

Municipal Public Health and Wellbeing Plan

Research and consultation summary - May 2025

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1 Introduction

1.1 Purpose

The City of Boroondara is required to develop a Municipal Public Health and Wellbeing Plan (MPHWP) every 4 years under the *Victorian Public Health and Wellbeing Act 2008*. In developing the plan, Council must have regard to the [Victorian Government's Public Health and Wellbeing Plan 2023–2027](#) and in particular the 10 statewide health priorities identified in it. It must also have regard to its obligations under the *Climate Change Act 2017* and the *Gender Equality Act 2020*.

To inform the renewal of the MPHWP, which is integrated into the Boroondara Community Plan, Council has undertaken several steps to identify the local health priorities for our community for the next 4 years. These steps are taken in parallel with the community consultation to inform the renewal of the Boroondara Community Plan, which is the focus of a separate consultation report.

The findings from both sets of consultation will be considered and used to draft the Boroondara Community Plan 2025 to 2035.

1.2 Methodology

The following consultation and research has been undertaken to inform the development of the MPHWP:

- **Examined health and social data** - Key data sources include the Victorian Population Health Survey 2023, the Australian Bureau of Statistics' Census of Population and Housing 2021, Crime Statistics Agency Victoria 2023-24 and Public Health Division, Victorian Department of Health 2023 and the Victorian Public Health and Wellbeing Outcomes Framework Dashboard.
- **Interviewed local organisations** - From September to November 2024, we interviewed 42 local organisations who provide health and wellbeing services about the health and wellbeing issues most important to their communities and how Council could complement their organisation's work.
- **Consulted advisory groups, networks and staff** - In late 2024 and early 2025, we consulted the following groups on the most important health priorities to their communities:
 - participants of Council's LGBTQIA+ Community Roundtable
 - members of Council's Community Disability Advisory Committee
 - the Boroondara Youth Voice
 - the Early and Middle Years Forum.

In addition, we reviewed consultation findings for the development of the Boroondara Multicultural Action Plan 2024-26 and findings from men's health workshops in May and November 2024.

We also consulted staff from across the organisation about any health and wellbeing insights they were observing in the delivery of their services and programs.

- **Undertook a review of Council's Community Support Grant** - In the late 2024, we undertook a review of the grant using localised data from various sources, including community consultations and health surveys, to determine key needs. Additionally, stakeholder interviews with key organisations were undertaken. The review identified emerging needs and issues and the priority needs and issues of people experiencing vulnerability. This has shaped the revised grant.
- **Held a health and wellbeing stakeholder forum** - On 13 March 2025, we hosted a Public Health and Wellbeing Forum to explore Council's health priorities and opportunities for collaboration with partners. The health forum included a presentation from Professor Melanie Davern, Director of the Australian Urban Observatory at RMIT University and aimed to:
 - confirm the local health priorities for the next 4 years
 - review current health and social data and our consultation findings
 - share stakeholder knowledge on the health and wellbeing needs of the community
 - identify any gaps in health and wellbeing issues for the Boroondara community
 - identify partnership opportunities to support health and wellbeing.

Participants were also asked to provide their input on what 'change or outcome' they want to see, particularly for population groups and needs, to help focus Council and community efforts.

Over 40 participants from 23 partner organisations including members of the Boroondara Public Health and Wellbeing Advisory Committee participated and provided their insights.

This report provides a summary of the findings from the research, consultation and health forum.

2 Health Priorities

Data, supplemented by insights from the consultations and the health and wellbeing forum, identified the 7 statewide health priorities in the [Victorian public health and wellbeing plan](#)

[2023–2027](#) that are the highest priority within Boroondara. These closely align with current health priorities in the Boroondara Community Plan 2021-31 and are:

- Improving wellbeing
- Increasing active living
- Increasing healthy eating
- Preventing all forms of violence
- Reducing harm from alcohol and drug use
- Tackling climate change and its impacts on health
- Reducing injury.

The remaining 3 statewide health priorities have limited data available at the local level and are lower priority due to Council's limited influence. They are:

- Improving sexual and reproductive health
- Reducing harm from tobacco and e-cigarette use
- Decreasing antimicrobial resistance across human and animal health.

A summary of the data, consultation and workshop findings for the 7 health priorities is included below. The workshop also explored ideas for collaborative action on the health priorities. While this information is not included in this report, it will be used to develop actions for the annual action plans over the next 4 years.

2.1 Improving wellbeing

What we know

- In 2023, 13% of adult Boroondara residents reported high or very high levels of psychological distress. This is lower than the average rate across the Eastern Metropolitan Region (EMR) (17%) and the Victorian rate (19%).¹
- In 2023, 18% of adult Boroondara residents experienced loneliness. This is lower than the EMR average (21%) and the Victorian rate (23%).²
- In 2023, 9% of adult Boroondara residents experienced racism in the last 12 months. This is higher than the EMR average (8%) and the Victorian rate (7%).³
- In 2021, mental health conditions were the second most common long-term health condition in Boroondara, following asthma. The Boroondara rate of diagnosed long-

¹ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

² [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

³ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

term mental health conditions (7% of residents) is lower than the EMR rate (8%) and the Victorian rate (9%).⁴

What we've heard

Improving mental wellbeing and social connection was the most prominent health issue to emerge from our consultations.

39 local agencies (of 42 interviewed) identified 'improving wellbeing' as one of the top 3 priorities.

The Youth Voice, Boroondara Community Disability Advisory Committee and LGBTQIA+ Community Roundtable found improving wellbeing in their top 3 health priorities. The Early and Middle Years Forum also highlighted the need for improving wellbeing.

Insights and emerging issues/trends:

- Community members are looking for opportunities to socialise where they don't need to spend money, and some people are reducing their participation in social activities due to cost.
- Health and wellbeing issues experienced by Aboriginal and Torres Strait Islander people, families and communities include social and cultural isolation (highlighting the importance of connecting with culture/identity and Country) and the impact of intergenerational trauma, racism and discrimination. Addressing trauma and supporting healing remains important.
- Challenges around parents' mental health and anxiety are increasing. This has particularly been the case in the last couple of years and social media may have a role to play.
- Psychological distress is an issue for young people, as well as social isolation. Young people's coping mechanisms had to adjust to the lockdowns, and some are still experiencing increased social anxiety.
- In the school aged young people cohort, service providers often see anxiety as a barrier to school attendance. In the same demographic, there are young people relying heavily on gaming for emotional regulation. Young people in the LGBTQIA+ community often experience bullying/discrimination, which compounds other mental health and wellbeing concerns they may have. Online bullying is also an issue for young people.
- School students with complex disability are having difficulty accessing mental wellbeing supports. This is compounded by difficulty in finding mental health practitioners who use alternative communication systems.

⁴ Australian Bureau of Statistics 2021, Census of Population and Housing.

- LGBTQIA+ people are over-represented in mental ill-health because of discrimination, homophobia and transphobia.
- Some multicultural communities in Boroondara are feeling afraid based on recent events, both globally and within Australia, with impacts on their mental health.
- Some multicultural communities can experience barriers to accessing mental health services due to cultural stigma.
- People are wanting to find more informal opportunities to socially connect. There is a growing popularity of initiatives such as the Chatty Café scheme.
- Loneliness is an issue for older men (35+) but engaging men in health and wellbeing programs is a challenge. Activities that support 'shoulder to shoulder' engagement amongst men should be encouraged to improve men's social connection.
- There is housing stress and an increasing complexity in responding to people experiencing or at risk of homelessness.
- Access to mental health services continues to be challenging due to wait times, cost, cultural safety and a lack of confidence in finding the support needed.

Outcomes identified as most important

Workshop participants identified the most important outcome for improving wellbeing was increasing participation of people of all backgrounds in community life (e.g. volunteering, playgroups, sports, clubs and neighbourhood houses). This was followed by an outcome on increasing social cohesion.

2.2 Increasing active living

What we know

- In 2023, 40% of adult Boroondara residents reported they did at least 150 minutes of moderate to vigorous physical activity per week. This is higher than the EMR average (34%) and the Victorian rate (35%).⁵
- In 2023, 34% of adult Boroondara residents reported they sit for 8+ hours on an average weekday. This is higher than the EMR average (31%) and the Victorian rate (28%).⁶
- Boroondara has 54 sportsgrounds, 178 playing surfaces and 65 sports pavilions used by over 170 sporting clubs who have over 25,000 members.

What we've heard

⁵ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

⁶ Unpublished 2023 Victorian Population Health Survey data from VAHI.

We heard there's a need to increase active living for people from all backgrounds.

23 local agencies (of 42 interviewed) identified 'increasing active living' as one of the top 3 priorities.

The Community Disability Advisory Committee consult found increasing active living in their top 3 health priorities.

Insights and emerging issues/trends:

- The affordability of active living opportunities is increasingly a barrier to participation for some community members.
- The importance of providing free spaces and places where people can be active and connect was highlighted such as public squares and open spaces within shopping strips that allow opportunities for interaction, and businesses and local shopping strips that are walkable.
- Female participation for juniors and seniors in Boroondara has been consistently increasing across Australian Rules Football (105%) and Cricket (218%) from 2017 - 2022. This increase is reflected in the growth in player numbers and a rise in seasonal allocation ground requests from sporting clubs.
- There is an increased demand to access sports club facilities (partly due to more female participation).
- Gender equity in active living is important. This includes equal access to sport and recreational facilities for people of all genders. Formal and informal sport and recreation activity can also be a vehicle to foster mental health and social inclusion, improving both physical and mental wellbeing of diverse groups.
- Accessible playgrounds and open space are important because people exercised at home or in parks/open space during the pandemic.
- There is lower participation in sporting activities for some cohorts and an equity lens should be applied to increase accessibility for populations groups such as LGBTQIA+ communities, people with disability and multicultural communities.
- Being On-Country has many benefits for the physical, social, emotional and cultural wellbeing of Aboriginal and Torres Strait Islander people.
- For older people, increasing active living is important for maintaining independence and participation in the community.

Outcomes identified as most important

Workshop participants highlighted the most important outcome they want to see is increasing physical activity.

2.3 Increasing healthy eating

What we know

- In 2023, 38% of Boroondara residents met fruit consumption guidelines, compared to 36% in the EMR and 35% for Victoria, and 6% of Boroondara residents met vegetable consumption guidelines, the same rate as both the EMR and Victoria.⁷
- In 2023, 28% of adult Boroondara residents reported they drink sugar sweetened beverages daily or several times per week. This is lower than the EMR average (32%) and the Victorian rate (34%).⁸
- In 2023, 32% of adult Boroondara residents reported a Body Mass Index (BMI) in the 'overweight' category and 15% reported a BMI in the 'obese' category. Boroondara's overall rate of overweight and obesity (47%) is lower than the EMR average (52%) and the Victorian rate (54%).⁹

What we've heard

Food security was the topic most frequently mentioned in relation to increasing healthy eating.

16 local agencies (of 42 interviewed) identified 'increasing healthy eating' as one of the top 3 priorities.

Insights and emerging issues/trends:

- A wider variety of people are accessing food pantries, including households with 2 incomes and mortgages.
- Due to the increased cost of living, people are making different food choices. Some people can't afford to buy healthy food or the same number of groceries.
- There is an increase in the demand for food relief (meals and food packages) from local service providers. Between 2022 and 2024, the number of individuals supported by Boroondara Community Outreach increased by 54%. Food parcels distributed more than doubled, rising by 134%, while meals provided weekly grew by 54%.
- An increasing number of students are accessing Swinburne University's food bank, with the majority being international students and undergraduate students. In

⁷ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

⁸ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

⁹ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

Semester 2 of 2024, Swinburne University reported 3,442 visits to its foodbank welfare services.

- University students, including students living on campus, may not have cooking skills so are eating less healthy options such as takeaway.
- Body image and healthy eating can be an issue with school and university students in relation to eating disorders.
- Parents are returning to the workplace shortly after having children and this can impact an infant's nutrition because working parents may be time poor and relying on pre-packaged food.

Outcomes identified as most important

Workshop participants highlighted the most important outcome they want to see is increasing access to healthier food. This was closely followed by increasing fruit and vegetable consumption.

2.4 Preventing all forms of violence

What we know

- Over the past 5 years (between 2020 and 2024) there has been a 7.5% increase in reported family violence incidences in Boroondara.¹⁰
- In 2024, there were 1,119 family violence incidents reported to police (up 11.0% from the previous year). This is a rate of 628.4 per 100,000 population, lower than the Victorian rate (1,503.8 per 100,000).¹¹
- In 2022-23, 12 per 100,000 Boroondara residents were hospitalised due to assault. This is lower than the EMR rate (19) and the Victorian rate (36), but higher than Boroondara's 2021-22 rate (8). This is a reversal of the downward trend between 2018-19 and 2021-22 where the rate fell from 15 to 8. The period of downward change coincided with the peak of the pandemic years.¹²

What we've heard

Participants talked about addressing the underlying causes or 'drivers' of violence, particularly gender-based violence (violence directed against a person because of their gender)¹³, such as gender inequality, community attitudes, and harmful social norms and stereotypes.

¹⁰ Crime Statistics Agency 2024, Family Violence Dashboard, Dec 2024 data.

¹¹ Crime Statistics Agency 2024, Family Violence Dashboard, Dec 2024 data.

¹² Public Health Division, Victorian Department of Health 2023, Victorian Public Health and Wellbeing Outcomes Framework Dashboard.

¹³ Both women and men experience gender-based violence but the majority of victims are women and girls.

16 local agencies (of 42 interviewed) identified ‘Preventing all forms of violence’ as one of the top 3 priorities.

The Youth Voice and LGBTQIA+ Community Roundtable found preventing all forms of violence in their top 3 health priorities. The Early and Middle Years Forum also highlighted the need for preventing all forms of violence.

Insights and emerging issues/trends:

- Clients accessing family violence services are often presenting with intersecting issues such as mental health concerns.
- Housing and homelessness are a significant issue for people accessing family violence services and limited access to financial support impacts recovery, health and wellbeing.
- Promoting gender equality is an essential part of preventing violence against women and girls.
- Increasing the visibility of Boroondara as a welcoming and safe space for people of different backgrounds and abilities is important for ensuring a safe community.
- Family violence within LGBTQIA+ relationships occurs at the same or higher rates as non-LGBTQIA+ relationships.
- There has been an increase in clients accessing services due to elder abuse or volunteers identifying suspected cases of elder abuse. Social isolation can be a risk factor for elder abuse.
- Family violence and elder abuse can be issues for multicultural communities and there is a need to raise awareness of what it is and where to seek help.
- Education and culturally responsive practices are needed.

Outcomes identified as most important

Workshop participants highlighted the most important outcome they want to see is increasing gender equality. This was followed by decreasing family violence and violence against women.

2.5 Reducing harm from alcohol and drug use

What we know

- In 2023, 14% of adult Boroondara residents were at an increased risk of harm from alcohol-related disease or injury. This is higher than both the average rate for the EMR (11%) and Victoria (13%).¹⁴

¹⁴ [Victorian Population Health Survey 2023 | Victorian Agency for Health Information](#)

- There was an upward trend in the rate of alcohol related hospitalisations in Boroondara between 2017-18 and 2022-23. During this period alcohol related hospital admissions increased 18%.
- The rate of illicit drug admissions has also grown since 2017-18 but trended downward between 2020-21 and 2022-23.¹⁵
- In metropolitan Melbourne, men are more likely to consume alcohol in amounts that put them at risk of harm (17% of men and 7% of women)¹⁶, and among Boroondara residents in 2022-23, females are somewhat more likely to be admitted to hospital for alcohol related events (808 per 100,000 females and 799 per 100,000 males) and illicit drug related events (225 per 100,000 females and 209 per 100,000 males). Females in Boroondara are also more likely to die from alcohol-related causes (164 per 100,000 females and 120 per 100,000 males).¹⁷

What we've heard

11 local agencies (of 42 interviewed) identified 'reducing harm from alcohol and drug use' as one of the top 3 priorities.

Insights and emerging issues/trends:

- Sometimes people self-medicate if they are having family or relationship issues. This can lead to problems including suicidal ideation.
- Most clients entering alcohol and other drug treatment have a co-occurring mental health condition and are more likely to have faced early childhood and lifetime trauma and need support navigating the health system.
- Tackling alcohol and drug use before tackling mental health concerns is difficult if an individual has fluctuating patterns of substance use.

Outcomes identified as most important

Workshop participants highlighted the most important outcome they want to see is reducing harmful alcohol consumption followed by increasing knowledge of alcohol harm.

2.6 Tackling climate change and its impacts on health

What we know

- In 2021-22, an estimated 1,584 million tonnes of CO2 equivalent emissions were generated in Boroondara. Half was emissions from residential energy use.¹⁸

¹⁵ Turning Point 2024, AODstats - Victorian alcohol and drug statistics.

¹⁶ Unpublished 2023 Victorian Population Health Survey data from VAHI.

¹⁷ Turning Point 2024, AODstats - Victorian alcohol and drug statistics.

¹⁸ Beyond Zero Emissions and Ironbark Sustainability, Boroondara - 2021-22 municipal emissions snapshot.

- Boroondara is among the top 27% of Melbourne Local Government Areas in terms of walkability for transport, which is based on:
 - land use mix and services of daily living (something to walk to)
 - street connectivity (a way to get there)
 - dwelling density.¹⁹
- In 2022, Council's measured tree canopy was 26% of our land area.²⁰ Large canopy trees reduce surrounding air temperatures through shading and evaporative cooling through the air.

What we've heard

Our community recognises that our health is closely connected to the health of our environment.

3 local agencies (of 42 interviewed) identified 'tackling climate change and its impacts on health' as one of the top 3 priorities.

The Boroondara Disability Advisory Committee consultation found tackling climate change and its impacts on health in their top 3 health priorities.

Insights and emerging issues/trends:

- Climate fears impact young people's mental health.
- Local communities need to adapt to the impacts, including looking after older people in extreme heat periods.
- Some people with disability can struggle with temperature regulation and are concerned about power outages during extreme weather events.
- Climate change and its impacts on health will widen health inequities. For example, vulnerable populations whose housing status is tenuous and people experiencing homelessness being exposed to extreme weather events.
- Aboriginal and Torres Strait Islander peoples' knowledge for improving climate change mitigation and adaptation should be recognised as part of the solution to climate change. This could include sharing traditional knowledge, practices, and expertise in land management.

Outcomes identified as most important

Workshop participants highlighted the most important outcome they want to see is increasing community understanding of ways to reduce their emissions. Workshop participants also suggested that an outcome on climate justice was important, which they

¹⁹ Australian Urban Observatory, viewed 3 February 2025, <https://auo.org.au/>

²⁰ Boroondara City Council, 2024, 'Tree Canopy Strategy 2024-2034', viewed 3 February 2025, www.boroondara.vic.gov.au/services/environment-and-sustainability/trees/tree-canopy-strategy

described as reducing inequalities to address the impacts of climate change on already traditionally marginalised communities. This was followed by an outcome on increasing community understanding of ways to stay healthy in a changing climate.

2.7 Reducing injury

What we know

- In 2022-23, 3,944 per 100,000 Boroondara residents aged 65+ were hospitalised due to a fall. This is higher than the EMR rate (3,893) and the Victorian rate (3,794) and higher than Boroondara's rate in earlier years (3,805 in 2018-19 to 3,715 in 2021-22). This may continue to grow as the Baby Boomer generation ages and the proportion of people who are 65+ grows.²¹
- In 2022-23, 1,353 Boroondara residents per 100,000 population were hospitalised due to unintentional injury. This includes road crashes, poisoning, falls, burns and overexertion related injuries. This is lower than the EMR rate (1,432) and the Victorian rate (1,789) and in line with Boroondara's rate in earlier years.²²

What we've heard

- **12 local agencies (of 42 interviewed)** identified 'reducing injury' as one of the top 3 priorities. These organisations mainly service older adults.

Insights and emerging issues/trends:

- For older people, physical decline and physical disability, falls and fractured or broken bones is an issue.
- Exercise programs for older adults are important to assist to alleviate future injuries, helping people to maintain their balance in everyday activities.
- Older people need features that support moving around such as lights and crossings to aid slower movers and help avoid injuries.
- Providing education sessions for older residents such as staying active through gentle exercise is important.
- There is a need for proper follow-up when falls occur such as linking in with family supports, allied health and discussions around risk minimisation in the home such as tripping hazards, clutter, appropriate footwear, walking aids etc. An incident of injury can quickly lead to deterioration in health without the right supports in place to prevent further impact.

²¹ Public Health Division, Victorian Department of Health 2023, Victorian Public Health and Wellbeing Outcomes Framework Dashboard.

²² Victorian Injury Surveillance Unit, Injury Atlas - Unintentional.

- Accessibility of shopping strips and footpaths for older adults, mobility scooters, walkers and prams are key to preventing injury and keeping people active.
- Bicycle rider safety educations should focus on the emerging trend of electric bikes and electric scooters.

Outcome

Reduce harm from injury focusing on unintentional falls and road and transport safety (across different modes of transport).

2.8 Emerging health and wellbeing issue

While the Victorian Public Health and Wellbeing Plan does not identify immunisation rates as a statewide priority, declining vaccination rates is a national and global trend and local vaccination rates are consistent with that trend across some age groups.

One of the Victorian Health and Wellbeing targets in the Victorian Outcomes Framework is for 95% coverage of school entry immunisation. The North East Public Health Unit notes that ‘measuring childhood immunisation coverage helps track how protected the community is against vaccine-preventable diseases. Childhood immunisation coverage is defined as the percentage of children in Australia who have had all the vaccines recommended for their age, according to the National Immunisation Schedule’.²³ It also notes that ‘due to a higher level of immunisation coverage needed to protect the community against measles (92%-94% coverage), Australia’s childhood coverage target has been set at 95% to achieve herd immunity against measles and is considered ‘aspiration’ for all other vaccine preventable diseases’.²⁴

What we know

In December 2024 at the:

- 12-15-month milestone in Boroondara, 94.16% were fully vaccinated for age compared to the state average of 92.5%. This was down from the rate in Boroondara in December 2023 (95.68%)
- 24-27-month milestone in Boroondara, 91.2% were fully vaccinated for age compared to the state average of 91.4%. This was up from the rate in Boroondara in December 2023 (90.4%)

²³ Population Profile of the North Eastern Public Health Unit Catchment Area 2025, p. 136.

²⁴ Population Profile of the North Eastern Public Health Unit Catchment Area 2025, p. 136.

- 60-63 months milestone in Boroondara, 94.43% were fully vaccinated for the age compared to state average for 94.6%. This was down from the rate in Boroondara in December 2023 (94.58%).

What we've heard

Insights and emerging issues/trends from consultation with Council's immunisation staff are:

- People migrating from overseas don't necessarily know that local government has community immunisation services available and so this population cohort can be hard to reach and build trusted relationships with. A community immunisation nurse who speaks Mandarin has had a positive impact and is highly valued by local Chinese customers and the uptake of optional vaccines has been higher when Chinese people have seen the relevant nurse. Council's simplified and traditional Chinese translation on the website about vaccines has been accessed by the public more often than the English version of the website
- Parents attending community immunisation service appointments have been asking a lot more questions and have tended to be more anxious and need more time, reassurance and empathy to make them feel comfortable in their own decision making.

Outcome

Increase vaccination rates.

3 Target groups

The research and stakeholder engagement identified groups who may be more vulnerable to experiencing health inequities. 'Target groups' are parts of our community identified as needing focused attention or resources due to their vulnerability, disadvantage, or strategic importance in achieving policy aims. They include:

- Aboriginal and Torres Strait Islander people
- multicultural communities
- LGBTQIA+ communities
- people with disability (including chronic conditions and mental ill-health)
- carers
- socially isolated people
- financially vulnerable people (including people living on low incomes and people who are homeless or living in social housing)
- women
- men 35+ years

- children and young people
- older people.

Table 1 provides a summary of the target groups organised by health priority.

Table 1: Target groups per health priority

Health priority	Target groups
Improving wellbeing	• Multicultural communities • LGBTQIA+ communities • Children and young people • Older people • Women • Men 35+ years • Aboriginal and Torres Strait Islander people • Socially isolated people • People with disability (including chronic conditions and mental ill-health) • Carers.
Increasing active living	• Children and young people • Women • LGBTQIA+ communities • Older people • Financially vulnerable people • People with disability (including chronic conditions and mental ill-health) • Aboriginal and Torres Strait Islander people • Multicultural communities • Socially isolated people.
Increasing healthy eating	• Financially vulnerable people • Men 35+ years • Children and young people • People with disability (including chronic conditions and mental ill-health) • Older people • Aboriginal and Torres Strait Islander people • Multicultural communities • Socially isolated people.
Preventing all forms of violence	• Women • Children and young people • Older people • People with disability (including chronic conditions and mental ill-health) • Aboriginal and Torres Strait Islander people • Multicultural communities • LGBTQIA+ communities

Health priority	Target groups
Tackling climate change and its impacts on health	• Financially vulnerable people • Older people • Children and young people • People with disability (including chronic conditions and mental ill-health) • Multicultural communities • Socially isolated people • Aboriginal and Torres Strait Islander people
Reducing harmful alcohol use	• Women • Men 35+ years • People with mental ill-health
Reducing injury	Older people

4 Council's health priorities for 2025-29

Following the research and stakeholder engagement, it was identified that the key health and wellbeing priorities for the Boroondara community are on the right track and closely align with the existing health and wellbeing priorities in the Boroondara Community Plan 2021-31.

While Council needs to have regard to the 10 health priorities identified in the [Victorian public health and wellbeing plan 2023–2027](#), it can amend the terminology to our local context and to better spotlight the health priorities and 'outcomes' we are seeking. Based on the findings from the research, consultation and stakeholder forum, the wording for the 7 health priorities will be amended slightly from the Victorian Government wording, as shown in Table 2 below. The amended wording clarifies the focus of the health priorities for Council. It also combines 2 of the health priorities that we have less influence on ('reducing harm from alcohol and drug use' and 'reducing injury').

Table 2: Proposed wording for the health priorities in the MPHWP

Victorian Public Health and Wellbeing Plan 2023-27 terminology	Proposed health priority terminology for the MPHWP	Rationale for change
Improve wellbeing	Improve mental wellbeing and social inclusion	The term 'improve wellbeing' is broad. The proposed term clarifies for the community that the focus of this health priority is on good mental wellbeing and social inclusion.

Victorian Public Health and Wellbeing Plan 2023-27 terminology	Proposed health priority terminology for the MPHWP	Rationale for change
Increasing active living	Increase physical activity and active living	Stakeholder engagement highlighted that the key outcome sought was increasing physical activity, so this term has been added.
Increasing healthy eating	Increase healthy eating	Minor modification proposed to be in the active tense.
Preventing all forms of violence	Improve gender equality and prevent gender-based violence	The key focus of this health priority for Council is on improving gender equality and preventing gender-based violence. The amended wording reflects this focus and aligns with the feedback from stakeholders.
Tackling climate change and its impacts on health	Tackle climate change and its impacts on health	Minor modification proposed to be in the active tense.
Reducing harm from alcohol and drug use Reducing injury	Reduce harm (injury, alcohol and emerging harms)	Council does not play a role in reducing harmful drug use, so this has been removed from the health priority. The wording combines 2 health priorities - reducing alcohol harm and reducing injury, as they both related to harm prevention and reduction. The new wording also allows Council to focus on emerging issues such as declining immunisation rates and to respond to emerging harms during the life of the plan.

5 Next steps

The findings from the research and consultation will be used to inform the development of the content related to the MPHWP that will be included in the draft Boroondara Community Plan 2025 to 2035, which will be presented to Council for endorsement for community consultation later in the year.