

2024 GEELONG PREVENTATIVE HEALTH SURVEY

November 2024



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We Acknowledge the Wadawurrung People as the Traditional Owners of the City of Greater Geelong Land, Waterways and Skies; and the Boandik people as the traditional Custodians of the land on which this report was written. We pay respect to their Elders, past, present, and future, and recognise that sovereignty was never ceded.

This report has been prepared with careful attention to accuracy and is based on collected survey data. However, ASDF Research cannot be held liable for any loss or damages that may result from actions taken based on the findings contained herein.

Introduction

The Geelong Preventative Health Survey (GPHS) provides an important source of local data about health behaviours and other factors that influence community health and wellbeing. It is currently the only robust, statistically significant, local health and wellbeing survey which provides sub-LGA level data in Geelong and the Bellarine.

The GPHS focuses on key modifiable risk factors for health including healthy eating, physical activity, and psychological distress, as well as other determinants of health such as food security, safety, and climate change. In addition to this booklet, data is available at an LGA level on the [Geelong Data Exchange](#), and sub-LGA data is available upon request.

The survey sample size is statistically significant for the municipality and enables the City to identify emerging issues and trends for the comparison of repeated health and wellbeing indicators over time. It provides a common evidence base to inform planning, with data collected to align with the 15 planning areas as outlined in the Social Infrastructure Plan (refer to Appendix 2).

The GPHS was first conducted in 2017 and again in 2021. With the 2021 survey heavily influenced by COVID-19 (both in the questions asked and responses provided), the 2024 iteration provides a more current dataset that reflects the health and wellbeing needs of our community today.

Despite the availability of health and wellbeing data at a local LGA level from other sources such as the Victorian Population Health Survey (undertaken every three years), there is a lack of data available at suburb level. This is important because there are health disparities at suburb level between different parts of the municipality (e.g., more residents in Planning Area 13 (Corio, Norlane, and North Shore) experience moderate to severe psychological distress (27%) compared to the residents of Planning Area 2 (Barwon Heads, Ocean Grove, Point Lonsdale, 3%). In addition, most data are point in time measures, and with sample sizes not statistically significant, and inconsistencies in questions and collection methods from year to year, data is not comparable over time. In the past, the City has relied on other data sources which are then subject to change, or even discontinued.

The City of Greater Geelong has invested in the Geelong Preventative Health Survey to address these inconsistencies and to provide access to the best possible local evidence to inform decision making. It will also provide direction about where to focus our efforts to improve the health and wellbeing of the community and will assist in identifying target population groups for our initiatives.

The evidence provided by this survey suggests the following areas of focus to improve community health and wellbeing:

- Increasing fruit and vegetable intake.
- Reducing lifetime harm from alcohol.
- Addressing the uptake of vaping in young people.
- Reducing loneliness and improving community connection, social inclusion, and mental wellbeing.
- Encouraging more physical activity amongst those who are sedentary.
- Addressing food insecurity and introducing measures to reduce cost of living pressures.

The following indicators demonstrate the health disparities between different geographical locations within the municipality, and we can use this data to inform our interventions:

- More residents in planning areas 6 and 13 smoke (16%) when compared to planning areas 3 and 14 (5%)

- More smokers in planning area 3 (42%) and 13 (31%) use vapes when compared to planning area 14 (8%)
- More residents in planning areas 13 (46%), 1 (42%) and 11 (39%) are lonely when compared to the Greater Geelong average (25%) and this could be for a variety of reasons due to age, ability, socio economic status or geographic isolation.
- 30% of residents in planning area 13 worried they would run out of food in the previous 12 months compared to 3% in planning area 12.

Executive Summary

This report presents the findings of the 2024 Geelong Preventative Health Survey. This research was designed to collect data on a range of topics relating to the health and wellbeing of the community, to help inform Council planning.

The research used a mixed mode methodology, with 31% of the sample sourced through phone surveys (for methodological consistency with previous years) and then the remainder sourced through random representative rates database sampling methodology, with invitations sent to households via email (to an online version), or paper form in the mail. The research was in field from August to early September 2024 and achieved a **sample size of n=2,282**.

The following section presents the key findings. For more information on these indicators, refer to the Research Results section of this report.

Health and wellbeing

A range of measures assist in tracking the general wellbeing of the community, to help identify any cohorts that may need additional support to maintain healthy lifestyles. Findings suggest that whilst we perform better than the state average for some indicators, in general, self-reported health and wellbeing is decreasing amongst the Greater Geelong community.

- The incidence of residents self-reporting good health has been declining over time (59% in 2017 down to 51% in 2024).
- The incidence of residents providing high satisfaction ratings with life as a whole was lower in 2024 than previous years (78%, 86% in 2017).
- Areas of wellbeing that were contributing most to lower levels of satisfaction with life were feeling part of the community, future security and physical health.

Mental health

- Fewer residents are experiencing high to very high psychological distress (13%) after an increase during COVID (20% in 2021). This may in part be due to a higher proportion seeking professional help for their mental health (24%, 20% in 2021).
- A quarter of the community (25%) is experiencing loneliness.

Healthy eating

Healthy eating, coupled with exercise, can help improve the general wellbeing of the community, and reduce instances of illness and/or injury. There have been some promising improvements in some indicators for healthy eating since 2021, whilst others remain unchanged.

- Findings suggest that over time the proportion of the population drinking 8+ glasses of water a day is increasing, sitting at 42% in 2024.
- There has also been a decrease in consumption of sugar-sweetened drinks, with 2024 data showing 29% of respondents are drinking them more than once a week, compared to 37% in 2021.
- Take away consumption habits appear to be returning to pre-COVID levels, with 16% eating it more than weekly, down from 20% in 2021 (14% in 2017).
- The incidence of meeting fruit and vegetable consumption guidelines remains relatively unchanged over time, with around half meeting fruit consumption guidelines (2 pieces a day) and only 14% meeting vegetable consumption guidelines (5+ serves a day). Not meeting guidelines is

primarily due to personal preference and lack of time, although in 2024 cost has emerged as having more of an impact on people not meeting guidelines (12%, 3% in 2021).

Active living

Coupled with healthy eating, active living is an important aspect of life to help improve health and wellbeing and reduce the incidence of chronic disease.

- Greater Geelong residents are fairly active, with almost two thirds of residents (65%) meeting physical activity guidelines, which is relatively similar to that recorded in 2021 (67%).
- Walking is a popular form of exercise with most residents walking for exercise more than once a week (78%), and a third doing so daily (32% 7+ times a week). The incidence of walking 7+ times a week has remained relatively consistent over time.
- Cycling for exercise is not as popular, with less than one in five residents cycling for more than 10 minutes for exercise at least once a week (17%). This is a similar level to that recorded in 2021 (19%).
- There are fewer people classified as obese (28%) than in 2021 (31%), although the rate still remains higher than in 2017 (21%) and higher than the Victorian average (23%).
- One in five respondents were classified as sedentary (20%).

Alcohol harm

Excessive alcohol consumption can both increase the risk of illness and disease in the future (lifetime harm) as well as harm at the time of drinking due to reduced capacity (short term harm). The proportion of residents at risk of lifetime harm has increased, but those at risk of short term harm has decreased.

- One in ten are at risk of short term harm from their alcohol consumption (11%) down from 14% in 2021.
- Almost one in five are at risk of lifetime harm from alcohol consumption (17%), up from 11% in 2021.

Smoking/vaping

Smoking of cigarettes can cause diseases later in life, and the recent introduction of vapes has also raised concerns about potential future health impacts of this activity. The smoking questions were expanded in 2024 to better understand these behaviours.

- Fewer residents in Greater Geelong smoke (just over 10%) when compared to the Victorian average (19%). Findings suggest that the overall rate of smoking (cigarettes or vapes) has not changed over time.
- The mix of smoking type for current smokers is 69% cigarettes and 34% vapes (some use both).
- 10% of 18 to 24 year olds smoke vapes¹. Vapes are predominantly used amongst those aged under 45, with most using vapes with nicotine in them (64% always, 15% sometimes).

Resilience

The ability for people to source assistance in an emergency and/or navigate times of financial hardship can impact greatly on overall wellbeing.

- Most residents in Greater Geelong (84%) can call on someone outside their home in an emergency (similar level to 2021, 89%).

¹ To be interpreted with caution due to low sample size.

- Findings suggest that the cost of living may be influencing resilience for some, with a slight decline in the proportion of those who said they could raise \$2,000 in two days in an emergency (80%, down from 85% in 2021).
- Almost one in ten (8%) said they had experienced a situation where they had run out of food and couldn't afford to buy more in the previous 12 months. This has doubled from a rate of 4.3% in 2017. The cost of living is also a concern for the one in five (20%) who said they had experienced a situation where they were worried about running out of money to buy food.
- Impacting resilience from extreme weather events, almost half said they were living in a house where the temperature was uncomfortable all the time (7%) or some of the time (39%).

Safety

Perceptions of safety can impact on an individual's participation in activities that can improve their health and wellbeing.

- Most residents (82%) said they feel very safe or safe in the area where they live.
- Those who said they felt unsafe mostly indicated this being due to personal experience (56%) and/or things in the media (50%).
- 42% indicated that they felt their area was more safe than other parts of Greater Geelong.

Multiculturalism

With an increasingly multicultural community, it is important to track perceptions of the benefits of multiculturalism and experiences of discrimination, to identify and address any risks of community unrest.

- Only two in five (43%) indicated that they felt multiculturalism definitely makes life in their suburb better. Further waves of research are necessary to identify if this is increasing or decreasing.
- 16% of respondents indicated they had experienced discrimination. The most common forms of discrimination are related to disability, socio economic status, Aboriginal and Torres Strait Islander status and older age.

Climate Change

As the impacts of climate change are becoming more common, the survey seeks to understand the extent to which the community is recognising the impact of climate change, and their concern for the future.

- 28% said they are very concerned about the impacts of climate change. This hasn't changed since 2021 (28%). Concerns are primarily for future generations and the increase in extreme weather events.
- 22% think that climate change will harm the health of Victorians a great deal (similar to 2021, 23%).

The table on the next page shows a summary of the key indicators broken down by planning area, gender and age.

Key Indicators

In the following tables the key indicators are shown by demographics and [Planning Area](#) (see appendix 2 for reference map). Darker teal cells show a result that is statistically higher when compared to the corresponding red cell within each demographic category (e.g., a higher proportion of females (55%) compared to males (49%)).

Indicator	2021	2024	Trend	M	F	<35	35-54	55+	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Self-reported health excellent / very good	54%	51%	↓	49%	55%	60%	57%	41%	43%	66%	49%	49%	51%	36%	55%	56%	58%	66%	43%	56%	30%	56%	40%
Satisfaction with life (7-10/10)	85%	78%	↓	78%	80%	81%	76%	79%	74%	88%	82%	81%	73%	71%	83%	82%	82%	77%	73%	88%	59%	80%	80%
High to very high psychological distress	20%	13%	↓	10%	14%	16%	14%	8%	17%	3%	12%	8%	11%	12%	13%	11%	13%	9%	19%	6%	28%	11%	12%
Sought help for mental health	20%	24%	↑	16%	32%	35%	26%	14%	42%	18%	19%	16%	23%	32%	17%	26%	18%	19%	24%	20%	38%	22%	23%
Lonely		25%	New	25%	26%	31%	24%	22%	42%	15%	21%	22%	20%	26%	21%	18%	27%	23%	39%	24%	46%	22%	17%
Not a member of any group	43%	45%	→	45%	46%	47%	43%	46%	33%	30%	39%	41%	50%	60%	44%	41%	50%	47%	48%	46%	66%	45%	52%
Met veg guidelines	15%	14%	→	12%	17%	13%	12%	15%	8%	17%	13%	9%	14%	11%	17%	18%	20%	20%	13%	15%	13%	8%	6%
Met fruit guidelines	46%	50%	↑	48%	51%	47%	50%	53%	55%	55%	66%	43%	51%	43%	46%	51%	58%	63%	38%	47%	37%	40%	44%
Eat fast food weekly	43%	44%	→	51%	38%	60%	46%	27%	60%	30%	49%	23%	50%	53%	51%	36%	35%	35%	47%	50%	55%	45%	43%
Drink 8+ glasses water a day	42%	42%	→	50%	35%	57%	45%	23%	41%	46%	47%	30%	40%	31%	47%	43%	39%	46%	38%	41%	41%	45%	51%
Consume sugar sweetened	37%	29%	↓	37%	23%	39%	22%	21%	36%	27%	41%	22%	33%	28%	33%	20%	15%	19%	28%	26%	43%	34%	26%



Indicator	2021	2024	Trend	M	F	<35	35-54	55+	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Met physical activity guidelines	67%	66%	➔	66%	68%	68%	75%	60%	70%	75%	60%	66%	61%	65%	74%	64%	75%	72%	50%	59%	62%	71%
BMI Obese	31%	28%	⬇️	28%	29%	22%	25%	31%	32%	19%	28%	26%	37%	34%	27%	24%	13%	23%	31%	28%	41%	33%	36%
Alcohol – long term risk	11%	18%	⬆️	23%	12%	13%	20%	21%	8%	25%	29%	24%	20%	21%	18%	13%	12%	26%	13%	16%	10%	15%	17%
Alcohol – short term risk	14%	11%	⬇️	17%	6%	17%	10%	7%	14%	8%	24%	7%	16%	12%	17%	3%	7%	19%	3%	8%	11%	9%	11%
Smoker	14%	10%	**	12%	7%	8%	13%	8%	6%	10%	5%	9%	11%	16%	12%	9%	9%	8%	6%	13%	16%	5%	9%
Have someone to rely on in emergency	89%	84%	⬇️	84%	86%	91%	79%	84%	83%	92%	85%	74%	85%	81%	89%	81%	88%	90%	84%	90%	81%	80%	71%
Could source \$2k in 2 days	85%	80%	⬇️	84%	78%	83%	76%	82%	86%	91%	83%	90%	85%	72%	76%	78%	87%	89%	81%	88%	55%	81%	76%
Ran out of food	4.3% (2017)	8%	⬆️	7%	9%	9%	11%	4%	6%	2%	8%	5%	1%	12%	9%	8%	9%	5%	8%	2%	23%	3%	7%
Worried about running out of food		10%	New	9%	12%	15%	11%	4%	9%	5%	7%	6%	4%	13%	8%	12%	11%	8%	13%	3%	30%	6%	10%
Feel unsafe in local area		6%	New	3%	8%	9%	5%	5%	3%	1%	6%	3%	3%	16%	6%	1%	5%	2%	7%	1%	17%	7%	11%
Are more unsafe than others		8%	New	8%	9%	13%	5%	5%	2%	4%	6%	2%	4%	23%	6%	1%	6%	3%	10%	2%	41%	4%	5%
Multiculturalism makes life better	48%	43%	⬇️	42%	45%	51%	47%	35%	59%	42%	40%	42%	38%	40%	32%	45%	47%	51%	54%	48%	42%	33%	26%
Experienced discrimination		16%	New	14%	17%	18%	16%	13%	22%	9%	14%	10%	15%	18%	12%	15%	17%	12%	18%	16%	22%	18%	20%
Very concerned	28%	28%	➔	22%	34%	32%	26%	28%	30%	30%	26%	23%	26%	25%	24%	30%	34%	36%	24%	34%	29%	21%	23%

about climate change																								
Temperature always uncomfortable		7%	New	5%	9%	12%	6%	3%	4%	1%	6%	9%	3%	9%	9%	4%	2%	7%	15%	7%	16%	6%	11%	

** Decrease in smoking rate is attributable to survey mode.

Key Findings by Demographics and Priority Populations

The following section summarises the items where respondents of that demographic or location showed notably **higher instances** of providing each specified survey response. This helps understand the unique circumstances and experiences of different population cohorts.

Females

- 55% Self-reported good health (excellent or very good) (49% males).
 - 14% classified as being in severe or moderate psychological distress (10% males).
 - 32% sought professional help for a mental health related problem (16% males).
 - 8% member of a school group (4% males).
 - 9% live in a home where the temperature is always uncomfortable (5% males).
 - 9% feel unsafe in the area where they live (3% males).
 - 17% had experienced discrimination (14% males). Of these, 38% said it was due to their gender.
 - 34% very concerned about the impacts of climate change on human health and wellbeing (22% males).
 - 31% think climate change will harm the health of Victorians a great deal (13% males).
-

Males

- 51% self-reported lower levels of health (good, fair or poor) (45% females).
 - 16% had sought professional help for a mental health related problem (32% females).
 - 33% member of a sports group (23% females).
 - 22% eat fast food more than once a week (10% females).
 - 50% meet water consumption guidelines (8+ glasses a day) (35% females).
 - 37% consume sugar sweetened drinks more than once a week (23% females).
 - 35% walk continuously for more than 10 minutes 7+ times a week (30% females).
 - 24% cycle continuously for more than 10 minutes at least once a week (11% females).
 - 23% lifetime risk of alcohol harm (12% females).
 - 17% at risk of short term alcohol harm (6% females).
 - 12% smoke (7% females).
 - 84% could raise \$2,000 in a week in an emergency (78% females).
 - 39% feel very safe in the area they live (29% females).
-

Single parents with child/ren under 15

- 28% classified as being in severe or moderate psychological distress (9% couple no children).
 - 53% sought professional help for a mental health related problem (19% couple no children).
 - 57% classified as lonely (17% couple no kids).
 - 45% classified as obese (26% single households).
 - 18% at risk of short term alcohol harm (9% couples child/ren all 15+).
 - 24% smoke (5% couples no children).
 - Lower instance of having someone outside the household they can rely on in an emergency (70%, 87% couples).
 - Lower instance of being able to raise \$2,000 in an emergency (49%, 88% couple no children).
 - 45% had run out of food and couldn't afford to buy more (7% couple no children).
 - 27% live in a home where the temperature is always uncomfortable (5% couples with child/ren under 15).
-

- 19% rated the area where they live as more unsafe than other areas of Greater Geelong (8% single person).
- 30% had experienced discrimination (16% couples no children). Of these 55% said it was due to their marital status.

Youth (18-24 year olds)*

- 58% self-reported health as excellent or very good (31% 75+ year olds).
- 37% eat fast food more than once a week (17% 55+).
- 55% meet water consumption guidelines (8+ glasses a day) (23% 55+).
- 48% normal weight as per their BMI (26% 55-74 year olds).
- 88% met physical activity guidelines (42% 75+).
- 43% abstain from drinking alcohol (20% 25-34 year olds).
- 90% never smoked nor vaped (58-62% 25-74 year olds). Of the 10% who had, they had only vaped.
- 18% in severe psychological distress (Kessler 10) (8% or less for other age categories).
- 60% classified as lonely (<30% for other age categories).
- 20% don't have someone outside of their household they can call on in an emergency (6% 25-34 year olds).
- 21% had run out of food and couldn't afford to buy more (11% or less for other age categories).
- 20% had worried about running out of food (3% 65+).
- 7% felt very unsafe where they live (2% or less for other age categories).
- 20% felt more unsafe in the area where they live than other areas of Greater Geelong (4% 65+).
- 26% think multiculturalism in their suburb definitely makes life better (54% 25-34 year olds).
- 27% had experienced discrimination (9% 65+ year olds).
- 26% not very concerned about climate change (11% 25-34 year olds).
- 82% of those who were concerned about climate change said they were concerned about their quality of life (27% 75+).
- 30% didn't think climate change would harm the health of Victorians in the next 10 years at all (7% 25-34 year olds).

*Please interpret with caution due to low sample size

Young adults (18-35 year olds)

- 60% Self-reported good health (excellent or very good) (38% 65+ year olds).
- 18% classified as being in severe or moderate psychological distress (8% 55+).
- 35% sought professional help for a mental health related problem (14% 55+).
- 31% classified as lonely (22% 55+ year olds).
- 16% member of a professional group or academic society (8% 55+).
- 22% eat fast food more than once a week (17% 55+).
- 57% meet water consumption guidelines (8+ glasses a day) (23% 55+).
- 39% consume sugar sweetened drinks more than once a week (21% 55+).
- Lower instance of meeting physical activity guidelines (7%, 60% 55+).
- 39% walk continuously for more than 10 minutes 7+ times a week (27% 55+).
- 23% sedentary (13% 35-54).
- 17% at risk of short term alcohol harm (7% 55+).
- Fewer smoke (8%, 13% 35-54).
- 6% vape (<1% 55+).
- 91% have someone outside the household they can rely on in an emergency (84% 55+).

- 83% could raise \$2,000 in a week in an emergency (76% 35-54).
- 9% had run out of food and couldn't afford to buy more (4% 55+).
- 12% live in a home where the temperature is always uncomfortable (3% 55+).
- 10% feel unsafe in the area where they live (4% 35-54).
- 13% rated the area where they live as more unsafe than other areas of Greater Geelong (5% 55+).
- 51% said they 'definitely' think multiculturalism makes life in their suburb better (35% 55+).
- 18% had experienced discrimination (13% 55+).

Older adults (55+ year olds)

- 59% self-reported lower levels of health (good, fair or poor) (42% <55).
- 13% member of a religious group (8% <35).
- 21% sedentary (13% 35-54).
- 31% classified as obese (22% <35).
- 20% lifetime risk of alcohol harm (13% <35).
- Fewer smoke (8%, 13% 35-54).
- 37% feel very safe in the area they live (30% <35).
- 55% of those who had experienced discrimination (n=192) said it was due to their age.
- 15% not at all concerned about the impacts of climate change on human health and wellbeing (10% <35).
- 24% think climate change will harm the health of Victorians a great deal (17% 35-54).

Those who speak a language other than English

- Less often sought professional help for a mental health related problem (18%, 25% English only).
- Less often member of a sports group (15%, 29% English only).
- 22% member of a religious group (10% English only).
- Lower instance of meeting physical activity guidelines (16%, 23% English only).
- Less often lifetime risk of alcohol harm (10%, 18% English only).
- Lower instance of having someone outside the household they can rely on in an emergency (75%, 86% English only).
- Lower instance of feeling very safe in the area they live (24%, 35% English only).
- Lower instance of rating the area where they live as more unsafe than other areas of Greater Geelong (2%, 9% English only).
- 56% said they 'definitely' think multiculturalism makes life in their suburb better (42% English only).
- 24% had experienced discrimination (15% English only). Of these 11% said it was due to the language they speak.

LGBTQIA+

- 65% self-reported lower levels of health (good, fair or poor) (47% non-LGBTQIA+).
- 32% provided life satisfaction ratings of 0-6 out of 10 (20% non-LGBTQIA+).
- 33% classified as being in severe or moderate psychological distress (11% non-LGBTQIA+).
- 47% % sought professional help for a mental health related problem (23% non-LGBTQIA+).
- 39% classified as lonely (25% non-LGBTQIA+).
- Less often member of a sports group (15%, 29% non-LGBTQIA+).
- 26% member of a professional group or academic society (14% non-LGBTQIA+).

- 43% walk continuously for more than 10 minutes 7+ times a week (32% non-LGBTQIA+).
- Less often sedentary (10%, 20% non-LGBTQIA+).
- 19% smoke (9% non-LGBTQIA+).
- Lower instance of having someone outside the household they can rely on in an emergency (75%, 86% non-LGBTQIA+).
- Lower instance of being able to raise \$2,000 in a week in an emergency (71%, 82% non-LGBTQIA+).
- 17% had run out of food and couldn't afford to buy more (7% non-LGBTQIA+).
- 18% live in a home where the temperature is always uncomfortable (6% non-LGBTQIA+).
- 14% feel unsafe in the area where they live (5% non-LGBTQIA+).
- 22% rated the area where they live as more unsafe than other areas of Greater Geelong (8% non-LGBTQIA+).
- 62% said they 'definitely' think multiculturalism makes life in their suburb better (43% non-LGBTQIA+).
- 32% had experienced discrimination (15% non-LGBTQIA+). Of these 29% said it was due to their sexual orientation.
- 53% very concerned about the impacts of climate change on human health and wellbeing (27% non-LGBTQIA+).
- 45% think climate change will harm the health of Victorians a great deal (21% non-LGBTQIA+).

People with a disability

- 92% self-reported lower levels of health (good, fair or poor) (42% no disability).
- 57% provided life satisfaction ratings of 0-6 out of 10 (19% no disability).
- 44% classified as being in severe or moderate psychological distress (10% no disability).
- 37% sought professional help for a mental health related problem (34% no disability).
- 61% classified as lonely (23% no disability).
- 43% meet water consumption guidelines (8+ glasses a day) (31% no disability).
- 40% consume sugar sweetened drinks more than once a week (28% no disability).
- 40% classified as obese (27% no disability).
- Lower instance of having someone outside the household they can rely on in an emergency (72%, 86% no disability).
- 24% had run out of food and couldn't afford to buy more (6% no disability).
- 16% live in a home where the temperature is always uncomfortable (6% no disability).
- Lower instance of feeling very safe in the area they live (24%, 35% no disability).
- 17% feel unsafe in the area where they live (5% no disability).
- 19% rated the area where they live as more unsafe than other areas of Greater Geelong (7% no disability).
- 45% had experienced discrimination (13% no disability). Of these 78% said it was due to their disability.
- 39% think climate change will harm the health of Victorians a great deal (21% no disability).

Renters

- 30% sought professional help for a mental health related problem (13% own outright).
- 39% classified as lonely (22% own home).
- 56% meet water consumption guidelines (8+ glasses a day) (28% own outright).

- 23% cycle continuously for more than 10 minutes at least once a week (15% own with mortgage).
- 25% sedentary (18% own with mortgage).
- 15% smoke (7% own outright).
- 17% had run out of food and couldn't afford to buy more (2% own outright).
- 13% live in a home where the temperature is always uncomfortable (3% own outright).
- 12% rated the area where they live as more unsafe than other areas of Greater Geelong (5% own with mortgage).
- 20% had experienced discrimination (12% own outright).

Key Findings by Planning Area

Planning Area 1

- 57% self-reported health as good, fair or poor.
- 17% classified as being in severe or moderate psychological distress.
- 42% sought professional help for a mental health related problem.
- 42% classified as lonely.
- 30% eat fast food more than once a week.
- 36% consume sugar sweetened drinks more than once a week.
- 28% cycle continuously for more than 10 minutes at least once a week.
- 14% risk of short term harm from alcohol.
- 59% said they 'definitely' think multiculturalism makes life in their suburb better.

Planning Area 2

- 66% self-reported excellent or very good health
- 88% provided good life satisfaction rating of 7-10 out of 10
- 42% member of a sports group.
- 45% walk continuously for more than 10 minutes 7+ times a week.
- 25% lifetime risk of alcohol harm.
- 92% have someone outside the household they can rely on in an emergency.
- 91% could raise \$2,000 in a week in an emergency.
- 53% feel very safe in the area where they live.

Planning Area 3

- 42% member of a sports group.
- 41% consume sugar sweetened drinks more than once a week.
- Low 20% walk continuously for more than 10 minutes 7+ times a week.
- 26% sedentary.
- 29% lifetime risk of alcohol harm.
- 24% risk of short term harm from alcohol.
- 47% feel very safe in the area where they live.

Planning Area 4

- 90% could raise \$2,000 in a week in an emergency.
- 45% feel very safe in the area where they live.

Planning Area 5

- 24% sedentary.
- 16% risk of short term harm from alcohol.

Planning Area 6

- 64% self-reported health as good, fair or poor.

- Overall low life satisfaction score (69.5/100) due to low ratings for physical health and feeling part of the community.
 - 60% not a member of any group.
 - 12% had run out of food and couldn't afford to buy more.
 - 16% feel unsafe in the area where they live.
 - 23% rated the area where they live as more unsafe than other areas of Greater Geelong.
-

Planning Area 7

- 17% risk of short term harm from alcohol.
 - Low 32% said they 'definitely' think multiculturalism makes life in their suburb better.
-

Planning Area 8

- A low 1% % rated the area where they live as more unsafe than other areas of Greater Geelong.
-

Planning Area 9

- 24% member of a professional or academic society.
-

Planning Area 10

- 26% lifetime risk of alcohol harm.
 - 19% risk of short term harm from alcohol.
 - 89% could raise \$2,000 in a week in an emergency.
 - 51% said they 'definitely' think multiculturalism makes life in their suburb better.
-

Planning Area 11

- 57% self-reported health as good, fair or poor.
 - 39% classified as lonely.
 - Low 38% eat recommended amount of fruit daily.
 - 22% eat fast food more than once a week.
 - 36% sedentary.
 - 15% live in a home where the temperature is always uncomfortable.
 - 54% said they 'definitely' think multiculturalism makes life in their suburb better.
-

Planning Area 12

- 88% provided good life satisfaction rating of 7-10 out of 10.
 - 28% sedentary.
-

Planning Area 13

- 70% self-reported health as good, fair or poor.
 - 41% provided poor life satisfaction rating of 0-6 out of 10.
 - Low overall subjective wellbeing score (64.2/100) due to low ratings for future security, standard of living, what they are achieving in life, perceptions of safety.
 - 28% classified as being in severe or moderate psychological distress.
 - 38% sought professional help for a mental health related problem.
 - 46% classified as lonely.
 - 66% not a member of any group.
-

- Low 37% eat recommended amount of fruit daily.
- 23% eat fast food more than once a week.
- 43% consume sugar sweetened drinks more than once a week.
- Low 12% cycle continuously for more than 10 minutes at least once a week.
- 29% sedentary.
- 41% classified as obese.
- Low 55% could raise \$2,000 in a week in an emergency.
- 23% had run out of food and couldn't afford to buy more.
- 42% were worried they might run out of food.
- 16% live in a home where the temperature is always uncomfortable.
- 17% feel unsafe in the area where they live.
- 76% of those who felt unsafe said it was due to a personal experience.
- 41% rated the area where they live as more unsafe than other areas of Greater Geelong.
- 52% of those who said they had experienced discrimination said it was due to the suburb where they live (70% in Norlane and 42% in Corio).

Planning Area 14

- Low 40% eat recommended amount of fruit daily.
- 21% eat fast food more than once a week.
- Low 10% cycle continuously for more than 10 minutes at least once a week.
- Low 33% said they 'definitely' think multiculturalism makes life in their suburb better.

Planning Area 15

- Low overall subjective wellbeing score (71.3/100) due to low ratings for perceptions of safety, feeling part of the community.
- 11% feel unsafe in the area where they live.

Background and methodology

Introduction

City of Greater Geelong commissioned this research to help understand the behaviours and experiences of the community regarding health and wellbeing. This information has been used to track changes over time, as well as provide data to inform the development of policies, programs and services.

Methodology

To ensure research results can be used to accurately represent the broader community, the research was conducted using stratified random representative sampling as explained below.

Sample: n=2,282

<i>Sampling method:</i>	<p>n=700 phone surveys were achieved using a similar methodology to previous years (for comparability).</p> <p>The remainder were achieved through proportional stratified sampling using the rates database. Households were randomly drawn to be representative of the broader community by Planning Area. This self-complete method ensures coverage of all Greater Geelong residents, including renters and mobile-only households.</p>
<i>Rates database sample distribution method:</i>	<p>Selected households were matched to Council contact databases to identify email address. Where an email was available the respondent was sent an email invite, where no email was available the household was sent a paper survey with option to complete online.</p> <p>Respondents were given the option to opt out via SMS/email address (paper surveys, 48 opt outs) or direct link (email invites, 115 opt outs).</p>
<i>Distribution dates:</i>	<p>19 August – initial mail-out (5,850 households)</p> <p>19-22 August – Email invites (8,189 households)</p> <p>5 & 12 September – Email reminders</p> <p>5 September – Postcard reminders</p> <p>2-12 September – Phone Surveys</p>
<i>Response rate:</i>	<p>After removing the bounces / return to sender, the response rates were:</p> <ul style="list-style-type: none">• Mail-out, 16%• Email, 8.5%• Phone, 4.5%
<i>Survey error reduction strategies:</i>	<p>Strategies were employed in the design of the mail-out material and the survey questions to maximise response rates from all community members. This included using Council logos, and letter / email invite wording to encourage participation by both those who have and don't have an interest in the topic.</p> <p>Survey forms were scanned to minimise the risk of human error in the data entry process.</p>
<i>Notes on analysis:</i>	<p>Anonymity has been maintained throughout analysis. The survey data file has NOT been linked to the street address of respondents.</p>

Respondent profile

The following counts and percentages show the unweighted data.

Fieldwork was conducted aiming for at least n=100 per Planning Area. This minimum sample size was achieved for all Planning Areas. A table showing the localities within each Planning Area can be found in the [appendices](#).

	Count	Percent
Planning Area 1	119	5%
Planning Area 2	184	8%
Planning Area 3	171	8%
Planning Area 4	156	7%
Planning Area 5	158	7%
Planning Area 6	163	7%
Planning Area 7	141	6%
Planning Area 8	165	7%
Planning Area 9	154	7%
Planning Area 10	147	6%
Planning Area 11	165	7%
Planning Area 12	144	6%
Planning Area 13	140	6%
Planning Area 14	143	6%
Planning Area 15	132	6%

The sample has achieved robust sample sizes across key demographics. However, the sample size for the Aboriginal and Torres Strait Islander cohort is not large enough for cross-analysis. The following table shows unweighted data; alignment to population distribution has been corrected by weighting (interlocking Planning Area, gender and age).

		Count	Percent	Weighted count	Weighted percent
Gender	Woman	1,268	56%	1,036	51%
	Man	975	43%	965	47%
	Non-binary / another term	9	0.4%	7	0%
	I'd prefer not to say	23	1%	25	1%
Age	18-24	16	1%	56	3%
	25-34	139	6%	458	23%
	35-54	589	26%	716	35%
	55-64	407	18%	289	14%
	65-74	589	26%	257	13%
	75+	526	23%	245	12%
	I'd prefer not to say	19	1%	7	0%
Diversity	Aboriginal or Torres Strait Islander	26	1%	22	1%
	LGBTIQ+	77	3%	117	6%
	Language other than English	188	8%	186	9%

The sample also includes a robust number of renters, single parents and people from a variety of household income brackets, employment, and education backgrounds. Not all counts will sum to the overall total number of respondents as some questions were not answered in the paper survey. Furthermore, not all percentages will add up to 100% due to rounding and those who chose not to provide an answer.

		Count	Percent
Tenure	Owned outright	1,180	52%
	Owned with a mortgage	702	31%
	Rented	251	11%
	Social housing	37	2%
Household	One person	665	29%
	Couple with no children / no children living at home	657	29%
	Couple with children still living at home	657	29%
	Single parent	151	7%
	Other	98	4%
Household income	<\$20,000	160	7%
	\$20,000-\$39,999	332	15%
	\$40,000-\$79,999	560	25%
	\$80,000-\$124,999	348	15%
	\$125,000-\$199,999	243	11%
	\$200,000 or more	175	8%
Education	Not graduated high school	441	18%
	High school graduate	333	15%
	Certificate / diploma	663	28%
	Bachelor degree	404	18%
	Post graduate	386	17%
Employment	Self-employed	201	9%
	Employed	804	36%
	Unemployed	67	3%
	Retired / home duties	1,026	45%
	Other	120	5%
Status	Full time	618	60%
	Part time	284	28%
	Casual	110	11%
Health	Health care card	995	44%
	Private health insurance - full	1,258	55%
	Private health - extras only	208	9%
	Long term disability	204	9%
	Carer to someone with a disability	368	16%

How to read this report

The following sections provide further detail about the methodology used in the analysis.

There are comparisons throughout this report to the 2017 and the 2021 Geelong Preventative Health surveys (GPHS). Each of these surveys was conducted over the phone, had a sample size of n=1,500 (100 per Planning Area) and the data was weighted by Planning Area, age and gender (interlocking).

Note that VPHS comparative data hasn't been included for 2017 as it was only available by gender, nor 2020 as it provided very different findings due to being run in 2020 during COVID lockdowns (compared to the GPHS survey which was run a year later).

The telephone and online survey modes used compulsory questions, meaning that all respondents completed all answers (with a 'don't know' or 'prefer not to answer' option). For the paper version of the survey, some respondents missed answering some questions. Therefore, the sample base varies across each question.

Assessment of methodology comparisons

In 2024, the two methodologies (phone and self-complete) have been compared to identify any variations in the findings that might be attributed to methodology. Previous GPHS and VPHS surveys have been conducted via phone methodology only (interviewer assisted). At the start of each section a 'Method' note is included that summarises the differences in findings by methodology, to help understand the likelihood that the observed change could be attributed to methodology. For this comparison, each sample (phone and self-complete) has had an interlocking weight applied by age and gender for the whole municipality.

Through this comparison a number of variations in findings have been observed, which could be attributed to:

- **Social desirability bias** - when people are speaking to a person (interviewer) sometimes they answer questions in a way they think will be viewed favourably by the interviewer, rather than being completely truthful. This can lead to answers that reflect social approval more than actual beliefs or behaviours.
- **Anonymity and privacy** - people may be more inclined to be honest when they feel their anonymity and privacy is secure.
- **Question interpretation** - without an interviewer to clarify, people may interpret a question differently when self-completing a survey (steps have been taken in the self-complete survey design to minimise this risk).
- **Time for reflection** - Self-complete surveys allow more time for people to check their answers (e.g. weigh themselves) and therefore may result in more accurate answers.

Note: The average between the phone and self-complete findings may not equal the reported overall indicator result, as the main statistical analysis uses a more detailed weighting method (interlocking Planning Area, age and gender).

Weighting

The survey has been weighted using interlocking age, gender and Planning Area (proportionally, based on the 2024 forecast.id population data). This means that the contribution of each respondent towards the statistical outputs is adjusted so that the sample matches the population distribution, as follows:

Planning Area	Female					Male				
	18-34 years	35-44 years	45-54 years	55-64 years	65-85 years	18-34 years	35-44 years	45-54 years	55-64 years	65-85 years
1	33	15	8	6	11	31	15	7	5	8
2	18	16	18	18	34	17	14	16	15	30
3	13	10	10	12	22	14	9	9	9	19
4	4	3	5	9	18	4	3	4	7	17
5	12	8	8	8	14	12	7	7	6	12
6	19	9	10	11	22	21	9	9	10	17
7	35	18	15	13	24	36	17	14	11	17
8	41	25	23	20	34	45	23	21	17	28
9	15	7	7	8	12	14	6	6	6	10
10	20	14	12	11	16	19	13	12	10	13
11	15	9	8	7	18	16	8	8	7	14
12	14	8	6	6	9	13	8	5	5	8
13	28	13	13	13	19	31	13	12	12	17
14	18	12	10	9	14	23	14	12	9	12
15	4	2	3	4	3	4	3	3	4	4

This weighting has been employed to cater for lower response rates amongst younger people and men. This means that the findings can be confidently extrapolated to be giving us a picture of the whole-of-community perspective. Any records which didn't have enough detail to weight them (declined to provide age or gender) have been assigned a separate weighting by Planning Area.

Statistical significance testing

Statistical significance testing evaluates whether observed differences in data (e.g., between age groups or genders) are likely due to random chance or reflect real patterns in the population. This is undertaken using formulas that take into account sample sizes and confidence levels (that is, how confident you can be that the variations reflect reality). Results have been tested for statistical significance using the Bonferroni method at 95% confidence level.

Statistical significance testing has been used to compare distributions across individual demographic categories (as per the list below) to identify meaningful associations or differences within each category (e.g. differences across age ranges). This helps confidently interpret patterns rather than attribute them to sampling variability.

Where a statistically significant variation has been identified in the analysis, this has either been included in a written comment. To ensure relevance and usefulness of this report, cross analysis of variables which do not yield any statistically significant insights have not been included in the written analysis.

All findings have had significance testing conducted based on:

- Gender;
- Health care card;

- Age;
- Language other than English;
- Planning Area;
- LGBTQIA+;
- Disability;
- Carer;
- Private health insurance;
- Employment status;
- Employment type;
- Household type;
- Household income; and
- Tenure.

Significance testing has not been run for the Aboriginal and Torres Strait islander component of the sample due to a small sample size (due to concerns about maintaining anonymity).

Glossary

CALD	Culturally and linguistically diverse (defined as those who speak a language other than English at home)
GPHS	Geelong Preventative Health Survey
Kpa	Thousand dollars per annum
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Intersex, and Asexual (or Ally), with the "+" representing a range of additional identities and orientations, acknowledging the diversity of gender and sexual identities. Also abbreviated to non-LGBTQIA+ for those who don't identify as being in this cohort.
LOE	Language other than English
n=	The number of respondents who contributed to the reported percentages (base number)
Respondent	Those who participated in the survey.
Sample size	The number of people who provided an answer to the question. Reported sample sizes are the unweighted sample number.
Statistically significant	Highlights a phenomenon / variation in the data that one can be confident is reflective of the entire target population. For more information see previous section.
VPHS	Victorian Population Health Survey

Research results

Health and wellbeing

Self-reported health

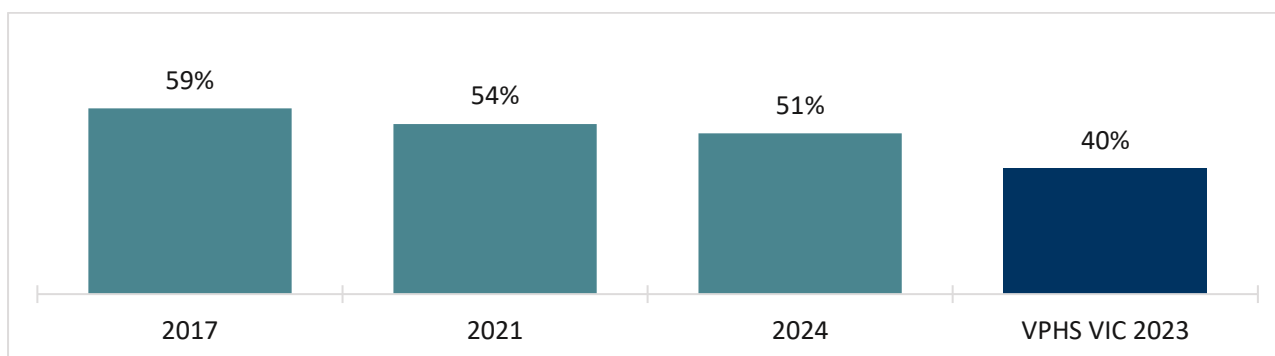
Question: In general, would you say your health is...?

Sample: 2,264

Notes: Indicator shows those who self-reported their health as *Excellent* or *Very good*

Method: Findings were similar across both methodologies (50% self-complete, 51% phone).

The incidence of residents self-reporting good health has been declining over time.



Self-reported good health (excellent or very good) was more common amongst:

- Females (55%, 49% males).
- Younger adults (58% 18-24 year olds, 60% 25-34 year olds, 58% 35-44, 57% 45-54, 38% 65+).
- Couple households (55% couple no children, 57% couple with children, 45% single people).
- Self-employed people (68%, 36% unemployed).
- Increases in line with household income (from 32% <\$40kpa households up to 66% \$150kpa+ households).

Segments of the community who more commonly self-reported lower levels of health (good, fair or poor) were:

- Males (51%, 45% females).
- 55+ year olds (55% 55-64 and 62% 65+ year olds, compared to 42% under 55 year olds).
- Those who identified as LGBTQIA+ (65%, 47% non-LGBTQIA+).
- Those with a long term disability (92%, 45% no disability).
- Those with a health care card (67%, 41% no card).

When analysing by Planning Area, areas 1, 6, 11 and 13 showed statistically higher instances of poorer health (good, fair or poor ratings), whilst Planning Areas 2, 7, 8, 9, 10, 12 and 14 more often rated their health as excellent or very good.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Excellent / very good	43%	66%	49%	49%	51%	36%	55%	56%	58%	66%	43%	56%	30%	56%	40%
Good / fair / poor	57%	34%	51%	51%	49%	64%	45%	44%	42%	34%	57%	44%	70%	44%	60%

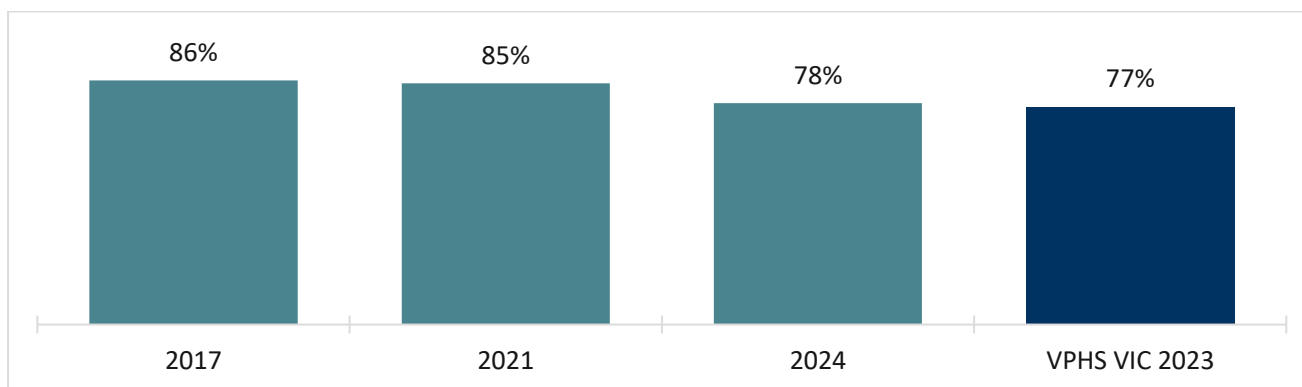
Question: Thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole – on a scale of 0 to 10 where 0 is not at all satisfied and 10 is very satisfied?

Sample: 2,236

Notes: Indicator shows those who rated their satisfaction level as 7-10 out of 10

Method: The phone survey sample showed a higher instance of providing a 7-10 rating (82%, 75% self-complete) suggesting that when compared to previous years' data (phone only) there has been a slight decline. This also suggests that social desirability bias may have been impacting on the score in the past.

The incidence of residents providing high satisfaction ratings with life as a whole was lower in 2024 than previous years.



There were no notable variations by age or gender.

Segments of the community who more commonly provided life satisfaction ratings of 0-6 out of 10 were:

- Those who identified as LGBTQIA+ (32%, 20% non-LGBTQIA+).
- Those with a long term disability (57%, 19% no disability).
- Those with a health care card (31%, 17% no card).

When analysing by Planning Area, areas 2,3,7,8,9,12 and 14 showed statistically higher instances of being satisfied, whilst Planning Areas 6 and 13 more often rated their satisfaction with life as not satisfied (0-6/10).

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Satisfied (7-10)	74%	88%	82%	81%	73%	71%	83%	82%	82%	77%	73%	88%	59%	80%	80%
Not satisfied (0-6)	26%	12%	18%	19%	27%	29%	17%	18%	18%	23%	27%	12%	41%	20%	20%

Question: Now turning to various areas of your life, on a scale of 0 to 10 where 0 is not at all satisfied and 10 is very satisfied, how satisfied are you with...?

Sample: 2,236

Notes: Overall Subjective Wellbeing calculates a score out of 100 by combining all individual ratings. $((\text{SUM scores} / 9) * 10)$

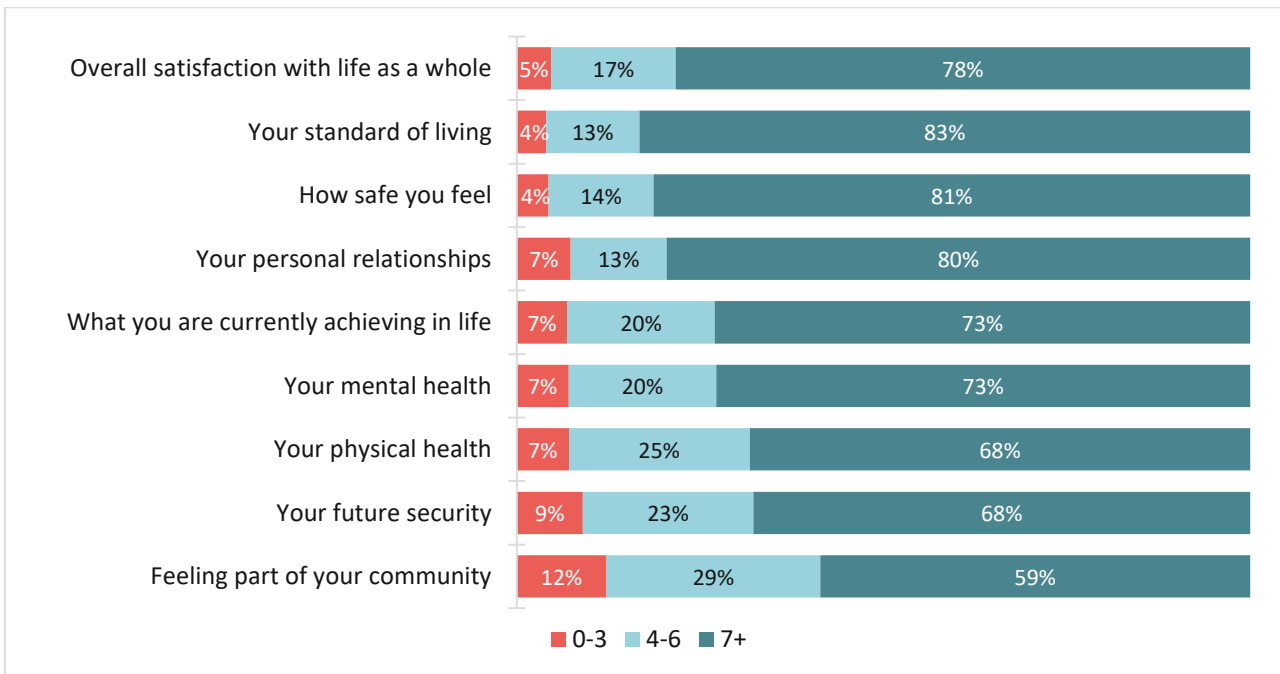
When combining all satisfaction ratings and then calculating an overall score out of 100 the overall subjective wellbeing score for Greater Geelong in 2024 was 73.6. The overall subjective wellbeing score is relatively consistent across males and females, however increases to 75.4 amongst 55+ year olds.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Subjective wellbeing score	72.1	80.3	74.4	75.6	73.7	69.5	74.9	72.9	76.0	77.0	73.1	75.6	64.2	73.5	71.3

The low scores in Planning Areas 6, 13 and 15 were being mostly influenced by:

- Planning Area 6: physical health, feeling part of the community.
- Planning Area 13: future security, standard of living, what they are achieving in life, perceptions of safety.
- Planning Area 15: perceptions of safety, feeling part of the community.

Of the eight specific wellbeing measures, overall there were higher satisfaction levels for standard of living, perceptions of safety, and personal relationships. Lower average satisfaction ratings were recorded for feeling part of the community, physical health, and future security.



Mental health

Question: In the past 4 weeks, about how often did you...? (rate each as all of the time, most of the time, some of the time, a little of the time, none of the time) Feel tired out for no good reason, Feel nervous, Feel so nervous that nothing could calm you down, Feel hopeless, Feel restless or fidgety, Feel so restless that you could not sit still, Feel depressed, Feel that everything was an effort, Feel so sad that nothing could cheer you up, Feel worthless.

Sample: 2,068

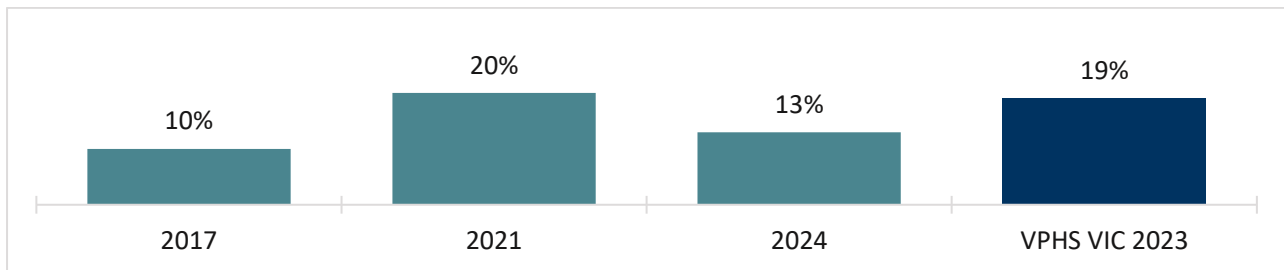
Notes: The order of statements was randomised in the phone and online versions to avoid order bias. In the phone and online versions an alternative set of statements was presented to Aboriginal and Torres Strait islander people: Feel nervous, Feel without hope, Feel restless or jumpy, Feel that everything was an effort, Feel so sad that nothing could cheer you up.

The rating for each statement was coded as most of the time as a 5 through to none of the time as a 1. They were then added together and psychological distress ranges were defined as severe 30+, moderate 25-29, mild 20-24, well <20.

The indicator is the proportion who were classified as severe or moderate.

Method: The findings were similar across both the phone (10%) and self-complete (13%) sample, suggesting that the methodology change is not having a significant impact on findings.

In 2024 the incidence of residents being categorised as being in severe or moderate psychological distress has fallen back closer to pre-COVID levels.



Severe or moderate psychological distress was more common amongst:

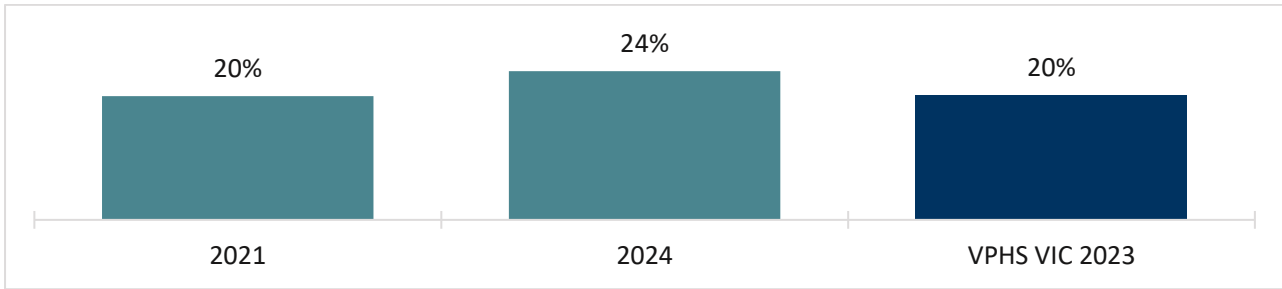
- Females (14%, 10% males).
- Younger people (25% 18-24 year olds, 8% 55+ year olds).
- Those who identify as LGBTQIA+ (33%, 11% non-LGBTQIA+).
- People with a disability (44%, 10% no disability).
- Unpaid carers (24%, 11% not carer).
- One parent family with child/ren under 15 (28%, 9% couple no children).
- Unemployed (28%, 5% retired).

When analysing by Planning Area, areas 1 and 13 showed statistically higher instances of severe or moderate psychological distress.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Severe or moderate distress	17%	3%	12%	8%	11%	12%	13%	11%	13%	9%	19%	6%	28%	11%	12%

Question:	In the last year, have you sought professional help for a mental health related problem?
Sample:	2,265
Notes:	Question wasn't asked in 2017.
Method:	When comparing the two research methods in 2024, phone results were slightly higher (26%) than self-complete (22%), suggesting that the observed increase is likely accurate.

In 2024 the incidence of residents seeking professional help for a mental health related problem has increased.



Having sought professional help for a mental health related problem was more common amongst:

- Females (32%, 16% males).
- Young adults (37% 25-34 year olds, 18% 18-24 year olds, 14% 55+).
- People who speak English only (25%, 18% LOE).
- People who identify as LGBTQIA+ (47%, 23% non-LGBTQIA+).
- People with a long-term disability (37%, 34% no disability).
- People with private health insurance (27%, 22% no private cover).
- Paid carer or unpaid carer (42% and 38% respectively, 22% not a carer).
- One parent family with child/ren under 15 (53%, 19% couple no children).
- Unemployed (46%, 10% retired).
- Those from households earning \$150kpa or over (31%, 22% \$40-80kpa).
- Renters (30%, 13% owned outright).

Further cross-analysis suggests there may be segments of the community who may need to seek professional mental health assistance who aren't, with a third (33%) of those who were classified as being in severe psychological distress and 41% of those in moderate psychological distress saying they hadn't sought professional mental health help.

When analysing by Planning Area, areas 1 and 13 showed statistically higher instances of severe or moderate psychological distress.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Sought professional help for mental health	42%	18%	19%	16%	23%	32%	17%	26%	18%	19%	24%	20%	38%	22%	23%

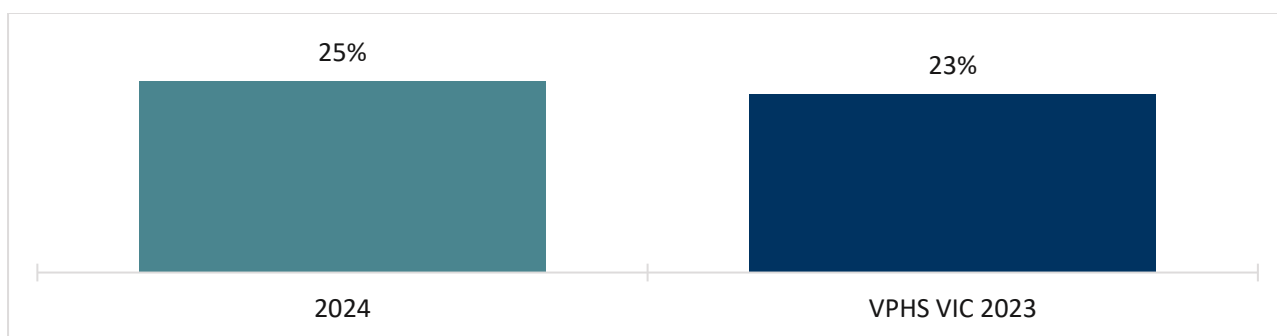
Question: How often do you feel...? (each statement answered with the scale hardly ever, some of the time, or often). That you lack companionship, left out, isolated from others.

Sample: 2,091

Notes: This question used the UCLA loneliness scale. Coded whereby hardly ever was assigned a 1, sometimes was assigned a 2 and often was assigned a 3. These scores were then added together for each respondent, with those with score of 6 or above classified as lonely. This question was asked for the first time in 2024.

Method: The self-complete data showed a notably higher instance of people being classified as lonely (31%, 18% phone) suggesting the difference between the GPHS score and 2023 VPHS is due to methodology. This difference is likely due to social desirability bias.

A quarter of those who participated in the survey were classified as lonely.



There was a very strong link between psychological distress and loneliness: 77% of those under severe psychological distress were categorised as lonely, dropping to 65% amongst those under moderate psychological distress, 39% for mild distress and 15% amongst those classified as well.

Being classified as lonely was more common amongst:

- Young people (60% 18-24 year olds, 22% 55+ year olds).
- Those who identify as LGBTQIA+ (39%, 25% non-LGBTQIA+).
- People with a long term disability (61%, 23% no disability).
- Unpaid carer (35%, 24% not a carer).
- Single person (38%, 19% couple no children)
- One parent family (youngest <15 57%, youngest 15+ 42%, 17% couple with kids).
- Unemployed (46%, 18% retired).
- Casual workers (41%, 20% part time).
- Those from households earning under \$40k (39%, 13% 150k+).
- Renters (39%, 22% those who own their home outright or with a mortgage).

When analysing by Planning Area, areas 1, 11 and 13 showed statistically higher instances of loneliness, particularly when compared to areas 2, 8 and 15.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Lonely	42%	15%	21%	22%	20%	26%	21%	18%	27%	23%	39%	24%	46%	22%	17%

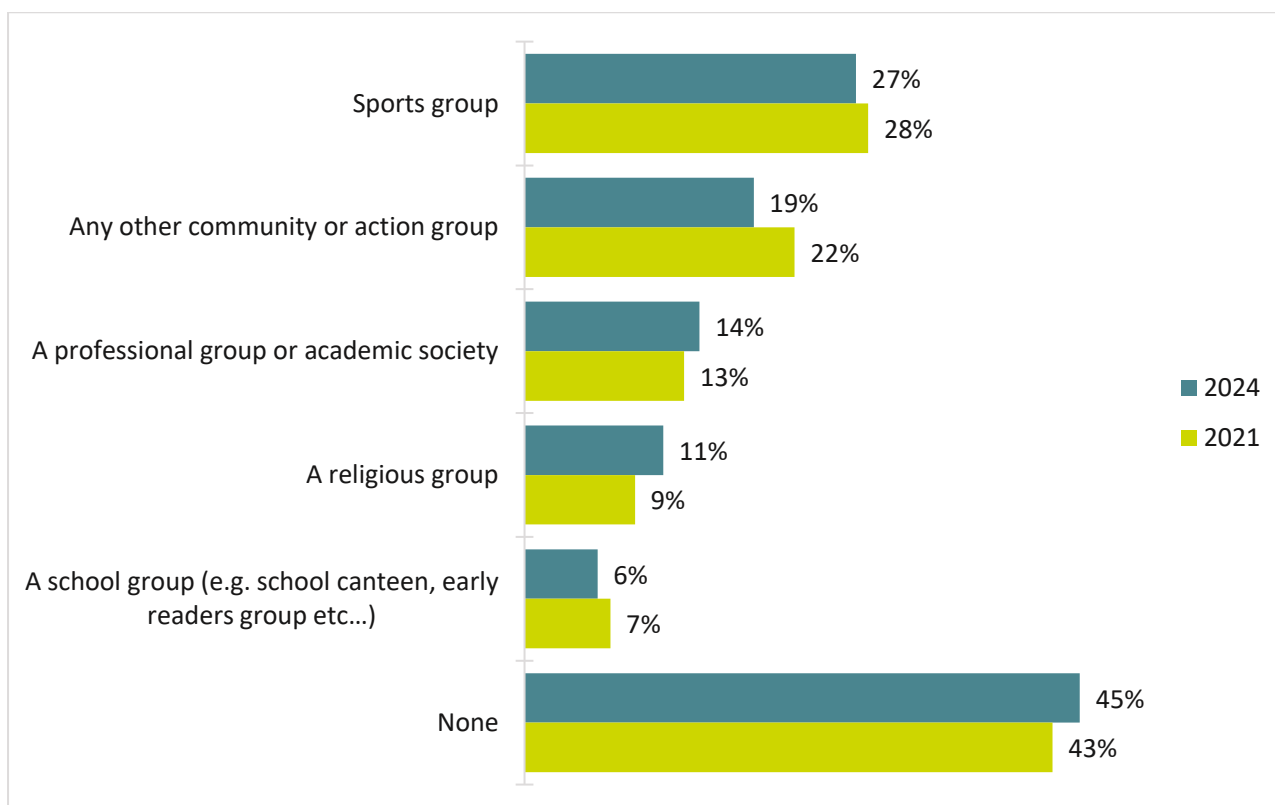
Question: Are you a member of any of the following?

Sample: 2,091

Notes: Respondents could choose more than one answer.

Method: A higher proportion of self-complete respondents selected none (48%, 40% phone), therefore the participation rate is likely the same as previously recorded. This is likely due to phone interviewers prompting for more information.

Participation in community activities is at a similar level to that recorded in 2021.



Activities most commonly specified in the comment box for ‘Any other community or action group’ included sport or exercise groups (77 comments), charity or welfare (61 comments), social groups (54 comments), community groups (41 comments), art or craft groups (40 comments) and environment or gardening activities (40 comments).

Notable variations by demographics were:

- **Sports group** was more commonly participated in by:
 - Males (33%, 23% females).
 - People who speak English only (29%, 15% LOE).
 - Not LBG (29%, 15% LGBTQIA+).
 - Couple family with children (36%, 16% single person households).
 - Self-employed (36%, 12% home duties).
- **Professional group or academic society** participation was more common amongst:
 - Younger people (16% <35 year olds, 19% 35-54 year olds, 8% 55+ year olds).
 - LGBTQIA+ (26%, 14% non-LGBTQIA+).
 - Carer (24% paid, 19% unpaid, 13% not a carer).
 - Self-employed (20%, 3% home duties).
 - People from households earning over \$450kpa (28%, 4% <\$40kpa).

- High proportions of people from the following cohorts said they participate in **religious groups**:
 - Older adults (13% 55+ year olds, 8% <35 year olds).
 - People who speak a language other than English (22%, 10% English-Only).
 - Not LBG (12%, 3% LGBTQIA+).
 - Retired people (17%, 5% self-employed).
- Higher instances of participation in **school groups** were recorded amongst:
 - Females (8%, 4% males).
 - Couples with child/ren under the age of 15 years (16%, 1% single person households).
 - Those who work part time (13%, 6% full time workers).
 - Those from households with an income over \$150kpa (14%, 4% <\$40kpa).

When analysing findings by Planning Area it is evident that participation is lower in Planning Area 6 and 13, with particularly low sports participation in area 13.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Sports	27%	42%	42%	30%	24%	22%	34%	32%	15%	19%	25%	25%	7%	27%	22%
Professional	12%	17%	8%	8%	14%	10%	19%	20%	24%	18%	6%	15%	10%	11%	14%
Religious	15%	12%	5%	9%	13%	11%	18%	11%	7%	6%	16%	11%	8%	12%	16%
School	4%	4%	2%	7%	7%	3%	5%	10%	6%	5%	8%	8%	8%	4%	3%
None	33%	30%	39%	41%	50%	60%	44%	41%	50%	47%	48%	46%	66%	45%	52%

Healthy eating

Question: How many serves of vegetables, legumes, beans and peas do you usually eat each day? A “serve” is half a cup of cooked vegetables, legumes or beans, or 1 cup of salad vegetables.

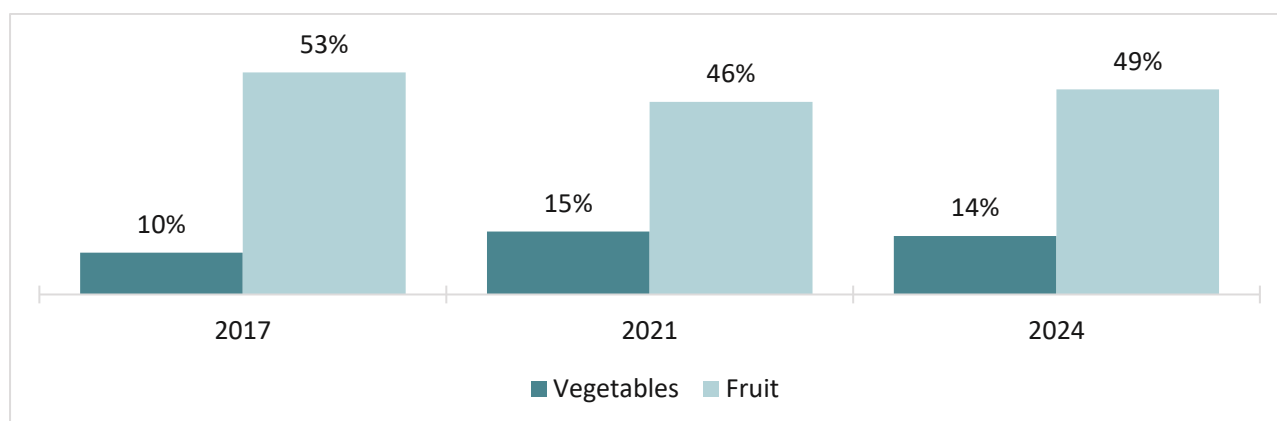
How many serves of vegetables do you usually eat per day? A “serve” is 1 medium piece or 2 small pieces of fruit, or 1 cup of diced pieces.

Sample: 2,116

Notes: Indicators shows those who self-reported eating 5 or more serves of vegetables a day and 2 or more serves of fruit.

Method: The incidence of meeting guidelines is higher amongst self-complete respondents for vegetables (18%, 8% phone) and fruit (53%, 43% phone), likely due to having more time to give a considered answer. Therefore it is possible that meeting guidelines is decreasing slightly; future surveys will assist in identifying if this is a trend.

The incidence of residents eating the recommended amount of vegetables and fruit has remained relatively constant over time, with more eating 2 pieces of fruit a day than 5 serves of vegetables. 2023 VPHS data for comparison had not yet been released at time of writing.



Females more often report eating the recommended amount of vegetables (17%) than males (12%).

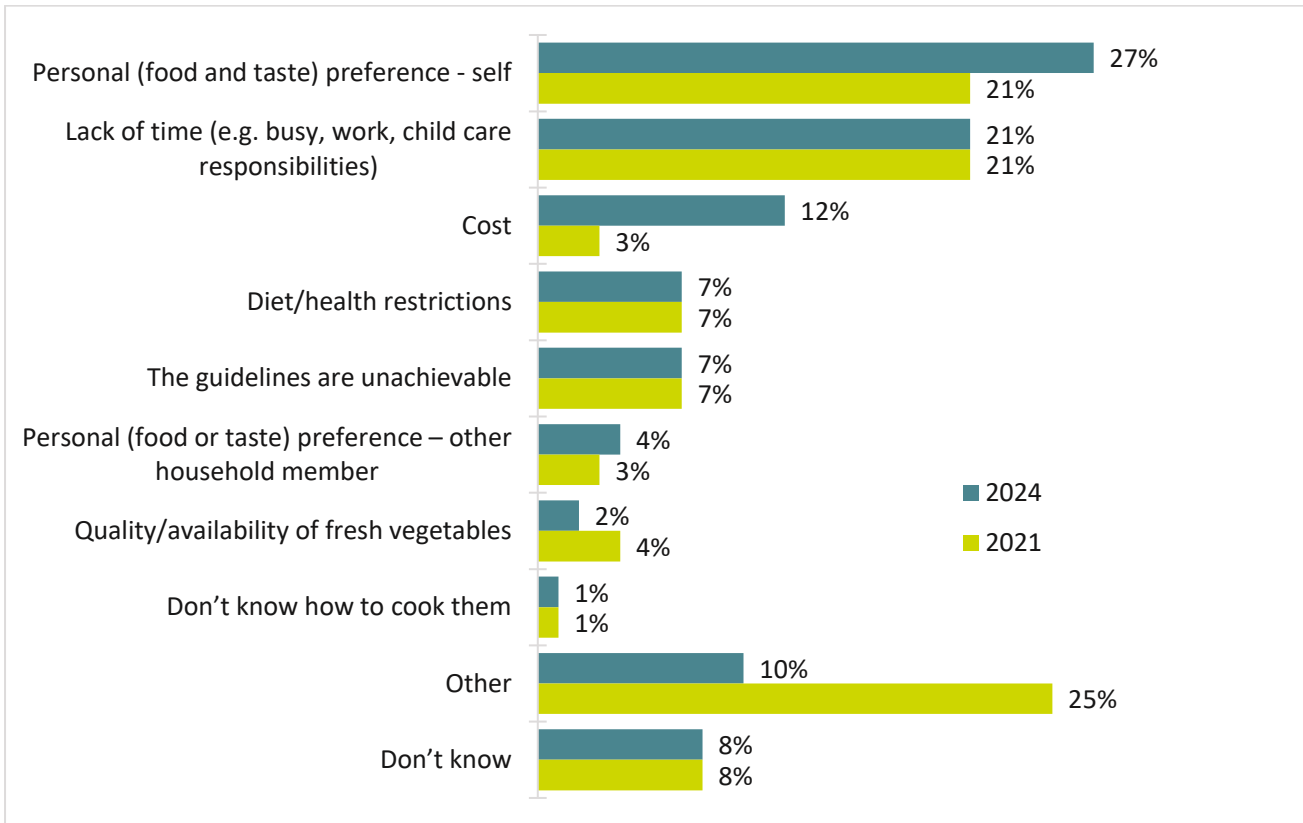
When analysing by Planning Area there were no statistically significant variations in vegetable consumption, however Planning Areas 6, 11, 13 and 14 showed lower levels of fruit consumption, particularly when compared to Planning Areas 3 and 10.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Vegetable	8%	17%	13%	9%	14%	11%	17%	18%	20%	20%	13%	15%	13%	8%	6%
Fruit	55%	55%	66%	43%	51%	43%	46%	51%	58%	63%	38%	47%	37%	40%	44%

In 2024 11% of respondents indicated they eat the recommended amount of fruit *and* vegetables. There were no statistically significant variations by demographics nor geography.

Question:	Health experts say that you should eat at least 5 serves of vegetables and 2 serves of fruit per day. What is the main reason you don't do this?
Sample:	1,803
Notes:	Those who met the recommendation were not asked this question (online and phone). Paper survey respondents who met guidelines were given the option to select 'not applicable' and were removed from the analysis.
Method:	Findings were similar across both survey methodologies.

The main reasons why people don't meet the guidelines were personal taste and/or lack of time. Cost is a more prominent factor in 2024 than it was in 2021.



Common reasons given in both 2021 and 2024 in the 'other' comment box were laziness and the guidelines being too much food.

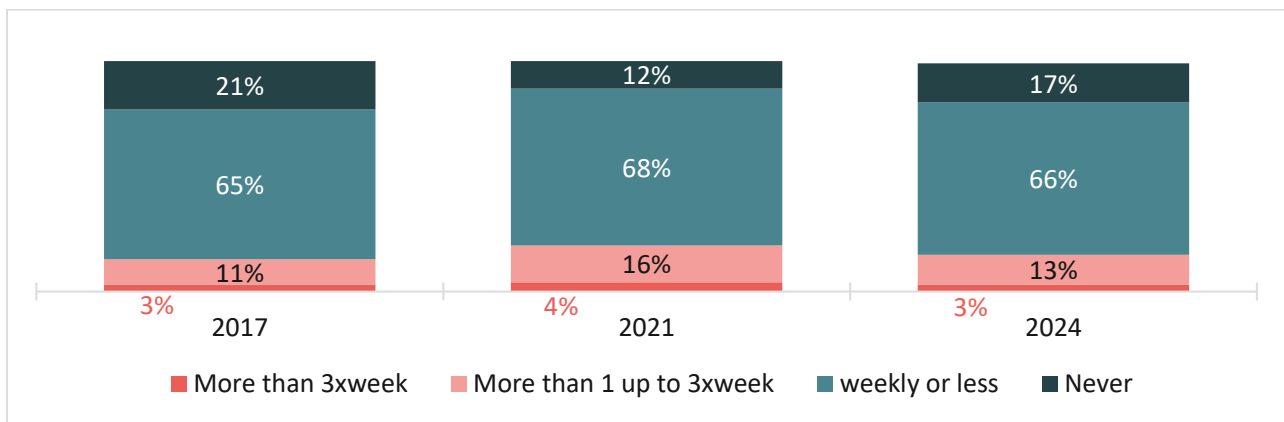
Question: How often do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster or local take-away places? Please do not include sushi, stir-frys, salad sandwiches or rolls.

Sample: 2,135

Notes: Frequency was recorded as number of times per day/week/month or year. A variable was then generated from this data to identify those who eat fast food weekly or less, more than once up to 3 times a week, and more than 3 times a week and never. This was not asked in the 2023 VPHS research, therefore no comparison data is available.

Method: Findings were relatively similar across both methodologies (44% weekly or more for self-complete, 45% for phone).

In 2024 take away consumption habits appear to be returning to pre-COVID levels, with 16% eating it more than weekly, down from 20% in 2021 (14% in 2017).



Consumption of fast food more than once a week was more common amongst:

- Males (22%, 10% females).
- 18-24 year olds (37%) and then it gradually decreases with age, down to 17% 55+ year olds.
- Those who identify as LGBTQIA+ (22%, 15% non-LGBTQIA+).
- Couple families with a child/ren under 15 (21%, 9% single person households).

When analysing by Planning Area findings suggest that regular fast food consumption was more common in Planning Areas 1, 5, 6, 11, 13 and 14.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Fast food more than once a week	30%	6%	13%	9%	19%	18%	16%	10%	13%	8%	22%	17%	23%	21%	15%

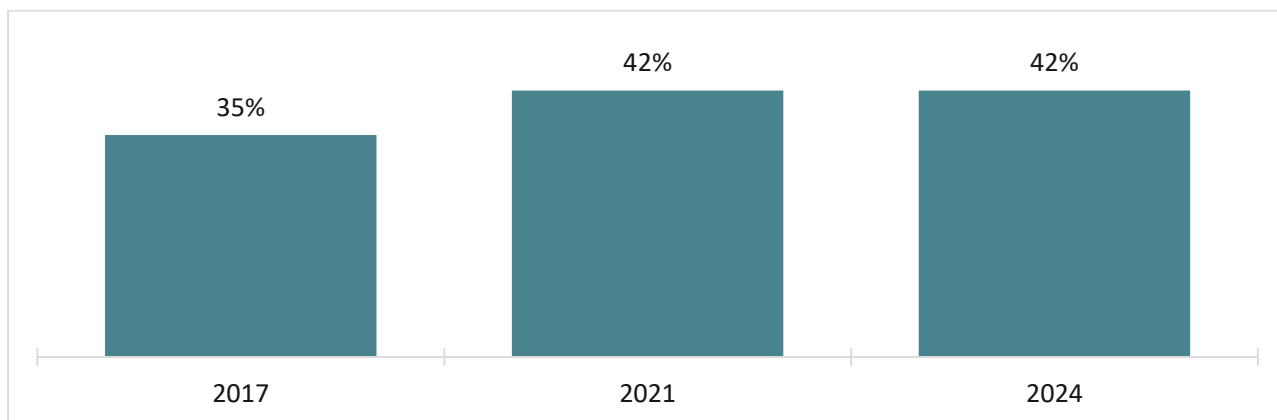
Question: How much water do you usually drink on an average day?

Sample: 2,147

Notes: Respondents could record their answer as glasses or litres. Answers were then converted into less than 8 glasses, or 8 or more glasses (indicator), to align with recommendations (8 glasses a day).
This calculation was updated in 2024 to align with recommendations, therefore will not match statistics reported in previous waves of the research (previous research grouped those who drink 8 glasses in the not met recommendation category).

Method: Phone survey respondents more often reported meeting guidelines of 8 or more glasses a day (53%, 36% self-complete) suggesting that meeting requirements is increasing. The difference may be due to social desirability bias, and/or additional time to contemplate an answer when self-completing.

Over two in five of those surveyed indicated that they meet the requirement of drinking 8 or more glasses of water a day. Analysis of the 2024 data by survey methodology suggests that this may be increasing over time, as a higher proportion of phone survey respondents met guidelines (53%).



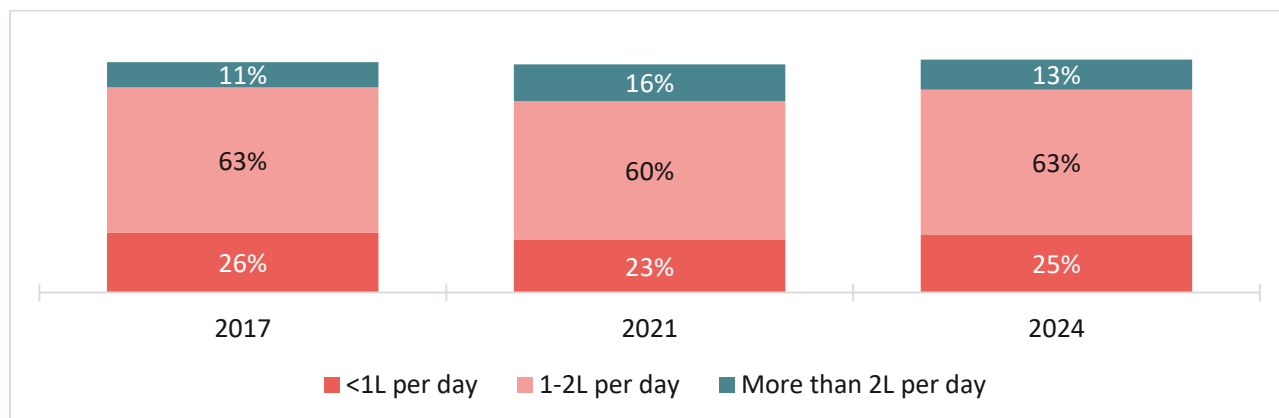
Higher instances of meeting water consumption guidelines (8 glasses a day) were recorded amongst:

- Males (50%, 35% females).
- 18-24 year olds (55%, 23% 55+ year olds).
- Those without a long term disability (43%, 31% of those with a long term disability).
- Couples with child/ren under 15 years (54%, 36% single person households).
- Renters (56%, 28% of those who own their home outright).

When analysing by Planning Area there were no notable variations.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
8 or more glasses a day	41%	46%	47%	30%	40%	31%	47%	43%	39%	46%	38%	41%	41%	45%	51%

In previous waves of the survey this indicator has been calculated as litres, with 2 litres grouped with less than 2 litres. This shows 2024 findings returning to a similar level to 2017.



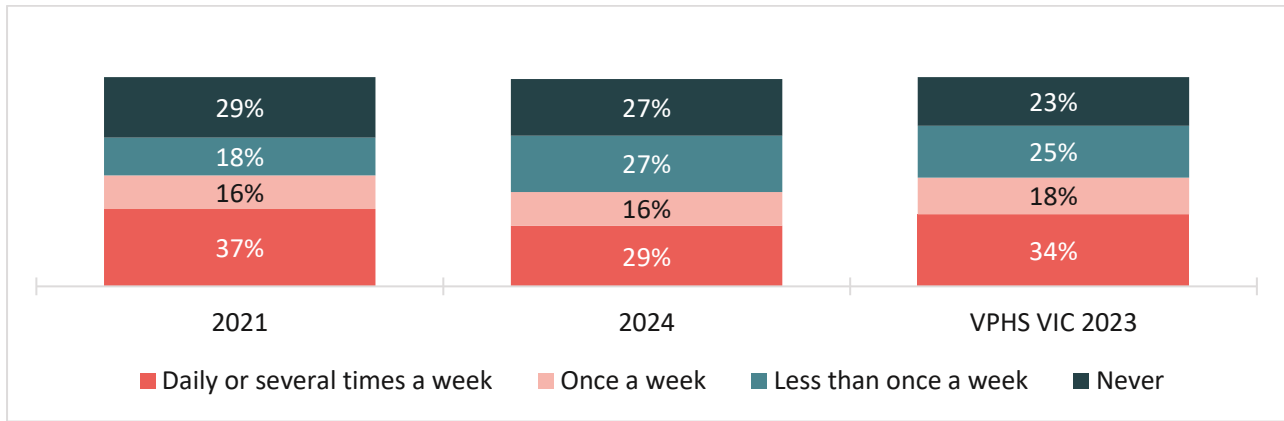
Question: How often do you consume sugar-sweetened drinks such as cordial, soft drinks, flavoured mineral water, energy or sports drinks?

Sample: 2,258

Notes: Indicator is proportion who drink these beverages more than once a week (daily or several times a week).
This question was not asked in 2017.

Method: Findings were relatively similar across both methodologies (28% more than once a week for self-complete, 31% for phone), suggesting that the observed decrease is accurate.

Almost one third said they drink sugar sweetened drinks more than once a week. This has decreased when compared to 2021.



Higher instances of consuming sugar sweetened drinks more often than once a week were recorded amongst:

- Males (37%, 23% females).
- Younger people (39% amongst <35 year olds, then decreases with age down to 21% 55+ year olds).
- Those with a long term disability (40%, 28% no disability).
- Those with child/ren under the age of 15 at home (39%, 25% single person households).

When analysing by Planning Area consumption of soft drinks multiple times a week was more common in Planning Areas 1, 3 and 13.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Sugar sweetened drinks weekly+	36%	27%	41%	22%	33%	28%	33%	20%	15%	19%	28%	26%	43%	34%	26%

Active living

Question: In the last week, how many times did you...?

- do vigorous household chores that made you breathe harder or puff and pant, not including gardening
- do vigorous heavy work around the garden, that made you breathe harder or puff and pant
- do any vigorous activity that made you breathe harder or puff and pant, excluding household chores or gardening? (for example, tennis, jogging, cycling, keep fit exercises)

In the last week, in total approximately how much time have you spent...? (only shown for those who said they do each in the previous question)

- doing vigorous household chores that made you breathe harder or puff and pant, not including gardening
- doing vigorous heavy work around the garden, that made you breathe harder or puff and pant
- doing any vigorous activity that made you breathe harder or puff and pant, excluding household chores or gardening? (for example, tennis, jogging, cycling, keep fit exercises)

Sample: 1,944

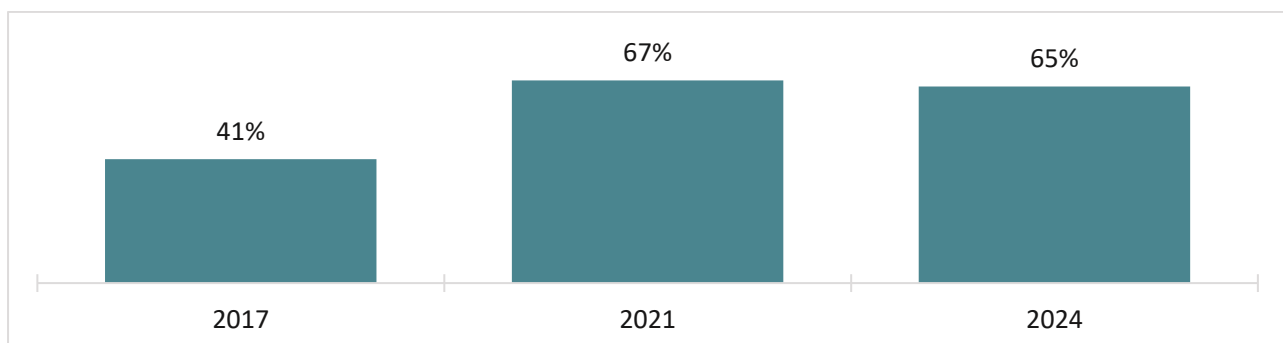
Notes: Indicator shows those aged 15-64 who did at least 150 minutes of moderate (gardening/housework) or 75 minutes of vigorous (sport) (or 150+ minutes combined), and those aged 65+ who did more than 210 minutes of any exercise (equates to 30 minutes a day).

No comparisons to the VPHS survey have been made as different survey questions were used to calculate whether guidelines had been met.

Method: The phone survey sample shows a slightly higher instance of meeting physical activity guidelines (68%, 65% self-complete) suggesting that there has been no change when compared to 2021.

The question used to calculate this measure in the VPHS survey is not the same as GPHS so comparative data hasn't been included.

The incidence of residents meeting the physical activity guidelines is relatively similar to that recorded in 2021.



Meeting the physical activity guidelines was less common amongst:

- 75+ year olds (42%) and 25-34 year olds (66%, 88% 18-24 year olds).
- Those who speak LOE (16%, 23% English only).
- Couples with child/ren under 15 (10%, 28% single person households and couples with no children).

When analysing by Planning Area there were no statistically significant variations in meeting physical activity guidelines.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Met physical activity guidelines	70%	75%	60%	66%	61%	65%	74%	64%	75%	72%	50%	59%	62%	71%	60%

Walking

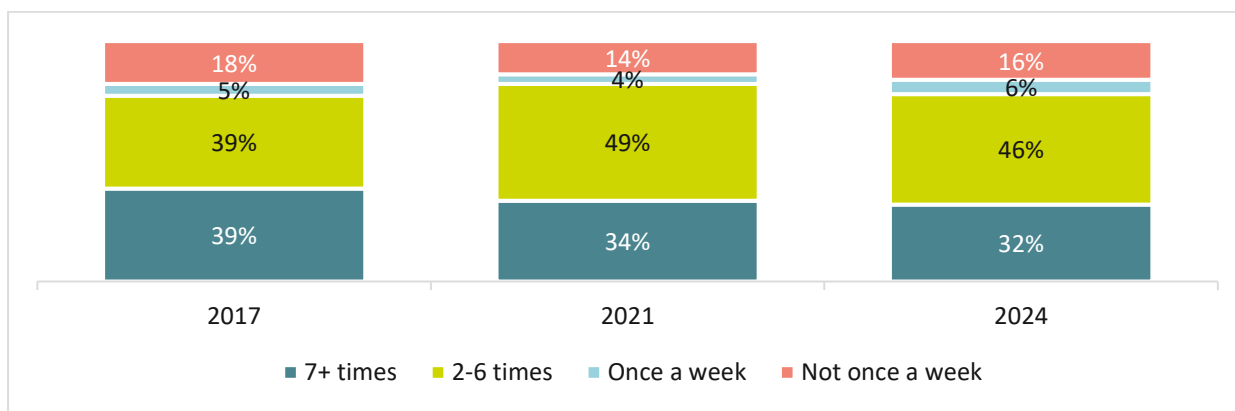
Question: In the last week, how many times have you walked continuously, for at least 10 minutes for exercise, recreation or transport?

Sample: 2,175

Notes: Data recorded as number of times a week then grouped for ease of analysis. Category showing 7+ times generated to indicate potential daily walking.

Method: Phone survey respondents showed a higher instance of indicating that they walk 7+ times a week (39%, 27% self-complete). Therefore it is likely that there has been minimal change in walking frequency when compared to previous years (phone method was 34% on 2021 and 39% in 2024). The 2024 data in the following chart reports the average across both methods, which is likely providing a more realistic figure (less social desirability bias).

Most residents walk for exercise more than once a week, with a third doing so daily (7+ times a week). The incidence of walking 7+ times a week has remained relatively consistent over time (see method note).



The incidence of walking continuously for more than 10 minutes 7+ times a week was more common amongst:

- Males (35%, 30% females).
- <35 year olds (39%, 27% 55+ year olds).
- People who identify as LGBTQIA+ (43%, 32% non-LGBTQIA+).

When analysing by Planning Area there were lower instances of walking 7+ times a week amongst those in Planning Areas 3 and 8, yet this was more common in Planning Area 2.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Walk 7+ times a week	33%	45%	20%	29%	23%	27%	35%	29%	40%	33%	34%	30%	38%	28%	26%

Cycling

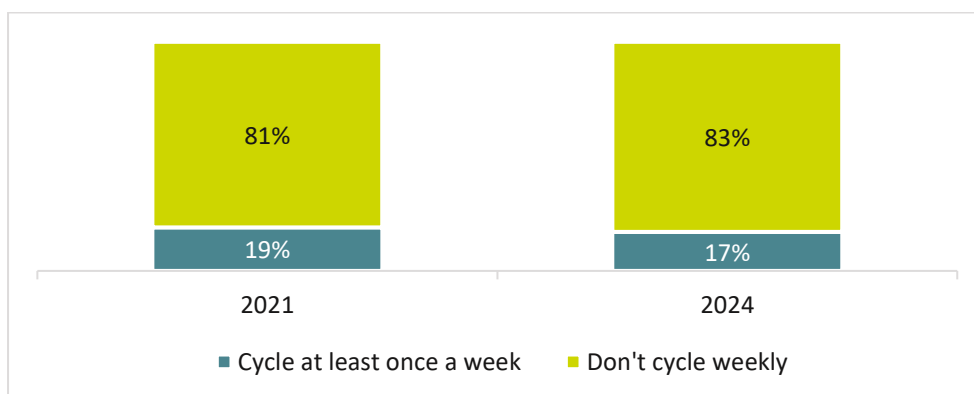
Question: In the last week, how many times did you cycle for at least 10 minutes for exercise, recreation or transport?

Sample: 2,158

Notes: Data recorded as number of times a week then grouped into those who had cycled 1 or more times, and those who hadn't for ease of analysis.

Method: Findings were similar across the self-complete (18%) and phone sample (16%).

Less than one in five residents cycle for more than 10 minutes for exercise at least once a week, a similar level to that recorded in 2021. It is important to note that the 83% who don't cycle weekly may indeed still cycle sometimes, just not for more than 10 minutes at least once a week.



The incidence of cycling continuously for more than 10 minutes at least once a week was more common amongst:

- Males (24%, 11% females).
- Those in a couple household with no children (21%, 12% single person households).
- Self-employed (19%, 3% home duties).
- Renters (23%, 15% owned with a mortgage).

When analysing by Planning Area there were lower instances of cycling at least once a week amongst those in Planning Areas 13 and 14, yet this was more common in Planning Areas 1 and 9.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Cycle once a week+	28%	24%	20%	18%	12%	12%	16%	16%	28%	18%	18%	15%	12%	10%	6%

Sedentary

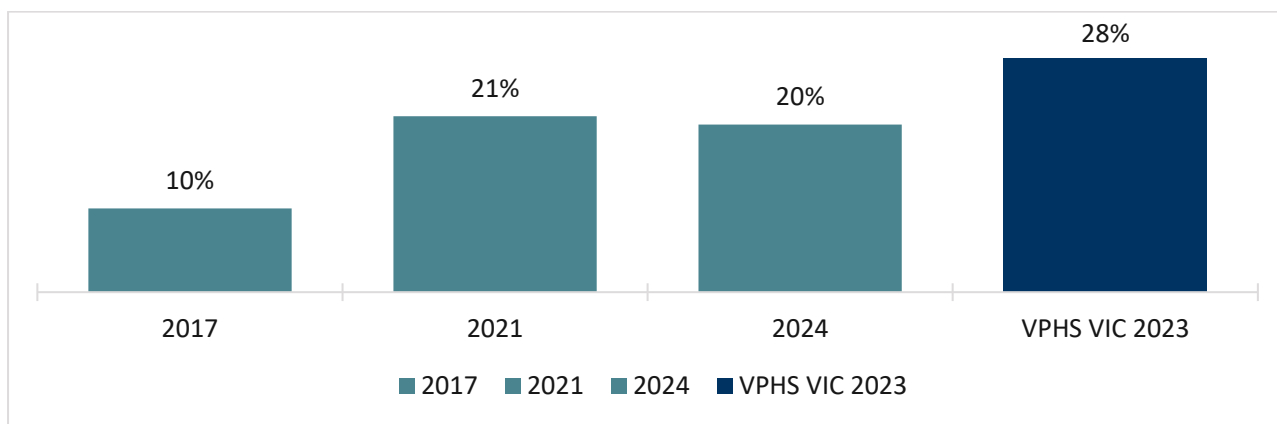
Question: In the last week, how much time did you usually spend SITTING on an average WEEKDAY?
 In the last week, how much time did you usually spend SITTING on an average WEEKEND?

Sample: 1,944

Notes: Respondents were classified as Sedentary if they indicated they had spent 8 hours or more sitting on an average weekday or weekend AND hadn't met the physical activity guidelines (see beginning of this section).

Method: The self-complete sample shows a slightly higher incidence of sedentary behaviour (23%, 17% phone). This variation suggests that there may have been a decline when compared to 2021.

One in five respondents were classified as sedentary. This indicator has fallen slightly when compared to 2021 (see method note).



The incidence of being classified as sedentary was more common amongst:

- <35 year olds (23%) and 55+ year olds (21%, 13% 35-54 year olds).
- Those who don't identify as LGBTQIA+ (20%, 10% LGBTQIA+).
- Those who have a healthcare card (25%, 18% no card).
- Those who were not carers (21%, 12% unpaid carer).
- Employees (19%, 10% self-employed).
- Low income earners (27% <\$40k, 17% \$80k+).
- Renters (25%, 18% own with mortgage).

When analysing by Planning Area there were higher incidences of sedentary behaviour amongst residents of Planning Areas 3, 5, 11, 12 and 13, particularly when compared to areas 1 and 2.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Sedentary	7%	8%	26%	16%	24%	21%	15%	25%	14%	17%	36%	28%	29%	16%	25%

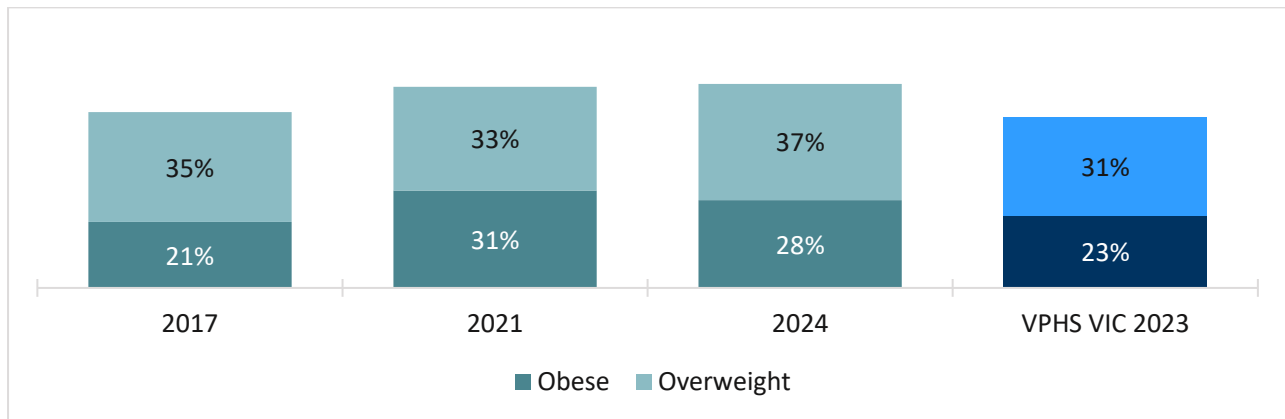
Question: How tall are you without shoes?
How much do you weigh?

Sample: 2,158

Notes: Respondents could enter their height as cm or feet and inches, and could enter their weight as kg, stone or pound. This was then transformed into a single cm height variable and kg weight variable. The BMI calculation was applied to these constructed variables (weight/height²), with the following ranges output for statistical analysis: Underweight <18.5, Normal 18.6-25, Overweight 25.1-29.9, Obese 30+.

Method: Findings were the same across both the phone and self-complete methodologies.

As an indicator the following chart focuses on the proportion of those surveyed classified as obese or overweight. This increased notably in 2021, yet the current data shows that the incidence has levelled out somewhat.



The incidence of being classified as obese was more common amongst:

- 55+ year olds (31%, 22% <35 year olds).
- People with a disability (40%, 27% no disability).
- Those who have a healthcare card (34%, 25% no card).
- Unpaid carers of people with a disability (38%, 27% not a carer).
- Single parents with youngest child/ren over 15 years (45%, 26% single person household).
- Unemployed (44%, 16% self-employed).
- Those on a lower income (34% <\$80kpa, 24% \$150kpa+).

When analysing by Planning Area there is a high instance of people with a BMI in the obese range in Planning Area 13, compared to lower instances in Planning Areas 2, 8 and 9.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
BMI Obese	32%	19%	28%	26%	37%	34%	27%	24%	13%	23%	31%	28%	41%	33%	36%

Alcohol harm

Question: How often do you have an alcoholic drink of any kind? (recorded as times per week, month or year)

Alcoholic drinks are measured in terms of a 'standard drink'. A standard drink is equal to 1 pot/1 middy or 285 ml of full strength beer, 100 ml or 1 small glass of wine or 30 ml, 1 pub size nip or shot of spirits. On a day that you have an alcoholic drink, how many standard drinks would you have?

Sample: 2,219

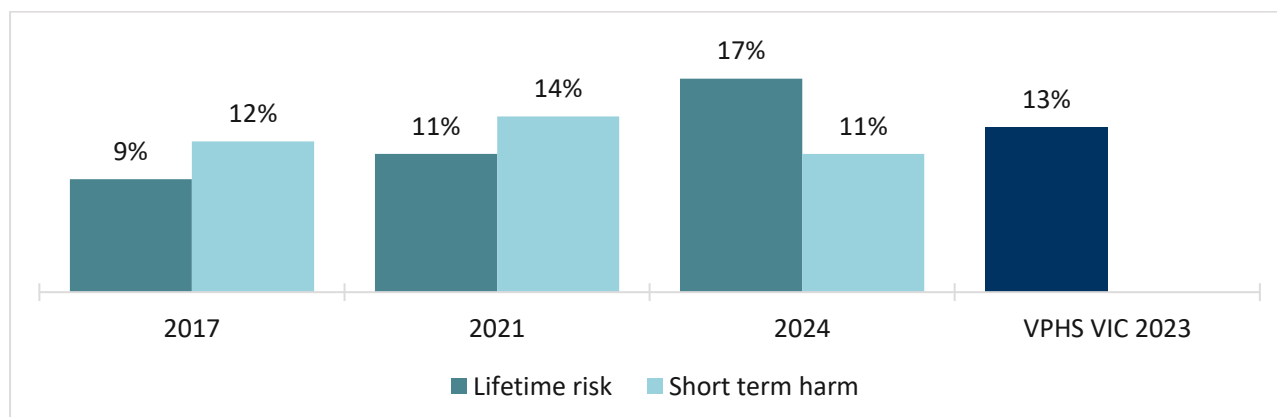
Notes: The answers to these questions were transformed into two variables:

1. risk of **lifetime harm** by calculating those who have more than 10 drinks a week (number per session times by frequency per week).
2. Risk of **short term harm** by calculating those who ever consume more than 4 drinks in a single session.

Findings may vary to previous GPHS reports due to improved accuracy of calculation being retrospectively applied.

Method: Findings were the same across both the phone and self-complete methodologies.

Overall, just under one in five were classified as at risk of lifetime harm from their alcohol consumption (drink more than 10 a week), and one in ten were classified at risk of short term harm (drink 4 or more in one session). The change in the proportion of those at risk of lifetime harm in 2024 may be attributed to improved accuracy of recording the data (number of drinks recorded as whole number rather than ranges, and therefore is more accurate). Future waves will determine whether this is an upward trend.



The incidence of being classified as at risk of lifetime harm from alcohol consumption is higher amongst:

- Males (23%, 12% females).
- Older adults (20% 35+, 13% <35 year olds).
- English speakers (18%, 10% LOE – LOE show a higher instance of being abstainers (43%, 23% English only).

In terms of short term risk, higher instances of risky alcohol consumption behaviour were evident amongst:

- Males (17%, 6% females).
- Young people (17% <35 year olds, 10% 35-54, 7% 55+).
- Couples and one parent families with child/ren under 15 (13% and 18% respectively, 9% couples with older child/ren).
- Those employed by someone else (15%, 6% retired).
- Full time workers (17%, 5% part time).

- Renters (17%, 5% own outright).

When analysing by Planning Area risky alcohol consumption behaviours were more common in Planning Areas 3 and 10.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Lifetime risk	8%	25%	29%	24%	20%	21%	18%	13%	12%	26%	13%	16%	10%	15%	17%
Short term harm	14%	8%	24%	7%	16%	12%	17%	3%	7%	19%	3%	8%	11%	9%	11%

Smoking / vaping

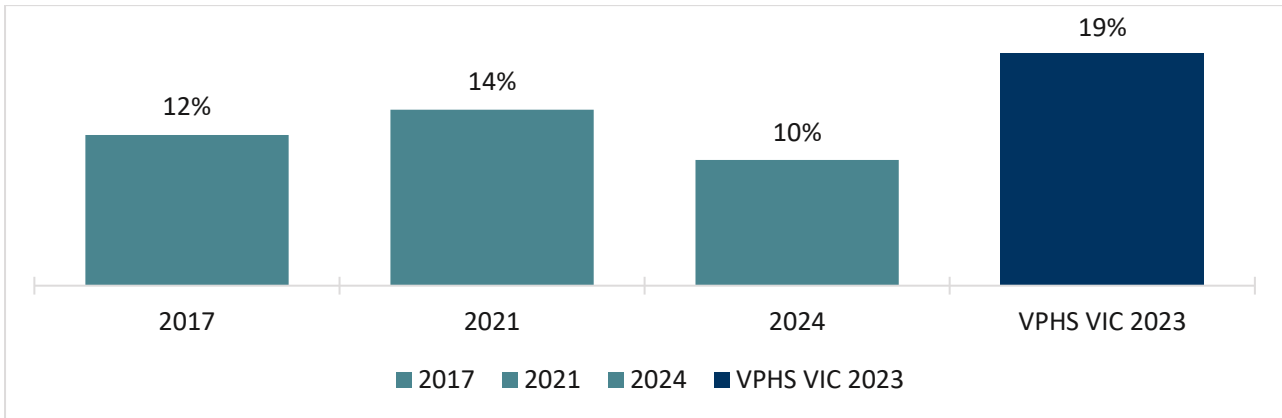
Question: Which of the following best describes your smoking status? (includes e-cigarettes and vaping)?

Sample: 2,211

Notes: For comparison to previous years a 'smoking status' indicator was generated which identifies current past and never smoked, whereby smoking is defined as cigarettes or vapes (with or without nicotine).

Method: The phone survey shows a higher instance of people saying they were a current smoker (13%) than self-complete (8%). This suggests that there has been no change in the rate of smoking over the past three years, as the 2024 phone sample (13%) is similar to the phone survey result in 2021 (14%).

The decrease in smoking rate in 2024 can be attributed to survey mode (see method note) and therefore the rate of smoking remains unchanged. Findings suggest that at present the rate of smoking is approximately one in ten residents.



The incidence of smoking was more common amongst:

- Males (12%, 7% females).
- 35-54 year olds (13%, 8% <35 and 55+ year olds).
- Those who identify as LGBTQIA+ (19%, 9% non-LGBTQIA+).
- Unpaid carers (14%, 9% not a carer).
- One parent households with child/ren under 15 years (24%, 5% couples with no children).
- Unemployed (24%, 9% employed).
- Renters (15%, 7% owned outright).

When analysing by Planning Area there were no statistically significant variations.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Smoker	6%	10%	5%	9%	11%	16%	12%	9%	9%	8%	6%	13%	16%	5%	9%

Question: What product best describes your method of smoking?

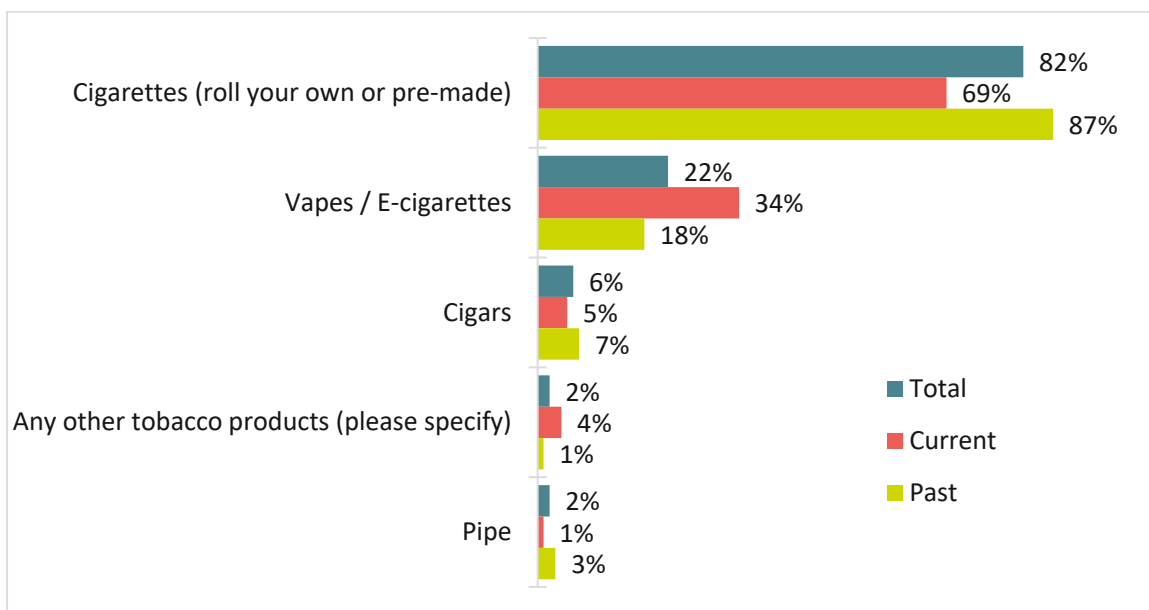
Do you use nicotine in your Vapes / e-cigarettes?

Sample: Those who smoke (n=191) or used to smoke (n=470) and those who vape (n=100)

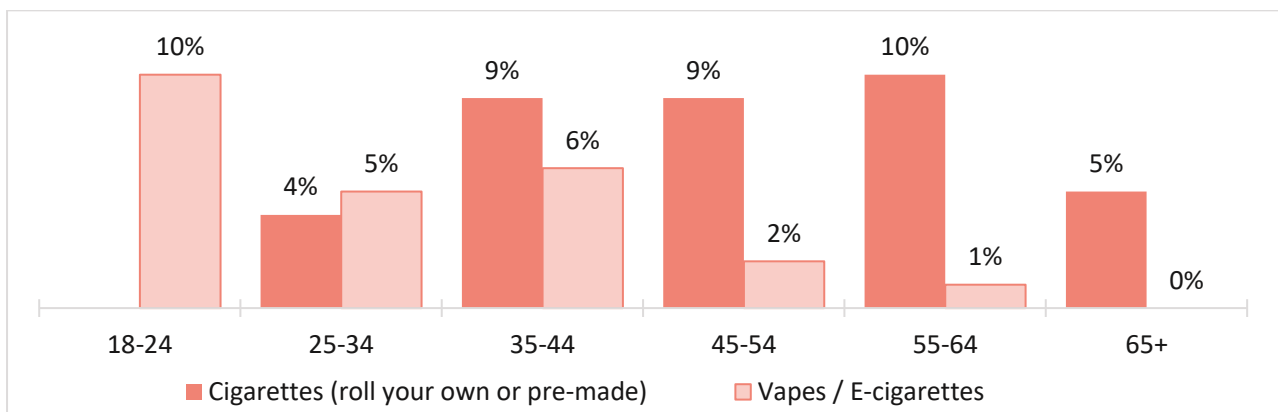
Notes: These questions were revised in 2024 and therefore there is no past comparative data. The product type smoked includes multiple responses (a single respondent can be recorded in more than one product type).

Method: Distribution of smoking format is similar across both survey methods.

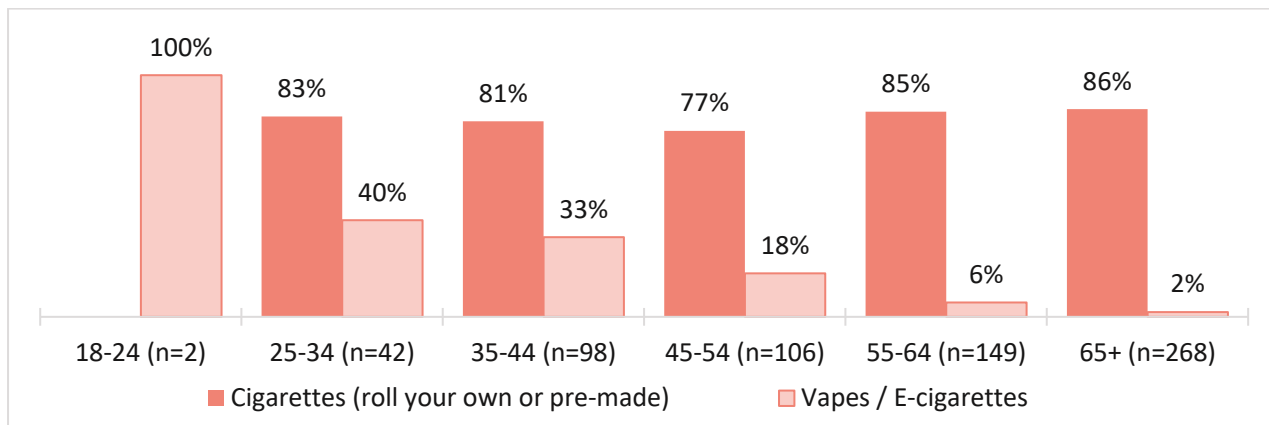
Of those who currently smoke (all ages), the most common format continues to be cigarettes, although 32% will smoke both cigarettes and vapes (appearing in the red bars below). Those who had quit smoking mostly used to smoke cigarettes. The lower instance of people saying they used to smoke vapes is likely due to the shorter duration they have been available (this cannot be interpreted as people not quitting vaping as much).



There is a clear variation in smoking format by age, with vapes being more popular than cigarettes amongst younger people. The following chart shows the proportion of all respondents in each age group who **currently** smoke each product type (incidence across whole-of-population). Some people smoke both cigarettes and vapes so appear in both %.



The following chart shows the distribution of product type smoked (current or previous) by age as a proportion of those who have ever smoked.



Of those who smoke vapes (n=100), most indicated that they always use nicotine (64%), with a further 15% using nicotine sometimes. Only 17% said they never use nicotine.

Resilience

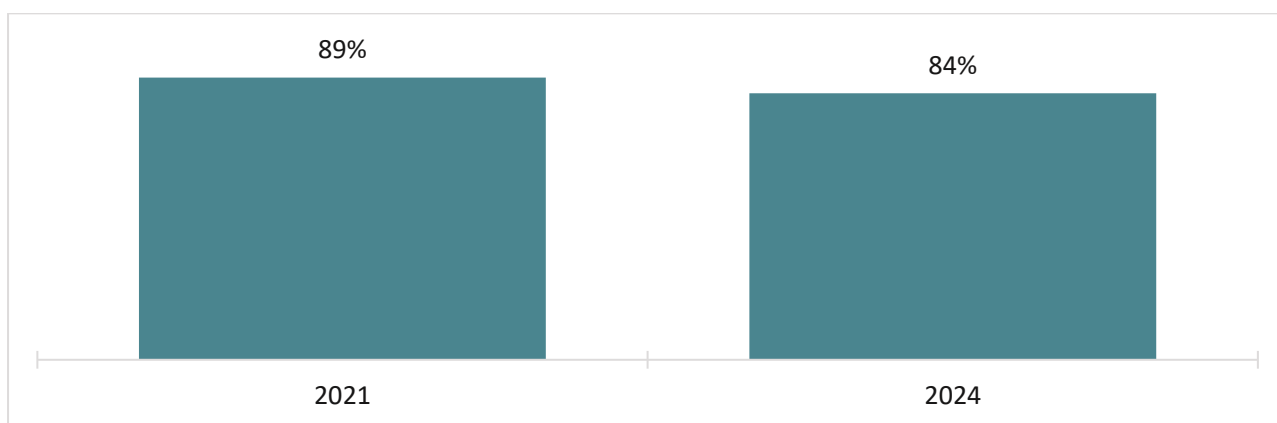
Question: Could you call on someone who is not living with you to care for you (or your dependants or children) in an emergency? This refers to relatives or friends not living with you.

Sample: n=2,261

Notes: This question was not asked in the 2017 GPHS survey nor the 2023 VPHS survey.

Method: Findings for the phone sample were slightly higher (88%) than self-complete (83%), therefore it is likely that there has been no notable change in the last three years.

The incidence of being able to call on someone outside of the home in an emergency has remained relatively constant (see method note).



The incidence of having someone outside of the household they can rely on in an emergency was more common amongst:

- Younger adults (91% <35 year olds, 79% 35-54 year olds, and 84% 55+ year olds).
- Those who speak English only (86%, 75% LOE).
- Those who don't identify as LGBTQIA+ (86%, 75% LGBTQIA+).
- Those who don't have a disability (86%, 72% of those with a disability).
- Couples with or without children (87%, 70% single parents with child/ren under 15).
- Those from households earning \$80kpa or more (90%, 78% <\$40kpa).

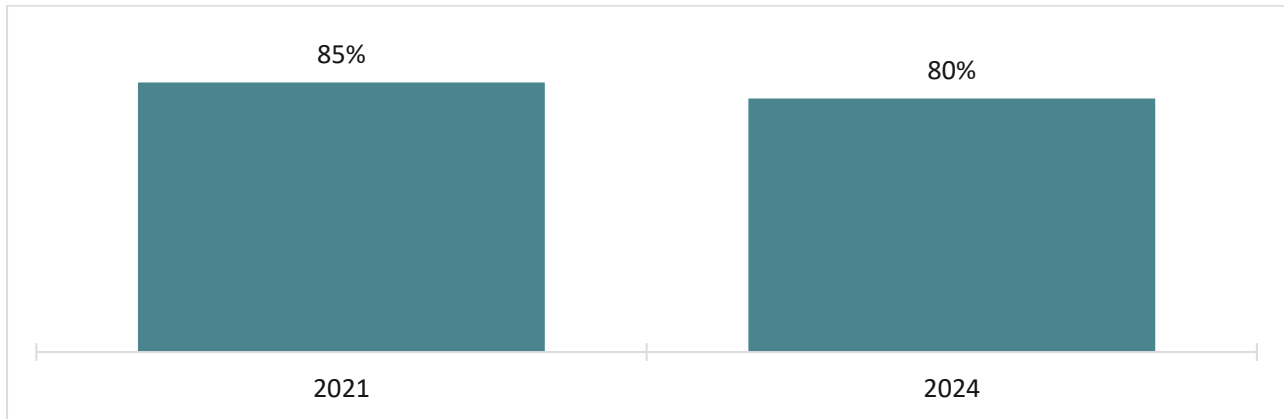
When analysing by Planning Area a notably high proportion of those in Planning Area 2 could call on someone outside their home in an emergency, compared to Planning Area 4.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Help in an emergency	83%	92%	85%	74%	85%	81%	89%	81%	88%	90%	84%	90%	81%	80%	71%

Raise \$2k in two days

Question:	If you needed to, could you raise \$2,000 within 2 days in an emergency? This includes accessing 'own' savings, borrowing money, or using a credit card / bank card.
Sample:	n=2,266
Notes:	This question was not asked in the 2017 GPHS survey nor the 2023 VPHS survey.
Method:	Findings were similar across both the phone and self-complete methodologies, therefore the observed decrease is likely accurate.

Two in five said they could raise \$2,000 in two days in an emergency. This has fallen slightly when compared to three years ago.



The incidence of being able to raise \$2,000 in a week in an emergency was more common amongst:

- Males (84%, 78% females).
- Young people (83% <35 year olds, 76% 35-54 year olds).
- Non-LGBTQIA+ (82%, 71% LGBTQIA+)
- Those without a disability (83%, 55% with a disability).
- Those without a health care card (86%, 68% with a health care card).
- Those with full private health insurance (89%, 71% no private health insurance).
- Those who aren't a carer (82%, 74% unpaid carer).
- Couple without children (88%, 49% single parent with child/ren under 15).
- Self-employed (86%, 59% unemployed).
- Retired (85%, 54% home duties).
- Those from households earning \$150+kpa (95%, 58% <\$40kpa).
- Those who own their home outright (88%, 65% renters).

When analysing by Planning Area resilience is higher in areas 2, 4 and 10, particularly when compared to Planning Area 13.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Raise \$2k in a week	86%	91%	83%	90%	85%	72%	76%	78%	87%	89%	81%	88%	55%	81%	76%

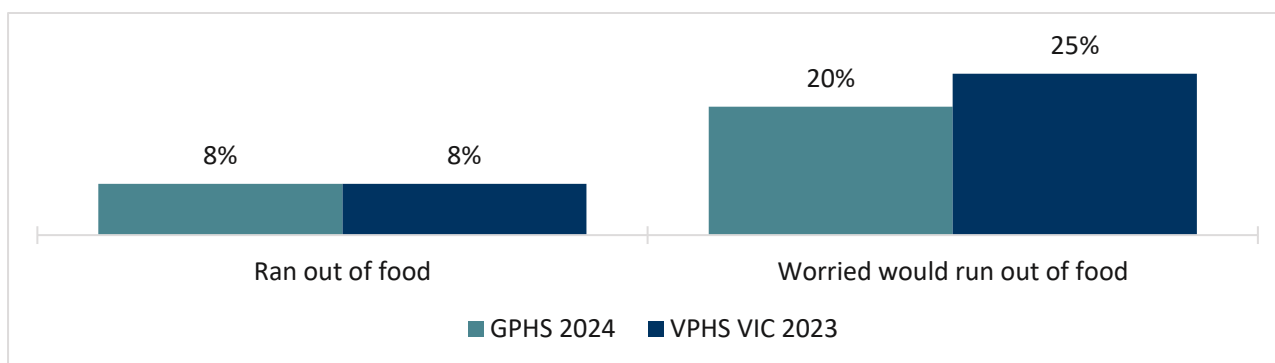
Question: In the last 12 months, were there any times that you ran out of food, and couldn't afford to buy more? This refers only to not being able to buy food due to a shortage of money. In the last 12 months, did you ever worry that you would run out of money to buy food?

Sample: n=2,263 & 2,267

Notes: Not asked in 2017 or 2021. Worried would run out of food shows % who rated as Yes, definitely or sometimes.

Method: Findings were similar across both the phone and self-complete methodologies.

2024 findings show almost one in ten had run out of food in the 12 months prior to interview and couldn't afford to buy more, and one in five were worried about running out of food.



The incidence of running out of food and not being able to buy more was more common amongst:

- Younger people (21% 18-24 year olds, 11% 34-54 year olds, 4% 55+ year olds).
- Those who speak English only (8%, 3% LOE).
- Those who identify as LGBTQIA+ (17%, 7% non-LGBTQIA+).
- Those with a long term disability (24%, 6% no disability).
- Those with a health care card (13%, 5% no health care card).
- Single parent households (45% with child/ren under 15, 28% where all children were over 15, compared to 7% couples with no children).
- Unemployed (18%, 6% employed).
- Those from households with an income of <\$40kpa (20%, 2% income \$150kpa+).
- Renters (17%, 2% own outright).

A similar demographic trend was evident for definitely or sometimes worried that they would run out of food. When analysing by Planning Area the incidence of running out of food and not being able to buy more was notably higher in Planning Areas 13 and 6.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Ran out of food	6%	2%	8%	5%	1%	12%	9%	8%	9%	5%	8%	2%	23%	3%	7%
Worried would run out of food	19%	17%	17%	18%	12%	26%	22%	19%	15%	12%	25%	17%	42%	24%	16%

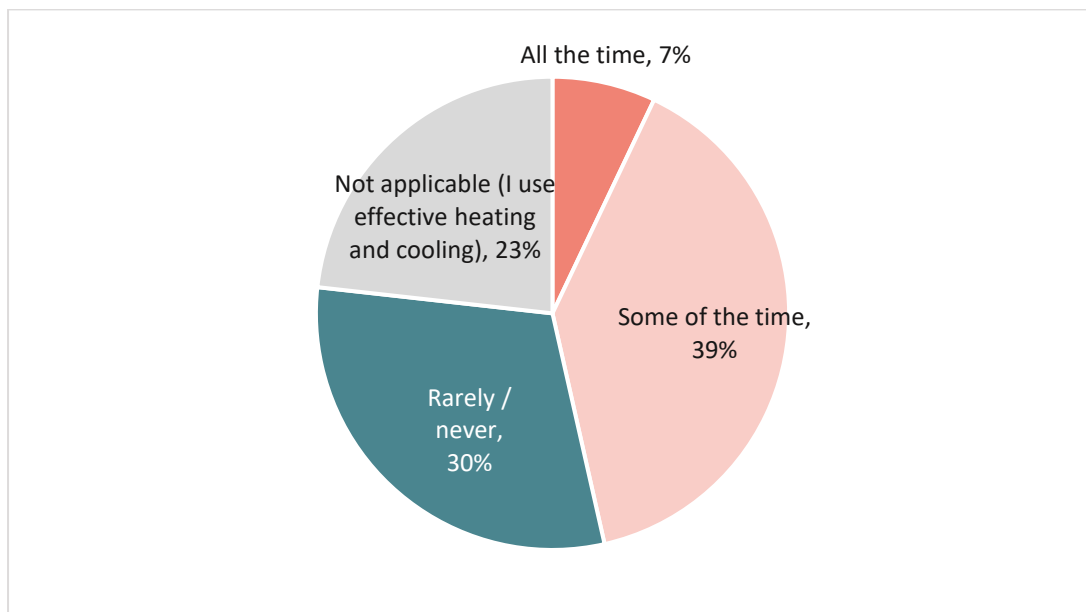
Question: How often is the temperature in your home uncomfortable (e.g. overly hot in summer or overly cold in winter)?

Sample: n=2,261

Notes: New question in 2024.

Method: The phone survey recorded a higher proportion who said rarely, never or not applicable. This may be due to the self-complete allowing people more time to provide a considered answer.

Just under one in ten indicated that the temperature in their house was uncomfortable all of the time.



The incidence of indicating the temperature in their home was uncomfortable all the time was more common amongst:

- Females (9%, 5% males).
- <35 year olds (12%, 3% 55+ year olds).
- Those who identify as LGBTQIA+ (18%, 6% non-LGBTQIA+).
- Those with a long term disability (16%, 6% no disability).
- Single parents with child/ren under 15 years (27%, 5% couples with child/ren under 15).
- Unemployed (17%, 2% retired).
- People from households with an income of <\$40kpa (12%, 4% \$150kpa+).
- Renters (13%, 3% own outright). A further 51% of renters said the temperature in their home was uncomfortable some of the time.

When analysing by Planning Area households in Planning Areas 6, 7, 11, 13 and 15 more often experience uncomfortable temperatures in their homes, particularly when compared to area 2.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Uncomfortable all the time	4%	1%	6%	9%	3%	9%	9%	4%	2%	7%	15%	7%	16%	6%	11%

Safety

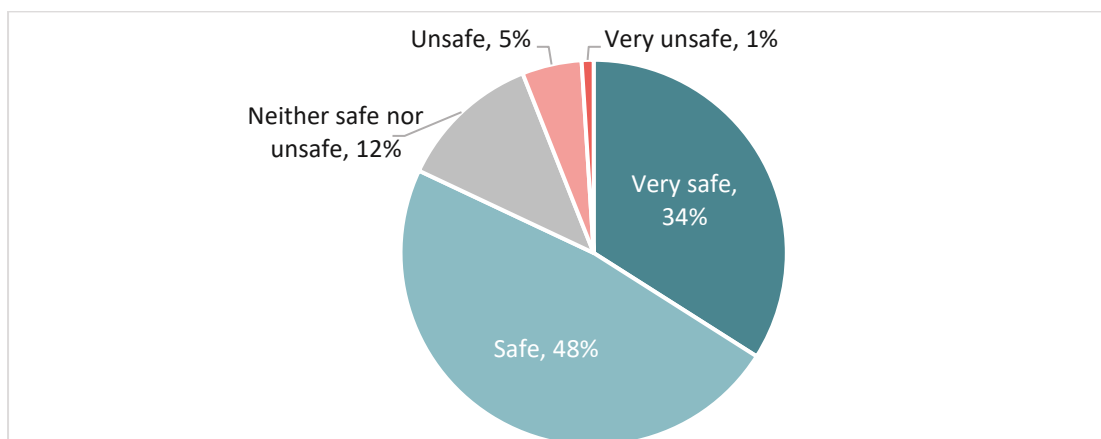
Question: How safe do you feel personally in the area where you live?

Sample: n=2,262

Notes: The answer options were changed in 2024 to better align to surveying standards. There is no comparable VPHS data.

Method: The proportion who indicated they feel safe (very safe + safe) was similar for the phone (81%) and self-completion (83%) surveys, although the phone survey showed a slightly higher level of very safe (38%, 30% self-complete), which may be due to social desirability bias.

Overall, 82% indicated that they feel safe in the area where they live, with 34% saying 'very safe'. Conversely, 6% said they feel unsafe.



The incidence of feeling very safe was more common amongst:

- Males (39%, 29% females).
- Older adults (37% 55+ year olds, 30% <35 year olds).
- People who speak English only (35%, 24% LOE).
- People who don't have a disability (35%, 24% of those with a disability).
- Coupled with no children (37%, 13% single parents with child/ren under 15).
- Self-employed (42%) and unemployed (47%, 30% employed for wages).
- Those from households earning \$150kpa+ (42%, 28% <\$40kpa).

The incidence of feeling unsafe (very unsafe + unsafe) was more common amongst:

- Females (9%, 3% males).
- 18-24 year olds (7%, 4% 35-44 year olds).
- Those who identify as LGBTQIA+ (14%, 5% non-LGBTQIA+).
- Those with a disability (17%, 5% no disability).

When analysing by Planning Area less safe areas were 6, 13 and 15 (unsafe includes very unsafe and unsafe rating), whereas 2, 3 and 4 received higher safety ratings.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Very safe	19%	53%	47%	45%	42%	29%	30%	39%	26%	43%	29%	32%	13%	27%	28%
Unsafe*	3%	1%	6%	3%	3%	16%	6%	1%	5%	2%	7%	1%	17%	7%	11%

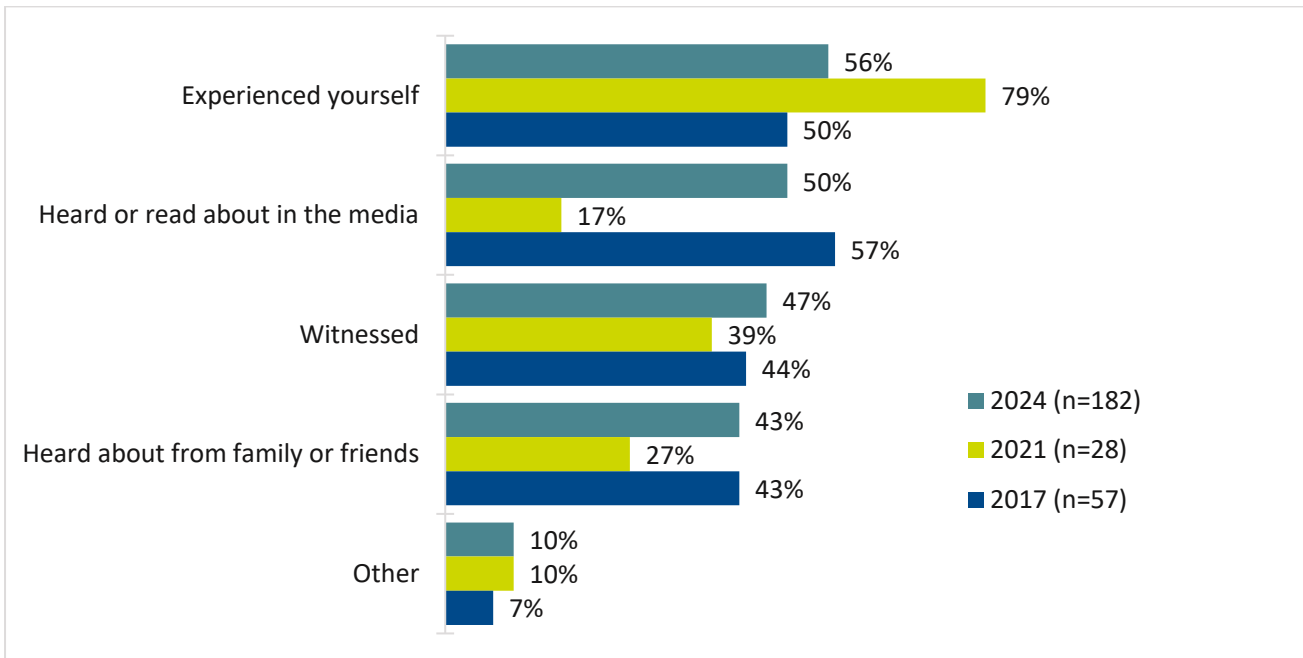
Question: Did you give this unsafe rating based on things you have...?

Sample: Those who rated the safety of their area as 'unsafe' or 'very unsafe' n=182

Notes: In 2021 and 2017 the question was asked of those who said 'feel unsafe more often than you feel safe' or 'Never feel safe'. Note that these results may differ to those reported in 2021 and 2017 as the 2017 findings have been filtered for just those who said unsafe.

Method: The phone surveys show higher instances of 'experienced yourself', 'heard about from family and friends' and 'heard or read about in the media'. This could be due to prompting and clarification by interviewers, or social desirability bias (it is a long survey and by this point they may be more inclined to agree with every question). The phone survey was also drawing from a much smaller sample base (n=35, compared to n=147 self-complete).

Reasons for feeling unsafe fluctuate across time, likely due to small sample sizes. This data can be heavily influenced by local media reports at the time of surveying. Encouragingly, the incidence of personal experiences impacting on perceptions of safety in 2024 has dropped back down to a similar level to that recorded in 2017.



The incidence of personally experiencing situations that make them feel unsafe was more common amongst:

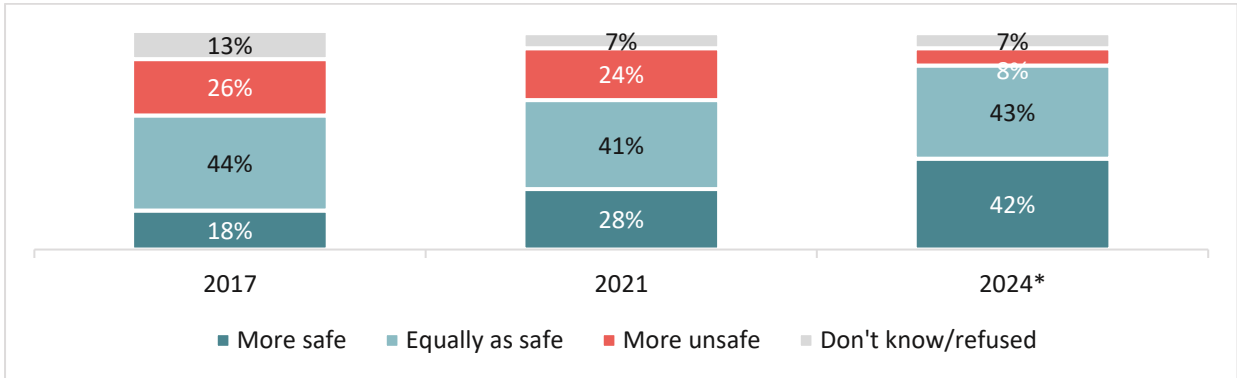
- Those with a long term disability (78%, 42% no disability).
- Self-employed people (89%, 53% employee with salary).

When analysing by Planning Area there was a high incidence of feeling unsafe due to a personal experience in Planning Area 13, especially when compared to Planning Area 14.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Personal experience	61%	28%	29%	19%	28%	76%	86%	30%	69%	58%	72%	47%	76%	26%	14%

Question:	Compared to other areas of the Greater Geelong Council area, would you say that the area where you live is...?
Sample:	n=2,260
Notes:	In 2024 the question text was updated to enhance consistency of interpretation. In 2017 and 2021 the question text was 'Compared to other areas of the municipality, would you say that this particular area is...?'
Method:	Findings were similar across both the phone and self-complete methodologies.

Previous data has been included in the following chart to demonstrate the impact of the change in question framing. **Figures for 2024 should not be directly compared to previous years.** The change in question framing has resulted in a higher proportion of respondents rating their area as more safe than other areas of Greater Geelong. Given that with the phone surveys the interviewer could clarify the geographic scope of the question, and phone results showed a similar result to self-complete, this change is unlikely due to misinterpretation; it is more likely due to more clarity in the scope of the question (understanding that it is referring to where they live, compared to Greater Geelong).



* change in question text, do not compare 2024 to previous years.

The incidence of rating the area where they live as more unsafe than other areas of Greater Geelong was more common amongst:

- Younger adults (20% 18-24 year olds, 5% 35+ year olds).
- Those who speak English only (9%, 2% LOE).
- LGBTQIA+ (22%, 8% non-LGBTQIA+).
- Those with a long term disability (19%, 7% no disability).
- Unpaid carers (14%, 8% not a carer).
- Single parent with child/ren under 15 (19%, 8% single person household).
- Those earning <\$40kpa (13%, 6% \$150kpa+).
- Renters (12%, 5% own with mortgage).

A higher proportion of males rated their area as more safe (44%) than females (40%).

When analysing by Planning Area there was a high incidence of perceiving the area where they live as being more unsafe in Planning Areas 6 and 13, especially when compared to Planning Area 8.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
More unsafe	2%	4%	6%	2%	4%	23%	6%	1%	6%	3%	10%	2%	41%	4%	5%

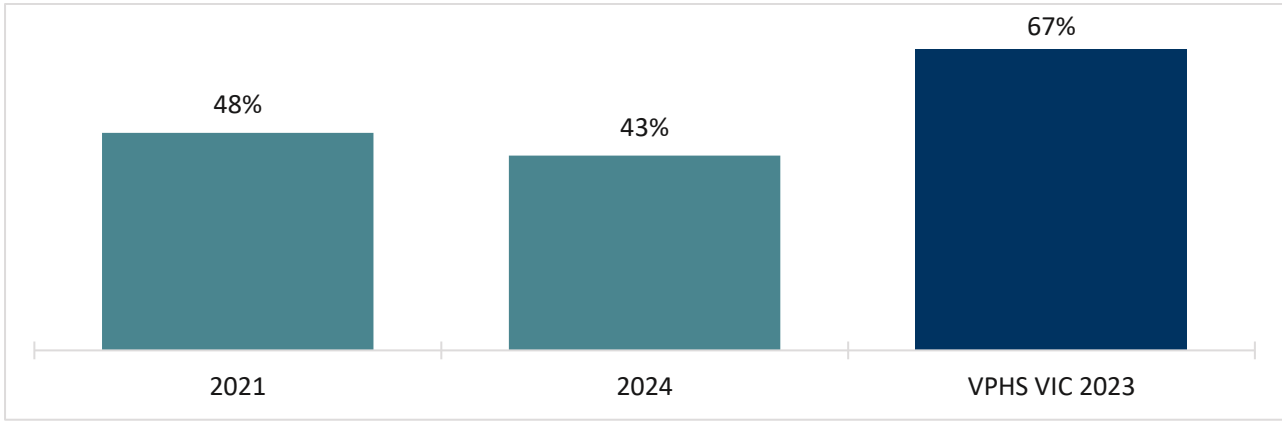
Question: Do you think that multiculturalism makes life in your suburb better?

Sample: n=2,265

Notes: The indicator reports those who rated this as ‘Yes, definitely’.
The higher ‘yes, definitely’ figure for the 2023 VPHS survey may be due to the fieldwork occurring during a period that coincided with media regarding ‘The Voice’ referendum in Australia, which may have skewed the social desirability bias at the time of surveying.

Method: A notably higher proportion of phone survey respondents rated this as yes, definitely (54%, 36% self-complete). This was likely due to social desirability bias.

Due to differences in findings across the methodology types (see method note), it is possible that there has been an increase in definitely agreeing that multiculturalism makes life better, although comparison across the survey methodologies suggests that this may be over-reported due to social desirability bias.



The incidence of saying they ‘definitely’ think multiculturalism makes life in their suburb better was more common amongst:

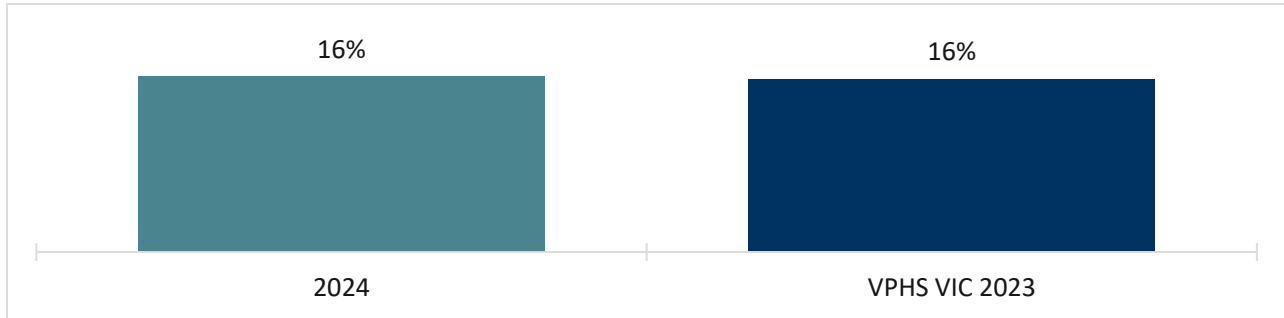
- 25-34 year olds (54%, 26% 18-24 year olds, 35% 55+ year olds).
- Those who speak a language other than English (56%, 42% English-only).
- Those who identify as LGBTQIA+ (62%, 43% non-LGBTQIA+).
- Carers (56% paid, 55% unpaid, 41% not a carer).
- Couple family with child/ren under 15 years (54%, 36% single person household).
- Those earning \$150kpa+ (52%, 38% <\$40kpa).

When analysing by Planning Areas, 1, 10 and 11 show higher instances of definitely thinking multiculturalism makes their area better, whereas Planning Area 7, 14 and 15 showed a low instance.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Yes, definitely	59%	42%	40%	42%	38%	40%	32%	45%	47%	51%	54%	48%	42%	33%	26%

Question:	In the past 12 months, do you feel that you have experienced discrimination or have been treated unfairly by others?
Sample:	n=2,258
Notes:	New question in 2024, indicator shows % who answered 'yes'. The question was framed the same way as the VPHS survey to allow for comparison.
Method:	Findings were similar across both the phone and self-complete methodologies.

One in six respondents indicated that they had experienced discrimination.



The incidence of saying they had experienced discrimination was more common amongst:

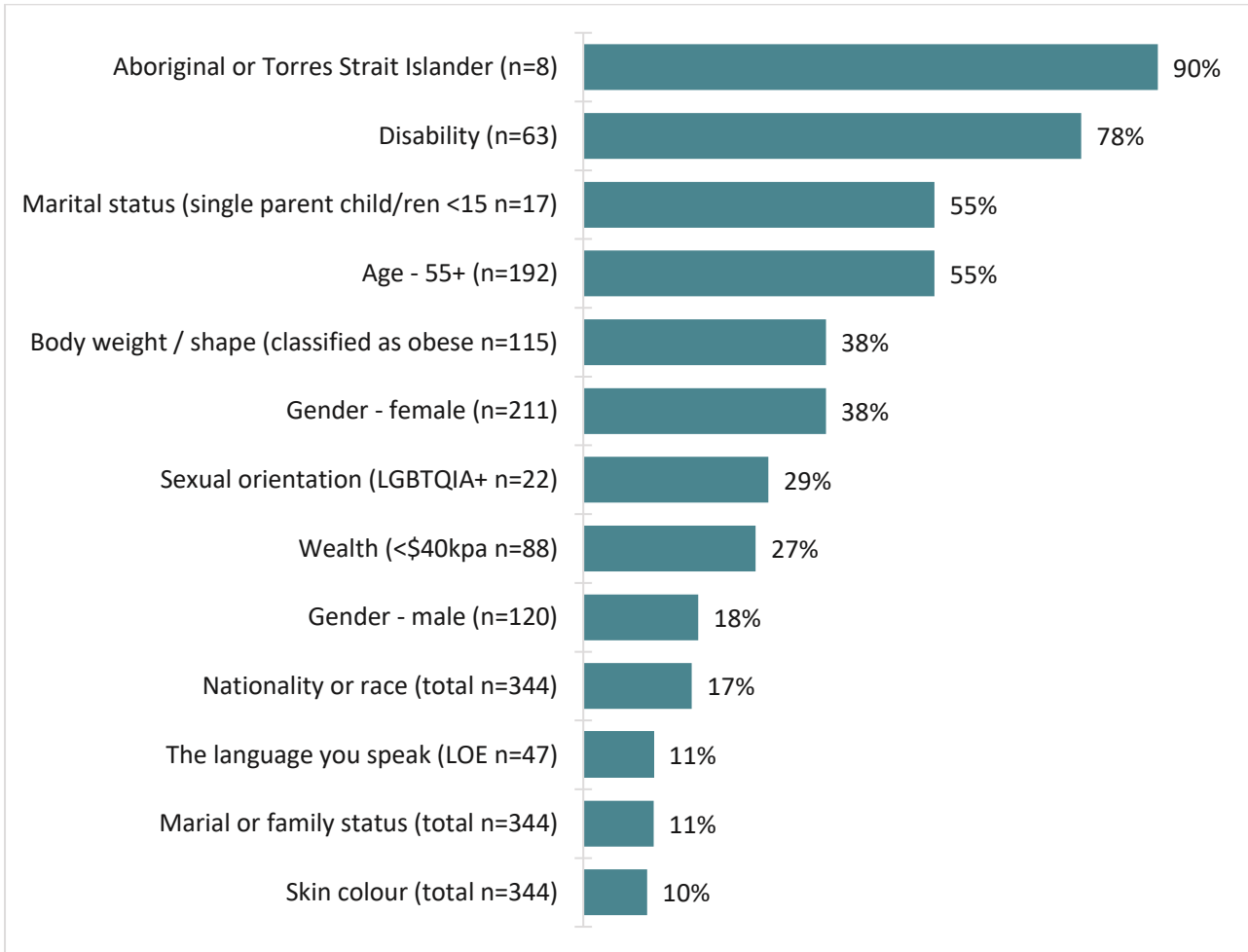
- Females (17%, 14% males).
- Younger adults (27% 18-24 year olds, 13% 55+ year olds).
- Those who speak a language other than English (24%, 15% English-only households).
- Those who identify as LGBTQIA+ (32%, 15% non-LGBTQIA+).
- People with a long-term disability (45%, 13% no disability).
- Paid carers (33%, 13% not a carer).
- Single parent with child/ren under 15 (30%, 16% couples with children).
- Casual workers (34%, 13% full time workers).
- People from households earning <\$40kpa (21%, 10% \$150kpa+ households).
- Renters (20%, 12% own outright).

There were no statistically significant variations when analysing the incidence of experiencing discrimination by Planning Area.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Experienced discrimination	22%	9%	14%	10%	15%	18%	12%	15%	17%	12%	18%	16%	22%	18%	20%

Question:	Thinking about your most recent experience of discrimination, do you think it was because of any of the following?
Sample:	Those who had experienced discrimination, n=344
Notes:	New question in 2024. The question was framed the same way as the VPHS survey to allow for comparison.
Method:	Findings were mostly similar across both the phone and self-complete methodologies, although the phone survey registered a slightly higher proportion indicating they had experienced discrimination due to a disability or health issue, and/or marital or family status.

The following chart shows the proportion of people who qualify for a category and said they had experienced discrimination and who indicated their demographic category was the reason for the discrimination.



More than half of those who had experienced discrimination from Planning Area 13 indicated they had been discriminated against for the suburb where they live (70% Norlane (n=12), 42% Corio (n=19)).

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Suburb where live	10%	0%	0%	8%	0%	32%	3%	2%	0%	6%	3%	0%	52%	0%	7%

Climate change

Question: How concerned are you about the impacts of climate change (e.g. more extreme weather events) on human health and wellbeing?

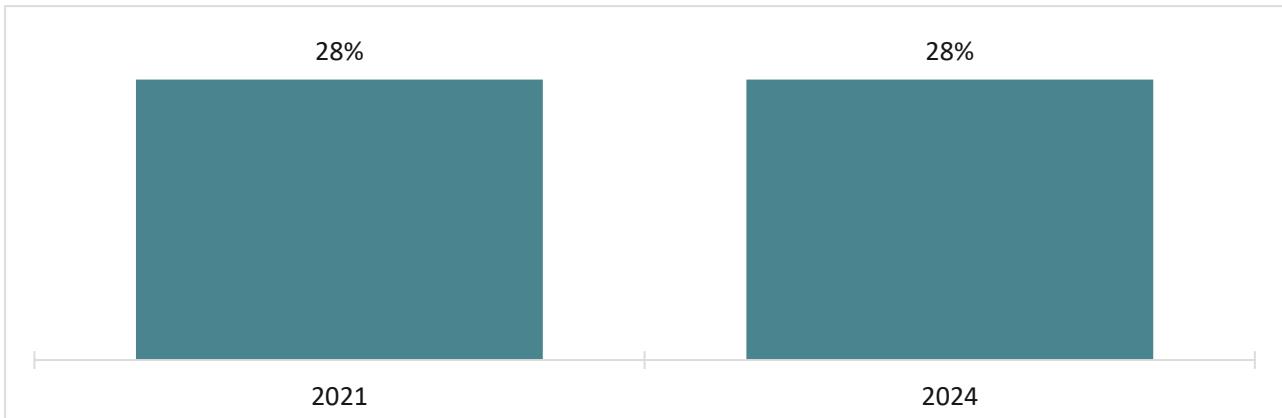
Sample: n=2,264

Notes: Not asked in 2017 or the VPHS survey. In 2024 the question wording was updated to be specific to human health. In 2021 the question wording was “How concerned are you about climate change?”

Indicator shows percentage who said ‘very concerned’.

Method: Findings were similar across both the phone and self-complete methodologies.

The proportion of respondents ‘very concerned’ about climate change continues to be just over one quarter. Most indicated some level of concern, with only 14% saying they had no concern at all.



The incidence of being very concerned about the impacts of climate change on human health and wellbeing was more common amongst:

- Females (34%, 22% males).
- Those who identify as LGBTQIA+ (53%, 27% non-LGBTQIA+).
- Unpaid carers (37%, 27% not carer).
- Single person households (33%, 22% couples with all children over 15 years).
- Part time employees (37%, 26% full time employees).

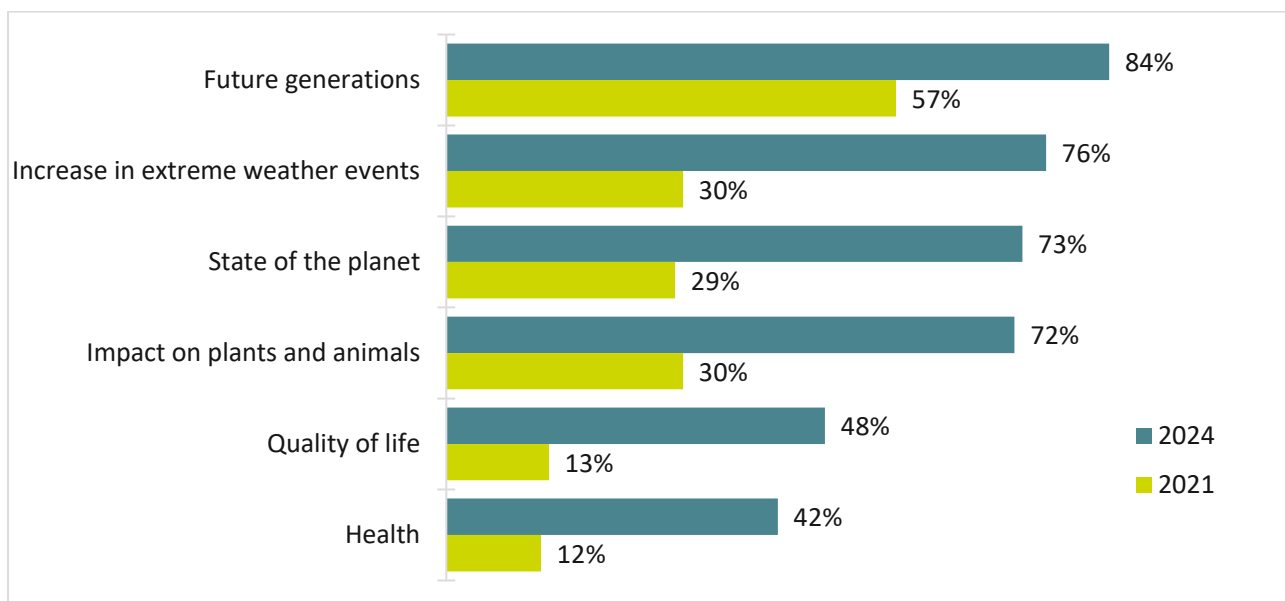
Furthermore, older adults more often indicated they were not at all concerned (18% 35-54 year olds and 15% 55+ year olds, compared to just 9% of 25-34 year olds), and 18-24 year olds more often indicated they were not very concerned (26%, compared to 11% 25-34 year olds).

When analysing by Planning Area there were no statistically significant variations.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Very concerned	30%	30%	26%	23%	26%	25%	24%	30%	34%	36%	24%	34%	29%	21%	23%

Question:	What are you most concerned about in relation to the potential effects of climate change?
Sample:	Those who indicated any concern for climate change, n=1,713
Notes:	Increases in proportions in 2024 can be attributed to more thorough interviewer probing.
Method:	Proportions were notably higher in the phone survey interviews than the self-complete, suggesting that interviewers were thorough in terms of the probing of this question (“anything else”). The distribution across both methods was similar (top 4 were the same across both samples). In the phone sample the top 4 were answered by almost everyone (93%+), suggesting there may have been some social desirability bias in the phone survey answers.

The primary climate change concern continues to be future generations, followed by extreme weather events, state of the planet and impact on plants and animals (each mentioned by similar proportions).



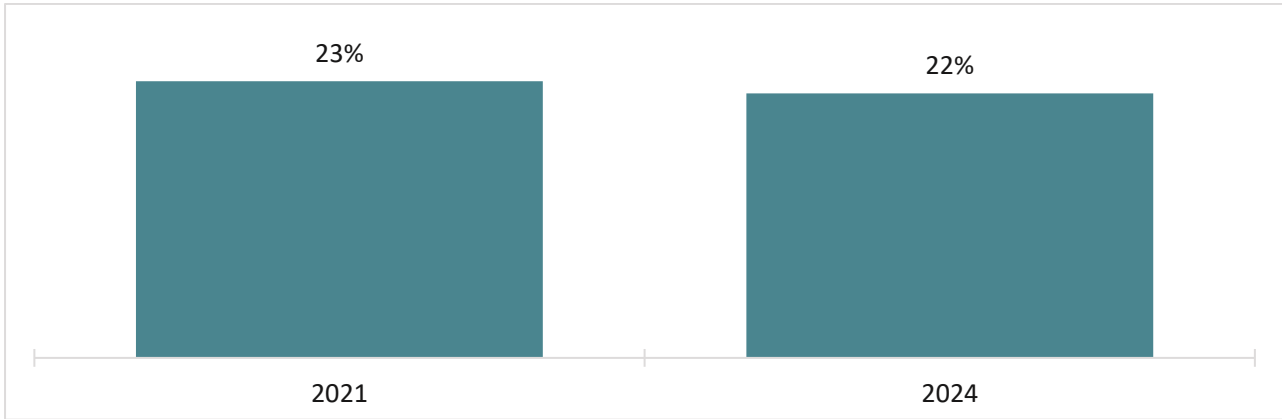
Some notable variations by demographics were:

- 18-24 year olds more often mentioned quality of life (82%).
- Females more often mentioned future generations (86%, 81% males).
- People with a long term disability more often mentioned their health (52%, 41% no disability).
- Couples with child/ren under 15 more often mentioned future generations (94%, 78% single person households).
- Single parent households with child/ren under 15 more often mentioned quality of life (64%, 36% single person households).
- Renters more often mentioned quality of life (54%, 39% own outright).

The most notable insight by Planning Area was that those in Planning Areas 1, 2 and 8 were more commonly concerned about future generations, the state of the planet and/or increase in extreme weather events.

Question:	Thinking ahead, over the next 10 years, how much, if at all, do you think climate change is likely to harm the health of Victorians?
Sample:	n=2,051
Notes:	New question in 2021. No VPHS comparison data available. Indicator shows those who rated it as 'a great deal'.
Method:	Ratings were similar across both the phone and self-completion samples.

Overall, over one in five indicated that they think climate change will harm the health of Victorians a great deal. This proportion hasn't changed in the last three years.



The incidence of thinking climate change will harm the health of Victorians a great deal was higher amongst:

- Females (31%, 13% males).
- Older adults (24% 55+ year olds, 17% 35-54 year olds).
- People who identify as LGBTQIA+ (45%, 21% non-LGBTQIA+).
- People with a long term disability (39%, 21% no disability).
- Single person households (28%, 18% couples with child/ren under 15).

A high proportion of 18-24 year olds said they think climate change is likely to have no impact at all on the health of Victorians over the next 10 years (30%, 7% 25-34 year olds).

When analysing by Planning Area there were no statistically significant variations.

Planning Area:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Harm health a great deal	22%	18%	23%	26%	20%	24%	25%	15%	31%	29%	22%	23%	26%	20%	25%

Appendices

1: Questionnaire



2024 Geelong Preventative Health Survey

- Instructions**
- Please use a blue or black pen
 - Mark boxes with an
 - All questions have a 'I'd prefer not to say' or 'don't know' option at the end of the answer list that you can choose if you don't feel comfortable answering.

Q1. What gender do you identify as?

- Male
- Female
- Non-binary
- Prefer another term:
- I'd prefer not to say

Q2. What is your age?

- 15 to 17 years
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 years or older
- I'd prefer not to say

Q3. Are you of Aboriginal or Torres Strait Islander descent?

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Don't know
- I'd prefer not to say

GENERAL HEALTH AND WELLBEING

Q4. In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

Q5. Thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole - on a scale from 0 to 10 where 0 is not at all satisfied and 10 is completely satisfied?
Please mark one answer per row

	Not at all satisfied ←————→ Completely satisfied										Don't know	
	0	1	2	3	4	5	6	7	8	9	10	
Overall satisfaction with life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. Turning now to various areas of your life, on a scale from 0 to 10 where 0 is not at all satisfied and 10 is completely satisfied, how satisfied are you with...?
Please mark one answer per row

	Not at all satisfied ←————→ Completely satisfied										Don't know	
	0	1	2	3	4	5	6	7	8	9	10	
Your standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you are currently achieving in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe you feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling part of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your future security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If at any time you feel uncomfortable or sad, support is available at Beyond Blue: www.beyondblue.org.au 1300 224 636.

PHYSICAL ACTIVITY

Now we want to talk about physical activity. This information will help us identify locations where additional physical activity programs and infrastructure could improve the health outcomes of our residents.

In the following table, please write in the number of times you do each activity per week as a single whole number. So for instance, if you do this once every day, write in "7"; or if you did it twice on Tuesday and once on Wednesday, write in "3". Please write a whole number clearly in the box so that the forms scanner can read it.

Q7. In the last week, how many times did you...?	Number of times in the last week	None	Don't know
Do vigorous <u>household chores</u> that made you breathe harder or puff and pant, not including gardening	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do vigorous heavy work <u>around the garden</u> that made you breathe harder or puff and pant	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Excluding</u> housework and gardening, do any vigorous activity that made you breathe harder or puff and pant. e.g. sport, jogging, cycling, exercises etc.	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Walk</u> continuously, for at least 10 minutes for exercise, recreation or transport	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cycle</u> for at least 10 minutes for exercise, recreation or transport	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we would like you to think about how much time in total you have spent doing these things in the last week. Please write in the approximate number of minutes and/or hours for each as a whole number. So if you did an hour and a half you write 1 in the hour box and 30 in the minutes box

Q8. In the last week, in total, approximately how much time have you spent ...?

	Total hours/minutes in the last week		None	Don't know
Doing vigorous <u>household chores</u> that made you breathe harder or puff and pant, not including gardening	<input type="text"/> hours	<input type="text"/> minutes	<input type="checkbox"/>	<input type="checkbox"/>
Doing vigorous heavy work <u>around the garden</u> that made you breathe harder or puff and pant	<input type="text"/> hours	<input type="text"/> minutes	<input type="checkbox"/>	<input type="checkbox"/>
<u>Excluding</u> housework and gardening, doing any vigorous activity that made you breathe harder or puff and pant. e.g. sport, jogging, cycling, exercises etc.	<input type="text"/> hours	<input type="text"/> minutes	<input type="checkbox"/>	<input type="checkbox"/>
	Average hours/minutes per day		None	Don't know
Sitting, on an average <u>weekday</u> (per day)	<input type="text"/> hours	<input type="text"/> minutes	<input type="checkbox"/>	<input type="checkbox"/>
Sitting, on an average <u>weekend</u> (per day)	<input type="text"/> hours	<input type="text"/> minutes	<input type="checkbox"/>	<input type="checkbox"/>

HEALTHY LIFESTYLES

Now some questions about food. This information will help us understand the changing nature of diets and how this influences the health outcomes of our residents.

Q9. How many serves of vegetables, legumes, beans and peas, do you usually eat each day?

A "serve" is half a cup of cooked vegetables, legumes or beans or 1 cup of salad vegetables.

serves of vegetables per day None - I don't eat vegetables

Don't know

Please write in a whole number

Q10. How many serves of fruit do you usually eat each day?

A "serve" is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.

serves of fruit per day None - I don't eat fruit

Don't know

Please write in a whole number

Q11. Health experts say that you should eat at least 5 serves of vegetables and 2 serves of fruit per day.

If you don't do this, what is the main reason why not?

Please mark one answer

<input type="checkbox"/> Personal (food and taste) preference - self	<input type="checkbox"/> Quality/availability of fresh vegetables
<input type="checkbox"/> Personal (food or taste) preference - other household member	<input type="checkbox"/> Nowhere to store them
<input type="checkbox"/> Lack of time (e.g. busy, work, child care responsibilities)	<input type="checkbox"/> Don't know how to cook them
<input type="checkbox"/> Cost	<input type="checkbox"/> Don't know
<input type="checkbox"/> Diet/health restrictions	<input type="checkbox"/> Not applicable, I eat 5+ serves of vegetables and 2+ serves of fruit
<input type="checkbox"/> The guidelines are unachievable	
<input type="checkbox"/> Other (please specify) <input type="text"/>	

Q12. How often do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster or local take-away places? Please do not include sushi, stir-fries, salad sandwiches or rolls.

times per... day week month year

Please write in a whole number and then mark appropriate frequency box to the right

Never Don't know

Q13. How much water do you usually drink on an average day?

1 glass = 250ml; 1 average bottle of water = 600ml or 2 glasses. Includes tap water and still / carbonated mineral water. Excludes water in cordial, tea, coffee and soft drinks.

(enter number) glasses litres per day

Please write in a whole number and then mark appropriate box to the right

None - I don't drink water on a daily basis Don't know

Q14. How often do you consume sugar-sweetened drinks such as cordial, soft drinks, flavored mineral water, energy or sports drinks?

<input type="checkbox"/> Daily	<input type="checkbox"/> About once a month
<input type="checkbox"/> Several times per week	<input type="checkbox"/> Less often than once a month
<input type="checkbox"/> About once a week	<input type="checkbox"/> Never
<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Don't know

Sometimes when Council is applying for grant applications or designing programs, it can help to understand the current health of the community. For a number of years we have been tracking this through asking for height and weight. This will be used to calculate BMI, so that we can see how the health of our community is changing over time. We recognise this measure has limitations, but it helps us align our findings to state and national data, as well as see changes over time. Please remember, this survey is anonymous, and you can choose not to answer any question.

Q15. How tall are you without shoes?

(enter number) cm feet & inches (select one)

Please write in a number and then mark appropriate box to the right

Don't know I'd prefer not to say

Q16. How much do you weigh?

(enter number) kg lbs stone (select one)

Please write in a number and then mark appropriate box to the right

Don't know I'd prefer not to say

CONNECTING WITH OTHERS

Q17. Could you call on someone who is not living with you to care for you (or your dependants or children) in an emergency? This refers to relatives or friends not living with you.

- Yes
 No
 Don't know

Q18. Are you a member of any of the following?
You can choose more than one

- A sports group
 A religious group
 A school group (e.g. school canteen, early readers group etc...)
 A professional group or academic society
 Any other community or action group? (please specify)
 None
 Don't know

Q19. How often do you feel...?

Please mark one answer per row

	Hardly ever	Some of the time	Often	Don't know	I'd prefer not to say
That you lack companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If at any time you feel uncomfortable or sad, support is available at Beyond Blue:
www.beyondblue.org.au 1300 224 636.

ALCOHOL

Q20. How often do you have an alcoholic drink of any kind?

- | | |
|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> About 1 day a month |
| <input type="checkbox"/> 5 to 6 days per week | <input type="checkbox"/> Less often than 1 day a month |
| <input type="checkbox"/> 3 to 4 days per week | <input type="checkbox"/> No longer drink |
| <input type="checkbox"/> 1 to 2 days per week | <input type="checkbox"/> Do not drink → go to Q22 |
| <input type="checkbox"/> 2 to 3 days per month | <input type="checkbox"/> Don't know |

The next question is only for those who drink alcohol, others can skip to the next section.

Q21. On a day that you have an alcoholic drink, approximately how many standard drinks would you have?
 A standard drink is equal to: 1 pot or 285 ml of full strength beer, 100 ml or 1 small glass of wine, or 30 ml/1 pub size nip or shot of spirits. 1 can or stubby of beer is equivalent to 1.3 standard drinks.

- standard drinks
Please write in a whole number
- None - I don't drink
 Don't know

SMOKING

The following questions are about tobacco smoking. This includes cigarettes, vapes/e-cigarettes, cigars and pipes.

Q22. Which of the following best describes your smoking status?
 Includes e-cigarettes and vaping.

- I smoke/vape daily
 I smoke/vape weekly or more often (but not every day)
 I smoke/vape less often than weekly
 I don't smoke/vape now, but I used to
 I've tried it a few times but never smoked regularly
 I've never smoked → go to Q25
 Don't know
 I'd prefer not to say

The next question is only for those who smoke/vape, others can skip to the next section.

Q23. What product best describes your method of smoking?
You can mark more than one

- Cigarettes (roll your own or pre-made)
 Cigars
 Pipe
 Vapes / E-cigarettes
 Any other tobacco products (please specify)
 Don't know

The next question is only for those who smoke vapes, others can skip to the next section.

Q24. Do you use nicotine in your Vapes / e-cigarettes?
Please mark one answer

- Yes - always
 Yes - sometimes
 No, I use nicotine-free vapes
 Don't know

MENTAL HEALTH

The next questions are about how you have been feeling in the past 4 weeks. These are standardised questions that help identify if segments of our community may need additional mental health services. If at any time you feel uncomfortable or sad, support is available at Beyond Blue: www.beyondblue.org.au 1300 224 636.

Q25. In the past 4 weeks, about how often did you...?

Please mark one answer per row

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	I'd prefer not to say
Feel tired out for no good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel so nervous that nothing could calm you down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel hopeless / without hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel restless or fidgety / jumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel so restless that you could not sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel that everything was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel so sad that nothing could cheer you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26. In the last year, have you sought professional help for a mental health related problem?

- Yes
- No
- Don't know
- I'd prefer not to say

COMMUNITY SAFETY

Now we are going to talk about safety.

Q27. How safe do you feel personally in the area where you live?

- Very safe
- Safe → go to Q29
- Neither → go to Q29
- Unsafe → go to Q28
- Very unsafe → go to Q28
- Don't know → go to Q29

If you feel unsafe or very unsafe, please answer the next question, otherwise you can skip this question.

Q28. Did you give this unsafe rating based on things you have...?

You can mark more than one answer

- Witnessed
- Experienced yourself
- Heard about from family or friends
- Heard or read about in the media
- Other (please specify)
- Don't know
- I'd prefer not to say

Q29. Compared to other areas of the Greater Geelong council area, would you say that the area where you live is...?

- More safe than most other Greater Geelong areas
- Equally as safe as other Greater Geelong areas
- More unsafe than most other Greater Geelong areas
- Don't know

MULTICULTURALISM

Q30. Do you think that multiculturalism makes life in your suburb better?

- Yes, definitely
- Sometimes
- Not often
- No, not at all
- Not applicable (e.g. no multiculturalism in suburb)
- Don't know

The next questions are about experiences of discrimination. Discrimination may happen when people are treated unfairly. Please only include experiences within Greater Geelong.

Q31. In the past 12 months, do you feel that you have experienced discrimination or have been treated unfairly by others?

- Yes → go to Q32
- No → go to Q33
- Don't know → go to Q33
- I'd prefer not to say → go to Q33

If you have experienced discrimination please answer the next question. Otherwise you can go to Q33.

Q32. Thinking about your most recent experience of discrimination, do you think it was because of any of the following?

You can mark more than one answer

- | | |
|---|--|
| <input type="checkbox"/> You are Aboriginal and/or a Torres Strait Islander | <input type="checkbox"/> Your weight or body shape |
| <input type="checkbox"/> Your skin colour | <input type="checkbox"/> Your marital or family status |
| <input type="checkbox"/> Your nationality, race, or ethnic group | <input type="checkbox"/> Your sexual orientation |
| <input type="checkbox"/> The language you speak | <input type="checkbox"/> Your wealth or socioeconomic status |
| <input type="checkbox"/> Your gender | <input type="checkbox"/> Your suburb / where you live |
| <input type="checkbox"/> Your age | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> A disability or health issue | |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |

FINANCIAL STRESS AND FOOD SECURITY

Q33. If you needed to, could you raise \$2,000 within 2 days in an emergency?

This includes accessing 'own' savings, borrowing money, or using a credit card/bank card.

- Yes No Don't know I'd prefer not to say

Q34. In the last 12 months, did you ever worry that you would run out of money to buy food?

- Yes, definitely Sometimes Not often No, not at all Don't know

Q35. In the last 12 months, were there any times that you ran out of food, and couldn't afford to buy more?

This refers only to not being able to buy food due to a shortage of money.

- Yes No Don't know I'd prefer not to say

CLIMATE CHANGE

Q36. How concerned are you about the impacts of climate change (e.g. more extreme weather events) on human health and wellbeing?

- Very concerned
- Quite concerned
- Slightly concerned
- Not very concerned → go to Q37
- Not at all concerned
- Don't know
- I'd prefer not to say → go to Q38

If you are concerned about the impacts of climate change on human health please answer the next question. Otherwise you can go to Q38.

Q37. What are you most concerned about in relation to the potential effects of climate change?

Please mark all that apply

- | | |
|--|---|
| <input type="checkbox"/> Your quality of life | <input type="checkbox"/> Impact on plants and animals |
| <input type="checkbox"/> Future generations | <input type="checkbox"/> Increased extreme weather events |
| <input type="checkbox"/> The state of the planet | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Your health | |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |

Q38. Thinking ahead, over the next 10 years, how much, if at all, do you think climate change is likely to harm the health of Victorians?

- Not at all
- A little
- A moderate amount
- A great deal
- Don't know

Q39. How often is the temperature in your home uncomfortable (e.g. overly hot in summer or overly cold in winter)?

- All the time
- Some of the time
- Rarely/never
- Not applicable (I use effective heating or cooling)
- Don't know

DEMOGRAPHICS

Your answers to the following questions will help us group your responses with other people for analysis, and understand how well the data covers all segments of our community. This information will not be used to identify any individuals.

Q40. What is the highest qualification you have completed?

- | | |
|---|--|
| <input type="checkbox"/> Primary school or lower | <input type="checkbox"/> Graduate Diploma |
| <input type="checkbox"/> High school - Year 10 or lower | <input type="checkbox"/> Postgraduate Degree |
| <input type="checkbox"/> VCE (Year 11/12) or equivalent | <input type="checkbox"/> Masters/PhD |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> None |
| <input type="checkbox"/> Advanced Diploma or Diploma | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> I'd prefer not to say |

Q41. Do you normally speak another language other than English in your household?

- Yes (please specify language)
- No
- I'd prefer not to say

Q42. Do you identify as LGBTQIA+?

- Yes
- No
- I'd prefer not to say

Q43. Do you have a long-term disability where you need help with self-care, body movement or communication activities?

- Yes
- No
- I'd prefer not to say

Q44. Do you provide paid or unpaid care to someone who has a disability?

- Yes – paid carer
- Yes – unpaid carer
- No
- I'd prefer not to say

Q45. Which of the following best describes your household?

- | | |
|--|---|
| <input type="checkbox"/> Single person | <input type="checkbox"/> One parent family – youngest child over 15 |
| <input type="checkbox"/> Couple family - no children | <input type="checkbox"/> Other |
| <input type="checkbox"/> Couple family – youngest child under 15 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Couple family – youngest child over 15 | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> One parent family – youngest child under 15 | |

Q46. Do you hold a health care card for cheaper medicines under the Pharmaceutical Benefits Scheme and/or concessions from the Australian Government?

- Yes
- No
- Don't know
- I'd prefer not to say

Q47. Apart from Medicare, are you currently covered by private health insurance?

- Yes – full cover
- Yes – extras only
- No
- Don't know
- I'd prefer not to say

Q48. Which of these best describes your current employment status?

- | | |
|--|---|
| <input type="checkbox"/> Self employed | <input type="checkbox"/> A student |
| <input type="checkbox"/> Employed for wages, salary or payment in kind | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Engaged in home duties | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |
| <input type="checkbox"/> I'd prefer not to say | |

The next question is for those who are employed. If not, you can skip this question.

Q49. Are you employed..

- Full time
- Part time
- Casual
- I'd prefer not to say

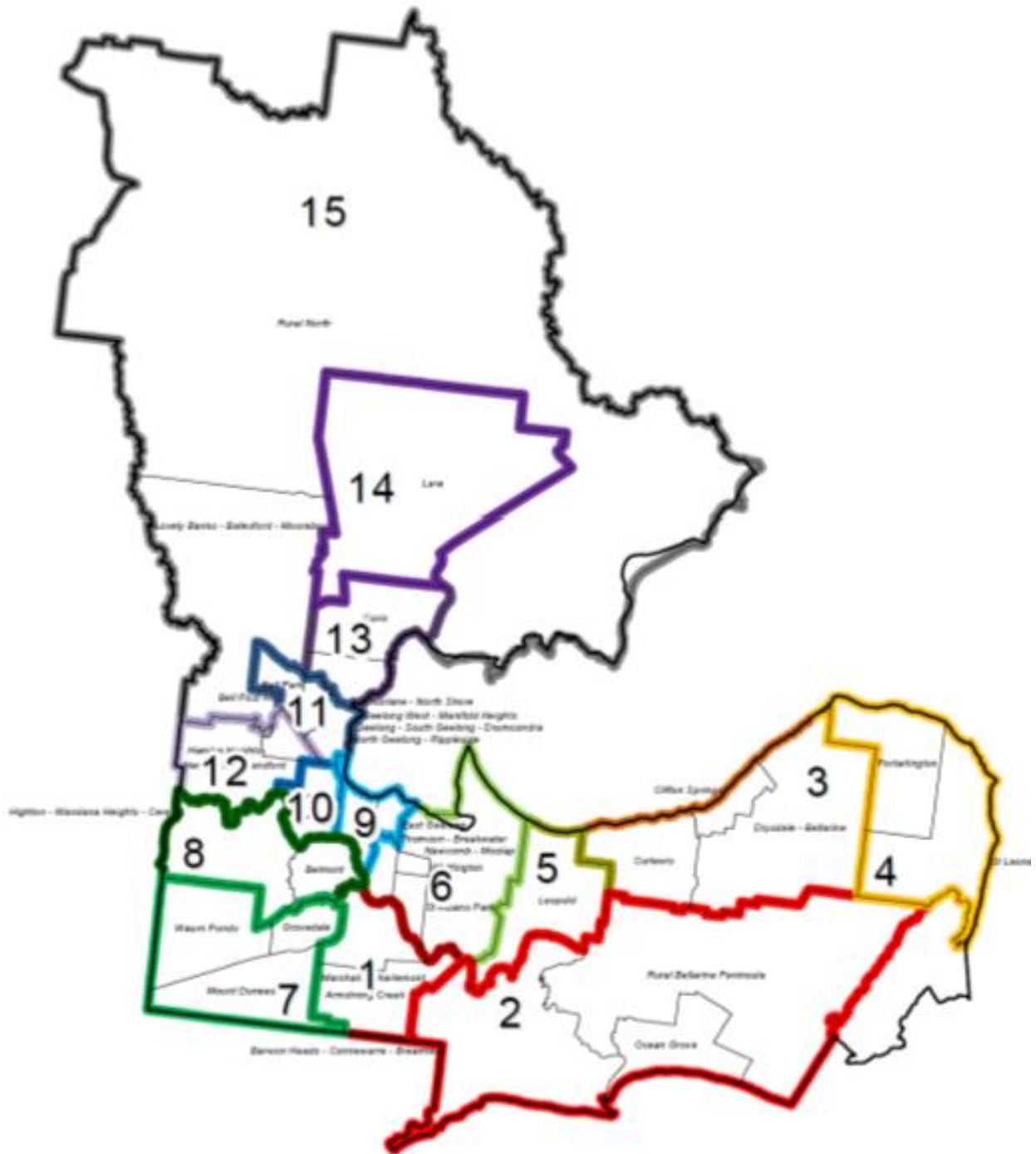
Q50. To assess how income relates to health, lifestyle and access to health services, which of the following ranges best describes your household's approximate income over the last 12 months, from all sources, before tax is taken out?

- | | |
|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$80,000 – \$99,999 |
| <input type="checkbox"/> \$10,000 – \$19,999 | <input type="checkbox"/> \$100,000 – \$124,999 |
| <input type="checkbox"/> \$20,000 – \$29,999 | <input type="checkbox"/> \$125,000 – \$149,999 |
| <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$150,000 – \$199,999 |
| <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$50,000 – \$59,999 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> \$60,000 – \$79,999 | <input type="checkbox"/> I'd prefer not to say |

Q51. Is the place where you live...?

- Owned outright
- Owned with a mortgage
- Rented
- Social housing
- Other (please specify)
- Don't know
- I'd prefer not to say

2: Planning Areas



1	Armstrong Creek
	Charlemont
	Marshall
2	Barwon Heads
	Breamlea
	Connewarre
	Mannerim

	Marcus Hill
	Ocean Grove
	Point Lonsdale
	Swan Bay
	Wallington
3	Bellarine
	Clifton Springs
	Curlewis
	Drysdale
4	Indented Head
	Portarlington
	St Leonards
5	Leopold
6	Breakwater
	Moolap
	Newcomb
	St Albans Park
	Thomson
	Whittington
7	Grovedale
	Mount Duneed
	Waurm Ponds
8	Belmont
	Ceres
	Highton
	Wandana Heights
9	Drumcondra
	East Geelong
	Geelong
	South Geelong
10	Geelong West
	Manifold Heights
	Newtown
11	Bell Park
	Bell Post Hill
	North Geelong
	Rippleside
12	Fyansford

	Hamlyn Heights
	Herne Hill
13	Corio
	Norlane
	North Shore
14	Lara
15	Anakie
	Avalon
	Balliang
	Batesford
	Little River
	Lovely Banks
	Moorabool
	Staughton Vale