

Knox Community Health Service

Population Health Profile 2009

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Part 1: Demographic profile

The Population of Knox

According to ABS Census 2006 data, the total population for Knox is 146,741. However, Knox City Council data report the total population of Knox to be 152,603 at 30 June 2007 (49% male and 51% female) (Knox City Council 2009a). Population projections forecast the total population for Knox for 2020 to be 161,775 residents (Knox City Council 2009b).

Within Knox, the most heavily populated suburbs include: Rowville, Ferntree Gully and Boronia, with 33,895, 24,553 and 20,088 residents respectively (Knox City Council 2009a). The least populated suburbs include Upper Ferntree Gully, The Basin and Lysterfield, with 2,598, 4,042 and 5,424 residents respectively (Knox City Council 2009a). Scoresby is forecast to significantly increase in population size by an estimated 33.5% by 2020 (Knox City Council 2008b).

Age structure

According to ABS Census 2006 data, the age structure of the population demonstrates higher proportions of the population from the under 15 and 35-54 year age categories (ABS 2006). The over 55 age category also demonstrates a significant proportion of the population, representing 32% of the total population of Knox (ABS 2006). Knox City Council (2009a) estimate that there are close to 30,000 children under 15 years of age residing in Knox. Furthermore, there are 16,500 + families with children under 15 years of age living in Knox (Knox City Council 2009a). At least 10% of the population are over 65 years of age (Knox City Council 2009a). Significantly, the 50 to 69 year age group increased by 5,544 between 2001 and 2006 (ABS 2001; 2006). It is also of note that Knox is expected to experience the second largest growth in older persons in the next 10 and 20 years in the Eastern Metropolitan Region (EMR), also surpassing projected increases for Melbourne and Victoria (Symplan Consulting 2009). Estimations, for example, suggest that the population of aged persons in the Knox community may increase by over 40% over the next ten years (2006-16) and to approach doubling within 25 years – from 15,800 in 2006 to 28,700 by 2031 (Knox City Council 2009c).

Knox has a larger proportion of people in the younger age groups (0-17) but a smaller proportion of residents in the older age groups (60+) than the whole of the EMR (ABS 2006; Knox City Council 2008a). When compared to Melbourne metropolitan data (see Knox City Council 2009a), Knox has a larger percentage of 12 to 17 year olds (9.5% compared to 7.8%); as well as a larger percentage of 50 to 59 year olds (13.7% compared to 12.2%).

Indigenous Population

ABS Census 2006 data report the Indigenous population for Knox to be a total of 482 individuals. Within the EMR, Knox has the second highest proportion of Indigenous people, representing a total of 18.7% of the total Indigenous population for the EMR (ABS 2006). Compared with Victorian data, Knox has a slightly smaller proportion of Indigenous people (0.3% compared to 0.6%).

Table 1: Age profile, Indigenous population, 2006

	Knox Percentage of population in each age range	
	<i>Indigenous.</i>	<i>Non-indigenous.</i>
0-4 years	13	6
5-14 years	26	14
15-24 years	15	15
25-44 years	25	28
45-64 years	16	26
65 years+	5	10
Median age	22	36

Extract of table from IE & OEPCP Population and Place Profile 2009

Families

Knox has a larger proportion of couple families with one or more child than the whole of the EMR (ABS 2006; Knox City Council 2008a). Rates of single parent families in Knox are not dissimilar from the numbers of recorded single parent families in the EMR (Knox City Council 2008a). Compared to Victorian population health data, Knox has slightly less single parent households as a percentage of total families than the Victorian rate (14.9% compared to 15.4%). However, there are suburbs within Knox with a larger proportion of single parent families compared to Knox as a whole and these include Bayswater, Boronia, Scoresby, Ferntree Gully and Upper Ferntree Gully. Boronia in particular has a significantly higher proportion of sole parent families than Knox (19% compared to 13.9%).

Settlement/migration trends

According to the 2006 census Knox has a total of 25.2% of residents (36,963 people) who were born overseas (Victorian Multicultural Commission, 2006). This is an increase of 4.6% from the 2001 census. Of note is the fact that approximately two thirds of this number of overseas born (16.7% of total Knox population or 24,488) come from Non English speaking countries. Since 2001 the number of people coming from Non English speaking countries has increased by 10% whilst the number of people from mainly English speaking countries (UK, Ireland, New Zealand, USA, Canada and South Africa) has decreased by 4.9%. The table above identifies the large percentage increases in people arriving from India, Sri Lanka and China and to a lesser extent, Malaysia.

Knox had a relatively small number of people (200 people, 10% of all arrivals) arriving under the Humanitarian program (refugee) over the five years ending June 2007 (Migrant Information centre (MIC), 2007). This is small too in comparison with Victoria where 40% of all arrivals are under the Humanitarian program. Across all classes of migration settlement numbers have gradually decreased from a peak in 2003/4 (MIC, 2007).

Table 2: Knox LGA: Top 6 Overseas-Born, Birthplace by Gender, 2006, 2001 census

Birthplace	2006				2001	Change 2001-06	
	Males	Females	Persons	As % of OSB	Persons	Persons	% Change
England	3,459	3,576	7,035	19.0	7,727	- 692	- 9.0
India	985	1,019	2,004	5.4	1,395	609	43.7
Sri Lanka	979	1,010	1,989	5.4	1,524	465	30.5
Malaysia	926	1,063	1,989	5.4	1,803	186	10.3
New Zealand	881	937	1,818	4.9	1,682	136	8.1
China (excl. SARs & Taiwan)	661	778	1,439	3.9	1,029	410	39.8

Extract of table from Population Diversity in Local councils, 2006 census

Ethnicity and languages spoken

"One hundred and eighteen languages are spoken at home by people residing in Knox. The largest number of people speaking a language other than English speak Cantonese (3494). This is a 9% (274) increase in the number of Cantonese speakers from the ABS Census of 2001. The number of people speaking the second largest language group (other than English); Italian has decreased by 8% (186) to 2212. The third largest language group other than English is Mandarin where the number of people speaking Mandarin at home has increased by 55% (691) since the last census in 2001. Across the Eastern Region the number of people speaking Mandarin at home increased 66% from 17493 in 2001 to 29056 in the 2006 Census.

- The Sinhalese speaking community in the City of Knox has increased since the ABS Census of 2001 by 54% (332) to 944 people.
- The Hindi speaking community has increased by 52% (228) to 670 people. The number of people speaking other Indian languages has also increased, Punjabi by 21% (63) to 358 people, Malayalam by 218% (72) to 105 people, Bengali by 195% (82) to 124 people and Gujarati by 103% (41) to 81 people.
- Other communities where there was a significant increase in population between the 2001 Census and the 2006 Census include Korean 233% (98) to 140 people, Indonesian 55% (91) to 257 people and Tamil 62% (284) to 739 people.

A number of the older communities in the City of Knox who primarily settled in the 1950's and 1960's have seen a decrease in the populations between the 2001 and 2006 Census. For example:

- the Hungarian speaking community decreased by 13% (71),
- the Dutch by 20% (122) and :
- the Polish community by 6% (41) to 701 people."

(Migrant Information Centre p4, 2007)

Table 3: Knox LGA: Top 6 Languages other than English Spoken at Home by Gender, 2006, 2001 Census

Language other than English (LOTE)	2006				2001	Change 2001- 06	
	Males	Females	Persons	As % of Tot LOTE	Persons (b)	Persons	% Change
Cantonese	1,648	1,848	3,496	13.5	3,220	276	8.6
Italian	1,107	1,106	2,213	8.5	2,398	- 185	- 7.7
Mandarin	980	1,058	2,038	7.8	1,346	692	51.4
Greek	1,004	993	1,997	7.7	1,932	65	3.4
German	546	747	1,293	5.0	1,480	- 187	- 12.6
Arabic	577	550	1,127	4.3	952	175	18.4

Extract of table from Population Diversity in Local councils, 2006 census

Income and Benefits

In 2004/2005, the average taxable income for Knox was \$4,088 below the Victorian average taxable income (Knox City Council 2008a). The disparity between suburbs within the Knox area is evident with the average taxable income ranges from \$38,151 for Bayswater to \$43,887 for Rowville (Knox City Council 2008a).

Knox has a total of 8.7% of its population receiving the Aged pension. Knox has a higher proportion of its residents receiving the Family Tax Benefit A payment compared with the Victorian population (1.5% higher) (Knox City Council 2008a). The proportion of the Knox population receiving Centrelink payments is 42% compared with 44% for the Victorian population (Knox City Council 2008a).

Within Knox, Bayswater has the highest proportion of residents receiving benefits from Centrelink (48%). Boronia also has a higher proportion of residents receiving payments from Centrelink compared to Knox as a whole (46% compared to 42%). Bayswater has the highest proportion of Disability Support Pensions of Knox suburbs (4.0%) (Knox City Council 2008b).

Housing

Almost eighty percent of residents in Knox either own their own homes fully or are currently paying off their own home. A further 15.6% rent either privately or publicly (ABS 2006). The median house price for Knox in 2006 was \$310, 025 and this is below the median house price for the Melbourne metropolitan area of \$342,000 (Knox City Council 2008). Between 1996 and 2006, the median house price for Knox rose by 161% (Knox City Council 2008a). In Bayswater it rose by 188%, although it is still ties for the second lowest median house price (285,000) with Boronia and Upper Ferntree Gully.

Knox has 1,043 public housing listings (Knox City Council 2003). (Knox City Council 2004). Upper Ferntree Gully has the lowest number of public housing properties, with only one listing (Knox City Council 2003). "Social housing (inc public and community housing) provision in Knox @ 8 dwellings per 1000 population is 40% lower than the Melbourne metropolitan average (13.5/1000)". (Knox City Council 2009c, p240)

Bayswater has a significantly higher proportion of households renting (25%) compared with Knox as well as a higher proportion than Maroondah LGA (20%) (ABS 2006). Boronia also has a higher proportion of households renting than the Knox and Maroondah LGAs, with 22% of total households renting (ABS 2006).

Index of Relative Socio-Economic Disadvantage - SEIFA index

"The Index of Relative Socio-Economic Disadvantage is derived from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and variables that reflect disadvantage rather than measure specific aspects of disadvantage (e.g., Indigenous and Separated/Divorced).

High scores on the Index of Relative Socio-Economic Disadvantage occur when the area has few families of low income and few people with little training and in unskilled occupations. Low scores on the index occur when the area has many low income families and people with little training and in unskilled occupations. It is important to understand that a high score here reflects lack of disadvantage rather than high advantage, a subtly different concept. ' Extract from Australian Bureau of Statistics, 2006, Socio-Economic Indexes for Areas (SEIFA 2006) cat. no. 2033.0.55.001)

In 2006 Knox had a SEIFA Disadvantage score of 1050, ranking 69th out of all local government areas in Victoria. The median score for all LGAs across Victoria is 993. The ranking amongst Melbourne Statistical Division LGA's is 22nd.

The SEIFA measure above pertaining to local government areas does not necessarily reflect the level of disadvantage in certain Knox suburbs, specifically Bayswater and Boronia. It is important to note that these suburbs are rated 6th and 7th respectively in the EMR in terms of disadvantage and are in the middle 50-55% of localities from most to least disadvantaged in the state of Victoria. (Symplan Consulting 2009). Based on data supplied in the Knox City Council Community health and Wellbeing Profile 2009, Bayswater has experienced the biggest increase in social disadvantage from 2004-2006. "This may illustrate one conclusion of the Jesuit research that the accumulation of social and economic problems in vulnerable neighbourhoods suggests that disadvantage multiplies once a community starts to fall behind." (Knox City Council 2009c, p213)

Table 4: Index of disadvantage, Knox suburbs, 2001 and 2006

Suburb	Index (2001)	Rank	Index (2006)	Rank
Bayswater	1003	1	999	1
Boronia	1007	2	1009	2
Ferntree Gully	1024	3	1046	5
Upper Ferntree Gully	1030	4	1046	5
Scoresby	1034	5	1042	3
Knoxfield	1039	6	1043	4
The Basin	1053	7	1052	6
Wantirna	1058	8	1068	7
Wantirna South	1058	8	1068	7
Rowville	1064	9	1085	8
Lysterfield	1102	10	1046	5
Knox	1041		1051	
Metropolitan Melbourne	1021			

Source: 2001 and 2006 SEIFA (Socio Economic Indexes for Areas), ABS

Employment/Unemployment

ABS Census 2006 data shows that approximately 56% of Knox residents have no professional qualifications for employment. The proportion of the population in Bayswater without professional qualifications (62.6%) is higher than the Knox figure (ABS 2006). In comparison with average Victorian rates, Knox residents have a higher rate of vocational qualifications in trades.

Unemployment rates in comparison to the overall Melbourne average are lower at 4% in 2001 (improved from 5.7% in 1996) and 4.2% in 2006. This must be placed in context of the increase in part time employment becoming available over full time options (Sources - ABS Data 2001). Furthermore, unemployment rates should be viewed with caution in view of the economic crisis.

Within Knox, higher unemployment has been noted in Bayswater (4.9%) and Boronia (4.7%) (ABS 2006). These rates are also higher than the Maroondah LGA unemployment rate of 3.9% (ABS 2006).

Level of Education/School retention

Preschool

A smaller percentage of the population attends preschools in Knox than across the Eastern region (Knox City Council 2008, p. 15).

Primary education

Knox has 9% of its population attending primary school (Knox City Council 2008). This is marginally higher than the Eastern region, which has a total of 8% of its population in primary school (Knox City Council 2008).

Secondary education

In 2006, there were 11,772 students attending secondary schools in Knox. Compared to the Eastern region, Knox has a slightly higher percentage of its population attending secondary schools (7.2% and 8% respectively) (Knox City Council 2008). In 2007, Bayswater had the lowest rate of high school enrolments in government schools within the Knox LGA (5.5%) (Knox City Council 2008b).

Tertiary education

Knox has a higher percentage of its population attending TAFE compared to the Eastern region (2.3% compared to 2.1%) and a smaller percentage of its population attending University compared to the whole of the Eastern region, at 3.2% and 5.4% respectively (Knox City Council 2008). According to Knox City Council data (2008), Knox has 39 per 1000 population attending TAFE and 54 per 1000 population attending university.

In 2006, suburbs within Knox with the highest proportion of residents attending university included Wantirna South and Wantirna with 74 and 68 per 1000 respectively (Knox City Council 2008). At this same time, the suburbs with the lowest proportion of residents attending university included Boronia and Upper Ferntree Gully with 32 and 26 per 1000 respectively (Knox City Council 2008).

School retention

ABS 2006 census data demonstrates that 44% of the population in Knox has achieved Year 12 or equivalent. This figure is mirrored for Maroondah LGA and Victoria. Suburbs within Knox to record significantly lower rates of Year 12 or equivalent educational attainment include Bayswater (37.8%) and Boronia (37.7%) (ABS2006).

Summary

Highlights:

- Scoresby population set to significantly increase. The ageing population is also of concern for service provision in the future.
- Knox has a youthful population and a lot of families with children. Some suburbs such as Bayswater and Boronia have high numbers of single parent families and these two suburbs also record higher levels of benefits.
- Although there are more migrants settling from India and Sri Lanka (and there is an increase in Indian languages spoken at home) the majority of language groups spoken in the home in Knox are the two main Chinese languages- Cantonese and Mandarin. There has been a significant increase in Mandarin speakers which may be reflective of the increase in the number of migrants from mainland China.
- Bayswater and Boronia remain relatively disadvantaged in comparison with other Knox suburbs, specifically around school retention, receipt of income support, sole parent households and slightly higher unemployment. Bayswater is particularly disadvantaged in terms of the SEIFA index.
- Knox has a higher percentage of its population attending TAFE and a smaller percentage of its population attending University compared to the whole of the Eastern region. This may reflect the industry and manufacturing base in Knox.

Part 2- Epidemiological profile

The impact of various diseases, injuries and risk factors is measured by combining their contribution to deaths, disability and illness into a single indicator called a DALY (disability-adjusted life year). One DALY can be thought of as one year of healthy life lost due to disease or injury.

DALYs are useful in identifying priority health issues, enabling health services to respond better to the needs of the local community and plan for health initiatives which will achieve the greatest gains in health in Knox.

Comparing Knox' overall health with the EMR and Victoria

Some observations regarding Knox in comparison to the EMR and Victoria in terms of DALYs follow. Please note a higher DALY rate indicates poorer health status whilst a lower DALY rate reflects better population health status.

- "Knox, with a total DALY rate of 137.6 for men and 123.9 for women, has lower DALY rates and therefore better overall health status than the Victorian average (143.0 for men and 129.1 for women respectively).
- The Eastern Region male and female DALY rates are lower than the average at 135.0 and 125.0 DALYs per 1000 persons respectively. *The Eastern suburbs of Melbourne are the healthiest area of the State for men and women.* Of the seven LGAs in the Eastern Region, Knox had the second highest health status for women (after Maroondah) but ranked somewhat lower for men (fifth of seven).
- Knox ranked 14th of Victoria's 78 LGAs in terms of overall health status for both men and women – towards the top end of the health status ranking." (KNOX CITY COUNCIL 2009c, p9)

Top 10 contributors to the burden of disease in the Knox community

"Tables 5 & 6 contain data extracted from the 2001 Burden of Disease study, a State-wide study conducted every five years to look at the health of the population. The percentage of total DALYs portrays the relative ranking of the importance of the major diseases confronting the Knox community.

It should be kept in mind that comparison between the Knox and Victorian burden of disease 'top 10' profiles is not to say that the **rate** of any diseases varies. The comparison is primarily of value in showing the key contributors to the burden of disease in the Knox community and how this varies according to local conditions from the overall profile for Victoria." (Knox City Council 2009c, p9)

Knox burden of disease by major disease groups

Table 5: Top 10 causes of death and disability (burden of disease) in Knox 2001) – DALYs by disease group¹

Males	% of total DALYs (Knox)		% of total DALYs (VIC)	Females	% of total DALYs (Knox)		% of total DALYs (VIC)
1. Malignant cancers	19.1	<	21.0	1. Malignant cancers	20.2	=	20.3
2. Mental disorders	16.9	>	13.7	2. Mental disorders	17.3	>	15.3
3. Cardiovascular diseases	15.3	<	17.8	3. Cardiovascular diseases	15.7	<	17.4
4. Neurological disorders	9.6	<	10.3	4. Neurological disorders	11.8	<	12.8
5. Chronic respiratory diseases	7.3	>	7.2	5. Chronic respiratory diseases	7.3	<	7.4
6. Unintentional injuries	5.6	=	5.6	6. Musculo-skeletal diseases	3.7	<	4.0
7. Diabetes	4.9	>	4.5	7. Diabetes	3.5	<	4.4
8. Intentional injuries	3.4	>	3.2	8. Genito-urinary disorders	3.1	>	2.9
9. Genito-urinary disorders	2.8	=	2.8	9. Unintentional injuries	2.9	>	2.7
10. Congenital abnormalities	2.6	>	2.0	10. Digestive disorders	2.4	>	2.3

Highlights

- Cancer is the leading cause of death and illness in Knox (and Victoria), accounting for around one fifth of the total years of healthy life lost.
- Mental health disorders are the second biggest contributor to the burden of disease in Knox, responsible for a higher proportion of ill-health than is found for the State overall (third rank). Mental health disorders include the impacts of alcohol and heroin dependence, depression and anxiety disorder, as well as illnesses such as schizophrenia, personality and bipolar disorders and social phobias.
- Cardiovascular diseases are the third greatest contributor to the burden of disease in Knox, for both men and women. These diseases are the second greatest contributor for the whole of Victoria.
- Diabetes in men also had a greater impact on the disease burden in Knox than on average for Victoria.

¹ Adapted from: Knox City Council, *Community health & wellbeing profile 2007-2009*.

An addition to these most recent figures, it is also important to consider the changes in the burden of disease over time, as it outlines emerging health issues confronting the Knox community.

Table 6: Changes in the ranks of major disease groups by sex in Knox, between 1996 and 2001.²

Disease Group	Males		Females	
	2001	1996	2001	1996
Cancer	1	1	1	2
Mental disorders	2	3	2	3
Cardiovascular diseases	3	2	3	1
Neurological and sense disorders	4	5	4	4
Chronic respiratory problems	5	4	5	5
Unintentional injuries	6	6	9	8
Diabetes	7	8	7	7
Intentional injuries	8	7	13	13

Emerging trends:

- Cancer has overtaken heart disease as the major killer of women in Knox between 1996 and 2001.
- Mental disorders have gained importance in contributing to the local burden of disease between 1996 and 2001. By 2001, this group of disease became the second greatest contributor to the burden of disease for local men and women, surpassing cardiovascular diseases.
- Diabetes in men has jumped one rank between 1996 and 2001, going from being the seventh major disease group to the sixth.
- Cardiovascular diseases are now accountable for a lesser share of the burden of disease: they have gone down from rank 2 to 3 for men, and 1 to 3 for women.

² Adapted from: Knox City Council, *Community health & wellbeing profile 2007-2009*.

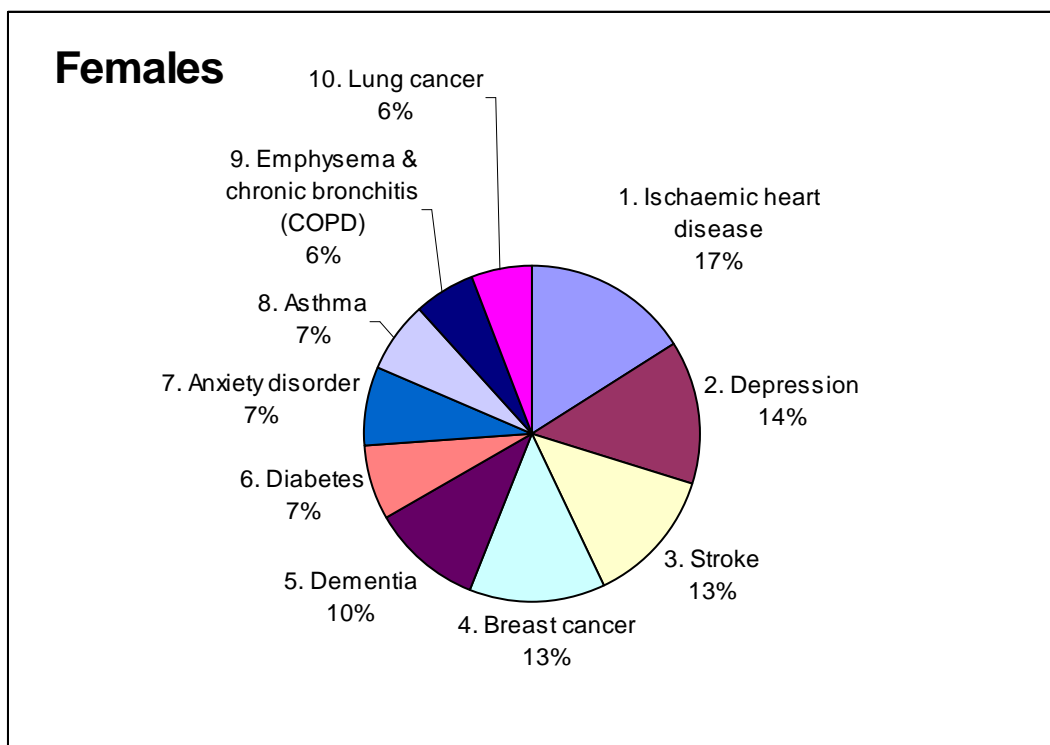
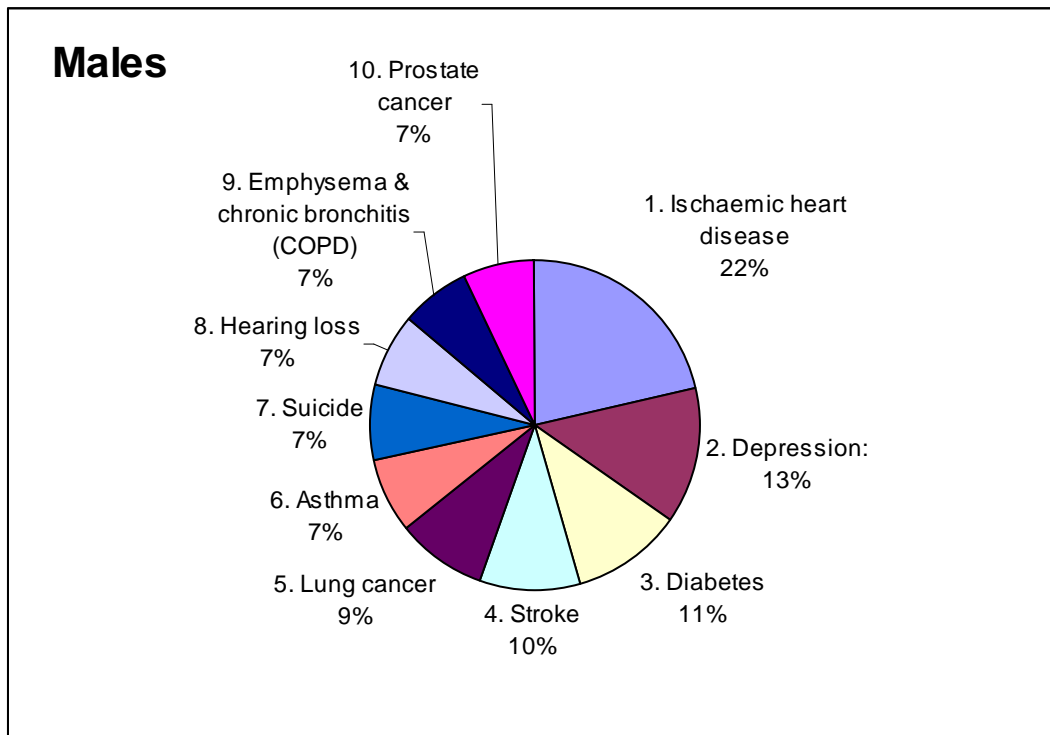
Knox burden of disease: major individual diseases

Table 7: Top 10 causes of death and disability (burden of disease) in Knox (2001) – DALYs by specific disease³

Males	% of total DALYs (Knox)		% of total DALYs (VIC)	Females	% of total DALYs (Knox)		% of total DALYs (VIC)
1. Ischaemic heart disease	8.8	<	10.4	1. Ischaemic heart disease	7.0	<	8.1
2. Depression	5.4	>	4.1	2. Depression	5.9	>	5.5
3. Diabetes	4.5	>	4.2	3. Stroke	5.8	<	6.1
4. Stroke	4.0	<	4.3	4. Breast cancer	5.7	>	5.1
5. Lung cancer	3.6	<	4.2	5. Dementia	4.5	<	5.6
6. Asthma	3.0	>	2.3	6. Diabetes	3.2	<	4.0
7. Suicide	3.0	>	2.8	7. Anxiety disorder	3.2	>	2.7
8. Hearing loss	3.0	>	2.7	8. Asthma	3.0	>	2.9
9. Emphysema & chronic bronchitis (COPD)	2.9	<	3.5	9. Emphysema & chronic bronchitis (COPD)	2.6	<	2.7
10. Prostate cancer	2.8	<	3.4	10. Lung cancer	2.5	<	2.8

³ Adapted from: Knox City Council, *Community health & wellbeing profile 2007-2009*.

Figure 1: Relative impact by specific disease to the top 10 causes of early death and years of illness (as % of top 10 DALYs) in Knox in 2001⁴



⁴ Adapted from: Knox City Council. Community health & wellbeing profile 2007-2009. Based on data from burden of disease estimates, 2001.

The effect of Knox' age profile

Knox, with a relatively younger age structure (median age of 33 compared with 35 for Victoria in 2001), is less affected by diseases commonly associated with age. Victoria has a higher proportion of death and disability caused by heart disease, stroke, cancer, dementia and emphysema than does Knox.

The younger age structure may also have played a role in the fact that diabetes (among men) and breast cancer (among women) feature more prominently as causes of death and disability in Knox than for Victoria as a whole.

Breakdown of the disease groups

Heart disease, depression and stroke among all people, breast cancer among women and diabetes among men are the major individual diseases that contribute most to the overall burden of disease in Knox.

Cancer

- Cancer, as a disease group, causes the highest rate of disease in Knox and Victoria generally, although Knox has male and female cancer DALY rates per 1000 population that are lower than Victoria's. This is most likely to be related to Knox's younger age profile. (Knox City Council, 2009c)

Cardiovascular diseases

- The Eastern region generally has DALY rates for cardiovascular disease slightly lower than the Victorian rate for males and females, and Knox has rates even slightly lower again.
- Nevertheless, heart disease and stroke, among both men and women are two of the major individual diseases that contribute most to the overall burden of disease in Knox (table 7). (Knox City Council ,2009c)

Mental health disorders

- Depression is responsible for a higher than Victorian average share of the local disease burden in Knox for both men and women and ranks second only to ischemic heart disease as the major individual factor contributing to the local burden of disease (table 7).
- While the rate of ill-health among women in Knox due to depression is lower than the State average, it is responsible for a higher than average share of the local female disease profile.
- The rate of depression among men is of particular concern. Second only to heart disease as the specific illness contributing most to the total burden of disease for men in Knox (table 7), the rate of years of healthy life lost due to depression for men in Knox is also higher by a fair margin over either the regional or State rates per 1000 population (12% higher than the regional rate and 8% higher than for Victoria).
- Depression accounts for a greater share of the female burden (5.9%) than the male burden (5.4%) in Knox and resulted in more years of healthy life lost among women in 2001 than men (table 7).
- Suicide, while a top-10 contributor to the burden of disease for men in Knox, does not feature in the top 10 for women.
- Anxiety disorder, one of the higher contributors to illness and disability among women in Knox, is not so for Victoria.
- While for men the rate of intentional injury is well below the State average, the rate is comparable, if slightly higher, among women in Knox and the Eastern region. (Knox City Council, 2009c)

Diabetes

- The rate of burden caused by the diabetes disease group (Diabetes mellitus and Diabetes mellitus NIDDM) in Knox, although comparable to the Victorian rate for men and below for women, is well above the regional average. This is affected by comparatively very low rates of diabetes in Manningham and Boroondara, which have among the lowest rate of burden caused by diabetes in the State
- When looking at individual diseases, diabetes becomes the third greatest single contributor to men's burden of disease in Knox. It is responsible for a greater share of the male disease profile in Knox than in the rest of Victoria.
- The rate of diabetes per 1000 men in Knox, while comparable to the State rate (only slightly higher), is the third highest of all municipalities in the region (after Yarra Ranges and Maroondah), and around 15% higher than the regional rate
- Diabetes contributes less to the burden of disease for Knox women than in the rest of the State.
- Recent figures from Diabetes Australia show that prevalence of diabetes increased from 1.5% of Knox's population in 2001, to 2.7% of the population in 2006. This nearly 85% jump in the number of Knox residents with type 2 diabetes between 2001 and 2006 makes Knox one of the top five metropolitan municipalities experiencing the biggest increase in the number of people with diabetes (after Greater Dandenong, Yarra Ranges, Maroondah and Hobsons Bay) (Diabetes Australia, 2006)

Others

Asthma and hearing loss, which rank in the top 10 causes of death, disability and illness among men in Knox, do not feature in the top 10 for Victoria.

Knox has DALY rates due to injury that are lower than the State average for both males and females with regard to unintentional injuries (the worst health status regarding injuries tends to occur in rural areas). (Knox City Council, 2009c)

Premature mortality

Knox exhibited a total premature death rate (from all causes) lower than the Australian average. While comparable in the north (within 6% of the average), the age-standardised rate of premature death was almost 30% lower in the south of the municipality.

- Knox North had greater rates of premature mortality due to almost every cause under review than did Knox South, with the exception of cerebrovascular disease (stroke) where the rate was 5% higher in the south than the north.
- Higher rates of death from lung cancer, suicide and respiratory diseases in Knox North and cerebrovascular disease in Knox South are marginal and unlikely to be significantly different (statistically) from the rate of mortality from those causes Australia-wide.
- Death rates in Knox North due to lower respiratory diseases (bronchitis, emphysema, asthma) and diabetes are likely to be (statistically) significantly higher than the Australian average – with premature death rates from lower respiratory disease 23% higher and from diabetes 47% higher.
- Whether this pattern is true of Knox South is unknown due to privacy guidelines which prevent numbers of deaths less than five being provided.
- Premature death from diabetes is not only an issue for Knox (North), but also for metropolitan Melbourne and Victoria generally, both also with rates higher than the Australian average. (Knox City Council, 2009c)

Emergency admissions to hospitals

According to a snapshot of emergency admissions for Victorian hospitals for the 2006/2007 financial year (PCP):

- Knox' overall rate of emergency admissions (all age groups) are higher than the overall rate for the EMR catchment, but lower than that for Victoria.
- Knox has the third highest rate of emergency admissions for the 0-14, 15-24, and 25-54 age groups across the EMR, after Yarra Ranges and Maroondah.
- Knox has the second highest rate of emergency admissions for the 55+ age group across the EMR, after Maroondah.

Life expectancy at birth

In 2006, the EMR catchment had a slightly higher life expectancy for both males and females (80,1 and 84,6, respectively) than Victoria (79,95 and 84,3, respectively). However:

- **Knox has the lowest life expectancy for males** ((78.7) across the EMR. This is lower than that of all disadvantaged localities (78.8).
- **Knox also has the lowest life expectancy for females** (82.7) across the EMR. This is also lower than that of all disadvantaged localities (83.3).

Similarly to the whole EMR, Knox has seen a decrease in life expectancy in 2006 for both males and females, compared to the average life expectancy between 2002 and 2006. On the other hand, Victoria has seen an increase in life expectancy for both genders.

Avoidable mortality

Avoidable mortality (AM) is a method of counting 'untimely and unnecessary deaths from diseases for which effective public health or medical interventions, or both, are available" (DHS 2008, p1).

Avoidable mortality rates (per 100,000) between 1999 and 2003 in the Eastern Metropolitan region were 180 for males and 107 for females (average of 143). Knox fared poorly compared to the rest of the EMR with:

- the highest avoidable mortality rate amongst males: 217 per 100,000;
- the highest avoidable mortality rate amongst females: 121 per 100,000 (same as Yarra Ranges);
- the highest average avoidable mortality rate: 169 per 100,000; and
- the greatest difference between the avoidable mortality rate for males and females: 96 per 100,000.

The rates of avoidable mortality in Knox are comparable to Victoria's as a whole for both males (221) and females (121). (Knox City Council, 2009c)

Disability

Definition of disability

"A disability can be caused by a genetic condition, an illness or an accident or be a result of ageing. 'Disability' includes intellectual, physical and sensory disabilities as well as acquired brain injury, neurological impairment or developmental delay. Degree of restriction or core activity limitation is classified as profound, severe, moderate or mild." (Knox City Council, 2009c p22)

Current data and recent trends

"It is estimated that nearly one in five Knox residents in 2006 had a disability (19,2%). This compares to around one in eight in 1998 (12,8%). The State average increased from 18% to 21% over the same period.

Despite the recent increase in the proportion of the population with a disability, Knox' level remains below State (21%) and national averages. This is likely due to the fact that, while we are beginning to see the emergence of an ageing trend in Knox, the population remains young relative to Victoria and Australia (median age in Knox was 33 years compared with 35 for Victoria and Australia in 2001).

The share of the population with a profound or severe level of core activity limitation (needing help with one or more of self-care, mobility or communication activity) has grown more rapidly (almost doubling over the past eight years) than the share of the community with moderate or mild limitations. " (Knox City Council 2009c, p23)

Future trends: An ageing population & an increase in disability rates

"As outlined above, the population of aged persons in the Knox Community is projected to increase by over 40% over the next ten years (2006-2016) and to approach doubling within 25 years – from 18,500 in 2006 to 28,700 by 2031.

The prevalence of disability increases with age. Based on the existing proportion of the 65+ age group with profound or severe activity limitation (18% based on the 2006 census), the numbers of aged in Knox with disabilities severe enough to affect everyday life would increase from around 2800 currently (2006) to an estimated 3400 by 2011 and 4500 by 2021.

Significant increases in the share of population with profound or severe core activity restrictions will have major implications for future demands on services such as respite and day services. " (Knox City Council, 2009c, p25)

Summary

Highlights of the burden of disease:

The major contributors to the burden of disease

For both men and women the three greatest disease groups contributing to the burden of disease are malignant cancers, mental disorders, and cardiovascular diseases.

While ischemic heart disease and stroke both feature in the top 4 single contributors to death and disability in Knox men and women, the overall contribution of cardiovascular diseases has decreased in importance and now ranks third behind mental health disorders.

Mental health disorders (particularly depression): a major emerging issue

Mental health disorders have gained in prominence in contributing to the local burden of disease, between 1996 and 2001, now ranking second only to cancer.

In particular, depression represents a major local health issue:

- It is responsible for a higher than Victorian average share of the disease burden in Knox for both men and women
- For men, the rate of years of healthy life lost due to depression in Knox is higher than the EMR or Victorian state rates.

- For women, the rate of depression is higher than the regional rate, but nearly 10% lower than the Victorian rate. Women also lose a greater share of more years of healthy life to depression than men.

Diabetes: a growing concern, particularly for men

Diabetes is a growing concern to the Knox population, on the basis of its increasing prevalence (it nearly doubled between 2001 and 2006), a higher than Australian average premature mortality rate and an increasingly prominent share of the local burden of disease.

Diabetes is of particular worry in men, as it contributes more heavily to the burden of disease of local men than women.

Disability: expected to emerge as a major issue as Knox's population ages

Close to one in five people in Knox has a disability of some type, a figure below State and national averages. However, the eventual ageing of the Knox population is likely to bring significant increases in the proportion of the local population with profound or severe core activity restrictions. We can expect this to impact within a few years on the demand for services such as respite and day services.

Others

In 2006, Knox had the lowest life expectancy for both men and women across the EMR. While the life expectancy for both genders has increased across Victoria between 2002-2006 and 2006, it has decreased in Knox over the same period of time, showing a step backwards in the overall health of the local population.

Knox has the highest rates of avoidable mortality across the EMR catchment, for both men and women.

With higher than average mortality rates, lower respiratory disease (emphysema & chronic bronchitis) should also feature in local health priority actions.

Knox' overall rate of emergency admissions (all age groups) are higher than the overall rate for the EMR catchment, but lower than that for Victoria.

Part 3: Health & Social Issues Profile

This section of the profile has been categorised into the seven state wide (Department of Human Services) priorities for Health promotion (2007-2012). These priorities were selected on their basis to improve overall health and reduce health inequalities through consideration of the risk factors associated with disease or illness and the social determinants of health:

The seven state wide Health promotion priorities are:

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

1. Promoting physical activity and active communities

Physical activity levels

“Burden of disease data shows that physical inactivity is responsible for around 4% of ill health in the Eastern Metropolitan Region for both men and women, almost identical to the figure for the State. This is consistent with small area data which reports a level of physical inactivity in Knox North and Knox South (based on self-reported lack of exercise in the two weeks prior to interview) that mirrors the rest of the metropolitan area and the State” (Knox City Council, 2009c, p65)

The Victorian Population Health Study provides data at the regional level. The EMR survey for 2007 found that 65% of males and 58% of females from the region met the physical activity guidelines. These figures were not significantly different than for Victoria. (DHS, 2007a)

The VicLANES study (2006) which surveyed 4,900 households across Melbourne and provided in depth data on two LGAs including Knox, found that participants from Knox appeared more likely to be sedentary than the rest of the sample. Whilst physical activity levels were highest in the youngest (18-24) and oldest (65+) age groups in Knox, people aged 35-54 years appear to be much more likely to be sedentary (almost twice as likely). Interestingly one in five women nominated children as a barrier to physical activity in Knox. 39% of women in Knox thought children prevented them from walking and this was significantly higher than in other areas (27%). 11% of women thought partners prevented them from walking which was also higher than other areas (5%). Reasons for not exercising were similar to other areas; time is cited as a big factor, also the need to ‘relax’. Knowledge about physical activity benefits was similar to other areas. Fewer people cycled in Knox than in other areas. (University of Melbourne, 2007)

Physical activity by adolescents

Data pertaining to this group is now dated (1999) but found at that time that over 80% of young people participated in vigorous activity every day or two or more time a week (80.1%). (Knox City Council, 2009c)

Active Transport and Access to facilities

Active transport is defined as:

"Active transport relates to physical activity undertaken as a means of transport. It includes travel by foot, bicycle and other non-motorised vehicles. Use of public transport is also included in the definition as it often involves some walking or cycling to pick-up and from drop-off points. Active transport does not include walking, cycling or other physical activity that is undertaken for recreation." (National Public Health Partnership, 2005, p54)

Active transport is regarded as being important from both environmental and physical health perspectives. As a form of incidental exercise it may be the only opportunity for exercise for some people given that it is inexpensive or free.

Table 8: Indicators of community engagement, 2006

Indicator	Maroondah	Yarra Ranges	Knox	OEPCP catchment average	IEPCP catchment average	EMR catchment Average
The area has easy access to recreational and leisure facilities	88.8	82.9	86.6	86.1	89.9	88.3
The area has good facilities and services like shops, childcare, schools, libraries	83.7	73.8	91.7	83.1	88.6	86.2
It's an active community	63.6	61.8	68.5	64.6	71.4	68.5
Organised sport	47	45	47	46.3	46.5	46.4

Source- Dept of Victorian Communities 2007

It is interesting to note that whilst Knox participants self rated their area highly in terms of access to facilities for physical activity, the VicLANES data would suggest these factors alone are not enough to encourage people to walk and cycle more. This is confirmed by figures from Victorian Local Government Association (2006) which suggested that Knox residents were equal with Manningham in the EMR in being the least likely to walk to work (1.5% compared to 2.5 in the EMR and 3.6 for Metropolitan Melbourne). Knox was also under the average for cycling to work at 0.7% compared to 0.9 in the EMR and 1.5% in Metropolitan Melbourne.

Recently, data has been collected as part of a snapshot survey undertaken within the KCHS Mothers Living Well health promotion project from 173 local mothers at key destinations (school, childcare etc) in Bayswater. This revealed that the majority of women (139) drove their car, even when the destination was less than a 5 minute car drive. (Knox Community Health Service, 2008a)

2. Promoting accessible and nutritious food

Healthy Eating

"Eating enough fruits and vegetables promotes good nutrition and health and is a preventative measure against disorders such as heart disease, stroke and cancer. Dietary guidelines³⁰ recommend a daily intake of three serves each of vegetables and fruit for people aged 12–18 years and five serves of vegetables and two of fruit for those 19 years and over.

Burden of disease data shows that inadequate fruit and vegetable consumption accounts for 4.4% of ill health among men and 2.1% among women in the Eastern Metropolitan Region (as measured in DALYs) – an impact on the total disease burden that is almost identical to the State average.”

“The annual Victorian Population Health Survey obtains data on self-reported fruit and vegetable consumption. The Victorian Population Health Survey (2003) found that the majority of Victorians eat too few fruits and vegetables – a pattern repeated in the Eastern Metropolitan Region where only one in eight women (12%) and one in eighteen men (5.6%) consumed the recommended amounts.

- Twice as many women than men in the Eastern Metropolitan Region met the healthy eating guidelines for daily fruit and vegetable intake. This trend was consistent across the State.
- More than half of the males (51.4%) and almost 40% of women in the region did not meet the recommended dietary guidelines for fruit and vegetable consumption. The survey found no significant differences between the Eastern region and Victoria in the proportions of males and females who ate too few fruits and vegetables.”

(Knox City Council 2009c, p70-71)

Food Security

Food security is a state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local, non-emergency sources. Community indicators suggest that Knox has the highest level of adults experiencing food security in the EMR, at 7.4% of the population (having run out of food and being unable to purchase more). This is above the average of 6% for the metropolitan area, regional Victoria and Victoria as a state and 5% for Australia. It is noted in the Outer East Food Access Project (2008) that Knox’s percentage is similar to Cardinia LGA who recently was awarded a Vic Health Food Security project on the basis of disadvantage.

Recently a comprehensive research study was conducted by the Outer East Primary Care Partnership on nutrition and food security in the outer east (The Outer East Food Access Project 2008). Twelve population groups were identified as being at-risk of food insecurity. These include: single parents, elderly of a low socioeconomic status, the Indigenous population, culturally and linguistically diverse groups, carers and people with a disability, gamblers and people with substance addictions, people with a mental health problem, students, people with a chronic illness, the unemployed and the homeless. A survey was conducted with 134 people from these groups in the outer East (only 5-or 4% were from Knox). The results revealed that 26% of the respondents had experienced food insecurity in the last year with 50% of those stating it had become worse over the last two years. Rising house prices, petrol costs and local food being too expensive were cited as major reasons for over half of the respondents, with not having enough money to buy food as the major reason for running out of food. (Feng & McDonald , 2008)

Below is a table outlining food security issues in Knox from Community Indicators Victoria. Particular groups can be seen to be at higher risk, including young people, older people and females.

Table 9 – Food Security indicators – Knox, EMR, Melbourne, Victoria

<u>Food Security- Community Indicators Victoria, 2007</u>	KNOX	EASTERN METRO	VICTORIA	METRO MELBOURNE
People Who Ran Out of Food in the Last 12 Months and Could Not Afford to Buy More	7.4	4.4	6.0	6.0
Males Who Ran Out of Food in the Last 12 Months and Could Not Afford to Buy More	5.4	3.5	5.2	5.2
Females Who Ran Out of Food in the Last 12 Months and Could Not Afford to Buy More	9.4	5.3	6.8	6.8
People Aged 18-34 Years Who Ran Out of Food in the Last 12 Months and Could Not Afford to Buy More	12.2	5.5	7.9	7.6
People Aged 35-54 Years Who Ran Out of Food in the Last 12 Months and Could Not Afford to Buy More	4.2	5.2	7.2	7.1
People Aged 55 Years and Over Who Ran Out of Food in the Last 12 Months and Could Not Afford to Buy More	6.9	2.6	2.7	2.9

Source: community Indicators Victoria, 2007

In addition the Outer East study conducted a healthy food basket survey for each of the three Outer East Local government areas. In Knox 16 stores were surveyed

and the following results show a difference of \$144.67 for the same grocery basket dependent on the store. Aldi at Bayswater was the cheapest and Foodworks at Ferntree Gully was the most expensive. This was replicated in the other LGAs. Knox was located in the middle of the three LGAs in terms of food costs.

Table 9: Cost of a Healthy Food basket in Knox

KNOX	min	max	average
cost/family	\$306.17	\$450.84	\$403.29
cost/single mum	\$211.11	\$309.26	\$276.55
cost/elderly woman	\$73.92	\$107.99	\$96.79
cost/single man	\$93.96	\$138.79	\$124.04

Source: Feng & McDonald, 2008

Mapping of public transport and food outlets in the same outer east project revealed that Bayswater was identified as one of six areas at risk of food insecurity (and the only in Knox) due to a lower SEIFA index (below the 50th percentile) and a low ratio of supermarkets/fresh food to fast food/take-away outlets.

Obesity/overweight

“Obese and overweight people have a higher risk of ill health, including heart disease, stroke, diabetes, colon cancer and osteoarthritis. Obesity is often accompanied by lifestyle risk factors such as physical inactivity and insufficient intake of fruit and vegetables, as well as physiological risk factors such as high blood pressure and high blood cholesterol levels.” (Knox City Council 2009c p 71)

The Victorian Population Health Survey (2003) found that the majority of Victorians eat too few fruits and vegetables – a pattern repeated in the Eastern Metropolitan Region where only one in eight women (12%) and one in eighteen men (5.6%) consumed the recommended amounts.

According to this survey nearly half of the men (47.8%) and over a third of women (35.3%) in the Eastern Metropolitan Region were classified as overweight or obese.

- “The tendency for overweight or obesity to be more prevalent among males than females is a pattern consistent across the State.
- There were no significant differences between the Eastern Metropolitan Region and Victoria in the prevalence of overweight and obesity.
- Small area data, however, suggests that the rate of overweight men in Knox is higher than the national average (Table 1.30). The link between obesity and diabetes is well established and may well be a factor in explaining the higher premature death rate from diabetes in Knox and its prominence in the local burden of disease profile.
- As the number of overweight and obese increase, so too do weight-related medical problems – the number of cases of many different diseases will also rise. The increasing proportion of overweight and obese people in the population foreshadow serious public health problems.” (Knox City Council 2009c, p 73)

3. Promoting mental health and wellbeing

VicHealth have identified three important determinants of mental health: i.e the social, environmental and economic factors that can support good mental health. Data in this priority area will be considered under each of these three groupings of determinants:

- Social Inclusion
- Freedom from Discrimination and Violence
- Access to Economic Resources.

Social Inclusion

Involvement in community life

"A key element of wellbeing is place in community – doing things with people outside your home. Social networks provide human relations that people draw on for identity, interaction and support.

While an elusive concept to measure, a strong, inclusive community can be inferred through indicators such as extent of participation in local sporting, recreational, cultural and civic life, local levels of volunteerism and perceptions of satisfaction with a local area. These indicators can assist with identifying areas of community strength where improvements could be made and where public policy interventions are best directed to achieve the biggest impact on the community.

People who participate and those who can obtain help when needed are healthier and feel more positive about the community in which they live."

(Knox City Council 2009c p131)

The Community Strength Indicators for 2006 employ a range of indices to measure wellbeing and connection. Levels of participation and perceived opportunities to participate in community life tended to be higher in Knox than the metropolitan average. The Indicators where Knox scored above the regional and metropolitan average were as follows:

- Could raise \$2,000 in an emergency
- Member of a group that has taken local action
- Parental participation in schools
- Rating their area as having good facilities such as shops, childcare, schools, libraries

Indicators where Knox rated below the average were:

- Member of an organised group
- Feels there is an opportunity to have a say on issues that are important

In addition Knox City Council oversampled three additional suburbs- Boronia, Bayswater and Rowville to gain more specific neighbourhood information. . Of note here:

- Ability to get help (for example, raise \$2000) was less for all three suburbs than the Knox average and lowest for Bayswater
- Levels of involvement were below the Knox average in Bayswater for every measure of participation apart from membership of an organised group.
- Boronia had the highest levels of participation of any of the over sampled neighbourhoods, with levels exceeding the Knox average for attendance

at community events, volunteering, membership of organised groups or of decision-making boards or committees.

- Feelings of belonging were lower in Bayswater (87%) and more particularly Boronia/The Basin (84%). Fewer respondents in Boronia agreed that their neighbours could be relied upon to help them in an emergency (82%).
- Perceptions of helpful neighbours were highest in Ferntree Gully/Lysterfield (91%) and the Wantirna/Scoresby/Knoxfield areas (93%), but also rated above average in Bayswater, despite the lowered sense of belonging and satisfaction with living in that neighbourhood.

There were changes in time between the 2004-06 community indicators being measured. Generally speaking Knox experienced declines in over half of the measures. The largest declines occurred in participation as measured by membership of organised groups such as sports, church or other community organisations (51% to 30%) and attendance at community events (from 57% to 42%). Significant weakening was also evident in support for multiculturalism as a positive community characteristic (90% to 74%). All indicators rating attitudes to the local area declined between 2004 and 2006. A fall in perceptions of safety in walking alone down the street after dark, feeling valued by society or believing that there are genuine opportunities to have a say, indicate a less positive response towards local community life than in the preceding survey period. Observation over a longer period will establish whether these represent a genuine change in attitudes to the area.

Knox residents' attitudes towards where they live

"Generally people in Knox had a positive outlook on their community.

The most positive response related to the view that Knox was a good place to bring up children (91%), followed by those reporting a sense of belonging to their neighbourhood (90%) and the proportion who believed that their neighbours would help them in an emergency (89%).

A lower percentage (86%) agreed with the statement that they were very attracted to living in their neighbourhood. This finding was statistically significant – a considerably higher than average percentage of residents in Knox did not agree that they were attracted to living in their neighbourhood (13% compared with a metropolitan average of 9%). This was largely affected by the result for Bayswater (refer to discussion below).

Despite this, when asked about the level of pride they believed most people in their neighbourhood had towards living there (in a further POLS question related to neighbourhood problems), 42% of all Knox respondents rated this as 'a lot'. This was consistent with the metropolitan average (40%).

While most Knox respondents had a positive outlook towards living in their local area (86.2% agreed with this statement), this fell somewhat short of the metropolitan average of (89.6%). This was largely influenced by the less positive response by Bayswater residents – only 72.8% of whom felt 'very attracted to living in their neighbourhood'. **Bayswater's below average** result was (statistically) significant. Perceptions of neighbourhood 'attractiveness' were highest in the Ferntree Gully/Lysterfield and Wantirna/Scoresby/Knoxfield areas (92%)

Very high proportions of **Rowville** residents agreed with the statement that it was a good place to bring up children (at almost 96%, this is **statistically significantly higher than the average**). High levels of agreement that their area was good for kids was also evident in Ferntree Gully/Lysterfield (95%) and Wantirna/Scoresby/Knoxfield (93%). This tends to support Knox's characterisation as a young, family-oriented community where the growth of services and infrastructure in recent years has attracted many young families to the municipality.

The results for **Bayswater** (83%) and **Boronia/The Basin** (87%) on this measure of community were **(statistically) significantly below average**. Fewer respondents in these areas feel that their neighbourhood is a good place in which to bring up children."

(Knox City Council 2009c, p 132-36)

Freedom from Discrimination and Violence

Crime

Reported crime in Knox appears to have levelled off after some large declines earlier in the decade. The crime rate has remained consistently below the State average, although the gap has narrowed in recent years from a crime rate per 100,000 people that was 27% below the Victorian average (2003-04) to 17% lower by 2006-07.

Although a higher number of criminal offences were committed in Knox compared with neighbouring outer eastern municipalities over the period reviewed, when number of offences is related to size of population, Knox actually had a lower crime rate than Maroondah, although somewhat higher than Yarra Ranges.

"Boronia and Bayswater actually have the highest crime rates in Knox when crime numbers are related to population size (around 80 offences per 1000 population in 2006-07). This rate is 30-60% higher than the incidence of crime in most other parts of Knox, and double the crime rate in The Basin and Rowville.

Crime rates in Boronia and Bayswater exceeded the State average in the past two years (82/1000 in Boronia and 80/1000 in Bayswater compared with a Victorian average of 73/1000 in 2006-07). While Bayswater has tended to exhibit a crime rate comparable with the State average over the past six years under review, the crime rate in Boronia, traditionally well below the average, approached the Victorian rate in 2004/05 and surpassed it in 2005/06."

(Knox City Council 2009c, p 243-5)

Data from the PCP population and Place profile (2009) confirms the findings above and suggest that in 2007/8 Knox had higher rates than the EMR, Metropolitan Melbourne and Victoria in terms of assaults against persons, behaviour in public, arson, sex (non rape) crimes. Knox also had relatively high rates (in terms of the EMR) in drug related crimes and assault.

Perceptions of Safety

"As the previous data indicated, Knox (as was the case for Victoria generally, where the crime rate in 2003-04 was at its lowest level since 1993) is experiencing reduced levels of reported crime overall. In Knox the overall crime rate has fallen by 17% over the past five years. Despite this, public perceptions of crime and safety in Knox do not necessarily reflect this reality. Perceptions of crime matter because they affect directly how the community lives.

The Perceptions of Local Safety (POLS) survey, conducted early in 2004 across Victoria, queried respondents for views on the level of crime and safety in their local area now, compared with five years ago. Crime and safety issues appear to

be perceived as somewhat greater problems by Knox residents than they were for respondents from across metropolitan Melbourne or Victoria. Compared with the averages for Knox and Melbourne, Bayswater and Boronia residents had a heightened perception of crime as a problem in their local area.

Table 10: Perceptions of Local Safety (POLS) survey 2004

Issue	Knox 2001 POLS	Metropolitan Melbourne	Victoria
Safety in the local area • Less safe than 5 years ago	36% (22%)	32%	34%
Road safety • Less safe than 5 years ago	47% (33%)	44%	45%
Crime • More crime than 5 years ago	39% (49%)	35%	38%
Crime • Extent of problem is moderate or great	53% (64%)	50%	50%
Presence of locations that feel unsafe	53% (47%)	51%	47%
Satisfaction with local police	72% Not collected	69%	71%

Source: Perceptions of Local Safety Surveys, 2001 & 2004

Family Violence

"Knox had a rate of family violence incidents comparable to neighbouring outer eastern areas – with all being significantly lower than the State-wide rate – up until 2002. After this time the rate of reported family violence incidents in Knox began to climb a more rapid trajectory than either Maroondah or Yarra Ranges, eventually surpassing the State average in 2004/05.

A significant increase in the number of family violence reports occurred both locally and State-wide in 2002/03 (believed to be associated with increased public awareness and advertising campaigns which have led to increased reports to police). There has been an **81% increase in the number incidents recorded by police in Knox over the seven year period reviewed (2000/01–2006/07). This compares with the Victorian average increase of 37% over the same period.**

Data confirms that Knox had the sixth highest rate of family violence of all metropolitan municipalities in 2005/06. By 2006/07 its position had improved somewhat to the seventh highest rate in metropolitan Melbourne after Frankston, Hume, Casey, Brimbank, Cardinia and Hobsons Bay – and still well above (20% higher) than the metropolitan average of 5.7 incidents per 1000 population. More recent figures up to 2008 (see below) indicate a slight decrease in 2008, with Knox now ranking 9th in metropolitan Melbourne

Table 11: Family incidents per thousand people, 2003-2008

	Maroondah	Yarra Ranges	Knox	Manningham	Whitehorse	Monash	Boroondara	OEPCP catchment average	IEPCP catchment average	EMR catchment average	Metro Melbourne	Victoria
2007/08	448	451	613	340	337	312	256	504	311	394	557	610
2006/07	517	452	686	280	363	284	256	552	296	405	554	579
2005/06	590	454	680	295	403	322	254	575	319	428	533	560
2004/05	509	444	603	321	395	356	240	519	328	410	554	585
2003/04	477	460	528	303	429	332	286	488	338	402	535	562
2002/03	496	506	512	300	427	339	284	505	338	409	567	583
Average Rate: past 5 years	508	452	622	308	386	321	258	527	318	408	547	577
% change : past 5 years	-9.7	-10.9	19.7	13.3	-21.1	-8.0	-9.9	-0.1	-7.8	-3.7	-1.8	4.6
Ranked Rate 2007/8	55	54	29	69	70	71	76	N/A	N/A	N/A	N/A	N/A
Metro Rank: 2007/8	22	21	9	26	27	28	29	N/A	N/A	N/A	N/A	N/A
SEIFA score	1046	1039	1050	1082	1056	1053	1105					

Source- Population and Place Profile, 2009

The rate of family violence varies considerably across Knox. **Boronia and Bayswater have the highest rates of reported family violence in Knox, with rates in the latest year for which data is available (2006-07) of around 11/1000 population in Boronia, and approaching 8/1000 in Bayswater.**

Rates at this level represent an incidence of family violence in Boronia that is almost double the State and metropolitan averages and a level in Bayswater that is about a third higher than average.

Higher than average rates of family violence are also indicated for Ferntree Gully/Lysterfield over the past two years and Scoresby in the past three years. It remains to be seen whether this is an emerging issue in these areas.

The rate of family violence in all Knox suburbs in general, apart from Boronia and Bayswater (and more recently in Ferntree Gully/Lysterfield and Scoresby), has been below the Victorian average during the period under review. **Knox's relatively poor domestic violence statistics are influenced by the results for Boronia and Bayswater.** Domestic violence tends to be more common in areas with high concentrations of other indicators of social stress such as low income. (other sections of the profile do confirm these areas as having access to fewer economic resources, being more likely to be in receipt of income support, and with higher levels of social disadvantage. "

(Knox City Council 2009c, p111-114)

"Interestingly, Knox, with the highest rate of reported family violence incidents (police family violence incident reports) in the outer east since 2001/02 has had the lowest rate of aggrieved family members seeking intervention orders (Victorian Courts) in the area, and lower than the average. It has been suggested that a counselling and support service operating in this area which made contact with the victims of every incident may be a factor in the reduced number of intervention order applications." (Knox City Council, 2009c, p116)

Approx 80% of women were victims of the reported family violence by police and 80% of perpetrators were adult men. This mirrors state-wide data. (KCC 2009c 2009)

Demographics- female survivors

- "The main victims of family violence in 2003–04 (the majority of whom were women, as indicated above) were aged between 25 and 44.
 - Victims, particularly those aged between 35–44 and children (under 17 years) were most frequently represented in applications for intervention orders through the courts.
 - Burden of disease data (2001) attributes 3.1% of the overall disease burden for all women in the Eastern region to intimate partner violence (refer to Section 1.3.1, Risk factors contributing to the burden of disease). VicHealth (2004) suggests that this rises to 9% of the total burden of disease for women aged between 15–45 years – mostly attributable to mental health problems."
- (Knox City Council 2009c, p 118)

Child Abuse

"After the Shire of Yarra Ranges, Knox accounted for the highest number of notifications and substantiated cases of child abuse in the Eastern Metropolitan Region in 2004 (22.4% or 1019 of the region's notified child abuse cases, and 22.7% or 380 of the cases requiring - 121 - further action). This compares with just over 15% of the region's population.

Knox, Yarra Ranges and Maroondah each generate a higher proportion of protective services notifications and follow-ups relative to their share of the region's population. This may be partially explained by a higher proportion of children living in these areas. The 2001 census indicated that each had a higher proportion of children (0–17) than the metropolitan average while the remaining local government areas that make up the Eastern Metropolitan Region each had a lower than metropolitan average number of children. Knox and Yarra Ranges also had the highest numbers of children in the region. However, even after allowing for this, Figure 2.15 below confirms that Knox had comparatively high child abuse notification rates over the period reviewed.

Analysis of the data indicates that, of the total 4549 notifications within the Eastern Metropolitan Region in 2004 (where the Local Government Area has been

recorded), 36.7% (1671) were substantiated. Of the 1019 notifications in Knox, 37.3% were substantiated.

Parental domestic violence was the most commonly noted parental problem in relation to the total number of notifications of suspected child abuse in Knox (12.4% or 119 cases), with parental mental illness and substance abuse each linked to around another 10% of notifications (97 and 100 cases respectively).” (Knox City Council, 2009c, p121-125)

Demographics -children

“In Knox, over the period concerned, the greatest number of child abuse notifications related to children aged three years, with the next highest notification rate relating to babies not yet turned one. After peaking at age three, notifications of child abuse sustained relatively higher levels between the ages of 4–7 years and again in the early teenage years from ages 13–15. Analysis of the data indicates that more than half (488 or 51%) of all notifications in Knox occurred for children aged 0–7. The number of notifications dropped markedly after age 16.

According to Department of Human Services data, the Eastern Metropolitan Region has a small population who identify as Aboriginal and/or Torres Strait Islander. They make up less than 1 per cent (0.25%)⁴⁵ of the region’s population, but in 2003–04 comprised 2% of the region’s and 0.6% of Knox’s notifications (compared with 0.25% of the Knox population).

For children subject to repeat alleged abuse (five or more notifications), the pattern of notifications peaks at ages 4, 6 and 9 years.”

“Notifications of child abuse are concentrated in the western half of Knox – in the suburbs of Ferntree Gully, Lysterfield, Mountain Gate, Upper Ferntree Gully and Boronia). Analysis of the data indicates that these areas account for over half of total notifications (55% or 522 cases) and half of multiple notifications cases (55% or 136 cases). These areas combined have 40% of the municipality’s 0–17 year olds, but generate over 50% of the notifications and substantiations. (2003-04 data)

Ferntree Gully, Lysterfield, Mountain Gate and Upper Ferntree Gully, which share the same postcode (3156), received the highest number of notifications (276 or 28.9%) and repeat notifications (70 or 28.1%). Significantly, Boronia which in 2001 had just over half the number of 0–17 year olds than the above combined suburbs, received a similar level of notifications with 246 (25.7% of the total) and 66 or 26.5% of total repeat notifications. Boronia was also over-represented in substantiations data with 41 substantiated cases of child abuse (24% of the total) compared with 57 cases (33%) in the larger postcode 3156 area. These figures equate to 8.5 substantiated child abuse cases per 1000 children aged 0–17 in Boronia, compared with 6.4/1000 in the combined Ferntree Gully” (Knox City Council 2009c, p121-127)

Type of abuse

“The majority of alleged abuse relates to emotional abuse, which accounts for well over one third (37.8% or 361) of all notifications, and is the main category of abuse amongst children who are the subject of repeat notifications. The general trend for emotional abuse, followed by neglect and physical abuse as the next most common categories of alleged abuse is the same for both total notifications and for children who are the subject of repeat notifications.” (Knox City Council 2009c, p 124)

Access to Economic Resources

Housing

See section 1 for basic information on housing in Knox. It has been noted that whilst there has been a steady decline in couples with children and an increase in lone households in Knox since 1990 there has not been a commensurate increase in suitable housing stock, such as semi detached or attached housing. This can preclude people ageing in place or lead to an 'overconsumption' of housing resources

Housing affordability

"Income has failed to match the pace of rising house prices. Median house prices increased by 163% between 1996 and 2006, while median household income increased by 42% over the same period. While earlier data suggested that (at least parts of) Knox is relatively more affordable in terms of median house price compared with the Melbourne average, data on median household income suggests that even this is increasingly expensive for a household on a typical income. Rapidly rising property prices also mean that relatively small increases in interest rates put stress on household budgets."

"It is clear that, even in the relatively more affordable suburbs of Knox (Bayswater, Boronia, Ferntree Gully, The Basin), the household income required to break into the market and comfortably service a mortgage on a typical house is substantial (low \$90,000s) In Knox, as in Melbourne generally, the average household income is not high enough to comfortably service the mortgage on an average house.

The unfortunate fact is that the average Knox (and Melbourne) household cannot afford to buy the average home."

"Housing affordability is a major problem for low to middle income households. As presented in the data above, the average Knox (and Melbourne) household cannot afford to buy the average home on any of the measures of affordability considered. Affordability, however, is most severe in the private rental market. Over the past year (2007-08) in Knox:

- Rents have rapidly outpaced inflation
- The proportion of affordable rental accommodation available for rent has fallen by 50%; and
- Opportunities to rent public housing have remained stagnant/one of lowest in Melbourne."

(Knox City Council 2009c, p222, 225)

Housing Stress

"Home ownership has been independently associated with improved health, primarily because it may help to generate security and control (Hiscock et al., 2000). However, research on mortgage arrears has also demonstrated that stress and stress-related illnesses are associated with insecure home ownership (Nettleton & Burrows, 1998; 2000).

30.1% of Knox households that rent (2086 households) pay more than 30% of their income on rent. Rental stress affects over 40% of lone-person households and over one quarter of families in the rental market.

In terms of households paying off a mortgage, it is estimated that around 11% (2101 households) making housing loan repayments are paying more than 30% of their income on repayments, and so suffering mortgage stress.

In 2006, one in every 12 Knox households (8.2% or 4187 households) was likely to be in housing stress, whether renting or making mortgage repayments. Around one in ten households paying off a mortgage (11%) and one in three households that rent (30%) were in housing stress.

Knox, overall, had a **relatively lower proportion of households in housing stress (8% compared with 10.1% for Melbourne as a whole)**, although this varied considerably across Knox, from 5% in Lysterfield, to 11% in Bayswater and Upper Ferntree Gully." (Knox City Council 2009c, p236). This also needs to be considered in the light of the recent worsening economic situation

Hours worked per week

"In recent years increasing attention has been given to the notion of 'work/life balance' – ensuring that appropriate time is allocated between work and non-work activities. This reflects a trend (domestically and internationally) towards longer working hours.

Nearly one third of employed men in the south of Knox are working very long hours each week. While on average, 25% of men in Knox worked 50 hours or more per week, comparable with the level in the Outer East region and Melbourne generally, this figure was markedly higher for men in the south of the municipality. Working very long hours is most common among Knox workers employed as managers or professionals. This is especially pronounced among men – over 50% of male managers work 50 hours or more per week.

This may go a way to explaining the above average proportion of men working very long hours in Knox South since this area also has a higher than average proportion of male managers in its labour force"
(Extract from Knox City Council 2009c p198)

Unpaid Caring

People in the outer east catchment are more likely to be involved in unpaid caring duties for people with a disability than those in the inner east, metropolitan Melbourne or Victoria. They are less likely to be involved in the unpaid caring of children.

Please see Education and Income in section 1 for more information on these two important determinants of mental health

4. Reducing tobacco-related harm

"Smoking is the single most preventable cause of death in Knox and Australia. In Knox 364 deaths between 1999 and 2002 were attributed to smoking. More people die from tobacco than alcohol, other drugs and road deaths combined

Burden of disease data shows that tobacco smoking is responsible for the greatest amount of ill health in the Eastern Metropolitan Region – smoking accounts for almost 10% of lost years of healthy life (DALYs) for men in the Eastern Region and 6% for women.

Smoking causes direct harm through conditions including ischemic heart disease, lung cancer, stroke and COPD which all feature in the top-10 burden of disease for Knox. Passive smoking largely affecting children is also reflected in the burden of disease, mostly in relation to childhood asthma and low birth weight" (Knox City Council 2009c p52)

The Victorian Population health Survey, 2007 defined current smokers as those who smoke daily or occasionally. Females from the Eastern region were significantly less likely to be current smokers than females from Victoria (13% Eastern, 18% Victoria). Males from the region were also less likely to be current smokers (20%), compared to their Victorian counterparts (22%) however this latter difference was not significant.

"This tends to support small area data provided by Knox City Council which shows smoking prevalence rates are comparable (Knox North) or slightly below (Knox South) the state and national averages.

After adjusting for age and sex, the Victorian Population Health Survey data (from 2003 Population Health Survey) found that people were more likely to be current smokers if they exhibited characteristics including being unemployed, Australian-born, nonprofessional, household income of less than \$40,000, physically inactive, have experienced non-specific psychological distress in the previous four weeks, or consumed alcohol at levels associated with risk of harm. These characteristics, with the exception of physical inactivity, are more prevalent in Knox North where the smoking rate is higher than in the south of Knox and the metropolitan area generally. Not surprisingly Knox North also has poorer health status in relation to the diseases associated with smoking including heart disease, lung cancer and COPD."

(Knox City Council 2009c p52-3)

5. Reducing and minimising harm from alcohol and other drugs

Alcohol

Alcohol is another risk factor for a large number of medical conditions and injuries, second only to tobacco as a drug that causes high levels of disease and death²⁴. Stroke, cirrhosis and road traffic accidents are the leading causes of deaths due to alcohol, but the biggest impact of alcohol dependence is on disability. Alcohol is the leading cause of years of healthy life lost due to disability²⁵. Regular, excessive consumption places people at increased risk of chronic ill health and premature death, while there are significant psychosocial and economic consequences that affect the families and wider community of problem drinkers.

In Knox 76 deaths between 1999–2002 were attributed to alcohol. Turning Point data covering the same period ascribes 68 deaths to alcohol (and 72 between 2000–03) and is possibly based on a variation in the definition of alcohol-related death.

Burden of disease data shows that alcohol harm accounts for 4% of ill health among men and 2% among women in the Eastern Metropolitan Region (as measured in DALYs). There is a growing consensus, however, that regular moderate intake of alcohol protects against cardiovascular disease (Roche 1997) and so 'alcohol benefit' is also reflected in the burden of disease data as a measure of disease averted by current levels of alcohol consumption. In the Eastern Metropolitan Region there remains a net harm from alcohol amongst men which amounts to 2.7% of the overall disease burden. In women, however, the harm and benefits from alcohol are almost balanced.

(Extract from Knox City Council 2009c, p54)

The Victorian Population Health Survey 2007 found that

- Males in the EMR catchment are more likely than females to consume alcohol at risky levels on a weekly, monthly and annual basis.
- Larger percentages of females in the EMR region are likely to abstain from consuming alcohol.
- Higher proportions of males in the EMR are at low risk of dangerous alcohol consumption than their Victorian counterparts.
- Smaller proportions of males and females in the EMR catchment consume risky levels of alcohol on a weekly, monthly or annual basis. Similarly, higher proportions of males and females in the EMR catchment are at low risk of long term harm from alcohol consumption.

Table 12 - Risky alcohol consumption EMR & Victoria

		EMR catchment		Victoria	
		Males (%)	Females (%)	Males (%)	Females (%)
	Low risk	35.9	46.6	33.8	39.9
Short term risky or high risk alcohol consumption, 2007	At least yearly	28.1	18.1	23.2	21.1
	At least monthly	13.4	7.8	14.8	9
	At least weekly	11.2	6.6	13.8	6.6
Long term risk of alcohol related harm, 2007	low risk	83.8	76.3	81.5	74.2
	risky	4.5	2.1	3.4	1.9
	high risk	0.7	0.6	0.9	0.6
	abstainer	10.7	20.1	13.6	22.7

Source: Victorian Population Health Survey 2007

"The Turning Point Alcohol and Drug Centre have presented a number of alcohol related data across a number of publications in recent years. This information, supplemented by additional data sources, has been used to compile a suite of indicators of alcohol consumption and related harm for Knox compared to the region and the State. *Data specifically related to alcohol use and related harm among young people, is italicised.*

Measures which indicate significantly higher rates of alcohol-related problems among Knox residents than for Victoria overall are shaded.

Table 13 Summary of alcohol-related problems in Knox, 2000-2006

Measure/indicator	Knox		EMR	Victoria	Comparison to State average [^]
	No.	Av. Annual Rate/10,000	Av. Annual Rate/10,000	Av. Annual Rate/10,000	
Licensed premises (2005)	246	16.40	22.86	33.81	Significantly lower
<i>Licensed premises, residents 15-24 (2006)</i>	250	<i>115.52</i>	<i>165.18</i>	<i>254.46</i>	<i>Significantly lower</i>
Alcohol consumption (1994/5-1995/6)		8.31 lt. (per capita)	6.24 lt. (per cap.)	7.82 lt. (per cap.)	Not known

<i>Risky and high-risk drinking, residents aged 15-24 (2004)</i> -In last year -In last month			73.5 47.6	76.4 50.8	Comparable Comparable
Alcohol-related Assaults (Victims) (2002-04)	251	8.36	7.00	9.65	Significantly lower
Alcohol-related assaults (Perpetrators) (2000-2002)		7.55	6.51	9.84	Significantly lower
<i>Alcohol-related assaults, residents aged 0-17 (2001-2004)</i>	81	5.48	4.66	6.10	Comparable
<i>Alcohol-related assaults, residents aged 18-24 (2001-2004)</i>	198	29.10	22.63	28.59	Comparable
Alcohol-related family violence incidents (2002-04)	367	12.25	10.13	15.80	Significantly lower
Measure/indicator	Knox		EMR	Victoria	Comparison to State average [▲]
	No.	Av. Annual Rate/10,000	Av. Annual Rate/10,000	Av. Annual Rate/10,000	
<i>Alcohol-related family violence, residents aged 0-17 (2001-2004)</i>	17	1.13	1.22	2.09	Significantly lower
<i>Alcohol-related family violence, residents aged 18-24 (2001-2004)</i>	89	13.10	10.74	18.40	Significantly lower
Alcohol-related serious road injuries (2002-04)	117	3.90	3.10	3.42	Comparable
<i>Alcohol-related serious road injuries, residents aged 18-24 (2001-2004)</i>	88	12.92	9.82	9.88	Significantly higher
Medical hospital admissions* (2003-04)	440	29.28	28.61	26.92	Comparable
	222	14.78	14.97	16.06	Comparable

External cause hospital admissions** (2003-04)					
<i>Alcohol-related hospital admissions, residents aged 15-19 years (2001-2004)</i>	165	36.65	34.23	38.69	Comparable
<i>Alcohol-related hospital admissions, residents aged 20-24 years (2001-2004)</i>	178	43.39	42.58	46.27	Comparable
Deaths (1999-2002)	76	1.3	1.4	1.7	Not known
Deaths (2000-2003)	72	1.21	1.38	1.49	Comparable
Measure/indicator	Knox		EMR	Victoria	Comparison to State average [▲]
	No.	Av. Annual Rate/10,000	Av. Annual Rate/10,000	Av. Annual Rate/10,000	
<i>Deaths, residents aged 15-24 years (2001-2004)</i>			0.5	0.72	Comparable
Ambulance call-outs (2003-04)	105	7.00	6.30	10.55 (Metro. area)	Not known

* Typically associated with long term heavy alcohol consumption such as stroke, hypertension, cancer, and mental and behavioural disorders due to the use of alcohol.

** Admissions arising from short term risky drinking such as road injuries, alcoholic poisoning, fall injuries, suicide, assault and child abuse. Data on alcohol-related hospital admissions for young people combines medical and external causes.

Sources; A Summary of alcohol-related harm for Victorian local government areas 2005, Turning Point, June 2006; Alcohol Use and Related Harm Among Young People Across Victorian Local Government Areas, 2006, Turning Point, February 2007; Surveillance of Drug Related Events Attended by Ambulance in Melbourne Project, 2003-04, Turning Point, 2005; The Cancer Council Victoria, The Tobacco Tragedy, Annual deaths caused by smoking in Victoria 1999-2002 (for deaths due to alcohol 1999-2002); 2004 Victorian Youth Alcohol & Drug Survey, Premier's Drug Prevention Council (2004), Regional analysis, Turning Point.

▲ Based on significance testing to determine if there is sufficient evidence to deem differences as statistically significant and a genuine variation.

"The various data sets build a picture that risky alcohol use and alcohol-related problems are perhaps less an issue in Knox. Alcohol-induced assault generally, alcohol-fuelled family violence incidents and licensed premises are less prevalent in Knox than Victoria as a whole.

The rate of ambulance call-outs to alcohol-affected individuals was over 30% lower in Knox than for the Melbourne metropolitan area overall. Other indicators of alcohol-related harm, including road injuries generally, hospital admissions and deaths, generally occur at comparable rates to the Victorian average – **apart from a significantly higher incidence of alcohol-related serious road injuries among young people (18–24 years).**

Time series data, however, shows that the rates of **alcohol-related deaths and hospital admissions** have been trending upward in Knox since the middle of the last decade. **Rates have moved from being (statistically) significantly lower than the Victorian average (and therefore indicating a lower incidence of death and hospital admission due to alcohol in Knox) to rates that are now comparable.**

The rate of alcohol-related hospitalisations increased by 85% in Knox between the years 1994 and 2004. This compares with an average increase for Victoria of 41%."

(Knox City Council 2009c, p58)

"Further analysis of the data on rates of **alcohol-related assaults and hospital admissions among the young**, however, show that while the regional rates for both are significantly below the Victorian average, the **rates for Knox are among the highest in the region and comparable to the State rate.**

The tendency for higher rates of alcohol-related problems among the young in Knox relative to the region (2001–04 data) would seem to be consistent with the earlier Adolescent Health and Wellbeing Survey (1999) which found a higher incidence of alcohol use among secondary school students in Knox.

A significantly lower rate of alcohol-induced assault among the broader population of Knox is offset by a higher (although still comparable with the State average) rate among younger Knox residents aged 18–24. Similarly, Knox's overall incidence of alcohol-related serious road injury, which is similar to the Victorian average, is counterbalanced by a significantly higher incidence among the young (18–24 years)." (Knox City Council 2009c, p 60)

Illicit substances

"Illicit drugs are a direct cause of death as well as being risk factors for conditions such as HIV/AIDS, hepatitis, low birth weight, poisoning, suicide and self-inflicted injuries. They account for 2% of lost years of healthy life (DALYs) for men in the Eastern Region and 0.9% for women.

In Knox 20 deaths were attributed to illicit drugs between 1999–2002. During the 12-month period June 2003–May 2004, there were 227 paramedic callouts to Knox for suspected drug overdoses.

The rate of all drug-related ambulance call-outs in Knox (15.1/10,000 population) is considerably lower than the metropolitan average (25.7/10,000).

Comparison with 1998–99 data shows a significant reduction in the rate of call-outs for drug overdose in Knox and Melbourne generally over the past five years (from 19.4/10,000 population in Knox and 31.5/10,000 in metropolitan Melbourne in 1998–99).

Knox had considerably lower rates of drug overdose for all drugs whether heroin-related or due to other substances than did Melbourne generally, and at rates which for the most part are comparable with the Eastern Region.

Around one in six drug-related call-outs to Knox were heroin-related, compared with one in four for metropolitan Melbourne. Comparison with earlier data shows a halving in the proportion of heroin related incidents, from 35.3% of all drug-related ambulance attendances in Knox in 1998–99 to 16.3% in 2003–04. This pattern was repeated across Melbourne where the proportion dropped from 51.6% to 25%." (Knox City Council, 2009c, p62)

6. Safe environments to prevent unintentional injury

Road Accidents

Road deaths in Knox have stabilised and declined since the year 2000. This is mirrored across the EMR

Analysis of the data for 2000–04 indicates that a blood alcohol content of greater than 0.05% was a factor in 32% of fatal crashes (11 from 34 fatal crashes).

Of the 35 people killed in road traffic accidents, 10 had Blood Alcohol Content (BAC) readings greater than 0.05% (28%). Although this cannot be assumed as the cause, it is likely to have increased the chances of involvement in a fatal road traffic incident.

Analysis of the data indicates an annual average of 4.7 fatalities per 100,000 population in Knox over the period reviewed, which places it below the metropolitan average (5.5/100,000) and at around half the level of Yarra Ranges (9.8/100,000).

Knox had a lower serious injury accident rate per 100,000 populations when compared with the metropolitan average and comparable with Maroondah, a similar, urbanised, outer Eastern municipality.

Despite experiencing a decline in the number of fatal and serious road injuries over recent years, data from the Perceptions of Local Safety (POLS) survey indicates that perceptions of road safety among residents of Knox have worsened between 2001 and 2004.

Demographics- traffic accident victims

- Most drivers killed or seriously injured in Knox between 2000 and 2004, were in the 18–21 and 30–39 year old age groups.
- The majority of passenger fatalities and serious injuries occurred in the 18–21 year old age group, with higher numbers also evident among children and teenagers.
- Pedestrian injuries and fatalities occurred most frequently among primary school students (5–12 years) and the elderly (60–74 years).
- Most motorcycle casualties affected the 30–39 year age group. • Serious bicycle casualties were concentrated among the young (5–12 years) with numbers also higher between 40 and 60 years
- Most road fatalities were males, with a particular concentration in the 22–25 year old age group. (Knox City Council, 2009c)

7. Sexual and reproductive health

"The Victorian Sexually Transmissible Infections Strategy 2006 – 2009 (Department of Human Services 2006) indicates that Chlamydia is the most commonly notified STI in Victoria and Australia, especially among young people. If left untreated, Chlamydia can cause pelvic inflammatory disease (PID) in women, which can lead to chronic pain and/or the inability to fall pregnant. The Victorian STI Strategy 2006-2009 (pages 9-10) reports that notifications for Chlamydia have risen dramatically over the last ten years, from a rate of 29 per 100,000 persons in 1995 to 178 per 100,000 persons in 2005; and that for women, 65 per cent of notified cases were among those aged 16 to 24 years compared with 43 per cent of men."(Knox Community Health Service, 2008b, p6)

Infertility ranked as the 9th ranking disease condition contributing to the burden of disease and injury for young women aged 15-24 in Knox. This is in line the data above regarding the steep increase in Chlamydia (Knox City Council 2009c)

The Victorian Department of Human Services (DHS) Perinatal Data Collection Unit (2005) reported that the area of Knox has the second highest number of pregnancies in women less than 20 years of age in the Eastern region at 41 or 2.2% of all confinements. Yarra Ranges had the highest at 48 (2.6%) and Maroondah was the third highest with 20 births (1.5%) (Dept of Human Services, 2009)

It has also been noted nationally that gay and lesbian young people are at significant risk regarding their sexual and mental health and are 5 times more likely to be diagnosed with an STI. National studies by the Australian Research Centre in Sex, Health and Society (Hillier et al 1998, 2005) explored the experience of same sex attracted (SSA) young people, found that 38% had experienced unfair treatment (including bullying and harassment) on the basis of their sexuality, despite the fact that such treatment is illegal in this country. The KCHS Youth Kiss research project (Phase 1) confirmed that this situation (although not quantifiable) is occurring amongst Knox young people (Knox Community Health Service, 2008b)

Summary

Highlights

- Knox residents are relatively sedentary (in terms of walking and cycling in particular) compared to other LGASs. Women in particular cite their children as the main barrier to being more active
- Food insecurity is an emerging issue in Knox, particularly in Bayswater. Older people aged 55 and over, young people aged 18-34 and women are more likely to be food insecure
- Bayswater and Boronia score consistently lower on indicators of community strength and social inclusion, feeling less connected to their neighbourhoods, feeling less like their neighbourhood is a good place to raise children and having difficulties in raising \$2000 in an emergency.
- Crime rates while having levelled off in recent years are still higher in Knox than EMR and state averages in terms of specific crimes - assaults against persons, behaviour in public, arson, sex (non rape) crimes. Knox also had relatively high rates (in terms of the EMR) in drug related crimes and assault. Again Bayswater and Boronia inflate these figures where crime rates have increased markedly over the last few years.
- Perception of crime by residents is higher in Knox than for Melbourne and Victoria.

- There has been an 81% increase in the number of family violence incidents recorded by police in Knox over the seven year period reviewed (2000/01–2006/07). This compares with the Victorian average increase of 37% over the same period.
- Again these figures are inflated by results from Boronia and Bayswater. The incidence of family violence in Boronia that is almost double the State and metropolitan averages and a level in Bayswater that is about a third higher than average
- Whilst Knox has a relatively lower *proportion* of households in housing stress (8% compared with 10.1% for Melbourne as a whole), this varied considerably across Knox, from 5% in Lysterfield, to 11% in Bayswater and Upper Ferntree Gully. This may also be changing with recent economic changes
- Smoking is the single most preventable cause of death in Knox
- Alcohol related serious road injuries for 18-24 year olds is significantly higher in Knox than for the EMR and Metropolitan Melbourne
- The rates of alcohol-related deaths and hospital admissions have been trending upward in Knox since the middle of the last decade. The rate of alcohol-related hospitalisations increased by 85% in Knox between the years 1994 and 2004. This compares with an average increase for Victoria of 41%. Alcohol related assault involving young people are involved in this trend upwards.
- Whilst there is no Knox specific data for Chlamydia notifications available, there are significant and concerning increases at state level. The appearance of infertility for young women, ranked 9th, on the Burden of disease data may partially involve an increase Chlamydia.
- Knox has the second highest number of pregnancies to women under 20 in the EMR.

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