

Inner East and Outer East  
Primary Care Partnerships

# Population and Place Profile

Executive Summary

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# Executive summary

## Background

This Population and Place Profile provides an overview of the health and wellbeing status of the community in the Eastern Metropolitan Region of the Department of Human Services.

The evidence provided within this Population and Place Profile will be used by the Inner Eastern and Outer Eastern Primary Care Partnerships and their member agencies as the foundation for their strategic planning. The Population and Place Profile will inform the development of the Primary Care Partnership's Integrated Health Promotion Plans and assist the Primary Care Partnerships and their member agencies to identify key trends and , areas experiencing inequalities in health status within the catchment so that they can allocate their resources appropriately.

The purpose of the Population and Place Profile is to provide a strong evidence base within which health priorities are set and strategic actions addressing these priorities are formulated. This evidence base is structured around seven strategic outcomes, each of which is considered to be a key determinant of optimal health and wellbeing. These seven strategic outcomes are based on key determinants of health and wellbeing. They form the framework within which the indicators of health and wellbeing are structured and were derived from a literature review of contemporary frameworks guiding health planning across the sectors.

The **seven strategic outcomes** are:

Strategic Outcome One	• <i>Resilience in the face of illness and disability</i>
Strategic Outcome Two	• <i>Sustainable, safe and supportive built and natural environments</i>
Strategic Outcome Three	• <i>Safe and secure communities</i>
Strategic Outcome Four	• <i>Support and nurture through strong family and connected, inclusive communities</i>
Strategic Outcome Five	• <i>A healthy work-life balance with satisfying and rewarding work, both paid and unpaid</i>
Strategic Outcome Six	• <i>Redressing disadvantage and enhancing access to affordable and appropriate housing</i>
Strategic Outcome Seven	• <i>Realisation of personal potential through education, knowledge, attitudes and beliefs</i>

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## Scope

The Inner Eastern PCP and Outer Eastern PCP fall within the Eastern Metropolitan Region (EMR) of DHS. These PCPs are two of thirty one PCPs in Victoria, eleven of which cover metropolitan Melbourne. Together the IEPCP and OEPCP form the EMR.

The Inner Eastern PCP incorporates the local government areas of Manningham City Council, Whitehorse City Council, City of Monash and Boroondara City Council. The Inner Eastern PCP is a subregion of the EMR catchment and is referred to in this report as the Inner Eastern catchment.

The Outer Eastern PCP incorporates the local government areas of Maroondah Shire Council, Shire of Yarra Ranges and City of Knox. The Outer Eastern PCP is a subregion of the EMR catchment and is referred to in this report as the Outer Eastern catchment.

The total catchment covers a distance of 2,964.3 km<sup>2</sup>. The Inner East catchment covers 319.2km<sup>2</sup> or 0.14% of Victoria. The Outer East catchment covers 2,645.1km<sup>2</sup> or 1.15% of Victoria.

The Inner East covers 10.8% of the total catchment. The Outer East covers 89.23% of the total catchment.

## Contextual framework

There are a number of health issues that are considered to be common across all sectors and levels of government. These include diabetes, cancer, asthma, mental health and depression. Associated risk factors include physical inactivity/obesity, tobacco/alcohol/drug misuse, injuries and lack of social connectedness. A common theme was the need to address inequalities with respect to access to health services.

Other issues included the need for a sound evidence base that produces current and comparable information and not just raw data and ongoing collaboration and partnerships, created through strong leadership and transparent and deliberate stakeholder engagement.

Strategic planning activities undertaken by the Inner and Outer Eastern Primary Care Partnerships are informed by the following Statewide health priorities:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health
8. Neighbourhood Renewal sites were also confirmed as one of the priority settings for health promotion practice from 2007.

## Summary of findings

### ***Community profile***

The following aspects of the community profile are of relevance:

#### **Population**

- The Outer Eastern catchment is expected to experience a higher growth in older persons than the EMR, metropolitan Melbourne and Victoria. This growth is also expected to be higher than that of the Inner Eastern catchment.
- The population living in the EMR accounts for nearly 20% of the Victorian population.
- The population in the EMR is expected to grow at a lower rate than that of Victoria.
- The EMR has a slightly older population than that of Victoria.
- Household sizes in the EMR are larger than those in Victoria with greater proportions of two-parent families and lower proportions of one-parent families.

#### **Cultural diversity**

- A far lower proportion of the population in the EMR is Indigenous, relative to Victoria.
- In comparison with Victoria, the EMR had lower proportions of people following Islam, Judaism and higher proportions of people reporting that they followed no religion.
- In comparison with Victoria, the EMR had lower proportions of people born in Australia and higher proportions of people born in non-English speaking countries.

### ***Strategic Outcome One: Resilience in the face of illness and disability***

#### **Life expectancy**

- Life expectancy in the EMR is slightly higher than that of Victoria.
- Life expectancy for males in Maroondah, Yarra Ranges and Knox is lower than the Victorian average
- Life expectancy for females in Knox is lower than the Victorian average.
- Knox had the lowest life expectancy of all local governments for both males and females in 2006. It was ranked 26<sup>th</sup> of all Victorian local governments in overall life expectancy. Boroondara had the third highest rate of life expectancy in Victoria and the highest of all local government in the region.

#### **Burden of disease**

- The top two causes of disability in males and females in the EMR (and Victoria) are ischaemic heart disease and stroke
- The top ranking causes of death and disability in the region are ischaemic heart disease, diabetes, stroke, mental illness (depression, generalised anxiety disorder, suicide and dementia), cancer (lung, prostate, colon/rectum and breast) and chronic obstructive pulmonary disease

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(emphysema and chronic bronchitis). Other main causes of death and disability include asthma, road and traffic accidents, dental caries, arthritis and other mental illnesses such as schizophrenias and borderline personality disorders.

- Yarra Ranges has the highest incidence of all causes of ill health and disability, communicable diseases and injuries in the region. These rates are higher than those of the most affluent suburbs in the region but lower than those for the least affluent suburbs. In particular, Yarra Ranges experienced higher rates of communicable diseases, malignant cancers, cancer of the colon/rectum, lung cancer, diabetes (mellitus and non-insulin dependent), cardiovascular disease and ischaemic heart disease, chronic obstructive pulmonary disease, unintentional injuries, road and traffic accidents and suicide. Yarra Ranges also had the highest rates of hospital admissions for disease of the hepatobiliary system and pancreas, newborns and other neonates. Yarra Ranges had the highest rates of emergency admissions in the 15-24 and 25-54 year old age groups.

#### Disability

- The Inner Eastern catchment had more people with a disability and a higher percentage of total population with a disability than the Outer Eastern catchment. Manningham, Monash and Whitehorse had the highest percentages of total population with a disability.
- Yarra Ranges and Knox had the lowest percentages of total population with a disability. The proportion of people with a disability who had no-long term health condition was highest in Yarra Ranges and Knox. Profound disability was highest in Whitehorse and Boroondara.

#### Risk factors

- Tobacco is the leading risk factor amongst males.
- Obesity is the leading risk factor amongst females.
- Violence against women is a key risk factor, contributing to a significant proportion of the burden of disease. This factor is not reflected in the burden of disease data.

#### Avoidable mortality

- Avoidable mortality rates for the general population were highest in Knox and Maroondah and lowest in Manningham and Boroondara.

#### Childhood health

- Participation in childhood assessments and immunisation rates were lowest in Maroondah and Yarra Ranges. The percentage of children fully breastfed at 3 months was lowest in Knox.
- The percentage of ATSI participation in childhood assessments was lowest in Boroondara and highest in Knox.

#### Healthy lifestyle behaviours

- Smoking rates amongst males and females are moderate in the EMR catchment. This catchment has the highest rates of non-smoking amongst males and females in Victoria.
- The rates of short-term risky alcohol consumption amongst males and females in the EMR catchment are higher than those for Victoria.
- The rates of long term risk of alcohol related harm amongst males and females are higher in the EMR region than they are for Victoria. Lower rates of people abstain from alcohol consumption in the EMR catchment than in Victoria.
- Females in the EMR catchment were far more likely to meet the dietary guidelines for fruit than males. There was very little difference between the

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vegetable intake between males and females. Females in the EMR catchment were more likely to be sedentary and find insufficient time and opportunities to engage in physical activity than males in the catchment and their Victorian counterparts. Males in the EMR catchment were slightly more inclined to find sufficient time and sessions to engage in physical activity than their Victorian counterparts. Both males and females in the EMR catchment were less likely to wear a hat and sunglasses than their Victorian counterparts. Males in the EMR catchment were more likely to wear a hat and less likely to wear sunglasses than females.

#### Wellbeing status

- Yarra Ranges has the lowest perceived health status. There is a strong correlation between perceived health status, levels of disadvantage and the incidence of illness and hospital admissions in Yarra Ranges.

#### Issues

- Mental illness is an issue in Boroondara
- Chronic disease, injuries and accidents, suicide drugs are more a concern in Yarra Ranges than disability.
- Maroondah has a relatively low health and wellbeing status and a high rate of accidents, injuries, suicide, poisonings and substance abuse, and problem gambling.

### ***Strategic Outcome Two: Sustainable, safe and supportive built and natural environments***

#### Access to facilities

- The Inner Eastern catchment is perceived to have easier access to recreational and leisure facilities, and community facilities such as shops, childcare, schools and libraries than the Outer Eastern.
- The Inner Eastern catchment is perceived to be a more active community and have more opportunities for organised sport than the Outer Eastern catchment.
- Whitehorse and Boroondara were perceived to have easiest access to recreational and leisure facilities; best access to shops, childcare, schools and libraries, the most active community and the best opportunities for organised sport.
- Yarra Ranges was perceived to have the least access to recreational and leisure facilities, shops, childcare, schools and libraries, the least active community and the poorest opportunities for organised sport.
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#### Recycling

- The Inner Eastern catchment is more likely to recycle both organic and non-organic waste than the Outer Eastern catchment and the EMR.

#### Travel to work patterns

- The most common form of transport to work in the EMR was car as driver. This trend reflects that of Victoria. However, the rate of driving is higher in the EMR than in Victoria.
- Train travel is less common in the EMR than in Victoria.

#### Issues

- There are relatively low rates of active transport and the use of public transport.

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### **Strategic Outcome Three: Safe and secure communities**

#### **Actual crime**

- In comparison with Victoria, the EMR is a safer place to live with lower recorded incidents of all types of crime.
- The Outer Eastern catchment had a higher rate of crimes against the person than the Inner Eastern catchment. This rate is higher than that of the catchment as a whole but lower than that of metropolitan Melbourne and Victoria.
- All local governments within the catchment had lower rates of assault against property than metropolitan Melbourne and Victoria.
- There were significantly lower rates of drug offences in the Inner Eastern catchment than there were in the Outer Eastern catchment, metropolitan Melbourne and Victoria.
- Maroondah and Knox had the highest rates of all offences and other offences across the catchment.
- The Outer Eastern catchment had a higher rate of offences against persons, property, drug offences, and a far higher rate of other offences than the Inner Eastern catchment. Knox had the highest rate of offences against persons (sex and assault) and antisocial behaviour. Monash had the highest rate of robbery and theft of motor vehicles whilst Boroondara had the highest rate of theft from motor vehicles.

#### **Perceived crime and safety**

- In comparison with regional Victoria, people in the EMR feel less safe walking alone in the local area during the day and night, and when at home alone during the day and night.
- People in the EMR catchment feel more safe when walking alone in the local area during the day and at night, but less likely to feel safe when at home alone during the day or at night than those living in metropolitan Melbourne.
- Although the majority of people feel safe in their homes, it should be acknowledged that violence against women occurs predominantly at home and has a significant impact on perceptions of safety amongst women.

#### **Accidents and injuries**

- There was a 13.2% reduction in the number of road deaths but a 30% increase in the number of serious injuries on the roads in the catchment. The decrease in the number of road deaths and increase in the number of serious injuries both exceeded those of Victoria.
- All local government areas experienced an increase in the number of serious injuries. With the exception of Maroondah and Monash, this increase exceeded that of Victoria.

#### **Family violence**

- Women are at a significantly higher risk of family violence than men.
- There has consistently been a lower rate of family violence incidents in the EMR relative to Victoria.
- Whereas Victoria experienced an increase in the rate of family between 2003 and 2008, the EMR experienced a reduction in the rate of family violence.

#### **Issues**

- A reduction in family violence is a priority in the region, particularly in areas of disadvantage.

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### ***Strategic Outcome Four: Support and nurture through strong family and connected, inclusive communities***

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- Social support**
  - In general, the community in the EMR felt less able to find social support than those living in regional Victoria
- Community connectedness and social inclusion**
  - In general, the community in the EMR was more accepting of diversity than those living in metropolitan Melbourne, Victoria and regional Victoria
  - There was a large difference in acceptance of diversity between the two PCP catchments. People in the Outer Eastern catchment were much less likely to be accepting of people from different cultures than those living in the Inner Eastern catchment.
  - The Outer Eastern catchment was less likely to feel that the area has a wide range of community and support groups and that there are opportunities to have a say in important issues than the Inner Eastern catchment.
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- Community engagement**
  - Adults in the catchment were less likely to participate in arts and related activities but more likely to participate in citizen engagement activities and schools than those living in metropolitan Melbourne and Victoria.
  - Adults living in the Outer Eastern catchment were more likely to participate in arts and related activities and citizen engagement activities than those living in the Inner Eastern catchment.
- Accessibility**
  - In comparison with Victoria, the EMR had lower rates of households with no motor vehicles and one motor vehicle and higher rates of households with two or more vehicles.
  - On average, the Inner Eastern catchment has a higher number of motor vehicles than the Outer Eastern catchment.
  - The majority of households in the EMR own 2 motor vehicles per household.
  - Households in the Inner Eastern catchment are more likely to own one motor vehicle than those in the Outer Eastern catchment.
- Public transport**
  - The community in the EMR feels they have less access to public transport than those living in metropolitan Melbourne and those living in Victoria and regional Victoria
  - Those living in the Outer Eastern catchment experienced fewer transport limitations than those living in the Inner Eastern catchment.
- Internet access**
  - There is greater access to broadband internet in the EMR than there is in Victoria.
  - The community in Yarra Ranges were the least likely to have home internet access and broadband internet in the catchment.
  - A higher proportion of Indigenous people in the EMR have access to the internet in comparison with Victoria and metropolitan Melbourne.

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#### Issues

- Social cohesion and community connectedness are an issue in the Outer Eastern catchment, particularly in Yarra Ranges and Maroondah.

### **Strategic Outcome Five: A healthy work-life balance with satisfying and rewarding work, both paid and unpaid**

#### Unemployment

- The Outer Eastern catchment had a higher unemployment rate than the Inner Eastern Catchment (3.5%). This average is higher than the overall unemployment rate for metropolitan Melbourne
- There is a large variation in the unemployment rate within the entire catchment with Boroondara having the lowest and Yarra Ranges having the Highest

#### Industry

- The EMR has higher proportions of people working in the wholesale retail trade, professional, scientific and technical, financial and insurance services industries than Victoria.

#### Occupation

- The EMR has higher proportions of professionals and lower proportions of labourers in comparison with Victoria.

#### Income

- Median incomes are higher in the EMR than they are in Victoria.
- Boroondara had the highest median weekly income amongst all categories. All median incomes are higher than those of metropolitan Melbourne and Victoria.

#### Volunteering

- The mean individual and mean household incomes amongst Indigenous people are higher in the EMR than they are in Victoria.
- Volunteering rates within the EMR were similar.
- There were higher rates of volunteering within the Inner Eastern catchment than the Outer Eastern catchment.
- People in the Inner Eastern catchment felt they had more opportunities to volunteer than those in the Outer Eastern catchment.

#### Caring

- Caring rates in the EMR were similar to those in Victoria.
- People in the Outer Eastern catchment are more likely to be involved in unpaid aid to people with a disability than those in the Inner Eastern Catchment, metropolitan Melbourne and Victoria. However, they are less likely to be involved in unpaid child care than those in the Inner Eastern catchment, metropolitan Melbourne and Victoria.

#### Work life balance

- Satisfaction with work life balance in the EMR reflects that of Victoria.
- The EMR's population reported a lower measure of work life balance than those living in metropolitan Melbourne.
- A higher percentage of the EMR's population reported adequate work life balance than people living in Victoria as a whole and regional Victoria.

#### Issues

- The health and welfare needs of those providing unpaid care to people with a disability in the Outer Eastern catchment, and Yarra Ranges are an issue.

## ***Strategic Outcome Six: Redressing disadvantage and enhancing access to affordable and appropriate housing***

- Disadvantage**
- The median SEIFA score in the EMR is 1061.
  - The mean SEIFA score in EMR is 1063.
  - Yarra Ranges has three of the five most disadvantaged pockets within the catchment. It also includes the most disadvantaged pocket within the catchment. Almost half (12 of the 28) of the postcodes in Yarra Ranges have a SEIFA score lower than the median.
  - All of the postcodes in Maroondah have a SEIFA score lower than the median.
  - Seven out of the nine postcodes in Knox have a SEIFA score lower than the median.
  - The most variation in levels of disadvantage occurs within Yarra Ranges. It includes three of the top five most disadvantaged pockets in the catchment and two of the ten least disadvantaged pockets in the catchment.
  - Monash has two of the five most disadvantaged pockets in the catchment. It also includes four of the ten most disadvantaged areas in the catchment. Eight of the ten postcodes in Monash have a SEIFA score below the median.
  - Relative to the catchment, Boroondara has the least concentrations of disadvantage, including five of the top ten least disadvantaged areas in the catchment. All postcodes have a SEIFA score above the median.
- Social security recipients**
- The Inner Eastern catchment has a higher proportion (of the EMR) of age pensions, carer payments, disability support pensions, Wife Pensions (age and DSP), Parenting Payment, Newstart Allowances, Partner Allowances, Widow Allowance allowances, Auststudy Payments and Youth Allowances.
- Food security**
- A lower proportion of the community in the EMR experienced food insecurity in comparison with Victoria.
  - There is a wide variation in the extent of food insecurity within the catchment.
  - The Outer Eastern catchment was more likely to experience food insecurity than the Inner Eastern catchment, metropolitan Melbourne, regional Victoria and Victoria as a whole.
- Housing tenure**
- In comparison with Victoria, the EMR has higher rates of ownership (owned and being purchased) and lower rates of rental accommodation.
  - Boroondara has the highest rate of private renting followed by Monash
  - In comparison with Victoria, the EMR has a higher rate of home ownership (owned or being purchased) amongst Indigenous people.
  - Lower proportions of Indigenous people are either purchasing or own their homes than non-Indigenous people in the EMR.
- Issues**
- Housing affordability

## ***Strategic Outcome Seven: Realisation of personal potential through education, knowledge, attitudes and beliefs***

### **Qualifications**

- A higher proportion of the community in the EMR aged over 25 years (57.8%) has a non-school qualification than those living in metropolitan Melbourne (52.9%), regional Victoria (44.6%) and Victoria (50.7%).
- People in the Inner Eastern catchment (61.9%) were more likely to have a non-school qualification than those in the Outer Eastern catchment (52.2%).

### **Youth engagement in education and early school leaving**

- A higher proportion of the male and females aged 19-20 in the EMR were engaged in university or tertiary education in comparison with Victoria and metropolitan Melbourne.
- Similarly a higher proportion of males and females aged 19-20 in the EMR were engaged in any form of education in comparison with Victoria and metropolitan Melbourne.
- Indigenous people are more likely to leave school at 15 or above than non-Indigenous people.
- Indigenous males, females and persons are more likely to leave school at 15 or above in the Outer Eastern catchment than they are in the Inner Eastern catchment, EMR catchment and metropolitan Melbourne.

### **Youth engagement in employment<sup>1</sup>**

- There is a wide variation in the number of young people aged 15-19 who were working and not studying in the EMR.
- A lower proportion of young people in the EMR were working relative to metropolitan Melbourne, Victoria and regional Victoria (36.6%).
- Nearly one third young people in the Outer Eastern catchment were working whereas only 12.3% of children in the Inner catchment were working.

### **Youth engagement in education and employment (15-19 and 20-24 year olds)**

- In comparison with Victoria, the EMR has lower rates of engagement in paid employment and education amongst 15-19 year olds.
- With the exception of Manningham, the rates of disengagement in both education and employment amongst males aged 15-19 are higher than those of females, and persons in general.
- In comparison with Victoria, the EMR has lower rates of engagement in paid employment and education amongst 20-24 year olds.
- The highest rates of disengagement from both education and employment amongst 15-19 year olds were experienced in Yarra Ranges, Knox and Maroondah, all of which are located in the Outer Eastern catchment. However, these rates of disengagement amongst this age group are lower than those of Victoria and equal to those of metropolitan Melbourne.

### **Issues**

- Education, and youth engagement are significant issues in Yarra Ranges.

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<sup>1</sup> These employment figures do not take account of the impact of the global financial crisis that occurred during 2008.