



## Summary

Life expectancy, and years of life lost to disease, vary across Melbourne. Life expectancies are lower and burden of disease is higher in areas of low socioeconomic status and in inner Melbourne. As **Chapter 3: Housing** indicates, the population composition of Melbourne's inner areas is changing. This may influence the future distribution of health and disease.

The challenge for health service provision is to retain specialist and general medical services in inner areas, where they are most accessible through the radial transport system, while also decentralising services to meet the needs of growing populations on the urban fringes.

Preferences of health practitioners are also a factor in the location of health services. Concentrations of some services, including general practitioners, are in more affluent areas, whereas public hospitals and community health centres are more widely spread across the region.

Available data on health indicators such as physical activity and intake of fruit and vegetables shows little variation across Melbourne. Participation in sport does vary, with inner and eastern Melburnians more likely to participate in both organised and non-organised sport. However, walking is universally the most popular form of physical exercise. Providing more opportunities for walking is important to achieving a fitter and healthier population.

Smaller households and more diverse work patterns have led to greater spending on food and beverages, including prepared food and household services.

Shoppers are now much better provided for than 50 years ago, with over 100 major shopping centres in Melbourne, compared to 23 in 1951. However, inner city retail centres remain a strong attraction for shoppers.

Household spending on mobile phones and broadband internet access is also increasing. In 2004, most Local Government Areas (LGAs) had more mobiles per capita than fixed phone lines.

The car has become by far the most common mode of transport for shopping, so that even centres that existed 50 years ago now cover a much greater area, much of it set aside for car parking.

There has been an overall increase in car ownership between 1981 to 2001, with higher car ownership in Melbourne's outer east and lower levels of car ownership in the inner areas of Port Phillip, Yarra, Maribyrnong, Moreland and Darebin, along with Greater Dandenong. In spite of being well served by train and tram, Melbourne's inner suburbs have experienced an overall increase in car ownership, with a steady increase in households with one and two vehicles and a more gradual increase in households with three or more vehicles.

Despite the dominance of car travel, and the overall decline in public transport patronage over the postwar period, public transport patronage has started to increase in recent years. Walking is also important in getting around, especially in inner areas, and for getting to school, as outlined in **Chapter 7: Learning**.

Community cohesion is an elusive concept to measure. It can be mapped through measures such as participation in local organisations and satisfaction with a local area. Community cohesion is not necessarily higher in more affluent areas of Melbourne, but it does appear to be higher in areas with older populations.

Reported crime can also be seen as an indicator of levels of local wellbeing. Crime rates, particularly assaults, are higher in areas which attract visitors from across Melbourne, such as inner Melbourne. Domestic violence is more common in areas with high concentrations of other indicators of social stress, such as lower income (as set out in **Chapter 6: Equity and Accessibility**).

Melburnians on the whole report relatively high levels of wellbeing in comparison to other capital cities.