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Health & Wellbeing Engagement Report

Developing the new
Community and Council Plans

Introduction

Under the *Public Health and Wellbeing Act 2008*, Council is required to prepare a Municipal Public Health and Wellbeing Plan (MPHWP) every four years, within 12 months of a general Council election. Knox City Council have chosen to integrate this plan with their Council and Community Plans which also must also be updated every four years, following general Council elections. The Council and Community Plans set out a vision statement for the community, with a number of shared goals and strategies identified to achieve this vision. These plans further outline the role and focus of council for the next four years. The MPHWP on the other hand, must examine and address data pertaining to the health status and health determinants in the municipality. Although, this plan must be consistent with the Council Plan. Furthermore, the MPHWP must identify goals and strategies based off this data to create a community in which people can achieve maximum health and wellbeing. The *Public Health and Wellbeing Act 2008* further requires Council to involve local community members in the development, implementation and evaluation of the plan.

This document aims to explain, summarise and present findings from a range of different community engagement activities undertaken to fulfil these requirements and inform the 2021 MPHWP. In order to fulfil these requirements, the Community Wellbeing Department have conducted a range of health and wellbeing community engagement activities with the Knox community, stakeholders and council staff.

In preparation to undertake these engagement activities, the most recent data was used to establish current pressing health issues in the Knox community. Although family violence was identified as an issue through research, Council is mandated by the Department of Family, Fairness and Housing (DFFH) to act on family violence and climate change. As a result, both of these topics were added to the other topics found to be pertinent through research.

An extensive range of data sources were consulted including, but not limited to: the Victorian Population Health Survey 2017 and 2018, the Knox Covid-19 Community Impact Survey, the Crime Statistics Agency website and a range of Department of Health and Human Services resources. Using these documents, the six key health challenges currently faced by the Knox community are:



To understand the perspectives of the community, stakeholders and staff on these key issues, tailored engagements were devised for each audience. In addition to these topics participants were also encouraged to contribute other topics of concern in each method of engagement. These engagement used a variety of methods including online and paper based surveys as well as workshops, to allow for greater depth and breadth of information, in addition to a greater reach within the community. Furthermore, in order to optimise participation a staggered approach to engagements was taken. *Table 1* provides an overview of all community engagement methods used.

This data collection exercise had a variety of limitations that impeded the results, the most significant of these being time, which impacted preparation, promotion and therefore attendance rates at workshops.

Engagement methods

Engagement Method	Timeline	Participants	Promotion Method	Description	Materials used in engagement
Stakeholder Workshop	3 rd March 2021, 10am – 12pm via Zoom	<p>16 participants from 13 organisations</p> <ul style="list-style-type: none"> Boronia Community Church of Christ (BCCOC) Community Pharmacy Department of Families, Fairness and Housing (DFFH) Eastern Access Community Health (EACH) Eastern Community Legal Centre, Gamblers Help Knox InfoLink Inc. Migrant Information Centre Outer Each Primary Care Partnership (OEPCP) Regional Family Violence Partnership (RFVP) Shree Swaminarayan Temple Society Australia Melbourne Temple Society Australia Victorian Council of Churches (VCC) Emergencies Ministry <p>27 individuals registered for the event.</p>	<ul style="list-style-type: none"> Promoted via direct email to local organisations and connections and council newsletters. 	<ul style="list-style-type: none"> The workshop was designed and facilitated by Mosaic Lab. In small breakout rooms, participants had conversations about each key health topic and were encouraged to contribute any other they thought to be essential. Further conversations were facilitated around aspirations for health and wellbeing in Knox over the next four years, and what changes may need to occur, or stay the same to address these aspirations. Online platform Group Maps was used to record main conversation points for each topic and discussion. 	Participants were provided with brief fact sheets (see <i>Appendix 1</i>) introducing the six key health challenges identified in Knox.
Community Workshop	4 th March 2021, 6pm – 8pm via Zoom from	<p>14 participants.</p> <p>29 individuals registered for the event.</p>	<ul style="list-style-type: none"> Promoted on Council social media accounts, newsletters and Council website. Facebook post received a reach of 2,733 with 20 link clicks. A Facebook event was created which received a reach of 3,269 and 15 responses. One Twitter posts received two likes. Paid Facebook/Instagram Advertising received a total of 15 link clicks. 	<ul style="list-style-type: none"> Workshop was designed and facilitated by Mosaic Lab. Participants were put into small breakout rooms, and an expert in each of the six key health topics was rotated through these rooms. This gave the experts an opportunity to deliver key information and allowed participants to ask questions in each subject area. Online platform Group Maps was used to record main conversation points for each topic and discussion. 	Prior to the workshop, participants were sent six fact sheets (see <i>Appendix 1</i>) to provide a brief introduction to the workshop’s content.

Engagement methods

Engagement Method	Timeline	Participants	Promotion Method	Description	Materials used in engagement
Stakeholder Survey	<p>5th March 2021 via The Hive ‘Have Your Say’ page</p> <p>Closed 31st March 2021</p>	8 participants	<ul style="list-style-type: none"> Promoted via council social media channels, website and via direct email to organisations. A link to the stakeholder survey was also emailed to local organisations and networks. The survey received 69 visits from 53 visitors on the ‘Have Your Say’ platform. 	The survey consisted of five key questions, three of which were mandatory (see <i>Appendix 2</i>).	A link was provided to the fact sheets on the six key health challenges (see <i>Appendix 1.</i>).
Community Survey	<p>9th March 2021 via The Hive ‘Have Your Say’ page</p> <p>Closed 31st March 2021</p>	<p>44 participants</p> <p>Foothills Community Care requested 15 paper versions of the survey however none were returned.</p> <p>Coonara House requested 25 paper versions of the survey and 0 were returned, however general feedback was provided.</p>	<ul style="list-style-type: none"> Surveys were promoted via council social media channels, website and direct emails to organisations. The survey received 269 visits from 228 visitors on the ‘Have Your Say’ platform. Three Facebook posts collectively received a reach of 6,486 and 64 link clicks Two Instagram posts received a reach of 1,042 with 32 engagements across the posts. Two Twitter posts received a total of 2 likes and 0 replies. Paid Facebook/Instagram Advertising received 0 link clicks. 	The survey consisted of six key questions, three of which were mandatory (see <i>Appendix 3</i>).	A link was provided to the fact sheets on the six key health challenges (see <i>Appendix 1.</i>).
Paper Based Survey: Social Housing Residents	<p>11th March 2021</p> <p>Close 31st March 2021</p>	<p>40 copies were distributed on the 15th of March 2021 by Active Ageing and Disability Services.</p> <p>15 completed surveys were returned.</p>	<ul style="list-style-type: none"> Paper based surveys were provided to residents directly by a member of Council’s Active Ageing and Disability Services Team. 	<ul style="list-style-type: none"> The community survey was distributed to this cohort. The survey consisted of six key questions, three of which were mandatory (see <i>Appendix 3</i>) 	Paper based Community Surveys (see <i>Appendix 3</i>).

Engagement methods

Engagement Method	Timeline	Participants	Promotion Method	Description	Materials used in engagement
Youth Engagement Workshop	16 th March 2021, 6:30 – 8pm via Zoom	<p>7 participants from the YAC (Youth Advisory Committee)</p> <p>2 males and 5 females attended, aged between 14 and 25 years.</p>	<ul style="list-style-type: none"> Promoted to YAC members by the Youth Services Team. An additional YAC meeting was scheduled to allow for the youth engagement workshop to take place. 	<ul style="list-style-type: none"> A workshop was designed and facilitated internally by Community Wellbeing in collaboration with Youth Services. Due to the small number of attendees, the workshop was facilitated in one large group on Zoom, where participants were asked seven questions with all but one coming from the community survey. Group Maps and an additional online ‘whiteboard’ style site called Cacao was used to provide an engaging platform for participants to record answers to select questions. 	The workshop began with a short Prezi presentation introducing the six key health challenges identified in Knox.
Staff Survey	<p>17th March 2021 via Survey Monkey</p> <p>Close 31st March 2021</p>	71 participants	<ul style="list-style-type: none"> The staff survey was distributed to all staff members via email and was promoted via eRIK and twice on internal newsletter ‘Opportunity Knox’. There were a total of 17 click throughs to the survey from Opportunity Knox. 	<ul style="list-style-type: none"> The survey consisted of five questions, four of which were mandatory (see <i>Appendix 4</i>) 	An interactive presentation developed on Prezi was provided to staff with basic information on the six key health and wellbeing challenges, which could be viewed prior to completing the survey if desired.
Child Engagement Activities	March 2021	<p>383 children from 17 kindergartens.</p> <p>(Billo, Murrindal, Alice Johnson, Scoresby West, Flamingo, Birch Street, Templeton, Goodwin Estate, The Basin, Bena Angliss, Merriwmont, Haering Road, Riddell Road, Windermere, Eildon Parade, Cooina, Taylors Lane)</p>	<ul style="list-style-type: none"> An email was sent to local kindergartens asking for participation in the engagement activity. 	<ul style="list-style-type: none"> Children were asked to draw an image depicting what they love about kindergarten. They were then asked ‘I love kindergarten because...’ and comments were recorded by their kindergarten teacher. 	N/A

Engagement method results

During the course of March, 160 people actively participated in the various methods of engagement designed to obtain health and wellbeing perspectives crucial to Knox. During these engagement activities, participants were able to discuss and contribute their opinions, ideas and suggestions in regards to the perceived top health and wellbeing challenges in Knox, as well as any other health and wellbeing topics they deemed relevant. Collectively much of the conversation focused on mental health and physical activity, with significant discussion around climate change and health in the community workshop, healthy eating and food security in the stakeholder workshop, and family violence in the stakeholder survey. The spread of conversation topics can be seen below in *Table 2*.

Activity	Mental health	Healthy eating & food security	Family violence	Drug and alcohol	Climate change & health	Physical activity
Youth workshop	13	4	0	0	0	12
Community Workshop	15	11	6	7	17	19
Stakeholder workshop	12	10	5	9	4	7
Community survey	41	12	2	2	1	57
Housing estate resident’s survey	10	4	0	2	0	10
Staff survey	79	15	4	9	2	85
Stakeholder survey	26	6	12	3	1	10
Total number of mentions:	196	62	29	32	25	200

Stakeholder/Organisational Workshop

Stakeholders were quite balanced in their concerns which was somewhat expected because they represented a number of specialist agencies. However, after being presented with all topics their top priorities were mental health, alcohol and drugs as well as healthy eating. Unsurprisingly, stakeholders discussed issues from a systemic point of view and saw the interrelation between many of the topics. Stakeholders noted that further acknowledgement of traditional custodians in a crucial aspect in successfully addressing many of the discussed issues. Similarly, cultural consideration as a broader topic was also frequently mentioned.

Much of the discussion around mental health related to preventive measures including increasing social inclusion and social connection in the community, with a particular focus on vulnerable communities. Such preventive focuses suggested included addressing gender equality, family management and home context, low school commitment, improved mental health service access and reducing stigma.

In terms of healthy eating and food security, stakeholders thought it was important to increase the availability and accessibility of low-price, fresh fruit and vegetables. Suggestions included more community gardens throughout Knox in addition to addressing the availability of healthy foods at Council events and sporting venues. This further led to discussions around changing the drug and alcohol culture, with suggestions to make Knox City Council an Alcohol Free employer. Stakeholders noted that addressing underlying factors was pertinent in addressing the issue. Such factors include the environment; density of liquor outlets, ease of purchase and the drug and alcohol culture in sporting venues. Primary prevention was mentioned in reference to the Communities That Care Program which was considered an important component of not only addressing drug and alcohol use in school aged children, but mental health in the cohort as well.

In the future, stakeholders want to see Knox work more collaboratively with the community, all levels of governance and across a variety of organisations in Knox. Importantly, this includes working collaboratively with the diverse cultural communities to ensure everything Council does is accessible and appropriate for the whole community.

Top Priorities

- ! Mental health
- ! Alcohol & drugs
- ! Healthy eating

Community Workshop

Discussion in the community workshop was quite broad and expanded across all key topic areas, although physical activity, mental health, and climate change and health gained slightly more attention. Community members in this engagement tended to take a pragmatic approach to addressing health issues directly, by focusing on useability, medical interventions and the improvement of infrastructure and facilities. For example, community members highlighted the need for improved mental health related medical and systematic interventions, with specific focus on increased access and funding. Essentially their perspective was shaped by their everyday experience. This differed significantly to the preventive lens taken by stakeholders which can be explained by more experience in the field, and a deeper understanding of public health mechanisms. Although this is an important part of the system, it doesn't necessarily address the underlying factors leading to ill health.

Community were vocal in how council facilities could facilitate increased physical activity, with many suggestions surrounding the development and improvement of parks, walking and cycling paths and exercise facilities such as leisure centres, tennis courts and outdoor gym equipment.

Discussions around climate change and health were most frequent in this engagement group, with 17 mentions compared to four in the stakeholder workshop which was the second most frequent. Again, the focal point for discussion was around facilities and how they can be utilised to combat climate change and promote health. Ideas ranged from greening Knox and increasing tree coverage for shade or rooftop gardens, to more green spaces, compulsory solar and battery storage, subsidised solar panel, sustainable energy use and the installation of Neighbourhood Electricity. There was also concern for those most at risk of adverse health effects due to climate change with community wanting a risk assessment and subsequent key strategies targeting vulnerable people such as the elderly. Community members highlighted the need for improved mental health related medical and systematic interventions, with specific focus on increased access and funding. Essentially their perspective was shaped by their everyday experience. This differed significantly to the preventive lens taken by stakeholders which can be explained by more experience in the field, and a deeper understanding of public health mechanisms.

"Knox council is very good assist people to live lifestyles, because I live with this council for 20 years that I feel so good. everything is convenient and people to live healthy council government look after very well" (sic) female 56 years

Community enjoyed the online engagement and would like to see more of this in the future. An evaluation video was created by Mosaic Lab which illustrated participants opinions of the workshops, which can be viewed at: <https://www.dropbox.com/s/771ivw20g4s8f6x/Knox%20VoxPops.mp4?dl=0>

This group focused on usability, medical interventions and improvement of infrastructure and facilities.

Stakeholder Survey

The organisations represented in the survey responses include:

- Shree Swaminarayan Temple Melbourne
- Polish Seniors Club in Rowville
- Eastern Melbourne PHN (Primary Health Network)
- Women's Health East
- Eastern Regional Libraries
- The Basin Community House
- EACH

Again, stakeholders responding to the survey were quite balanced in their discussion although notably spoke about family violence more than any other cohort, which may be indicative of their line of work. Particular reference to the driving factors behind family violence such as gender roles were made, as was the importance of a gender equal recovery to Covid-19. Mental health was the most frequently mentioned health and wellbeing issue throughout the survey, as per the workshop. However, survey respondents generally referred to mental health and social connection as areas of concern in response to Covid-19, whilst workshop attendees spoke more to strategies that address these issues.

Stakeholders were able to take a broader stance when discussing ways in which council and residents can work together to facilitate health, when compared to community. Stakeholders suggested collaboration at a higher level in terms of sharing data, collaborative co-design, planning and focusing on common evaluation outcomes, as opposed to collaboration on specific health issues and program implementation.

Physical activity was the third most frequented topic with respondents suggesting a variety of means to increase physical activity in the municipality including outdoor gyms and fitness oriented events.

When asked directly to identify the top health priorities in Knox, stakeholders noted mental health as first, followed equally by homelessness, social isolation and alcohol as seen in *Appendix 5*.

Community Survey

Discussion in the community survey, including housing estate resident responses, was more skewed towards physical activity and mental health, with minimal discussion around the other four health areas. Physical Activity was mentioned extensively by the community through the survey, with it being the predominant change they would like to make for their health and wellbeing, in addition to being mentioned as a way to help recover from lockdown. These respondents were wanting more outdoor equipment, frequent upgrade of parks and free activities that extend beyond physical activity oriented events. For example, cooking, gardening and photography classes were all suggested by community. In addition to ensuring parks and facilities were upgraded regularly to ensure they were enticing to use, many suggestions also centred around the safety of these facilities, with particular reference to ensuring areas were well lit and accessible for those with mobility issues. Similarly, social isolation and mental health was mentioned as a key concern to focus on for Covid-19 recovery, although little feedback was provided as to how this should be addressed or reasons behind the issue.

Healthy eating was the third most frequently mentioned health and wellbeing issue, albeit significantly less than physical activity and mental health. Strategies to improve healthy eating in Knox presented by community included more community gardens, nutrition education and promotion, increasing access and cooking classes.

When asked directly to identify the top health priorities in Knox, community said mental health was first, followed by social isolation and physical activity, as seen in *Appendix 7*.

Although Coonara house were unable to return their surveys, the following feedback was provided:

Many of the mothers within their community have reported concerns with lack of shade in playgrounds. This means they are unable to go to parks with their children in hot weather inhibiting their usability and importantly promotion of greenspaces and physical activity for families (pers. Comm Tracey 12th April 2021).

Housing Estate Residents

As the number of housing estate residents who responded to the survey was quite small, emerging themes were not as distinct as other engagements. However, residents generally answered all questions from a more personal perspective, rather than one that looks at the whole community. Themes to emerge across individual responses include loneliness, a desire to be more active and inclusion based on nationality and language spoken. When polled on the most important health and wellbeing issues, homelessness emerged as the third highest which was not observed in the other engagements. One of the housing estate residents who responded to the survey however said they could not access fresh fruit during the lockdown, indicating an experience of food insecurity.

When asked directly to identify the top health priorities in Knox, housing estate residents said social isolation was first, followed equally by physical activity and mental health, and then homelessness as seen in *Appendix 8*.

Child engagement

This engagement activity differed to those conducted with other cohorts as the questions asked, or prompts provided, did not directly specify health and wellbeing and thus results cannot be analysed in the same way. However, the following six key themes to emerge from these consultations can be taken into consideration:

- Outdoor activities
- Indoor activities
- Relationships with peers
- Art / creative
- Fun
- Relationships with teachers



Youth Consultation

Discussion in the youth consultation followed a similar trend to survey results, as mental health was their top concern, with repeated mention of physical activity. However, whilst community and stakeholders focused on bigger picture prevention and treatment, those in the youth consults spoke more about the things impacting their mental health such stress and Covid-19 lockdowns, how mental health and social connection affected them personally, in addition to what they do to improve their mental health. This brought a focus on spending time with others and being physically active as a means to improve their mental wellbeing. They highlighted a need for education around what specific interventions, such as mindfulness, are available and accessible for themselves and their parents, in addition to how they can access help outside of school without parental knowledge or involvement. They also discussed the role that physical activity plays in facilitating social engagement and promoting their mental health, and how social media is a source of poor mental health, particularly during the Covid-19 pandemic. Although other cohorts made the link between mental health and physical activity, youth rarely spoke about physical activity outside of social opportunities suggesting this is a stronger value for the age group when compared to others.

Youth identified a lack of motivation as their main barrier to being physically active, particularly as a result of Covid-19 restrictions with gyms being close and sporting clubs being unable to function. Many individuals voiced that a way they overcame this was to find another reason to be physically active, whether that be for their mental health, to socialise with friends and family or to learn a skill and thus suggested Council should find ways of tying physical activity with mental health and social connection. Youth want to see activities such as community yoga classes, fun runs, the promotion of walking trails, bikes for rent or motivational talks used as a means of doing this and getting people engaged in physical activity.

Healthy eating was mentioned to a lesser extent, but when done so, was mentioned for the purpose of social connection. Furthermore, youth felt they had limited knowledge of what services are available for them, suggesting a better promotion of existing services to this cohort is needed.

Aside from briefly mentioning a desire to eat healthier foods, none of the three remaining health and wellbeing priority areas were spoken about. Rather, youth spoke about the need to create better communication between Council and community both in terms of the way Council share things with community, and ensuring community are listened to.

Youth were not concerned with structural or systemic issues that create ill health, they merely reflected on their own experience and discussed wanting things to do to connect with others and protect their mental health.



**Top Priority
Mental
Health**

Staff Survey

Consistent with all other surveys, mental health and physical activity were the most discussed health and wellbeing challenges by Knox City Council staff. Additionally, much of the discussion centred around how Covid-19 restrictions have negatively impacted mental health through a sense of loss, mental exhaustion and being physically separated from work colleagues and team members for a prolonged period of time. Respondents highlighted the need to reduce social isolation and increase social connectedness with suggestions to do so through community engagement, collaborating with community groups and facilitating health promoting social engagement opportunities such as walking groups, in addition to focusing on vulnerable groups such as older people and those in isolated environments. Staff further highlighted a range of underlying factors contributing to mental health that should be addressed including unemployment insecurity housing and financial. Staff want to see better awareness and understanding around mental health and thus decrease the associated stigma with speaking about mental health. One respondent further explained the importance of addressing mental health internally saying we ‘can’t promote what we’re not doing ourselves.’

Improving and maintaining infrastructure, and facilitating free exercise programs were overwhelmingly the two main strategies addressed by staff. In line with what was suggested in community engagements, staff want to see local, free or low cost activities that promote a healthy lifestyle and social connection, with additional suggestions including inexpensive personal trainers, and the initiation of a ParkRun in Knox. Furthermore, there was particular reference to ensuring these are targeted at lower income, CALD or older communities. Staff in particular saw facilities as an instrumental focus in increasing physical activity. Common recommendations include improved walking tracks, cycling paths, green spaces and recreation facilities including leisure centres, skate parks, parks and playgrounds. This was paired with a need to increase the safety of these facilities through regular maintenance, increased shade, increased accessibility for those with mobility issues and ensuring areas are well lit at night; sentiments also expressed by housing estate residents. Many community and staff members, across workshops and surveys, also indicated a want for intergenerational outdoor gym equipment.

Healthy eating and food security was the next frequented topic and staff had an array of suggestions on how to improve healthy eating both in the municipality and for internal staff. Suggestions ranged from having healthy eating options in the office, to community gardens and healthy eating workshops or cooking classes. Furthermore, there was a focus on increasing access to affordable and fresh healthy food for all demographics within Knox, although there was little elaboration on how this could be done.

Staff were also quite vocal in discussing Council’s responsibility in facilitating health and wellbeing in the community with particular mention to the fact that Knox City Council is a leader and thus should lead by example.

When asked directly to identify the top health priorities in Knox, staff noted mental health first, followed by family violence, physical activity and social isolation as equal third, as seen in *Appendix 9*.

Key Health Priorities: What we know

After undertaking a variety of engagement activities with a variety of audiences, Council was provided with a range of information, recommendations and aspirations to improve health and wellbeing in the Knox Community. The following information discusses findings per subject in question, and other pertinent information that arose during these activities.

The Six Key Health Priorities



Mental Health

Mental health, and social isolation in particular were two key themes to emerge from our *Knox Covid-19 Household Impact Survey* last year and thus was unsurprisingly one of the key health and wellbeing concerns discussed across all engagement activities. Although mental health focuses differed across cohorts and engagements, there was an overarching need to improve mental health through a variety of methods with particular focus on increasing social connection.

Youth and community tended to focus on mental health from a more personal and lower-level approach, whilst stakeholders and staff were more concerned with addressing determinants at a community and structural level.

Community spoke almost exclusively about improving the useability of mental health services in the workshop. Thus indicating minimal awareness about the importance of prevention, and possibly suggesting a limited view of what mental health is by focusing on mental illness and treatment. However, as community are primarily service users their insights are important considerations to ensure services are easily accessible. Survey results on the other hand showed community viewed mental health and social isolation as a key issue to focus on in Covid-19 recovery, with little mention elsewhere. This suggests the pandemic significantly affected community's mental health and ability to socialise, however is not their top overall health concern when thinking more broadly and outside of Covid-19. Furthermore, youth and housing estate residents spoke about mental health from a more personal perspective. Youth's focus on their personal experience and a need for activities may reflect limited understanding of general underlying factors affecting mental health, in addition to minimal involvement with services as these may be accessed through schools or parents rather than directly.

Conversely, stakeholders and staff were able to look past personal experience and service useability to focus on underlying factors and broader determinants influencing mental health and wellbeing in the community thus reflecting their expertise. This perspective allows for a focus on primary prevention which is important to decrease the reliance on our mental health services which are already functioning at capacity. Furthermore, these cohorts have a deeper understanding of council capacity and how they can act in this area hence their broader outlook.

This diversity in perspective is really important when addressing mental health in particular as it is important to ensure service are accessible and effective from the experience on the user (community), but it is also imperative to adopt ways of decreasing reliance on these services by focusing on primary prevention and the underlying factors contributing to poor mental health as highlighted by stakeholders and staff.

Physical activity

Overall, physical activity was the most prominent health and wellbeing issue to emerge from these engagements, although featured most heavily in community engagements as opposed to those with stakeholders. Perhaps this may reflect a more personal way of thinking for community, as over half of respondents on the community survey said increased physical activity was one change they would like to make for their own health and wellbeing. Youth, community and staff cohorts all frequently spoke about using physical activity as a means of becoming, and staying socially connected. This shows an awareness of and interest in the link between being physically active and improved mental health and thus provides a pertinent opportunity for efficient action in the space, whereby two key health and wellbeing areas could be addressed by the same intervention.

Walkability was further mentioned in the community workshop and survey, as well as the staff survey to promote active transport around the municipality and improve access to facilities, shops and food. This was also highlighted as a strategy to address climate change indicating individuals were thinking broader and linking ideas across different issues. Again, this provides opportunity to address multiple concerns such as physical activity and climate change with overlapping methods.

Stakeholders tended to echo these sentiments in the survey, however discussion in the workshop alluded strongly to the use of physical activity as a tool for other issues such as mental health, with additional amenities and third space maintenance recommended as incentives for physical activity. Again this showcases stakeholder's expertise and highlights the need to address broader determinants when inciting behaviour change.



Physical activity was the most prominent health and wellbeing issue to emerge from these engagements

Healthy eating & food security

Although healthy eating and food security was not as prominent as mental health and physical activity in engagement discussions, it was mentioned in all engagement workshops and surveys. Generally, this was in relation to eating healthier foods with less regards to food security and its implications.

Healthy eating was a somewhat popular topic in the community workshop, however was toned down in the survey. This may be attributed to the presence of a topic expert in the workshop and thus an increased awareness. Suggested interventions gravitated towards community gardens, cooking classes and nutrition education. Whilst these are good suggestions, education alone generally elicits minimal behaviour change, and community gardens don't yield enough to solve all mechanisms of food insecurity. Thus suggesting the issue isn't of great concern, but more of a 'nice to have' in the community. Community members in the workshop did speak about food storage which is a component of food insecurity, however this is again likely due to the presence of a topic expert and consequent discussion elicited from the presented information rather than genuine concern. Healthy eating wasn't a major concern for youth although they did discuss the use of markets as a way to get people together. This could be because their parents or other household members do most of the cooking and food shopping and consequently youth aren't as interested in the topic, as they may not have as much control over the situation as other cohorts.

Stakeholders spoke to healthy eating at a slightly higher level by changing the culture, and increasing availability through varying mechanisms. This echoes the sentiment made in the stakeholder survey to take a place based and systems change approach to addressing healthy eating. Similarly, staff spoke about the need to increase healthy food and direct service accessibility to all demographics within Knox.

Therefore, when addressing healthy eating and food security it may be more prudent to do so using a broader approach by addressing the culture and environment in order to increase availability of healthy foods rather than a direct focus on individual behaviour change.

Family Violence

Discussion around family violence was minimal across all engagements, but the stakeholder survey, with no mention by youth or housing estate residents. This was interesting considering it was ranked as the second and fourth most important health priority in the Knox community by staff members and community respectively within the survey. This might suggest that respondents took a more personal view and may not be affected by this topic or not want to demonstrate that they are affected by this topic. Their acknowledgement as a priority however, recognised family violence to be an important issue in the wider community. Furthermore, community may also not see family violence as a direct health issue and thus only register the relation to health when prompted.

During the workshop community spoke about the importance of gender and culture roles in family violence which may reflect learnings from the dedicated expert present on the night, as there was only one mention of this in the survey. Awareness for elder abuse was also flagged by community members in the workshop with education mentioned as the key way of addressing this. This highlights a basic level of knowledge on the area and thus education may be an important place to start in order to bring awareness and understanding to the broader community.

Stakeholders understandably had the most to say about family violence which may be attributed to the organisations represented at the workshop and in the survey, and the function of their work. Again, gender equality and culture roles were highlighted as important factors to consider in addressing family violence especially as a result of Covid-19 which has a disproportionate impact on women. This perspective also illustrates their knowledge of the system in which family violence occurs.

Drugs & alcohol

Whilst many cohorts acknowledged drug and alcohol as a concern in the community, there was not a huge amount of discussion on the topic. During workshops, community members spoke about the importance of evidence based education, whilst stakeholders took a broader approach suggesting a need to focus on the factors leading to alcohol consumption and drug use. Again, this higher level thinking by stakeholders is expected due to their professional background, while the notion of education suggests limited knowledge surrounding the mechanisms behind alcohol consumption and drug use.

Staff mostly referred to drug and alcohol as an important issue to focus on for Covid-19 recovery, which is relevant as the *Knox Covid-19 Household Impact Survey* found 21% of respondents had been drinking more alcohol during the pandemic. Housing estate residents and community members spoke in relation to a desire to decrease their alcohol consumption in the surveys, although this was minimal.

Youth did not mention alcohol consumption or drug use during the workshop.

This highlights the complicated nature of such issues indicating a multifaceted approach is needed to address different age groups, cohorts and driving factors, which can in turn impact the individual experience.

Climate change & health

Climate change and health was another topic scarcely spoken about across engagements, with the exception of the community workshop where it was the second most spoken about issue. This was surprising as it was expected that climate change has the least overt connection to health, however perhaps the topic expert helped to clearly define the link between climate change and health thus prompting more discussion. This notion may be further explored through the results of the community survey where climate change was only mentioned once throughout the survey, even though over one third of respondents marked it as one of the top health priorities to address in Knox (see *Appendix 7*).

Those in the community workshop were most concerned about the environment and spoke extensively about how the physical environment of Knox can be addressed to minimise the impact of climate change. This highlights a need, and desire from community to see tangible and visible changes made in the community in response to climate change, as opposed to things such as a carbon tax for example.

Stakeholders at the workshop spoke at a slightly higher level with more links between climate change and health impacts. This difference may suggest that community are more aware of climate change as a societal issue primarily, rather than from the perspective of health. However, climate change was a subdued topic of conversation across stakeholder and staff engagements, suggesting these cohorts view other health and wellbeing issues to be more imperative.

Other areas of interest

There was ample discussion around implementation, importance of activities and infrastructure to improve general health and wellbeing in the municipality. Through the community survey respondents expressed a desire for free community events and programs outside of physical activity, such as life skills workshops, music and arts classes, general health education, intergenerational events and support groups. This was further acknowledged by staff who also suggested a need for staff wellbeing programs, and stakeholders who wanted more support for community programs promoting health and wellbeing.

Furthermore, improved infrastructure for general health and wellbeing such as public areas and green spaces was mentioned in the community survey, in addition to opposition of the Rowville Quarry expansion. Staff took a broader approach to general infrastructure in Knox and focused on how infrastructure can be used to facilitate a sustainable, healthier more connected set of places and spaces. This comprised of areas such as increased public and affordable housing, more walkable and accessible neighbourhoods and improved public transport networks. Stakeholders further spoke about the function of infrastructure in addressing the social determinants of health through planning and the environment. Thus, showcasing their deeper understanding of public health mechanisms.

Education and information was a standout theme from staff members with ample suggestions about improving access to general council information through a variety of channels, in addition to supporting and empowering residents to understand what it means to take action. Information surrounding Covid-19 was another important aspect of health highlighted by staff members, including ensuring community have access to reputable and up to date information sources.

Staff and stakeholders were also vocal about the inclusion of the diverse cultural community, and Aboriginal and Torres Strait Islander Communities as a crucial aspect of health and wellbeing in Knox. Again, this likely reflects their occupational background of staff and stakeholders as inclusivity is something that is no doubt encompassed in their everyday work, when compared to youth and community. Furthermore, a lack of concern from community members may suggest they have not had any personal experience in particular health related inequalities. Stakeholders and staff both highlight the need to be inclusive of all cultures, demographics and age groups in everything council does, in addition to engaging with diverse cultural communities, and ensuring all information is accessible in different community languages. The last sentiment was also echoed by a housing estate residents indicating this is an issue experienced in the community.

Other areas of interest

Other themes to emerge from engagements included:

Focus on young people

continue to work with key settings and connect with external organisations to promote holistic health and wellbeing for young people and their families (stakeholder workshop)

Housing

need for social, secure and affordable housing (stakeholder workshop and community survey)

Community safety

safe walking neighbourhoods in terms of path maintenance and shared path safety including leash laws, in addition to crime, vandalising, rubbish dumping and road rage (community and staff survey)

Advocacy

for change, funding, politics, volunteer opportunities and grant programs (stakeholder, community and staff survey)

Other health issues

obesity (stakeholder survey), gambling and pokies (stakeholder, community and staff surveys), sleep, bullying on social media (community survey), tobacco cessation (community and housing estate residents) addiction to online activity (staff survey), chronic disease and sexual and reproductive health (stakeholder survey)

Promote and support services and resources

provide, promote and improve accessibility, affordability and availability of local health promoting services, including better pathways and support (staff survey). Community survey respondents and youth also suggested the promotion of regular health and GP check-ups.

Covid-19 recovery

vaccination and combating vaccination misinformation, opening up the community again, employment opportunities and local economy support (community, housing estate resident and staff surveys)

Ongoing funding for all emergency relief services

(stakeholder workshop)

Volunteering

needed in the community and more promotion of how individuals can get involved (community and staff surveys)

Recommendations for Action – how we can action these themes according to our groups

According to all groups, partnerships, collaboration and communication are key to eliciting action on the aforementioned themes.

During the workshop community discussed the need for council to develop and facilitate partnerships with local settings such as schools and community groups, businesses and internally across departments. They would also like more communication about what is happening across the municipality both within council and in the community. Youth further reiterated this point asking for better reciprocal communication between council and community. Further additional suggestions from the community survey include utilizing a range of platforms for communication such as the employment of an engagement officer or the use of a local newsletter.

Stakeholders highlighted the need to draw on existing strengths within the community by collaborating with and promoting local organisations and community groups. Collaborative co-design and planning, shared resourcing and programming, and integrated planning with shared indicators and outcomes were strong suggestions across all stakeholder engagements. These suggestions express an eagerness for organisations to work with council for collective impact in the municipality. Furthermore, stakeholders in the workshop suggested a formalized relationship with the Aboriginal Community through a Reconciliation Action Plan.

Likewise, staff members emphasize the need to collaborate with key settings, organisations and businesses across Knox, in addition to taking a community led approach in responding to health and wellbeing needs. This collaboration will work to build a sense of community, foster trust and enable community to take ownership.

Building on this, staff notably spoke about council responsibility. This encompasses many aspects with the most prominent being that council are role models and leaders in the community and thus should lead by example. This was expressed by providing healthy eating options in the office, or providing free exercise classes to staff. Furthermore, staff spoke about a need to develop policies to support and promote health and wellbeing, with health promotion being at the centre of everything council does. Similarly, stakeholders (in both the workshop and survey) highlighted internal organisational capacity building and agreed priorities across departments as instrumental aspects in creating impact and action.

Conclusion

Throughout the month of March, the Community Wellbeing Department conducted seven different community engagement activities across a range of different cohorts. From numerous workshops and surveys we were able to collect and collate a broad range of rich data to help in the development of our Council and Community Plans and to fulfil the Municipal Public Health and Wellbeing Plan requirements.

Overwhelmingly, mental health and physical activity were the two most prominent health and wellbeing challenges discussed across all engagements, although climate change and health featured heavily in the community workshop discussions, health eating and food security was a considerable focus in the stakeholder workshop, and family violence was of increased concern in the stakeholder survey.

The facilitation and promotion of more free and accessible health and wellbeing programs in the community was the number one suggestion in improving mental health and physical activity levels in Knox. Whilst many of these suggested activities centered around various exercise programs, a key function of these was to increase community engagement and social connection as a means of addressing mental health and social isolation.

Many suggestions throughout the engagements also focused on the improvement service and program availability and delivery, and the development and maintenance of infrastructure across the municipality as an important aspect in promoting and facilitating health and wellbeing in Knox.

Partnership, collaboration and communication were highlighted as the fundamental aspects recommendations for action for council, both internally within the organisation and externally across the municipality. Council need to embrace their unique position within the community to be a leader in the health and wellbeing space, and incorporate a health promotion focus in all that we do to facilitate better health outcomes for the community.



Mental Health

What is the challenge?

Mental health includes our emotional, psychological and social wellbeing. This impacts how we think, feel and behave, which shapes our lived experience. Our mental health can shape the way we handle and respond to everyday situations. It can also shape how we relate to others, and the choices we make.

Poor mental health doesn't only mean having a mental illness, such as anxiety or depression. Mental health covers many different feelings, emotions and behaviours. It can also mean an individual is struggling with the daily stresses of life. They might be less productive, or they might be feeling extra anxious.

Some things that can improve our mental health are:

- social inclusion – being able to learn, work, engage and be heard within the community
- a sense of belonging
- having a strong and supportive network of people you can trust
- strong resilience – being able to quickly recover from hard situations
- regular exercise and healthy eating

All of these can be changed, meaning poor mental health is preventable in many cases.

Mental Health in Knox

The mental health of people in Knox has decreased over the past few years. Knox residents have higher rates of psychological distress and lower life satisfaction than Victoria. Over one quarter of Knox residents have been diagnosed with anxiety or depression at some point in life.

The Knox Covid-19 Household Impact Survey showed mental health to be the biggest problem to come out of the pandemic. This tells us our mental health is getting worse. Many people living in Knox said this was because of social isolation and feelings of anxiety. Financial vulnerability was another reason.

What can be done?

- Work with local organisations to deliver health promotion initiatives aimed at improving mental health by through prevention
- Improve mental health through a liveability lens- making Knox a better place to live
- Creating opportunities for people to socialise and connect with others in different places in Knox
- Support mental health first aid training in the community

Drug and Alcohol

What is the challenge?

Overall, Australians drink too much. Drug and alcohol use can negatively impact a person's physical and mental health in a number of ways. They can lead to:

- negative long-term impacts on health and wellbeing
- causing or worsening existing mental health issues
- disruption in the community
- reduce a person's self-control
- create relationship problems – this may decrease social support and lead to social isolation
- aggression and violence
- a negative impact on friends and family
- someone being more absent at home or in the workplace

Evidence has shown that alcohol can increase the risk of:

- suicide
- substance abuse
- cancer
- diabetes and weight gain
- heart issues
- family violence

Drug and Alcohol in Knox

Knox has consistently had the highest alcohol related hospital admission incident per capita when compared to neighbouring local government areas. Recent survey findings tell us that people in Knox have been drinking more alcohol during the pandemic.

Things such as the community, school and family can increase the harm from alcohol for young people. They can also lead to addiction and early school leaving. Year 8 and 10 students in Knox also have much higher rates of lifetime alcohol use (age of first alcoholic drink) when compared to Australian data. This is also true for recent alcohol use (last 30 days) and binge drinking (four or more drinks in one session).

Knox also had the highest illicit drug hospitalization admission rate for the Outer Eastern Melbourne region. Knox was also one of the top five local government areas in the state for highest number of recorded drug offences in 2018. The total number of drug offences in Knox has doubled since 2013.

What can be done?

- Work with local organisations to reduce the risks from alcohol and drug
- Use different evidence-based interventions to prevent problematic drug and alcohol use through improved health and well-being
- Advocate for and encourage involvement in community action projects

Family Violence

What is the challenge?

Family violence can include the following, within a family:

- Physical abuse
- Emotional abuse
- Controlling behaviour
- Intimidating behaviour
- Sexual assault

In most, but not all cases, women and children are the victims of family violence. Family violence can happen in all family types. Experiencing family violence can lead to poor physical and mental health. It can also lead to mental illness including depression, anxiety and suicidal thoughts.

Family Violence in Knox

There has been an increase in family violence in Knox over the past five years. Knox has the highest rate of family violence reporting in the Outer East. A small number of people who responded to the Knox Covid-19 Household Impact Survey in July 2020 were worried about anger and violence at home.

The rise in family violence in the past year was predicted by many experts, due to conditions of the Covid-19 pandemic.

The causes of family violence are very complex. Power imbalances between men and women is one of the main causes of family violence. This gender inequality comes from norms in our society. This includes gender stereotypes, disrespect and men's control of decision making.

Other things that can impact, but not cause, family violence are:

- Mental health
- Drug and alcohol
- Financial pressure
- Childhood experience

What can be done?

- Work together with experts to advocate and work on initiatives for early intervention to prevent family violence
- Address the broader factors that may lead to increasing family violence rates in Knox
- Work with local organisations, in important environments for early prevention and detection in vulnerable populations
- Support and advocate on behalf of those experiencing, or who have been affected by family violence

Healthy Eating and Food Security

What is the challenge?

One part of healthy eating is eating enough fruit (2 serves) and vegetables (5 serves) every day. This may help prevent illness. This can reduce the risk of:

- heart problems (cardiovascular disease)
- some cancers
- obesity
- type 2 diabetes
- poor mental health

To help people choose healthy foods, things such as the price and availability of food must be considered. It is much harder for people to eat healthy foods if they cannot afford to buy them. It is also harder to eat healthy foods if there are no shops selling fresh, nutritious foods nearby. Someone is experiencing food insecurity if they do not have reliable access to healthy, nutritious and safe foods. Food insecurity can lead to:

- Poorer academic achievement in children
- Poor general health and increased health inequalities
- Poor nutrition
- Low birthweight and health in children

Many of these come from poor nutrition. Food insecurity can also lead to obesity because energy-dense, nutrient poor foods are usually cheaper which makes them easier to buy.

Healthy Eating and Food Security in Knox

Most people in Knox are not eating enough fruit and vegetables. A small number are experiencing food insecurity.

Food insecurity is higher in Knox than the Victorian average. This has likely increased during the Covid-19 pandemic. People reported difficulties buying fresh fruit and vegetables the most during the pandemic restrictions. This may explain in part why some people in Knox have been eating less healthy foods since the pandemic.

Today two-thirds of adults are overweight or obese. Almost a one quarter of children are also overweight or obese. It can be assumed that the increasing rate of obesity seen in Victoria is similar in Knox.

What can be done?

Healthy eating can be promoted in the community by improving food security through:

- Increasing all access to fresh, healthy foods
- Addressing barriers to food security and healthy eating through partnerships and working with the community
- Increase knowledge, skill and ability in healthy eating and food growing

Physical Activity

What is the challenge?

Physical activity is good for your health. Physical activity reduces the risk of many diseases including:

- Cardiovascular disease (heart disease)
- diabetes
- some cancers
- obesity
- depression

Physical activity also lessens the risk of dying early. Physical activity is also good for our mental health. It can help relieve stress and lower the risk of depression and anxiety.

Physical activity does not only mean exercise such as running or going to the gym. Being physically active could just mean going for a brisk walk, jumping on the trampoline or even gardening.

It is recommended that adults be active on most, preferably all, days every week.

Australia's Physical Activity & Sedentary Behaviour Guidelines for Adults (18-64 years) recommend:

- 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity; or
- 75 to 150 (1 ¼ to 2 ½ hours) of vigorous intensity physical activity each week

The guidelines also recommend muscle strengthening activities at least twice a week, and limiting the amount of time spent sitting for long periods.

Physical Activity in Knox

Only half of people living in Knox were doing enough physical activity before the Covid-19 pandemic. This is measured by the guidelines above. Many people living in Knox said they have been less physically active since the pandemic. This could be because gyms were closed and sporting games had to stop. People were also told to stay at home, and may have lacked motivation or prioritised other things.

Rates of obesity are increasing in Victoria, and mental health is declining in Knox. It is important to promote physical activity in Knox to improve both physical and mental health.

What can be done?

- Work with local organisations to deliver health promoting programs
- Strengthen environments to improve liveability, walkability and encourage active living
- Advocate for and promote a range of health promoting initiatives that aim to improve physical activity both indirectly, and directly

Appendix 2. Stakeholder Survey

What would a happy healthier Knox look like?

During 2020, we undertook a number of engagement activities to inform the development of our new Community and Council Plans. We asked you and the community what you love about Knox, what you would like it to be in the future and what your current priorities are. You told us health and wellbeing is one of your key priorities. We'd like to explore this a little further. We want to hear more about the health priorities you believe are most relevant and what needs to be done to ensure residents can thrive in Knox.

Thank you in advance for taking the time to complete this survey.

Your Organisation: _____

(mandatory question*)

1. Do you think Council could do to assist people to live healthier lifestyles?*

Y/N*

If yes, how?

2. What do you think would help Knox resident's live healthier lives?*

3. How can Council and your organisation work together to improve health and wellbeing of Knox residents?

4. What do you think is the most important health and wellbeing issue to focus on to help the Knox community recover from COVID-19 pandemic and lockdowns?

5. Which health priorities do you think are most important to focus on improving in the Knox community?*

(select all the boxes you think are relevant, you can choose more than 1)

☒ Mental Health

☐ Drugs

☐ Family Violence

☐ Alcohol

☐ Community Violence

☐ Climate Change

☐ Health Eating

☐ Social Isolation

☐ Food Security (having enough food at all times)

☐ Homelessness

☐ Physical Activity

☐ Gambling

Other _____

Appendix 3 Community Survey

What would a happy healthier Knox look like?

During 2020, we undertook a number of engagement activities to inform the development of our new Community and Council Plans. We asked you what you love about Knox, what you would like it to be in the future and what your current priorities are. You told us health and wellbeing is one of your key priorities. We'd like to explore this a little further. We want to hear more about the health priorities you believe are most relevant and what needs to be done to ensure you can thrive in Knox.

Thank you in advance for taking the time to complete this survey.

Age: _____ Gender: _____ Postcode: _____

(mandatory question* online)

1. Do you think council can assist people to live healthier lifestyles?*

Y/N*

If yes, how? _____

2. What is one change you would like to make for your health and wellbeing?*

3. What do you think would help Knox resident's live healthier lives?*

4. Can you think of a way Council and Community can work together to improve health and wellbeing of all residents?

Y/N*

If yes how

5. What do you think is the most important health and wellbeing issue to focus on to help the community recover from COVID-19 pandemic and lockdowns?

6. Which health priorities do you think are most important to focus on improving in the Knox community?*

(select all the boxes you think are relevant, you can choose more than 1)

☒ Mental Health

☐ Family Violence

☐ Community Violence

☐ Health Eating

☐ Food Security (having enough food at all times)

☐ Physical Activity

☐ Drugs

☐ Alcohol

☐ Climate Change

☐ Social Isolation

☐ Homelessness

☐ Gambling

☐ Other _____

Appendix 4 Staff Survey

What would a happy healthier Knox look like?

During 2020, council undertook a number of engagement activities to inform the development of our new Community and Council Plans. We asked the community what they love about Knox, what they would like it to be in the future and what their current priorities are. The community told us that health and wellbeing is a key priority for their future. To hear more about this we have further engaged with the community as well as stakeholders through workshops and surveys. We would also like to hear from you- Knox staff.

We want to hear more about the health priorities you believe are most relevant to the community and what needs to be done to ensure our community continues to thrive in Knox.

Thank you in advance for taking the time to complete this survey.

Age: _____ Gender: _____

(mandatory question*)

1. Do you think council can assist people to live healthier lifestyles?*

Y/N*

If yes, how? _____

2. What do you think would help Knox resident's live healthier lives?*

3. Can you think of a way Council and Community can work together to improve health and wellbeing of all residents?

Y/N*

If yes how

4. What do you think is the most important health and wellbeing issue to focus on to help the community recover from COVID-19 pandemic and lockdowns?

5. Which health priorities do you think are most important to focus on improving in the Knox community?*

(select all the boxes you think are relevant, you can choose more than 1)

☐ Mental Health

☐ Social Isolation

☐ Family Violence

☐ Homelessness

☐ Community Violence

☐ Gambling

☐ Health Eating

Other _____

☐ Food Security (having enough food at all times)

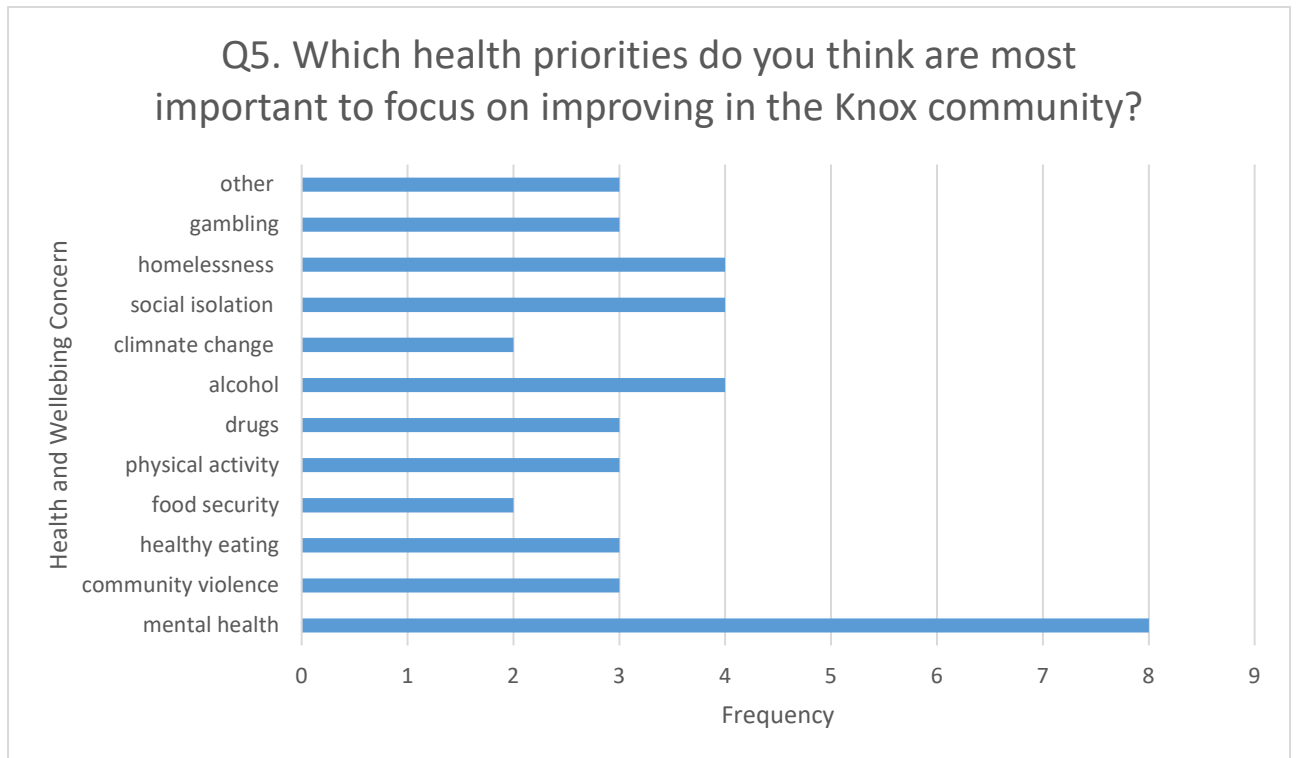
☐ Physical Activity

☐ Drugs

☐ Alcohol

☐ Climate Change

Appendix 5. Stakeholder Response to Health Topic Importance Rating



Other:

- Sexual and reproductive health
- Affordable education and upskilling due to job losses from Covid-19
- Prevention of violence against women by strengthening gender equality across Knox

Appendix 6. Community Survey Respondent's Demographic Information

Table 3. Community respondent ages

Service group age	Number of respondents	Age group
10-25 years:	3	Youth
26-29 years:	0	Young adults
30-39 years:	2	Middle aged adult
40-49 years:	7	Middle aged adult
50-59 years:	6	Older adult
60-69 years:	7	Older adult
70-84 years:	5	Older adult
85+ years:	1	Older adult
Unknown:	13	

**youngest respondent was 21 years old*

Table 4. Community respondent locations

Suburb	Postcode	Number of respondents
Boronia	3155	4
Knoxfield	3180	4
Wantirna/Wantirna South	3152	8
Rowville	3178	5
Ferntree Gully/Upper Ferntree Gully	3156	4
Bayswater	3153	2
Scoresby	3179	2
Lysterfield	3156	0
Sassafras	3787	0
The Basin	3154	0
Other: Narre Warren	3805	1
Other: Kilsyth	3137	1
Unknown:		13

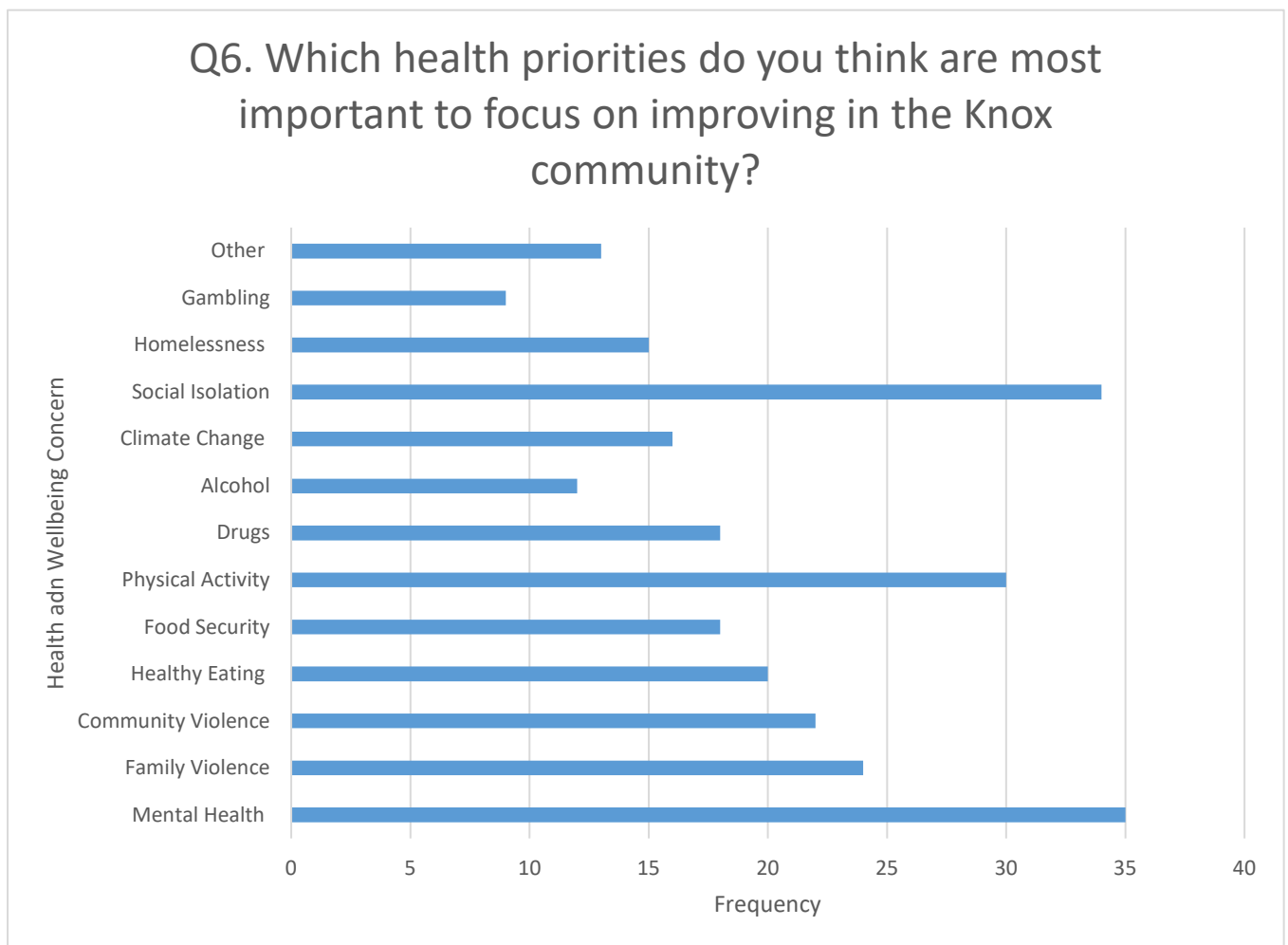
Table 5. Housing Estate Resident ages

Service group age	Number of respondents	Age group
10-25 years:	0	Youth
26-29 years:	0	Young adults
30-39 years:	0	Middle aged adult
40-49 years:	0	Middle aged adult
50-59 years:	2	Older adult
60-69 years:	3	Older adult
70-84 years:	5	Older adult
85+ years:	3	Older adult
Unknown:	0	

Table 6. Housing Estate Resident suburbs

Suburb	Postcode	Number of respondents
Borina	3155	4
Knoxfield	3180	0
Wantirna/Wantirna South	3152	0
Rowville	3178	0
Ferntree Gully/Upper Ferntree Gully	3156	0
Bayswater	3153	5
Scoresby	3179	0
Lysterfield	3156	4
Sassafras	3787	0
The Basin	3154	0
Unknown:		0

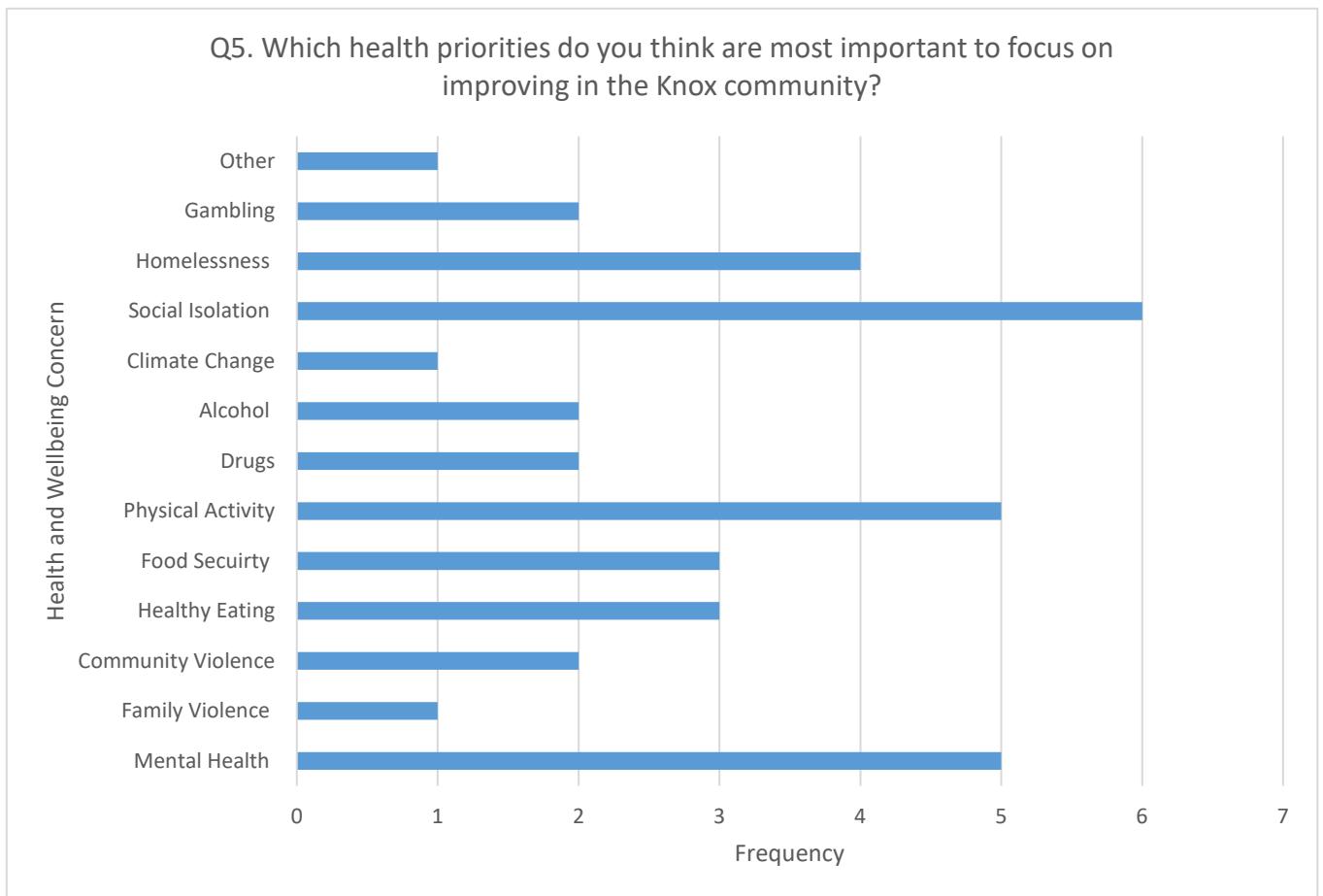
Appendix 7. Community Response to Health Topic Importance Rating



Other:

- Inadequate levels of income for basic needs
- I feel addressing these may help the other ones which can result from disengagement. Thank you so much for this survey. When I retire I would love to be a volunteer in my area to improve the joy in our community.
- Gender equality
- Leash laws to protect people trying to engage in exercise
- More affordable community housing for low income people

Appendix 8. Housing Estate Residents Response to Health Topic Importance Rating

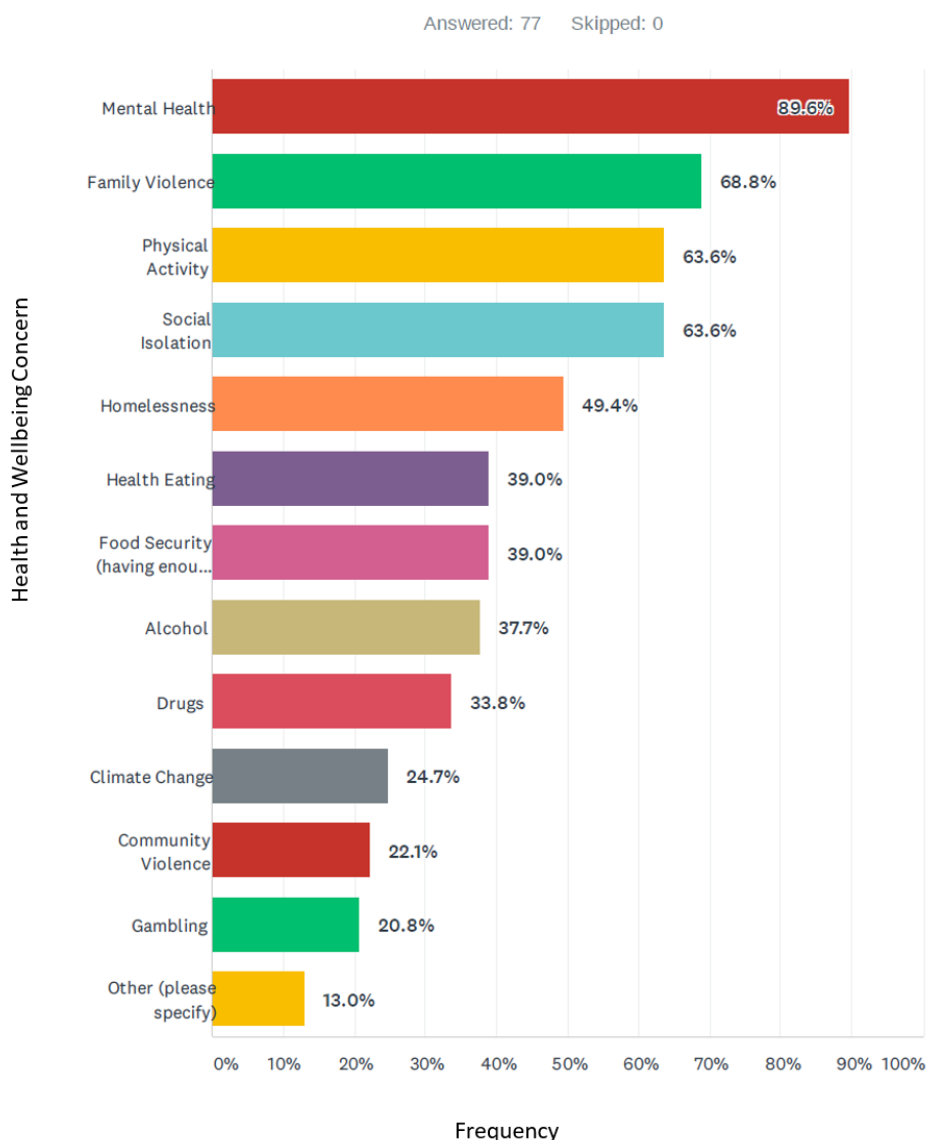


Other:

- Get a job

Appendix 9. Staff Response to Health Topic Importance Rating

Q5 Which health priorities do you think are most important to focus on improving in the Knox community? (Select all the boxes you think are relevant, you can choose more than 1)



Other:

- Availability of reasonable cost rental accommodation
- Elder abuse
- Combating vaccine misinformation
- Childhood development
- Drug and gambling cause the most harm
- Diversity
- Civic participation – volunteering
- Other – accessibility for people with mobility issues
- There is no reference to over-dependence/addiction to online activity. Online gambling poses significant problems to young males which was exacerbated by the pandemic