



## **Wimmera Health**

### **Evidence to inform planning for our region**

#### **Includes:**

- **Regional Data**
- **Community Consultations**

**August 2009**

# Wimmera Health

## Definition of Health

The World Health Organisation definition of health has been used, unchanged, since 1948:

**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**

## Social Determinants of Health

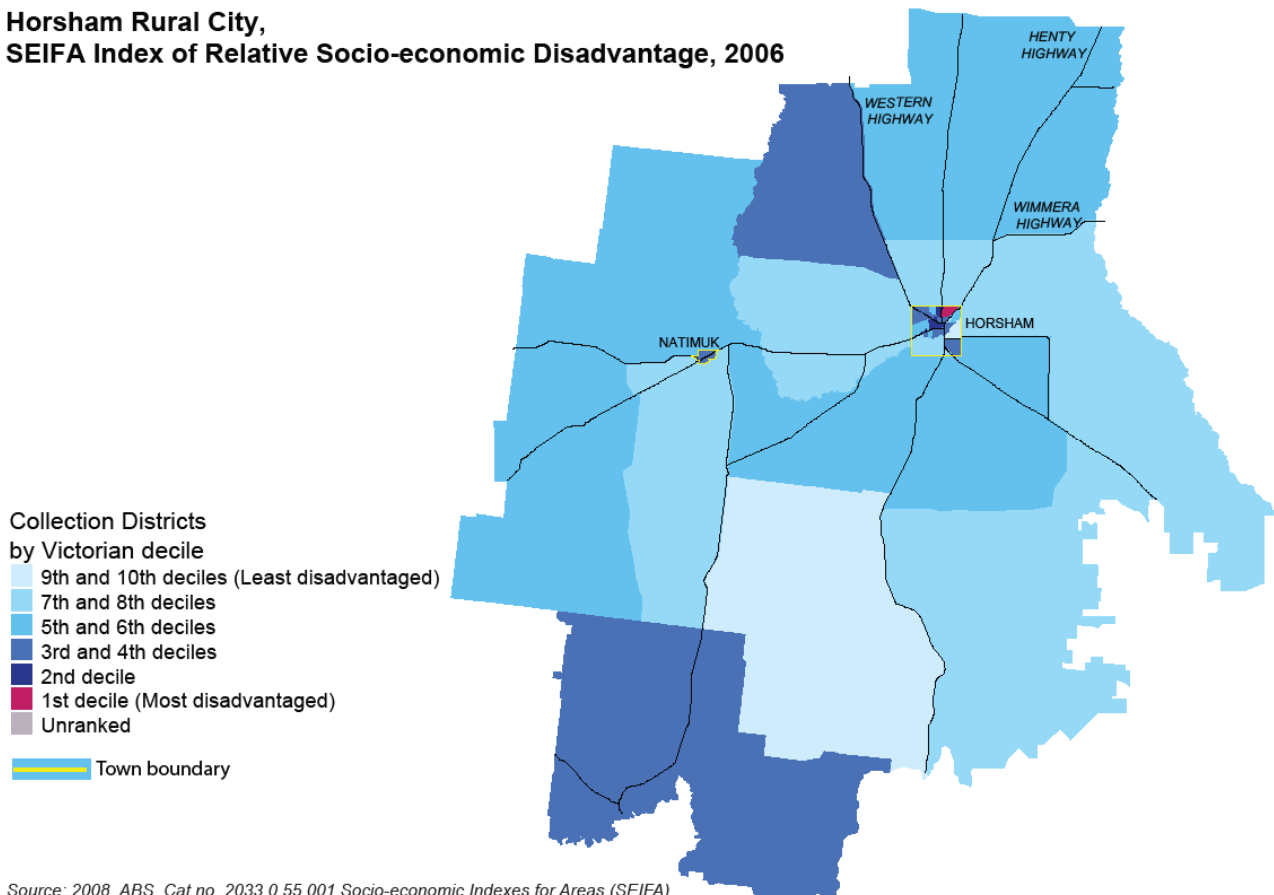
The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and **local levels**, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

**This report gives an overview of the health of those who live in the Wimmera through the lens of the Social Determinants of health.**

## Social Gradient

- SEIFA – Broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society.
- SEIFA – four summary measures.
- Index of relative socio-economic disadvantage, Index of relative socio-economic advantage and disadvantage and Index of economic resources.

**Horsham Rural City,  
SEIFA Index of Relative Socio-economic Disadvantage, 2006**

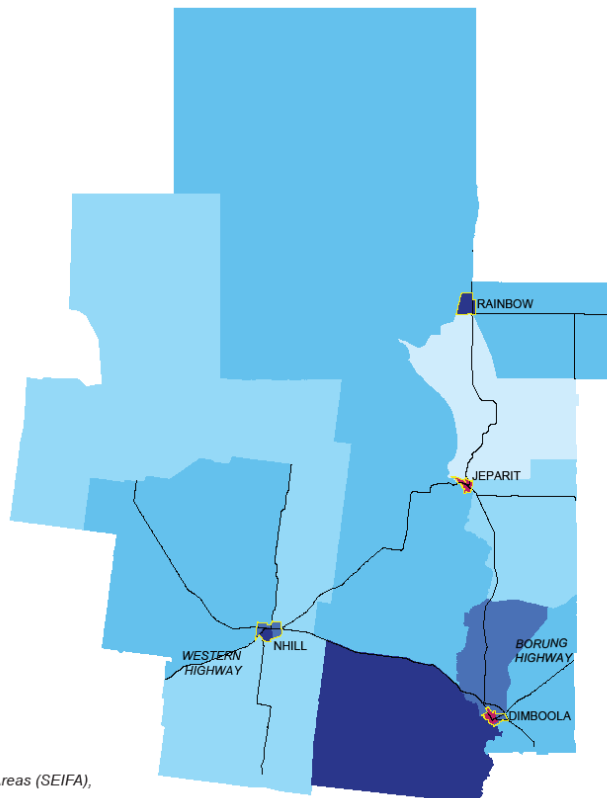


**Hindmarsh Shire,  
SEIFA Index of Relative Socio-economic  
Disadvantage, 2006**

Collection Districts  
by Victorian decile

- 9th and 10th deciles (Least disadvantaged)
- 7th and 8th deciles
- 5th and 6th deciles
- 3rd and 4th deciles
- 2nd decile
- 1st decile (Most disadvantaged)
- Unranked

Town boundary



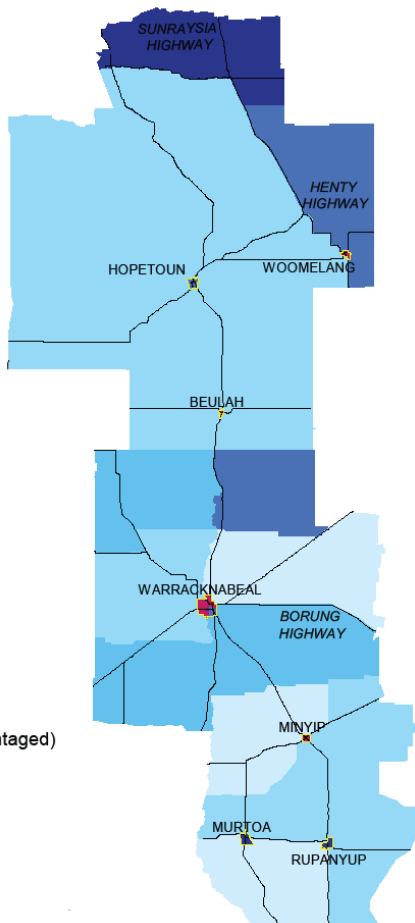
Source: 2008, ABS, Cat no. 2033.0.55.001 Socio-economic Indexes for Areas (SEIFA), Data only, 2006; DPCD, 2008, Towns in Time

**Yarriambiack Shire,  
SEIFA Index of Relative Socio-economic Disadvantage, 2006**

Collection Districts  
by Victorian decile

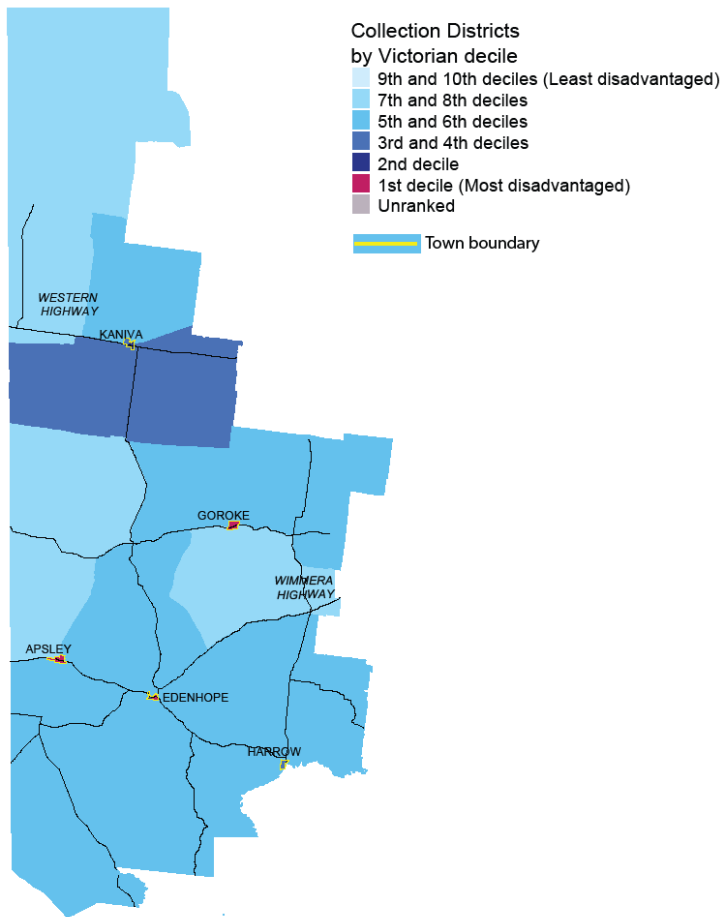
- 9th and 10th deciles (Least disadvantaged)
- 7th and 8th deciles
- 5th and 6th deciles
- 3rd and 4th deciles
- 2nd decile
- 1st decile (Most disadvantaged)
- Unranked

Town boundary



Source: 2008, ABS, Cat no. 2033.0.55.001 Socio-economic Indexes for Areas (SEIFA), Data only, 2006; DPCD, 2008, Towns in Time

**West Wimmera Shire,  
SEIFA Index of Relative Socio-economic Disadvantage, 2006**



Source: 2008, ABS, Cat no. 2033.0.55.001 Socio-economic Indexes for Areas (SEIFA), Data only, 2006; DPCD, 2008, Towns in Time

**Income - Wimmera**

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Income</b> – equivalising income adjusts the total income of the household according to the number of persons and household types.	\$421	\$521	\$431	\$481	\$507	\$600

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

**Early Life**

All children deserve the best start in life. At various times families will need support and assistance along the way to achieve this best start. During pregnancy, birth and the daunting first weeks of a new life, raising a toddler and preparing a child for school, can all be challenging times for parents.

Although most young Victorians are healthy, happy and active learners, young children are vulnerable in their early years of life. A positive and healthy early years experience is crucial for the immediate and ongoing wellbeing of a child.

“Best Start” research indicates that the main factors which inform socioeconomic status can include labour force, status, family income, educational attainment and English proficiency of the child’s parent(s). [http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs\\_atlas-4\\_families\\_victoria.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs_atlas-4_families_victoria.pdf)

The labour force status of parents may indicate the level of income. For more families the main source of income is employment or a pension. The level of parental education is a commonly used indicator of

child health and wellbeing. Research links parental/maternal education and a child's health (that is, nutritional) and education status.

[http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs\\_atlas-5\\_socio\\_economic.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs_atlas-5_socio_economic.pdf)

Of the 337,142 Victorian families with children aged 0-8 years, 139,623 (41.4%) were couple families where both parents were employed (2005). The percentage of couple families with children aged 0-8 years where both parents were employed was marginally higher in metropolitan Melbourne (41.7%) than in regional Victoria (40.6%).

In regional Victoria the highest percentages were in the shires of West Wimmera (54.7%), Corangamite (54.3%) and Yarriambiack (52.4%).

[http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs\\_atlas-5\\_socio\\_economic.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs_atlas-5_socio_economic.pdf)

Of the 337,142 Victorian families with children aged 0-8 years, 11,540 (3.4%) were couple families where neither parent was in the labour force. The percentage of couple families with children aged 0-8 years where neither parent was in the labour force was marginally higher in metropolitan Melbourne (3.5%) than in regional Victoria (3.3%).

In regional Victoria, the highest percentages were recorded in the shires of Pyrenees (6.7%), Loddon (6.3%) and Hepburn (5.6%). The LGAs with the lowest percentages were Horsham (1.9%) and Buloke (2.2%).

As percentage of all families with children aged 0-8 years within each LGA the percentage of couple families with children aged 0-8 years, where neither parent had completed Year 12 or equivalent, was substantially greater in regional Victoria (41.6%) than in Melbourne (26.3%).

The LGAs in regional Victoria with the highest percentages were Gannawarra (44.1%), Golden Plains (41.0%), Pyrenees (40.2%), Yarriambiack (39.9%), Campaspe (39.8%) and South Gippsland (39.0%).

The Best Start Indicators Project recognises that early childhood education is important in preparing children for school and introducing them to organised learning. The project states that evidence gained internationally suggests that children's participation in early childhood education and organised learning can produce a range of short-term and long-term benefits, including improved literacy and numeracy, improved self-esteem, better employment prospects and improved health outcomes.

[http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs\\_atlas-7\\_section\\_2\\_indicators\\_chpt5\\_health.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs_atlas-7_section_2_indicators_chpt5_health.pdf)

In 2001, the percentage of children enrolled in kindergarten services was marginally higher in metropolitan Melbourne (92.9%) than in regional Victoria (92.2%). The highest percentages were dispersed across regional Victoria. Queenscliff, Southern Grampians, East Gippsland, Indigo, Ballarat and Corangamite all recorded enrolment rates in excess of 100%. The LGAs of Yarriambiack (99.2%), Hepburn (99%), Macedon Ranges (98.6%) and Strathbogie (98.3%) also recorded high enrolment rates.

The lowest percentages were recorded in West Wimmera (61.7%), Golden Palins (75.7%), Pyrenees (77.2%), Moira (79.3%) and Ararat (79.6%) in Northern Grampians it was less than 84.6%.

[http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs\\_atlas-7\\_section\\_2\\_indicators\\_chpt5\\_health.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/beststart/2005/bs_atlas-7_section_2_indicators_chpt5_health.pdf)

Immunisation Rates at 12-15 Months in 01-02. In regional Victoria, the highest percentages were recorded in Buloke, Glenelg, Pyrenees, West Wimmera and Yarriambiack (all 100%).

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Child Health Assessments</b> – rate of participation for children eligible for a Child Health Assessment which are routinely undertaken by the Maternal and Child Health Services in Victoria to monitor child health and development. Ten visits are anticipated according to key ages and stages until a child reaches 3.5 years of age.	48.8%	46.6%	76.7%	64.4%	57.5%	57.8%

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

## Social Exclusion

Social exclusion describes the structures and dynamic processes of inequality among groups in society. Social exclusion refers to the inability of certain groups or individuals to participate fully in Australian life due to structural inequalities in access to social, economic, political and cultural resources. These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion.

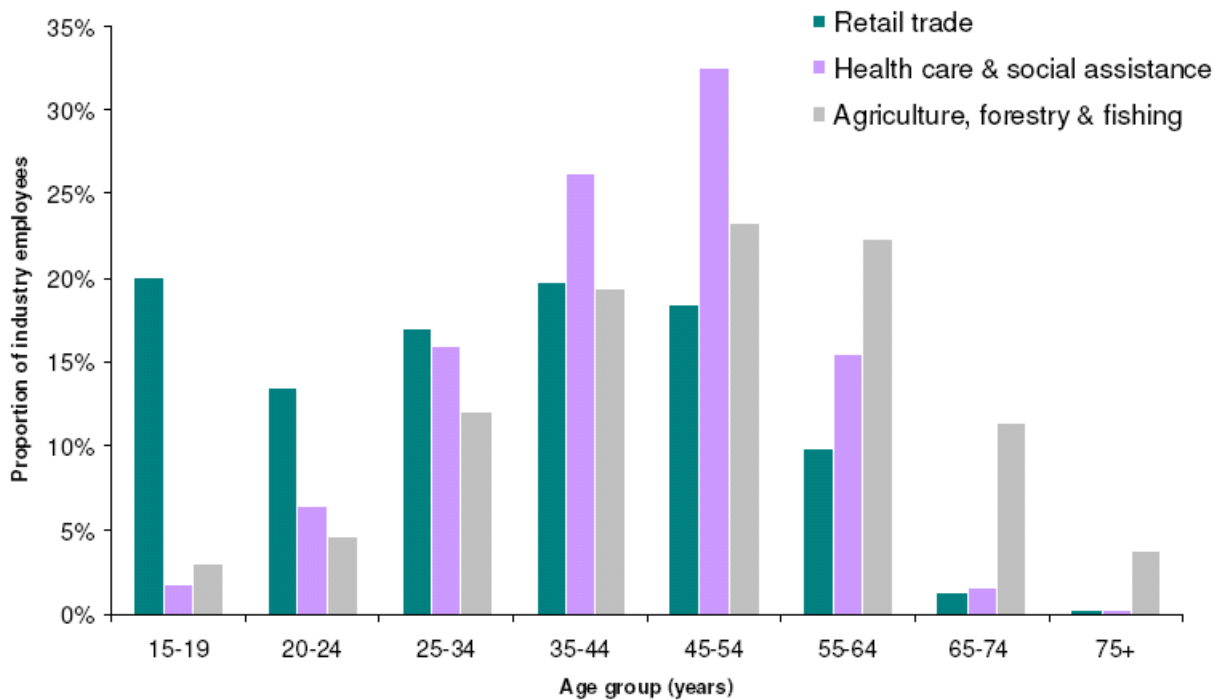
	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Feeling Part of the Community –</b> Respondents were asked to rate their satisfaction with feeling part of their community and answers are presented according to a 0-100 range.	83.3%	77.1%	82.1%	81.6%	74.6%	70.7%
<b>Social Support –</b> Respondents were asked if they could get help from friends, family or neighbours when they needed it, either definitely, sometimes or not at all.	94.5%	95.4%	95.8%	93.4%	94.5%	n
<b>Volunteering –</b> respondents were asked whether or not they helped out as a volunteer.	73.2%	68.4%	66.0%	73.9%	54.3%	n
<b>Participation in Arts and Cultural Activities –</b> respondents were asked if they had participated in at least one in a range of activities in the previous month, including painting, drawing, art and craft, playing musical instruments, singing, writing and performing.	50.2%	41.8%	43.1%	45.5%	47.4%	46.6%
<b>Community Acceptance of Diverse Cultures –</b> respondents were asked if they agreed that 'it is a good thing for a society to be made up of people from different cultures'.	82.9%	86.1%	80.3%	78.3%	87.1%	89.4%
<b>Participation in Citizen Engagement –</b> Respondents were asked if they had attended a town meeting or public hearing, met, called or written to a local politician, joined a protest or signed a petition in the previous 12 months.	78.8%	61.8%	73.3%	73.1%	62.9%	53.8%

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

# Employment/unemployment/ working conditions

## Age and industry of employment

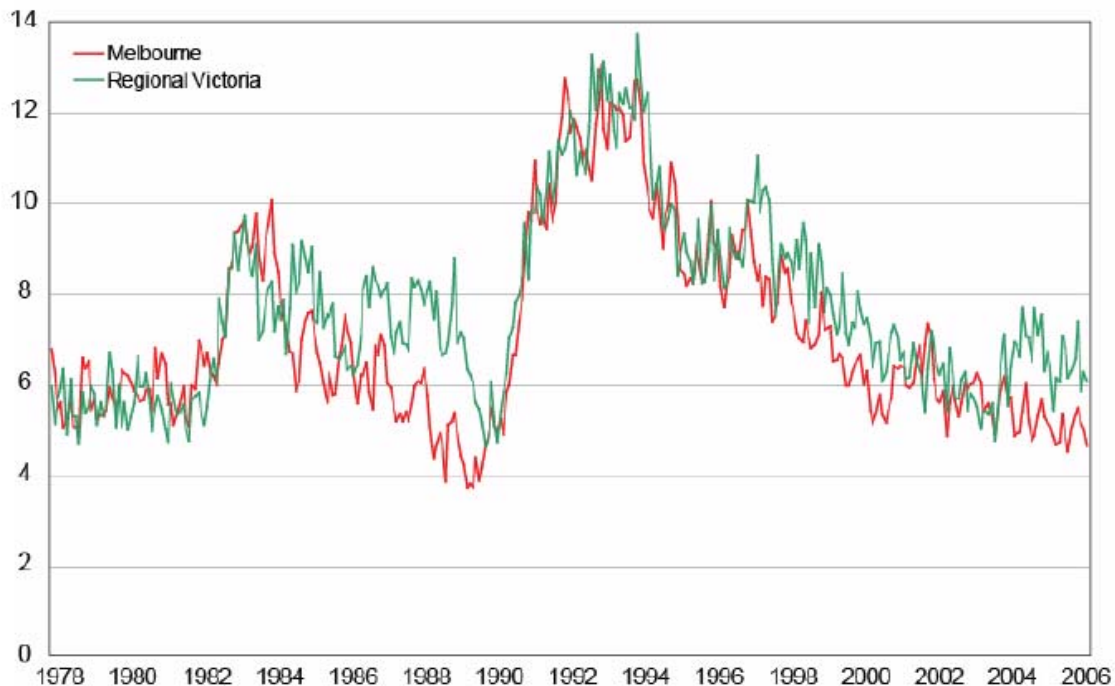
Industry of employment by age, Grampians region, 2006



Source: 2006 Census of Population and Housing, P40

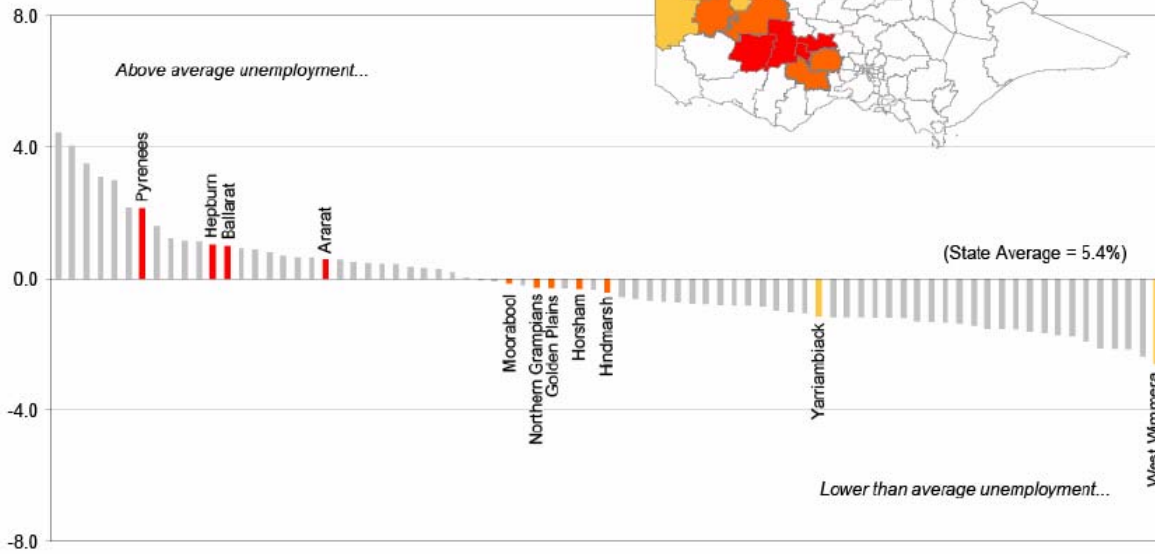
## Changes in unemployment, Melbourne & regional Victoria, 1978-2006

Unemployment Rate (%)



### Unemployment Rate, 2006

Difference to state average

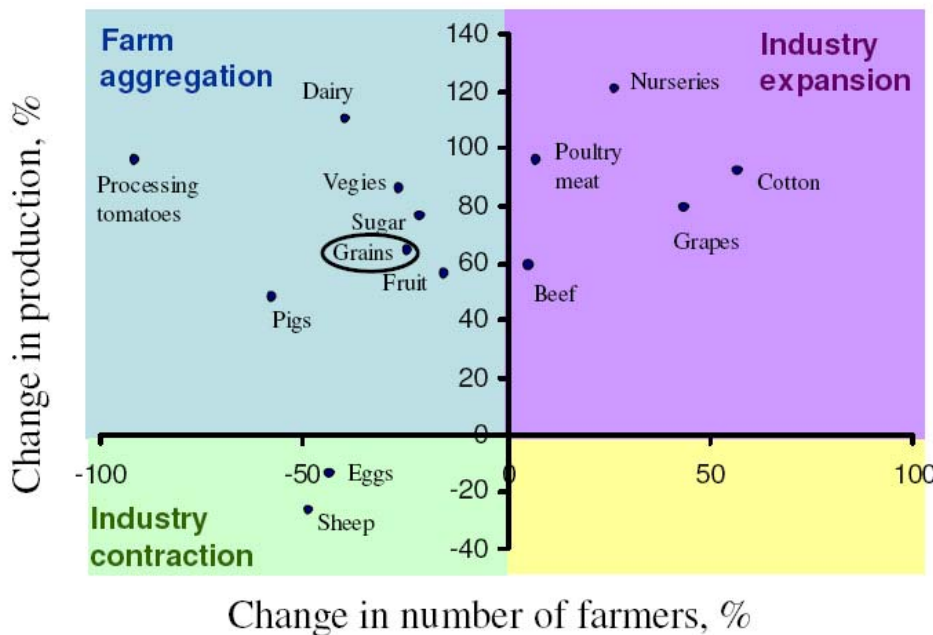


Department of Planning and Community Development. Census 2006 Analysis.

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Employment Rate</b> – employment to population ratio describes the percentage of persons aged 15 years or older who are employed.	54.7%	62.4%	54.5%	61.9%	58.4%	60.9%

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

### Change in production and farmer numbers 1984-2002, Australia



Sources: Neil Barr, DPI & Productivity Commission



## Social Supports

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Feeling Part of the Community –</b> Respondents were asked to rate their satisfaction with feeling part of their community and answers are presented according to a 0-100 range.	83.3%	77.1%	82.1%	81.6%	74.6%	70.7%
<b>Social Support –</b> Respondents were asked if they could get help from friends, family or neighbours when they needed it, either definitely, sometimes or not at all.	94.5%	95.4%	95.8%	93.4%	94.5%	n
<b>Home Internet Access –</b> measured in 2007. Respondents were asked to indicate if the internet could be accessed from their dwelling, and if so, whether access was via a dial up or broadband connection.	Internet 66.1% Broadband 38.3%	Internet 73.3% Broadband 40.9%	Internet 70.7% Broadband 34.1%	Internet 68.5% Broadband 24.5%	Internet 73.6% Broadband 45.8%	Internet 78.9% Broadband 61.1%

[http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

## Food Security

### What is food security?

Food security exists when all people, at all times, have physical and economic access to enough safe and nutritious food to meet their dietary needs and food preferences for an active and healthy lifestyle. (World Food Summit 1996).

- **Food is available** – The amount and quality of food available globally, nationally and locally can be affected temporarily or for long periods by many factors including climate, disasters, war, civil unrest, population size and growth, agricultural practices, environment, social status and trade.
- **Food is affordable** – When there is a shortage of food prices increase and while richer people will likely still be able to feed themselves, poorer people may have difficulty obtaining sufficient safe and nutritious food without assistance.
- **Food is utilised** – At the household level, sufficient and varied food needs to be prepared safely so that people can grow and develop normally, meet their energy needs and avoid disease.

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Food Security</b> – respondents were asked if there had been any times in the previous 12 months when they had run out of food and could not afford to buy more.	4.4%	7.2%	4.7%	3.5%	6.4%	6.0%

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

In 2006, females from the region were significantly more likely to meet the dietary guidelines for fruit (2 or more serves) than males (53% females vs 40% males). There was no significant difference in vegetable intake (5 or more serves) between males and females (14% females vs 9% males).

72% of males and 62% of females from the region met the physical activity guidelines (sufficient time and sessions). There was no significant difference between these rates and the rates for Victoria.

*Wellbeing and lifestyle – the evidence 2006: DHS Grampians Region*

<http://www.health.vic.gov.au/healthstatus/downloads/vphs/2006/grampians06.pdf>

## Education

Meaningful and relevant education plays a fundamental role in both personal and social development. Levels of education influence employment opportunities and income, which in turn influence housing, transport, community participation and many other determinants of health. Education develops interpersonal and life skills, helps us to understand others and to build relationships among individuals and groups. Learning undertaken throughout life, including participation in adult and community education programs has been shown to improve skills, increase community involvement and connectedness and contribute to the economic wellbeing of families, communities and regions. *World Health Organisation 2007.* [www.who.int/hia/evidence/hoh/en/index.html](http://www.who.int/hia/evidence/hoh/en/index.html)

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Educational Qualifications –</b> percentage of people who had Tertiary or TAFE qualifications.	33.9%	42.7%	32.3%	33.1%	44.6%	50.7%
<b>Destinations of School Leavers –</b> data describes the level of engagement in work and study activities of 15-19 year olds who are not attending school. This population can be categorised into 3 major groups: fully engaged school leavers are defined as those who are involved in work and/or non-school (including university, TAFE and vocational training) study on a full-time basis; disengaged school leavers are defined as those who are not involved in any work or study activities at all.	Engaged 64.1% Disengaged 28.2%	Engaged 62.4% Disengaged 20.7%	Engaged 52.9% Disengaged 28.7%	Engaged 61.5% Disengaged 16.7%	Engaged 64.4% Disengaged 19.4%	Engaged 71.9% Disengaged 15.4%

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

## Gender

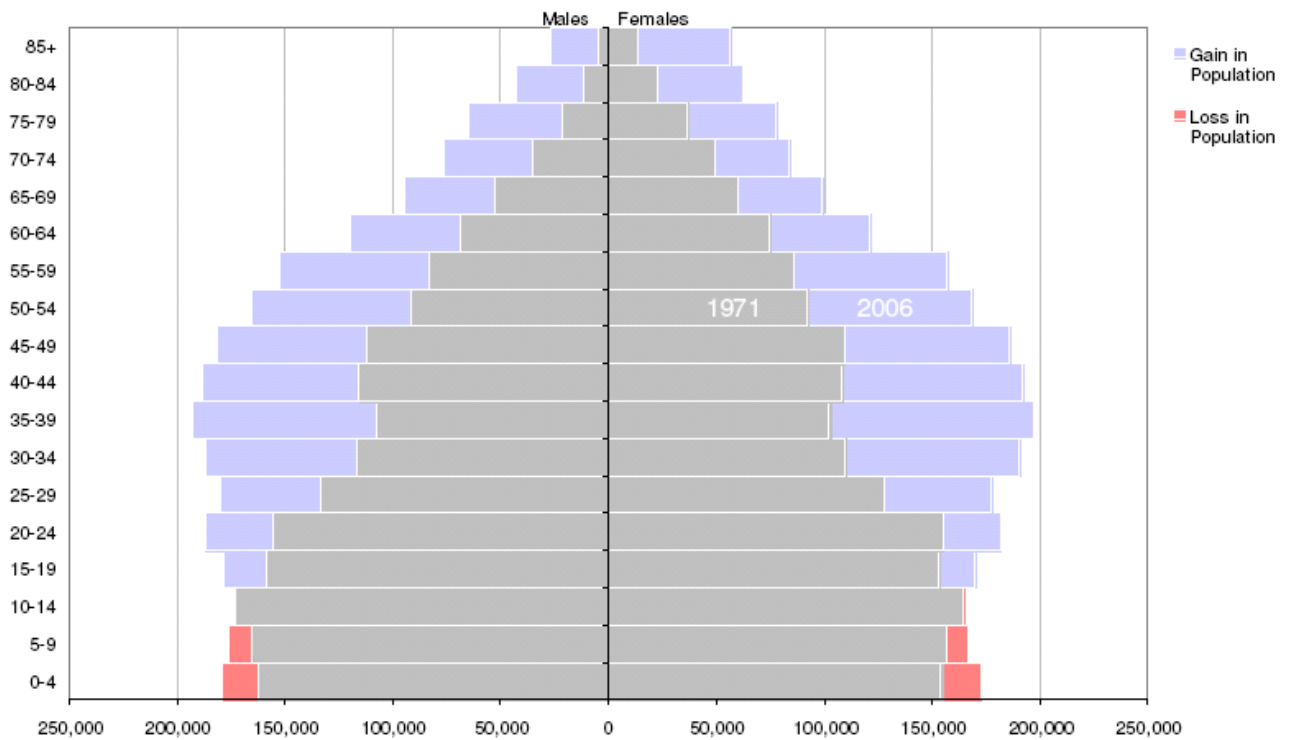
Gender based differences in access to or control over resources, in power or decision making, and in roles and responsibilities, have implications for women's and men's health status.

Gender may influence health status in the following ways:

- Exposure, risk or vulnerability.
- Nature, severity or frequency of health problems.
- Ways in which symptoms are perceived.
- Health seeking behaviour.
- Access to health services.
- Ability to follow prescribed treatments.
- Long term social and health consequences.

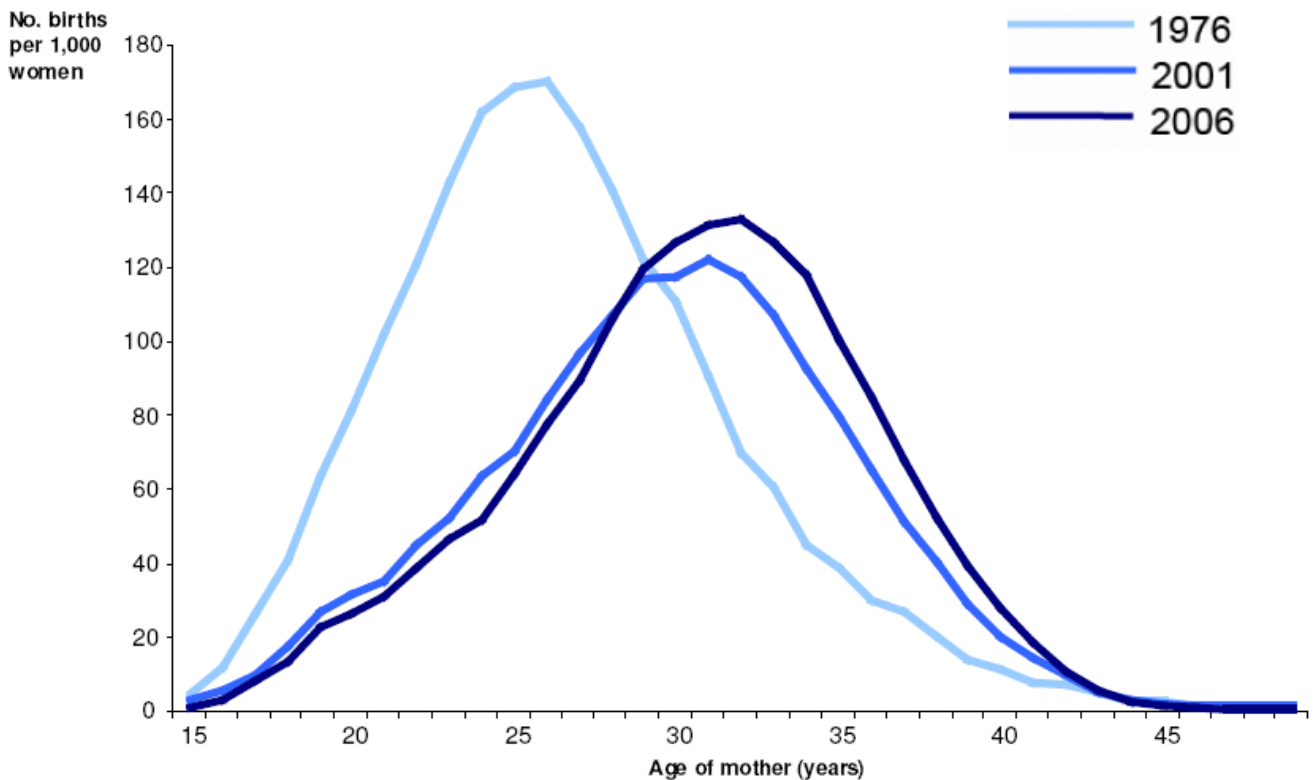
*Integrating Gender Perspectives in the work of WHO, WHO Gender Policy, 2002.*  
[www.who.int/gender/documents/engpolicy.pdf](http://www.who.int/gender/documents/engpolicy.pdf)

## Change in age structure, Victoria, 1971-2006



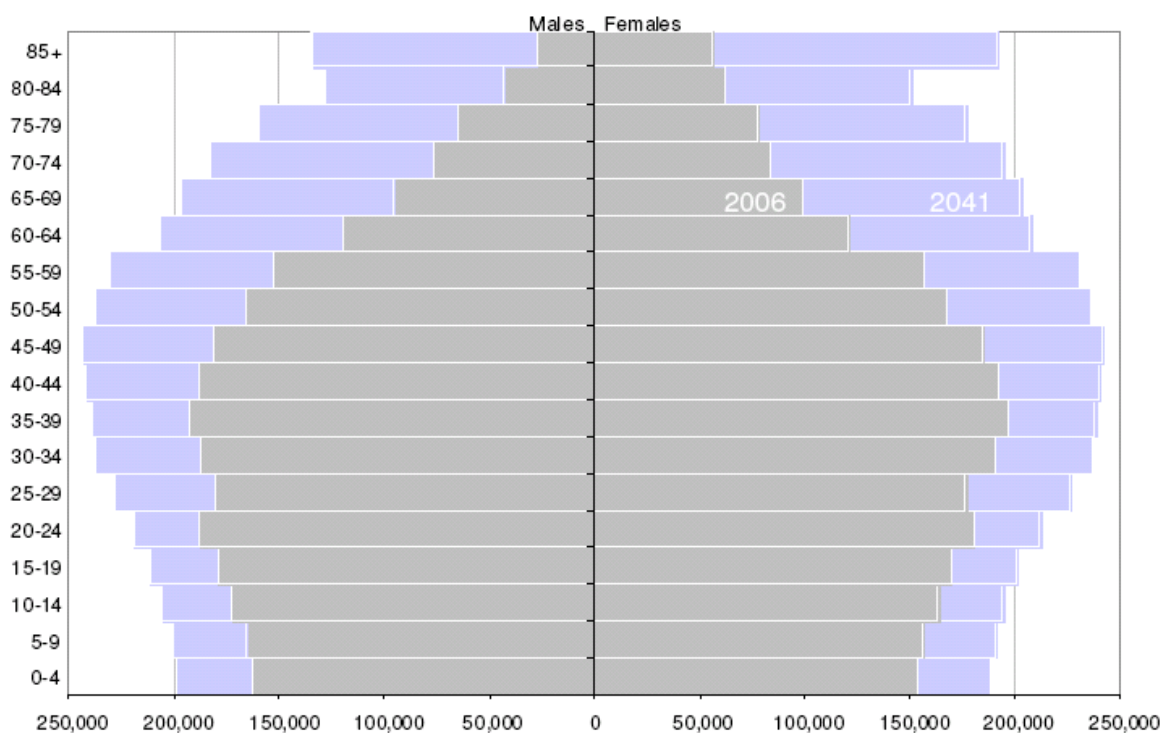
Source: ABS customised data (cat. no. 3301.0)

## An example of changing social process: the proportion of women giving birth by age, Victoria



Source: ABS customised data (cat. no. 3301.0)

## Change in age structure, Victoria, 2006-2041



Source: DPCD projections, October 2007 (unpublished)

## Discrimination

Discrimination can be based upon ethnicity, race, religion, gender, sexual preference and disability. All types of discrimination can cause inequalities in people's health.

Ethnic and race-based discrimination is a human rights violation both in its own right and because it compromises the attainment and enjoyment of other human rights, including the right to health (WHO 2001b).

- Discrimination has a negative impact on health and wellbeing, in particular mental health.
- The effects of discrimination on Indigenous Victorians need to be addressed to realise our national aspiration to reduce the 17-year longevity gap between Indigenous and non-Indigenous Australians.
- Around 24% of Victorians were born overseas. Three-quarters of these were born in countries where English was not the main language spoken. One in five Victorians speaks a language other than English at home (Australian Bureau of Statistics 2007). Reducing discrimination affecting this group will be important in any bid to reduce the overall mental health disease burden.

*VicHealth Race-based discrimination as a determinant of mental health and wellbeing Research summary 3, August 2008*

[http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/ResearchSummary\\_Discrimination.ashx](http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/ResearchSummary_Discrimination.ashx)

## Proportion born overseas, 2006

Region	Born in Australia	Born overseas
Melbourne Statistical Division	69%	31%
Regional Victoria	89%	11%
Grampians	91%	9%

Source: 2006 Census of Population and Housing

## Ethnic diversity

Persons born overseas, Grampians region		
Birthplace	Number	Proportion
United Kingdom	6,657	3.4%
New Zealand	1,373	0.7%
Netherlands	1,240	0.6%
Germany	880	0.4%
Italy	517	0.3%

Source: 2006 Census of Population and Housing, Basic Community Profile, B09

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<b>Community Acceptance of Diverse Cultures</b> – respondents were asked if they agreed that 'it is a good thing for a society to be made up of people from different cultures'.	82.9%	86.1%	80.3%	78.3%	87.1%	89.4%

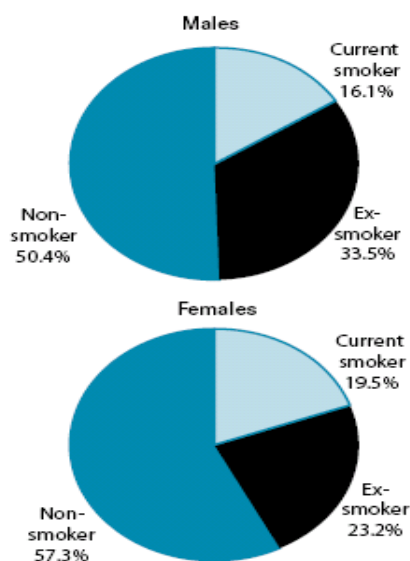
Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

## Addictions and substance misuse

### Smoking Status

Current smokers are defined as those who smoke daily or occasionally. Differences in smoking patterns between the region and Victoria were not statistically significant. In 2007, 16% of males and 20% of females in the region were classified as current smokers.

Smoking status, by sex, Grampians region, 2007



Wellbeing and lifestyle – the evidence 2006: DHS Grampians Region.

<http://www.health.vic.gov.au/healthstatus/downloads/vphs/2006/grampians06.pdf>

### Alcohol consumption

The *Australian Alcohol Guidelines* specify the risks for various drinking levels for males and females in the short and long term (NHMRC 2001). The rate of alcohol consumption on a weekly basis, at a level for short-term risk of harm, was significantly higher for males (15%) from the region than the rate for females (6%) from the region. Differences in the rates between males and females from the region were not significant for long-term health risks associated with risky and high-risk levels of alcohol consumption. Females (24%) from the region were significantly more likely than males (14%) to be abstainers (never/no longer consume alcohol).

#### Short-term risk of alcohol related harm, 2007

		Risky or High Risk							
		Low Risk		At least Yearly		At least Monthly		At least Weekly	
		%	95%CI	%	95%CI	%	95%CI	%	95%CI
Grampians	Males	26.0	20.8–32.1	25.4	19.6–32.2	19.6	14.6–25.9	14.5	10.3–20.0
	Females	36.3	31.8–41.0	23.1	18.9–27.9	10.6	7.8–14.3	5.6	3.6–8.7
	Males	33.8	31.4–36.2	23.2	21.0–25.4	14.8	13.1–16.8	13.8	12.1–15.7
Victoria	Females	39.9	38.0–41.8	21.1	19.5–22.8	9.0	7.9–10.3	6.6	5.5–7.9

#### Long-term risk of alcohol related harm, 2007

		Low Risk		Risky		High Risk		Abstainer	
		%	95%CI	%	95%CI	%	95%CI	%	95%CI
Grampians	Males	81.3	75.5–86.0	2.5	1.2–5.1	1.5	0.5–3.9	13.7	9.8–18.8
	Females	71.7	67.2–75.8	2.6	1.2–5.5	1.4	0.6–3.3	23.8	20.1–28.0
	Males	81.5	79.4–83.4	3.4	2.6–4.5	0.9	0.6–1.4	13.6	11.9–15.5
Victoria	Females	74.2	72.4–75.9	1.9	1.5–2.4	0.6	0.4–0.9	22.7	21.0–24.5

Note figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

<http://www.health.vic.gov.au/healthstatus/downloads/vphs/2006/grampians06.pdf>

## Environments

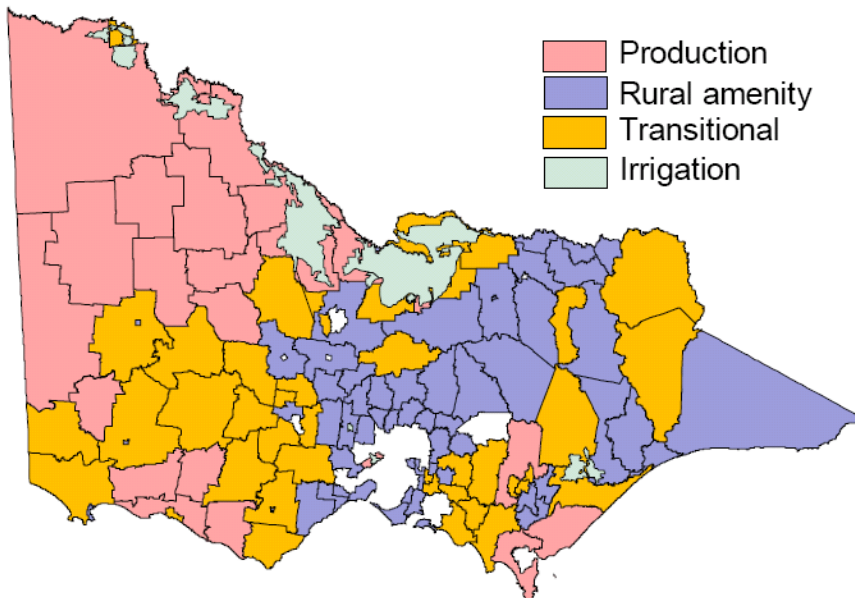
A strong relationship exists between people and place: people's health and wellbeing reflects their socioeconomic status, and accordingly, where they live. Different locations afford varying degrees of access to healthy environments, food, services, amenities, health information, education, employment, housing, and opportunities to experience sense of community and sense of place. A holistic approach ensures that the inter-relationships between all major issues impacting on individuals and families within the context of their local communities are taken into account.

*Environments for Health Promoting Health and Wellbeing through Built, Social, Economic and Natural Environments* <http://www.health.vic.gov.au/localgov/mphpfr/downloads/mphpf.pdf>

Environments are recognized in four different ways:

1. Built environment
2. Social environment
3. Economic environment
4. Natural environment

Economically and socially, rural Victoria consists of 4 regions or landscapes as below.

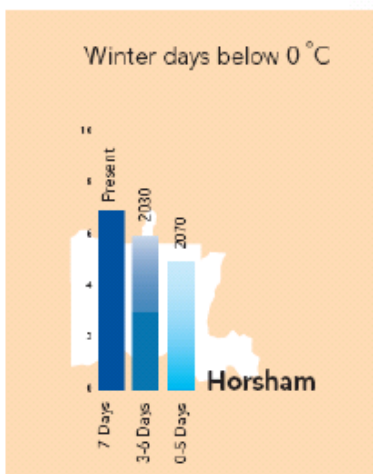
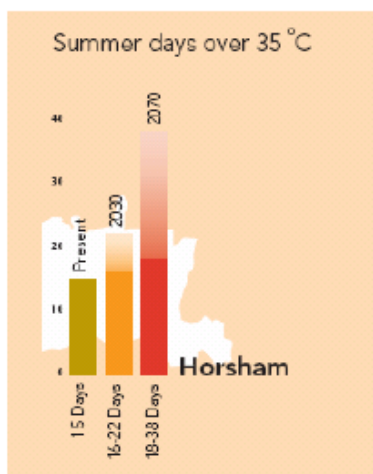
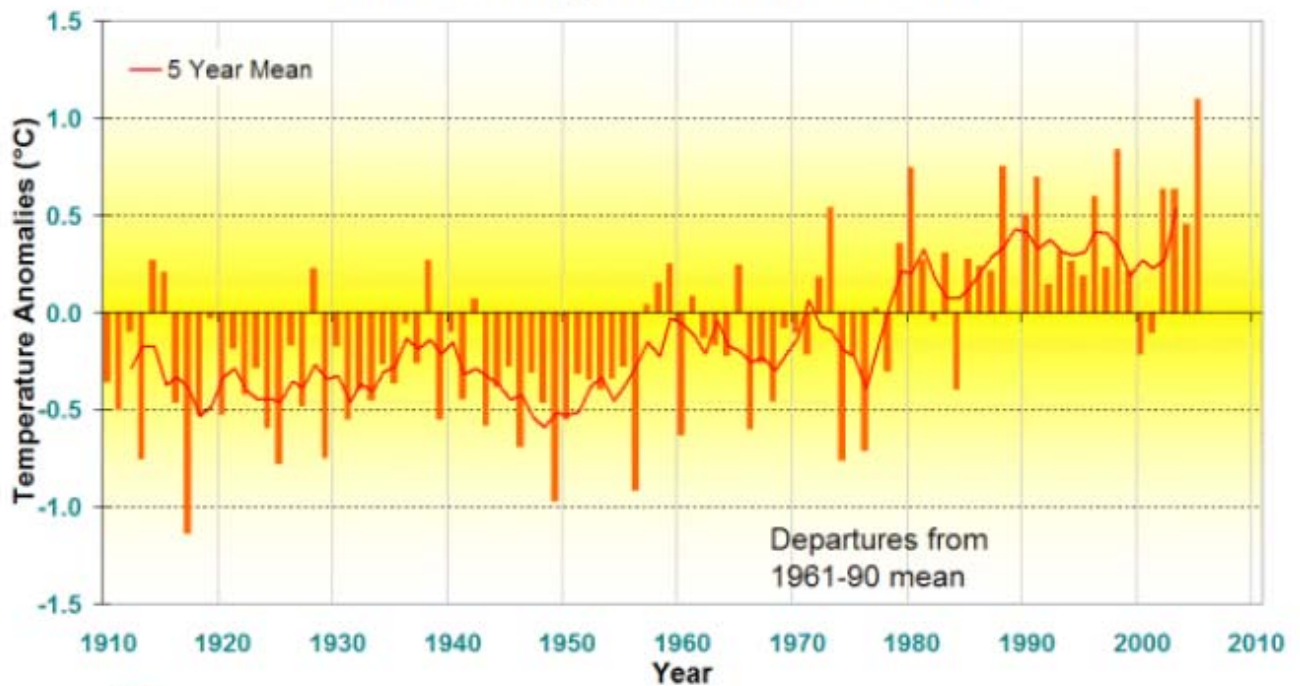


*Stylised social landscapes of rural Victoria*

<http://www.dpi.vic.gov.au/dpi/nrenfa.nsf/LinkView/E7CCC81CD1D09B57CA25706C00276AB4B135CE2F68C588B6CA256E760010E52E>

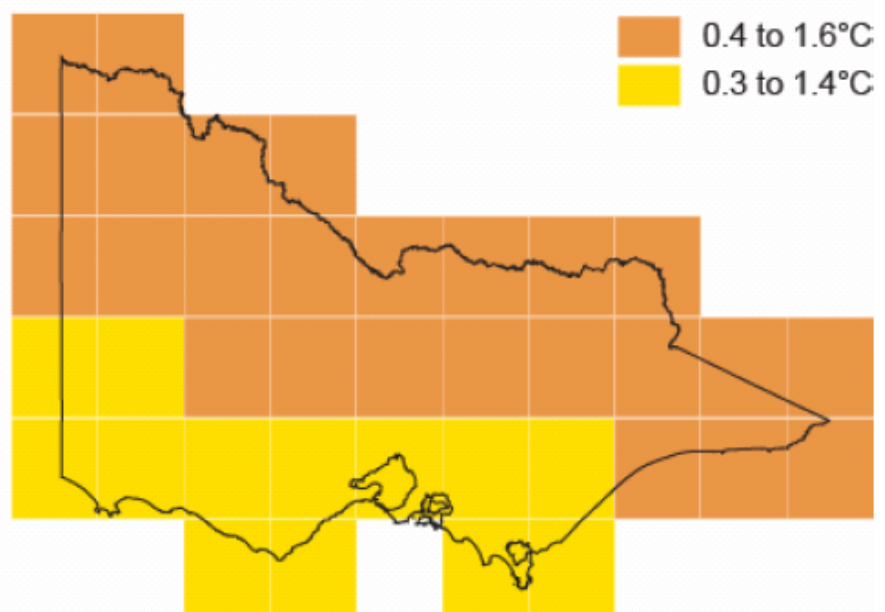
# Climate change in Australia

Annual Mean Temperature Anomalies For Australia



## Temperature change - projections for Victoria

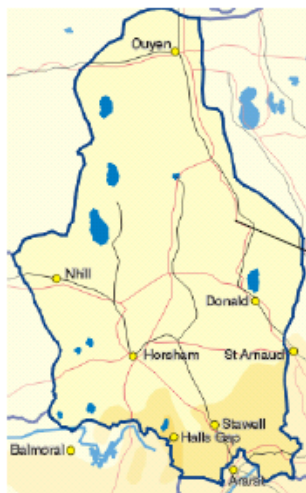
Projected change in temperature by 2030



Source: DSE 2007 based on CSIRO data

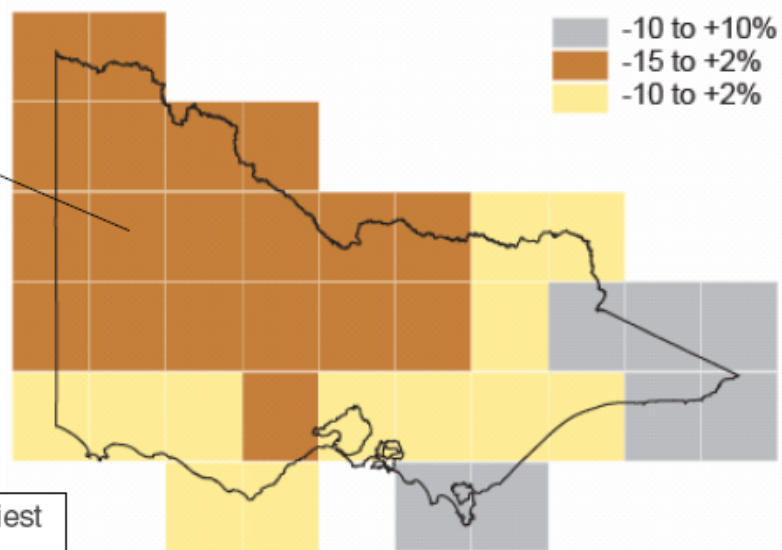


**Wimmera Avon SWMA:**



**Changes in rainfall and streamflow: projections for Victoria**

Projected change in rainfall by 2030



**Projected changes to streamflow (Annual Average Runoff)**

Wimmera Avon	Wettest	Driest
2030	-5%	-40%
2070	-5%	>50%

Source: DSE and CSIRO, 2005, 2007

**5.4 NUMBER OF HOMELESS PEOPLE AND RATE PER 10 000 OF THE POPULATION, RURAL SUBDIVISIONS, WESTERN VICTORIA**

	Barwon		Central Highlands		Western District		Wimmera		Total
	East	West	East	West	Hopkins	Glenelg	South	North	
Number	111	214	186	62	115	152	137	28	1005
Rate	19	54	47	35	36	42	39	21	37

Source: Census of Population and Housing 2006, SAAP Client Collection 2006; National Census of Homeless School Students 2006.

**5.5 PEOPLE IN DIFFERENT SECTORS OF THE HOMELESS POPULATION, RURAL SUBDIVISIONS, WESTERN VICTORIA**

**Percentage**

	Barwon		Central Highlands		Western District		Wimmera		Total
	East	West	East	West	Hopkins	Glenelg	South	North	
Boarding house	0	6	9	0	8	0	2	25	5
SAAP/THM	0	17	15	28	12	30	26	11	18
Friends	61	35	40	53	28	44	36	64	44
Improvised dwellings	39	42	36	19	32	26	36	0	33
	100	100	100	100	100	100	100	100	100

		Dwellings rented from the government housing authority		
SLA code	SLA name	Number	Total dwellings	%
22980	Hindmarsh (S)	33	2,557	1.3
23191	Horsham (RC) - Central Horsham (RC)	356	5,217	6.8
23194	Bal	6	1,719	0.3
26890	West Wimmera (S)	13	1,857	0.7
27631	Yarriambiack (S) - North	#	..	..
27632	Yarriambiack (S) - South	44	2,243	2.0

**ABS. Population Health Profiles - release 1: November 2005**

## Transport

Effective and affordable transport networks ensure equitable access to employment, education, health services and enable opportunities for social and economic participation.

- Access to appropriate transport services is a major issue for communities isolated by their remoteness, or as a consequence of social, cultural or economic factors.
- People who do not have their own means of transport suffer considerable disadvantage within the community, particularly if they live in low density areas.
- Use of health care services declines as the individuals' distance from the facility increases. Distance has been related to delays in treatment, increased mortality for some health problems such as ischaemic heart disease.

<http://www.health.qld.gov.au/ph/Documents/saphs/20406.pdf>

	Yarriambiack Shire	Horsham Rural City	Hindmarsh Shire	West Wimmera Shire	Grampians Region	Victoria
<b>Transport Limitations</b> – respondents were asked if their day-to-day travel had been limited or restricted in the previous 12 months.	22.3%	17.2%	23.2%	19.8%	20.0%	20.3%

Community Indicators Victoria 2007 Wellbeing Report [http://www.communityindicators.net.au/wellbeing\\_reports](http://www.communityindicators.net.au/wellbeing_reports)

## Personal Health and Coping Practices

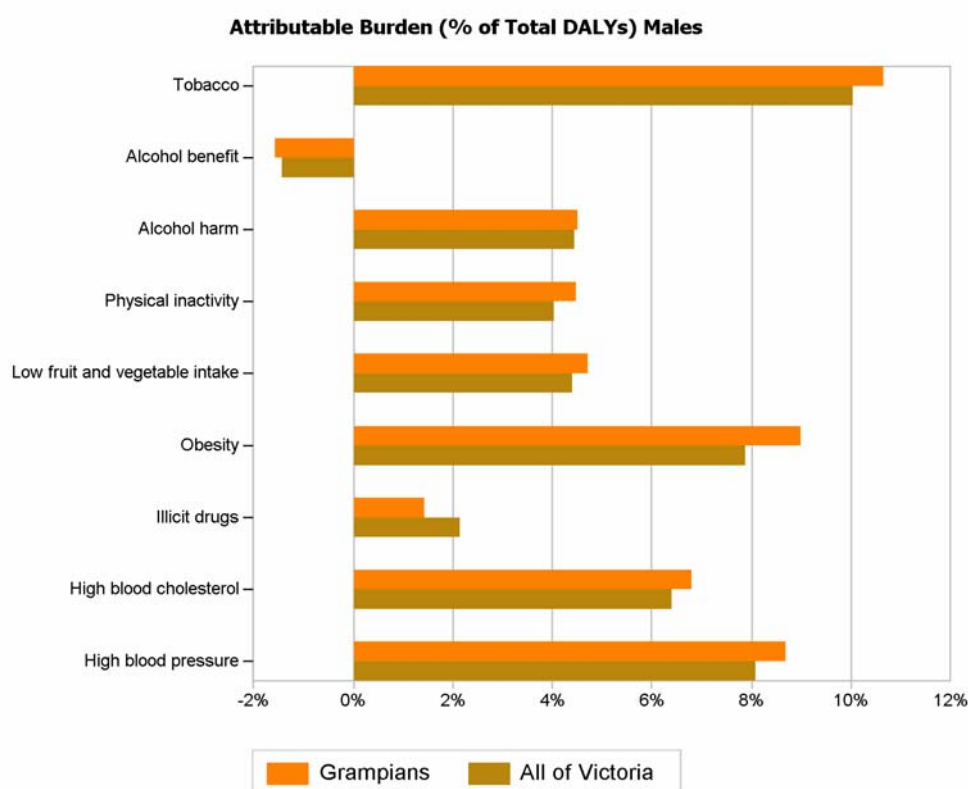
Personal Health Practices and Coping Skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health.

Definitions of lifestyle include not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health. There is a growing recognition that personal life "choices" are greatly influenced by the socioeconomic environments in which people live, learn, work and play.

These influences impact lifestyle choice through at least five areas: personal life skills, stress, culture, social relationships and belonging, and a sense of control. Interventions that support the creation of

supportive environments will enhance the capacity of individuals to make healthy lifestyle choices in a world where many choices are possible.

<http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>



## Pap Screening

- Regular two-yearly Pap tests can reduce the incidence of cervical cancer by up to 90% in Australia, and save 1,200 Australian women dying from the disease each year. In Australia, the number of women diagnosed with cervical cancer has dropped on average by 4.5% each year since organised screening began in 1991 (1991-2005). Almost 90% of Victorian women who develop cervical cancer either never had a Pap test or did not have them regularly in the 10 years prior to diagnosis. Worldwide, cervical cancer is the second most common cancer in women and is the third highest cause of cancer deaths. At least 80% of cancer deaths occur in developing countries, due to the lack of screening programs. [www.papscreen.org.au](http://www.papscreen.org.au)

The Grampians Region has the lowest numbers of cervical screening in Victoria.

**Table 2.3.3: Biennial cervical screening rates by Local Government Area, for the calendar years of 2005 to 2006 and 2006 to 2007.**

DHS region	Local Government Area	2005 to 2006 % screened (95% CI)	2006 to 2007 % screened (95% CI)
Grampians	Ballarat	57.4% (56.8%-58.0%)	56.4% (55.8%-57.0%)
	Golden Plains	55.3% (53.9%-56.8%)	62.1% (60.6%-63.5%)
	Hepburn	63.0% (61.5%-64.5%)	66.3% (64.8%-67.8%)
	Hindmarsh	56.8% (54.3%-59.3%)	54.4% (51.9%-56.9%)
	Horsham	61.4% (60.1%-62.8%)	61.2% (59.8%-62.5%)
	Moorabool	61.4% (60.3%-62.5%)	61.1% (60.0%-62.2%)
	Northern Grampians	58.5% (56.7%-60.2%)	57.8% (56.1%-59.5%)
	Pyrenees	50.8% (48.5%-53.2%)	50.5% (48.1%-52.9%)
	West Wimmera	51.8% (48.9%-54.6%)	44.9% (42.0%-47.7%)
	Yarriambiack	55.9% (53.6%-58.2%)	56.6% (54.3%-58.9%)

## Violence

Violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting injury, death, psychological harm, maldevelopment or deprivation” (WHO 1996). Violence can be divided into three categories:

1. self-directed violence; which includes suicidal behaviour, self-abuse and self-mutilation
2. Interpersonal violence; which includes family and intimate partner violence (usually within the home) and community violence.
3. Collective violence; which includes armed conflicts within and between states; genocide and human rights abuses.

### **VICTORIA POLICE 2007/2008 CRIME STATISTICS Recorded Family Incident Reports Rates per 100,000 Population**

PSA	LGA	Recorded Family Incidents								
		2006/2007			2007/2008			% Change		
		Family Incidents	Where Charges Laid	Where IVO Applied For	Family Incidents	Where Charges Laid	Where IVO Applied For	Family Incidents	Where Charges Laid	Where IVO Applied For
Horsham	Hindmarsh	336.8	192.5	144.3	549.3	193.9	113.1	63.1	0.7	-21.7
	Horsham	1172.9	308.9	298.5	1195.5	289.8	243.2	1.9	-6.2	-18.5
	West Wimmera	151.7	43.3	43.3	284.0	109.2	87.4	87.2	152.0	101.6
Northern Grampians	Yarriambiack	594.2	129.2	103.3	417.9	130.6	91.4	-29.7	1.1	-11.5

[www.police.vic.gov.au/retrievemedias.asp?Media\\_ID=33954](http://www.police.vic.gov.au/retrievemedias.asp?Media_ID=33954)

## **Health and Wellbeing Community Consultations 2008**

**Consultant: Melissa Morris**

**Local LGA information at [www.wimmerapcp.org.au](http://www.wimmerapcp.org.au)**

### **OVERVIEW OF FINDINGS FROM CONSULTATIONS (full details on above website)**

Over the period from April to July 2008 44 focus group consultations were held in 17 towns throughout the Wimmera to gather information for the Wimmera Primary Care Partnership (Wimmera PCP) and local Council's to feed into the development of Municipal Public Health Plan's and the Wimmera PCP's Wellbeing Plan. Approximately 520 people were involved in the consultations, which targeted four groups - early years, youth, seniors and the general community.

The aim of the consultations was to gather information and seek community input that can be used to inform these plans. The plans focus is on strategies to improve overall community health and wellbeing, so having an understanding of what contributes to health and wellbeing and what could be done to enhance health and wellbeing was the focus of the consultations.

At each session people were generally asked three questions:

- What is good about where you live?
- What has a positive effect on your health and wellbeing? and
- What could be done to improve your wellbeing?

Apart from using the World Health Organisations' (WHO) definition of health and asking people to think about economic, social, natural and built environmental factors, no specific prompts were given, and a facilitated discussion occurred on the above questions.

A number of the consultation sessions were held in conjunction with consultations being conducted as part of the Wimmera Aged Care Strategy being prepared by Vivien Clark from Clark Phillips and Associates. The consultations that occurred at various schools throughout the area were conducted in partnership with Wimmera Regional Youth Affairs Network (RYAN) and their Youth in Action program.

Contact with the various groups was made either through the Councils or via contact details given by the Councils or the Wimmera PCP. The following people from respective agencies assisted in either participating in the consultations or providing contact details: Christine Piccone (Wimmera Southern Mallee Local Learning and Employment Network (LLEN)), Alois Kneibess (Nexus), Jodie Matthews (Nexus), Chris Solley (Yarriambiack Shire Council (YSC)), Judy Drage (YSC), Faye Smith (YSC), Angela Murphy (Horsham Rural City Council (HRCC)), Judy Harrington (HRCC), Debbie MacInness (HRCC), Cindy Francis (HRCC), Amanda Munn (West Wimmera Shire Council (WWSC)), Rob Rattray (WWSC), Heidi Gajic (WWSC), Jenny Ackland (WWSC), Mandi Stephan (WWHS), Peter Smith (Hindmarsh Shire Council (HSC)), Joanne Thomas (HSC), Phil King (HSC), Mandi Stewart (Wimmera PCP), Geoff Witnitz (Wimmera PCP), Donna Bridge (Wimmera PCP), Carolyn Russell (Wimmera PCP) Anne Pekin (Harrow Bush Nursing Centre) and Dr Natasha Pavlin (Goolum Goolum).

### **What affects health and wellbeing?**

Throughout the consultation many factors were identified however those listed below were generally identified in every session. The link between the economy, environment (predominantly rain, climate) and community was emphasised on many occasions. This connection seems especially strong in smaller communities.

### **Social factors affecting health and wellbeing**

- Social interaction – meeting and doing things with others in the community
- Community engagement, involvement and belonging
- Sense of contribution
- Volunteering and keeping busy
- Being involved in groups

- Avoiding isolation
- Safety – community and personal
- Activities
- Events

### **Economic factors affecting health and wellbeing**

- Having positive looking and vibrant communities
- Financial security
- Access to information and knowing where to go for help or to find out about resources and services
- Access to services including health services, transport and shopping
- Work life balance
- Business diversity

### **Environmental factors affecting health and wellbeing**

- Clean air
- Climate and rain
- Sunsets, sunrises and big skies, stars
- Open space
- The natural environment – eg mountains, waterways, areas of bush

### **Accessible urban environments**

- Pedestrian safety was raised frequently in Horsham
- Quality of footpaths was also raised in areas such as Horsham and Minyip, Warracknabeal and Dimboola. This affects all especially people with children and the elderly
- Spaces to sit
- People look at the urban environment in terms of access, footpaths, lighting, access to services and shops as factors that affect the choice of where to live. People want urban environments that enable good access. This is important everywhere but especially relevant in larger centres such as Horsham.

### **Factors that were consistently mentioned as having a negative effect on people's health and wellbeing**

- Drought and the lack of rain. In many areas, especially in Yarriambiack Shire this issue really stood out. Many people referred to the link between the "health" of farms and the "health" of the community – both in terms of businesses and socially

- Rising fuel costs makes it difficult for business, limits activities especially for people in smaller communities who have to travel to a larger centre for activities and services and increases isolation for people (especially women) living on farms
- Distance and lack of transport options
- Lack of services

### **What's good about where you live?**

This question was asked at each consultation session. Detailed responses for each town are included in the full consultation notes however some general themes emerged:

- Sense of community
- Friendly people and knowing others
- Welcoming people
- A caring community – many people gave examples that during illness or some personal hardship others in the community looked after them – eg cooking meals, looking after pets, cleaning the house, stocking the fridge. Sometimes this help was quite unexpected. This experience and knowledge that others care was constantly cited as being a benefit of the various communities.
- A sense of safety
- Knowing neighbours
- Places were often described as being small, quiet and peaceful
- Relaxed place
- Environmental features – eg open skies, sunsets, views, mountains, bush
- Facilities – eg shopping, health, educational
- Activities and community groups
- No commuting
- Getting involved in activities and groups

### **What can be done to improve health and wellbeing?**

The following is a summary of some of the suggestions that were raised throughout the area. In many instances common themes emerged but were expressed in different ways in different communities. The full consultation notes from each session for each municipality are attached and should be read as well for specific suggestions or issues that are relevant to that Shire.

### **Drought**

The drought was constantly cited as a factor affecting the health and wellbeing of farmers, families and whole communities. The success of farming businesses is intrinsically linked to the success of other businesses in many of the towns and the general outlook of the community. At one consultation in Hopetoun a comment was made that "*we need help to have hope and to continue to be positive.*"

Due to climate change the need for business diversification was raised to decrease the weather dependence of the local economy. The need to improve the economies of some towns was highlighted and the issue of skills, workforce and retention of youth were raised.

## **Information**

The need for up to date information about services, groups and resources was continually raised throughout the area. Knowledge of services or where to access information was also cited as a factor that contributes to wellbeing. Some examples of this include:

- Information in the welcome kit for new residents to Edenhope was out of date in terms of people's contact details. Information for new residents was also mentioned at Dimboola and Warracknabeal
- Students at St Brigid's College, Horsham, seeking more information on sexual health, safe sex and the effects of alcohol
- Information on the availability of the community transport car at Warracknabeal
- The need for more information on stress management at Goroke
- Information on mental health services at Edenhope
- Information on vision support services was discussed at Harrow and Murtoa
- Information on the times of various medical services and visiting specialists. Because there seems to be a level of change of service, personnel and days of provision there seems to be uncertainty or different levels of awareness of what services are available.



In many smaller towns people often mentioned that there was an assumption that because the towns were small everyone knows everyone and everything that is on. This isn't the case especially for new people moving to towns. Agencies and community groups need to continually promote their activities and services. It was also mentioned that it is especially important to promote community and health services.

### **Social activities**

In all consultations the importance of social activities and events was reinforced as a major factor that contributes to health and wellbeing irrespective of the location of the town or the age group consulted. Social activities give people something to do, provide a way for people to meet and interact with others in the community, create an opportunity for learning and self-fulfilment, reduce isolation and contribute to a sense of community. Supporting community activities and events and assisting community groups with events are considered to be important initiatives, which Councils and other agencies currently do. Many communities raised the issue of isolation for people on farms as a concern and having activities that include this group was highlighted.

### **Supporting existing services and activities**

In many communities people mentioned how lucky they were to have many of the services they need in their town – eg Dimboola, Rainbow, Harrow, Minyip, Murtoa, Hopetoun and Horsham. It is important to acknowledge what is there and working well and to continue to support this eg Harrow Bush Nursing Centre. Closely linked to this is the importance of volunteers in small rural communities and the need to acknowledge and support the work of volunteers. Without volunteers many of the services that are provided would not be viable.

In terms of activities some suggested improvements were:

- Exercise programs. A number of communities highlighted the need for exercise programs, particularly Warracknabeal, Dimboola, Edenhope, Natimuk, Kaniva, and Gorokey. Many people with small children indicated that it is very difficult to go to exercise programs as childcare is either not available or difficult to get and the time of classes (especially evenings) makes it difficult to attend. It was suggested that it would be good to have day time exercise programs that either women could do with children or where childcare is available.
- Men's exercise programs
- Educational activities – eg learning programs, workshops
- Social activities held in local halls
- Occasional programs both relating to exercise and to learning

With rising fuel costs and increasing economic hardship, locally accessible activities will become increasingly important.

There are many activities being undertaken by groups and in some instances rules and regulations of the various groups restricts their potential audience – eg age barriers associated with senior citizens groups or with groups such as Rotary and Apex. Sharing of resources – an example of this is the Hopetoun Senior Citizens group have many resources in their clubrooms – eg a billiard table that could be used by other groups, if there was better co-operation. Community calendars and ways of groups co-operating better were other suggestions.

How to welcome newcomers to towns and communities was also frequently raised. “Whole of community” events that are not necessarily associated with a specific group were often suggested as a way for new residents to meet others in the community.

### **Activities for youth**

Activities for young people who aren't into sport came up in many places including Minyip, Goroke, Edenhope, Horsham, and Patchewollock.

In each community where school students were interviewed the issue of having things to do to alleviate boredom was the main issue mentioned. In the absence of things to do many kids turn to alcohol and drugs to alleviate boredom. Some suggestions for activities were movies, a kid's space, and activity programs.

After schools hours activities programs were generally identified as being a good thing and also offering some non-traditional physical activities – eg lawn bowls, gymnastics. Issues of transport will need to be considered as part of this.

### **Transport**

Transport was one of the key issues identified during the consultations. This was a major issue that was raised in many groups, especially with regard to:

- Number of volunteer drivers
- Access to Wimmera Volunteers mini-bus
- Need for co-ordination of transport with medical services, eg the bus to Edenhope from Apsley gets in every morning close after 9am but the doctors surgery doesn't open till 11 am
- Timing of the Naracoorte to Horsham bus – not enough time in Horsham to do business, shopping and go to appointments
- General availability and timing of public transport

Concerns with transport were raised mostly by the elderly and by young people. With an ageing population and a reduction in medical services in the various communities people need to travel to larger centres such as Horsham, Edenhope, Nhill or Naracoorte to access services.

### **Transport assistance**

The DHS transport assistance that is available for people was generally referred to as difficult to get, problematic to fill out forms with not very much financial assistance in return.

### **Health services**

There were different levels of satisfaction or concern expressed regarding access to medical services throughout the Wimmera. In particular areas of concern were loss of doctors (especially those that have been in an area for a long time) and continuity of care. The following issues were raised:

- Loss of speech pathologist at Kaniva, Warracknabeal, Hopetoun and Patchewollock
- Better co-ordination of transport and medical visits
- Weekend medical treatment at Warracknabeal. Despite having four doctors, only one works on weekends and many people reported travelling to Horsham for medical assistance on weekends
- Concern with the level of treatment offered at the hospital at Warracknabeal – eg it doesn't offer emergency or acute care
- Minyip only has a doctors service 1.5 days/week – an increased level of service was considered desirable
- Should have a doctor (s) based at Kaniva
- No dentist at Kaniva
- A call for more doctors at Edenhope
- There was a high level of praise for the various district health nurses and a call for increased level of resourcing for this service
- Maternal and Child Health services were well used and supported. In many of the smaller communities the M&CH nurse may only visit every fortnight. While some people were happy contacting the phone support service others indicated that they didn't feel comfortable with this and the lack of frequent face to face visits meant that some issues or concerns went unaddressed.
- Lowan Health counselling service in Edenhope and Harrow was considered to provide an important service, but is stopping
- Increased respite for people that are carers
- Difficult for women in isolated communities such as Patchewollock to travel long distances to centres such as Mildura and Horsham when in labour – and also then difficulties with being sent home if they went into hospital too early

There was also positive feedback on services in towns such as Ouyen, Hopetoun, Rainbow, Dimboola, Horsham and Harrow. Preventative health activities offered by agencies such as Dunmunkle Health Services and Harrow Bush Nursing Service were highlighted.

### **Mental health**

Loss of mental health counselling services in Edenhope and Harrow was raised as a concern by these communities. Goroke, Edenhope, Minyip, Horsham, Warracknabeal and Natimuk also raised concerns about the provision of mental health services.

### **Men's health**

Men's Sheds are seen as a great initiative that have a positive affect on health and wellbeing by creating a welcoming neutral space for men to meet, develop support networks, learn new skills and make a useful community contribution. Many communities that didn't have a shed wanted one eg Natimuk, Kaniva, Goroke and Hopetoun. Funding for Men's Sheds such as running costs was suggested as an action that could occur.

In many areas women raised concern about men's health and in particular the impact the drought is having on farmer's workloads – more work feeding sheep etc, getting home late and general stress levels. Many women expressed concern about men's health.

### **Housing**

The need for appropriate and affordable housing stock in the various townships was raised by many, especially in terms of people being able to move into a dwelling that is smaller, has less maintenance requirements and has good physical access. Housing diversity was raised in towns such as Natimuk, Hopetoun, Horsham, Goroke, Harrow, and Warracknabeal.

### **Childcare**

The need for improved childcare services, especially flexible and occasional care, was highlighted in many communities such as Rainbow, Natimuk, Edenhope, Kaniva, Hopetoun, Rupanyup, Dimboola, Harrow and Patchewollock. In some instances the operating hours of child care centres made it difficult for parents to drop their kids off at childcare and then travel to another town to work. The "Take a Break" program that operates in Warracknabeal, Rupanyup and Murtoa was very popular and provided for occasional care that enabled parents to attend to business, attend appointments or do shopping etc.

### **Education**

Positive health messages regarding healthy eating, drinking water and exercising were reflected in people's feedback. Many of the suggestions made in terms of actions to improve wellbeing were based around personal actions regarding healthy eating and exercise. In some instances access to quality and affordable fruit and vegetables was raised in Horsham, Warracknabeal and Kaniva. However a number

of people mentioned that with the opening of small fruit and vegetable shops in these towns affordability and quality has improved.

### **Parking and access**

The issue of car parking was raised primarily in Horsham at all consultations held there. The main concerns were for elderly people and people with young children, both in terms of finding parking in a central location and then being able to undertake their business and return to their car within the parking time available. In a number of instances feedback was received that parking inspectors in Horsham were unsympathetic.

Pedestrian access and safety, especially some concerns with the central part of Horsham not being friendly for pedestrian traffic was raised again, particularly with older people and those with young children.

Disabled parking and the need for disabled car parking spaces in areas close to key shops and facilities in the Horsham CBD was also raised as a concern.

The quality and availability of footpaths was raised in many towns throughout the Wimmera including Horsham, Warracknabeal, Edenhope, Dimboola, and Minyip. While there was awareness, especially in the small towns, of capacity to deal with this issue it was still continually raised as a factor that needs to be addressed. People noted that as the population ages this will continue to be of concern. Suitability of footpaths also impacts on the use of gophers with issues such as parking and paths being raised in relation to the use of gophers.

There were also varying suggestions for improvements to walking and bicycle trails such as the Mt Arapiles Bike Trail, a new pedestrian bridge over the Wimmera River in Horsham, an extended walking track at Lake Wallace in Edenhope and a walking track in Kaniva.

Access to public transport was also raised – i.e. steep steps on some buses.

### **Gardening**

Having a garden and gardening were frequently mentioned as having a positive effect on health and wellbeing. Difficulties with maintaining gardens with water restrictions was also raised, in some instances community gardens were suggested or providing information about drought tolerant gardening or courses. Carting water in buckets was often referred to as leading to injury for older people.

Rising costs of fruit and vegetables and fuel and an inability to have a large vegetable garden is having a combined negative effect.

Having the main streets of towns looking green was often cited as a positive thing.

## **Infrastructure**

A number of specific infrastructure issues were raised in the consultations including:

- A potable water supply – Minyip and Harrow
- Poor mobile phone coverage in Harrow, Goroke and Apsley – the concern with this was safety and being able to call for assistance in the event of an emergency.
- Sewerage in Harrow

## **Links and connections**

In many small communities there are connections and linkages that exist – changing the days of service or the route of a postal service may have unintended consequences.