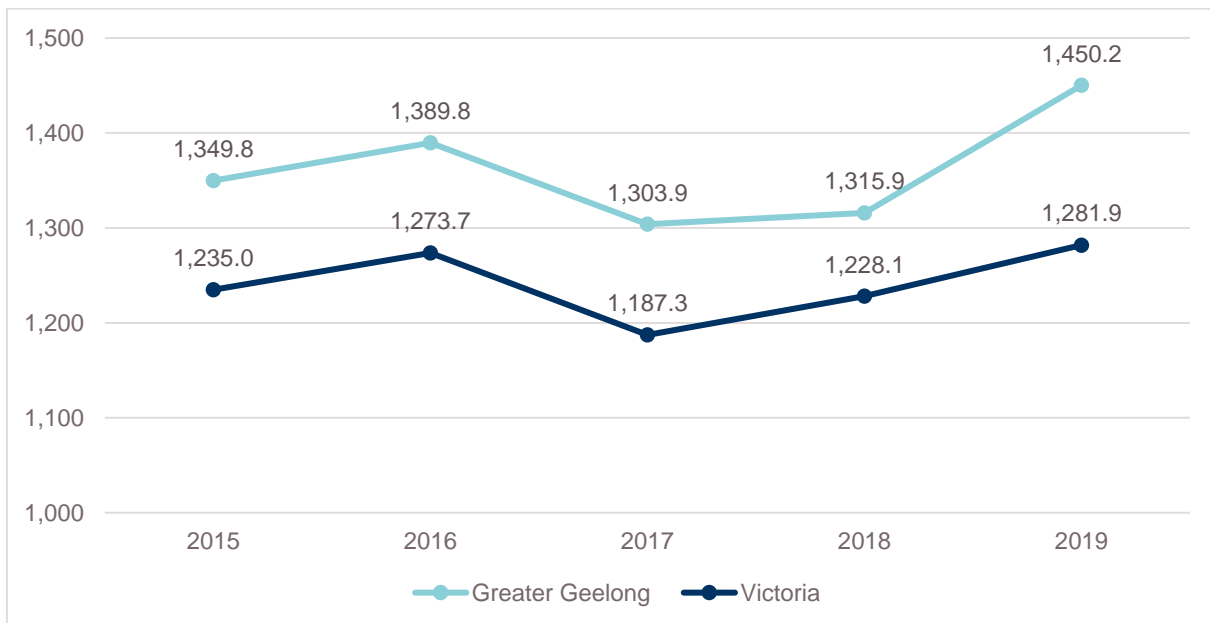


**Figure 78. Rate of child abuse notifications that were substantiated per 1000 children aged 0-17 years (Source: VCAM reporting Department of Human Services data 2020)**

[Impact of family violence](#)

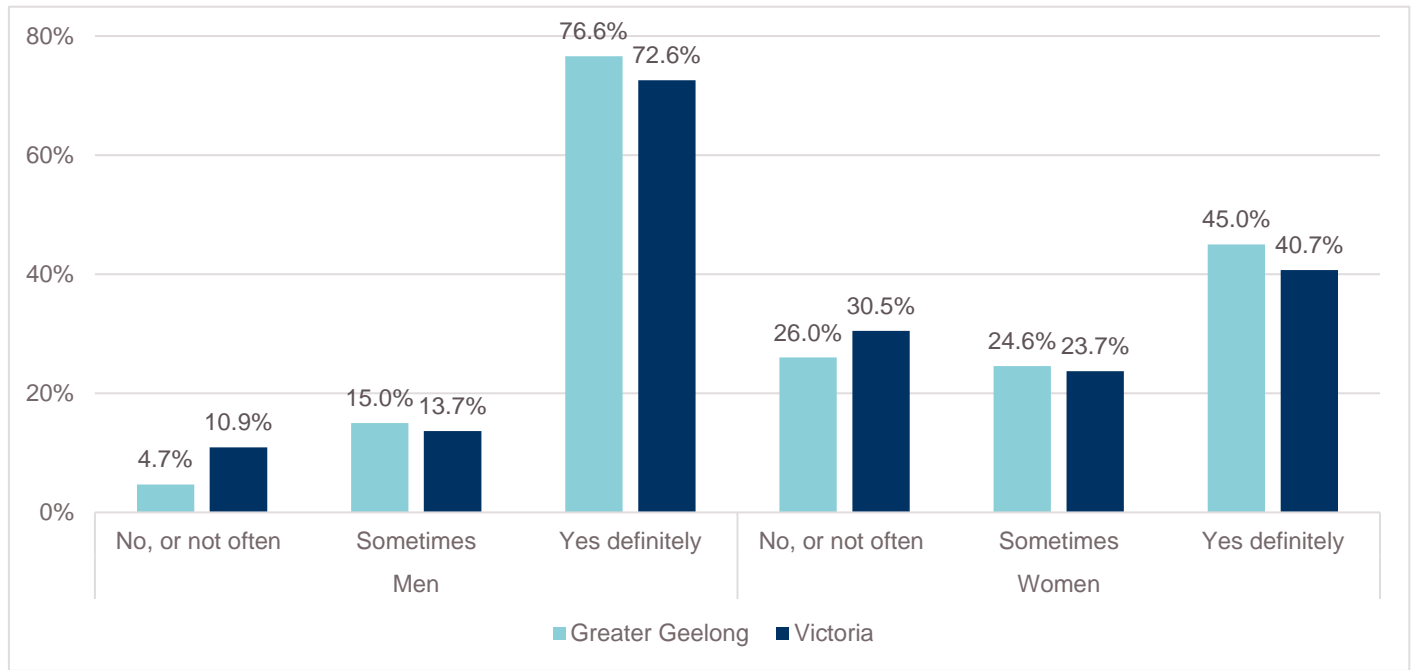
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### Family violence incidents recorded by police

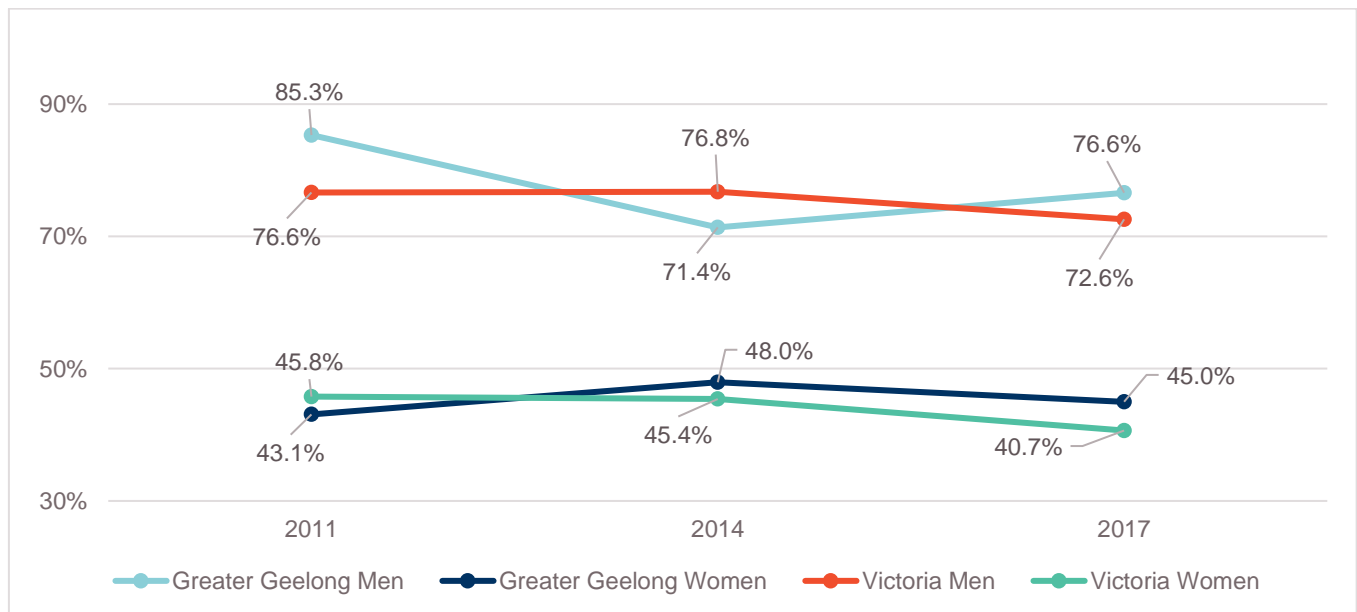


**Figure 79. Family incidents recorded by police: rate per 100,000 population - 2015-2019 (Source: CSA, 2020)**

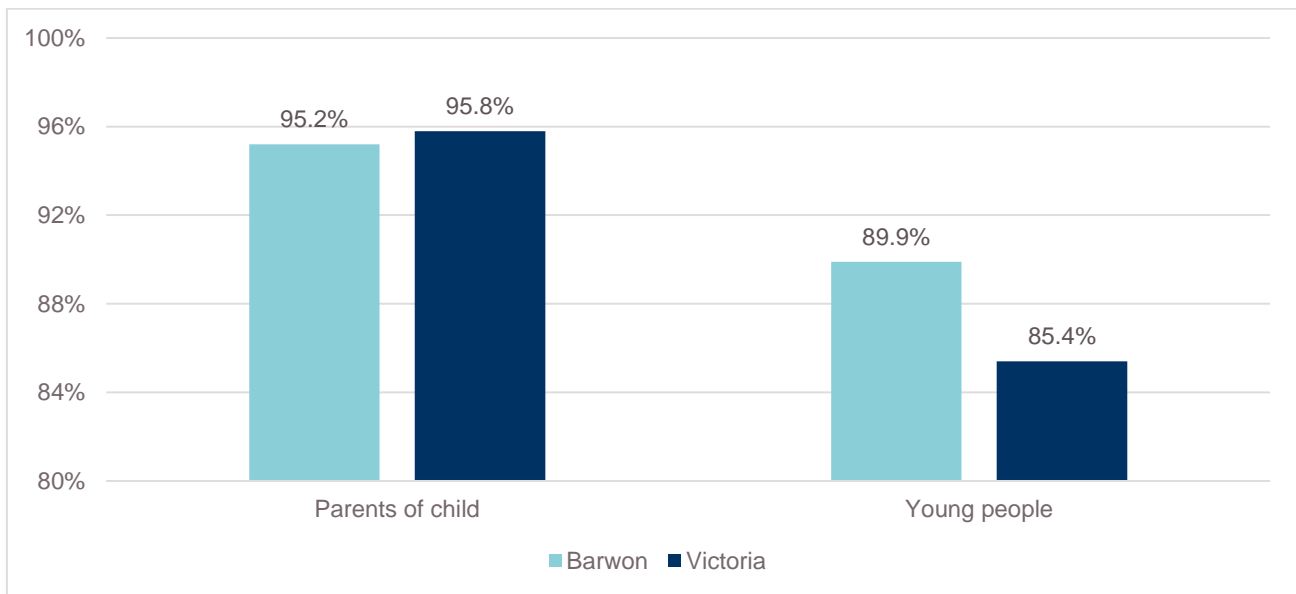
**Proportion of adults feeling safe walking in their street at night**



**Figure 80. Proportion of adults feeling safe walking down their streets after dark (Source: VPHS 2017)**

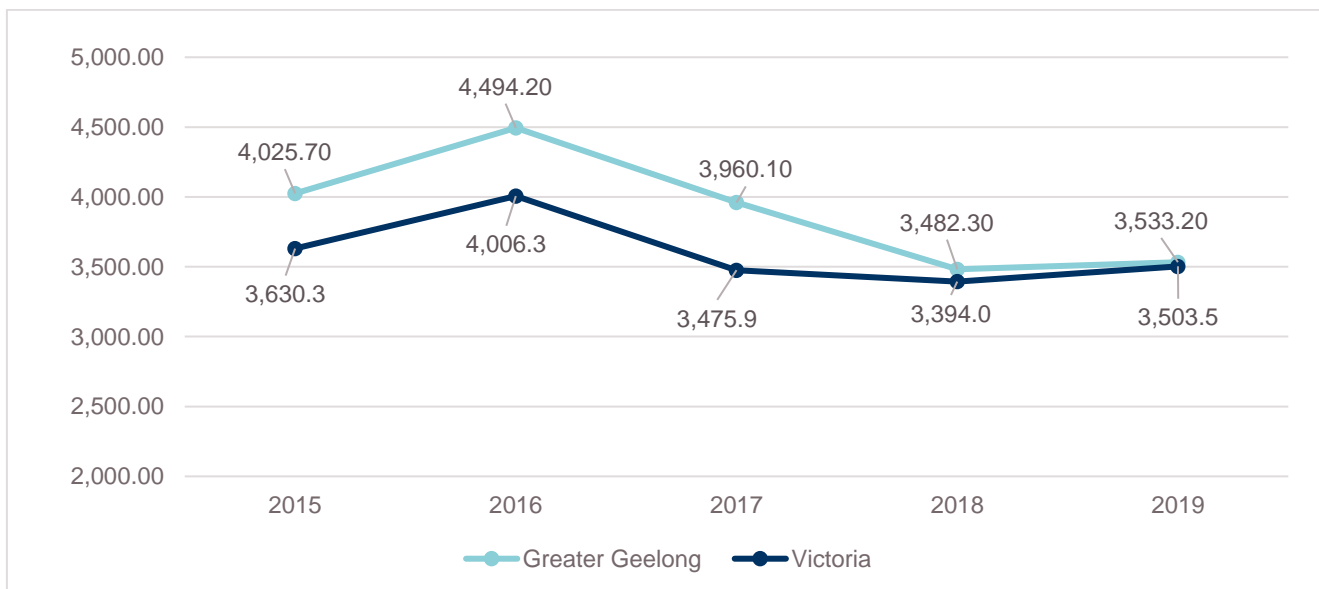


**Figure 81. Proportion of adults answering "yes definitely" to feeling safe walking down the street after dark – 2011-17 (Source: VPHS 2011-2017)**



**Figure 82. Proportion of children aged under 13 years of age with parents who 'agree' or 'strongly agree' with the perception that their neighbourhood is safe and the proportion of young people who feel safe (Source: VCHWS 2013 and VSHAWS 2018)**

### Rate of victimisation due to crimes recorded by police



**Figure 83. Victimization rate per 100,000 population - 2015-19 (Source: CSA 2015-19)**

### Outcome 2: Our people have suitable and sustainable housing

#### Homelessness

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#### Estimated number of homeless persons

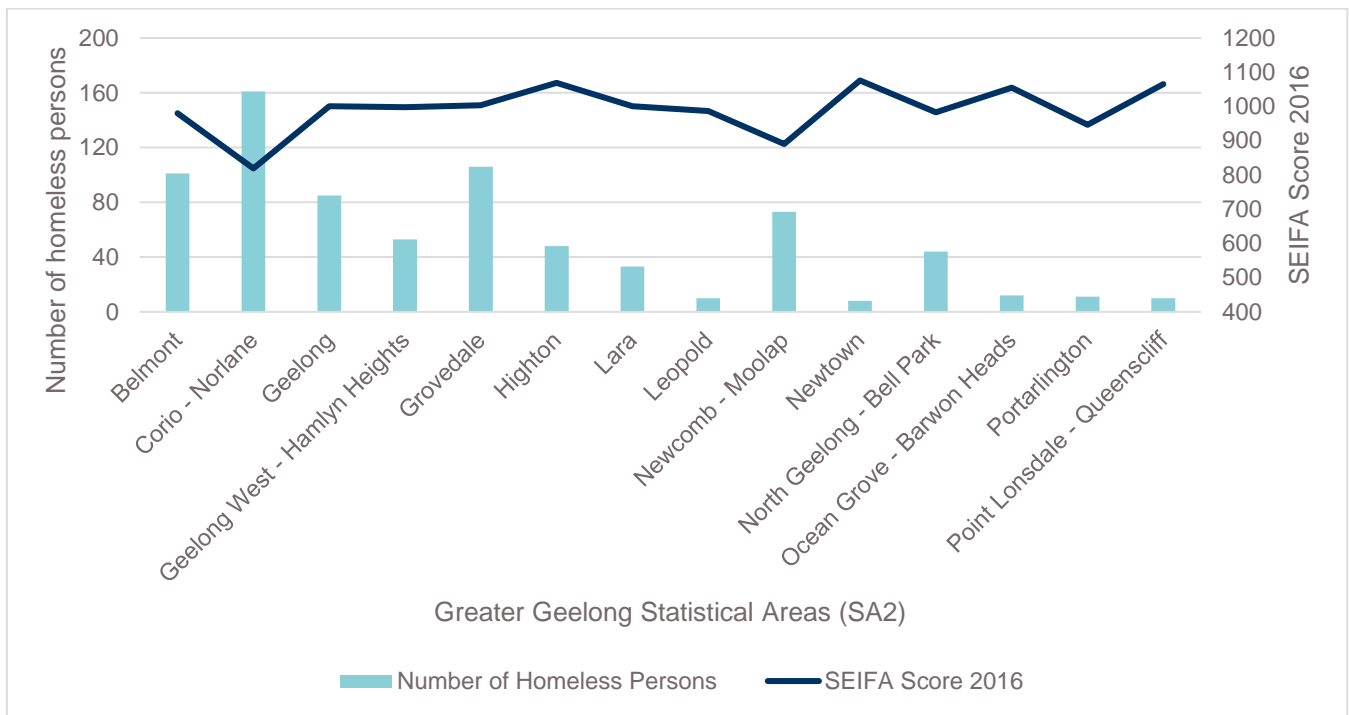


Figure 84. Number of homeless persons and SEIFA score by Statistical Area Level 2 (Source: ABS 2016)

### DOMAIN 3: OUR PEOPLE HAVE THE CAPABILITIES TO PARTICIPATE

#### Outcome 1: Our people participate in learning and education

##### Developmental vulnerability

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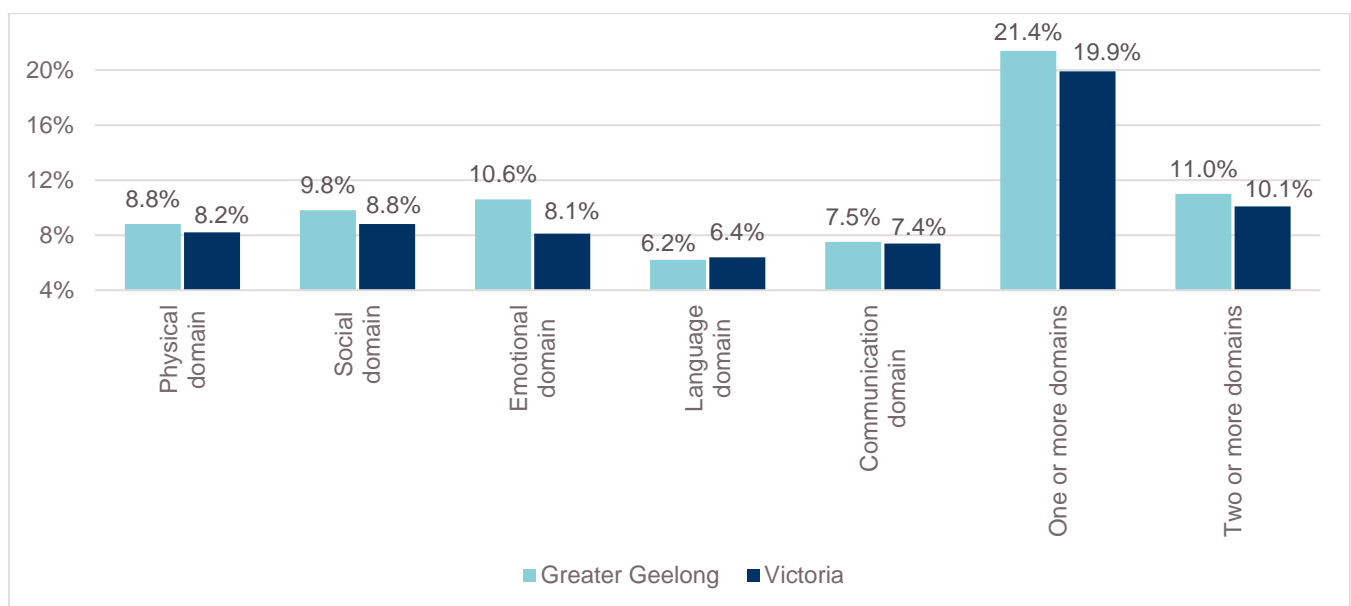
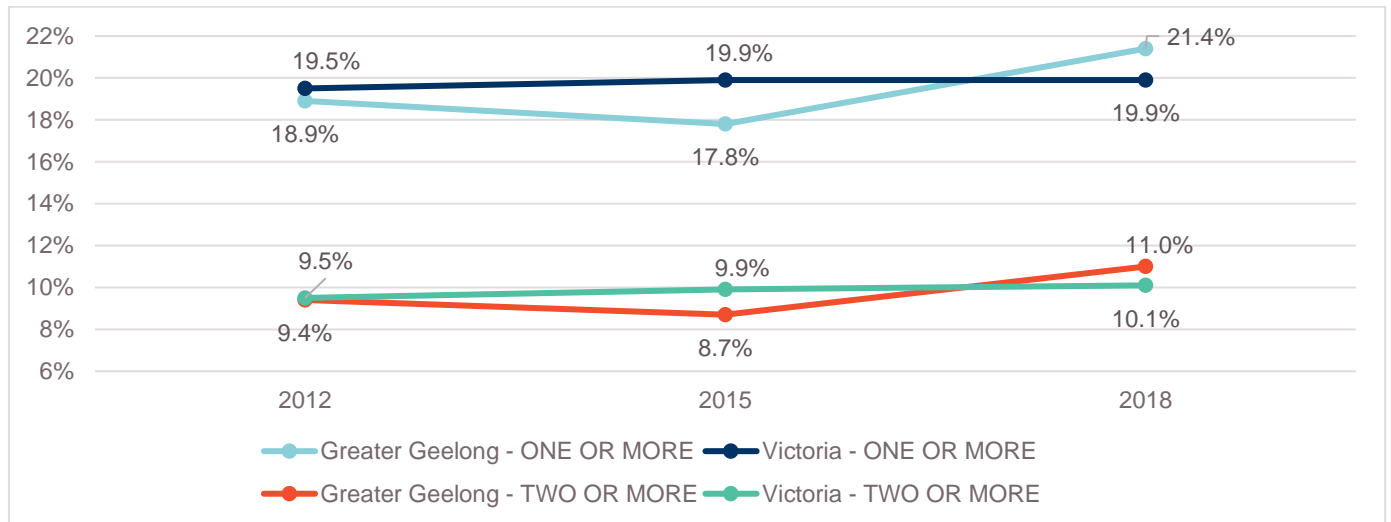


Figure 85. Proportion of children developmentally vulnerable (Source: AEDC 2018)

**Proportion of children who are developmentally vulnerable on one or more domains of the Australian Early Development Census (AEDC, 2012-2018)**



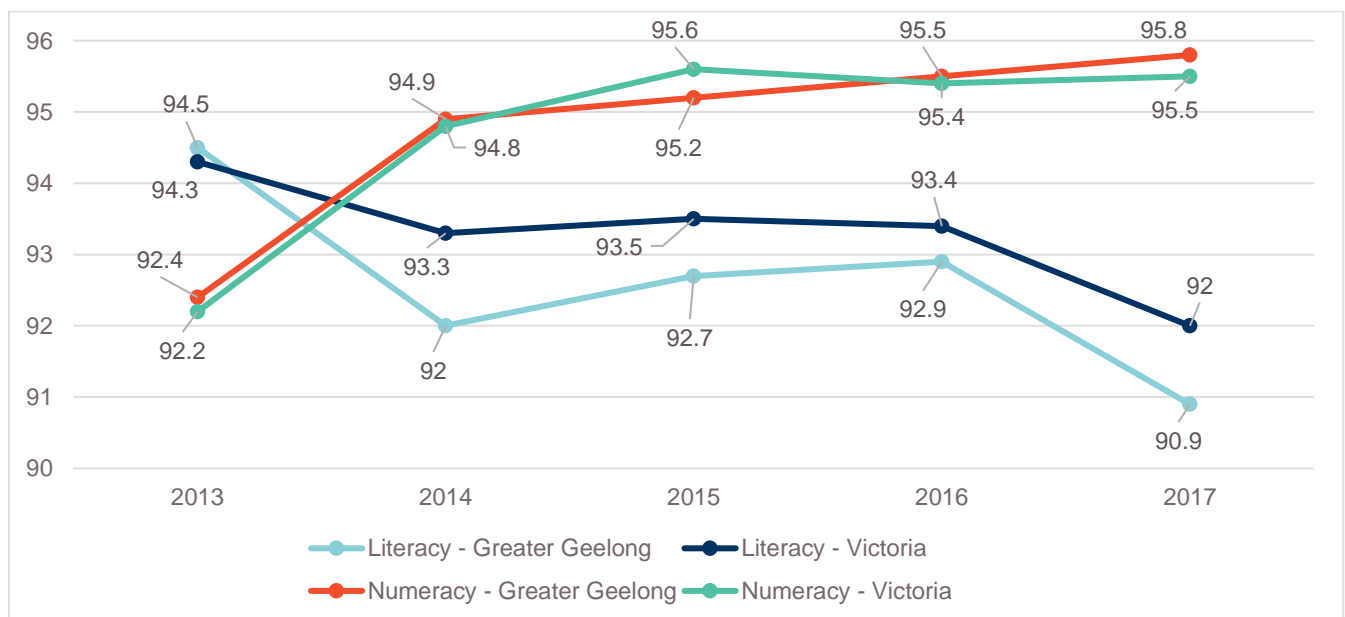
**Figure 86. Proportion of children developmentally vulnerable on one or more/two or more domains (Source: AEDC 2018)**

Educational attainment

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**Proportion of Year 9 students at the highest level of achievement in maths**

**Proportion of Year 9 students at the highest level of achievement in reading**



**Figure 87. Proportion of Year 9 students achieving the national minimum standards in literacy and numeracy (NAPLAN) - 2013-17 (Source: VCAM reporting VCAA NAPLAN report)**

## Outcome 2: Our people participate in and contribute to the economy

[Labour market participation](#)

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### Proportion of adults unemployed

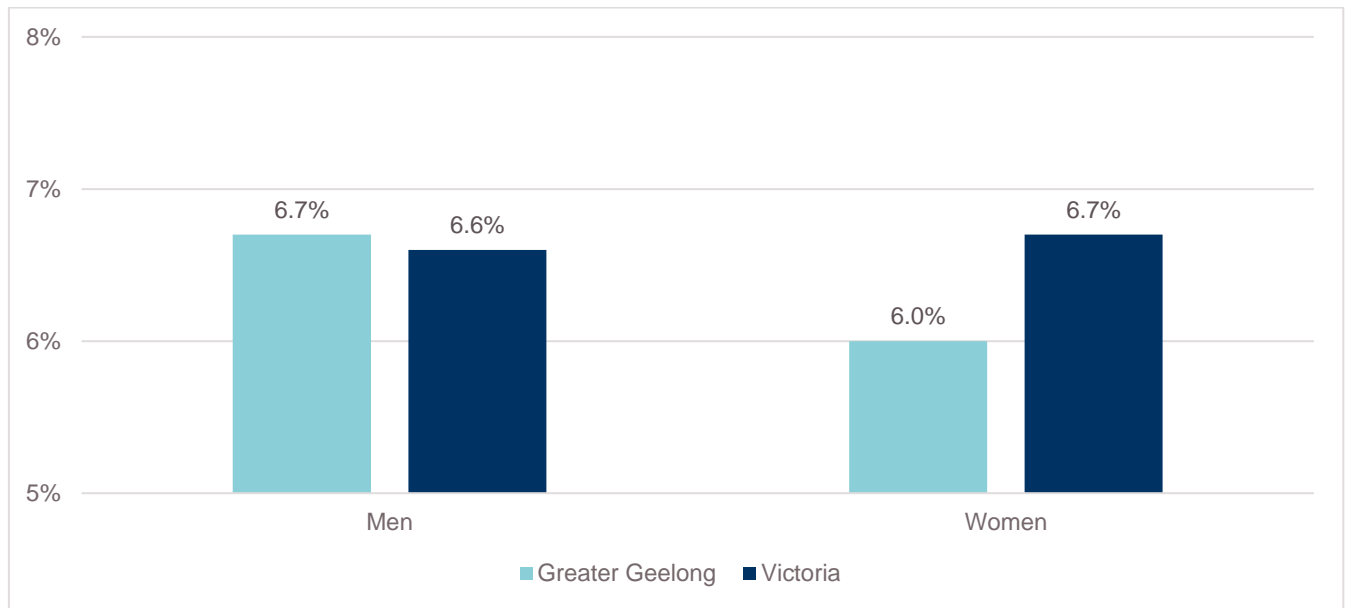


Figure 88. Proportion of adults who are unemployed (Source: <https://atlas.id.com.au/geelong>)

### Proportion of young people (aged 15-24 years) who are disengaged from full-time education and/or work

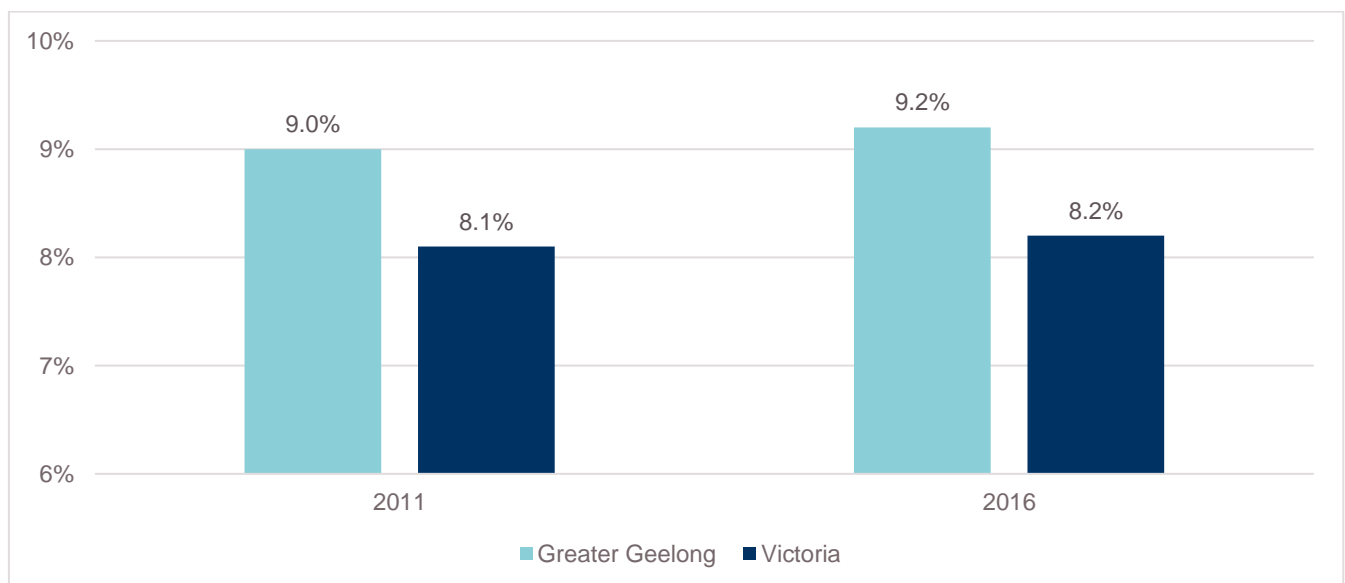


Figure 89. Proportion of young people (aged 15-24 years) who are disengaged from full-time education and/or work (Source: <https://atlas.id.com.au/geelong>)

### Outcome 3: Our people have financial security

Financial stress

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#### Proportion of adults unable to raise \$2000 within 2 days in an emergency

#### Proportion of adults who ran out of food and could not afford to buy more

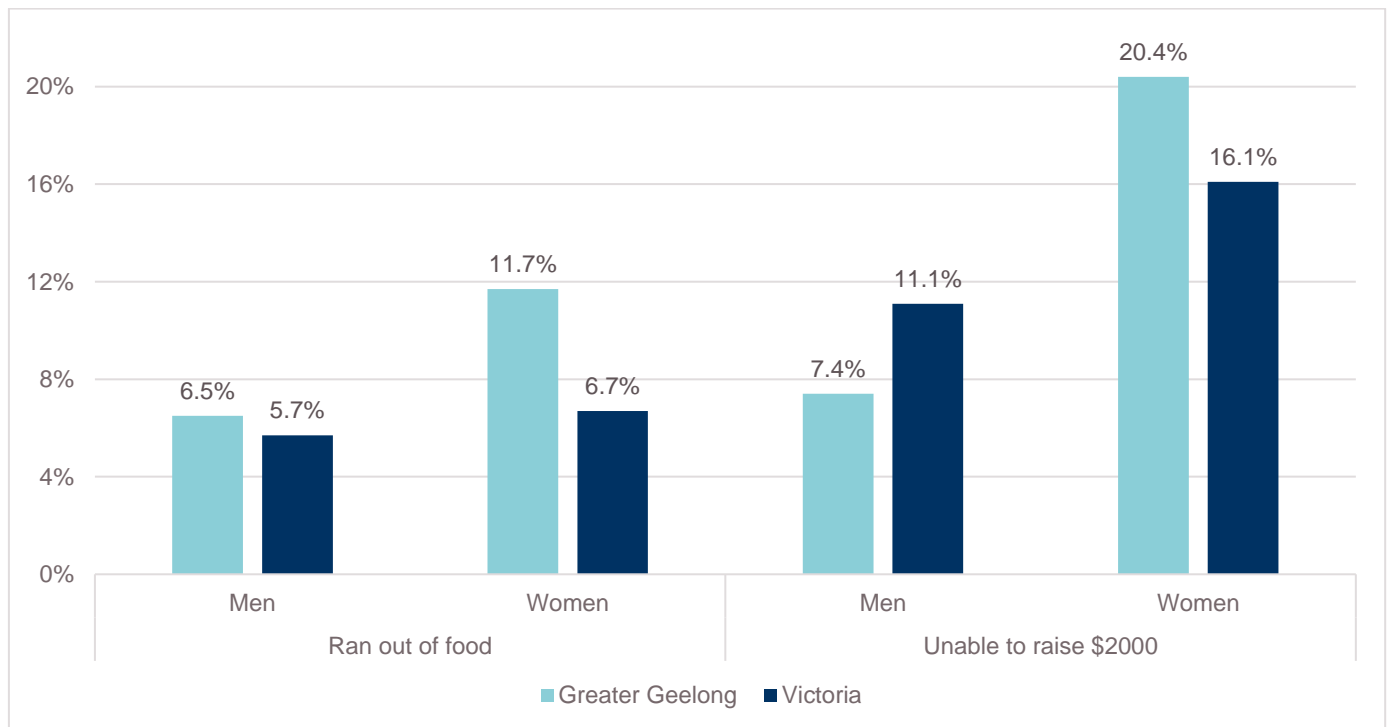
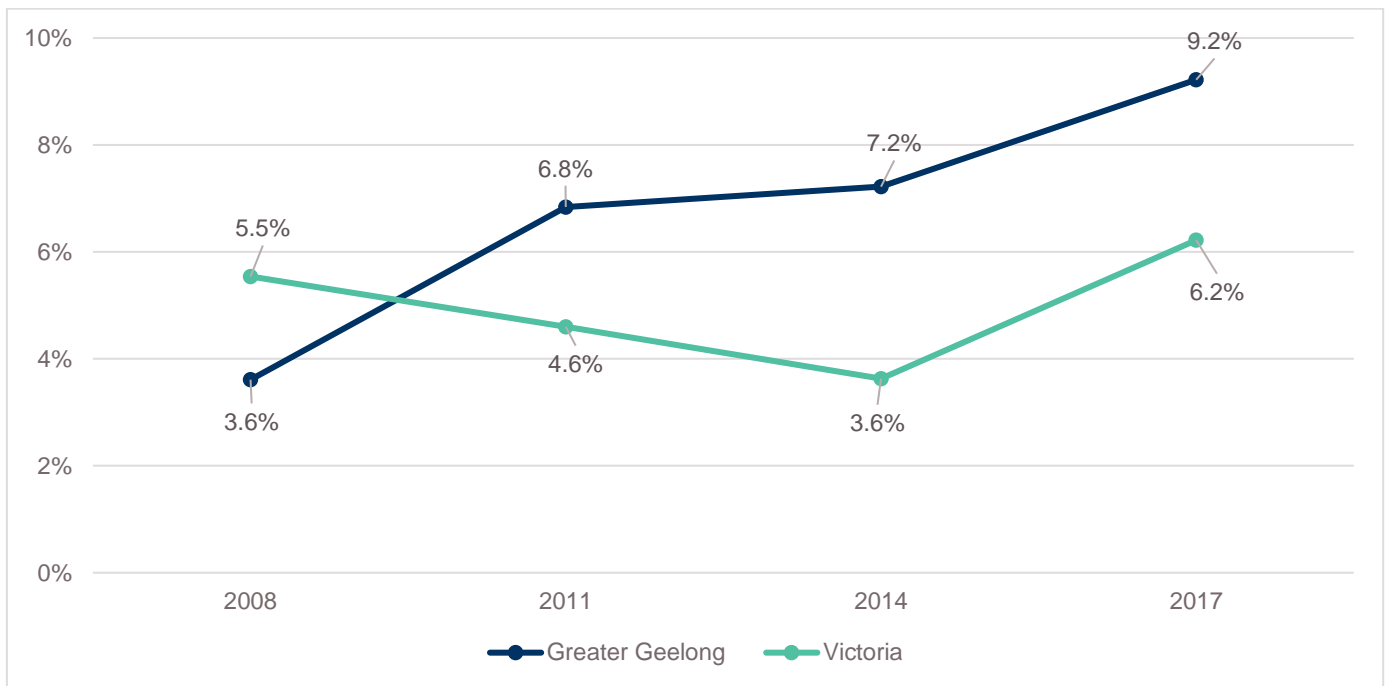
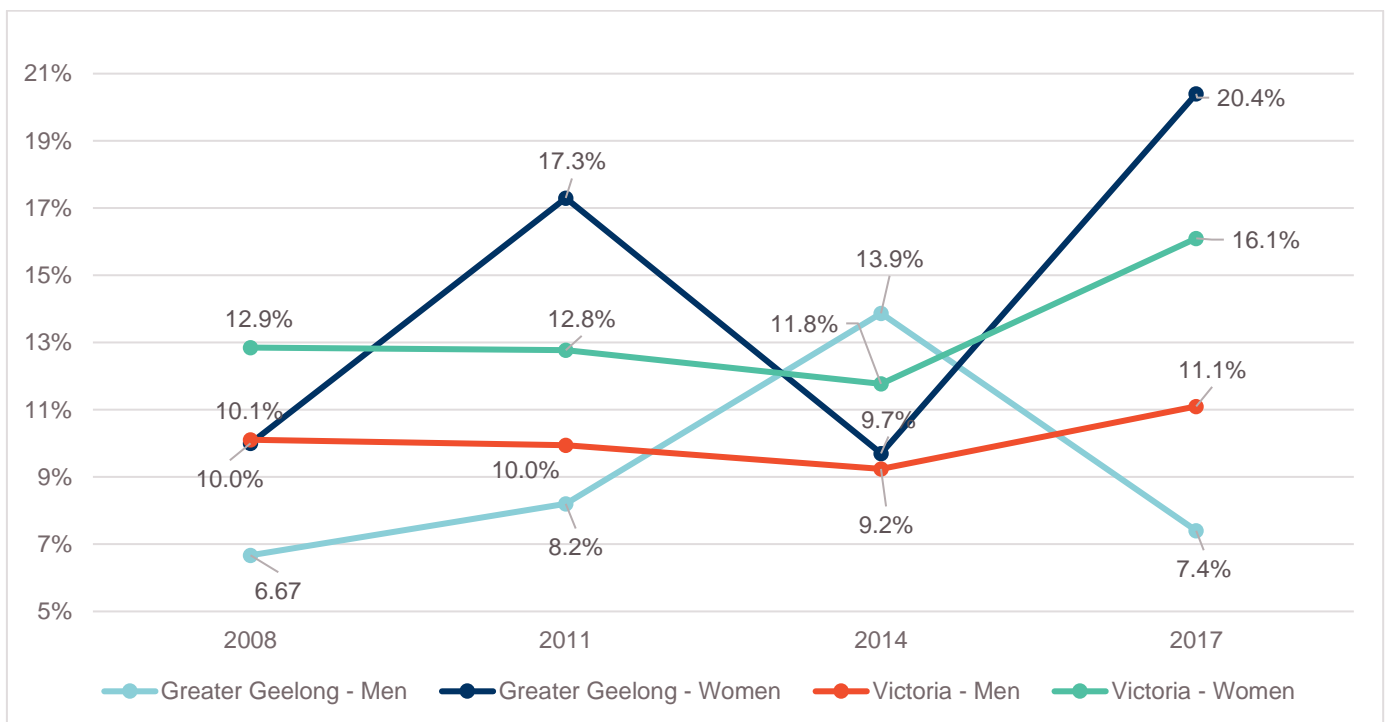


Figure 90. Proportion of adults unable to raise \$2000 within 2 days in an emergency or had ran out of food at any time during previous year (Source: VPHS 2017)

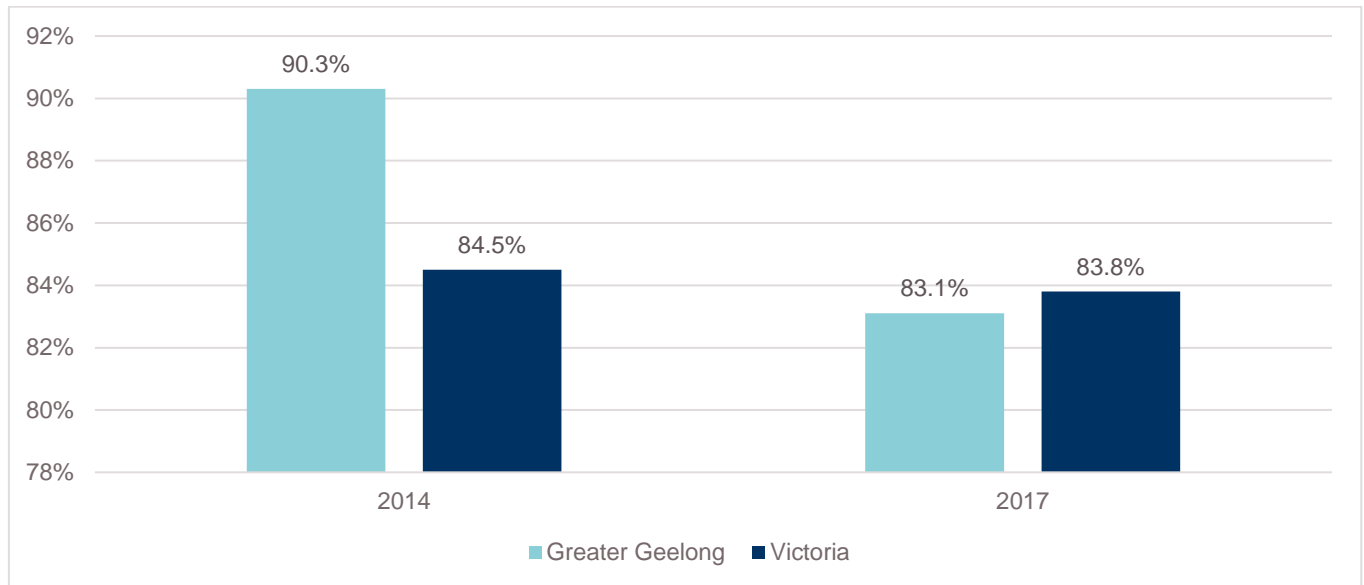


**Figure 91. Proportion of adults that had at any time during the previous year run out of food and could not afford to buy more – 2008-17 (Source: VPHS 2008-17)**



**Figure 92. Proportion of adults unable to raise \$2000 within 2 days in an emergency - 2008-17 (Source: VPHS 2008-17)**

**Reliance on restricted range of low-cost food because running out of money – adults**

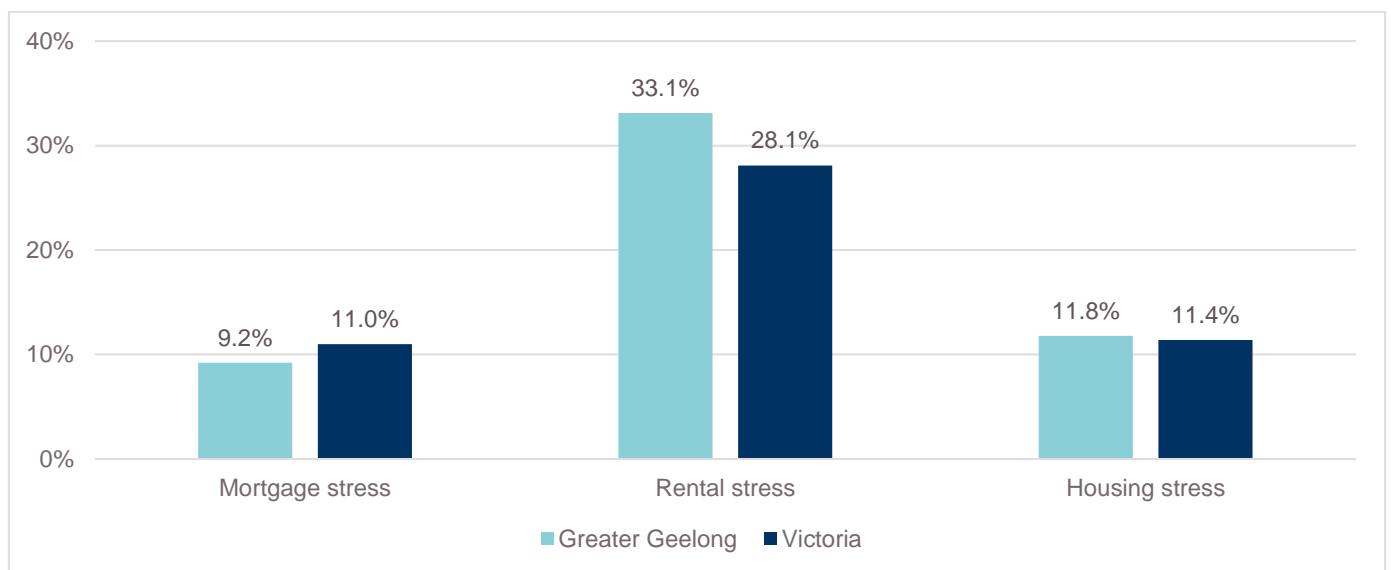


**Figure 93. Proportion of adults who did not have to rely on a restricted range of low-cost food for their children because they were running out of money to buy food (Source: VPHS 2014-17)**

**Housing stress - proportion of households paying more than 30% of their usual gross weekly income on housing costs**

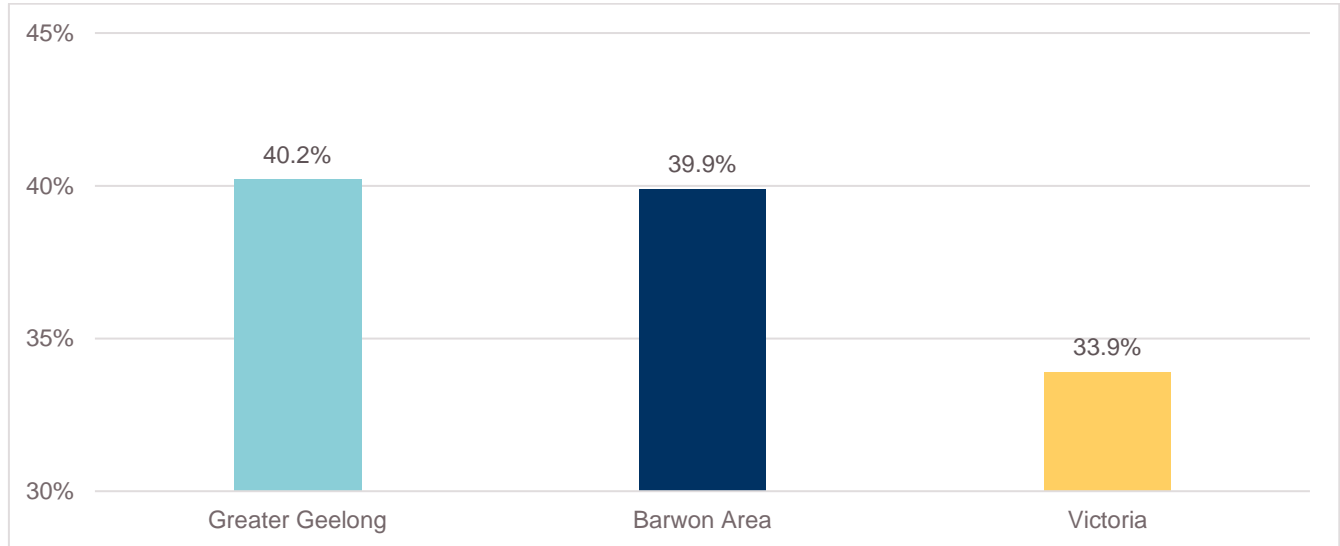
**Rental stress - proportion of households paying more than 30% of their usual gross weekly income on rent**

**Mortgage stress - proportion of households paying more than 30% of their usual gross weekly income on home loan repayments**



**Figure 94. Proportion of households experiencing mortgage, rental and housing stress (Source: <https://atlas.id.com.au/geelong> 2016)**

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



**Figure 95. Proportion of adults who avoided or delayed visiting a dental professional because of the cost (Source: VPHS 2017)**

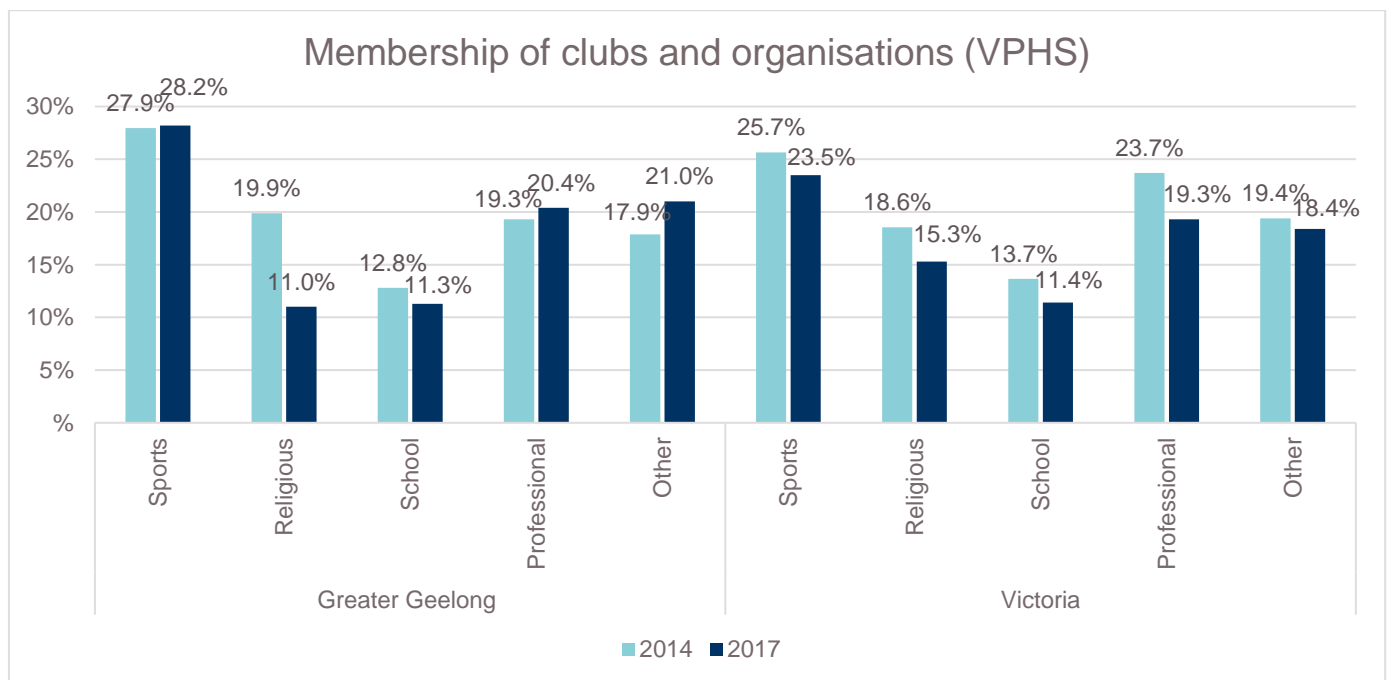
**DOMAIN 4: OUR PEOPLE ARE CONNECTED TO CULTURE AND COMMUNITY**

**Outcome 1: Our people are socially engaged and live in inclusive communities**

Connection to culture and communities

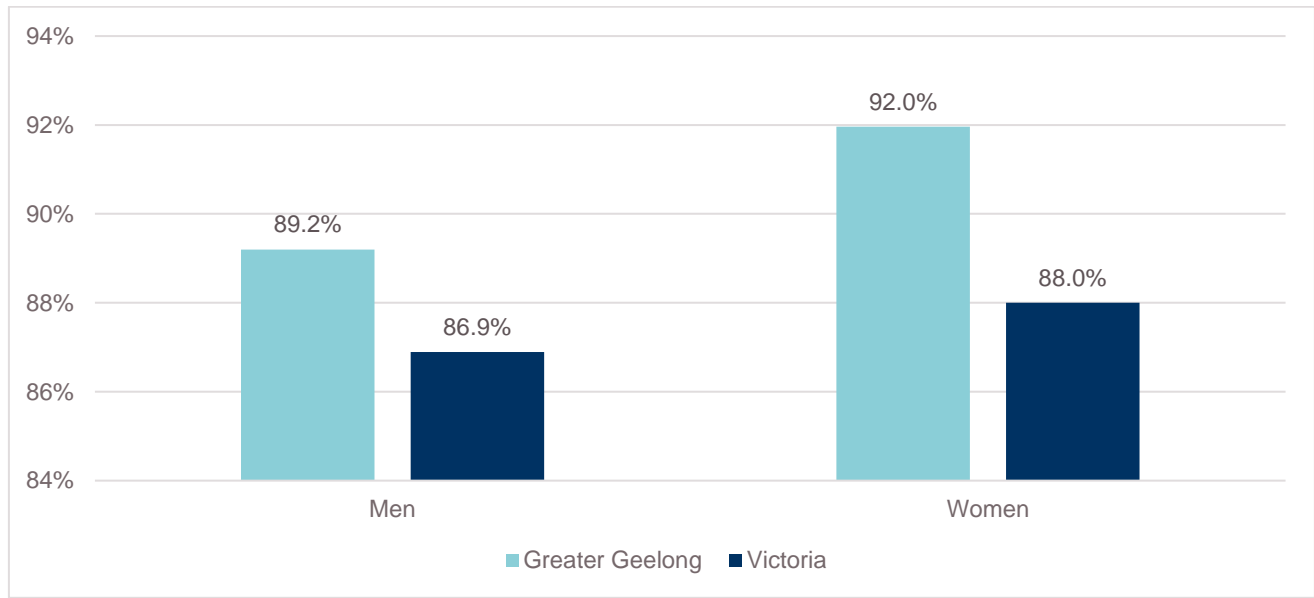
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**Proportion of adults who belong to a community group**

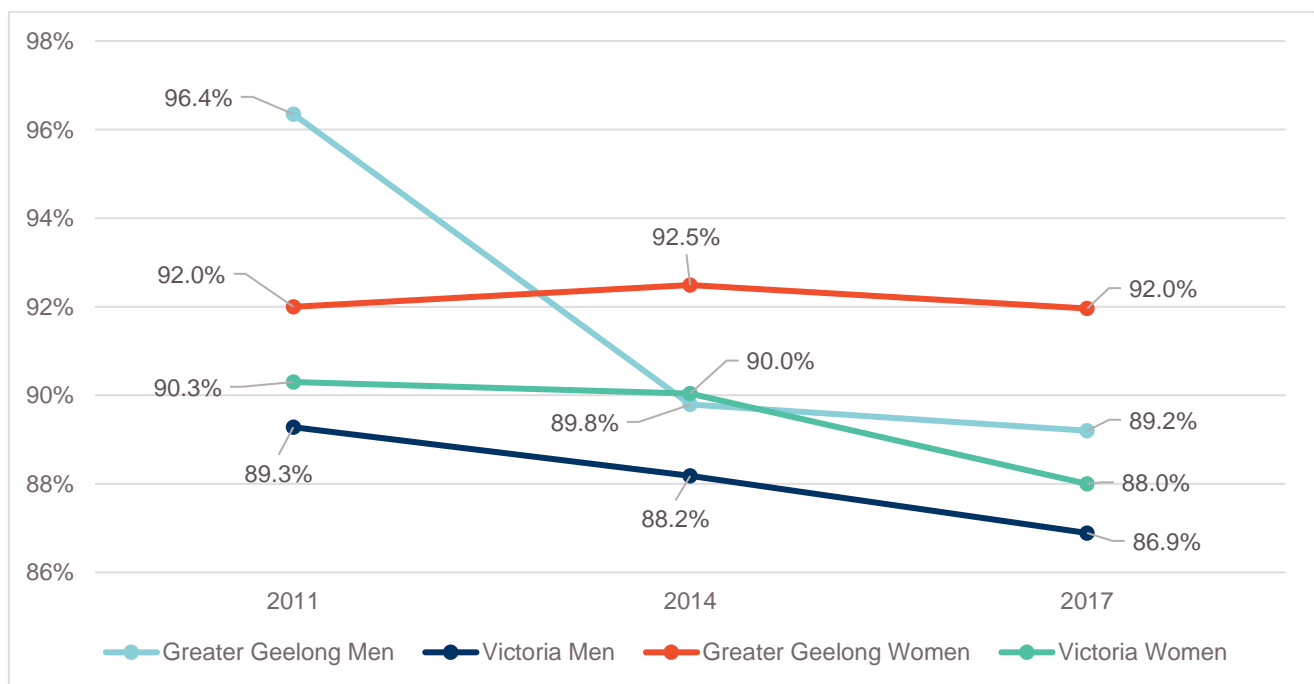


**Figure 96. Proportion of adults who belong to a community group (Source: VPHS 2014-17)**

**Proportion of adults who have someone outside their household they can rely on to care for them or their children in an emergency**

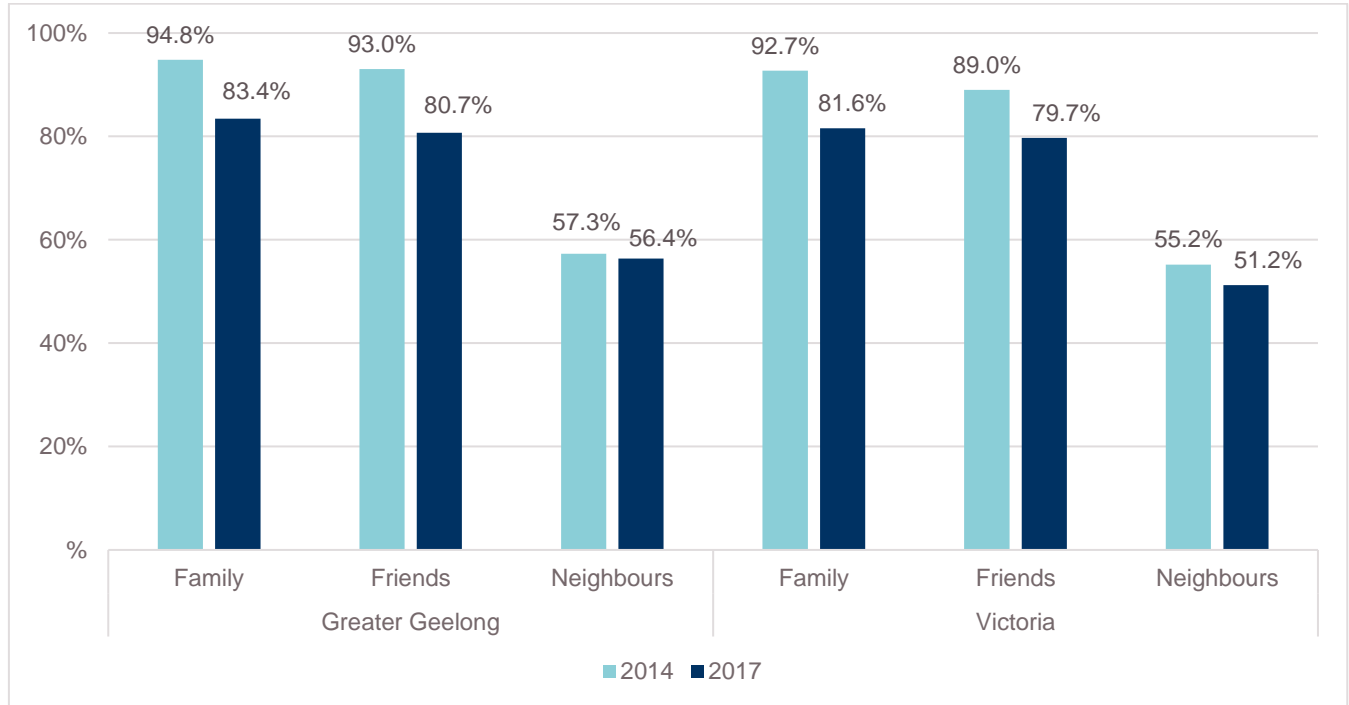


**Figure 97. Proportion of adults who has a friend or relative (not living with them) that could care for them (or their children) in an emergency (Source: VPHS 2017)**



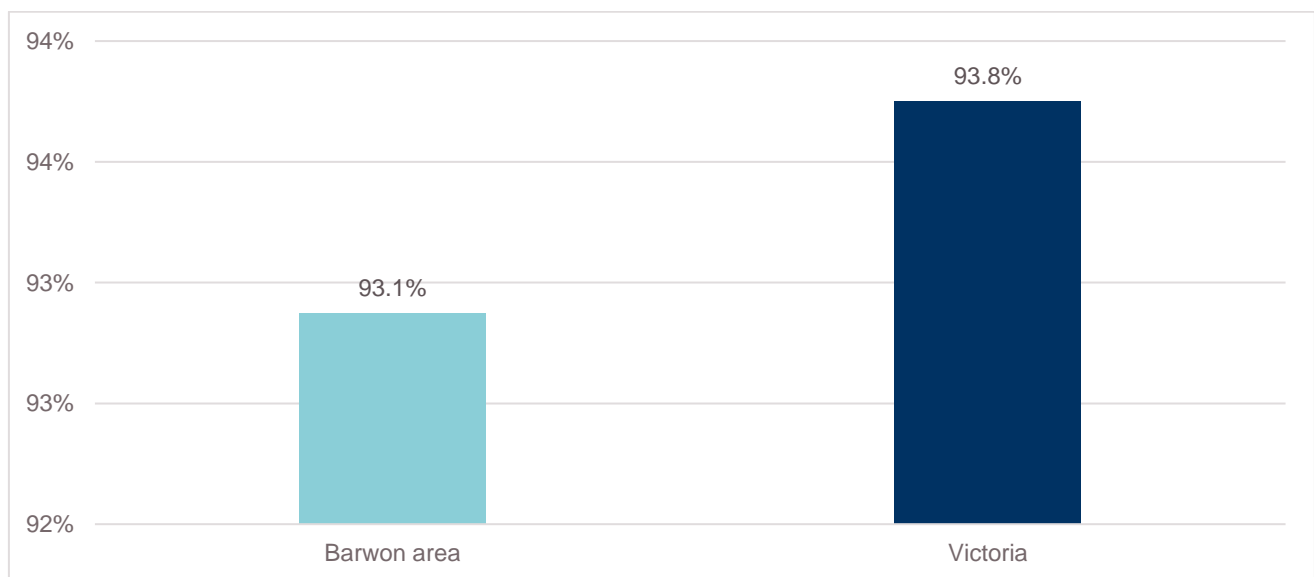
**Figure 98. Proportion of adults who has a friend or relative (not living with them) that could care for them (or their children) in an emergency - 2014-17 (Source: VPHS 2014-17)**

**Help from family, friends and neighbours**



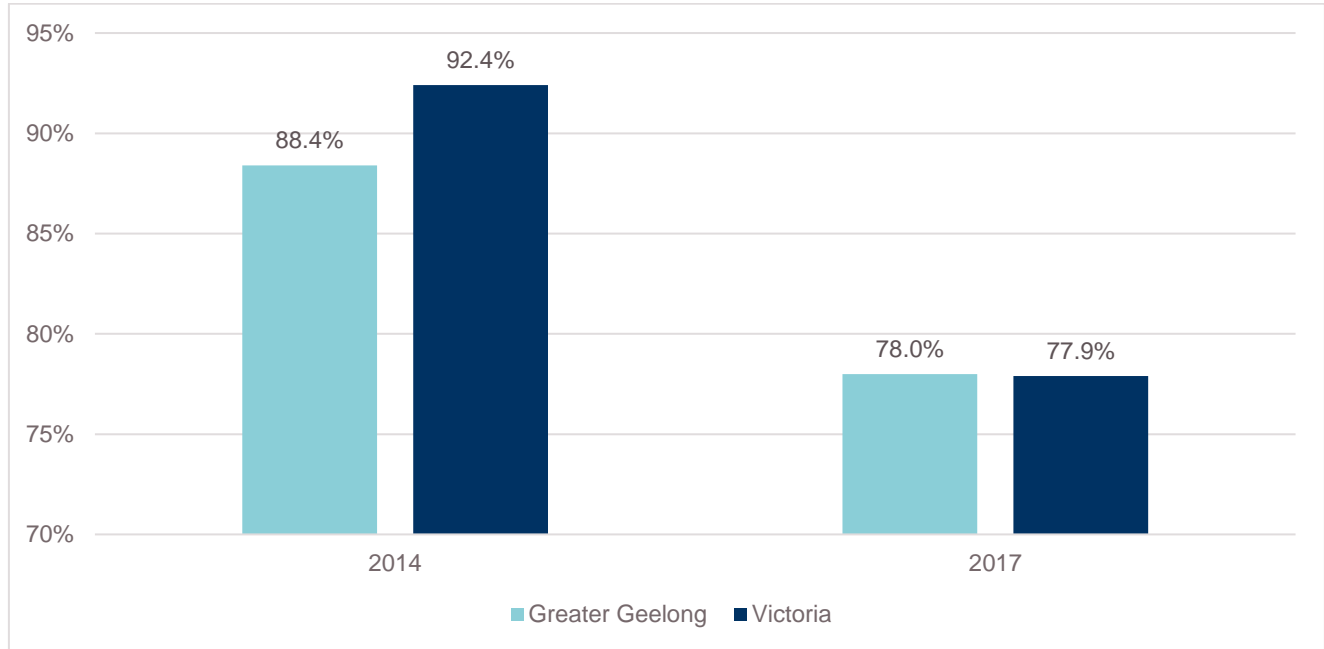
**Figure 99. Proportion of adults who can get help from family, friends and neighbours if needed - 2014-17 (Source: VPHS 2014-17)**

**Children from families who are able to get support in a time of crisis/when needed**



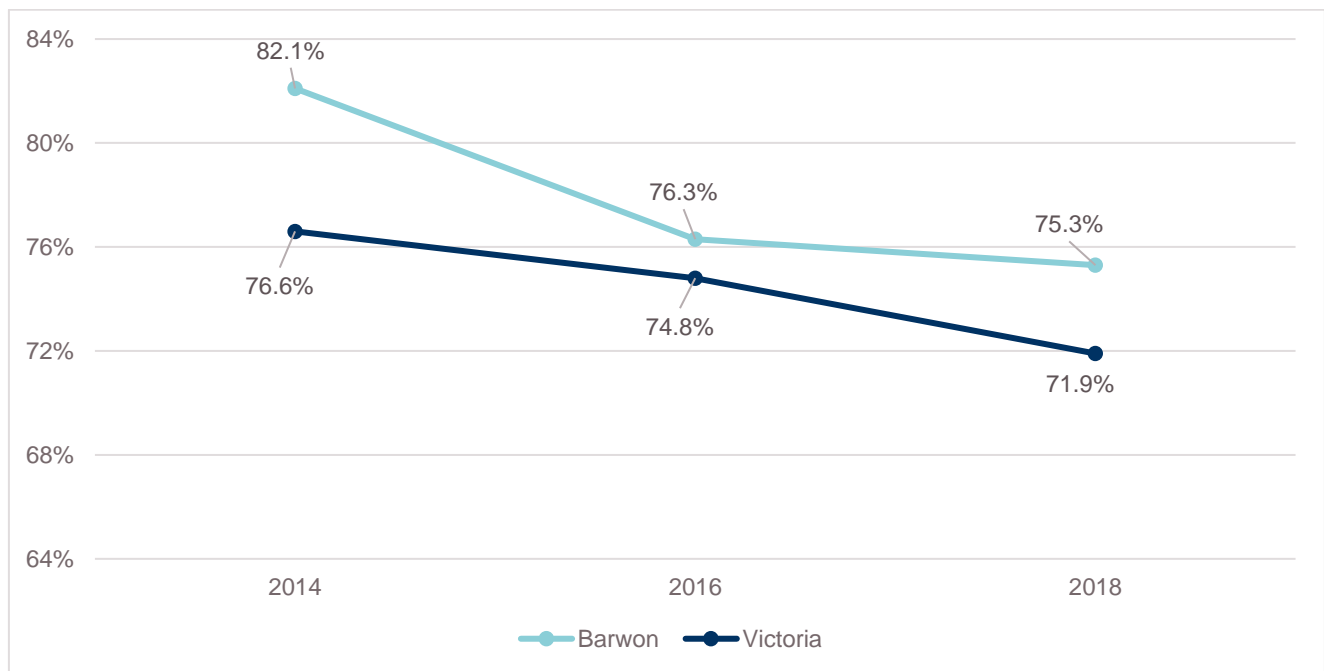
**Figure 100. Proportion of children from families who are able to get support in a time of crisis/when needed (Source: VCHWS 2013)**

**Average overall life satisfaction of adults**



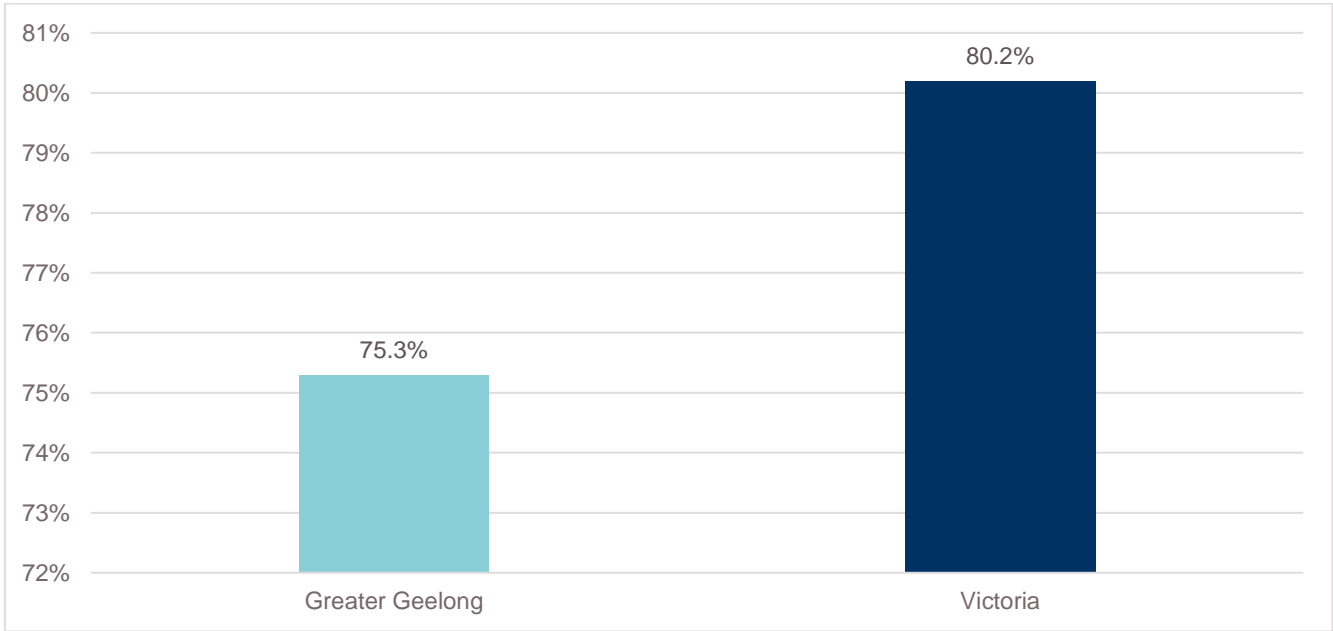
**Figure 101. Proportion of adults very satisfied/satisfied with life (Source: VPHS 2014-17)**

**Proportion of young people satisfied with their quality of life**



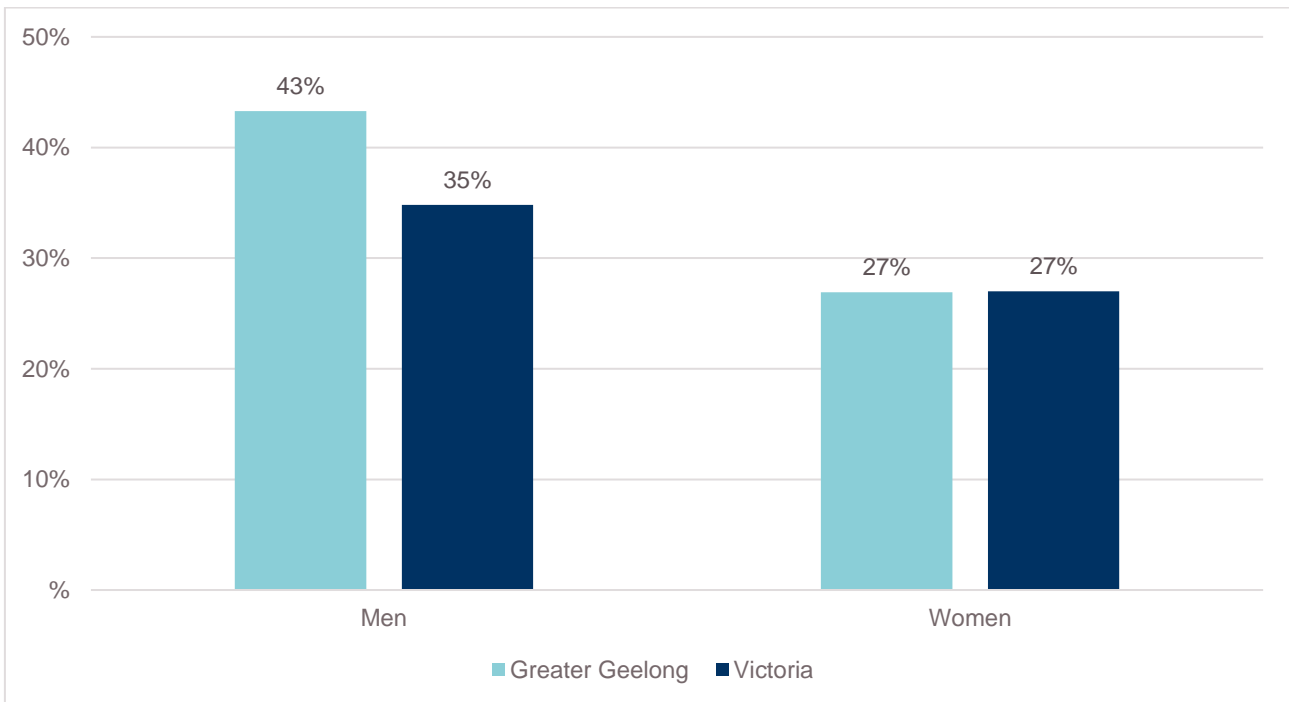
**Figure 102. Proportion of young people satisfied with their quality of life – 2014-18 (Source: VSHAWS 2014-18)**

**Proportion of adult population, by feeling of life being worthwhile (VPHS, 2017)**



**Figure 103. Proportion of adults who feel life is worthwhile (Source: VPHS 2017)**

**Proportion of adults who feel most adults can be trusted**



**Figure 104. Proportion of adults who agree that most people can be trusted (Source: VPHS 2017)**



Figure 105. Proportion of adults who agree that most people can be trusted – 2011-17 (Source: VPHS 2011-17)

**Proportion of young people with a trusted adult in their lives**

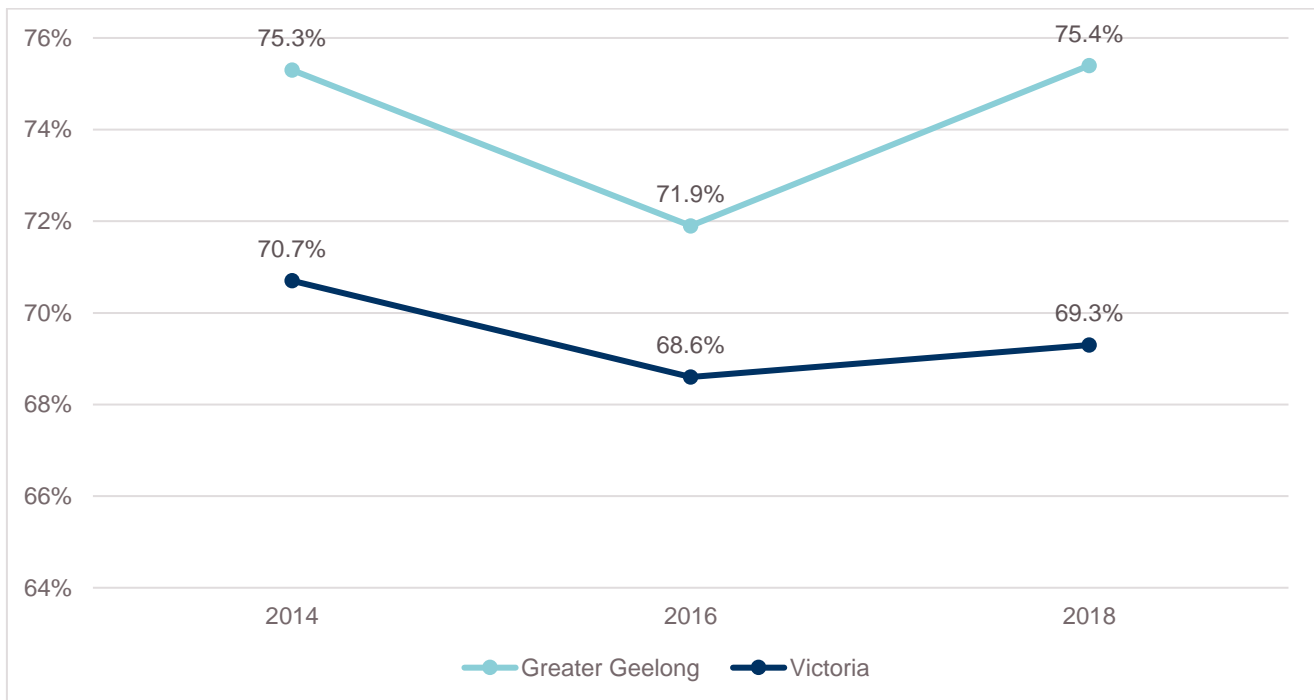
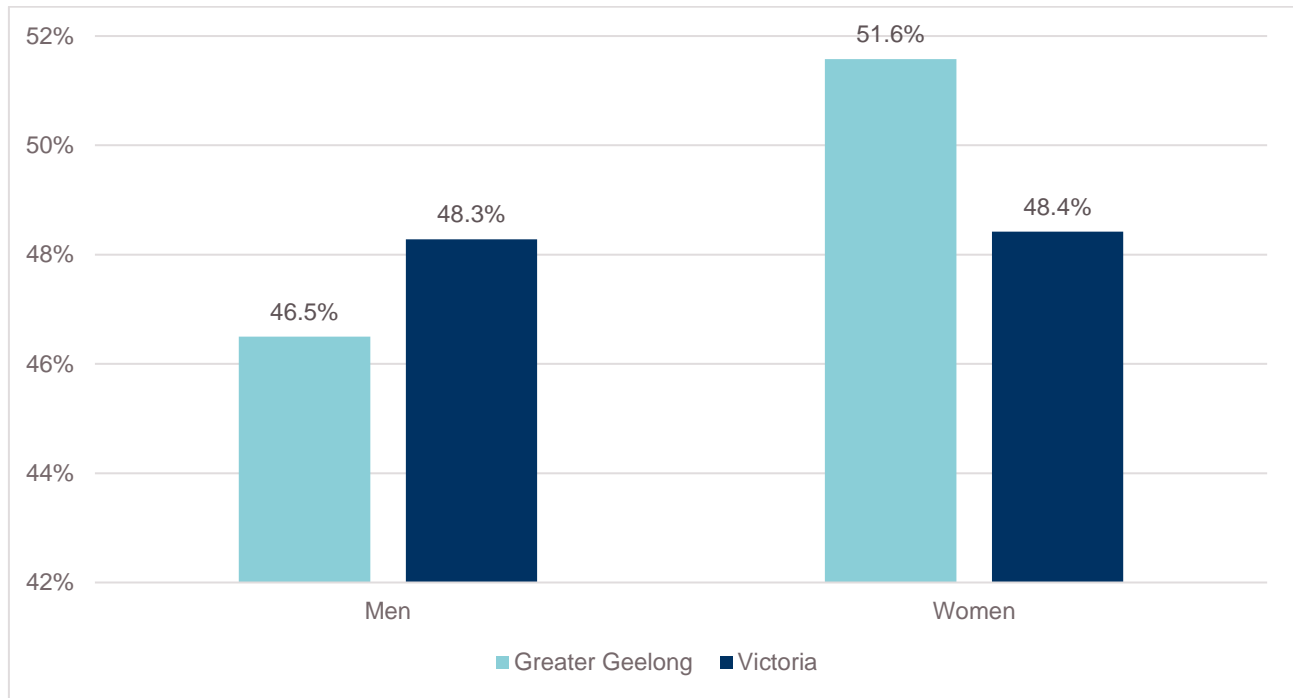
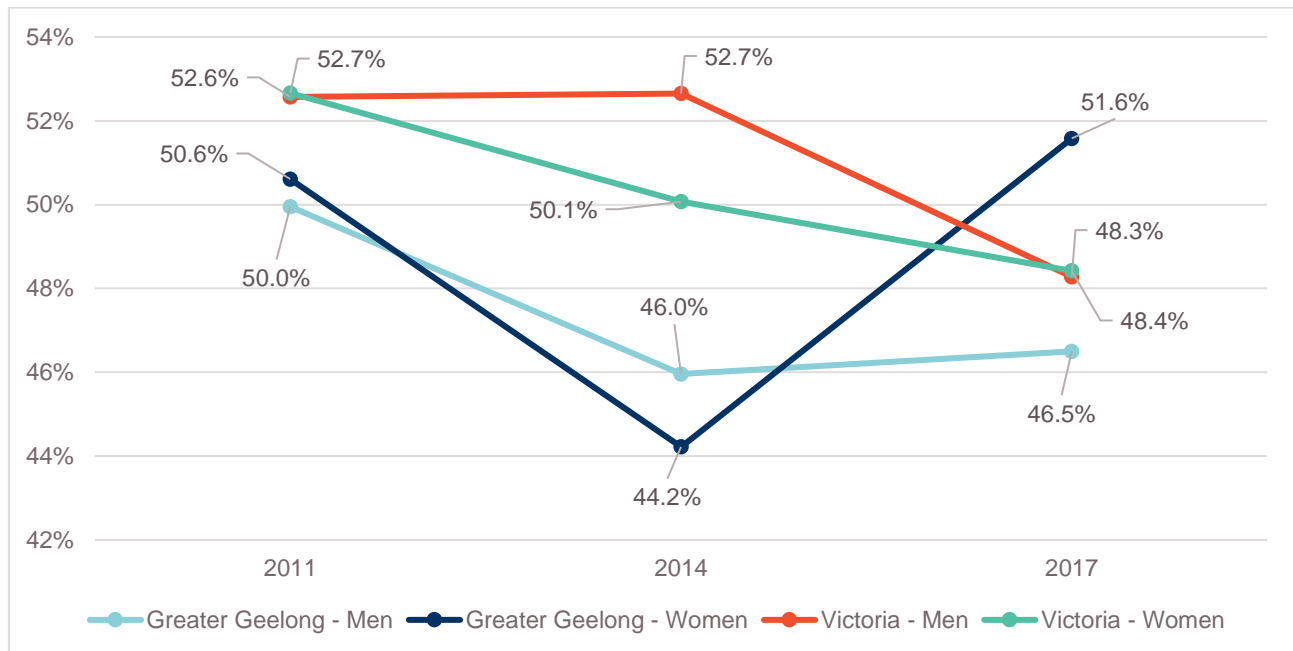


Figure 106. Proportion of young people with a trusted adult in their lives (Source: VSHAWS 2018)

**Proportion of adults who feel valued by society**

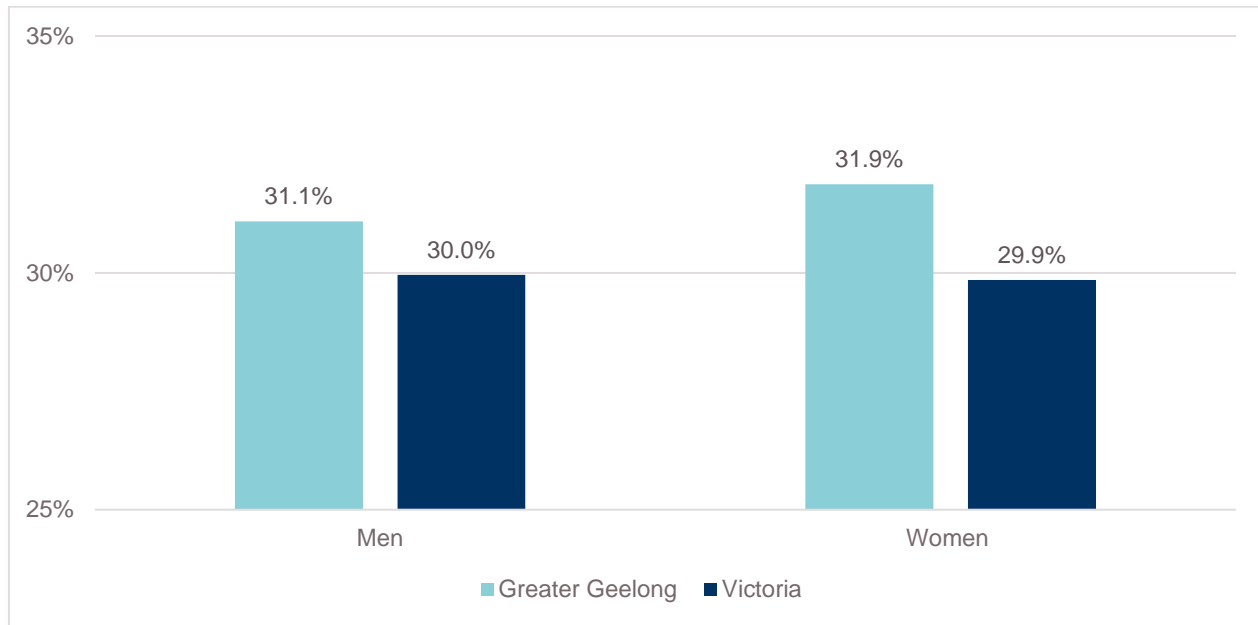


**Figure 107. Proportion of adults who feel valued by society (Source: VPHS 2017)**

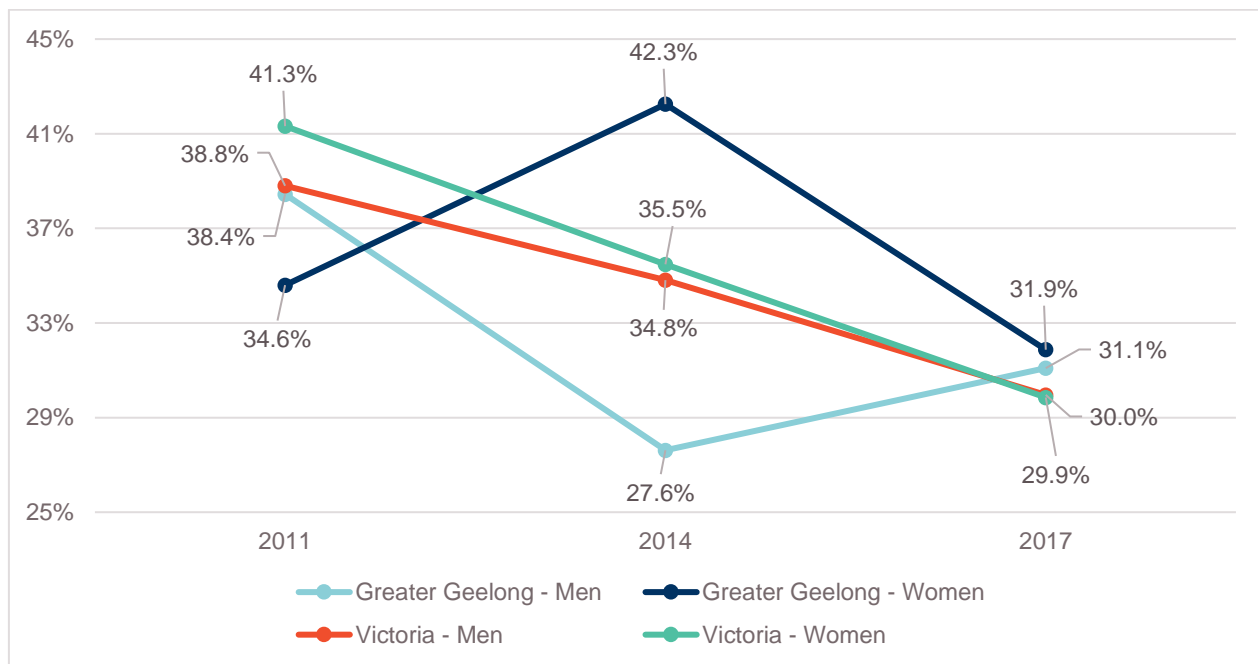


**Figure 108. Proportion of adults who feel valued by society – 2011-17 (Source: VPHS 2011-17)**

**Proportion of adults who have opportunities to have a real say on issues that were important to them**

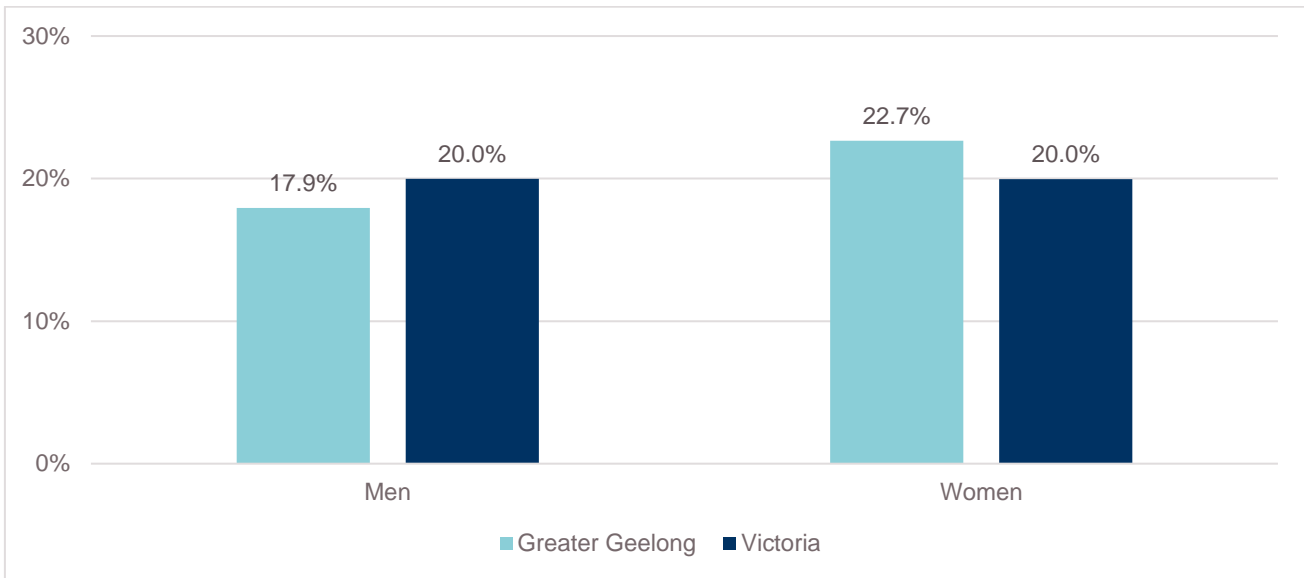


**Figure 109. Proportion of adults who answered "yes, definitely" when asked if they had opportunities to have a real say on issues that were important to them (Source: VPHS 2017)**



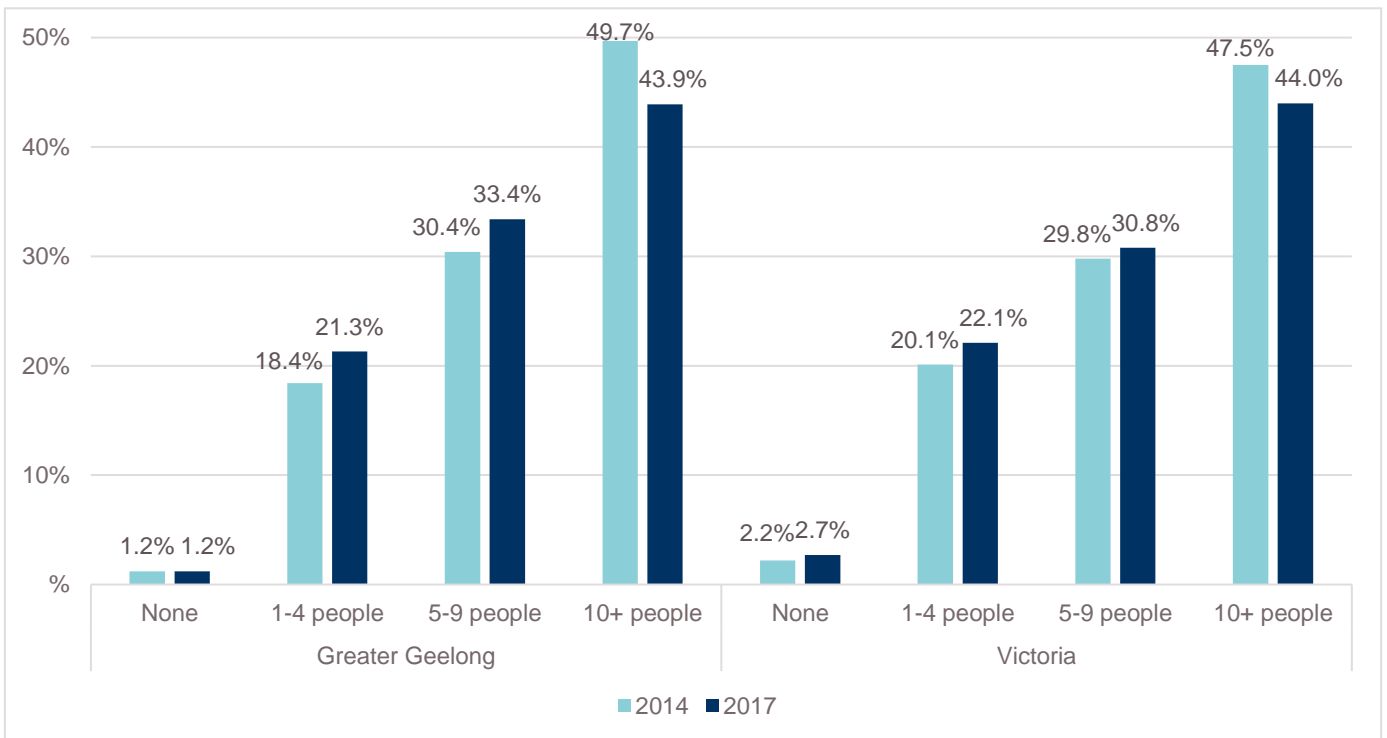
**Figure 110. Proportion of adults who answered "yes, definitely" when asked if they had opportunities to have a real say on issues that were important to them – 2011-17 (Source: VPHS 2011-17)**

**Proportion of adults who help out a local group as a volunteer**



**Figure 111. Proportion of adults who volunteer (Source: VPHS 2017)**

**Number of people spoke to yesterday**



**Figure 112. Number of people Greater Geelong adults spoke to yesterday (Source: VPHS 2014-17)**

## Digital Inclusion Index

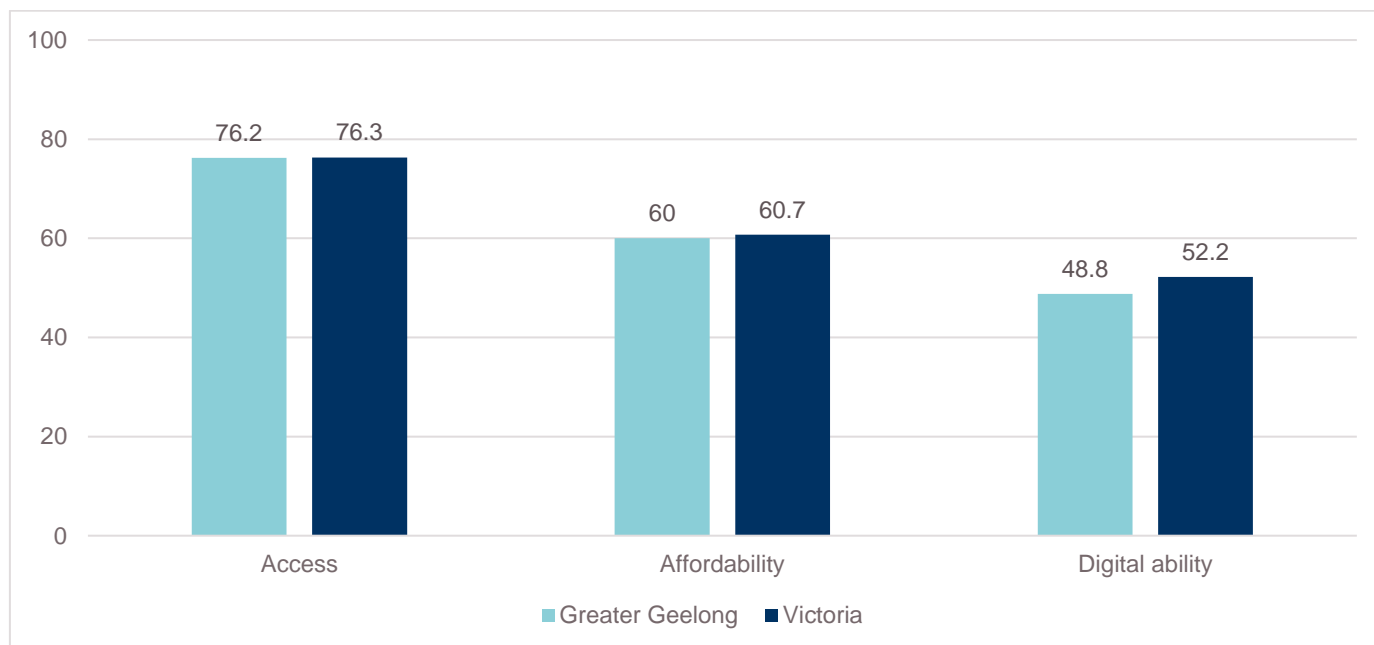


Figure 113. Dimensions of the Digital Inclusion Index (Source: Thomas et al, 2020)

## Outcome 2: Our people can safely identify and connect with their culture and identity

Tolerance of diversity

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**Proportion of adults who thought multiculturalism definitely made life in their area better**

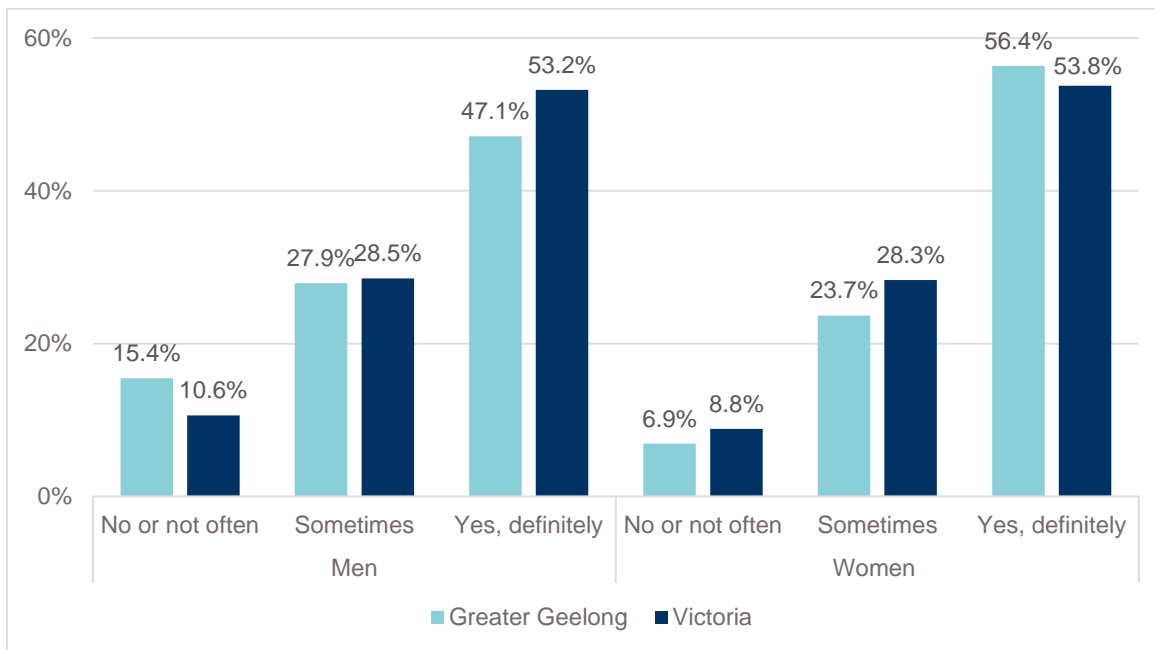


Figure 114. Proportion of adults who think multiculturalism makes life in their area better (Source: VPHS 2017)

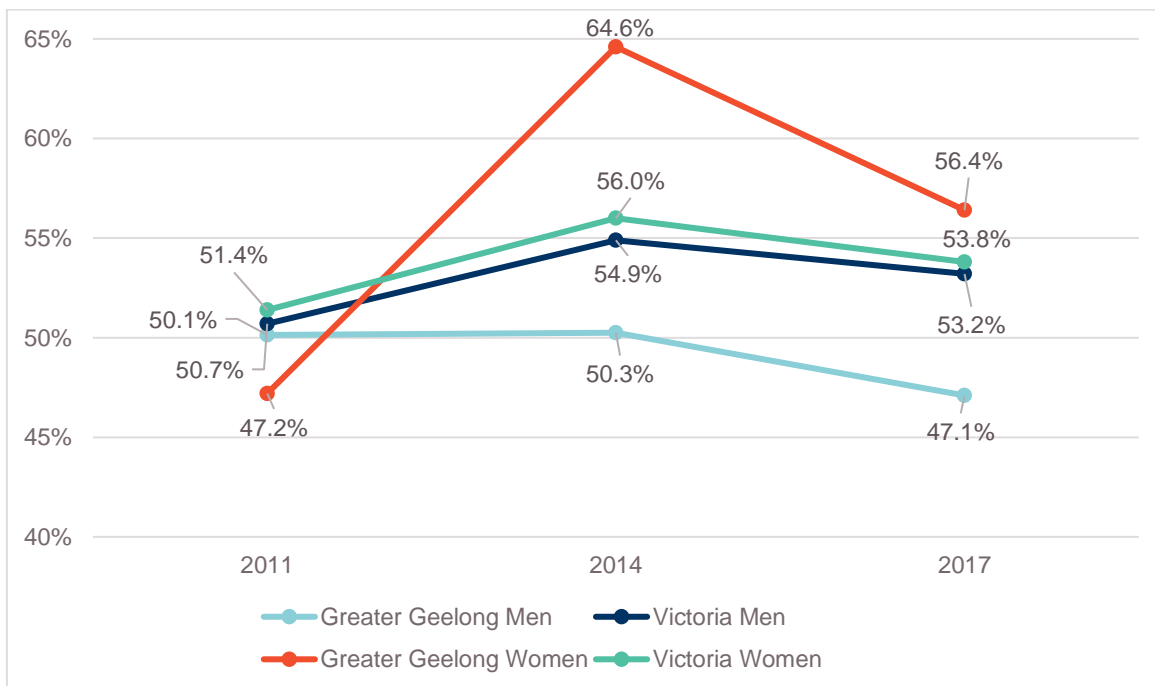


Figure 115. Proportion of adults who think multiculturalism makes life in their area better - 2011-17 (Source: VPHS 2011-17)

## DOMAIN 5: GREATER GEELONG IS LIVEABLE

### Outcome 1: Our people belong to resilient and liveable communities

Liveability

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#### Liveability index

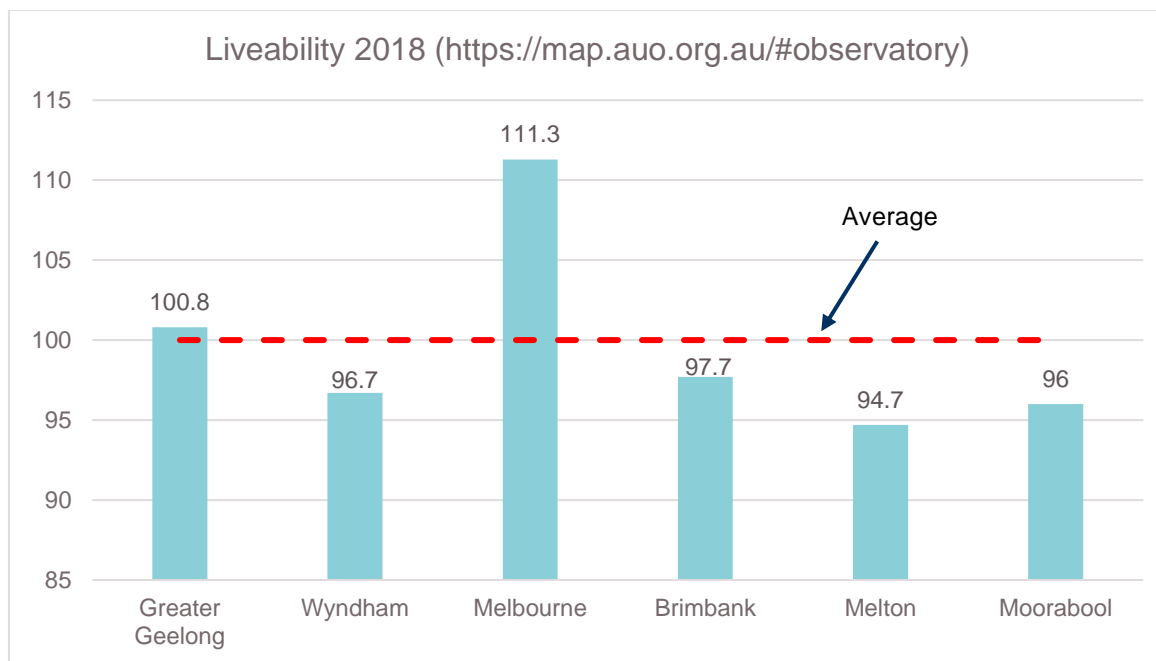


Figure 116. Liveability in 2018 by selected municipalities (Source: <https://map.auo.org.au/#observatory>)

Adaptation to the impacts of climate change

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#### Hospital emergency department presentations due to heat-related conditions

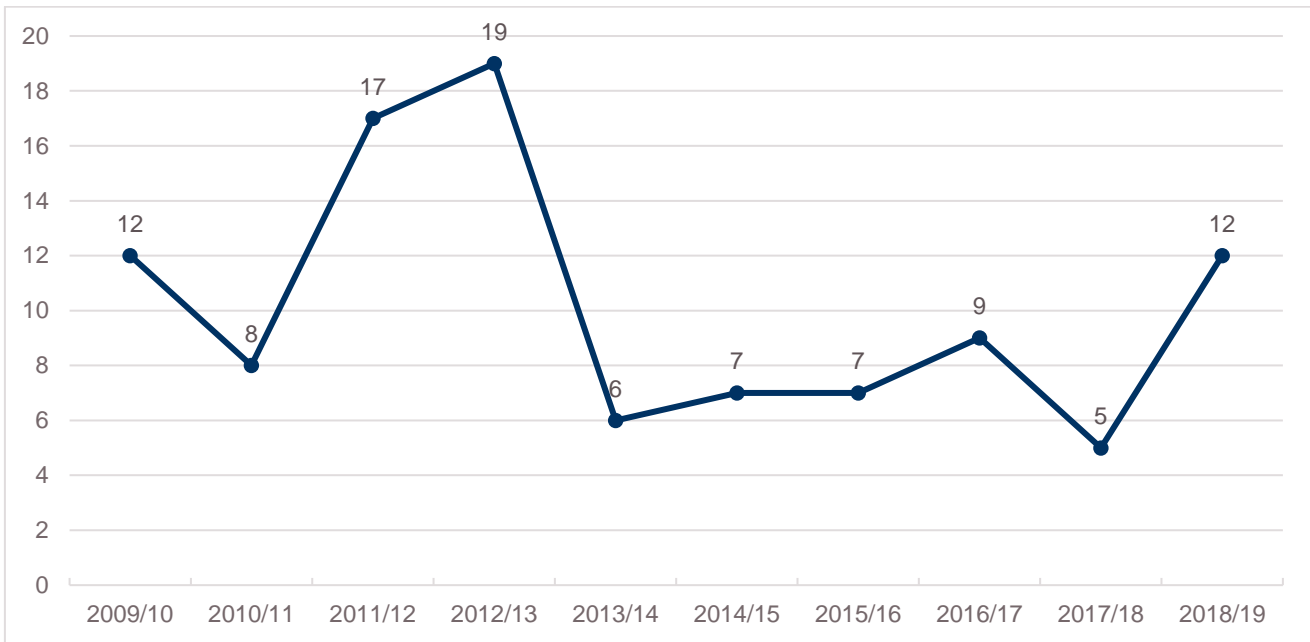


Figure 117. Hospital emergency department presentations for heat related injuries (heat stroke or heat syncope) over the last 10 years (Source: VISU providing VEMD data 2009-19)

**Number of historic and projected days per year with maximum temperature greater than 35°C and minimum temperature less than 2°C**

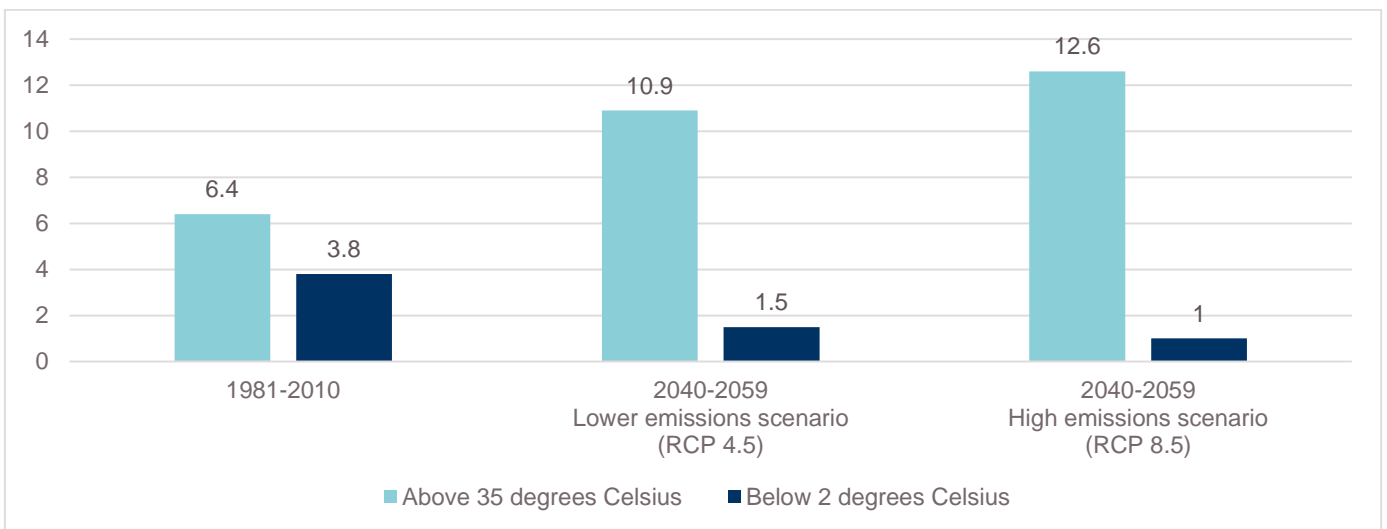
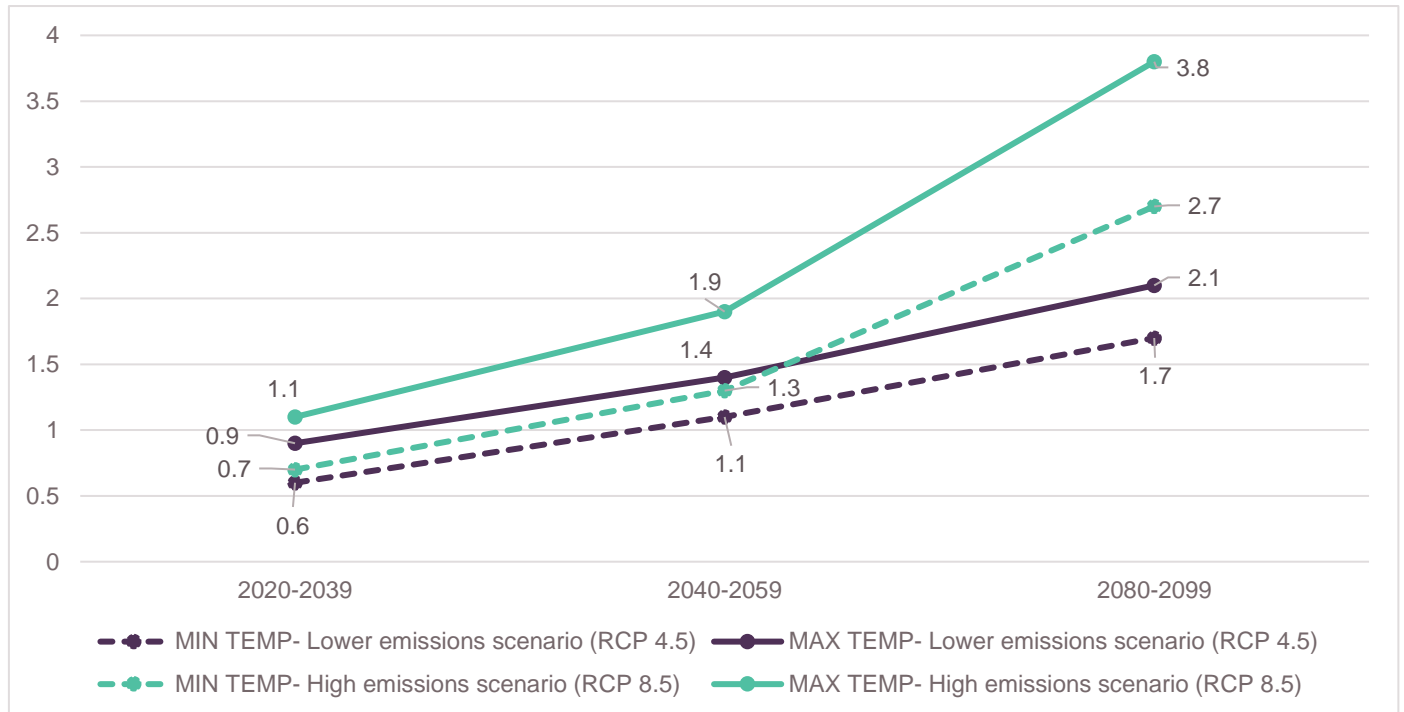


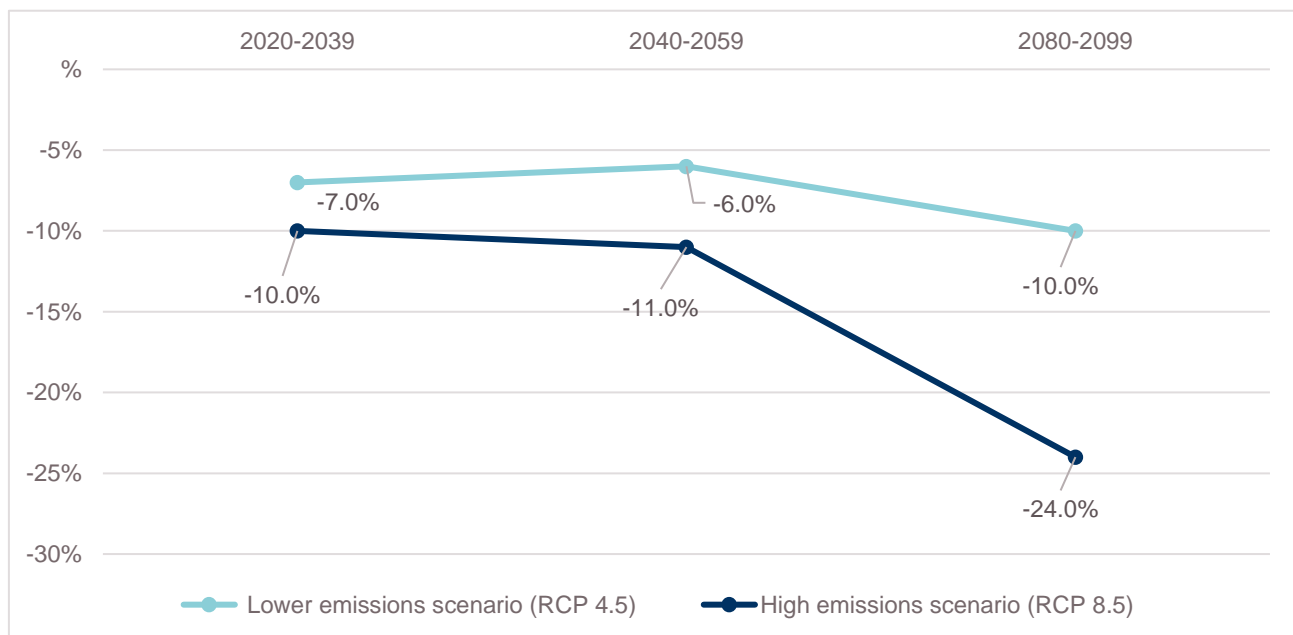
Figure 118. Number of historic and projected days per year above 35 and below 2 degrees Celsius under different emissions scenarios (Source: Barwon Climate Projections 2019, Department of Environment, Land, Water & Planning 2019)

**Annual projected change in temperature (degrees Celsius) over time under different emissions scenarios**



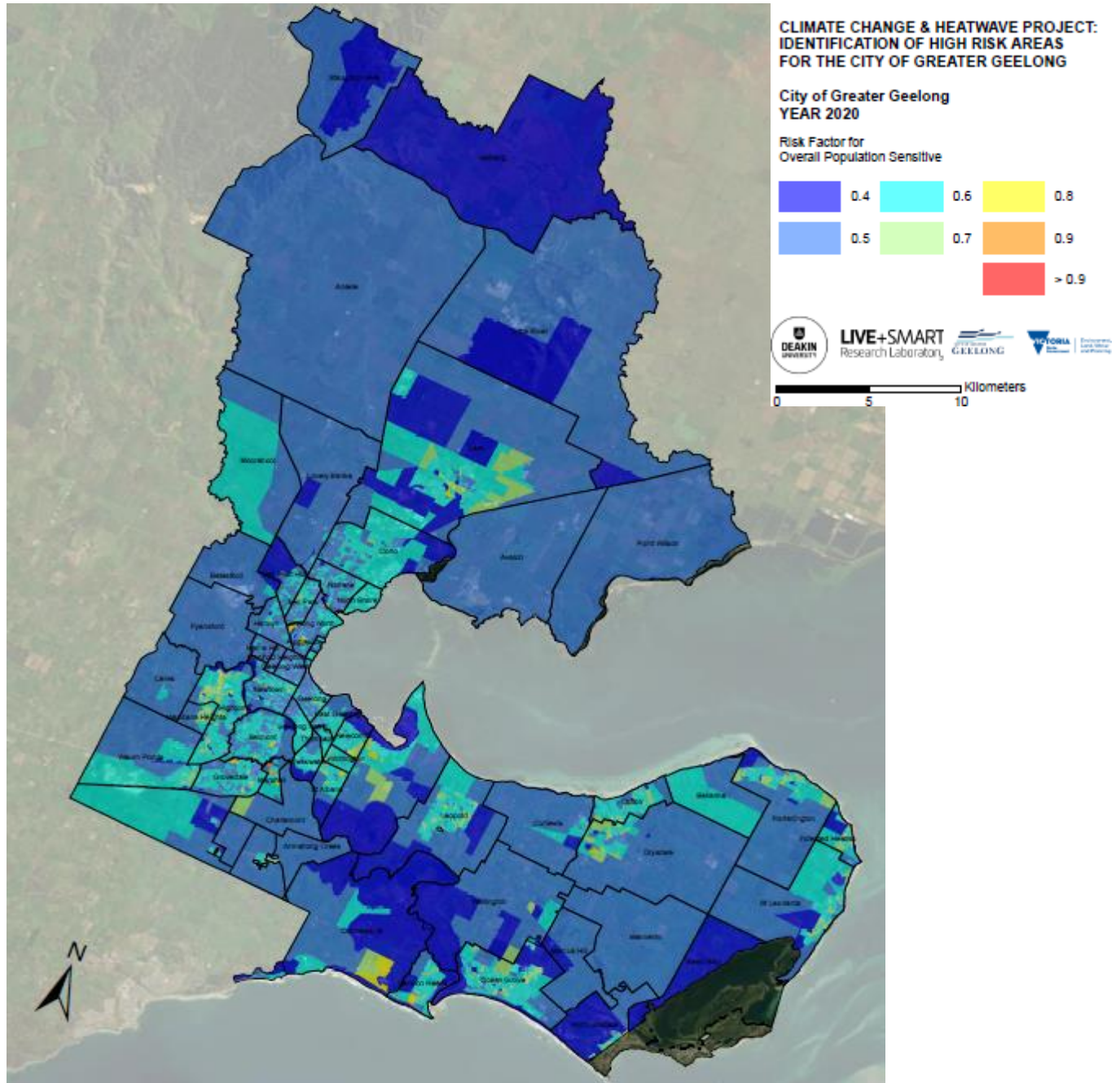
**Figure 119. Annual projected change in temperature (degrees Celsius) over time under different emissions scenarios (Source: Barwon Climate Projections 2019, Department of Environment, Land, Water & Planning 2019)**

**Annual projected change in % rainfall over time under different emissions scenarios**

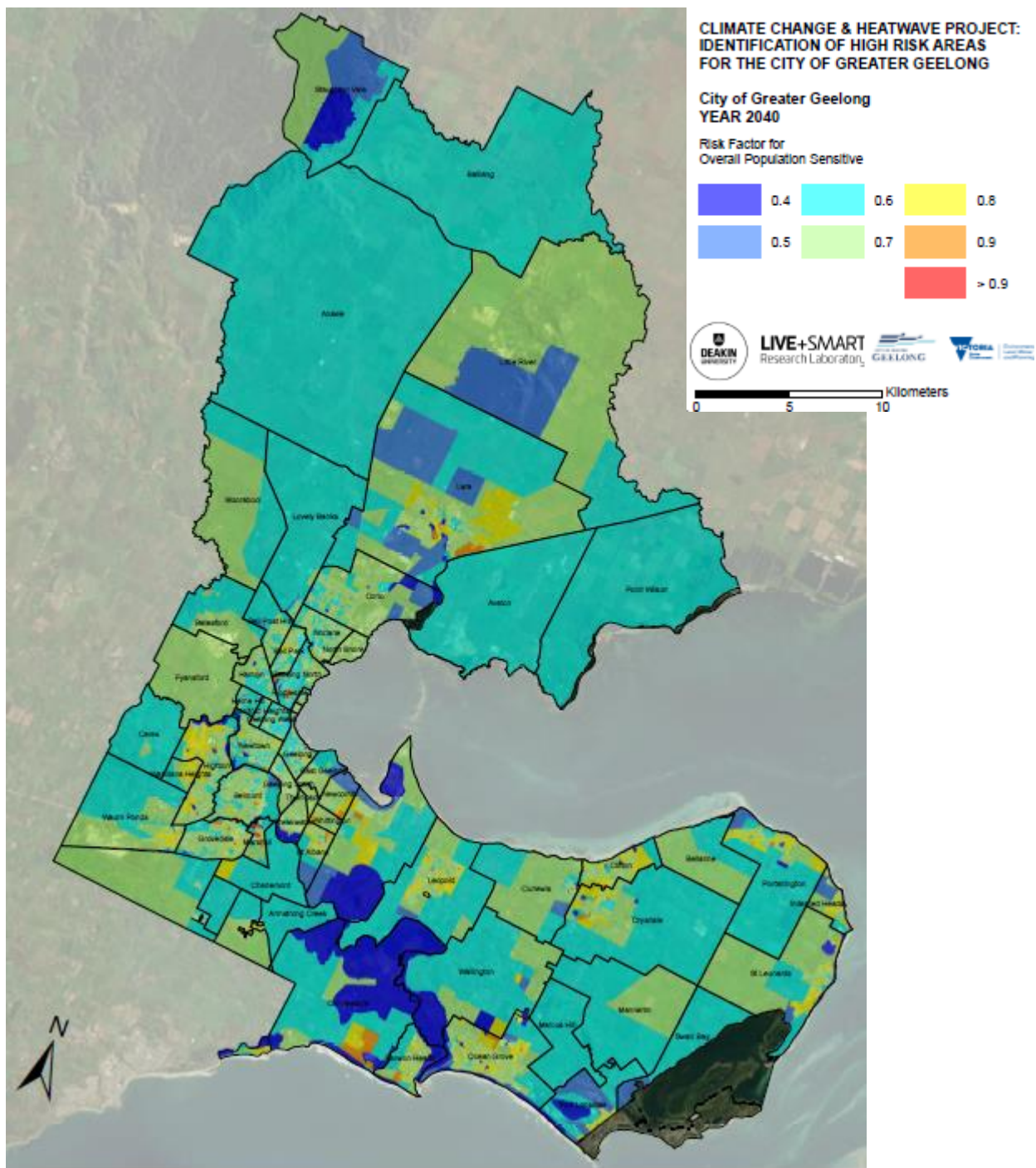


**Figure 120. Annual projected change in % rainfall over time under different emissions scenarios (Source: Barwon Climate Projections 2019, Department of Environment, Land, Water & Planning 2019)**

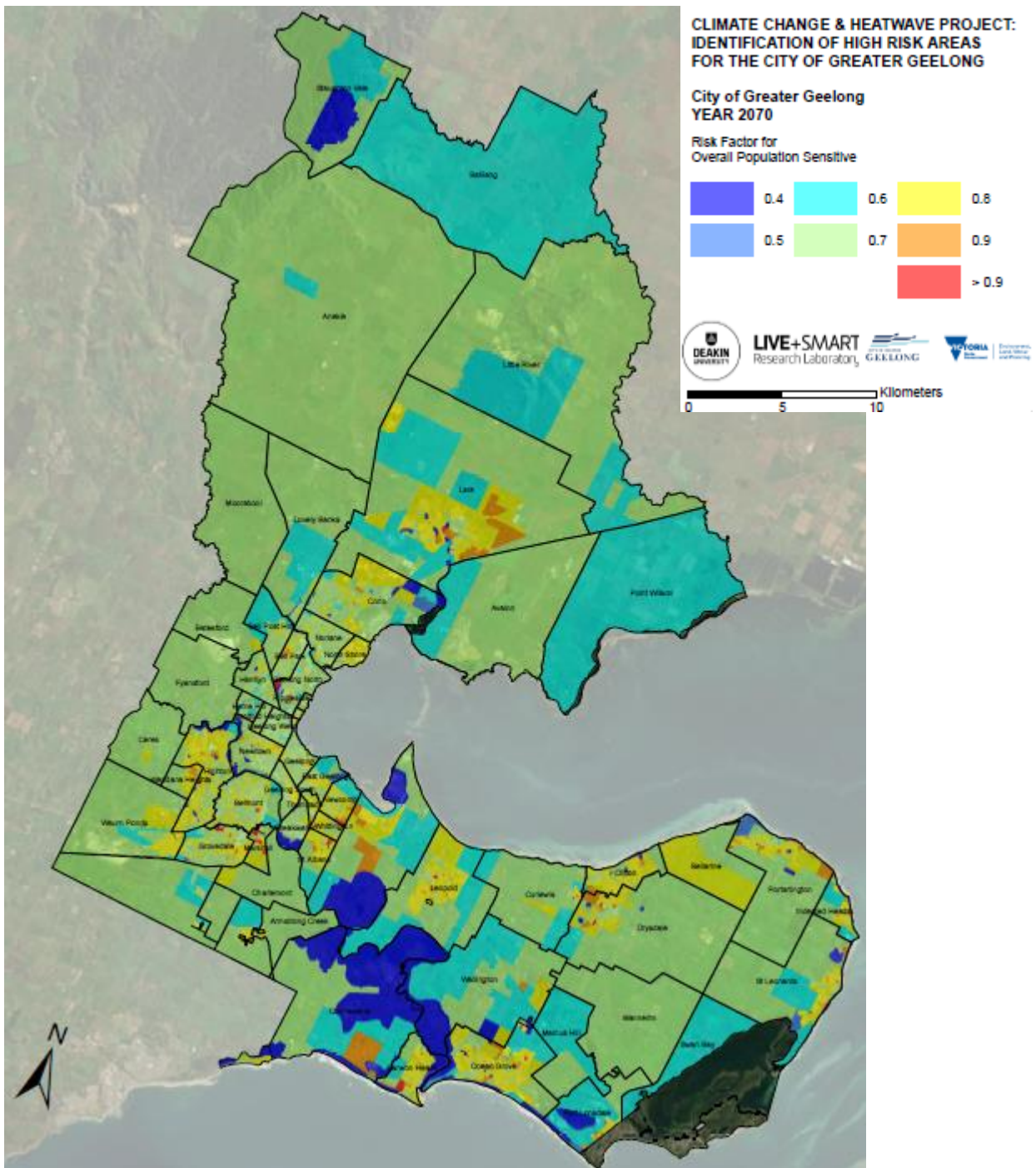
## Heat vulnerability



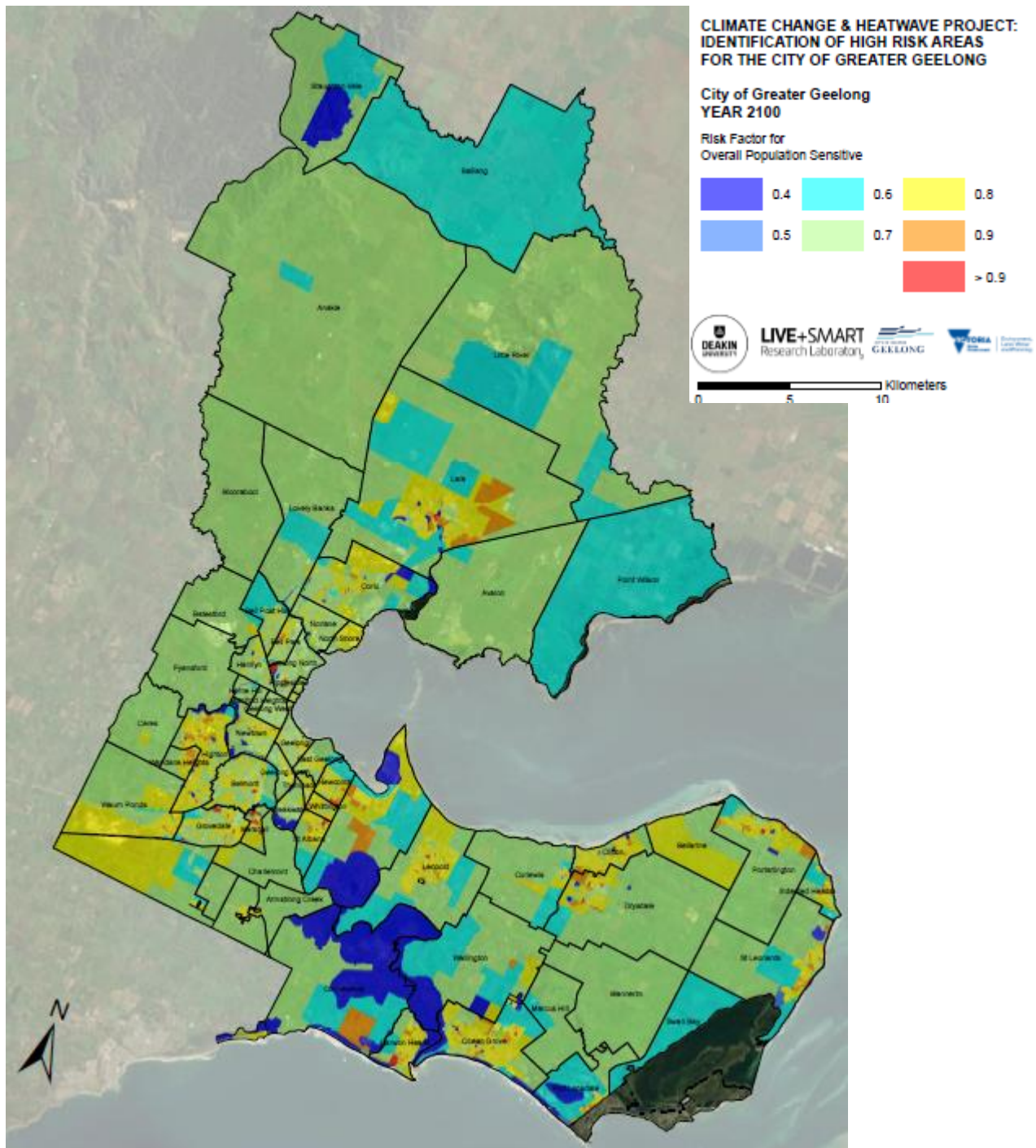
Map 2. City of Greater Geelong suburbs at risk to heatwave vulnerability at MESH Block scale for 2020 (Source: Climate Change and Heatwave Project – Roös et al 2020)



Map 3. City of Greater Geelong suburbs at risk to heatwave vulnerability at MESH Block scale for 2040 (Source: Climate Change and Heatwave Project – Roös et al 2020)



Map 4. City of Greater Geelong suburbs at risk to heatwave vulnerability at MESH Block scale for 2070 (Source: Climate Change and Heatwave Project – Roös et al 2020)



Map 5. City of Greater Geelong suburbs at risk to heatwave vulnerability at MESH Block scale for 2100 (Source: Climate Change and Heatwave Project – Roös et al 2020)

**Municipal wide tree canopy cover across municipalities across**

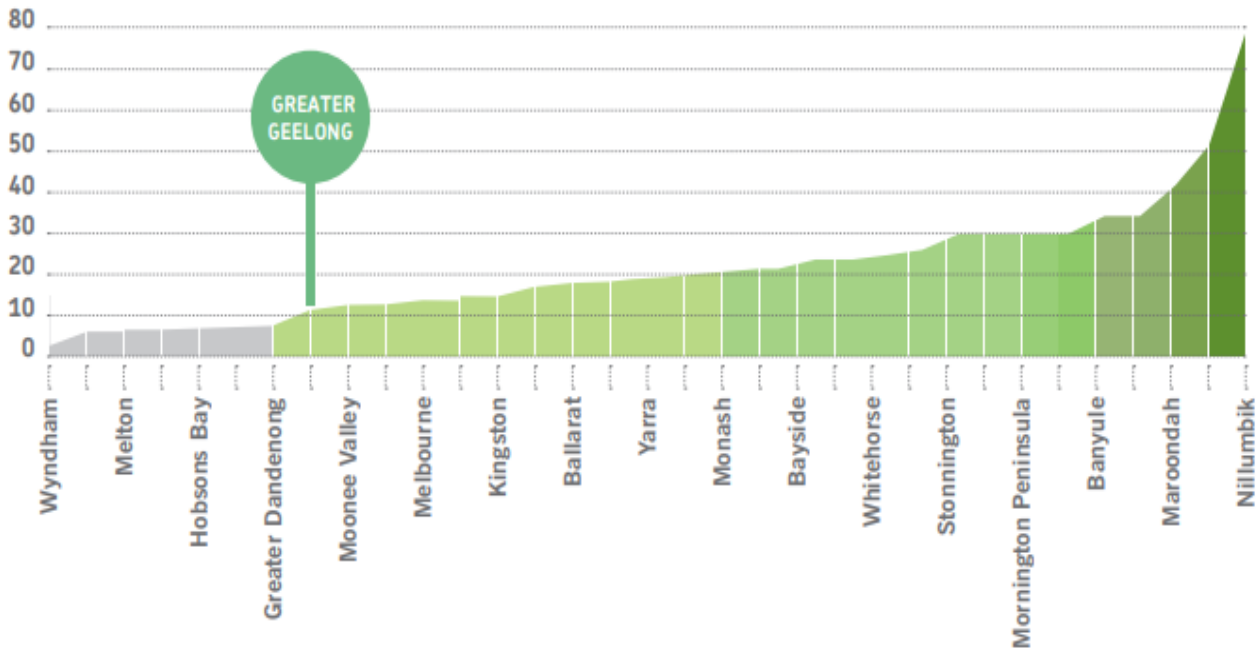


Figure 121. Proportion of municipal wide tree canopy cover across municipalities across Victoria (Source: City of Greater Geelong, 2020)

**Tree canopy cover over specific suburbs in Greater Geelong**

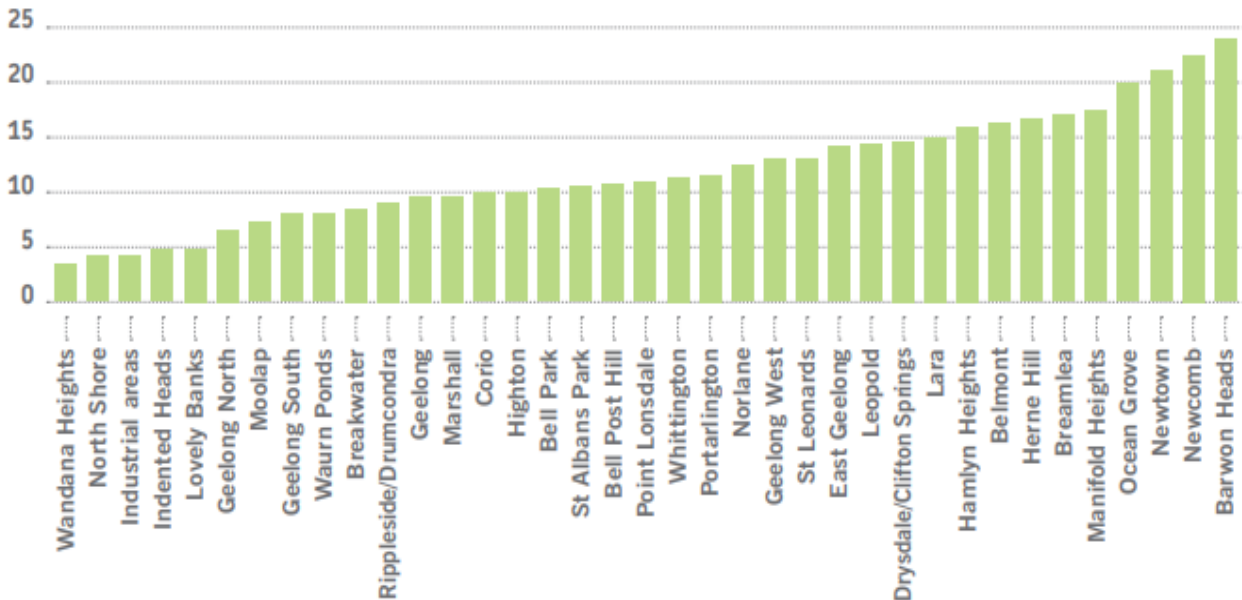


Figure 122. Proportion of tree canopy cover over specific suburbs in Greater Geelong (Source: City of Greater Geelong, 2020)

### Noticing more occurrences of environmental events

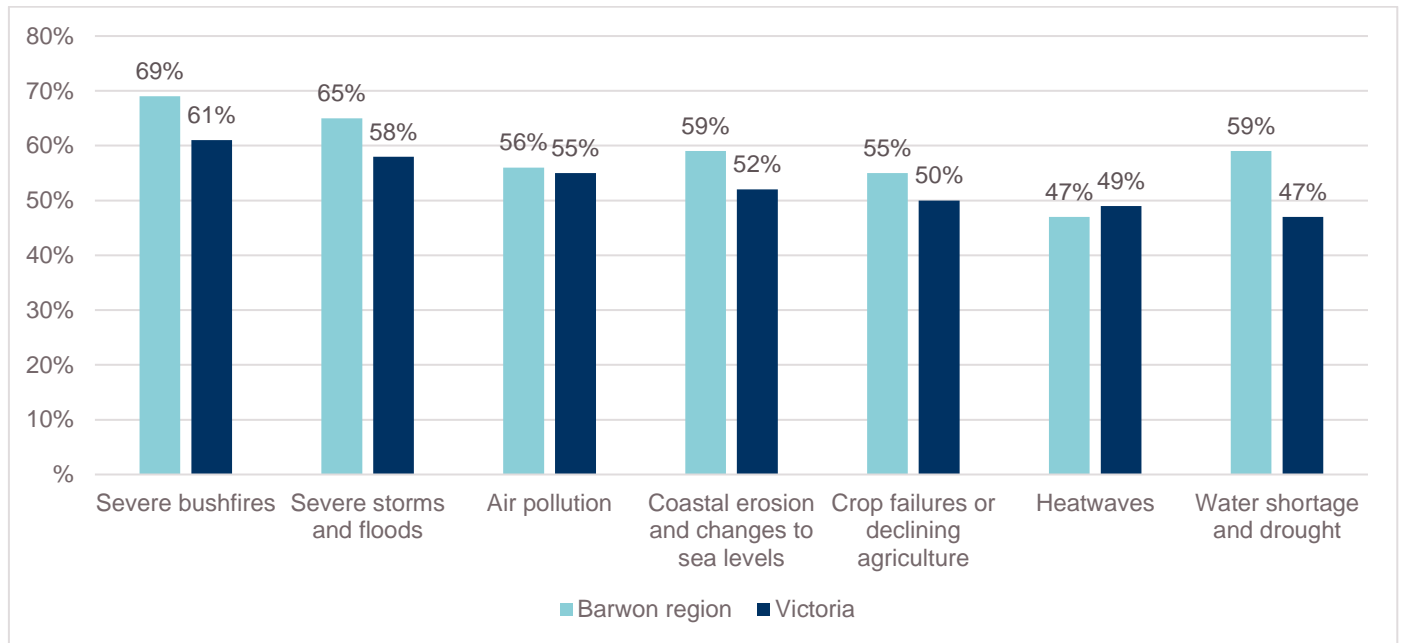


Figure 123. Proportion of Barwon residents (aged 15 years and over) noticing more occurrences of these environmental events (Source: Sustainability Victoria 2017)

### Understanding that climate change

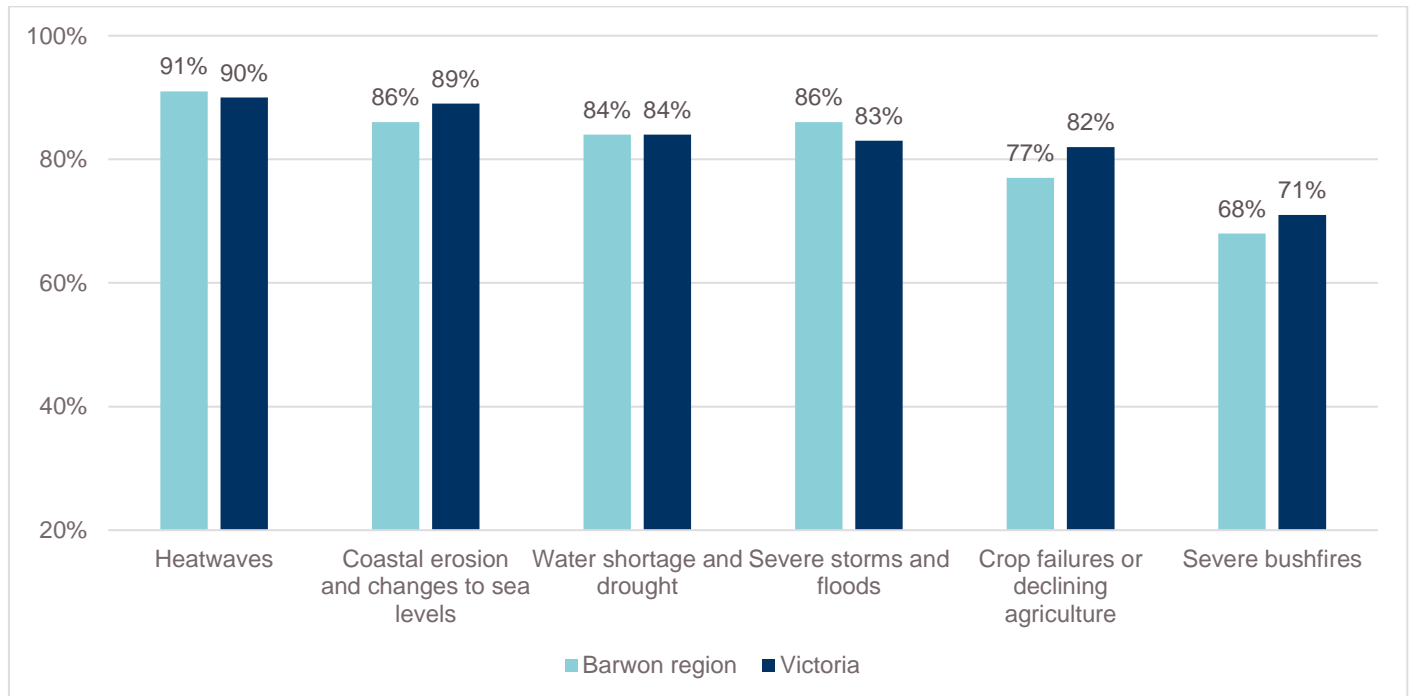


Figure 124. Proportion of Barwon residents (aged 15 years and over) understanding that climate change is influencing the occurrence of these environmental events (Source: Sustainability Victoria 2017)

### Concerned about environmental events

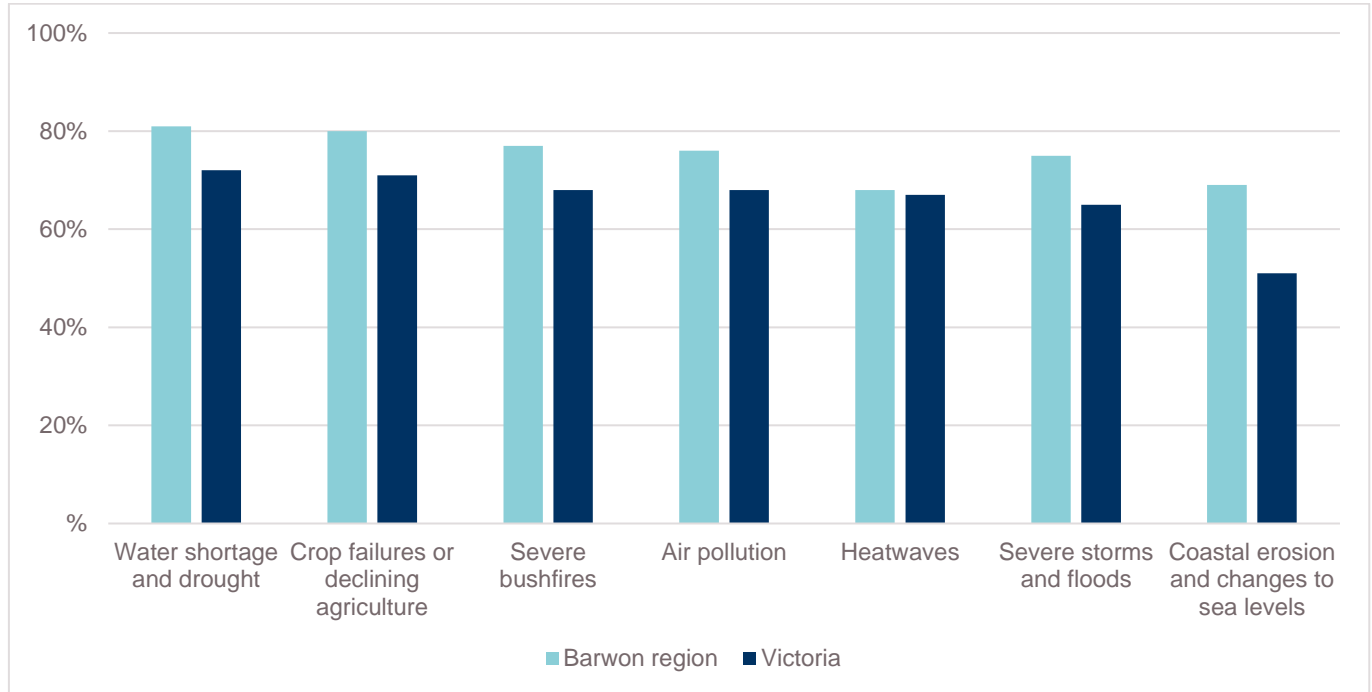


Figure 125. Proportion of Barwon residents (aged 15 years and over) concerned about these environmental events (Source: Sustainability Victoria 2017)

### Concern about climate change

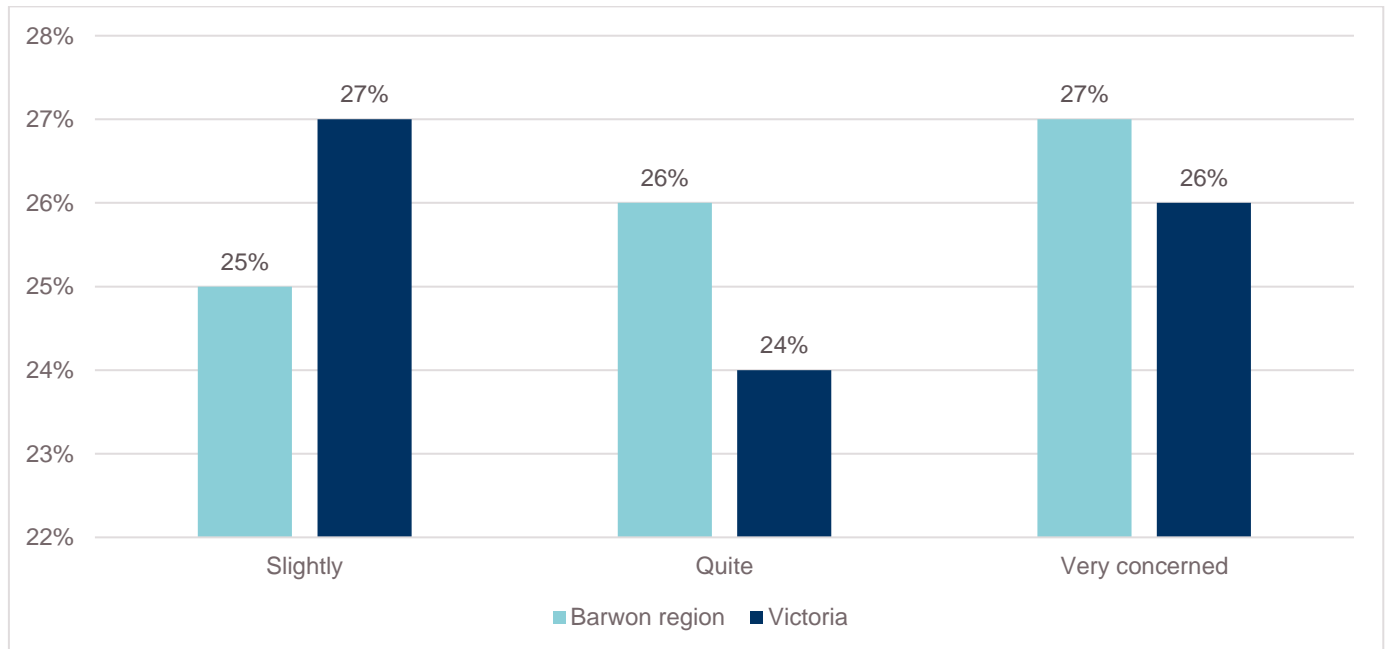
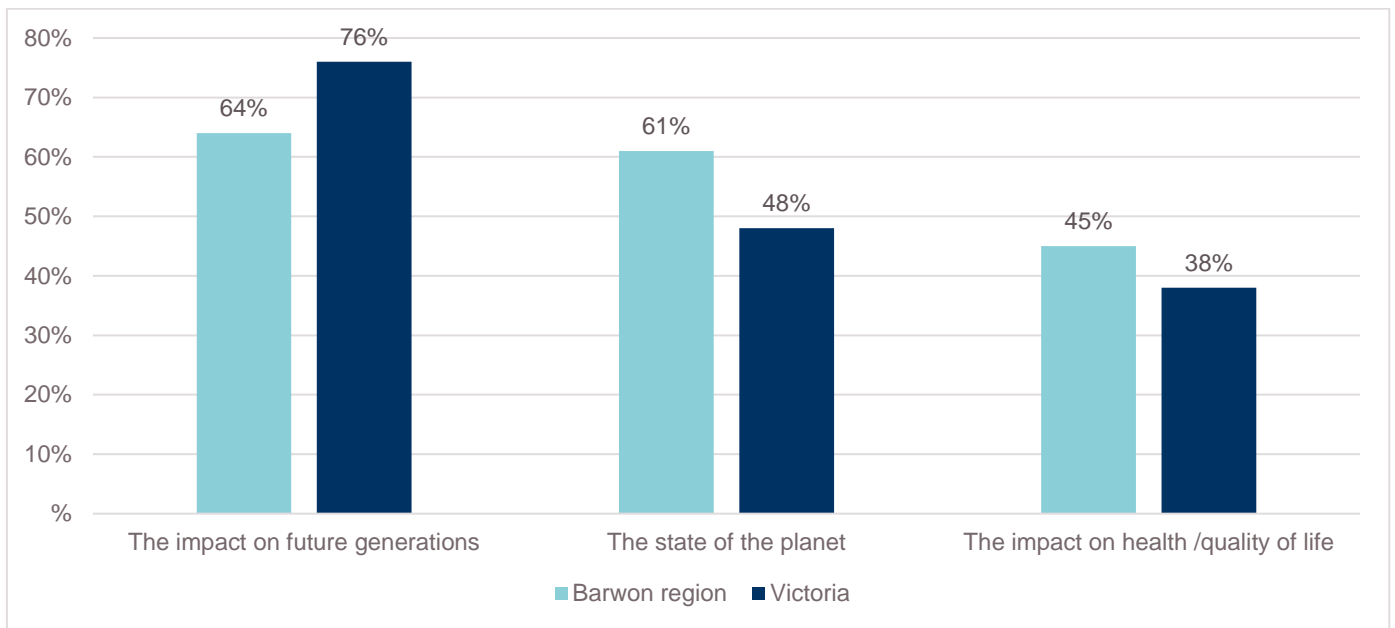
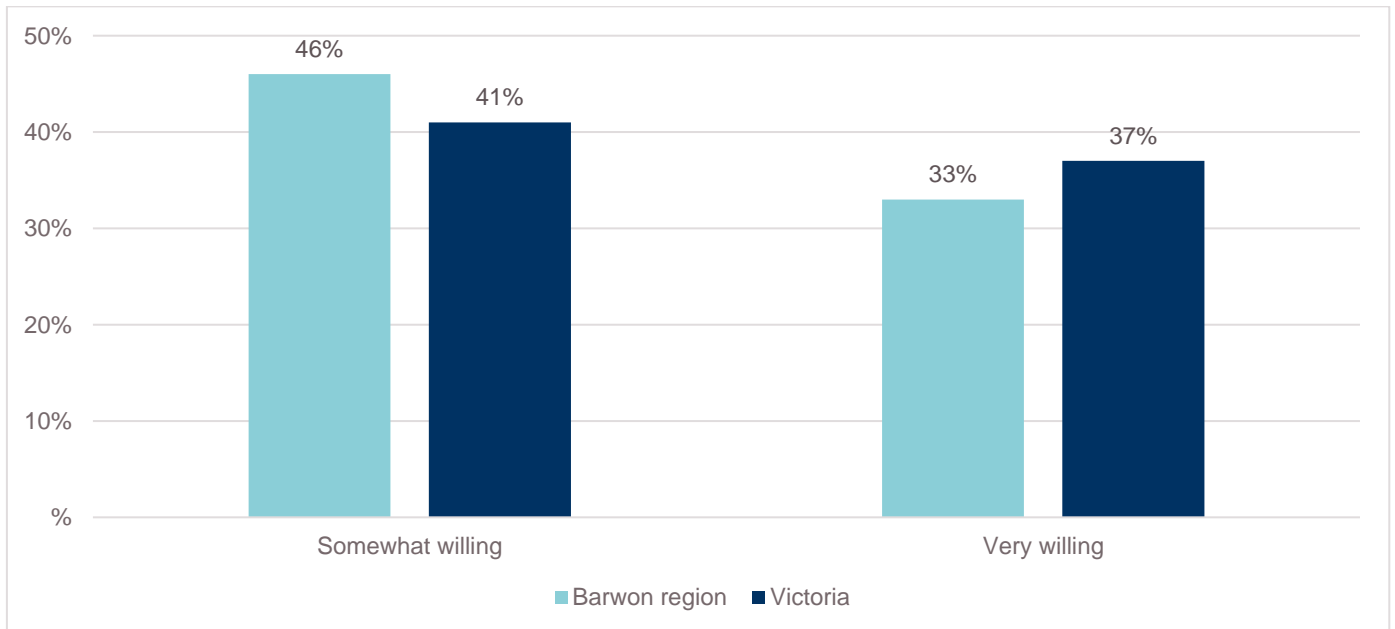


Figure 126. Barwon residents (aged 15 years and over) level of concern about climate change (Source: Sustainability Victoria 2017)



**Figure 127. Barwon residents (aged 15 years and over) reasons for concern about climate change (Source: Sustainability Victoria 2017)**

#### Willingness to take action to tackle climate change



**Figure 128. Proportion of Barwon residents (aged 15 years and over) willing to take action to tackle climate change (Source: Sustainability Victoria 2017)**

### Everyday energy use reducing behaviours

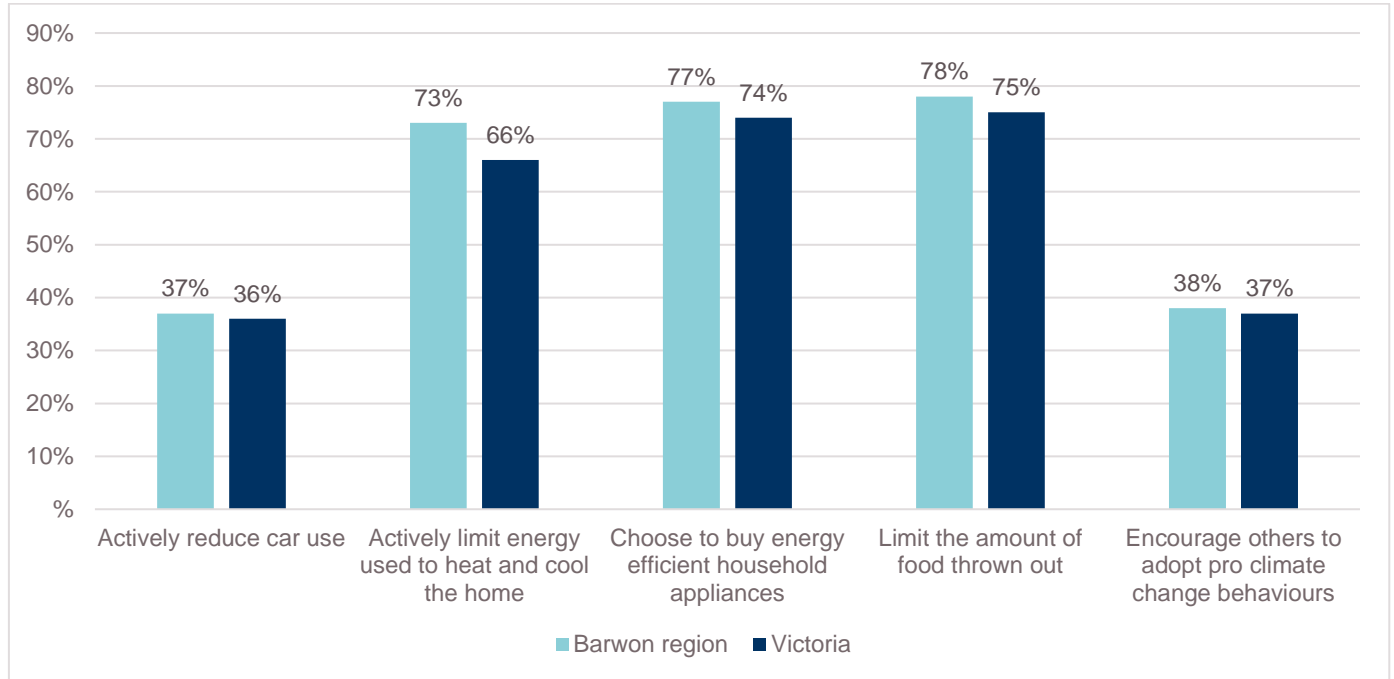


Figure 129. Proportion of Barwon residents (aged 15 years and over) always or often doing everyday energy use reducing behaviours (answered always or often) (Source: Sustainability Victoria 2017)

### Support of Victoria's emissions and renewable energy targets

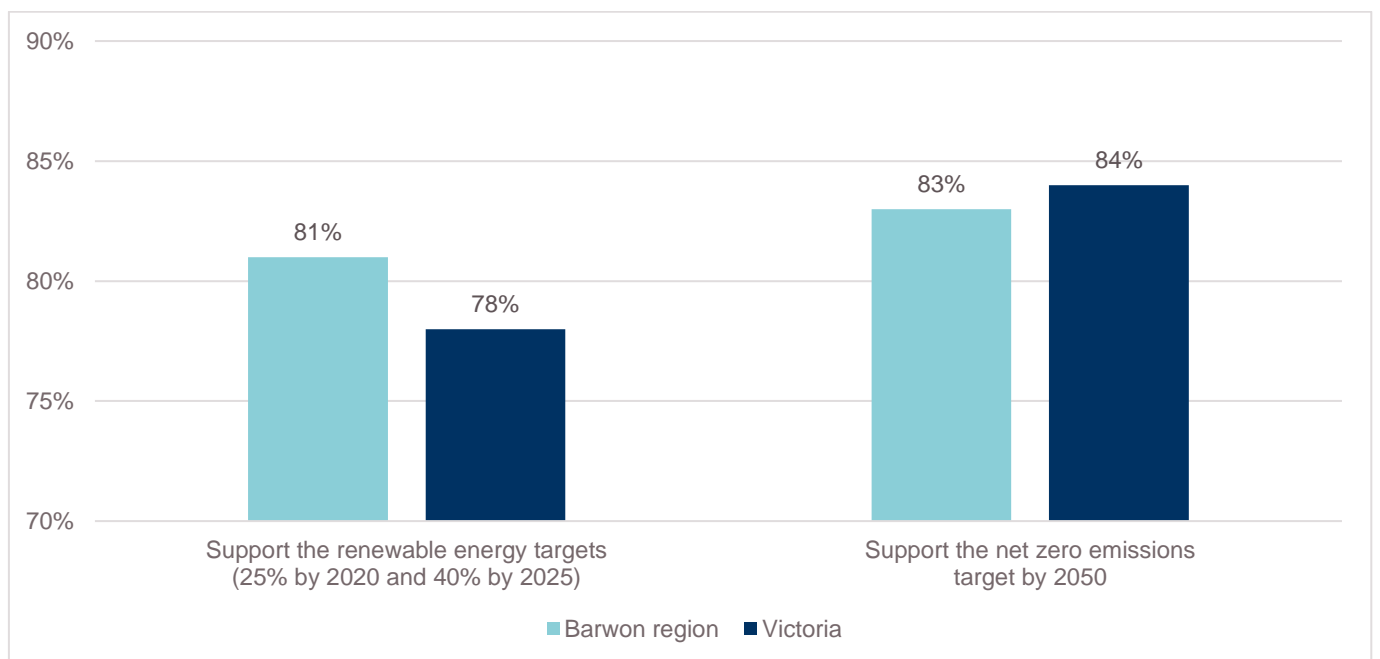


Figure 130. Proportion of Barwon residents (aged 15 years and over) supporting Victoria's emissions and renewable energy targets (Source: Sustainability Victoria 2017)

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