

THE CITY OF
GREATER GEELONG

HEALTH AND WELLBEING PROFILE

COMMUNITY HEALTH AND
WELLBEING STRATEGY 2025-2029

COMPANION DOCUMENT 1

Acknowledgements

We Acknowledge the Wadawurrung People as the Traditional Owners of the Land, Waterways and Skies. We pay our respects to their Elders, past, present and emerging.

We Acknowledge all Aboriginal and Torres Strait Islander people who are part of our Greater Geelong community today.

December 2024

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Executive summary

This health and wellbeing profile of the Greater Geelong community has been prepared to help inform the directions, priorities, target groups and design of interventions as part of the City's **Community Health and Wellbeing Strategy 2025-29** (our municipal public health and wellbeing plan). We have aimed to gather a comprehensive understanding of the health status and needs of the community by utilising a variety of data sources, including demographic data, health surveys, health care utilisation statistics, and social determinants of health. We have used the social model of health (p.11) to frame our analysis.

The people in our community

Greater Geelong has approximately 282,800 residents. Whilst parents and homebuilders aged between 35 and 49 are currently the largest age group, most of the population growth over the next 20 years will be in people aged 85 years and over.

The data in this profile highlights that those who are vulnerable due to social inequities experience poorer health outcomes. The City strives towards an equitable approach to health and wellbeing, which means greater attention is given to the following priority populations:

- **First Nations peoples:** 1.3% of the population (ABS, 2021)
- **Culturally and Linguistically Diverse communities:** 17.7% of residents were born overseas (G21, 2023), and 11.7% of residents speak a language other than English at home (Profile id, 2022)
- **Children and families:** 37.9% of households in Greater Geelong have children (Profile id, 2022)
- **Young people:** 17.8% of residents are aged between 10 and 24 years (Profile id, 2022)
- **Older people:** 31.5% are aged 55 years and over (Profile id, 2022)
- **People with disabilities:** 22% identify as having a disability; 6.5% of residents have a severe or profound disability and need assistance with day to day living (ABS, 2018)
- **LGBTQIA+ communities:** 9.6% of residents identify as LGBTQIA+ (VPHS, 2023)
- **Socio-economic disadvantage:** particularly health care card holders, single parent families and those with lower levels of education (ABS, 2021).

Individual factors influencing health and wellbeing.

Mental health and wellbeing

- 13% of adults experience severe or moderate levels of psychological distress. After peaking at 20.3% in 2021, latest data shows a reduction to pre-COVID levels and are below the Victorian average (GPHS, 2024)
- 11.4% have a diagnosed mental health condition (including anxiety or depression) which is higher than the Western Victoria PHN region (10.9%) and Victoria (8.8%) (VPHS, 2023).
- Greater Geelong has a higher proportion of young people aged 15 to 24 years reporting a long-term mental health condition (14.2%) when compared to the population (11.15%) (Western Victoria PHN Dashboard, 2024).
- More women (14%) in Greater Geelong suffer from severe or moderate psychological distress than men (10%) (City of Greater Geelong, 2024).
- There were 143 deaths by suicide in Greater Geelong from 2018 to 2022, a rate of 13.1 per 100,000 population. This is slightly higher than the national rate of 12.3 deaths per 100,000 population (Australian Institute of Health and Welfare, 2024).

Sexual and reproductive health

- From 2017 to 2023, Greater Geelong had the highest rate of infectious Syphilis in men at 18.83 per 100,000 population when compared to other LGAs in the Barwon Southwest region (Department of Health, 2024).
- Chlamydia rates for women in Greater Geelong (13.32 per 10,000) are higher than the Barwon South West Region (10.9 per 10,000) and Victoria (11.7 per 10,000) (Women's Health Victoria, 2024).

Smoking and vaping

- 10% of Greater Geelong residents are current smokers (of tobacco and/or vapes) (GPHS, 2024). This rate is relatively unchanged since 2017 and is below the current Victorian average of 18.5% (VPHS, 2023)
- Vaping (e-cigarette use) is of great concern for young people. 22% of smokers use vapes, and this increases to 42% amongst 18-34 year old smokers (GPHS, 2024)
- 6% of all young people (18-34 years) in Greater Geelong use e-cigarettes, with most using nicotine (GPHS, 2024)
- 81% of vape users aged 18 to 34 years use nicotine in their vapes either all the time (59%) or sometimes (22%)

Alcohol and other drugs

- Risk of lifetime harm is calculated based on those who have more than 10 drinks per week, and risk of short-term harm is based on those who ever consume more than 4 drinks in a single session.
- 18% of adults in Greater Geelong are at a risk of lifetime harm due to alcohol consumption. This is a greater concern for men (23%) than women (12%).
- 11% of adults in Greater Geelong are at risk of short-term harm due to alcohol consumption. This is also a greater concern for men (17%) than women (6%) (City of Greater Geelong, 2024)
- 21% of people in Geelong indicated illicit drug use in the previous 12 months in 2019. This is well above the Victorian average (of 17.1%) and the third highest level in the state, after Inner Melbourne (31.8%) and Ballarat 24.4%) (BSW PHU Catchment Plan, 2024).
- *"Greater Geelong is the only local government area in the Western Victoria PHN region with rates of illicit drug related ambulance attendances above the national average"* (Western Victoria PHN, 2023).

Gambling

- Geelong has the highest amount of losses in regional Victoria, with over double the amount of losses in Ballarat or Bendigo and is within the top 5 of LGA with the highest annual losses.

Injury

- Latest data shows that among adults in Greater Geelong who consume alcohol, 15.5% are at increased risk of harm from an alcohol-related disease or injury. This is higher than for Victoria (13.1%) (VPHS, 2023)
- Hospital admissions data shows intentional self-harm, falls and transport crash injuries were all above the Victorian average.
- More Greater Geelong residents (10.7%) had red and tender sunburn when compared to the Victorian average (6.9%) over the last 12 months (VPHS, 2023)

Health Conditions

- A higher proportion of Greater Geelong residents (11.14%) reported they had a mental health condition (including depression or anxiety) when compared to the WVPHN (10.89%) or Victoria (8.78%) (Western Victoria PHN Dashboard, 2024)
- Rates of asthma (especially childhood asthma) and arthritis are higher in Greater Geelong when compared to Victoria.

Active living

- 65% of residents in Greater Geelong met physical activity guidelines and this has remained relatively consistent since 2021.
- The proportion of people from the age of 55 onwards who met the daily guidelines of physical activity is lower than the Geelong average.
- Physical activity levels in children have been steadily declining since 2013, with only 47 per cent of parents surveyed reporting their children were physically active for at least one hour a day (Department of Education and Training, 2021).
- 20% of Greater Geelong residents are classified as sedentary, that is, sitting for 8 hours or more on a weekday or weekend AND reporting no physical activity (GPHS, 2024). This is consistent with 2021 survey data.
- **Walking:** Most residents walk for exercise more than once per week, with one third doing so daily. The incidence of walking 7 or more times per week has remained consistent over time.
- **Cycling:** 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.
- an average of 2.6% of employed persons aged 15 and over, use active transport to travel to work (AUO, 2021).

Healthy eating

- 11% of Greater Geelong adults met recommended fruit AND vegetable intake guidelines (GPHS 2024). This was similar to 2021 (10%, GPHS 2021).
- 50% of Greater Geelong adults met the Australian Dietary Guidelines recommended fruit intake (an increase from 46% in 2021), and 14% met the recommended daily vegetable intake (a decrease from 15% in 2021) (GPHS 2021 and 2024).
- The most common reasons for not eating enough fruits and vegetables are personal preferences (27%) and a lack of time (21%) (GPHS, 2024).
- 17% of Greater Geelong adults consumed sugar sweetened drinks every day (GPHS, 2024) which is lower than in 2021 (22%, GPHS 2021)
- 21% of residents drank less than 1 litre of water per day (GPHS, 2024), which is slightly fewer than in 2021 (23%, GPHS 2021).
- 65% of Greater Geelong adults are classified as overweight or obese (an increase from 63.4% in 2021), higher than the Victorian average of 54.4% (VPHS 2023)
- 55% of infants in Greater Geelong are exclusively breastfed to 3 months of age, which is higher than the Victorian average of 51% (VPHS 2019-20).
- Food insecurity is a continuing issue that has worsened by the COVID-19 pandemic and the rising costs of living.
- The percentage of infants in Greater Geelong who are exclusively breastfed to 3 months of age In Greater Geelong is higher than the Victorian state average.

- Children 12 years of age in Greater Geelong have double the number of Decayed Missing or Filled Teeth (DMFT) when compared to Victoria.

Social and Community Networks

Loneliness and social connection

- 25% of Greater Geelong residents are classified as lonely (City of Greater Geelong, 2024) which is slightly higher than the Victorian average (23.3%, VPHS 2023).
- 84% could call on someone not living with them to care for them (or their dependants) in an emergency. However, 12% could not. This rose to 20% and over for those living in more disadvantaged areas.
- Over half of Greater Geelong residents (59%) rated their satisfaction with feeling part of the community at a 7 or above out of ten.

Family violence

- Latest data shows that the rate of police recorded family violence incidents in Greater Geelong is increasing. In 2022-23, the rate was 1,721 per 100,000 population (or 4865 incidents). This is an increase from a rate of 1,590 in the previous financial year (4389 incidents). This is an 8.3% increase in the rate of incidents and a 10.8% increase in the number of incidents. In most cases, the affected family member is female.
- Socio economic disadvantage, gender and indigeneity are highlighted inequities.

Perceptions of safety

- 82% of Greater Geelong residents feel safe or very safe in the area where they live (City of Greater Geelong, 2024).
- More women (9%) than men (3%) feel unsafe or very unsafe in the area where they live.
- Concerningly, 26 per cent of Aboriginal and Torres Strait Islander residents who were surveyed felt very unsafe in their local area (much higher than their non-Indigenous counterparts, 1%).
- Geographic location, being a young person or having a long-term disability highlighted inequity.
- 64% believed that multiculturalism make life in their suburb better, however 16% of residents experienced discrimination or were treated unfairly by others, with race or ethnic group cited as the reason in 17% of cases and skin colour in 10% of cases (GHPS, 2024)

Living, Working and Environmental Conditions

Transport

- On average, almost 40 per cent (39.9%) of Greater Geelong residents live in dwellings within 400m of public transport with a regular 30-minute weekday service (7am to 7pm). Research shows this encourages walking and reduces car dependence.
- an average of 2.6% of employed persons aged 15 and over, use public transport to travel to work (AUO, 2021).

Walkability

- Greater Geelong has a below average walkability index at -0.7 (0 is average) (AUO, 2021).

Natural environment

- The air and water quality in Greater Geelong complies with national standards.

- On average, residents of Greater Geelong are within 256.2m of public open space, which is in line with 39% of Australia.

Early Childhood Development

- In Greater Geelong, 19.3 per cent of children are considered developmentally vulnerable on one or more of these domains (19.9% for Victoria), and 10.3 per cent of children are developmentally vulnerable on two or more domains (10.2% for Victoria). These figures have not changed significantly since 2009 (Commonwealth of Australia, 2022). However, at a suburb level, there are some observable inequities.

Education

- When compared to Victoria, more residents in Greater Geelong leave secondary school early, and fewer complete Year 12.

Employment

- As of June 2023, 3.2 per cent of the Greater Geelong population were unemployed (PHIDU, 2024).
- More women in Greater Geelong (49.0%) than men (22.7%) are employed part-time, a split that aligns with regional and state estimates (Women’s Health Victoria, 2024).

Income

- More women (46.3%) than men (32.6%) in Greater Geelong earn below the minimum weekly wage (Women’s Health Victoria, 2024).

Financial security

- 14% of Greater Geelong residents could not raise \$2000 in an emergency (GPHS, 2024).
- Recent data suggests 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 a week in an emergency (80%, down from 85% in 2021).
- It was more common for women (16%) than men (13%) to struggle to raise these funds.
- For population groups experiencing greater inequities, this was more difficult.

SEIFA Index

- The Socio-economic Indexes for Areas (SEIFA Index of Disadvantage) for Greater Geelong in 2021 was 1007, which is similar to the Victorian average (1010), and significantly above the regional Victorian average (985). However, at a suburb level, there is much more diversity.
- The suburbs of Norlane–North Shore (764.3), Whittington (817) and Corio (822.7) experience higher levels of socio-economic disadvantage compared to Greater Geelong as a whole. These suburbs all ranked in the first and second percentiles respectively for relative disadvantage, making them among the most disadvantaged areas in Victoria (City of Greater Geelong, Social Equity Framework, 2021).

Housing

- A higher proportion of renters in Greater Geelong are living in social housing (3.1%) compared to Victoria (2.5%).
- A higher proportion of First Nations people live in crowded dwellings (9.0%) when compared to the rest of the population (4.0%) (PHIDU, 2024).
- Greater Geelong has a higher proportion of people experiencing homelessness (58.2 per 10,000) when compared to Greater Melbourne (47.7 per 10,000) or Victoria (46.9 per 10,000) (PHIDU, 2024).

- In June 2023, 14.6 per cent of Greater Geelong households were receiving rent assistance from the Australian government which is **higher** than the Victorian average (11.6%). This proportion is **higher** for First Nations people in Greater Geelong (21.7%).
- More low-income households (28.1%) are in rental stress, when compared to Victoria (25.1%).
- 25.3% of low-income households are under financial stress from mortgage or rent (PHIDU, 2024).

Social infrastructure

- Social infrastructure includes support services and resources such as health, education, early childhood, community support, culture, sport, recreation and parks.
- 5.2/16 is the average **social infrastructure index** for Geelong, aligning with 46% of LGAs in Australia. This index is a combination of scores for infrastructure in the health, education, community, sport and cultural domains and includes the average distance to a GP clinic (with and without bulk billing) and the closest playground. The percentile means that on a continuum, Greater Geelong scores about average (AUO, 2021).

Health Services

- Almost one in five adults (18.6%) in Greater Geelong were **unable to see a GP** when needed in the past 12 months. This is in line with the Victorian average on 19.5 per cent (VPHS, 2023).
- In the last 12 months, 3.2 per cent of residents postponed a cancer screening appointment, which is higher than the Victorian average (2.6%) (VPHS, 2023).
- In terms of medical appointments, tests or procedures, 11.7 per cent of residents cancelled an appointment themselves and 7.9 per cent had their appointments cancelled by the medical facility (VPHS, 2023). Both these figures are slightly higher than the average for Victoria (10.7% and 7.1% respectively).

Food Security

- 8% of Greater Geelong residents **ran out of food** and couldn't afford to buy more in the last 12 months (GPHS, 2024). This is on par with Victoria (8%) (VPHS, 2023) but has increased from 4.3% in 2017 (GPHS, 2017).
- 21% of residents definitely (10%) or sometimes (11%) **worried about running out of money to buy food** in the last 12 months (GPHS, 2024)
- Young people under 35 years of age (9%) were more likely than people 55 or over (4%) to experience food insecurity (City of Greater Geelong, 2024).
- In the suburbs of Corio, Norlane and North Shore, this figure rose to 23 per cent of the community (with 30 per cent definitely worrying they would run out of money to buy food).
- Cost is cited as a reason for not eating a balanced diet (two serves of fruit and five serves of vegetables daily) amongst 12 per cent of the Greater Geelong community (an increase from 4% in 2021) (City of Greater Geelong, 2024).

General socioeconomic, cultural, and environmental factors

Climate Change

- The majority (71%) of the Greater Geelong community are concerned about climate change, with 21% slightly concerned, 22% quite concerned and 28% very concerned.
- Women (81%) are generally more concerned than men (62%). (GPHS, 2024).

- Throughout Greater Geelong, of those who are concerned, most people are concerned about future generations (84%), increased extreme weather events (76%) and the state of the planet (73%). Only 42 per cent of respondents were concerned about the impact of climate change on their health.
- 7% of Greater Geelong residents live in homes where the temperature is always uncomfortable, meaning these residents are more vulnerable to the extreme temperatures associated with climate change.

The data in this profile has informed the development of the City's **Community Health and Wellbeing Strategy 2025-29**. It has informed our health and wellbeing priority areas for the next four years, our health equity approach and priority populations.

Introduction

Understanding the health profile of a community is essential for developing effective public health interventions and policies. By analysing community health data, we can identify areas of improvement, allocate resources efficiently, and tailor interventions to address specific health needs within the community. A comprehensive Community Health Profile serves as a foundation for evidence-based decision-making and fosters a shared purpose and collaboration among stakeholders to improve overall community well-being.

However, data driven insights are only one part of the story. This **Health and Wellbeing Profile** is one of three companion documents that have informed the development of the Community Health and Wellbeing Strategy 2025-29:



The **Policy and Legislative Context** (Companion Document 2) assesses the implications of international, federal, state and regional policies and legislation on the community, indicating areas for further analysis and discussion to identify health and wellbeing priority areas (Department of Health and Human Services, 2013).

The **Consultation Report** (Companion Document 3) outlines the consultation undertaken with community members and key partner organisations.

Together, all three documents have provided the evidence base to determine the six health and wellbeing priorities, the objectives and the strategic actions in the Community Health and Wellbeing Strategy 2025-29.

Our Approach

Our approach to creating a Community Health Profile involves a multi-faceted strategy that combines quantitative data analysis, use of qualitative data obtained through community engagement, and collaboration with local health and wellbeing stakeholders. We aim to gather a comprehensive understanding of the health status and needs of the community by utilising a variety of data sources, including demographic data, health surveys, health care utilisation statistics, and social determinants of health.

Social Determinants of Health

We use a model of social determinants of health, to frame our analysis. The social determinants of health are the conditions in which people are born, grow, live, work, and age that shape health outcomes. These determinants include factors such as income, education, employment, housing, access to health care, and social support networks. This model recognises that health outcomes are influenced by a complex interplay of factors beyond just medical care, including social, economic, and environmental determinants and shows that improving community health and well-being is a Council-wide effort.

The Dahlgren and Whitehead model (below) categorizes determinants of health into layers, ranging from individual factors to broader societal influences. This framework helps us understand the various levels at which interventions can be targeted to promote health equity and address underlying drivers of health disparities. By examining factors such as income, education, employment, housing, social support networks, and access to health care, we gain insights into the root causes of health inequities within the community.

The social determinants of health



Diagram courtesy of the Institute for Future Studies, Stockholm

Figure 1: Social Determinants of Health

In addition to data analysis, we prioritise community engagement and participatory approaches to ensure that our health and wellbeing priorities accurately reflect the lived experiences and priorities of our local community. We involve community members, organisations, and leaders in the process of engagement.

Ultimately, our approach aims to generate actionable insights and recommendations that inform the development of targeted interventions and policies aimed at improving the overall health and well-being of the community, with a particular focus on addressing health disparities and promoting health equity.

Data sources

To compile this health and wellbeing profile, we employed a range of data sources, prioritising the most up-to-date and statistically significant information available. Our primary data source was the **Geelong Preventative Health Survey**, which provides valuable insights into local health trends. We utilised two key data points from this survey, conducted in 2024 and 2021, allowing us to assess changes over time and identify emerging patterns. Additionally, we compared our findings with the latest Victorian state averages obtained from the Victorian Preventative Health Survey, enabling us to benchmark our community's health against broader trends in the state.

Furthermore, we supplemented our analysis with data from reputable sources such as:

- Australian Bureau of Statistics
- Australian Urban Observatory
- Public Health Information Development Unit (PHIDU)
- Barwon South-West Primary Health Unit's Catchment Plan 2023-2027.

While these data sources provided valuable insights, it's important to acknowledge their limitations. Given that most of the data that was available when this Community Health Profile was compiled is from 2021 or earlier, it is therefore important to be aware that the data utilised in compiling the Community Health Profile may be influenced by the COVID-19 pandemic. The pandemic has had far-reaching effects on various aspects of health, including healthcare utilisation patterns, health behaviours, and social determinants of health. As a result, the data collected before and during the pandemic may reflect changes that are directly or indirectly related to COVID-19. For example, shifts in healthcare seeking behaviour, disruptions in healthcare services, and changes in social and economic conditions during lockdowns and restrictions may impact the accuracy and interpretation of certain health indicators. Therefore, it's crucial to recognise the potential influence of the pandemic on the data presented in the Community Health Profile and interpret findings within the context of the evolving COVID-19 situation.

Structure of the report

This health and wellbeing profile is structured around the model of social determinants of health, aiming to provide a comprehensive understanding of the factors influencing health and well-being within our community. The profile begins with a "Key Insights Summary," offering a succinct overview of the most significant findings and implications drawn from the analysis. Then the report is split into the following sections:

- **People in Our Community** - demographic data, highlighting population characteristics and trends.
- **Individual factors influencing health and well-being** - personal determinants such as genetics, behaviour, and access to healthcare services
- **Social and Community Networks** - social support systems, relationships, and community engagement
- **Living and Working Conditions** - environmental and liveability factors affecting health, including housing quality, employment status, access to healthy food, gambling etc as well as other liveability aspects.
- **Health Status/Outcomes** - key indicators of health outcomes, including morbidity, mortality, and disease prevalence, providing a holistic picture of the community's overall health status.

Through this structured approach, the Health and Wellbeing Profile aims to identify priority areas for intervention and inform evidence-based strategies to improve health equity and well-being across the community in line with the State government's Public Health and Wellbeing Plan.

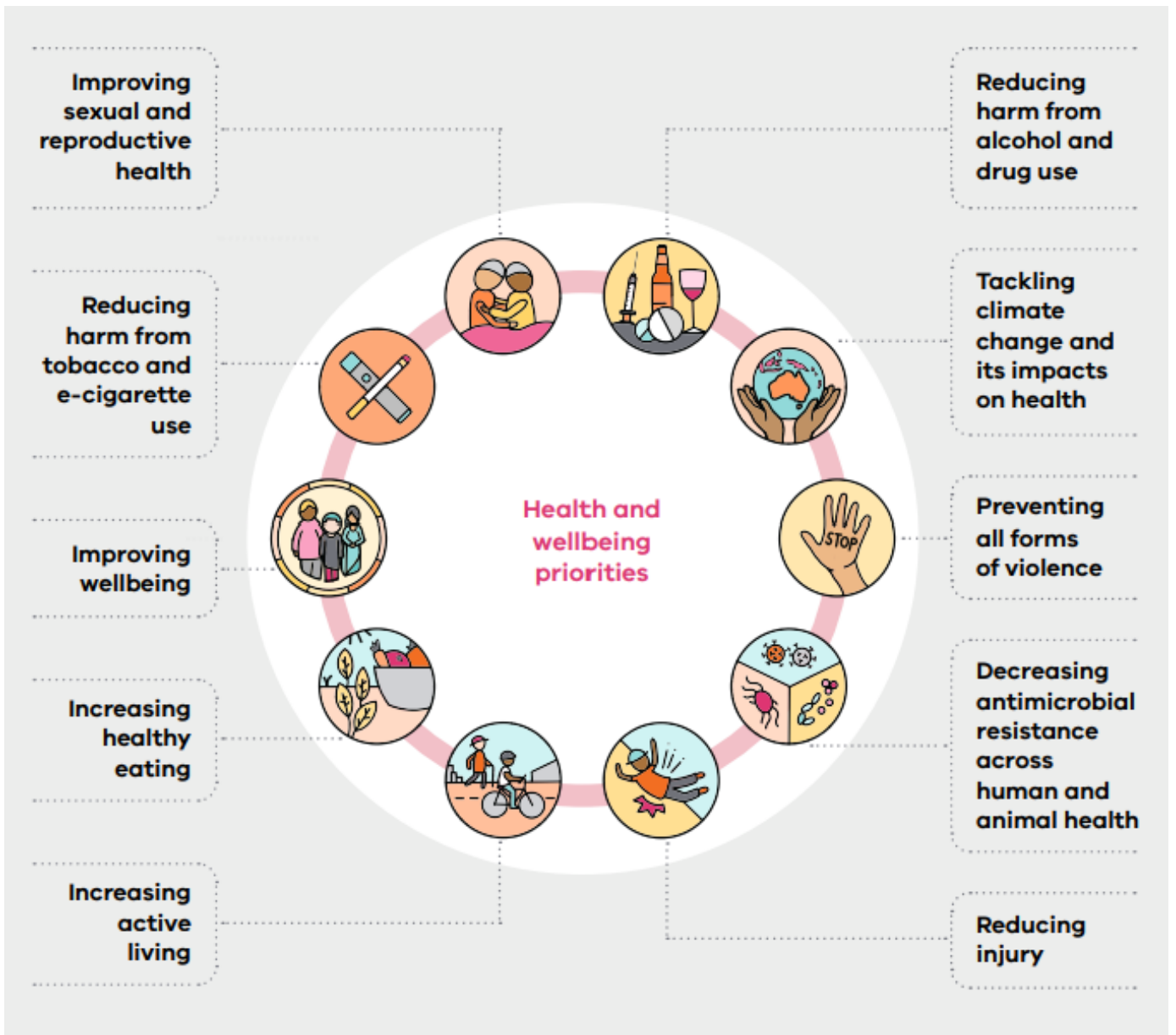


Figure 2: 10 priorities from Victorian Public Health and Wellbeing Plan 2023-27

The People in Our Community

POPULATION DEMOGRAPHICS

The 2023 Estimated Resident Population for the Greater Geelong municipality is 282,809 persons. At the last Census in 2021, there were slightly more females (51.4%) than males (48.6%). The proportion of females in Greater Geelong is higher than Victoria amongst the older age groups from 60 and over.

Parents and homebuilders aged between 35-49 represent the largest proportion of the current population (2021 ABS Census).

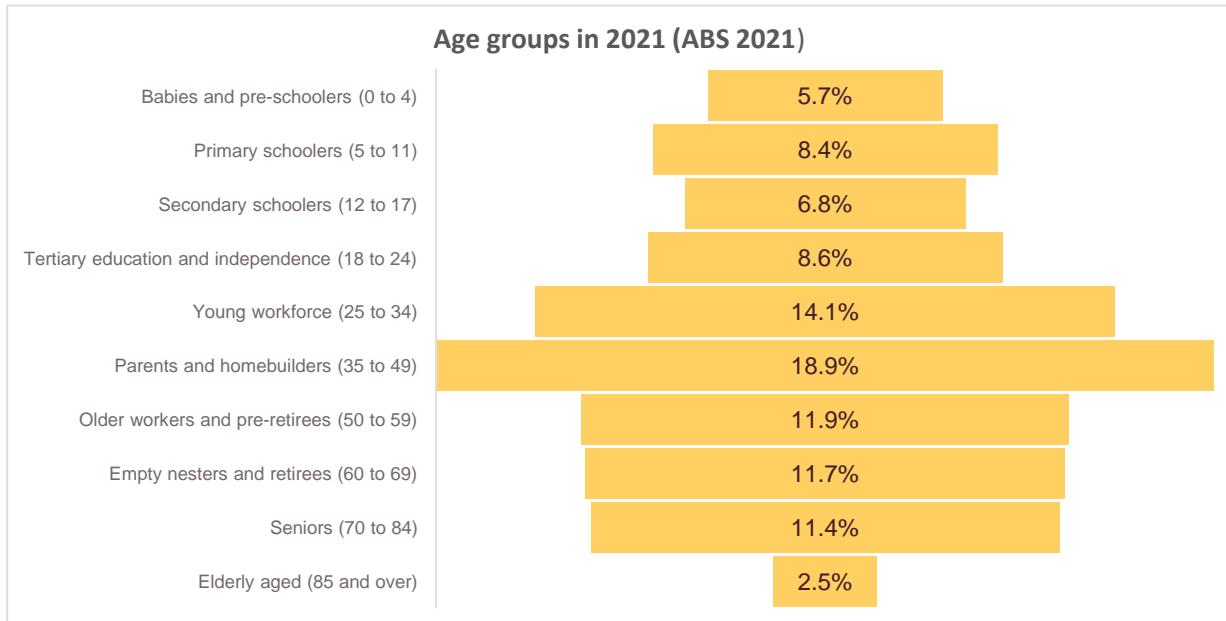


Figure 3: Population demographics (Source: ABS, 2021)

The City has a slightly higher proportion of residents aged over 60 years (25.6%) when compared to Victoria (22.4%). Most of the population growth over the next 20 years will be amongst adults over 70 years of age. (2021 ABS Census and profile.id 2021).

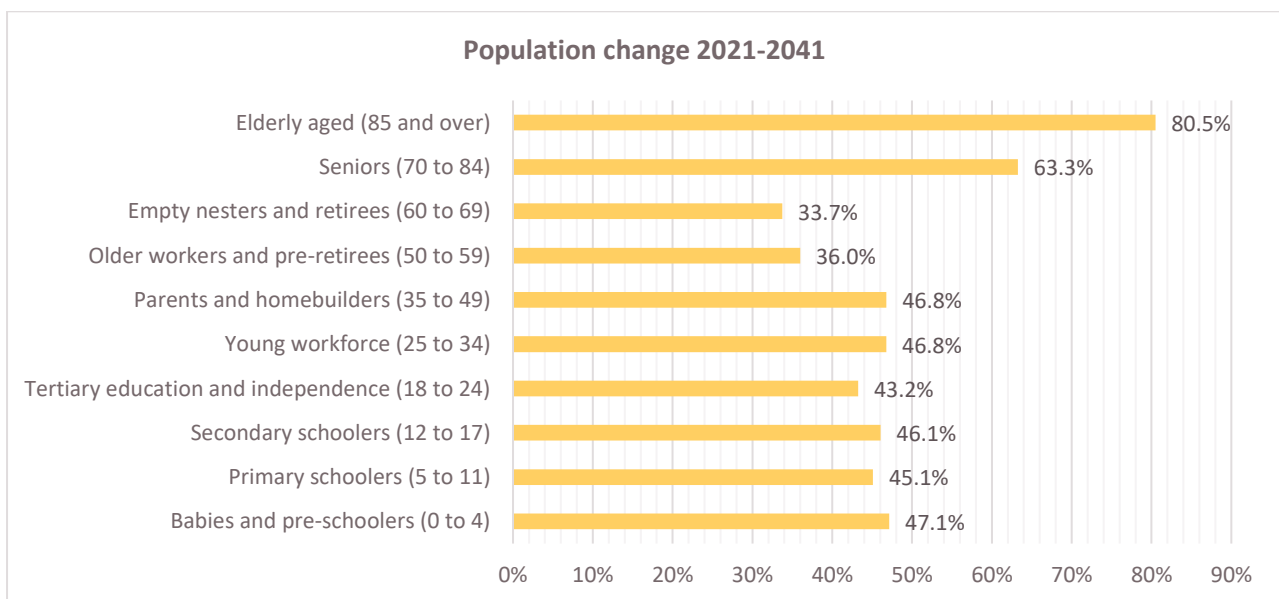


Figure 4: Population increase by life stage (Source: ABS, 2021)

In terms of suburbs, Lovely Banks/Batesford/Moorabool, Marshall/Claremont, Mount Duneed, Bell Post Hill, Armstrong Creek, and Curlewis are expected to experience the most growth by 2041 when compared to Geelong (forecast.id 2021).

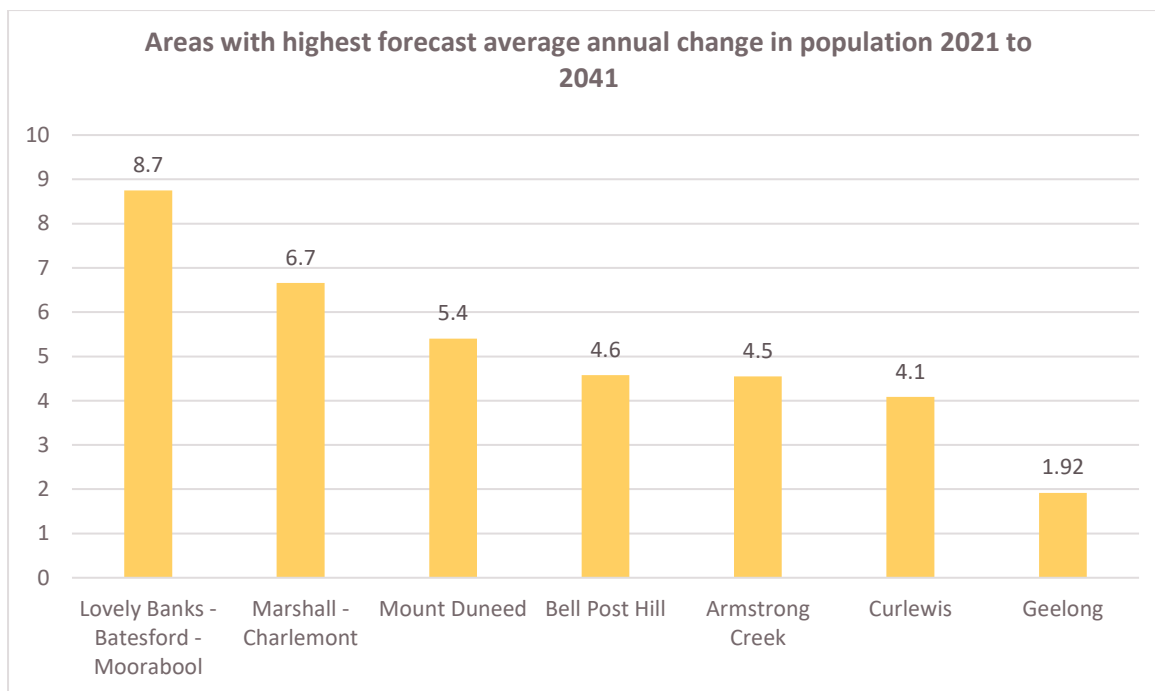


Figure 5: Population growth to 2041 (Source: forecast.id, 2021)

PRIORITY POPULATIONS

The City of Greater Geelong strives to adopt an equitable approach to health and wellbeing, which means greater attention is given to those at the greatest risk of poorer health outcomes. This includes the following priority populations:

First Nations peoples

“For Aboriginal and Torres Strait Islander (First Nations) people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community” (AIHW, 2024).

1.3%

- equalling to 3,562 of people in Greater Geelong (or (1.3%) identify as being Aboriginal or Torres Strait Islander (2021 ABS Census). This is a higher percentage than Greater Melbourne (0.7%).

Data from PHIDU estimates that Greater Geelong’s First Nations population consists of 2,127 (50.4%) males and 2,095 (49.6%) females.

The age distribution of First Nations people is skewed towards the younger age groups, as shown below.

Age Group	Estimated Resident Population (Number)	% of Total First Nations Persons (4,222)
0 to 14 years	1377	32.6
15 to 24 years	850	20.1
25 to 34 years	670	15.9

Age Group	Estimated Resident Population (Number)	% of Total First Nations Persons (4,222)
35 to 44	464	11.0
45 to 54	400	9.5
55 and over	461	10.9

Table 1: First Nations by Age (Source: PHIDU, 2024)

Note: This data source estimates that 1.6 per cent of the Greater Geelong population are First Nations – slightly higher than estimates provided by Profile.id (1.3%).

Considering gender, First Nations women experience poorer health outcomes compared to non-Indigenous women, including:

- Lower life expectancy by almost 8 years
- Chronic conditions at a younger age
- 32 times more likely to be hospitalised due to family violence
- 11 times more likely to die due to assault
- Higher prevalence of disability
- 21 times more likely to be incarcerated (Women’s Health Victoria, 2024).

Latest data (2022) shows:

- 28% of Aboriginal Victorians self-reported excellent or very good health compared to 44% of non-Aboriginal Victorians
- 24.7% of Aboriginal Victorians over 18 years of age are daily smokers compared to 9.9% of non-Aboriginal Victorians
- Rates of cancer are higher for Aboriginal Victorians
- Aboriginal Victorians have a much higher rate of emergency department presentations for alcohol or drug related harm.
 - Greater Geelong is one of the highest in the state at 74 per 1,000. Only Darebin (76), Greater Bendigo (82) and Campaspe (137) are higher.
 - For young people (aged 15 to 24 years), Greater Geelong is similar to Mildura, Latrobe City, and Greater Bendigo with the highest emergency department presentations for drugs and alcohol in the state.
- More Aboriginal Victorians report high to very high psychological distress compared to non-Aboriginal Victorians. More Aboriginal Victorians use community mental health care services.
- Forty-seven First Nations people in Greater Geelong presented to emergency for self-harm in 2022-23.
- Young Aboriginal Victorians have a higher rate of self-harm related emergency department presentations (55.8 per 1,000 in 2022-23) than their non-Aboriginal counterparts (10 per 1,000 in 2022-23).
- Fewer Aboriginal Victorians (92.6%) have social networks they can draw on in times of crisis that their non-Aboriginal counterparts (96%).

- Fewer Aboriginal Victorians with a disability (90.2%) can get support in a time of crisis compared to non-Aboriginal Victorians (92.7%)¹

Multicultural (Culturally and Linguistically Diverse) communities

17.7% • of people were born overseas, which is the highest proportion in the G21 region. The City has the highest number of permanent migrants across the three migration streams (Family, Skilled, and Humanitarian) in the G21 region (G21 2050 Regional Plan, 2023).

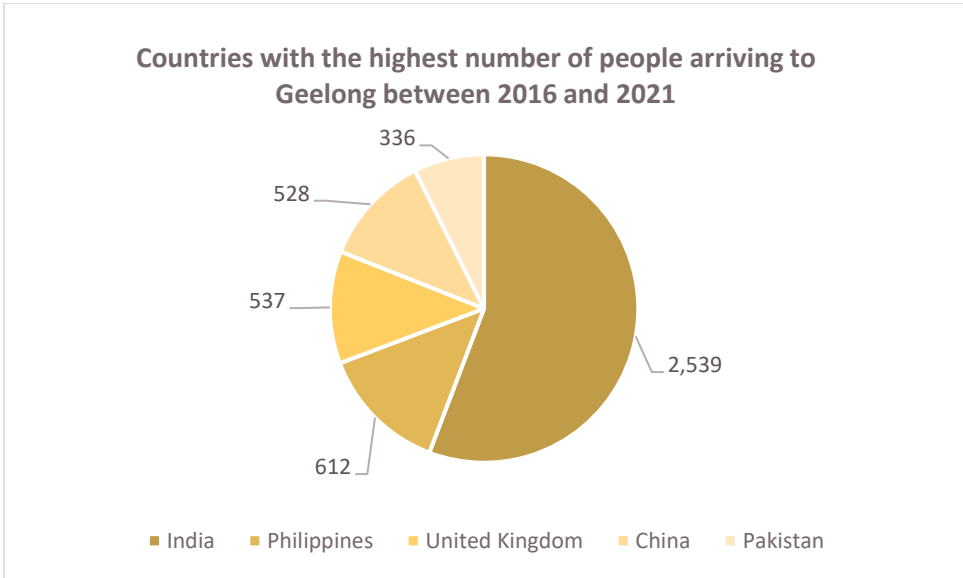


Figure 6: Countries with the highest number of people arriving between 2016 and 2021 (Source: profile.id 2021)

11.7% • of Greater Geelong adults speak a language other than English at home (profile.id, 2022).

1.6% • 4,432 people who spoke a language other than English at home reported difficulty speaking English (profile.id, 2022).
• More women (1.7%) than men (1.5%) have low English proficiency (Women's Health Victoria, 2024)

People with low English proficiency may experience social isolation and face challenges in accessing information and services, including healthcare. For example, language barriers and lack of female interpreters restrict women’s ability to discuss sensitive reproductive health and other issues.

Low English proficiency is a significant predictor of psychological distress among women from refugee and migrant communities and is the most significant barrier to women undertaking vocational skills training and finding employment” (Women’s Health Victoria, 2024).

The top five languages spoken at home in Greater Geelong include:

1. Mandarin (0.8%)
2. Punjabi (0.8%)
3. Italian (0.8%)
4. Croatian (0.8%)

¹ Victorian Government, 2022, Victorian Aboriginal Affairs Framework (VAAF) data dashboard, [Victorian Aboriginal Affairs Framework \(VAAF\) data dashboard | firstpeoplesrelations.vic.gov.au](https://www.vic.gov.au/vic-aboriginal-affairs-framework)

5. Filipino (0.7%) (profile.id 2022)

Since 2016, the greatest increase has been in Punjabi (1360 extra people). When compared to Greater Melbourne, a slightly higher proportion of residents in Greater Geelong speak Croatian and Karen (profile.id, 2022).

The following permanent migrants to Australia have made Greater Geelong their home:

Migration Stream	Number of migrants between 2000 and 2021	% of population
Humanitarian Stream	2,441	0.9
Family Stream Visa	5,370	2.0
Skill Stream	9,463	3.5
Permanent Migrants	17,276	6.4

Table 2: Migration (Source: PHIDU, 2024)

Refugee and Asylum Seeker communities

Between 2017 and 2022, there were 1,207 Humanitarian arrivals into Greater Geelong². The top nationalities in this period were:

1. Iraq (276),
2. Afghanistan (248),
3. Myanmar (244)
4. Syria (223) (Cultura, 2022).

Children & families

37.9%

• There are a total of 41,046 (37.9%) households with children in Greater Geelong which is similar to G21 region (38.1%) (profile.id, 2022).

- Single mothers are twice as likely to be in financial hardship compared with partnered mothers, and (nationally) an estimated one third (34%) of single others are living in poverty, and up to 40% have experienced family violence. In Greater Geelong, 81.4% of single parents are women (18.6% are men). (Women's Health Victoria, 2024).
- 10.6 per cent of households in Greater Geelong are single parents with children. This is similar to the G21 region (10.0%) (Profile id, 2021).
- 21.7 per cent of single parent families have children aged under 15 years, which is higher than the Victorian average of 18.2 per cent (PHIDU, 2024)
- 9.5 per cent of families with children under 15 years of age are unemployed, which is on par with the Victorian average of 9.9 per cent (PHIDU, 2024)
- 8.9 per cent of children in Greater Geelong are from unemployed families, which is slightly lower than the Victorian average of 9.7 per cent (PHIDU, 2024)

² Please note that this information was accurate at the time of collection which was in February 2023. This information is continually changing as there are new humanitarian arrivals settling in Greater Geelong every month and these numbers do not reflect the number of people from refugee background living in Greater Geelong who have arrived in Australia before 2017.

- 11.6 per cent of children under 15 years of age live in families where their mother had low educational attainment (year 10 or below) which is slightly higher than the Victorian average of 10.8 per cent (PHIDU, 2024)
- 27.2 per cent of adults provide unpaid childcare to either their own children (19.8%) or other children (6.7%). This total is slightly higher than the average for Victoria (26.3%), and the proportion providing care to other children is also higher than the Victorian average (5.5%) (PHIDU, 2024)

Young people

17.8%

- 17.8% of the population are aged between 10 and 24 years of age. This is a reduction since 2016 (18.7%), and is similar to the average for the G21 region (17.5%) (profile.id, 2022).

A slightly higher proportion of young people aged between 15 and 24 in Greater Geelong (86.8%) are learning or earning, when compared to the Victorian average of 84.4 per cent (this average excludes Melbourne) (PHIDU, 2024).

The most important issues for young people aged 15 to 19 in Australia are:

- The environment (voted by 51% of young people)
 - 23 per cent of young people were personally extremely or very concerned about climate change.
- Equity and discrimination (33%)
 - 25 per cent of young people were treated unfairly or discriminated against in the last year, most commonly due to physical appearance, race/cultural background, and gender.
- The economy and financial matters (31%)
 - 14 per cent of young people were personally extremely or very concerned about financial security.
- Mental health (24%)
 - 39 per cent of young people were personally extremely or very concerned about mental health.
 - 19 per cent of young people felt lonely all or most of the time.

School and relationship challenges also rated highly (Mission Australia, 2023).

Older people

31.5%

- In Greater Geelong 31.5% of the population are aged 55 years and over. This is an increase from 30.9% in 2016 and is slightly lower than the average for the G21 region (32.3%) (profile.id, 2022).

“Social isolation and loneliness are key factors underlining poor health outcomes for older people” (Western Victoria PHN, 2023).

More women (3.6%) than men (1.4%) who are aged 75 and over live alone (Women’s Health Victoria, 2024).

Greater Geelong has a higher proportion of older people (over 65 years) living in triple jeopardy (i.e. living alone, with disability, low income) (3.24%) when compared to the WVPHN region (2.66%) (PHN Dashboard, 2024).

“Housing insecurity can have a significant impact on older people’s health outcomes” and “Greater Geelong has the highest number of older people in private rental in the WVPHN region” (Western Victoria PHN).

In addition, older women are the fastest growing homelessness cohort. More women (95.22 per 10,000) than men (86.88 per 10,000) in Greater Geelong were assisted by Specialist Homelessness Services in 2021-22 (Women’s Health Victoria, 2024).

Greater Geelong has 3 per cent of older people who were born overseas who speak English not well or not at all (Western Victoria PHN, 2023).

A higher proportion of people aged 65 and over in Greater Geelong (29.24%) live with two or more chronic diseases when compared to Victoria (27.81%) (Western Victoria PHN Dashboard, 2024).

In addition, 3.24% of people over 65 years of age (1,231 residents) are living in triple jeopardy (living alone, have a disability and a low income) (Western Victoria PHN Dashboard, 2024).

People with disabilities

22.1%

• There are 54,985 people in Greater Geelong (22.1% of the population) who identify as having a disability (ABS, 2018).

There are 17,726 people (or 6.5% of the population) who reported needing assistance in their day to day lives due to a severe or profound disability. This is similar to the G21 region (6.2%) (profile.id, 2022).

A higher proportion of the Greater Geelong population are NDIS participants (3.2%) when compared to the Western Victoria PHN catchment (2.8%) and Victoria (2.19%) (Western Victoria PHN Dashboard, 2024).

A significant proportion of residents over 15 years of age in Greater Geelong (13.5%) provide unpaid care to someone because of disability, old age or a long-term illness. This is an increase since 2016 (12.5%) and a similar proportion to the G21 region (13.7%).

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) community and gender diverse populations

9.6%

• 9.6 per cent of residents in Greater Geelong identify as LGBTQIA+ which is lower than the Victorian average of 11 per cent. However, 3.1 per cent of people preferred not to say, so the actual percentage may be higher (VPHS, 2023).

LGBTQIA+ communities face poorer health and wellbeing outcomes due to discrimination, isolation, and marginalisation (VLGA, 2020).

In Greater Geelong, 32% of LGBTQIA+ residents surveyed had experienced discrimination (compared to 15% non-LGBTQIA+). Of these 29% said it was due to their sexual orientation (City of Greater Geelong, 2024).

The following are other areas where LGBTQIA+ residents are worse off than the average population:

Mental health

- 33% classified as being in severe or moderate psychological distress (11% non-LGBTQIA+), and more LGBTQIA+ residents sought professional help for a mental health related problem (47% compared to 23%).
- 39% are classified as lonely (compared to overall average of 25%)
- More LGBTQIA+ Victorians experience high to very high levels of psychological distress (24.4%) compared to Victoria (15.4%) and more have sought professional help for a mental health related

problem (36.9% compared to 17.6%). A significantly higher proportion (44.8%) have been diagnosed with anxiety and depression than the Victorian average (26.7%). A higher proportion are also living with co-morbidities (36.1% with two or more chronic diseases compared to 25.1%) (VAHI, 2017).

Tobacco and Vaping

- 19% smoke (compared to 9% overall)

Food security

- 17% had run out of food and could not afford to buy more in the previous 12 months (compared to 7% overall)

Safety

- 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+).

Social Isolation

- Less often member of a sports group (15%, 29% non-LGBTQIA+).
- Lower instance of having someone outside the household they can rely on in an emergency (75%, 86% non-LGBTQIA+).
- In addition, Older LGBTQIA+ people may prefer to remain invisible, which can cause isolation and lead to depression, anxiety, and unmet care needs (VLGA, 2020).

Financial security

- Lower instance of being able to raise \$2,000 in a week in an emergency (71%, 82% non-LGBTQIA+).

Socio-economic disadvantage

Disadvantage in Greater Geelong is characterised by a high percentage of residents who are unemployed, renting, receiving rent assistance, and living in social housing. Pockets of disadvantage in Geelong include Corio, Norlane, Whittington, Newcomb, and Breakwater (Western Victoria PHN, 2023).

Although Greater Geelong has a lower proportion of people living in poverty (12.18%) when compared to Victoria (13.3%), there are particular population groups who are more vulnerable:

- 16.5% of people living in poverty are over 65 years of age and 15.6% are children.
- Most people living in poverty are not in the labour force (30%), but of those living in poverty, 3.2% work full-time.
- 19.6% live in private rental, making them vulnerable to homelessness (VCOSS, 2023).

Residents experiencing socio-economic disadvantage for a variety of reasons (e.g., hold a health care card, single parent families and those with lower levels of education) are more vulnerable to circumstances which impact their health and/or unhealthy behaviours such as:

- more likely to be at increased risk of short-term alcohol harm
- more likely to be in psychological distress
- more likely to be lonely
- more likely to experience financial insecurity

- more likely to experience food insecurity
- more likely to smoke/vape (City of Greater Geelong, 2024).

Individual Lifestyle Factors Influencing Health and Wellbeing

HEALTH AND WELLBEING STATUS

Life Expectancy and Mortality

Residents of Greater Geelong who were born between 2018 and 2020 have a slightly higher life expectancy when compared to their rural and regional Victoria counterparts, but lower when compared to the average for Greater Melbourne and Victoria as a whole (ABS, 2018). In addition, women on average have a longer life expectancy than men.

	Greater Geelong	Greater Melbourne	Regional & Rural Victoria	Victoria
Males	80.3	82.6	79.4	81.9
Females	85.3	86.3	84.3	85.8
Persons	82.8	84.4	81.8	83.8

Table 3 Life Expectancy in years (Source: profile.id 2021)

Infant Mortality

Between 2017 and 2021, the average annual infant mortality rate (IMR) per 1,000 population in Greater Geelong was 3.0 which is on par with the Victorian average of 3.1 (PHIDU, 2024).





Youth Mortality

Between 2017 and 2021, the youth mortality rate among people aged 15 to 24 years in Greater Geelong was 30.3 per 100,000, which is on par with the Victorian rate of 30.2 per 100,000 (PHIDU, 2024).

Avoidable Deaths

In Greater Geelong, men experience more avoidable deaths (152 per 100,000) than women (91.4 per 100,000), with both sexes dying at a higher rate than the Victorian average (men 139.5 and women 80.0 respectively).

The following table shows the causes of avoidable deaths in Greater Geelong compared to Victoria for the period 2017 to 2021 (PHIDU, 2024).

Cause of avoidable death	Greater Geelong (rate per 100,000)	Victoria (rate per 100,000)	Comparison
Cancer	30.0	27.8	
Colorectal cancer	10.7	10.1	
Breast cancer (females)	17.5	15.6	
Diabetes	6.4	5.2	
Circulatory System Diseases	33.3	32.7	

Cause of avoidable death	Greater Geelong (rate per 100,000)	Victoria (rate per 100,000)	Comparison
Ischemic Heart Disease	21.8	20.6	↑
Cerebrovascular Diseases	7.4	7.6	≡
Respiratory system diseases	9.7	9.0	
Chronic Obstructive Pulmonary Disease	9.3	8.3	↑
External causes (falls, fires, burns, suicide, self-inflicted injuries)	17.3	13.5	↑
Suicide and self-inflicted injuries	13.6 (0-74 years)	10.6	
	11.3 (0-44 years)	9.0	↑
	17.8 (45-74 years)	13.6	
Other external causes (transport accidents, accidental drowning and submersion)	15.2	13.8	↑
Transport accidents	3.4	4.0	↓

Table 4: Avoidable Deaths (Source: PHIDU, 2024)

Top 10 Causes of Death for Greater Geelong

Cause of Death	% of deaths	Death rate ratio (LGA / AUS)
Coronary heart disease	11.96	1.08
Dementia including Alzheimer’s Disease	7.76	0.87
Cerebrovascular disease	6.78	1.09
Lung Cancer	4.91	1.01
Chronic Obstructive Pulmonary Disease (COPD)	4.29	1.01
Influenza and Pneumonia	3.46	1.63
Colorectal Cancer	3.38	1.07
Accidental Falls	3.09	1.62
Diabetes	2.93	1.01
Prostate Cancer	2.36	1.14

Table 5: Top 10 Causes of Death (Source: Western Victoria PHN Data Dashboard (ABS Census 2021))

Death rate ratio

In Greater Geelong, the death rate ratio for influenza and pneumonia (1.63), accidental falls (1.62), prostate cancer (1.14), cerebrovascular disease (1.09), coronary heart disease (1.08), colorectal cancer (1.07), diabetes (1.01), chronic obstructive pulmonary disease (1.01) and lung cancer (1.01) were all higher than the Australian norm (1.00) (PHN Dashboard, 2024).

Deaths by suicide

In 2023, the rate of suicide in Greater Geelong was 13.1 per 100,000 population. Whilst this is lower than for the period 2017 to 2021, it is higher than the Surf Coast – Bellarine Peninsula (11.3) but lower than Barwon West (20.5). Barwon West SA3 includes Inverleigh, Bannockburn, Winchelsea, Lethbridge and Meredith.

Self-reported health

The proportion of Greater Geelong residents self-reporting good health has been declining over time.

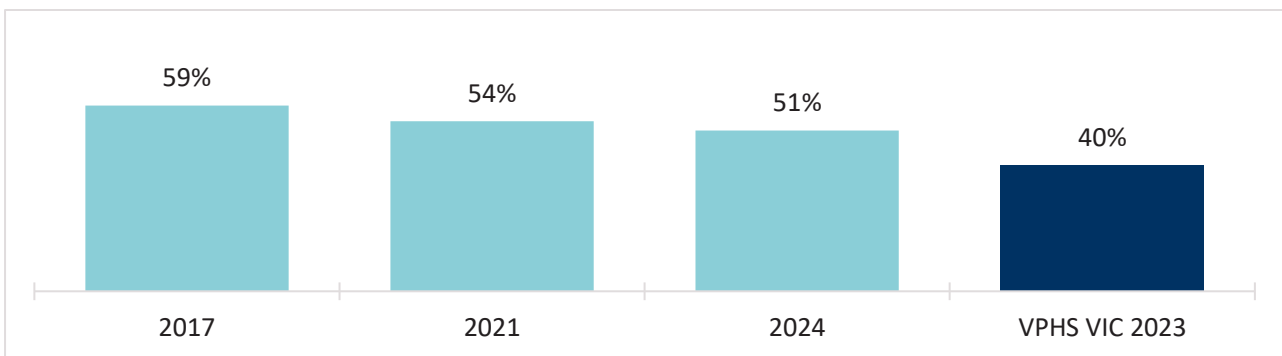


Figure 7: Self-reported excellent or very good health (Source: Geelong Preventative Health Survey 2024)

Fewer Greater Geelong residents (51%) reported excellent or very good health in 2024 than in 2021. However, this was still much higher than the average for Victoria (39.8%) (Victorian Government, 2023).

More females (55%) than males (49%) self-rated their health as excellent or very good, and more males (51%) than females (45%) self-rated their health as good, fair, or poor. The area with the lowest self-rated health is Corio, Norlane and North Shore where 70 per cent of people rate their health as good, fair or poor (City of Greater Geelong, 2024).

MENTAL HEALTH AND WELLBEING

VICTORIAN HEALTH PRIORITY 3: IMPROVING WELLBEING

BSW LPHU HEALTH PRIORITY: IMPROVING MENTAL HEALTH AND WELLBEING

Mental health and wellbeing is key to overall health, and is a complex combination of physical, mental, emotional and social health factors. Having our basic needs met, feeling safe and connected to each other, understanding how to navigate life’s ups and downs, and having opportunities to create meaning in our lives are key to our wellbeing (Department of Health, 2023).

13%

- The proportion of adults experiencing severe or moderate levels of psychological distress has fallen back closer to pre-COVID levels (City of Greater Geelong, 2024).

Overall, in Greater Geelong, 13% of adults experience severe or moderate levels of psychological distress (self-assessment), decreasing from 20% in 2021 (City of Greater Geelong, 2024) and below the Victorian average of 19.1% (VPHS 2023).

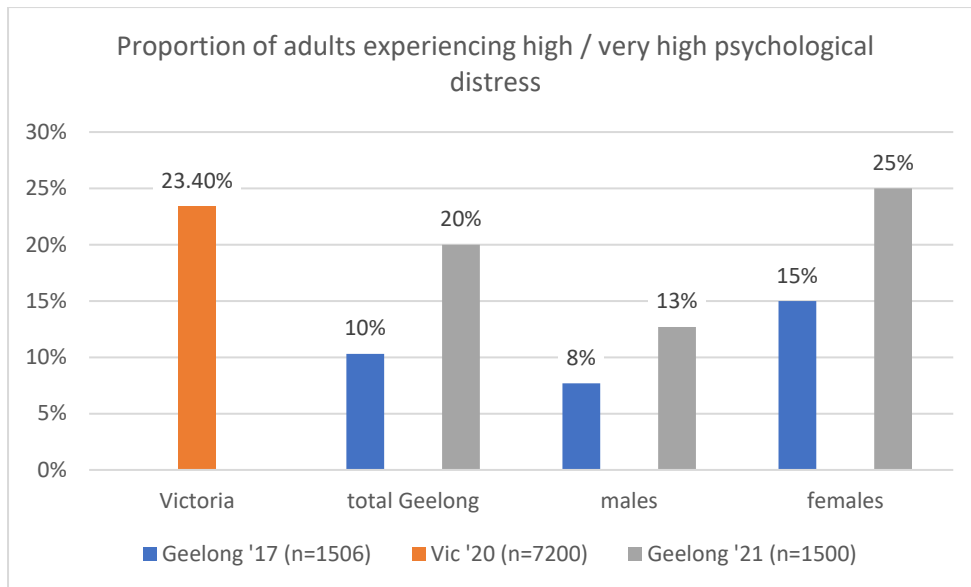


Figure 8: Mental Health (Source: Victorian Population Health Survey 2023; Geelong Preventative Health Survey 2021 and 2024)

Planning areas 1 (17%), 11 (19%) and 13 (28%) show statistically higher instances of severe or moderate psychological distress (City of Greater Geelong, 2024). Refer to Appendix 1 for a map of the planning areas.

Census data (2021) showed that 11.14% of Greater Geelong residents reported they had a diagnosed mental health condition (including anxiety or depression), which was higher than the PHN catchment (10.89%) and Victoria (8.78%) (Western Victoria PHN Dashboard, 2024). The number of mental health treatment plans in Geelong and Surf Coast-Bellarine Peninsula is above the Victorian average (WVPHN, 2023).

Young people

The mental wellbeing of young people has been declining recently, and a national survey showed that young people aged 18 to 25 years have the lowest wellbeing score in 21 years (Department of Health, 2023). The continuing impacts of the COVID-19 pandemic, inflation and the rising costs of living are among the factors causing mental distress. Eco-anxiety related to climate change is also an issue affecting the mental wellbeing of young people (Gunasiri, H et al, 2022).

Greater Geelong has a higher proportion of young people aged 15 to 24 years reporting a long-term mental health condition (14.2%) when compared to the population (11.15%) (Western Victoria PHN Dashboard, 2024).

Gender

More women (14%) in Greater Geelong suffer from severe or moderate psychological distress than men (10%) (City of Greater Geelong, 2024).

In fact, women are almost twice as likely as men to suffer from a mental illness as shown in the table below:

Time period	Greater Geelong		G21 Region		Victoria	
	Female	Male	Female	Male	Female	Male
2021	13.5%	8.6%	12.7%	8.2%	10.7%	6.8%

Table 6: Long term mental health conditions (Source: ABS Census, 2021)

This can be due to several factors such as:

- Gender based stereotypes and discrimination,
- Gendered violence against women,
- Socio-economic disadvantage (Women’s Health Victoria, 2024)
- Being more likely to seek professional help.

Compared to men, more women seek professional help for a mental health problem (24.8% in women compared to 15.9% in men) (Women’s Health Victoria, 2024).

Self-harm

The rate of self-harm is higher among women in Greater Geelong (2.77 per 1000) compared to men (1.04), and higher than other women in the Barwon Southwest region (1.7) or Victoria (1.4) (Victorian Women’s Health Atlas, 2021).

Geelong has the highest rates of intentional self-harm hospitalisations for males and females in the region (WVPHN, 2023).

SEXUAL AND REPRODUCTIVE HEALTH

VICTORIAN HEALTH PRIORITY 1: IMPROVING SEXUAL AND REPRODUCTIVE HEALTH

Sexual and reproductive health is a human right and includes a focus on reducing the impact of Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs).

- In the period 2017 to 2023, Greater Geelong had the highest rate of infectious Syphilis in men at 18.83 per 100,000 population when compared to other LGAs in the Barwon Southwest region. Although much lower for women (4.93) in the same period, it was the second highest rate in the region. If left untreated, syphilis can lead to serious health issues (Department of Health, 2024).
- In 2023, there were 810 cases of Chlamydia trachomatis infection in Greater Geelong, a rate of 339.5 per 100,000 population. This is a lower rate than Victoria (433.2) (Department of Health, Victoria, local public health areas and local government areas surveillance summary report, 2024a).
 - However, Chlamydia rates for women in Greater Geelong (13.32 per 10,000) are higher than the Barwon South West Region (10.9 per 10,000) and Victoria (11.7 per 10,000). A high proportion of women can be asymptomatic and at risk of infertility. Risk factors for the disease are a high number of sexual partners, younger age of first intercourse and lack of contraceptive barriers (Women’s Health Victoria, 2024).
- In 2023, there were 167 cases of Gonococcal infection, also known as Gonorrhoea, a rate of 70 per 100,000 population. This is much lower than Victoria (162.7) (Department of Health, Victoria, local public health areas and local government areas surveillance summary report, 2024a).

- The birth rate for young women aged 15 to 19 years old is slightly higher (1.3) than for Victoria (1.0). This rate refers to the number of live births per 1,000 population per year. (Department of Health, Victorian Public Health and Wellbeing Outcomes Dashboard, 2024b)

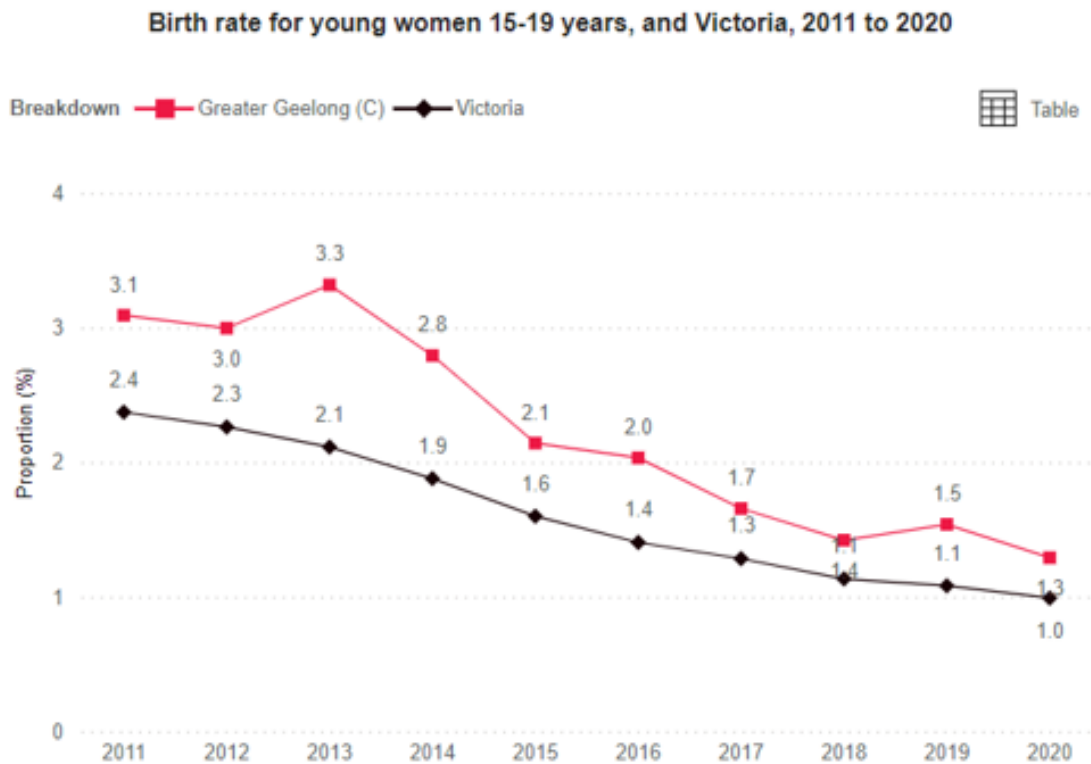


Figure 9: Birth rate (Source: Victorian Public Health and Wellbeing Outcomes Dashboard)

Note: Antimicrobial resistance is affecting sexual and reproductive health. The bacteria that cause gonorrhoea (a sexually transmitted infection) is becoming more resistant to common antibiotics used for treatment. Decreasing antimicrobial resistance is a priority for the Victorian Public Health and Wellbeing Plan 2023-27 (Department of Health, 2023).

SMOKING TOBACCO & VAPING

VICTORIAN HEALTH PRIORITY 2: REDUCING HARM FROM TOBACCO AND E-CIGARETTE USE
BSW LPHU HEALTH PRIORITY: REDUCING TOBACCO AND E-CIGARETTE RELATED HARM

Smoking

Tobacco use is the leading contributor to disease and premature death in Victoria, despite ongoing progress to reduce smoking rates. Smoking tobacco causes the highest disease burden of any modifiable risk factor in Australia with 8.6% of the total fatal and non-fatal disease burden attributable to tobacco use in 2018 (Australian Institute of Health and Welfare, 2018).

10%

• of people in Greater Geelong indicate they are current smokers (of tobacco and/or vapes) (City of Greater Geelong, 2024). This percentage has remained relatively unchanged since 2017 and is below the current Victorian average of 18.5% (VPHS, 2023).

More males in Greater Geelong (12%) are current smokers compared to females (7%) as shown in the graph below (City of Greater Geelong, 2024). In addition, a higher proportion of Greater Geelong mothers (8.3%) smoked during their pregnancies between 2019 and 2021, compared to the Victorian average (7.5%) (PHIDU, 2024).

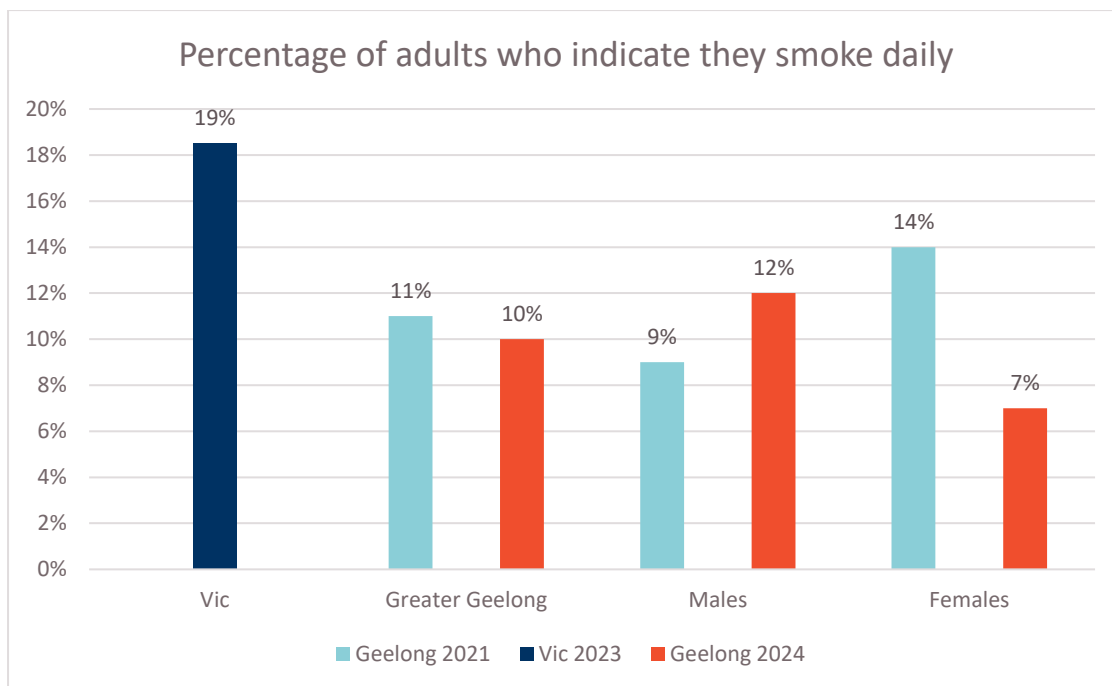


Figure 10: Proportion of people who smoke daily (Source: VPHS 2023, GPHS 2021 and 2024)

Vaping

A great cause for concern for young people is the emerging rise of e-cigarette use (known as vaping) which can lead to nicotine addiction. Young Australian who vape are three times more likely to take up tobacco smoking compared to young Australians who have never vaped (Cancer Council, 2024).

10%

- of people aged 18-24 used vapes/e-cigarettes as their method of smoking (City of Greater Geelong, 2024).

In Greater Geelong, 10% of young people aged 18-24 years old vape. This is well above any other age group within the municipality (City of Greater Geelong, 2024) as shown in the graph below.

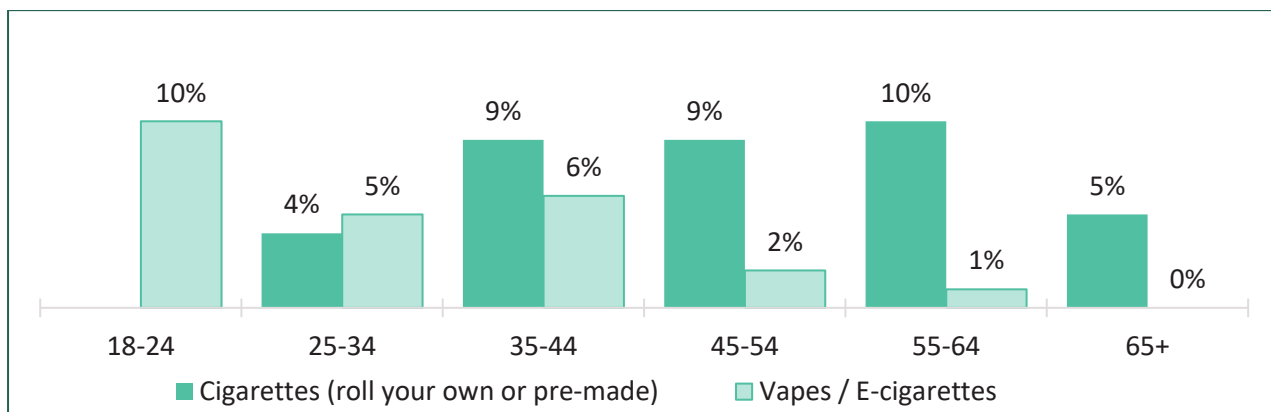


Figure 11: Smoking and vaping: percentage of total population (Source: Geelong Preventative Health Survey, 2024)

E-cigarette (vape) use decreases with age. Rates for Greater Geelong are shown in the graph below.

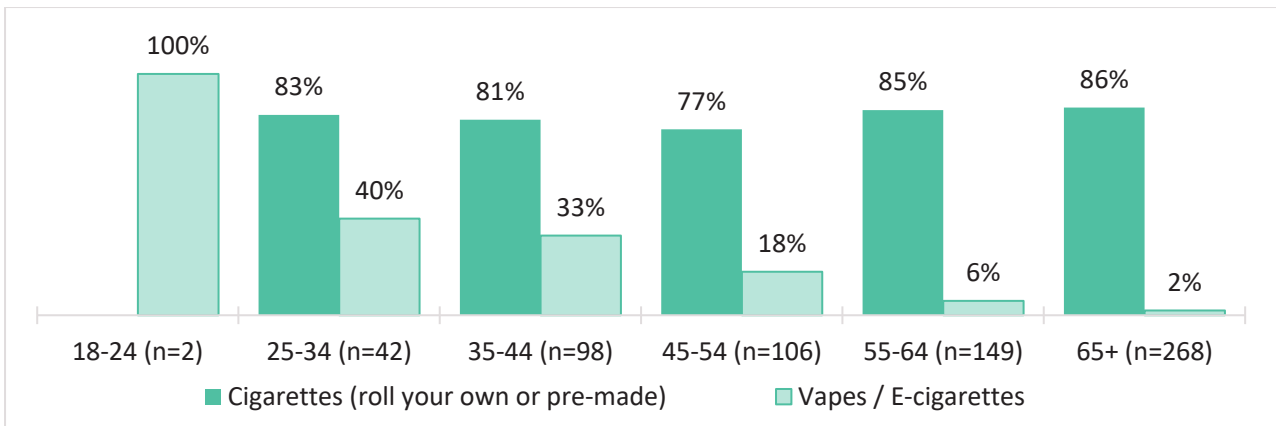


Figure 12: Smoking and vaping: proportion of smokers by age (Source: Geelong Preventative Health Survey, 2024)

Whilst e-cigarettes were initially considered a less harmful alternative to cigarette smoking, current evidence shows that the use of e-cigarettes (vaping) increases the risk of a range of adverse health outcomes, including poisoning, toxicity from inhalation (such as seizures), trauma, burns and lung injury. E-cigarette use is also associated with future smoking, particularly for young people.

HARMFUL ALCOHOL AND DRUG USE

VICTORIAN HEALTH PRIORITY 6: REDUCING HARM FROM ALCOHOL AND DRUG USE
BSW LPHU HEALTH PRIORITY: REDUCING HARM FROM ALCOHOL AND OTHER DRUGS

Alcohol

Risk of lifetime harm is calculated based on those who have more than 10 drinks per week, and risk of short-term harm is based on those who ever consume more than four drinks in a single session.

17%

- 17% of adults in Greater Geelong are at a risk of **lifetime** harm due to alcohol consumption. This is a greater concern for men (23%) than women (12%).
- 11% of adults in Greater Geelong are at risk of **short term** harm due to alcohol consumption. This is also a greater concern for men (17%) than women (6%) (City of Greater Geelong, 2024)

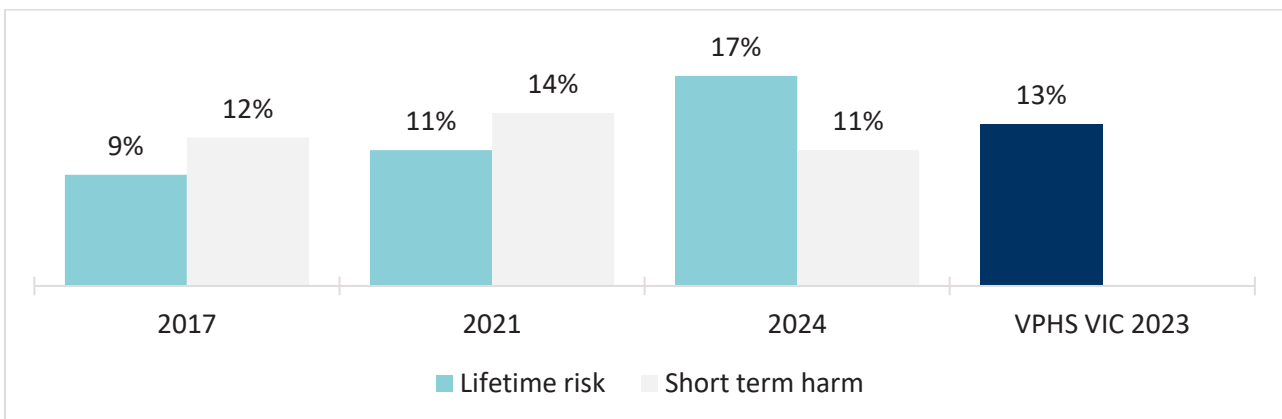


Figure 13: Alcohol harm (Source: GPHS, 2024)

Figure 13 demonstrates that the risk of lifetime alcohol harm seems to be increasing over time. Further surveys will be needed to confirm this trend, as the survey question varied slightly between 2021 and 2024 to more accurately reflect quantities of alcohol consumed.

Men are more at risk of alcohol-related harm than women:

- The risk of lifetime harm due to alcohol consumption is a greater concern for men (23%) than women (12%).
- The risk of short-term harm due to alcohol consumption was also a greater concern for men (17%) than women (6%).

Furthermore:

- Young people (17% for under 35-year-olds) were more likely than older people (7% for over 55s) to drink at levels which expose them to short term harm.
- One parent families with children under 15 (18%) are more likely to drink at levels which expose them to short term harm when compared to couples (13%) and couples with older children (9%) (City of Greater Geelong, 2024).

Data from the Victorian Population Health Survey (2023) shows that 15.5% of Greater Geelong adults are at increased risk of harm from alcohol-related disease or injury. This is slightly higher than the state average of 13.1% (Victorian Government, 2023).

Other insights

- 28% of people in Greater Geelong drank more alcohol than usual during 2020 COVID-19 restrictions (City of Greater Geelong, 2021).

Drug use

Harms from illicit drugs affect all Australian communities, families, and individuals, either directly or indirectly. These include illnesses and injuries, mental health and trauma, and health care and other financial costs (Department of Health, 2017).

21%

- Of people in Geelong indicated illicit drug use in the previous 12 months in 2019.
- This is well above the Victorian average (of 17.1%) and the third highest level in the state, after Inner Melbourne (31.8%) and Ballarat (24.4%). (source: *National Drug Strategy Household Survey 2019/BSW PHU Catchment Plan*).

A needs assessment by the Western Victoria Primary Health Network (WVPHN) highlights illicit drug use as an issue of concern for Greater Geelong.

“Greater Geelong is the only local government area in the Western Victoria PHN region with rates of illicit drug related ambulance attendances above the national average. Geelong also has the highest rate of both amphetamine and crystal meth-amphetamine related ambulance attendances in the region. Geelong also has high rates of anti-psychotic related ambulance attendances and pharmaceutical related hospital admissions” (Western Victoria PHN, 2023).

Geelong has high rates of psychotropic use:

- Residents under 18 years of age living in Geelong have the highest rate of prescriptions for antipsychotic medicines in the Western Victoria PHN region.
- Geelong has the highest number of prescriptions dispensed for Attention Deficit Hyperactivity Disorder (ADHD) medicines to people under 18 years of age in Victoria (WVPHN, 2023).

GAMBLING

Expenditure or gambling losses in Geelong was \$135,596,633 for the 2022-23 Financial Year.

This is the first year post-COVID where there weren't any closures during the financial year. The last Financial Year with no closures was 2018-19 (where the annual EGM expenditure was \$120,385,434).

This means total losses have increased from the pre-COVID period.

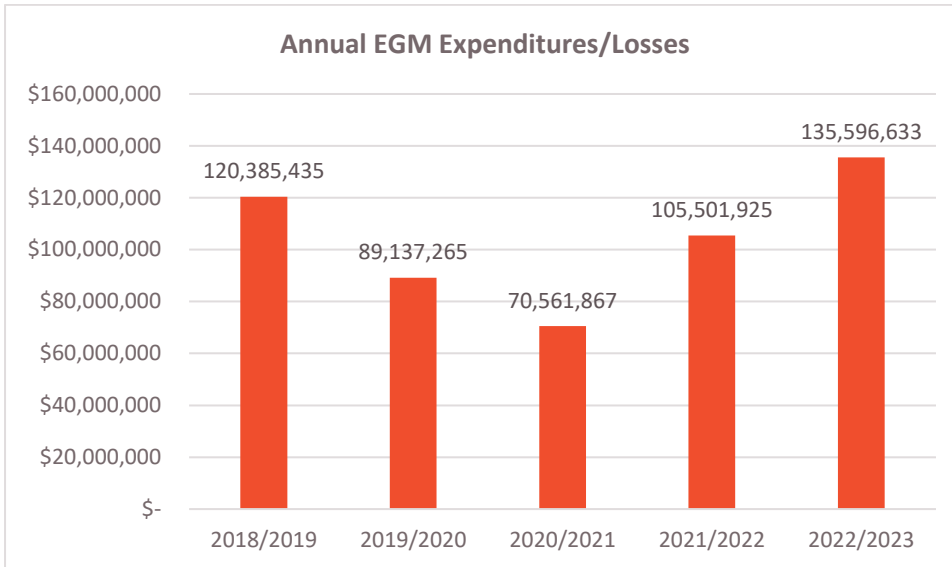


Figure 14: Annual EGM Expenditures (Source: Victorian Gambling and Casino Control Commission)

Geelong has the highest amount of losses in regional Victoria, doubling the losses in Ballarat or Bendigo.



Figure 15: Annual EGM Expenditures (Source: Victorian Gambling and Casino Control Commission)

Historical data shows that Geelong is often in the top 3 to 4 of LGAs with the highest yearly EGM expenditures/losses.

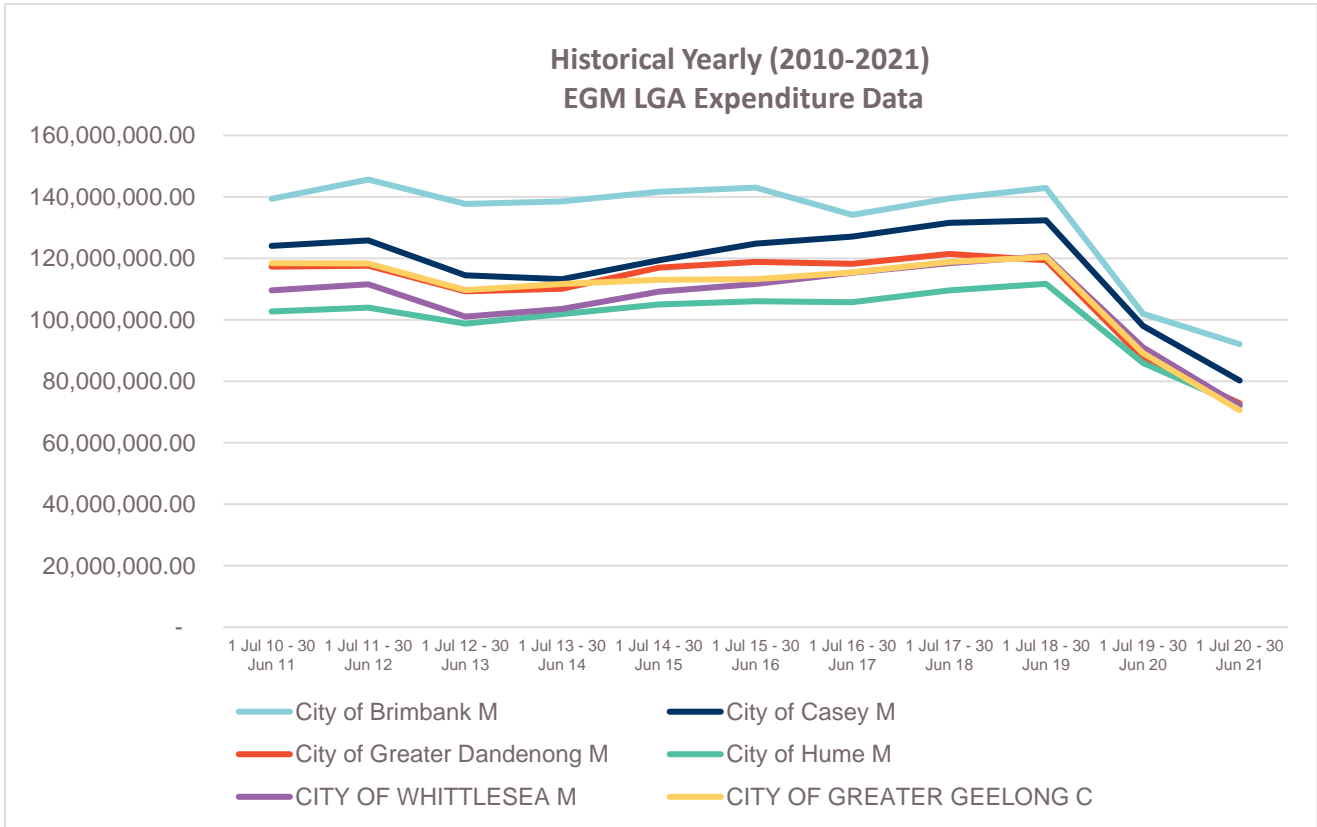


Figure 16: Historical Yearly EGM LGA Expenditures (Source: Victorian Gambling and Casino Control Commission)

The human magnitude of EGM Losses in Greater Geelong

EGM gambling losses in Greater Geelong in 2023/24, of \$134.9 million, are equivalent to the cost of feeding 45,100 children for one year.

Basis of this Estimate

Based on the findings of the 2014 Healthy Food Access Basket Survey, conducted by Queensland Health, which concluded that in 2014 the minimum cost of providing an adequate diet to an adult was \$126 per fortnight. The fortnightly cost of feeding a child is estimated at \$88 per fortnight - based on the proposition that the cost of living for a child is 70% that of an adult – in accord with the OECD equivalence scales used to estimate the prevalence of poverty. This figure is then adjusted by CPI to \$115 per fortnight in 2024 - equal to \$57.5 per week or \$2,990 in a year.

Finally, 2022/23 EGM gambling losses of \$134.9 million in Greater Geelong is divided by \$2,730 to give 45,088 – the number of children whom these gambling losses could feed for a year.

Source: Brown, H, 2024, www.socialstats.com.au

EGM Gambling in Greater Geelong

Select municipality here

Greater Geelong

THE POKIES
PLAY YOU

Venues



In 2024, there were

25

EGM gambling venues in Greater Geelong



Ranking Greater Geelong

1st

in number of venues in Victoria



Gambling Machines

There are

1,345

EGMs in Greater Geelong, ranking it

1st

in the State

This represents

6.2

EGMs per 1,000 adults



...and the

30th

highest EGM density in Victoria

EGM Losses

LOSSES TO EGMs at venues in Greater Geelong in 2023/24, stood at

\$134.8 million

ranking this municipality 6th in the State



This is equivalent to losses of

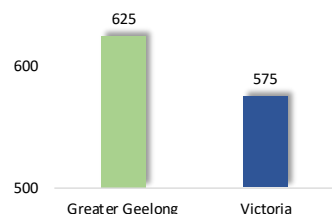
\$625

per adult in 2023/24

Losses per day averaged

\$ 369,345

700



Impact

In 2021/2, annual EGM losses represented approximately

5.8%

of the income of local residents who gamble on EGMs



Losses within Greater Geelong in 2023/24, were the equivalent to the cost of feeding

45,087

children for an entire year.



Effects of EGM gambling losses may include financial hardship, personal distress, family conflict and violence, unemployment and bankruptcy, homelessness and crime



Source: Brown, H. 2024, www.socialstats.com.au

INJURY / UNINTENTIONAL INJURY

VICTORIAN HEALTH PRIORITY 10: REDUCING INJURY

Injury is a complex public health issue with a variety of causes, and the impacts can be profound and life changing. People can experience a loss of income, reduced social participation and physical and psychological impairment. Injury can also affect daily living and quality of life.

- **Alcohol:** Latest data shows that among adults in Greater Geelong who consume alcohol, 15.5% are at increased risk of harm from an alcohol-related disease or injury. This is higher than for Victoria (13.1%) (VPHs, 2023)
- **Suicide:** There were 143 deaths by suicide in Greater Geelong from 2018 to 2022, a rate of 13.1 per 100,000 population. This is slightly higher than the national rate of 12.3 deaths per 100,000 population (Australian Institute of Health and Welfare, 2024).

HOSPITAL ADMISSIONS

In Greater Geelong, the public hospital admission rate (per 100,000 population) for:

- **intentional self-harm** for men (103.7) and women (253.5) were above the Victorian average (66.1 for men; 143.7 for women).
- **Falls** for men (830.0) and women (1012.0) were above the Victorian average (789.0 for men; 968.2 for women)
- **Transport crash injuries** for men (396.4) and women (236.1) were slightly higher than the Victorian average (354.8 for men; 180.7 for women)
- Emergency department (ED) presentations for **heat related injury** peaked in 2018-19 with 21 cases. In recent years, there were fewer cases in both 2020-21 (6) and 2022-23 (9).
 - Most emergency department (ED) presentations were among those aged over 60 years (46% of cases), however ED presentations were also common among 15 to 24 year olds, accounting for 16 per cent of cases in the decade 2013 to 2023 (VEMD, 2013-23).
 - More female residents (52.9%) were admitted for heat-related injuries compared to men (47.1%).
 - When specified, the most common place of injury was the home (16%) followed by sports areas (5%).
 - Most ED presentations for Geelong residents were for heat syncope (fainting) (60%). Heat syncope is a mild form of heat illness due to dehydration or physical exertion in a hot environment.

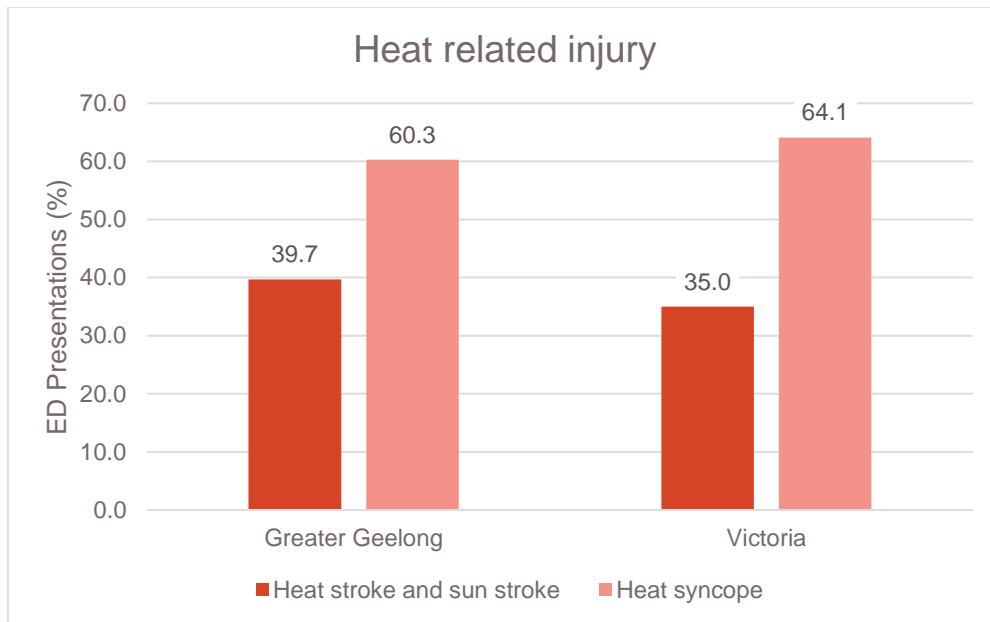


Figure 17: Heat related injury (Source: VEMD, 2013-23)

Sunburn

In the last 12 months, 10.7 per cent of Greater Geelong residents had red and tender sunburn that lasted a day or more, on 3 or more occasions. This is higher than the Victorian average of 6.9 per cent (VPHS, 2023).

LONG TERM HEALTH CONDITIONS

A higher proportion of Greater Geelong residents (35.9%) have at least one long-term health condition when compared to Victoria (31.4%) (ABS, 2021). This means any recurring health condition which has lasted or is expected to last for six months or more.

As shown in the graph below:

- A higher proportion of Greater Geelong residents (11.14%) reported they had a mental health condition (including depression or anxiety) when compared to the WVPHN (10.89%) or Victoria (8.78%) (Western Victoria PHN Dashboard, 2024)
- A larger percentage have asthma (9.8% compared to 8.4%)
- A larger percentage have arthritis (9.3% compared to 8.0%)
- A larger percentage have another long-term health condition (outside the 10 asked in the Census) (8.8% compared to 8.0%)

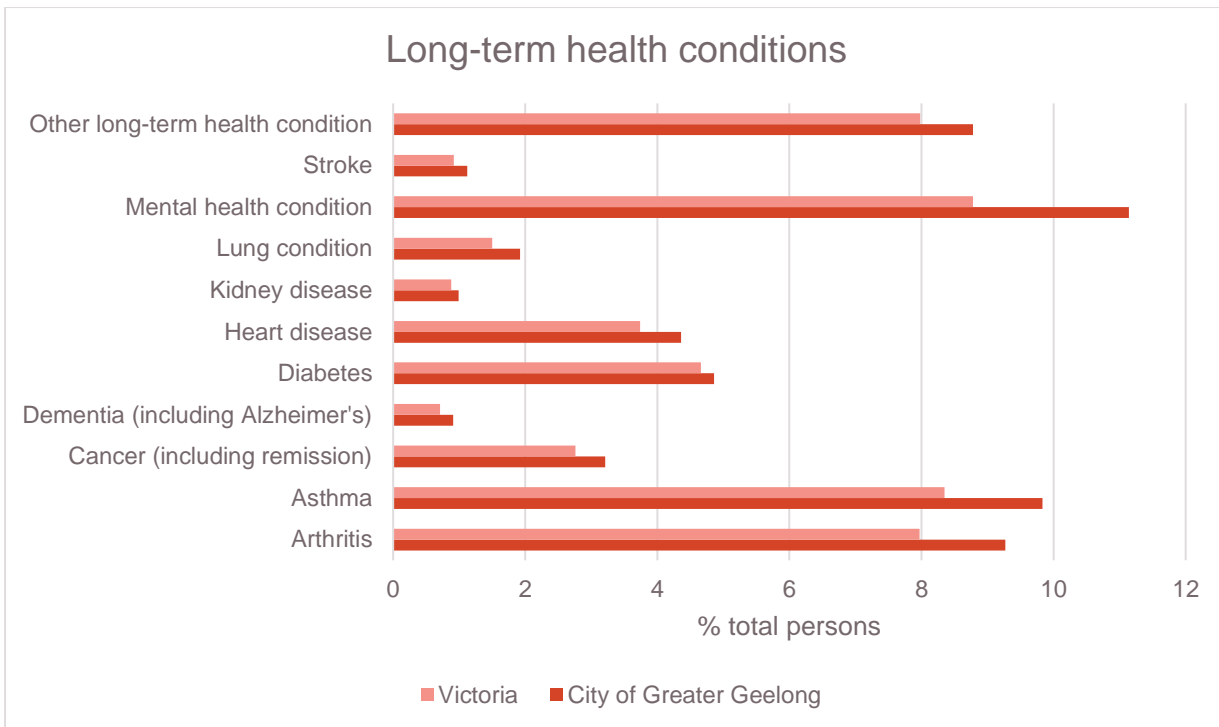


Figure 18: Long term health conditions (Source: ABS Census, 2021)

Note: Long-term health conditions data from the Census is less detailed and may not be comparable to interview or survey data.

Asthma

Asthma causes physical health issues through breathlessness, sleep disturbances and reduced exercise capacity.

More children in Greater Geelong (11.1%) compared to Victoria (9.6%) reported to have been told by a doctor that they have asthma. Of those children, only 63.8 per cent have an asthma action plan (more than Victoria, 62.3%) (Department of Education and Training, 2021, SEHQ).

However, at a state level, the incidence of asthma in children aged 1 to 12 years seems to be declining, from a peak of 12.1 per cent in 2017 to 9.5 per cent in 2021 (Department of Education and Training, 2021, VCHAWS).

In adults, more women than men experience asthma, and at levels higher than the regional and state estimates.

Time period	Greater Geelong		Barwon Southwest Region		Victoria		
	Female	Male	Female	Male	Female	Male	All
2021	1075.91	885.3	992.4	783.0	987.9	805.1	896.5

Table 7: Rate of asthma per 10,000 population

Arthritis

“Arthritis is a leading cause of early retirement and loss of work hours and income. This is of particular concern for women, for whom arthritis is more common, and who face gender pay and superannuation gaps (Women’s Health Victoria, 2024).”

Arthritis is more common for women than men in Greater Geelong, but rates are below regional and state estimates.

Time period	Greater Geelong		Barwon Southwest Region		Victoria		
	Female	Male	Female	Male	Female	Male	All
2021	1173.47	666.72	1320.4	827.9	1240.4	764.3	1002.3

Table 8: Rate of arthritis per 10,000 population

Dementia

“Dementia is a group of conditions characterised by gradual impairment of brain function, which may impact memory, speech, cognition (thought), personality, behaviour, and mobility. The most common form of dementia is Alzheimer’s disease. Three in five Victorians with dementia are women, and dementia is the leading cause of death in Victorian women” (Women’s Health Victoria, 2024).

There is a higher rate of Dementia amongst women in Greater Geelong (110.27 per 10,000) when compared to men (71.37 per 10,000). The rates for both sexes are higher in Greater Geelong than regional and state estimates (Women’s Health Victoria, 2024).

Time period	Greater Geelong		Barwon Southwest Region		Victoria		
	Female	Male	Female	Male	Female	Male	All
2021	110.27	71.37	87.6	66.1	88.6	62.5	75.6

Table 9: Rate of dementia per 10,000 population

Diabetes

Rates of diabetes in Greater Geelong are in line with regional and state estimates. Although the rate is higher for men (527.86 per 10,000) than women (445.18 per 10,000) (Women’s Health Victoria, 2024).

EARLY YEARS

Illness and disease in the Geelong Otway region could be mitigated by reducing health risk factors early in life (Western Victoria PHN, 2023).

Low Birth Weight and Antenatal Care

- 6.4% of babies born between 2019 and 2021 were of a low birth weight, which is on par with the Victorian average (6.3%) (PHIDU, 2024).

A higher proportion of Greater Geelong mothers (8.3%) smoked during their pregnancies between 2019 and 2021, compared to the Victorian average of 7.5 per cent (PHIDU, 2024).

More women in Greater Geelong attended antenatal care within the first 10 weeks when compared to the Victorian average. This is presented as a lower proportion (22.3%) NOT attending antenatal care than Victoria (36.4%) (PHIDU, 2024)

Breastfeeding

55%

•of infants in Greater Geelong are exclusively breastfed to 3 months of age. This is higher than the Victorian state average of 51% (VPHS 2019-20)

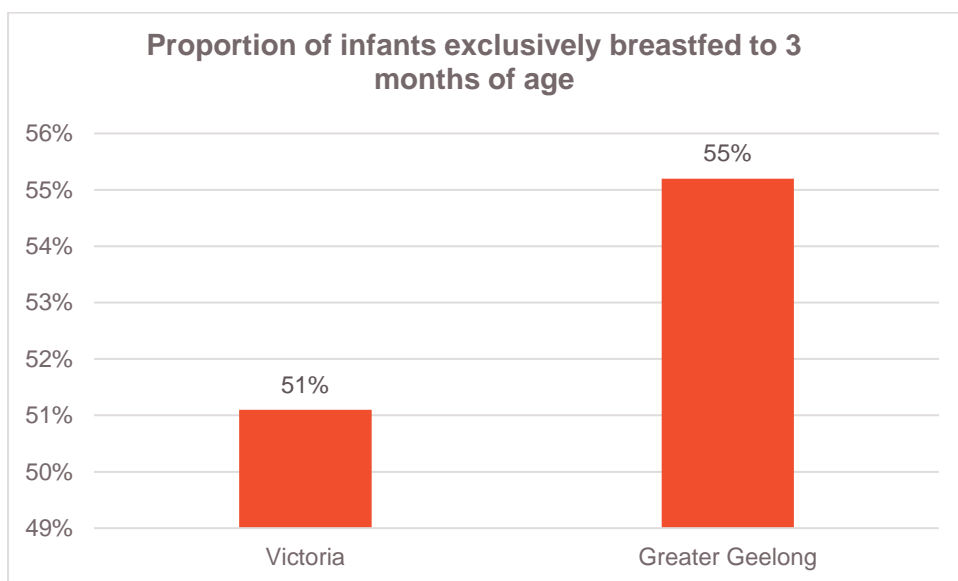


Figure 19: Proportion of infants who exclusively breastfed to 3 months of age (Source: VPHS 2019-20)

Immunisation

Greater Geelong has very good immunisation coverage for children in their early years when compared to the Victorian average:

Age	% children fully immunised (Greater Geelong)	% children fully immunised (Victoria)
1 year	97%	95.7%
2 years	93.5%	92.4%
5 years	96.8%	96.0%

Table 10: Children fully immunised (Source: PHIDU, 2024)

Early Childhood Development

On average, indicators of early childhood development in Greater Geelong are on par with Victoria. The Australian Early Development Census (AEDC) provides data on five domains:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge

In Greater Geelong, 19.3 per cent of children are considered developmentally vulnerable on one or more of these domains (19.9% for Victoria), and 10.3 per cent of children are developmentally vulnerable on two or more domains (10.2% for Victoria). These figures have not changed significantly since 2009 (Commonwealth of Australia, 2022).

However, at a suburb level, there are some inequities. When considering which children are developmentally vulnerable on two or more domains:

- Children fare better than the Greater Geelong average in: Geelong (2.6%), East Geelong (2.7%), Geelong West (3.5%), Newtown (4.4%), Belmont (4.7%), Highton (4.9%), Wallington/Ocean Grove/Marcus Hill (5.3%), Herne Hill / Fyansford (5.9%), Manifold Heights (6.1%), Barwon Heads/Breamlea (7.3%), Waurm Ponds (7.1%) and Hamlyn Heights (8.8%).
- However, some of the most socio-economically disadvantaged suburbs in Greater Geelong also have the highest proportion of children developmentally vulnerable on two or more domains, such as Norlane/North Shore (22.1%), Leopold (22.2%), St Albans Park (26.1%) Whittington (27.8%) and Corio (29.3%).

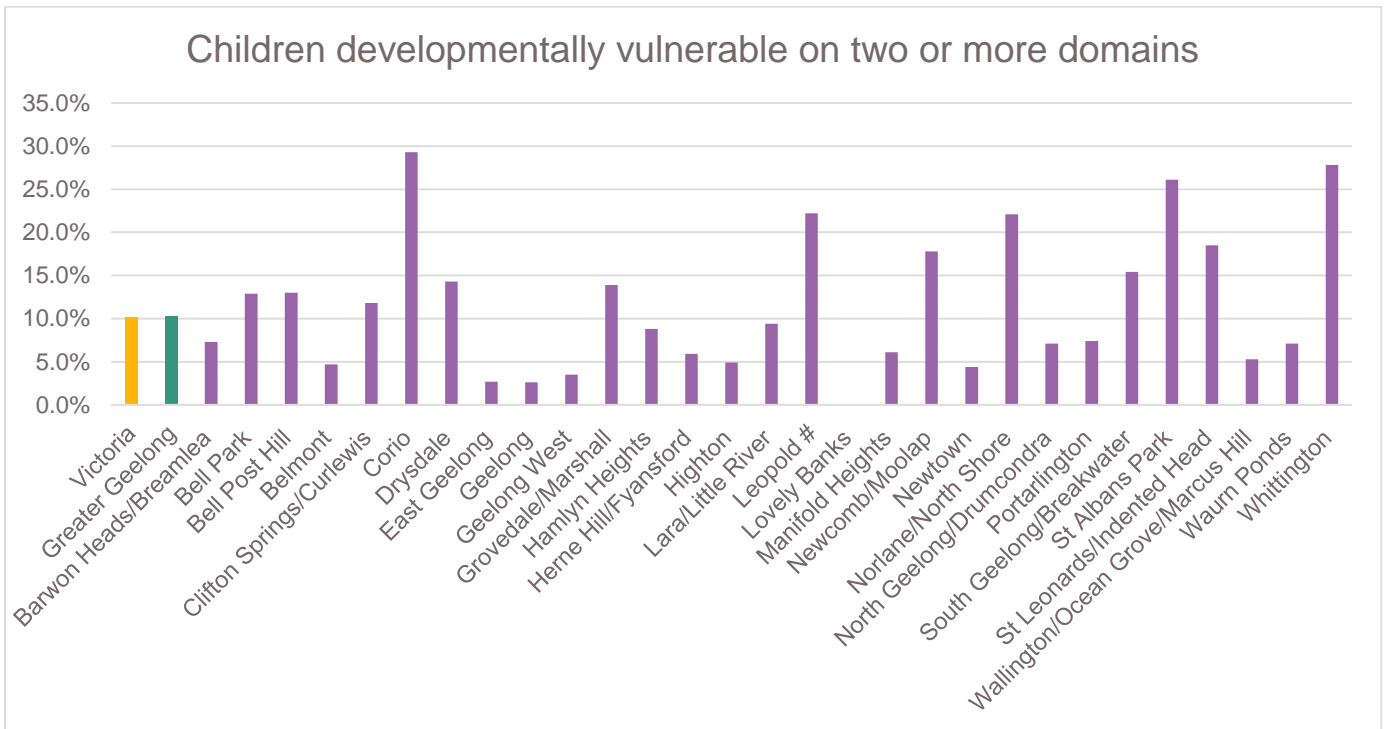


Figure 20: Children developmentally vulnerable on two or more domains (AEDC, 2021)

In terms of each domain, there has been a positive change over time for social competence, communication skills and general knowledge, however, there has been a negative change over time for physical health and wellbeing, and language and cognitive skills (Commonwealth of Australia, 2022).

PHYSICAL ACTIVITY

VICTORIAN HEALTH PRIORITY 5: INCREASING ACTIVE LIVING

BSW LPHU HEALTH PRIORITY: INCREASING ACTIVE LIVING

Active living supports everyone, at all stages of life, to live healthy, engaged and purposeful lives. Getting enough exercise protects from, and helps manage chronic diseases such as heart disease, type 2 diabetes and cancer. It improves quality of life, helps to manage and decrease pain and promotes mental wellbeing.

Meeting the guidelines for daily physical activity

The Australian Government outlines physical activity and sedentary behaviour guidelines to help people understand how much activity they need. These guidelines vary according to age. It is recommended that children and young people get 60 minutes per day of moderate to vigorous physical activity. Adults between 18 and 64 years should be active on most days (with a combination of moderate and vigorous activity) and include muscle strengthening activities on at least 2 days per week. Older adults aged 65 and over should get 30 minutes of moderate physical activity on most, preferably all days. Guidelines also vary depending on pregnancy, disability, or chronic health condition (Department of Health and Aged Care, 2021).

65%

- Of people in Geelong indicated they meet the daily guidelines for physical activity. This has remained relatively the same since 2021.

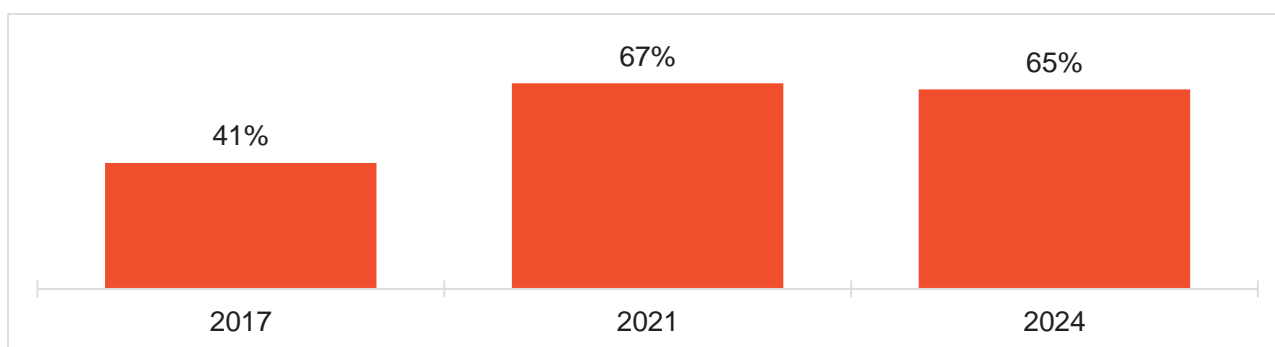
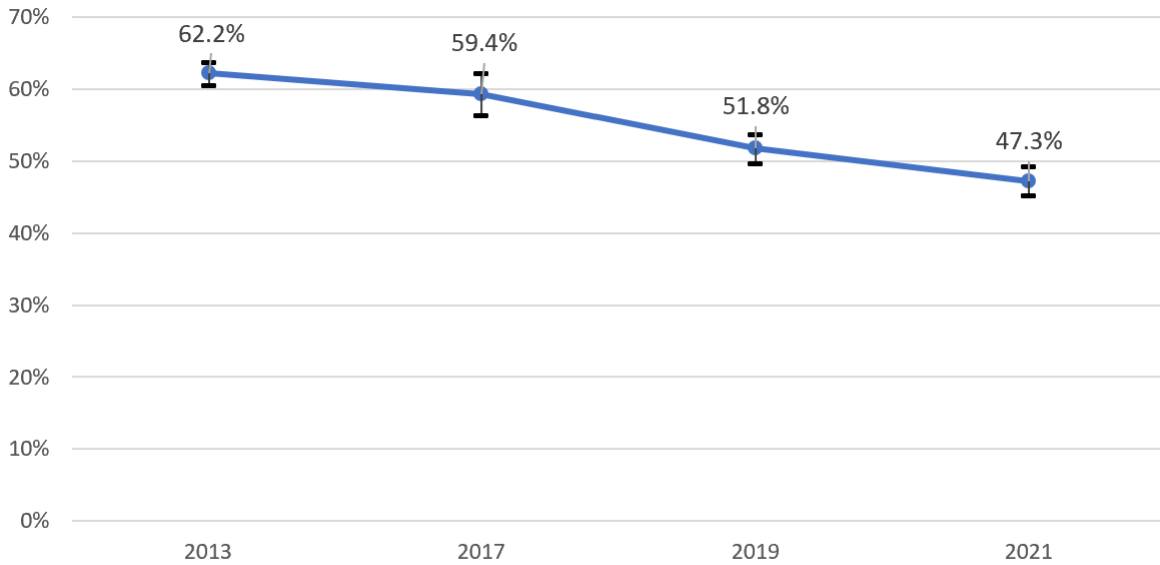


Figure 21: Proportion of adults who indicated they met guidelines for 30 minutes of daily exercise (Sources: GPHS 2017, 2021, 2024)

The proportion of people from the age of 55 onwards who met the daily guidelines of physical activity is **lower** than the Geelong average.

Physical activity levels in children have been steadily declining since 2013, with only 47 per cent of parents surveyed reporting their children were physically active for at least one hour a day (Department of Education and Training, 2021).



The I-bar shows the 95% confidence interval for each estimated proportion.

Figure 22: Proportion of Victorian children (aged 5 to 12 years) who were physically active for at least one hour per day (Source: Victorian Child Health and Wellbeing Survey, 2021)

Sedentary

20%

- were categorised as sedentary, that is, sitting for 8 or more hours on a weekday or weekend AND reporting no physical activity; a slight decrease from 21% in 2021 (City of Greater Geelong 2021 and 2024).

Men in Greater Geelong (20%) are slightly more likely to be sedentary compared to women (19%) (City of Greater Geelong, 2024).

When considering age, young people 18-34 (23%) and over 55s (21%) are more likely to be sedentary than 35-54 year olds (13%) (City of Greater Geelong, 2024).

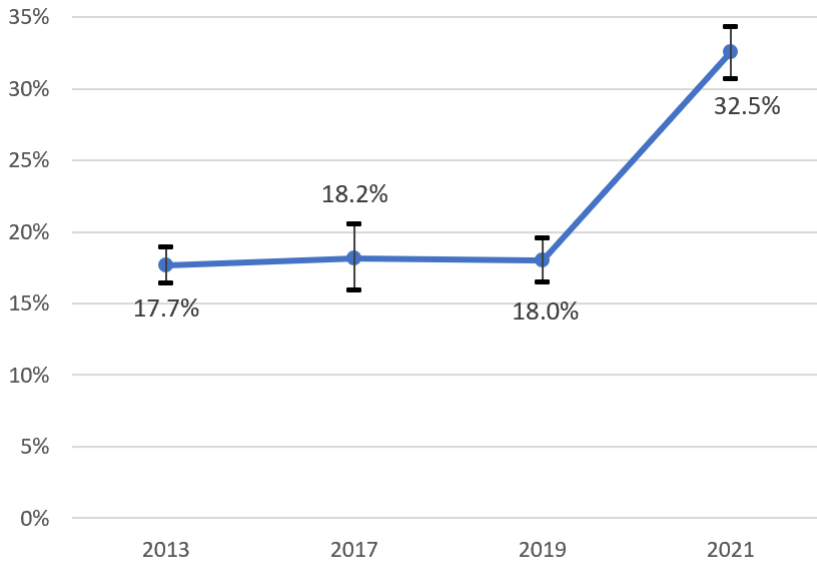
Sitting for eight or more hours on a weekday

23%

- of adults in Greater Geelong indicated they're sitting for 8 or more hours on an average weekday in 2023. This is lower than the Victorian average of 28 per cent (VPHS 2023).

Screen time

In 2021, approximately one third (32.5%) of Victorian children aged five to 12 years usually exceeded the recommended recreational screen time limit of two hours per day. This is a sharp increase from 18 per cent in 2019.



The I-bar shows the 95% confidence interval for each estimated proportion.

Figure 23: Proportion of Victorian children (aged 5 to 12 years) who exceeded the recommended daily recreational screen time limit of two hours per day, 2013 to 2021 (Source: Victorian Child Health and Wellbeing Survey, 2021).

Active living

Walking

Most residents walk for exercise more than once per week, with one third doing so daily. The incidence of walking 7 or more times per week has remained consistent over time.

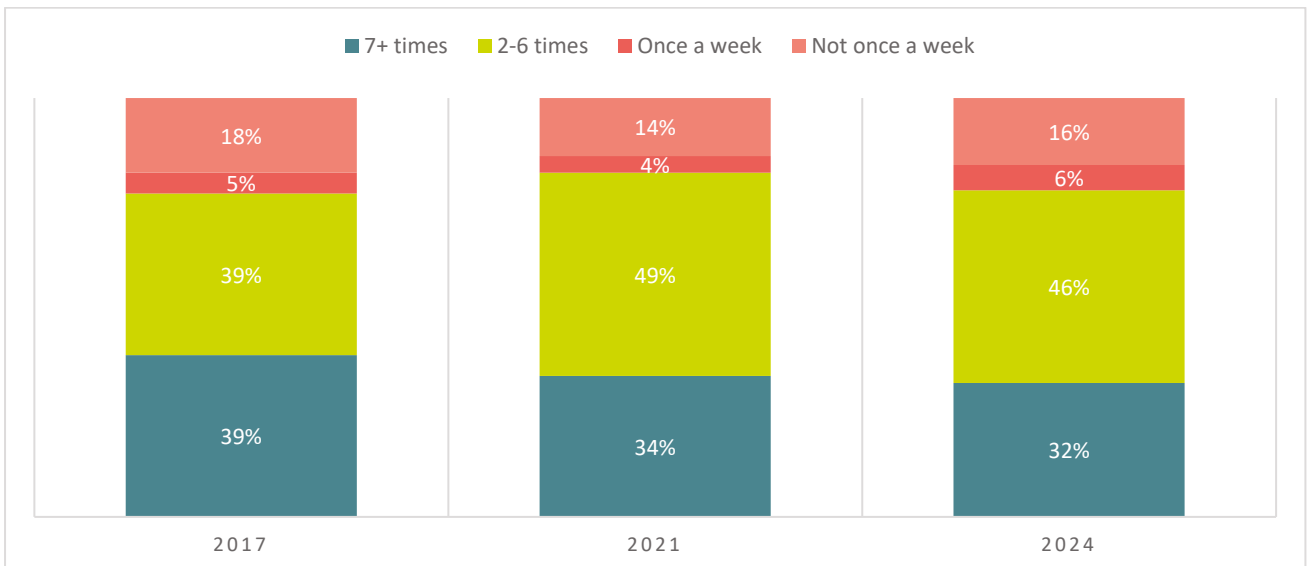


Figure 24: Walking (Source: Geelong Preventative Health Survey, 2024)

Cycling

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. Cycling is more common amongst men (24%) than women (11%) as well as renters (23%) compared to people with a mortgage (15%).

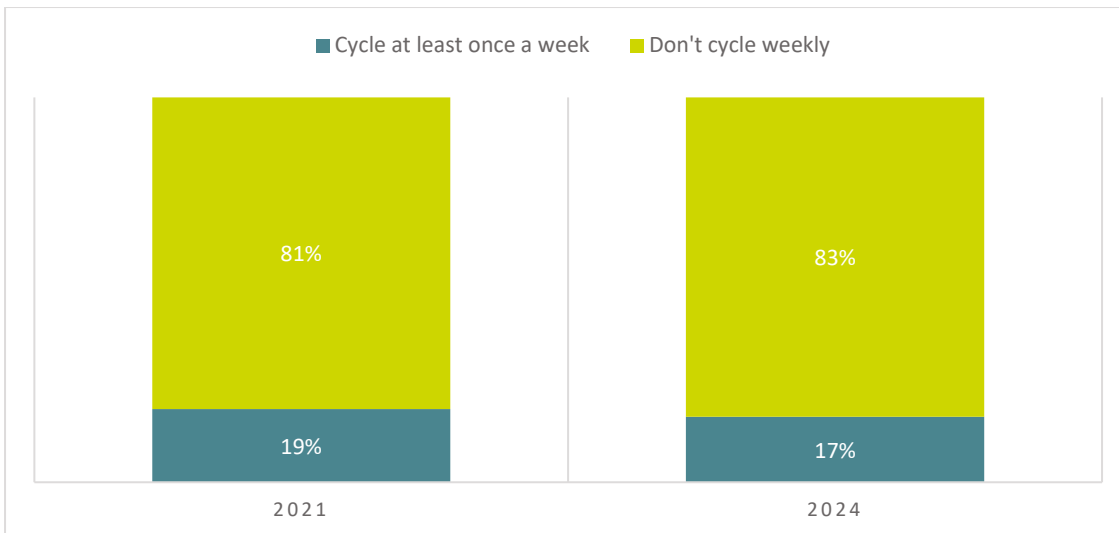


Figure 25: Cycling (Source: Geelong Preventative Health Survey, 2024)

Active travel

Refer to Transport under 'Living, Working and Environmental Conditions'.

HEALTHY EATING

VICTORIAN HEALTH PRIORITY 4: INCREASING HEALTHY EATING

BSW LPHU HEALTH PRIORITY: INCREASING HEALTHY EATING

Good nutrition is essential for health and wellbeing because it helps achieve and maintain a healthy weight, protects against chronic disease, and supports a healthy immune system. Poor diets, overweight and obesity are leading contributors to chronic disease and premature death in Victoria. Diets consistent with Australian Dietary Guidelines (high in fruits, vegetables, and wholegrains, low in processed foods) also have a lower carbon footprint which supports our environment.

Summary:

- 11% of Greater Geelong adults met recommended fruit AND vegetable intake guidelines (GPHS 2024). This was similar to 2021 (10%, GPHS 2021).
- 50% of Greater Geelong adults met the recommended fruit intake (two serves) (an increase from 46% in 2021), and 14% met the recommended daily vegetable intake (five serves) (a decrease from 15% in 2021) (GPHS 2021 and 2024).
- The most common reasons for not eating enough fruits and vegetables are personal preferences (27%) and a lack of time (21%) (GPHS, 2024).
- 17% of Greater Geelong adults consumed sugar sweetened drinks every day (GPHS, 2024) which is lower than in 2021 (22%, GPHS 2021).
- 21% of residents drank less than 1 litre of water per day (GPHS, 2024), which is slightly fewer than in 2021 (23%, GPHS 2021).
- 65% of Greater Geelong adults are classified as overweight or obese (an increase from 63.4% in 2021), higher than the Victorian average of 54.4% (VPHS 2023).

- 55% of infants in Greater Geelong are exclusively breastfed to 3 months of age, which is higher than the Victorian average of 51% (VPHS 2019-20).
- Food insecurity is a continuing issue that has been worsened by the COVID-19 pandemic and the rising costs of living.

Consumption of fruit and vegetables

11%

- of Greater Geelong adults met recommended daily fruit and vegetable intake in 2024, similar to that in 2021 (10%) (City of Greater Geelong, 2021 and 2024).

- More women (12%) than men (9%) in Greater Geelong meet dietary guidelines.

50%

- of Greater Geelong adults met recommended daily fruit intake (City of Greater Geelong, 2024).

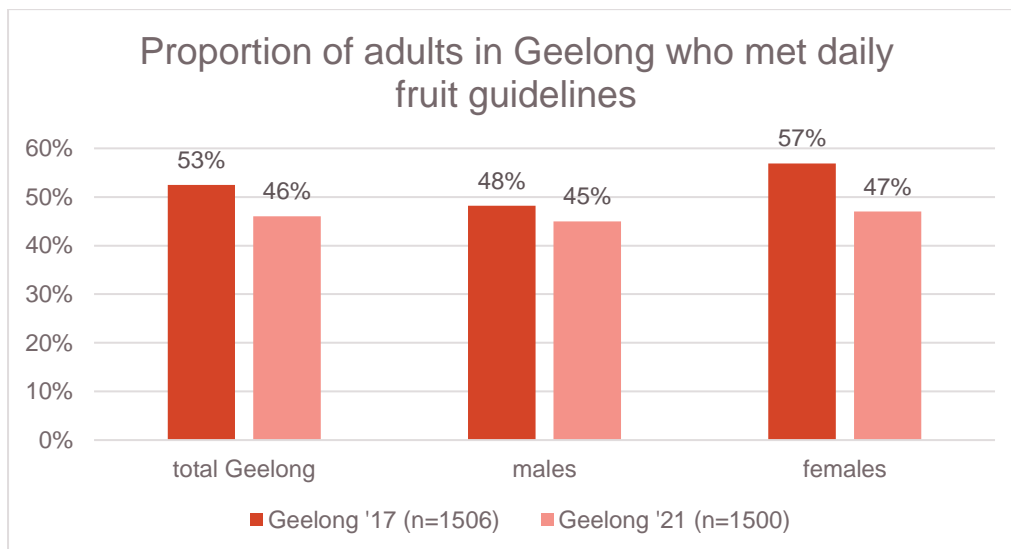


Figure 26: Percentage of adults who meet daily fruit guidelines (Source GPHS 2021 and 2024)

- Fruit intake increased between 2021 and 2024 for both for men and women.

14%

- of adults in Greater Geelong met the recommended daily vegetable intake (City of Greater Geelong, 2024).

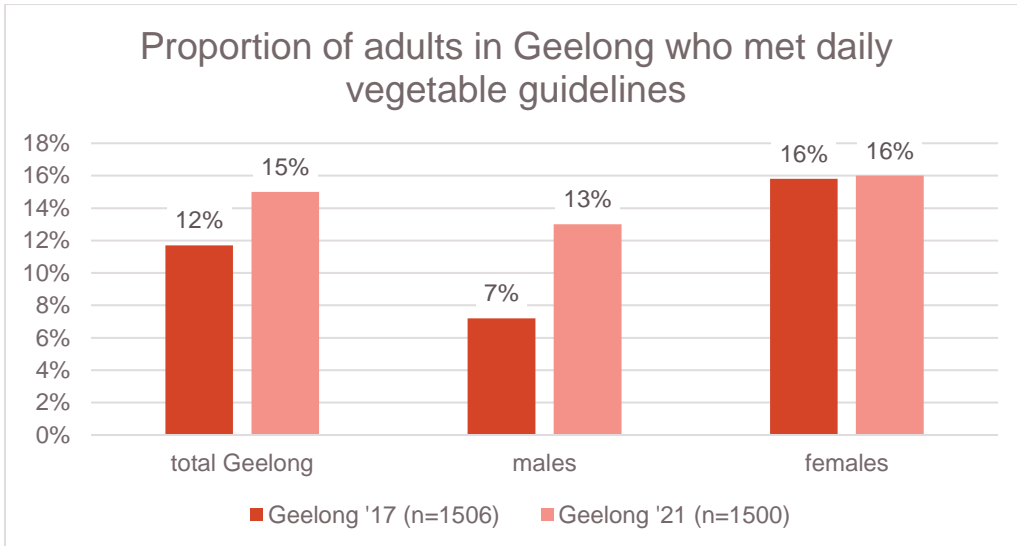


Figure 27: Percentage of adults who meet daily vegetable guidelines (Source GPHS 2021 and 2024)

- Men decreased their vegetable intake slightly, and women increased their intake slightly between 2021 and 2024.

Reasons why vegetable and fruit consumption are below recommended levels

27%

- reported that they did not consume the recommended daily amount of fruit and vegetables due to personal food or taste preferences. A further 21% said it was due to a lack of time (City of Greater Geelong, 2024).

In terms of reasons for not eating a healthy diet, most people identified personal preferences (27%) and lack of time (21%) as the reasons. It is worth noting that cost is a more prominent factor in 2024 (12%) than it was in 2021 (3%). In Corio, Norlane and North Shore (Planning area 13), cost was the leading reason (27%).

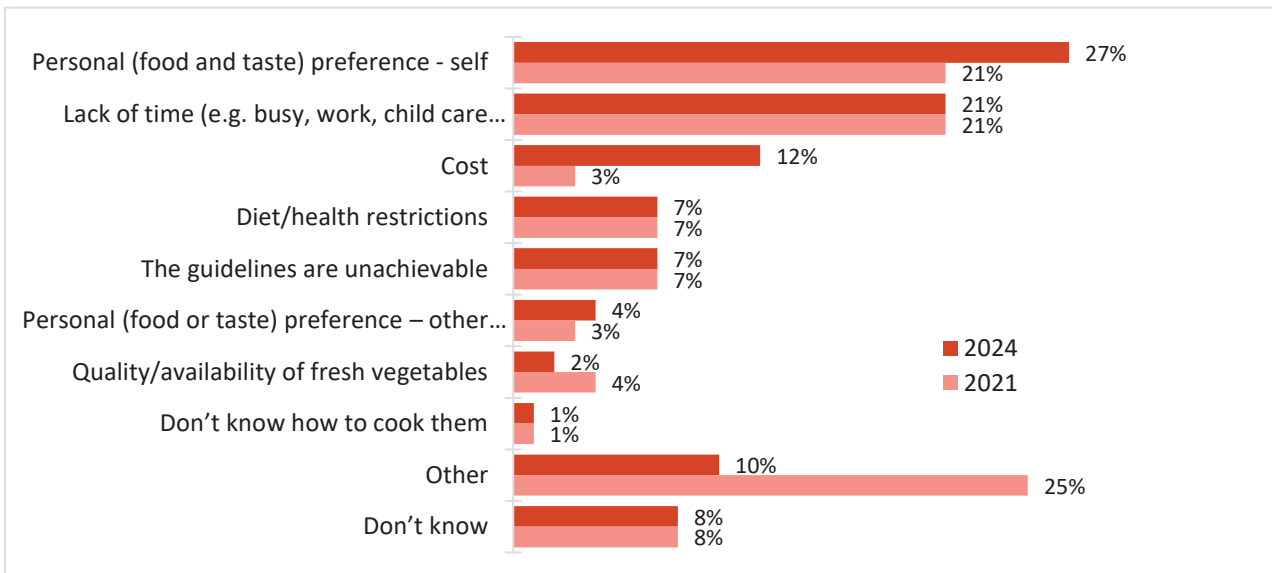


Figure 28: Reasons why vegetable and fruit consumption are below recommended levels (Source: GPHS 2024)

Take away / Fast Food

16%

- consumed take-away meals or snacks more than once per week. This is lower than in 2021 (20%) (City of Greater Geelong, 2024)

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 (City of Greater Geelong, 2024).

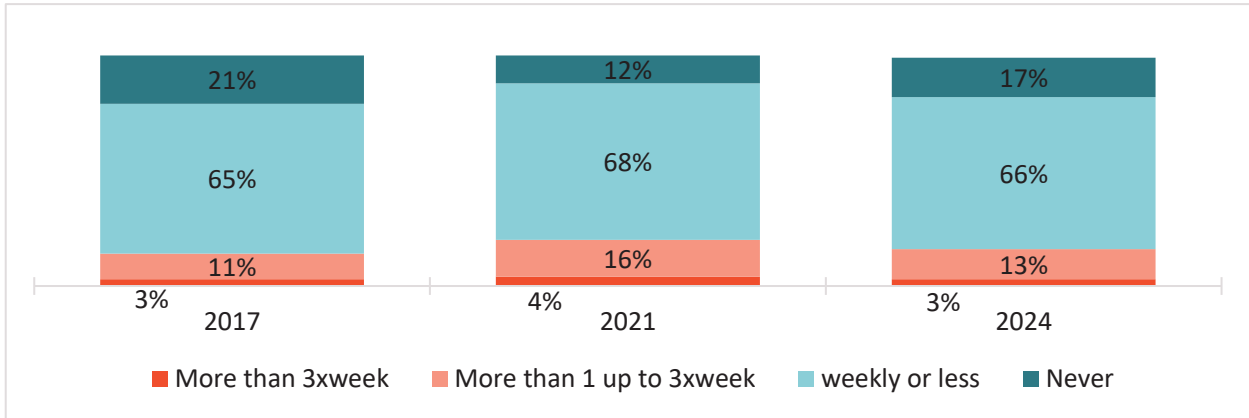


Figure 29: Take away food consumption (Source: City of Greater Geelong, 2024)

Consumption of fast food more than once per week is 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) (City of Greater Geelong, 2024).

Consumption of sugar sweetened beverages

17%

- consumed sugar-sweetened drinks every day, which is a reduction from 22% in 2021, and like take away food, consumption seems to be returning to pre-COVID levels (City of Greater Geelong, 2024).

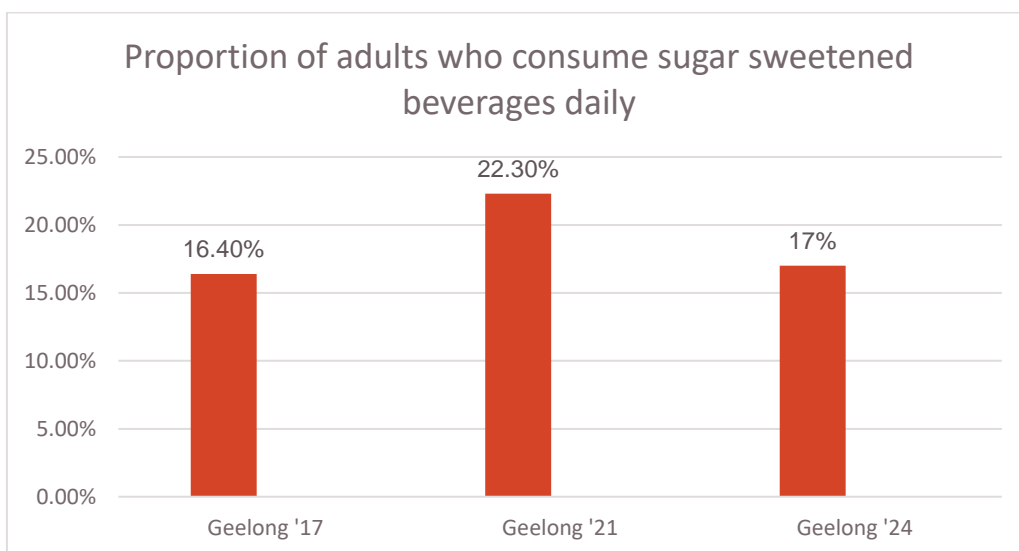


Figure 30: Proportion who adults who consume sugar-sweetened beverages daily (Source: GPHS 2017, 2021 and 2024)

Water consumption

25%

- drank less than 1 litre of water per day; similar to 2021 (City of Greater Geelong, 2024).

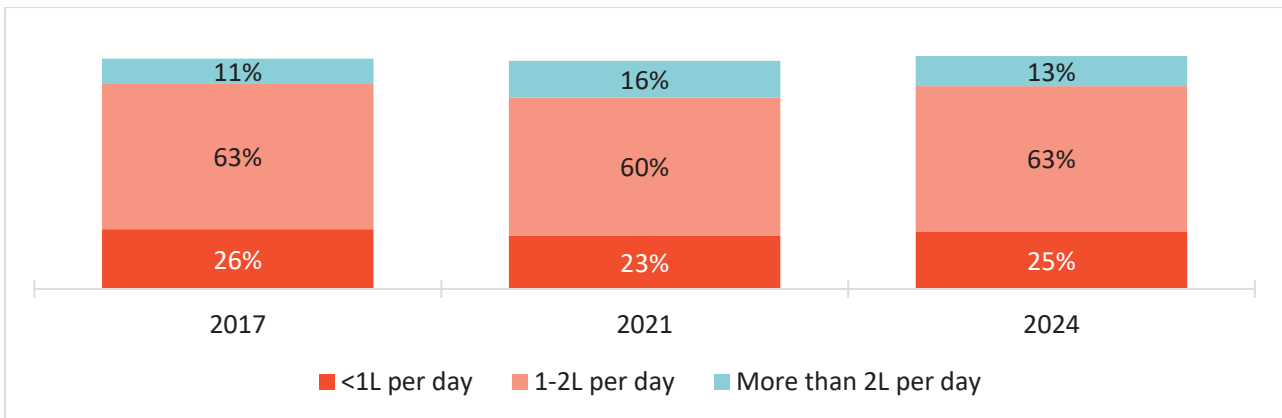


Figure 31: Daily water consumption (Source: GPHS 2017, 2021 and 2024)

Significantly more men (50%) than women (35%) met water consumption guidelines of 8 glasses per day (City of Greater Geelong, 2024).

Body Mass Index

65%

- The combined percentage for people who are overweight and obese in Geelong (of 65%) is higher than the Victorian average (of 54%).

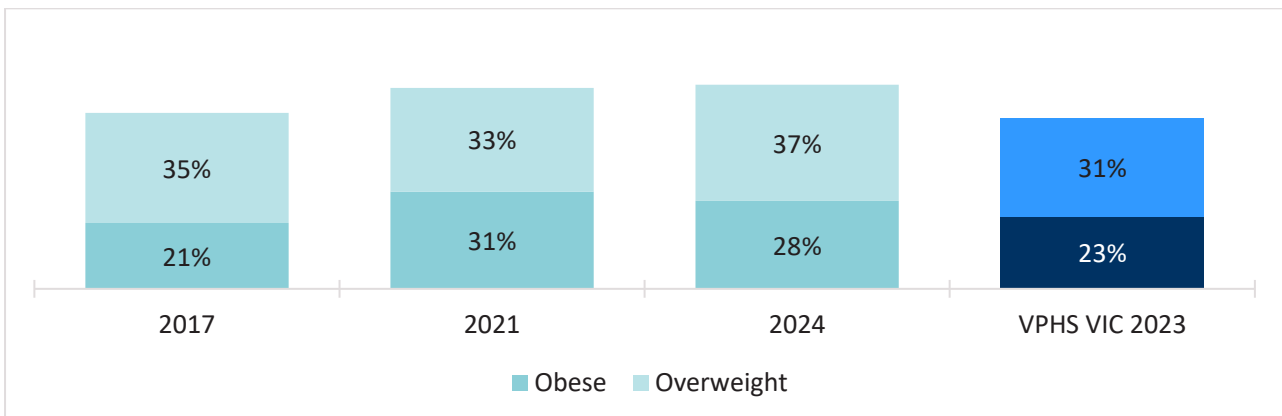


Figure 32: Proportion of adults who are overweight or obese (Source: GPHS 2017, 2021 and 2024 and VPHS 2023)

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+) (City of Greater Geelong, 2024)

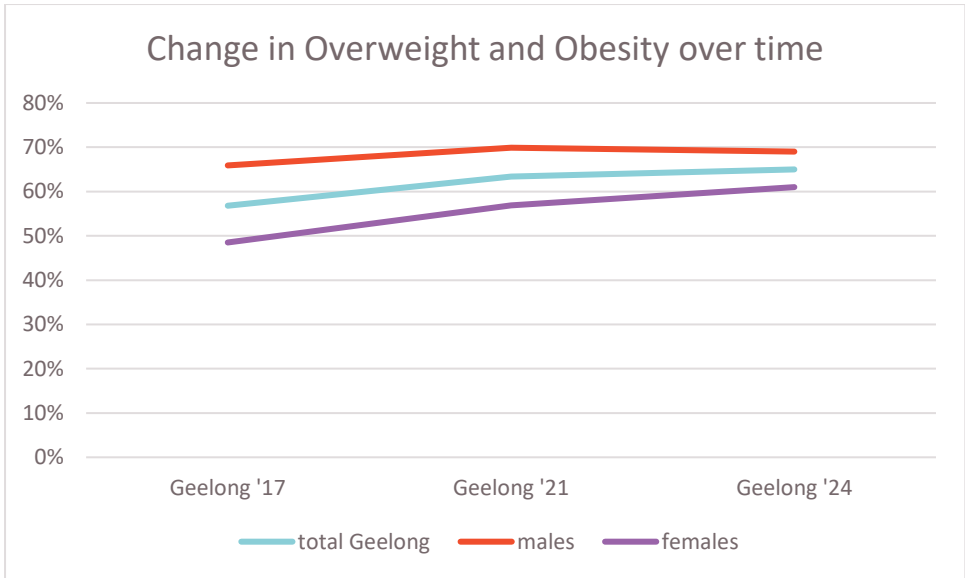


Figure 33: Change in overweight and obesity over time (City of Greater Geelong, 2024)

There was an increase in overweight and obesity between 2017 and 2021 for both men and women, and these levels remain consistent in 2024. Unlike other indicators of healthy eating which have returned to pre-COVID levels.

More children in Greater Geelong are also overweight when compared to Victoria. The modelled LGA estimate from 2017-2018 for Victorian children (aged 5-17 years) who were overweight or obese is 26.5% for Greater Geelong, compared to a modelled estimate of 24.3% for Victoria (PHIDU, 2022).

Oral Health

The dental health of Greater Geelong adults is similar to the Victorian average. In Greater Geelong, 39.0% of adults self-reported excellent or very good dental health, and 20.7% of adults reported fair or poor dental health, which was on par with the Victorian average (38.4% and 22.5% respectively) (VPHS, 2023).

However, the dental health of children does not compare as favourably. Greater Geelong has more children with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth (DMFT) when compared to Victoria.

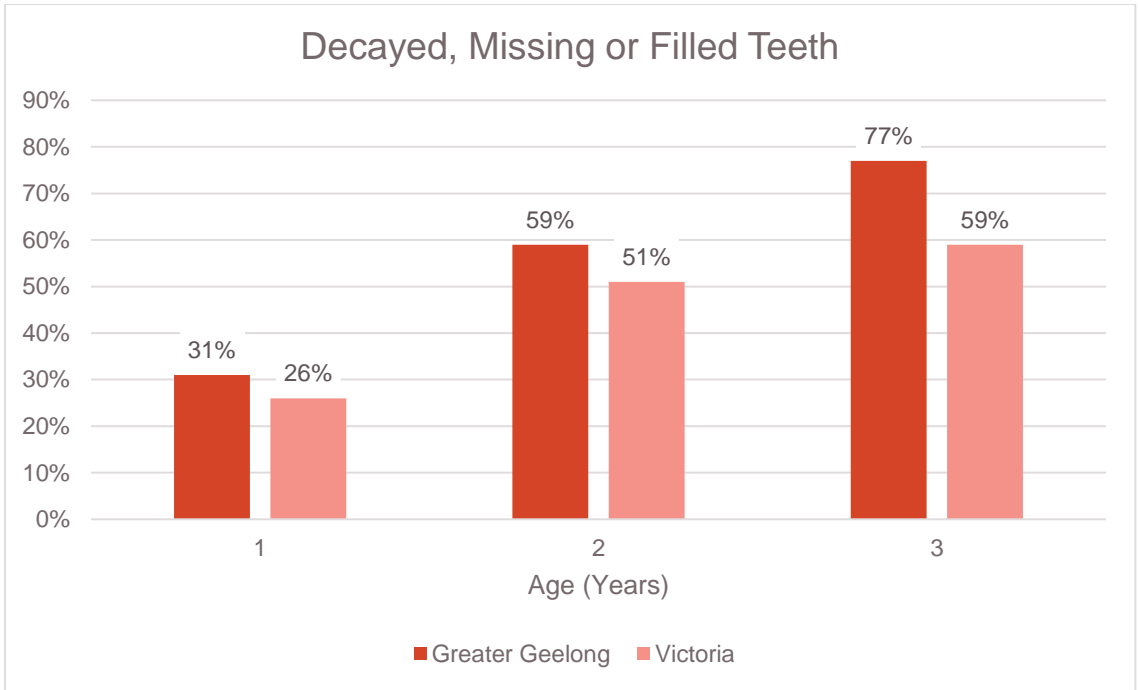


Figure 34: Proportion of Decayed, Missing or Filled Teeth (Source: Dental Health Services Victoria, 2017-19)

The graph below shows children 12 years of age in Greater Geelong have double the number of DMFT when compared to Victoria.

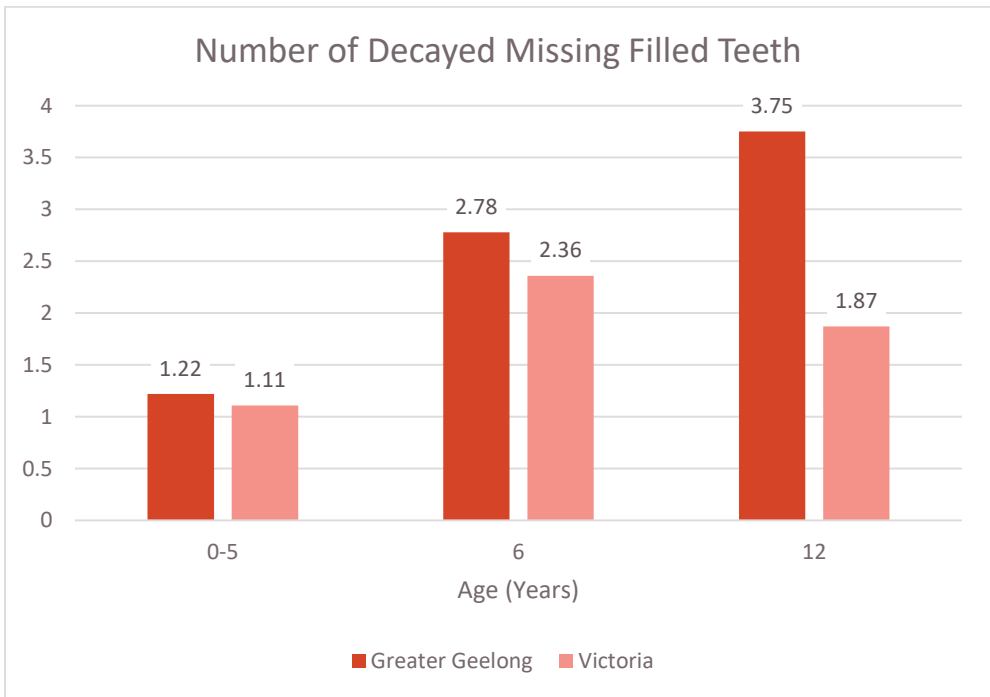


Figure 35: Number of Decayed, Missing or Filled Teeth (Source: Dental Health Services Victoria, 2017-19)

At school entry, 14.7 per cent of parents are concerned about their child’s oral health (compared to 15.9% for Victoria). More children in Greater Geelong (51.7%) reported to have seen a dentist in the past year, compared to 43.6% for Victoria (Department of Education and Training, 2021).

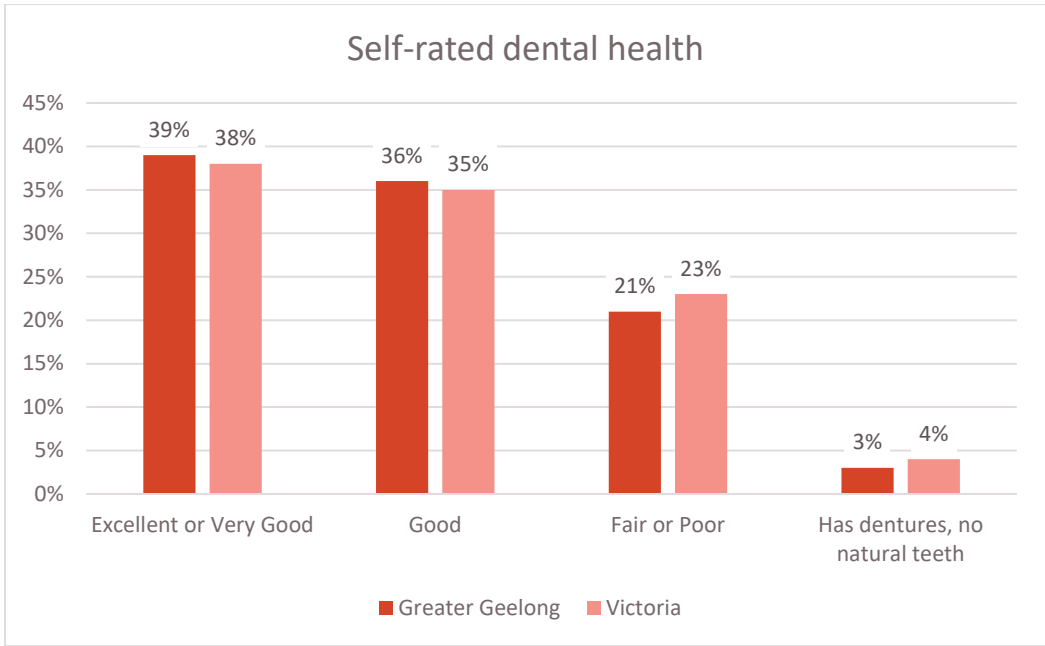


Figure 36: Self rated dental health (Source: VPHS, 2020 and 2023)

Self-rated dental health in Greater Geelong is similar to Victoria.

Gum Disease

Gum health among Greater Geelong residents is slightly better than Victoria, where 17.7% of residents had loose teeth, bleeding, or painful gums, which was lower than the Victorian average (20.3%) (VPHS, 2023).

SCREENING AND HEALTH CHECKS

BSW LPHU HEALTH PRIORITY: INCREASING THE UPTAKE OF CANCER SCREENING

Almost 1 in 4 (23.63%) Greater Geelong residents are living with high blood pressure which is a risk factor for several chronic diseases (Western Victoria PHN Dashboard, 2024).

For cancer screening, refer to 'Health Services' in 'Living, Working and Environmental Conditions' chapter.

Social and Community Networks

Life satisfaction

Most Greater Geelong residents (78%) are highly or very highly satisfied with their life (rated life satisfaction between 7 and 10 out of 10).

There are no notable variations by age or gender. However, there are some population groups who more commonly rated their life satisfaction 6 or below:

- 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 health care card).

Loneliness

25%

- of Greater Geelong residents are classified as lonely (City of Greater Geelong, 2024) which is slightly higher than the Victorian average (23.3%, VPHS 2023)

Loneliness differs from social isolation due to its subjective and distressing feelings, lacking connection with others but yearning for more. Social isolation means a person has few connections and infrequent social contact. A person may be socially isolated but not lonely, and conversely, someone may be socially connected but feel lonely (AIHW, 2024).

The recent Geelong Preventative Health Survey (2024) showed a strong link between loneliness and psychological distress: 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.

There were no statistically significant differences between men and women, however being classified as lonely was also more common amongst:

- Young people (31% amongst those younger than 35 compared to 22% amongst people aged 55 or older).
- Those who identify as LGBTQIA+ (39% compared to 25% for those who do not identify as LGBTQIA+).
- People with a long-term disability (61% compared to 23% for those with no disability).
- Single person (38% compared to 19% for a couple with no children).
- One parent family where the youngest is under 15 years of age (57% compared to 17% for a couple with children).
- Unemployed (46% compared to 18% for those who are retired) (City of Greater Geelong, 2024).

Research suggests that the mortality effects of loneliness are equivalent to smoking 15 cigarettes a day (WHO, 2024). Loneliness is associated with lower physical activity levels and an increased likelihood of having poor wellbeing (Ending Loneliness Together, 2023).

Local government is better placed than other levels of government to address loneliness in communities.

Social connection

84%

- could call on someone not living with them to care for them (or their dependants) in an emergency. However, 12% could not (City of Greater Geelong, 2024).

Concerningly, 12% of Greater Geelong residents felt they could not call on anyone in an emergency. This rose to 25% in planning area 15 (Anakie, Avalon, Little River, Lovely Banks and other northern areas), 23% for those with a long-term disability, 21% of one parent families where the youngest child is under 15 years of age and 20% for unpaid carers and (City of Greater Geelong, 2024).

Whilst many residents in Greater Geelong are members of sports or community groups, there is still a large portion of the population who do not belong to any organised groups (45%) (City of Greater Geelong, 2024).

58%

- were members of a community group (e.g. sports, religious, school or other). Most (27%), were members of a sports group (City of Greater Geelong, 2024).

In terms of gender split, more males (33%) are part of sporting groups than females (23%), and slightly more women participate in the other groups in the below graph (City of Greater Geelong, 2024).

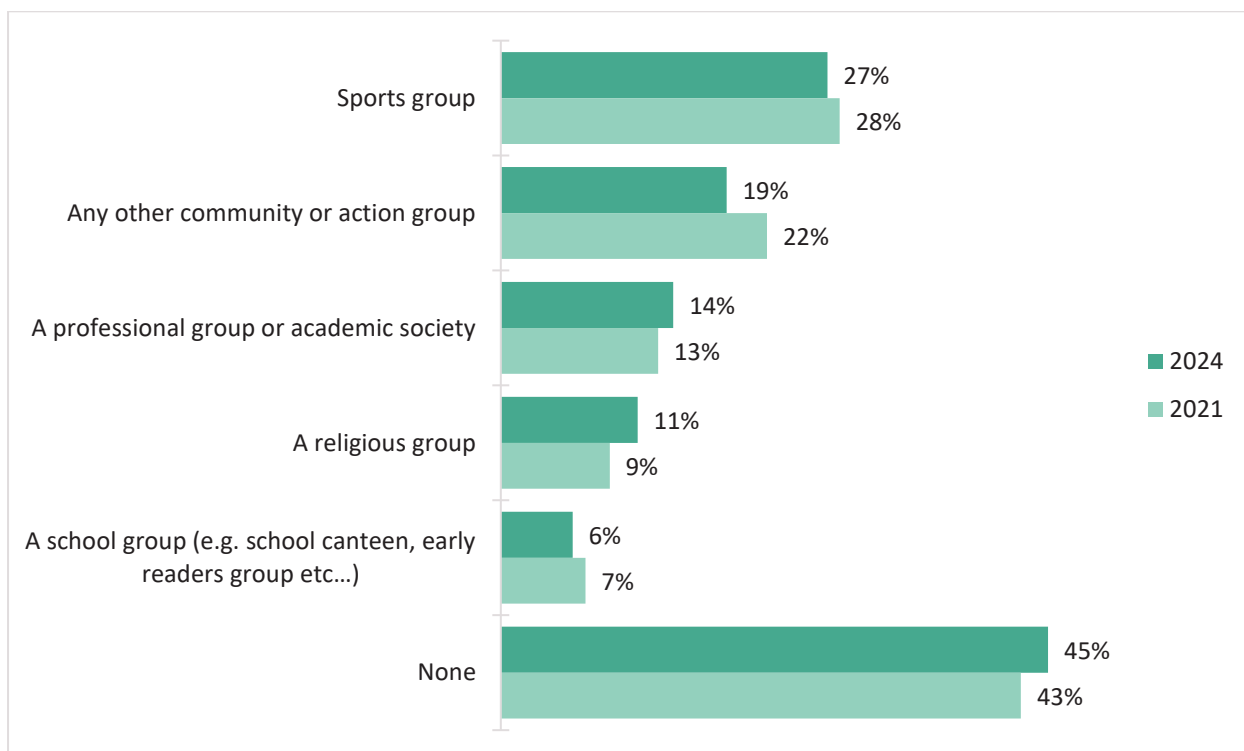


Figure 37: Group participation (Source: City of Greater Geelong, 2024)

Feeling part of the community

Over half of Greater Geelong residents (59%) rated their satisfaction with feeling part of the community at a seven or above out of ten. Only 12 per cent rated their level of satisfaction three or below out of ten. Slightly more women (10%) than men (7%) were completely satisfied.

Feeling part of the community increases with age. Twelve per cent of over 55s are completely satisfied with this aspect of their lives compared to six per cent of 18-34 year olds (City of Greater Geelong, 2024).

Social connection also increases with increasing socio-economic conditions, with only four per cent of residents in Planning Area 8 (Belmont, Ceres, Highton, Wandana Heights), completely satisfied compared to 17 per cent of Planning area 12 (Fyansford, Hamlyn Heights, Herne Hill).

Feeling valued by society

In 2020, 44.1 per cent of Greater Geelong adults felt valued by society, which was lower than Victoria (51.7%). This is a decrease since 2017 where the proportion was 50.6 per cent (Victorian Government, 2020).

Volunteering

14.1%

- More residents in Greater Geelong (14.1%) volunteer when compared to Greater Melbourne (12.1%) and the Victorian average (13.3%). However the Greater Geelong figure is in line with the national average (PHIDU, 2024).

However, considering the rest of Victoria but excluding Geelong, significantly more people (17.8%) volunteer. The highest volunteering rate in Victoria is in the West Wimmera where 33.6% of the population volunteer. This difference is also consistent between metropolitan, regional and rural areas of other states (PHIDU, 2024).

Arts Participation

Arts and cultural events and participation can be protective for mental health and wellbeing.

Seven in ten Australians (69%) agree that cultural and creative experiences make for a richer and more meaningful life. Over half of Australians say creativity and the arts have a ‘big’ or ‘very big’ impact on our sense of wellbeing and happiness (56%) and help us deal with stress, anxiety or depression (56%) (Creative Australia, 2022).

Many people attend arts and cultural events to improve their wellbeing (32%, up from 25% in 2019). This increased to 35 per cent for young Australians aged 15 to 24 years old (Creative Australia, 2022).

The arts are also a way to connect with others. Nearly three in five Australians agree that cultural and creative experiences allow me to connect with others (56% compared to 54% in 2019). Just under half of Australians attend arts events to socialise and connect with others (46% up from 41% in 2019) (Creative Australia, 2022).

For First Nations communities, arts and culture are the foundations of health and wellbeing.

PREVENTION OF VIOLENCE, FAMILY VIOLENCE AND PROMOTION OF GENDER EQUITY

VICTORIAN HEALTH PRIORITY 8: PREVENTING ALL FORMS OF VIOLENCE

BSW LPHU HEALTH PRIORITY: PREVENTION OF VIOLENCE, FAMILY VIOLENCE AND PROMOTION OF GENDER EQUITY

Family violence

One in five Greater Geelong residents (21%) know someone who has experienced family violence, and an additional four per cent know someone they suspect has experienced family violence (Geelong Preventative Health Survey, 2021).

Latest data shows that the rate of police recorded family violence incidents in Greater Geelong is increasing. In 2022-23, the rate was 1,721 per 100,000 population (or 4,865 incidents). This is an increase from a rate of

1,590 in the previous financial year (4389 incidents). This is an 8.3% increase in the rate of incidents and a 10.8% increase in the number of incidents.

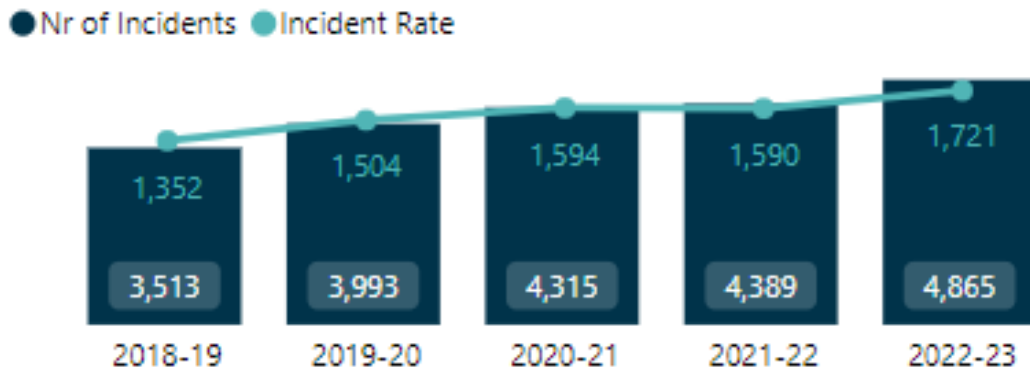


Figure 38: Family violence incidents (Source: www.crimestistics.vic.gov.au)

The rate of family violence related offences is higher in Greater Geelong when compared to Victoria, as shown in the graph below.

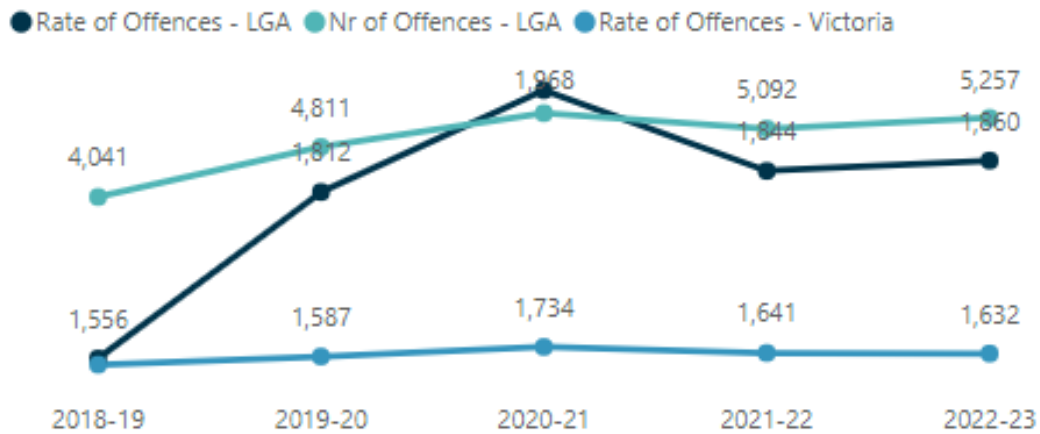


Figure 39: Rate of family violence related offences (Source: www.crimestistics.vic.gov.au)

Most of these offences (2940) were breaches of a family violence order.

In most cases, the affected family member is female.

Affected Family member	2020	2021	2022	2023	2024
Males	896	1,041	1,023	1,158	1,124
Females	2,962	3,260	3,260	3,586	3,870

Table 11: Affected family member (Source: www.crimestistics.vic.gov.au, March 2024)

Socio economic disadvantage

Data from 2022 shows that Corio, Norlane, and North Shore have the fourth highest rate of victim reports in Victoria with a rate of 44.9 reports per 1,000 residents (Victoria Police, 2018).

First Nations

Data from 2022 shows that Greater Geelong has a higher rate of family violence where the affected family member was a female First Nations person (659.93 per 10,000) when compared to the Barwon South West Region (410.9) and Victoria (553.1) (Women’s Health Victoria, 2024).

Gender

The rate of sexual offences against women is lower in Greater Geelong (10.4 per 10,000) than the Barwon South West Region (12.9) and Victoria (13.6), however it is much higher than that for men (1.59, 2.2 and 2.3 respectively) (Women’s Health Victoria, 2024). Most perpetrators are known to their victims. Women in Greater Geelong are also more likely to be stalked, harassed or threatened (6.64 per 10,000) than their male counterparts (2.58 per 10,000).

PERCEPTIONS OF SAFETY

82%

- of Greater Geelong residents feel safe or very safe in the area where they live (City of Greater Geelong, 2024).

The data shows that gender impacts feelings of safety in Greater Geelong. More women (9%) than men (3%) feel unsafe or very unsafe in the area where they live as shown in the graph below.

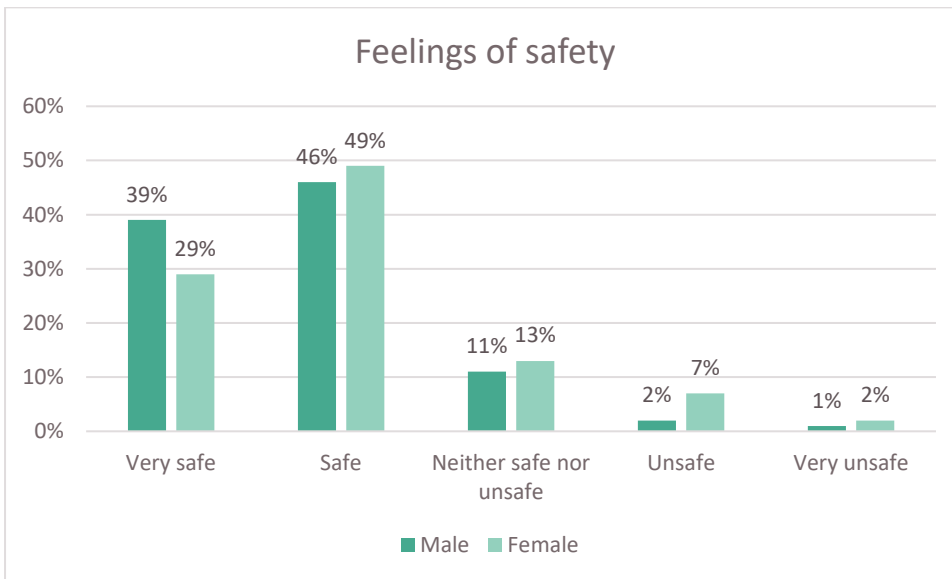


Figure 40: Feelings of safety (Source: City of Greater Geelong, 2024)

Reasons for feeling unsafe fluctuate across time and data can be heavily influenced by local media reports. However, data shows that it was more common for the following population groups to personally experience something that made them feel unsafe than the general population:

- Those with long term disability (78% compared to 42% of people with no disability).
- Self-employed people (89% compared to 53% of people employed with salary).

The Your Ground Project (2021) was a social research project that surveyed women and gender-diverse people to map their perceptions of safety when exercising and recreating for health and wellbeing in Victoria’s open spaces, including those of the City of Greater Geelong. The project took place within the context of COVID-19 and sought to understand the use of public spaces during periodic lockdowns.

Some relevant key highlights:

- Main concerns of unsafe areas were lack of street lighting, and the behaviour of other people mainly due to the use and abuse of alcohol and drugs, making people unpredictable and more prone to verbal abuse and harassment.
- 18% of unsafe street areas were concerned with traffic problems, speeding and the layout of roads and crossings contributing to perceptions of risks from injury.
- Parks were generally considered safe, however Eastern Park was highlighted as a concern.
- The presence of dog walkers and families increased perceptions of safety, and the study found more amenities increase park usage.
- Poor lighting, difficulty seeing ahead, and isolation were highlighted as safety concerns on our trails.
- Safety concerns at the corner of Moorabool and Little Malop Streets have consequences for the viability of public transport and active transport options.
- Poor lighting was highlighted as a safety concern in station car parks.
- Poor lighting was also the major reason people feel unsafe in the Brougham Street underpass, similar to other underpasses in Victoria researched as part of this project
- The Bob McGovan path north of the Geelong CBD was considered unsafe due to poor or unreliable lighting, the provision of hiding spots and for being secluded and isolated at times.

This information can help the City implement evidence based strategies that will improve perceptions of safety so that women and gender diverse people can freely use their local environments (XYX Lab and CrowdSpot. 2021. *YourGround Greater Geelong Report*. Melbourne: Monash University XYX Lab).

Perceptions of safety differ greatly across the municipality depending on several other characteristics as well:

Location: Seventeen percent (17%) of residents in Planning area 13 (Corio, Norlane, and North Shore) and Planning area 6 (Breakwater, Moolap, Newcomb, St Albans Park, Thomson, Whittington) feel unsafe or very unsafe in that area. This is higher than the Greater Geelong average of 6 per cent.

First Nations: Concerningly, 26 per cent of Aboriginal and Torres Strait Islander residents who were surveyed felt very unsafe in their local area (much higher than their non-Indigenous counterparts, 1%) (*Note: to be interpreted with caution due to low sample size*).

Disability: Ten percent of people with a long-term disability also felt very unsafe, and 11 per cent of one parent families with young children, and 13 per cent of people engaged in home duties felt unsafe in their local area.

Age: More young people (13%) felt that the area in which they lived was more unsafe than other areas of Greater Geelong, which was higher than other age groups (5%). 41% of people living in Planning area 13 and 23% of people living in Planning area 6 felt their local area was more unsafe than other areas of Greater Geelong (City of Greater Geelong, 2024).

Multiculturalism

64%

- Believed that multiculturalism made their suburb better, definitely (43%) or sometimes (21%)

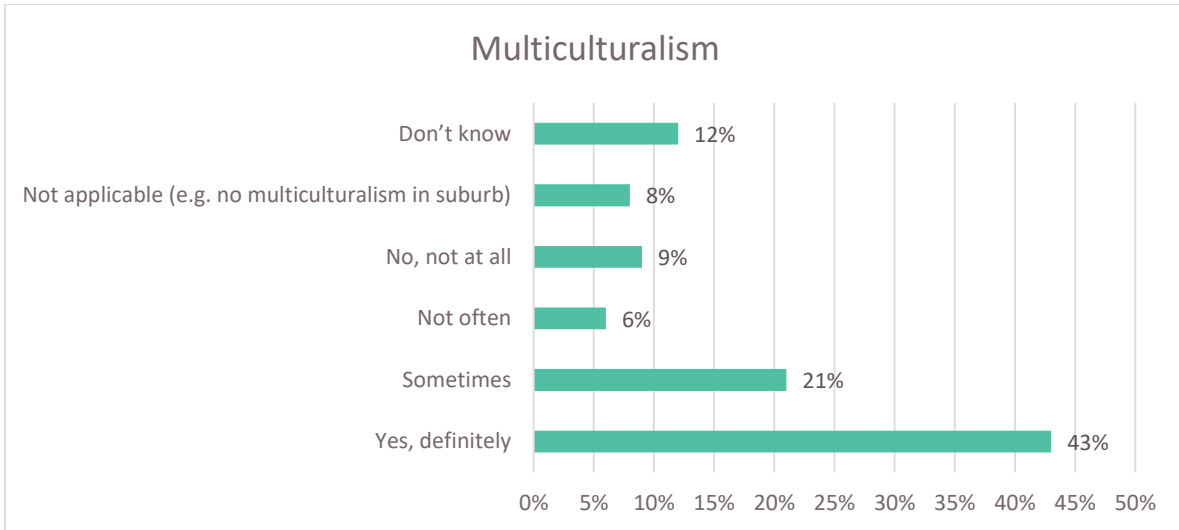


Figure 41: Multiculturalism (Source: City of Greater Geelong, 2024)

Discrimination

Despite this high value associated with cultural diversity, 16 per cent of residents experienced discrimination or were treated unfairly by others. This was higher for women (17%) than men (14%), and higher for younger people (18% for 18 to 34 year olds) compared to older people (13% for those aged 55 or over).

Some of the most common reasons given for this discrimination were:

- Skin colour (10%) – higher for males (16%) than females (7%).
- Nationality, race or ethnic group (17%).
- Gender (29%) – higher for females (38%) than males (18%).
- Age (28%).
- Disability or health issue (33%).
- Weight or body shape (19%).
- Marital or family status (11%) – higher for females (16%) than males (5%).
- Socio economic status (17%).

Living, Working and Environmental Conditions

Liveability

The Liveability Index developed by RMIT and the Australian Urban Observatory combines six domains of liveability found to be associated with health and wellbeing outcomes:

- walkability
- access to social infrastructure
- public transport
- larger public open space
- affordable housing
- local employment (AUO, 2021).

Higgs et al (2019) found that people who live in more liveable communities are more likely to walk, cycle and use public transport and are less likely to drive. Local government, in many ways, plays a crucial role in creating liveable environments and communities that can positively impact on people's health and wellbeing.

100.1

- The liveability score for Geelong slightly decreased compared to 2018 (when it was 100.5). Compared to other cities and towns, Geelong scores high on liveability.

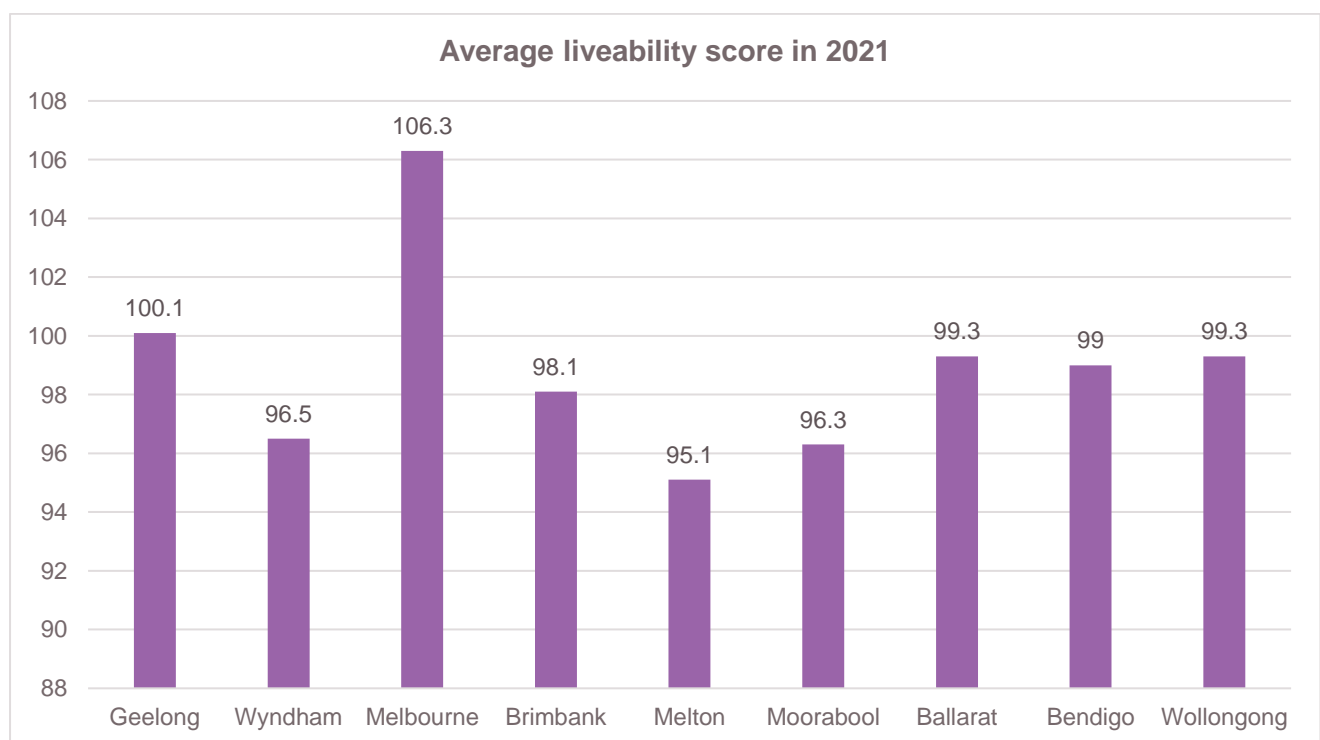


Figure 42: Average liveability score in 2021 (Source: [Australian Urban Observatory \(auo.org.au\)](https://auo.org.au))

Overview of Liveability indicators for Greater Geelong

Indicator	Geelong 2018	Geelong 2021	Trend over time (+/-/=)
Liveability <i>includes walkability and access to social infrastructure, public transport, larger public open space, affordable housing, and local employment.</i>	100.5	100.1	=
Walkability <i>Average number of daily living destinations present (0-3) within 1600m</i>	1.3/3	1.2/3	-
Walkability <i>Walkability for Transport Index</i>	-0.7	-0.7	=
Social Infrastructure <i>The average number of social infrastructure destinations accessible within recommended distances from dwellings across all of Geelong</i>	4.6 out of 16	5.2 out of 16	+
Public Transport <i>Percentage of dwellings within 400m to public transport with regular 30-minute weekday service (7am-7pm)</i>	55.1%	39.9%	-
Food Environment <i>% of dwellings within 1 km of a supermarket</i>	41.4%	36.3%	-
Alcohol Environment <i>Average distance to an off-licence alcohol outlet</i>	1009 m	883.7 m	-
Public Open Space <i>Percentage of dwellings within 400m of public open space of 1.5 hectares</i>	67.8%	40.6%	-
Local Employment <i>Percentage living with employment access at SA3 level</i>	71.7%	68.6%	-
Housing Affordability <i>Percentage of households in the lowest 40% of household incomes spending more than 30% of income on housing costs</i>	30.9%	26.7%	+

Table 12: Liveability Indicators (Source: AUO, 2018 and 2021)

TRANSPORT

Active transport

2.6%

- In Greater Geelong, an average of 2.6% of employed persons aged 15 and over, use active transport to travel to work (AUO, 2021).

- Charlemont (0.3%) and Mount Duneed (0.4%) have the lowest participation rates in active transport.
- Central Geelong (15.6%) and South Geelong (7.4%) have the highest rates of active transport.

Public Transport

2.3%

- In Greater Geelong, an average of 2.3% of employed persons aged 15 and over, use public transport to travel to work (AUO, 2021).

This proportion aligns with 25 per cent of Australia.

North Shore (5.4%), Norlane (4.8%), South Geelong (4.1%), and Corio (3.9%) have the highest proportion of residents travelling to work by public transport. Connewarre (0.8%) and Fyansford (0.7%) have the lowest proportion.

Transport Access

39.9%

- On average, almost 40 per cent (39.9%) of Greater Geelong residents live in dwellings within 400m of public transport with a regular 30 minute weekday service (7am to 7pm). Research shows this encourages walking and reduces car dependence.

The average distance to the closest public transport stop is 396.1m, which is considered walkable (i.e., below 400m). However, this varies widely across the municipality from an average of 187.6m in Manifold Heights to 1264.3m in Fyansford.

An average of 62.9 per cent of residents live within 400m of a bus stop. This also varies from an average of 99.5 per cent in Manifold Heights and 95.6 per cent in East Geelong, to 3.9 per cent in Fyansford and Charlemont.

The average distance to the closest train station in Greater Geelong is almost 6.5 km (6470.2m). When compared to every other local government area in Australia, Greater Geelong is on par with the bottom 23 per cent of the country. Areas on the Bellarine Peninsula such as Barwon Heads (17.6km), Ocean Grove (22km), Point Lonsdale (27.5km), Drysdale (20km), Clifton Springs (21.5km), and Curlewis (18.4km) are more disadvantaged in relation to train access and are on par with the bottom 2 to 7 per cent of the country. Bus stops provide some public transport access, however Charlemont, Connewarre, Barwon Heads, and Point Lonsdale do not have a regular weekday service, and services in Ocean Grove and Drysdale are limited.

Women are more likely to rely on public transport than men. Where families own one car, men are more likely to use that car to travel to and from work. Lack of access to transport can leave women vulnerable to social isolation. More women (25.4%) than men (20.4%) experienced transport limitations in a 12-month period, with similar proportions regionally and statewide (Women's Health Victoria, 2024).

WALKABILITY

- 0.7

- Greater Geelong has a **below average** walkability index at -0.7 (0 is average) (AUO, 2024).

Factors considered in the walkability index include something to walk to (services of daily living), a way to get there (street connectivity) and dwelling density. Research has shown local neighbourhood design is an important influence on physical activity, health outcomes, social connectedness, and sustainability (AUO, 2024).

With a mix of urban and rural areas in the municipality, walkability also varies greatly. The most walkable area is Geelong West with a walkability index of 3.2, aligning with the top 95 per cent of areas in Australia, to Connewarre with an index of -4.3, which aligns with the bottom 1 per cent of the country.

NATURAL ENVIRONMENT

Air Quality

Geelong experiences “relatively healthy air quality most of the year round. However, it is also vulnerable to experiencing short-term extreme air pollution spikes, most frequently caused by bushfires and dust storms.

Victoria experiences a range of common air pollutants, including particulate matter, ozone, carbon monoxide, sulphur dioxide and nitrogen dioxide; however, among these, particulate matter (PM2.5 and PM10) and ground-level ozone (O₃) are of highest concern within the state. This is due to these pollutants’ persistent presence in the air, their health impacts, and the number of sources contributing towards their emission (IQAir, 2024).



In 2019, Geelong averaged a concentration of 6.9 micrograms per cubic metre for PM2.5 (particulate matter), which was within the Australian Air Quality Standard of 8 micrograms per cubic metre, as well as the World Health Organisation’s annual target of 10 micrograms per cubic metre.

Real time data is available on the IQAir website: [Geelong Air Quality Index \(AQI\) and Australia Air Pollution | IQAir](#)

The main sources of air pollution in Geelong are both human-induced and natural activities. Victoria’s air pollution is significantly influenced by contributions from motor vehicle emissions and power generation, while major sources of particulate matter pollution include smoke, bushfires, prescribed burns, and wood heaters, as well as industrial activities. Population growth is expected to increase vehicle emissions as well as demand for power and is a concern for decreased air quality in the future (IQAir, 2024).

Water Quality

Drinking Water

Different areas of Geelong receive water from different sources. The water quality localities in the Greater Geelong region are Anakie, Little River, Lovely Banks, Batesford, Montpellier, Highton, Highton High Level, Pettavel, Leopold, Clifton Springs, Ocean Grove, Portarlinton, and Queenscliff.



In 2022-23 all drinking water supplied within Greater Geelong complied with Australian Drinking Water Guidelines (Barwon Water, 2023).

Public Water Bodies

The City monitors the water quality of the following 13 water bodies across Greater Geelong:

- Balyang Sanctuary, Newtown
- Blue Waters Lake, Ocean Grove
- Cowies Creek-Wetland, Lovely Banks
- Eastern Park Lake, Geelong
- Gateway Sanctuary, Leopold
- Grinter Reserve wetland, Moolap
- Hovells Creek, Lara
- Lake Lorne, Drysdale
- Lara Lakes, Lara
- McLeods Waterholes (large lake only), Drysdale
- St Leonard's Lake, St Leonards
- Seascape Drive Wetland, Indented Head
- Zillah Crawcour Park-Waterhole, Newtown

The waterbodies are monitored on a regular basis during the season (typically Dec – April), and when harmful blue-green algal (BGA) levels are present the public are kept informed.

Heat-related illness

Refer to **Injury / Hospital Admissions**

PUBLIC OPEN SPACE

“Public open spaces are areas such as parks and recreation reserves, public gardens, nature reserves, civic areas and promenades where everyone has the right to visit without being excluded due to economic or social conditions.

Open spaces are important as they provide places for people to meet, socialise, play, and connect and access to these areas is associated with increased physical activity and improved mental health.

With housing growth and increased housing density, public open space supports liveability in urban environments” (AUO, 2021).

On average, residents of Greater Geelong are within 256.2m of public open space, which is in line with 39% of Australia.

At a suburb level, Clifton Springs (271.9m), South Geelong (273m), Mount Duneed (275.9m), Lovely Banks (279m) and North Shore (279.9m) and are amongst the suburbs furthest from public open space.

Local Parks (> 0.4 ha - <= 1 ha)

Access to local parks varies across Greater Geelong. In Wandana Heights, 31 per cent of dwellings are within 400m of a local park, however in Connewarre this figure is only 15.8 per cent.

Neighbourhood Recreation Park (>0.5 ha)

In Moolap, 77.7 per cent of dwellings are within 400m or less from a neighbourhood recreation park, whereas residents in areas such as Connewarre (57.9%), Drumcondra (63%), Bell Post Hill (66.1%), Barwon Heads (67.6%) and Ripplside (68.5%) have less access.

Neighbourhood Parks (>1 ha - </= 5 ha)

Residents in Charlemont (42.5%), North Geelong (42.5%), Moolap (41.1%) and Breakwater (41.1%) are among the areas where the highest proportion of dwellings are within 800m or less of a neighbourhood park (larger than a local park).

EDUCATION

When compared to Victoria, more residents in Greater Geelong leave secondary school early, and fewer complete Year 12. In the City of Greater Geelong, 53.2% of people aged over 15 years had completed Year 12 schooling (or equivalent) as of 2021. This was less than Victoria (Profile id, 2021).

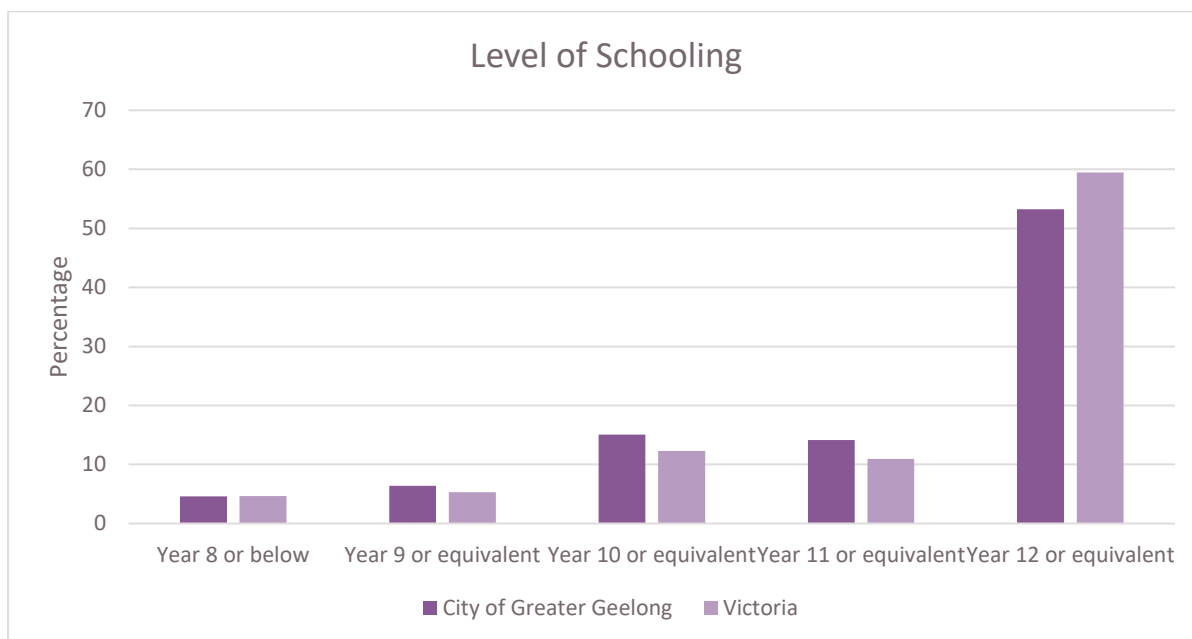


Figure 43: Level of schooling (Source: Profile id, 2021)

Highest Qualification

Almost one quarter (24.2%) of Greater Geelong residents held a Bachelor or Higher degree qualification in 2021, which is lower than Victoria. However, this represents an increase of 18,365 people since 2016 (Profile id, 2021).

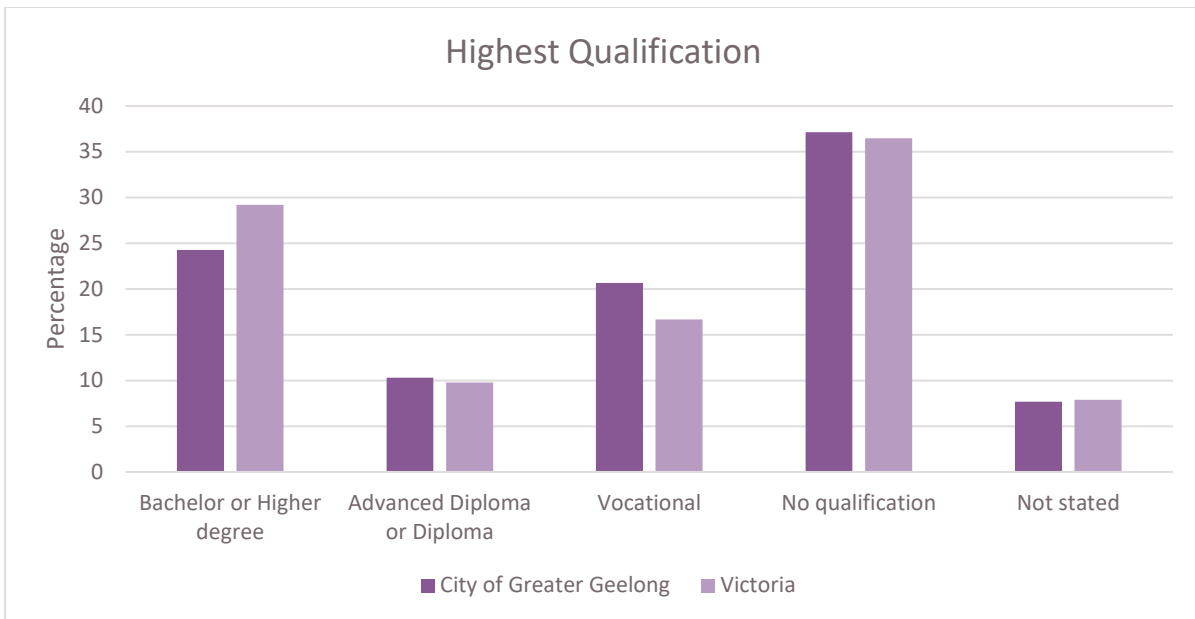


Figure 44: Highest Qualification (Source: Profile id, 2021)

EMPLOYMENT

Unemployment

As of June 2023, 3.2 per cent of the Greater Geelong population were unemployed (PHIDU, 2024).

On average, 67.4% of the population aged 15 years and over were participating in the labour force. Gender distribution is higher for men (63.9%) than women (57.7%) (PHIDU, 2024).

Occupation

Greater Geelong has slightly more technicians, trade workers, community and personal service workers than the Victorian average. Whilst there has been growth amongst all occupations since 2016, the largest

growth has been amongst professionals. The proportion of managers and professionals are still lower (22.7%) than Victoria (25%) (profile.id, 2022).

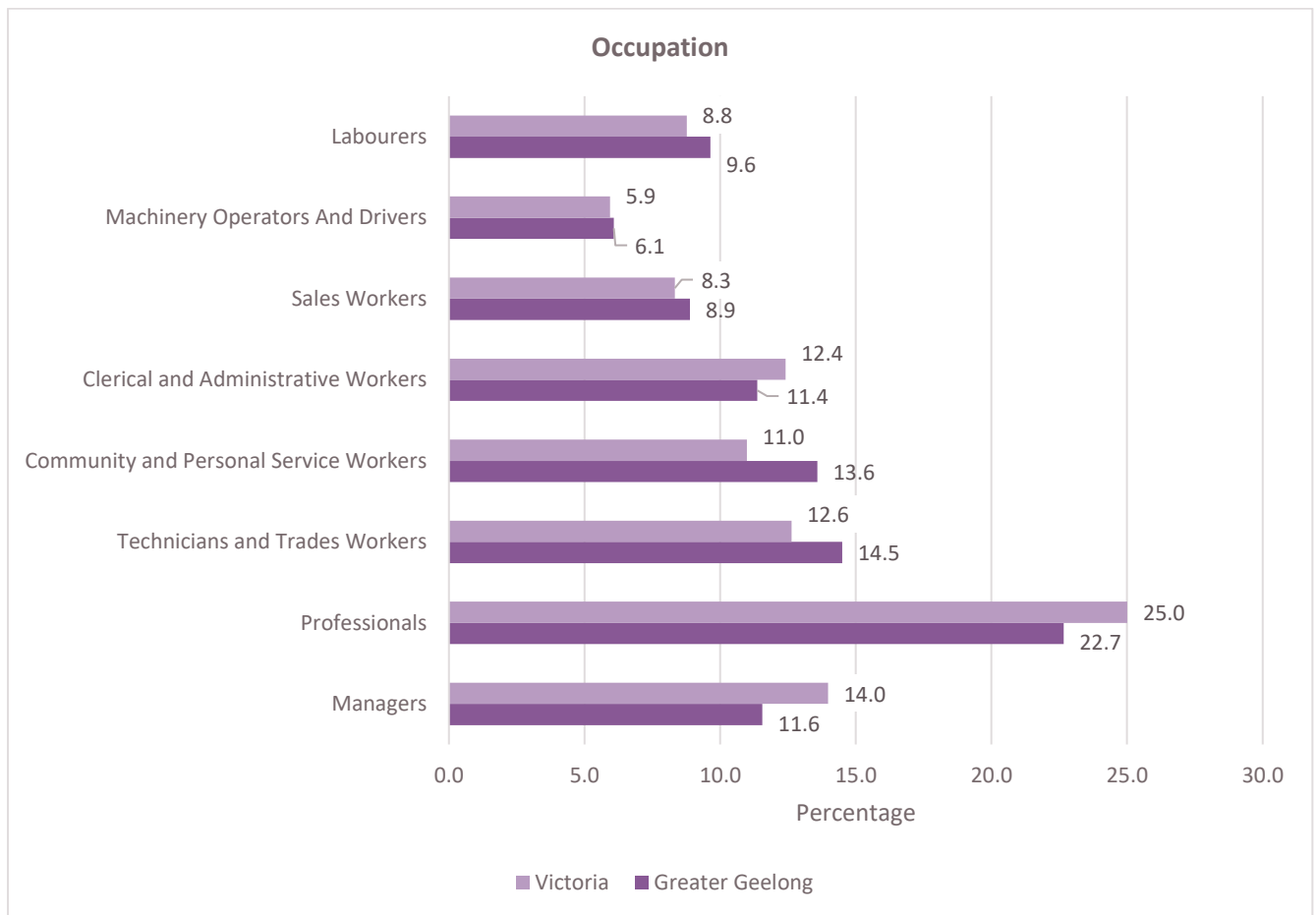


Figure 45: Occupation (Source: profile.id, 2021)

More women in Greater Geelong (49.0%) than men (22.7%) are employed part-time, a split that aligns with regional and state estimates. Conversely, more men (66.9%) than women (38.9%) are employed full-time (Women’s Health Victoria, 2024).

INCOME

Financial Security

More women (46.3%) than men (32.6%) in Greater Geelong earn below the minimum weekly wage (Women’s Health Victoria, 2024).

14%

• of Greater Geelong residents could not raise \$2000 in an emergency (City of Greater Geelong, 2024).

Recent data suggests 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 a week in an emergency (80%, down from 85% in 2021).

It was more common for women (16%) than men (13%) to struggle to raise these funds.

For population groups experiencing greater inequities, this was more difficult:

- Planning areas 6 (20%), 7 (19%) and 13 (39%)
- Those who identify as LGBTQIA+ (25%) compared to those who do not (13%)

- Aboriginal and Torres Strait Islanders (27%) compared to non-Indigenous people (14%)
- Those with a long-term disability (37%)
- Those on a health care card (24%)
- Those without health insurance (23%)
- One parent families with young children (45%) and one parent families with older children (over 15) (28%)
- Those who are unemployed (34%), those engaged in home duties (37%), and those on a low income (below \$40,000 pa) (34%)
- Renters (30%) (City of Greater Geelong, 2024)

INCOME SUPPORT

The most common form of income support is the Pension Concession Card (53,890 residents), followed by the age pension (32,365 residents). Commonwealth Rent Assistance (15,230), Health Care Card (14,130), Family Tax Benefit A (13,250) and B (10,420) are the next most common payments.

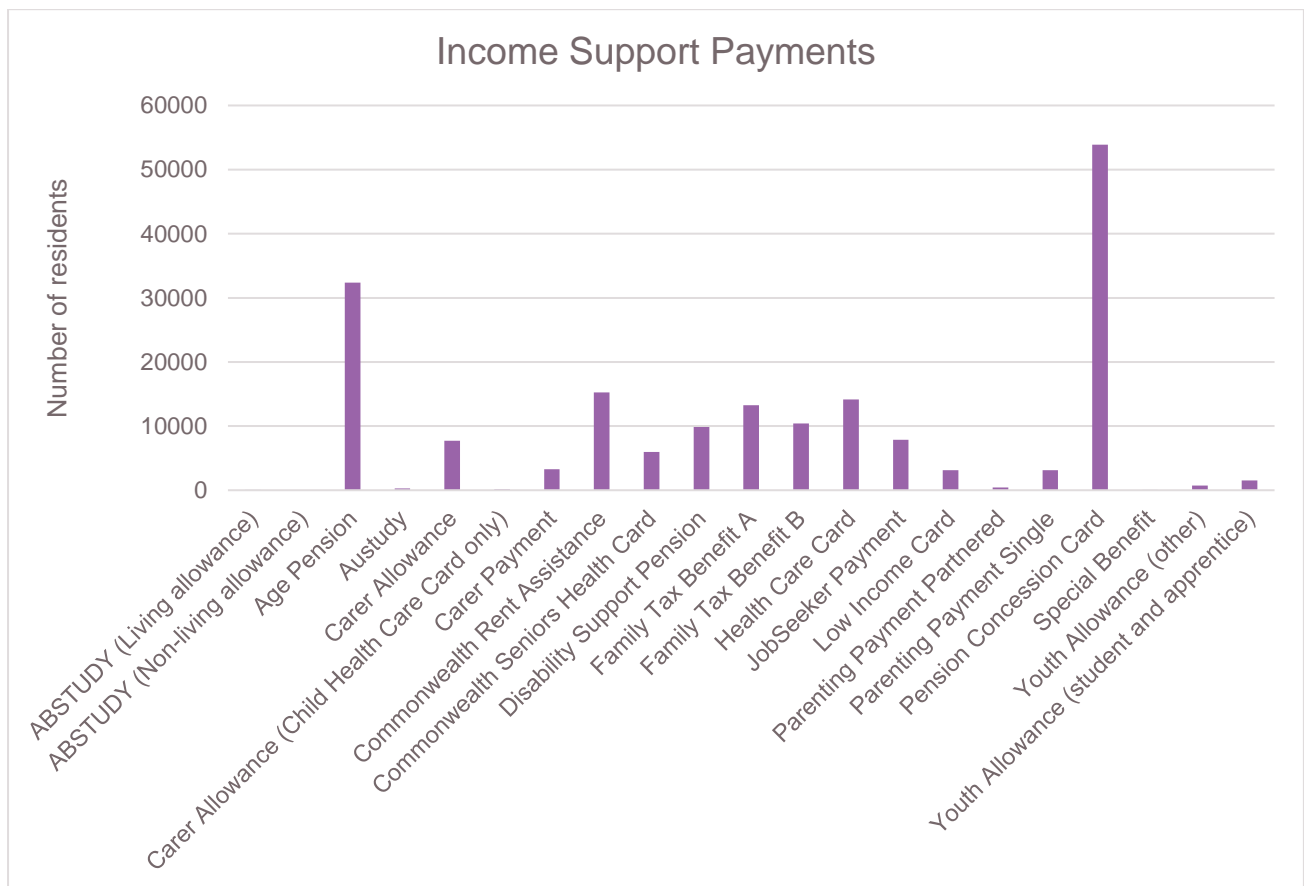


Figure 46: Income Support (Source: DSS, December 2023)

Residents getting the following assistance from Services Australia are eligible for a Pension Concession Card:

- Age pension
- Carer payment
- Disability Support Pension

- JobSeeker Payment or Youth Allowance
- Parenting payment

The Pensioner Concession Card (PCC) allows residents to get cheaper medicine (as well as a bigger refund when reached the Medicare Safety Net), bulk billed doctor visits and help with hearing services.

The following groups receive income support in Greater Geelong:

- 60.5% of over 65 year olds receive the aged pension
- 5.7% of people aged between 16 and 64 years receive the disability support pension
- 3.0% of females aged 15 to 54 are sole parent pensioners
- 5.1% of people are receiving an unemployment benefit
- 5.4% of people aged between 22 and 64 receive Job Seeker
- 3.4% of young people between 16 and 21 receive Youth Allowance
- 4.2% of people receiving Job Seeker or Youth Allowance are long term (i.e. 6 months or more)
- 3.9% of families are considered low income, welfare dependent families with children
- 9.8% of children under 16 years of age are in low income, welfare-dependent families
- 8.9% of children younger than 15 years of age are in jobless families
- 6.6% of people aged 0 to 64 are Health Care Card holders
- 10.9% of people aged 65 and over are seniors Health Care Card holders
- 23.4% of people over 15 years of age are pension concession card holders
- 14.6% households receive rent assistance (PHIDU, 2024)

SEIFA INDEX

The SEIFA Index of Disadvantage for Greater Geelong in 2021 was 1007, which is similar to the Victorian average (1010), and significantly above the regional Victorian average (985).

However, at a suburb level, there is much diversity.

The SEIFA index for suburbs within Greater Geelong range from 1096.4 in Barwon Heads, to 764.3 for Norlane-North Shore.

The suburbs of Norlane–North Shore (764.3), Whittington (817) and Corio (822.7) experience higher levels of socio-economic disadvantage compared to Greater Geelong as a whole. These suburbs all ranked in the first and second percentiles respectively for relative disadvantage, making them among the most disadvantaged areas in Victoria (City of Greater Geelong, Social Equity Framework, 2021).

HOUSING & HOMELESSNESS

Most residents (89.6%) live in private dwellings.

Most households are either couples with children (26.6%) or couples without children (27.3%). Single parent families comprise 10.6% of households and 26.5% of households are people living alone.

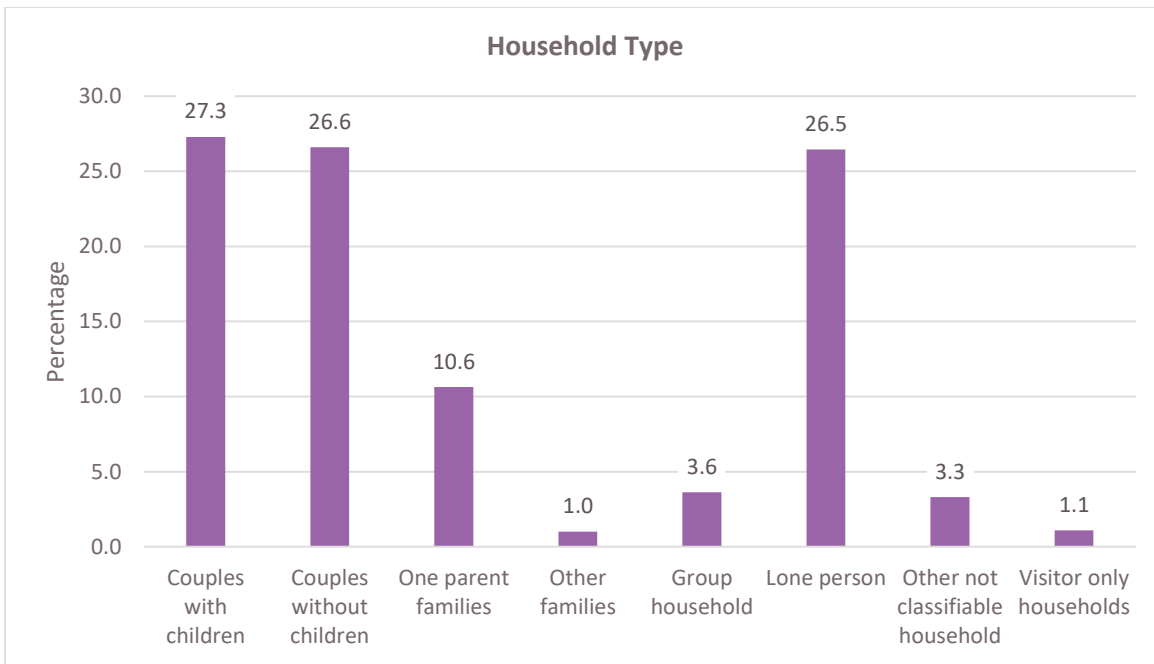


Figure 47: Household type (Source: profile.id, 2021)

Household Tenure

When compared to Victoria, a larger proportion of households owned their own dwelling (33.1% compared to 31%), a smaller proportion were purchasing their dwelling (33.3% compared to 34.6%), and a similar proportion were renting (27.1% compared to 27.5%). This is likely to change as more housing developments in Greater Geelong’s growth areas are established.

A higher proportion of renters in Greater Geelong are living in social housing (3.1%) compared to Victoria (2.5%).

Only an average of 0.1 per cent of housing has affordable rental costs (AUO, 2021)

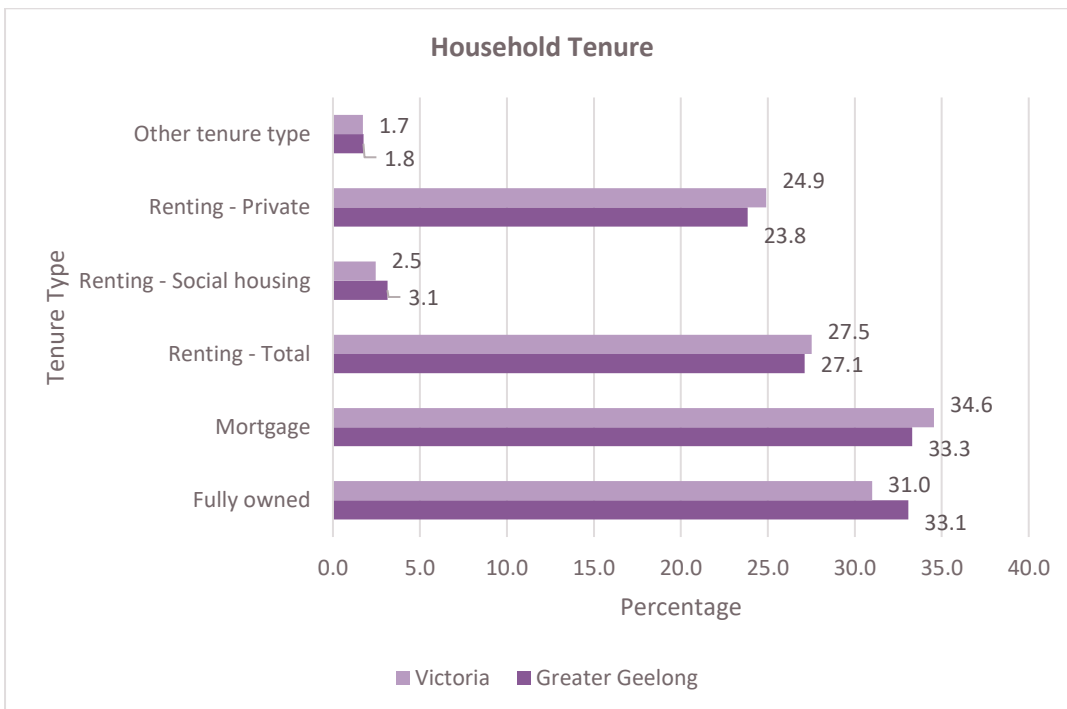


Figure 48: Household tenure (Source: profile.id, 2021)

Secure and affordable housing

18

- The average VAMPIRE Index for Greater Geelong is 18, which aligns with approximately half (54%) of all LGAs in Australia (AUO, 2021)

The VAMPIRE Index is a Vulnerability Assessment for Mortgage, Petroleum Inflation Risks and Expenditure. This is a specialist housing indicator to identify critical housing issues such as tenure insecurity or unaffordability (AUO, 2021).

Within Greater Geelong there are inequities in this index, with residents in the suburbs of Lovely Banks (24), Waurin Ponds (22), Charlemont (22), St Albans Park (22), Leopold (22), Armstrong Creek (21), Clifton Springs (21) all more vulnerable than average (AUO, 2021). This means that residents in these areas may be more vulnerable to unaffordable housing which may lead to difficulty affording food, healthcare, and other necessities.

In addition, the following residents are also vulnerable:

- In June 2023, 14.6 per cent of Greater Geelong households were receiving rent assistance from the Australian government which is higher than the Victorian average (11.6%). This proportion is higher for First Nations people in Greater Geelong (21.7%).
- Slightly more people rent in social housing (2.7%) in Greater Geelong when compared to the Victorian average (2.1%) (PHIDU, 2024).
- There are more low-income households in Greater Geelong (42.2%) i.e., households in bottom 40% of income distribution, when compared to Victoria (39.5%)
- More low-income households (28.1%) are in rental stress, when compared to Victoria (25.1%)
- 25.3% of low-income households are under financial stress from mortgage or rent (PHIDU, 2024)

Housing suitability

A higher proportion of First Nations people live in crowded dwellings (9.0%) when compared to the rest of the population (4.0%) (PHIDU, 2024).

Homelessness

Between 2016 and 2021, the number of people experiencing homelessness in the City of Greater Geelong doubled from 630 to 1546 per 10,000 population (ABS, 2021).

Current estimates indicate Greater Geelong has a higher proportion of people experiencing homelessness (58.2 per 10,000) when compared to Greater Melbourne (47.7 per 10,000) or Victoria (46.9 per 10,000) (PHIDU, 2024).

INTERNET & DIGITAL

15.8%

- of Greater Geelong households do not have the internet (Profile id, 2016).
Note: The question was dropped for the 2021 Census.

The Australian Digital Inclusion Index (ADII) for Greater Geelong is 73.0, which aligns with both the Victorian and National average of 73.2.

This figure measures data across three domains of digital inclusion: access, affordability, and digital ability. Digital inclusion increases with education, employment, and income.

Nationally, 2023 data shows that people who did not complete secondary school, those outside the labour force and those on lower incomes are more likely to be digitally excluded.

SOCIAL INFRASTRUCTURE

“The provision of well-planned social infrastructure supports the liveability of communities by promoting walking and community social interaction” (AUO, 2024). Social infrastructure includes support services and resources such as health, education, early childhood, community support, culture, sport, recreation and parks.

5.2/16

- This is the average **social infrastructure index** for Geelong, aligning with 46% of LGAs in Australia (AUO, 2021).

At a suburb level the index varies greatly. Residents in Central Geelong (12.1), Geelong West (10.6) and Newtown (9.7) all have greater access to social infrastructure than the Geelong average. However, residents in areas such as North Shore (0), Connewarre (0) Charlemont (0.2) and Fyansford (1.1) are all more disadvantaged than Geelong in this regard, with limited access to social infrastructure (AUO, 2021).

Community and sport social infrastructure

This indicator includes access to:

- Community centres
- Public swimming pools
- Sports facilities

Out of a maximum score of 3, residents in Mount Duneed (1.7/3), Central Geelong (1.7/3) and South Geelong (1.7/3) have the best access. Whereas residents in North Shore (0), Charlemont (0), Connewarre (0) and Fyansford (0.1) have the least access.

Health social infrastructure

This indicator includes access to:

- Residential aged care facilities
- Dentists
- General Practitioners
- Pharmacies
- Community Health Centres
- Maternal Child and Family health centres

Out of a maximum of 6, the average score for Greater Geelong is 1.6/6. Central Geelong (4.3/6) and Geelong West (3.7/6) have the best access to health social infrastructure, and North Shore, Rippleside, Fyansford, Breakwater, Charlemont, Wandana Heights, Waurin Ponds, Mount Duneed, and Connewarre all scored 0.

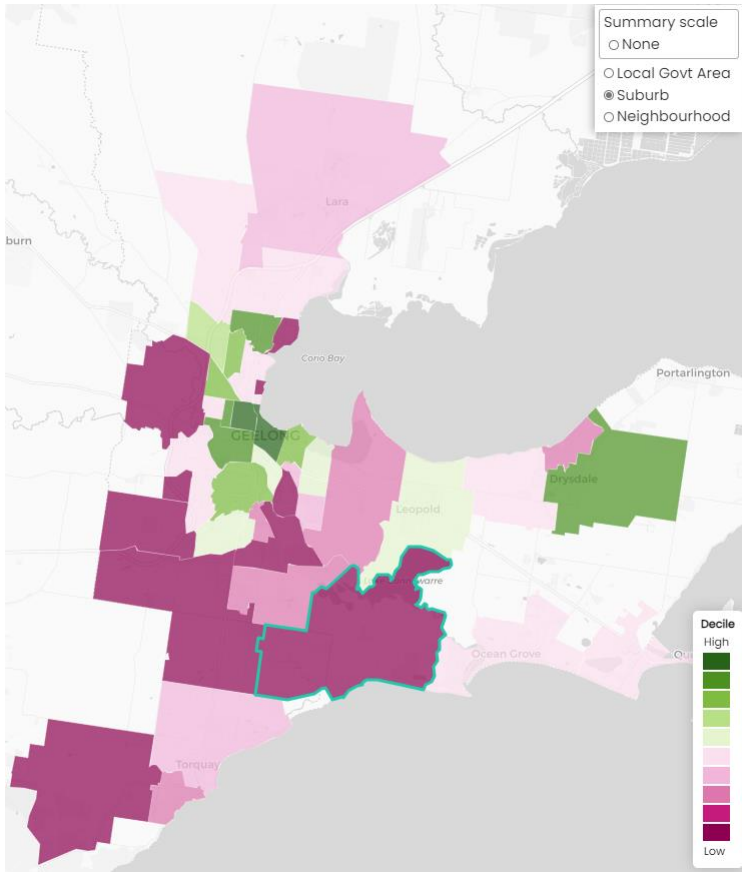


Figure 49: Health social infrastructure (Source: AUO, 2021)

Education social infrastructure

This indicator includes access to:

- Childcare
- Out of School Hours Care
- Government primary schools
- Government secondary schools

Out of a maximum of 4, the Greater Geelong average was 2. Newcomb (3.6), Hamlyn Heights (3.5), Central Geelong (3.4) and Whittington (3.4) scored highly. More isolated areas such as Connewarre (0) and Fyansford (0.1) scored poorly.

Cultural infrastructure

This indicator includes access to:

- Museums/art galleries
- Cinemas/theatres
- Libraries

Out of a maximum of 3, the average for Greater Geelong was 0.6. Data shows most residents have to travel into central Geelong to access this infrastructure. Suburbs in central Geelong scored highly (e.g. Geelong West 2.7), and outer and more isolated areas scored poorly (e.g. Lara, Lovely Banks and Connewarre, all scoring 0).

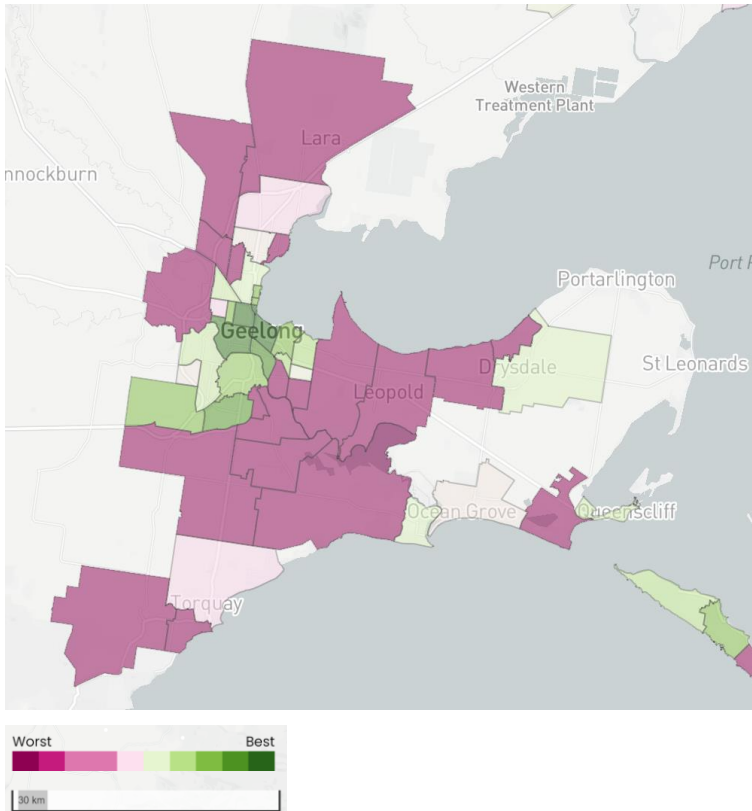


Figure 50: Culture and leisure social infrastructure (Source: AUO, 2021)

HEALTH SERVICES

18.6%

- Almost one in five adults (18.6%) in Greater Geelong were unable to see a GP when needed in the past 12 months. This is in line with the Victorian average on 19.5 per cent (VPHS, 2023).

Reasons for this included cost (in 34% of cases) and couldn't get an appointment when needed (35% of cases) (VPHS, 2023). Wait times to see a GP were considered better in Greater Geelong (29.8% felt they waited longer than was acceptable) when compared to Victoria (33%) (VPHS, 2023).

The average distance to the closest bulk billing GP clinic in Geelong is 1.3km (1339.9m). This aligns with 51% of LGAs in Australia.

At a suburb level, bulk billing GP clinics are more accessible to the north of the CBD, in suburbs such as Drumcondra (625.7m), Norlane (675.2m), Bell Park (675.6m), Bell Post Hill (715.7m), and Central Geelong (781.2m).

Residents in Barwon Heads have the furthest to travel to a bulk billing GP clinic (just over 5km, aligning with just 5% of LGAs in Australia), closely followed by residents in Connewarre (3.9km, 8%), Fyansford (2.99km, 13%) and more central suburbs such as Breakwater (2.4km), Marshall (2.65km) and Charlemont (2.66km).

When considering GP clinics overall (fee paying included), Central Geelong is aligned with 92% of LGAs in Australia, with residents only having to travel 533.4m to see a GP. Barwon Heads also has fee paying GP clinics making GPs more accessible if residents can afford it, however Connewarre is similarly disadvantaged (3.9km) when looking at GP clinics overall.

GP access in growth areas such as Mount Duneed and Waurm Ponds to the south east of the CBD are similarly disadvantaged with residents having to travel an average of 2km to see a GP (AUO, 2021).

Cancer Screening

In the last 12 months, 3.2 per cent of residents postponed a cancer screening appointment, which is higher than the Victorian average (2.6%) (VPHS, 2023).

Breast Screening

In Greater Geelong 56.9% of eligible women (aged 50 to 74 years) participated in preventive breast screening in the two-year period July 2020 to June 2022. This was higher than the Barwon Southwest region (54.7%) and Victoria (49.5%).

Groups with lower participation rates in screening and cancer prevention programs include:

- Aboriginal and Torres Strait Islander women,
- migrant and refugee women,
- women with disabilities,
- women facing disadvantage (low socio-economic status), and
- lesbian and bisexual women.

These groups consequently have a higher risk of late-stage cancer and poorer survival outcomes (Women's Health Victoria, 2024).

Cervical Screening

Fewer eligible women in Greater Geelong (57%) participated in cervical cancer screening compared to the Barwon Southwest region (60.6%) during the two-year period January 2016 to November 2017 as recommended by the National Cervical Screening Program. Participation was on par with Victoria (56.1%).

Bowel Cancer Screening

The National Bowel Cancer Screening Program (NBCSP) invites eligible Australians aged 50-74 years (without symptoms) to screen at regular intervals using a free, simple test at home. Participation is measured as the percentage of individuals invited during a two-year period who complete a screening test.

Participation in the bowel screening program in Greater Geelong is higher amongst women (52.7%) than men (47.8%), a similar pattern for the Barwon Southwest region and Victoria, however men are diagnosed with bowel cancer at a higher rate than women. Latest data (2022) shows that the average age standardised rate from 2018 to 2022 in Greater Geelong is 29.2 per 100,000 for women and 37.9 per 100,000 for men (Women's Health Victoria, 2024).

Medical appointments

In terms of medical appointments, tests, or procedures, 11.7 per cent of residents cancelled an appointment themselves and 7.9 per cent had their appointments cancelled by the medical facility (VPHS, 2023). Both these figures are slightly higher than the average for Victoria (10.7% and 7.1% respectively).

FOOD SECURITY

8%

- of Greater Geelong residents ran out of food and couldn't afford to buy more in the last 12 months (GPHS, 2024). This is on par with Victoria (8%) (VPHS, 2023) but has increased from 4.3% in 2017 (City of Greater Geelong, 2017).

21%

- of residents definitely (10%) or sometimes (11%) worried about running out of money to buy food in the last 12 months (City of Greater Geelong, 2024).

Young people under 35 years of age (9%) were more likely than people 55 or over (4%) to experience food insecurity (City of Greater Geelong, 2024).

In the suburbs of Corio, Norlane and North Shore, this figure rose to 23 per cent of the community (with 30 per cent definitely worrying they would run out of money to buy food). The next highest was 12 per cent in Planning area 6 (Breakwater, Moolap, Newcomb, St Albans Park, Thomson, Whittington).

Other population groups who experienced food insecurity include:

- Those who identify as LGBTQIA+, with 17% experiencing food insecurity compared to 7% who do not identify as LGBTQIA+
- First Nations people (18%, compared to 8% non-Indigenous)
- People with a long-term disability (24%, compared to 6% without a long-term disability)
- Health Care Card holders (13%, compared to 5% of those without a health care card)
- One parent families with children under 15 (32%) or children over 15 (24%)
- Those who are unemployed (18%) compared to those who are employed (6%) or retired (3%)
- Those in casual employment (21%) compared to those employed full time (5%) or part time (6%)
- Those on a low income (20% of those earning under \$40,000 pa)
- Renters (17%), compared to those with a mortgage (6%) or those who own their home outright (2%)

Cost is sighted as a reason for not eating a balanced diet (2 serves of fruit and 5 serves of vegetables daily) amongst 12 per cent of the Greater Geelong community (an increase from 4% in 2021) (City of Greater Geelong, 2024).

Food Access

Access to food is not always equitable within communities, and the map below shows the areas in Greater Geelong which are further (pink) than 3.2km from any food outlet. People won't generally walk further than 800m to 1km to shops especially if purchasing bulky or heavy items.

The areas in dark pink (e.g. Connewarre and Drysdale) could be considered as food deserts. "Food deserts force residents to be reliant on motorised transport and are of particular concern to those with limited mobility and in low socio-economic status areas where people may not be able to afford a private car" (AUO, 2021). Connewarre also has limited transport access.

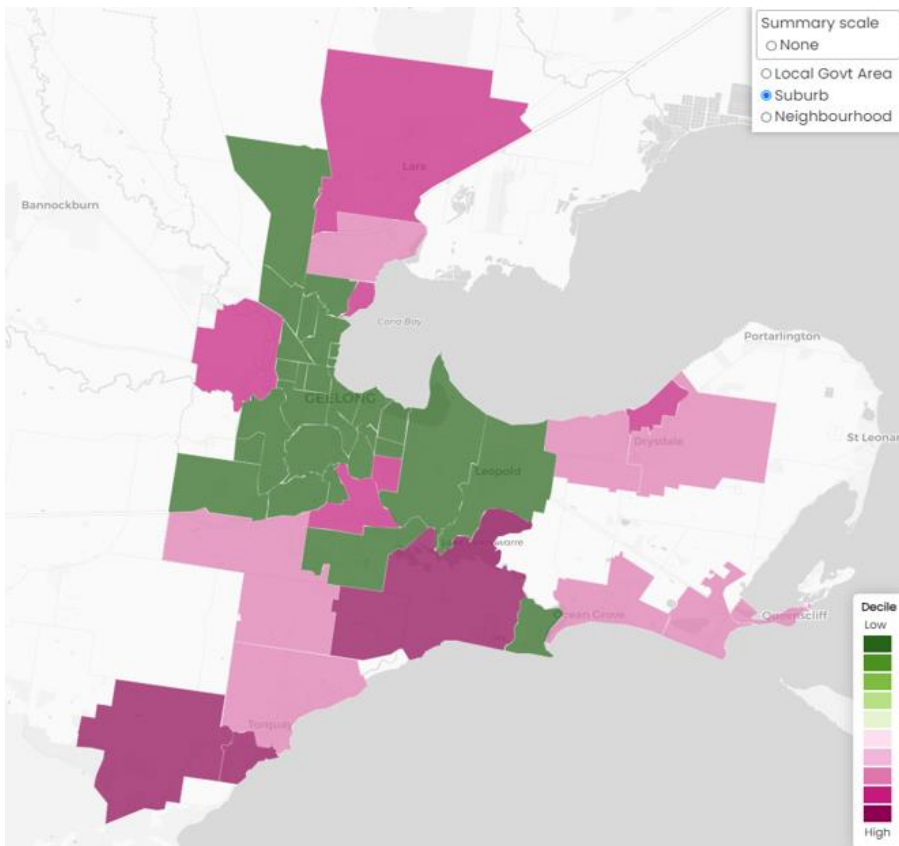


Figure 51: Residents without any food access within 3.2km (Source: AUO, 2021)

Access to a Healthy Food

The majority of Newcomb (93.8%) and Geelong West (89.1%) residents live within 1 km of a supermarket. Residents of suburbs such as South Geelong and Breakwater have to travel further than 1km to access a supermarket, as do residents in Fyansford and Connewarre, Wandana Heights, Waurn Ponds, St Albans Park, Ripplside and North Shore.

The average distance to the closest healthy food outlet (supermarket or greengrocer) in Greater Geelong is 1.3 km. Residents in Manifold Heights (418.5m), Newcomb (492.6m), Geelong West (558.4m) and Bell Park (650m) are the closest, and residents in Connewarre (3.96km) are the furthest.

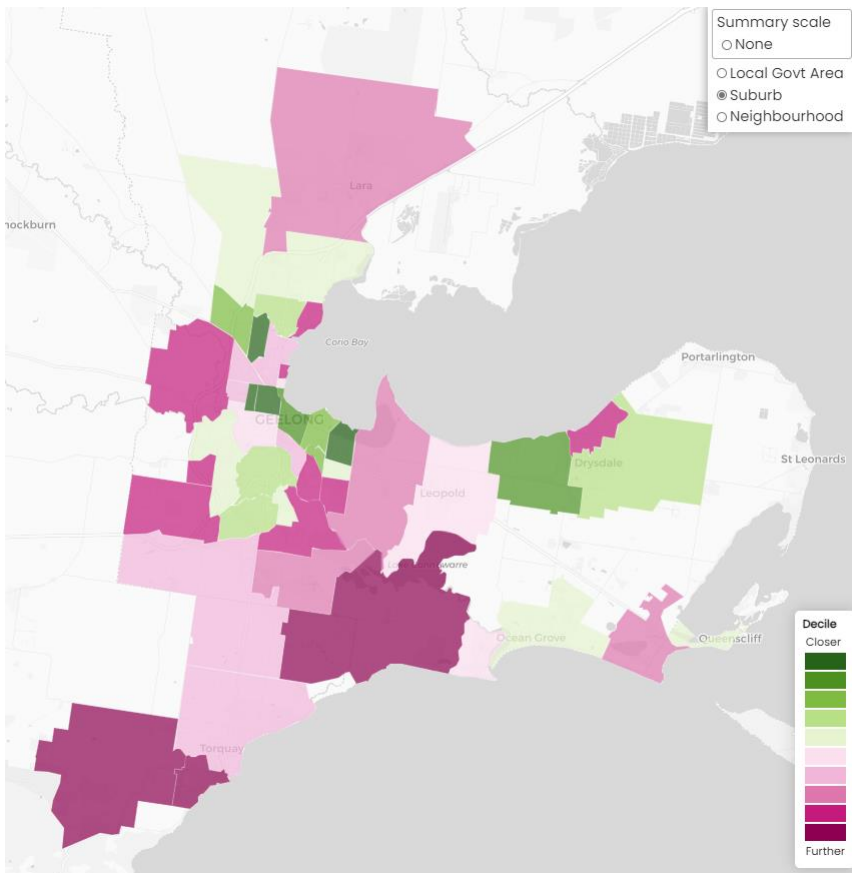


Figure 52: Average distance to closest healthy food outlet i.e. supermarket or greengrocer (Source: AUO, 2021)

Access to Fast Food

The average distance to a fast-food outlet in Greater Geelong is 2.28km, which is in line with 76% of Australia. Geelong West (609.3m), Lovely Banks (659.9m), Manifold Heights (812.4m), Newcomb (891.2m), South Geelong (921.8m), Central Geelong (943.1m), Whittington (953.2m) and Norlane (980.8m) are all within walking distance (1km) of a fast-food outlet.

Residents on the Bellarine Peninsula live the furthest from fast food outlets, especially areas such as Point Lonsdale (5.1km), Barwon Heads (7.8km), Curlewis (9.2km), Drysdale (9.6km), and Clifton Springs (11.2km).

ALCOHOL AVAILABILITY

Greater Geelong has an average of one off-licensed outlet within 800m (i.e. where alcohol can be purchased and taken away to consume elsewhere e.g. bottle shop). Alcohol is more available via these types of outlets in Moolap, Lovely Banks and Wandana Heights which all have an average of two off-licence outlets within 800m.

The average distance to an off-licence outlet is 883.7m, which aligns with 48 per cent of local government areas in Australia. Average distances are shorter in central suburbs such as South Geelong (254.1m), Central Geelong (269.4m), Geelong West (301.4m), and Breakwater (332.4m), and alcohol outlets are further away towards the south of the municipality in Charlemont (2.6km) and Connewarre (3.8km) (AUO, 2021).

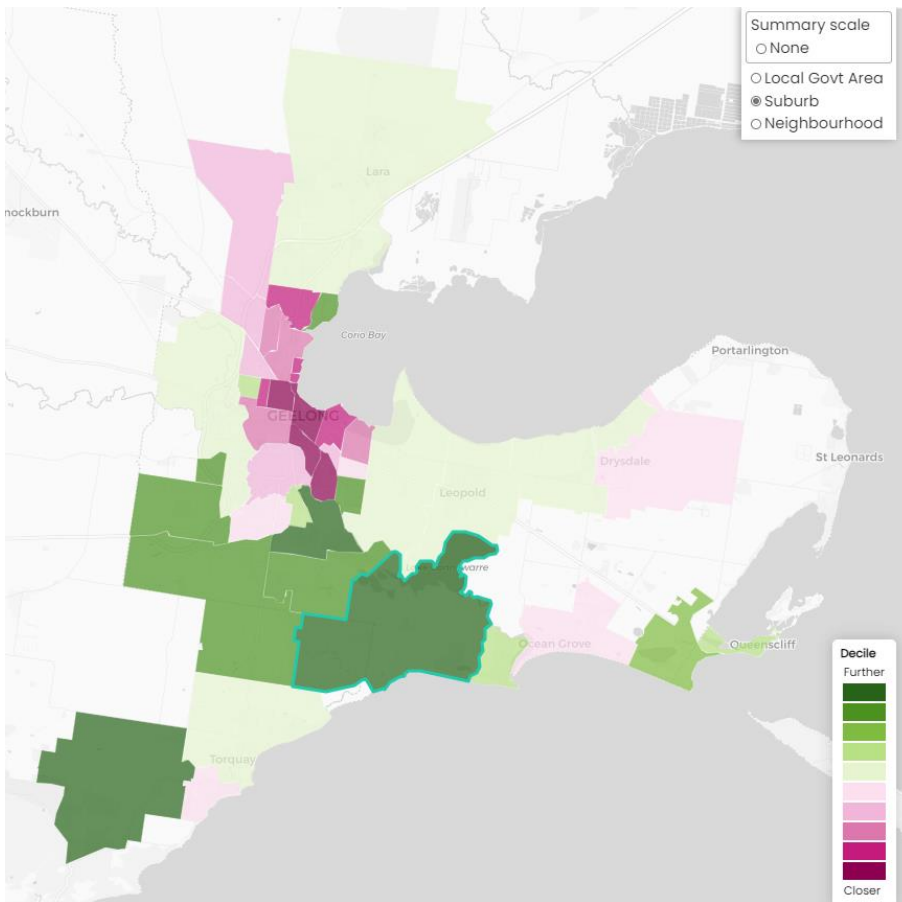


Figure 53: Average Distance to closest off-licence alcohol outlet, where green is further and pink is closer, (Source: AUO, 2021)

Broader Socioeconomic, Cultural and Environmental Factors

CLIMATE CHANGE AND ITS IMPACT ON HEALTH & STRENGTHENING COMMUNITY RESILIENCE

Our health is highly dependent on the environment in which we live. Climate change affects health in many ways – both directly and indirectly. Extreme weather events such as heatwaves, bushfires, storms, floods, and drought are increasing in frequency and intensity due to climate change, and they can directly

VICTORIAN HEALTH PRIORITY 7: TACKLING CLIMATE CHANGE AND ITS IMPACT ON HEALTH
BSW LPHU HEALTH PRIORITY: TACKLING CLIMATE CHANGE AND ITS IMPACT ON HEALTH AND STRENGTHENING COMMUNITY RESILIENCE

cause illness, injury, and death. Indirect impacts include changes in the spread of infectious disease as well as worsening air, food systems, and water quality due to climatic factors.

Strategies to mitigate further climate change by reducing greenhouse gas emissions and adapt to an already changed climate are important for preventing the harms climate change can have on people's health (Department of Health, 2023).

71%

- The majority (71%) of the Greater Geelong community are concerned about climate change, with 21% slightly concerned, 22% quite concerned and 28% very concerned.
- Women (81%) are generally more concerned than men (62%). (GPHS, 2024).

The level of concern amongst the Greater Geelong community varies depending on location, with 30% of residents on the Bellarine Peninsula very concerned (Barwon Heads, Breamlea, Connewarre, Mannerim, Marcus Hill, Ocean Grove, Point Lonsdale, Swan Bay, and Wallington) (GPHS, 2024).

Throughout Greater Geelong, of those who are concerned, most people are concerned about future generations (84%), increased extreme weather events (76%) and the state of the planet (73%). Only 42 per cent of respondents were concerned about the impact of climate change on their health, as shown in the graph below.

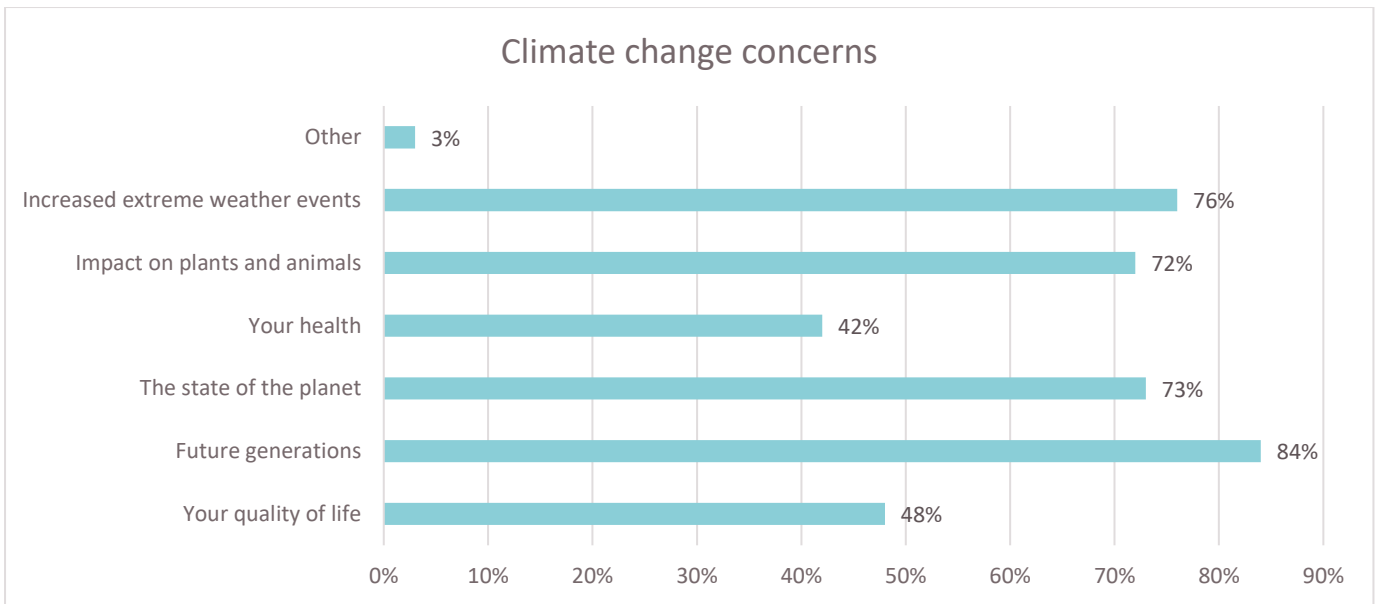


Figure 54: Concerns about climate change (GPHS, 2024)

Seven per cent of Greater Geelong residents live in homes where the temperature is always uncomfortable, meaning these residents are more vulnerable to the extreme temperatures associated with climate change. Residents of planning areas 11 (15%), 13 (16%) and 15 (11%) are more likely than those in planning area 2 (1%) to be living in homes where the temperature is uncomfortable all the time. Young people under 34 years of age (12%) are also more likely than people over 55 (3%) to living in uncomfortable conditions (City of Greater Geelong, 2024). Note: A map of the planning areas is included in Appendix 1.

Heatwave Vulnerability

The City of Greater Geelong and the Department of Environment, Land, Water and Planning (DELWP) engaged the Live+Smart Research Lab at Deakin University to conduct an in-depth analysis of the potential impacts of heatwaves to vulnerable people living in Greater Geelong (Roos PB et al, 2020).

The project resulted in independent observations and mapping of areas likely to have a high-risk vulnerability to the impacts of heatwaves due to:

- Socio-economic factors.
- Population demographics such as age.
- Health and disability factors; and
- Chronic medication users

The top ten suburbs of Greater Geelong listed in priority of vulnerability to heat risk factors that will be impacted by heatwaves from 2020 to 2100 are:

- | | | |
|--------------------|-----------------|------------------|
| 1. Wandana Heights | 5. Newcomb | 9. Portarlington |
| 2. St Albans | 6. Barwon Heads | 10. Whittington |
| 3. Marshall | 7. Highton | |
| 4. Point Lonsdale | 8. Clifton | |

The population groups most likely to be affected by heatwaves are:

- the elderly and the very young
- people with existing chronic health conditions
- low-income households

- people who are socially isolated
- those who are required to be physically active for employment (Department of Health, 2024c)

The study recommended Council adopt a small area or suburb-based approach to handle and mitigate the impacts of heatwaves across the LGA. The maps below show the increasing heatwave risk across the municipality over the next 80 years.

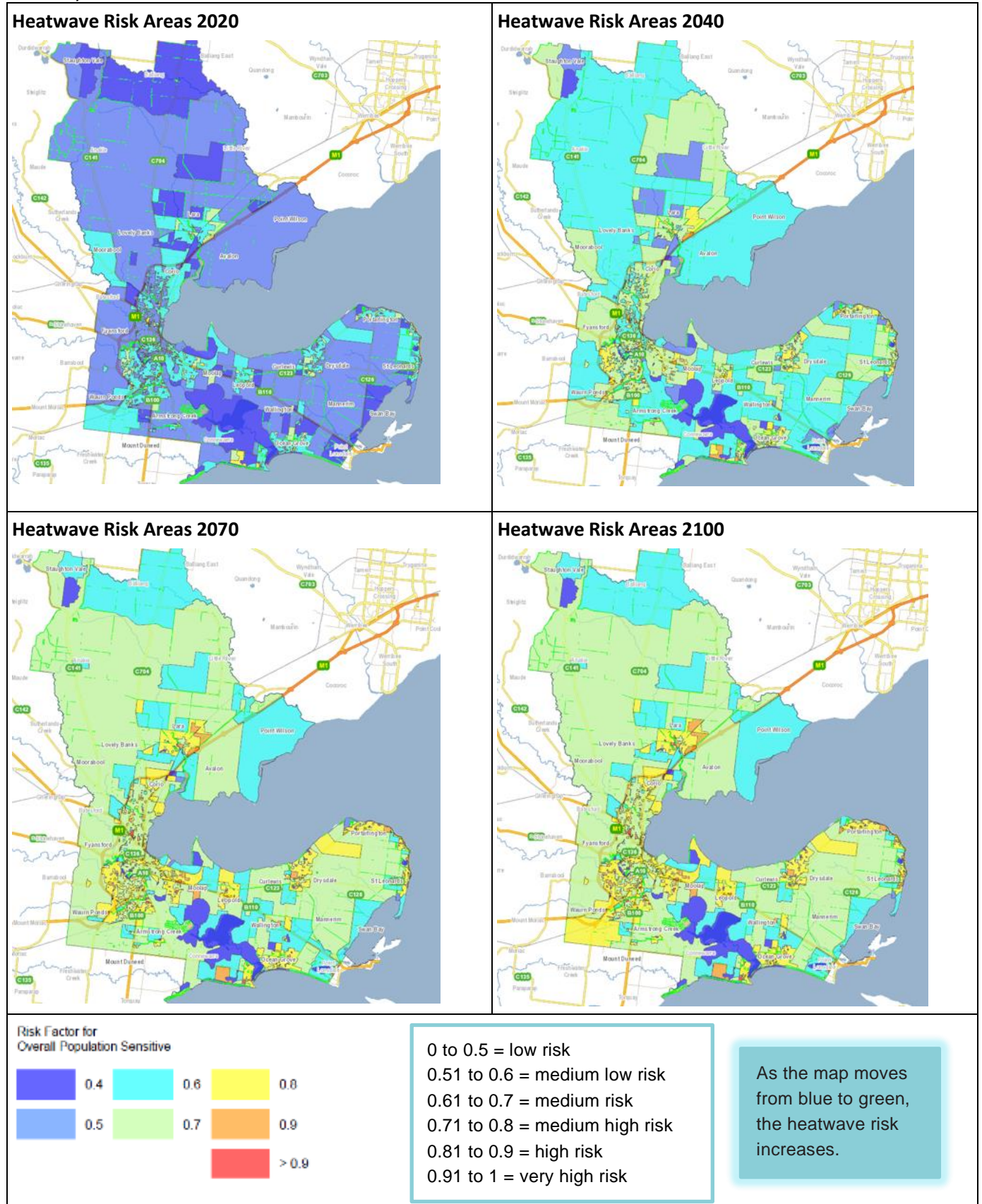


Figure 55: Heatwave Risk Areas (Source: Roos PB et al, 2020)

ANTIMICROBIAL RESISTANCE

VICTORIAN HEALTH PRIORITY 9: DECREASING ANTIMICROBIAL RESISTANCE ACROSS HUMAN AND ANIMAL HEALTH

Antimicrobial resistance (AMR) refers to when micro-organisms (bacteria, fungi, viruses, and parasites) develop resistance to the antimicrobial substances used to treat them (e.g., antibiotics). This is a growing threat to health in Victoria and all over the world.

Anyone can be affected by AMR, however people in aged care facilities and hospitals are most vulnerable. The Victorian Government is currently developing the first Victorian Antimicrobial Resistance Strategy.

AMR is affecting sexual and reproductive health. The bacteria that cause gonorrhoea (a sexually transmitted infection) is becoming more resistant to common antibiotics used for treatment. It is also associated with climate change through increased bacterial growth rates associated with higher temperatures.

GENDER EQUALITY

This community health profile has been informed by gender disaggregated data wherever possible.

Unpaid care

The proportion of those providing informal care / unpaid help to another person is higher for women (13.3%) than men (8.8%) in Greater Geelong.

Unpaid Domestic Work

The burden of domestic work is still largely gendered in Greater Geelong, the Barwon Southwest region and in Victoria. Of those who worked full time, more women (25.5%) than men (9.9%) also completed 15 hours or more per week of unpaid domestic work.

Leadership roles

There is a disparity in terms of women in leadership roles, and this exacerbates gender pay inequity. In Greater Geelong, women are less likely to hold leadership roles such as chief executives, general managers and legislators when compared to regional (and state estimates. Men are twice as likely to hold these positions, as shown in the table below:

Time period	Greater Geelong		Barwon Southwest Region		Victoria		
	Female	Male	Female	Male	Female	Male	All
2021	12.9	30.5	15.0	31.0	15.6	36.0	25.8

Table 13: Chief Executives, General Managers and Legislators – rate per 10,000

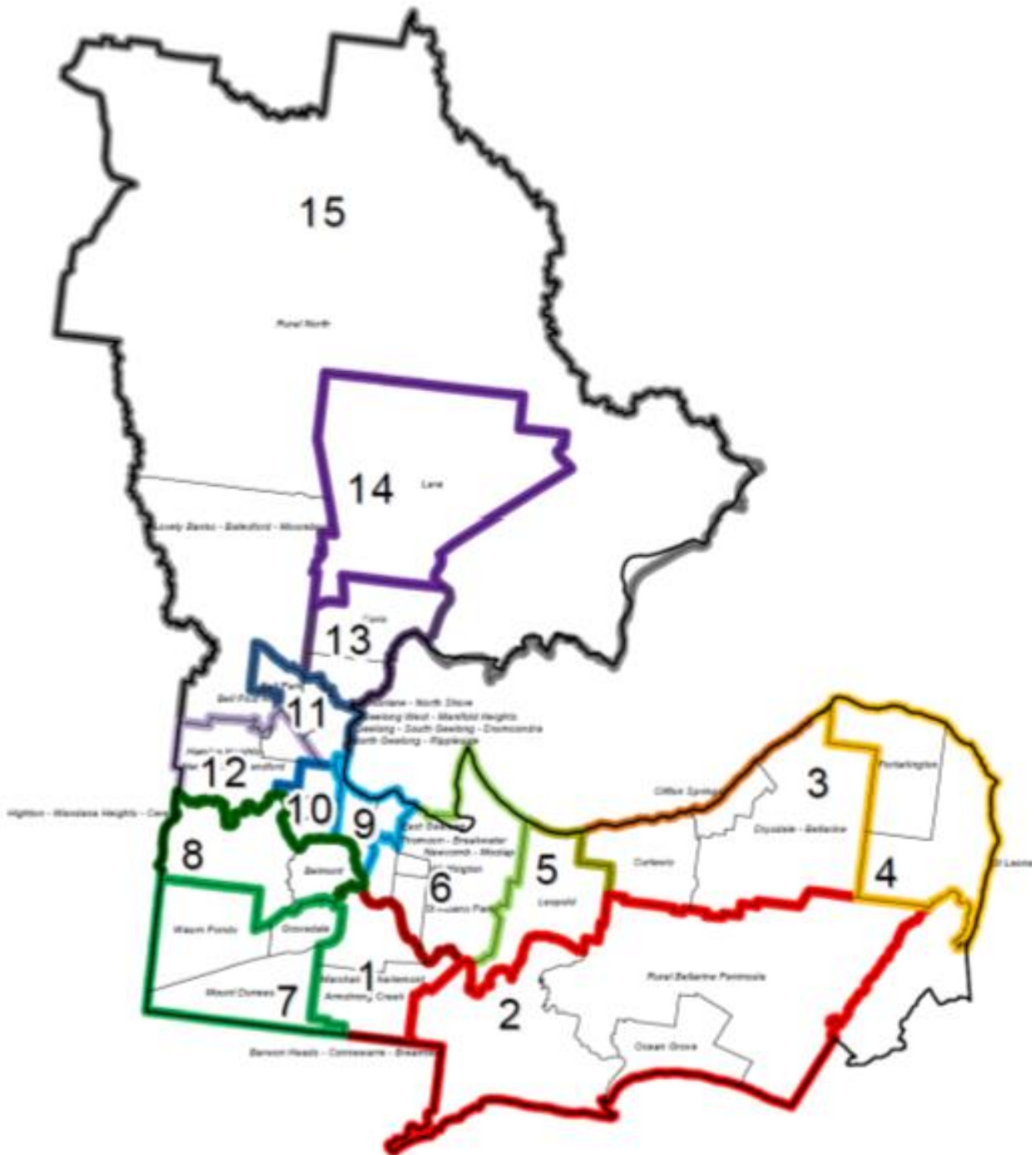
In Greater Geelong, women hold 29.7% of these leadership positions and men hold 70.3% (Women's Health Victoria, 2024).

Local Councillors

In 2024, three out of 11 Councillors are women (27%). The Victorian Government Gender Equality Strategy has set a target for 50% women councillors and mayors by the year 2025 (Women's Health Victoria, 2024).

Appendix 1

PLANNING AREA MAP



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
	Waurin 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

Data Sources

Australian Bureau of Statistics (ABS), 2021, Census of Population and Housing accessed via City of Greater Geelong Community Profile [Home | City of Greater Geelong | Community profile \(id.com.au\)](#), Informed Decisions.

ABS, 2021, [Estimating Homelessness](#), Commonwealth of Australia.

ABS, 2021, Life Tables 2018-20, Commonwealth of Australia.

Australian Immunisation Register, 2023, Australian Immunisation Register: Coverage Report PHN - 1 Jan - 31 Dec 2023

Australian Institute of Health and Welfare (AIHW), 2023, Australian Burden of Disease Study.

AIHW, 2024, Social isolation and loneliness, accessed via [Social isolation and loneliness - Mental health - AIHW](#)

AIHW, 2024 Suicide and self-harm monitoring, accessed via [Suicide & self-harm monitoring - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

Australian Urban Observatory (AUO), 2018 and 2021, Australian Urban Observatory, accessed via [www.map.auo.org.au](#)

Barwon Southwest Public Health Unit, 2023, Population Health Catchment Plan 2023-2029, Barwon Health.

Barwon Water, 2023, Annual Drinking Water Quality Report 2022-23 accessed via [Water quality - Barwon Water](#)

Brown, H, 2024, [www.socialstats.com.au](#)

Cancer Council, 2024, E-cigarettes and Vaping, accessed via [E-cigarettes and vaping | Cancer Council](#)

City of Greater Geelong, 2017, Geelong Preventative Health Survey, City of Greater Geelong, [Survey Data — making data user friendly \(geelongdataexchange.com.au\)](#)

City of Greater Geelong, 2021, Geelong Preventative Health Survey, City of Greater Geelong, [Geelong Preventative Health Survey 2021 - City of Greater Geelong \(geelongaustralia.com.au\)](#)

City of Greater Geelong, 2021, Social Equity Framework 2022-25

City of Greater Geelong, 2024, Geelong Preventative Health Survey, City of Greater Geelong, *(unpublished)*

Commonwealth of Australia, 2019, National Drug Strategy Household Survey, accessed via [National Drug Strategy Household survey - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

Commonwealth of Australia, 2021, Australian Early Development Census (AEDC) accessed via [Australian Early Development Census \(aedc.gov.au\)](#)

Creative Australia, 2022, National Arts Participation Survey

Crime Statistics Agency, 2024, Family Violence Data: [www.crimestistics.vic.gov.au](#)

Dental Health Services Victoria, 2024, City of Greater Geelong Oral Health Profile, accessed via [Gr-Geelong.pdf \(dhsv.org.au\)](#)

Department of Education and Training, 2021, Outcomes for Victorian Children at School Entry – Findings from the School Entrant Health Questionnaire 2021 for Greater Geelong, Victorian Government, Melbourne.

Department of Education and Training, 2023, Victorian Child Health and Wellbeing Survey (VCHWS) 2021 Summary Report, Victoria, accessed via [Victorian child health and wellbeing survey summary findings 2021 \(srcentre.com.au\)](https://www.srcentre.com.au)

Department of Health, 2023, *Victorian Health and Wellbeing Plan 2023-27*, State Government of Victoria, Melbourne.

Department of Health, 2024, Syphilis Quarterly Surveillance Report, accessed via [Syphilis quarterly surveillance report | health.vic.gov.au](https://health.vic.gov.au)

Department of Health, 2024a, Local Public Health Areas and Local Government Areas Surveillance Summary Report, accessed via [Victoria, local public health areas and local government areas surveillance summary report'](#), Victoria.

Department of Health, 2024b, Victorian Public Health and Wellbeing Outcomes Dashboard, accessed via [Victorian public health and wellbeing outcomes dashboard | health.vic.gov.au](https://health.vic.gov.au)

Department of Health, 2024c, Heat Health, accessed via [Heat health | health.vic.gov.au](https://health.vic.gov.au)

Department of Health and Aged Care, 2017, Secondary School Students' use of tobacco, alcohol and other drugs, accessed via [Secondary school students' use of tobacco, alcohol and other drugs in 2017 | Australian Government Department of Health and Aged Care](#)

Department of Health and Aged Care, 2021, Physical activity and exercise guidelines for all Australians, [Physical activity and exercise guidelines for all Australians | Australian Government Department of Health and Aged Care](#), Australian Government.

Department of Social Services (DSS), 2023, DSS Benefit and Payment Recipient Demographics, December 2023, accessed via [DSS Benefit and Payment Recipient Demographics - quarterly data - Dataset - data.gov.au](https://data.gov.au), Australian Government.

Ending Loneliness Together, 2023, State of the Nation Report: Social Connection in Australia, accessed via [Ending Loneliness Together – Imagine a world where everyone feels a sense of connection and belonging](#)

Geelong Regional Alliance, 2023, G21 Regional Plan 2050, accessed via [G21 Region Plan 2050 - G21](#)

Gunasiri, H et al, 2022, 'Hope, Coping and Eco-anxiety: Young People's Mental Health in a Climate Impacted Australia', *International Journal of Environmental Research and Public Health*, 2022, Vol 19, Number 5528.

Higgs C et al, 2019, 'The Urban Liveability Index: developing a policy-relevant urban liveability composite measure and evaluating associations with transport mode choice' *International Journal of Health Geographics*, vol 18 number 14, accessed via [\(PDF\) The Urban Liveability Index: developing a policy-relevant urban liveability composite measure and evaluating associations with transport mode choice \(researchgate.net\)](#)

IQAir, 2024, Air Quality, accessed via [Geelong Air Quality Index \(AQI\) and Australia Air Pollution | IQAir](#)

Mission Australia, 2023, Youth Survey 2023, accessed via [Youth survey | Mission Australia](#)

PHIDU, 2024, Social Health Atlases, Torrens University Australia accessed via [Data Workbooks - PHIDU \(torrens.edu.au\)](https://torrens.edu.au)

Roös PB, Sidiqi P, Herron M, Jones DS, and Duncan M (2020). *Climate Change and Heatwave Project: Identification of high-risk areas across the City of Greater Geelong*, A Report to the Department of Environment, Land, Water and Planning (DELWP) and the City of Greater Geelong (COGG), Live+Smart Research Laboratory, School of Architecture & Built Environment, Deakin University, Geelong, Victoria.

Sustainability Victoria, 2020, Linking Climate Change and Health Impacts accessed via [Health impacts of climate change | Sustainability Victoria](#)

Thomas J et al, 2023, Measuring Australia's Digital Divide: Australian Digital Inclusion Index 2023. ARC Centre of Excellence for Automated Decision-Making and Society, RMIT University, Swinburne University of Technology, and Telstra, Melbourne, accessed via [Interactive data dashboards - Australian Digital Inclusion Index](#)

Victorian Admitted Episode Dataset (VAED), 2013-23, Heat-related injury hospital admissions among residents of Greater Geelong vs Rest of Victoria. 2013-14 to 2022-23 (10 years) – *data request*

Victorian Agency for Health Information (VAHI), 2017, The health and wellbeing of the LGBTQIA+ population in Victoria – Findings from the Victorian Population Health Survey 2017, accessed via [The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria - Findings from the Victorian Population Health Survey 2017 | Victorian Agency for Health Information \(vahi.vic.gov.au\)](#)

Victorian Council of Social Service (VCOSS), 2023, Mapping poverty in Victoria: VCOSS Insights Report, accessed via [PovertyMaps23_VCOSS.pdf](#)

Victorian Emergency Minimum Dataset (VEMD), 2013-23, Heat-related injury ED presentations among residents of Greater Geelong vs Rest of Victoria, 2013/14 to 2022/23 (10 years) – *data request*

Victorian Gambling and Casino Control Commission, 2021, Historical Yearly (2010-2021) EGM LGA Expenditure Data

Victorian Government, 2017, Victorian Population Health Survey, Outcomes Dashboard, accessed via [Victorian public health and wellbeing outcomes dashboard | health.vic.gov.au](#)

Victorian Government, 2018, Victorian Student Health and Wellbeing Survey (VSHAWS), accessed via [Victorian student health and wellbeing survey | vic.gov.au \(www.vic.gov.au\)](#)

Victorian Government, 2020, Victorian Population Health Survey, Outcomes Dashboard accessed via [Victorian public health and wellbeing outcomes dashboard | health.vic.gov.au](#)

Victorian Government, 2023, Victorian Population Health Survey (*restricted data release*)

Victorian Local Governance Association (VLGA), 2020, Rainbow Resource for Victorian Councils: Supporting Lesbian, Gay, Bisexual, Transgender, Intersex and Queer Diversity and Inclusion in Local Government, <https://www.vlga.org.au/sites/default/files/200311%20VLGA%20Rainbow%20Resource%20for%20Victorian%20Councils.pdf>

Victoria Police, 2018, Family Violence Incidents by Postcode, Victoria 2017-18, compiled by Brown, H, www.socialstats.com.au

Western Victoria Primary Health Network (WVPHN), 2023, Western Victoria Primary Health Network Needs Assessment – 2023 Update, Population Health and Planning Team, Western Victoria PHN.

Western Victoria Primary Health Network (WVPHN), 2024, Western Victoria Health Information by Local Government Area Dataset, accessed via [Western Victoria Health Information by Local Government Area Dataset | Western Victoria Primary Health Network \(westvicphn.com.au\)](#)

Women's Health Victoria, 2024, Victorian Women's Health Atlas, accessed via [Victorian Women's Health Atlas \(victorianwomenshealthatlas.net.au\)](#)

World Health Organisation (WHO), 2024, Social Isolation and Loneliness, accessed via <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>

XYX Lab and CrowdSpot, 2021, *YourGround: Greater Geelong Report*, Monash University XYX Lab, Melbourne.

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