

# Health and Wellbeing Data Profile



Mornington  
Peninsula Shire

2025



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## Why do we need a Health and Wellbeing Profile?

Given their geographic focus, local governments have an important role to play in ensuring that community members are provided with an environment which allows them to maximise their health and wellbeing outcomes. As the closest level of government to the community, local governments are well placed to know about and respond to local and diverse community needs and concerns. As such, the role of local government is one of leadership and partnership, involving a range of functions, including strategic planning, advocacy, and facilitation of community participation.

Under the *Local Government Act 2020*, a Council must develop or review and adopt the Council Plan by 31 October in the year following a general election, including:

- The strategic direction of the Council.
- Strategic objectives for achieving the strategic direction.
- Strategies for achieving the objectives for a period of at least the next four financial years.
- Strategic indicators for monitoring the achievement of the objectives.
- A description of the Council's initiatives and priorities for services, infrastructure and amenity.
- Any other matters which are prescribed by the regulations.

The function of a Council under the *Public Health and Wellbeing Act 2008* is to seek to protect, improve and promote public health and wellbeing within the municipal district by:

- Creating an environment which supports the health and wellbeing of members of the local community and strengthens the capacity of communities and individuals to achieve better health and wellbeing.
- Initiating, supporting and managing public health planning processes at the local government level.
- Developing and implementing public health policies and programs within the municipality.

The *Public Health and Wellbeing Act 2008* requires that Councils prepare a *Municipal Public Health and Wellbeing Plan* (the Plan) every four years, within the 12 months after a Council election. Section 26 (2) describes the requirements of the Plan to:

- a) Include an examination of data about health status and health determinants in the municipal district.

- b) Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing.
  - i. Specify measures to prevent family violence and respond to the needs of victims of family violence in the local community.
- c) Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan.
- d) Specify how the council will work in partnership with the department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.
- e) Be consistent with—
  - i. The Council Plan prepared under Section 90 of the *Local Government Act 2020*; and
  - ii. The Municipal Strategic Statement prepared under Section 12a of the *Planning and Environment Act 1987*.

This Health and Wellbeing Profile aims to systematically collate and examine published data from reputable sources on social issues that impact on community health and wellbeing. This information will be used to inform the development of the Council Plan 2025–29 and Municipal Public Health and Wellbeing Plan 2025–29 as well as the development of other key strategic documents over the next four years. These documents will also be informed by a public policy scan and community engagement data.

## What is included in the Health and Wellbeing Profile?

For this document, ‘health and wellbeing’ is defined in context with the Socio-Ecological Model of Health which considers the influence of broader social, cultural, economic, natural and built environments.

*“Health is a state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political beliefs or economic and social conditions.”*

**World Health Organisation, 1948**

The following are examples of the key data sources examined in the development of this profile:

- Australian Bureau of Statistics (ABS) Census 2021
- Victorian Population Health Survey (VPHS) 2020, 2022 and 2023
- Australian Early Development Census (AEDC) 2021 and 2024
- Crime Statistics Agency
- Women’s Health Atlas
- Traffic Accident Commission 2024
- Mission Australia Youth Survey 2023

The data presented is framed to consider the range of societal and individual impacts on health and wellbeing, including socio-demographic factors, daily living conditions and individual health-related behaviours, which may together lead to differences in health and wellbeing

outcomes. Considering the impact of factors beyond an individual's control is essential to achieving health equity in alignment with the World Health Organisation's definition of health. It is also crucial in local government's role in creating local environments which maximise community health and wellbeing.

Different data collection methods contain inherent and systematic strengths and limitations. For instance, there are four principal sources of error in the collection of Census data including respondent error; processing error; partial response; and undercount. Further, telephone surveys carry bias associated with the participation restrictions on those with landlines and can lead to inaccurate responses to questions on self-reported health.

In some instances, older data sources have been utilised within this profile, due to delays in the release of, or lack of, more recent data. Where possible, the profile will be updated throughout the four-year planning cycle to reflect updated data as it is released. All data sources have been indicated and full references are available. For further information pertaining to research limitations, refer to data set methodology and research statements within each data source.

## Snapshot of Demographic, Health, and Social Data

|  |   |  |   |
|--|---|--|---|
| Population of 175,153 (2025). Population of 171,450 (2024). 48.3% male and 51.7% female.                 | Population forecast of 192,617 by 2046.   | 19.8% of the population is aged 0-17.<br><br>34.3% of the population is aged over 60.                                  | Population of retirement age is forecast to increase by 5.3% between 2021 and 2026.                                       |
| 1% (1,723) the population identify as Aboriginal and/or Torres Strait Islander with 64.1% aged under 35. | 76.6% born in Australia.  | 6% from countries where English was not their first language.<br><br>5.4% speak a language other than English at home. | 48.8% have no religion.<br><br>18.4% identify as Catholic and 12.6% as Anglican.  |
| 51.8% completed Year 12 or equivalent.<br><br>21.5% had a Bachelor or Higher degree qualification.       | 75,765 employed, 51.7% worked full-time and 26.9% part-time.<br><br>3.3% of labour force are unemployed.          | 39,239 people live with a disability.<br><br>10,533 require assistance with daily activities.                          | 14.4% provide unpaid care for a person with a disability, chronic illness and/or aged. (11.7% of men and 16.9% of women). |
| On average, women do 32 hours of unpaid work and care a week, 9 hours more than men.                     | 15.9% of children developmentally vulnerable on one or more domains.<br><br>8% vulnerable on two or more domains. | 54.5% of residents both live and work in the Shire.  | 2,281 family violence incidents in 2023/24.<br><br>34.3% of incidents had a child or children present.                    |



|  |   |  |  |
|--|---|--|--|
| 12.1% daily tobacco smokers.<br><br>3.1% daily e-cigarette (vape) users.   | 23.1% increased risk of harm from alcohol-related disease or injury.              | 3.4% use active modes of travel, when travelling to work.  | 14 deaths on roads from 2022–24.                           |
| 5.3% experience food insecurity with hunger, 10.8% worry about food insecurity.<br><br>4% meet daily fruit and vegetable consumption guidelines. | 14.1% consume sugar sweetened soft drinks daily, (10% of women and 18.9% of men). | 39.6% met physical activity guidelines.<br><br>20.1% participate in sport.                           | 75% agree that climate change has an impact on our health. |
| 15.2% sought professional help for mental health problem in past year.   | 39.4% report moderate of very high psychological distress.                        | 32.1% aged 18–24 experience feeling loneliness.<br><br>17.8% aged 85+ experience feeling loneliness. | 42.2% rate their own health as excellent or very good.     |

## Health and Wellbeing Profile

The Mornington Peninsula Shire (the Shire) comprises 40 towns and villages spread across the Peninsula, with most residents living near the coast. The population of the Shire in 2021 was 168,948 and the estimated population in 2024 was 171,450 (Profile i.d., 2021). In addition, a part-time population of approximately 50,000 spend part of the week, or their holidays, on the Peninsula. With its magnificent landscapes, coasts and beaches that are of state significance, the Shire attracts millions of visitors every year.

The Shire is categorised as an interface council (one of ten local councils surrounding metropolitan Melbourne) with a land area of 723.3km<sup>2</sup>. The Shire borders 192km of coastline fronting Port Phillip and Western Port and the Bass Strait. Approximately 70 per cent of the Shire is and will continue to be rural land, within the Green Wedge planning zone (protected by the *Plan Melbourne 2017–2050* planning strategy), whilst the other 30 per cent is taken up by towns and villages. Approximately 10.5 per cent of the Shire is public open space. Within the Green Wedge are areas of highly productive agricultural land, as well as highly significant landscapes and ecosystems. The Mornington Peninsula and Western Port are part of the worldwide network of biosphere reserves recognised for its great biological diversity, many significant rare native plants and vegetation, highly scenic landscape values and sites of historic importance.

The Shire has a growing and diverse economy, with a \$11.4 billion Gross Regional Product supported by significant activity in tourism, visitation and hospitality, broadacre agriculture, horticulture, viticulture, the equine sector, retail, construction and manufacturing, as well as a major military training facility (HMAS Cerberus) and the Port of Hastings (REMPLAN, 2024). The Shire is also a premier holiday and retirement destination, with the population swelling by up to

30 per cent in the summer months. This equates to an annual economic output of \$23.6 billion, through a total of 62,311 jobs (REMPAN, 2024). The construction industry is the highest contributor to this economic output, accounting for 23.6 per cent, and the health care and social assistance industry is the region's largest employer providing 9,550 jobs or 15.3 per cent of total employment (REMPAN, 2024).

## Population growth

The population estimate for 2025 is 175,153. The average number of persons per household is projected to decrease from 2.37 in 2021 to 2.33 by 2031.

The Shire has a total fertility rate (lifetime) of 1.75 compared to the statewide average of 1.7 in 2023. There were 1,284 live births in Mornington Peninsula in 2023 (Victorian Women's Health Atlas, 2023; Profile i.d., 2021).

The following table highlights the projected population growth within suburbs on the Mornington Peninsula Shire between 2021, 2031 and 2046:

| Areas  | 2021    | 2031<br>forecast | 2046<br>forecast | Average<br>annual %<br>change |
|--|---------|------------------|------------------|-------------------------------|
| Mornington Peninsula Shire                                     | 170,390 | 181,032          | 192,617          | +0.49                         |
| Balnarring-Balnarring Beach-Merricks-Merricks Beach-Somers     | 5,121   | 6,073            | 6,560            | +0.99                         |
| Baxter-Pearcedale  | 2,305   | 2,437            | 2,537            | +0.38                         |
| Bittern-Crib Point   | 7,671   | 7,751            | 8,051            | +0.19                         |
| Dromana-Safety Beach   | 13,061  | 14,463           | 16,228           | +0.87                         |
| Flinders-Shoreham-Pt Leo                                       | 2,018   | 2,169            | 2,288            | +0.50                         |
| Hastings   | 10,491  | 10,889           | 11,722           | +0.44                         |
| HMAS Cerberus  | 1,137   | 1,154            | 1,160            | +0.08                         |
| Moorooduc-Tuerong  | 1,364   | 1,423            | 1,377            | +0.04                         |
| Mornington   | 25,909  | 28,454           | 32,006           | +0.85                         |
| Mount Eliza  | 18,923  | 19,603           | 19,891           | +0.20                         |
| Mount Martha   | 20,020  | 21,199           | 22,220           | +0.42                         |
| Portsea-Sorrento-Blairgowrie                                   | 5,640   | 5,827            | 5,938            | +0.21                         |
| Red Hill-Red Hill South-Merricks North-Main Ridge-Arthurs Seat | 2,984   | 3,081            | 3,103            | +0.16                         |
| Rosebud-Capel Sound-McCrae-Boneo-Fingal-Cape Shank             | 24,669  | 26,212           | 28,167           | +0.53                         |
| Rye-Tootgarook-St Andrews Beach                                | 13,701  | 13,982           | 14,053           | +0.10                         |
| Somerville   | 11,863  | 12,331           | 12,498           | +0.21                         |
| Tyabb  | 3,511   | 3,982            | 4,819            | +1.27                         |
| <b>(Profile i.d.)</b>  |         |                  |                  |                               |

## Socio-Economic Index for Areas Index (SEIFA)

A SEIFA Index of Relative Socioeconomic Disadvantage Index score is calculated from attributes that reflect disadvantage such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. As highlighted in the following table, the Mornington Peninsula Shire SEIFA index was 1038.0 in 2021, which represents a lower level of disadvantage compared to Victoria and other interface councils and a similar level compared to Greater Melbourne.

| Victoria             | Greater Melbourne | Interface Councils | Mornington Peninsula |
|----------------------|-------------------|--------------------|----------------------|
| 1009.6               | 1020.3            | 1008.3             | 1038.0               |
| (Profile i.d., 2021) |                   |                    |                      |

However, it is important to consider that sub-regions of the municipality can experience different levels of disadvantage. NB: a lower SEIFA score indicates a higher level of disadvantage. This is highlighted in the following table:

|  | Sub-Region   | Score  |
|--|--|--------|
| <b>Higher level of disadvantage compared to municipality score</b> | Hastings   | 940.0  |
|  | Capel Sound  | 941.8  |
|  | Tootgarook   | 978.2  |
|  | Rosebud  | 982.4  |
|  | Rosebud – Capel Sound – McCrae – Boneo – Fingal- Cape Schanck      | 987.8  |
|  | Baxter-Pearcedale  | 1003.5 |
|  | Rye-Tootgarook-St Andrews Beach                                    | 1017.4 |
|  | Bittern-Crib Point   | 1018.0 |
|  | Dromana-Safety Beach   | 1022.3 |
|  | Mornington   | 1029.2 |
| <b>Lower level of disadvantage compared to municipality score</b>  | Tyabb  | 1033.1 |
|  | Somerville   | 1039.0 |
|  | Mount Martha   | 1078.7 |
|  | Moorooduc – Tuerong  | 1083.3 |
|  | Green Wedge  | 1076.5 |
|  | Portsea-Sorrento- Blairgowrie                                      | 1090.5 |
|  | Balnarring – Balnarring Beach – Merricks – Merricks Beach – Somers | 1091.9 |
|  | Flinders-Shoreham-Point Leo  | 1111.1 |
| <b>(Profile i.d., 2021)</b>  |  |        |



## Sex and gender

The most recent Census data from 2021, shows that the Shire was comprised 51.7 per cent females (87,276) and 48.3 per cent males (81,697) compared to 51 per cent and 49 per cent respectively for Greater Melbourne (Profile i.d., 2021). Males and females are part of the 'sex' classification. While this is often called 'gender', this is not the same concept. Currently, the Australian Bureau of Statistics does not measure gender diversity beyond 'male', 'female' and 'other'.

## Age

The age distribution across the Shire provides key insights into the level of demand for services and facilities that target people at different stages of their life. As highlighted in the table below, the *Census 2021* showed the median age for the Mornington Peninsula residents as 48 years old, with 16.3 per cent of the population aged 0-14 years and 27.3 per cent aged over 65 years. In 2021, the largest age group in Mornington Peninsula Shire was 70- to 74-year-olds. The group that changed the most since 2016 was 70- to 74-year-olds, increasing by 2,575 people.

This table presents age distribution by five-year age group, allowing a direct comparison between each grouping. The overall trend on the Mornington Peninsula is for an older population, with younger age groups making up less of the population compared to Victoria, and older age groups contributing higher percentages.

| Age group (years)           | Number | Mornington Peninsula (%) | Victoria (%) |
|-----------------------------|--------|--------------------------|--------------|
| 0-4                         | 7,922  | 4.7                      | 5.9          |
| 5-9                         | 9,279  | 5.5                      | 6.3          |
| 10-14                       | 10,311 | 6.1                      | 6.0          |
| 15-19                       | 9,616  | 5.7                      | 5.6          |
| 20-24                       | 7,640  | 4.5                      | 6.7          |
| 25-29                       | 6,709  | 4.0                      | 7.8          |
| 30-34                       | 7,846  | 4.6                      | 8.2          |
| 35-39                       | 8,709  | 5.2                      | 8.0          |
| 40-44                       | 9,128  | 5.4                      | 6.9          |
| 45-49                       | 10,866 | 6.4                      | 6.5          |
| 50-54                       | 11,746 | 7.0                      | 6.3          |
| 55-59                       | 11,335 | 6.7                      | 5.7          |
| 60-64                       | 11,865 | 7.0                      | 5.1          |
| 65-69                       | 11,965 | 7.1                      | 4.4          |
| 70-74                       | 12,153 | 7.2                      | 3.9          |
| 75-79                       | 9,562  | 5.7                      | 2.8          |
| 80-84                       | 6,271  | 3.7                      | 2.0          |
| 85 and over                 | 6,029  | 3.6                      | 2.0          |
| <b>(Profile i.d., 2021)</b> |        |                          |              |

The following table highlights projected increases in age structures across the municipality from 2021 to 2046, using service age groups. Service age groups are constructed to reflect typical life stages, making them useful for strategic planning.

| Age group (years)           | 2021    |            | 2031    |            | 2046    |            | Change from 2021-2046 |
|-----------------------------|---------|------------|---------|------------|---------|------------|-----------------------|
|                             | Number  | Percentage | Number  | Percentage | Number  | Percentage |                       |
| 0 to 4                      | 8,179   | 4.8        | 8,165   | 4.5        | 8,680   | 4.5        | +501                  |
| 5 to 9                      | 9,496   | 5.6        | 8,988   | 5.0        | 9,338   | 4.8        | -158                  |
| 10 to 14                    | 10,537  | 6.2        | 9,299   | 5.1        | 9,669   | 5.0        | -868                  |
| 15 to 19                    | 9,745   | 5.7        | 10,228  | 5.6        | 9,957   | 5.2        | +212                  |
| 20 to 24                    | 7,753   | 4.6        | 10,336  | 5.7        | 9,900   | 5.1        | +2,147                |
| 25 to 29                    | 6,930   | 4.1        | 8,396   | 4.6        | 8,442   | 4.4        | +1,512                |
| 30 to 34                    | 8,036   | 4.7        | 7,563   | 4.2        | 8,547   | 4.4        | +511                  |
| 35 to 39                    | 8,853   | 5.2        | 8,792   | 4.9        | 9,592   | 5.0        | +739                  |
| 40 to 44                    | 9,204   | 5.4        | 10,631  | 5.9        | 10,524  | 5.5        | +1,320                |
| 45 to 49                    | 11,006  | 6.5        | 11,083  | 6.1        | 10,789  | 5.6        | -217                  |
| 50 to 54                    | 11,775  | 6.9        | 10,114  | 5.6        | 11,277  | 5.9        | -498                  |
| 55 to 59                    | 11,439  | 6.7        | 11,127  | 6.1        | 11,892  | 6.2        | +453                  |
| 60 to 64                    | 11,915  | 7.0        | 12,434  | 6.9        | 12,695  | 6.6        | +780                  |
| 65 to 69                    | 11,874  | 7.0        | 12,614  | 7.0        | 12,008  | 6.2        | +134                  |
| 70 to 74                    | 12,080  | 7.1        | 12,045  | 6.7        | 12,507  | 6.5        | +427                  |
| 75 to 79                    | 9,430   | 5.5        | 10,728  | 5.9        | 12,208  | 6.3        | +2,778                |
| 80 to 84                    | 6,164   | 3.6        | 9,584   | 5.3        | 10,641  | 5.5        | +4,477                |
| 85 and over                 | 5,974   | 3.5        | 8,905   | 4.9        | 13,950  | 7.2        | +7,976                |
| Total persons               | 170,390 | 100.0      | 181,032 | 100.0      | 192,617 | 100.0      | +22,227               |
| <b>(Profile i.d., 2021)</b> |         |            |         |            |         |            |                       |

## People with disability and carers

It is estimated that people with a disability make up 23 per cent (39,239) of the Mornington Peninsula population. This is higher than the national estimate of 17 per cent, influenced by the Shire's ageing population (Mornington Peninsula Shire Council, 2024). In 2021, 6.2 per cent (10,533) of the Shire's population reported needing daily assistance with communication, mobility and/or self-care because of a disability, long-term health condition or old age (Profile i.d., 2021). The Shire population that requires assistance is higher than Greater Melbourne (5.5%).

On the Peninsula, 55.1 per cent of women with a disability need daily assistance compared to 44.9 per cent of men.

In the Q3, 24/25 period, there was 5,221 active participants and 6,324 active providers in the National Disability Insurance Scheme (NDIS, 2025). The ages of active participants were highest for the age group 0-8 years (1,330) and lowest for the age group 65+ (306). The rate for the age

group 65+ lowering to 306 participants may be due to individual's health decline or funding model moving to My Aged Care.

The breakdown of NDIS participation in the Shire by primary disability for the Q3, 24/25 period is as follows:

| Primary Disability         | Active Participants in Mornington Peninsula, VIC |
|----------------------------|--|
| ABI                        | 134  |
| Autism                     | 2,069  |
| Cerebral Palsy             | 104  |
| Developmental Delay        | 913  |
| Down Syndrome              | 79   |
| Global Developmental Delay | 27   |
| Hearing Impairment         | 136  |
| Intellectual Disability    | 591  |
| Multiple Sclerosis         | 107  |
| Other                      | 65   |
| Other Neurological         | 159  |
| Other Physical             | 138  |
| Other Sensory Speech       | <11  |
| Psychosocial Disability    | 544  |
| Spinal Cord Injury         | <23  |
| Stroke                     | 50   |
| Visual Impairment          | 64   |
| (NDIS, 2025)               |  |

There are 20,359 carers that provide unpaid assistance to a person with a disability, chronic illness and/or a person who is aged, this is 14.4 per cent of the Shire population, compared to 12.6 per cent for Greater Melbourne (Profile i.d., 2021). As demonstrated in the table below, persons providing unpaid care are more likely to be female than male.

| Persons providing unpaid care*                             | Mornington Peninsula | Greater Melbourne |
|--|----------------------|-------------------|
| Male carers  | 11.7%                | 10.3%             |
| Female carers  | 16.9%                | 14.7%             |
| Total  | 14.4%                | 12.6%             |
| (Profile i.d., 2021)                                       |                      |                   |
| *To a person with disability, long term illness or old age |                      |                   |

## Aboriginal and/or Torres Strait Islander community

There are 1,723 people that identify as Aboriginal and/or Torres Strait Islander on the Mornington Peninsula, making up 1 per cent of the total population. Of these, 915 (53.2%) were male and 805 (46.8%) were female (Profile i.d., 2021). Overall, 53 per cent of First Nations residents were less than 25 years of age, compared with 27 per cent of non-Aboriginal residents. The table below demonstrates the percentage of age groups between First Nations residents and non-identifying residents.

| Age groups           | First Nations residents | Non-identifying residents |
|----------------------|-------------------------|---------------------------|
| 0 – 4 years          | 11.4%                   | 4.7%                      |
| 5 – 11 years         | 14.6%                   | 7.9%                      |
| 12– 17 years         | 13.1%                   | 7.2%                      |
| 18 – 24 years        | 13.3%                   | 6.7%                      |
| 25 – 34 years        | 11.7                    | 8.6%                      |
| 35 – 49 years        | 14.6                    | 17.0%                     |
| 50 – 59 years        | 9.9                     | 13.7%                     |
| 60+ years            | 11.4%                   | 34.3%                     |
|                      | 100%                    | 100%                      |
| (Profile i.d., 2021) |                         |                           |

As shown in the *Census 2021*, 9.6 per cent of the First Nations population in the Shire, report needing daily assistance for self-care, movement, or communication needs. This compares to 6.2 per cent of the whole resident population in the Shire.

As shown in the *Census 2021*, 37.8 per cent of the First Nations population in the Shire, report having a diagnosed chronic health condition. Mental ill-health, asthma and arthritis were the top three conditions. Similarly, 37 per cent of the whole resident population in the Shire report having a chronic health condition, with arthritis, mental ill-health and asthma being the top three conditions.

## Cultural Diversity

76.6 per cent (129,352) of residents were born in Australia (Profile i.d., 2021). The following table highlights resident's top five birthplaces that are outside of Australia, compared to the Victoria population born in those countries:

| Birthplace     | Number | Mornington Peninsula (%) | Victoria (%) |
|----------------|--------|--------------------------|--------------|
| United Kingdom | 13,924 | 8.2                      | 3.3          |
| New Zealand    | 2,319  | 1.4                      | 1.7          |
| Italy          | 1,236  | 0.7                      | 1.2          |
| Germany        | 935    | 0.6                      | 0.4          |
| Netherlands    | 862    | 0.5                      | 0.2          |

#### (Profile i.d., 2021)

5.4 per cent of residents use a language other than English at home. The following table highlights the top five languages (excluding English) spoken at home:

| Language<br>(excludes English) | Number | Mornington<br>Peninsula (%) | Victoria (%) |
|--------------------------------|--------|-----------------------------|--------------|
| Italian                        | 1,493  | 0.9                         | 1.7          |
| Greek                          | 1,353  | 0.8                         | 2.1          |
| German                         | 588    | 0.6                         | 0.3          |
| Mandarin                       | 476    | 0.4                         | 4.3          |
| Spanish                        | 453    | 0.3                         | 0.8          |
| (Profile i.d., 2021)           |        |                             |              |

Respondents to the *Victorian Population Health Survey 2023* survey were also asked if 'multiculturalism makes life in your area better' with the following table highlighting resident responses.

| Response to 'does<br>multiculturalism make life<br>better?' | Mornington<br>Peninsula (%) | Metropolitan<br>Melbourne (%) | Victoria (%) |
|---|-----------------------------|-------------------------------|--------------|
| Yes, definitely   | 62.3%                       | 68.8%                         | 66.5%        |
| Sometimes   | 22.5%                       | 20.6%                         | 21.6%        |
| No or not often   | 8.5%                        | 7.4%                          | 8.5%         |
| (VAHI, 2023)  |                             |                               |              |

Responses were generally equal between men and women across Victoria (65.4%, 67.2%). The youngest age group 18-24 years were the most likely to agree with this statement (73.8%) with a gradual decline to 49.9 per cent across those aged 85+ years (VAHI, 2023).

## Sexual diversity

It is estimated that just over one in 20 adult Mornington Peninsula residents (5.4%) openly identify as being LGBTIQ+ (lesbian, gay, bisexual, trans and gender diverse, queer, intersex, asexual +) (lisahunter, 2024), noting the actual proportions are likely higher due to inadequate data on gender and sexuality in large population health surveys.

While many LGBTIQ+ community members live healthy, connected and positive lives, the population can experience greater health inequities than those that do not identify as LGBTIQ+. These can include poor mental wellbeing, suicide, poor general health as well as alcohol and drug related harm. From the *Victorian Population Health Survey 2023*, 15.8 per cent of the Victorian population reported experiences of discrimination, 15 per cent of which believe this discrimination was experienced due to their LGBTIQ+ status. Mornington Peninsula and Frankston data collected from the *Private Lives 3 Survey* found that 19.7 per cent of LGBTIQ+ residents experienced homelessness in their lifetime and 26 per cent of those people experienced homelessness in relation to their LGBTIQ+ identity (Victorian Agency for Health Information, 2020; Profile i.d., 2021; lisahunter, 2024).

## Religious diversity

As shown in the *Census 2021*, 48.8 per cent of people (85,429) on the Mornington Peninsula stated that they had no religion, compared with 39.1 per cent for Victoria. Of those that stated they had religious beliefs, 42.2 per cent identified as having Christian beliefs and 1.6 per cent identified as non-Christian beliefs. The table below highlights the four most common identified religions in the municipality:

| Religion                    | Number | Percentage | Victoria (%) |
|-----------------------------|--------|------------|--------------|
| Western (Roman) Catholic    | 31,022 | 18.4       | 20.3         |
| Anglican                    | 21,319 | 12.6       | 6.5          |
| Uniting Church              | 5,018  | 3.0        | 2.4          |
| Presbyterian and Reformed   | 3,221  | 1.6        | 2.7          |
| <b>(Profile i.d., 2021)</b> |        |            |              |

## Daily living conditions

This layer of influence considers the varied circumstances in which social groups are born, grow, live, work and age. The quality of these conditions can influence socioeconomic status, psychosocial control and social connection, and can be protective or damaging to health and wellbeing.

## Education

As shown in the *Census 2021*, 51.8 per cent of people aged over 15 years on the Mornington Peninsula have completed Year 12 or equivalent schooling (Profile i.d., 2021). Females (54%) were more likely than males (49.5%) on the Mornington Peninsula to have completed Year 12 or equivalent (Profile i.d., 2021).

As shown in the *Census 2021*, 30,362 people (21.5%) in the Shire have a tertiary qualification (Bachelor or Higher degree and/or Advanced Diploma or Diploma) compared to 32.8 per cent for Greater Melbourne (Profile i.d., 2021). This has increased from 22,085 people (17.2%) in the Shire, and 27.5 per cent in Greater Melbourne in 2016 (Profile i.d., 2021). Of the total Mornington Peninsula population, 21.5 per cent hold a bachelor's degree or higher; 21.3 per cent vocational training; and 36.9 per cent hold no formal qualification (Profile i.d., 2021).

As shown in the *Census 2021*, 73.9 per cent of 15 to 24-year-olds were fully engaged in work or non-school study, compared to 77.4 per cent in Greater Melbourne, and 7.1 per cent were disengaged, compared to 7.0 per cent in Greater Melbourne (Profile i.d., 2021).

## Employment

The Mornington Peninsula economy is diverse with a value of \$11.45 billion in Gross Regional Product (GRP) in 2024 (REMPPLAN, 2024). There are approximately 17,147 businesses, offering 120,665 jobs across the Peninsula. 98 per cent of businesses either employ less than 20 people or do not have any employees, resulting in a profile that is dominated by small businesses (ABS, 2024).



REMPPLAN data shows the top employer to be health care and social assistance sector, accounting for 15.3 per cent of jobs, closely followed by construction (14.4%) and retail trade (12.3%). Combined, these three sectors employed a total of 26,190 people, or roughly 42 per cent of the total employed resident population (REMPPLAN, 2024; Profile i.d., 2021).

Tourism is a key strength of the region with the tourism industry providing 4,865 jobs, equating to 7.8 per cent of total employment (compared with 4.9% across greater Melbourne and 5.3 per cent across Victoria. Manufacturing is also a significant economic contributor providing 6.5 per cent of jobs (REMPPLAN, 2024). Agriculture has a rich history and connection with the Mornington Peninsula, supporting this industry is a high value add and diversifying into non-traditional agricultural activities provides genuine opportunities for the economy. The combined agriculture, forestry and fishing industries represent 1,581 jobs across the Peninsula (REMPPLAN, 2024).

As shown in the *Census 2021*, there were 78,371 people aged over 15 years in the labour force on the Mornington Peninsula (Profile i.d., 2021). Of these, 51.7% were employed full time and 36.9 per cent were employed part-time (Profile i.d., 2021). 3.3 per cent of residents were unemployed. In 2021, 82.2 per cent of young people aged 15–19 years were engaged in work and/or study (ABS, 2024).

The following table highlights rates of employment amongst people over 15 years in the labour force, compared to Victoria:

| Employment Status           | Mornington Peninsula |            | Greater Melbourne |
|-----------------------------|----------------------|------------|-------------------|
|                             | Number               | Percentage | (%)               |
| Employed – 2016             | 67,498               | 95.1       | 93.2              |
| – 2021                      | 75,765               | 96.7       | 94.7              |
| Full-Time – 2016            | 37,954               | 53.5       | 58.0              |
| – 2021                      | 40,506               | 51.7       | 56.9              |
| Part-Time – 2016            | 28,287               | 39.8       | 33.5              |
| – 2021                      | 28,913               | 36.9       | 31.6              |
| Unemployed – 2016           | 3,493                | 4.9        | 6.8               |
| – 2021                      | 2,606                | 3.3        | 5.3               |
| <b>(Profile i.d., 2021)</b> |                      |            |                   |

While the municipal wide unemployment rate is lower than Victoria's, there are pockets of unemployment that are higher than the Mornington Peninsula average, such as Hastings (4.5%) (Profile i.d., 2021).

The *Census 2021* showed that the most common occupation of employment for people on the Mornington Peninsula is professional work (20.4%), the same as that of Greater Melbourne (26.8%). The most common occupations for females on the Mornington Peninsula are professional work (25.3%), clerical and administrative (19.1%); and community and personal service (18%) compared with technicians and trade workers (27.9%); managers (19.6%) and professionals (15.6%) for males.

| Females | Males |
|---------|-------|
|---------|-------|

| Occupation                              | Number | Percentage | Number | Percentage | Total persons (\$) | Greater Melbourne total persons (%) |
|---|--------|------------|--------|------------|--------------------|-------------------------------------|
| Manager                                 | 4,318  | 11.7       | 7,602  | 19.6       | 15.7               | 13.8                                |
| Professional                            | 9,364  | 25.3       | 6,052  | 15.6       | 20.4               | 26.8                                |
| Technicians and trades workers          | 1,966  | 5.3        | 10,794 | 27.9       | 16.8               | 12.1                                |
| Community and personal services workers | 6,672  | 18.0       | 2,510  | 6.5        | 12.1               | 10.5                                |
| Clerical and administrative workers     | 7,084  | 19.1       | 1,616  | 4.2        | 11.5               | 12.9                                |
| Sales workers                           | 4,403  | 11.9       | 2,741  | 7.1        | 9.4                | 8.3                                 |
| Machinery operators and drivers         | 325    | 0.9        | 2,464  | 6.4        | 3.7                | 5.8                                 |
| Labourers                               | 2,268  | 6.1        | 4,185  | 10.8       | 8.5                | 7.8                                 |
| Inadequately described                  | 617    | 1.7        | 797    | 2.1        | 1.9                | 2.0                                 |
| <b>(Profile i.d., 2021)</b>             |        |            |        |            |                    |                                     |

As shown in the *Census 2021*, of people aged 15 years or over, 71.5 per cent of people (101,180) on the Mornington Peninsula did unpaid domestic work (defined as 'unpaid work that supports home or community life') in the previous week (Profile i.d., 2021). Of these, 54,986 (74.4%) are females, with 18.5 per cent of these doing more than 15 hours per week and 46,191 (68.4%) are male, with 9.7 per cent of these doing more than 15 hours per week. A further 14,114 females (19.1%) and 16,946 (25.1%) males did not do any domestic work (Profile i.d., 2021).

Volunteering in its many forms not only enriches the lives of those receiving help or support, but also has huge health and wellbeing benefits for the person giving that support. As shown in the *Census 2021*, 14.8 per cent of people (20,886) on the Mornington Peninsula did voluntary work through an organisation or group in the past 12 months, compared to 12.1 per cent for Victoria (Profile i.d., 2021). Of these, 11,526 (15.6%) are female and 9,359 (13.9%) are male, with people aged 45 years being the most likely to volunteer.

As shown in the *Census 2021*, 26.5 per cent of people on the Mornington Peninsula provide unpaid care for a child/children (Profile i.d., 2021). The table below provides a further breakdown of unpaid care for children on the Mornington Peninsula.

| Type of Care                                | Females (Number) | Males (Number) |
|---|------------------|----------------|
| Own child/children only                     | 13,982           | 12,045         |
| Other child/children only                   | 7,012            | 3,590          |
| Own child/children and other child/children | 641              | 239            |

|                             |        |        |
|-----------------------------|--------|--------|
| Total                       | 21,635 | 15,874 |
| <b>(Profile i.d., 2021)</b> |        |        |

## Income

As shown in the *Census 2021*, the median individual weekly income of people aged over 15 years on the Mornington Peninsula was \$761, compared to \$803 for Victoria (ABS, 2021). Compared to Greater Melbourne, the Mornington Peninsula has a lower proportion of high-income earners, and a similar proportion of low-income earners (Profile i.d., 2021). Further, the median weekly income for families was \$2,054 (compared to \$2,136 for Victoria) and for households was \$1,555 (compared to \$1,759 for Victoria) (ABS, 2021).

As highlighted in the table below, the *Census 2021* showed the differences in weekly gross income for males and females on the Peninsula.

| Weekly gross income         | Males | Females |
|-----------------------------|-------|---------|
| Negative/Nil income         | 4,250 | 6,020   |
| \$1-\$149                   | 1,970 | 3,164   |
| \$150-\$299                 | 2,615 | 3,995   |
| \$300-\$399                 | 4,613 | 6,285   |
| \$400-\$499                 | 4,498 | 7,935   |
| \$500-\$649                 | 4,582 | 7,590   |
| \$650-\$799                 | 4,238 | 6,324   |
| \$800-\$999                 | 5,115 | 6,151   |
| \$1,000-\$1,249             | 6,122 | 5,771   |
| \$1,250-\$1,499             | 4,843 | 4,051   |
| \$1,500-\$1,749             | 4,608 | 3,438   |
| \$1,750-\$1,999             | 3,341 | 2,142   |
| \$2,000-\$2,999             | 6,349 | 3,240   |
| \$3,000 or more             | 1,642 | 739     |
| \$3500 or more              | 3,747 | 1,444   |
| Not stated                  | 4,986 | 5,642   |
| <b>(Profile i.d., 2021)</b> |       |         |

Notably, people aged 15–19 years, and over 65 years, were most likely to earn low incomes, and significantly more females than males earned a low income from ages 25–44 years and 55–64 years (Profile i.d., 2021).

The *Census 2021* showed that 38.4 per cent of households on the Mornington Peninsula spend 30 per cent or more of household income on rent payments, compared to 30.9 per cent in Victoria. Further, 14.9 per cent of households on the Mornington Peninsula spend 30 per cent or more of household income on mortgage payments, compared to 15.5 per cent in Victoria (ABS, 2021).

## Housing

The Mornington Peninsula, although not a designated metropolitan growth area, has over past decades featured areas of cheaper housing and a relatively high rate of housing growth and

associated increases in resident population. These high rates of growth are currently on a decline as greenfield land within the Urban Growth Boundary is nearly exhausted and some of the demand shifts to other 'sea-change' and 'tree-change' areas.

On the Mornington Peninsula, population growth and redevelopment are now guided to existing towns with the greatest capacity (i.e. highest level of service, lowest infrastructure constraints and least character impact) to accommodate growth. The housing market on the Mornington Peninsula is atypical for the Melbourne Metropolitan area given that about 30 per cent of the housing is estimated to be holiday housing and it also varies markedly in value across the Peninsula.

Compared with Victoria, the *Census 2021* showed that the Mornington Peninsula had a much higher proportion of separate houses (86.6% compared to 71.5%), significantly lower medium density housing (12.3% compared to 18.4%) and a two thirds higher proportion of households living in caravans, cabins or houseboats (Profile i.d., 2021).

Homelessness is rapidly increasing on the Mornington Peninsula. In 2025, research into the state of housing and homelessness on the Mornington Peninsula found 948 people sought assistance for homelessness from local services: Mornington Community Support Centre, Southern Peninsula Community Support Centre and Westernport Community Support Centre (Mornington Peninsula Shire, 2025). This number is likely to be underestimated due to figures relying on people being responsive to outreach or proactive in making contact. This number represented a 16 per cent increase between 2023/24 and 2024/25. Previous data from the *Census 2021* identified 430 people experiencing homelessness on the Mornington Peninsula, representing a 37 per cent increase from the previous Census in 2016 (ABS, 2021).

Through the *Mornington Peninsula Housing and Homelessness 2025* research, it was identified that respective age groups (12-24, 25-55 and 55+) experience varying challenges and needs (Mornington Peninsula Shire, 2025). Additionally, several key groups were identified within the local population experiencing homelessness, needing consideration due to changing rates or experiences of homelessness:

- Lone person households
- Women
- Young people
- People impacted by family violence
- Employed people
- People with a mental health condition

(Mornington Peninsula Shire, 2025)

In the *Census 2021*, 74 per cent of households were purchasing or fully owned their home, 16.2 per cent were renting privately, and 1.4 per cent were in social housing (Profile i.d., 2021). The proportion of rentals was much lower than for Victoria which had 26.8 per cent renting privately and 2.3 per cent renting social housing (Profile i.d., 2021). Of those in rented accommodation on the Mornington Peninsula, 78.3 per cent reported being satisfied or very satisfied, 11.5 per cent reported being neither satisfied or dissatisfied and 8.4 per cent were dissatisfied or very dissatisfied (VAHI, 2023). Across metropolitan areas, men and women are equally very satisfied or satisfied with rental accommodation (81%) (VAHI, 2023).

There has been a decline in housing and rental affordability associated with the Mornington Peninsula's median house and unit prices outpacing Metropolitan Melbourne as demonstrated by the Shire's *Triple A Housing Plan 2020-2030*. In 2024, 3.5 per cent of rentals in Mornington Peninsula were affordable to low-income households (DFFH, 2024). The *DHHS Rental Report* for the December 2020 quarter also showed that the rental affordability by indicative households on Centrelink incomes for the Mornington Peninsula (4.9%) was considerably less than for the Melbourne Metropolitan area (7.0%) and Victoria (11.4%) (Department of Health and Human Services, 2020).

The lack of appropriate affordable housing, particularly rentals, is the key driver behind the increase in homelessness. Those with high housing costs are particularly vulnerable to cost-of-living increases. Housing stress (spending more than 30 per cent of household income on rent/mortgage) is being experienced by:

- 38.4% of those in private rentals, compared to 30.9% across Victoria.
- 14.9% of those with a mortgage, compared to 15.5% across Victoria.

(Mornington Peninsula Housing Research, 2024)

## Early childhood development

The *Australian Early Development Census (AEDC) 2024* involved a survey of local teachers from government and non-government schools and children from the Mornington Peninsula in their first year of full-time school.

The following tables highlights the *AEDC 2024* results for children in the Shire who are *developmentally at risk* and children who are *developmentally vulnerable* under each of the five domains as of 2021 compared to 2024.

| AEDC Domain         | Developmentally at risk |        |                       | Developmentally vulnerable |        |                       |
|---------------------|-------------------------|--------|-----------------------|----------------------------|--------|-----------------------|
|                     | 2021 %                  | 2024 % | Significant Change    | 2021 %                     | 2024 % | Significant change    |
| Physical            | 12.5                    | 9.8    | Significant decrease  | 6.5                        | 6.1    | No significant change |
| Social              | 10.9                    | 13.3   | Significant increase  | 5.5                        | 6.6    | Significant increase  |
| Emotional           | 10.4                    | 13.2   | Significant increase  | 6.0                        | 7.8    | Significant increase  |
| Language            | 9.2                     | 8.3    | No Significant change | 4.4                        | 4.1    | No significant change |
| Communication       | 13.6                    | 10.4   | Significant decrease  | 3.5                        | 4.3    | No significant change |
| <b>(AEDC, 2024)</b> |                         |        |                       |                            |        |                       |

15.9 per cent of children in the Shire are vulnerable in one or more domains, similar to 2021 at 14.9 per cent and 8 per cent are vulnerable on two or more domains, this is significantly increased from 2021 at 5.8 per cent (AEDC, 2024).

In summary, the data highlights an increased percentage of children developmentally vulnerable in the social and emotion domains and an increased percentage of children developmentally vulnerable in two or more domains (AEDC, 2024).

The National Immunisation Program (NIP) Schedule is a series of immunisations given at specific times throughout childhood and across life stages. When enough people are vaccinated against a disease to prevent it from spreading, this is known as 'herd immunity'. Herd immunity offers indirect protection to people who are immunocompromised or unable to receive vaccination due to age or illness. To achieve herd immunity for infectious diseases, coverage needs to be high. For example, measles is highly infectious, so it needs a coverage rate of about 92 per cent to 94 per cent. Australia's national aspirational coverage target is 95 per cent (DoHA, 2024). Reaching this aspirational target will give the population enough herd immunity to stop the spread of measles and other vaccine-preventable diseases.

The following table outlines the percentage of children who have received the full immunisation program in the January– December 2024, in Mornington Peninsula and Victoria:

| Age stage           | % full coverage, MPS | % full coverage, VIC | Target |
|---------------------|----------------------|----------------------|--------|
| 1 years old         | 91.02%               | 92.67%               | 95%    |
| 2 years old         | 91.02%               | 91.33%               | 95%    |
| 5 years old         | 93.33%               | 94.65%               | 95%    |
| <b>(DoHA, 2024)</b> |                      |                      |        |

## Transport

As is common in most of Australia, people on the Mornington Peninsula depend heavily on motor vehicles for transport. As shown in the *Census 2021*, 59 per cent of Mornington Peninsula households had access to two or more motor vehicles, compared to 53 per cent in Victoria (Profile i.d., 2021). The proportion of households without a motor vehicle was 3.5 per cent compared to Victoria at 7.3 per cent (Profile i.d., 2021), representing 2,412 Mornington Peninsula households without access to a motor vehicle who may depend on the limited public transport system (Profile i.d., 2021).

23.1 per cent of households have regular public transport access (AUO, 2024), posing challenges for many residents in accessing public transport. Difficulties in accessing public transport can impact on an individual's ability to access employment, participate in leisure activities, utilise support services and live independently.

The *Census 2021* showed that while 54.5 per cent of Shire residents both live and work in the area, there are 38.1 per cent or 24,844 people who live in the area and travel outside the area to work (Profile i.d., 2021). Further, *Census 2021* data highlights the following modes used by people on the Mornington Peninsula to get to work (Profile i.d., 2021):

- 54.4% by car, as a driver.
- 22.6% worked at home.
- 3.3% by car, as a passenger.
- 3.4% walked, cycled, or used public transport to get to work on the Mornington Peninsula compared to 7.3% of Victorians.



By comparison, the most common modes of travel to work in Greater Melbourne were car, as a driver (46.5%), worked at home (28.8%) and train (3.6%) (Profile i.d., 2021).

Traffic Accident Commission (TAC) data shows that from June 2022 to June 2024, there were 14 lives lost on Mornington Peninsula roads (Traffic Accident Commission, 2023). Between December 2022 and December 2023, there were 18 injured claimants who were admitted to hospital within 7 days of the accident with a hospital stay of more than 14 days (Traffic Accident Commission, 2023).

## Social participation

The *Victorian Population Health Survey 2023* asked respondents whether they feel valued by society, as a measure of civic trust. Most Mornington Peninsula residents answered “yes, definitely” (48.5%) followed by “sometimes” (37.3%) and “no or not often” (10.1%). These results were relatively like those across Victoria being 47.9 per cent, 34.3 per cent and 14.6 per cent respectively (VAHI, 2023).

Across all metropolitan areas, men and women had similar levels of feeling valued by society (48.3% and 47.6% respectively) (VAHI, 2023). Generally, across Victoria, various adult age groups had similar experiences of feeling valued, except for the 18–24 years age bracket who tended to feel less valued by society (VAHI, 2023).

According to *Census 2021* data, 14.8 per cent of Mornington Peninsula residents volunteered in the previous year, compared to 12.1 per cent across Victoria. The highest rates of volunteering occurred in those aged 40–44 (27.7%), 70–74 (27.4%) and 45–49 (26.5%) (Profile i.d., 2021).

The *Victorian Population Health Survey 2023* reports that 95.2 per cent of respondents from the Mornington Peninsula report they can get help from family or friends. This is higher than the Metropolitan Melbourne average (92.7%).

The arts have a unique capacity to connect people from diverse backgrounds, with the *Connecting Australians: National Arts Participation Survey 2022* found that arts have a place in the lives of 97 per cent of Victorians. Over 4.47 million (4,473) Victorians acknowledge the significant positive impact that the arts have, or 84 per cent of the population aged 15 years and over. This is consistent with 84 per cent in 2019. This is also consistent with the overall Australian data (84% in 2022, 84% in 2019).

Further findings from the study found that two in three Australians believe the arts help us to understand other people and cultures and allow us to connect to others. A significant percentage of respondents report the arts impacting their expression (71%); wellbeing and happiness (61%); dealing with stress, anxiety or depression (61%); and shaping and expressing Australian identity (59%) (Australia Council for the Arts, 2022).

## Health and social services

The accessibility of health care services (including preventative and treatment) can impact on whether people utilise them and how regularly. Mornington Peninsula residents are more likely to have private health insurance than the average Victorian (57.4% compared to 52.3%). Across all

metropolitan areas, women (57.2%) are more likely than men (52.6%) to hold private health insurance (VAHI, 2023).

In 2023, 17.6 per cent of residents said they did not go to a general practitioner when needed (VAHI, 2023). Of these, 6 per cent couldn't get an appointment when needed and 3 per cent said that cost was the reason.

29.7 per cent respondents said that they had waited longer than they felt was acceptable to see a GP in the preceding 12 months, and across all metropolitan areas this figure was higher for women (36.5%) than men (22.6%) (VAHI, 2023).

Across all metropolitan areas, significantly more women (21.8%) than men (15.2%) did not go to a GP when needed. Young adults aged 18–24 years were generally less likely to go to the GP when needed, compared to middle and older age groups (VAHI, 2023).

The *Victorian Population Health Survey 2023* found that on the Mornington Peninsula, 4.1 per cent of residents had cancelled or postponed a cancer screening appointment and 1.2 per cent had such procedures cancelled or postponed by a medical facility (VAHI, 2023). Women (3.6%) were more likely to cancel a screening than men (1.5%) across metropolitan areas.

The *Victorian Population Health Survey 2023* showed 15.2 per cent of residents on the Mornington Peninsula sought help for a mental health related problem compared to Metropolitan Melbourne at 18.9 per cent. Across metropolitan areas, women (22.6%) were significantly more likely than men (14.3%) to seek help for a mental health related problem (VAHI, 2023). Across Victoria, younger age groups 18–24 years, 25–34 years and 35–44 years were far more likely to seek this help (23.3–28.4%) and older groups aged 65–74 years, 75–84 years and 85+ years were far less likely (3.7–8.3%) (VAHI, 2023).

There are a range of social support services in the region, supporting residents with a variety of social concerns including drug and alcohol harm, gambling harm, family violence and insecure housing. Between 2024–25, 948 community members sought assistance for homelessness services, an increase of 16% from the previous year.

## Impacts of climate change

Climate change has been described as the greatest threat to public health in the 21<sup>st</sup> century (World Health Organisation, 2015). It has significant human, environmental and economic impacts (World Health Organisation 2003). Since the industrial revolution, global temperatures have increased by an average of 1°C which has already resulted in extreme climatic changes such as extended heatwaves, droughts, intensified floods and storms, new infectious diseases and destabilised food systems (Sustainability Victoria, 2021). The impacts of these changes on health and wellbeing can be both direct and indirect.

The *Mission Australia Youth Survey 2023* found that 24 per cent of Mornington Peninsula young people aged 15–19 years have experienced the impacts of climate change. Considering issues of personal concern, 21 per cent of local young people are extremely or very concerned about climate change, with a further 42 per cent being somewhat or slightly concerned (Mission Australia, 2023).

The *Mornington Peninsula Shire Climate Change and Health Survey 2023* found from 118 local responses, 75 per cent of respondents agreed that climate change has an impact on our health. Respondents were asked to select the ways that climate change has impacted their health, with most responses related to financial impacts e.g., rise in insurance premiums, increase in the cost of food and lack of availability of food due to extreme weather events and difficulty heating or cooling the home during weather extremes. 19 per cent of residents do not feel prepared to cope with the changing climate. (Mornington Peninsula Shire, 2023).

Heatwaves directly and indirectly impact community health, particularly vulnerable populations such as the elderly (over 65 years), children, people who are pregnant and those with pre-existing medical conditions (Victorian State Government, 2020). During the Victorian heatwave of 2014, there were 621 heat-related presentations to hospital (higher than the expected 105 expected) and an estimated 167 additional deaths. The potential for these events is likely to increase, it is estimated that by 2050 an extra 402 deaths may occur per year in Victoria if no adaptation measures are taken (Victorian State Government, 2020).

Extreme weather events such as flooding, bushfire or storms, as well as extreme heat and humidity, can impact mental health through triggering anxiety, depression, grief, post-traumatic stress syndrome (PTSD), survivor guilt, vicarious trauma, recovery fatigue, substance abuse and suicidal ideation. An increase in extreme weather events such as bushfires and flood has also been shown to result in an increase in family violence. The social dislocation, reduced community cohesion, economic hardship are all factors likely to increase aggression and family violence (Victorian State Government, 2020).

In 2023, South East Councils Climate Change Alliance (SECCCA) identified a number of priority population groups who are more vulnerable to the impacts of climate change. The following priority groups were found to be the most vulnerable on the Mornington Peninsula Shire, due to a combination of social and geographical factors, when climate disasters occur:

- People from a non-English speaking background
- Single mothers
- Low-income households
- Older adults with high care needs
- People experiencing homelessness or insecure housing
- People who work outside, including farming and agricultural workers

Other identified priority groups significantly impacted by climate disasters across the south-east region include young people, first nations people, non-English speaking people who have recently arrived in Australia and older people.

The SECCCA report specifically identified the coastal area extending from Safety Beach to Capel Sound due to the significant social vulnerabilities, including higher levels of homelessness, young people and older adults, people with a disability, those on a low income in combination with heightened climate vulnerability, specifically to coastal processes, such as inundation caused by tidal flooding and storm events (SECCCA, 2023).

In their report *Linking Climate Change and Health Impacts*, Sustainability Victoria (2020) describe the survey results from both community members and healthcare professionals, which found:

- 51 per cent of Victorians are in housing that gets too cold during winter and too hot during summer.
- 45 per cent of Victorians residing in public housing have reported leaving their homes during extreme temperatures due to thermal discomfort.
- Victorian healthcare professionals are already seeing climate change-related health conditions in their communities such as thunderstorm asthma, heat stress or heatstroke, pollen-related allergies, and lung conditions from increased air pollution.
- Depression or severe anxiety related to climate change was noted by half of surveyed healthcare professionals.
- Approximately one third (higher in regional areas) of healthcare professionals report dealing with insect-borne diseases and illnesses caused by contaminated food or water.
- Young people are more aware of climate change-related health impacts and more likely to experience strong negative emotions.
- Around half of young Victorians report extreme feelings of frustration, fear, sadness and outrage.
- One third of healthcare professionals believe poor quality housing is already a “major health problem” in Victoria.
- Victorians’ knowledge of healthy indoor temperatures is dangerously low with around half significantly over or underestimating healthy temperatures during summer and winter.

(Sustainability Victoria, 2021)

## Individual health-related behaviours

An individual’s health-related knowledge, attitudes and behaviours result from, and are responses to, the wider social determinants of health. Health inequities are influenced by behaviours including tobacco use, harmful alcohol consumption, unhealthy eating, and inadequate physical activity.

## Community safety

For the year ending March 2025, a total of 9,535 offences were recorded in the Mornington Peninsula Shire, an increase of 24 per cent from a total of 7,688 offences recorded in 2024 (Crime Statistics Agency, 2024).

The following table shows the number of criminal incidents for the Mornington Peninsula Shire in 2023–24 as reported by Victoria Police:

| Type of crime   | Number of criminal incidents |       |
|---|------------------------------|-------|
|   | 2024                         | 2023  |
| Crimes against the person<br>(homicide, assault, sexual offences, robbery, abduction, extortion, blackmail, stalking, harassment, endangering people) | 1,231                        | 1,164 |

|  |       |       |
|--|-------|-------|
| Property and deception offences<br>(arson, property damage, burglary/ break & enter, theft, deception, bribery)                    | 4,656 | 3,882 |
| Drug offences<br>(dealing and trafficking, cultivating/manufacturing, use and possession, other)                                   | 311   | 285   |
| Public Order and Security Offences<br>(weapons and explosives, disorderly and offensive conduct, public nuisance, public security) | 336   | 431   |
| Justice procedures offences<br>(justice procedures, breaches of orders)  | 1,137 | 1,180 |
| Other offences<br>(regulatory driving, transport regulation, other government regulatory, miscellaneous)                           | 34    | 32    |

For the year ending March 2024, the top five offence subgroups were:

1. Theft (2,486 up from 1,949 in the previous year)
2. Breaches of orders (987 up from 970 in the previous year)
3. Burglary/ Break and enter (949 up from 799 in the previous year)
4. Property Damage (798 up from 761 in the previous year)
5. Assault and related offences (794 up from 746 in the previous year)

(Crime Statistics Agency, 2024)

In 2024, the number of reported incidents of sexual violence offences on the Mornington Peninsula for females was 229 and males, 54. The Victorian State average was 119.7 females and 21.2 males. 112 females and 52 males reported stalking, harassment and threatening behaviours, compared to a Victorian average of 67.5 female and 35.5 males (Victorian Women's Health Atlas, 2023).

## Loneliness and social connection

The *Victorian Population Health Survey 2023* found that one in five (20.3%) of Mornington Peninsula residents experience feeling loneliness, compared with 23.3 per cent across Victoria (VAHI, 2023). Men were less likely to report feeling loneliness compared to women (18.8% and 21.5%) (VAHI, 2023). When intersecting household type and loneliness, reports of feeling loneliness were highest for men (37.7%) and women (38.7%) when living alone, in Victoria.

When intersecting age and loneliness, data highlights people across the lifespan feel lonely and young people have the highest rates of loneliness. The following table highlights differences of loneliness across the lifespan, in Victoria.

| Age range     | Percentage experience loneliness, Victoria |       |        |
|---------------|--|-------|--------|
|               | Men  | Women | People |
| 18 – 24 years | 31.2                                       | 32.5  | 32.1   |
| 25 – 34 years | 25.4                                       | 25.9  | 26.0   |
| 35 – 44 years | 23.7                                       | 25.5  | 24.8   |
| 45 – 54 years | 20.8                                       | 24.1  | 22.7   |

|               |      |      |      |
|---------------|------|------|------|
| 55 – 64 years | 19.2 | 24.2 | 22.0 |
| 65 – 74 years | 15.3 | 19.9 | 17.7 |
| 75 – 84 years | 10.2 | 12.8 | 11.7 |
| 85+ years     | 15.0 | 20.6 | 17.8 |
| (VAHI, 2023)  |      |      |      |

The *Victorian Population Health Survey 2020* measured multiple indicators representing social capital, with results including the following:

| Indicator   | Mornington Peninsula | Victoria |
|---|----------------------|----------|
| Social Capital – Feeling of trust – Most people could be trusted.<br>Response: Yes, definitely                          | 32.0%                | 36.1%    |
| Social Capital – Tolerance of diversity – Multiculturalism makes life in your area better.<br>Response: Yes, definitely | 61.5%                | 63.5%    |
| Social Capital – Feelings of being valued by society.<br>Response: Yes, definitely                                      | 48.9%                | 51.6%    |
| (VAHI, 2020)  |                      |          |

While the table above, shows strong social connectedness results, it also highlights significant proportions of people who do not trust others, appreciate multiculturalism, or feel valued by society.

The *Victorian Population Health Survey 2023* found 13.1 per cent of Mornington Peninsula adult residents reported experiencing discrimination (reportedly related to a range of personal, health or social factors), compared to 15.8 per cent of Victorians (VAHI, 2023). Adults across metropolitan areas (16.3%) were more likely to report experiencing discrimination compared with rural areas (14.2%). Within metropolitan regions women (17.8%) were slightly more likely to experience racism than women (14.3%) (VAHI, 2023).

## Mental health and wellbeing

Wellbeing is a vital personal and community asset. Good mental health and wellbeing contribute to increased learning, creativity and productivity outcomes as well as better relationships, improved health and longer life expectancy (DoH, 2025).

Mental health conditions are one of the top five causes of burden of disease and death in Australia. They refer to a range of disorders that affect a person's mood, thinking, behaviour and emotional wellbeing and include depression, anxiety disorders, personality disorders and eating disorders. These conditions can impact how a person feels, interacts with others and functions in daily life.

Mental health conditions can be caused by a combination of genetic, biological, environmental, and psychological factors. Compared to the general population, people with mental illnesses are more likely to develop physical illnesses such as cardiovascular disease, respiratory disease,



and cancer; and have a reduced life expectancy. Based on pooled data from 2019 to 2023, the Mornington Peninsula Shire recorded an age-standardised suicide rate of 13.4 deaths per 100,000 population, which represents a total of 113 suicide deaths during that time. This rate is calculated over a five-year period to ensure statistical reliability for smaller geographic areas. In comparison, the Victorian state average in 2023 was 11.7 per 100,000, and the national Australian average was 12.0 per 100,000. Both based on single-year data. These figures indicate that the Mornington Peninsula Shire has a higher suicide rate than both the state and national averages. Males accounted for most suicide deaths across all levels (AIHW, 2023). Rates of suicide, suicidal ideation and suicide attempts are more prevalent amongst men compared to women, young people, older people, First Nations people, LGBTIQ+ people and people with disability.

Often stigmatised, mental health conditions are interconnected with other health and wellbeing challenges, such as alcohol, drug, tobacco/vaping and gambling harm, unhealthy eating, physical inactivity, family violence and homelessness. As such, prevention efforts that support protective factors at the personal, interpersonal and community level for mental health will have co-benefits for health and wellbeing priority areas.

The *Victorian Population Health Survey 2023* results found that 15.2 per cent (17.8% for women and 12.6% of men) of Mornington Peninsula residents had sought professional assistance for a mental health problem in the last 12 months, compared to 19 per cent across Victoria (22.7% for women and 14.3% for men) (VAHI, 2023).

## Family violence and gender equality

Family violence is a serious problem impacting the health and wellbeing of individuals, families and the broader community and refers to any behaviour perpetrated against a family member that causes harm or distress. It includes financial, physical, emotional, and sexual abuse and neglect. The underlying driver of family violence, specifically violence against women and their children is gender inequality. Between March 2023 – March 2024:

- 2,281 Family violence incidents recorded by police on the Mornington Peninsula, compared to 1,950 in 2022-23. Of these:
  - 74.5% of victims were female and 25.5% were male.
  - 34.3% of incidents a child or children were present.
  - 91.2% of family violence incidents occurred in the home.
- The rate of offences increased by 24.6% (per 100,000), compared to 2022-23.
- 22.4% of all criminal offences related to family violence incidents on the Mornington Peninsula.

**NB:** Many family violence incidents, including sexual abuse are not reported to police. Consequently, the above data is unlikely to capture the full scale of the issue in our municipality. (Crime Statistics Agency, 2024)

Elder abuse is a broader form of family violence where harm is caused to an older person and includes emotional abuse, neglect, financial abuse, physical, social and sexual abuse. Health and wellbeing impacts include emotional and physical harm as well as financial loss of home and belongings. Elder abuse is unique as it can also occur outside of the family context (for example, in aged care) and be perpetrated by friends and non-family members trusted by the older person, including abusive behaviours by staff and other residents.

The driver underlying the social condition of elder abuse is ageism, the way people are treated differently as they age. Negative attitudes associated with ageing mean that it can be seen as a time of decline, loss and vulnerability.

The *Seven Years of Elder Abuse Data in Victoria*, published by Seniors Rights Victoria in partnership with the National Ageing Research Institute, analysed seven years of advice call data to inform the report and found:

- 63% of clients experienced psychological abuse, 62% experienced financial abuse, 16% experienced physical abuse and 11% experienced social abuse.
- 91% of all abuse was perpetrated by a family member, with 39% being sons and 28% daughters.
- The majority of perpetrators were men (54%).
- Drug, alcohol or gambling issues contributed to an average of 35% of perpetrators.

(Seniors Rights Victoria, 2020)

For women aged 15–45 years, family violence is the leading cause of death and disability and the greatest contributor to ill-health and poor mental health (Women's Health Atlas, 2023). It is also the leading driver of homelessness among all women and leads to at least one Australian woman being killed each week by a current or former partner (Women's Health Atlas, 2023).

For Mornington Peninsula residents, the *Women's Health Atlas* highlights that:

- 41.2% of women felt 'very safe' or 'safe' walking along in their local area after dark, compared to 82.3% of men.
- Female victims of sexual offences outnumber male victims by a ratio of more than 6 to 1. In the 2-year period 2021–2022, 75.6% of alleged sexual offenders were known to female victims.
- For women on the Mornington Peninsula, there were 4.79 female victim reports per 10,000 total persons for stalking, harassment and threatening behaviours in 2022. This compares to 2.72 reports per 10,000 persons for men on the Mornington Peninsula.

(Women's Health Atlas, 2023)

While family violence can affect anyone within our community, some people are at heightened risk, as their experience of family violence may be compounded by the disadvantage and discrimination they experience in their daily lives. Women with a disability or long-term health condition, First Nations women, migrant and refugee women, women living in rural and remote areas, older women and people who identify as LGBTIQ+ all experience violence and abuse at higher rates (National Plan to End Violence Against Women, 2022–2032).

Gender inequality affects all Victorians in a range of ways including but not limited to:

- Nationally, women's retirement superannuation balances are 47% lower than men's (Gender Equity Victoria, 2020).
- Australia's average total gender pay gap is 21.8%, this equates to women earning \$28,425 less than men a year (WGEA, 2023)
- Women are underrepresented in senior leadership positions with 22% of CEO positions held by women and 26% of boards have no female representation, across all industries (WGEA, 2023).

- On average, women do 32 hours of unpaid work and care a week, 9 hours more than men. On the Mornington Peninsula, 33% of females over 15 years old do more than 15 hours of unpaid domestic work per week (ABS, 2021).

## Sexual and reproductive health

Sexual and reproductive health is a fundamental human right, including the right to healthy and respectful relationships, the right to exercise reproductive choices, access to accurate information, and access to timely and effective health services that are affordable, inclusive, safe, and appropriate. Women, girls, and gender-diverse people often experience disproportionality poorer sexual reproductive health outcomes due to factors like biology, gender inequality, discrimination and violence. Sexual and reproductive concerns for women can include menstruation, fertility, preventive screening, contraception, abortion, pregnancy, childbirth, pregnancy loss, sexually transmissible infections, health conditions (such as endometriosis, polycystic ovary syndrome, menstrual disorders) and menopause/early menopause.

In 2023, the rate of chlamydia in the Mornington Peninsula Shire was 14.01 cases per 10,000 women and 11.54 cases per 10,000 men, compared to 16.3 per 10,000 and 18.7 per 10,000 respectively in Victoria (Women's Health Atlas, 2023). The rate of gonorrhoea amongst Mornington Peninsula residents in 2023 was 2.19 cases per 10,000 women and 3.2 cases per 10,000 men (Women's Health Atlas, 2020). Globally and at a local level, sexually transmitted infection rates are increasing year on year presenting emerging and serious health consequences including infertility, congenital transmission and organ damage (Women's Health Atlas, 2023).

Oral contraceptives are the most commonly prescribed form of contraception in Victoria, although health professionals regard Long Acting Reversible Contraceptives (LARC) as best practice (Women's Health Atlas, 2023). In 2023 on the Mornington Peninsula, 6.04 per 1,000 women used an IUD (Intra Uterine Device) compared to 6.9 per 1000 women in Victoria, while 4.95 per 1,000 women used a contraceptive implant, compared to 7.3 per 1000 women in Victoria (Women's Health Atlas, 2023).

Nationally, 38.4 per cent of sexually active students in years 10, 11 and 12 practice safe sex by always using a condom, compared to 12.8 per cent who never use a condom (La Trobe University, 2019). Furthermore, the most common forms of contraception used in this age group are condoms (53.5%), the contraceptive pill (41%) and the withdrawal method (19.6%) (La Trobe University, 2019). Notably, it has been found that 36.5 per cent of sexually active adolescents in Victoria do not practice safe sex (Social Stats, 2021).

National cancer screening programs are available in Australia to detect breast, bowel, cervical and lung cancers. Early detection through screening can significantly improve treatment outcomes and survival rates. Eligible women's overall participation rates in breast and cervical screening programs are as follows:

|  | Mornington Peninsula (%) | Metro South- East region (%) | Victoria (%) |
|--|--------------------------|------------------------------|--------------|
|--|--------------------------|------------------------------|--------------|

|                                     |      |      |      |
|-------------------------------------|------|------|------|
| Breast screening, 2-year coverage   | 46.9 | 48.4 | 49.5 |
| Cervical screening, 5-year coverage | 79.4 | 82.8 | 78.2 |

## Physical activity and active living

Physical activity refers to all movement. Popular ways to be active include walking, bike riding, wheeling, sports, gardening and play and can be done at any level of skill and for enjoyment. Physical activity has a number health, wellbeing and environment co-benefits including physical and mental health, community connection and reduced reliance on motor vehicles.

The *Victorian Population Health Survey 2023* found that 39.6 per cent of Mornington Peninsula residents did at least 150 minutes of moderate to vigorous physical activity every week, greater than the Victorian average of 35.1 per cent. 13.3 per cent of residents report not doing any moderate to vigorous physical activity, compared to 16.8 per cent across Victoria (VAHI, 2023).

The *Living Ripples Student Resilience Survey, 2024* shares insights from students attending school on the Mornington Peninsula. 86 per cent of girls and 89 per cent of boys in years 3–6 and 73 per cent of young women and 88 per cent of young men report being physically active for at least one hour per day.

The *VicHealth Sports Participation Research Project, 2022* analysed participation rates of 10 community sports, across all ages. In 2022, the participation rate on the Peninsula was 20.1 per cent, compared to 14.1 per cent across Victoria. Victorian rates are higher for males than females with 18.6 per cent of males and 9.7 per cent of females participating in organised community sport. This is consistent across all age groups. Participation rates are highest among children and adolescents (10–14 years) at 57 per cent and drops significantly during late adolescence (15–19 years) at 32 per cent (VicHealth, 2022).

The *Victorian Population Health Survey 2023* shows the proportion of adults in Mornington Peninsula who sat for 7 or more hours per day was 23 per cent, compared to 32.6 per cent of adult Victorians.

## Healthy eating and food security

Healthy eating is termed as eating a variety of food that provide the nutrients required to maintain health. Having access to sufficient, safe, and nutritious food that meets dietary needs and preferences is strongly linked with good physical and mental health. Food security is influenced by food availability; access (through purchase, production, or assistance); utilisation (cooking techniques, adequate storage, and safe food handling); and stability (access to food over time, including in times of crisis).

The *Victorian Population Health Survey 2023* captures self-reported fruit, vegetable and sugar-sweetened drinks intake:

|  | Mornington Peninsula (%) | Victoria (%) |
|--|--------------------------|--------------|
|--|--------------------------|--------------|

|  | Women | Men  | Total | Women | Men  | Total |
|--|-------|------|-------|-------|------|-------|
| Meet daily fruit consumption guidelines                | 38    | 32.7 | 36.1  | 37.6  | 32.7 | 35.2  |
| Meet daily vegetable consumption guidelines            | 11.7  | 3.8  | 7.9   | 9.1   | 2.3  | 5.7   |
| Meets daily fruit and vegetable consumption guidelines | 6     | --   | 4     | 5.6   | 1.4  | 3.5   |
| Daily consumer of sugar sweetened soft drinks          | 10    | 18.9 | 14.1  | 14.9  | 23.4 | 19    |
| <b>(VAHI, 2023)</b>                                    |       |      |       |       |      |       |

The *Victorian Population Health Survey 2023* assessed food insecurity, asking residents whether they ran out of food and couldn't afford to buy more. On the Mornington Peninsula, 5.3 per cent of people answered 'yes' to this question, while across Victoria the figure was 8 per cent (VAHI, 2023). Men and women across metropolitan regions experienced equal levels of severe food insecurity in the previous year (7.8–7.9%) (VAHI, 2023). Earlier data from the *Victorian Population Health Survey 2014* showed that the Mornington Peninsula proportion remained relatively similar from 5 per cent, whereas the statewide prevalence was previously 3.6 per cent demonstrating a significant increase in food insecurity across Victoria (Victorian State Government, 2014).

Both surveys also investigated the number of people who worried about food insecurity. In 2023, 10.8 per cent of residents had 'definitely' worried about running out of money to buy food in the last 12 months, with a further 10.7 per cent 'sometimes' worrying about this (compared with 9.9% and 15.7 per cent respectively across Victoria) (VAHI, 2023). Across all metropolitan areas, 8.3 per cent of men 'definitely' worried about food insecurity, compared to 10.1 per cent of women (VAHI, 2023).

## Alcohol and drug-related harm

The health burden of alcohol and other drug use is considerable and includes hospitalisation from injury and other related disease, mental illness, pregnancy complications, overdose and mortality. As well as serious health impacts that alcohol and other drug use can cause, long-term alcohol and other drug misuse can lead to social problems including under and unemployment, family cohesion and relational impacts, family violence and homelessness.

Alcohol is a significant drug of concern in Victoria and on the Mornington Peninsula. This was the highest of all the local governments in the Bayside Peninsula Catchment. The municipality has a high rate of ambulance attendances (391.8 per 100,000 people) and alcohol-related hospital admissions (775.1 per 100,000 people, during 2021/22). In 2021, the rate of deaths connected to alcohol consumption, was 207 per 100,000 population (Turning Point, 2024).

The *Victorian Population Health Survey 2023* found that while 12.1 per cent of Mornington Peninsula residents did not consume alcohol in the preceding year (21.2% for Victoria), 23.1 per cent of residents were at increased risk of harm from alcohol-related disease or injury (significantly higher than 13.1% across Victoria). Mornington Peninsula figures were also significantly higher than those across metropolitan areas which showed 16.5 per cent of men and 7.4 per cent of women were at increased risk of harm (VAHI, 2023).

Alcohol indicators include risk of short-term harm from alcohol consumption (five drinks or more on a single occasion), very high risk of short-term harm from alcohol consumption (11 or more drinks on a single occasion) and respondents' attitude towards getting drunk to the point of losing balance.

The *National Drug Strategy Household Survey 2019* found that across Australia, the volume of alcohol consumed in a single episode tended to be higher among males and among younger people (Australian Institute of Health and Welfare, 2020). The survey also found that while daily alcohol consumption tends to rise steeply with age, the consumption of 11 or more standard drinks on at least a monthly basis declined steeply with age.

The *Frankston, Mornington Peninsula Sporting Clubs Health & Wellbeing Survey 2019* found that 42 per cent of respondents consume alcohol from clubs, with 11 per cent of respondents indicating alcohol consumption or related harm is an issue (Peninsula Health, 2019). Comments left by survey participants indicated that parents/adults consuming alcohol at games in view of children, especially at junior sporting games, was an issue. Furthermore, the general drinking culture and youth drinking habits was of concern. Recommendations made based on survey responses included limiting alcohol consumption at junior sporting events, creating a positive culture that promotes responsible drinking and exploring alternative fundraising sources to alcohol (Peninsula Health, 2019).

While a proportion of the community, particularly people aged 30 years and over, is at risk of chronic alcohol-related harms, younger people are at risk of acute alcohol-related harms particularly during peak tourist season and schoolies. Analysis of the socio-economic determinants of harm within the municipality indicates the communities in Hastings, Rosebud, Tootgarook and Capel Sound are at an elevated risk of alcohol related harms. Analysis of the three venue specific risk factors, namely venue size, trading hours and operating as a gaming venue indicates there is a concentration of high-risk venues in Mornington and Hastings.

## Gambling-related harm

There are currently 16 gaming venues and 823 operating electronic gaming machines (EGMs) on the Mornington Peninsula. In Victoria EGMs are only permitted in hotels, clubs and racing clubs. In 2023–24, the expenditure on EGMs for Mornington Peninsula was \$87,818,239. This was higher than the average for Victoria (\$53.1 million) and metropolitan municipalities (\$77.6 million).

A general population survey, undertaken in 2018, assessed types of gambling participation and found that 20.4 per cent played the pokies and that there was a growth in online gambling with 19.2 per cent of Victorian adults who gambled and bet online (Victorian Responsible Gambling Foundation, 2019).

EGMs were found to account for 37.7 per cent of gambling harm in Victoria. About 6.1 per cent of Victorian adults were found to be harmed by someone else's gambling. In addition, 70 per cent of gambling harm was found to be experienced by people whose behaviour was not classified as problem gambling. In general, the study demonstrated that self-reported life satisfaction is likely to be lower for people engaged in gambling. People in the problem gambling category



were also likely to have higher alcohol consumption and daily smoking (Victorian Responsible Gambling Foundation, 2019).

Just two per cent of respondents in the *Frankston, Mornington Peninsula Sporting Clubs Health & Wellbeing Survey 2019* reported gambling to be an issue at their club (Peninsula Health, 2019).

## Tobacco smoking and e-cigarette (vape) use

Tobacco use continues to be the leading contributor to burden of disease and premature deaths in Victoria, despite considerable progress in reducing smoking rates. Tobacco use is responsible for 9.3 per cent of disease burden and 13.3 per cent of deaths in Australia. There are concerns this will increase with the uptake of e-cigarette (vape) use. Vapes are devices that deliver an aerosol by heating a solution that users breathe in. The solution may or may not contain nicotine.

Tobacco-related health impacts through use, harms others through second-hand exposure and negatively impacts our environment. Smoking increases the risk of chronic diseases such as heart disease, diabetes, kidney disease, eye disease, stroke, dementia, certain cancers (for example, oral cancer), gum disease and respiratory diseases such as asthma, emphysema, and bronchitis.

A significant cause for concern is the potential for another generation of young people to become addicted to nicotine through vapes, undermining years of progress in reducing tobacco-related harm. While e-cigarettes have not been around long enough for us to know the long-term impacts, we do know that use of vapes (even short-term use) has resulted in poisoning, acute lung injury, injuries and burns, toxicity and death, and neurological conditions, including seizures.

The *Victorian Population Health Survey 2023* found that 12.1 per cent of Shire residents reported being a daily smoker, 4 per cent an occasional smoker and 33.4 per cent an ex-smoker (VAHI, 2023). This is in line with Victoria at 10 per cent for daily smoker, 4 per cent occasional smoker and 22.3 per cent for ex-smoker. The *Victorian Population Health Survey 2023* found that the number of daily smokers on the Peninsula had remained relatively consistent. Across metropolitan areas 9.4 per cent men and 7.8 per cent of women smoke tobacco daily (VAHI, 2023).

The total number of people who smoke or vape on the Mornington Peninsula was 17.9 per cent, similar to the Victorian average of 18.5 per cent (VAHI, 2023). Across metropolitan areas this number was significantly higher for men (22.4%) than women (14.7%). Across metropolitan areas, men (5.7%) were more likely to use e-cigarettes than women (4%) (VAHI, 2023).

The *Victorian Population Health Survey 2023* found that 3.1 per cent of Mornington Peninsula residents used e-cigarettes daily, slightly below the Victorian average of 4.5 per cent. Weekly or monthly frequency of use data was not available for the Peninsula; however, this percentage was 1.9 per cent for Victoria (VAHI, 2023).

The *Victorian Smoking and Health Survey 2022* reached 12,000 adults and found that the use of e-cigarettes was most widespread among young adults, particularly males, with 11.2 per cent of

18–24-year-old males and 9.2 per cent of females the same age, currently using these products (Cancer Council Victoria, 2022).

According to the *Communities That Care Youth Survey 2018*:

- Prevalence for lifetime tobacco use increases with increasing year level from less than 1% in year 6 to more than 10% in year 9.
- Prevalence for past-month tobacco use increases from 0% in year 6 to 6.1% in year 9.
- Lifetime tobacco use has decreased in year 7 from 2012 (7.8%) to 2018 (3.8%).
- Lifetime and past-month tobacco use has decreased in year 9 students from 26.4% and 12.3% in 2012 to 12.7% and 6.1% in 2018 respectively.

(Mornington Peninsula Shire, 2018)

The *Frankston, Mornington Peninsula Sporting Clubs Health & Wellbeing Survey 2019* showed 8 per cent of respondents were current smokers, while 39 per cent indicated smoking at their clubs was a source of bother (Peninsula Health, 2019). Most respondents (90%) indicated that they thought the clubs had a responsibility of protecting members from second-hand smoke harm.

The *National Drug Strategy Household Survey 2019* found that in general, Australian males are more likely to smoke than females (Australian Institute of Health and Welfare, 2020). The survey also found that smoking surges among people aged 18–24 years and remains relatively stable before subsiding in older age. Across Australia, the survey found that 11 per cent of people aged 14 years or more had ever smoked e-cigarettes, and 2.5 per cent were current users.

## Differences in health and wellbeing outcomes

This layer of influence highlights the differences in health and wellbeing outcomes, as seen in life expectancy, mortality rates, morbidity rates and self-rated health, which are viewed as a result of the social determinants of health inequities.

### Life expectancy

According to the Australian Institute of Health and Welfare, for those born in 2020–2022 the life expectancy is 81.2 years for men and 85.3 years for women (Australian Institute of Health and Welfare, 2024). For First Nations people born in 2020–2022, males can expect to live to the age of 71.9 years and females can expect to live to the age of 75.6 years.

### Mortality

According to the Australian Bureau of Statistics, there were 1,550 deaths in 2019 on the Mornington Peninsula, with a standardised death rate of 4.7 per 1,000 people (Australian Bureau of Statistics, 2019). This compares to a Victorian standardised death rate of 5.3 in 2019.

### Morbidity

The table below outlines the proportion of Mornington Peninsula and Victoria residents who are overweight or obese. The number of people who are overweight on the Mornington Peninsula has increased between 2020 and 2023, at a much faster rate than those across Victoria. The

proportion of people who are obese has also increased, but at a much closer rate to the statewide increase (VAHI, 2020; VAHI, 2023).

| Mornington Peninsula                                  |       |       | Victoria |       |
|---|-------|-------|----------|-------|
| Year  | 2017  | 2023  | 2017     | 2023  |
| Overweight (BMI 25-30)                                | 29.3% | 35.8% | 30.1%    | 31.4% |
| Obese (BMI 30+)                                       | 20.7% | 22.7% | 20.9%    | 23.0% |
| <b>(Victorian State Government, 2020; VAHI, 2023)</b> |       |       |          |       |

Across metropolitan areas, men were far more likely to be overweight (BMI 25+) compared with women (58.8% compared with 46.3%) (VAHI, 2023). For both men and women, the highest rates of overweight were seen in the middle age groups of 45-54, 55-64 and 65-74 with rates ranging from 68.7-71.8 per cent for men and 54.7-59.7 per cent in women within these age groups (VAHI, 2023).

The 2021 Census found the most common long-term health condition In the Shire, was arthritis, while 37.0 per cent of the population reported one or more health conditions, a higher rate than in Greater Melbourne (29.5%).

| Long-term health conditions      | Number | Percentage | Greater Melbourne (%) |
|----------------------------------|--------|------------|-----------------------|
| Arthritis                        | 19,782 | 11.7       | 6.9                   |
| Asthma                           | 15,094 | 8.9        | 7.9                   |
| Cancer (including remission)     | 7,858  | 4.7        | 2.5                   |
| Dementia (including Alzheimer's) | 1,839  | 1.1        | 0.7                   |
| Diabetes                         | 7,726  | 4.6        | 4.5                   |
| Heart disease                    | 9,434  | 5.6        | 3.3                   |
| Kidney disease                   | 1,824  | 1.1        | 0.8                   |
| Lung condition                   | 3,661  | 2.2        | 1.2                   |
| Mental health condition          | 16,505 | 9.8        | 8.1                   |
| Stroke                           | 2,256  | 1.3        | 0.8                   |
| Other long-term health condition | 14,271 | 8.4        | 7.8                   |
| <b>(ABS, 2021)</b>               |        |            |                       |

## Self-rated health status

The *Victorian Population Health Survey 2023* measured the proportion of people experiencing poor to excellent self-reported health status, with those results highlighted in the following table:

| Mornington Peninsula |       |       |      | Victoria |       |      |
|----------------------|-------|-------|------|----------|-------|------|
|                      | Total | Women | Men  | Total    | Women | Men  |
| Excellent/Very Good  | 42.2  | 45.8  | 38.5 | 39.8     | 40.1  | 39.8 |
| Good                 | 39.1  | 37.0  | 41.1 | 38.3     | 38.1  | 38.6 |
| Fair/Poor            | 17.9  | 16.1  | 19.9 | 20.9     | 20.7  | 20.8 |
| <b>(VAHI, 2023)</b>  |       |       |      |          |       |      |

Subsequently, the *Victorian Population Health Survey 2023* measured levels of psychological distress with the following results for Mornington Peninsula residents:

- 56.1% reported low psychological distress, compared with 49.7% across Victoria
- 24.3% reported moderate psychological distress, compared with 25.2% across Victoria
- 15.1% reported high or very high psychological distress compared with 19.1% across Victoria

(VAHI, 2023)

The *Mission Australia Youth Survey 2023* showed the following for Shire residents:

- 25% of young people identify as a person with a mental health condition
- 43% of young people are extremely or very concerned about coping with stress
- 37% of young people are extremely or very concerned about body image.

(Mission Australia, 2023)

Subsequently, the *Victorian Population Health Survey 2023* measured life satisfaction in Mornington Peninsula residents as well as across Victoria, with results as follows:

|                     | Mornington Peninsula | Victoria |
|---------------------|----------------------|----------|
| Low or medium       | 18.9                 | 21.9     |
| High                | 49.6%                | 50.7%    |
| Very High           | 29.8%                | 26.0%    |
| <b>(VAHI, 2023)</b> |                      |          |

This study also found that across metropolitan regions, men were slightly less likely than women to experience very high life satisfaction (24.3% to 26.4%) and slightly more likely to experience low life satisfaction (6.4% to 5.9%) (VAHI, 2023).

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