

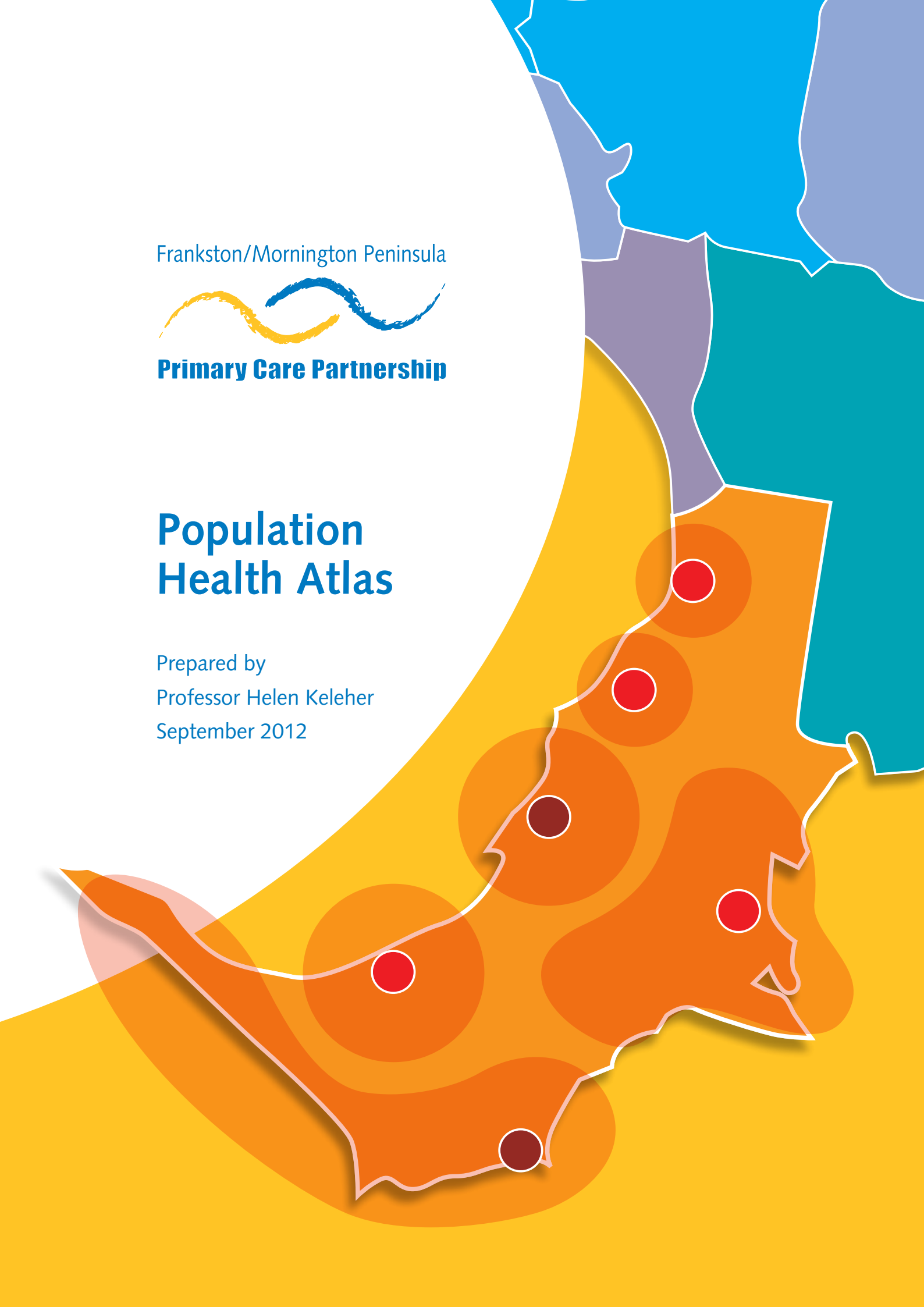
Frankston/Mornington Peninsula



**Primary Care Partnership**

# Population Health Atlas

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September 2012



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FMPPCP would like to acknowledge the support of the Victorian Responsible Gambling Foundation in the preparation of this report.

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# 1 Introduction

The Frankston-Mornington Peninsula Primary Care Partnership (FMPPCP) was formed in 2002 and includes 38 member agencies comprising health and community service providers who are committed to strengthening the planning, coordination and delivery of services.

The Frankston-Mornington Peninsula Medicare Local was formed in January 2012 after a successful submission by a consortium of the Peninsula General Practice Network, Frankston City Council, Frankston Mornington Peninsula PCP, Monash University, Mornington Peninsula Shire, Peninsula Health and the Royal District Nursing Service (RDNS). Both the Victorian Primary Care Partnership (PCP) Strategy and the Australian Medicare Local Strategy (which began in 2011) are major reforms in the way services are planned and coordinated in the primary care and community support services sector in the catchment.

## 1.1 Purpose of project

The purpose of this Frankston-Mornington Peninsula Population Health Atlas is to compile social, economic and health data about the Frankston-Mornington Peninsula catchment. The information in this Atlas provides a body of evidence about the health of local populations and the social issues that underpin health issues. There is emphasis in this Atlas on data that informs understanding about equity issues in the catchment because equity is a key concern of primary health care systems and services. The data is interpreted to reveal social and health inequities and gaps in knowledge. In future work of the PCP member agencies, this data will underpin analysis of the opportunities and capacity available to tackle current and emerging issues. The Population Health Atlas is also intended to inform the various plans developed by agencies in the catchment, which have responsibility for service delivery.

Previous reports on health status have been compiled for the FMPPCP, Peninsula Health, City of Frankston and Mornington Peninsula Shire (Appendix 1). For this Atlas, additional data has been sourced from Medicare Locals Social Health Atlas<sup>i</sup>, the Department of Planning and Community Development (DPCD) population projections, Australian Early Development Index (AEDI), Department of Education and Early Childhood Development Child and Adolescent Health Profiles from the Victorian Child and Adolescent Monitoring System (VCAMS)), Department of Health (DH) reports, Community Indicators Victoria (CIV) data for the catchment, and Department of Human Services (DHS) mental health service reports and the Victorian Department of Health 2011 Local Government Area profiles<sup>ii</sup>. Quotes are included from the Victorian Department of Health Supplementary paper drawn from the Victorian Population Health Survey to highlight issues of Aboriginal health.

Population health data is primarily available at LGA level but effort was made to draw together information at small area level either by town/suburb, Statistical Local Area (SLA) or Census Collector District (CD) because small area data is more sensitive than LGA level data.

The review does not document Burden of Disease (BoD) data because the last available data set is from 2001 and out of date. The BoD data is available in the Frankston City Council Health and Wellbeing Plan 2009-2013, and the Peninsula Health Integrated Ambulatory Care Plan.

## 1.2 Limitations

The limitations of the project to develop the Atlas include the following:

- a) Census data from 2011 has been included where available on early release from the ABS but at the time of printing, not all 2011 Census data had been released;
- b) The collection of new primary data was not in the scope of this project.
- c) There are gaps in data and information at small area level.
- d) There is very little specific data about the health of Aboriginal people in the catchment at either LGA or SLA level but what is available has been included in this Atlas.
- e) The Atlas is not intended to document characteristics of the service system.

## 1.3 Indicators

Indicators for population health used in this Atlas are drawn from the domains of health status and wellbeing and community wellbeing. Indicators are developed for a range of purposes and inform for example, planning and evaluation and health system performance. Some indicators are more sensitive than others for assessing equity. Effort has been made to source indicator data that inform our understanding of equity.

### 1.3.1 Health status indicators

Health status indicators are life expectancy, infant and child health, health priority areas, risk factors, and disease rates<sup>iii</sup>. They are measured by population health surveys, census data and administrative data from government departments.

### 1.3.2 Indicators of community wellbeing

There is growing interest in indicators for community wellbeing by governments and communities. Community Indicators Victoria (CIV) is a body of work which assesses community wellbeing at LGA level in Victoria, and provides indicator measures for five major domains of community wellbeing:

Social	Healthy, safe and inclusive communities
Economic	Dynamic, resilient local economies
Environmental	Sustainable built and natural environments
Democratic	Culturally rich and vibrant communities
Cultural	Democratic and engaged communities

Each domain has a series of indicators, for which data is obtained by self-report. CIV data is limited by the lack of small area sensitivity in the data.

## 1.4 Social determinants of health

The social determinants of health (SDH) are the social, environmental, political and cultural conditions in which people are born, grow, live, work and age<sup>iv</sup> as well as those factors in society that create, maintain, or diminish, the health of individuals and populations. In other words, determinants of health and illness can be understood as the pathways to health and equity/inequity and provide the context in which individuals' behaviours, health and well-being arise. Key social determinants include:

- The social-health gradient – the distribution of wealth and poverty in areas is closely related to illness and disease patterns
- Education and literacy – levels of education are closely related to health and illness patterns
- Early childhood – a strong predictor of health status in later life
- Housing/shelter – both the affordability of housing and the availability of affordable housing are pre-requisites of good health
- Gender –the social conditions that create or diminish gender equity are determinants of health including sexism, stereotyping and attitudes towards women and men's roles in society. Violence against women causes a higher burden of disease than obesity, smoking and alcohol combined<sup>v</sup>
- Discrimination and its sequelae in racism and violence – reducing race-based discrimination can help to improve the health of Indigenous Victorians and culturally diverse communities, while achieving social and economic benefits for all<sup>vi</sup>.

## 1 Introduction

- Employment/Unemployment – access to sufficient economic resources for the pre-requisites of health is critical for good health
- Working conditions – exposure to health-damaging conditions
- Social inclusion and social support – having family, friends and networks of support as well as feeling included rather than on the margins of society, are influential determinants of good health
- Food security – fresh, affordable and accessible food is a pre-requisite of health
- Transport – access to affordable transport is essential for access to services.

The Victorian Population Health Survey has found that there were profound disparities between Aboriginal and non-Aboriginal Victorians in the social determinants of health, which are likely to explain, at least in part, the worse health outcomes observed for Aboriginal Victorians<sup>vii</sup>.

### 1.5 Health inequalities and health inequities

Health inequalities are the measurable differences between population groups by measures such as sex, age, or geographic location. Health inequities are those health inequalities that result from social, economic, and geographic influences that are avoidable, unjust and unfair<sup>viii</sup>. Social inequities are an underlying determinant of health inequities<sup>x</sup>. The striking inequities that exist between groups in the population are consistent with evidence built up over a number of years in Australia to illustrate the causes of poor health.

The purpose of health systems is to create health and reduce health inequities. The challenge for policy makers, health organisations and governments is to find ways to address these health inequities<sup>x</sup>.

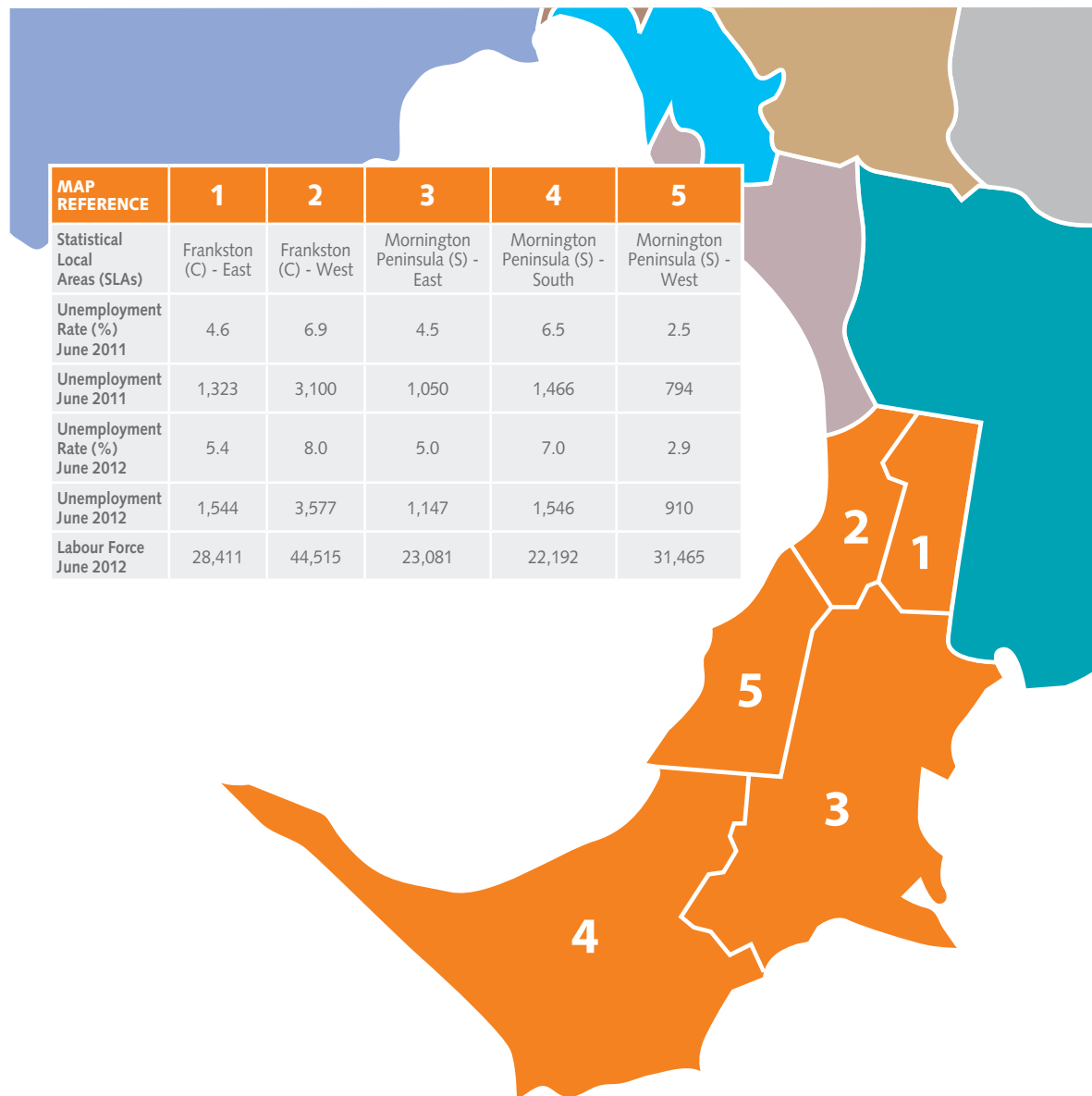


## 2 Characteristics of the catchment

The Frankston-Mornington Peninsula catchment is a mixed urban and semi-rural area of about 850 square kilometres stretching from Seaford, Carrum and Frankston, about an hour's travel from the Melbourne CBD, south across the Mornington Peninsula to Sorrento and Portsea at the southern tip, and Cape Shank, Point Leo and the deep water Port of Hastings in the east. The Mornington Peninsula Shire comprises small urban areas, tourist towns, rural agricultural areas and national parks across 20 postcodes, while the City of Frankston is more urban and comprises five postcodes. The catchment for the FMPPCP and the FMPML (ML209) is the same, covering two Victorian Local Government Areas (LGAs): the Frankston City Council (FCC) and the Mornington Peninsula Shire (MPS).

The combined population for the two LGAs in 2010 was 280,700 comprising 130,462 residents in FCC, and 150,238 in the MPS. The population growth rate for the City of Frankston was 1.7 per cent averaged for the period 2005-2010 and for MPS the growth rate was 1.5 per cent. The growth rate for Victoria in the same period was 1.9 per cent<sup>xi</sup>. The population of the area swells by up to 100,000 tourists over the summer period and about 40,000 people who use holiday homes on a regular (weekly) basis. The area comprises five Statistical Local Areas (SLA) illustrated in Table 1. Table 2 sets out the postcodes for the five SLAs.

**TABLE 1: SLAS IN THE FRANKSTON-MORNINGTON PENINSULA CATCHMENT**



Frankston (C) West	Frankston, Frankston South 3199 Frankston North 3200	Seaford 3198
Frankston (C) East	Carrum Downs 3201 Skye 3977	Langwarrin 3910 Langwarrin South 3911
Mornington Peninsula Shire West	Mount Eliza 3930 Tuerong 3915	Mornington 3931 Mount Martha 3934
Mornington Peninsula Shire South	Cape Schanck, Boneo, Fingal 3939 Rosebud, Rosebud South, Rosebud West 3940 Dromana, Arthurs Seat, Safety Beach 3936 McCrae 3938 Flinders 3929 Red Hill, Red Hill South 3937	Portsea 3944 Sorrento 3943 Blairgowrie 3942 Rye, Tootgarook, St Andrews Beach 3941 Gunnamatta 3941
Mornington Peninsula Shire East	Somers 3927 Merricks North, Merricks Beach Balnarring, Balnarring North 3926	Baxter 3911 Somerville, Pearcedale 3912 Hastings, Hastings West, Merricks, Shoreham, Point Leo 3916 Bittern, Bittern West 3918 Crib Point, Stony Point 3919 HMAS Cerberus 3920

## 2.1 Demographics of catchment

### 2.1.1 Fertility rate

The fertility rate is based on the age-specific fertility rates of women in their “child-bearing years,” which in conventional international statistical usage is 15-49 years. The fertility rate for the City of Frankston is 2.01 and for the Mornington Peninsula Shire, the fertility rates is 2.00 which are both above the Victorian (average) of 1.80<sup>ii</sup>.

### 2.1.2 Aboriginal and Torres Strait Islander people in the catchment

The 2011 census showed that the number of Aboriginal people in the catchment increased by 598 persons, from 1,387 in 2006 to 1,985. In 2011, Victoria’s Aboriginal and Torres Strait Islander population was 37,695 persons, an increase of 7,667 from the 2006 census. In 2011, Aboriginal people comprised 0.7% of Victoria’s total population, compared with 0.6% at the 2006 census (Table 3).

**TABLE 3: POPULATION OF ABORIGINAL PEOPLE IN THE CATCHMENT**

Local Gov. Area	2006		2011		% increase/decrease	
	Population	Percentage	Population	Percentage	In LGA	Vic
Mornington Peninsula (S)	637	2.1%	973	2.6%	52.7%	0.5%
Frankston (C)	750	2.5%	1012	2.7%	34.9%	0.2%
Catchment	1,387	0.46%	1,985	0.526%	0.8%	
Total Victoria	30028	0.6%	37695	0.7%		1.0%

Source: ABS, Population data 2011 census

TABLE 4: AGE DISTRIBUTION IN THE FMPML/PCP CATCHMENT (2010)

SLA name	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85%
Frankston (C) - East	3,762 (7.4%)	3,589 (7.1%)	3,973 (7.8%)	3,975 (7.8%)	3,529 (6.9%)	3,519 (6.9%)	3,771 (7.4%)	50,795 (8.5%)	50,795 (8.2%)	50,795 (7.7%)	3,198 (6.3%)	2,585 (5.1%)	2,137 (4.2%)	1,566 (3.5%)	1,074 (2.1%)	769 (1.5%)	355 (1.1%)	389 (0.8%)
Frankston (C) - West	4,945 (6.2%)	4,142 (5.2%)	4,404 (5.5%)	5,357 (6.7%)	6,067 (7.6%)	5,344 (6.7%)	5,113 (6.4%)	79,667 (6.9%)	79,667 (6.7%)	79,667 (6.9%)	5,437 (6.8%)	4,736 (5.9%)	4,818 (6.0%)	3,711 (4.7%)	3,116 (3.9%)	2,370 (3.0%)	1,877 (2.4%)	1,877 (2.4%)
Mornington Peninsula (S) - East	2,696 (6.7%)	2,634 (6.5%)	2,625 (6.5%)	3,307 (8.2%)	3,214 (7.9%)	2,367 (5.8%)	2,343 (5.8%)	40,493 (6.5%)	40,493 (6.8%)	40,493 (7.2%)	2,799 (6.9%)	2,516 (6.2%)	2,278 (5.6%)	1,794 (4.4%)	1,303 (3.2%)	1,045 (2.6%)	541 (1.3%)	541 (1.3%)
Mornington Peninsula (S) - South	2,482 (4.9%)	2,456 (4.8%)	2,516 (5.0%)	2,648 (5.2%)	2,329 (4.6%)	2,114 (4.2%)	2,334 (4.6%)	50,738 (5.9%)	50,738 (5.7%)	50,738 (6.0%)	3,239 (6.4%)	3,296 (6.5%)	4,020 (7.9%)	3,874 (7.6%)	3,353 (6.6%)	2,725 (5.4%)	2,058 (4.1%)	2,058 (4.1%)
Mornington Peninsula (S) - West	3,571 (6.1%)	3,917 (6.6%)	4,074 (6.5%)	3,990 (6.8%)	3,020 (5.1%)	2,662 (4.5%)	2,757 (4.7%)	59,007 (7.1%)	59,007 (7.0%)	59,007 (7.1%)	3,821 (6.6%)	3,772 (6.4%)	4,016 (6.8%)	3,254 (5.5%)	2,510 (4.3%)	2,025 (3.4%)	1,474 (2.5%)	1,474 (2.5%)
Frankston - Mornington Peninsula	6.2%	6%	6.3%	6.9%	6.5%	5.7%	5.8%	7.0%	6.9%	7.0%	6.6%	5.8%	6.2%	5.1%	4.0%	3.2%	2.3%	2.3%
Total for ML	17,456	34,330	17,592	19,277	18,159	16,006	16,318	19,360	19,264	19,558	18,494	16,905	17,269	14,199	11,356	8,934	7,206	6,339
Victoria	6.4%	5.9%	6.1%	6.6%	7.6%	7.6%	7.0%	7.3%	7.1%	7.0%	6.9%	5.8%	5.4%	4.0%	3.2%	2.6%	2.1%	1.9%

Source: Medicare Locals Atlas 2011, PHIDU

## 2 Characteristics of the catchment

*Aboriginal Victorians were significantly socioeconomically disadvantaged compared with non-Aboriginal Victorians, with: lower total annual household incomes; lower levels of educational attainment; higher rates of unemployment or being unable to work; higher rates of divorce, separation or widowhood; lower rates of home and private health insurance ownership; and higher rates of geographic relocation. Contrary to current perceptions, Aboriginal Victorians were no more likely than their non-Aboriginal counterparts to reside in larger households and a significantly higher proportion lived alone<sup>vi</sup>.*

### 2.2 Age distribution

Table 4 sets out the distribution of the population by major age-groups. Key features of the population demographics include the following:

- Overall, the catchment has similar proportions to Australian averages at ages below 60 years;
  - o Across the catchment, there are slightly more children 0-14 yrs of age than people aged 65+ years of age;
  - o 32 per cent of the population is aged less than 25 years;
  - o 13.2% were aged 10–19 years which is slightly less than the Victorian average.
- All age groups 60 years and over have higher proportions in the catchment than the Victorian average;
  - o The proportion of people aged over 65 years is 16.9% of the population which is higher than for Victoria-wide (13.8%);
  - o Mornington Peninsula Shire is one of the most concentrated for the 65+ age group in Australia and projections are that the proportion of this age group will rise from 16.5% to 32% by 2019 (Table 4);
  - o In the 15 years from 2011-2026, the 75-79 year old age group is expected to have a growth rate of 78% and the 85+ age group will grow by 66%.

### 2.3 Population projections

Table 5 illustrates population projections from 2011 to 2031 by LGA based on DPCD information. Table 6 shows population projections by SLA. The data shows modest population growth overall with an expected drop in the numbers of children and adolescents in the 20 year period of the projections. However, significant growth is expected in the 65+ yrs age groups in the Mornington Peninsula Shire, reflecting its attraction as a retirement destination (Table 7).

**TABLE 5: POPULATION PROJECTIONS BY LGA**

LGA	Population		Population	Annual % change	% Aged under 20 years		% Aged 65 years or older	
	2011	2021			2011-2031	2011	2031	2011
Frankston	132,000	144,900	153,000	1.4	26	23.3	13.4	13.7
Mornington Peninsula	150,700	164,400	177,600	1.7	24.2	20.2	20.7	29
Victoria	5,621,210	6,500,653	7,326,564	1.1%				

Source: DPCD, Victoria in the Future 2012 Data Tables

**TABLE 6: POPULATION PROJECTIONS BY SLA**

Estimated Resident Population (ERP)	2011	2031
Frankston (C) – East	52,177	66,190
Frankston (C) – West	79,838	86,803
Mornington P'sula (S) – East	40,628	49,871
Mornington P'sula (S) – South	50,765	56,827
Mornington P'sula (S) – West	59,289	70,891
Frankston-Mornington Peninsula	282,697	330,582
<b>Victoria</b>	<b>5,621,210</b>	<b>7,326,564</b>

Source: DPCD, Victoria in the Future 2012 Data Tables

**TABLE 7: GROWTH IN OLDER AGE GROUPS 2011-2026**

Age Group	2011	2026 (est)	Growth
65-69	14,580	19,772	36%
70-74	11,479	17,197	50%
75-79	8,997	15,966	78%
80-84	7,226	11,031	53%
85+	6,553	10,849	66%
<b>Total Pop</b>	<b>282,697</b>	<b>320,572</b>	<b>11%</b>

Source: Department of Planning and Communities: Victoria in the Future 2012

### 2.3.1 Life expectancy

Life expectancy rates for Victoria in 2011 were 80.3 years for males and 84.4 years for females.

- In the MPS, life expectancy in 2011 was 79.8 for males and 83.5 for females. These rates are slightly lower than the state average.
- In the FCC, life expectancy in 2011 was 79.3 for males, and 80.0 for females. These rates are slightly lower for males and significantly lower for females than the Victorian average.

## 2.4 GP services

The supply of GPs in 2011 was 0.92 per 1000 population in Frankston and 1.04 per 1000 population in the Mornington Peninsula Shire<sup>ii</sup>. However, the geographic spread of the catchment and general practices suggests that they may not always be located in the areas of greatest need.

## 2.5 Rates of private health insurance

Table 8 shows rates of private health insurance by SLA in the catchment. There is a wide variation in rates from 40.6% in Frankston (West) to 64.2% in Mornington Peninsula West.

**TABLE 8: RATES OF PRIVATE HEALTH INSURANCE IN FMPPCP CATCHMENT**

	Persons covered by health insurance 2007-08	Rate per 100
Frankston (C) - East	17,334	48.3
Frankston (C) - West	26,055	40.6
Mornington P'sula (S) - East	15,412	49.7
Mornington P'sula (S) - South	17,883	41.9
Mornington P'sula (S) - West	29,401	64.2
<b>Frankston-Mornington Peninsula</b>	<b>106,086</b>	<b>48.3</b>
<b>Victoria</b>		<b>47.9</b>
<b>Australia</b>		<b>46.9</b>

Source: Medicare Locals Atlas 2011, PHIDU

## 2.6 Diversity

Table 9 shows the percentage of people in the catchment who were born in Australia, and the proportion of residents from predominantly English speaking and non-English speaking countries.

Overall, the catchment is one of the more Anglo in Victoria with a total of just 11.8% of people born overseas. The percentage of humanitarian arrivals is 3% in Frankston and 0% in MPS<sup>ii</sup>. The percentage of people born overseas is 22.5% in Frankston and 18.7% in MPS. By comparison, the percentage of people born overseas in predominantly non-English speaking countries in the neighbouring City of Greater Dandenong is 56%, and across Victoria, 25.5% are born overseas in predominantly non-English speaking countries. The SLAs of Frankston East (8.1%) and West (9.3%) have the highest proportion of people born overseas in predominantly non-English speaking countries.

**TABLE 9: BIRTHPLACE AND NES RESIDENTS**

SLA	Australian born	People born overseas in predominantly English speaking countries	People born overseas in predominantly non-English speaking countries
Frankston (C) – East	74.0%	10.8%	8.1%
Frankston (C) – West	70.6%	12.7%	9.3%
Mornington P'sula (S) – East	78.6%	10.7%	4.0%
Mornington P'sula (S) – South	73.2%	9.0%	6.5%
Mornington P'sula (S) – West	73.4%	14.5%	5.9%
<b>Total ML209</b>	<b>73.4%</b>	<b>11.8%</b>	<b>7.1%</b>
<b>Victoria</b>	<b>70%</b>	<b>17%</b>	<b>6.4%</b>

Source: Medicare Locals Atlas 2011, PHIDU

Of the residents in the catchment from predominantly non-English speaking countries, the main countries of origin are Germany (0.7%), Netherlands (0.7%), Italy (0.6%) and Greece (0.4%). Table 10 shows the top 8 countries of origin for each SLA.

**TABLE 10: TOP 8 COUNTRIES OF BIRTH IN FMPPCP CATCHMENT**

SLA name	Germany	Netherlands	Italy	Greece	Philippines	India	China	Malaysia
Frankston (C) - East	204 (0.5%)	374 (0.7%)	202 (0.5%)	93 (0.2%)	262 (0.6%)	274 (0.6%)	48 (0.1%)	64 (0.1%)
Frankston (C) – West	603 (0.8%)	463 (0.9%)	406 (0.5%)	312 (0.4%)	306 (0.4%)	380 (0.5%)	286 (0.4%)	149 (0.2%)
Mornington P’sula (S) - East	210 (0.6%)	283 (0.6%)	111 (0.3%)	28 (0.1%)	66 (0.2%)	57 (0.2%)	22 (0.1%)	37 (0.1%)
Mornington P’sula (S) - South	260 (0.6%)	331 (0.8%)	656 (1.4%)	369 (0.8%)	87 (0.2%)	45 (0.1%)	40 (0.1%)	34 (0.1%)
Mornington P’sula (S) – West	388 (0.7)	361 (0.7%)	246 (0.5%)	142 (0.3%)	67 (0.1%)	94 (0.2%)	122 (0.1%)	105 (0.2%)
<b>Total ML209</b>	<b>1,665 (0.7)</b>	<b>1,812 (0.7%)</b>	<b>1,621 (0.6%)</b>	<b>944 (0.4%)</b>	<b>788 (0.3%)</b>	<b>850 (0.3%)</b>	<b>518 (0.2%)</b>	<b>389 (0.2%)</b>
<b>Victoria</b>	<b>0.6%</b>	<b>0.5%</b>	<b>1.7%</b>	<b>1.1%</b>	<b>0.5%</b>	<b>1.1%</b>	<b>1.1%</b>	<b>0.6%</b>

Source: Medicare Locals Atlas 2011, PHIDU

## 2.7 Summary

In the Mornington Peninsula Shire, population growth since 2000 has been average, but projected growth to 2022 is lower than average. However, persons age 45 plus are over-represented in the population, particularly persons aged 65+ in the population which is the fastest growing age group. Projections are that this rate of increase will continue for decades to come.

In the City of Frankston, population growth since 2000 was similar to that for the rest of the state but is projected to slow somewhat through to 2022. Frankston’s population is distributed across age groups representative of the state average. The population is primarily Anglo, and although it is becoming more diverse it is much less diverse than other areas of Victoria.

The life expectancy of people in the catchment is slightly below the Victorian average but life expectancy for women in the City of Frankston is significantly lower than the Victorian average. Across the catchment, there are fewer adults from 20 -34 years than the Victorian average.

## 3 Small area social and economic data

This section sets out the socio-economic data which characterises the catchment. These data provide the foundations for the health and social wellbeing data which follows.

### 3.1 SEIFA and IRSED<sup>xii</sup>

SEIFA is a suite of four summary measures that have been created from ABS Census information. The indexes are used to explore socio-economic conditions by geographic areas. For each index, every geographic area in Australia is given a SEIFA number which shows how disadvantaged that area is compared with other areas in Australia.

Each index summarises a different aspect of the socio-economic conditions of people living in an area. The indexes provide more general measures of socio-economic status than is given by measuring single indicators such as income or unemployment alone, for example. The most recent SEIFA data available for this Population Health Atlas is from 2006.

The four indexes in SEIFA 2006 are:

- **Index of Relative Socio-economic Disadvantage (IRSED):** derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.
- **Index of Relative Socio-economic Advantage and Disadvantage (IRSAD):** a continuum of advantage (high values) to disadvantage (low values) which is derived from Census variables related to both advantage and disadvantage, like household with low income and people with a tertiary education.
- **Index of Economic Resources:** focuses on Census variables like the income, housing expenditure and assets of households.
- **Index of Education and Occupation:** includes Census variables relating to the educational and occupational characteristics of communities, like the proportion of people with a higher qualification or those employed in a skilled occupation.

A high SEIFA or IRSED score reflects lack of disadvantage rather than high advantage. In other words, the higher an area's index value, the less disadvantaged that area is compared with other areas. For example, an area that has a Relative Socio-Economic Disadvantage Index value of 1200 is less disadvantaged than an area with an index value of 900<sup>xiii</sup>.

Table 11 shows the relative rankings for the five Statistical Local Areas (SLA) which make up the catchment, citing both the SEIFA rank, the IRSAD rank and the unemployment rate as at 2006 (Table 13 provides unemployment data for 2012). This table shows that the SLAs of Frankston West and Mornington Peninsula South have the lowest SEIFA rankings in the catchment, and both had significantly higher unemployment rates than the other three SLAs in the catchment.



**TABLE 11: SLA SEIFA RANKINGS IN THE FMPML**

SLA	Population	SEIFA Rank in Vic SLAs Rank in metro SLAs	IRSAD Rank in Vic SLAs Rank in metro SLAs	Unemployment rate 2006
Mornington P'sula (S) - East	39,388	1,016.20 80/204 54/79	989.53 76/204 59/79	5.5%
Mornington P'sula (S) - South	50,241	988.78 120/204 63/79	964.36 110/204 67/79	8.3%
Mornington P'sula (S) – West	58,399	1,064.84 24/204 21/79	1,060.63 34/204 31/79	3.3%
Frankston (C) - East	51,787	1,026.60 61/204 45/79	1,000.73 65/204 55/79	6%
Frankston (C) - West	78,678	978.55 137/204 67/79	969.82 98/204 65/79	9%

Source: ABS 2006

Table 12 provides the Socio-Economic Index for Areas (SEIFA) ranked by suburb in the catchment. The SEIFA is derived from weighted data that is used to calculate scores to Census Collector District (CD) level.

**TABLE 12: SMALL AREAS BY SEIFA**

Small Area (most-least disadvantaged)	SEIFA
Frankston North	832
Hastings	902.5
<b>Frankston</b>	<b>921</b>
Seaford	947
Rosebud - Rosebud West - McCrae - Boneo - Fingal - Cape Schanck	952.1
Rye - Tootgarook - St Andrews Beach	982.4
Baxter - Pearcedale	989.5
Dromana-Safety Beach	997.5
Mornington - Moorooduc - Tuerong	1015.7
Bittern - Crib Point	1017.8
<b>Mornington Peninsula Shire</b>	<b>1026.2</b>
Somerville	1037.0
Tyabb	1040.0
Portsea - Sorrento – Blairgowrie	1049.2
Balnarring - Balnarring Beach - Merricks - Merricks Beach – Somers	1077.0
Mount Martha	1086.0
Green Wedge	1088.5
Red Hill - Red Hill South - Merricks North - Main Ridge - Arthurs Seat	1089.2
Flinders - Shoreham - Point Leo	1102.2
Mount Eliza	1110.1
HMAS Cerberus	1117

Source: ABS id profiles for City of Frankston and Mornington Peninsula Shire

Table 12 shows that Frankston North and Frankston (SLA Frankston West), Hastings (Mornington Peninsula East SLA), then Seaford, Rosebud, Rye and Baxter-Pearcedale are the most disadvantaged suburbs in the FMPML/PCP catchment. In 2006, Frankston was ranked the 7th most disadvantaged municipality in metropolitan Melbourne and the 8th most disadvantaged LGA in Victoria<sup>xiv</sup>.

## 3.2 Employment/unemployment

*Participation in employment and unemployment vary widely across the catchment with the highest unemployment rates in Frankston North, Rosebud West and Hastings. Table 13 shows that small areas in the catchment have higher unemployment rates than the Victorian average (5.0%). Overall, in 2006, the unemployment rate for the City of Frankston in 2011 was 6.5%, and for MPS, the rate was 4.6%<sup>ii</sup>.*

Unemployment rates by suburb were not available from the 2011 census at the time of publication of this Atlas.

**TABLE 13: EMPLOYMENT PARTICIPATION AND UNEMPLOYMENT RATES SMALL AREAS 2006**

Small area	Participation rate	Unemployment rate
Frankston Nth	53.8%	13.2%
Rosebud West	36.2%	10.9%
Hastings	57.5%	9%
Frankston Central	61.6%	7.7%
Rosebud	47.8%	7.2%
Seaford	63.3%	6.9%
Rye	54.2%	6.6%
Baxter	70%	6.6%
Victoria-wide		5.6%

Source: DPCD Suburbs in Time 2006; id Profiles

Table 14 shows that the unemployment rate varies significantly across the five SLAs of the catchment. From 2009-June 2012, unemployment rates have risen in every SLA but the most marked increase is in Frankston - West.

**TABLE 14: UNEMPLOYMENT RATES 2009-JUNE 2012 BY SLA**

Area	Estimated unemployed 2009/2012	% estimated unemployed 2009/2012	% estimated labour force participation 2009
Frankston (C) - East	907/1,544	3.4/5.4	69.4
Frankston (C) - West	2,367/3,577	5.7/8.0	63.7
Mornington P'sula (S) - East	765/1,147	3.5/5.0	67.6
Mornington P'sula (S) - South	1,196/1,546	5.8/7.0	48.3
Mornington P'sula (S) - West	609/910	2.1/2.9	63.3
<b>Victoria</b>		<b>5.1/5.4</b>	<b>63.9</b>
<b>Australia</b>		<b>5.0/5.2</b>	<b>64.7</b>

Source: Australian Medicare Locals Atlas 2011, PHIDU/ DEEWR Small Area Labour Markets: <http://www.deewr.gov.au/Employment/LMI/Pages/SALM.aspx>

## 3.3 Housing, household income and wellbeing

Table 15 shows that the City of Frankston has a lower proportion of affordable rental housing than the MPS, a higher proportion of families who are welfare dependent, and a higher percentage of lone parent families. Food security is also higher across the catchment than for Victoria.

**TABLE 15: CHARACTERISTICS OF HOUSEHOLDS**

Indicator	Frankston	Mornington Peninsula	Victoria
Percentage of households with housing costs greater than 40% of income	10%	8.7%	9.0%
Percentage of rental housing that is affordable	16.9%	25.7%	20.4%
Percentage of low income/welfare dependant families with children	12.2%	8.9%	9.0%
Percentage of population with food insecurity	8.6%	8.7%	6.0%
Percentage of households with income less than \$650 per week	32.0%	34.8%	30.6%
Percentage of families headed by one parent/female	20.4% / 84.2%	14.9% / 83.2%	15.4% / 83.5%

Source: Victorian Department of Health 2011 Local Government Area profiles

### 3.3.1 Household income by quartile

The distribution of income across income quartiles demonstrates the concentration of wealth and disadvantage in each enumerated area of the catchment. Income data collected by the Census include not only wages and salaries but other income sources such as shares, government benefits and superannuation. Comparing median incomes for local government areas (LGAs) is one way of looking at spatial patterns. Concentrations of public housing stock or high numbers of retirees in particular locations may lower the median income of these areas.

The data and income levels in Table 16 compare income quartiles in the decade 1996-2006. The data shows the shift of higher income residents towards some areas (Mt Eliza, Sorrento, Portsea) and increasing concentrations of low-income residents in other areas (Frankston, Seaford, Rosebud, Rosebud West, Rye and Hastings, Baxter, Dromana and Safety Beach).

Note that the Melbourne Statistical Division (MSD) is the comparator, at 25% for each quartile (ie the four income groups are evenly distributed across the MSD). The average Australian income was \$46,904 in 2008-09 and the average Victorian income (excluding government pensions and allowances) was \$45,246. Key findings of this examination of income distribution by small area shows that:

- *The percentage of people on low incomes in Frankston North, Frankston, Hastings, Baxter-Pearcedale, and Tyabb has increased. In other words, in the 10 years from 1996-2006, these areas have become more concentrated with low-income households;*
- *In Rosebud West, 81% of people are living on the lowest-second lowest income quartile;*
- *In Frankston North, 77.2% of people are on the lowest-second lowest income quartile;*
- *In Rosebud, 72% of the population is on the lowest-second lowest income*
- *In Hastings, 69% of households are on the lowest-second lowest income quartile.*
- *In Dromana/Safety Beach, 68.6% of people are on the lowest-second lowest income quartile.*

**TABLE 16: INCOME QUANTILES BY SUBURBS AND AREAS**

Household income	1st quartile		2nd quartile		3rd quartile		4th quartile	
	Nil- \$29747	Nil - \$16081	\$29748- \$56088	\$17720 -\$33335	\$56089- \$94661	\$33336 -\$55918	\$94622 +	\$87528 +
	2006	1996	2006	1996	2006	1996	2006	1996
Frankston Nth	43.3%	42%	33.9%		17.6%	19.8%	5.2%	6.4%
Hastings	39%	32%	30%	32%	21%	23%	10%	13%
Frankston Central	32%	28%	30%	27%	24%	25%	14%	19%
Frankston South	22.6%	22.1%	25.8%	26.8%	24.7%	24.7%	26.9%	26.3%
Seaford	30%	29%	30%	29%	25%	26%	15%	17%
Rosebud	43%	45%	29%	31%	19%	16%	9%	9%
Rosebud West	50%	51%	31%	30%	15%	16%	5%	6%
Rye	36%	40%	32%	32%	21%	20%	12%	8%
Area 14: Rye - Tootgarook - St Andrews Beach	25.7%	27.4%	26.6%	39.1%	24.2%	22.2%	13.4%	11.4%
Hastings	39%	32%	30%	32%	21%	23%	10%	13%
Baxter-Pearcedale	24%	17%	31%	28%	28%	32%	17%	23%
Dromana-Safety Beach	36.7%	43.3%	30.9v	30.3%	21.8%	16.9%	10.7%	9.5%
Mornington	29%	32%	28%	29%	23%	22%	19%	17%
Area 8: Mornington/ Moorooduc/Tuerong	22%	23.8%	30.4%	31.7%	26.1%	24.8%	21.4%	19.7%
Bittern-Crib Pt	25.1%	26.6%	27.7%	26%	27.3%	25.2%	20%	22.2%
Somerville	22.4%	19.5%	26%	27.3%	30.8%	30.5%	20.9%	22.8%
Tyabb	20%	19%	29%	27%	32%	29%	19%	24%
Area 1: Balnarring Merricks-Somers	21.2%	23%	26.1%	26.8%	25.4%	23.4%	27.2%	26.8%
Sorrento	28%	37%	27%	37%	17%	21%	28%	15%
Area 11: Portsea – Sorrento-Blairgowrie	36.1%	41.2%	27.8%	29.9%	18.6%	18.4%	17.5%	10.6%
Mt Eliza	15	25	20	21.4	25	21.3	41	32.3
Mount Martha	22.1	21.6	24.8	26.3	25.1	24.3	27.9	27.8
Red Hill - Arthurs Seat	22.1	20.8	21.7	26.2	25.1	24	31.1	28.9
Area 5: Flinders-Shoreham - Point Leo	22.6	23.5	24.7	26	24.4	25	28.2	25.4

Source: DPCD Suburbs in Time

## 3.4 Income support in the catchment

### 3.4.1 Age pensions

Table 17 shows that the percentage of people aged 65 years and over who are receiving an age pension, is highest in Frankston East and Frankston West.

**TABLE 17: AGE PENSIONS JUNE 2009**

	Age pensioners	Persons aged 65 years and over	% age pensioners	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>35,030</b>	<b>48,207</b>	<b>72.7</b>	<b>29</b>
Frankston (C) - East	3,713	4,207	88.3	1
Frankston (C) - West	9,981	13,156	75.9	2
Mornington P'sula (S) - East	3,756	5,348	70.2	4
Mornington P'sula (S) - South	10,566	14,604	72.3	3
Mornington P'sula (S) - West	7,014	10,892	64.4	5
Victoria	<b>563,740</b>	<b>784,454</b>	<b>71.9</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.4.2 Disability support pensioners

Table 18 shows that the highest proportion of disability support pensioners in the catchment is in Mornington Peninsula South, followed by Frankston West, at levels higher than the Victoria average.

**TABLE 18: DISABILITY SUPPORT PENSIONERS JUNE 2009**

	Disability support pensioners	Persons aged 16 to 64 years	% disability support pensioners	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>9,711</b>	<b>174,639</b>	<b>5.6</b>	<b>30</b>
Frankston (C) - East	1,377	33,338	4.1	4
Frankston (C) - West	3,697	51,611	7.2	2
Mornington P'sula (S) - East	1,284	26,235	4.9	3
Mornington P'sula (S) - South	2,103	28,348	7.4	1
Mornington P'sula (S) - West	1,250	35,107	3.6	5
Victoria	<b>192,340</b>	<b>3,696,223</b>	<b>5.2</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.4.3 Female sole parent beneficiaries

Table 19 shows that the highest proportion of female sole parent beneficiaries are in Frankston West and Mornington Peninsula South, and the catchment ranks 13th of 61 Medicare Local catchments on this indicator.

**TABLE 19: FEMALE SOLE PARENT BENEFICIARIES JUNE 2009**

	Female sole parent payment beneficiaries	Females aged 15 to 54 years	% female sole parent payment beneficiaries	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>5,151</b>	<b>72,550</b>	<b>7.1</b>	<b>13</b>
Frankston (C) - East	1,037	14,992	6.9	4
Frankston (C) - West	1,841	21,500	8.6	1
Mornington P'sula (S) - East	743	10,719	6.9	3
Mornington P'sula (S) - South	858	10,812	7.9	2
Mornington P'sula (S) - West	672	14,527	4.6	5
Victoria	<b>76,324</b>	<b>1,571,133</b>	<b>4.9</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.4.4 Unemployment beneficiaries

Table 20 shows the number and percentage of people receiving unemployment benefits in the catchment. Frankston West has the highest rate of people receiving an unemployment benefit, and Mornington Peninsula West has the lowest rate.

**TABLE 20: UNEMPLOYMENT BENEFICIARIES JUNE 2009**

	People receiving an unemployment benefit	Persons aged 16 to 64 years	% people receiving an unemployment benefit	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>7,969</b>	<b>174,639</b>	<b>4.6</b>	<b>26</b>
Frankston (C) - East	1,294	33,338	3.9	3
Frankston (C) - West	3,231	51,611	6.3	1
Mornington P'sula (S) - East	1,003	26,235	3.8	4
Mornington P'sula (S) - South	1,568	28,348	5.5	2
Mornington P'sula (S) - West	873	35,107	2.5	5
Victoria	<b>142,027</b>	<b>3,696,223</b>	<b>3.8</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.4.5 Low income families with children

Table 21 shows the number and percentage of low income families with children under 15 years of age in the catchment and that four SLAs in the catchment rank higher on this indicator than the Victorian average.

**TABLE 21: LOW INCOME FAMILIES WITH CHILDREN JUNE 2009**

	Welfare-dependent and other low income families	Total families	% welfare-dependent and other low income families	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>7,038</b>	<b>67,579</b>	<b>10.4</b>	<b>30</b>
Frankston (C) - East	1,356	11,745	11.5	2
Frankston (C) - West	2,466	19,618	12.6	1
Mornington P'sula (S) - East	1,010	9,697	10.4	4
Mornington P'sula (S) - South	1,283	12,122	10.6	3
Mornington P'sula (S) - West	923	14,397	6.4	5
Victoria	<b>119,703</b>	<b>1,322,742</b>	<b>9.0</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.4.6 Children in low income families

Table 22 shows the number and percentage of children who are living in welfare-dependent and other low income families. The rate in Frankston West and Mornington Peninsula South is significantly higher than other SLAs. Mornington Peninsula South is significantly lower than the Victorian average. The total number of children living in low income families is 12,366.

**TABLE 22: CHILDREN IN LOW INCOME FAMILIES JUNE 2009**

	Children in welfare-dependent and other low income families	Children under 16 years	% children in welfare-dependent and other low income families	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>12,366</b>	<b>55,760</b>	<b>22.2</b>	<b>28</b>
Frankston (C) - East	2,462	12,336	20.0	4
Frankston (C) - West	4,276	14,527	29.4	1
Mornington P'sula (S) - East	1,830	8,608	21.3	3
Mornington P'sula (S) - South	2,200	8,097	27.2	2
Mornington P'sula (S) - West	1,597	12,192	13.1	5
Victoria	<b>217,214</b>	<b>1,103,707</b>	<b>19.7</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.4.7 Health care card holders

Table 23 shows that there are 21,214 people holding health care cards in the catchment. The highest rate is in Frankston West following by Mornington Peninsula South which are both higher than the Victorian average.

**TABLE 23: HEALTH CARE CARD HOLDERS JUNE 2009**

	Health care card holders	Persons 0 to 64 years	% health care card holders	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>21,213</b>	<b>230,399</b>	<b>9.2</b>	<b>24</b>
Frankston (C) - East	3,895	45,674	8.5	4
Frankston (C) - West	7,328	66,138	11.1	1
Mornington P'sula (S) - East	3,018	34,843	8.7	3
Mornington P'sula (S) - South	3,878	36,445	10.6	2
Mornington P'sula (S) - West	3,094	47,299	6.5	5
Victoria	<b>438,099</b>	<b>4,799,930</b>	<b>9.1</b>	

Source: Australian Medicare Locals Atlas 2011

### 3.5 Internet access

The number of dwellings with an internet connection is shown in Table 24 in June 2011. Mornington Peninsula South has a much lower rate of internet connection than the other SLAs and is lower than the Victorian average.

**TABLE 24: DWELLINGS WITH INTERNET CONNECTION JUNE 2011**

	All private dwellings with Internet connections	Total private dwellings	% dwellings with Internet connections	Rank (SLAs within their ML, or ML within all MLs)
<b>Frankston - Mornington Peninsula</b>	<b>77,811</b>	<b>101,564</b>	<b>76.6</b>	<b>26</b>
Frankston (C) - East	14,452	17,399	83.1	1
Frankston (C) - West	22,384	30,009	74.6	4
Mornington P'sula (S) - East	10,926	13,920	78.5	3
Mornington P'sula (S) - South	13,452	19,625	68.5	5
Mornington P'sula (S) - West	16,597	20,611	80.5	2
Victoria	<b>1,523,438</b>	<b>1,986,342</b>	<b>76.7</b>	

### 3.6 Social housing

Poor health is associated with social housing. Areas where social housing is more concentrated is an indicator that there is also more concentrated social disadvantaged, and where services are most needed.

Table 25 shows the number of government rentals for small areas as a percentage of total housing<sup>xv</sup>. Note that the MSD average for government rentals for the period was 4.5%. The overall rate of social housing as a percentage of all dwellings is 2.3% for the MPS and 4.1% for Frankston<sup>ii</sup>.



**TABLE 25: SOCIAL HOUSING IN FMPPCP/ML CATCHMENT**

Suburb	Number	%	Total dwellings
Frankston North	255	11	15,887
Hastings	276	10	2,755
Frankston Central	537	4	14,629
Seaford	261	4	6,783
Rosebud	121	2	4,859
Rosebud West	32	2	2,109
Rye	15	0	3,807
Mornington	375	4	8,605
Baxter	19	3	743
Dromana	23	1	2,159
Tyabb	3	0	510

Source: DPCD, Suburbs in Time

Table 25 shows that the suburbs of Frankston North and Hastings have the highest proportion of social housing, but Frankston Central has the highest number of social housing properties. Mornington has more social housing properties than Frankston North. In 2010, there were reported to be about 2500 Frankston local families waiting for social housing<sup>xvi</sup>.

### 3.7 Food security

Food Security was measured in the 2007 Community Indicators Victoria Survey. Respondents were asked if there had been any times in the previous 12 months when they had run out of food and could not afford to buy more.

- 11.6% of persons living in Frankston had experienced food insecurity, compared to 6.9% in the Southern Metro Region and the Victorian State average of 6%.
- 6% of persons living in Mornington Peninsula had experienced food insecurity, compared to 6.9% in the Southern Metro Region and the Victorian State average of 6%.

### 3.8 Volunteering

Volunteering is a form of structured opportunities for people to undertake voluntary work in their community, which is one measure of civic participation and engagement. There is good evidence that engagement in meaningful volunteer activities increases feelings of wellbeing and quality of life and enhances social connectedness.

Volunteering data in Table 26 is from the ABS Census 2011, for people aged 15 years and over who volunteered for an organisation or group. Table 17 shows that Mornington Peninsula West had the highest level of volunteering and Frankston West had the lowest level.

TABLE 26: VOLUNTEERING 2011

SLA	People aged 15 years and over who participated in voluntary work	Population aged 15 years and over	% volunteers	Rank (SLAs within their ML, or ML within all MLs)
Frankston (C) - East	35,956	220,204	16.3	44
Frankston (C) - West	4,828	39,367	12.3	5
Mornington P'sula (S) - East	9,218	62,780	14.7	4
Mornington P'sula (S) - South	5,528	31,403	17.6	3
Mornington P'sula (S) - West	7,619	41,198	18.5	2
Victoria			17.9	
Australia			17.8	

Source: Australia Medicare Local Atlas 2012, PHIDU

### 3.9 Transport

The catchment is characterised as semi-rural with pockets that have very limited public transport services while other areas do not have access to any public transport. Reliance on private forms of transport (cars, taxis) is not always practical or affordable. Access to services and other amenity across the catchment is a key issue with impacts on health care and social isolation.

Transport limitations were measured in the 2007 Community Indicators Victoria Survey. Respondents were asked if their day-to-day travel had been limited or restricted in the previous 12 months:

- 16.9% of persons living in Frankston had experienced transport limitations in the previous year, compared to 21.2% in the Southern Metro Region and the Victorian State average of 20.3%;
- 23.3% of persons living in Mornington Peninsula had experienced transport limitations in the previous year, compared to 21.2% in the Southern Metro Region and the Victorian State average of 20.3%.

### 3.10 Homelessness

Shelter is a pre-requisite of health, and homelessness is therefore, significantly related to health outcomes. Affordable, appropriate, and adequate housing is argued to have a marked impact on people's health, their access to labour markets, and many other benefits<sup>xvii</sup>. Homeless people tend to gravitate towards areas where more welfare and food relief services are provided. Homelessness numbers are difficult to count. Undercounting is likely because of the transient nature of homelessness and the difficulty of counting people who are sleeping rough or 'sofa-surfing'.

*In the City of Frankston at the 2006 census, the estimated number of homeless people in 2006 was estimated at 775. Across the Frankston-Dandenong Corridor, there were 1530 homeless people at a rate of 40 per 10,000. This rate is higher than the Inner City Ring, which estimated there were 5047 homeless people (38 per 10,000); and the number in the Outer City Ring was estimated at 4501 homeless people (28 per 10,000).*

One-fifth (19 per cent) of the homeless in Victoria were teenagers aged 12 to 18 (mainly on their own); 14 per cent of the homeless were children under 12 who were with one or both parents; 12 per cent were aged 19-24 yrs. Domestic violence is one of the typical pathways into homelessness for Australian women. The population of women who are homeless because of domestic and family violence is increasing. They frequently have complex and multiple needs due to drug and alcohol dependency, mental health issues and disability, and have responsibilities for children<sup>xviii</sup>.

Across Victoria, homeless men outnumbered homeless women, 55 to 45 per cent but there were more females in the 12-18 age group and roughly equal numbers of males and females in the 19-24 and under-12 age groups. However, from age 25 onwards men typically outnumber women, about 60 per cent to 40 per cent<sup>xix</sup>.

### 3.11 Educational attainment/early school leaving

Table 27 shows that the educational attainment of the catchment in 2011 is lower than in Melbourne as a whole:

- Young people aged 15 and over were more likely to have left school at Year 10 or below (36.8% Frankston; 35.5% Mornington Peninsula), compared with the MSD (27.9%).
- Year 12 completion rates were comparatively low (35.8% Frankston and 36.8% Mornington Peninsula, compared with 48.6% MSD).
- 50.1% of young people living in Frankston held any post-school qualifications. On the Mornington Peninsula the rate was 46.1% which are both higher than rates for MSD residents (45.9%)<sup>xx</sup>.
- There is a higher prevalence of disengagement from school at year 10 in Frankston North, Frankston Central, Karingal and Seaford East. In 2006, 22% of Frankston North teenagers reported disengagement from school at year 8<sup>xxi</sup>.
- Frankston has higher rates of disengagement (ie no involvement in work or study) of young men and women aged 15 - 24 in employment or education (estimated at 14.8%) than the rest of Victoria (10.7%)<sup>xxii</sup>. Frankston has lower educational attainment than comparative metropolitan areas and many workers are employed in work that is vulnerable to economic downturns. Youth disengagement has negative health and social consequences including low health literacy, social exclusion, poor mental health and higher risks of teenage pregnancy as well as violence and crime.
- Across the catchment, Aboriginal fulltime participation in secondary school (62.1%) is higher than the Victorian and Australian averages but participation in further education is lower (10.4%) than the Victorian average (14.6%)<sup>i</sup>.

**TABLE 27: EDUCATIONAL ATTAINMENT**

Indicator	Frankston	Mornington Peninsula	Victoria
Full-time equivalent students	20,639	23,464	859,200
Percentage of year 9 students who attain national minimum standards in reading	91.9%	94.6%	92.3%
Percentage of year 9 students who attain national minimum standards in writing	87.6%	91.0%	89.4%
Percentage of year 9 students who attain national minimum standards in numeracy	94%	96.2%	94.4%
Percentage who did not complete year 12	60.1%	58.6%	51.3%
Percentage completed higher education qualification	26.0%	31.2%	43.2%
Percentage of students attending government school	76.7%	68.8%	63.7%

Source: Victorian Department of Health 2011 Local Government Area profiles

### 3.11.1 Health literacy

Health literacy levels are thought to more accurately predict health status than education level, income, ethnic background, or any other socio-demographic variable. Health literacy is a compilation of reading, writing, numeracy and problem solving skills as well as self-report data on health status. Health literacy is closely related to general literacy and education levels (Table 16). ABS data shows that in Australia:

- 57% of the population have a health literacy level that is less than optimal for health maintenance;
- 43% have a health literacy level that is adequate, and
- 6% are rated as having a high health literacy level.

People with low literacy experience difficulty understanding and using health information and health services. This means there is an imbalance between the skills of people and the demands of the health care system as people seek access to services and the information they need to make informed health-care decisions. Addressing health literacy through health information and clinical encounters is therefore, critical to transforming health care quality and to achieving better health outcomes .

## 3.12 Crime and safety

Perceptions of Safety were measured in the 2007 Community Indicators Victoria Survey. Respondents were asked to rate how safe they felt when walking alone in their local area during the day and at night.

- When walking alone in their local area during the day 95.1% of persons in Frankston felt safe or very safe, compared to 95.8% in the Southern Metro Region and the Victorian State average of 96%.
- When walking alone at night 55.3% of persons in Frankston felt safe or very safe, compared to 64.6% in the Southern Metro Region and the Victorian State average of 66.5%.
- When walking alone in their local area during the day 97.5% of persons in Mornington Peninsula felt safe or very safe, compared to 95.8% in the Southern Metro Region and the Victorian State average of 96%.
- When walking alone at night 69% of persons in Mornington Peninsula felt safe or very safe, compared to 64.6% in the Southern Metro Region and the Victorian State average of 66.5%.

### 3.12.1 Crime and violence

Crime affects health in a number of ways, directly, indirectly and by influences on the health care system. Crime affects health:

- **Directly**, eg through violence, injury, rape and other offences against the person.
- **Indirectly**, through the psychological and physical consequences of injury, victimisation and isolation because of fear. These effects persist across time.
- As a **determinant** of illness, along with poverty and other inequalities, which increase the burden of ill-health on those communities least able to cope.
- By **reducing the effectiveness of our health care systems** through violence against staff, damage to patients and property, and revenue lost in replacement, liability/risk, repair and security.
- By **preventable health burdens**, such as alcohol-related crime, motor vehicle incidents and drug dependency<sup>xxvi</sup>.

Crime statistics are produced annually by Victoria Police. Summaries of offences are reported per 100,000 population to enable comparisons across different areas.

- In Frankston, there were 1156 recorded crimes against the person per 100,000 population in 2010-11 compared to 890 in the Southern Metro Region and the Victorian State average of 875.

- In Frankston, there were 5930 recorded crimes against property per 100,000 population in 2010-11, compared to 4378 in the Southern Metro Region and the Victorian State average of 4551.
- In Mornington Peninsula, there were 728 recorded crimes against the person per 100,000 population in 2010-11 compared to 890 in the Southern Metro Region and the Victorian State average of 875.
- In Mornington Peninsula, there were 3656 recorded crimes against property per 100,000 population in 2010-11, compared to 4378 in the Southern Metro Region and the Victorian State average of 4551<sup>xxvii</sup>.

Table 28 shows crime and safety statistics for 2011 in the catchment.

**TABLE 28: CRIME AND SAFETY**

Indicator	Frankston	Mornington Peninsula	Victoria
Family incidents per 1,000 population	12.5	6.7	7.4
Drug usage and possession offences per 1,000 population	2.3	1.4	1.9
Total offences per 1,000 population	88.4	52.9	64.7
Percentage who feel safe on street alone after dark	57.1%	64.3%	58.9%

Source: Victorian Department of Health 2011 Local Government Area profiles

### 3.12.2 Violence against women and family violence

The impact on the burden of disease on women of intimate partner violence is more than the impact of alcohol, overweight and tobacco combined<sup>xxviii</sup>. The impact of violence on children is well documented as having the potential for lifelong health consequences, particularly on mental health.

- *Frankston City is ranked top of all metropolitan LGAs for incidents of family violence, and the 3rd highest in the whole of Victoria. Per 100,000 people, the average rate of family violence in the Melbourne Metropolitan region was 622 for 2009/2010 while the Frankston average was almost double at 1147 for the same period (up from 1102 in 2006-7)<sup>xxix</sup>.*

- Mornington Peninsula has the 10th highest rate (in raw data), and when population data is factored in, it has the 27th highest rate in Victoria of family violence incidences<sup>xxx</sup>.

The Victoria Police report that family violence incident reports continue to increase among women residing within all regions of Victoria in the period 1999-2010<sup>xxxi</sup>.

Across Victoria, of the total number of admissions to Emergency Departments, 568 (3%) were classified as human intent injuries deemed to be either 'maltreatment assault by domestic partner' or 'child neglect / maltreatment by parent, guardian' combined as family violence-related<sup>xxxii</sup>. For the Frankston LGA, there were 145 cases that presented to a wide range of hospitals across the state from Rosebud to Wangaratta between 2004-2008. Of those 79% were female. In the same period, 86 people (73% female) from the MPS presented in the same period but to a smaller number of hospitals.

### 3.12.3 Child protection reports

- Frankston North has a very high proportion of child protection notifications at a rate of 11.9 per population for 1,000<sup>xxxiii</sup>.
- Rates of child abuse substantiations in Frankston North are double that of the SMR overall.
- Hastings has the highest rate of child protection notifications and re-notifications in the MPS<sup>xxxiv</sup> and triple the child protection substantiations than the SMR overall.

- In 2009 - 2010, the rate of child protection substantiations for adolescents across Frankston was 6.9 per 1000 adolescents. This was greater than the rate across Victoria (4.4 per 1000 adolescents);
- In 2009 - 2010, the rate of child protection substantiations in the Mornington Peninsula Shire was 4.8 per 1000 adolescents. This was greater than the rate across Victoria (4.4 per 1000 adolescents).

### 3.12.4 Adolescent crime

- In 2009 - 2010, 18.7 per 1000 adolescents in Mornington Peninsula were victims of a reported crime. This was greater than the rate across Victoria (17.5 per 1000 adolescents);
- In 2009 - 2010, 69.3 per 1000 adolescents in Mornington Peninsula were alleged offenders of crime. Of the 1050 alleged offences committed by an adolescent in Mornington Peninsula, 17.5 per cent were crimes against the person and 70.2 per cent were crimes against property;
- In 2009 - 2010, 24.4 per 1000 adolescents in Frankston were victims of a reported crime. This was greater than the rate across Victoria (17.5 per 1000 adolescents);
- In 2009 - 2010, 114.1 per 1000 adolescents in Frankston were alleged offenders of crime. Of the 1603 alleged offences committed by an adolescent in Frankston, 13.4 per cent were crimes against the person and 76.6 per cent were crimes against property.

## 3.13 Electronic gaming machine (EGM) expenditure

Tables 29 shows the EGM expenditure for the two LGAs in the catchment. Note that EGM expenditure is defined as total losses by players, and is updated in June each year by the Victorian Department of Justice.

TABLE 29: EGM EXPENDITURE

EGM Expenditure: Mornington Peninsula Shire				
Shire of Mornington Peninsula - Not Capped - Metro				
Year	FY 2008/2009	FY 2009/2010	FY 2010/2011	FY 2011/2012
Hotels as at 30 June	12	12	11	11
Clubs as at 30 June	6	6	6	6
Expenditure	\$86,604,558.10	\$80,949,275.24	\$83,220,508.82	\$83,581,317.07
EGM as at 30 June	842	842	826	826
Expenditure Data Comparison				
EXP per EGM in Shire of Mornington Peninsula	\$102,855.77	\$96,139.28	\$100,751.22	\$101,188.04
Average Victorian EXP per EGM	\$101,123.50	\$97,338.40	\$99,012.94	\$100,327.51
Average EXP per EGM for Hotels in Shire of Mornington Peninsula	\$126,949.19	\$120,864.91	\$129,982.62	\$128,585.06
Average EXP per EGM in Victorian Hotels	\$131,456.68	\$126,157.13	\$128,473.00	\$130,279.36
Average EXP per EGM in Metro Hotels	\$137,628.35	\$132,308.12	\$134,463.41	\$136,854.98
Average EXP per EGM for Clubs in Shire of Mornington Peninsula	\$73,280.78	\$65,788.25	\$66,106.60	\$68,717.48
Average EXP per EGM in Victorian Clubs	\$71,007.09	\$68,228.74	\$68,871.79	\$69,647.46
Average EXP per EGM in Metro Clubs	\$71,858.43	\$69,705.24	\$69,662.28	\$70,498.93

Population Stats - Shire of Mornington Peninsula			
Adult population	119,627	Adults Per Venue	7,037
EGMs Per 1000 Adults	6.90	EXP Per Adult	\$699
Population Stats - Victoria			
Adult population	4,456,675	Adults Per Venue	8,756
EGMs Per 1000 Adults	6.00	EXP Per Adult	\$602
SEIFA index of Disadvantage		SEIFA index of Advantage Disadvantage	
Score	1,026.24	Score	1,009.15
Rank in Victoria (out of 79)	20	Rank in Victoria	21
Rank for Metro LGAs out of 31	17	Rank for Metro LGAs	18
Unemployment - Shire of Mornington Peninsula			
Workforce	77,138	Unemployment Rate	4.6%
Unemployment	3,551		

Department of Justice, Expenditure Statistics as at 30 June 2012, updated annually.

EGM Expenditure Details: City of Frankston				
City of Frankston - Not Capped - Metro				
Year	FY 2008/2009	FY 2009/2010	FY 2010/2011	FY 2011/2012
Hotels as at 30 June	6	6	6	6
Clubs as at 30 June	4	4	4	4
Expenditure	\$73,857,640.29	\$68,927,253.44	\$69,950,584.46	\$71,286,100.35
EGM as at 30 June	591	596	596	596
Expenditure Data Comparison				
EXP per EGM in City of Frankston	\$124,970.63	\$115,649.75	\$117,366.75	\$119,607.55
Average Victorian EXP per EGM	\$101,123.50	\$97,338.40	\$99,012.94	\$100,327.51
Average EXP per EGM for Hotels in City of Frankston	\$135,733.62	\$125,915.66	\$128,575.63	\$130,492.47
Average EXP per EGM in Victorian Hotels	\$131,456.68	\$126,157.13	\$128,473.00	\$130,279.36
Average EXP per EGM in Metro Hotels	\$137,628.35	\$132,308.12	\$134,463.41	\$136,854.98
Average EXP per EGM for Clubs in City of Frankston	\$95,474.58	\$88,378.97	\$87,591.03	\$90,692.39
Average EXP per EGM in Victorian Clubs	\$71,007.09	\$68,228.74	\$68,871.79	\$69,647.46
Average EXP per EGM in Metro Clubs	\$71,858.43	\$69,705.24	\$69,662.28	\$70,498.93

Population Stats - City of Frankston			
Adult population	102,574	Adults Per Venue	10,257
EGMs Per 1000 Adults	5.81	EXP Per Adult	\$695
Population Stats - Victoria			
Adult population	4,456,675	Adults Per Venue	8,756
EGMs Per 1000 Adults	6.00	EXP Per Adult	\$602
SEIFA index of Disadvantage		SEIFA index of Advantage Disadvantage	
Score	996.51	Score	981.38
Rank in Victoria (out of 79)	37	Rank in Victoria	30
Rank for Metro LGAs out of 31	24	Rank for Metro LGAs out of 31	26
Unemployment - City of Frankston			
Workforce	73,305	Unemployment Rate	6.8%
Unemployment	4,988		

Department of Justice, Expenditure Statistics as at 30 June 2012, updated annually.

The Victoria-wide expenditure per adult in 2011-2012 was \$602 down from \$619 in 2010-2011, and there were 6.00 EGMs per 1000 adults, down from 6.19 in 2010-2011.

- The City of Frankston has fewer machines per adult population than the state average but the expenditure per adult is higher.
- The Mornington Peninsula Shire has more machines than the state average, and the expenditure is also higher.
- The total losses across the catchment to EGMs in 2010-2011, was in excess \$153.1m, and in 2011-2012, the total losses had risen to \$154.8m.



### 3.14 Summary

The socio-economic data shows that there are small areas that can be called 'hot-spots' of disadvantage which warrant close attention in health service and program delivery. The SEIFA is a broad measure that shows the relative disadvantage of those places, and the SEIFA ranks are filled out by the range of other data collected in this Atlas.

Gambling machine losses are higher than the state average and much the same rate per adult in the two LGAs. The losses in the City of Frankston in the 12 months 2011-2012 were \$71.3m and \$83.5m lost in the Mornington Peninsula Shire. There are 21,214 people who hold a health care card of whom 9,711 people on living on a disability support pension; a higher than average level of housing stress across the catchment, and a relatively low percentage of affordable rental housing.

*The proportion of low-income individuals and households across the catchment is slightly below average but there are over 7,000 low income/welfare dependent families in the catchment with 12,366 children living in those families. Over 20% of families are headed by a lone parent which is the highest percentage in the state. Frankston City is ranked top of all metropolitan LGAs for incidents of family violence, and the 3rd highest LGA in Victoria. Child protection issues in Frankston are one of the highest in Victoria – in North Frankston, the rate is double the SMR, and in Hastings, the rates are triple those for the SMR overall. The rate of substantiated adolescent child protection rates is higher in Frankston than the Victorian average.*

*Disengagement of youth from school and work is much higher than the Victorian average, although the rates of young Aboriginal people participating in school is higher than the Victorian average. It is difficult to guesstimate the rates of homelessness with no measures since 2006. However, the overall costs of housing, the levels of socio-economic disadvantage and domestic violence, the rate of homelessness is likely to be much higher than the available data suggests with several categories of people experiencing homelessness (women and their children, teens, people in rooming houses and caravans) to be hidden from official counts.*

Frankston West is consistently the highest ranked SLA for socio-economic disadvantage on the many indicators available that together, show where programs and social change efforts need to be concentrated.

These indicators are pre-requisites of health and are reflected in the health status data which is presented in the following sections.

## 4 Child health

The social gradient in health is most apparent in the data about children. There is a strong correlation between the most disadvantaged areas of the catchment and children's health status, and socio-economic wellbeing. There is a need to document the extent of early childhood intervention services for vulnerable children in the catchment, community paediatrician services, pre-school attendance and dental/oral health of children.

### 4.1 Children in jobless families

*Children growing up in jobless households lack the role model of a working adult – a factor often identified as affecting educational and future labour market achievements of children...one of the two most important factors which can contribute to child poverty is whether or not children are living with parents who are jobless<sup>xxxv, xxxvi</sup>.*

The importance of an indicator that counts the number of children living in jobless families is recognised by the ABS. Parental joblessness may contribute to child social exclusion and also has an adverse impact on children's health. Family joblessness puts children at a higher risk of mental health and development problems, and can create further social problems such as violence in families<sup>xxxvii</sup>. Table 30 shows data about children under 15 yrs living in jobless families.

**TABLE 30: CHILDREN UNDER 15 YRS IN JOBLESS FAMILIES 2006**

SLA	Number of children in jobless families 2006	Number of children in jobless Aboriginal families 2006	Single parent families with children under 15 yrs	Jobless families with children under 15 yrs/ per cent of total families	Risk of children in jobless families 2006
Frankston (C) East	1094	17	1,293	616 (10.6%)	11.24%
Frankston (C) West	2483	61	2,366	1,478 (20.4%)	20.86%
Mornington P'sula (S) – East	997	25	967	554 (13.3%)	14.2%
Mornington P'sula (S) – South	1013	23	1,001	597 (16.3%)	16.72%
Mornington P'sula (S) – West	850	18	1,039	482 (8.7%)	10.07%
Total	6437		6,666 (9.9%)	14.1%	
Victoria	13.8%		8.0%	13.7%	

Source: Medicare Local Social Atlas 2011, NATSEM SLA risk quintiles<sup>xxxiii</sup>

The number of children under the age of 15 years in jobless families in the catchment was above 18% in 2006 (note that 2011 data not available at time of printing). The risk rate for children under 15 years of age being in a jobless family is highest in the SLAs of Frankston West and Mornington while Frankston West has the highest actual number of children living in jobless families<sup>xxxviii</sup>.

### 4.2 Breast feeding rates and child health checks

*Prevalence of breastfeeding is a measure linked to prevention of health problems in children. Data is available for 2007-8. Table 31 shows that breastfeeding rates for Frankston are significantly lower than regional, Victorian or Metro Melbourne rates but children's health checks are just below average across the catchment.*

**TABLE 31: BREASTFEEDING RATES AND CHILD HEALTH CHECKS**

Measures	Frankston	Mornington Peninsula	Southern Metro	Victoria	Metro Melbourne
Children Fully Breast-fed at 6 Months of Age	30.4	35.1	40	38.9	39.7
Key Ages and Stages Maternal and Child Health Visits at Age 3.5 Yrs	57.5	56.7	59.3	60.1	58.6

Source: Community Indicators Victoria 2007-8

Percentage of infants fully breastfed at three months	44.2%	50.9%	51.2%
Percentage of children fully immunised at 24–27 months	93.3%	92.9%	93.1%

### 4.3 Australian Early Development Index

*The early child period is considered to be the most important developmental phase throughout the lifespan... what happens to the child in the early years is critical for the child's developmental trajectory and lifecourse<sup>xxxix</sup>*

This section reports on the Australian Early Development Index (AEDI) for Frankston and Mornington Peninsula. Data is reported from the 2009 survey. Data was collected in mid-2012 and will be available in 2013.

The AEDI is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas, or domains, of early childhood development:

- physical health and wellbeing;
- social competence;
- emotional maturity;
- language and cognitive skills (school-based);
- communication skills and general knowledge.

The AEDI is a reliable measure of how young children are developing in different communities. Like a census, it involves collecting information to help create a snapshot of early childhood development across Australia. Overall in Australia, 23.6 per cent of children are developmentally vulnerable on one or more domain/s. Overall in Australia, 11.8 per cent of children are developmentally vulnerable on two or more domains. There are higher proportions of children living in the most socio-economically disadvantaged communities who are developmentally vulnerable on each of the AEDI domains.

#### 4.3.1 AEDI Mornington Peninsula Shire

The AEDI for the MPS when children were surveyed in 2009 comprised 34 schools and 1,438 children. The MPS AEDI survey included 6 (0.3%) Aboriginal Australian children, 45 (2.5%) of children who were born overseas, and 32 (1.8%) who speak a language other than English at home. Data was obtained from schools in all postcodes in the MPS. Overall in Mornington Peninsula, 23.3 per cent of children were developmentally vulnerable on one or more domain/s of the AEDI and 10.6 per cent were developmentally vulnerable on two or more domains.

*The areas of concern in the MPS are:*

- *Tootgarook - 46.4% of children who were developmentally vulnerable on one or more domains and 32.1% of children who were developmentally vulnerable on two or more domains.*
- *Hastings - 46% of children who were developmentally vulnerable on one or more domains and 23.8% of children who were developmentally vulnerable on two or more domains.*
- *Somers - 20% of children who were developmentally vulnerable on two or more domains.*
- *Somerville - 13% of children who were developmentally vulnerable on two or more domains.*

### 4.3.2 AEDI City of Frankston

The AEDI for Frankston was completed across 86 primary schools and 1,489 children in their first year of full-time school in 2009. The areas included were Carrum Downs, Frankston, Frankston North, Frankston South, Langwarrin/Langwarrin South, Seaford, and Skye. The survey included 13 (0.9%) Aboriginal Australian children, 79 (5.3%) children who were born overseas, and 66 (4.4%) who speak a language other than English at home.

*The areas of concern in Frankston are:*

- *North Frankston - of the 54 children surveyed, 100 per cent were developmentally vulnerable on all five domains.*
- *Frankston - 25.1% of children were developmentally vulnerable on one or more domain/s of the AEDI and 14.7% who were developmentally vulnerable on two or more domains.*
- *Carrum -19.1% of children were developmentally vulnerable on two or more domains.*
- *Skye -16.3% of children were developmentally vulnerable on two or more domains.*

*A total of 139 (9.3%) children had attended an early intervention program but much more needs to be known about the type of early intervention available, to what extent children's needs are being met by those programs and what gaps exist.*

## 4.4 Child health vital statistics

Child health vital statistics include infant mortality, child mortality and immunisation status. Data from the 2011 Medicare Atlas are only available from 2007-8. Up to date immunisation data is available from the Australian Childhood Immunisation Register – the most recent data for immunisation status of children is shown in Table 32.

Table 32 (2007-8) shows that by SLA:

- the immunisation status of children was lowest in the SLAs of Mornington Peninsula South and West;
- In the period 2003-08, infant deaths were significantly higher in the SLA of Mornington Peninsula South than the Victorian and Australian rates;
- In the period 2003-2007, child mortality (under 5 yrs) was significantly higher in the SLA of Mornington Peninsula South than the Victorian and Australian rates.

**TABLE 32: CHILD HEALTH VITAL STATISTICS**

SLA	Immunization status of children September 2007			Infant deaths 2003-2008 (per 1,000 live births)			Child mortality under 5 yrs 2003-07		
	Children fully immunised at 12 to <15 mths	Children at 12 to <15 months	% children immunised	Infant deaths	Births	Av annual IDR	Deaths of children under five yrs of age	Children under five years of age	Av annual rate/ 100,000
Frankston (C) - East	203	217	93.5	17	3,487	4.9	18	3,474	103.6
Frankston (C) - West	243	263	92.4	26	4,503	5.8	27	4,312	125.2
Mornington P'sula (S) - East	115	124	92.7	12	2,403	5.0	12	2,448	98.0
Mornington P'sula (S) - South	121	143	84.6	23	2,252	10.2	24	2,304	208.4
Mornington P'sula (S) - West	161	183	88.0	14	2,965	4.7	17	3,294	103.2
<b>ML209</b>	843	930	90.6	92	15,610	5.9	98	15,832	123.8
Victoria ML total	7,269	1,293,465	112.4	1,494	328,670	4.5	1,723	319,702	107.8
Australia	68,386	74,931	91.3	68,386	74,931	91.3	7,269	1,293,465	112.4

Source: Australia Medicare Local Data 2011, PHIDU

#### 4.4.1 Immunization status of children February 2012

The Australian Childhood Immunisation Register for February 2012 data is shown in Table 33. Data from 2007-8 (Table 31) and 2011 (Table 32) shows that rates of immunisation across the catchment have improved since 2007. In 2011, the Peninsula General Practice Network ranked 31 of 113 Divisions nationwide for immunisation status of children, and the two Local Governments are also important providers of immunisation services.

**TABLE 33: IMMUNISATION STATUS FEBRUARY 2012**

Age range (months)	Number of children	% of children	Number fully immunised	% fully immunised
0 to < 4	901	3.5	874	97.0
4 to <12	2339	9.0	2108	90.1
12 to < 18	1763	6.8	1500	85.1
18 to <48	9397	36.3	8844	94.1
48 to <84	11493	44.4	10274	89.4
Overall	25893	100.0	23600	91.1

Source: Australian Childhood Immunisation Register 2012

#### 4.4.2 Low birth-weight babies

Low birth weight rates include babies both live born and still-born weighing less than 2500 grams at birth<sup>vi</sup>. Table 34 shows that Frankston East and West had the highest rates of low birth weight babies in the catchment, which are significantly higher than the rates for Australia and Victoria for this indicator. Over the catchment, 665 babies were born with low birth weight.

**TABLE 34: LOW BIRTH WEIGHT BABIES 2006-2008**

SLA	Low birth weight babies	Births	% low birth weight babies
Frankston (C) - East	179	2,276	7.9
Frankston (C) - West	232	3,129	7.4
Mornington P'sula (S) - East	76	1,464	5.2
Mornington P'sula (S) - South	92	1,425	6.5
Mornington P'sula (S) - West	86	1,810	4.8
		<b>10,10</b>	
<b>ML209</b>	<b>665</b>	<b>4</b>	<b>6.6</b>
<b>Australia</b>			<b>6.5</b>
<b>Victoria</b>			<b>6.6</b>

Source: Australia Medicare Local Data 2011, PHIDU

#### 4.5 Summary

*The data on children in the FMPML/PCP catchment is consistent with the social gradient. Key issues for children are the rates of child protection in the City of Frankston; the numbers of low-birth weight babies in the City of Frankston which are higher than the Victorian average; and the number of developmentally vulnerable children in Frankston North, Frankston, Carrum and Skye, as well as Hastings, Tootgarook, Somers and Somerville.*

139 children in Frankston had access to some level of early intervention but given the AEDI data, and the numbers of children experiencing difficult socio-economic circumstances detailed in Section 3, there is likely to be a great deal of unmet need among those children.

## 5 Adolescent health

This section draws on the Adolescent Community Profiles prepared by the Victorian Department of Education and Early Childhood Development. The Profiles draw on data on outcomes for children compiled through the Victorian Child and Adolescent Monitoring System (VCAMS)<sup>xlii</sup>.

The Mornington Peninsula Shire has supported a Communities That Care (CTC) program since 2002. The first Adolescent Health Survey was conducted in 2002, then repeated in 2007 and is planned for 2013, involving about 3000 young people across the MPS.

*Communities That Care® (CTC) data examines the healthy development of children and young people living on the Mornington Peninsula. The data profiles 20 risk factors, 8 protective factors, 5 antisocial behaviours and 9 behavioural outcomes.*

*The 2007 Healthy Neighbourhoods Survey indicated that, amongst a number of other prevention priorities, prevention efforts needed to focus on enhancing the mental health of young people. Depressive symptoms have remained relatively high since the first survey conducted in 2002.*

*The Peninsula-wide rate of young people reporting depressive symptoms in 2007 showed a steady increase throughout the adolescent years from one in five Year 7 students, to one in four Year 9 students, to one in three Year 11 students. The rates vary between the CTC local areas with some areas reporting significantly higher rates of depressive symptoms at certain year levels.*

Source: CTC Newsletter December 2011: [www.mornpen.vic.gov.au](http://www.mornpen.vic.gov.au)

### 5.1 Adolescent demographics

Demographics of the population are set out in Table 4 (p9). In summary:

- An estimated 14,047 adolescents aged 10 to 17 reside in Frankston, representing 10.9 per cent of the area's total population;  
Based on DPCD projections, the population aged 10 to 17 years in Frankston is expected to increase by 5.1 per cent from 13,928 in 2006 to 14,636 by 2026<sup>xliii</sup>;
- An estimated 15,157 adolescents aged 10 to 17 reside in Mornington Peninsula, representing 10.2 per cent of the area's total population.  
Based on DPCD projections, the population aged 10 to 17 years in Mornington Peninsula is expected to decrease by 7.2 per cent from 15,290 in 2006 to 14,183 by 2026<sup>xliiv</sup>;

### 5.2 Teenage pregnancy and safe sex

- In 2008, the rate of babies born to teenage women in Frankston was 16.4 per 1000 women aged 15 to 19 years. This was greater than the rate in Victoria (10.6 per 1000 teenage women), and almost double the rate of the Mornington Peninsula Shire. The rate of teenage births in Frankston in 2008 is considerably lower than rates in 2003-4 when there were 31.5 births per thousand females aged 15 to 19 in Frankston. In 2003-4, there were 19.0 births per thousand females aged 15 to 19 across Victoria<sup>xlv</sup>.
- In 2008, the rate of babies born to teenage women in Mornington Peninsula was 8.4 per 1000 women aged 15 to 19 years. This was lower than the rate in Victoria (10.6 per 1000 teenage women)<sup>xlvi</sup>.
- In 2009, 63.5 per cent of sexually active adolescents surveyed in Mornington Peninsula reported that they practiced safe sex by using a condom. This was higher than, but not significantly different to that reported across Victoria (58.1 per cent).

## 5.3 Health behaviours

Table 35 shows data by LGA on SunSmart, alcohol and smoking health risk behaviours for adolescents.

### 5.3.1 Alcohol and other drugs

- In 2009, 47.3 per cent of adolescents aged 12 to 14 surveyed in Mornington Peninsula had ever consumed alcohol, while 25.3 per cent had consumed alcohol in the past 30 days. Among older adolescents aged 15 to 17 years, the proportions were significantly higher, with 74.0 per cent having ever consumed alcohol and 55.9 per cent having done so in the last 30 days;
- In 2009, 6.7 per cent of adolescents aged 12 to 14 years in Mornington Peninsula had tried marijuana, 7.0 per cent had sniffed glue or chromed and 0.0 per cent had tried another form of illegal drugs. Among older adolescents aged 15 to 17 years in Mornington Peninsula, 12.5 per cent had tried marijuana, 7.1 per cent had sniffed glue or chromed and 3.7 per cent had tried another form of illegal drugs;
- In 2009, 54.5 per cent of adolescents aged 12 to 14 surveyed in Frankston, had ever consumed alcohol, while 24.2 per cent had consumed alcohol in the past 30 days. Among older adolescents aged 15 to 17 years, the proportions were significantly higher, with 75.0 per cent having ever consumed alcohol and 50.1 per cent having done so in the last 30 days;
- In 2009, 2.7 per cent of adolescents aged 12 to 14 years in Frankston had tried marijuana, 10.1 per cent had sniffed glue or chromed and 0.5 per cent had tried another form of illegal drugs. Among older adolescents aged 15 to 17 years in Frankston, 19.4 per cent had tried marijuana, 5.3 per cent had sniffed glue or chromed and 3.6 per cent had tried another form of illegal drugs.

### 5.3.2 Smoking

- In 2009, 14.7 per cent of adolescents aged 12 to 14 years in Mornington Peninsula and 34.3 per cent of older adolescents (aged 15 to 17 years), reported that they had smoked cigarettes;
- In 2009, 16.7 per cent of adolescents aged 12 to 14 years in Frankston and 43.9 per cent of older adolescents (aged 15 to 17 years), reported that they had smoked cigarettes. Self-reported smoking rates are higher for males than females and are significantly higher in Frankston than MPS (Table 20).

**TABLE 35: SELF-REPORTED ADOLESCENT HEALTH BEHAVIOURS 2011**

Indicator	Frankston	Mornington Peninsula	Victoria
Percentage of adolescents who adopt sun smart behaviours	1.2%	4.6%	n/a
Percentage of persons 18+ who are current smokers	24.1%	23.7%	19.1%
Percentage of 15 to 17 year olds who drank alcohol in the last 30 days	50.1%	55.9%	n/a

Source: Victorian Department of Health (2012) Mornington Peninsula (S) and Frankston (C) 2011 Local Government Area Profiles.



## 5.4 Physical health

- Fewer teenagers (20.7%) reported eating the minimum recommended serves of fruit and vegetables each day compared to the adolescent population of Victoria;
- 16.3 per cent of adolescents surveyed in Mornington Peninsula did the recommended amount of physical activity every day. This was higher than, but not significantly different to the proportion reported across Victoria (12.3 per cent);
- In 2009, 12.6 per cent of adolescents in Frankston reported eating the minimum recommended serves of fruit and vegetables each day. This was lower than the proportion reported across Victoria (19.0 per cent);
- In 2009, 11.2 per cent of adolescents surveyed in Frankston did the recommended amount of physical activity every day. This was lower than, but not significantly different to the proportion reported across Victoria (12.3 per cent);
- In 2009, 70.2 per cent of adolescents in Frankston felt that they could access dental health services if needed which means that about 29.2% of adolescents did not feel that they could access dental health services if needed. (Victorian proportions 78.3/21.7per cent)<sup>xlvii</sup>.

## 5.5 Summary

The number and proportion of adolescents in Frankston is growing slowly, with increases projected through to 2026. However the health status of adolescents is not well understood with almost no data available for small areas.

*While adolescents across the catchment have levels of physical health that are about average for adolescents across Victoria, key issues of concern are adolescents higher than average rates of smoking, alcohol and other drug use, Sun-Smart behaviours and teenage pregnancy.*

Although the rates of teenage pregnancy in 2007-8 are significantly lower than they were in the early 2000s, the rate of births is 50% higher than the Victorian average. Across the catchment, 75% of adolescents 15-17 yrs had used alcohol and about 24% of adolescents indicate that they are current smokers. These areas all indicate areas for prevention and health promotion

## 6 Adult health in the FMPML/PCP catchment

Adult health indicators are commonly measured in terms of disease rates for respiratory illness (asthma and COPD), cardiovascular disease and diabetes as well as risk factors particularly smoking, nutrition, alcohol, and physical activity.

### 6.1 Health behaviours

Table 36 summarises health behaviours reported through the Victorian Population Health Survey conducted by the Victorian Department of Health<sup>ii</sup>.

**TABLE 36: SELF-REPORTED HEALTH BEHAVIOURS 2011**

Indicator	Frankston	Mornington Peninsula	Victoria
Percentage of persons 18+ who are current smokers	24.1%	23.7%	19.1%
Percentage of females 18+ who are current smokers	23.3%	22.5%	16.9%
Percentage of males 18+ who are current smokers	24.2%	23.1%	21.4%
Percentage of 15 to 17 year olds who reported they had smoked cigarettes	19.2%	12.8%	n/a
Percentage of persons at risk of short-term harm from alcohol consumption	12.2%	16.8%	10.2%
Percentage of 15 to 17 year olds who drank alcohol in the last 30 days	50.1%	55.9%	n/a
Percentage of females who do not meet fruit and vegetable dietary guidelines	46.7%	40.1%	41.9%
Percentage of males who do not meet fruit and vegetable dietary guidelines	59.8%	56.1%	54.8%
Percentage of females who do not meet physical activity guidelines	27.5%	28.2%	27.2%
Percentage of males who do not meet physical activity guidelines	30.9%	30.7%	27.5%
Percentage of adolescents who adopt sun smart behaviours	1.2%	4.6%	n/a
Breast cancer screening participation	54.1%	58.1%	55.9%
Cervical cancer screening participation	59.9%	66.6%	63.1%

Source: Victorian Department of Health (2012) Mornington Peninsula (S) and Frankston (C) 2011 Local Government Area Profiles.

## 6.2 Chronic conditions

Table 37 presents avoidable risk factor data by SLA. The data shows that:

- Smoking rates are higher than the Victorian average in many parts of the LGA, and deaths from lung cancer are higher than the Victorian average; smoking cessation among low-income communities is therefore, a priority. Rates of male smokers are higher than Victorian and Australian rates, in four of five SLAs in the catchment (Frankston East, Frankston West, Mornington Peninsula East, and Mornington Peninsula West), with Mornington Peninsula South have the highest rates. Males in Mornington Peninsula South have the highest rate of 25.5%.
- Rates of risky alcohol consumption are higher across the catchment than the Victorian average rate;
- The rates of Type 2 diabetes are slightly higher than the Victorian Medicare Local and Australian rates;
- The rate of people with at least one of the four major health risk factors is highest in Frankston West and Mornington Peninsula South.
- The rates of circulatory system disease are higher across the whole catchment than for Victoria and Australia, and are highest in Frankston West and Frankston East SLAs;
  - o The rates of high cholesterol are slightly higher in the Mornington Peninsula South SLA;
  - o The rates of hypertensive disease are higher than rates for Victoria and Australia across the catchment but are highest in Frankston East and Mornington Peninsula East SLAs;
- Rates of asthma are about the same as Victoria and Australian rates;
- Rates of COPD are slightly higher across the catchment than the Victorian and Australian rates, particularly in Frankston West;
- Rates of musculoskeletal disease and arthritis are about the same as Victorian and Australian rates;

Table 38 shows cancer rates by SLA in the catchment:

- *Rates of death from colorectal cancer are significantly higher than Victorian and Australian rates in Frankston East and slightly higher in Frankston West;*
- *Rates of death from lung cancer are significantly higher than Victorian and Australian rates in Frankston East and Frankston West, and slightly higher in Mornington Peninsula South and Mornington Peninsula East.*

**TABLE 37: ESTIMATES OF CHRONIC DISEASE AND RISK FACTORS 2007-8 – SYNTHETIC PREDICTIONS**

2007-8	Type 2 diabetes			High cholesterol			Circulatory system disease			Hypertensive disease		
	Number	Rate/100	SR	Number	Rate/100	SR	Number	Rate/100	SR	Number	Rate/100	SR
SLA												
Frankston (C) - East	1,175	3.3	96	1,938	5.2	92	6,662	17.8	111	4,062	11.4	124
Frankston (C) - West	3,031	3.5	102	4,717	5.5	99	15,381	18.0	112	9,202	10.6	115
Mornington P'sula (S) - East	1,243	3.3	96	2,010	5.3	94	6,655	17.6	110	4,158	11.0	119
Mornington P'sula (S) - South	2,678	3.4	101	4,145	5.7	103	12,913	17.6	110	8,278	10.6	115
Mornington P'sula (S) - West	2,118	3.1	91	3,547	5.4	96	10,622	16.2	101	6,313	9.3	101
<b>ML209</b>	10,245	3.3	98	16,357	5.5	98	52,233	17.4	109	32,012	10.4	113
Victoria ML total	184,759	3.4	100	291,386	5.4	97	934,903	17.2	108	556,660	10.3	111
Australia	721,276	3.4	100	1,179,909	5.6	100	3,383,308	16.0	100	1,945,801	9.2	100

2007-8	Asthma			COPD			Musculoskeletal system diseases			Arthritis		
	Number	Rate /100	SR	Number	Rate / 100	SR	Number	Rate/100	SR	Number	Rate / 100	SR
SLA												
Frankston (C) - East	4,424	9.3	95	936	2.3	98	12,213	29.7	99	5,381	14.5	97
Frankston (C) - West	7,524	9.7	100	2,073	2.5	108	25,081	30.5	101	12,912	15.1	102
Mornington P'sula (S) - East	3,797	9.7	100	896	2.4	103	11,425	30.2	100	5,546	14.7	99
Mornington P'sula (S) - South	4,765	9.8	101	1,589	2.4	104	19,213	30.7	102	10,968	15.0	101
Mornington P'sula (S) - West	5,327	9.5	98	1,381	2.2	96	18,054	29.6	98	9,375	14.3	96
<b>ML209</b>	25,837	9.6	99	6,875	2.4	102	85,985	30.2	100	44,182	14.8	99
Victoria ML total	490,980	9.1	94	121,532	2.2	97	1,612,391	29.9	99	789,092	14.6	98
Australia	2,049,713	9.7	100	490,043	2.3	100	6,346,445	30.1	100	3,135,108	14.9	100

2007-8	Male current smokers 18 yrs +			Female current smokers 18 yrs +			Alcohol consumption at levels considered to be a high risk to health (synthetic prediction), persons aged 18+ yrs			People with at least one of four health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity - 18+ yrs		
	Number	Rate/100	SR	Number	Rate/100	SR	Number	Rate/100	SR	Number	Rate/100	SR
Frankston (C) - East	4,342	24.6	110	3,754	20.5	113	1,882	5.4	100	18,328	54.4	97
Frankston (C) - West	6,984	24.5	109	6,262	20.7	114	3,213	5.4	101	34,702	57.1	102
Mornington P'sula (S) - East	3,428	24.0	107	2,928	20.2	111	1,602	5.5	102	15,312	53.2	95
Mornington P'sula (S) - South	4,071	25.5	114	3,565	20.1	111	1,940	5.5	103	23,172	57.2	102
Mornington P'sula (S) - West	3,610	19.4	87	3,503	16.7	92	2,088	5.2	97	20,912	48.8	87
<b>ML209</b>	3,754	20.5	113	20,012	19.7	108	10,725	5.4	100	112,426	54.4	97
Victoria ML total	444,875	21.9	98	444,875	21.9	98	192,671	4.7	87	2,226,958	53.7	96
Australia	1,779,203	22.4	100	1,495,094	18.2	100	866,057	5.4	100	9,025,496	55.9	100

Source: Australia Medicare Local Data 2011, PHIDU

2007-8	Obese males 18+ years (synthetic prediction)			Obese females 18+ years (synthetic prediction)			Males in normal weight range 18+ years (synthetic prediction)			Females in normal weight range 18+ years (synthetic prediction)		
	Number	Rate /100	SR	Number	Rate / 100	SR	Number	Rate/100	SR	Number	Rate /100	SR
Frankston (C) - East	2,898	17.4	89	2,958	17.4	106	5,202	31.3	101	6,014	34.3	88
Frankston (C) - West	6,069	20.7	106	5,404	17.0	104	8,244	28.2	91	10,813	34.9	90
Mornington P'sula (S) - East	2,510	17.4	89	2,552	17.4	106	4,548	31.2	100	4,919	34.4	88
Mornington P'sula (S) - South	4,041	25.5	105	3,738	17.0	103	5,283	28.6	92	6,820	34.8	89
Mornington P'sula (S) - West	3,402	20.7	84	3,202	13.7	84	6,495	33.2	107	8,815	40.8	105
<b>ML209</b>	18,929	18.8	96	17,853	16.4	100	29,773	30.3	97	37,381	35.9	92
Victoria ML total	355,824	21.6	110	330,289	16.9	97						
Australia		19.6	100	16.4	16.4	100						

Source: Australia Medicare Local Data 2011, PHIDU

**TABLE 38: AVOIDABLE DEATHS 0-74 YRS – CANCER**

2007-8	Avoidable deaths 0-74 yrs: Colorectal cancer		Avoidable deaths 0-74 yrs: Lung cancer		Avoidable deaths 0-74 yrs: Cancer	
	Number	Rate/100	Number	Rate/100	Number	Rate/100
Frankston (C) - East	23	15.7	27.4	111	23	15.7
Frankston (C) - West	48	12.0	24.8	286	48	12.0
Mornington P'sula (S) - East	17	9.9	24.7	109	17	9.9
Mornington P'sula (S) - South	33	8.8	22.6	238	33	8.8
Mornington P'sula (S) - West	25	8.2	19.7	169	25	8.2
<b>ML209</b>	146	10.4	23.3		146	10.4
Victoria ML total	10,487	10.9	21.4	59,476	10,487	10.9
Australia	2,693	11.3	20.6	59,476	2,693	11.3

**TABLE 39: CHRONIC DISEASES – MENTAL HEALTH**

2007-8	Males with mental and behavioural problems (synthetic projection)		Males with mood (affective) problems (synthetic prediction)		Females with mental and behavioural problems (synthetic projection)		Females with mood (affective) problems (synthetic prediction)		High or very high psychological distress (K-10) (synthetic prediction) persons aged 18 yrs or over	
	Number	Rate per 100	Number	Rate per 100	Number	Rate per 100	Number	Rate per 100	Number	Rate per 100
Frankston (C) - East	2,207	9.6	2,207	9.6	2,705	11.6	2,705	11.6	4,071	11.9
Frankston (C) - West	4,175	11.1	4,175	11.1	5,133	12.9	5,133	12.9	7,947	13.1
Mornington P'sula (S) - East	1,942	10.0	1,942	10.0	2,279	12.0	2,279	12.0	3,407	11.8
Mornington P'sula (S) - South	2,666	11.4	2,666	11.4	3,149	12.7	3,149	12.7	5,040	13.0
Mornington P'sula (S) - West	2,475	9.4	2,475	9.4	3,238	11.4	3,238	11.4	4,398	10.5
<b>ML 209</b>	<b>13,466</b>	<b>10.4</b>	<b>13,466</b>	<b>10.4</b>	<b>16,504</b>	<b>12.2</b>	<b>16,504</b>	<b>12.2</b>	<b>24,864</b>	<b>12.2</b>
Victoria ML total	159,807	6.0	315,687	11.6	227,149	8.4	934,903	17.2	<b>496,473</b>	<b>12.0</b>
Australia	1,055,826	10.1	631,987	6.0	1,253,930	11.8	899,328	8.5	1,891,727	11.7

## 6.3 Sexually transmitted diseases

In 2011, Chlamydia was the most reported notifiable infection in Australia. Chlamydia diagnoses have tripled in the past 10 years. In women aged 15 years and over, 502 per 100 000 were diagnosed with the infection in 2011, compared to 152 per 100 000 in 2001. For men, 366 per 100 000 were diagnosed in 2011 compared to 106 in 2001. Chlamydia was the most frequently reported notifiable condition in Australia, with 79,833 new notifications in 2011<sup>xiii</sup>. In the 12 months to 1 April 2012 in the City of Frankston and the Mornington Peninsula Shire, the rates for sexually transmitted infections were:

Chlamydia infections in 2011:

Frankston: 563 new cases at a rate of 457.3/100,000 people.

MPS: 485 new cases at a rate of 340.2/100,000 people.

The rate for Victoria in 2011 was 349.5/100,000. The rate for Australia is 361.8/100,000<sup>xlviii, xlix</sup>.

The rate for the Southern Metropolitan Region is 399.9/100,000 people.

The rate for Chlamydia is nearly seven times the rate of gonorrhoea, which is the next most frequently reported notifiable STI.

Gonococcal infections in 2011:

Frankston: 23 new cases at a rate of 18.7/100,000 people.

MPS: 20 new cases at a rate of 14.0/100,000 people.

The rate for Victoria is 39.2/100,000.

The rate for the Southern Metropolitan Region is 45.1/100,000 people.

Syphilis infections in 2011:

Frankston: 2 new cases at a rate of 1.6/100,000 people.

MPS: 1 new case at a rate of 0.7/100,000 people

The rate for Victoria is 6.1/100,000.

The rate for the Southern Metropolitan Region is 7.8/100,000 people.

## 6.4 Mental health

The prevalence of mental disorders is the proportion of people in a given population who met the criteria for diagnosis of a mental disorder at a point in time. Of the 20% of the population who have any 12-month mental disorder, the prevalence rates estimated for each of the major disorder groups (Anxiety, Affective and Substance Use) are:

- Affective mood disorders, defined as Depressive Episode (4.1%), Dysthymia (1.3%) and Bipolar Affective Disorder (1.8%);
- Anxiety disorders defined as Panic Disorder (2.6%) Agoraphobia (2.8%) Social Phobia (4.7%) Generalised Anxiety Disorder (2.7%) Obsessive-Compulsive Disorder (1.9%) Post-Traumatic Stress Disorder (6.4%)

Nationally, women experienced higher rates of 12-month mental disorders than men (22% compared with 18%); women experienced higher rates than men of Anxiety (18% and 11% respectively) and Affective disorders (7.1% and 5.3% respectively). However, men had twice the rate of Substance Use disorders (7.0% compared with 3.3% for women).

*Rates of violence against women are double the Victorian average in the City of Frankston which is ranked in the top of all metropolitan LGAs for incidents of family violence but rates are also higher than average in other parts of the catchment. Violence against women and children has long term impacts on physical and mental health.*



*In 2008 Aboriginal Victorians had a significantly higher prevalence of depression and anxiety, cancer, stroke and asthma, and were more likely to rate themselves as being of only fair or poor health compared with non-Aboriginal Victorians<sup>ii</sup>.*

Table 39 shows available data on mental health drawing on the Medicare Locals Social Health Atlas. Rates of poor mental health are higher than average for males and females in Frankston (West) and Mornington Peninsula (South).

Accurate data about the prevalence of mood disorders and serious mental illness is not available at local levels. The SMR has compiled service usage data from the Victorian Department of Health Client Management Interface (CMI) and Quarterly Data Collection (QDC) both of which have anomalies and problems in data collection that affect estimates of prevalence in the catchment. The data from the CMI and QDC have been used by the SMR as a proxy for prevalence but this does not account for people who are not accessing services. Nevertheless, based on service usage, the SMR review estimates that the number of people diagnosed with mental health problems has much higher prevalence in the Frankston (West) than in other SLAs in the catchment and that services to manage serious mental illness including dual disability are under enormous pressure. The review noted that:

- There is great pressure on the Frankston hospital ED to deal with presentations of people with serious mental health conditions
- There is a need for a greater focus on carers of people living with serious mental health conditions, and a strengthening of support for them as well as improved communication between services and carers;
- Clients utilising specialist mental health services in 2009/10 were largely from the 25 – 44 age grouping. The age group up to the age of 25 years reflects about one third of the sub regional population yet their service utilisation proportions reflects only about 14%;

## 6.5 Suicide and self-harm injuries

Suicide is a relatively uncommon event, accounting for 1.6% of the total number of deaths in Australia in 2005<sup>iii</sup>. Table 40 shows that deaths from suicide and self-inflicted injuries in the Frankston-Mornington Peninsula catchment are higher than the Victorian average. The highest rates of avoidable death from suicide and self-inflicted injury are in Frankston West, followed by Mornington Peninsula South, then Mornington Peninsula East. Rates in Frankston East and Mornington Peninsula West are below the Victorian and Australia average rate.

**TABLE 40: DEATHS FROM SUICIDE AND SELF-HARM INJURIES 2003-2007**

2003-7 SLA	Avoidable deaths 0-74 yrs: Suicide and self-inflicted injuries	
	Number	Average annual rate per 100,000
Frankston (C) - East	19	9.4
Frankston (C) - West	58	16.2
Mornington P'sula (S) - East	22	12.8
Mornington P'sula (S) - South	28	13.4
Mornington P'sula (S) - West	17	7.1
<b>ML209</b>	<b>144</b>	<b>12.2</b>
<b>Victoria ML total</b>		<b>9.4</b>
<b>Australia</b>	<b>58</b>	<b>16.2</b>

Source: 2011 Australian Medicare Locals Atlas PHIDU

## 6.6 Summary

The health data for both FCC and MPS show that there are areas of concern in relation to risk factors. Smoking rates and associated lung cancer deaths, rates of poor mental health and risky alcohol use indicate the need for more targeted prevention and early intervention programs particularly for young people, in the low-income communities of the catchment. Rates of smoking for males in Mornington Peninsula South are particularly concerning.

*The mental health of the population in the catchment is of concern. Given the rates of poor mental health, utilization rates of services are relatively low. Rates of suicide are higher across the catchment, than the Victorian average, but are of particular concern in Frankston West and Mornington Peninsula South.*

*The rate of Chlamydia infection is significantly higher in Frankston than the Victorian average. Rates of hypertensive disease in the catchment are higher than average rates for Victoria and Australia, and are consistent with the social-health gradient. Rates of diabetes recorded may not reflect the actual rate and be an under-estimate because not all people register with a regular GP. Type 2 diabetes is patterned along the social-health gradient, so prevention and early intervention should be targeted to the low-income areas of the catchment.*

## 7 Ageing

The Mornington Peninsula Shire is a retirement destination with a significantly increasing ageing profile. The MPS is ranked no 1 in Victoria's metropolitan areas, for rates of dementia in 2010, and no 1 in projections to 2050<sup>liv</sup>. The population of the catchment is primarily Anglo in their ageing and aged cohorts, but there is an important cohort of ageing Greek migrants in Mornington Peninsula South particularly around Rye. The two LGAs in the catchment have the lowest proportion of CALD residents in the Victorian Southern Metropolitan Region in their ageing and aged cohort<sup>lv</sup>.

### 7.1 Ageing population and projections

The number of people aged 65+ years in the FMPML/PCP catchment, is 48,034, which is 17.1% of the total population (MSD average 16%). Of those, 2.6% (7,206) are aged 80-84 and 2.3% (6,339) are aged 85+ years of age<sup>lvi</sup>.

The catchment is attractive for retirees - more than 17% of the population is currently aged over 65 years compared to the average of 13.8% for Victoria. Table 41 shows that between 2011-2026, the 75-79 year old age group in the catchment is expected to experience a growth rate of 78%, and the 85+ year old age group will grow by 66%.

**TABLE 41: GROWTH IN OLDER AGE GROUPS 2011-2026**

Age Group	2011	2026 (est)	Growth
65-69	14,580	19,772	36%
70-74	11,479	17,197	50%
75-79	8,997	15,966	78%
80-84	7,226	11,031	53%
85+	6,553	10,849	66%
<b>Total Pop</b>	<b>282,697</b>	<b>320,572</b>	<b>11%</b>

Source: Department of Planning and Communities: Victoria in the Future 2012

By 2031 the over 70 population will have grown by 220%, and the over 85 population will have grown by 300% (since 2009). This will bring a very high increase in demand from older people for access to services, transport, and social connectedness.

Rosebud West has a large number of aged care facilities and as a consequence, the suburb has the highest percentage of persons over 75 in Melbourne and the highest percentage of widows in Melbourne.

ABS predictions for the City of Frankston are that residents aged 60+ years will increase by 12,000 and those aged 85+ years will increase by 1,354 (69%) by 2019<sup>xviii</sup>.

ABS predictions for the Mornington Peninsula Shire are that the 65+ yrs population of Mornington Peninsula South is one of the most concentrated in Australia, and will rise from 16.5% in 1999 to 36% by 2019<sup>lvii</sup>. This equates to 16,588 people, and will be particularly in Mornington Peninsula East and Mornington Peninsula West SLAs.

## 7.2 Dementia

*Dementia in the community is a major issue for the MPS. In 2010 the MPS was ranked no 1 in Victoria's metropolitan areas for rates of dementia, and no 1 in projections to 2050, and 3rd highest in terms of absolute numbers of people living with dementia<sup>lviii</sup>.*

## 7.3 Aged care

Aged care places in the catchment are below the Victorian average. Given the population projections for the 65+ age group, this is of concern. Table 42 shows the allocation of aged care places by LGA; table 43 shows the allocation of aged care places by SLA in the catchment.

**TABLE 42: ALLOCATION OF AGED CARE PLACES TO LGAS**

Indicator	Frankston	Mornington Peninsula	Victoria
Percentage of persons aged 75+ who live alone	2.0%	3.1% (72.7% female)	2.2% (75.1% female)
Aged care places (high care) per 1,000 eligible population	39.7	31.7	41.7
Aged care places (low care) per 1,000 eligible population	35.8	39.5	45.8

Source: Victorian Department of Health (2012) Mornington Peninsula (S) and Frankston (C) 2011 Local Government Area Profiles

## 7.4 Summary

*Ageing, and particularly dementia, are key issues for the catchment. The projected increases in populations aged over 65 yrs is linked to the rates and projections identified for dementia. There are likely to be both gender issues and socio-economic issues involved with dementia in the community but little is known about these aspects of the problem.*

**TABLE 43: AGED CARE PLACES BY SLA IN THE FMP CATCHMENT**

	Residential aged care - high level care places	High-level residential care places per 1,000 population aged 70 years and over	Residential aged care - low level care places	Low-level residential care places per 1,000 population aged 70 years and over	Residential aged care - total places	Total residential care places per 1,000 population aged 70 years and over	Number of community care places	Population aged 70 years and over	Rate per 1,000 population in community care
Frankston (C) - East	150	54.0	72	26.0	222	80.2	0	2,767	0.0
Frankston (C) - West	333	36.0	363	39.1	696	74.9	559	9,294	60.1
Mornington P'sula (S) - East	95	26.0	80	22.1	175	48.4	0	3,619	0.0
Mornington P'sula (S) - South	242	23.0	508	48.2	750	71.2	0	10,532	0.0
Mornington P'sula (S) - West	424	56.0	292	38.3	716	93.9	60	7,623	7.9
<b>Frankston - Mornington Peninsula</b>	<b>1,244</b>	<b>37.0</b>	<b>1,315</b>	<b>38.9</b>	<b>2,559</b>	<b>75.6</b>	<b>619</b>	<b>33,835</b>	<b>18.3</b>
Victoria	22,920	42.0	24,907	46.3	47,291	88.0	12,640	537,449	23.5
Bayide ML	2,777	45.0	2,875	46.6	5,651	91.6	1,160	61,668	18.8

Source: Australia Medicare Local Data 2011, PHIDU

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# Abbreviations

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
AIHW	Australian Institute of Health and Welfare
BoD	Burden of Disease
CCD/CD	Census Collector District
CIV	Community Indicators Victoria
DPCD	Department of Planning and Community Development
DH	Department of Health
DHS	Department of Human Services
FCC	Frankston City Council
FMPML	Frankston-Mornington Peninsula Medicare Local
FMPPCP	Frankston Mornington Peninsula Primary Care Partnership
IRSED	Index of Relative Socio-economic Advantage and Disadvantage
LGA	Local Government Area
MSD	Melbourne Statistical District
MPS	Mornington Peninsula Shire
n.d.	not dated
PCP	Primary Care Partnership
PGPN	Peninsula General Practice Network
RDNS	Royal District Nursing Service
SDH	Social Determinants of Health
SEIFA	Socio-Economic Index for Areas
SLA	Statistical Local Area
VCAMS	Victorian Child and Adolescent Monitoring System
VPHS	Victorian Population Health Survey

# Acknowledgements

This Frankston-Mornington Peninsula Population Health Atlas was funded by the Frankston-Mornington Peninsula Primary Care Partnership. Thanks are extended to Diana Mumme for her support and input, the FMPPCP's Strategic Planning Group and the Health Promotion Collaborative for their input.





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